

	District of Columbia	Maryland	Virginia
<b>Definition of small group</b> (now, consistent)	50 or fewer full-time employees + full-time equivalents	50 or fewer full-time employees + full-time equivalents	50 or fewer full-time employees + full-time equivalents
<b>ACA exchange</b>	State Exchange - DC Health Link (click here for link)	State Exchange - Maryland Health Connection (click here for link)	Federal Exchange (click here for link)
<b>ACA exchange considerations</b>	All small group policies must migrate onto DC Health Link at their first renewal beginning on or after July 1, 2016	Small groups may remain off exchange, indefinitely	Small groups may remain off exchange, indefinitely
<b>Are contractual composite fully insured rates available in small group?</b>	No	Yes, under certain carriers, if only one plan is offered.  Details: Maryland Small Group Health Composite Premiums for Multiple Plans (click here for link)	Yes, under certain carriers.  Details: Composite Premiums in the Small Group Market (click here for link)  Small Employer Group Approved Methodology for Computing Composite Premiums (click here for link)
<b>Are there self-funding limitations?</b>	Yes, all self-funded contracts, including so-called level funding, are essentially banned for sale to employers with less than 51 employees. In other words, if any employer is eligible for the fully insured small group market, self-funding is not available.	Yes, for all sized employers, the following contractual requirements apply:  Minimum Aggregate Attachment Point: 120%  Minimum Specific Attachment Point: \$22,500  More details: Summary of the New Maryland Stop Loss Law (click for link)	No