Anthem

2026 Small Group eligibility guidelines

For an employer group to qualify as an Anthem Blue Cross Small Group client for 2026, they must meet the guidelines below.

- A group must employ 1 to 100 employees with more than 50% employed in the state of California (see out-of-state requirements below).
- A group must be a person, firm, proprietary or nonprofit corporation, partnership, public agency, or guaranteed association. The employer must be actively engaged in business or service.
- A group must have and maintain business licensure and/or appropriate state filings allowing the company to conduct business in California.
- Owner-only groups must employ at least one W-2 employee who is not the spouse or domestic partner of the owner or partner.

Out-of-state requirements

No more than 49% of the group's eligible employees may be out of state.

Employee eligibility

To be eligible, employees must:

- Be permanent employees who are actively employed on a full-time basis, with a normal work week of 30 hours per week over the course of a month, and have met any statutorily authorized applicable orientation/waiting period requirements.
- Be permanent part-time employees who work at least 20 hours, but no more than 29 hours, if:
  1. They meet the definition of an eligible employee (above) except for the number of hours worked.
  2. The employer offers the employees' health coverage under a health benefit plan.
  3. All similarly situated individuals/employees are offered coverage under the health benefit plan.
  4. The employee worked at least 20 hours per normal work week for at least 50% of the weeks in the previous calendar quarter

All four of the above requirements must be met for part-time employees to be eligible.

Employee ineligibility

The following are not eligible to be Small Group clients:

- Owners on their own or with their spouse/domestic partners, officers, or partners.
- Carve-out groups.
- Employer groups with less than 51% of employees employed in California.
- Seasonal, temporary, and substitute employees, defined as employees hired with a planned future termination date.
- Contract employees compensated on a 1099 basis.
- Sole proprietors, spouses of sole proprietors, partners of a partnership, and the spouses of those partners.
- Employees that do not reside within the 48 contiguous states, Alaska, Puerto Rico, or United States Virgin Islands.
- Residents of Hawaii (Anthem benefits may not match the requirements of the Prepaid Health Care Act).

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Contribution

Employers may choose their preferred approach for contributing to employee medical premiums. Payroll deduction is required, if contributory. See below for the contribution options:

Medical

- **Traditional** — minimum employer contribution of 50% of each employee's monthly premium
- **Fixed-dollar** — any fixed-dollar amount $100 or greater (in $5 increments) for each covered employee's monthly premium
- **Percentage and plan** — minimum employer contribution of 50% toward a specific plan, chosen by the employer

Participation

Medical group participation requirements:

Groups with 1 to 14 eligible employees	60%
Groups with 15 or more eligible employees	50%

Minimum participation is 100%, if noncontributory.

During the annual open enrollment period of November 15 to December 15, participation and contribution requirements will not be enforced. The effective date will be January 1 of the following year.

Valid waivers

The following are considered valid waivers, subject to receipt of an Anthem waiver form:

- Employer-sponsored group coverage through another employer
- Medi-Cal
- Medicare
- United States military coverage
- Individual waiver on and off exchange

Submission

- Groups requesting 1st of the month effective date: All paperwork must be submitted by the 5th working day of the month for which coverage is to be effective.
- Groups requesting 15th of the month effective date: All paperwork must be submitted by the 12th calendar day of the month for which coverage is to be effective.

Rating

Medical rates are guaranteed for 12 months.

Rating policy:

- Rates are based on actual enrollment.
- The rate for a family is based on the combined ages of the employee, spouse, all dependents 21 and older, and up to the three eldest dependents 20 or younger.
- The premium is determined by the employer's principal business ZIP code.
- Dental and vision products require SIC code to determine the rate.
- Dental and vision require the number of eligible employees to determine the rate.
- Medicare primary and secondary rates are the same.

Anthem

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