



# Carrier Requirements: Level Funded

2026-2027

Requirements	AETNA AFA	ANGLE HEALTH	CIGNA HEALTHCARE	FLORIDA BLUE BALANCED FUNDING	NATIONWIDE	UNITEDHEALTHCARE LEVEL FUNDED
Minimum Size Group	2 Employees Enrolled.	5 Employees Enrolled.	25 Employees Enrolled. <i>(See ER sales rep for non-standard option details.)</i>	10 Employees Enrolled.	2 Employees Enrolled.	5 Employees Enrolled. <i>(ATNE determines market segment SG or LG.)</i>
Maximum Size Group	Up to 100 Enrolled.	No Max.	999 Eligible.	ATNE 50 or less.	50 Enrolled. <i>(51+ Available.)</i>	300 Eligible.
Participation Requirements	2-100 Enrolled: 20% Overall.	No Participation Requirements. <i>Only Concerned with Enrolled Population</i>	Load applied for less than 50% overall.	70% excluding valid waivers.	<ul style="list-style-type: none"> <li>• 50% overall.</li> <li>• 75% excluding valid waivers.</li> </ul>	25% excluding valid waivers.
Minimum Eligibility Hours	30 hours. <i>Can vary by group since Employer can choose</i>	30 Hours.	25 hours minimum. <i>Can vary by group since Employer can choose.</i>	<ul style="list-style-type: none"> <li>• Small Group (2-50): 25 hours. <i>(Employer cannot choose.)</i></li> <li>• Large Group (51-99): 25 hours minimum. <i>Can vary by group since Employer can choose.</i></li> </ul>	Employer can choose on the app between 20-40 hours a week.	30 hours. <i>(Employer cannot choose.)</i>
Network	Choice POS II, OA Select & Aetna Whole Health..	List options seperated by Nomi, Aetna Signature, Cigna PPO.	OAP, OAP-In, Local Plus, & SureFit.	Blue Care <i>(OON available)</i> , Blue Select, Blue Options & Simply Blue.	Cigna Local Plus/ OAP/PPO, Aetna ASA/POSII, PHCS & First Health.	NHP <i>(1/1/26)</i> , EPO <i>(Choice)</i> , PPO <i>(Choice Plus)</i> or Surest.

Revised Date: April 2026

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Requirements	AETNA AFA	ANGLE HEALTH	CIGNA HEALTHCARE	FLORIDA BLUE BALANCED	NATIONWIDE	UNITEDHEALTHCARE LEVEL FUNDED
Formulary	Advanced Control Plan - AETNA	Cerpass used in Florida for New Bueinss & Renewals.	Performance or Advantage. <i>(Advantage is leaner, but better steerage toward generic.)</i>	Same as Fully-Insured.	Cigna PBM. <i>(Advantage 3-Tier.)</i>	<ul style="list-style-type: none"> <li>• Advantage or Essential: 4-Tier PDL.</li> <li>• New Group: Broad Pharmacy Network.</li> <li>• Renewals: Can renew Standard Select Network or renew to Broad Network. <i>(Stnd Select in FL: CVS Anchor Pharmacy, no Walgreens)</i></li> </ul>
Number of Plans Permitted	<ul style="list-style-type: none"> <li>• Less than 5 enrolled: 2 AFA Plans.</li> <li>• More than 5 enrolled: 4 Plans.</li> </ul>	Up to 4, others by Exception.	4 Plans / 3 by Exception	3-6, Depending on size. <i>Same as Fully Insured</i>	<ul style="list-style-type: none"> <li>• 4-15 Enrolled: 2 plans.</li> <li>• 16-50 Enrolled: 3 plans.</li> </ul>	<ul style="list-style-type: none"> <li>• 5-50 SG ATNE: Unlimited Plans.</li> <li>• 51+ ATNE: Mid Market 4 Plans .</li> </ul>
Ineligible Groups	Non-ERISA Staffing Agencies. <i>(See UW Guide)</i>	Please refer to your Sales Consultant.	None.	PEO & Non-ERISA.	None.	Non-ERISA.
Domiciled State	Group ineligible if no eligible employee are located in the domiciled state. <i>Domiciled state is considered where the permanent legal company HQ resides.</i>	Companies Headquarters.	Carrier is aligned to broker location, regardless of domiciled state or location of employees.	Group must be headquartered in Florida with at least 10 enrolling.	Groups must be domiciled in FL to be quoted out of FL. <i>GA or AL groups may align with a FL broker's location.</i>	A physical business location is required where most employees are based.

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Requirements	AETNA AFA	ANGLE HEALTH	CIGNA HEALTHCARE	FLORIDA BLUE BALANCED	NATIONWIDE	UNITEDHEALTHCARE LEVEL FUNDED
Medicare Part B	Yes. Will pay as if member had Part B, even if not enrolled - amount Medicare would've covered will be carved out.	No. Does not require Medicare Part B enrollment.	No. Does not require Medicare Part B enrollment.	No. Does not require Medicare Part B enrollment.	No. Does not require Medicare Part B enrollment.	No. Does not require Medicare Part B enrollment.
Individual Stop Loss (ISL)	\$20,000	Aggregate Stop Loss Only.	Standard 30-5k. Customizable.	\$20,000	20k, 30k, 40k, 50k, or 100k	\$20,000
Aggregate Stop Loss (ASL)	120% / 110% 51-100	120% Companion Life is SL Carrier.	110% to 120% Dependent on size.	120%	120%	125%
Contract Terms	12 Incurred / 60 Paid	Incurred / Paid 12 / 24	12 Incurred / 27 Paid	<ul style="list-style-type: none"> <li>12 Incurred / 34 Paid first year</li> <li>24 incurred/ 36 Paid after first year.</li> </ul>	12 Incurred / 36 Paid	12 Incurred / 60 Paid
How is Surplus Reimbursed?	Deposit into Bank Account. 50% of Claims Surplus Returned. (Surplus Buy-Up Option Available to 100%)	No Surplus in Florida.	Credit Against Future Admin Costs. Claims Surplus Options: 50%, 67%, or 100%.	Premium Credit. 50% of Claims Surplus.	Physical Check. Claims Surplus Options: 50% or 100%	Invoice Credit. <ul style="list-style-type: none"> <li>Small Group: 50% of Claims Surplus Returned. (Group must be active for 6 months after the renewal date and all invoices paid.)</li> <li>Large Group (51+): 100% of Claims Surplus Returned.</li> </ul>
Terminal Liability	Included.	Not Applicable. No Surplus in Florida.	Included. Percentage of last 2 months, or roughly equivalent to 125% of monthly claims funding.	Included.	Included.	Included.

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When does the settlement occur? (Group must renew.)	16th Month.	Not Applicable. No Surplus in Florida.	16th Month.	18th Month.	18th Month. (Group does not need to renew to receive)	19th Month.
Deficit Carried Forward	No.	Not Applicable. No Surplus in Florida.	No.	No.	No.	No.
What happens upon termination of group at renewal?	Forfeits any potential refunds.	No Penalty for Termination.	Forfeits any potential refunds.	Forfeits unless switches to FL Blue Fully Insured.	Retain potential refund, not contingent on renewal.	Forfeits any potential refunds.
Premium Payments	ACH Only.	ACH Only.	ACH Only.	ACH Only.	Check or ACH.	ACH Preferred. \$25 monthly fee for paper check.
What happens if group terms midyear?	No Penalty. <i>Requires 30-day notice of termination.</i>	Requires a 120 notice and 3 months of premium upon termination.	Use last 2 months of Year 1 for runout. <i>If termed in Y1, Group covers runout. No penalty - just no funding.</i>	No penalty. <i>Claims incurred prior to termination will be paid by run out.</i>	Requires a 31-day advance written notice.	No Penalty with 10 day prior written notice. <i>Claim responsibility and admin fee may apply.</i>
Medical Questionnaire Requirements	<ul style="list-style-type: none"> <li>If quoted via ASG: IMQs needed for groups &lt;5 enrolled.</li> <li>If not via ASG: IMQs needed for Virgin groups, Fully-Insured &lt;10, Level-Funded &lt;5. <i>Forms can be paper or online via IMQ Elite.</i></li> </ul>	No Medical Questionnaires. Only AI Underwriting with Member Level Census.	<ul style="list-style-type: none"> <li>GMQ Required.</li> <li>If IMQs required: Telephonic, Online, or Paper.</li> </ul>	GMQ Required.	IMQs req for 5-50 Enrolled. <i>Online or Paper.</i>	SG: IMQs req: Groups with no prior coverage 5 to 50. <i>UHC Reserves the right to request IMQ's depending in the GRX hit Rate. Online or Paper.</i>

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GRX Available in Lieu of IMQ	<ul style="list-style-type: none"> <li>If quoted through ASG: Any group 5+ enrolled.</li> <li>If not quoted through ASG: 10+ Enrolled. (FI Takeover.) 5+ Enrolled. (LF Takeover - needs member census, renewal, claims payout.)</li> </ul>	Only AI Underwriting is Available with Member Level Census with 10 Enrolled Employees.	20 + Enrolled. (Takeover Only) No Virgin Groups.	10+ Enrolled. (Takeover or Virgin)	20+ Enrolled. (Takeover groups) Renewal and SBCs needed.	5+ Enrolled. (Takeover Only)
Who pays the ACA taxes? (PCORI)	Employer.	Employer.	Employer.	Employer.	Employer.	Employer.
Employer Reporting Requirements	1094-B & 1095-B. (Aetna will file.)	1094-B & 1095-B. Handled by Angle on behalf of the Employer. PCOR Info provided.	1094-B & 1095-B. (Cigna will provide data, ER must complete & file.)	1094-B & 1095-B. (FB will provide data, ER must complete & file.)	1094-B & 1095-B. (Will provide data, ER must complete & file.)	1094-B & 1095-B. Mineral Program No Cost to Employer.
Wellness Platform	Aetna Health Your Way - Engage	None at this time.	Flexibility on wellness funds.	Better You Strides.	Vitality Health.	Real Appeal. UHC Rewards. HealthiestYou.
Telemedicine (General Medicine)	<ul style="list-style-type: none"> <li>CVS Virtual Care: Starting at \$0, depending on your health plan and deductible.</li> <li>Teladoc: 2025 \$56 or less/visit; 2026 \$58 or less/visit.</li> <li>Virtual PCP - \$0.</li> </ul>	Doctor on Demand. Zero Cost Share for Non HDHP Plans.	Included.	<ul style="list-style-type: none"> <li>Traditional: \$0 Copay.</li> <li>If Ded applies: \$55.</li> </ul>	<ul style="list-style-type: none"> <li>Trad: \$0 Copay.</li> <li>If Ded applies: \$38 (Recuro, Vori Health-Muscle &amp; Joint Pain.)</li> </ul>	<ul style="list-style-type: none"> <li>\$0 Copay 7/1/23 for FI 51+.</li> <li>1/1/24 LF and 2-50 small FI. *Refer to your Benefit Summary.</li> </ul>

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COBRA/State Continuation	<ul style="list-style-type: none"> <li>COBRA Services not included.</li> <li>No State Continuation.</li> </ul>	<ul style="list-style-type: none"> <li>COBRA Services not included.</li> <li>No State Continuation.</li> </ul>	<ul style="list-style-type: none"> <li>COBRA Services not included.</li> <li>No State Continuation.</li> </ul>	<ul style="list-style-type: none"> <li>COBRA &amp; State Continuation. <i>Included at no cost.</i></li> </ul>	<ul style="list-style-type: none"> <li>COBRA included at no cost.</li> <li>No State Continuation.</li> </ul>	<ul style="list-style-type: none"> <li>COBRA included at no cost.</li> <li>No State Continuation.</li> </ul>
POP Plan	Not included.	Employer Responsibility.	Not included.	Not included.	Included at no cost.	Included at no cost.
EAP Program	Embedded into all 2-100 AFA Plans.	N/A	Three in-person therapy sessions. Support for autism, eating disorders, substance abuse, legal, financial & ID theft.	None.	5 therapy visits w/ WHVC. Includes PAPA family care. Covered under Aetna Signature.	<ul style="list-style-type: none"> <li>\$0 Mental Health through Healthiest You.</li> <li>UHC LF. <i>(Cost share applies to HSA plans)</i></li> </ul>
Ancillary Available	Aetna Specialty Lines.	Not Applicable.	Cigna Specialty Lines.	Florida Blue Ancillary Coverages.	Nationwide. Nippon. Beam.	UHC Specialty Lines & Bundling Discounts Available.
Baseline Commissions	PEPM \$40 Default.	PEPM \$40 Default.	Flat percentage of premium at the projected. <i>Not maximum.</i>	Same as Fully Insured.	<ul style="list-style-type: none"> <li>2-24 enr: 7%. <i>(LF Trad. PPO + Adv)</i></li> <li>25-50 enr: 6% First Year.</li> </ul>	PEPM \$40 Default - South Florida Coast \$34 - Remaining Florida
Dependents	Age 30. <i>End of Month.</i> <i>No restrictions.</i>	Age 26. <i>End of Month.</i>	Age 26. <i>End of Month.</i> <i>(Age 30 w/ restrictions on request.)</i>	Age 30. <i>End of Cal Year.</i> <i>No restrictions.</i>	Age 26. <i>End of Month.</i> <i>(Age 30 w/ restriction on request)</i>	Age 26. <i>End of Year.</i> <i>(A30 w/ Restrictions)</i> <i>End of Cal Year or until don't meet requirements.</i>
In Network Labs	Quest & LabCorp	Specific to the Network Chosen.	Quest & LabCorp	Quest	Quest & LabCorp	Quest & LabCorp

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Deductible & OOP Credit NB Transfers (group to group)	Deductible & OOP Credit.	Deductible & Out of Packet Credit Provided. <i>Plan Year or Calendar Year.</i>	Varies by Contract. <i>Option to Include.</i>	Deductible & OOP Credit.	Deductible Credit on groups moving off cycle. <i>(Calendar Year to Calendar Year)</i>	Deductible & OOP Credit. <i>Certain carrier restrictions may apply. Please contact your ER Account Executive for details.</i>
1099 Employees	Not eligible for coverage.	Yes.	Yes. <i>Employer can choose.</i>	Must meet same criteria as a regular FT eligible employee.	Must meet same criteria as a regular FT eligible employee.	Not eligible for coverage.
Coverage available for Domestic Partners?	Yes. <i>Employer can choose.</i>	Yes.	Yes. <i>Employer can choose.</i>	Yes.	Yes. <i>Employer can choose at time of plan being installed. Cannot be changed mid plan year.</i>	Yes. <i>Employer can choose.</i>
Newborn	Newborns can be enrolled within 30 days of birth. <i>Coverage will be effective as of their DOB.</i>	Federal Laws are complied with.	Yes. Employer can choose when they can be added & when will coverage be effective.	Newborns can be enrolled within 30 days of birth. <i>Coverage will be effective as of their DOB.</i>	Newborns can be enrolled within 30 days of birth. <i>Coverage will be effective as of their DOB.</i>	Newborns can be enrolled within 30 days of birth. <i>Coverage will be effective as of their DOB.</i>

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