

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	504.00	415.00	595.00	514.00	674.00	579.00	1,471.00	1,080.00	-	-	-	-	-	12 mos
Aetna US Healthcare Insurance Company	-	-	-	-	-	-	-	-	406.80	334.30	278.80	245.20	50%	12 mos
AmeriHealth HMO, Inc.	-	-	-	-	-	-	-	-	621.00	435.00	324.00	284.00	50%	none
Celtic Insurance Company	396.00	347.00	495.00	446.00	1,437.00	1,090.00	3,042.00	1,952.00	-	-	-	-	-	3 mos
CIGNA HealthCare	-	-	-	-	-	-	-	-	309.08	299.20	284.24	-	50%	none
Fortis Insurance Company	590.00	486.00	1,065.00	891.00	1,470.00	1,250.00	4,631.00	2,120.00	-	-	-	-	-	3 mos
Fortis Insurance Company (PPO**)	-	-	-	-	-	-	3,704.00	1,695.00	-	-	-	-	-	3 mos
Guardian	487.00	407.00	554.00	465.00	669.00	548.00	1,525.00	1,017.00	-	-	-	-	-	none
Guardian PPO North (except Hunterdon)**	-	-	509.00	427.00	727.00	702.00	1,552.00	1,108.00	-	-	-	-	-	none
Guardian PPO South (except Salem)**	-	-	493.00	413.00	704.00	680.00	1,503.00	1,073.00	-	-	-	-	-	none
Horizon Blue Cross Blue Shield of NJ	315.57	271.46	344.48	293.52	483.34	298.69	960.63	669.69	-	-	-	-	-	12 mos
Horizon HealthCare of NJ HMO Blue	-	-	-	-	-	-	-	-	355.07	338.78	-	281.91	50%	12 mos
Metropolitan Life Insurance Company	539.72	415.03	523.69	456.00	561.10	541.50	1,234.40	714.28	-	-	-	-	-	none
National Health Insurance Company	418.00	343.00	494.00	415.00	660.00	540.00	1,514.00	915.00	-	-	-	-	-	none
Oxford Health Insurance Company	386.51	233.56	544.09	306.45	680.23	396.25	1,067.62	778.54	-	-	-	-	-	12 mos
Oxford Health Insurance Company (PPO**)	-	-	-	-	310.81	-	-	344.50	-	-	-	-	50%	12 mos
Oxford Health Plans	-	-	-	-	-	-	-	-	-	370.03	326.43	285.67	50%	12 mos
Physicians Health Services of NJ	-	-	-	-	-	-	-	-	416.45	407.29	395.63	-	50%	none
Trustmark Insurance w/o optional ABMT	1,365.00	1,170.00	1,560.00	1,365.00	1,950.00	1,560.00	4,680.00	3,120.00	-	-	-	-	-	none
Trustmark Insurance w/optional ABMT	1,433.25	1,228.50	1,638.00	1,433.25	2,047.50	1,638.00	4,914.00	3,276.00	-	-	-	-	-	none
United Health Care Insurance Company	411.81	324.77	528.22	433.57	544.00	456.96	1,155.46	688.70	-	-	-	-	-	none
United Health Care Plan	-	-	-	-	-	-	-	-	-	376.46	-	287.99	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	869.00	712.00	1,021.00	869.00	1,147.00	985.00	2,568.00	1,864.00	-	-	-	-	-	12 mos
Aetna US Healthcare Insurance Company	-	-	-	-	-	-	-	-	733.00	602.30	502.30	441.90	50%	12 mos
AmeriHealth HMO, Inc.	-	-	-	-	-	-	-	-	1,099.00	770.00	573.00	503.00	50%	none
Celtic Insurance Company	694.00	607.00	867.00	780.00	2,514.00	1,907.00	5,324.00	3,416.00	-	-	-	-	-	3 mos
CIGNA HealthCare	-	-	-	-	-	-	-	-	557.34	539.53	512.55	-	50%	none
Fortis Insurance Company	890.00	743.00	1,470.00	1,232.00	2,127.00	1,809.00	6,642.00	3,078.00	-	-	-	-	-	3 mos
Fortis Insurance Company (PPO**)	-	-	-	-	-	-	5,313.00	2,465.00	-	-	-	-	-	3 mos
Guardian	868.00	725.00	987.00	828.00	1,191.00	980.00	2,706.00	1,812.00	-	-	-	-	-	none
Guardian PPO North (except Hunterdon)**	-	-	920.00	772.00	1,314.00	1,270.00	2,807.00	2,005.00	-	-	-	-	-	none
Guardian PPO South (except Salem)**	-	-	891.00	748.00	1,273.00	1,230.00	2,719.00	1,941.00	-	-	-	-	-	none
Horizon Blue Cross Blue Shield of NJ	559.14	481.02	610.42	520.08	857.61	530.00	1,769.01	1,188.38	-	-	-	-	-	12 mos
Horizon HealthCare of NJ HMO Blue	-	-	-	-	-	-	-	-	544.63	519.67	-	432.43	50%	12 mos
Metropolitan Life Insurance Company	901.32	694.69	947.63	824.72	999.28	965.44	2,274.65	1,293.19	-	-	-	-	-	none
National Health Insurance Company	727.00	597.00	859.00	721.00	1,148.00	938.00	2,631.00	1,590.00	-	-	-	-	-	none
Oxford Health Insurance Company	715.04	432.09	1,006.57	566.93	1,258.43	733.06	1,975.10	1,440.30	-	-	-	-	-	12 mos
Oxford Health Insurance Company (PPO**)	-	-	-	-	575.00	-	-	637.33	-	-	-	-	50%	12 mos
Oxford Health Plans	-	-	-	-	-	-	-	-	-	703.06	620.22	542.77	50%	12 mos
Physicians Health Services of NJ	-	-	-	-	-	-	-	-	749.61	733.12	712.13	-	50%	none
Trustmark Ins. w/o optional ABMT	2,730.00	2,340.00	2,340.00	2,047.50	2,925.00	2,340.00	7,020.00	4,680.00	-	-	-	-	-	none
Trustmark Ins. w/optional ABMT	2,866.50	2,457.00	2,457.00	2,149.88	3,071.25	2,457.00	7,371.00	4,914.00	-	-	-	-	-	none
United Health Care Ins. Co	807.15	636.55	1,035.31	849.80	1,066.24	895.64	2,264.70	1,349.85	-	-	-	-	-	none
United Health Care Plan	-	-	-	-	-	-	-	-	-	783.99	-	599.76	50%	12 mos

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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	1,008.00	830.00	1,190.00	1,003.00	1,347.00	1,152.00	2,946.00	2,165.00	-	-	-	-	-	12 mos
Aetna US Healthcare Insurance Company	-	-	-	-	-	-	-	-	813.60	668.50	557.60	490.50	50%	12 mos
AmeriHealth HMO, Inc.	-	-	-	-	-	-	-	-	1,242.00	870.00	648.00	568.00	50%	none
Celtic Insurance Company	924.00	808.00	1,154.00	1,039.00	3,348.00	2,540.00	7,088.00	4,548.00	-	-	-	-	-	3 mos
CIGNA HealthCare	-	-	-	-	-	-	-	-	595.83	576.79	547.95	-	50%	none
Fortis Insurance Company	1,179.00	972.00	2,130.00	1,782.00	2,940.00	2,499.00	9,261.00	4,239.00	-	-	-	-	-	3 mos
Fortis Insurance Company (PPO**)	-	-	-	-	-	-	7,407.00	3,390.00	-	-	-	-	-	3 mos
Guardian	972.00	812.00	1,105.00	927.00	1,334.00	1,097.00	3,029.00	2,029.00	-	-	-	-	-	none
Guardian PPO North (except Hunterdon)**	-	-	1,032.00	866.00	1,473.00	1,424.00	3,147.00	2,247.00	-	-	-	-	-	none
Guardian PPO South (except Salem)**	-	-	999.00	838.00	1,427.00	1,379.00	3,048.00	2,176.00	-	-	-	-	-	none
Horizon Blue Cross Blue Shield of NJ	759.45	653.35	829.13	706.43	1,152.54	712.28	2,377.32	1,597.06	-	-	-	-	-	12 mos
Horizon HealthCare of NJ HMO Blue	-	-	-	-	-	-	-	-	759.36	724.56	-	602.93	50%	12 mos
Metropolitan Life Insurance Company	1,066.97	822.94	1,033.13	899.53	1,097.25	1,059.85	2,433.19	1,407.19	-	-	-	-	-	none
National Health Insurance Company	851.00	699.00	1,005.00	844.00	1,344.00	1,098.00	3,080.00	1,862.00	-	-	-	-	-	none
Oxford Health Insurance Company	773.02	467.12	1,088.18	612.90	1,360.46	792.50	2,135.24	1,557.08	-	-	-	-	-	12 mos
Oxford Health Insurance Company (PPO**)	-	-	-	-	621.62	-	-	689.00	-	-	-	-	50%	12 mos
Oxford Health Plans	-	-	-	-	-	-	-	-	-	740.06	652.86	571.34	50%	12 mos
Physicians Health Services of NJ	-	-	-	-	-	-	-	-	820.41	802.36	779.39	-	50%	none
Trustmark Ins. w/o optional ABMT	4,095.00	3,510.00	3,120.00	2,730.00	3,900.00	3,120.00	9,360.00	6,240.00	-	-	-	-	-	none
Trustmark Ins. w/optional ABMT	4,299.75	3,685.50	3,276.00	2,866.50	4,095.00	3,276.00	9,828.00	6,552.00	-	-	-	-	-	none
United Health Care Ins. Co	823.62	649.54	1,056.44	867.14	1,088.00	913.92	2,310.92	1,377.40	-	-	-	-	-	none
United Health Care Plan	-	-	-	-	-	-	-	-	-	780.71	-	597.24	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	1,373.00	1,127.00	1,616.00	1,358.00	1,820.00	1,558.00	4,043.00	2,949.00	-	-	-	-	-	12 mos
Aetna US Healthcare Insurance Company	-	-	-	-	-	-	-	-	1,215.90	999.10	833.30	733.00	50%	12 mos
AmeriHealth HMO, Inc.	-	-	-	-	-	-	-	-	1,720.00	1,205.00	897.00	787.00	50%	none
Celtic Insurance Company	927.00	812.00	1,159.00	1,043.00	3,362.00	2,551.00	7,118.00	4,568.00	-	-	-	-	-	3 mos
CIGNA HealthCare	-	-	-	-	-	-	-	-	860.24	832.76	791.12	-	50%	none
Fortis Insurance Company	1,242.00	1,053.00	2,268.00	1,902.00	3,231.00	2,748.00	9,890.00	4,554.00	-	-	-	-	-	3 mos
Fortis Insurance Company (PPO**)							7,911.00	3,644.00						
Guardian	1,289.00	1,077.00	1,466.00	1,230.00	1,770.00	1,458.00	4,014.00	2,692.00				-	-	none
Guardian PPO North (except Hunterdon)**	-	-	1,376.00	1,154.00	1,965.00	1,899.00	4,196.00	2,997.00	-	-	-	-	-	none
Guardian PPO South (except Salem)**	-	-	1,333.00	1,118.00	1,903.00	1,839.00	4,064.00	2,902.00	-	-	-	-	-	none
Horizon Blue Cross Blue Shield of NJ	797.46	686.01	870.58	741.74	1,210.14	747.86	2,496.22	1,676.90	-	-	-	-	-	12 mos
Horizon HealthCare of NJ HMO Blue	-	-	-	-	-	-	-	-	1,075.30	1,026.04	-	853.80	50%	12 mos
Metropolitan Life Insurance Company	1,442.82	1,111.50	1,473.10	1,280.72	1,558.60	1,505.15	3,507.28	2,005.69	-	-	-	-	-	none
National Health Insurance Company	1,102.00	905.00	1,302.00	1,092.00	1,740.00	1,422.00	3,988.00	2,411.00	-	-	-	-	-	none
Oxford Health Insurance Company	1,101.55	665.65	1,550.66	873.38	1,938.66	1,129.31	3,042.72	2,218.84	-	-	-	-	-	12 mos
Oxford Health Insurance Company (PPO**)	-	-	-	-	885.81	-	-	981.83	-	-	-	-	50%	12 mos
Oxford Health Plans	-	-	-	-	-	-	-	-	-	1,110.09	979.29	857.01	50%	12 mos
Physicians Health Services of NJ	-	-	-	-	-	-	-	-	1,091.10	1,067.10	1,036.55	-	50%	none
Trustmark Ins. w/o optional ABMT	5,460.00	4,680.00	3,900.00	3,412.50	4,875.00	3,900.00	11,700.00	7,800.00	-	-	-	-	-	none
Trustmark Ins. w/optional ABMT	5,733.00	4,914.00	4,095.00	3,583.13	5,118.75	4,095.00	12,285.00	8,190.00	-	-	-	-	-	none
United Health Care Ins. Co	1,218.96	961.32	1,563.53	1,283.37	1,610.24	1,352.60	3,420.16	2,038.55	-	-	-	-	-	none
United Health Care Plan	-	-	-	-	-	-	-	-	-	1,217.37	-	931.28	50%	12 mos

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