

New Jersey Individual Health Coverage Program Board

| SINGLE | Plan A/50 | | | | Plan B | | Plan C | | Plan D | | HMO Plans | | | |
|---------------------------------------|-------------------|-------------------|-------------------|--------------------|-------------------|-------------------|-------------------|-------------------|-----------------|-------------------|---------------|---------------|---------------|---------------|
| | \$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 | 643.00 | 529.00 | - | - | 756.00 | 654.00 | 859.00 | 739.00 | 2,193.00 | 1,606.00 | - | - | - | - |
| Aetna Health Inc. | - | - | - | - | - | - | - | - | - | - | 719.40 | 589.30 | 489.80 | 429.60 |
| AmeriHealth HMO, Inc. | - | - | - | - | - | - | - | - | - | - | 890.00 | 634.00 | 508.00 | 387.00 |
| Celtic Insurance Company | 1,219.00 | 1,080.00 | - | - | 1,528.00 | 1,375.00 | 4,419.00 | 3,352.00 | 9,398.00 | 6,009.00 | - | - | - | - |
| CIGNA HealthCare | - | - | - | - | - | - | - | - | - | - | 769.59 | 721.27 | 645.53 | - |
| Guardian | 880.00 | 735.00 | - | - | 1,001.00 | 840.00 | 1,208.00 | 991.00 | 2,756.00 | 1,838.00 | - | - | - | - |
| Guardian PPO | - | - | - | - | 1,019.00 | 855.00 | 1,186.00 | 1,146.00 | 2,760.00 | 1,971.00 | - | - | - | - |
| Health Net of NJ (formerly PHS) | - | - | - | - | - | - | - | - | - | - | 755.88 | 739.25 | 660.64 | - |
| Horizon Blue Cross Blue Shield of NJ | 835.15 | 718.39 | 451.68 | 291.27 | 911.67 | 776.82 | 1,279.19 | 790.49 | 2,542.35 | 1,772.36 | - | - | - | - |
| Horizon HealthCare of NJ HMO Blue | - | - | - | - | - | - | - | - | - | - | 517.54 | 493.78 | - | 410.91 |
| Oxford Health Insurance Company | 537.11 | 444.27 | 370.12 | 322.23 | 791.93 | 652.54 | 992.55 | 754.93 | 1,412.94 | 1,171.67 | - | - | - | - |
| Oxford Health Insurance Company (PPO) | - | - | - | - | - | - | 443.04 | 356.03 | - | 488.59 | - | - | - | - |
| Oxford Health Plans | - | - | - | - | - | - | - | - | - | - | - | 549.22 | 491.00 | 422.29 |
| Trustmark Insurance w/o optional ABMT | 2,379.20 | 2,039.31 | - | - | 2,719.08 | 2,379.20 | 3,398.85 | 2,719.08 | 8,157.24 | 5,438.16 | - | - | - | - |
| Trustmark Insurance w/optional ABMT | 2,498.15 | 2,141.28 | - | - | 2,855.03 | 2,498.15 | 3,568.79 | 2,855.03 | 8,565.10 | 5,710.07 | - | - | - | - |
| United Health Care Insurance Company | 892.66 | 703.99 | - | - | 1,145.01 | 939.83 | 1,179.20 | 990.53 | 2,504.62 | 1,492.87 | - | - | - | - |
| United Health Care Plan | - | - | - | - | - | - | - | - | - | - | - | 680.65 | - | 524.08 |

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).

Basic & Essential Plan rates are NOT shown.

EYO04 Adult & Child

| ADULT & CHILD | Plan A/50 | | | | Plan B | | Plan C | | Plan D | | HMO Plans | | | |
|--------------------------------------|----------------|----------------|----------------|-----------------|----------------|----------------|----------------|----------------|--------------|----------------|------------|------------|------------|------------|
| | \$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 | 1,111.00 | 911.00 | - | - | 1,299.00 | 1,107.00 | 1,463.00 | 1,256.00 | 3,827.00 | 2,773.00 | - | - | - | - |
| Aetna Health Inc. | - | - | - | - | - | - | - | - | - | - | 1,296.20 | 1,061.90 | 882.50 | 774.10 |
| AmeriHealth HMO, Inc. | - | - | - | - | - | - | - | - | - | - | 1,620.00 | 1,154.00 | 925.00 | 704.00 |
| Celtic Insurance Company | 2,133.00 | 1,890.00 | - | - | 2,675.00 | 2,406.00 | 7,734.00 | 5,865.00 | 16,447.00 | 10,517.00 | - | - | - | - |
| CIGNA HealthCare | - | - | - | - | - | - | - | - | - | - | 1,316.00 | 1,233.37 | 1,103.86 | - |
| Guardian | 1,568.00 | 1,310.00 | - | - | 1,784.00 | 1,497.00 | 2,153.00 | 1,771.00 | 4,890.00 | 3,274.00 | - | - | - | - |
| Guardian PPO | - | - | - | - | 1,844.00 | 1,547.00 | 2,145.00 | 2,073.00 | 4,993.00 | 3,566.00 | - | - | - | - |
| Health Net of NJ (formerly PHS) | - | - | - | - | - | - | - | - | - | - | 1,285.13 | 1,256.86 | 1,123.21 | - |
| Horizon Blue Cross Blue Shield of NJ | 1,479.80 | 1,273.01 | 800.33 | 516.12 | 1,615.49 | 1,376.41 | 2,269.69 | 1,402.66 | 4,681.69 | 3,145.06 | - | - | - | - |
| Horizon HealthCare of NJ HMO Blue | - | - | - | - | - | - | - | - | - | - | 793.83 | 757.44 | - | 630.29 |
| Oxford Health Ins. Co. | 993.65 | 821.90 | 684.72 | 596.13 | 1,465.07 | 1,207.20 | 1,836.22 | 1,396.62 | 2,613.94 | 2,167.59 | - | - | - | - |
| Oxford Health Ins. Co. (PPO) | - | - | - | - | - | - | 819.62 | 658.66 | - | 903.89 | - | - | - | - |
| Oxford Health Plans | - | - | - | - | - | - | - | - | - | - | - | 1,043.52 | 932.90 | 802.35 |
| Trustmark Ins. w/o optional ABMT | 4,758.39 | 4,078.62 | - | - | 4,078.62 | 3,568.79 | 5,098.28 | 4,078.62 | 12,235.86 | 8,157.24 | - | - | - | - |
| Trustmark Ins. w/optional ABMT | 4,996.31 | 4,282.55 | - | - | 4,282.55 | 3,747.23 | 5,353.19 | 4,282.55 | 12,847.65 | 8,565.10 | - | - | - | - |
| United Health Care Ins. Co | 1,749.61 | 1,379.82 | - | - | 2,244.21 | 1,842.07 | 2,311.23 | 1,941.44 | 4,909.05 | 2,926.03 | - | - | - | - |
| United Health Care Plan | - | - | - | - | - | - | - | - | - | - | - | 1,334.07 | - | 1,027.20 |

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). Basic & Essential Plan rates are NOT shown.

EYO04 Couple

| TWO ADULTS | Plan A/50 | | | | Plan B | | Plan C | | Plan D | | HMO Plans | | | |
|--------------------------------------|----------------|----------------|----------------|-----------------|----------------|----------------|----------------|----------------|--------------|----------------|------------|------------|------------|------------|
| | \$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 | 1,286.00 | 1,058.00 | - | - | 1,513.00 | 1,280.00 | 1,717.00 | 1,471.00 | 4,391.00 | 3,223.00 | - | - | - | - |
| Aetna Health Inc. | - | - | - | - | - | - | - | - | - | - | 1,438.80 | 1,178.60 | 979.60 | 859.20 |
| AmeriHealth HMO, Inc. | - | - | - | - | - | - | - | - | - | - | 1,780.00 | 1,268.00 | 1,016.00 | 774.00 |
| Celtic Insurance Company | 2,840.00 | 2,517.00 | - | - | 3,561.00 | 3,203.00 | 10,297.00 | 7,809.00 | 21,898.00 | 14,002.00 | - | - | - | - |
| CIGNA HealthCare | - | - | - | - | - | - | - | - | - | - | 1,446.83 | 1,355.98 | 12,133.60 | - |
| Guardian | 1,756.00 | 1,467.00 | - | - | 1,997.00 | 1,676.00 | 2,411.00 | 1,983.00 | 5,474.00 | 3,666.00 | - | - | - | - |
| Guardian PPO | - | - | - | - | 2,067.00 | 1,734.00 | 2,404.00 | 2,323.00 | 5,597.00 | 3,997.00 | - | - | - | - |
| Health Net of NJ (formerly PHS) | - | - | - | - | - | - | - | - | - | - | 1,360.45 | 1,330.52 | 1,189.03 | - |
| Horizon Blue Cross Blue Shield of NJ | 2,009.91 | 1,729.09 | 1,087.06 | 701.04 | 2,194.32 | 1,869.55 | 3,050.20 | 1,885.09 | 6,291.61 | 4,226.64 | - | - | - | - |
| Horizon HealthCare of NJ HMO Blue | - | - | - | - | - | - | - | - | - | - | 1,106.78 | 1,056.08 | - | 878.79 |
| Oxford Health Ins. Co. | 1,074.22 | 888.54 | 740.24 | 644.46 | 1,583.86 | 1,305.08 | 1,985.10 | 1,509.86 | 2,825.88 | 2,343.34 | - | - | - | - |
| Oxford Health Ins. Co. (PPO) | - | - | - | - | - | - | 886.08 | 712.06 | - | 977.18 | - | - | - | - |
| Oxford Health Plans | - | - | - | - | - | - | - | - | - | - | - | 1,098.44 | 982.00 | 844.58 |
| Trustmark Ins. w/o optional ABMT | 7,137.59 | 6,117.93 | - | - | 5,438.16 | 4,758.39 | 6,797.70 | 5,438.16 | 16,314.48 | 10,876.32 | - | - | - | - |
| Trustmark Ins. w/optional ABMT | 7,494.46 | 6,423.83 | - | - | 5,710.07 | 4,996.31 | 7,137.59 | 5,710.07 | 17,130.20 | 11,420.14 | - | - | - | - |
| United Health Care Ins. Co | 1,785.32 | 1,407.98 | - | - | 2,290.01 | 1,879.66 | 2,358.40 | 1,981.06 | 5,009.24 | 2,985.74 | - | - | - | - |
| United Health Care Plan | - | - | - | - | - | - | - | - | - | - | - | 1,361.29 | - | 1,048.16 |

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). Basic & Essential Plan rates are NOT shown.

EY04 Family

| FAMILY | Plan A/50 | | | | Plan B | | Plan C | | Plan D | | HMO Plans | | | |
|--------------------------------------|----------------|----------------|----------------|-----------------|----------------|----------------|----------------|----------------|--------------|----------------|------------|------------|------------|------------|
| | \$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 | 1,754.00 | 1,440.00 | - | - | 2,055.00 | 1,733.00 | 2,321.00 | 1,989.00 | 6,025.00 | 4,390.00 | - | - | - | - |
| Aetna Health Inc. | - | - | - | - | - | - | - | - | - | - | 2,150.30 | 1,761.50 | 1,464.00 | 1,284.10 |
| AmeriHealth HMO, Inc. | - | - | - | - | - | - | - | - | - | - | 2,510.00 | 1,788.00 | 1,433.00 | 1,091.00 |
| Celtic Insurance Company | 2,852.00 | 2,528.00 | - | - | 3,576.00 | 3,217.00 | 10,341.00 | 7,843.00 | 21,992.00 | 14,062.00 | - | - | - | - |
| CIGNA HealthCare | - | - | - | - | - | - | - | - | - | - | 2,039.42 | 1,911.36 | 1,710.67 | - |
| Guardian | 2,330.00 | 1,947.00 | - | - | 2,650.00 | 2,224.00 | 3,199.00 | 2,634.00 | 7,254.00 | 4,865.00 | - | - | - | - |
| Guardian PPO | - | - | - | - | 2,756.00 | 2,313.00 | 3,206.00 | 3,098.00 | 7,464.00 | 5,330.00 | - | - | - | - |
| Health Net of NJ (formerly PHS) | - | - | - | - | - | - | - | - | - | - | 1,814.38 | 1,774.47 | 1,585.77 | - |
| Horizon Blue Cross Blue Shield of NJ | 2,110.51 | 1,815.54 | 1,141.44 | 736.10 | 2,304.00 | 1,963.03 | 3,202.68 | 1,979.21 | 6,606.29 | 4,437.96 | - | - | - | - |
| Horizon HealthCare of NJ HMO Blue | - | - | - | - | - | - | - | - | - | - | 1,567.30 | 1,495.51 | - | 1,244.46 |
| Oxford Health Ins. Co | 1,530.76 | 1,266.17 | 1,054.84 | 918.36 | 2,257.00 | 1,859.74 | 2,828.77 | 2,151.55 | 4,026.88 | 3,339.26 | - | - | - | - |
| Oxford Health Ins. Co. (PPO) | - | - | - | - | - | - | 1,262.66 | 1,014.69 | - | 1,392.48 | - | - | - | - |
| Oxford Health Plans | - | - | - | - | - | - | - | - | - | - | - | 1,647.66 | 1,473.00 | 1,266.87 |
| Trustmark Ins. w/o optional ABMT | 9,516.78 | 8,157.24 | - | - | 6,797.70 | 5,947.99 | 8,497.13 | 6,797.70 | 20,393.10 | 13,595.40 | - | - | - | - |
| Trustmark Ins. w/optional ABMT | 9,992.62 | 8,565.10 | - | - | 7,137.59 | 6,245.39 | 8,921.98 | 7,137.59 | 21,412.76 | 14,275.17 | - | - | - | - |
| United Health Care Ins. Co | 2,642.27 | 2,083.80 | - | - | 3,389.21 | 2,781.90 | 3,490.43 | 2,931.97 | 7,413.66 | 4,418.90 | - | - | - | - |
| United Health Care Plan | - | - | - | - | - | - | - | - | - | - | - | 2,014.71 | - | 1,551.28 |

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). Basic & Essential Plan rates are NOT shown.

EY04 MSA option

| Offered by Horizon Blue Cross Blue Shield NJ | Plan C | | | | Plan D | | | |
|--|----------------------|------------------|----------------------|------------------|----------------------|------------------|----------------------|------------------|
| | \$1500 Deductible | \$1700 Deduct | \$2250 Deductible | \$2600 Deduct | \$1500 Deductible | \$1700 Deduct | \$2250 Deductible | \$2600 Deduct |
| Single Coverage | 922.87 | 892.09 | 883.90 | 850.93 | 1,274.41 | 1,235.96 | 1,207.02 | 1,164.07 |
| | Plan C | | | | Plan D | | | |
| | \$3000 Deductible | \$3450 Deduct | \$4500 Deductible | \$5150 Deduct | \$3000 Deductible | \$3450 Deduct | \$4500 Deductible | \$5150 Deduct |
| Adult & Child Coverage | 1,447.45 | 1,383.20 | 1,323.78 | 1,256.67 | 1,999.14 | 1,918.14 | 1,807.72 | 1,721.59 |
| Two Adults Coverage | 1,945.34 | 1,858.87 | 1,779.10 | 1,688.93 | 2,686.60 | 2,577.79 | 2,429.33 | 2,313.63 |
| Family Coverage | 2,042.50 | 1,951.94 | 1,867.94 | 1,773.29 | 2,821.02 | 2,706.74 | 2,550.85 | 2,429.30 |

Deductibles (and out-of-pocket maximums) are subject to change each calendar year to reflect the IRS inflation-adjusted indexed amount.

These deductibles are still available, however they no longer qualify as High Deductible Plans that may be used in conjunction with an MSA.