

## New Jersey Individual Health Coverage Program Board

SINGLE	Plan A/50		Plan B		Plan C		Plan D		HMO Plans				Rx 50% or \$15	Rate Guar.
	\$1000 Deduct	\$2500 Deduct	\$1000 Deduct	\$2500 Deduct	\$1000 Deduct	\$2500 Deduct	\$500 Deduct	\$1000 Deduct	\$10 Copay	\$15 Copay	\$20 Copay	\$30 Copay		
Aetna Life Insurance Company	400.00	329.00	471.00	407.00	556.00	478.00	1,040.00	763.00	-	-	-	-	-	12 mos
Aetna US Healthcare Insurance Company	-	-	-	-	-	-	-	-	326.00	284.90	248.80	219.00	50%	12 mos
AmeriHealth HMO, Inc.	-	-	-	-	-	-	-	-	509.00	357.00	266.00	247.00	50%	none
Celtic Insurance Company	380.00	331.00	474.00	427.00	1,374.00	1,045.00	2,911.00	1,863.00	-	-	-	-	-	3 mos
CIGNA HealthCare	-	-	-	-	-	-	-	-	294.43	285.03	270.77	-	50%	none
Fortis Insurance Company	393.00	324.00	710.00	594.00	980.00	833.00	3,087.00	1,413.00	-	-	-	-	-	3 mos
Fortis Insurance Company (PPO**)	-	-	-	-	-	-	2,469.00	1,130.00	-	-	-	-	-	3 mos
Guardian	462.00	386.00	526.00	441.00	635.00	521.00	1,448.00	966.00	-	-	-	-	-	none
Guardian PPO North (except Hunterdon)**	-	-	459.00	385.00	690.00	667.00	1,475.00	1,052.00	-	-	-	-	-	none
Guardian PPO South (except Salem)**	-	-	444.00	323.00	668.00	646.00	1,427.00	1,019.00	-	-	-	-	-	none
Horizon Blue Cross Blue Shield of NJ	236.80	203.72	258.51	220.27	362.70	224.15	720.88	502.55	-	-	-	-	-	12 mos
Horizon HealthCare of NJ HMO Blue	-	-	-	-	-	-	-	-	326.35	311.38	-	251.48	50%	12 mos
Manhattan National Life Insurance Company	546.05	464.48	1,028.27	884.05	1,264.81	1,087.42	3,945.29	2,545.41	-	-	-	-	-	3 mos
Metropolitan Life Insurance Company	473.44	364.06	459.38	400.00	492.19	475.00	1,082.81	626.56	-	-	-	-	-	none
National Health Insurance Company	428.00	334.00	441.00	352.00	540.00	394.00	845.00	662.00	-	-	-	-	-	none
Oxford Health Insurance Company	348.07	210.08	484.60	271.45	617.15	357.41	980.40	712.31	-	-	-	-	-	12 mos
Oxford Health Insurance Company (PPO**)	-	-	-	-	284.10	-	-	315.04	-	-	-	-	50%	12 mos
Oxford Health Plans	-	-	-	-	-	-	-	-	-	335.97	295.74	256.96	50%	12 mos
Physicians Health Services of NJ	-	-	-	-	-	-	-	-	368.99	360.87	350.54	-	50%	none
QualMed Plans for Health	-	-	-	-	-	-	-	-	-	373.45	360.84	-	\$15	12 mos
Trustmark Insurance w/o optional ABMT	700.00	600.00	800.00	700.00	1,000.00	800.00	2,400.00	1,600.00	-	-	-	-	-	none
Trustmark Insurance w/optional ABMT	735.00	630.00	840.00	735.00	1,050.00	840.00	2,520.00	1,680.00	-	-	-	-	-	none
United Health Care Insurance Company	392.00	309.00	503.00	413.00	518.00	435.00	1,100.00	656.00	-	-	-	-	-	none
United Health Care Plan	-	-	-	-	-	-	-	-	-	348.57	-	266.66	50%	12 mos

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ADULT & CHILD	Plan A/50		Plan B		Plan C		Plan D		HMO Plans				Rx	Rate
	\$1000 Deduct	\$2500 Deduct	\$1000 Deduct	\$2500 Deduct	\$1000 Deduct	\$2500 Deduct	\$500 Deduct	\$1000 Deduct	\$10 Copay	\$15 Copay	\$20 Copay	\$30 Copay	50% or \$15	Guar.
Aetna Life Insurance Company	689.00	564.00	809.00	688.00	947.00	813.00	1,815.00	1,317.00	-	-	-	-	-	12 mos
Aetna US Healthcare Insurance Company	-	-	-	-	-	-	-	-	587.40	513.30	448.30	394.50	50%	12 mos
AmeriHealth HMO, Inc.	-	-	-	-	-	-	-	-	902.00	631.00	532.00	438.00	50%	none
Celtic Insurance Company	664.00	581.00	831.00	747.00	2,404.00	1,829.00	5,093.00	3,262.00	-	-	-	-	-	3 mos
CIGNA HealthCare	-	-	-	-	-	-	-	-	530.93	513.97	488.27	-	50%	none
Fortis Insurance Company	593.00	495.00	980.00	821.00	1,418.00	1,206.00	4,428.00	2,052.00	-	-	-	-	-	3 mos
Fortis Insurance Company (PPO**)	-	-	-	-	-	-	3,542.00	1,643.00	-	-	-	-	-	3 mos
Guardian	824.00	688.00	937.00	786.00	1,131.00	930.00	2,569.00	1,720.00	-	-	-	-	-	none
Guardian PPO North (except Hunterdon)**	-	-	830.00	696.00	1,248.00	1,206.00	2,665.00	1,903.00	-	-	-	-	-	none
Guardian PPO South (except Salem)**	-	-	804.00	675.00	1,209.00	1,168.00	2,581.00	1,843.00	-	-	-	-	-	none
Horizon Blue Cross Blue Shield of NJ	419.59	360.96	458.07	390.28	643.57	397.72	1,327.49	891.78	-	-	-	-	-	12 mos
Horizon HealthCare of NJ HMO Blue	-	-	-	-	-	-	-	-	500.58	477.64	-	385.75	50%	12 mos
Manhattan National Life Insurance Company	928.28	789.62	1,748.08	1,502.91	2,150.21	1,848.64	6,706.88	4,327.13	-	-	-	-	-	3 mos
Metropolitan Life Insurance Company	790.63	609.38	831.25	723.44	876.56	846.88	1,995.31	1,134.38	-	-	-	-	-	none
National Health Insurance Company	727.00	567.00	750.00	555.00	918.00	670.00	1,437.00	1,125.00	-	-	-	-	-	none
Oxford Health Insurance Company	643.93	388.65	896.51	502.18	1,141.73	661.21	1,813.74	1,317.77	-	-	-	-	-	12 mos
Oxford Health Insurance Company (PPO**)	-	-	-	-	525.59	-	-	582.82	-	-	-	-	50%	12 mos
Oxford Health Plans	-	-	-	-	-	-	-	-	-	638.34	561.91	488.22	50%	12 mos
Physicians Health Services of NJ	-	-	-	-	-	-	-	-	664.18	649.57	630.98	-	50%	none
QualMed Plans for Health	-	-	-	-	-	-	-	-	-	672.20	649.50	-	\$15	12 mos
Trustmark Ins. w/o optional ABMT	1,400.00	1,200.00	1,200.00	1,050.00	1,500.00	1,200.00	3,600.00	2,400.00	-	-	-	-	-	none
Trustmark Ins. w/optional ABMT	1,470.00	1,260.00	1,260.00	1,102.50	1,575.00	1,260.00	3,780.00	2,520.00	-	-	-	-	-	none
United Health Care Ins. Co	709.00	560.00	909.00	747.00	923.00	776.00	2,024.00	1,185.00	-	-	-	-	-	none
United Health Care Plan	-	-	-	-	-	-	-	-	-	725.92	-	555.33	50%	12 mos

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

A PPO plan listed under Plan C, for example, means that the out-of-network coinsurance is based on Plan C (70%/30% coinsurance).

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HUSBAND & WIFE	Plan A/50		Plan B		Plan C		Plan D		HMO Plans				Rx	Rate
	\$1000 Deduct	\$2500 Deduct	\$1000 Deduct	\$2500 Deduct	\$1000 Deduct	\$2500 Deduct	\$500 Deduct	\$1000 Deduct	\$10 Copay	\$15 Copay	\$20 Copay	\$30 Copay	50% or \$15	Guar.
Aetna Life Insurance Company	800.00	658.00	942.00	795.00	1,111.00	952.00	1,957.00	1,530.00	-	-	-	-	-	12 mos
Aetna US Healthcare Insurance Company	-	-	-	-	-	-	-	-	652.00	569.80	497.70	437.90	50%	12 mos
AmeriHealth HMO, Inc.	-	-	-	-	-	-	-	-	1,018.00	714.00	532.00	494.00	50%	none
Celtic Insurance Company	883.00	773.00	1,104.00	994.00	3,201.00	2,435.00	6,780.00	4,342.00	-	-	-	-	-	3 mos
CIGNA HealthCare	-	-	-	-	-	-	-	-	567.59	549.46	521.98	-	50%	none
Fortis Insurance Company	786.00	648.00	1,420.00	1,188.00	1,960.00	1,666.00	6,174.00	2,826.00	-	-	-	-	-	3 mos
Fortis Insurance Company (PPO**)	-	-	-	-	-	-	4,938.00	2,260.00	-	-	-	-	-	3 mos
Guardian	922.00	771.00	1,049.00	880.00	1,266.00	1,042.00	2,876.00	1,926.00	-	-	-	-	-	none
Guardian PPO North (except Hunterdon)**	-	-	931.00	781.00	1,399.00	1,352.00	2,988.00	2,133.00	-	-	-	-	-	none
Guardian PPO South (except Salem)**	-	-	901.00	756.00	1,355.00	1,309.00	2,894.00	2,066.00	-	-	-	-	-	none
Horizon Blue Cross Blue Shield of NJ	569.91	490.29	622.19	530.12	864.89	534.50	1,783.99	1,198.47	-	-	-	-	-	12 mos
Horizon HealthCare of NJ HMO Blue	-	-	-	-	-	-	-	-	697.94	665.96	-	537.85	50%	12 mos
Manhattan National Life Insurance Company	1,092.07	928.94	2,056.49	1,768.07	2,529.68	2,174.89	7,890.48	5,090.69	-	-	-	-	-	3 mos
Metropolitan Life Insurance Company	935.94	721.88	906.25	789.06	962.50	929.69	2,134.38	1,234.38	-	-	-	-	-	none
National Health Insurance Company	857.00	668.00	883.00	654.00	1,080.00	789.00	1,691.00	1,324.00	-	-	-	-	-	none
Oxford Health Insurance Company	696.14	420.16	969.20	542.90	1,234.30	714.82	1,960.80	1,424.62	-	-	-	-	-	12 mos
Oxford Health Insurance Company (PPO**)	-	-	-	-	568.20	-	-	630.08	-	-	-	-	50%	12 mos
Oxford Health Plans	-	-	-	-	-	-	-	-	-	671.94	591.48	513.92	50%	12 mos
Physicians Health Services of NJ	-	-	-	-	-	-	-	-	760.12	743.40	722.12	-	50%	none
QualMed Plans for Health	-	-	-	-	-	-	-	-	-	769.30	743.32	-	\$15	12 mos
Trustmark Ins. w/o optional ABMT	2,100.00	1,800.00	1,600.00	1,400.00	2,000.00	1,600.00	4,800.00	3,200.00	-	-	-	-	-	none
Trustmark Ins. w/optional ABMT	2,205.00	1,890.00	1,680.00	1,470.00	2,100.00	1,680.00	5,040.00	3,360.00	-	-	-	-	-	none
United Health Care Ins. Co	773.00	610.00	991.00	814.00	1,014.00	852.00	2,166.00	1,290.00	-	-	-	-	-	none
United Health Care Plan	-	-	-	-	-	-	-	-	-	722.88	-	553.00	50%	12 mos

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	\$1000 Deduct	\$2500 Deduct	\$1000 Deduct	\$2500 Deduct	\$1000 Deduct	\$2500 Deduct	\$500 Deduct	\$1000 Deduct	\$10 Copay	\$15 Copay	\$20 Copay	\$30 Copay	50% or \$15	Guar.
Aetna Life Insurance Company	1,089.00	893.00	1,280.00	1,076.00	1,502.00	1,287.00	2,732.00	2,084.00	-	-	-	-	-	12 mos
Aetna US Healthcare Insurance Company	-	-	-	-	-	-	-	-	974.40	851.50	743.70	654.50	50%	12 mos
AmeriHealth HMO, Inc.	-	-	-	-	-	-	-	-	1,411.00	988.00	737.00	685.00	50%	none
Celtic Insurance Company	888.00	777.00	1,110.00	999.00	3,214.00	2,446.00	6,810.00	4,360.00	-	-	-	-	-	3 mos
CIGNA HealthCare	-	-	-	-	-	-	-	-	819.47	793.29	753.63	-	50%	none
Fortis Insurance Company	828.00	702.00	1,512.00	1,268.00	2,154.00	1,832.00	6,593.00	3,036.00	-	-	-	-	-	3 mos
Fortis Insurance Company (PPO**)								5,274.00	2,429.00					
Guardian	1,224.00	1,023.00	1,392.00	1,168.00	1,680.00	1,384.00	3,811.00	2,556.00	-	-	-	-	-	none
Guardian PPO North (except Hunterdon)**	-	-	1,241.00	1,041.00	1,865.00	1,803.00	3,984.00	2,845.00	-	-	-	-	-	none
Guardian PPO South (except Salem)**	-	-	1,202.00	1,008.00	1,807.00	1,740.00	3,859.00	2,756.00	-	-	-	-	-	none
Horizon Blue Cross Blue Shield of NJ	598.43	514.80	653.30	556.62	908.12	561.21	1,873.22	1,258.38	-	-	-	-	-	12 mos
Horizon HealthCare of NJ HMO Blue	-	-	-	-	-	-	-	-	988.33	943.05	-	761.64	50%	12 mos
Manhattan National Life Insurance Company	1,474.32	1,254.10	2,776.37	2,386.98	3,415.02	2,936.06	10,652.08	6,872.44	-	-	-	-	-	3 mos
Metropolitan Life Insurance Company	1,265.63	975.00	1,292.19	1,123.44	1,367.19	1,320.31	3,076.56	1,759.38	-	-	-	-	-	none
National Health Insurance Company	1,156.00	902.00	1,192.00	882.00	1,458.00	1,065.00	2,282.00	1,787.00	-	-	-	-	-	none
Oxford Health Insurance Company	992.00	597.73	1,381.11	773.63	1,758.88	1,018.62	2,794.14	2,030.08	-	-	-	-	-	12 mos
Oxford Health Insurance Company (PPO**)	-	-	-	-	809.69	-	-	897.86	-	-	-	-	50%	12 mos
Oxford Health Plans	-	-	-	-	-	-	-	-	-	1,007.91	887.22	770.88	50%	12 mos
Physicians Health Services of NJ	-	-	-	-	-	-	-	-	1,011.04	988.79	960.49	-	50%	none
QualMed Plans for Health	-	-	-	-	-	-	-	-	-	1,023.24	988.69	-	\$15	12 mos
Trustmark Ins. w/o optional ABMT	2,800.00	2,400.00	2,000.00	1,750.00	2,500.00	2,000.00	6,000.00	4,000.00	-	-	-	-	-	none
Trustmark Ins. w/optional ABMT	2,940.00	2,520.00	2,100.00	1,837.50	2,625.00	2,100.00	6,300.00	4,200.00	-	-	-	-	-	none
United Health Care Ins. Co	1,102.00	869.00	1,412.00	1,160.00	1,441.00	1,211.00	3,122.00	1,836.00	-	-	-	-	-	none
United Health Care Plan	-	-	-	-	-	-	-	-	-	1,127.19	-	862.30	50%	12 mos

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