

December 2008

New Jersey Individual Health Coverage Program Board

Standard Plans

SINGLE	Plan A/50				Plan B		Plan C		Plan D		HMO Plans						Standard Plan Rate Guarantee
	\$1,000 Deduct	\$2,500 Deduct	\$5,000 Deduct	\$10,000 Deduct	\$1,000 Deduct	\$2,500 Deduct	\$1,000 Deduct	\$2,500 Deduct	\$1,000 Deduct	2500 Deduct	\$15 Copay	\$30 Copay	\$40 Copay	\$50 Copay	Split Copay	Deductible Coinsurance	
Aetna Life Insurance Company	1,012.00	832.00	-	-	1,192.00	1,032.00	1,358.00	1,168.00	2,544.00	2,187.00	-	-	-	-	-	-	12 mos
Aetna Health Inc.	-	-	-	-	-	-	-	-	-	-	1,578.50	980.30	-	-	-	440.30	12 mos
AmeriHealth HMO, Inc.	-	-	-	-	-	-	-	-	-	-	1,491.00	668.00	-	559.00	635.00	-	none
Celtic Insurance Company	1,219.00	1,080.00	-	-	1,528.00	1,375.00	4,419.00	3,352.00	6,009.00	5,288.00	-	-	-	-	-	-	3 mos
CIGNA HealthCare	-	-	-	-	-	-	-	-	-	-	1,208.34	-	-	-	-	-	none
Health Net of NJ	-	-	-	-	-	-	-	-	-	-	1,363.05	1,127.13	1,024.04	937.27	-	-	none
Horizon Blue Cross Blue Shield of NJ	1,266.13	1,091.36	756.22	493.65	1,521.60	1,299.22	2,150.44	1,332.97	3,006.93	2,001.89	-	-	-	-	-	-	12 mos
Horizon HealthCare of NJ HMO Blue	-	-	-	-	-	-	-	-	-	-	665.61	553.90	-	-	546.69	344.45	12 mos
Oxford Health Insurance Company	660.68	538.77	463.40	400.41	1,007.60	801.41	1,255.68	937.00	1,478.05	1,085.44	-	-	-	-	-	-	12 mos
Oxford Health Insurance Company (PPO)	-	-	-	-	-	-	644.20	494.66	699.03	-	-	-	-	-	-	-	12 mos
Oxford Health Plans	-	-	-	-	-	-	-	-	-	-	784.47	583.33	-	-	-	-	12 mos



ADULT & CHILD	Plan A/50				Plan B		Plan C		Plan D		HMO Plans						Standard Plan Rate Guarantee
	\$1,000 Deduct	\$2,500 Deduct	\$5,000 Deduct	\$10,000 Deduct	\$1,000 Deduct	\$2,500 Deduct	\$1,000 Deduct	\$2,500 Deduct	\$1,000 Deduct	2500 Deduct	\$15 Copay	\$30 Copay	\$40 Copay	\$50 Copay	Split Copay	Deductible Coinsurance	
Aetna Life Insurance Company	1,748.00	1,432.00	-	-	2,047.00	1,746.00	2,312.00	1,986.00	4,393.00	3,776.00	-	-	-	-	-	-	12 mos
Aetna Health Inc.	-	-	-	-	-	-	-	-	-	-	2,844.10	1,766.40	-	-	-	794.90	12 mos
AmeriHealth HMO, Inc.	-	-	-	-	-	-	-	-	-	-	2,714.00	1,216.00	-	1,017.00	1,156.00	-	none
Celtic Insurance Company	2,133.00	1,890.00	-	-	2,675.00	2,406.00	7,734.00	5,865.00	10,517.00	9,255.00	-	-	-	-	-	-	3 mos
CIGNA HealthCare	-	-	-	-	-	-	-	-	-	-	2,175.01	-	-	-	-	-	none
Health Net of NJ	-	-	-	-	-	-	-	-	-	-	2,317.43	1,916.32	1,741.05	1,593.53	-	-	none
Horizon Blue Cross Blue Shield of NJ	2,243.45	1,933.95	1,339.92	874.74	2,696.31	2,302.02	3,815.55	2,365.24	5,335.83	2,998.14	-	-	-	-	-	-	12 mos
Horizon HealthCare of NJ HMO Blue	-	-	-	-	-	-	-	-	-	-	1,021.00	849.61	-	-	838.56	528.33	12 mos
Oxford Health Insurance Company	1,222.26	996.72	857.29	740.76	1,864.06	1,482.61	2,323.01	1,733.45	2,734.39	2,008.06	-	-	-	-	-	-	12 mos
Oxford Health Insurance Company (PPO)	-	-	-	-	-	-	1,191.77	915.12	1,293.21	-	-	-	-	-	-	-	12 mos
Oxford Health Plans	-	-	-	-	-	-	-	-	-	-	1,490.49	1,108.33	-	-	-	-	12 mos

- > These are monthly premium rates in effect for new business and renewals which occur during the month shown at the top of this page. Contact the carriers or your agent for rates for subsequent months.
- > 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).
- > Contact Oxford Health Insurance for details on the plan design for the available PPO products.
- > Contact the HMO Carriers for information on the HMO Coverage subject to deductible and coinsurance.
- > Contact the HMO Carriers for information on the HMO Coverage with a split copay.

TWO ADULTS	Plan A/50				Plan B		Plan C		Plan D		HMO Plans						Standard Plan Rate Guarantee
	\$1,000 Deduct	\$2,500 Deduct	\$5,000 Deduct	\$10,000 Deduct	\$1,000 Deduct	\$2,500 Deduct	\$1,000 Deduct	\$2,500 Deduct	\$1,000 Deduct	2500 Deduct	\$15 Copay	\$30 Copay	\$40 Copay	\$50 Copay	Split Copay	Deductible Coinsurance	
Aetna Life Insurance Company	2,023.00	1,664.00	-	-	2,385.00	2,018.00	2,714.00	2,325.00	5,105.00	4,387.00	-	-	-	-	-	-	12 mos
Aetna Health Inc.	-	-	-	-	-	-	-	-	-	-	3,156.90	1,960.80	-	-	-	881.80	12 mos
AmeriHealth HMO, Inc.	-	-	-	-	-	-	-	-	-	-	2,982.00	1,336.00	-	1,118.00	1,270.00	-	none
Celtic Insurance Company	2,840.00	2,517.00	-	-	3,561.00	3,203.00	10,297.00	7,809.00	14,002.00	12,322.00	-	-	-	-	-	-	3 mos
CIGNA HealthCare	-	-	-	-	-	-	-	-	-	-	2,332.09	-	-	-	-	-	none
Health Net of NJ	-	-	-	-	-	-	-	-	-	-	2,453.24	2,028.63	1,843.08	1,686.92	-	-	none
Horizon Blue Cross Blue Shield of NJ	3,047.14	2,626.82	1,819.96	1,188.16	3,662.42	3,126.79	5,127.65	3,178.74	7,170.80	4,029.11	-	-	-	-	-	-	12 mos
Horizon HealthCare of NJ HMO Blue	-	-	-	-	-	-	-	-	-	-	1,423.55	1,184.57	-	-	1,169.17	736.63	12 mos
Oxford Health Insurance Company	1,321.36	1,077.54	926.80	800.82	2,015.20	1,602.82	2,511.36	1,874.00	2,956.10	2,170.88	-	-	-	-	-	-	12 mos
Oxford Health Insurance Company (PPO)	-	-	-	-	-	-	1,288.40	989.32	1,398.06	-	-	-	-	-	-	-	12 mos
Oxford Health Plans	-	-	-	-	-	-	-	-	-	-	1,568.94	1,166.66	-	-	-	-	12 mos



FAMILY	Plan A/50				Plan B		Plan C		Plan D		HMO Plans						Standard Plan Rate Guarantee
	\$1,000 Deduct	\$2,500 Deduct	\$5,000 Deduct	\$10,000 Deduct	\$1,000 Deduct	\$2,500 Deduct	\$1,000 Deduct	\$2,500 Deduct	\$1,000 Deduct	\$2,500 Deduct	\$15 Copay	\$30 Copay	\$40 Copay	\$50 Copay	Split Copay	Deductible Coinsurance	
Aetna Life Insurance Company	2,760.00	2,264.00	-	-	3,240.00	2,732.00	3,669.00	3,143.00	6,954.00	5,976.00	-	-	-	-	-	-	12 mos
Aetna Health Inc.	-	-	-	-	-	-	-	-	-	-	4,718.10	2,930.30	-	-	-	1,318.50	12 mos
AmeriHealth HMO, Inc.	-	-	-	-	-	-	-	-	-	-	4,205.00	1,884.00	-	1,576.00	1,791.00	-	none
Celtic Insurance Company	2,852.00	2,528.00	-	-	3,576.00	3,217.00	10,341.00	7,843.00	14,062.00	12,375.00	-	-	-	-	-	-	3 mos
CIGNA HealthCare	-	-	-	-	-	-	-	-	-	-	3,359.18	-	-	-	-	-	none
Health Net of NJ	-	-	-	-	-	-	-	-	-	-	3,271.81	2,705.51	2,458.06	2,249.79	-	-	none
Horizon Blue Cross Blue Shield of NJ	3,199.65	2,758.16	1,911.00	1,247.58	3,845.47	3,283.15	5,383.98	3,337.44	7,529.33	4,230.65	-	-	-	-	-	-	12 mos
Horizon HealthCare of NJ HMO Blue	-	-	-	-	-	-	-	-	-	-	2,015.90	1,677.48	-	-	1,655.67	1,043.14	12 mos
Oxford Health Insurance Company	1,882.94	1,535.49	1,320.69	1,141.17	2,871.66	2,284.02	3,578.69	2,670.45	4,212.44	3,093.50	-	-	-	-	-	-	12 mos
Oxford Health Insurance Company (PPO)	-	-	-	-	-	-	1,835.97	1,409.78	1,992.24	-	-	-	-	-	-	-	12 mos
Oxford Health Plans	-	-	-	-	-	-	-	-	-	-	2,353.41	1,749.99	-	-	-	-	12 mos

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- > Contact Oxford Health Insurance for details on the plan design for the available PPO products.
- > Contact the HMO Carriers for information on the HMO Coverage subject to deductible and coinsurance.
- > Contact the HMO Carriers for information on the HMO Coverage with a split copay.

December 2008

BASIC AND ESSENTIAL HEALTH PLANS (B & E PLANS)

B & E Plans are NOT standard plans. The services and supplies covered under the plans are not as comprehensive as the coverage under the standard plans. The information given below is intended to provide some basic information as to the types of plans available. The rates are shown for illustrative purposes only. The actual rate for an applicant will depend on the carrier selected, whether a rider is bought, and the age, gender and location of the applicant. Contact the carriers for specific benefit and rate information.

Single Rates for Illustrative Purposes ONLY

Carrier	Plan Type	Rating Factors	Rider(s) Avail	Without Rider				With Rider			
				Age 25		Age 35		Age 25		Age 35	
				M	F	M	F	M	F	M	F
Aetna Life Insurance Company	IND	A-G-L	NO	123.00	138.00	154.00	186.00				
AmeriHealth HMO, Inc.	HMO	A-G	YES (2)	160.33	334.60	198.17	290.78	224.00	467.00	277.00	406.00
Celtic Insurance Company	IND	A-G	NO	1,001.00	1,101.10	1,291.00	1,420.10				
CIGNA HealthCare	HMO	A	NO	712.13	712.13	800.21	800.21				
Health Net of NJ	HMO	A-G	NO	339.97	610.12	339.97	587.91				
Horizon Blue Cross Blue Shield of NJ	EPO	A-G-L	YES (1)	128.45	188.66	179.29	229.31	161.57	237.30	225.51	288.44
Oxford Health Insurance Company	EPO	A-G-L	YES (1)	134.30	182.63	178.29	225.80	168.27	228.82	223.38	282.92

"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.

Under the Rating Factors caption, "A" means the rates are based on age; "G" means the rates are based on gender; "L" means the rates are based on geographic location.

The rates above are the lowest single rates available for any geographic location. Thus, a 35 year old male will not necessarily be charged the above rate since a different rate may apply based the location of the applicant.

AmeriHealth offers two riders. The rates shown above are the the Basic rider. Contact the carrier for rate information for the preferred rider.