

New Jersey Individual Health Coverage Program Board

EOY05 Single

SINGLE	Plan A/50				Plan B		Plan C		Plan D		HMO Plans			
	\$1,000 Deduct	\$2,500 Deduct	\$5,000 Deduct	\$10,000 Deduct	\$1,000 Deduct	\$2,500 Deduct	\$1,000 Deduct	\$2,500 Deduct	\$500 Deduct	\$1,000 Deduct	\$10 Copay	\$15 Copay	\$20 Copay	\$30 Copay
Aetna Life Insurance Company	643.00	529.00	-	-	756.00	654.00	859.00	739.00	2,193.00	1,606.00	-	-	-	-
Aetna Health Inc.	-	-	-	-	-	-	-	-	-	-	894.40	732.70	608.90	534.10
AmeriHealth HMO, Inc.	-	-	-	-	-	-	-	-	-	-	1,157.00	824.00	635.00	425.00
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	-	-	-	-
CIGNA HealthCare	-	-	-	-	-	-	-	-	-	-	797.18	747.12	668.67	-
Health Net of NJ	-	-	-	-	-	-	-	-	-	-	790.11	772.73	690.56	-
Horizon Blue Cross Blue Shield of NJ	942.05	810.34	509.50	328.55	1,028.36	876.25	1,442.93	891.67	2,867.77	1,999.22	-	-	-	-
Horizon HealthCare of NJ HMO Blue	-	-	-	-	-	-	-	-	-	-	543.42	518.47	-	431.46
Oxford Health Insurance Company	542.50	452.21	375.40	325.53	807.41	673.23	1,016.06	781.82	1,439.72	1,202.22	-	-	-	-
Oxford Health Ins Co (PPO)	-	-	-	-	-	-	467.16	377.66	-	514.67	-	-	-	-
Oxford Health Plans	-	-	-	-	-	-	-	-	-	-	-	597.63	536.87	467.19
United Health Care Ins Co	1,202.90	948.66	-	-	1,542.94	1,266.45	1,589.01	1,334.76	3,375.05	2,011.69	-	-	-	-
United Health Care Plan	-	-	-	-	-	-	-	-	-	-	-	830.39	-	639.38

These are monthly premium rates

The PPO plan rates shown are listed according to the out-of-network benefit level. A PPO plan listed under Plan C, for example, means that the out-of-network coinsurance is based on Plan C (70%/30% coinsurance).

Basic & Essential Plan rates are NOT shown

EOY05 Adult&Child

ADULT & CHILD	Plan A/50				Plan B		Plan C		Plan D		HMO Plans			
	\$1,000 Deduct	\$2,500 Deduct	\$5,000 Deduct	\$10,000 Deduct	\$1,000 Deduct	\$2,500 Deduct	\$1,000 Deduct	\$2,500 Deduct	\$500 Deduct	\$1,000 Deduct	\$10 Copay	\$15 Copay	\$20 Copay	\$30 Copay
Aetna Life Insurance Company	1,111.00	911.00	-	-	1,299.00	1,107.00	1,463.00	1,256.00	3,827.00	2,773.00	-	-	-	-
Aetna Health Inc.	-	-	-	-	-	-	-	-	-	-	1,611.60	1,320.20	1,097.10	962.30
AmeriHealth HMO, Inc.	-	-	-	-	-	-	-	-	-	-	2,106.00	1,500.00	1,156.00	773.00
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	-	-	-	-
CIGNA HealthCare	-	-	-	-	-	-	-	-	-	-	1,434.92	1,344.82	1,203.61	-
Health Net of NJ	-	-	-	-	-	-	-	-	-	-	1,343.34	1,313.78	1,174.08	-
Horizon Blue Cross Blue Shield of NJ	1,669.21	1,435.96	902.77	582.18	1,822.27	1,552.59	2,560.21	1,582.20	5,280.95	3,547.63	-	-	-	-
Horizon HealthCare of NJ HMO Blue	-	-	-	-	-	-	-	-	-	-	833.52	795.31	-	661.80
Oxford Health Ins Co	1,003.63	836.59	694.49	602.23	1,493.71	1,245.48	1,879.71	1,446.37	2,663.48	2,224.11	-	-	-	-
Oxford Health InsCo (PPO)	-	-	-	-	-	-	864.25	698.67	-	952.14	-	-	-	-
Oxford Health Plans	-	-	-	-	-	-	-	-	-	-	-	1,135.50	1,020.05	887.66
United Health Care Insurance Compa	2,357.65	1,859.35	-	-	3,024.14	2,482.24	3,114.46	2,616.16	6,615.11	3,942.93	-	-	-	-
United Health Care Plan	-	-	-	-	-	-	-	-	-	-	-	1,627.57	-	1,253.18

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Basic & Essential Plan rates are NOT shown

EOY05 Couple

TWO ADULTS	Plan A/50				Plan B		Plan C		Plan D		HMO Plans			
	\$1,000 Deduct	\$2,500 Deduct	\$5,000 Deduct	\$10,000 Deduct	\$1,000 Deduct	\$2,500 Deduct	\$1,000 Deduct	\$2,500 Deduct	\$500 Deduct	\$1,000 Deduct	\$10 Copay	\$15 Copay	\$20 Copay	\$30 Copay
Aetna Life Insurance Company	1,286.00	1,058.00	-	-	1,513.00	1,280.00	1,717.00	1,471.00	4,391.00	3,223.00	-	-	-	-
Aetna Health Inc.	-	-	-	-	-	-	-	-	-	-	1,788.90	1,465.30	1,217.80	1,068.20
AmeriHealth HMO, Inc.	-	-	-	-	-	-	-	-	-	-	2,314.00	1,648.00	1,270.00	850.00
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	-	-	-	-
CIGNA HealthCare	-	-	-	-	-	-	-	-	-	-	1,538.55	1,441.94	1,290.54	-
Health Net of NJ	-	-	-	-	-	-	-	-	-	-	1,422.06	1,390.78	1,242.88	-
Horizon Blue Cross Blue Shield of NJ	2,267.18	1,950.41	1,226.20	790.77	2,475.19	2,108.85	3,440.63	2,126.38	7,096.94	4,767.65	-	-	-	-
Horizon HealthCare of NJ HMO Blue	-	-	-	-	-	-	-	-	-	-	1,162.12	1,108.88	-	922.73
Oxford Health Insurance Company	1,085.00	904.42	750.80	651.06	1,614.82	1,346.46	2,032.12	1,563.64	2,879.44	2,404.44	-	-	-	-
Oxford Health Ins Co (PPO)	-	-	-	-	-	-	934.32	755.32	-	1,029.34	-	-	-	-
Oxford Health Plans	-	-	-	-	-	-	-	-	-	-	-	1,195.26	1,073.74	934.38
United Health Care Ins Co	2,405.78	1,897.29	-	-	3,085.87	2,532.90	3,178.03	2,669.55	6,750.12	4,023.38	-	-	-	-
United Health Care Plan	-	-	-	-	-	-	-	-	-	-	-	1,660.77	-	1,278.76

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Basic & Essential Plan rates are NOT shown

EOY05 Family

FAMILY	Plan A/50				Plan B		Plan C		Plan D		HMO Plans			
	\$1,000 Deduct	\$2,500 Deduct	\$5,000 Deduct	\$10,000 Deduct	\$1,000 Deduct	\$2,500 Deduct	\$1,000 Deduct	\$2,500 Deduct	\$500 Deduct	\$1,000 Deduct	\$10 Copay	\$15 Copay	\$20 Copay	\$30 Copay
Aetna Life Insurance Company	1,754.00	1,440.00	-	-	2,055.00	1,733.00	2,321.00	1,989.00	6,025.00	4,390.00	-	-	-	-
Aetna Health Inc.	-	-	-	-	-	-	-	-	-	-	2,673.40	2,190.00	1,820.10	1,596.30
AmeriHealth HMO, Inc.	-	-	-	-	-	-	-	-	-	-	3,263.00	2,324.00	1,791.00	1,198.00
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	-	-	-	-
CIGNA HealthCare	-	-	-	-	-	-	-	-	-	-	2,216.15	2,077.00	1,858.91	-
Health Net of NJ	-	-	-	-	-	-	-	-	-	-	1,896.56	1,854.83	1,657.59	-
Horizon Blue Cross Blue Shield of NJ	2,380.66	2,047.93	1,287.54	830.32	2,598.91	2,214.30	3,612.62	2,232.55	7,451.90	5,006.02	-	-	-	-
Horizon HealthCare of NJ HMO Blue	-	-	-	-	-	-	-	-	-	-	1,645.67	1,570.29	-	1,306.68
Oxford Health Insurance Company	1,546.13	1,288.80	1,069.89	927.76	2,301.12	1,918.71	2,895.77	2,228.19	4,103.20	3,426.33	-	-	-	-
Oxford Health Ins Co (PPO)	-	-	-	-	-	-	1,331.41	1,076.33	-	1,466.81	-	-	-	-
Oxford Health Plans	-	-	-	-	-	-	-	-	-	-	-	1,792.89	1,610.61	1,401.57
United Health Care Ins Co	3,560.55	2,808.00	-	-	4,567.08	3,748.69	4,703.48	3,950.93	9,990.17	5,954.62	-	-	-	-
United Health Care Plan	-	-	-	-	-	-	-	-	-	-	-	2,457.95	-	1,892.56

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Basic & Essential Plan rates are NOT shown

New Jersey Individual Health Coverage Program
 High Deductible Plan Options
 Available through: Horizon Blue Cross Blue Shield

	Plan C				Plan D			
	\$1500 Deductible	\$1750 Deduct	\$2250 Deductible	\$2650 Deduct	\$1500 Deductible	\$1750 Deduct	\$2250 Deductible	\$2650 Deduct
Single Coverage	1,041.00	1,000.66	997.04	955.34	1,437.53	1,386.13	1,361.52	1,306.78
	Plan C				Plan D			
	\$3000 Deductible	\$3500 Deduct	\$4500 Deductible	\$5250 Deduct	\$3000 Deductible	\$3500 Deduct	\$4500 Deductible	\$5250 Deduct
Adult & Child Coverage	1,632.72	1,549.60	1,493.22	1,404.33	2,255.03	2,151.00	2,039.11	1,924.91
Two Adults Coverage	2,194.34	2,082.49	2,006.82	1,887.38	3,030.48	2,890.73	2,740.28	2,586.87
Family Coverage	2,303.94	2,186.76	2,107.04	1,981.65	3,182.11	3,035.34	2,877.36	2,716.20

Deductibles (and out-of-pocket maximums) are subject to change each calendar year to reflect the IRS inflation-adjusted indexed amount.

These deductibles are still available, however they no longer qualify as High Deductible Plans that may be used in conjunction with an MSA.