

New Jersey Individual Health Coverage Program Board

SINGLE	Plan A/50		Plan B		Plan C				Plan D				HMO Plans				Rx	Rate
	\$1000	\$2500	\$1000	\$2500	\$1000	\$1500*	\$2250*	\$2500	\$500	\$1000	\$1500*	\$2250*	\$10	\$15	\$20	\$30	50%	Guar.
	Deduct	Deduct	Deduct	Deduct	Deduct	Deduct	Deduct	Deduct	Deduct	Deduct	Deduct	Deduct	Copay	Copay	Copay	Copay	or \$15	
Aetna Life Insurance Company	349.00	295.00	416.00	320.00	426.00	-	-	365.00	767.00	562.00	-	-	-	-	-	-	-	12 mos
Aetna US Healthcare Insurance Company	-	-	-	-	-	-	-	-	-	-	-	-	293.90	256.30	223.30	-	50%	12 mos
AmeriHealth HMO, Inc.	-	-	-	-	-	-	-	-	-	-	-	-	363.00	274.00	231.00	-	50%	none
Celtic Insurance Company	314.00	274.00	392.00	353.00	1,135.00	-	-	864.00	2,405.00	1,540.00	-	-	-	-	-	-	-	3 mos
CIGNA HealthCare	-	-	-	-	-	-	-	-	-	-	-	-	264.25	255.81	243.02	-	50%	12 mos
Connecticut General	309.00	257.00	327.00	284.00	383.00	-	-	329.00	759.00	448.00	-	-	-	-	-	-	-	12 mos
First Option Health Plan	-	-	-	-	-	-	-	-	-	-	-	-	347.40	339.60	330.07	-	50%	none
Fortis Insurance Company	262.00	216.00	473.00	396.00	653.00	-	-	555.00	2,058.00	942.00	-	-	-	-	-	-	-	3 mos
Fortis Insurance Company (PPO)	-	-	-	-	-	-	-	-	1,646.00	753.00	-	-	-	-	-	-	-	3 mos
Guardian	403.00	337.00	417.00	350.00	461.00	-	-	378.00	1,017.00	678.00	-	-	-	-	-	-	-	none
Guardian PPO North (except Hunterdon)**	-	-	333.00	280.00	496.00	-	-	479.00	1,025.00	732.00	-	-	-	-	-	-	-	none
Guardian PPO South (except Salem)**	-	-	323.00	271.00	481.00	-	-	464.00	993.00	709.00	-	-	-	-	-	-	-	none
Horizon Blue Cross/Blue Shield of NJ	177.91	153.05	194.22	165.48	272.49	196.59	188.30	168.40	541.60	377.57	271.49	257.13	-	-	-	-	-	12 mos
Horizon HealthCare of NJ HMO Blue	-	-	-	-	-	-	-	-	-	-	-	-	369.36	352.43	-	267.81	50%	12 mos
Horizon HealthCare of NJ HMO Blue Prime	-	-	-	-	-	-	-	-	-	-	-	-	265.93	253.75	-	-	50%	12 mos
Manhattan National Life Insurance Company	-	-	685.51	-	843.21	-	-	511.96	2,630.19	1,696.94	-	-	-	-	-	-	-	3 mos
Metropolitan Life Insurance Company	-	-	294.00	-	315.00	-	-	304.00	693.00	401.00	-	-	-	-	-	-	-	none
National Health Insurance Company	-	-	441.00	-	540.00	-	-	394.00	845.00	662.00	-	-	-	-	-	-	-	none
Oxford Health Insurance Company	312.98	188.80	413.21	250.75	524.61	-	-	304.08	832.69	601.65	-	-	-	-	-	-	-	12 mos
Oxford Health Insurance Company (PPO)	-	-	-	-	239.55	-	-	-	-	267.75	-	-	-	-	-	-	50%	12 mos
Oxford Health Plans	-	-	-	-	-	-	-	-	-	-	-	-	-	284.82	250.99	-	50%	12 mos
PFL Life Insurance Company	-	-	195.00	-	352.00	-	-	306.00	915.00	655.00	-	-	-	-	-	-	-	none
Prudential HealthCare - NJ	-	-	-	-	-	-	-	-	-	-	-	-	303.52	288.34	257.99	-	50%	12 mos
QualMed Plans for Health	-	-	-	-	-	-	-	-	-	-	-	-	-	235.09	226.11	-	\$15	12 mos
Trustmark Insurance w/o optional ABMT	700.00	600.00	800.00	700.00	1,000.00	-	-	800.00	2,400.00	1,600.00	-	-	-	-	-	-	-	none
Trustmark Insurance w/optional ABMT	735.00	630.00	840.00	735.00	1,050.00	-	-	840.00	2,520.00	1,680.00	-	-	-	-	-	-	-	none
United Health Care Insurance Company	392.00	309.00	503.00	413.00	518.00	-	-	435.00	1,100.00	656.00	-	-	-	-	-	-	-	none
United Health Care Plan	-	-	-	-	-	-	-	-	-	-	-	-	-	322.75	-	-	50%	12 mos

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**The PPO plan rates shown are listed according to the out-of-network benefit level. A PPO plan listed under Plan C, for example, means that the out-of-network coinsurance is based on Plan C (70%/30% coinsurance).

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New Jersey Individual Health Coverage Program Board

ADULT & CHILD	Plan A/50		Plan B		Plan C				Plan D				HMO Plans				Rx	Rate
	\$1000 Deduct	\$2500 Deduct	\$1000 Deduct	\$2500 Deduct	\$1000 Deduct	\$2500* Deduct	\$3000* Deduct	\$4500 Deduct	\$500 Deduct	\$1000 Deduct	\$3000* Deduct	\$4500* Deduct	\$10 Copay	\$15 Copay	\$20 Copay	\$30 Copay	50% or \$15	Guar.
Aetna Life Insurance Company	600.00	508.00	714.00	549.00	724.00	623.00	-	-	1,344.00	974.00	-	-	-	-	-	-	-	12 mos
Aetna US Healthcare Insurance Company	-	-	-	-	-	-	-	-	-	-	-	-	529.50	461.80	402.40	-	50%	12 mos
AmeriHealth HMO, Inc.	-	-	-	-	-	-	-	-	-	-	-	-	642.00	484.00	409.00	-	50%	none
Celtic Insurance Company	549.00	480.00	686.00	617.00	1,986.00	1,512.00	-	-	4,209.00	2,695.00	-	-	-	-	-	-	-	3 mos
CIGNA HealthCare	-	-	-	-	-	-	-	-	-	-	-	-	476.37	461.15	438.09	-	50%	12 mos
Connecticut General	557.00	463.00	588.00	510.00	690.00	593.00	-	-	1,366.00	807.00	-	-	-	-	-	-	-	12 mos
First Option Health Plan	-	-	-	-	-	-	-	-	-	-	-	-	625.50	611.45	594.30	-	50%	none
Fortis Insurance Company	395.00	330.00	653.00	547.00	945.00	804.00	-	-	2,952.00	1,368.00	-	-	-	-	-	-	-	3 mos
Fortis Insurance Company (PPO)	-	-	-	-	-	-	-	-	2,361.00	1,095.00	-	-	-	-	-	-	-	3 mos
Guardian	718.00	600.00	742.00	623.00	821.00	676.00	-	-	1,804.00	1,208.00	-	-	-	-	-	-	-	none
Guardian PPO North (except Hunterdon)**	-	-	603.00	506.00	897.00	867.00	-	-	1,855.00	1,324.00	-	-	-	-	-	-	-	none
Guardian PPO South (except Salem)**	-	-	584.00	490.00	869.00	840.00	-	-	1,796.00	1,283.00	-	-	-	-	-	-	-	none
Horizon Blue Cross/Blue Shield of NJ	315.24	271.19	344.15	293.22	483.52	298.81	308.35	282.00	997.35	669.99	425.87	385.10	-	-	-	-	-	12 mos
Horizon HealthCare HMO Blue of NJ	-	-	-	-	-	-	-	-	-	-	-	-	566.55	540.59	-	410.79	50%	12 mos
Horizon HealthCare HMO Blue Prime of NJ	-	-	-	-	-	-	-	-	-	-	-	-	407.91	389.22	-	-	50%	12 mos
Manhattan National Life Insurance Company	-	-	1,165.39	-	1,433.47	870.32	-	-	4,471.25	2,884.76	-	-	-	-	-	-	-	3 mos
Metropolitan Life Insurance Company	-	-	532.00	-	561.00	542.00	-	-	1,277.00	726.00	-	-	-	-	-	-	-	none
National Health Insurance Company	-	-	750.00	-	918.00	670.00	-	-	1,437.00	1,125.00	-	-	-	-	-	-	-	none
Oxford Health Insurance Company	579.01	349.28	764.44	463.89	970.53	562.55	-	-	1,540.48	1,113.05	-	-	-	-	-	-	-	12 mos
Oxford Health Insurance Company (PPO)	-	-	-	-	443.17	-	-	-	-	495.34	-	-	-	-	-	-	50%	12 mos
Oxford Health Plans	-	-	-	-	-	-	-	-	-	-	-	-	-	541.16	476.88	-	50%	12 mos
PFL Life Insurance Company	-	-	344.00	-	617.00	530.00	-	-	1,603.00	1,148.00	-	-	-	-	-	-	-	none
Prudential HealthCare - NJ	-	-	-	-	-	-	-	-	-	-	-	-	515.98	490.18	438.58	-	50%	12 mos
QualMed Plans for Health	-	-	-	-	-	-	-	-	-	-	-	-	-	424.81	408.57	-	\$15	12 mos
Trustmark Ins. w/o optional ABMT	1,400.00	1,200.00	1,200.00	1,050.00	1,500.00	1,200.00	-	-	3,600.00	2,400.00	-	-	-	-	-	-	-	none
Trustmark Ins. w/optional ABMT	1,470.00	1,260.00	1,260.00	1,102.50	1,575.00	1,260.00	-	-	3,780.00	2,520.00	-	-	-	-	-	-	-	none
United Health Care Ins. Co	709.00	560.00	909.00	747.00	923.00	776.00	-	-	2,024.00	1,185.00	-	-	-	-	-	-	-	none
United Health Care Plan	-	-	-	-	-	-	-	-	-	-	-	-	-	672.15	-	-	50%	12 mos

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New Jersey Individual Health Coverage Program Board

HUSBAND & WIFE	Plan A/50		Plan B		Plan C				Plan D				HMO Plans				Rx	Rate
	\$1000 Deduct	\$2500 Deduct	\$1000 Deduct	\$2500 Deduct	\$1000 Deduct	\$2500* Deduct	\$3000* Deduct	\$4500 Deduct	\$500 Deduct	\$1000 Deduct	\$3000* Deduct	\$4500* Deduct	\$10 Copay	\$15 Copay	\$20 Copay	\$30 Copay	50% or \$15	Guar.
Aetna Life Insurance Company	698.00	591.00	832.00	639.00	850.00	727.00	-	-	1,540.00	1,131.00	-	-	-	-	-	-	-	12 mos
Aetna US Healthcare Insurance Company	-	-	-	-	-	-	-	-	-	-	-	-	587.80	512.60	446.70	-	50%	12 mos
AmeriHealth HMO, Inc.	-	-	-	-	-	-	-	-	-	-	-	-	726.00	548.00	462.00	-	50%	none
Celtic Insurance Company	730.00	639.00	913.00	822.00	2,645.00	2,013.00	-	-	5,604.00	3,588.00	-	-	-	-	-	-	-	3 mos
CIGNA HealthCare	-	-	-	-	-	-	-	-	-	-	-	-	509.22	492.95	468.30	-	50%	12 mos
Connecticut General	619.00	515.00	654.00	567.00	767.00	658.00	-	-	1,519.00	895.00	-	-	-	-	-	-	-	12 mos
First Option Health Plan	-	-	-	-	-	-	-	-	-	-	-	-	715.93	699.85	680.21	-	50%	none
Fortis Insurance Company	524.00	432.00	946.00	792.00	1,306.00	1,110.00	-	-	4,116.00	1,884.00	-	-	-	-	-	-	-	3 mos
Fortis Insurance Company (PPO)	-	-	-	-	-	-	-	-	3,292.00	1,506.00	-	-	-	-	-	-	-	3 mos
Guardian	804.00	672.00	831.00	697.00	920.00	757.00	-	-	2,020.00	1,353.00	-	-	-	-	-	-	-	none
Guardian PPO North (except Hunterdon)**	-	-	676.00	567.00	1,006.00	972.00	-	-	2,079.00	1,485.00	-	-	-	-	-	-	-	none
Guardian PPO South (except Salem)**	-	-	654.00	549.00	974.00	942.00	-	-	2,014.00	1,438.00	-	-	-	-	-	-	-	none
Horizon Blue Cross/Blue Shield of NJ	428.18	368.35	467.45	398.27	649.80	401.57	414.42	378.99	1,340.32	900.41	572.33	517.53	-	-	-	-	-	12 mos
Horizon HealthCare HMO Blue of NJ	-	-	-	-	-	-	-	-	-	-	-	-	789.94	753.74	-	572.77	50%	12 mos
Horizon HealthCare HMO Blue Prime of NJ	-	-	-	-	-	-	-	-	-	-	-	-	568.76	542.69	-	-	50%	12 mos
Manhattan National Life Insurance Company	-	-	1,370.99	-	1,686.45	1,023.91	-	-	5,260.32	3,393.80	-	-	-	-	-	-	-	3 mos
Metropolitan Life Insurance Company	-	-	580.00	-	616.00	595.00	-	-	1,366.00	790.00	-	-	-	-	-	-	-	none
National Health Insurance Company	-	-	883.00	-	1,080.00	789.00	-	-	1,691.00	1,324.00	-	-	-	-	-	-	-	none
Oxford Health Insurance Company	625.96	377.60	826.42	501.50	1,049.22	608.16	-	-	1,665.38	1,203.30	-	-	-	-	-	-	-	12 mos
Oxford Health Insurance Company (PPO)	-	-	-	-	479.10	-	-	-	-	535.50	-	-	-	-	-	-	50%	12 mos
Oxford Health Plans	-	-	-	-	-	-	-	-	-	-	-	-	-	569.64	501.98	-	50%	12 mos
PFL Life Insurance Company	-	-	390.00	-	704.00	610.00	-	-	1,830.00	1,310.00	-	-	-	-	-	-	-	none
Prudential HealthCare - NJ	-	-	-	-	-	-	-	-	-	-	-	-	622.18	591.07	528.85	-	50%	12 mos
QualMed Plans for Health	-	-	-	-	-	-	-	-	-	-	-	-	-	526.60	506.48	-	\$15	12 mos
Trustmark Ins. w/o optional ABMT	2,100.00	1,800.00	1,600.00	1,400.00	2,000.00	1,600.00	-	-	4,800.00	3,200.00	-	-	-	-	-	-	-	none
Trustmark Ins. w/optional ABMT	2,205.00	1,890.00	1,680.00	1,470.00	2,100.00	1,680.00	-	-	5,040.00	3,360.00	-	-	-	-	-	-	-	none
United Health Care Ins. Co	773.00	610.00	991.00	814.00	1,014.00	852.00	-	-	2,166.00	1,290.00	-	-	-	-	-	-	-	none
United Health Care Plan	-	-	-	-	-	-	-	-	-	-	-	-	-	669.33	-	-	50%	12 mos

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FAMILY	Plan A/50		Plan B		Plan C				Plan D				HMO Plans				Rx	Rate
	\$1000 Deduct	\$2500 Deduct	\$1000 Deduct	\$2500 Deduct	\$1000 Deduct	\$2500* Deduct	\$3000* Deduct	\$4500 Deduct	\$500 Deduct	\$1000 Deduct	\$3000* Deduct	\$4500* Deduct	\$10 Copay	\$15 Copay	\$20 Copay	\$30 Copay	50% or \$15	Guar.
Aetna Life Insurance Company	949.00	803.00	1,130.00	869.00	1,148.00	-	-	985.00	2,117.00	1,543.00	-	-	-	-	-	-	-	12 mos
Aetna US Healthcare Insurance Company	-	-	-	-	-	-	-	-	-	-	-	-	878.40	766.10	667.60	-	50%	12 mos
AmeriHealth HMO, Inc.	-	-	-	-	-	-	-	-	-	-	-	-	1,005.00	758.00	640.00	-	50%	none
Celtic Insurance Company	734.00	642.00	917.00	825.00	2,656.00	2,022.00	-	-	5,628.00	3,604.00	-	-	-	-	-	-	-	3 mos
CIGNA HealthCare	-	-	-	-	-	-	-	-	-	-	-	-	735.31	711.82	676.23	-	50%	12 mos
Connecticut General	897.00	746.00	947.00	821.00	1,112.00	954.00	-	-	2,204.00	1,296.00	-	-	-	-	-	-	-	12 mos
First Option Health Plan	-	-	-	-	-	-	-	-	-	-	-	-	952.39	931.00	904.88	-	50%	none
Fortis Insurance Company	552.00	468.00	1,008.00	845.00	1,436.00	1,221.00	-	-	4,395.00	2,024.00	-	-	-	-	-	-	-	3 mos
Fortis Insurance Company (PPO)	-	-	-	-	-	-	-	-	3,516.00	1,619.00	-	-	-	-	-	-	-	3 mos
Guardian	1,067.00	891.00	1,103.00	925.00	1,220.00	1,005.00	-	-	2,677.00	1,795.00	-	-	-	-	-	-	-	none
Guardian PPO North (except Hunterdon)**	-	-	901.00	756.00	1,342.00	1,296.00	-	-	2,773.00	1,980.00	-	-	-	-	-	-	-	none
Guardian PPO South (except Salem)**	-	-	873.00	732.00	1,300.00	1,256.00	-	-	2,685.00	1,918.00	-	-	-	-	-	-	-	none
Horizon Blue Cross/Blue Shield of NJ	449.60	386.77	490.83	418.19	682.27	421.64	435.14	397.93	1,407.35	945.42	600.95	543.41	-	-	-	-	-	12 mos
Horizon HealthCare HMO Blue of NJ	-	-	-	-	-	-	-	-	-	-	-	-	1,118.61	1,067.36	-	811.09	50%	12 mos
Horizon HealthCare HMO Blue Prime of NJ	-	-	-	-	-	-	-	-	-	-	-	-	805.39	768.50	-	-	50%	12 mos
Manhattan National Life Insurance Company	-	-	1,850.91	-	2,276.68	1,382.27	-	-	7,101.39	4,581.63	-	-	-	-	-	-	-	3 mos
Metropolitan Life Insurance Company	-	-	827.00	-	875.00	845.00	-	-	1,969.00	1,126.00	-	-	-	-	-	-	-	none
National Health Insurance Company	-	-	1,192.00	-	1,458.00	1,065.00	-	-	2,282.00	1,787.00	-	-	-	-	-	-	-	none
Oxford Health Insurance Company	891.99	538.08	1,177.65	714.64	1,495.14	866.63	-	-	2,373.17	1,714.70	-	-	-	-	-	-	-	12 mos
Oxford Health Insurance Company (PPO)	-	-	-	-	682.72	-	-	-	-	763.09	-	-	-	-	-	-	50%	12 mos
Oxford Health Plans	-	-	-	-	-	-	-	-	-	-	-	-	-	854.46	752.97	-	50%	12 mos
PFL Life Insurance Company	-	-	539.00	-	970.00	837.00	-	-	2,521.00	1,805.00	-	-	-	-	-	-	-	none
Prudential HealthCare - NJ	-	-	-	-	-	-	-	-	-	-	-	-	910.53	865.00	773.95	-	50%	12 mos
QualMed Plans for Health	-	-	-	-	-	-	-	-	-	-	-	-	-	691.17	664.75	-	\$15	12 mos
Trustmark Ins. w/o optional ABMT	2,800.00	2,400.00	2,000.00	1,750.00	2,500.00	2,000.00	-	-	6,000.00	4,000.00	-	-	-	-	-	-	-	none
Trustmark Ins. w/optional ABMT	2,940.00	2,520.00	2,100.00	1,837.50	2,625.00	2,100.00	-	-	6,300.00	4,200.00	-	-	-	-	-	-	-	none
United Health Care Ins. Co	1,102.00	869.00	1,412.00	1,160.00	1,441.00	1,211.00	-	-	3,122.00	1,836.00	-	-	-	-	-	-	-	none
United Health Care Plan	-	-	-	-	-	-	-	-	-	-	-	-	-	1,043.69	-	-	50%	12 mos

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