2023 Connecticut Small Group Insurance Carrier Requirements



Please note that cases must be submitted to PGP complete and clean 1 business day before the below referenced submission deadlines.

This allows us to get the case to the carrier by the submission deadline date.

Connecticut Carriers	Anthem Fully Insured (2-50)	Oxford Fully Insured (1-50 eligible)	Cigna + Oscar Fully Insured (1-50)
Effective Dates	1 st Only	1 st & 15 th	1 st & 15 th
Submission Deadlines*	20 th of the month prior to the effective date	2 business days prior to the effective date	up to the effective date
Requires Wage & Tax Statement	Yes	Yes	Yes (If <7 Enrolling)
Off Exchange Participation Requirements ¹	75% participation minus valid waivers, spousal, Medicare, Medicaid, parental, individual Anthem on or off exchange, Conneticare on exchange subsidy, Military, coverage through another employer	75% participation exluding valid waivers, spousal, parental, Medicare, Medicaid, State/ Government policies (i.e. Veteran's insurance) that are paid at 100%, or Individual Exchange	50% participation after valid waivers, spousal, parental, Medicare, Medicaid, State/ Government policies (i.e. Veteran's insurance), individual coverage
Contribution Requirements	Employer must contribute at least 25%	Employer must contribute at least 50%	Employer must contribute at least 50%
Multiple Plan Option Requirements	2 lives: 2 plan options 3 lives: 3 plan options 4 lives: 4 plan options 5-50 lives: 5 plan options Must have at least 1 employee enrolled in each plan option.	Can offer up to 3 plan options for electronic submissions. Can offer up to 4 plan options for paper submissions.	Can offer up to 3 plans with no minimum enrollment.
Participation Requirements for Out of Area Membership	No Limit on OOA%	No Limit on OOA%	50% of those enrolling must reside in CT
Available Out of Network Reimbursement Level	100%-130% of Medicare	110% of Medicare	110% of Medicare
Lab Vendor	Quest & Lab Corp	Quest & Lab Corp	Quest & Lab Corp
Rx Vendor	Ingenio RX	Optum Rx	Express Scripts
Pediatric Dental/Vision Coverage	Included	Included	Included
HSA Vendor and Website	WealthCare Saver	OptumBank optumbank.com	TBD
Broker Commissions	1 enrolled: \$20 PEPM 2-9 enrolled: \$39 PEPM 10-50: \$40 PEPM	1-2 enrolled: \$5 PEPM 3-50 enrolled: \$40 PEPM	1-2 enrolled: \$10 PEPM 3-50 enrolled: \$40 PEPM

Contact Us With Any Questions. We are Here to Help. CT: 203.413.2740 • LI: 631.951.9200 • NYC: 212.840.4949 • NJ: 908.276.9399

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Please note that cases must be submitted to PGP complete and clean 1 business day before the below referenced submission deadlines. This allows us to get the case to the carrier by the submission deadline date.

Connecticut Carriers	Aetna AFA 5-50 eligible	Anthem Balanced Funded 5-50 enrolled	Cigna 20+ enrolled	Oxford Level Funded
Effective Dates	1st Only	1 st Only	1 st Only	1 st Only
Submission Deadlines*	MUST request IMQ quotes by the 15 th of the month prior and GRX quotes by the 20 th of the month prior. Submission (notice of sale) accepted up to the 1st.	10 th of the month prior to the effective date	Prior to the effective date	MUST have by the 1st of the month
Requires Wage & Tax Statement	No	Yes	No	Required for groups less than 10 lives only
Off Exchange Participation Requirements ¹	Groups 2-9: 50% of all eligible employees must enroll / Groups 10-50: 30% of all eligible employees must enroll	75% participation minus valid waivers, spousal, Medicare, Medicaid, parental, individual Anthem on or off exchange, Connecticare on exchange subsidy, Military, coverage through another employer	Must have at least 26 eligible, at least 20 enrolled, and 50% participation	50% of all eligible employees must enroll.
Contribution Requirements	Employer must contribute at least 50% of employer rate of lowest priced offered plan	Employer must contribute at least 50%	N/A	Employer must contribute at least 50%
Multiple Plan Option Requirements	Can offer up to 4 plans	5-9 lives: 2 plan options 10-50 lives: 3 plan options Must have at least 1 employee enrolled in each plan option.	Dual option allowed	Can offer up to 5 plans
Participation Requirements for Out of Area Membership	Allowed, must be situs in CT	No Limit on OOA%	No Limit on OOA%	Majority of membership must live in situs state (in this case CT)
Available Out of Network Reimbursement Level	105%/140% of Medicare	100%-130% of Medicare	80 th and 90 th UCR, 110%/150%/300% of Medicare	110% of Medicare
Lab Vendor	Quest & Labcorp	Quest & Lab Corp	Quest & Lab Corp	Quest & Lab Corp
Rx Vendor	Advanced Control Formulary	Ingenio RX	Cigna/ESI (Express Scripts)	Optum Rx
Pediatric Dental/Vision Coverage	Not included	Not included	Not included	Not included
HSA Vendor and Website	Payflex	WealthCare Saver	HSA Bank mybenefitwallet.com	OptumBank
Broker Commissions	\$40 PEPM	5-9 enrolled: \$39 PCPM 10-50 enrolled: \$40 PCPM	Case specific	Case Specific