

Rates shown are monthly premiums, and apply statewide. Rates do not vary based on anyone's location, gender or health status. Carriers may consider age in developing their rates. If only a single rate is shown, age is NOT a rating factor which means the premium is the same for everyone who buys that Single policy.

SINGLE			All Ages	Under 25 years old	25 to 29 years old	30 to 34 years old	35 to 39 years old	40 to 44 years old	45 to 49 years old	50 to 54 years old	55 to 59 years old	60 to 64 years old	65 years and older	
HMO Products	Copayment Options	\$15	Aetna Health Inc.	\$2,219.50										
			AmeriHealth HMO Inc.	\$1,637.00										
			Horizon HC	\$1,047.58										
		\$30	Aetna Health Inc.	\$1,378.30										
			AmeriHealth HMO Inc.	\$969.00										
			CIGNA Healthcare	\$1,001.00										\$1,001.00
	Horizon HC	\$871.78												
	Oxford Health Plan	\$645.36	\$721.84	\$803.56	\$842.32	\$893.65	\$932.42	\$999.47	\$1,147.19	\$1,339.96	\$1,411.20			
	Split Copay	\$50	AmeriHealth HMO Inc.	\$810.00	The HMO Products provide coverage of the following services: office visits (preventative and treatment-related, including most medically-necessary specialist's care), hospital care, prenatal and maternity care, immunizations and well-child care, screenings (including mammograms, pap smears and prostate exams), x-ray and lab services, treatment for mental illness and substance abuse, many therapy services, and prescription drugs. Most services are subject to a copayment requirement. For more detailed information about HMO plans with split copayments or deductible and coinsurance requirements, contact the carrier.									
		\$30/50	AmeriHealth HMO Inc.	\$921.00										
Horizon HC \$30/50			\$860.41											
Deductible & Coinsurance		Horizon HC \$50/70	\$836.88											
		Aetna Health Inc.	\$557.00											
		Horizon HC	\$510.51											
PPO Products	Plan A/50	AmeriHealth 70/50%	\$289.76	\$327.48	\$391.36	\$423.89	\$439.80	\$461.34	\$527.02	\$608.65	\$727.55	\$727.55		
		AmeriHealth w/ rider	\$293.29	\$331.45	\$396.11	\$429.05	\$445.14	\$466.94	\$533.42	\$616.05	\$736.38	\$736.38		
		Horizon 70/50%	\$332.32	\$372.05	\$439.61	\$472.33	\$485.13	\$501.34	\$567.69	\$649.24	\$767.88	\$893.73		
	Plan C (70/30%)	AmeriHealth 90/70%	\$358.02	\$404.58	\$483.50	\$523.74	\$543.37	\$569.97	\$651.12	\$751.96	\$898.86	\$898.86		
		Horizon 80/70%	\$350.25	\$392.15	\$463.36	\$497.86	\$511.34	\$528.43	\$598.34	\$684.33	\$809.36	\$942.00		
		Horizon 100/70%	\$502.79	\$562.91	\$665.18	\$714.66	\$734.05	\$758.56	\$858.95	\$982.33	\$1,161.86	\$1,352.28		
		Oxford \$15, \$1000	\$614.50	\$686.92	\$782.39	\$830.67	\$899.80	\$939.31	\$1,046.84	\$1,201.57	\$1,403.47	\$1,478.09		
		Oxford \$30, \$2500	\$471.85	\$527.46	\$600.77	\$637.84	\$690.92	\$721.26	\$803.83	\$922.64	\$1,077.67	\$1,134.97		
	Plan D (80/20%)	Oxford \$30, \$1000	\$666.87	\$745.47	\$849.07	\$901.47	\$976.49	\$1,019.36	\$1,136.06	\$1,303.97	\$1,523.08	\$1,604.06		

PPO/POS Options:

The PPO (and POS) products provide coverage of all of the same services covered by the HMO and Indemnity plans. An individual may choose to obtain healthcare services through the carrier's network of health care providers, or may go "out-of-network." Individuals typically pay more to go out-of-network because of increased cost-sharing requirements, plus health care providers may charge in excess of what the carrier considers reasonable and customary. In-network providers charge a negotiated rate. For more information about cost-sharing, see the explanation about the Indemnity Products.

AmeriHealth Insurance Co. offers Plan A/50 and Plan C with in-network (IN) and out-of-network (OON) benefits. A/50 70/50: IN=\$2,500 deductible and 70% coinsurance but for \$30 office visits; OON=\$7,500 deductible and 50% coinsurance. Plan C 90/70: IN=\$2,500 deductible and 90% coinsurance but for \$30 office visits; OON=\$5,000 deductible and 70% coinsurance. **AmeriHealth** also offers an alternate copayment rider for Plan A/50. Contact the company for more details.

Horizon also offers "Direct Access" plans with in-network (IN) and out-of-network (OON) benefits. Plan A/50 70/50: IN=\$2500 deductible, 70% coinsurance; OON=\$7500 deductible, 50% coinsurance. Plan C 80/70: IN=\$2500 deductible, 80% coinsurance; OON=\$5000 deductible, 70% coinsurance. Plan C 100/70: IN=\$0 deductible, 100% coinsurance; OON=\$7500 deductible, 70% coinsurance. Contact Horizon for more details.

Oxford Health Insurance Co. offers Plans C and D with in-network (IN) and out-of-network (OON) benefits. Plan C \$15, \$1000: IN=\$1,000 deductible and 30% coinsurance but for \$15 office visits; OON=\$2000 deductible and 30% coinsurance. Plan C \$30, \$2500: IN=\$2500 deductible and 30% coinsurance but for \$30 office visits; OON=\$5000 deductible and 30% coinsurance. Plan D \$30, \$1000: IN=\$1000 deductible and 20% coinsurance but for \$30 office visits; OON=\$2000 deductible and 20% coinsurance. Contact Oxford for more details.

NJ Individual Health Coverage Program Standard Health Benefits Plan Rates

Rates shown are monthly premiums, and apply statewide. Rates do not vary based on anyone's location, gender or health status. Carriers may consider age in developing their rates. If only a single rate is shown, age is NOT a rating factor which means the premium is the same for everyone who buys that Single policy.

SINGLE				All Ages	Under 25 years old	25 to 29 years old	30 to 34 years old	35 to 39 years old	40 to 44 years old	45 to 49 years old	50 to 54 years old	55 to 59 years old	60 to 64 years old	65 years and older	
Indemnity Products (No networks. Deductibles and coinsurance apply.)	Plan A/50 (50/50% coinsurance)	Deductibles	\$1,000	Aetna Life Ins. Co.	\$1,316.00										
				Celtic Ins. Co.	\$1,219.00										
				Horizon BCBSNJ	\$1,456.05										
		\$2,500	Aetna Life Ins. Co.	\$1,081.00											
			Celtic Ins. Co.	\$1,080.00											
			Horizon BCBSNJ	\$1,255.06											
		\$5,000	Horizon BCBSNJ	\$869.65											
			Horizon BCBSNJ	\$567.70											
		Plan B (60/40% coinsurance)	Deductibles	\$1,000	Aetna Life Ins. Co.										\$1,551.00
	Celtic Ins. Co.				\$1,528.00										
	Horizon BCBSNJ				\$2,543.27										
	\$2,500		Aetna Life Ins. Co.	\$1,342.00											
			Celtic Ins. Co.	\$1,375.00											
			Horizon BCBSNJ	\$2,171.57											
	Plan C (70/30% coinsurance)		Deductibles	\$1,000	Aetna Life Ins. Co.	\$1,767.00	<p>The Indemnity Products provide coverage of the following services: office visits (preventative, sickness-related, and specialty), hospital care, prenatal and maternity care, immunizations and well-child care, screenings (including mammograms, pap smears and prostate exams), x-ray and lab services, treatment for mental illness and substance abuse, many therapy services, and prescription drugs. There is no network of health care providers and referrals are not required. Carriers will still consider whether a service is medically necessary.</p> <p>Generally, you pay for the costs of covered services until the stated deductible amount is met. (Carriers pay for some preventative services even if the deductible has not been met.) Then, you and the carrier each pay a portion of the costs of the covered services -- this is the coinsurance amount. For Plan A/50, the carrier and you each pays 50% of the covered charges. For Plan B, the carrier pays 60% and you pay 40% of the covered charges. For Plan C, the carrier pays 70% and you pay 30%, and for Plan D, the carrier pays 80% and you pay 20% of the covered charges.</p> <p>After you pay the maximum out-of-pocket (the deductible plus a specified amount of coinsurance), the carrier pays all of the covered charges. Note: the carrier pays using "reasonable and customary" charges. The health care provider's charges may be more than that. You are responsible for any "excess" charges.</p>								
					Celtic Ins. Co.	\$4,419.00									
					Horizon BCBSNJ	\$3,594.33									
		\$2,500	Aetna Life Ins. Co.	\$1,518.00											
			Celtic Ins. Co.	\$3,352.00											
			Horizon BCBSNJ	\$2,227.99											
Plan D (80/20% coinsurance)	Deductibles	\$1,000	Aetna Life Ins. Co.	\$3,309.00											
			Celtic Ins. Co.	\$6,009.00											
			Horizon BCBSNJ	\$5,025.91											
	\$2,500	Aetna Life Ins. Co.	\$2,844.00												
		Celtic Ins. Co.	\$5,288.00												
		Horizon BCBSNJ	\$3,346.05												

*Horizon also offers a \$1,500 and \$2,250 deductible option for Plans C and D. Contact the carrier for details.

Rates shown are monthly premiums, and apply statewide. Rates do not vary based on anyone's location, gender or health status. Carriers may consider age in developing their rates. If only a single rate is shown, age is NOT a rating factor, which means the premium is the same for everyone buying that Adult & Child(ren) policy.

ADULT & CHILD(REN)		All Ages	Under 25 years old	25 to 29 years old	30 to 34 years old	35 to 39 years old	40 to 44 years old	45 to 49 years old	50 to 54 years old	55 to 59 years old	60 to 64 years old	65 years and older	
HMO Products	Copayment Options	\$15	Aetna Health Inc.	\$3,999.00									
			AmeriHealth HMO Inc.	\$2,979.00									
			Horizon HC	\$1,606.91									
		\$30	Aetna Health Inc.	\$2,483.90									
			AmeriHealth HMO Inc.	\$1,764.00									
			CIGNA Healthcare	\$1,802.00	\$1,802.00	\$2,024.00	\$2,024.00	\$2,320.00	\$2,320.00	\$3,238.00	\$3,238.00	\$5,515.00	\$5,515.00
	\$50	Horizon HC	\$1,337.17										
		Oxford Health Plan	\$1,522.25	\$1,598.73	\$1,641.68	\$1,651.11	\$1,669.97	\$1,702.45	\$1,724.45	\$1,872.17	\$2,064.94	\$2,136.18	
		AmeriHealth HMO Inc.	\$1,474.00										
	Split Copay	AmeriHealth HMO Inc. \$30/50	\$1,676.00										
		Horizon HC \$30/50	\$1,319.78										
		Horizon HC \$50/70	\$1,283.69										
Deductible & Coinsurance	Aetna Health Inc.	\$1,004.80											
	Horizon HC	\$783.05											
PPO Products	Plan A/50	AmeriHealth 70/50%	\$738.85	\$776.54	\$840.41	\$872.98	\$888.88	\$910.41	\$976.09	\$1,057.73	\$1,176.60	\$1,176.60	
		AmeriHealth w/ rider	\$747.82	\$785.97	\$850.63	\$883.58	\$899.67	\$921.46	\$987.95	\$1,070.57	\$1,190.90	\$1,190.90	
		Horizon 70/50%	\$753.69	\$790.37	\$852.87	\$883.32	\$895.21	\$910.45	\$971.98	\$1,047.89	\$1,157.96	\$1,474.22	
	Plan C (70/30%)	AmeriHealth 90/70%	\$912.46	\$959.03	\$1,037.94	\$1,078.19	\$1,097.81	\$1,124.42	\$1,205.57	\$1,306.41	\$1,453.31	\$1,453.31	
		Horizon 80/70%	\$794.42	\$833.07	\$898.92	\$931.05	\$943.57	\$959.64	\$1,024.49	\$1,104.48	\$1,220.51	\$1,553.84	
		Horizon 100/70%	\$1,140.41	\$1,195.88	\$1,290.43	\$1,336.55	\$1,354.53	\$1,377.59	\$1,470.66	\$1,585.47	\$1,752.07	\$2,230.54	
		Oxford \$15, \$1,000	\$1,449.56	\$1,521.98	\$1,599.89	\$1,628.42	\$1,682.19	\$1,714.01	\$1,806.19	\$1,960.91	\$2,162.82	\$2,237.44	
	Plan D (80/20%)	Oxford \$30, \$2500	\$1,113.06	\$1,168.67	\$1,228.50	\$1,250.40	\$1,291.69	\$1,316.13	\$1,386.90	\$1,505.71	\$1,660.74	\$1,718.04	
		Oxford \$30, \$1000	\$1,573.10	\$1,651.70	\$1,736.24	\$1,767.21	\$1,825.56	\$1,860.09	\$1,960.12	\$2,128.03	\$2,347.15	\$2,428.12	

The HMO Products provide coverage of the following services: office visits (preventative and treatment-related, including most medically-necessary specialist's care), hospital care, prenatal and maternity care, immunizations and well-child care, screenings (including mammograms, pap smears and prostate exams), x-ray and lab services, treatment for mental illness and substance abuse, many therapy services, and prescription drugs. Most services are subject to a copayment requirement. For more detailed information about HMO plans with split copayments or deductible and coinsurance requirements, contact the carrier.

PPO/POS Options:

The PPO (and POS) products provide coverage of all of the same services covered by the HMO and Indemnity plans. An individual may choose to obtain healthcare services through the carrier's network of health care providers, or may go "out-of-network." Individuals typically pay more to go out-of-network because of increased cost-sharing requirements, plus health care providers may charge in excess of what the carrier considers reasonable and customary. In-network providers charge a negotiated rate. For more information about cost-sharing, see the explanation about the Indemnity Products.

AmeriHealth Insurance Co. offers Plan A/50 and Plan C with in-network (IN) and out-of-network (OON) benefits. A/50 70/50: IN=\$2,500 deductible and 70% coinsurance but for \$30 office visits; OON=\$7,500 deductible and 50% coinsurance. Plan C 90/70%: IN=\$2,500 deductible and 90% coinsurance but for \$30 office visits; OON=\$5,000 deductible and 70% coinsurance. **AmeriHealth** also offers an alternate copayment rider for Plan A/50. Contact the company for more details.

Horizon also offers "Direct Access" plans with in-network (IN) and out-of-network (OON) benefits. Plan A/50 70/50%: IN=\$2500 deductible, 70% coinsurance; OON=\$7500 deductible, 50% coinsurance. Plan C 80/70: IN=\$2500 deductible, 80% coinsurance; OON=\$5000 deductible, 70% coinsurance. Plan C 100/70: IN=\$0 deductible, 100% coinsurance; OON=\$7500 deductible, 70% coinsurance. Contact Horizon for more details.

Oxford Health Insurance Co. offers Plans C and D with in-network (IN) and out-of-network (OON) benefits. Plan C \$15, \$1000: IN=\$1,000 deductible and 30% coinsurance but for \$15 office visits; OON=\$2000 deductible and 30% coinsurance. Plan C \$30, \$2500: IN=\$2500 deductible and 30% coinsurance but for \$30 office visits; OON=\$5000 deductible and 30% coinsurance. Plan D \$30, \$1000: IN=\$1000 deductible and 20% coinsurance but for \$30 office visits; OON=\$2000 deductible and 20% coinsurance. Contact Oxford for more details.

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		ADULT & CHILD(REN)		All Ages	Under 25 years old	25 to 29 years old	30 to 34 years old	35 to 39 years old	40 to 44 years old	45 to 49 years old	50 to 54 years old	55 to 59 years old	60 to 64 years old	65 years and older	
Indemnity Products (No networks. Deductibles and coinsurance apply.)	Plan A/50 (50/50% coinsurance)	Deductibles	\$1,000	Aetna Life Ins. Co.	\$2,273.00										
				Celtic Ins. Co.	\$2,133.00										
				Horizon BCBSNJ	\$2,579.97										
			\$2,500	Aetna Life Ins. Co.	\$1,863.00										
				Celtic Ins. Co.	\$1,890.00										
				Horizon BCBSNJ	\$2,224.04										
		\$5,000	Horizon BCBSNJ	\$1,540.91											
			\$10,000	Horizon BCBSNJ	\$1,005.95										
		Plan B (60/40% coinsurance)	Deductibles	\$1,000	Aetna Life Ins. Co.										\$2,664.00
					Celtic Ins. Co.										\$2,675.00
					Horizon BCBSNJ										\$4,506.72
			\$2,500	Aetna Life Ins. Co.	\$2,271.00										
	Celtic Ins. Co.			\$2,406.00											
	Horizon BCBSNJ			\$3,847.69											
	Plan C (70/30% coinsurance)	Deductibles	\$1,000	Aetna Life Ins. Co.	\$3,008.00										
				Celtic Ins. Co.	\$7,734.00										
				Horizon BCBSNJ	\$6,377.46										
		\$2,500	Aetna Life Ins. Co.	\$2,583.00											
			Celtic Ins. Co.	\$5,865.00											
			Horizon BCBSNJ	\$3,953.36											
Plan D (80/20% coinsurance)	Deductibles	\$1,000	Aetna Life Ins. Co.	\$5,714.00											
			Celtic Ins. Co.	\$10,517.00											
			Horizon BCBSNJ	\$8,918.52											
	\$2,500	Aetna Life Ins. Co.	\$4,913.00												
		Celtic Ins. Co.	\$9,255.00												
		Horizon BCBSNJ	\$5,011.22												

The Indemnity Products provide coverage of the following services: office visits (preventative, sickness-related, and specialty), hospital care, prenatal and maternity care, immunizations and well-child care, screenings (including mammograms, pap smears and prostate exams), x-ray and lab services, treatment for mental illness and substance abuse, many therapy services, and prescription drugs. There is no network of health care providers and referrals are not required. Carriers will still consider whether a service is medically necessary.

Generally, you pay for the costs of covered services until the stated **deductible** amount is met. (Carriers pay for some preventative services even if the deductible has not been met.) Then, you and the carrier each pay a portion of the costs of the covered services -- this is the **coinsurance** amount. For Plan A/50, the carrier and you each pays 50% of the covered charges. For Plan B, the carrier pays 60% and you pay 40% of the covered charges. For Plan C, the carrier pays 70% and you pay 30%, and for Plan D, the carrier pays 80% and you pay 20% of the covered charges.

After you pay the **maximum out-of-pocket** (the deductible plus a specified amount of coinsurance), the carrier pays all of the covered charges. **Note:** the carrier pays using "reasonable and customary" charges. The health care provider's charges may be more than that. You are responsible for any "excess" charges.

*Horizon also offers a \$1,500 and \$2,250 deductible option for Plans C and D. Contact the carrier for details.

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TWO ADULTS		All Ages	Under 25 years old	25 to 29 years old	30 to 34 years old	35 to 39 years old	40 to 44 years old	45 to 49 years old	50 to 54 years old	55 to 59 years old	60 to 64 years old	65 years and older
HMO Products	Copayment Options	\$15	Aetna Health Inc.	\$4,438.70	The HMO Products provide coverage of the following services: office visits (preventative and treatment-related, including most medically-necessary specialist's care), hospital care, prenatal and maternity care, immunizations and well-child care, screenings (including mammograms, pap smears and prostate exams), x-ray and lab services, treatment for mental illness and substance abuse, many therapy services, and prescription drugs. Most services are subject to a copayment requirement. For more detailed information about HMO plans with split copayments or deductible and coinsurance requirements, contact the carrier.							
			AmeriHealth HMO Inc.	\$3,274.00								
			Horizon HC	\$2,240.49								
		\$30	Aetna Health Inc.	\$2,756.90								
			AmeriHealth HMO Inc.	\$1,938.00								
			CIGNA Healthcare	\$1,932.00								
	\$50	Horizon HC	\$1,864.36									
		Oxford Health Plan	\$1,344.15									
		AmeriHealth HMO Inc.	\$1,620.00									
	Split Copay	AmeriHealth HMO Inc. \$30/50	\$1,842.00									
		Horizon HC \$30/50	\$1,840.12									
		Horizon HC \$50/70	\$1,789.77									
Deductible & Coinsurance	Aetna Health Inc.	\$1,115.60										
	Horizon HC	\$1,091.79										
PPO/POS Products	Plan A/50	AmeriHealth 70/50%	\$579.52	\$654.96	\$782.72	\$847.78	\$879.60	\$922.68	\$1,054.04	\$1,217.30	\$1,455.10	\$1,455.10
		AmeriHealth w/rider	\$586.58	\$662.90	\$792.22	\$858.10	\$890.28	\$933.88	\$1,066.84	\$1,232.10	\$1,472.76	\$1,472.76
		Horizon 70/50%	\$629.51	\$692.38	\$816.45	\$892.10	\$919.96	\$971.56	\$1,106.06	\$1,290.39	\$1,539.15	\$1,877.47
	Plan C (70/30%)	AmeriHealth 90/70%	\$716.04	\$809.16	\$967.00	\$1,047.48	\$1,086.74	\$1,139.94	\$1,302.24	\$1,503.92	\$1,797.72	\$1,797.72
		Horizon 80/70%	\$663.50	\$729.79	\$860.54	\$940.30	\$969.65	\$1,024.05	\$1,165.78	\$1,360.11	\$1,622.28	\$1,978.88
		Horizon 100/70%	\$952.45	\$1,047.58	\$1,235.34	\$1,349.82	\$1,391.93	\$1,470.03	\$1,673.53	\$1,952.46	\$2,328.81	\$2,840.74
		Oxford \$15, \$1000	\$1,279.48	\$1,427.61	\$1,628.42	\$1,727.18	\$1,870.93	\$1,953.23	\$2,177.08	\$2,498.60	\$2,919.97	\$3,073.59
	Plan D (80/20%)	Oxford \$30, \$2500	\$982.46	\$1,096.21	\$1,250.40	\$1,326.24	\$1,436.62	\$1,499.81	\$1,671.70	\$1,918.58	\$2,242.13	\$2,360.09
		Oxford \$30, \$1000	\$1,388.52	\$1,549.28	\$1,767.21	\$1,874.38	\$2,030.38	\$2,119.70	\$2,362.63	\$2,711.54	\$3,168.83	\$3,335.54

PPO/POS Options:

The PPO (and POS) products provide coverage of all of the same services covered by the HMO and Indemnity plans. An individual may choose to obtain healthcare services through the carrier's network of health care providers, or may go "out-of-network." Individuals typically pay more to go out-of-network because of increased cost-sharing requirements, plus health care providers may charge in excess of what the carrier considers reasonable and customary. In-network providers charge a negotiated rate. For more information about cost-sharing, see the explanation about the Indemnity Products.

AmeriHealth Insurance Co. offers Plan A/50 and Plan C with in-network (IN) and out-of-network (OON) benefits. Plan A/50 70/50: IN=\$2,500 deductible and 70% coinsurance but for \$30 office visits; OON=\$7,500 deductible and 50% coinsurance. Plan C 90/70: IN=\$2,500 deductible and 90% coinsurance but for \$30 office visits; OON=\$5,000 deductible and 70% coinsurance. **AmeriHealth** also offers an alternate copayment rider for Plan A/50. Contact the company for more details.

Horizon also offers "Direct Access" plans with in-network (IN) and out-of-network (OON) benefits. Plan A/50 70/50: IN=\$2500 deductible, 70% coinsurance; OON=\$7500 deductible, 50% coinsurance. Plan C 80/70: IN=\$2500 deductible, 80% coinsurance; OON=\$5000 deductible, 70% coinsurance. Plan C 100/70: IN=\$0 deductible, 100% coinsurance; OON=\$7500 deductible, 70% coinsurance. Contact Horizon for more details.

Oxford Health Insurance Co. offers Plans C and D with in-network (IN) and out-of-network (OON) benefits. Plan C \$15, \$1000: IN=\$1,000 deductible and 30% coinsurance but for \$15 office visits; OON=\$2000 deductible and 30% coinsurance. Plan C \$30, \$2500: IN=\$2500 deductible and 30% coinsurance but for \$30 office visits; OON=\$5000 deductible and 30% coinsurance. Plan D \$30, \$1000: IN=\$1000 deductible and 20% coinsurance but for \$30 office visits; OON=\$2000 deductible and 20% coinsurance. Contact Oxford for more details.

NJ Individual Health Coverage Program Standard Health Benefits Plan Rates

Rates shown are monthly premiums, and apply statewide. Rates do not vary based on anyone's location, gender or health status. Carriers may consider age in developing their rates. If only a single rate is shown, age is NOT a rating factor, which means the premium is the same for all couples buying that Two Adults policy.

TWO ADULTS				All Ages	Under 25 years old	25 to 29 years old	30 to 34 years old	35 to 39 years old	40 to 44 years old	45 to 49 years old	50 to 54 years old	55 to 59 years old	60 to 64 years old	65 years and older
Indemnity Products (No networks. Deductibles and coinsurance apply.)	Plan A/50 (50/50% coinsurance)	Deductibles	\$1,000	Aetna Life Ins. Co.	\$2,633.00	<div style="border: 1px solid black; padding: 10px;"> <p>The Indemnity Products provide coverage of the following services: office visits (preventative, sickness-related, and specialty), hospital care, prenatal and maternity care, immunizations and well-child care, screenings (including mammograms, pap smears and prostate exams), x-ray and lab services, treatment for mental illness and substance abuse, many therapy services, and prescription drugs. There is no network of health care providers and referrals are not required. Carriers will still consider whether a service is medically necessary.</p> <p>Generally, you pay for the costs of covered services until the stated deductible amount is met. (Carriers pay for some preventative services even if the deductible has not been met.) Then, you and the carrier each pay a portion of the costs of the covered services -- this is the coinsurance amount. For Plan A/50, the carrier and you each pays 50% of the covered charges. For Plan B, the carrier pays 60% and you pay 40% of the covered charges. For Plan C, the carrier pays 70% and you pay 30% and for Plan D, the carrier pays 80% and you pay 20% of the covered charges.</p> <p>After you pay the maximum out-of-pocket (the deductible plus a specified amount of coinsurance), the carrier pays all of the covered charges. Note: the carrier pays using "reasonable and customary" charges. The health care provider's charges may be more than that. You are responsible for any "excess" charges.</p> </div>								
				Celtic Ins. Co.	\$2,840.00									
				Horizon BCBSNJ	\$3,504.21									
		Deductibles	\$2,500	Aetna Life Ins. Co.	\$2,165.00									
				Celtic Ins. Co.	\$2,517.00									
				Horizon BCBSNJ	\$3,020.84									
	Deductibles	\$5,000	Horizon BCBSNJ	\$2,092.95										
			\$10,000	Horizon BCBSNJ	\$1,366.38									
	Plan B (60/40% coinsurance)	Deductibles		\$1,000	Aetna Life Ins. Co.									
			Celtic Ins. Co.		\$3,561.00									
			Horizon BCBSNJ		\$6,121.52									
		Deductibles	\$2,500	Aetna Life Ins. Co.	\$2,998.00									
				Celtic Ins. Co.	\$3,203.00									
				Horizon BCBSNJ	\$5,226.25									
	Plan C (70/30% coinsurance)	Deductibles	\$1,000	Aetna Life Ins. Co.	\$3,008.00									
				Celtic Ins. Co.	\$10,297.00									
				Horizon BCBSNJ	\$8,570.57									
		Deductibles	\$2,500	Aetna Life Ins. Co.	\$2,583.00									
				Celtic Ins. Co.	\$7,809.00									
				Horizon BCBSNJ	\$5,313.07									
Plan D (80/20% coinsurance)	Deductibles	\$1,000	Aetna Life Ins. Co.	\$5,714.00										
			Celtic Ins. Co.	\$14,002.00										
			Horizon BCBSNJ	\$11,985.57										
	Deductibles	\$2,500	Aetna Life Ins. Co.	\$4,913.00										
			Celtic Ins. Co.	\$12,322.00										
			Horizon BCBSNJ	\$6,734.43										

Horizon also offers a \$1,500 and \$2,250 deductible option for Plans C and D. Contact the carrier for details.

Rates shown are monthly premiums, and apply statewide. Rates do not vary based on anyone's location, gender or health status. Carriers may consider age in developing their rates. If only a single rate is shown, age is NOT a rating factor, which means the premium is the same for everyone buying that Family policy.

FAMILY			All Ages	Under 25 years old	25 to 29 years old	30 to 34 years old	35 to 39 years old	40 to 44 years old	45 to 49 years old	50 to 54 years old	55 to 59 years old	60 to 64 years old	65 years and older
HMO Plan	Copayment Options	\$15	Aetna Health Inc.	\$6,633.90	The HMO Products provide coverage of the following services: office visits (preventative and treatment-related, including most medically-necessary specialist's care), hospital care, prenatal and maternity care, immunizations and well-child care, screenings (including mammograms, pap smears and prostate exams), x-ray and lab services, treatment for mental illness and substance abuse, many therapy services, and prescription drugs. Most services are subject to a copayment requirement. For more detailed information about HMO plans with split copayments or deductible and coinsurance requirements, contact the carrier.								
			AmeriHealth HMO Inc.	\$4,616.00									
			Horizon HC	\$3,172.75									
		\$30	Aetna Health Inc.	\$4,120.10									
			AmeriHealth HMO Inc.	\$2,733.00									
			CIGNA Healthcare	\$2,783.00									
	Split Copay	Horizon HC	\$2,640.12										
		Oxford Health Plan	\$2,438.95										
		\$50	AmeriHealth HMO Inc.	\$2,284.00									
		AmeriHealth HMO Inc. \$30/50	\$2,597.00										
Deductible & Coinsurance	Horizon HC \$30/50	Horizon HC \$30/50	\$2,605.80										
		Horizon HC \$50/70	\$2,534.52										
Deductible & Coinsurance	Horizon HC	Aetna Health	\$1,667.80										
		Horizon HC	\$1,546.08										
PPO/POS Products	Plan A/50	AmeriHealth 70/50%		\$1,028.61	\$1,104.02	\$1,231.77	\$1,296.87	\$1,328.68	\$1,371.75	\$1,503.11	\$1,666.38	\$1,904.15	\$1,904.15
		AmeriHealth w/ rider		\$1,041.11	\$1,117.42	\$1,246.74	\$1,312.63	\$1,344.81	\$1,388.40	\$1,521.37	\$1,686.62	\$1,927.28	\$1,927.28
		Horizon 70/50%		\$1,399.30	\$1,471.64	\$1,614.43	\$1,701.49	\$1,733.49	\$1,792.84	\$1,947.60	\$2,347.80	\$2,822.07	\$3,281.93
	Plan C (70/30%)	AmeriHealth 90/70%		\$1,270.48	\$1,363.61	\$1,521.44	\$1,601.93	\$1,641.18	\$1,694.39	\$1,856.69	\$2,058.37	\$2,352.17	\$2,352.17
		Horizon 80/70%		\$1,474.89	\$1,551.14	\$1,701.61	\$1,793.40	\$1,827.14	\$1,889.71	\$2,052.78	\$2,474.64	\$2,974.51	\$3,459.19
		Horizon 100/70%		\$2,117.25	\$2,226.65	\$2,442.70	\$2,574.48	\$2,622.90	\$2,712.68	\$2,946.83	\$3,552.38	\$4,269.98	\$4,965.76
		Oxford \$15, \$1000		\$2,321.93	\$2,440.00	\$2,585.29	\$2,664.29	\$2,772.93	\$2,866.20	\$3,056.04	\$3,379.75	\$3,774.78	\$3,906.46
	Plan D (80/20%)	Oxford \$30, \$2500		\$1,782.92	\$1,873.92	\$1,985.14	\$2,045.81	\$2,129.22	\$2,200.85	\$2,346.61	\$2,595.18	\$2,898.51	\$2,999.62
		Oxford \$30, \$1000		\$2,519.82	\$2,648.43	\$2,805.62	\$2,891.36	\$3,009.25	\$3,110.47	\$3,316.49	\$3,667.79	\$4,096.49	\$4,239.39

PPO/POS Options:

The PPO (and POS) products provide coverage of all of the same services covered by the HMO and Indemnity plans. An individual may choose to obtain healthcare services through the carrier's network of health care providers, or may go "out-of-network." Individuals typically pay more to go out-of-network because of increased cost-sharing requirements, plus health care providers may charge in excess of what the carrier considers reasonable and customary. In-network providers charge a negotiated rate. For more information about cost-sharing, see the explanation about the Indemnity Products.

AmeriHealth Insurance Co. offers Plan A/50 and Plan C with in-network (IN) and out-of-network (OON) benefits. A/50 70/50: IN=\$2,500 deductible and 70% coinsurance but for \$30 office visits; OON=\$7,500 deductible and 50% coinsurance. Plan C 90/70%: IN=\$2,500 deductible and 90% coinsurance but for \$30 office visits; OON=\$5,000 deductible and 70% coinsurance. **AmeriHealth** also offers an alternate copayment rider for Plan A/50. Contact the company for more details.

Horizon also offers "Direct Access" plans with in-network (IN) and out-of-network (OON) benefits. Plan A/50 70/50%: IN=\$2500 deductible, 70% coinsurance; OON=\$7500 deductible, 50% coinsurance. Plan C 80/70: IN=\$2500 deductible, 80% coinsurance; OON=\$5000 deductible, 70% coinsurance. Plan C 100/70: IN=\$0 deductible, 100% coinsurance; OON=\$7500 deductible, 70% coinsurance. Contact Horizon for more details.

Oxford Health Insurance Co. offers Plans C and D with in-network (IN) and out-of-network (OON) benefits. Plan C \$15, \$1000: IN=\$1,000 deductible and 30% coinsurance but for \$15 office visits; OON=\$2000 deductible and 30% coinsurance. Plan C \$30, \$2500: IN=\$2500 deductible and 30% coinsurance but for \$30 office visits; OON=\$5000 deductible and 30% coinsurance. Plan D \$30, \$1000: IN=\$1000 deductible and 20% coinsurance but for \$30 office visits; OON=\$2000 deductible and 20% coinsurance. Contact Oxford for more details.

NJ Individual Health Coverage Program Standard Health Benefits Plan Rates

Rates shown are monthly premiums, and apply statewide. Rates do not vary based on anyone's location, gender or health status. Carriers may consider age in developing their rates. If only a single rate is shown, age is NOT a rating factor, which means the premium is the same for everyone buying that Family policy.

FAMILY			All Ages	Under 25 years old	25 to 29 years old	30 to 34 years old	35 to 39 years old	40 to 44 years old	45 to 49 years old	50 to 54 years old	55 to 59 years old	60 to 64 years old	65 years and older
Indemnity Products (No network. Deductibles and coinsurance apply.)	Plan A/50 (50/50% coinsurance)	Deductibles	\$1,000	Aetna Life Ins. Co.	\$3,589.00								
				Celtic Ins. Co.	\$2,852.00								
				Horizon BCBSNJ	\$3,679.60								
		\$2,500	Aetna Life Ins. Co.	\$2,946.00									
			Celtic Ins. Co.	\$2,528.00									
			Horizon BCBSNJ	\$3,171.88									
	\$5,000	Horizon BCBSNJ	\$2,197.65										
		Horizon BCBSNJ	\$1,434.72										
	Plan B (60/40% coinsurance)	Deductibles	\$1,000	Aetna Life Ins. Co.	\$4,214.00								
				Celtic Ins. Co.	\$3,576.00								
				Horizon BCBSNJ	\$6,427.47								
		\$2,500	Aetna Life Ins. Co.	\$3,554.00									
			Celtic Ins. Co.	\$3,217.00									
			Horizon BCBSNJ	\$5,487.58									
	Plan C (70/30% coinsurance)	Deductibles	\$1,000	Aetna Life Ins. Co.	\$4,772.00								
				Celtic Ins. Co.	\$10,341.00								
				Horizon BCBSNJ	\$8,999.02								
		\$2,500	Aetna Life Ins. Co.	\$4,090.00									
			Celtic Ins. Co.	\$7,843.00									
			Horizon BCBSNJ	\$5,578.35									
Plan D (80/20% coinsurance)	Deductibles	\$1,000	Aetna Life Ins. Co.	\$9,045.00									
			Celtic Ins. Co.	\$14,062.00									
			Horizon BCBSNJ	\$12,584.84									
	\$2,500	Aetna Life Ins. Co.	\$7,772.00										
		Celtic Ins. Co.	\$12,375.00										
		Horizon BCBSNJ	\$7,071.30										

The Indemnity Products provide coverage of the following services: office visits (preventative, sickness-related, and specialty), hospital care, prenatal and maternity care, immunizations and well-child care, screenings (including mammograms, pap smears and prostate exams), x-ray and lab services, treatment for mental illness and substance abuse, many therapy services, and prescription drugs. There is no network of health care providers and referrals are not required. Carriers will still consider whether a service is medically necessary.

Generally, you pay for the costs of covered services until the stated **deductible** amount is met. (Carriers pay for some preventative services even if the deductible has not been met.) Then, you and the carrier each pay a portion of the costs of the covered services -- this is the **coinsurance** amount. For Plan A/50, the carrier and you each pays 50% of the covered charges. For Plan B, the carrier pays 60% and you pay 40% of the covered charges. For Plan C, the carrier pays 70% and you pay 30%, and for Plan D, the carrier pays 80% and you pay 20% of the covered charges.

After you pay the **maximum out-of-pocket** (the deductible plus a specified amount of coinsurance), the carrier pays all of the covered charges. **Note:** the carrier pays using "reasonable and customary" charges. The health care provider's charges may be more than that. You are responsible for any "excess" charges.

Horizon also offers a \$1,500 and \$2,250 deductible option for Plans C and D. Contact the carrier for details.