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SINGLE			All Ages	Under 25 years old	25 to 29 years old	30 to 34 years old	35 to 39 years old	40 to 44 years old	45 to 49 years old	50 to 54 years old	55 to 59 years old	60 to 64 years old	65 years and older										
HMO Products	Copayment Options	\$15	Aetna Health Inc.	\$2,400.70																			
			AmeriHealth HMO Inc.	\$1,491.00																			
			Horizon HC	\$1,047.58																			
		\$30	Aetna Health Inc.	\$1,490.90																			
			AmeriHealth HMO Inc.	\$883.00																			
			CIGNA Healthcare	\$911.00										\$911.00	\$1,023.00	\$1,023.00	\$1,173.00	\$1,173.00	\$1,637.00	\$1,637.00	\$2,788.00	\$2,788.00	
	Horizon HC	\$871.78																					
	Oxford Health Plan		\$526.39	\$588.43	\$670.21	\$711.57	\$770.79	\$804.63	\$896.75	\$1,029.29	\$1,202.25	\$1,266.17											
	Split Copay	\$50	AmeriHealth HMO Inc.	\$738.00	The HMO Products provide coverage of the following services: office visits (preventative and treatment-related, including most medically-necessary specialist's care), hospital care, prenatal and maternity care, immunizations and well-child care, screenings (including mammograms, pap smears and prostate exams), x-ray and lab services, treatment for mental illness and substance abuse, many therapy services, and prescription drugs. Most services are subject to a copayment requirement. For more detailed information about HMO plans with split copayments or deductible and coinsurance requirements, contact the carrier.																		
		\$30/50	AmeriHealth HMO Inc.	\$839.00																			
Horizon HC \$30/50			\$860.41																				
\$50/70	Horizon HC \$50/70	\$836.88																					
	Deductible & Coinsurance	Aetna Health Inc.	\$602.50																				
Horizon HC	\$510.51																						
PPO Products	Plan A/50	AmeriHealth 70/50%		\$289.76											\$327.48	\$391.36	\$423.89	\$439.80	\$461.34	\$527.02	\$608.65	\$727.55	\$727.55
		AmeriHealth w/ rider		\$293.29											\$331.45	\$396.11	\$429.05	\$445.14	\$466.94	\$533.42	\$616.05	\$736.38	\$736.38
		Horizon 70/50%		\$332.32											\$372.05	\$439.61	\$472.33	\$485.13	\$501.34	\$567.69	\$649.24	\$767.88	\$893.73
	Plan C (70/30%)	AmeriHealth 90/70%		\$358.02											\$404.58	\$483.50	\$523.74	\$543.37	\$569.97	\$651.12	\$751.96	\$898.86	\$898.86
		Horizon 80/70%		\$350.25	\$392.15	\$463.36	\$497.86	\$511.34	\$528.43	\$598.34	\$684.33	\$809.36	\$942.00										
		Horizon 100/70%		\$502.79	\$562.91	\$665.18	\$714.66	\$734.05	\$758.56	\$858.95	\$982.33	\$1,161.86	\$1,352.28										
		Oxford \$15, \$1000		\$501.14	\$560.21	\$652.76	\$709.86	\$783.70	\$826.04	\$939.26	\$1,078.08	\$1,259.24	\$1,326.19										
		Oxford \$30, \$2500		\$384.80	\$430.16	\$501.23	\$545.08	\$601.78	\$634.28	\$721.22	\$827.82	\$966.92	\$1,018.33										
	Plan D (80/20%)	Oxford \$30, \$1000		\$543.84	\$607.95	\$708.38	\$770.35	\$850.49	\$896.43	\$1,019.30	\$1,169.95	\$1,366.55	\$1,439.20										

PPO/POS Options:

The PPO (and POS) products provide coverage of all of the same services covered by the HMO and Indemnity plans. An individual may choose to obtain healthcare services through the carrier's network of health care providers, or may go "out-of-network." Individuals typically pay more to go out-of-network because of increased cost-sharing requirements, plus health care providers may charge in excess of what the carrier considers reasonable and customary. In-network providers charge a negotiated rate. For more information about cost-sharing, see the explanation about the Indemnity Products.

AmeriHealth Insurance Co. offers Plan A/50 and Plan C with in-network (IN) and out-of-network (OON) benefits. A/50 70/50: IN=\$2,500 deductible and 70% coinsurance but for \$30 office visits; OON=\$7,500 deductible and 50% coinsurance. Plan C 90/70: IN=\$2,500 deductible and 90% coinsurance but for \$30 office visits; OON=\$5,000 deductible and 70% coinsurance. **AmeriHealth** also offers an alternate copayment rider for Plan A/50. Contact the company for more details.

Horizon also offers "Direct Access" plans with in-network (IN) and out-of-network (OON) benefits. Plan A/50 70/50: IN=\$2500 deductible, 70% coinsurance; OON=\$7500 deductible, 50% coinsurance. Plan C 80/70: IN=\$2500 deductible, 80% coinsurance; OON=\$5000 deductible, 70% coinsurance. Plan C 100/70: IN=\$0 deductible, 100% coinsurance; OON=\$7500 deductible, 70% coinsurance. Contact Horizon for more details.

Oxford Health Insurance Co. offers Plans C and D with in-network (IN) and out-of-network (OON) benefits. Plan C \$15, \$1000: IN=\$1,000 deductible and 30% coinsurance but for \$15 office visits; OON=\$2000 deductible and 30% coinsurance. Plan C \$30, \$2500: IN=\$2500 deductible and 30% coinsurance but for \$30 office visits; OON=\$5000 deductible and 30% coinsurance. Plan D \$30, \$1000: IN=\$1000 deductible and 20% coinsurance but for \$30 office visits; OON=\$2000 deductible and 20% coinsurance. Contact Oxford for more details.

NJ Individual Health Coverage Program Standard Health Benefits Plan Rates

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SINGLE				All Ages	Under 25 years old	25 to 29 years old	30 to 34 years old	35 to 39 years old	40 to 44 years old	45 to 49 years old	50 to 54 years old	55 to 59 years old	60 to 64 years old	65 years and older									
Indemnity Products (No networks. Deductibles and coinsurance apply.)	Plan A/50 (50/50% coinsurance)	Deductibles	\$1,000	Aetna Life Ins. Co.	\$1,503.00																		
				Celtic Ins. Co.	\$1,219.00																		
				Horizon BCBSNJ	\$1,456.05																		
		\$2,500	Aetna Life Ins. Co.	\$1,236.00																			
			Celtic Ins. Co.	\$1,080.00																			
			Horizon BCBSNJ	\$1,255.06																			
		\$5,000	Horizon BCBSNJ	\$869.65	\$417.25										\$466.43	\$543.49	\$591.03	\$652.51	\$687.76	\$782.03	\$897.62	\$1,048.45	\$1,104.19
			\$10,000	Horizon BCBSNJ	\$567.70																		
		Plan B (60/40% coinsurance)	Deductibles	\$1,000	Aetna Life Ins. Co.										\$1,770.00	<p>The Indemnity Products provide coverage of the following services: office visits (preventative, sickness-related, and specialty), hospital care, prenatal and maternity care, immunizations and well-child care, screenings (including mammograms, pap smears and prostate exams), x-ray and lab services, treatment for mental illness and substance abuse, many therapy services, and prescription drugs. There is no network of health care providers and referrals are not required. Carriers will still consider whether a service is medically necessary.</p> <p>Generally, you pay for the costs of covered services until the stated deductible amount is met. (Carriers pay for some preventative services even if the deductible has not been met.) Then, you and the carrier each pay a portion of the costs of the covered services -- this is the coinsurance amount. For Plan A/50, the carrier and you each pays 50% of the covered charges. For Plan B, the carrier pays 60% and you pay 40% of the covered charges. For Plan C, the carrier pays 70% and you pay 30%, and for Plan D, the carrier pays 80% and you pay 20% of the covered charges.</p> <p>After you pay the maximum out-of-pocket (the deductible plus a specified amount of coinsurance), the carrier pays all of the covered charges. Note: the carrier pays using "reasonable and customary" charges. The health care provider's charges may be more than that. You are responsible for any "excess" charges.</p>							
	Celtic Ins. Co.				\$1,528.00																		
	Horizon BCBSNJ				\$2,314.17																		
	\$2,500		Aetna Life Ins. Co.	\$1,534.00																			
			Celtic Ins. Co.	\$1,375.00																			
			Horizon BCBSNJ	\$1,975.95																			
	Plan C (70/30% coinsurance)	Deductibles	\$1,000	Aetna Life Ins. Co.	\$2,018.00																		
				Celtic Ins. Co.	\$4,419.00																		
				Horizon BCBSNJ	\$3,270.55																		
		\$2,500	Aetna Life Ins. Co.	\$1,735.00																			
			Celtic Ins. Co.	\$3,352.00																			
	Horizon BCBSNJ	\$2,027.29																					
Plan D (80/20% coinsurance)	Deductibles	\$1,000	Aetna Life Ins. Co.	\$3,779.00																			
			Celtic Ins. Co.	\$6,009.00																			
			Horizon BCBSNJ	\$4,573.17																			
	\$2,500	Aetna Life Ins. Co.	\$3,249.00																				
		Celtic Ins. Co.	\$5,288.00																				
		Horizon BCBSNJ	\$3,044.63																				

*Horizon also offers a \$1,500 and \$2,250 deductible option for Plans C and D. Contact the carrier for details.

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ADULT & CHILD(REN)			All Ages	Under 25 years old	25 to 29 years old	30 to 34 years old	35 to 39 years old	40 to 44 years old	45 to 49 years old	50 to 54 years old	55 to 59 years old	60 to 64 years old	65 years and older												
HMO Products	Copayment Options	\$15	Aetna Health Inc.	\$4,325.50	The HMO Products provide coverage of the following services: office visits (preventative and treatment-related, including most medically-necessary specialist's care), hospital care, prenatal and maternity care, immunizations and well-child care, screenings (including mammograms, pap smears and prostate exams), x-ray and lab services, treatment for mental illness and substance abuse, many therapy services, and prescription drugs. Most services are subject to a copayment requirement. For more detailed information about HMO plans with split copayments or deductible and coinsurance requirements, contact the carrier.																				
			AmeriHealth HMO Inc.	\$2,714.00																					
			Horizon HC	\$1,606.91																					
		\$30	Aetna Health Inc.	\$2,686.50																					
			AmeriHealth HMO Inc.	\$1,607.00																					
			CIGNA Healthcare	\$1,639.00										\$1,639.00	\$1,841.00	\$1,841.00	\$2,111.00	\$2,111.00	\$2,947.00	\$2,947.00	\$5,018.00	\$5,018.00			
		Horizon HC	\$1,337.17																						
		Oxford Health Plan	\$1,241.73	\$1,303.77										\$1,370.51	\$1,394.95	\$1,441.00	\$1,468.26	\$1,547.22	\$1,679.76	\$1,852.72	\$1,916.64				
		\$50	AmeriHealth HMO Inc.	\$1,343.00																					
			Split Copay	AmeriHealth HMO Inc. \$30/50										\$1,527.00											
				Horizon HC \$30/50										\$1,319.78											
		Horizon HC \$50/70		\$1,283.69																					
Deductible & Coinsurance	Aetna Health Inc.	\$1,087.80																							
	Horizon HC	\$783.05																							
PPO Products	Plan A/50	AmeriHealth 70/50%	\$738.85	\$776.54	\$840.41	\$872.98	\$888.88	\$910.41	\$976.09	\$1,057.73	\$1,176.60	\$1,176.60													
		AmeriHealth w/ rider	\$747.82	\$785.97	\$850.63	\$883.58	\$899.67	\$921.46	\$987.95	\$1,070.57	\$1,190.90	\$1,190.90													
		Horizon 70/50%	\$753.69	\$790.37	\$852.87	\$883.32	\$895.21	\$910.45	\$971.98	\$1,047.89	\$1,157.96	\$1,474.22													
	Plan C (70/30%)	AmeriHealth 90/70%	\$912.46	\$959.03	\$1,037.94	\$1,078.19	\$1,097.81	\$1,124.42	\$1,205.57	\$1,306.41	\$1,453.31	\$1,453.31													
		Horizon 80/70%	\$794.42	\$833.07	\$898.92	\$931.05	\$943.57	\$959.64	\$1,024.49	\$1,104.48	\$1,220.51	\$1,553.84													
		Horizon 100/70%	\$1,140.41	\$1,195.88	\$1,290.43	\$1,336.55	\$1,354.53	\$1,377.59	\$1,470.66	\$1,585.47	\$1,752.07	\$2,230.54													
		Oxford \$15, \$1,000	\$1,182.44	\$1,241.52	\$1,335.05	\$1,391.17	\$1,465.01	\$1,507.35	\$1,620.57	\$1,759.39	\$1,940.55	\$2,007.50													
	Oxford \$30, \$2500	\$907.96	\$953.32	\$1,025.14	\$1,068.23	\$1,124.93	\$1,157.44	\$1,244.38	\$1,350.97	\$1,490.08	\$1,541.48														
	Plan D (80/20%)	Oxford \$30, \$1000	\$1,283.21	\$1,347.32	\$1,448.82	\$1,509.72	\$1,589.85	\$1,635.80	\$1,758.67	\$1,909.32	\$2,105.91	\$2,178.57													

PPO/POS Options:

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Horizon also offers "Direct Access" plans with in-network (IN) and out-of-network (OON) benefits. Plan A/50 70/50%: IN=\$2500 deductible, 70% coinsurance; OON=\$7500 deductible, 50% coinsurance. Plan C 80/70: IN=\$2500 deductible, 80% coinsurance; OON=\$5000 deductible, 70% coinsurance. Plan C 100/70: IN=\$0 deductible, 100% coinsurance; OON=\$7500 deductible, 70% coinsurance. Contact Horizon for more details.

Oxford Health Insurance Co. offers Plans C and D with in-network (IN) and out-of-network (OON) benefits. Plan C \$15, \$1000: IN=\$1,000 deductible and 30% coinsurance but for \$15 office visits; OON=\$2000 deductible and 30% coinsurance. Plan C \$30, \$2500: IN=\$2500 deductible and 30% coinsurance but for \$30 office visits; OON=\$5000 deductible and 30% coinsurance. Plan D \$30, \$1000: IN=\$1000 deductible and 20% coinsurance but for \$30 office visits; OON=\$2000 deductible and 20% coinsurance. Contact Oxford for more details.

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ADULT & CHILD(REN)					All Ages	Under 25 years old	25 to 29 years old	30 to 34 years old	35 to 39 years old	40 to 44 years old	45 to 49 years old	50 to 54 years old	55 to 59 years old	60 to 64 years old	65 years and older														
Indemnity Products (No networks. Deductibles and coinsurance apply.)	Plan A/50 (50/50% coinsurance)	Deductibles	\$1,000	Aetna Life Ins. Co.	\$2,596.00																								
				Celtic Ins. Co.	\$2,133.00																								
				Horizon BCBSNJ	\$2,579.97																								
			\$2,500	Aetna Life Ins. Co.	\$2,126.00																								
				Celtic Ins. Co.	\$1,890.00																								
				Horizon BCBSNJ	\$2,224.04																								
		Deductibles	\$5,000	Horizon BCBSNJ	\$1,540.91											\$984.51	\$1,033.69	\$1,111.57	\$1,158.29	\$1,219.77	\$1,255.02	\$1,349.29	\$1,464.88	\$1,615.71	\$1,671.45				
			\$10,000	Horizon BCBSNJ	\$1,005.95											<div style="border: 1px solid black; padding: 10px;"> <p>The Indemnity Products provide coverage of the following services: office visits (preventative, sickness-related, and specialty), hospital care, prenatal and maternity care, immunizations and well-child care, screenings (including mammograms, pap smears and prostate exams), x-ray and lab services, treatment for mental illness and substance abuse, many therapy services, and prescription drugs. There is no network of health care providers and referrals are not required. Carriers will still consider whether a service is medically necessary.</p> <p>Generally, you pay for the costs of covered services until the stated deductible amount is met. (Carriers pay for some preventative services even if the deductible has not been met.) Then, you and the carrier each pay a portion of the costs of the covered services -- this is the coinsurance amount. For Plan A/50, the carrier and you each pays 50% of the covered charges. For Plan B, the carrier pays 60% and you pay 40% of the covered charges. For Plan C, the carrier pays 70% and you pay 30%, and for Plan D, the carrier pays 80% and you pay 20% of the covered charges.</p> <p>After you pay the maximum out-of-pocket (the deductible plus a specified amount of coinsurance), the carrier pays all of the covered charges. Note: the carrier pays using "reasonable and customary" charges. The health care provider's charges may be more than that. You are responsible for any "excess" charges.</p> </div>													
			Plan B (60/40% coinsurance)	Deductibles	\$1,000																							Aetna Life Ins. Co.	\$3,041.00
																												Celtic Ins. Co.	\$2,675.00
	Horizon BCBSNJ	\$4,100.75																											
	\$2,500	Aetna Life Ins. Co.	\$2,593.00																										
		Celtic Ins. Co.	\$2,406.00																										
		Horizon BCBSNJ	\$3,501.08																										
	Plan C (70/30% coinsurance)	Deductibles	\$1,000	Aetna Life Ins. Co.	\$3,434.00																								
				Celtic Ins. Co.	\$7,734.00																								
				Horizon BCBSNJ	\$5,802.97																								
			\$2,500	Aetna Life Ins. Co.	\$2,950.00																								
				Celtic Ins. Co.	\$5,865.00																								
				Horizon BCBSNJ	\$3,597.23																								
Plan D (60/20% coinsurance)	Deductibles	\$1,000	Aetna Life Ins. Co.	\$6,526.00																									
			Celtic Ins. Co.	\$10,517.00																									
			Horizon BCBSNJ	\$8,115.12																									
		\$2,500	Aetna Life Ins. Co.	\$5,609.00																									
			Celtic Ins. Co.	\$9,255.00																									
			Horizon BCBSNJ	\$4,559.80																									

*Horizon also offers a \$1,500 and \$2,250 deductible option for Plans C and D. Contact the carrier for details.

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TWO ADULTS				All Ages	Under 25 years old	25 to 29 years old	30 to 34 years old	35 to 39 years old	40 to 44 years old	45 to 49 years old	50 to 54 years old	55 to 59 years old	60 to 64 years old	65 years and older
HMO Products	Copayment Options	\$15	Aetna Health Inc.	\$4,801.30	The HMO Products provide coverage of the following services: office visits (preventative and treatment-related, including most medically-necessary specialist's care), hospital care, prenatal and maternity care, immunizations and well-child care, screenings (including mammograms, pap smears and prostate exams), x-ray and lab services, treatment for mental illness and substance abuse, many therapy services, and prescription drugs. Most services are subject to a copayment requirement. For more detailed information about HMO plans with split copayments or deductible and coinsurance requirements, contact the carrier.									
			AmeriHealth HMO Inc.	\$2,982.00										
			Horizon HC	\$2,240.49										
		\$30	Aetna Health Inc.	\$2,982.10										
			AmeriHealth HMO Inc.	\$1,766.00										
			CIGNA Healthcare	\$1,758.00										
		\$50	Horizon HC	\$1,864.36										
			Oxford Health Plan	\$1,096.03										
			AmeriHealth HMO Inc.	\$1,476.00										
		Split Copay	AmeriHealth HMO Inc. \$30/50	\$1,678.00										
			Horizon HC \$30/50	\$1,840.12										
			Horizon HC \$50/70	\$1,789.77										
		Deductible & Coinsurance	Aetna Health Inc.	\$1,206.80										
Horizon HC	\$1,091.79													
PPO/POS Products	Plan A/50	AmeriHealth 70/50%	\$579.52	\$654.96	\$782.72	\$847.78	\$879.60	\$922.68	\$1,054.04	\$1,217.30	\$1,455.10	\$1,455.10		
		AmeriHealth w/rider	\$586.58	\$662.90	\$792.22	\$858.10	\$890.28	\$933.88	\$1,066.84	\$1,232.10	\$1,472.76	\$1,472.76		
		Horizon 70/50%	\$629.51	\$692.38	\$816.45	\$892.10	\$919.96	\$971.56	\$1,106.06	\$1,290.39	\$1,539.15	\$1,877.47		
	Plan C (70/30%)	AmeriHealth 90/70%	\$716.04	\$809.16	\$967.00	\$1,047.48	\$1,086.74	\$1,139.94	\$1,302.24	\$1,503.92	\$1,797.72	\$1,797.72		
		Horizon 80/70%	\$663.50	\$729.79	\$860.54	\$940.30	\$969.65	\$1,024.05	\$1,165.78	\$1,360.11	\$1,622.28	\$1,978.88		
		Horizon 100/70%	\$952.45	\$1,047.58	\$1,235.34	\$1,349.82	\$1,391.93	\$1,470.03	\$1,673.53	\$1,952.46	\$2,328.81	\$2,840.74		
		Oxford \$15, \$1000	\$1,043.62	\$1,164.72	\$1,358.68	\$1,475.84	\$1,629.43	\$1,718.04	\$1,953.35	\$2,241.82	\$2,619.89	\$2,757.72		
	Plan D (80/20%)	Oxford \$30, \$2500	\$801.36	\$894.35	\$1,043.28	\$1,133.24	\$1,251.18	\$1,319.22	\$1,499.90	\$1,721.41	\$2,011.72	\$2,117.56		
		Oxford \$30, \$1000	\$1,132.56	\$1,263.98	\$1,474.46	\$1,601.61	\$1,768.28	\$1,864.45	\$2,119.80	\$2,432.86	\$2,843.15	\$2,992.73		

PPO/POS Options:

The PPO (and POS) products provide coverage of all of the same services covered by the HMO and Indemnity plans. An individual may choose to obtain healthcare services through the carrier's network of health care providers, or may go "out-of-network." Individuals typically pay more to go out-of-network because of increased cost-sharing requirements, plus health care providers may charge in excess of what the carrier considers reasonable and customary. In-network providers charge a negotiated rate. For more information about cost-sharing, see the explanation about the Indemnity Products.

AmeriHealth Insurance Co. offers Plan A/50 and Plan C with in-network (IN) and out-of-network (OON) benefits. Plan A/50 70/50: IN=\$2,500 deductible and 70% coinsurance but for \$30 office visits; OON=\$7,500 deductible and 50% coinsurance. Plan C 90/70: IN=\$2,500 deductible and 90% coinsurance but for \$30 office visits; OON=\$5,000 deductible and 70% coinsurance. **AmeriHealth** also offers an alternate copayment rider for Plan A/50. Contact the company for more details.

Horizon also offers "Direct Access" plans with in-network (IN) and out-of-network (OON) benefits. Plan A/50 70/50: IN=\$2500 deductible, 70% coinsurance; OON=\$7500 deductible, 50% coinsurance. Plan C 80/70: IN=\$2500 deductible, 80% coinsurance; OON=\$5000 deductible, 70% coinsurance. Plan C 100/70: IN=\$0 deductible, 100% coinsurance; OON=\$7500 deductible, 70% coinsurance. Contact Horizon for more details.

Oxford Health Insurance Co. offers Plans C and D with in-network (IN) and out-of-network (OON) benefits. Plan C \$15, \$1000: IN=\$1,000 deductible and 30% coinsurance but for \$15 office visits; OON=\$2000 deductible and 30% coinsurance. Plan C \$30, \$2500: IN=\$2500 deductible and 30% coinsurance but for \$30 office visits; OON=\$5000 deductible and 30% coinsurance. Plan D \$30, \$1000: IN=\$1000 deductible and 20% coinsurance but for \$30 office visits; OON=\$2000 deductible and 20% coinsurance. Contact Oxford for more details.

Rates shown are monthly premiums, and apply statewide. Rates do not vary based on anyone's location, gender or health status. Carriers may consider age in developing their rates. If only a single rate is shown, age is NOT a rating factor, which means t

TWO ADULTS				All Ages	Under 25 years old	25 to 29 years old	30 to 34 years old	35 to 39 years old	40 to 44 years old	45 to 49 years old	50 to 54 years old	55 to 59 years old	60 to 64 years old	65 years and older									
Indemnity Products (No networks. Deductibles and coinsurance apply.)	Plan A/50 (50/50% coinsurance)	Deductibles	\$1,000	Aetna Life Ins. Co.	\$3,005.00	<div style="border: 1px solid black; padding: 10px;"> <p>The Indemnity Products provide coverage of the following services: office visits (preventative, sickness-related, and specialty), hospital care, prenatal and maternity care, immunizations and well-child care, screenings (including mammograms, pap smears and prostate exams), x-ray and lab services, treatment for mental illness and substance abuse, many therapy services, and prescription drugs. There is no network of health care providers and referrals are not required. Carriers will still consider whether a service is medically necessary.</p> <p>Generally, you pay for the costs of covered services until the stated deductible amount is met. (Carriers pay for some preventative services even if the deductible has not been met.) Then, you and the carrier each pay a portion of the costs of the covered services -- this is the coinsurance amount. For Plan A/50, the carrier and you each pays 50% of the covered charges. For Plan B, the carrier pays 60% and you pay 40% of the covered charges. For Plan C, the carrier pays 70% and you pay 30% and for Plan D, the carrier pays 80% and you pay 20% of the covered charges.</p> <p>After you pay the maximum out-of-pocket (the deductible plus a specified amount of coinsurance), the carrier pays all of the covered charges. Note: the carrier pays using "reasonable and customary" charges. The health care provider's charges may be more than that. You are responsible for any "excess" charges.</p> </div>																	
				Celtic Ins. Co.	\$2,840.00																		
				Horizon BCBSNJ	\$3,504.21																		
			\$2,500	Aetna Life Ins. Co.	\$2,471.00																		
				Celtic Ins. Co.	\$2,517.00																		
				Horizon BCBSNJ	\$3,020.84																		
	\$5,000	Horizon BCBSNJ	\$2,092.95	\$868.92	\$969.75										\$1,131.24	\$1,228.79	\$1,356.67	\$1,430.45	\$1,626.36	\$1,866.55	\$2,181.33	\$2,296.09	
	\$10,000	Horizon BCBSNJ	\$1,366.38																				
	Plan B (60/40% coinsurance)	Deductibles	\$1,000	Aetna Life Ins. Co.	\$3,543.00																		
				Celtic Ins. Co.	\$3,561.00																		
				Horizon BCBSNJ	\$5,570.08																		
			\$2,500	Aetna Life Ins. Co.	\$2,998.00																		
				Celtic Ins. Co.	\$3,203.00																		
				Horizon BCBSNJ	\$4,755.46																		
	Plan C (70/30% coinsurance)	Deductibles	\$1,000	Aetna Life Ins. Co.	\$4,031.00																		
				Celtic Ins. Co.	\$10,297.00																		
				Horizon BCBSNJ	\$7,798.52																		
			\$2,500	Aetna Life Ins. Co.	\$3,453.00																		
				Celtic Ins. Co.	\$7,809.00																		
				Horizon BCBSNJ	\$4,834.46																		
Plan D (80/20% coinsurance)	Deductibles	\$1,000	Aetna Life Ins. Co.	\$7,583.00																			
			Celtic Ins. Co.	\$14,002.00																			
			Horizon BCBSNJ	\$10,905.89																			
		\$2,500	Aetna Life Ins. Co.	\$6,517.00																			
			Celtic Ins. Co.	\$12,322.00																			
			Horizon BCBSNJ	\$6,127.78																			

Horizon also offers a \$1,500 and \$2,250 deductible option for Plans C and D. Contact the carrier for details.

Rates shown are monthly premiums, and apply statewide. Rates do not vary based on anyone's location, gender or health status. Carriers may consider age in developing their rates. If only a single rate is shown, age is NOT a rating factor, which means t

FAMILY			All Ages	Under 25 years old	25 to 29 years old	30 to 34 years old	35 to 39 years old	40 to 44 years old	45 to 49 years old	50 to 54 years old	55 to 59 years old	60 to 64 years old	65 years and older									
HMO Plan	Copayment Options	\$15	Aetna Health Inc.	\$7,175.70																		
			AmeriHealth HMO Inc.	\$4,205.00																		
			Horizon HC	\$3,172.75																		
		\$30	Aetna Health Inc.	\$4,456.60																		
			AmeriHealth HMO Inc.	\$2,490.00																		
			CIGNA Healthcare	\$2,532.00										\$2,532.00	\$2,844.00	\$2,844.00	\$3,260.00	\$3,260.00	\$4,551.00	\$4,551.00	\$7,750.00	\$7,750.00
		Horizon HC	\$2,640.12																			
		Oxford Health Plan		\$1,989.02	\$2,090.54	\$2,214.62	\$2,282.30	\$2,375.35	\$2,455.25	\$2,617.87	\$2,895.17	\$3,233.57	\$3,346.36									
	Split Copay	\$50	AmeriHealth HMO Inc.	\$2,081.00	The HMO Products provide coverage of the following services: office visits (preventative and treatment-related, including most medically-necessary specialist's care), hospital care, prenatal and maternity care, immunizations and well-child care, screenings (including mammograms, pap smears and prostate exams), x-ray and lab services, treatment for mental illness and substance abuse, many therapy services, and prescription drugs. Most services are subject to a copayment requirement. For more detailed information about HMO plans with split copayments or deductible and coinsurance requirements, contact the carrier.																	
		\$30/50	AmeriHealth HMO Inc.	\$2,366.00																		
Horizon HC \$30/50			\$2,605.80																			
Horizon HC \$50/70			\$2,534.52																			
Deductible & Coinsurance	Aetna Health	\$1,804.40																				
	Horizon HC	\$1,546.08																				
PPO/POS Products	Plan A/50	AmeriHealth 70/50%		\$1,028.61										\$1,104.02	\$1,231.77	\$1,296.87	\$1,328.68	\$1,371.75	\$1,503.11	\$1,666.38	\$1,904.15	\$1,904.15
		AmeriHealth w/ rider		\$1,041.11										\$1,117.42	\$1,246.74	\$1,312.63	\$1,344.81	\$1,388.40	\$1,521.37	\$1,686.62	\$1,927.28	\$1,927.28
		Horizon 70/50%		\$1,399.30										\$1,471.64	\$1,614.43	\$1,701.49	\$1,733.49	\$1,792.84	\$1,947.60	\$2,347.80	\$2,822.07	\$3,281.93
	Plan C (70/30%)	AmeriHealth 90/70%		\$1,270.48										\$1,363.61	\$1,521.44	\$1,601.93	\$1,641.18	\$1,694.39	\$1,856.69	\$2,058.37	\$2,352.17	\$2,352.17
		Horizon 80/70%		\$1,474.89	\$1,551.14	\$1,701.61	\$1,793.40	\$1,827.14	\$1,889.71	\$2,052.78	\$2,474.64	\$2,974.51	\$3,459.19									
		Horizon 100/70%		\$2,117.25	\$2,226.65	\$2,442.70	\$2,574.48	\$2,622.90	\$2,712.68	\$2,946.83	\$3,552.38	\$4,269.98	\$4,965.76									
		Oxford \$15, \$1000		\$1,894.27	\$1,990.76	\$2,158.13	\$2,276.28	\$2,415.10	\$2,521.43	\$2,741.97	\$3,032.41	\$3,386.85	\$3,505.00									
		Oxford \$30, \$2500		\$1,454.54	\$1,528.63	\$1,657.15	\$1,747.87	\$1,854.47	\$1,936.12	\$2,105.46	\$2,328.48	\$2,600.64	\$2,691.36									
	Plan D (80/20%)	Oxford \$30, \$1000		\$2,055.70	\$2,160.41	\$2,342.04	\$2,470.26	\$2,620.91	\$2,736.30	\$2,975.63	\$3,290.83	\$3,675.47	\$3,803.68									

PPO/POS Options:

The PPO (and POS) products provide coverage of all of the same services covered by the HMO and Indemnity plans. An individual may choose to obtain healthcare services through the carrier's network of health care providers, or may go "out-of-network." Individuals typically pay more to go out-of-network because of increased cost-sharing requirements, plus health care providers may charge in excess of what the carrier considers reasonable and customary. In-network providers charge a negotiated rate. For more information about cost-sharing, see the explanation about the Indemnity Products.

AmeriHealth Insurance Co. offers Plan A/50 and Plan C with in-network (IN) and out-of-network (OON) benefits. A/50 70/50: IN=\$2,500 deductible and 70% coinsurance but for \$30 office visits; OON=\$7,500 deductible and 50% coinsurance. Plan C 90/70%: IN=\$2,500 deductible and 90% coinsurance but for \$30 office visits; OON=\$5,000 deductible and 70% coinsurance. **AmeriHealth** also offers an alternate copayment rider for Plan A/50. Contact the company for more details.

Horizon also offers "Direct Access" plans with in-network (IN) and out-of-network (OON) benefits. Plan A/50 70/50%: IN=\$2500 deductible, 70% coinsurance; OON=\$7500 deductible, 50% coinsurance. Plan C 80/70: IN=\$2500 deductible, 80% coinsurance; OON=\$5000 deductible, 70% coinsurance. Plan C 100/70: IN=\$0 deductible, 100% coinsurance; OON=\$7500 deductible, 70% coinsurance. Contact Horizon for more details.

Oxford Health Insurance Co. offers Plans C and D with in-network (IN) and out-of-network (OON) benefits. Plan C \$15, \$1000: IN=\$1,000 deductible and 30% coinsurance but for \$15 office visits; OON=\$2000 deductible and 30% coinsurance. Plan C \$30, \$2500: IN=\$2500 deductible and 30% coinsurance but for \$30 office visits; OON=\$5000 deductible and 30% coinsurance. Plan D \$30, \$1000: IN=\$1000 deductible and 20% coinsurance but for \$30 office visits; OON=\$2000 deductible and 20% coinsurance. Contact Oxford for more details.

Rates shown are monthly premiums, and apply statewide. Rates do not vary based on anyone's location, gender or health status. Carriers may consider age in developing their rates. If only a single rate is shown, age is NOT a rating factor, which means t

FAMILY			All Ages	Under 25 years old	25 to 29 years old	30 to 34 years old	35 to 39 years old	40 to 44 years old	45 to 49 years old	50 to 54 years old	55 to 59 years old	60 to 64 years old	65 years and older
Indemnity Products (No network. Deductibles and coinsurance apply.)	Plan A/50 (50/50% coinsurance)	Deductibles	\$1,000	Aetna Life Ins. Co.	\$4,100.00								
				Celtic Ins. Co.	\$2,852.00								
				Horizon BCBSNJ	\$3,679.60								
		\$2,500	Aetna Life Ins. Co.	\$3,362.00									
			Celtic Ins. Co.	\$2,528.00									
			Horizon BCBSNJ	\$3,171.88									
	\$5,000	Horizon BCBSNJ	\$2,197.65										
		Horizon BCBSNJ	\$1,434.72										
	Plan B (60/40% coinsurance)	Deductibles	\$1,000	Aetna Life Ins. Co.	\$4,812.00								
				Celtic Ins. Co.	\$3,576.00								
				Horizon BCBSNJ	\$5,848.47								
		\$2,500	Aetna Life Ins. Co.	\$4,058.00									
			Celtic Ins. Co.	\$3,217.00									
			Horizon BCBSNJ	\$4,993.25									
	Plan C (70/30% coinsurance)	Deductibles	\$1,000	Aetna Life Ins. Co.	\$5,450.00								
				Celtic Ins. Co.	\$10,341.00								
				Horizon BCBSNJ	\$8,188.37								
		\$2,500	Aetna Life Ins. Co.	\$4,668.00									
			Celtic Ins. Co.	\$7,843.00									
			Horizon BCBSNJ	\$5,075.84									
Plan D (80/20% coinsurance)	Deductibles	\$1,000	Aetna Life Ins. Co.	\$10,328.00									
			Celtic Ins. Co.	\$14,062.00									
			Horizon BCBSNJ	\$11,451.17									
	\$2,500	Aetna Life Ins. Co.	\$8,877.00										
		Celtic Ins. Co.	\$12,375.00										
		Horizon BCBSNJ	\$6,434.30										

The Indemnity Products provide coverage of the following services: office visits (preventative, sickness-related, and specialty), hospital care, prenatal and maternity care, immunizations and well-child care, screenings (including mammograms, pap smears and prostate exams), x-ray and lab services, treatment for mental illness and substance abuse, many therapy services, and prescription drugs. There is no network of health care providers and referrals are not required. Carriers will still consider whether a service is medically necessary.

Generally, you pay for the costs of covered services until the stated **deductible** amount is met. (Carriers pay for some preventative services even if the deductible has not been met.) Then, you and the carrier each pay a portion of the costs of the covered services -- this is the **coinsurance** amount. For Plan A/50, the carrier and you each pays 50% of the covered charges. For Plan B, the carrier pays 60% and you pay 40% of the covered charges. For Plan C, the carrier pays 70% and you pay 30%, and for Plan D, the carrier pays 80% and you pay 20% of the covered charges.

After you pay the **maximum out-of-pocket** (the deductible plus a specified amount of coinsurance), the carrier pays all of the covered charges. **Note:** the carrier pays using "reasonable and customary" charges. The health care provider's charges may be more than that. You are responsible for any "excess" charges.

Horizon also offers a \$1,500 and \$2,250 deductible option for Plans C and D. Contact the carrier for details.

New Jersey Individual Basic And Essential Plan Rates

Zip Codes 070-073 (Essex, Hudson & Union Counties)		Under 25 years old	25 to 29 years old	30 to 34 years old	35 to 39 years old	40 to 44 years old	45 to 49 years old	50 to 54 years old	55 to 59 years old	60 to 64 years old	65 years and older		
Single	Without any Rider	Male	Aetna Life Ins. Co.	\$138.00	\$149.00	\$173.00	\$181.00	\$207.00	\$269.00	\$292.00	\$362.00	\$413.00	\$456.00
			AmeriHealth HMO	\$183.23	\$183.23	\$201.16	\$237.01	\$265.89	\$314.68	\$434.18	\$598.49	\$641.31	\$641.31
			Celtic Ins. Co.	\$854.00	\$1,001.00	\$1,102.00	\$1,291.00	\$1,589.00	\$1,748.00	\$1,923.00	\$2,115.00	\$2,327.00	\$2,560.00
		Female	CIGNA Healthcare	\$809.00	\$809.00	\$909.00	\$909.00	\$1,042.00	\$1,042.00	\$1,455.00	\$1,455.00	\$2,477.00	\$2,477.00
			Horizon BCBSNJ	\$158.88	\$158.88	\$185.19	\$221.77	\$233.33	\$273.07	\$318.29	\$402.83	\$496.26	\$528.18
			Oxford Health Ins	\$166.79	\$170.28	\$189.07	\$226.04	\$250.95	\$300.87	\$351.61	\$438.71	\$517.76	\$530.70
	With Rider	Male	Aetna Life Ins. Co.	\$155.00	\$181.00	\$208.00	\$224.00	\$239.00	\$249.00	\$293.00	\$310.00	\$392.00	\$417.00
			AmeriHealth HMO	\$332.61	\$400.32	\$376.42	\$347.54	\$362.48	\$378.42	\$432.19	\$559.66	\$639.32	\$641.31
			Celtic Ins. Co.	\$939.40	\$1,101.10	\$1,212.20	\$1,420.10	\$1,747.90	\$1,922.80	\$2,115.30	\$2,326.50	\$2,559.70	\$2,816.00
		Female	CIGNA Healthcare	\$809.00	\$809.00	\$909.00	\$909.00	\$1,042.00	\$1,042.00	\$1,455.00	\$1,455.00	\$2,477.00	\$2,477.00
			Horizon BCBSNJ	\$197.72	\$233.33	\$277.31	\$283.61	\$287.80	\$277.31	\$308.27	\$328.14	\$375.62	\$384.78
			Oxford Health Ins	\$197.43	\$231.55	\$277.49	\$286.30	\$315.28	\$306.47	\$341.39	\$366.91	\$425.09	\$457.81
	With Rider	Male	AmeriHealth HMO 1**	\$184.00	\$184.00	\$202.00	\$238.00	\$267.00	\$316.00	\$436.00	\$601.00	\$644.00	\$644.00
			AmeriHealth HMO 2**	\$274.00	\$287.00	\$303.00	\$355.00	\$397.00	\$470.00	\$650.00	\$898.00	\$959.00	\$959.00
			Horizon BCBSNJ	\$199.85	\$199.85	\$232.93	\$278.95	\$293.50	\$343.47	\$400.34	\$506.69	\$624.21	\$664.38
		Female	Oxford Health Ins	\$217.66	\$222.22	\$246.74	\$294.98	\$327.49	\$392.63	\$458.85	\$572.51	\$675.67	\$692.56
			AmeriHealth HMO 1**	\$334.00	\$402.00	\$378.00	\$349.00	\$364.00	\$380.00	\$434.00	\$562.00	\$642.00	\$644.00
			AmeriHealth HMO 2**	\$500.00	\$600.00	\$563.00	\$522.00	\$543.00	\$568.00	\$646.00	\$837.00	\$959.00	\$959.00
Adult & Child(ren)	Without any Rider	Male	Horizon BCBSNJ	\$248.70	\$293.50	\$348.82	\$356.74	\$362.01	\$348.82	\$387.77	\$412.76	\$472.48	\$483.99
			Oxford Health Ins	\$257.64	\$302.17	\$362.12	\$373.62	\$411.44	\$399.94	\$445.51	\$478.82	\$554.74	\$597.43
			Aetna Life Ins. Co.	\$274.00	\$285.00	\$309.00	\$317.00	\$343.00	\$405.00	\$428.00	\$498.00	\$549.00	\$592.00
		Female	AmeriHealth HMO	\$585.55	\$585.55	\$603.47	\$638.33	\$667.21	\$716.00	\$836.50	\$1,000.81	\$1,043.63	\$1,043.63
			Celtic Ins. Co.	\$1,494.50	\$1,751.75	\$1,928.50	\$2,259.25	\$2,780.75	\$3,059.00	\$3,365.25	\$3,701.25	\$4,072.25	\$4,480.00
			CIGNA Healthcare	\$1,457.00	\$1,457.00	\$1,636.00	\$1,636.00	\$1,876.00	\$1,876.00	\$2,619.00	\$2,619.00	\$4,459.00	\$4,459.00
With Rider	Male	Horizon BCBSNJ	\$423.66	\$423.66	\$449.97	\$486.55	\$498.13	\$537.85	\$583.06	\$667.61	\$761.02	\$793.04	
		Oxford Health Ins	\$417.74	\$421.23	\$440.02	\$476.99	\$501.91	\$551.82	\$602.56	\$689.66	\$768.71	\$781.66	
		Aetna Life Ins. Co.	\$291.00	\$317.00	\$344.00	\$360.00	\$375.00	\$385.00	\$429.00	\$446.00	\$528.00	\$553.00	
	Female	AmeriHealth HMO	\$734.92	\$801.64	\$778.74	\$749.86	\$764.80	\$780.73	\$834.51	\$960.98	\$1,041.64	\$1,043.63	
		Celtic Ins. Co.	\$1,643.95	\$1,926.93	\$2,121.35	\$2,485.18	\$3,058.83	\$3,364.90	\$3,701.78	\$4,071.38	\$4,479.48	\$4,928.00	
		CIGNA Healthcare	\$1,457.00	\$1,457.00	\$1,636.00	\$1,636.00	\$1,876.00	\$1,876.00	\$2,619.00	\$2,619.00	\$4,459.00	\$4,459.00	
With Rider	Male	Horizon BCBSNJ	\$462.50	\$498.13	\$542.09	\$548.40	\$552.58	\$542.09	\$573.06	\$592.95	\$640.41	\$649.57	
		Oxford Health Ins	\$448.38	\$482.50	\$528.44	\$537.25	\$566.24	\$557.42	\$592.34	\$617.86	\$676.04	\$708.76	
		AmeriHealth HMO 1**	\$588.00	\$588.00	\$606.00	\$641.00	\$670.00	\$719.00	\$840.00	\$1,005.00	\$1,048.00	\$1,048.00	
	Female	AmeriHealth HMO 2**	\$875.00	\$887.00	\$903.00	\$955.00	\$998.00	\$1,070.00	\$1,251.00	\$1,498.00	\$1,560.00	\$1,560.00	
		Horizon BCBSNJ	\$532.89	\$532.89	\$566.01	\$612.00	\$626.57	\$676.53	\$733.40	\$839.74	\$957.24	\$997.52	
		Oxford Health Ins	\$545.15	\$549.71	\$574.23	\$622.47	\$654.98	\$720.12	\$786.34	\$900.00	\$1,003.16	\$1,020.06	
With Rider	Female	AmeriHealth HMO 1**	\$738.00	\$805.00	\$782.00	\$753.00	\$768.00	\$784.00	\$838.00	\$965.00	\$1,046.00	\$1,048.00	
		AmeriHealth HMO 2**	\$1,100.00	\$1,200.00	\$1,163.00	\$1,122.00	\$1,144.00	\$1,168.00	\$1,246.00	\$1,437.00	\$1,559.00	\$1,560.00	
		Horizon BCBSNJ	\$581.75	\$626.57	\$681.86	\$689.80	\$695.03	\$681.86	\$720.81	\$745.83	\$805.52	\$817.06	
Oxford Health Ins	\$585.13	\$629.66	\$689.61	\$701.11	\$738.93	\$727.43	\$773.00	\$806.31	\$882.23	\$924.92			

New Jersey Individual Basic And Essential Plan Rates

Zip Codes 070-073 (Essex, Hudson & Union Counties)		Under 25 years old	25 to 29 years old	30 to 34 years old	35 to 39 years old	40 to 44 years old	45 to 49 years old	50 to 54 years old	55 to 59 years old	60 to 64 years old	65 years and older	
Two Adults*	Without any Rider	Aetna Life Ins. Co.	\$293.00	\$330.00	\$381.00	\$405.00	\$446.00	\$518.00	\$585.00	\$672.00	\$805.00	\$873.00
		AmeriHealth HMO†	\$515.84	\$583.56	\$577.58	\$584.55	\$628.37	\$693.10	\$866.37	\$1,158.15	\$1,280.64	\$1,282.63
		Celtic Ins. Co. (M)	\$1,989.82	\$2,332.33	\$2,567.66	\$3,008.03	\$3,702.37	\$4,072.84	\$4,480.59	\$4,927.95	\$5,421.91	\$5,964.80
		Celtic Ins. Co. (F)	\$2,188.80	\$2,565.56	\$2,824.43	\$3,308.83	\$4,072.61	\$4,480.12	\$4,928.65	\$5,420.75	\$5,964.10	\$6,561.28
		CIGNA Healthcare	\$1,562.00	\$1,562.00	\$1,755.00	\$1,755.00	\$2,011.00	\$2,011.00	\$2,808.00	\$2,808.00	\$4,781.00	\$4,781.00
		Horizon BCBSNJ	\$356.60	\$392.22	\$462.50	\$505.38	\$521.12	\$550.37	\$626.56	\$730.97	\$871.88	\$913.04
	Oxford Health Ins	\$346.01	\$381.75	\$443.21	\$486.76	\$537.90	\$576.98	\$658.35	\$765.38	\$895.69	\$939.05	
	With Rider	AmeriHealth HMO 1**.†	\$518.00	\$586.00	\$580.00	\$587.00	\$631.00	\$696.00	\$870.00	\$1,163.00	\$1,286.00	\$1,288.00
		AmeriHealth HMO 2**.†	\$774.00	\$887.00	\$866.00	\$877.00	\$940.00	\$1,038.00	\$1,296.00	\$1,735.00	\$1,918.00	\$1,918.00
		Horizon BCBSNJ	\$448.54	\$493.33	\$581.75	\$635.67	\$655.47	\$692.27	\$788.11	\$919.44	\$1,096.68	\$1,148.45
Oxford Health Ins		\$451.54	\$498.19	\$578.38	\$635.21	\$701.95	\$752.95	\$859.15	\$998.81	\$1,168.87	\$1,225.46	
Family*	Without any Rider	Aetna Life Ins. Co.	\$429.00	\$466.00	\$517.00	\$541.00	\$582.00	\$654.00	\$721.00	\$808.00	\$941.00	\$1,009.00
		AmeriHealth HMO†	\$918.16	\$985.87	\$979.90	\$985.87	\$1,029.69	\$1,094.42	\$1,268.69	\$1,560.47	\$1,682.95	\$1,684.94
		Celtic Ins. Co. (M)	\$1,998.36	\$2,342.34	\$2,578.68	\$3,020.94	\$3,718.26	\$4,090.32	\$4,499.82	\$4,949.10	\$5,445.18	\$5,990.40
		Celtic Ins. Co. (F)	\$2,198.20	\$2,576.57	\$2,836.55	\$3,323.03	\$4,090.09	\$4,499.35	\$4,949.80	\$5,444.01	\$5,989.70	\$6,589.44
		CIGNA Healthcare	\$2,250.00	\$2,250.00	\$2,527.00	\$2,527.00	\$2,897.00	\$2,897.00	\$4,044.00	\$4,044.00	\$6,887.00	\$6,887.00
		Horizon BCBSNJ	\$688.98	\$724.61	\$794.89	\$837.77	\$853.51	\$882.73	\$958.95	\$1,063.36	\$1,204.27	\$1,245.42
	Oxford Health Ins	\$697.34	\$733.09	\$794.54	\$838.09	\$889.23	\$928.31	\$1,009.69	\$1,116.71	\$1,247.02	\$1,290.39	
	With Rider	AmeriHealth HMO 1**.†	\$922.00	\$990.00	\$984.00	\$990.00	\$1,034.00	\$1,099.00	\$1,274.00	\$1,567.00	\$1,690.00	\$1,692.00
		AmeriHealth HMO 2**.†	\$1,375.00	\$1,487.00	\$1,466.00	\$1,477.00	\$1,541.00	\$1,638.00	\$1,897.00	\$2,335.00	\$2,519.00	\$2,519.00
		Horizon BCBSNJ	\$866.63	\$911.43	\$999.84	\$1,053.77	\$1,073.59	\$1,110.34	\$1,206.21	\$1,337.54	\$1,514.78	\$1,566.52
Oxford Health Ins		\$910.03	\$956.67	\$1,036.87	\$1,093.70	\$1,160.44	\$1,211.44	\$1,317.63	\$1,457.30	\$1,627.35	\$1,683.95	

Basic and Essential (B&E) Plans are not comprehensive health benefits plans. For each covered person, B&E Plans provide the following benefits yearly: 90 days of hospitalization (including physician services, lab, prescriptions, newborn nursery, etc.), \$600 for wellness services, \$700 for physician visits for illness and injury, \$500 for out-of-hospital diagnostic testing, outpatient surgery, dialysis, immunizations, 90 days of inpatient and 30 days of outpatient mental health treatment, 30 days inpatient and outpatient treatment for alcohol and other substance abuse, and 30 visits for physical therapy services. A \$500 copay applies per inpatient stay, a \$100 copay applies for Emergency Room use, a \$250 copay applies per outpatient surgery, a \$20 copay applies per physical therapy visit, and covered persons pay 30% of the allowed charges for outpatient mental health and substance abuse treatments. Carriers may offer B&E Plans with or without provider network requirements. Some carriers offer riders that enhance the B&E Plan benefits.

Companies may rate Basic & Essential policies based on age, gender and location of the primary insured/subscriber. Companies may choose to use all, none or some of these factors.

*Most carriers do not price policies with two adults based on whether the primary insured/subscriber is male or female; Celtic is an exception.

Contact carriers for more information about the riders they offer.

**AmeriHealth offers two riders: a Basic rider (1), and a Preferred rider (2).

†AmeriHealth's Two Adults and Family rates shown assume a male/female composition. AmeriHealth has separate rate schedules for these rate tiers for male/male and female/female families.

New Jersey Individual Basic And Essential Plan Rates

Zip Codes 074-076 (Bergen & Passaic Counties)		Under 25 years old	25 to 29 years old	30 to 34 years old	35 to 39 years old	40 to 44 years old	45 to 49 years old	50 to 54 years old	55 to 59 years old	60 to 64 years old	65 years and older		
Single	Without any Rider	Male	Aetna Life Ins. Co.	\$139.00	\$150.00	\$174.00	\$182.00	\$208.00	\$271.00	\$294.00	\$364.00	\$416.00	\$460.00
			AmeriHealth HMO	\$183.23	\$183.23	\$201.16	\$237.01	\$265.89	\$314.68	\$434.18	\$598.49	\$641.31	\$641.31
			Celtic Ins. Co.	\$854.00	\$1,001.00	\$1,102.00	\$1,291.00	\$1,589.00	\$1,748.00	\$1,923.00	\$2,115.00	\$2,327.00	\$2,560.00
			CIGNA Healthcare	\$809.00	\$809.00	\$909.00	\$909.00	\$1,042.00	\$1,042.00	\$1,455.00	\$1,455.00	\$2,477.00	\$2,477.00
			Horizon BCBSNJ	\$158.88	\$158.88	\$185.19	\$221.77	\$233.33	\$273.07	\$318.29	\$402.83	\$496.26	\$528.18
		Oxford Health Ins	\$166.79	\$170.28	\$189.07	\$226.04	\$250.95	\$300.87	\$351.61	\$438.71	\$517.76	\$530.70	
		Female	Aetna Life Ins. Co.	\$157.00	\$182.00	\$211.00	\$225.00	\$241.00	\$251.00	\$295.00	\$312.00	\$395.00	\$419.00
			AmeriHealth HMO	\$332.61	\$400.32	\$376.42	\$347.54	\$362.48	\$378.42	\$432.19	\$559.66	\$639.32	\$641.31
			Celtic Ins. Co.	\$939.40	\$1,101.10	\$1,212.20	\$1,420.10	\$1,747.90	\$1,922.80	\$2,115.30	\$2,326.50	\$2,559.70	\$2,816.00
			CIGNA Healthcare	\$809.00	\$809.00	\$909.00	\$909.00	\$1,042.00	\$1,042.00	\$1,455.00	\$1,455.00	\$2,477.00	\$2,477.00
	Horizon BCBSNJ		\$197.72	\$233.33	\$277.31	\$283.61	\$287.80	\$277.31	\$308.27	\$328.14	\$375.62	\$384.78	
	Oxford Health Ins	\$197.43	\$231.55	\$277.49	\$286.30	\$315.28	\$306.47	\$341.39	\$366.91	\$425.09	\$457.81		
	With Rider	Male	AmeriHealth HMO 1**	\$184.00	\$184.00	\$202.00	\$238.00	\$267.00	\$316.00	\$436.00	\$601.00	\$644.00	\$644.00
			AmeriHealth HMO 2**	\$274.00	\$287.00	\$303.00	\$355.00	\$397.00	\$470.00	\$650.00	\$898.00	\$959.00	\$959.00
			Horizon BCBSNJ	\$199.85	\$199.85	\$232.93	\$278.95	\$293.50	\$343.47	\$400.34	\$506.69	\$624.21	\$664.38
			Oxford Health Ins	\$217.66	\$222.22	\$246.74	\$294.98	\$327.49	\$392.63	\$458.85	\$572.51	\$675.67	\$692.56
		Female	AmeriHealth HMO 1**	\$334.00	\$402.00	\$378.00	\$349.00	\$364.00	\$380.00	\$434.00	\$562.00	\$642.00	\$644.00
			AmeriHealth HMO 2**	\$500.00	\$600.00	\$563.00	\$522.00	\$543.00	\$568.00	\$646.00	\$837.00	\$959.00	\$959.00
Horizon BCBSNJ			\$248.70	\$293.50	\$348.82	\$356.74	\$362.01	\$348.82	\$387.77	\$412.76	\$472.48	\$483.99	
Oxford Health Ins			\$257.64	\$302.17	\$362.12	\$373.62	\$411.44	\$399.94	\$445.51	\$478.82	\$554.74	\$597.43	
Adult and Child(ren)	Without any Rider	Male	Aetna Life Ins. Co.	\$276.00	\$287.00	\$311.00	\$319.00	\$345.00	\$408.00	\$431.00	\$501.00	\$553.00	\$597.00
			AmeriHealth HMO	\$585.55	\$585.55	\$603.47	\$638.33	\$667.21	\$716.00	\$836.50	\$1,000.81	\$1,043.63	\$1,043.63
			Celtic Ins. Co.	\$1,494.50	\$1,751.75	\$1,928.50	\$2,259.25	\$2,780.75	\$3,059.00	\$3,365.25	\$3,701.25	\$4,072.25	\$4,480.00
			CIGNA Healthcare	\$1,457.00	\$1,457.00	\$1,636.00	\$1,636.00	\$1,876.00	\$1,876.00	\$2,619.00	\$2,619.00	\$4,459.00	\$4,459.00
			Horizon BCBSNJ	\$423.66	\$423.66	\$449.97	\$486.55	\$498.13	\$537.85	\$583.06	\$667.61	\$761.02	\$793.04
		Oxford Health Ins	\$417.74	\$421.23	\$440.02	\$476.99	\$501.91	\$551.82	\$602.56	\$689.66	\$768.71	\$781.66	
		Female	Aetna Life Ins. Co.	\$294.00	\$319.00	\$348.00	\$362.00	\$378.00	\$388.00	\$432.00	\$449.00	\$532.00	\$556.00
			AmeriHealth HMO	\$734.92	\$801.64	\$778.74	\$749.86	\$764.80	\$780.73	\$834.51	\$960.98	\$1,041.64	\$1,043.63
			Celtic Ins. Co.	\$1,643.95	\$1,926.93	\$2,121.35	\$2,485.18	\$3,058.83	\$3,364.90	\$3,701.78	\$4,071.38	\$4,479.48	\$4,928.00
			CIGNA Healthcare	\$1,457.00	\$1,457.00	\$1,636.00	\$1,636.00	\$1,876.00	\$1,876.00	\$2,619.00	\$2,619.00	\$4,459.00	\$4,459.00
	Horizon BCBSNJ		\$462.50	\$498.13	\$542.09	\$548.40	\$552.58	\$542.09	\$573.06	\$592.95	\$640.41	\$649.57	
	Oxford Health Ins	\$448.38	\$482.50	\$528.44	\$537.25	\$566.24	\$557.42	\$592.34	\$617.86	\$676.04	\$708.76		
	With Rider	Male	AmeriHealth HMO 1**	\$588.00	\$588.00	\$606.00	\$641.00	\$670.00	\$719.00	\$840.00	\$1,005.00	\$1,048.00	\$1,048.00
			AmeriHealth HMO 2**	\$875.00	\$887.00	\$903.00	\$955.00	\$998.00	\$1,070.00	\$1,251.00	\$1,498.00	\$1,560.00	\$1,560.00
			Horizon BCBSNJ	\$532.89	\$532.89	\$566.01	\$612.00	\$626.57	\$676.53	\$733.40	\$839.74	\$957.24	\$997.52
			Oxford Health Ins	\$545.15	\$549.71	\$574.23	\$622.47	\$654.98	\$720.12	\$786.34	\$900.00	\$1,003.16	\$1,020.06
		Female	AmeriHealth HMO 1**	\$738.00	\$805.00	\$782.00	\$753.00	\$768.00	\$784.00	\$838.00	\$965.00	\$1,046.00	\$1,048.00
			AmeriHealth HMO 2**	\$1,100.00	\$1,200.00	\$1,163.00	\$1,122.00	\$1,144.00	\$1,168.00	\$1,246.00	\$1,437.00	\$1,559.00	\$1,560.00
Horizon BCBSNJ			\$581.75	\$626.57	\$681.86	\$689.80	\$695.03	\$681.86	\$720.81	\$745.83	\$805.52	\$817.06	
Oxford Health Ins			\$585.13	\$629.66	\$689.61	\$701.11	\$738.93	\$727.43	\$773.00	\$806.31	\$882.23	\$924.92	

New Jersey Individual Basic And Essential Plan Rates

Zip Codes 074-076 (Bergen & Passaic Counties)		Under 25 years old	25 to 29 years old	30 to 34 years old	35 to 39 years old	40 to 44 years old	45 to 49 years old	50 to 54 years old	55 to 59 years old	60 to 64 years old	65 years and older	
Two Adults*	Without any Rider	Aetna Life Ins. Co.	\$296.00	\$332.00	\$385.00	\$407.00	\$449.00	\$522.00	\$589.00	\$676.00	\$811.00	\$879.00
		AmeriHealth HMO†	\$515.84	\$583.56	\$577.58	\$584.55	\$628.37	\$693.10	\$866.37	\$1,158.15	\$1,280.64	\$1,282.63
		Celtic Ins. Co. (M)	\$1,989.82	\$2,332.33	\$2,567.66	\$3,008.03	\$3,702.37	\$4,072.84	\$4,480.59	\$4,927.95	\$5,421.91	\$5,964.80
		Celtic Ins. Co. (F)	\$2,188.80	\$2,565.56	\$2,824.43	\$3,308.83	\$4,072.61	\$4,480.12	\$4,928.65	\$5,420.75	\$5,964.10	\$6,561.28
		CIGNA Healthcare	\$1,562.00	\$1,562.00	\$1,755.00	\$1,755.00	\$2,011.00	\$2,011.00	\$2,808.00	\$2,808.00	\$4,781.00	\$4,781.00
		Horizon BCBSNJ	\$356.60	\$392.22	\$462.50	\$505.38	\$521.12	\$550.37	\$626.56	\$730.97	\$871.88	\$913.04
	Oxford Health Ins	\$346.01	\$381.75	\$443.21	\$486.76	\$537.90	\$576.98	\$658.35	\$765.38	\$895.69	\$939.05	
	With Rider	AmeriHealth HMO 1**.†	\$518.00	\$586.00	\$580.00	\$587.00	\$631.00	\$696.00	\$870.00	\$1,163.00	\$1,286.00	\$1,288.00
		AmeriHealth HMO 2**.†	\$774.00	\$887.00	\$866.00	\$877.00	\$940.00	\$1,038.00	\$1,296.00	\$1,735.00	\$1,918.00	\$1,918.00
		Horizon BCBSNJ	\$448.54	\$493.33	\$581.75	\$635.67	\$655.47	\$692.27	\$788.11	\$919.44	\$1,096.68	\$1,148.45
Oxford Health Ins		\$451.54	\$498.19	\$578.38	\$635.21	\$701.95	\$752.95	\$859.15	\$998.81	\$1,168.87	\$1,225.46	
Family*	Without any Rider	Aetna Life Ins. Co.	\$433.00	\$469.00	\$522.00	\$544.00	\$586.00	\$659.00	\$726.00	\$813.00	\$948.00	\$1,016.00
		AmeriHealth HMO†	\$918.16	\$985.87	\$979.90	\$985.87	\$1,029.69	\$1,094.42	\$1,268.69	\$1,560.47	\$1,682.95	\$1,684.94
		Celtic Ins. Co. (M)	\$1,998.36	\$2,342.34	\$2,578.68	\$3,020.94	\$3,718.26	\$4,090.32	\$4,499.82	\$4,949.10	\$5,445.18	\$5,990.40
		Celtic Ins. Co. (F)	\$2,198.20	\$2,576.57	\$2,836.55	\$3,323.03	\$4,090.09	\$4,499.35	\$4,949.80	\$5,444.01	\$5,989.70	\$6,589.44
		CIGNA Healthcare	\$2,250.00	\$2,250.00	\$2,527.00	\$2,527.00	\$2,897.00	\$2,897.00	\$4,044.00	\$4,044.00	\$6,887.00	\$6,887.00
		Horizon BCBSNJ	\$688.98	\$724.61	\$794.89	\$837.77	\$853.51	\$882.73	\$958.95	\$1,063.36	\$1,204.27	\$1,245.42
	Oxford Health Ins	\$697.34	\$733.09	\$794.54	\$838.09	\$889.23	\$928.31	\$1,009.69	\$1,116.71	\$1,247.02	\$1,290.39	
	With Rider	AmeriHealth HMO 1**.†	\$922.00	\$990.00	\$984.00	\$990.00	\$1,034.00	\$1,099.00	\$1,274.00	\$1,567.00	\$1,690.00	\$1,692.00
		AmeriHealth HMO 2**.†	\$1,375.00	\$1,487.00	\$1,466.00	\$1,477.00	\$1,541.00	\$1,638.00	\$1,897.00	\$2,335.00	\$2,519.00	\$2,519.00
		Horizon BCBSNJ	\$866.63	\$911.43	\$999.84	\$1,053.77	\$1,073.59	\$1,110.34	\$1,206.21	\$1,337.54	\$1,514.78	\$1,566.52
Oxford Health Ins		\$910.03	\$956.67	\$1,036.87	\$1,093.70	\$1,160.44	\$1,211.44	\$1,317.63	\$1,457.30	\$1,627.35	\$1,683.95	

Basic and Essential (B&E) Plans are not comprehensive health benefits plans. For each covered person, B&E Plans provide the following benefits yearly: 90 days of hospitalization (including physician services, lab, prescriptions, newborn nursery, etc.), \$600 for wellness services, \$700 for physician visits for illness and injury, \$500 for out-of-hospital diagnostic testing, outpatient surgery, dialysis, immunizations, 90 days of inpatient and 30 days of outpatient mental health treatment, 30 days inpatient and outpatient treatment for alcohol and other substance abuse, and 30 visits for physical therapy services. A \$500 copay applies per inpatient stay, a \$100 copay applies for Emergency Room use, a \$250 copay applies per outpatient surgery, a \$20 copay applies per physical therapy visit, and covered persons pay 30% of the allowed charges for outpatient mental health and substance abuse treatments. Carriers may offer B&E Plans with or without provider network requirements. Some carriers offer riders that enhance the B&E Plan benefits.

Companies may rate Basic & Essential policies based on age, gender and location of the primary insured/subscriber. Companies may choose to use all, none or some of these factors.

*Most carriers do not price policies with two adults based on whether the primary insured/subscriber is male or female; Celtic is an exception.

Contact carriers for more information about the riders they offer.

**AmeriHealth offers two riders: a Basic rider (1), and a Preferred rider (2).

†AmeriHealth's Two Adults and Family rates shown assume a male/female composition. AmeriHealth has separate rate schedules for these rate tiers for male/male and female/female families.

New Jersey Individual Basic And Essential Plan Rates

Zip Codes 077-079 (Monmouth, Morris, Sussex & Warren)		Under 25 years old	25 to 29 years old	30 to 34 years old	35 to 39 years old	40 to 44 years old	45 to 49 years old	50 to 54 years old	55 to 59 years old	60 to 64 years old	65 years and older		
Single	Without any Rider	Male	Aetna Life Ins. Co.	\$143.00	\$154.00	\$180.00	\$187.00	\$215.00	\$280.00	\$303.00	\$375.00	\$429.00	\$474.00
			AmeriHealth HMO	\$183.23	\$183.23	\$201.16	\$237.01	\$265.89	\$314.68	\$434.18	\$598.49	\$641.31	\$641.31
			Celtic Ins. Co.	\$854.00	\$1,001.00	\$1,102.00	\$1,291.00	\$1,589.00	\$1,748.00	\$1,923.00	\$2,115.00	\$2,327.00	\$2,560.00
		Female	CIGNA Healthcare	\$809.00	\$809.00	\$909.00	\$909.00	\$1,042.00	\$1,042.00	\$1,455.00	\$1,455.00	\$2,477.00	\$2,477.00
			Horizon BCBSNJ	\$150.91	\$150.91	\$175.92	\$210.66	\$221.67	\$259.40	\$302.35	\$382.67	\$471.44	\$501.84
			Oxford Health Ins	\$157.97	\$161.28	\$179.08	\$214.09	\$237.69	\$284.96	\$333.02	\$415.51	\$490.39	\$502.65
	With Rider	Male	Aetna Life Ins. Co.	\$161.00	\$188.00	\$217.00	\$231.00	\$248.00	\$259.00	\$304.00	\$322.00	\$407.00	\$432.00
			AmeriHealth HMO	\$332.61	\$400.32	\$376.42	\$347.54	\$362.48	\$378.42	\$432.19	\$559.66	\$639.32	\$641.31
			Celtic Ins. Co.	\$939.40	\$1,101.10	\$1,212.20	\$1,420.10	\$1,747.90	\$1,922.80	\$2,115.30	\$2,326.50	\$2,559.70	\$2,816.00
		Female	CIGNA Healthcare	\$809.00	\$809.00	\$909.00	\$909.00	\$1,042.00	\$1,042.00	\$1,455.00	\$1,455.00	\$2,477.00	\$2,477.00
			Horizon BCBSNJ	\$187.83	\$221.67	\$263.44	\$269.43	\$273.39	\$263.44	\$292.85	\$311.75	\$356.83	\$365.55
			Oxford Health Ins	\$186.99	\$219.31	\$262.82	\$271.16	\$298.61	\$290.27	\$323.34	\$347.51	\$402.62	\$433.60
	With Rider	Male	AmeriHealth HMO 1**	\$184.00	\$184.00	\$202.00	\$238.00	\$267.00	\$316.00	\$436.00	\$601.00	\$644.00	\$644.00
			AmeriHealth HMO 2**	\$274.00	\$287.00	\$303.00	\$355.00	\$397.00	\$470.00	\$650.00	\$898.00	\$959.00	\$959.00
			Horizon BCBSNJ	\$189.83	\$189.83	\$221.27	\$264.97	\$278.83	\$326.29	\$380.32	\$481.33	\$593.00	\$631.24
		Female	Oxford Health Ins	\$206.15	\$210.46	\$233.69	\$279.38	\$310.17	\$371.87	\$434.58	\$542.24	\$639.94	\$655.94
			AmeriHealth HMO 1**	\$334.00	\$402.00	\$378.00	\$349.00	\$364.00	\$380.00	\$434.00	\$562.00	\$642.00	\$644.00
			AmeriHealth HMO 2**	\$500.00	\$600.00	\$563.00	\$522.00	\$543.00	\$568.00	\$646.00	\$837.00	\$959.00	\$959.00
Horizon BCBSNJ	\$236.25	\$278.83	\$331.36	\$338.91	\$343.88	\$331.36	\$368.35	\$392.14	\$448.83	\$459.80			
Oxford Health Ins	\$244.02	\$286.19	\$342.97	\$353.86	\$389.68	\$378.79	\$421.95	\$453.50	\$525.40	\$565.84			
Adult and Child(ren)	Without any Rider	Male	Aetna Life Ins. Co.	\$284.00	\$295.00	\$321.00	\$328.00	\$356.00	\$421.00	\$444.00	\$516.00	\$570.00	\$615.00
			AmeriHealth HMO	\$585.55	\$585.55	\$603.47	\$638.33	\$667.21	\$716.00	\$836.50	\$1,000.81	\$1,043.63	\$1,043.63
			Celtic Ins. Co.	\$1,494.50	\$1,751.75	\$1,928.50	\$2,259.25	\$2,780.75	\$3,059.00	\$3,365.25	\$3,701.25	\$4,072.25	\$4,480.00
		Female	CIGNA Healthcare	\$1,457.00	\$1,457.00	\$1,636.00	\$1,636.00	\$1,876.00	\$1,876.00	\$2,619.00	\$2,619.00	\$4,459.00	\$4,459.00
			Horizon BCBSNJ	\$402.48	\$402.48	\$427.47	\$462.22	\$473.21	\$510.95	\$553.93	\$634.24	\$722.98	\$753.39
			Oxford Health Ins	\$395.66	\$398.96	\$416.76	\$451.78	\$475.37	\$522.65	\$570.71	\$653.20	\$728.07	\$740.33
	With Rider	Male	Aetna Life Ins. Co.	\$302.00	\$329.00	\$358.00	\$372.00	\$389.00	\$400.00	\$445.00	\$463.00	\$548.00	\$573.00
			AmeriHealth HMO	\$734.92	\$801.64	\$778.74	\$749.86	\$764.80	\$780.73	\$834.51	\$960.98	\$1,041.64	\$1,043.63
			Celtic Ins. Co.	\$1,643.95	\$1,926.93	\$2,121.35	\$2,485.18	\$3,058.83	\$3,364.90	\$3,701.78	\$4,071.38	\$4,479.48	\$4,928.00
		Female	CIGNA Healthcare	\$1,457.00	\$1,457.00	\$1,636.00	\$1,636.00	\$1,876.00	\$1,876.00	\$2,619.00	\$2,619.00	\$4,459.00	\$4,459.00
			Horizon BCBSNJ	\$439.38	\$473.21	\$514.98	\$520.99	\$524.96	\$514.98	\$544.39	\$563.29	\$608.37	\$617.09
			Oxford Health Ins	\$424.67	\$456.99	\$500.50	\$508.85	\$536.30	\$527.95	\$561.02	\$585.20	\$640.30	\$671.29
	With Rider	Male	AmeriHealth HMO 1**	\$588.00	\$588.00	\$606.00	\$641.00	\$670.00	\$719.00	\$840.00	\$1,005.00	\$1,048.00	\$1,048.00
			AmeriHealth HMO 2**	\$875.00	\$887.00	\$903.00	\$955.00	\$998.00	\$1,070.00	\$1,251.00	\$1,498.00	\$1,560.00	\$1,560.00
			Horizon BCBSNJ	\$506.25	\$506.25	\$537.69	\$581.40	\$595.22	\$642.68	\$696.76	\$797.77	\$909.41	\$947.65
		Female	Oxford Health Ins	\$516.32	\$520.64	\$543.86	\$589.56	\$620.35	\$682.04	\$744.76	\$852.41	\$950.11	\$966.11
			AmeriHealth HMO 1**	\$738.00	\$805.00	\$782.00	\$753.00	\$768.00	\$784.00	\$838.00	\$965.00	\$1,046.00	\$1,048.00
			AmeriHealth HMO 2**	\$1,100.00	\$1,200.00	\$1,163.00	\$1,122.00	\$1,144.00	\$1,168.00	\$1,246.00	\$1,437.00	\$1,559.00	\$1,560.00
Horizon BCBSNJ	\$552.64	\$595.22	\$647.75	\$655.32	\$660.31	\$647.75	\$684.78	\$708.53	\$765.23	\$776.21			
Oxford Health Ins	\$554.19	\$596.36	\$653.14	\$664.04	\$699.86	\$688.96	\$732.12	\$763.67	\$835.58	\$876.01			

New Jersey Individual Basic And Essential Plan Rates

Zip Codes 077-079 (Monmouth, Morris, Sussex & Warren)		Under 25 years old	25 to 29 years old	30 to 34 years old	35 to 39 years old	40 to 44 years old	45 to 49 years old	50 to 54 years old	55 to 59 years old	60 to 64 years old	65 years and older	
Two Adults*	Without any Rider	Aetna Life Ins. Co.	\$304.00	\$342.00	\$397.00	\$418.00	\$463.00	\$539.00	\$607.00	\$697.00	\$836.00	\$906.00
		AmeriHealth HMO†	\$515.84	\$583.56	\$577.58	\$584.55	\$628.37	\$693.10	\$866.37	\$1,158.15	\$1,280.64	\$1,282.63
		Celtic Ins. Co. (M)	\$1,989.82	\$2,332.33	\$2,567.66	\$3,008.03	\$3,702.37	\$4,072.84	\$4,480.59	\$4,927.95	\$5,421.91	\$5,964.80
		Celtic Ins. Co. (F)	\$2,188.80	\$2,565.56	\$2,824.43	\$3,308.83	\$4,072.61	\$4,480.12	\$4,928.65	\$5,420.75	\$5,964.10	\$6,561.28
		CIGNA Healthcare	\$1,562.00	\$1,562.00	\$1,755.00	\$1,755.00	\$2,011.00	\$2,011.00	\$2,808.00	\$2,808.00	\$4,781.00	\$4,781.00
		Horizon BCBSNJ	\$338.78	\$372.60	\$439.37	\$480.10	\$495.08	\$522.84	\$595.22	\$694.41	\$828.28	\$867.38
	Oxford Health Ins	\$327.72	\$361.57	\$419.78	\$461.02	\$509.46	\$546.47	\$623.55	\$724.91	\$848.33	\$889.41	
	With Rider	AmeriHealth HMO 1**.†	\$518.00	\$586.00	\$580.00	\$587.00	\$631.00	\$696.00	\$870.00	\$1,163.00	\$1,286.00	\$1,288.00
		AmeriHealth HMO 2**.†	\$774.00	\$887.00	\$866.00	\$877.00	\$940.00	\$1,038.00	\$1,296.00	\$1,735.00	\$1,918.00	\$1,918.00
		Horizon BCBSNJ	\$426.12	\$468.68	\$552.63	\$603.90	\$622.73	\$657.64	\$748.68	\$873.46	\$1,041.84	\$1,091.03
Oxford Health Ins		\$427.66	\$471.84	\$547.80	\$601.62	\$664.83	\$713.13	\$813.71	\$945.99	\$1,107.05	\$1,160.65	
Family*	Without any Rider	Aetna Life Ins. Co.	\$445.00	\$483.00	\$538.00	\$559.00	\$604.00	\$680.00	\$748.00	\$838.00	\$977.00	\$1,047.00
		AmeriHealth HMO†	\$918.16	\$985.87	\$979.90	\$985.87	\$1,029.69	\$1,094.42	\$1,268.69	\$1,560.47	\$1,682.95	\$1,684.94
		Celtic Ins. Co. (M)	\$1,998.36	\$2,342.34	\$2,578.68	\$3,020.94	\$3,718.26	\$4,090.32	\$4,499.82	\$4,949.10	\$5,445.18	\$5,990.40
		Celtic Ins. Co. (F)	\$2,198.20	\$2,576.57	\$2,836.55	\$3,323.03	\$4,090.09	\$4,499.35	\$4,949.80	\$5,444.01	\$5,989.70	\$6,589.44
		CIGNA Healthcare	\$2,250.00	\$2,250.00	\$2,527.00	\$2,527.00	\$2,897.00	\$2,897.00	\$4,044.00	\$4,044.00	\$6,887.00	\$6,887.00
		Horizon BCBSNJ	\$654.54	\$688.37	\$755.13	\$795.89	\$810.85	\$838.63	\$911.01	\$1,010.21	\$1,144.05	\$1,183.15
	Oxford Health Ins	\$660.47	\$694.33	\$752.53	\$793.78	\$842.22	\$879.23	\$956.31	\$1,057.67	\$1,181.09	\$1,222.17	
	With Rider	AmeriHealth HMO 1**.†	\$922.00	\$990.00	\$984.00	\$990.00	\$1,034.00	\$1,099.00	\$1,274.00	\$1,567.00	\$1,690.00	\$1,692.00
		AmeriHealth HMO 2**.†	\$1,375.00	\$1,487.00	\$1,466.00	\$1,477.00	\$1,541.00	\$1,638.00	\$1,897.00	\$2,335.00	\$2,519.00	\$2,519.00
		Horizon BCBSNJ	\$823.30	\$865.86	\$949.83	\$1,001.10	\$1,019.93	\$1,054.85	\$1,145.88	\$1,270.68	\$1,439.02	\$1,488.22
Oxford Health Ins		\$861.90	\$906.08	\$982.04	\$1,035.87	\$1,099.07	\$1,147.38	\$1,247.96	\$1,380.23	\$1,541.30	\$1,594.90	

Basic and Essential (B&E) Plans are not comprehensive health benefits plans. For each covered person, B&E Plans provide the following benefits yearly: 90 days of hospitalization (including physician services, lab, prescriptions, newborn nursery, etc.), \$600 for wellness services, \$700 for physician visits for illness and injury, \$500 for out-of-hospital diagnostic testing, outpatient surgery, dialysis, immunizations, 90 days of inpatient and 30 days of outpatient mental health treatment, 30 days inpatient and outpatient treatment for alcohol and other substance abuse, and 30 visits for physical therapy services. A \$500 copay applies per inpatient stay, a \$100 copay applies for Emergency Room use, a \$250 copay applies per outpatient surgery, a \$20 copay applies per physical therapy visit, and covered persons pay 30% of the allowed charges for outpatient mental health and substance abuse treatments. Carriers may offer B&E Plans with or without provider network requirements. Some carriers offer riders that enhance the B&E Plan benefits.

Companies may rate Basic & Essential policies based on age, gender and location of the primary insured/subscriber. Companies may choose to use all, none or some of these factors.

*Most carriers do not price policies with two adults based on whether the primary insured/subscriber is male or female; Celtic is an exception.

Contact carriers for more information about the riders they offer.

**AmeriHealth offers two riders: a Basic rider (1), and a Preferred rider (2).

†AmeriHealth's Two Adults and Family rates shown assume a male/female composition. AmeriHealth has separate rate schedules for these rate tiers for male/male and female/female families.

New Jersey Individual Basic And Essential Plan Rates

Zip Codes 088-089 (Hunterdon, Middlesex & Somerset)		Under 25 years old	25 to 29 years old	30 to 34 years old	35 to 39 years old	40 to 44 years old	45 to 49 years old	50 to 54 years old	55 to 59 years old	60 to 64 years old	65 years and older			
Single	Without any Rider	Male	Aetna Life Ins. Co.	\$140.00	\$151.00	\$176.00	\$184.00	\$211.00	\$273.00	\$297.00	\$367.00	\$420.00	\$463.00	
			AmeriHealth HMO	\$183.23	\$183.23	\$201.16	\$237.01	\$265.89	\$314.68	\$434.18	\$598.49	\$641.31	\$641.31	
			Celtic Ins. Co.	\$854.00	\$1,001.00	\$1,102.00	\$1,291.00	\$1,589.00	\$1,748.00	\$1,923.00	\$2,115.00	\$2,327.00	\$2,560.00	
		Female	CIGNA Healthcare	\$809.00	\$809.00	\$909.00	\$909.00	\$1,042.00	\$1,042.00	\$1,455.00	\$1,455.00	\$2,477.00	\$2,477.00	
			Horizon BCBSNJ	\$158.88	\$158.88	\$185.19	\$221.77	\$233.33	\$273.07	\$318.29	\$402.83	\$496.26	\$528.18	
			Oxford Health Ins	\$166.79	\$170.28	\$189.07	\$226.04	\$250.95	\$300.87	\$351.61	\$438.71	\$517.76	\$530.70	
	With Rider	Male	Aetna Life Ins. Co.	\$158.00	\$184.00	\$213.00	\$227.00	\$244.00	\$254.00	\$298.00	\$315.00	\$399.00	\$423.00	
			AmeriHealth HMO	\$332.61	\$400.32	\$376.42	\$347.54	\$362.48	\$378.42	\$432.19	\$559.66	\$639.32	\$641.31	
			Celtic Ins. Co.	\$939.40	\$1,101.10	\$1,212.20	\$1,420.10	\$1,747.90	\$1,922.80	\$2,115.30	\$2,326.50	\$2,559.70	\$2,816.00	
		Female	CIGNA Healthcare	\$809.00	\$809.00	\$909.00	\$909.00	\$1,042.00	\$1,042.00	\$1,455.00	\$1,455.00	\$2,477.00	\$2,477.00	
			Horizon BCBSNJ	\$197.72	\$233.33	\$277.31	\$283.61	\$287.80	\$277.31	\$308.27	\$328.14	\$375.62	\$384.78	
			Oxford Health Ins	\$197.43	\$231.55	\$277.49	\$286.30	\$315.28	\$306.47	\$341.39	\$366.91	\$425.09	\$457.81	
	Adult and Child(ren)	Without any Rider	Male	AmeriHealth HMO 1**	\$184.00	\$184.00	\$202.00	\$238.00	\$267.00	\$316.00	\$436.00	\$601.00	\$644.00	\$644.00
				AmeriHealth HMO 2**	\$274.00	\$287.00	\$303.00	\$355.00	\$397.00	\$470.00	\$650.00	\$898.00	\$959.00	\$959.00
				Horizon BCBSNJ	\$199.85	\$199.85	\$232.93	\$278.95	\$293.50	\$343.47	\$400.34	\$506.69	\$624.21	\$664.38
			Female	Oxford Health Ins	\$217.66	\$222.22	\$246.74	\$294.98	\$327.49	\$392.63	\$458.85	\$572.51	\$675.67	\$692.56
				AmeriHealth HMO 1**	\$334.00	\$402.00	\$378.00	\$349.00	\$364.00	\$380.00	\$434.00	\$562.00	\$642.00	\$644.00
				AmeriHealth HMO 2**	\$500.00	\$600.00	\$563.00	\$522.00	\$543.00	\$568.00	\$646.00	\$837.00	\$959.00	\$959.00
With Rider	Male	Horizon BCBSNJ	\$248.70	\$293.50	\$348.82	\$356.74	\$362.01	\$348.82	\$387.77	\$412.76	\$472.48	\$483.99		
		Oxford Health Ins	\$257.64	\$302.17	\$362.12	\$373.62	\$411.44	\$399.94	\$445.51	\$478.82	\$554.74	\$597.43		
		Aetna Life Ins. Co.	\$278.00	\$289.00	\$314.00	\$322.00	\$349.00	\$411.00	\$435.00	\$505.00	\$558.00	\$601.00		
	Female	AmeriHealth HMO	\$585.55	\$585.55	\$603.47	\$638.33	\$667.21	\$716.00	\$836.50	\$1,000.81	\$1,043.63	\$1,043.63		
		Celtic Ins. Co.	\$1,494.50	\$1,751.75	\$1,928.50	\$2,259.25	\$2,780.75	\$3,059.00	\$3,365.25	\$3,701.25	\$4,072.25	\$4,480.00		
		CIGNA Healthcare	\$1,457.00	\$1,457.00	\$1,636.00	\$1,636.00	\$1,876.00	\$1,876.00	\$2,619.00	\$2,619.00	\$4,459.00	\$4,459.00		
With Rider	Male	Horizon BCBSNJ	\$423.66	\$423.66	\$449.97	\$486.55	\$498.13	\$537.85	\$583.06	\$667.61	\$761.02	\$793.04		
		Oxford Health Ins	\$417.74	\$421.23	\$440.02	\$476.99	\$501.91	\$551.82	\$602.56	\$689.66	\$768.71	\$781.66		
		Aetna Life Ins. Co.	\$296.00	\$322.00	\$351.00	\$365.00	\$382.00	\$392.00	\$436.00	\$453.00	\$537.00	\$561.00		
	Female	AmeriHealth HMO	\$734.92	\$801.64	\$778.74	\$749.86	\$764.80	\$780.73	\$834.51	\$960.98	\$1,041.64	\$1,043.63		
		Celtic Ins. Co.	\$1,643.95	\$1,926.93	\$2,121.35	\$2,485.18	\$3,058.83	\$3,364.90	\$3,701.78	\$4,071.38	\$4,479.48	\$4,928.00		
		CIGNA Healthcare	\$1,457.00	\$1,457.00	\$1,636.00	\$1,636.00	\$1,876.00	\$1,876.00	\$2,619.00	\$2,619.00	\$4,459.00	\$4,459.00		
With Rider	Male	Horizon BCBSNJ	\$462.50	\$498.13	\$542.09	\$548.40	\$552.58	\$542.09	\$573.06	\$592.95	\$640.41	\$649.57		
		Oxford Health Ins	\$448.38	\$482.50	\$528.44	\$537.25	\$566.24	\$557.42	\$592.34	\$617.86	\$676.04	\$708.76		
		AmeriHealth HMO 1**	\$588.00	\$588.00	\$606.00	\$641.00	\$670.00	\$719.00	\$840.00	\$1,005.00	\$1,048.00	\$1,048.00		
	Female	AmeriHealth HMO 2**	\$875.00	\$887.00	\$903.00	\$955.00	\$998.00	\$1,070.00	\$1,251.00	\$1,498.00	\$1,560.00	\$1,560.00		
		Horizon BCBSNJ	\$532.89	\$532.89	\$566.01	\$612.00	\$626.57	\$676.53	\$733.40	\$839.74	\$957.24	\$997.52		
		Oxford Health Ins	\$545.15	\$549.71	\$574.23	\$622.47	\$654.98	\$720.12	\$786.34	\$900.00	\$1,003.16	\$1,020.06		
With Rider	Female	AmeriHealth HMO 1**	\$738.00	\$805.00	\$782.00	\$753.00	\$768.00	\$784.00	\$838.00	\$965.00	\$1,046.00	\$1,048.00		
		AmeriHealth HMO 2**	\$1,100.00	\$1,200.00	\$1,163.00	\$1,122.00	\$1,144.00	\$1,168.00	\$1,246.00	\$1,437.00	\$1,559.00	\$1,560.00		
		Horizon BCBSNJ	\$581.75	\$626.57	\$681.86	\$689.80	\$695.03	\$681.86	\$720.81	\$745.83	\$805.52	\$817.06		
Oxford Health Ins	\$585.13	\$629.66	\$689.61	\$701.11	\$738.93	\$727.43	\$773.00	\$806.31	\$882.23	\$924.92				

New Jersey Individual Basic And Essential Plan Rates

Zip Codes 088-089 (Hunterdon, Middlesex & Somerset)		Under 25 years old	25 to 29 years old	30 to 34 years old	35 to 39 years old	40 to 44 years old	45 to 49 years old	50 to 54 years old	55 to 59 years old	60 to 64 years old	65 years and older	
Two Adults*	Without any Rider	Aetna Life Ins. Co.	\$298.00	\$335.00	\$389.00	\$411.00	\$455.00	\$527.00	\$595.00	\$682.00	\$819.00	\$886.00
		AmeriHealth HMO†	\$515.84	\$583.56	\$577.58	\$584.55	\$628.37	\$693.10	\$866.37	\$1,158.15	\$1,280.64	\$1,282.63
		Celtic Ins. Co. (M)	\$1,989.82	\$2,332.33	\$2,567.66	\$3,008.03	\$3,702.37	\$4,072.84	\$4,480.59	\$4,927.95	\$5,421.91	\$5,964.80
		Celtic Ins. Co. (F)	\$2,188.80	\$2,565.56	\$2,824.43	\$3,308.83	\$4,072.61	\$4,480.12	\$4,928.65	\$5,420.75	\$5,964.10	\$6,561.28
		CIGNA Healthcare	\$1,562.00	\$1,562.00	\$1,755.00	\$1,755.00	\$2,011.00	\$2,011.00	\$2,808.00	\$2,808.00	\$4,781.00	\$4,781.00
		Horizon BCBSNJ	\$356.60	\$392.22	\$462.50	\$505.38	\$521.12	\$550.37	\$626.56	\$730.97	\$871.88	\$913.04
	Oxford Health Ins	\$346.01	\$381.75	\$443.21	\$486.76	\$537.90	\$576.98	\$658.35	\$765.38	\$895.69	\$939.05	
	With Rider	AmeriHealth HMO 1**.†	\$518.00	\$586.00	\$580.00	\$587.00	\$631.00	\$696.00	\$870.00	\$1,163.00	\$1,286.00	\$1,288.00
		AmeriHealth HMO 2**.†	\$774.00	\$887.00	\$866.00	\$877.00	\$940.00	\$1,038.00	\$1,296.00	\$1,735.00	\$1,918.00	\$1,918.00
		Horizon BCBSNJ	\$448.54	\$493.33	\$581.75	\$635.67	\$655.47	\$692.27	\$788.11	\$919.44	\$1,096.68	\$1,148.45
Oxford Health Ins		\$451.54	\$498.19	\$578.38	\$635.21	\$701.95	\$752.95	\$859.15	\$998.81	\$1,168.87	\$1,225.46	
Family*	Without any Rider	Aetna Life Ins. Co.	\$436.00	\$473.00	\$527.00	\$549.00	\$593.00	\$665.00	\$733.00	\$820.00	\$957.00	\$1,024.00
		AmeriHealth HMO†	\$918.16	\$985.87	\$979.90	\$985.87	\$1,029.69	\$1,094.42	\$1,268.69	\$1,560.47	\$1,682.95	\$1,684.94
		Celtic Ins. Co. (M)	\$1,998.36	\$2,342.34	\$2,578.68	\$3,020.94	\$3,718.26	\$4,090.32	\$4,499.82	\$4,949.10	\$5,445.18	\$5,990.40
		Celtic Ins. Co. (F)	\$2,198.20	\$2,576.57	\$2,836.55	\$3,323.03	\$4,090.09	\$4,499.35	\$4,949.80	\$5,444.01	\$5,989.70	\$6,589.44
		CIGNA Healthcare	\$2,250.00	\$2,250.00	\$2,527.00	\$2,527.00	\$2,897.00	\$2,897.00	\$4,044.00	\$4,044.00	\$6,887.00	\$6,887.00
		Horizon BCBSNJ	\$688.98	\$724.61	\$794.89	\$837.77	\$853.51	\$882.73	\$958.95	\$1,063.36	\$1,204.27	\$1,245.42
	Oxford Health Ins	\$697.34	\$733.09	\$794.54	\$838.09	\$889.23	\$928.31	\$1,009.69	\$1,116.71	\$1,247.02	\$1,290.39	
	With Rider	AmeriHealth HMO 1**.†	\$922.00	\$990.00	\$984.00	\$990.00	\$1,034.00	\$1,099.00	\$1,274.00	\$1,567.00	\$1,690.00	\$1,692.00
		AmeriHealth HMO 2**.†	\$1,375.00	\$1,487.00	\$1,466.00	\$1,477.00	\$1,541.00	\$1,638.00	\$1,897.00	\$2,335.00	\$2,519.00	\$2,519.00
		Horizon BCBSNJ	\$866.63	\$911.43	\$999.84	\$1,053.77	\$1,073.59	\$1,110.34	\$1,206.21	\$1,337.54	\$1,514.78	\$1,566.52
Oxford Health Ins		\$910.03	\$956.67	\$1,036.87	\$1,093.70	\$1,160.44	\$1,211.44	\$1,317.63	\$1,457.30	\$1,627.35	\$1,683.95	

Basic and Essential (B&E) Plans are not comprehensive health benefits plans. For each covered person, B&E Plans provide the following benefits yearly: 90 days of hospitalization (including physician services, lab, prescriptions, newborn nursery, etc.), \$600 for wellness services, \$700 for physician visits for illness and injury, \$500 for out-of-hospital diagnostic testing, outpatient surgery, dialysis, immunizations, 90 days of inpatient and 30 days of outpatient mental health treatment, 30 days inpatient and outpatient treatment for alcohol and other substance abuse, and 30 visits for physical therapy services. A \$500 copay applies per inpatient stay, a \$100 copay applies for Emergency Room use, a \$250 copay applies per outpatient surgery, a \$20 copay applies per physical therapy visit, and covered persons pay 30% of the allowed charges for outpatient mental health and substance abuse treatments. Carriers may offer B&E Plans with or without provider network requirements. Some carriers offer riders that enhance the B&E Plan benefits.

Companies may rate Basic & Essential policies based on age, gender and location of the primary insured/subscriber. Companies may choose to use all, none or some of these factors.

*Most carriers do not price policies with two adults based on whether the primary insured/subscriber is male or female; Celtic is an exception.

Contact carriers for more information about the riders they offer.

**AmeriHealth offers two riders: a Basic rider (1), and a Preferred rider (2).

†AmeriHealth's Two Adults and Family rates shown assume a male/female composition. AmeriHealth has separate rate schedules for these rate tiers for male/male and female/female families.

New Jersey Individual Basic And Essential Plan Rates

Zip Codes 081, 085-086 (Burlington, Camden, Mercer)		Under 25 years old	25 to 29 years old	30 to 34 years old	35 to 39 years old	40 to 44 years old	45 to 49 years old	50 to 54 years old	55 to 59 years old	60 to 64 years old	65 years and older		
Single	Without any Rider	Male	Aetna Life Ins. Co.	\$140.00	\$151.00	\$175.00	\$183.00	\$211.00	\$273.00	\$297.00	\$366.00	\$419.00	\$462.00
			AmeriHealth HMO	\$183.23	\$183.23	\$201.16	\$237.01	\$265.89	\$314.68	\$434.18	\$598.49	\$641.31	\$641.31
			Celtic Ins. Co.	\$854.00	\$1,001.00	\$1,102.00	\$1,291.00	\$1,589.00	\$1,748.00	\$1,923.00	\$2,115.00	\$2,327.00	\$2,560.00
		Female	CIGNA Healthcare	\$809.00	\$809.00	\$909.00	\$909.00	\$1,042.00	\$1,042.00	\$1,455.00	\$1,455.00	\$2,477.00	\$2,477.00
			Horizon BCBSNJ	\$150.91	\$150.91	\$175.92	\$210.66	\$221.67	\$259.40	\$302.35	\$382.67	\$471.44	\$501.84
			Oxford Health Ins	\$157.97	\$161.28	\$179.08	\$214.09	\$237.69	\$284.96	\$333.02	\$415.51	\$490.39	\$502.65
	With Rider	Male	Aetna Life Ins. Co.	\$158.00	\$184.00	\$212.00	\$227.00	\$243.00	\$252.00	\$298.00	\$314.00	\$398.00	\$422.00
			AmeriHealth HMO	\$332.61	\$400.32	\$376.42	\$347.54	\$362.48	\$378.42	\$432.19	\$559.66	\$639.32	\$641.31
			Celtic Ins. Co.	\$939.40	\$1,101.10	\$1,212.20	\$1,420.10	\$1,747.90	\$1,922.80	\$2,115.30	\$2,326.50	\$2,559.70	\$2,816.00
		Female	CIGNA Healthcare	\$809.00	\$809.00	\$909.00	\$909.00	\$1,042.00	\$1,042.00	\$1,455.00	\$1,455.00	\$2,477.00	\$2,477.00
			Horizon BCBSNJ	\$187.83	\$221.67	\$263.44	\$269.43	\$273.39	\$263.44	\$292.85	\$311.75	\$356.83	\$365.55
			Oxford Health Ins	\$186.99	\$219.31	\$262.82	\$271.16	\$298.61	\$290.27	\$323.34	\$347.51	\$402.62	\$433.60
	With Rider	Male	AmeriHealth HMO 1**	\$184.00	\$184.00	\$202.00	\$238.00	\$267.00	\$316.00	\$436.00	\$601.00	\$644.00	\$644.00
			AmeriHealth HMO 2**	\$274.00	\$287.00	\$303.00	\$355.00	\$397.00	\$470.00	\$650.00	\$898.00	\$959.00	\$959.00
			Horizon BCBSNJ	\$189.83	\$189.83	\$221.27	\$264.97	\$278.83	\$326.29	\$380.32	\$481.33	\$593.00	\$631.24
		Female	Oxford Health Ins	\$206.15	\$210.46	\$233.69	\$279.38	\$310.17	\$371.87	\$434.58	\$542.24	\$639.94	\$655.94
			AmeriHealth HMO 1**	\$334.00	\$402.00	\$378.00	\$349.00	\$364.00	\$380.00	\$434.00	\$562.00	\$642.00	\$644.00
			AmeriHealth HMO 2**	\$500.00	\$600.00	\$563.00	\$522.00	\$543.00	\$568.00	\$646.00	\$837.00	\$959.00	\$959.00
With Rider	Male	Horizon BCBSNJ	\$236.25	\$278.83	\$331.36	\$338.91	\$343.88	\$331.36	\$368.35	\$392.14	\$448.83	\$459.80	
		Oxford Health Ins	\$244.02	\$286.19	\$342.97	\$353.86	\$389.68	\$378.79	\$421.95	\$453.50	\$525.40	\$565.84	
		Aetna Life Ins. Co.	\$278.00	\$289.00	\$313.00	\$321.00	\$349.00	\$411.00	\$435.00	\$504.00	\$557.00	\$600.00	
	Without any Rider	Male	AmeriHealth HMO	\$585.55	\$585.55	\$603.47	\$638.33	\$667.21	\$716.00	\$836.50	\$1,000.81	\$1,043.63	\$1,043.63
			Celtic Ins. Co.	\$1,494.50	\$1,751.75	\$1,928.50	\$2,259.25	\$2,780.75	\$3,059.00	\$3,365.25	\$3,701.25	\$4,072.25	\$4,480.00
			CIGNA Healthcare	\$1,457.00	\$1,457.00	\$1,636.00	\$1,636.00	\$1,876.00	\$1,876.00	\$2,619.00	\$2,619.00	\$4,459.00	\$4,459.00
Female		Horizon BCBSNJ	\$402.48	\$402.48	\$427.47	\$462.22	\$473.21	\$510.95	\$553.93	\$634.24	\$722.98	\$753.39	
		Oxford Health Ins	\$395.66	\$398.96	\$416.76	\$451.78	\$475.37	\$522.65	\$570.71	\$653.20	\$728.07	\$740.33	
		Aetna Life Ins. Co.	\$296.00	\$322.00	\$350.00	\$365.00	\$381.00	\$390.00	\$436.00	\$452.00	\$536.00	\$560.00	
With Rider	Male	AmeriHealth HMO	\$734.92	\$801.64	\$778.74	\$749.86	\$764.80	\$780.73	\$834.51	\$960.98	\$1,041.64	\$1,043.63	
		Celtic Ins. Co.	\$1,643.95	\$1,926.93	\$2,121.35	\$2,485.18	\$3,058.83	\$3,364.90	\$3,701.78	\$4,071.38	\$4,479.48	\$4,928.00	
		CIGNA Healthcare	\$1,457.00	\$1,457.00	\$1,636.00	\$1,636.00	\$1,876.00	\$1,876.00	\$2,619.00	\$2,619.00	\$4,459.00	\$4,459.00	
	Female	Horizon BCBSNJ	\$439.38	\$473.21	\$514.98	\$520.99	\$524.96	\$514.98	\$544.39	\$563.29	\$608.37	\$617.09	
		Oxford Health Ins	\$424.67	\$456.99	\$500.50	\$508.85	\$536.30	\$527.95	\$561.02	\$585.20	\$640.30	\$671.29	
		AmeriHealth HMO 1**	\$588.00	\$588.00	\$606.00	\$641.00	\$670.00	\$719.00	\$840.00	\$1,005.00	\$1,048.00	\$1,048.00	
With Rider	Male	AmeriHealth HMO 2**	\$875.00	\$887.00	\$903.00	\$955.00	\$998.00	\$1,070.00	\$1,251.00	\$1,498.00	\$1,560.00	\$1,560.00	
		Horizon BCBSNJ	\$506.25	\$506.25	\$537.69	\$581.40	\$595.22	\$642.68	\$696.76	\$797.77	\$909.41	\$947.65	
		Oxford Health Ins	\$516.32	\$520.64	\$543.86	\$589.56	\$620.35	\$682.04	\$744.76	\$852.41	\$950.11	\$966.11	
	Female	AmeriHealth HMO 1**	\$738.00	\$805.00	\$782.00	\$753.00	\$768.00	\$784.00	\$838.00	\$965.00	\$1,046.00	\$1,048.00	
		AmeriHealth HMO 2**	\$1,100.00	\$1,200.00	\$1,163.00	\$1,122.00	\$1,144.00	\$1,168.00	\$1,246.00	\$1,437.00	\$1,559.00	\$1,560.00	
		Horizon BCBSNJ	\$552.64	\$595.22	\$647.75	\$655.32	\$660.31	\$647.75	\$684.78	\$708.53	\$765.23	\$776.21	
Oxford Health Ins	\$554.19	\$596.36	\$653.14	\$664.04	\$699.86	\$688.96	\$732.12	\$763.67	\$835.58	\$876.01			

New Jersey Individual Basic And Essential Plan Rates

Zip Codes 081, 085-086 (Burlington, Camden, Mercer)		Under 25 years old	25 to 29 years old	30 to 34 years old	35 to 39 years old	40 to 44 years old	45 to 49 years old	50 to 54 years old	55 to 59 years old	60 to 64 years old	65 years and older	
Two Adults*	Without any Rider	Aetna Life Ins. Co.	\$298.00	\$335.00	\$387.00	\$410.00	\$454.00	\$525.00	\$595.00	\$680.00	\$817.00	\$884.00
		AmeriHealth HMO†	\$515.84	\$583.56	\$577.58	\$584.55	\$628.37	\$693.10	\$866.37	\$1,158.15	\$1,280.64	\$1,282.63
		Celtic Ins. Co. (M)	\$1,989.82	\$2,332.33	\$2,567.66	\$3,008.03	\$3,702.37	\$4,072.84	\$4,480.59	\$4,927.95	\$5,421.91	\$5,964.80
		Celtic Ins. Co. (F)	\$2,188.80	\$2,565.56	\$2,824.43	\$3,308.83	\$4,072.61	\$4,480.12	\$4,928.65	\$5,420.75	\$5,964.10	\$6,561.28
		CIGNA Healthcare	\$1,562.00	\$1,562.00	\$1,755.00	\$1,755.00	\$2,011.00	\$2,011.00	\$2,808.00	\$2,808.00	\$4,781.00	\$4,781.00
		Horizon BCBSNJ	\$338.78	\$372.60	\$439.37	\$480.10	\$495.08	\$522.84	\$595.22	\$694.41	\$828.28	\$867.38
	Oxford Health Ins	\$327.72	\$361.57	\$419.78	\$461.02	\$509.46	\$546.47	\$623.55	\$724.91	\$848.33	\$889.41	
	With Rider	AmeriHealth HMO 1**.†	\$518.00	\$586.00	\$580.00	\$587.00	\$631.00	\$696.00	\$870.00	\$1,163.00	\$1,286.00	\$1,288.00
		AmeriHealth HMO 2**.†	\$774.00	\$887.00	\$866.00	\$877.00	\$940.00	\$1,038.00	\$1,296.00	\$1,735.00	\$1,918.00	\$1,918.00
		Horizon BCBSNJ	\$426.12	\$468.68	\$552.63	\$603.90	\$622.73	\$657.64	\$748.68	\$873.46	\$1,041.84	\$1,091.03
Oxford Health Ins		\$427.66	\$471.84	\$547.80	\$601.62	\$664.83	\$713.13	\$813.71	\$945.99	\$1,107.05	\$1,160.65	
Family*	Without any Rider	Aetna Life Ins. Co.	\$436.00	\$473.00	\$525.00	\$548.00	\$592.00	\$663.00	\$733.00	\$818.00	\$955.00	\$1,022.00
		AmeriHealth HMO†	\$918.16	\$985.87	\$979.90	\$985.87	\$1,029.69	\$1,094.42	\$1,268.69	\$1,560.47	\$1,682.95	\$1,684.94
		Celtic Ins. Co. (M)	\$1,998.36	\$2,342.34	\$2,578.68	\$3,020.94	\$3,718.26	\$4,090.32	\$4,499.82	\$4,949.10	\$5,445.18	\$5,990.40
		Celtic Ins. Co. (F)	\$2,198.20	\$2,576.57	\$2,836.55	\$3,323.03	\$4,090.09	\$4,499.35	\$4,949.80	\$5,444.01	\$5,989.70	\$6,589.44
		CIGNA Healthcare	\$2,250.00	\$2,250.00	\$2,527.00	\$2,527.00	\$2,897.00	\$2,897.00	\$4,044.00	\$4,044.00	\$6,887.00	\$6,887.00
		Horizon BCBSNJ	\$654.54	\$688.37	\$755.13	\$795.89	\$810.85	\$838.63	\$911.01	\$1,010.21	\$1,144.05	\$1,183.15
	Oxford Health Ins	\$660.47	\$694.33	\$752.53	\$793.78	\$842.22	\$879.23	\$956.31	\$1,057.67	\$1,181.09	\$1,222.17	
	With Rider	AmeriHealth HMO 1**.†	\$922.00	\$990.00	\$984.00	\$990.00	\$1,034.00	\$1,099.00	\$1,274.00	\$1,567.00	\$1,690.00	\$1,692.00
		AmeriHealth HMO 2**.†	\$1,375.00	\$1,487.00	\$1,466.00	\$1,477.00	\$1,541.00	\$1,638.00	\$1,897.00	\$2,335.00	\$2,519.00	\$2,519.00
		Horizon BCBSNJ	\$823.30	\$865.86	\$949.83	\$1,001.10	\$1,019.93	\$1,054.85	\$1,145.88	\$1,270.68	\$1,439.02	\$1,488.22
Oxford Health Ins		\$861.90	\$906.08	\$982.04	\$1,035.87	\$1,099.07	\$1,147.38	\$1,247.96	\$1,380.23	\$1,541.30	\$1,594.90	

Basic and Essential (B&E) Plans are not comprehensive health benefits plans. For each covered person, B&E Plans provide the following benefits yearly: 90 days of hospitalization (including physician services, lab, prescriptions, newborn nursery, etc.), \$600 for wellness services, \$700 for physician visits for illness and injury, \$500 for out-of-hospital diagnostic testing, outpatient surgery, dialysis, immunizations, 90 days of inpatient and 30 days of outpatient mental health treatment, 30 days inpatient and outpatient treatment for alcohol and other substance abuse, and 30 visits for physical therapy services. A \$500 copay applies per inpatient stay, a \$100 copay applies for Emergency Room use, a \$250 copay applies per outpatient surgery, a \$20 copay applies per physical therapy visit, and covered persons pay 30% of the allowed charges for outpatient mental health and substance abuse treatments. Carriers may offer B&E Plans with or without provider network requirements. Some carriers offer riders that enhance the B&E Plan benefits.

Companies may rate Basic & Essential policies based on age, gender and location of the primary insured/subscriber. Companies may choose to use all, none or some of these factors.

*Most carriers do not price policies with two adults based on whether the primary insured/subscriber is male or female; Celtic is an exception.

Contact carriers for more information about the riders they offer.

**AmeriHealth offers two riders: a Basic rider (1), and a Preferred rider (2).

†AmeriHealth's Two Adults and Family rates shown assume a male/female composition. AmeriHealth has separate rate schedules for these rate tiers for male/male and female/female families.

New Jersey Individual Basic And Essential Plan Rates

Zip Codes 080, 082-084, 087 (Atlantic, Cape May, Ocean, Salem, Cumberland, Gloucester)		Under 25 years old	25 to 29 years old	30 to 34 years old	35 to 39 years old	40 to 44 years old	45 to 49 years old	50 to 54 years old	55 to 59 years old	60 to 64 years old	65 years and older			
Single	Without any Rider	Male	Aetna Life Ins. Co.	\$136.00	\$147.00	\$170.00	\$177.00	\$204.00	\$265.00	\$288.00	\$355.00	\$406.00	\$448.00	
			AmeriHealth HMO	\$183.23	\$183.23	\$201.16	\$237.01	\$265.89	\$314.68	\$434.18	\$598.49	\$641.31	\$641.31	
			Celtic Ins. Co.	\$854.00	\$1,001.00	\$1,102.00	\$1,291.00	\$1,589.00	\$1,748.00	\$1,923.00	\$2,115.00	\$2,327.00	\$2,560.00	
		Female	CIGNA Healthcare	\$809.00	\$809.00	\$909.00	\$909.00	\$1,042.00	\$1,042.00	\$1,455.00	\$1,455.00	\$2,477.00	\$2,477.00	
			Horizon BCBSNJ	\$150.91	\$150.91	\$175.92	\$210.66	\$221.67	\$259.40	\$302.35	\$382.67	\$471.44	\$501.84	
			Oxford Health Ins	\$157.97	\$161.28	\$179.08	\$214.09	\$237.69	\$284.96	\$333.02	\$415.51	\$490.39	\$502.65	
	Rider	Male	Aetna Life Ins. Co.	\$152.00	\$177.00	\$205.00	\$219.00	\$235.00	\$245.00	\$288.00	\$304.00	\$386.00	\$409.00	
			AmeriHealth HMO	\$332.61	\$400.32	\$376.42	\$347.54	\$362.48	\$378.42	\$432.19	\$559.66	\$639.32	\$641.31	
			Celtic Ins. Co.	\$939.40	\$1,101.10	\$1,212.20	\$1,420.10	\$1,747.90	\$1,922.80	\$2,115.30	\$2,326.50	\$2,559.70	\$2,816.00	
		Female	CIGNA Healthcare	\$809.00	\$809.00	\$909.00	\$909.00	\$1,042.00	\$1,042.00	\$1,455.00	\$1,455.00	\$2,477.00	\$2,477.00	
			Horizon BCBSNJ	\$187.83	\$221.67	\$263.44	\$269.43	\$273.39	\$263.44	\$292.85	\$311.75	\$356.83	\$365.55	
			Oxford Health Ins	\$186.99	\$219.31	\$262.82	\$271.16	\$298.61	\$290.27	\$323.34	\$347.51	\$402.62	\$433.60	
	Adult and Child(ren)	Without any Rider	Male	AmeriHealth HMO 1**	\$184.00	\$184.00	\$202.00	\$238.00	\$267.00	\$316.00	\$436.00	\$601.00	\$644.00	\$644.00
				AmeriHealth HMO 2**	\$274.00	\$287.00	\$303.00	\$355.00	\$397.00	\$470.00	\$650.00	\$898.00	\$959.00	\$959.00
				Horizon BCBSNJ	\$189.83	\$189.83	\$221.27	\$264.97	\$278.83	\$326.29	\$380.32	\$481.33	\$593.00	\$631.24
			Female	Oxford Health Ins	\$206.15	\$210.46	\$233.69	\$279.38	\$310.17	\$371.87	\$434.58	\$542.24	\$639.94	\$655.94
				AmeriHealth HMO 1**	\$334.00	\$402.00	\$378.00	\$349.00	\$364.00	\$380.00	\$434.00	\$562.00	\$642.00	\$644.00
				AmeriHealth HMO 2**	\$500.00	\$600.00	\$563.00	\$522.00	\$543.00	\$568.00	\$646.00	\$837.00	\$959.00	\$959.00
Rider	Male	Horizon BCBSNJ	\$236.25	\$278.83	\$331.36	\$338.91	\$343.88	\$331.36	\$368.35	\$392.14	\$448.83	\$459.80		
		Oxford Health Ins	\$244.02	\$286.19	\$342.97	\$353.86	\$389.68	\$378.79	\$421.95	\$453.50	\$525.40	\$565.84		
		Aetna Life Ins. Co.	\$269.00	\$280.00	\$303.00	\$310.00	\$337.00	\$398.00	\$421.00	\$488.00	\$539.00	\$581.00		
	Female	AmeriHealth HMO	\$585.55	\$585.55	\$603.47	\$638.33	\$667.21	\$716.00	\$836.50	\$1,000.81	\$1,043.63	\$1,043.63		
		Celtic Ins. Co.	\$1,494.50	\$1,751.75	\$1,928.50	\$2,259.25	\$2,780.75	\$3,059.00	\$3,365.25	\$3,701.25	\$4,072.25	\$4,480.00		
		CIGNA Healthcare	\$1,457.00	\$1,457.00	\$1,636.00	\$1,636.00	\$1,876.00	\$1,876.00	\$2,619.00	\$2,619.00	\$4,459.00	\$4,459.00		
Rider	Male	Horizon BCBSNJ	\$402.48	\$402.48	\$427.47	\$462.22	\$473.21	\$510.95	\$553.93	\$634.24	\$722.98	\$753.39		
		Oxford Health Ins	\$395.66	\$398.96	\$416.76	\$451.78	\$475.37	\$522.65	\$570.71	\$653.20	\$728.07	\$740.33		
		Aetna Life Ins. Co.	\$285.00	\$310.00	\$338.00	\$352.00	\$368.00	\$378.00	\$421.00	\$437.00	\$519.00	\$542.00		
	Female	AmeriHealth HMO	\$734.92	\$801.64	\$778.74	\$749.86	\$764.80	\$780.73	\$834.51	\$960.98	\$1,041.64	\$1,043.63		
		Celtic Ins. Co.	\$1,643.95	\$1,926.93	\$2,121.35	\$2,485.18	\$3,058.83	\$3,364.90	\$3,701.78	\$4,071.38	\$4,479.48	\$4,928.00		
		CIGNA Healthcare	\$1,457.00	\$1,457.00	\$1,636.00	\$1,636.00	\$1,876.00	\$1,876.00	\$2,619.00	\$2,619.00	\$4,459.00	\$4,459.00		
Rider	Male	Horizon BCBSNJ	\$439.38	\$473.21	\$514.98	\$520.99	\$524.96	\$514.98	\$544.39	\$563.29	\$608.37	\$617.09		
		Oxford Health Ins	\$424.67	\$456.99	\$500.50	\$508.85	\$536.30	\$527.95	\$561.02	\$585.20	\$640.30	\$671.29		
		AmeriHealth HMO 1**	\$588.00	\$588.00	\$606.00	\$641.00	\$670.00	\$719.00	\$840.00	\$1,005.00	\$1,048.00	\$1,048.00		
	Female	AmeriHealth HMO 2**	\$875.00	\$887.00	\$903.00	\$955.00	\$998.00	\$1,070.00	\$1,251.00	\$1,498.00	\$1,560.00	\$1,560.00		
		Horizon BCBSNJ	\$506.25	\$506.25	\$537.69	\$581.40	\$595.22	\$642.68	\$696.76	\$797.77	\$909.41	\$947.65		
		Oxford Health Ins	\$516.32	\$520.64	\$543.86	\$589.56	\$620.35	\$682.04	\$744.76	\$852.41	\$950.11	\$966.11		
Female	AmeriHealth HMO 1**	\$738.00	\$805.00	\$782.00	\$753.00	\$768.00	\$784.00	\$838.00	\$965.00	\$1,046.00	\$1,048.00			
	AmeriHealth HMO 2**	\$1,100.00	\$1,200.00	\$1,163.00	\$1,122.00	\$1,144.00	\$1,168.00	\$1,246.00	\$1,437.00	\$1,559.00	\$1,560.00			
	Horizon BCBSNJ	\$552.64	\$595.22	\$647.75	\$655.32	\$660.31	\$647.75	\$684.78	\$708.53	\$765.23	\$776.21			
Oxford Health Ins	\$554.19	\$596.36	\$653.14	\$664.04	\$699.86	\$688.96	\$732.12	\$763.67	\$835.58	\$876.01				

New Jersey Individual Basic And Essential Plan Rates

Zip Codes 080, 082-084, 087 (Atlantic, Cape May, Ocean, Salem, Cumberland, Gloucester)		Under 25 years old	25 to 29 years old	30 to 34 years old	35 to 39 years old	40 to 44 years old	45 to 49 years old	50 to 54 years old	55 to 59 years old	60 to 64 years old	65 years and older	
Two Adults*	Without any Rider	Aetna Life Ins. Co.	\$288.00	\$324.00	\$375.00	\$396.00	\$439.00	\$510.00	\$576.00	\$659.00	\$792.00	\$857.00
		AmeriHealth HMO†	\$515.84	\$583.56	\$577.58	\$584.55	\$628.37	\$693.10	\$866.37	\$1,158.15	\$1,280.64	\$1,282.63
		Celtic Ins. Co. (M)	\$1,989.82	\$2,332.33	\$2,567.66	\$3,008.03	\$3,702.37	\$4,072.84	\$4,480.59	\$4,927.95	\$5,421.91	\$5,964.80
		Celtic Ins. Co. (F)	\$2,188.80	\$2,565.56	\$2,824.43	\$3,308.83	\$4,072.61	\$4,480.12	\$4,928.65	\$5,420.75	\$5,964.10	\$6,561.28
		CIGNA Healthcare	\$1,562.00	\$1,562.00	\$1,755.00	\$1,755.00	\$2,011.00	\$2,011.00	\$2,808.00	\$2,808.00	\$4,781.00	\$4,781.00
		Horizon BCBSNJ	\$338.78	\$372.60	\$439.37	\$480.10	\$495.08	\$522.84	\$595.22	\$694.41	\$828.28	\$867.38
	Oxford Health Ins	\$327.72	\$361.57	\$419.78	\$461.02	\$509.46	\$546.47	\$623.55	\$724.91	\$848.33	\$889.41	
	Rider	AmeriHealth HMO 1**†	\$518.00	\$586.00	\$580.00	\$587.00	\$631.00	\$696.00	\$870.00	\$1,163.00	\$1,286.00	\$1,288.00
		AmeriHealth HMO 2**†	\$774.00	\$887.00	\$866.00	\$877.00	\$940.00	\$1,038.00	\$1,296.00	\$1,735.00	\$1,918.00	\$1,918.00
		Horizon BCBSNJ	\$426.12	\$468.68	\$552.63	\$603.90	\$622.73	\$657.64	\$748.68	\$873.46	\$1,041.84	\$1,091.03
Oxford Health Ins		\$427.66	\$471.84	\$547.80	\$601.62	\$664.83	\$713.13	\$813.71	\$945.99	\$1,107.05	\$1,160.65	
Family*	Without any Rider	Aetna Life Ins. Co.	\$421.00	\$457.00	\$508.00	\$529.00	\$572.00	\$643.00	\$709.00	\$792.00	\$925.00	\$990.00
		AmeriHealth HMO†	\$918.16	\$985.87	\$979.90	\$985.87	\$1,029.69	\$1,094.42	\$1,268.69	\$1,560.47	\$1,682.95	\$1,684.94
		Celtic Ins. Co. (M)	\$1,998.36	\$2,342.34	\$2,578.68	\$3,020.94	\$3,718.26	\$4,090.32	\$4,499.82	\$4,949.10	\$5,445.18	\$5,990.40
		Celtic Ins. Co. (F)	\$2,198.20	\$2,576.57	\$2,836.55	\$3,323.03	\$4,090.09	\$4,499.35	\$4,949.80	\$5,444.01	\$5,989.70	\$6,589.44
		CIGNA Healthcare	\$2,250.00	\$2,250.00	\$2,527.00	\$2,527.00	\$2,897.00	\$2,897.00	\$4,044.00	\$4,044.00	\$6,887.00	\$6,887.00
		Horizon BCBSNJ	\$654.54	\$688.37	\$755.13	\$795.89	\$810.85	\$838.63	\$911.01	\$1,010.21	\$1,144.05	\$1,183.15
	Oxford Health Ins	\$660.47	\$694.33	\$752.53	\$793.78	\$842.22	\$879.23	\$956.31	\$1,057.67	\$1,181.09	\$1,222.17	
	Rider	AmeriHealth HMO 1**†	\$922.00	\$990.00	\$984.00	\$990.00	\$1,034.00	\$1,099.00	\$1,274.00	\$1,567.00	\$1,690.00	\$1,692.00
		AmeriHealth HMO 2**†	\$1,375.00	\$1,487.00	\$1,466.00	\$1,477.00	\$1,541.00	\$1,638.00	\$1,897.00	\$2,335.00	\$2,519.00	\$2,519.00
		Horizon BCBSNJ	\$823.30	\$865.86	\$949.83	\$1,001.10	\$1,019.93	\$1,054.85	\$1,145.88	\$1,270.68	\$1,439.02	\$1,488.22
Oxford Health Ins		\$861.90	\$906.08	\$982.04	\$1,035.87	\$1,099.07	\$1,147.38	\$1,247.96	\$1,380.23	\$1,541.30	\$1,594.90	

Basic and Essential (B&E) Plans are not comprehensive health benefits plans. For each covered person, B&E Plans provide the following benefits yearly: 90 days of hospitalization (including physician services, lab, prescriptions, newborn nursery, etc.), \$600 for wellness services, \$700 for physician visits for illness and injury, \$500 for out-of-hospital diagnostic testing, outpatient surgery, dialysis, immunizations, 90 days of inpatient and 30 days of outpatient mental health treatment, 30 days inpatient and outpatient treatment for alcohol and other substance abuse, and 30 visits for physical therapy services. A \$500 copay applies per inpatient stay, a \$100 copay applies for Emergency Room use, a \$250 copay applies per outpatient surgery, a \$20 copay applies per physical therapy visit, and covered persons pay 30% of the allowed charges for outpatient mental health and substance abuse treatments. Carriers may offer B&E Plans with or without provider network requirements. Some carriers offer riders that enhance the B&E Plan benefits.

Companies may rate Basic & Essential policies based on age, gender and location of the primary insured/subscriber. Companies may choose to use all, none or some of these factors.

*Most carriers do not price policies with two adults based on whether the primary insured/subscriber is male or female; Celtic is an exception.

Contact carriers for more information about the riders they offer.

**AmeriHealth offers two riders: a Basic rider (1), and a Preferred rider (2).

†AmeriHealth's Two Adults and Family rates shown assume a male/female composition. AmeriHealth has separate rate schedules for these rate tiers for male/male and female/female families.