

New Jersey Individual Health Coverage Program Board

EOY06 Single

December, 2006

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	\$1,000 Deduct	2500 Deduct	\$15 Copay	\$30 Copay	\$40 Copay	\$50 Copay	Deductible Coinsurance
Aetna Life Insurance Company	789.00	649.00	-	-	931.00	805.00	1,060.00	911.00	1,986.00	1,707.00	-	-	-	-	-
Aetna Health Inc.	-	-	-	-	-	-	-	-	-	-	945.20	653.40	-	-	-
AmeriHealth HMO, Inc.	-	-	-	-	-	-	-	-	-	-	1,071.00	480.00	-	-	-
Celtic Insurance Company	1,219.00	1,080.00	-	-	1,528.00	1,375.00	4,419.00	3,352.00	6,009.00	5,288.00	-	-	-	-	-
CIGNA HealthCare	-	-	-	-	-	-	-	-	-	-	933.90	-	-	-	-
Health Net of NJ	-	-	-	-	-	-	-	-	-	-	869.72	719.18	653.40	598.04	-
Horizon Blue Cross Blue Shield of NJ	1,048.56	903.82	571.81	373.27	1,150.55	982.40	1,626.04	1,007.91	2,273.67	1,513.71	-	-	-	-	-
Horizon HealthCare of NJ HMO Blue	-	-	-	-	-	-	-	-	-	-	545.47	453.93	-	435.77	282.28
Oxford Health Insurance Company	555.98	457.16	373.11	318.66	852.98	702.13	1,091.15	828.51	1,306.71	971.41	-	-	-	-	-
Oxford Health Insurance Company (PPO)	-	-	-	-	-	-	494.17	382.17	535.75	-	-	-	-	-	-
Oxford Health Plans	-	-	-	-	-	-	-	-	-	-	561.45	423.48	-	-	-

> 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).

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	\$1,000 Deduct	2500 Deduct	\$15 Copay	\$30 Copay	\$40 Copay	\$50 Copay	Deductible Coinsurance
Aetna Life Insurance Company	1,364.00	1,118.00	-	-	1,598.00	1,362.00	1,805.00	1,550.00	3,428.00	2,947.00	-	-	-	-	-
Aetna Health Inc.	-	-	-	-	-	-	-	-	-	-	1,703.10	1,177.30	-	-	-
AmeriHealth HMO, Inc.	-	-	-	-	-	-	-	-	-	-	1,949.00	873.00	-	-	-
Celtic Insurance Company	2,133.00	1,890.00	-	-	2,675.00	2,406.00	7,734.00	5,865.00	10,517.00	9,255.00	-	-	-	-	-
CIGNA HealthCare	-	-	-	-	-	-	-	-	-	-	1,681.02	-	-	-	-
Health Net of NJ	-	-	-	-	-	-	-	-	-	-	1,478.67	1,222.74	1,110.91	1,016.78	-
Horizon Blue Cross Blue Shield of NJ	1,857.93	1,601.62	1,013.17	661.43	2,038.80	1,740.66	2,885.10	1,788.46	4,034.65	2,267.03	-	-	-	-	-
Horizon HealthCare of NJ HMO Blue	-	-	-	-	-	-	-	-	-	-	836.73	696.27	-	668.42	432.98
Oxford Health Insurance Company	1,028.56	845.75	690.25	589.52	1,578.01	1,298.94	2,018.63	1,532.74	2,417.41	1,797.11	-	-	-	-	-
Oxford Health Insurance Company (PPO)	-	-	-	-	-	-	914.21	707.01	991.14	-	-	-	-	-	-
Oxford Health Plans	-	-	-	-	-	-	-	-	-	-	1,066.76	804.61	-	-	-

> 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).

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	\$1,000 Deduct	2500 Deduct	\$15 Copay	\$30 Copay	\$40 Copay	\$50 Copay	Deductible Coinsurance
Aetna Life Insurance Company	1,579.00	1,299.00	-	-	1,861.00	1,575.00	2,118.00	1,815.00	3,984.00	3,424.00	-	-	-	-	-
Aetna Health Inc.	-	-	-	-	-	-	-	-	-	-	1,890.20	1,306.80	-	-	-
AmeriHealth HMO, Inc.	-	-	-	-	-	-	-	-	-	-	2,142.00	960.00	-	-	-
Celtic Insurance Company	2,840.00	2,517.00	-	-	3,561.00	3,203.00	10,297.00	7,809.00	14,002.00	12,322.00	-	-	-	-	-
CIGNA HealthCare	-	-	-	-	-	-	-	-	-	-	1,802.42	-	-	-	-
Health Net of NJ	-	-	-	-	-	-	-	-	-	-	1,565.33	1,294.40	1,176.01	1,076.37	-
Horizon Blue Cross Blue Shield of NJ	2,523.51	2,175.42	1,376.15	898.42	2,769.31	2,364.30	3,877.24	2,403.58	5,422.16	3,046.58	-	-	-	-	-
Horizon HealthCare of NJ HMO Blue	-	-	-	-	-	-	-	-	-	-	1,166.63	970.78	-	931.95	603.68
Oxford Health Insurance Company	1,111.96	914.32	746.22	637.32	1,705.96	1,404.26	2,182.30	1,657.02	2,613.42	1,942.82	-	-	-	-	-
Oxford Health Insurance Company (PPO)	-	-	-	-	-	-	988.34	764.34	1,071.50	-	-	-	-	-	-
Oxford Health Plans	-	-	-	-	-	-	-	-	-	-	1,122.90	846.96	-	-	-

> 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).

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	\$1,000 Deduct	2500 Deduct	\$15 Copay	\$30 Copay	\$40 Copay	\$50 Copay
Aetna Life Insurance Company	2,154.00	1,767.00	-	-	2,529.00	2,132.00	2,863.00	2,453.00	5,427.00	4,664.00	-	-	-	-
Aetna Health Inc.	-	-	-	-	-	-	-	-	-	-	2,825.20	1,953.00	-	-
AmeriHealth HMO, Inc.	-	-	-	-	-	-	-	-	-	-	3,020.00	1,353.00	-	-
Celtic Insurance Company	2,852.00	2,528.00	-	-	3,576.00	3,217.00	10,341.00	7,843.00	14,062.00	12,375.00	-	-	-	-
CIGNA HealthCare	-	-	-	-	-	-	-	-	-	-	2,596.24	-	-	-
Health Net of NJ	-	-	-	-	-	-	-	-	-	-	2,087.63	1,726.30	1,568.41	1,435.52
Horizon Blue Cross Blue Shield of NJ	2,649.82	2,284.19	1,444.99	943.35	2,907.73	2,482.53	4,071.06	2,523.58	5,693.25	3,198.98	-	-	-	-
Horizon HealthCare of NJ HMO Blue	-	-	-	-	-	-	-	-	-	-	1,652.07	1,374.73	-	1,319.74
Oxford Health Insurance Company	1,584.54	1,302.91	1,063.36	908.18	2,430.99	2,001.07	3,109.78	2,361.25	3,724.12	2,768.52	-	-	-	-
Oxford Health Insurance Company (PPO)	-	-	-	-	-	-	1,408.38	1,089.18	1,526.89	-	-	-	-	-
Oxford Health Plans	-	-	-	-	-	-	-	-	-	-	1,684.35	1,270.44	-	-

> 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).

Deductible
Coinsurance
-
-
-
-
-
-
-
854.88
-
-
-

December, 2006

BASIC AND ESSENTIAL HEALTH PLANS (B & E PLANS)

B & E Plans are NOT standard plans. The services and supplies covered under the plans are not as comprehensive as the coverage under the standard plans. The information given below is intended to provide some basic information as to the types of plans available. The rates are shown for illustrative purposes only. The actual rate for an applicant will depend on the carrier selected, whether a rider is bought, and the age, gender and location of the applicant. Contact the carriers for specific benefit and rate information.

Single Rates for Illustrative Purposes ONLY

Carrier	Plan Type	Rating Factors	Rider(s) Avail	Without Rider				With Rider			
				Age 25		Age 35		Age 25		Age 35	
				M	F	M	F	M	F	M	F
Aetna Life Insurance Company	IND	A-G-L	NO	338.00	611.00	546.00	611.00				
AmeriHealth HMO, Inc.	HMO	A-G	YES (2)	142.40	296.76	176.26	257.92	143.00	298.00	177.00	259.00
Celtic Insurance Company	IND	A-G	NO	1,001.00	1,101.10	1,291.00	1,420.10				
CIGNA HealthCare	HMO	A	NO	550.39	550.39	618.46	618.46				
Health Net of NJ	HMO	A-G	NO	216.92	389.30	216.92	375.13				
Horizon Blue Cross Blue Shield of NJ	EPO	A-G-L	YES (1)	147.44	216.55	205.80	263.21	185.46	272.38	258.86	331.08
Oxford Health Insurance Company	EPO	A-G-L	YES (1)	146.41	160.23	171.28	201.66	183.44	200.75	214.59	252.67

"IND" means the plan is issued as an indemnity plan, "HMO" means the plan is issued as a health maintenance organization plan and "EPO" means the plan is issued as an exclusive provider organization plan.

Under the Rating Factors caption, "A" means the rates are based on age; "G" means the rates are based on gender; "L" means the rates are based on geographic location.

The rates above are the lowest single rates available for any geographic location. Thus, a 35 year old male will not necessarily be charged the above rate since a different rate may apply based the location of the applicant.

AmeriHealth offers two riders. The rates shown above are the the Basic rider. Contact the carrier for rate information for the preferred rider.

Plan B		Plan C		Plan D			
\$1,000 Deduct	\$2,500 Deduct	\$1,000 Deduct	\$2,500 Deduct	\$1,000 Deduct	2500 Deduct	\$15 Copay	\$30 Copay
1,861.00	1,575.00	2,118.00	1,815.00	3,984.00	3,424.00	-	-
-	-	-	-	-	-	1,890.20	1,306.80
-	-	-	-	-	-	2,142.00	960.00
3,561.00	3,203.00	10,297.00	7,809.00	14,002.00	12,322.00	-	-
-	-	-	-	-	-	1,802.42	-
-	-	-	-	-	-	1,565.33	1,294.40
2,769.31	2,364.30	3,877.24	2,403.58	5,422.16	3,046.58	-	-
-	-	-	-	-	-	1,166.63	970.78
1,705.96	1,404.26	2,182.30	1,657.02	2,613.42	1,942.82	-	-
-	-	988.34	764.34	1,071.50	-	-	-
-	-	-	-	-	-	1,122.90	846.96

HMO Plans		
\$40 Copay	\$50 Copay	Deductible Coinsurance
-	-	-
-	-	-
-	-	-
-	-	-
-	-	-
1,176.01	1,076.37	-
-	-	-
-	931.95	603.68
-	-	-
-	-	-
-	-	-