

New Jersey Individual Health Coverage Program Board

SINGLE	Plan A/50				Plan B		Plan C		Plan D		HMO Plans				Std Plan Rate Guar.	Plan Type
	\$1,000 Deduct	\$2,500 Deduct	\$5,000 Deduct	\$10,000 Deduct	\$1,000 Deduct	\$2,500 Deduct	\$1,000 Deduct	\$2,500 Deduct	\$500 Deduct	\$1,000 Deduct	\$10 Copay	\$15 Copay	\$20 Copay	\$30 Copay		
Aetna Life Insurance Company	625.00	514.00			735.00	636.00	835.00	718.00	2,131.00	1,561.00	-	-	-	-	12 mos	Ind/A-G-L
Aetna Health Inc.	-	-	-	-	-	-	-	-	-	-	711.50	582.80	484.30	424.80	12 mos	
AmeriHealth HMO, Inc.	-	-	-	-	-	-	-	-	-	-	814.00	580.00	438.00	354.00	none	HMO/A-G
Celtic Insurance Company	1,219.00	1,080.00	-	-	1,528.00	1,375.00	4,419.00	3,352.00	9,398.00	6,009.00	-	-	-	-	3 mos	Ind/A-G
CIGNA HealthCare	-	-	-	-	-	-	-	-	-	-	656.48	615.26	550.66	-	none	HMO-A
Guardian	722.00	603.00	-	-	821.00	689.00	991.00	812.00	2,260.00	1,507.00	-	-	-	-	none	Ind/A-G
Guardian PPO	-	-	-	-	836.00	701.00	972.00	939.00	2,263.00	1,616.00	-	-	-	-	none	-
Health Net of NJ (formerly PHS)	-	-	-	-	-	-	-	-	-	-	629.90	616.04	550.53	-	none	HMO/A-G
Horizon Blue Cross Blue Shield of NJ	672.51	578.49	363.72	234.55	734.13	625.54	1,030.08	636.55	2,047.25	1,427.21	-	-	-	-	12 mos	Ind/CR
Horizon HealthCare of NJ HMO Blue	-	-	-	-	-	-	-	-	-	-	490.59	468.07	-	389.51	12 mos	-
Oxford Health Insurance Company	502.75	414.47	342.88	296.65	745.08	612.65	936.42	710.05	1,336.89	1,107.01	-	-	-	-	12 mos	EPO/CR
Oxford Health Insurance Company (PPO**)	-	-	-	-	-	-	424.10	342.64	-	472.08	-	-	-	-	12 mos	-
Oxford Health Plans	-	-	-	-	-	-	-	-	-	-	-	509.25	455.75	393.33	12 mos	-
Trustmark Insurance w/o optional ABMT	2,047.50	1,755.00	-	-	2,340.00	2,047.50	2,925.00	2,340.00	7,020.00	4,680.00	-	-	-	-	none	Ind/CR
Trustmark Insurance w/optional ABMT	2,149.88	1,842.75	-	-	2,457.00	2,149.88	3,071.25	2,457.00	7,371.00	4,914.00	-	-	-	-	none	-
United Health Care Insurance Company	776.23	612.16	-	-	995.66	817.24	1,025.39	861.33	2,177.93	1,298.15	-	-	-	-	none	-
United Health Care Plan	-	-	-	-	-	-	-	-	-	-	-	599.33	-	461.47	12 mos	HMO/CR

The above rates are monthly premiums. Each carrier listed has filed its rates with the IHC Board and certified that its rates conform with applicable laws and regulations.

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Listed under the "Plan Type Basic and Essential" heading is general information regarding the plan offered by each carrier that is making a basic and essential health care services plan available as of March 2003. The plans are not standard plans. "Ind" means the plan is issued as an indemnity plan, "HMO" means the plan is issued as a health maintenance organization plan and "EPO" means the plan is issued as an exclusive provider organization plan.

The letters that follow the plan type indicate the rating used for the plan. "A" means the carrier's rates are based on age. "G" means the carrier's rates are based on gender.

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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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ADULT & CHILD	Plan A/50				Plan B		Plan C		Plan D		HMO Plans				Std Plan	Plan Type
	\$1,000 Deduct	\$2,500 Deduct	\$5,000 Deduct	\$10,000 Deduct	\$1,000 Deduct	\$2,500 Deduct	\$1,000 Deduct	\$2,500 Deduct	\$500 Deduct	\$1,000 Deduct	\$10 Copay	\$15 Copay	\$20 Copay	\$30 Copay	Rate Guar.	
Aetna Life Insurance Company	1,080.00	885.00			1,262.00	1,076.00	1,422.00	1,221.00	3,719.00	2,695.00	-	-	-	-	12 mos	Ind/A-G-L
Aetna Health Inc.	-	-	-	-	-	-	-	-	-	-	1,282.00	1,050.10	872.60	765.30	12 mos	
AmeriHealth HMO, Inc.	-	-	-	-	-	-	-	-	-	-	1,482.00	1,056.00	797.00	644.00	none	HMO/A-G
Celtic Insurance Company	2,133.00	1,890.00	-	-	2,675.00	2,406.00	7,734.00	5,865.00	16,447.00	10,517.00	-	-	-	-	3 mos	Ind/A-G
CIGNA HealthCare	-	-	-	-	-	-	-	-	-	-	1,183.77	1,109.43	992.94	-	none	HMO-A
Guardian	1,286.00	1,074.00	-	-	1,463.00	1,227.00	1,765.00	1,452.00	4,009.00	2,685.00	-	-	-	-	none	Ind/A-G
Guardian PPO	-	-	-	-	1,512.00	1,268.00	1,759.00	1,699.00	4,094.00	2,924.00	-	-	-	-	none	-
Health Net of NJ (formerly PHS)	-	-	-	-	-	-	-	-	-	-	1,070.94	1,047.38	936.00	-	none	HMO/A-G
Horizon Blue Cross Blue Shield of NJ	1,191.62	1,025.11	644.48	415.61	1,300.89	1,108.37	1,827.69	1,129.51	3,769.98	2,532.59	-	-	-	-	12 mos	Ind/CR
Horizon HealthCare of NJ HMO Blue	-	-	-	-	-	-	-	-	-	-	752.49	718.00	-	597.47	12 mos	-
Oxford Health Insurance Company	930.09	766.77	634.33	548.80	1,378.40	1,133.40	1,732.38	1,313.59	2,473.25	2,047.97	-	-	-	-	12 mos	EPO/CR
Oxford Health Insurance Company (PPO**)	-	-	-	-	-	-	784.59	633.88	-	873.35	-	-	-	-	12 mos	-
Oxford Health Plans	-	-	-	-	-	-	-	-	-	-	-	967.58	865.93	747.33	12 mos	-
Trustmark Insurance w/o optional ABMT	4,095.00	3,510.00	-	-	3,510.00	3,071.25	4,387.50	3,510.00	10,530.00	7,020.00	-	-	-	-	none	Ind/CR
Trustmark Insurance w/optional ABMT	4,299.75	3,685.50	-	-	3,685.50	3,224.81	4,606.88	3,685.50	11,056.50	7,371.00	-	-	-	-	none	-
United Health Care Ins. Co	1,521.40	1,199.84	-	-	1,951.48	1,601.80	2,009.77	1,688.21	4,268.74	2,544.37	-	-	-	-	none	-
United Health Care Plan	-	-	-	-	-	-	-	-	-	-	-	1,174.70	-	904.49	12 mos	HMO/CR

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The letters that follow the plan type indicate the rating used for the plan. "A" means the carrier's rates are based on age. "G" means the carrier's rates are based on gender.

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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				Rate Guar.	Plan Type Basic and Essential
	\$1,000 Deduct	\$2,500 Deduct	\$5,000 Deduct	\$10,000 Deduct	\$1,000 Deduct	\$2,500 Deduct	\$1,000 Deduct	\$2,500 Deduct	\$500 Deduct	\$1,000 Deduct	\$10 Copay	\$15 Copay	\$20 Copay	\$30 Copay		
Aetna Life Insurance Company	1,250.00	1,028.00			1,470.00	1,244.00	1,669.00	1,430.00	4,267.00	3,132.00	-	-	-	-	12 mos	Ind/A-G-L
Aetna Health Inc.	-	-	-	-	-	-	-	-	-	-	1,423.00	1,165.60	968.60	849.50	12 mos	
AmeriHealth HMO, Inc.	-	-	-	-	-	-	-	-	-	-	1,628.00	1,160.00	876.00	708.00	none	HMO/A-G
Celtic Insurance Company	2,840.00	2,517.00	-	-	3,561.00	3,203.00	10,297.00	7,809.00	21,898.00	14,002.00	-	-	-	-	3 mos	Ind/A-G
CIGNA HealthCare	-	-	-	-	-	-	-	-	-	-	1,265.50	1,186.03	1,061.50	-	none	HMO-A
Guardian	1,440.00	1,203.00	-	-	1,638.00	1,374.00	1,977.00	1,626.00	4,488.00	3,006.00	-	-	-	-	none	Ind/A-G
Guardian PPO	-	-	-	-	1,695.00	1,422.00	1,972.00	1,905.00	4,590.00	3,277.00	-	-	-	-	none	-
Health Net of NJ (formerly PHS)	-	-	-	-	-	-	-	-	-	-	1,133.71	1,108.77	990.86	-	none	HMO/A-G
Horizon Blue Cross Blue Shield of NJ	1,618.50	1,392.37	875.37	564.52	1,767.00	1,505.47	2,456.21	1,517.99	5,066.38	3,403.55	-	-	-	-	12 mos	Ind/CR
Horizon HealthCare of NJ HMO Blue	-	-	-	-	-	-	-	-	-	-	1,049.15	1,001.09		833.03	12 mos	-
Oxford Health Insurance Company	1,005.50	828.94	685.76	593.30	1,490.16	1,225.30	1,872.84	1,420.10	2,673.78	2,214.02	-	-	-	-	12 mos	EPO/CR
Oxford Health Insurance Company (PPO**)	-	-	-	-	-	-	848.20	685.28	-	944.16	-	-	-	-	12 mos	-
Oxford Health Plans	-	-	-	-	-	-	-	-	-	-	-	1,018.50	911.50	786.66	12 mos	-
Trustmark Insurance w/o optional ABMT	6,142.50	5,265.00	-	-	4,680.00	4,095.00	5,850.00	4,680.00	14,040.00	9,360.00	-	-	-	-	none	Ind/CR
Trustmark Insurance w/optional ABMT	6,449.63	5,528.25	-	-	4,914.00	4,299.75	6,142.50	4,914.00	14,742.00	9,828.00	-	-	-	-	none	-
United Health Care Ins. Co	1,552.45	1,224.33	-	-	1,991.31	1,634.48	2,050.78	1,722.66	4,355.86	2,596.30	-	-	-	-	none	-
United Health Care Plan	-	-	-	-	-	-	-	-	-	-	-	1,198.67	-	922.95	12 mos	HMO/CR

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FAMILY	Plan A/50				Plan B		Plan C		Plan D		HMO Plans				Rate Guar.	Plan Type
	\$1,000 Deduct	\$2,500 Deduct	\$5,000 Deduct	\$10,000 Deduct	\$1,000 Deduct	\$2,500 Deduct	\$1,000 Deduct	\$2,500 Deduct	\$500 Deduct	\$1,000 Deduct	\$10 Copay	\$15 Copay	\$20 Copay	\$30 Copay		
Aetna Life Insurance Company	1,705.00	1,399.00			1,997.00	1,684.00	2,256.00	1,933.00	5,855.00	4,266.00		-	-	-	12 mos	Ind/A-G-L
Aetna Health Inc.	-	-	-	-	-	-	-	-	-	-	2,126.60	1,741.90	1,447.60	1,269.60	12 mos	
AmeriHealth HMO, Inc.	-	-	-	-	-	-	-	-	-	-	2,296.00	1,636.00	1,235.00	998.00	none	HMO/A-G
Celtic Insurance Company	2,852.00	2,528.00	-	-	3,576.00	3,217.00	10,341.00	7,843.00	21,992.00	14,062.00	-	-	-	-	3 mos	Ind/A-G
CIGNA HealthCare	-	-	-	-	-	-	-	-	-	-	1,827.12	1,712.39	1,532.59	-	none	HMO-A
Fortis Insurance Company	2,180.00	1,849.00	-	-	3,980.00	3,338.00	5,671.00	4,823.00	17,356.00	7,992.00	-	-	-	-	3 mos	-
Fortis Insurance Company (PPO**)			-	-					13,884.00	6,394.00						-
Guardian	1,910.00	1,596.00	-	-	2,173.00	1,823.00	2,623.00	2,160.00	5,948.00	3,989.00				-	none	Ind/A-G
Guardian PPO	-	-	-	-	2,260.00	1,896.00	2,629.00	2,541.00	6,120.00	4,371.00	-	-	-	-	none	-
Health Net of NJ (formerly PHS)	-	-	-	-	-	-	-	-	-	-	1,511.99	1,478.72	1,321.48		none	HMO/A-G
Horizon Blue Cross Blue Shield of NJ	1,699.51	1,461.98	919.16	592.76	1,855.32	1,580.75	2,578.99	1,593.78	5,319.79	3,573.71	-	-	-	-	12 mos	Ind/CR
Horizon HealthCare of NJ HMO Blue	-	-	-	-	-	-	-	-	-	-	1,485.69	1,417.63	-	1,179.65	12 mos	-
Oxford Health Insurance Company	1,432.84	1,181.24	977.21	845.45	2,123.48	1,746.05	2,668.80	2,023.64	3,810.14	3,154.98	-	-	-	-	12 mos	EPO/CR
Oxford Health Insurance Company (PPO**)	-	-	-	-	-	-	1,208.69	976.52	-	1,345.43	-	-	-	-	12 mos	-
Oxford Health Plans	-	-	-	-	-	-	-	-	-	-	-	1,527.75	1,367.25	1,179.99	12 mos	-
Trustmark Insurance w/o optional ABMT	8,190.00	7,020.00	-	-	5,850.00	5,118.75	7,312.50	5,850.00	17,550.00	11,700.00	-	-	-	-	none	Ind/CR
Trustmark Insurance w/optional ABMT	8,599.50	7,371.00	-	-	6,142.50	5,374.69	7,678.13	6,142.50	18,427.50	12,285.00	-	-	-	-	none	-
United Health Care Ins. Co	2,297.63	1,812.00	-	-	2,947.14	2,419.04	3,035.16	2,549.54	6,446.66	3,842.52	-	-	-	-	none	-
United Health Care Plan	-	-	-	-	-	-	-	-	-	-	-	1,774.03	-	1,365.96	12 mos	HMO/CR

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