

## New Jersey Individual Health Coverage Program Board

SINGLE	Plan A/50				Plan B		Plan C		Plan D		HMO Plans				Rx 50% or \$15	Rate Guar.
	\$1,000 Deduct	\$2,500 Deduct	\$5,000 Deduct	\$10,000 Deduct	\$1,000 Deduct	\$2,500 Deduct	\$1,000 Deduct	\$2,500 Deduct	\$500 Deduct	\$1,000 Deduct	\$10 Copay	\$15 Copay	\$20 Copay	\$30 Copay		
Aetna Life Insurance Company	625.00	514.00			735.00	636.00	835.00	718.00	2,131.00	1,561.00	-	-	-	-	-	12 mos
Aetna Health Inc.	-	-	-	-	-	-	-	-	-	-	649.50	532.10	442.20	387.90	50%	12 mos
AmeriHealth HMO, Inc.	-	-	-	-	-	-	-	-	-	-	814.00	580.00	438.00	354.00	50%	none
Celtic Insurance Company	624.00	555.00	-	-	779.00	697.00	2,254.00	1,711.00	4,794.00	3,070.00	-	-	-	-	-	3 mos
CIGNA HealthCare	-	-	-	-	-	-	-	-	-	-	524.76	491.81	440.18	-	50%	none
Fortis Insurance Company	1,034.00	853.00	-	-	1,870.00	1,564.00	2,580.00	2,193.00	8,127.00	3,719.00	-	-	-	-	-	3 mos
Fortis Insurance Company (PPO**)	-	-	-	-	-	-	-	-	6,499.00	2,975.00	-	-	-	-	-	3 mos
Guardian	620.00	518.00	-	-	705.00	592.00	851.00	698.00	1,941.00	1,295.00	-	-	-	-	-	none
Guardian PPO North (except Hunterdon)**	-	-	-	-	729.00	612.00	848.00	820.00	1,975.00	1,411.00	-	-	-	-	-	none
Guardian PPO South (except Salem)**	-	-	-	-	706.00	593.00	822.00	794.00	1,913.00	1,366.00	-	-	-	-	-	none
Health Net of NJ (formerly PHS)	-	-	-	-	-	-	-	-	-	-	503.92	492.83	478.72	-	50%	none
Horizon Blue Cross Blue Shield of NJ	520.34	447.60	281.42	181.48	568.02	484.00	797.00	492.51	1,584.01	1,104.27	-	-	-	-	-	12 mos
Horizon HealthCare of NJ HMO Blue	-	-	-	-	-	-	-	-	-	-	488.47	466.06	-	387.83	50%	12 mos
National Health Insurance Company	596.00	489.00	-	-	704.00	591.00	940.00	770.00	2,158.00	1,304.00	-	-	-	-	-	none
Oxford Health Insurance Company	446.96	358.05	283.53	235.47	691.59	570.20	867.10	659.53	1,234.11	1,023.55	-	-	-	-	-	12 mos
Oxford Health Insurance Company (PPO**)	-	-	-	-	-	-	392.88	318.92	-	437.32	-	-	-	-	50%	12 mos
Oxford Health Plans	-	-	-	-	-	-	-	-	-	-	-	476.34	424.90	366.10	50%	12 mos
Trustmark Insurance w/o optional ABMT	2,047.50	1,755.00	-	-	2,340.00	2,047.50	2,925.00	2,340.00	7,020.00	4,680.00	-	-	-	-	-	none
Trustmark Insurance w/optional ABMT	2,149.88	1,842.75	-	-	2,457.00	2,149.88	3,071.25	2,457.00	7,371.00	4,914.00	-	-	-	-	-	none
United Health Care Insurance Company	641.94	506.26	-	-	823.41	675.86	848.00	712.32	1,801.15	1,073.57	-	-	-	-	-	none
United Health Care Plan	-	-	-	-	-	-	-	-	-	-	-	528.18	-	406.69	50%	12 mos

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ADULT & CHILD	Plan A/50				Plan B		Plan C		Plan D		HMO Plans				Rx 50% or \$15	Rate Guar.
	\$1,000 Deduct	\$2,500 Deduct	\$5,000 Deduct	\$10,000 Deduct	\$1,000 Deduct	\$2,500 Deduct	\$1,000 Deduct	\$2,500 Deduct	\$500 Deduct	\$1,000 Deduct	\$10 Copay	\$15 Copay	\$20 Copay	\$30 Copay		
Aetna Life Insurance Company	1,080.00	885.00			1,262.00	1,076.00	1,422.00	1,221.00	3,719.00	2,695.00	-	-	-	-	-	12 mos
Aetna Health Inc.	-	-	-	-	-	-	-	-	-	-	1,170.40	958.70	796.80	698.90	50%	12 mos
AmeriHealth HMO, Inc.	-	-	-	-	-	-	-	-	-	-	1,482.00	1,056.00	797.00	644.00	50%	none
Celtic Insurance Company	1,092.00	972.00	-	-	1,364.00	1,220.00	3,945.00	2,994.00	8,390.00	5,372.00	-	-	-	-	-	3 mos
CIGNA HealthCare	-	-	-	-	-	-	-	-	-	-	946.26	886.84	793.73	-	50%	none
Fortis Insurance Company	1,561.00	1,303.00	-	-	2,580.00	2,161.00	3,733.00	3,175.00	11,657.00	5,402.00	-	-	-	-	-	3 mos
Fortis Insurance Company (PPO**)	-	-	-	-	-	-	-	-	9,325.00	4,325.00	-	-	-	-	-	3 mos
Guardian	1,104.00	923.00	-	-	1,256.00	1,054.00	1,516.00	1,247.00	3,444.00	2,306.00	-	-	-	-	-	none
Guardian PPO North (except Hunterdon)**	-	-	-	-	1,319.00	1,107.00	1,535.00	1,483.00	3,573.00	2,552.00	-	-	-	-	-	none
Guardian PPO South (except Salem)**	-	-	-	-	1,278.00	1,072.00	1,487.00	1,436.00	3,461.00	2,471.00	-	-	-	-	-	none
Health Net of NJ (formerly PHS)	-	-	-	-	-	-	-	-	-	-	856.75	837.91	813.92	-	50%	none
Horizon Blue Cross Blue Shield of NJ	921.98	793.15	498.65	321.57	1,006.54	857.57	1,414.13	873.93	2,916.93	1,959.53	-	-	-	-	-	12 mos
Horizon HealthCare of NJ HMO Blue	-	-	-	-	-	-	-	-	-	-	749.25	714.91	-	594.90	50%	12 mos
National Health Insurance Company	1,036.00	851.00	-	-	1,224.00	1,028.00	1,636.00	1,336.00	3,749.00	2,266.00	-	-	-	-	-	none
Oxford Health Insurance Company	826.88	662.39	524.53	435.62	1,279.44	1,054.87	1,604.14	1,220.13	2,283.10	1,893.57	-	-	-	-	-	12 mos
Oxford Health Insurance Company (PPO**)	-	-	-	-	-	-	726.83	590.00	-	809.04	-	-	-	-	50%	12 mos
Oxford Health Plans	-	-	-	-	-	-	-	-	-	-	-	905.05	807.31	695.59	50%	12 mos
Trustmark Insurance w/o optional ABMT	4,095.00	3,510.00	-	-	3,510.00	3,071.25	4,387.50	3,510.00	10,530.00	7,020.00	-	-	-	-	-	none
Trustmark Insurance w/optional ABMT	4,299.75	3,685.50	-	-	3,685.50	3,224.81	4,606.88	3,685.50	11,056.50	7,371.00	-	-	-	-	-	none
United Health Care Ins. Co	1,258.20	992.27	-	-	1,613.88	1,324.69	1,662.08	1,396.15	3,530.25	2,104.20	-	-	-	-	-	none
United Health Care Plan	-	-	-	-	-	-	-	-	-	-	-	1,035.22	-	797.12	50%	12 mos

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\*\*The PPO plan rates shown are listed according to the out-of-network benefit level. Contact the carriers for details on the plan design for the available PPO products.

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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HUSBAND & WIFE	Plan A/50				Plan B		Plan C		Plan D		HMO Plans				Rx 50% or \$15	Rate Guar.
	\$1,000 Deduct	\$2,500 Deduct	\$5,000 Deduct	\$10,000 Deduct	\$1,000 Deduct	\$2,500 Deduct	\$1,000 Deduct	\$2,500 Deduct	\$500 Deduct	\$1,000 Deduct	\$10 Copay	\$15 Copay	\$20 Copay	\$30 Copay		
Aetna Life Insurance Company	1,250.00	1,028.00			1,470.00	1,244.00	1,669.00	1,430.00	4,267.00	3,132.00	-	-	-	-	-	12 mos
Aetna Health Inc.	-	-	-	-	-	-	-	-	-	-	1,299.10	1,064.20	884.50	775.80	50%	12 mos
AmeriHealth HMO, Inc.	-	-	-	-	-	-	-	-	-	-	1,628.00	1,160.00	876.00	708.00	50%	none
Celtic Insurance Company	1,455.00	1,294.00	-	-	1,816.00	1,625.00	5,253.00	3,986.00	11,171.00	7,152.00	-	-	-	-	-	3 mos
CIGNA HealthCare	-	-	-	-	-	-	-	-	-	-	1,011.59	948.07	848.53	-	50%	none
Fortis Insurance Company	2,070.00	1,706.00	-	-	3,738.00	3,127.00	5,160.00	4,386.00	16,254.00	7,440.00	-	-	-	-	-	3 mos
Fortis Insurance Company (PPO**)	-	-	-	-	-	-	-	-	13,000.00	5,949.00	-	-	-	-	-	3 mos
Guardian	1,237.00	1,033.00	-	-	1,407.00	1,180.00	1,698.00	1,397.00	3,855.00	2,582.00	-	-	-	-	-	none
Guardian PPO North (except Hunterdon)**	-	-	-	-	1,479.00	1,241.00	1,721.00	1,663.00	4,005.00	2,860.00	-	-	-	-	-	none
Guardian PPO South (except Salem)**	-	-	-	-	1,433.00	1,202.00	1,666.00	1,610.00	3,879.00	2,770.00	-	-	-	-	-	none
Health Net of NJ (formerly PHS)	-	-	-	-	-	-	-	-	-	-	906.97	887.01	861.62	-	50%	none
Horizon Blue Cross Blue Shield of NJ	1,252.28	1,077.31	677.29	436.78	1,367.17	1,164.83	1,900.44	1,174.51	3,919.99	2,633.42	-	-	-	-	-	12 mos
Horizon HealthCare of NJ HMO Blue	-	-	-	-	-	-	-	-	-	-	1,044.64	996.78	-	829.44	50%	12 mos
National Health Insurance Company	1,213.00	996.00	-	-	1,433.00	1,203.00	1,915.00	1,565.00	4,389.00	2,654.00	-	-	-	-	-	none
Oxford Health Insurance Company	893.92	716.10	567.06	470.94	1,383.18	1,140.40	1,734.20	1,319.06	2,468.22	2,047.10	-	-	-	-	-	12 mos
Oxford Health Insurance Company (PPO**)	-	-	-	-	-	-	785.76	637.84	-	874.64	-	-	-	-	50%	12 mos
Oxford Health Plans	-	-	-	-	-	-	-	-	-	-	-	952.68	849.80	732.20	50%	12 mos
Trustmark Insurance w/o optional ABMT	6,142.50	5,265.00	-	-	4,680.00	4,095.00	5,850.00	4,680.00	14,040.00	9,360.00	-	-	-	-	-	none
Trustmark Insurance w/optional ABMT	6,449.63	5,528.25	-	-	4,914.00	4,299.75	6,142.50	4,914.00	14,742.00	9,828.00	-	-	-	-	-	none
United Health Care Ins. Co	1,283.88	1,012.52	-	-	1,646.82	1,351.72	1,696.00	1,424.64	3,602.30	2,147.14	-	-	-	-	-	none
United Health Care Plan	-	-	-	-	-	-	-	-	-	-	-	1,056.35	-	813.38	50%	12 mos

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	\$1,000 Deduct	\$2,500 Deduct	\$5,000 Deduct	\$10,000 Deduct	\$1,000 Deduct	\$2,500 Deduct	\$1,000 Deduct	\$2,500 Deduct	\$500 Deduct	\$1,000 Deduct	\$10 Copay	\$15 Copay	\$20 Copay	\$30 Copay		
Aetna Life Insurance Company	1,705.00	1,399.00			1,997.00	1,684.00	2,256.00	1,933.00	5,855.00	4,266.00		-	-	-	-	12 mos
Aetna Health Inc.	-	-	-	-	-	-	-	-	-	-	1,941.50	1,590.40	1,321.80	1,159.40	50%	12 mos
AmeriHealth HMO, Inc.	-	-	-	-	-	-	-	-	-	-	2,296.00	1,636.00	1,235.00	998.00	50%	none
Celtic Insurance Company	1,461.00	1,299.00	-	-	1,823.00	1,632.00	5,276.00	4,003.00	11,218.00	7,183.00	-	-	-	-	-	3 mos
CIGNA HealthCare	-	-	-	-	-	-	-	-	-	-	1,460.53	1,368.81	1,225.10	-	50%	none
Fortis Insurance Company	2,180.00	1,849.00	-	-	3,980.00	3,338.00	5,671.00	4,823.00	17,356.00	7,992.00	-	-	-	-	-	3 mos
Fortis Insurance Company (PPO**)			-	-					13,884.00	6,394.00						
Guardian	1,641.00	1,371.00	-	-	1,867.00	1,566.00	2,253.00	1,855.00	5,109.00	3,427.00				-	-	none
Guardian PPO North (except Hunterdon)**	-	-	-	-	1,972.00	1,655.00	2,294.00	2,217.00	5,341.00	3,814.00	-	-	-	-	-	none
Guardian PPO South (except Salem)**	-	-	-	-	1,910.00	1,603.00	2,222.00	2,147.00	5,173.00	3,694.00	-	-	-	-	-	none
Health Net of NJ (formerly PHS)	-	-	-	-	-	-	-	-	-	-	1,209.59	1,182.98	1,149.11		50%	none
Horizon Blue Cross Blue Shield of NJ	1,314.95	1,131.17	711.18	458.64	1,435.51	1,223.06	1,995.43	1,233.15	4,116.06	2,765.07	-	-	-	-	-	12 mos
Horizon HealthCare of NJ HMO Blue	-	-	-	-	-	-	-	-	-	-	1,479.29	1,411.52	-	1,174.57	50%	12 mos
National Health Insurance Company	1,570.00	1,290.00	-	-	1,855.00	1,556.00	2,480.00	2,026.00	5,683.00	3,436.00	-	-	-	-	-	none
Oxford Health Insurance Company	1,273.84	1,020.44	808.06	671.09	1,971.03	1,625.07	2,471.24	1,879.66	3,517.21	2,917.12	-	-	-	-	-	12 mos
Oxford Health Insurance Company (PPO**)	-	-	-	-	-	-	1,119.71	908.92	-	1,246.36	-	-	-	-	50%	12 mos
Oxford Health Plans	-	-	-	-	-	-	-	-	-	-	-	1,429.02	1,274.70	1,098.30	50%	12 mos
Trustmark Insurance w/o optional ABMT	8,190.00	7,020.00	-	-	5,850.00	5,118.75	7,312.50	5,850.00	17,550.00	11,700.00	-	-	-	-	-	none
Trustmark Insurance w/optional ABMT	8,599.50	7,371.00	-	-	6,142.50	5,374.69	7,678.13	6,142.50	18,427.50	12,285.00	-	-	-	-	-	none
United Health Care Ins. Co	1,900.14	1,498.53	-	-	2,437.29	2,000.55	2,510.08	2,108.47	5,331.40	3,177.77	-	-	-	-	-	none
United Health Care Plan	-	-	-	-	-	-	-	-	-	-	-	1,563.40	-	1,203.81	50%	12 mos

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