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Tuto	io onown, a		a rating factor which m	cans in	Under 25	25 to 29	30 to 34	35 to 39	40 to 44	45 to 49	50 to 54	55 to 59	60 to 64	65 years and
		SING	iLE	All Ages	years old	years old	years old	years old	years old	years old	years old	years old	years old	older
			Aetna Health Inc.	\$2,400.70										
		\$15	AmeriHealth HMO Inc.	\$1,491.00										
			Horizon HC	\$1,047.58										
	su		Aetna Health Inc.	\$1,490.90										
	Options		AmeriHealth HMO Inc.	\$883.00										
cts	ŏ	\$30	CIGNA Healthcare		\$911.00	\$911.00	\$1,023.00	\$1,023.00	\$1,173.00	\$1,173.00	\$1,637.00	\$1,637.00	\$2,788.00	\$2,788.00
Products	ment		Horizon HC	\$871.78										
Pro	ayır		Oxford Health Plan		\$526.39	\$588.43	\$670.21	\$711.57	\$770.79	\$804.63	\$896.75	\$1,029.29	\$1,202.25	\$1,266.17
HMO	Сорауі	\$50	AmeriHealth HMO Inc.	\$738.00		The HMO Pr	oducts provide	coverage of t	he following se	rvices: office v	isits (preventati	ve and treatme	ent-related	
I	0	Split	AmeriHealth HMO Inc. \$30/50	\$839.00		including mo	st medically-ne	ecessary speci	alist's care), ho	ospital care, pre	enatal and mate and prostate exa	rnity care, imm	unizations	
		Copay	Horizon HC \$30/50	\$860.41							ipy services, ar			
			Horizon HC \$50/70	\$836.88			,				formation about	HMO plans w	ith split	
	Deducti	ible &	Aetna Health Inc.	\$602.50		copayments	or deductible a	and coinsurance	e requirements	s, contact the c	arrier.			
	Coinsu	ırance	Horizon HC	\$510.51										1
			AmeriHealth 70/50%		\$289.76	\$327.48	\$391.36	\$423.89	\$439.80	\$461.34	\$527.02	\$608.65	\$727.55	\$727.55
	Plan	A/50	AmeriHealth w/ rider		\$293.29	\$331.45	\$396.11	\$429.05	\$445.14	\$466.94	\$533.42	\$616.05	\$736.38	\$736.38
ts			Horizon 70/50%		\$332.32	\$372.05	\$439.61	\$472.33	\$485.13	\$501.34	\$567.69	\$649.24	\$767.88	\$893.73
Products			AmeriHealth 90/70%		\$358.02	\$404.58	\$483.50	\$523.74	\$543.37	\$569.97	\$651.12	\$751.96	\$898.86	\$898.86
Š			Horizon 80/70%		\$350.25	\$392.15	\$463.36	\$497.86	\$511.34	\$528.43	\$598.34	\$684.33	\$809.36	\$942.00
PPOF	Plan C (	70/30%)	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
4			Oxford \$15, \$1000		\$501.14	\$560.21	\$652.76	\$709.86	\$783.70	\$826.04	\$939.26	\$1,078.08	\$1,259.24	\$1,326.19
			Oxford \$30, \$2500		\$384.80	\$430.16	\$501.23	\$545.08	\$601.78	\$634.28	\$721.22	\$827.82	\$966.92	\$1,018.33
	Plan D (	80/20%)	Oxford \$30, \$1000		\$543.84	\$607.95	\$708.38	\$770.35	\$850.49	\$896.43	\$1,019.30	\$1,169.95	\$1,366.55	\$1,439.20

#### 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 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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			SING	l F		Under 25	25 to 29	30 to 34	35 to 39	40 to 44	45 to 49	50 to 54	55 to 59	60 to 64	65 years and
			Onto		All Ages	years old	years old	years old	years old	years old	years old	years old	years old	years old	older
				Aetna Life Ins. Co.	\$1,503.00										
	. 0		\$1,000	Celtic Ins. Co.	\$1,219.00										
	A/50 (50/50% insurance)	s		Horizon BCBSNJ	\$1,456.05										
oly.)	an A/50 (50/50 coinsurance)	Deductibles		Aetna Life Ins. Co.	\$1,236.00										
арк	50 ( Sur	ucti	\$2,500	Celtic Ins. Co.	\$1,080.00										
ce	A rio	Ded	\$2,500	Horizon BCBSNJ	\$1,255.06										
ırar	Plan	-		Oxford Health Ins Co		\$417.25	\$466.43	\$543.49	\$591.03	\$652.51	\$687.76	\$782.03	\$897.62	\$1,048.45	\$1,104.19
coinsurance apply.)	_		\$5,000	Horizon BCBSNJ	\$869.65										
CO			\$10,000	Horizon BCBSNJ	\$567.70	_									_
and	. 0			Aetna Life Ins. Co.	\$1,770.00										
	6 (e)	es	\$1,000	Celtic Ins. Co.	\$1,528.00							ice visits (preve			
ctib	(60/40% urance)	tibl		Horizon BCBSNJ	\$2,314.17					•		s and well-child		• •	
Deductibles	lan B (60/40% coinsurance)	Deductibles		Aetna Life Ins. Co.	\$1,534.00							s, treatment for e is no network			
	Plan B coinst	De	\$2,500	Celtic Ins. Co.	\$1,375.00							vice is medically		p	
(No networks.	_			Horizon BCBSNJ	\$1,975.95										
two	.0			Aetna Life Ins. Co.	\$2,018.00		Gonorally w	ou pay for the	pacts of covers	d convices unti	I the stated <b>de</b>	ductible amour	at ic mot (Carri	ore pay for	
o ne	30% Ice)	es	\$1,000	Celtic Ins. Co.	\$4,419.00							hen, you and th	`	' '	
ž	(70/30% urance)	tib		Horizon BCBSNJ	\$3,270.55		portion of the	costs of the c	overed service	s this is the	coinsurance a	mount. For Pla	n A/50, the car	rrier and you	
# #	υū	Deductibles		Aetna Life Ins. Co.	\$1,735.00							)% and you pay			
odt	Plan coin	å	\$2,500	Celtic Ins. Co.	\$3,352.00		•	r Plan C, the c overed charge		% and you pay	30%, and for F	lan D, the carrie	er pays 80% ar	nd you pay	
	_			Horizon BCBSNJ	\$2,027.29		20 % Of the C	overed charge	· .						
Indemnity	% -			Aetna Life Ins. Co.	\$3,779.00		A 64 a	. 41		a (41a a al a al . a 41)	-11	:::	:	hi	
lem	(20%	les	\$1,000	Celtic Ins. Co.	\$6,009.00							ified amount of able and custom			
ıı	(80/20% urance)	ctib		Horizon BCBSNJ	\$4,573.17							r any "excess" (		THO HOURT	
	οū	Deductibles		Aetna Life Ins. Co.	\$3,249.00		,		•		•				
	Plan   coin	ద్ది	\$2,500	Celtic Ins. Co.	\$5,288.00	_									-
				Horizon BCBSNJ	\$3,044.63										

<sup>•</sup>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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	ADU	LT & CH	IILD(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
			Aetna Health Inc.	\$4,325.50										
		\$15	AmeriHealth HMO Inc.	\$2,714.00										
			Horizon HC	\$1,606.91										
	SL		Aetna Health Inc.	\$2,686.50										
	Options		AmeriHealth HMO Inc.	\$1,607.00										
cts	o i	\$30	CIGNA Healthcare		\$1,639.00	\$1,639.00	\$1,841.00	\$1,841.00	\$2,111.00	\$2,111.00	\$2,947.00	\$2,947.00	\$5,018.00	\$5,018.00
oducts	Copayment		Horizon HC	\$1,337.17										
P	ayır		Oxford Health Plan		\$1,241.73	\$1,303.77	\$1,370.51	\$1,394.95	\$1,441.00	\$1,468.26	\$1,547.22	\$1,679.76	\$1,852.72	\$1,916.64
HMO	Ö.	\$50	AmeriHealth HMO Inc.	\$1,343.00		The HMO Pro	oducts provide o	overage of the	followina service	s: office visits (	preventative and	treatment-relat	ed. includina	
Ξ	0	Split	AmeriHealth HMO Inc. \$30/50	\$1,527.00		most medical	ly-necessary sp	ecialist's care),	hospital care, pr	enatal and mate	rnity care, immu and lab service	nizations and w	ell-child care,	
		Copay	Horizon HC \$30/50	\$1,319.78							services are sub			
			Horizon HC \$50/70	\$1,283.69		•			about HMO plan	s with split copa	yments or deduc	tible and coinsu	ırance	
	Deduct	ible &	Aetna Health Inc.	\$1,087.80		requirements	, contact the car	rrier.						
	Coinsu	rance	Horizon HC	\$783.05										
			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
	Plan	A/50	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
cts			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
roducts			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
ro			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
ОР	Plan C (7	70/30%)	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
PPO			Oxford \$15, \$1,000		\$1,182.44	\$1,241.52	\$1,335.05	\$1,391.17	\$1,465.01	\$1,507.35	\$1,620.57	\$1,759.39	\$1,940.55	\$2,007.50
			Oxford \$30, \$2500		\$907.96	\$953.32	\$1,025.14	\$1,068.23	\$1,124.93	\$1,157.44	\$1,244.38	\$1,350.97	\$1,490.08	\$1,541.48
	Plan D (8	30/20%)	Oxford \$30, \$1000		\$1,283.21	\$1,347.32	\$1,448.82	\$1,509.72	\$1,589.85	\$1,635.80	\$1,758.67	\$1,909.32	\$2,105.91	\$2,178.57

#### PPO/POS Options:

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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 100/70: IN=\$2500 deductible, 80% coinsurance; OON=\$7500 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=\$1000 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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	, ա		Ì	factor, which means t		Under 25	25 to 29 years	30 to 34 years	35 to 39 years	40 to 44 years	45 to 49 years	50 to 54 years	55 to 59 years	60 to 64 years	65 years and
		ADU	LT & CH	ILD(REN)	All Ages	years old	old	old	old	old	old	old	old	old	older
				Aetna Life Ins. Co.	\$2,596.00										
			\$1,000	Celtic Ins. Co,	\$2,133.00										
	%  %  %	, n		Horizon BCBSNJ	\$2,579.97										
<u>~</u>	50/E	ples		Aetna Life Ins. Co.	\$2,126.00										
abb	50 ( Sura	ıcti	\$2,500	Celtic Ins. Co,	\$1,890.00										
Se	an A/50 (50/50 coinsurance)	Deductibles	Ψ2,500	Horizon BCBSNJ	\$2,224.04										
Iau	Plan A/50 (50/50% coinsurance)			Oxford Health Ins Co		\$984.51	\$1,033.69	\$1,111.57	\$1,158.29	\$1,219.77	\$1,255.02	\$1,349.29	\$1,464.88	\$1,615.71	\$1,671.45
nsu	"		\$5,000	Horizon BCBSNJ	\$1,540.91										
. <u>S</u>			\$10,000	Horizon BCBSNJ	\$1,005.95	_									
and				Aetna Life Ins. Co.	\$3,041.00										
es s	Ge %	es	\$1,000	Celtic Ins. Co,	\$2,675.00			, ,				sits (preventative	*	,	
텵	60/ ran	ţ		Horizon BCBSNJ	\$4,100.75			•		•		I-child care, scre	• •	~	
) P	Plan B (60/40% coinsurance)	Deductibles		Aetna Life Ins. Co.	\$2,593.00							atment for mental n care providers :			
8	Soi	De	\$2,500	Celtic Ins. Co,	\$2,406.00					s medically nece				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
Ŗ.	"			Horizon BCBSNJ	\$3,501.08										
N N				Aetna Life Ins. Co.	\$3,434.00										
ne	% (9 %	es	\$1,000	Celtic Ins. Co,	\$7,734.00							ole amount is me			
l g	(70/30% rrance)	ţi		Horizon BCBSNJ	\$5,802.97						, , ,	nd the carrier each			
cts	ပ္သ	Deductibles		Aetna Life Ins. Co.	\$2,950.00							carrier and you e charges. For Pla			
Indemnity Products (No networks. Deductibles and coinsurance apply.)	Plan	De	\$2,500	Celtic Ins. Co,	\$5,865.00		- C	,		, , ,		covered charges.	,	, o . o , o and	
Pr	Ľ			Horizon BCBSNJ	\$3,597.23										
nit y	°			Aetna Life Ins. Co.	\$6,526.00		A 61			a - 1, 1, 2011					
em	lan D (80/20% coinsurance)	es	\$1,000	Celtic Ins. Co,	\$10,517.00							mount of coinsui ary" charges. Th			
lnd	(80/ Iran	Deductibles		Horizon BCBSNJ	\$8,115.12			•		ponsible for any			e neam care pr	Ovider 3	
	_ <u>™</u>	onpa		Aetna Life Ins. Co.	\$5,609.00										
	Plan	De	\$2,500	Celtic Ins. Co,	\$9,255.00										
	_			Horizon BCBSNJ	\$4,559.80										

<sup>•</sup>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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		•	cn means t	A.II. A	Under 25 years	25 to 29 years	30 to 34 years	35 to 39 years	40 to 44 years	45 to 49 years	50 to 54 years	55 to 59 years	60 to 64 years	65 years and
		TWO AE	DULIS	All Ages	old	old	old	old	old	old	old	old	old	older
			Aetna Health Inc.	\$4,801.30										
		\$15	AmeriHealth HMO Inc.	\$2,982.00										
			Horizon HC	\$2,240.49										
	દ		Aetna Health Inc.	\$2,982.10										
	Options		AmeriHealth HMO Inc.	\$1,766.00										
cts	Ö	\$30	CIGNA Healthcare		\$1,758.00	\$1,758.00	\$1,974.00	\$1,974.00	\$2,263.00	\$2,263.00	\$3,159.00	\$3,159.00	\$5,380.00	\$5,380.00
oducts	Copayment		Horizon HC	\$1,864.36										
₫.	ayn		Oxford Health Plan		\$1,096.03	\$1,222.93	\$1,394.95	\$1,479.54	\$1,602.68	\$1,673.18	\$1,864.94	\$2,140.36	\$2,501.31	\$2,632.91
HMO	g S	\$50	AmeriHealth HMO Inc.	\$1,476.00		The HMO Pro	oducts provide co	overage of the fo	ollowing services	: office visits (pr	eventative and to	reatment-related	I, including most	
Ξ		Split	AmeriHealth HMO Inc. \$30/50	\$1,678.00						and maternity ca e exams), x-ray a				
		Copay	Horizon HC \$30/50	\$1,840.12						igs. Most service	•		•	
			Horizon HC \$50/70	\$1,789.77			I information abo	ut HMO plans w	ith split copayme	ents or deductible	e and coinsuran	ce requirements	, contact the	
	Deduc	tible &	Aetna Health Inc.	\$1,206.80		carrier.								
	Coins	urance	Horizon HC	\$1,091.79										
			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
"	Plan	A/50	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
ncts			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
Products			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
9	Plan C (	70/30%)	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
PPO/POS			Oxford \$15, \$1000		\$1,043.62	\$1,164.72	\$1,358.68	\$1,475.84	\$1,629.43	\$1,718.04	\$1,953.35	\$2,241.82	\$2,619.89	\$2,757.72
			Oxford \$30, \$2500		\$801.36	\$894.35	\$1,043.28	\$1,133.24	\$1,251.18	\$1,319.22	\$1,499.90	\$1,721.41	\$2,011.72	\$2,117.56
	Plan D (	80/20%)	Oxford \$30, \$1000		\$1,132.56	\$1,263.98	\$1,474.46	\$1,601.61	\$1,768.28	\$1,864.45	\$2,119.80	\$2,432.86	\$2,843.15	\$2,992.73

### 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=\$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=\$1000 deductible and 20% 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. Plan D \$30, \$1000: IN=\$1000 deductible and 20% coinsurance. Contact Oxford for more details.

Rates shown are monthly premiums, and apply statewide. Rates do not vary based on anyone's location, gender or health status. Carriers consider age in developing their rates. If only a single rate is shown, age is NOT a rating factor, which means t

			TWO AD	UII TS	All Ages	Under 25 years	25 to 29 years	30 to 34 years		40 to 44 years			55 to 59 years	•	65 years and
			THO AL	0210	All Ages	old	old	old	old	old	old	old	old	old	older
				Aetna Life Ins. Co.	\$3,005.00										
	_		\$1,000	Celtic Ins. Co,	\$2,840.00										
	% % %	,,		Horizon BCBSNJ	\$3,504.21										
<u>\( \frac{1}{2} \)</u>	20/s	ples		Aetna Life Ins. Co.	\$2,471.00										
apply.)	50 ( sura	ucti	\$2.500	Celtic Ins. Co,	\$2,517.00										
	Plan A/50 (50/50% coinsurance)	Deductibles	Ψ2,500	Horizon BCBSNJ	\$3,020.84										
coinsurance	د Ba	-		Oxford Health Ins Co		\$868.92	\$969.75	\$1,131.24	\$1,228.79	\$1,356.67	\$1,430.45	\$1,626.36	\$1,866.55	\$2,181.33	\$2,296.09
insi			\$5,000	Horizon BCBSNJ	\$2,092.95										
			\$10,000	Horizon BCBSNJ	\$1,366.38										_
and				Aetna Life Ins. Co.	\$3,543.00										
oles	6 % (e)	es	\$1,000	Celtic Ins. Co,	\$3,561.00									l, and specialty),	
Deductibles	Plan B (60/40% coinsurance)	Deductibles		Horizon BCBSNJ	\$5,570.08					munizations and reatment for me				ams, pap smears	
edu	n B (	onp		Aetna Life Ins. Co.	\$2,998.00			,,	,	alth care provide			, , , ,	,	
	은 절	å	\$2,500	Celtic Ins. Co.	\$3,203.00			vice is medically							
ş				Horizon BCBSNJ	\$4,755.46										
networks.	,o			Aetna Life Ins. Co.	\$4,031.00										
	30°()	es	\$1,000	Celtic Ins. Co,	\$10,297.00					ervices until the s				r some f the costs of the	
S	70 Irar	ctib		Horizon BCBSNJ	\$7,798.52						, , ,			covered charges	
duct	Plan C (70/30% coinsurance)	Deductibles		Aetna Life Ins. Co.	\$3,453.00									and you pay 30%	
Products (No	Pla co	ă	\$2,500	Celtic Ins. Co.	\$7,809.00		and for Plan [	), the carrier pay	s 80% and you	pay 20% of the	covered charges	•			
				Horizon BCBSNJ	\$4,834.46										
ndemnity	% %	ا ر	£4.000	Aetna Life Ins. Co.	\$7,583.00		After you pay	the maximum o	out-of-pocket (th	ne deductible plu	s a specified am	ount of coinsura	nce), the carrier	pays all of the	
nde	(80/20% rrance)	ple	\$1,000	Celtic Ins. Co,	\$14,002.00		covered char	ges. Note: the	carrier pays usin	ig "reasonable ai	nd customary" cl			r's charges may	
	D (8)	ucti		Horizon BCBSNJ Aetna Life Ins. Co.	\$10,905.89 \$6,517.00		be more than	that. You are re	esponsible for ar	ny "excess" char	ges.				
	Plan D (80/20% coinsurance)	Deductibles	\$2,500	Celtic Ins. Co.	\$12,322.00										
	ة ق		Ψ2,550	Horizon BCBSNJ	\$6,127.78										
				Horizon BCBSNJ	\$6,127.78										

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 <u>may</u> consider age in developing their rates. If only a single rate is shown, age is NOT a rating factor, which means t

	,	FAMII	Y	All Ages	Under 25 years old	25 to 29 years old	30 to 34 years	35 to 39 years old	40 to 44 years old	45 to 49 years old	50 to 54 years old	55 to 59 years	60 to 64 years old	65 years and older
			Aetna Health Inc.	\$7,175.70										
		\$15	AmeriHealth HMO Inc.	\$4,205.00										
			Horizon HC	\$3,172.75										
	s		Aetna Health Inc.	\$4,456.60										
	Options		AmeriHealth HMO Inc.	\$2,490.00										
		\$30	CIGNA Healthcare		\$2,532.00	\$2,532.00	\$2,844.00	\$2,844.00	\$3,260.00	\$3,260.00	\$4,551.00	\$4,551.00	\$7,750.00	\$7,750.00
Plan	Copayment		Horizon HC	\$2,640.12										
	aym		Oxford Health Plan		\$1,989.02	\$2,090.54	\$2,214.62	\$2,282.30	\$2,375.35	\$2,455.25	\$2,617.87	\$2,895.17	\$3,233.57	\$3,346.36
HMO	ďo	\$50	AmeriHealth HMO Inc.	\$2,081.00		The HMO Pr	nducts provide	coverage of the	following servic	es: office visits	(preventative ar	nd treatment-rel	ated, including	
	0	Split	AmeriHealth HMO Inc. \$30/50	\$2,366.00		most medica	lly-necessary s	pecialist's care), mammograms, p	hospital care, p	renatal and mat	ernity care, imm	nunizations and	well-child	
		Copay	Horizon HC \$30/50	\$2,605.80				, many therapy	•	•				
			Horizon HC \$50/70	\$2,534.52				iled information	about HMO plai	ns with split cop	ayments or ded	uctible and coin	surance	
	Deducti	ble &	Aetna Health	\$1,804.40		requirements	, contact the ca	irrier.						
	Coinsur	ance	Horizon HC	\$1,546.08	•									
			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
	Plan A	/50	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
Products			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
rod			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
PO	Plan C (7	0/30%)	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
PPO/POS			Oxford \$15, \$1000		\$1,894.27	\$1,990.76	\$2,158.13	\$2,276.28	\$2,415.10	\$2,521.43	\$2,741.97	\$3,032.41	\$3,386.85	\$3,505.00
4			Oxford \$30, \$2500		\$1,454.54	\$1,528.63	\$1,657.15	\$1,747.87	\$1,854.47	\$1,936.12	\$2,105.46	\$2,328.48	\$2,600.64	\$2,691.36
	Plan D (8	0/20%)	Oxford \$30, \$1000		\$2,055.70	\$2,160.41	\$2,342.04	\$2,470.26	\$2,620.91	\$2,736.30	\$2,975.63	\$3,290.83	\$3,675.47	\$3,803.68

#### 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=\$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=\$1000 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=\$5000 deductible and 20% coinsurance. Plan D \$30, \$1000: IN=\$1000 deductible and 20% coinsurance. Solve the solution of th

Rates shown are monthly premiums, and apply statewide. Rates do not vary based on anyone's location, gender or health status. Carriers <u>may</u> consider age in developing their rates. If only a single rate is shown, age is NOT a rating factor, which means t

			FAMI	LY	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
				Aetna Life Ins. Co.	\$4,100.00										
			\$1,000	Celtic Ins. Co.	\$2,852.00										
	% %	,,		Horizon BCBSNJ	\$3,679.60										
<u>(÷</u>	20/6 Ince	bles		Aetna Life Ins. Co.	\$3,362.00										
abk	50 ( sura	ŗ	\$2.500	Celtic Ins. Co.	\$2,528.00										
coinsurance apply.)	an A/50 (50/50 coinsurance)	Deductibles	\$2,500	Horizon BCBSNJ	\$3,171.88										
nrai	<u>a</u>	_		Oxford Health Ins Co		\$1,577.18	\$1,657.51	\$1,796.87	\$1,895.24	\$2,010.82	\$2,099.35	\$2,282.98	\$2,524.80	\$2,819.91	\$2,918.27
ins			\$5,000	Horizon BCBSNJ	\$2,197.65										
			\$10,000	Horizon BCBSNJ	\$1,434.72	_									_
and				Aetna Life Ins. Co.	\$4,812.00										
les	66)	es	\$1,000	Celtic Ins. Co.	\$3,576.00			, ,			ervices: office v	\1	,	,	
Deductibles	Plan B (60/40% coinsurance)	Deductibles		Horizon BCBSNJ	\$5,848.47		1 2//				nizations and we lab services, tre	,	٠, ٠	0	
npe	nsu	onp		Aetna Life Ins. Co.	\$4,058.00				•		re is no network				
Ŏ.	Soi Si	å	\$2,500	Celtic Ins. Co.	\$3,217.00					•	dically necessar				
5				Horizon BCBSNJ	\$4,993.25										
. ≥	% -			Aetna Life Ins. Co.	\$5,450.00										
u o	30°	es	\$1,000	Celtic Ins. Co.	\$10,341.00			' '			e stated <b>deduct</b> et.) Then, you a		, ,	,	
s (No	C (70/30% Isurance)	ţ		Horizon BCBSNJ	\$8,188.37						et.) Then, you a For Plan A/50, t				
ucts	lan C (70/30% coinsurance)	Deductibles		Aetna Life Ins. Co.	\$4,668.00						pay 40% of the				
Produ	Plan	۵	\$2,500	Celtic Ins. Co.	\$7,843.00		pays 70% an	d you pay 30%	, and for Plan D	, the carrier pays	s 80% and you բ	pay 20% of the o	covered charges	<b>5.</b>	
				Horizon BCBSNJ	\$5,075.84										
ndemnity	% 🧟	,		Aetna Life Ins. Co.	\$10,328.00		After you pay	the maximum	out-of-pocket	(the deductible	plus a specified	amount of coins	surance), the car	rrier pays all of	
der	lan D (80/20% coinsurance)	Deductibles	\$1,000	Celtic Ins. Co.	\$14,062.00		, , ,		•	,	able and custom		,,	' '	
_	(8) Ira	ĘĘ.		Horizon BCBSNJ	\$11,451.17		charges may	be more than t	hat. You are re	sponsible for an	y "excess" char	ges.			
	in D	edt	¢2 500	Aetna Life Ins. Co.	\$8,877.00										
	Plan			Celtic Ins. Co.	\$12,375.00										
				Horizon BCBSNJ	\$6,434.30										

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

Zip	Code		0-073 (Essex, Hudson &	Under 25	25 to 29	30 to 34	35 to 39	40 to 44	45 to 49	50 to 54	55 to 59	60 to 64 years	65 years and
		Un	ion Counties)	years old	years old	years old	years old	years old	years old	years old	years old	old	older
			Aetna Life Ins. Co.	\$138.00	\$149.00	\$173.00	\$181.00	\$207.00	\$269.00	\$292.00	\$362.00	\$413.00	\$456.00
			AmeriHealth HMO	\$183.23	\$183.23	\$201.16	\$237.01	\$265.89	\$314.68	\$434.18	\$598.49	\$641.31	\$641.31
		Male	Celtic Ins. Co.	\$854.00	\$1,001.00	\$1,102.00	\$1,291.00	\$1,589.00	\$1,748.00	\$1,923.00	\$2,115.00	\$2,327.00	\$2,560.00
	Rider	Ma	CIGNA Healthcare	\$809.00	\$809.00	\$909.00	\$909.00	\$1,042.00	\$1,042.00	\$1,455.00	\$1,455.00	\$2,477.00	\$2,477.00
	Ιğ		Horizon BCBSNJ	\$158.88	\$158.88	\$185.19	\$221.77	\$233.33	\$273.07	\$318.29	\$402.83	\$496.26	\$528.18
	any		Oxford Health Ins	\$166.79	\$170.28	\$189.07	\$226.04	\$250.95	\$300.87	\$351.61	\$438.71	\$517.76	\$530.70
			Aetna Life Ins. Co.	\$155.00	\$181.00	\$208.00	\$224.00	\$239.00	\$249.00	\$293.00	\$310.00	\$392.00	\$417.00
a	Without	ø.	AmeriHealth HMO	\$332.61	\$400.32	\$376.42	\$347.54	\$362.48	\$378.42	\$432.19	\$559.66	\$639.32	\$641.31
Single	Š	Female	Celtic Ins. Co.	\$939.40	\$1,101.10	\$1,212.20	\$1,420.10	\$1,747.90	\$1,922.80	\$2,115.30	\$2,326.50	\$2,559.70	\$2,816.00
Sin		Fen	CIGNA Healthcare	\$809.00	\$809.00	\$909.00	\$909.00	\$1,042.00	\$1,042.00	\$1,455.00	\$1,455.00	\$2,477.00	\$2,477.00
			Horizon BCBSNJ	\$197.72	\$233.33	\$277.31	\$283.61	\$287.80	\$277.31	\$308.27	\$328.14	\$375.62	\$384.78
	Ш		Oxford Health Ins	\$197.43	\$231.55	\$277.49	\$286.30	\$315.28	\$306.47	\$341.39	\$366.91	\$425.09	\$457.81
			AmeriHealth HMO 1**	\$184.00	\$184.00	\$202.00	\$238.00	\$267.00	\$316.00	\$436.00	\$601.00		· ·
		Male	AmeriHealth HMO 2**	\$274.00	\$287.00	\$303.00	\$355.00	\$397.00	\$470.00	\$650.00	\$898.00	\$959.00	\$959.00
	er	Σ	Horizon BCBSNJ	\$199.85	\$199.85	\$232.93	\$278.95	\$293.50	\$343.47	\$400.34	\$506.69	\$624.21	\$664.38
	Rio		Oxford Health Ins	\$217.66	\$222.22	\$246.74	\$294.98	\$327.49	\$392.63	\$458.85	\$572.51	\$675.67	\$692.56
	With Rider	9	AmeriHealth HMO 1**	\$334.00	\$402.00	\$378.00	\$349.00	\$364.00	\$380.00	\$434.00	\$562.00		
	-	Female	AmeriHealth HMO 2**	\$500.00	\$600.00	\$563.00	\$522.00	\$543.00	\$568.00	\$646.00	\$837.00		
		Fel	Horizon BCBSNJ	\$248.70	\$293.50	\$348.82	\$356.74	\$362.01	\$348.82	\$387.77	\$412.76	· ·	· ·
			Oxford Health Ins	\$257.64	\$302.17	\$362.12	\$373.62	\$411.44	\$399.94	\$445.51	\$478.82	\$554.74	
			Aetna Life Ins. Co.	\$274.00	\$285.00	\$309.00	\$317.00	\$343.00	\$405.00	\$428.00	\$498.00		
			AmeriHealth HMO	\$585.55	\$585.55	\$603.47	\$638.33	\$667.21	\$716.00	\$836.50	\$1,000.81		1 1
	Ļ	Male	Celtic Ins. Co.	\$1,494.50	\$1,751.75	\$1,928.50	\$2,259.25	\$2,780.75	\$3,059.00	\$3,365.25	\$3,701.25	1 1	
	Rider	2	CIGNA Healthcare	\$1,457.00	\$1,457.00	\$1,636.00	\$1,636.00	\$1,876.00	\$1,876.00	\$2,619.00	\$2,619.00		
	×		Horizon BCBSNJ	\$423.66	\$423.66	\$449.97	\$486.55	\$498.13	\$537.85	\$583.06	\$667.61	\$761.02	
_	any		Oxford Health Ins	\$417.74	\$421.23	\$440.02	\$476.99	\$501.91	\$551.82	\$602.56	\$689.66	\$768.71	\$781.66
Child(ren)	Without		Aetna Life Ins. Co.	\$291.00	\$317.00	\$344.00	\$360.00	\$375.00	\$385.00	\$429.00	\$446.00		
ايّا	lit l	<u>e</u>	AmeriHealth HMO	\$734.92	\$801.64	\$778.74	\$749.86	\$764.80	\$780.73	\$834.51	\$960.98		
I≅	>	Female	Celtic Ins. Co.	\$1,643.95	\$1,926.93	\$2,121.35	\$2,485.18	\$3,058.83	\$3,364.90	\$3,701.78	\$4,071.38	1 1	
ठ		Fe	CIGNA Healthcare	\$1,457.00	\$1,457.00	\$1,636.00	\$1,636.00	\$1,876.00	\$1,876.00	\$2,619.00	\$2,619.00		
త			Horizon BCBSNJ	\$462.50	\$498.13	\$542.09	\$548.40	\$552.58	\$542.09	\$573.06	\$592.95		\$649.57
Adult	Н		Oxford Health Ins	\$448.38	\$482.50	\$528.44	\$537.25	\$566.24	\$557.42	\$592.34	\$617.86		
Ad		o)	AmeriHealth HMO 1** AmeriHealth HMO 2**	\$588.00 \$875.00	\$588.00 \$887.00	\$606.00 \$903.00	\$641.00 \$955.00	\$670.00 \$998.00	\$719.00 \$1,070.00	\$840.00 \$1,251.00	\$1,005.00		
		Male	Horizon BCBSNJ								\$1,498.00		
	ider	_		\$532.89	\$532.89 \$540.71	\$566.01	\$612.00	\$626.57	\$676.53	\$733.40	\$839.74		
	With Rider		Oxford Health Ins AmeriHealth HMO 1**	\$545.15 \$738.00	\$549.71	\$574.23	\$622.47 \$752.00	\$654.98 \$768.00	\$720.12 \$784.00	\$786.34	\$900.00		
	Wit	<u>le</u>	AmeriHealth HMO 2**	\$738.00	\$805.00	\$782.00 \$1,163.00	\$753.00 \$1,122.00	\$768.00 \$1.144.00	\$784.00 \$1.168.00	\$838.00 \$1,246.00	\$965.00		
		Female		\$1,100.00	\$1,200.00	. ,	. ,	\$1,144.00	\$1,168.00		\$1,437.00		
		F	Horizon BCBSNJ	\$581.75 \$585.13	\$626.57 \$620.66	\$681.86 \$680.61	\$689.80 \$701.11	\$695.03 \$738.03	\$681.86 \$727.43	\$720.81 \$773.00	\$745.83 \$806.31		
			Oxford Health Ins	\$585.13	\$629.66	\$689.61	\$701.11	\$738.93	\$727.43	\$773.00	\$806.31	\$882.23	\$924.92

Zip Cod	les 07	0-073 (Essex, Hudson &	Under 25	25 to 29	30 to 34	35 to 39	40 to 44	45 to 49	50 to 54	55 to 59	60 to 64 years	65 years and
	Un	ion Counties)	years old	old	older							
	ř	Aetna Life Ins. Co.	\$293.00	\$330.00	\$381.00	\$405.00	\$446.00	\$518.00	\$585.00	\$672.00	\$805.00	\$873.00
	Rid	AmeriHealth HMO <sup>†</sup>	\$515.84	\$583.56	\$577.58	\$584.55	\$628.37	\$693.10	\$866.37	\$1,158.15	\$1,280.64	\$1,282.63
	<u>&gt;</u>	Celtic Ins. Co. (M)	\$1,989.82	\$2,332.33	\$2,567.66	\$3,008.03	\$3,702.37	\$4,072.84	\$4,480.59	\$4,927.95	\$5,421.91	\$5,964.80
	tan	Celtic Ins. Co. (F)	\$2,188.80	\$2,565.56	\$2,824.43	\$3,308.83	\$4,072.61	\$4,480.12	\$4,928.65	\$5,420.75	\$5,964.10	\$6,561.28
\sh *\si	o Li	CIGNA Healthcare	\$1,562.00	\$1,562.00	\$1,755.00	\$1,755.00	\$2,011.00	\$2,011.00	\$2,808.00	\$2,808.00	\$4,781.00	\$4,781.00
Two	With	Horizon BCBSNJ	\$356.60	\$392.22	\$462.50	\$505.38	\$521.12	\$550.37	\$626.56	\$730.97	\$871.88	\$913.04
A P	>	Oxford Health Ins	\$346.01	\$381.75	\$443.21	\$486.76	\$537.90	\$576.98	\$658.35	\$765.38	\$895.69	\$939.05
	-i-	AmeriHealth HMO 1**,†	\$518.00	\$586.00	\$580.00	\$587.00	\$631.00	\$696.00	\$870.00	\$1,163.00	\$1,286.00	\$1,288.00
	Rider	AmeriHealth HMO 2**,†	\$774.00	\$887.00	\$866.00	\$877.00	\$940.00	\$1,038.00	\$1,296.00	\$1,735.00	\$1,918.00	\$1,918.00
	With	Horizon BCBSNJ	\$448.54	\$493.33	\$581.75	\$635.67	\$655.47	\$692.27	\$788.11	\$919.44	\$1,096.68	\$1,148.45
	>	Oxford Health Ins	\$451.54	\$498.19	\$578.38	\$635.21	\$701.95	\$752.95	\$859.15	\$998.81	\$1,168.87	\$1,225.46
	er	Aetna Life Ins. Co.	\$429.00	\$466.00	\$517.00	\$541.00	\$582.00	\$654.00	\$721.00	\$808.00	\$941.00	\$1,009.00
	Rid	AmeriHealth HMO <sup>†</sup>	\$918.16	\$985.87	\$979.90	\$985.87	\$1,029.69	\$1,094.42	\$1,268.69	\$1,560.47	\$1,682.95	\$1,684.94
	5	Celtic Ins. Co. (M)	\$1,998.36	\$2,342.34	\$2,578.68	\$3,020.94	\$3,718.26	\$4,090.32	\$4,499.82	\$4,949.10	\$5,445.18	\$5,990.40
	l a	Celtic Ins. Co. (F)	\$2,198.20	\$2,576.57	\$2,836.55	\$3,323.03	\$4,090.09	\$4,499.35	\$4,949.80	\$5,444.01	\$5,989.70	\$6,589.44
Family*	l g	CIGNA Healthcare	\$2,250.00	\$2,250.00	\$2,527.00	\$2,527.00	\$2,897.00	\$2,897.00	\$4,044.00	\$4,044.00	\$6,887.00	\$6,887.00
Ξ	With	Horizon BCBSNJ	\$688.98	\$724.61	\$794.89	\$837.77	\$853.51	\$882.73	\$958.95	\$1,063.36	\$1,204.27	\$1,245.42
Гa		Oxford Health Ins	\$697.34	\$733.09	\$794.54	\$838.09	\$889.23	\$928.31	\$1,009.69	\$1,116.71	\$1,247.02	\$1,290.39
	e	AmeriHealth HMO 1**,†	\$922.00	\$990.00	\$984.00	\$990.00	\$1,034.00	\$1,099.00	\$1,274.00	\$1,567.00	\$1,690.00	\$1,692.00
	Rider	AmeriHealth HMO 2**,†	\$1,375.00	\$1,487.00	\$1,466.00	\$1,477.00	\$1,541.00	\$1,638.00	\$1,897.00	\$2,335.00	\$2,519.00	\$2,519.00
	With	Horizon BCBSNJ	\$866.63	\$911.43	\$999.84	\$1,053.77	\$1,073.59	\$1,110.34	\$1,206.21	\$1,337.54	\$1,514.78	\$1,566.52
	>	Oxford Health Ins	\$910.03	\$956.67	\$1,036.87	\$1,093.70	\$1,160.44	\$1,211.44	\$1,317.63	\$1,457.30	\$1,627.35	\$1,683.95

Basic and Essential (B&E) Plans are not comprehensive health benefits plans. For each covered person, B&E Plans provide the following benefits yearly: 90 days of hospitalization (including physician services, lab, prescriptions, newborn nursery, etc.), \$600 for wellness services, \$700 for physician visits for illness and injury, \$500 for out-of-hospital diagnostic testing, outpatient surgery, dialysis, immunizations, 90 days of inpatient and 30 days of outpatient mental health treatment, 30 days inpatient and outpatient treatment for alcohol and other substance abuse, and 30 visits for physical therapy services. A \$500 copay applies per inpatient stay, a \$100 copay applies for Emergency Room use, a \$250 copay applies per outpatient surgery, a \$20 copay applies per physical therapy visit, and covered persons pay 30% of the allowed charges for outpatient mental health and substance abuse treatments. Carriers may offer B&E Plans with or without provider network requirements. Some carriers offer riders that enhance the B&E Plan benefits.

Companies may rate Basic & Essential policies based on age, gender and location of the primary insured/subscriber. Companies may choose to use all, none or some of these factors.

<sup>\*</sup>Most carriers do not price policies with two adults based on whether the primary insured/subscriber is male or female; Celtic is an exception.

Contact carriers for more information about the riders they offer.

<sup>\*\*</sup>AmeriHealth offers two riders: a Basic rider (1), and a Preferred rider (2).

<sup>†</sup>AmeriHealth's Two Adults and Family rates shown assume a male/female composition. AmeriHealth has separate rate schedules for these rate tiers for male/male and female/female families.

Zip	Code	es 07	4-076 (Bergen & Passaic	Under 25	25 to 29	30 to 34	35 to 39	40 to 44	45 to 49	50 to 54	55 to 59	60 to 64 years	65 years and
			Counties)	years old	old	older							
			Aetna Life Ins. Co.	\$139.00	\$150.00	\$174.00	\$182.00	\$208.00	\$271.00	\$294.00	\$364.00	\$416.00	\$460.00
			AmeriHealth HMO	\$183.23	\$183.23	\$201.16	\$237.01	\$265.89	\$314.68	\$434.18	\$598.49	\$641.31	\$641.31
		Male	Celtic Ins. Co.	\$854.00	\$1,001.00	\$1,102.00	\$1,291.00	\$1,589.00	\$1,748.00	\$1,923.00	\$2,115.00	\$2,327.00	\$2,560.00
	der	Ma	CIGNA Healthcare	\$809.00	\$809.00	\$909.00	\$909.00	\$1,042.00	\$1,042.00	\$1,455.00	\$1,455.00	\$2,477.00	\$2,477.00
	Rider		Horizon BCBSNJ	\$158.88	\$158.88	\$185.19	\$221.77	\$233.33	\$273.07	\$318.29	\$402.83	\$496.26	\$528.18
	any		Oxford Health Ins	\$166.79	\$170.28	\$189.07	\$226.04	\$250.95	\$300.87	\$351.61	\$438.71	\$517.76	\$530.70
			Aetna Life Ins. Co.	\$157.00	\$182.00	\$211.00	\$225.00	\$241.00	\$251.00	\$295.00	\$312.00	\$395.00	\$419.00
	Without		AmeriHealth HMO	\$332.61	\$400.32	\$376.42	\$347.54	\$362.48	\$378.42	\$432.19	\$559.66	\$639.32	\$641.31
a)	Š	-emale	Celtic Ins. Co.	\$939.40	\$1,101.10	\$1,212.20	\$1,420.10	\$1,747.90	\$1,922.80	\$2,115.30	\$2,326.50	\$2,559.70	\$2,816.00
g		-en	CIGNA Healthcare	\$809.00	\$809.00	\$909.00	\$909.00	\$1,042.00	\$1,042.00	\$1,455.00	\$1,455.00	\$2,477.00	\$2,477.00
Single		_	Horizon BCBSNJ	\$197.72	\$233.33	\$277.31	\$283.61	\$287.80	\$277.31	\$308.27	\$328.14	\$375.62	\$384.78
0,			Oxford Health Ins	\$197.43	\$231.55	\$277.49	\$286.30	\$315.28	\$306.47	\$341.39	\$366.91	\$425.09	\$457.81
			AmeriHealth HMO 1**	\$184.00	\$184.00	\$202.00	\$238.00	\$267.00	\$316.00	\$436.00	\$601.00	\$644.00	\$644.00
		Male	AmeriHealth HMO 2**	\$274.00	\$287.00	\$303.00	\$355.00	\$397.00	\$470.00	\$650.00	\$898.00	\$959.00	\$959.00
	ъ.	Ĕ	Horizon BCBSNJ	\$199.85	\$199.85	\$232.93	\$278.95	\$293.50	\$343.47	\$400.34	\$506.69	\$624.21	\$664.38
	Rid		Oxford Health Ins	\$217.66	\$222.22	\$246.74	\$294.98	\$327.49	\$392.63	\$458.85	\$572.51	\$675.67	\$692.56
	With Rider	ø.	AmeriHealth HMO 1**	\$334.00	\$402.00	\$378.00	\$349.00	\$364.00	\$380.00	\$434.00	\$562.00	\$642.00	\$644.00
	>	Female	AmeriHealth HMO 2**	\$500.00	\$600.00	\$563.00	\$522.00	\$543.00	\$568.00	\$646.00	\$837.00	\$959.00	\$959.00
		Fer	Horizon BCBSNJ	\$248.70	\$293.50	\$348.82	\$356.74	\$362.01	\$348.82	\$387.77	\$412.76		\$483.99
			Oxford Health Ins	\$257.64	\$302.17	\$362.12	\$373.62	\$411.44	\$399.94	\$445.51	\$478.82	\$554.74	\$597.43
			Aetna Life Ins. Co.	\$276.00	\$287.00	\$311.00	\$319.00	\$345.00	\$408.00	\$431.00	\$501.00		\$597.00
			AmeriHealth HMO	\$585.55	\$585.55	\$603.47	\$638.33	\$667.21	\$716.00	\$836.50	\$1,000.81	\$1,043.63	\$1,043.63
	ا ا	Male	Celtic Ins. Co.	\$1,494.50	\$1,751.75	\$1,928.50	\$2,259.25	\$2,780.75	\$3,059.00	\$3,365.25	\$3,701.25		\$4,480.00
	Rider	Σ	CIGNA Healthcare	\$1,457.00	\$1,457.00	\$1,636.00	\$1,636.00	\$1,876.00	\$1,876.00	\$2,619.00	\$2,619.00		\$4,459.00
	N N		Horizon BCBSNJ	\$423.66	\$423.66	\$449.97	\$486.55	\$498.13	\$537.85	\$583.06	\$667.61	\$761.02	\$793.04
	any		Oxford Health Ins	\$417.74	\$421.23	\$440.02	\$476.99	\$501.91	\$551.82	\$602.56	\$689.66		\$781.66
Child(ren)	Without		Aetna Life Ins. Co.	\$294.00	\$319.00	\$348.00	\$362.00	\$378.00	\$388.00	\$432.00	\$449.00		\$556.00
<del> </del>	ith	e	AmeriHealth HMO	\$734.92	\$801.64	\$778.74	\$749.86	\$764.80	\$780.73	\$834.51	\$960.98		\$1,043.63
Ξ	>	Female	Celtic Ins. Co.	\$1,643.95	\$1,926.93	\$2,121.35	\$2,485.18	\$3,058.83	\$3,364.90	\$3,701.78	\$4,071.38		\$4,928.00
ပ		Fe	CIGNA Healthcare	\$1,457.00	\$1,457.00	\$1,636.00	\$1,636.00	\$1,876.00	\$1,876.00	\$2,619.00	\$2,619.00		\$4,459.00
and			Horizon BCBSNJ	\$462.50	\$498.13	\$542.09	\$548.40	\$552.58	\$542.09	\$573.06	\$592.95		\$649.57
Ŧ a	<u> </u>		Oxford Health Ins	\$448.38	\$482.50	\$528.44	\$537.25	\$566.24	\$557.42	\$592.34	\$617.86		\$708.76
Adult			AmeriHealth HMO 1**	\$588.00	\$588.00	\$606.00	\$641.00	\$670.00	\$719.00	\$840.00	\$1,005.00		\$1,048.00
ĕ		Male	AmeriHealth HMO 2**	\$875.00	\$887.00	\$903.00	\$955.00	\$998.00	\$1,070.00	\$1,251.00	\$1,498.00		\$1,560.00
	Jer	2	Horizon BCBSNJ	\$532.89	\$532.89	\$566.01	\$612.00	\$626.57	\$676.53	\$733.40	\$839.74		\$997.52
	With Rider		Oxford Health Ins	\$545.15	\$549.71	\$574.23	\$622.47	\$654.98	\$720.12	\$786.34	\$900.00		\$1,020.06
	Nit	<u>e</u>	AmeriHealth HMO 1**	\$738.00	\$805.00	\$782.00	\$753.00	\$768.00	\$784.00	\$838.00	\$965.00		\$1,048.00
	_	Female	AmeriHealth HMO 2**	\$1,100.00	\$1,200.00	\$1,163.00	\$1,122.00	\$1,144.00	\$1,168.00	\$1,246.00	\$1,437.00		\$1,560.00
		Fe	Horizon BCBSNJ	\$581.75	\$626.57	\$681.86	\$689.80	\$695.03	\$681.86	\$720.81	\$745.83	The state of the s	\$817.06
			Oxford Health Ins	\$585.13	\$629.66	\$689.61	\$701.11	\$738.93	\$727.43	\$773.00	\$806.31	\$882.23	\$924.92

Zip Cod	les 07	4-076 (Bergen & Passaic	Under 25	25 to 29	30 to 34	35 to 39	40 to 44	45 to 49	50 to 54	55 to 59	60 to 64 years	65 years and
		Counties)	years old	old	older							
	e.	Aetna Life Ins. Co.	\$296.00	\$332.00	\$385.00	\$407.00	\$449.00	\$522.00	\$589.00	\$676.00	\$811.00	\$879.00
	Rid	AmeriHealth HMO <sup>†</sup>	\$515.84	\$583.56	\$577.58	\$584.55	\$628.37	\$693.10	\$866.37	\$1,158.15	\$1,280.64	\$1,282.63
	Ş	Celtic Ins. Co. (M)	\$1,989.82	\$2,332.33	\$2,567.66	\$3,008.03	\$3,702.37	\$4,072.84	\$4,480.59	\$4,927.95	\$5,421.91	\$5,964.80
Adults*	ra T	Celtic Ins. Co. (F)	\$2,188.80	\$2,565.56	\$2,824.43	\$3,308.83	\$4,072.61	\$4,480.12	\$4,928.65	\$5,420.75	\$5,964.10	\$6,561.28
Ξ	l l	CIGNA Healthcare	\$1,562.00	\$1,562.00	\$1,755.00	\$1,755.00	\$2,011.00	\$2,011.00	\$2,808.00	\$2,808.00	\$4,781.00	\$4,781.00
Αc	With	Horizon BCBSNJ	\$356.60	\$392.22	\$462.50	\$505.38	\$521.12	\$550.37	\$626.56	\$730.97	\$871.88	\$913.04
Two	>	Oxford Health Ins	\$346.01	\$381.75	\$443.21	\$486.76	\$537.90	\$576.98	\$658.35	\$765.38	\$895.69	\$939.05
≥	er	AmeriHealth HMO 1**,†	\$518.00	\$586.00	\$580.00	\$587.00	\$631.00	\$696.00	\$870.00	\$1,163.00	\$1,286.00	\$1,288.00
	Rider	AmeriHealth HMO 2**,†	\$774.00	\$887.00	\$866.00	\$877.00	\$940.00	\$1,038.00	\$1,296.00	\$1,735.00	\$1,918.00	\$1,918.00
	With	Horizon BCBSNJ	\$448.54	\$493.33	\$581.75	\$635.67	\$655.47	\$692.27	\$788.11	\$919.44	\$1,096.68	\$1,148.45
	>	Oxford Health Ins	\$451.54	\$498.19	\$578.38	\$635.21	\$701.95	\$752.95	\$859.15	\$998.81	\$1,168.87	\$1,225.46
	er	Aetna Life Ins. Co.	\$433.00	\$469.00	\$522.00	\$544.00	\$586.00	\$659.00	\$726.00	\$813.00	\$948.00	\$1,016.00
	Rid	AmeriHealth HMO <sup>†</sup>	\$918.16	\$985.87	\$979.90	\$985.87	\$1,029.69	\$1,094.42	\$1,268.69	\$1,560.47	\$1,682.95	\$1,684.94
	5	Celtic Ins. Co. (M)	\$1,998.36	\$2,342.34	\$2,578.68	\$3,020.94	\$3,718.26	\$4,090.32	\$4,499.82	\$4,949.10	\$5,445.18	\$5,990.40
	ā	Celtic Ins. Co. (F)	\$2,198.20	\$2,576.57	\$2,836.55	\$3,323.03	\$4,090.09	\$4,499.35	\$4,949.80	\$5,444.01	\$5,989.70	\$6,589.44
Family*	ō	CIGNA Healthcare	\$2,250.00	\$2,250.00	\$2,527.00	\$2,527.00	\$2,897.00	\$2,897.00	\$4,044.00	\$4,044.00	\$6,887.00	\$6,887.00
Ē	With	Horizon BCBSNJ	\$688.98	\$724.61	\$794.89	\$837.77	\$853.51	\$882.73	\$958.95	\$1,063.36	\$1,204.27	\$1,245.42
Еa		Oxford Health Ins	\$697.34	\$733.09	\$794.54	\$838.09	\$889.23	\$928.31	\$1,009.69	\$1,116.71	\$1,247.02	\$1,290.39
	e	AmeriHealth HMO 1**,†	\$922.00	\$990.00	\$984.00	\$990.00	\$1,034.00	\$1,099.00	\$1,274.00	\$1,567.00	\$1,690.00	\$1,692.00
	Rider	AmeriHealth HMO 2**,†	\$1,375.00	\$1,487.00	\$1,466.00	\$1,477.00	\$1,541.00	\$1,638.00	\$1,897.00	\$2,335.00	\$2,519.00	\$2,519.00
	With	Horizon BCBSNJ	\$866.63	\$911.43	\$999.84	\$1,053.77	\$1,073.59	\$1,110.34	\$1,206.21	\$1,337.54	\$1,514.78	\$1,566.52
	>	Oxford Health Ins	\$910.03	\$956.67	\$1,036.87	\$1,093.70	\$1,160.44	\$1,211.44	\$1,317.63	\$1,457.30	\$1,627.35	\$1,683.95

Basic and Essential (B&E) Plans are not comprehensive health benefits plans. For each covered person, B&E Plans provide the following benefits yearly: 90 days of hospitalization (including physician services, lab, prescriptions, newborn nursery, etc.), \$600 for wellness services, \$700 for physician visits for illness and injury, \$500 for out-of-hospital diagnostic testing, outpatient surgery, dialysis, immunizations, 90 days of inpatient and 30 days of outpatient mental health treatment, 30 days inpatient and outpatient treatment for alcohol and other substance abuse, and 30 visits for physical therapy services. A \$500 copay applies per inpatient stay, a \$100 copay applies for Emergency Room use, a \$250 copay applies per outpatient surgery, a \$20 copay applies per physical therapy visit, and covered persons pay 30% of the allowed charges for outpatient mental health and substance abuse treatments. Carriers may offer B&E Plans with or without provider network requirements. Some carriers offer riders that enhance the B&E Plan benefits.

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Contact carriers for more information about the riders they offer.

†AmeriHealth's Two Adults and Family rates shown assume a male/female composition. AmeriHealth has separate rate schedules for these rate tiers for male/male and female/female families.

<sup>\*</sup>Most carriers do not price policies with two adults based on whether the primary insured/subscriber is male or female; Celtic is an exception.

<sup>\*\*</sup>AmeriHealth offers two riders: a Basic rider (1), and a Preferred rider (2).

Z	Zip Codes 077-079 (Monmouth,			Under 25	25 to 29	30 to 34	35 to 39	40 to 44	45 to 49	50 to 54	55 to 59	60 to 64 years	65 years and
	Мо	orris,	Sussex & Warren)	years old	old	older							
			Aetna Life Ins. Co.	\$143.00	\$154.00	\$180.00	\$187.00	\$215.00	\$280.00	\$303.00	\$375.00	\$429.00	\$474.00
			AmeriHealth HMO	\$183.23	\$183.23	\$201.16	\$237.01	\$265.89	\$314.68	\$434.18	\$598.49	\$641.31	\$641.31
		Male	Celtic Ins. Co.	\$854.00	\$1,001.00	\$1,102.00	\$1,291.00	\$1,589.00	\$1,748.00	\$1,923.00	\$2,115.00	\$2,327.00	\$2,560.00
	Rider	Ma	CIGNA Healthcare	\$809.00	\$809.00	\$909.00	\$909.00	\$1,042.00	\$1,042.00	\$1,455.00	\$1,455.00	\$2,477.00	\$2,477.00
	Ϋ́		Horizon BCBSNJ	\$150.91	\$150.91	\$175.92	\$210.66	\$221.67	\$259.40	\$302.35	\$382.67	\$471.44	\$501.84
	any		Oxford Health Ins	\$157.97	\$161.28	\$179.08	\$214.09	\$237.69	\$284.96	\$333.02	\$415.51	\$490.39	\$502.65
			Aetna Life Ins. Co.	\$161.00	\$188.00	\$217.00	\$231.00	\$248.00	\$259.00	\$304.00	\$322.00	\$407.00	\$432.00
	Without		AmeriHealth HMO	\$332.61	\$400.32	\$376.42	\$347.54	\$362.48	\$378.42	\$432.19	\$559.66	\$639.32	\$641.31
d)	Š	-emale	Celtic Ins. Co.	\$939.40	\$1,101.10	\$1,212.20	\$1,420.10	\$1,747.90	\$1,922.80	\$2,115.30	\$2,326.50	\$2,559.70	\$2,816.00
g		-en	CIGNA Healthcare	\$809.00	\$809.00	\$909.00	\$909.00	\$1,042.00	\$1,042.00	\$1,455.00	\$1,455.00	\$2,477.00	\$2,477.00
Single			Horizon BCBSNJ	\$187.83	\$221.67	\$263.44	\$269.43	\$273.39	\$263.44	\$292.85	\$311.75	\$356.83	\$365.55
0,			Oxford Health Ins	\$186.99	\$219.31	\$262.82	\$271.16	\$298.61	\$290.27	\$323.34	\$347.51	\$402.62	\$433.60
			AmeriHealth HMO 1**	\$184.00	\$184.00	\$202.00	\$238.00	\$267.00	\$316.00	\$436.00	\$601.00	\$644.00	\$644.00
		Male	AmeriHealth HMO 2**	\$274.00	\$287.00	\$303.00	\$355.00	\$397.00	\$470.00	\$650.00	\$898.00	\$959.00	\$959.00
	ь Б	Ĕ	Horizon BCBSNJ	\$189.83	\$189.83	\$221.27	\$264.97	\$278.83	\$326.29	\$380.32	\$481.33	\$593.00	\$631.24
	With Rider		Oxford Health Ins	\$206.15	\$210.46	\$233.69	\$279.38	\$310.17	\$371.87	\$434.58	\$542.24	\$639.94	\$655.94
	Vith	ø.	AmeriHealth HMO 1**	\$334.00	\$402.00	\$378.00	\$349.00	\$364.00	\$380.00	\$434.00	\$562.00	\$642.00	\$644.00
	>	Female	AmeriHealth HMO 2**	\$500.00	\$600.00	\$563.00	\$522.00	\$543.00	\$568.00	\$646.00	\$837.00	\$959.00	\$959.00
		Fer	Horizon BCBSNJ	\$236.25	\$278.83	\$331.36	\$338.91	\$343.88	\$331.36	\$368.35	\$392.14	\$448.83	\$459.80
			Oxford Health Ins	\$244.02	\$286.19	\$342.97	\$353.86	\$389.68	\$378.79	\$421.95	\$453.50	\$525.40	\$565.84
			Aetna Life Ins. Co.	\$284.00	\$295.00	\$321.00	\$328.00	\$356.00	\$421.00	\$444.00	\$516.00		\$615.00
			AmeriHealth HMO	\$585.55	\$585.55	\$603.47	\$638.33	\$667.21	\$716.00	\$836.50	\$1,000.81	\$1,043.63	\$1,043.63
	ا ا	Male	Celtic Ins. Co.	\$1,494.50	\$1,751.75	\$1,928.50	\$2,259.25	\$2,780.75	\$3,059.00	\$3,365.25	\$3,701.25		\$4,480.00
	Rider	Σ	CIGNA Healthcare	\$1,457.00	\$1,457.00	\$1,636.00	\$1,636.00	\$1,876.00	\$1,876.00	\$2,619.00	\$2,619.00		\$4,459.00
	<u>                                   </u>		Horizon BCBSNJ	\$402.48	\$402.48	\$427.47	\$462.22	\$473.21	\$510.95	\$553.93	\$634.24	\$722.98	\$753.39
	any		Oxford Health Ins	\$395.66	\$398.96	\$416.76	\$451.78	\$475.37	\$522.65	\$570.71	\$653.20		\$740.33
Child(ren)	Without		Aetna Life Ins. Co.	\$302.00	\$329.00	\$358.00	\$372.00	\$389.00	\$400.00	\$445.00	\$463.00	·	\$573.00
<del>`</del>	탩	e	AmeriHealth HMO	\$734.92	\$801.64	\$778.74	\$749.86	\$764.80	\$780.73	\$834.51	\$960.98		\$1,043.63
ΡΞ	>	Female	Celtic Ins. Co.	\$1,643.95	\$1,926.93	\$2,121.35	\$2,485.18	\$3,058.83	\$3,364.90	\$3,701.78	\$4,071.38		\$4,928.00
ပ		Fe	CIGNA Healthcare	\$1,457.00	\$1,457.00	\$1,636.00	\$1,636.00	\$1,876.00	\$1,876.00	\$2,619.00	\$2,619.00		\$4,459.00
and			Horizon BCBSNJ	\$439.38	\$473.21	\$514.98	\$520.99	\$524.96	\$514.98	\$544.39	\$563.29		\$617.09
Ŧ a	Ш		Oxford Health Ins	\$424.67	\$456.99	\$500.50	\$508.85	\$536.30	\$527.95	\$561.02	\$585.20		\$671.29
Adult		_	AmeriHealth HMO 1**	\$588.00	\$588.00	\$606.00	\$641.00	\$670.00	\$719.00	\$840.00	\$1,005.00		\$1,048.00
Ă		Male	AmeriHealth HMO 2**	\$875.00	\$887.00	\$903.00	\$955.00	\$998.00	\$1,070.00	\$1,251.00	\$1,498.00		\$1,560.00
	Rider	Σ	Horizon BCBSNJ	\$506.25	\$506.25	\$537.69	\$581.40	\$595.22	\$642.68	\$696.76	\$797.77	\$909.41	\$947.65
	E E		Oxford Health Ins	\$516.32	\$520.64	\$543.86	\$589.56	\$620.35	\$682.04	\$744.76	\$852.41	\$950.11	\$966.11
	With	<u>e</u>	AmeriHealth HMO 1**	\$738.00	\$805.00	\$782.00	\$753.00	\$768.00	\$784.00	\$838.00	\$965.00		\$1,048.00
	>	Female	AmeriHealth HMO 2**	\$1,100.00	\$1,200.00	\$1,163.00	\$1,122.00	\$1,144.00	\$1,168.00	\$1,246.00	\$1,437.00		\$1,560.00
		Fel	Horizon BCBSNJ	\$552.64	\$595.22	\$647.75	\$655.32	\$660.31	\$647.75	\$684.78	\$708.53		\$776.21
			Oxford Health Ins	\$554.19	\$596.36	\$653.14	\$664.04	\$699.86	\$688.96	\$732.12	\$763.67	\$835.58	\$876.01

Zip Codes 077-079 (Monmouth,			Under 25	25 to 29	30 to 34	35 to 39	40 to 44	45 to 49	50 to 54	55 to 59	60 to 64 years	65 years and
M	orris,	Sussex & Warren)	years old	old	older							
	ř	Aetna Life Ins. Co.	\$304.00	\$342.00	\$397.00	\$418.00	\$463.00	\$539.00	\$607.00	\$697.00	\$836.00	\$906.00
	Rid	AmeriHealth HMO <sup>†</sup>	\$515.84	\$583.56	\$577.58	\$584.55	\$628.37	\$693.10	\$866.37	\$1,158.15	\$1,280.64	\$1,282.63
	\ \frac{>}{R}	Celtic Ins. Co. (M)	\$1,989.82	\$2,332.33	\$2,567.66	\$3,008.03	\$3,702.37	\$4,072.84	\$4,480.59	\$4,927.95	\$5,421.91	\$5,964.80
* <u>v</u>	a	Celtic Ins. Co. (F)	\$2,188.80	\$2,565.56	\$2,824.43	\$3,308.83	\$4,072.61	\$4,480.12	\$4,928.65	\$5,420.75	\$5,964.10	\$6,561.28
Adults*	l g	CIGNA Healthcare	\$1,562.00	\$1,562.00	\$1,755.00	\$1,755.00	\$2,011.00	\$2,011.00	\$2,808.00	\$2,808.00	\$4,781.00	\$4,781.00
ΑĠ	With	Horizon BCBSNJ	\$338.78	\$372.60	\$439.37	\$480.10	\$495.08	\$522.84	\$595.22	\$694.41	\$828.28	\$867.38
Q		Oxford Health Ins	\$327.72	\$361.57	\$419.78	\$461.02	\$509.46	\$546.47	\$623.55	\$724.91	\$848.33	\$889.41
DW T	With Rider	AmeriHealth HMO 1**,†	\$518.00	\$586.00	\$580.00	\$587.00	\$631.00	\$696.00	\$870.00	\$1,163.00	\$1,286.00	\$1,288.00
		AmeriHealth HMO 2**,†	\$774.00	\$887.00	\$866.00	\$877.00	\$940.00	\$1,038.00	\$1,296.00	\$1,735.00	\$1,918.00	\$1,918.00
		Horizon BCBSNJ	\$426.12	\$468.68	\$552.63	\$603.90	\$622.73	\$657.64	\$748.68	\$873.46	\$1,041.84	\$1,091.03
		Oxford Health Ins	\$427.66	\$471.84	\$547.80	\$601.62	\$664.83	\$713.13	\$813.71	\$945.99	\$1,107.05	\$1,160.65
	e	Aetna Life Ins. Co.	\$445.00	\$483.00	\$538.00	\$559.00	\$604.00	\$680.00	\$748.00	\$838.00	\$977.00	\$1,047.00
	Rid	AmeriHealth HMO <sup>†</sup>	\$918.16	\$985.87	\$979.90	\$985.87	\$1,029.69	\$1,094.42	\$1,268.69	\$1,560.47	\$1,682.95	\$1,684.94
	5	Celtic Ins. Co. (M)	\$1,998.36	\$2,342.34	\$2,578.68	\$3,020.94	\$3,718.26	\$4,090.32	\$4,499.82	\$4,949.10	\$5,445.18	\$5,990.40
	a	Celtic Ins. Co. (F)	\$2,198.20	\$2,576.57	\$2,836.55	\$3,323.03	\$4,090.09	\$4,499.35	\$4,949.80	\$5,444.01	\$5,989.70	\$6,589.44
Family*	ē	CIGNA Healthcare	\$2,250.00	\$2,250.00	\$2,527.00	\$2,527.00	\$2,897.00	\$2,897.00	\$4,044.00	\$4,044.00	\$6,887.00	\$6,887.00
Ξ	With	Horizon BCBSNJ	\$654.54	\$688.37	\$755.13	\$795.89	\$810.85	\$838.63	\$911.01	\$1,010.21	\$1,144.05	\$1,183.15
Fa		Oxford Health Ins	\$660.47	\$694.33	\$752.53	\$793.78	\$842.22	\$879.23	\$956.31	\$1,057.67	\$1,181.09	\$1,222.17
	늅	AmeriHealth HMO 1**,†	\$922.00	\$990.00	\$984.00	\$990.00	\$1,034.00	\$1,099.00	\$1,274.00	\$1,567.00	\$1,690.00	\$1,692.00
	Rider	AmeriHealth HMO 2**,†	\$1,375.00	\$1,487.00	\$1,466.00	\$1,477.00	\$1,541.00	\$1,638.00	\$1,897.00	\$2,335.00	\$2,519.00	\$2,519.00
	With	Horizon BCBSNJ	\$823.30	\$865.86	\$949.83	\$1,001.10	\$1,019.93	\$1,054.85	\$1,145.88	\$1,270.68	\$1,439.02	\$1,488.22
	>	Oxford Health Ins	\$861.90	\$906.08	\$982.04	\$1,035.87	\$1,099.07	\$1,147.38	\$1,247.96	\$1,380.23	\$1,541.30	\$1,594.90

Basic and Essential (B&E) Plans are not comprehensive health benefits plans. For each covered person, B&E Plans provide the following benefits yearly: 90 days of hospitalization (including physician services, lab, prescriptions, newborn nursery, etc.), \$600 for wellness services, \$700 for physician visits for illness and injury, \$500 for out-of-hospital diagnostic testing, outpatient surgery, dialysis, immunizations, 90 days of inpatient and 30 days of outpatient mental health treatment, 30 days inpatient and outpatient treatment for alcohol and other substance abuse, and 30 visits for physical therapy services. A \$500 copay applies per inpatient stay, a \$100 copay applies for Emergency Room use, a \$250 copay applies per outpatient surgery, a \$20 copay applies per physical therapy visit, and covered persons pay 30% of the allowed charges for outpatient mental health and substance abuse treatments. Carriers may offer B&E Plans with or without provider network requirements. Some carriers offer riders that enhance the B&E Plan benefits.

Companies may rate Basic & Essential policies based on age, gender and location of the primary insured/subscriber. Companies may choose to use all, none or some of these factors.

<sup>\*</sup>Most carriers do not price policies with two adults based on whether the primary insured/subscriber is male or female; Celtic is an exception.

<sup>\*\*</sup>AmeriHealth offers two riders: a Basic rider (1), and a Preferred rider (2).

<sup>†</sup>AmeriHealth's Two Adults and Family rates shown assume a male/female composition. AmeriHealth has separate rate schedules for these rate tiers for male/male and female/female families.

	Zip Codes 088-089 (Hunterdon,			Under 25	25 to 29	30 to 34	35 to 39	40 to 44	45 to 49	50 to 54	55 to 59	60 to 64 years	65 years and
	N	liddle	esex & Somerset)	years old	old	older							
			Aetna Life Ins. Co.	\$140.00	\$151.00	\$176.00	\$184.00	\$211.00	\$273.00	\$297.00	\$367.00	\$420.00	\$463.00
			AmeriHealth HMO	\$183.23	\$183.23	\$201.16	\$237.01	\$265.89	\$314.68	\$434.18	\$598.49	\$641.31	\$641.31
		Male	Celtic Ins. Co.	\$854.00	\$1,001.00	\$1,102.00	\$1,291.00	\$1,589.00	\$1,748.00	\$1,923.00	\$2,115.00	\$2,327.00	\$2,560.00
	der	Ma	CIGNA Healthcare	\$809.00	\$809.00	\$909.00	\$909.00	\$1,042.00	\$1,042.00	\$1,455.00	\$1,455.00	\$2,477.00	\$2,477.00
	Ri		Horizon BCBSNJ	\$158.88	\$158.88	\$185.19	\$221.77	\$233.33	\$273.07	\$318.29	\$402.83	\$496.26	\$528.18
	any Rider		Oxford Health Ins	\$166.79	\$170.28	\$189.07	\$226.04	\$250.95	\$300.87	\$351.61	\$438.71	\$517.76	\$530.70
	nt 8		Aetna Life Ins. Co.	\$158.00	\$184.00	\$213.00	\$227.00	\$244.00	\$254.00	\$298.00	\$315.00	\$399.00	\$423.00
	Without		AmeriHealth HMO	\$332.61	\$400.32	\$376.42	\$347.54	\$362.48	\$378.42	\$432.19	\$559.66	\$639.32	\$641.31
a)	Wit	ale	Celtic Ins. Co.	\$939.40	\$1,101.10	\$1,212.20	\$1,420.10	\$1,747.90	\$1,922.80	\$2,115.30	\$2,326.50	\$2,559.70	\$2,816.00
<u>8</u>		Femal	CIGNA Healthcare	\$809.00	\$809.00	\$909.00	\$909.00	\$1,042.00	\$1,042.00	\$1,455.00	\$1,455.00	\$2,477.00	\$2,477.00
Single		_	Horizon BCBSNJ	\$197.72	\$233.33	\$277.31	\$283.61	\$287.80	\$277.31	\$308.27	\$328.14	\$375.62	\$384.78
0,			Oxford Health Ins	\$197.43	\$231.55	\$277.49	\$286.30	\$315.28	\$306.47	\$341.39	\$366.91	\$425.09	\$457.81
			AmeriHealth HMO 1**	\$184.00	\$184.00	\$202.00	\$238.00	\$267.00	\$316.00	\$436.00	\$601.00	\$644.00	\$644.00
		Male	AmeriHealth HMO 2**	\$274.00	\$287.00	\$303.00	\$355.00	\$397.00	\$470.00	\$650.00	\$898.00	\$959.00	\$959.00
	<u>+</u>	Ms	Horizon BCBSNJ	\$199.85	\$199.85	\$232.93	\$278.95	\$293.50	\$343.47	\$400.34	\$506.69	\$624.21	\$664.38
	Rider		Oxford Health Ins	\$217.66	\$222.22	\$246.74	\$294.98	\$327.49	\$392.63	\$458.85	\$572.51	\$675.67	\$692.56
	With	4	AmeriHealth HMO 1**	\$334.00	\$402.00	\$378.00	\$349.00	\$364.00	\$380.00	\$434.00	\$562.00	\$642.00	\$644.00
	>	Jale	AmeriHealth HMO 2**	\$500.00	\$600.00	\$563.00	\$522.00	\$543.00	\$568.00	\$646.00	\$837.00	\$959.00	\$959.00
		Female	Horizon BCBSNJ	\$248.70	\$293.50	\$348.82	\$356.74	\$362.01	\$348.82	\$387.77	\$412.76	\$472.48	\$483.99
			Oxford Health Ins	\$257.64	\$302.17	\$362.12	\$373.62	\$411.44	\$399.94	\$445.51	\$478.82	\$554.74	\$597.43
			Aetna Life Ins. Co.	\$278.00	\$289.00	\$314.00	\$322.00	\$349.00	\$411.00	\$435.00	\$505.00	\$558.00	\$601.00
			AmeriHealth HMO	\$585.55	\$585.55	\$603.47	\$638.33	\$667.21	\$716.00	\$836.50	\$1,000.81	\$1,043.63	\$1,043.63
		Male	Celtic Ins. Co.	\$1,494.50	\$1,751.75	\$1,928.50	\$2,259.25	\$2,780.75	\$3,059.00	\$3,365.25	\$3,701.25	\$4,072.25	\$4,480.00
	Rider	ĭ	CIGNA Healthcare	\$1,457.00	\$1,457.00	\$1,636.00	\$1,636.00	\$1,876.00	\$1,876.00	\$2,619.00	\$2,619.00	\$4,459.00	\$4,459.00
			Horizon BCBSNJ	\$423.66	\$423.66	\$449.97	\$486.55	\$498.13	\$537.85	\$583.06	\$667.61	\$761.02	\$793.04
	Without any		Oxford Health Ins	\$417.74	\$421.23	\$440.02	\$476.99	\$501.91	\$551.82	\$602.56	\$689.66	\$768.71	\$781.66
Child(ren)	nt 8		Aetna Life Ins. Co.	\$296.00	\$322.00	\$351.00	\$365.00	\$382.00	\$392.00	\$436.00	\$453.00	\$537.00	\$561.00
چا	tho	4	AmeriHealth HMO	\$734.92	\$801.64	\$778.74	\$749.86	\$764.80	\$780.73	\$834.51	\$960.98	\$1,041.64	\$1,043.63
I≅	Š	Female	Celtic Ins. Co.	\$1,643.95	\$1,926.93	\$2,121.35	\$2,485.18	\$3,058.83	\$3,364.90	\$3,701.78	\$4,071.38	\$4,479.48	\$4,928.00
ਠ		-en	CIGNA Healthcare	\$1,457.00	\$1,457.00	\$1,636.00	\$1,636.00	\$1,876.00	\$1,876.00	\$2,619.00	\$2,619.00	\$4,459.00	\$4,459.00
and		_	Horizon BCBSNJ	\$462.50	\$498.13	\$542.09	\$548.40	\$552.58	\$542.09	\$573.06	\$592.95	\$640.41	\$649.57
<u>a</u>			Oxford Health Ins	\$448.38	\$482.50	\$528.44	\$537.25	\$566.24	\$557.42	\$592.34	\$617.86	\$676.04	\$708.76
Adult			AmeriHealth HMO 1**	\$588.00	\$588.00	\$606.00	\$641.00	\$670.00	\$719.00	\$840.00	\$1,005.00	\$1,048.00	\$1,048.00
PΑ		Male	AmeriHealth HMO 2**	\$875.00	\$887.00	\$903.00	\$955.00	\$998.00	\$1,070.00	\$1,251.00	\$1,498.00	\$1,560.00	\$1,560.00
	<u>_</u>	Ñ	Horizon BCBSNJ	\$532.89	\$532.89	\$566.01	\$612.00	\$626.57	\$676.53	\$733.40	\$839.74	\$957.24	\$997.52
	With Rider		Oxford Health Ins	\$545.15	\$549.71	\$574.23	\$622.47	\$654.98	\$720.12	\$786.34	\$900.00	\$1,003.16	\$1,020.06
	Vith	Φ.	AmeriHealth HMO 1**	\$738.00	\$805.00	\$782.00	\$753.00	\$768.00	\$784.00	\$838.00	\$965.00	\$1,046.00	\$1,048.00
	Wii	nale	AmeriHealth HMO 2**	\$1,100.00	\$1,200.00	\$1,163.00	\$1,122.00	\$1,144.00	\$1,168.00	\$1,246.00	\$1,437.00	\$1,559.00	\$1,560.00
		E 1	Horizon BCBSNJ	\$581.75	\$626.57	\$681.86	\$689.80	\$695.03	\$681.86	\$720.81	\$745.83	\$805.52	\$817.06
			Oxford Health Ins	\$585.13	\$629.66	\$689.61	\$701.11	\$738.93	\$727.43	\$773.00	\$806.31	\$882.23	\$924.92

Zip Codes 088-089 (Hunterdon,			Under 25	25 to 29	30 to 34	35 to 39	40 to 44	45 to 49	50 to 54	55 to 59	60 to 64 years	65 years and
l	Middle	esex & Somerset)	years old	old	older							
	er	Aetna Life Ins. Co.	\$298.00	\$335.00	\$389.00	\$411.00	\$455.00	\$527.00	\$595.00	\$682.00	\$819.00	\$886.00
	Rid	AmeriHealth HMO <sup>†</sup>	\$515.84	\$583.56	\$577.58	\$584.55	\$628.37	\$693.10	\$866.37	\$1,158.15	\$1,280.64	\$1,282.63
	Ş	Celtic Ins. Co. (M)	\$1,989.82	\$2,332.33	\$2,567.66	\$3,008.03	\$3,702.37	\$4,072.84	\$4,480.59	\$4,927.95	\$5,421.91	\$5,964.80
*s	r a	Celtic Ins. Co. (F)	\$2,188.80	\$2,565.56	\$2,824.43	\$3,308.83	\$4,072.61	\$4,480.12	\$4,928.65	\$5,420.75	\$5,964.10	\$6,561.28
Adults*	ğ	CIGNA Healthcare	\$1,562.00	\$1,562.00	\$1,755.00	\$1,755.00	\$2,011.00	\$2,011.00	\$2,808.00	\$2,808.00	\$4,781.00	\$4,781.00
δ	With	Horizon BCBSNJ	\$356.60	\$392.22	\$462.50	\$505.38	\$521.12	\$550.37	\$626.56	\$730.97	\$871.88	\$913.04
Two	>	Oxford Health Ins	\$346.01	\$381.75	\$443.21	\$486.76	\$537.90	\$576.98	\$658.35	\$765.38	\$895.69	\$939.05
ı≥	ь	AmeriHealth HMO 1**,†	\$518.00	\$586.00	\$580.00	\$587.00	\$631.00	\$696.00	\$870.00	\$1,163.00	\$1,286.00	\$1,288.00
	With Rider	AmeriHealth HMO 2**,†	\$774.00	\$887.00	\$866.00	\$877.00	\$940.00	\$1,038.00	\$1,296.00	\$1,735.00	\$1,918.00	\$1,918.00
		Horizon BCBSNJ	\$448.54	\$493.33	\$581.75	\$635.67	\$655.47	\$692.27	\$788.11	\$919.44	\$1,096.68	\$1,148.45
	>	Oxford Health Ins	\$451.54	\$498.19	\$578.38	\$635.21	\$701.95	\$752.95	\$859.15	\$998.81	\$1,168.87	\$1,225.46
	er	Aetna Life Ins. Co.	\$436.00	\$473.00	\$527.00	\$549.00	\$593.00	\$665.00	\$733.00	\$820.00	\$957.00	\$1,024.00
	Rid	AmeriHealth HMO <sup>†</sup>	\$918.16	\$985.87	\$979.90	\$985.87	\$1,029.69	\$1,094.42	\$1,268.69	\$1,560.47	\$1,682.95	\$1,684.94
	5	Celtic Ins. Co. (M)	\$1,998.36	\$2,342.34	\$2,578.68	\$3,020.94	\$3,718.26	\$4,090.32	\$4,499.82	\$4,949.10	\$5,445.18	\$5,990.40
	ā	Celtic Ins. Co. (F)	\$2,198.20	\$2,576.57	\$2,836.55	\$3,323.03	\$4,090.09	\$4,499.35	\$4,949.80	\$5,444.01	\$5,989.70	\$6,589.44
Family*	ō	CIGNA Healthcare	\$2,250.00	\$2,250.00	\$2,527.00	\$2,527.00	\$2,897.00	\$2,897.00	\$4,044.00	\$4,044.00	\$6,887.00	\$6,887.00
Ē	With	Horizon BCBSNJ	\$688.98	\$724.61	\$794.89	\$837.77	\$853.51	\$882.73	\$958.95	\$1,063.36	\$1,204.27	\$1,245.42
Бa		Oxford Health Ins	\$697.34	\$733.09	\$794.54	\$838.09	\$889.23	\$928.31	\$1,009.69	\$1,116.71	\$1,247.02	\$1,290.39
	ē	AmeriHealth HMO 1**,†	\$922.00	\$990.00	\$984.00	\$990.00	\$1,034.00	\$1,099.00	\$1,274.00	\$1,567.00	\$1,690.00	\$1,692.00
	Rider	AmeriHealth HMO 2**,†	\$1,375.00	\$1,487.00	\$1,466.00	\$1,477.00	\$1,541.00	\$1,638.00	\$1,897.00	\$2,335.00	\$2,519.00	\$2,519.00
	With	Horizon BCBSNJ	\$866.63	\$911.43	\$999.84	\$1,053.77	\$1,073.59	\$1,110.34	\$1,206.21	\$1,337.54	\$1,514.78	\$1,566.52
	>	Oxford Health Ins	\$910.03	\$956.67	\$1,036.87	\$1,093.70	\$1,160.44	\$1,211.44	\$1,317.63	\$1,457.30	\$1,627.35	\$1,683.95

Basic and Essential (B&E) Plans are not comprehensive health benefits plans. For each covered person, B&E Plans provide the following benefits yearly: 90 days of hospitalization (including physician services, lab, prescriptions, newborn nursery, etc.), \$600 for wellness services, \$700 for physician visits for illness and injury, \$500 for out-of-hospital diagnostic testing, outpatient surgery, dialysis, immunizations, 90 days of inpatient and 30 days of outpatient mental health treatment, 30 days inpatient and outpatient treatment for alcohol and other substance abuse, and 30 visits for physical therapy services. A \$500 copay applies per inpatient stay, a \$100 copay applies for Emergency Room use, a \$250 copay applies per outpatient surgery, a \$20 copay applies per physical therapy visit, and covered persons pay 30% of the allowed charges for outpatient mental health and substance abuse treatments. Carriers may offer B&E Plans with or without provider network requirements. Some carriers offer riders that enhance the B&E Plan benefits.

Companies may rate Basic & Essential policies based on age, gender and location of the primary insured/subscriber. Companies may choose to use all, none or some of these factors.

<sup>\*</sup>Most carriers do not price policies with two adults based on whether the primary insured/subscriber is male or female; Celtic is an exception.

<sup>\*\*</sup>AmeriHealth offers two riders: a Basic rider (1), and a Preferred rider (2).

<sup>†</sup>AmeriHealth's Two Adults and Family rates shown assume a male/female composition. AmeriHealth has separate rate schedules for these rate tiers for male/male and female/female families.

Zip	Zip Codes 081, 085-086 (Burlington,		Under 25	25 to 29	30 to 34	35 to 39	40 to 44	45 to 49	50 to 54	55 to 59	60 to 64 years	65 years and	
		Cai	mden, Mercer)	years old	old	older							
			Aetna Life Ins. Co.	\$140.00	\$151.00	\$175.00	\$183.00	\$211.00	\$273.00	\$297.00	\$366.00	\$419.00	\$462.00
			AmeriHealth HMO	\$183.23	\$183.23	\$201.16	\$237.01	\$265.89	\$314.68	\$434.18	\$598.49	\$641.31	\$641.31
		<u>e</u>	Celtic Ins. Co.	\$854.00	\$1,001.00	\$1,102.00	\$1,291.00	\$1,589.00	\$1,748.00	\$1,923.00	\$2,115.00	\$2,327.00	\$2,560.00
	Jer	Male	CIGNA Healthcare	\$809.00	\$809.00	\$909.00	\$909.00	\$1,042.00	\$1,042.00	\$1,455.00	\$1,455.00	\$2,477.00	\$2,477.00
	Rider		Horizon BCBSNJ	\$150.91	\$150.91	\$175.92	\$210.66	\$221.67	\$259.40	\$302.35	\$382.67	\$471.44	\$501.84
	any		Oxford Health Ins	\$157.97	\$161.28	\$179.08	\$214.09	\$237.69	\$284.96	\$333.02	\$415.51	\$490.39	\$502.65
			Aetna Life Ins. Co.	\$158.00	\$184.00	\$212.00	\$227.00	\$243.00	\$252.00	\$298.00	\$314.00	\$398.00	\$422.00
	Without		AmeriHealth HMO	\$332.61	\$400.32	\$376.42	\$347.54	\$362.48	\$378.42	\$432.19	\$559.66	\$639.32	\$641.31
4	Ķ	Female	Celtic Ins. Co.	\$939.40	\$1,101.10	\$1,212.20	\$1,420.10	\$1,747.90	\$1,922.80	\$2,115.30	\$2,326.50	\$2,559.70	\$2,816.00
l g		e.	CIGNA Healthcare	\$809.00	\$809.00	\$909.00	\$909.00	\$1,042.00	\$1,042.00	\$1,455.00	\$1,455.00	\$2,477.00	\$2,477.00
Single		_	Horizon BCBSNJ	\$187.83	\$221.67	\$263.44	\$269.43	\$273.39	\$263.44	\$292.85	\$311.75	\$356.83	\$365.55
0)			Oxford Health Ins	\$186.99	\$219.31	\$262.82	\$271.16	\$298.61	\$290.27	\$323.34	\$347.51	\$402.62	\$433.60
			AmeriHealth HMO 1**	\$184.00	\$184.00	\$202.00	\$238.00	\$267.00	\$316.00	\$436.00	\$601.00	\$644.00	\$644.00
		<u>e</u>	AmeriHealth HMO 2**	\$274.00	\$287.00	\$303.00	\$355.00	\$397.00	\$470.00	\$650.00	\$898.00	\$959.00	\$959.00
	<u></u>	Male	Horizon BCBSNJ	\$189.83	\$189.83	\$221.27	\$264.97	\$278.83	\$326.29	\$380.32	\$481.33	\$593.00	\$631.24
	Ride		Oxford Health Ins	\$206.15	\$210.46	\$233.69	\$279.38	\$310.17	\$371.87	\$434.58	\$542.24	\$639.94	\$655.94
	With Rider		AmeriHealth HMO 1**	\$334.00	\$402.00	\$378.00	\$349.00	\$364.00	\$380.00	\$434.00	\$562.00	\$642.00	\$644.00
	>	ale	AmeriHealth HMO 2**	\$500.00	\$600.00	\$563.00	\$522.00	\$543.00	\$568.00	\$646.00	\$837.00	\$959.00	\$959.00
		Female	Horizon BCBSNJ	\$236.25	\$278.83	\$331.36	\$338.91	\$343.88	\$331.36	\$368.35	\$392.14	\$448.83	\$459.80
		1	Oxford Health Ins	\$244.02	\$286.19	\$342.97	\$353.86	\$389.68	\$378.79	\$421.95	\$453.50	\$525.40	\$565.84
			Aetna Life Ins. Co.	\$278.00	\$289.00	\$313.00	\$321.00	\$349.00	\$411.00	\$435.00	\$504.00	\$557.00	\$600.00
			AmeriHealth HMO	\$585.55	\$585.55	\$603.47	\$638.33	\$667.21	\$716.00	\$836.50	\$1,000.81	\$1,043.63	\$1,043.63
		Male	Celtic Ins. Co.	\$1,494.50	\$1,751.75	\$1,928.50	\$2,259.25	\$2,780.75	\$3,059.00	\$3,365.25	\$3,701.25	\$4,072.25	\$4,480.00
	Rider	Ĕ	CIGNA Healthcare	\$1,457.00	\$1,457.00	\$1,636.00	\$1,636.00	\$1,876.00	\$1,876.00	\$2,619.00	\$2,619.00	\$4,459.00	\$4,459.00
	ĕ		Horizon BCBSNJ	\$402.48	\$402.48	\$427.47	\$462.22	\$473.21	\$510.95	\$553.93	\$634.24	\$722.98	\$753.39
	any		Oxford Health Ins	\$395.66	\$398.96	\$416.76	\$451.78	\$475.37	\$522.65	\$570.71	\$653.20	\$728.07	\$740.33
Child(ren)	t l		Aetna Life Ins. Co.	\$296.00	\$322.00	\$350.00	\$365.00	\$381.00	\$390.00	\$436.00	\$452.00	\$536.00	\$560.00
اچًا	Without	40	AmeriHealth HMO	\$734.92	\$801.64	\$778.74	\$749.86	\$764.80	\$780.73	\$834.51	\$960.98	\$1,041.64	\$1,043.63
Iĕ	Š	Female	Celtic Ins. Co.	\$1,643.95	\$1,926.93	\$2,121.35	\$2,485.18	\$3,058.83	\$3,364.90	\$3,701.78	\$4,071.38	\$4,479.48	\$4,928.00
$\ddot{\circ}$		Fen	CIGNA Healthcare	\$1,457.00	\$1,457.00	\$1,636.00	\$1,636.00	\$1,876.00	\$1,876.00	\$2,619.00	\$2,619.00	\$4,459.00	\$4,459.00
and			Horizon BCBSNJ	\$439.38	\$473.21	\$514.98	\$520.99	\$524.96	\$514.98	\$544.39	\$563.29	\$608.37	\$617.09
ā			Oxford Health Ins	\$424.67	\$456.99	\$500.50	\$508.85	\$536.30	\$527.95	\$561.02	\$585.20	\$640.30	\$671.29
Adult			AmeriHealth HMO 1**	\$588.00	\$588.00	\$606.00	\$641.00	\$670.00	\$719.00	\$840.00	\$1,005.00	\$1,048.00	\$1,048.00
PΑ		Male	AmeriHealth HMO 2**	\$875.00	\$887.00	\$903.00	\$955.00	\$998.00	\$1,070.00	\$1,251.00	\$1,498.00	\$1,560.00	\$1,560.00
	교	Ĕ	Horizon BCBSNJ	\$506.25	\$506.25	\$537.69	\$581.40	\$595.22	\$642.68	\$696.76	\$797.77	\$909.41	\$947.65
	With Rider		Oxford Health Ins	\$516.32	\$520.64	\$543.86	\$589.56	\$620.35	\$682.04	\$744.76	\$852.41	\$950.11	\$966.11
	Į.	(h)	AmeriHealth HMO 1**	\$738.00	\$805.00	\$782.00	\$753.00	\$768.00	\$784.00	\$838.00	\$965.00	\$1,046.00	\$1,048.00
	Wit	Female	AmeriHealth HMO 2**	\$1,100.00	\$1,200.00	\$1,163.00	\$1,122.00	\$1,144.00	\$1,168.00	\$1,246.00	\$1,437.00	\$1,559.00	\$1,560.00
		Fen	Horizon BCBSNJ	\$552.64	\$595.22	\$647.75	\$655.32	\$660.31	\$647.75	\$684.78	\$708.53	\$765.23	\$776.21
			Oxford Health Ins	\$554.19	\$596.36	\$653.14	\$664.04	\$699.86	\$688.96	\$732.12	\$763.67	\$835.58	\$876.01

Zip Codes 081, 085-086 (Burlington,			Under 25	25 to 29	30 to 34	35 to 39	40 to 44	45 to 49	50 to 54	55 to 59	60 to 64 years	65 years and
	Ca	mden, Mercer)	years old	old	older							
	ř	Aetna Life Ins. Co.	\$298.00	\$335.00	\$387.00	\$410.00	\$454.00	\$525.00	\$595.00	\$680.00	\$817.00	\$884.00
	Rid	AmeriHealth HMO <sup>†</sup>	\$515.84	\$583.56	\$577.58	\$584.55	\$628.37	\$693.10	\$866.37	\$1,158.15	\$1,280.64	\$1,282.63
	Ş	Celtic Ins. Co. (M)	\$1,989.82	\$2,332.33	\$2,567.66	\$3,008.03	\$3,702.37	\$4,072.84	\$4,480.59	\$4,927.95	\$5,421.91	\$5,964.80
*x	r a	Celtic Ins. Co. (F)	\$2,188.80	\$2,565.56	\$2,824.43	\$3,308.83	\$4,072.61	\$4,480.12	\$4,928.65	\$5,420.75	\$5,964.10	\$6,561.28
Adults*	l D	CIGNA Healthcare	\$1,562.00	\$1,562.00	\$1,755.00	\$1,755.00	\$2,011.00	\$2,011.00	\$2,808.00	\$2,808.00	\$4,781.00	\$4,781.00
ĕ	With	Horizon BCBSNJ	\$338.78	\$372.60	\$439.37	\$480.10	\$495.08	\$522.84	\$595.22	\$694.41	\$828.28	\$867.38
Two		Oxford Health Ins	\$327.72	\$361.57	\$419.78	\$461.02	\$509.46	\$546.47	\$623.55	\$724.91	\$848.33	\$889.41
ı≥	ь	AmeriHealth HMO 1**,†	\$518.00	\$586.00	\$580.00	\$587.00	\$631.00	\$696.00	\$870.00	\$1,163.00	\$1,286.00	\$1,288.00
	With Rider	AmeriHealth HMO 2**,†	\$774.00	\$887.00	\$866.00	\$877.00	\$940.00	\$1,038.00	\$1,296.00	\$1,735.00	\$1,918.00	\$1,918.00
		Horizon BCBSNJ	\$426.12	\$468.68	\$552.63	\$603.90	\$622.73	\$657.64	\$748.68	\$873.46	\$1,041.84	\$1,091.03
	>	Oxford Health Ins	\$427.66	\$471.84	\$547.80	\$601.62	\$664.83	\$713.13	\$813.71	\$945.99	\$1,107.05	\$1,160.65
	er	Aetna Life Ins. Co.	\$436.00	\$473.00	\$525.00	\$548.00	\$592.00	\$663.00	\$733.00	\$818.00	\$955.00	\$1,022.00
	Rid	AmeriHealth HMO <sup>†</sup>	\$918.16	\$985.87	\$979.90	\$985.87	\$1,029.69	\$1,094.42	\$1,268.69	\$1,560.47	\$1,682.95	\$1,684.94
	5	Celtic Ins. Co. (M)	\$1,998.36	\$2,342.34	\$2,578.68	\$3,020.94	\$3,718.26	\$4,090.32	\$4,499.82	\$4,949.10	\$5,445.18	\$5,990.40
	ā	Celtic Ins. Co. (F)	\$2,198.20	\$2,576.57	\$2,836.55	\$3,323.03	\$4,090.09	\$4,499.35	\$4,949.80	\$5,444.01	\$5,989.70	\$6,589.44
Family*	ō	CIGNA Healthcare	\$2,250.00	\$2,250.00	\$2,527.00	\$2,527.00	\$2,897.00	\$2,897.00	\$4,044.00	\$4,044.00	\$6,887.00	\$6,887.00
<u> </u>	With	Horizon BCBSNJ	\$654.54	\$688.37	\$755.13	\$795.89	\$810.85	\$838.63	\$911.01	\$1,010.21	\$1,144.05	\$1,183.15
Б		Oxford Health Ins	\$660.47	\$694.33	\$752.53	\$793.78	\$842.22	\$879.23	\$956.31	\$1,057.67	\$1,181.09	\$1,222.17
	ē	AmeriHealth HMO 1**,†	\$922.00	\$990.00	\$984.00	\$990.00	\$1,034.00	\$1,099.00	\$1,274.00	\$1,567.00	\$1,690.00	\$1,692.00
	Rider	AmeriHealth HMO 2**,†	\$1,375.00	\$1,487.00	\$1,466.00	\$1,477.00	\$1,541.00	\$1,638.00	\$1,897.00	\$2,335.00	\$2,519.00	\$2,519.00
	With	Horizon BCBSNJ	\$823.30	\$865.86	\$949.83	\$1,001.10	\$1,019.93	\$1,054.85	\$1,145.88	\$1,270.68	\$1,439.02	\$1,488.22
	>	Oxford Health Ins	\$861.90	\$906.08	\$982.04	\$1,035.87	\$1,099.07	\$1,147.38	\$1,247.96	\$1,380.23	\$1,541.30	\$1,594.90

Basic and Essential (B&E) Plans are not comprehensive health benefits plans. For each covered person, B&E Plans provide the following benefits yearly: 90 days of hospitalization (including physician services, lab, prescriptions, newborn nursery, etc.), \$600 for wellness services, \$700 for physician visits for illness and injury, \$500 for out-of-hospital diagnostic testing, outpatient surgery, dialysis, immunizations, 90 days of inpatient and 30 days of outpatient mental health treatment, 30 days inpatient and outpatient treatment for alcohol and other substance abuse, and 30 visits for physical therapy services. A \$500 copay applies per inpatient stay, a \$100 copay applies for Emergency Room use, a \$250 copay applies per outpatient surgery, a \$20 copay applies per physical therapy visit, and covered persons pay 30% of the allowed charges for outpatient mental health and substance abuse treatments. Carriers may offer B&E Plans with or without provider network requirements. Some carriers offer riders that enhance the B&E Plan benefits.

Companies may rate Basic & Essential policies based on age, gender and location of the primary insured/subscriber. Companies may choose to use all, none or some of these factors.

<sup>\*</sup>Most carriers do not price policies with two adults based on whether the primary insured/subscriber is male or female; Celtic is an exception.

<sup>\*\*</sup>AmeriHealth offers two riders: a Basic rider (1), and a Preferred rider (2).

<sup>†</sup>AmeriHealth's Two Adults and Family rates shown assume a male/female composition. AmeriHealth has separate rate schedules for these rate tiers for male/male and female/female families.

Zip	Zip Codes 080, 082-084, 087 (Atlantic,		Under 25	25 to 29	30 to 34	35 to 39	40 to 44	45 to 49	50 to 54	55 to 59	60 to 64	65 years and	
		•	lay, Ocean, Salem,	years old	older								
	Cı	ımbe	rland, Gloucester)	ř	*				*	*			
			Aetna Life Ins. Co.	\$136.00	\$147.00	\$170.00	\$177.00	\$204.00	\$265.00	\$288.00	\$355.00	\$406.00	\$448.00
		_	AmeriHealth HMO	\$183.23	\$183.23	\$201.16	\$237.01	\$265.89	\$314.68	\$434.18	\$598.49	\$641.31	\$641.31
	L	Male	Celtic Ins. Co.	\$854.00	\$1,001.00	\$1,102.00	\$1,291.00	\$1,589.00	\$1,748.00	\$1,923.00	\$2,115.00	\$2,327.00	\$2,560.00
	ġ	2	CIGNA Healthcare	\$809.00	\$809.00	\$909.00	\$909.00	\$1,042.00	\$1,042.00	\$1,455.00	\$1,455.00	\$2,477.00	\$2,477.00
	× ×		Horizon BCBSNJ	\$150.91	\$150.91	\$175.92	\$210.66	\$221.67	\$259.40	\$302.35	\$382.67	\$471.44	\$501.84
	Without any Rider		Oxford Health Ins	\$157.97	\$161.28	\$179.08	\$214.09	\$237.69	\$284.96	\$333.02	\$415.51	\$490.39	\$502.65
	Ĭ		Aetna Life Ins. Co.	\$152.00	\$177.00	\$205.00	\$219.00	\$235.00	\$245.00	\$288.00	\$304.00	\$386.00	\$409.00
	럁	9	AmeriHealth HMO	\$332.61	\$400.32	\$376.42	\$347.54	\$362.48	\$378.42	\$432.19	\$559.66	\$639.32	\$641.31
O	≥	Female	Celtic Ins. Co.	\$939.40	\$1,101.10	\$1,212.20	\$1,420.10	\$1,747.90	\$1,922.80	\$2,115.30	\$2,326.50	\$2,559.70	\$2,816.00
lg l		Fei	CIGNA Healthcare	\$809.00	\$809.00	\$909.00	\$909.00	\$1,042.00	\$1,042.00	\$1,455.00	\$1,455.00	\$2,477.00	\$2,477.00
Single			Horizon BCBSNJ	\$187.83	\$221.67	\$263.44	\$269.43	\$273.39	\$263.44	\$292.85	\$311.75	\$356.83	\$365.55
			Oxford Health Ins	\$186.99	\$219.31	\$262.82	\$271.16	\$298.61	\$290.27	\$323.34	\$347.51	\$402.62	\$433.60
			AmeriHealth HMO 1**	\$184.00	\$184.00	\$202.00	\$238.00	\$267.00	\$316.00	\$436.00	\$601.00	\$644.00	\$644.00
		Male	AmeriHealth HMO 2**	\$274.00	\$287.00	\$303.00	\$355.00	\$397.00	\$470.00	\$650.00	\$898.00	\$959.00	\$959.00
		Σ	Horizon BCBSNJ	\$189.83	\$189.83	\$221.27	\$264.97	\$278.83	\$326.29	\$380.32	\$481.33	\$593.00	\$631.24
	Rider		Oxford Health Ins	\$206.15	\$210.46	\$233.69	\$279.38	\$310.17	\$371.87	\$434.58	\$542.24	\$639.94	\$655.94
	≅	9	AmeriHealth HMO 1**	\$334.00	\$402.00	\$378.00	\$349.00	\$364.00	\$380.00	\$434.00	\$562.00	\$642.00	\$644.00
		Female	AmeriHealth HMO 2**	\$500.00	\$600.00	\$563.00	\$522.00	\$543.00	\$568.00	\$646.00	\$837.00	\$959.00	\$959.00
		Fer	Horizon BCBSNJ	\$236.25	\$278.83	\$331.36	\$338.91	\$343.88	\$331.36	\$368.35	\$392.14	\$448.83	\$459.80
			Oxford Health Ins	\$244.02	\$286.19	\$342.97	\$353.86	\$389.68	\$378.79	\$421.95	\$453.50	\$525.40	\$565.84
			Aetna Life Ins. Co.	\$269.00	\$280.00	\$303.00	\$310.00	\$337.00	\$398.00	\$421.00	\$488.00	\$539.00	\$581.00
			AmeriHealth HMO	\$585.55	\$585.55	\$603.47	\$638.33	\$667.21	\$716.00	\$836.50	\$1,000.81	\$1,043.63	\$1,043.63
	١. ا	Male	Celtic Ins. Co.	\$1,494.50	\$1,751.75	\$1,928.50	\$2,259.25	\$2,780.75	\$3,059.00	\$3,365.25	\$3,701.25	\$4,072.25	\$4,480.00
	Rider	Ž	CIGNA Healthcare	\$1,457.00	\$1,457.00	\$1,636.00	\$1,636.00	\$1,876.00	\$1,876.00	\$2,619.00	\$2,619.00	\$4,459.00	\$4,459.00
	굗		Horizon BCBSNJ	\$402.48	\$402.48	\$427.47	\$462.22	\$473.21	\$510.95	\$553.93	\$634.24	\$722.98	\$753.39
	Without any		Oxford Health Ins	\$395.66	\$398.96	\$416.76	\$451.78	\$475.37	\$522.65	\$570.71	\$653.20	\$728.07	\$740.33
e	ij		Aetna Life Ins. Co.	\$285.00	\$310.00	\$338.00	\$352.00	\$368.00	\$378.00	\$421.00	\$437.00	\$519.00	\$542.00
늘	울	<u>e</u>	AmeriHealth HMO	\$734.92	\$801.64	\$778.74	\$749.86	\$764.80	\$780.73	\$834.51	\$960.98	\$1,041.64	\$1,043.63
Iĕ	≶	nale	Celtic Ins. Co.	\$1,643.95	\$1,926.93	\$2,121.35	\$2,485.18	\$3,058.83	\$3,364.90	\$3,701.78	\$4,071.38	\$4,479.48	\$4,928.00
ರ		Femal	CIGNA Healthcare	\$1,457.00	\$1,457.00	\$1,636.00	\$1,636.00	\$1,876.00	\$1,876.00	\$2,619.00	\$2,619.00	\$4,459.00	\$4,459.00
Adult and Child(ren)			Horizon BCBSNJ	\$439.38	\$473.21	\$514.98	\$520.99	\$524.96	\$514.98	\$544.39	\$563.29	\$608.37	\$617.09
ā			Oxford Health Ins	\$424.67	\$456.99	\$500.50	\$508.85	\$536.30	\$527.95	\$561.02	\$585.20	\$640.30	\$671.29
∃			AmeriHealth HMO 1**	\$588.00	\$588.00	\$606.00	\$641.00	\$670.00	\$719.00	\$840.00	\$1,005.00	\$1,048.00	\$1,048.00
Ρ		Male	AmeriHealth HMO 2**	\$875.00	\$887.00	\$903.00	\$955.00	\$998.00	\$1,070.00	\$1,251.00	\$1,498.00	\$1,560.00	\$1,560.00
		ž	Horizon BCBSNJ	\$506.25	\$506.25	\$537.69	\$581.40	\$595.22	\$642.68	\$696.76	\$797.77	\$909.41	\$947.65
	Rider		Oxford Health Ins	\$516.32	\$520.64	\$543.86	\$589.56	\$620.35	\$682.04	\$744.76	\$852.41	\$950.11	\$966.11
	滋	d)	AmeriHealth HMO 1**	\$738.00	\$805.00	\$782.00	\$753.00	\$768.00	\$784.00	\$838.00	\$965.00	\$1,046.00	\$1,048.00
		nale	AmeriHealth HMO 2**	\$1,100.00	\$1,200.00	\$1,163.00	\$1,122.00	\$1,144.00	\$1,168.00	\$1,246.00	\$1,437.00	\$1,559.00	\$1,560.00
		Female	Horizon BCBSNJ	\$552.64	\$595.22	\$647.75	\$655.32	\$660.31	\$647.75	\$684.78	\$708.53	\$765.23	\$776.21
			Oxford Health Ins	\$554.19	\$596.36	\$653.14	\$664.04	\$699.86	\$688.96	\$732.12	\$763.67	\$835.58	\$876.01

С	Zip Codes 080, 082-084, 087 (Atlantic, Cape May, Ocean, Salem, Cumberland, Gloucester)			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
	ь	Aetna Life Ins. Co.	\$288.00	\$324.00	\$375.00	\$396.00	\$439.00	\$510.00	\$576.00	\$659.00	\$792.00	\$857.00
	Rid	AmeriHealth HMO <sup>†</sup>	\$515.84	\$583.56	\$577.58	\$584.55	\$628.37	\$693.10	\$866.37	\$1,158.15	\$1,280.64	\$1,282.63
	<u>-</u>	Celtic Ins. Co. (M)	\$1,989.82	\$2,332.33	\$2,567.66	\$3,008.03	\$3,702.37	\$4,072.84	\$4,480.59	\$4,927.95	\$5,421.91	\$5,964.80
ts*	an	Celtic Ins. Co. (F)	\$2,188.80	\$2,565.56	\$2,824.43	\$3,308.83	\$4,072.61	\$4,480.12	\$4,928.65	\$5,420.75	\$5,964.10	\$6,561.28
Adults*	Without	CIGNA Healthcare	\$1,562.00	\$1,562.00	\$1,755.00	\$1,755.00	\$2,011.00	\$2,011.00	\$2,808.00	\$2,808.00	\$4,781.00	\$4,781.00
		Horizon BCBSNJ	\$338.78	\$372.60	\$439.37	\$480.10	\$495.08	\$522.84	\$595.22	\$694.41	\$828.28	\$867.38
Two		Oxford Health Ins	\$327.72	\$361.57	\$419.78	\$461.02	\$509.46	\$546.47	\$623.55	\$724.91	\$848.33	\$889.41
≥	Rider	AmeriHealth HMO 1**, <sup>†</sup>	\$518.00	\$586.00	\$580.00	\$587.00	\$631.00	\$696.00	\$870.00	\$1,163.00	\$1,286.00	\$1,288.00
		AmeriHealth HMO 2**,†	\$774.00	\$887.00	\$866.00	\$877.00	\$940.00	\$1,038.00	\$1,296.00	\$1,735.00	\$1,918.00	\$1,918.00
		Horizon BCBSNJ	\$426.12	\$468.68	\$552.63	\$603.90	\$622.73	\$657.64	\$748.68		\$1,041.84	+ /
		Oxford Health Ins	\$427.66	\$471.84	\$547.80		\$664.83			\$945.99	\$1,107.05	
	er	Aetna Life Ins. Co.	\$421.00	\$457.00	\$508.00						\$925.00	
	Rig	AmeriHealth HMO <sup>†</sup>	\$918.16	\$985.87	\$979.90	\$985.87	\$1,029.69	\$1,094.42	\$1,268.69	\$1,560.47	\$1,682.95	\$1,684.94
	any	Celtic Ins. Co. (M)	\$1,998.36	\$2,342.34	\$2,578.68	\$3,020.94	\$3,718.26	\$4,090.32	\$4,499.82	\$4,949.10	\$5,445.18	\$5,990.40
		Celtic Ins. Co. (F)	\$2,198.20	\$2,576.57	\$2,836.55	\$3,323.03	\$4,090.09	\$4,499.35	\$4,949.80	\$5,444.01	\$5,989.70	\$6,589.44
Family*	) M	CIGNA Healthcare	\$2,250.00	\$2,250.00	\$2,527.00	\$2,527.00	\$2,897.00	\$2,897.00	\$4,044.00	\$4,044.00	\$6,887.00	\$6,887.00
Ξ	¥ E	Horizon BCBSNJ	\$654.54	\$688.37	\$755.13	\$795.89	\$810.85	\$838.63	\$911.01	\$1,010.21	\$1,144.05	\$1,183.15
E.		Oxford Health Ins	\$660.47	\$694.33	\$752.53	\$793.78	\$842.22	\$879.23	\$956.31	\$1,057.67	\$1,181.09	\$1,222.17
		AmeriHealth HMO 1**,†	\$922.00	\$990.00	\$984.00	*	\$1,034.00	\$1,099.00	\$1,274.00	\$1,567.00	\$1,690.00	
	Rider	AmeriHealth HMO 2**,†	\$1,375.00	\$1,487.00	\$1,466.00	\$1,477.00	\$1,541.00	\$1,638.00	\$1,897.00	\$2,335.00	\$2,519.00	\$2,519.00
	≅	Horizon BCBSNJ	\$823.30	\$865.86	\$949.83	\$1,001.10		\$1,054.85	\$1,145.88		\$1,439.02	
		Oxford Health Ins	\$861.90	\$906.08	\$982.04	\$1,035.87	\$1,099.07	\$1,147.38	\$1,247.96	\$1,380.23	\$1,541.30	\$1,594.90

Basic and Essential (B&E) Plans are not comprehensive health benefits plans. For each covered person, B&E Plans provide the following benefits yearly: 90 days of hospitalization (including physician services, lab, prescriptions, newborn nursery, etc.), \$600 for wellness services, \$700 for physician visits for illness and injury, \$500 for out-of-hospital diagnostic testing, outpatient surgery, dialysis, immunizations, 90 days of inpatient and 30 days of outpatient mental health treatment, 30 days inpatient and outpatient treatment for alcohol and other substance abuse, and 30 visits for physical therapy services. A \$500 copay applies per inpatient stay, a \$100 copay applies for Emergency Room use, a \$250 copay applies per outpatient surgery, a \$20 copay applies per physical therapy visit, and covered persons pay 30% of the allowed charges for outpatient mental health and substance abuse treatments. Carriers may offer B&E Plans with or without provider network requirements. Some carriers offer riders that enhance the B&E Plan benefits.

Companies may rate Basic & Essential policies based on age, gender and location of the primary insured/subscriber. Companies may choose to use all, none or some of these factors.

<sup>\*</sup>Most carriers do not price policies with two adults based on whether the primary insured/subscriber is male or female; Celtic is an exception.

<sup>\*\*</sup>AmeriHealth offers two riders: a Basic rider (1), and a Preferred rider (2).

<sup>†</sup>AmeriHealth's Two Adults and Family rates shown assume a male/female composition. AmeriHealth has separate rate schedules for these rate tiers for male/male and female/female families.