

2023 SEH Rate Chart *				Quarterly Base Rates ⁽⁴⁾ (Prior to Application of Territory ⁽⁵⁾ & Age ⁽⁶⁾ Rating Factors) ((Quarterly Base Rate ⁽⁴⁾ x Territory Rating Factor ⁽⁵⁾) x Age Rating Factor ⁽⁶⁾ = Premium per person)			
AmeriHealth Insurance Company of New Jersey, Inc. AmeriHealth HMO, Inc.							
Plan Name ⁽¹⁾⁽²⁾	Footnote (7)	Footnote (8)	Metal Tier ⁽³⁾	1Q2023	2Q2023	3Q2023	4Q2023
SEH Select Platinum EPO Regional Preferred with NY \$5/\$30			Platinum	\$657.64	\$667.51	\$677.52	\$687.68
SEH Platinum EPO Regional Preferred with NY \$10/\$30			Platinum	\$772.78	\$784.37	\$796.14	\$808.08
SEH Platinum EPO National Access with NY \$10/\$30			Platinum	\$850.88	\$863.65	\$876.60	\$889.75
SEH Select Gold EPO AmeriHealth Advantage LV \$20/\$40		8	Gold	\$418.15	\$424.43	\$430.79	\$437.26
SEH Select Gold EPO AmeriHealth Hospital Advantage \$30/\$50		8	Gold	\$443.87	\$450.53	\$457.28	\$464.14
SEH Select Gold EPO HSA Local Value 0%/0%	7	8	Gold	\$451.75	\$458.53	\$465.41	\$472.39
SEH Select Gold EPO AmeriHealth Advantage RP with NY \$20/\$40		8	Gold	\$460.30	\$467.20	\$474.21	\$481.32
SEH Select Gold EPO Local Value \$15/\$60		8	Gold	\$484.18	\$491.44	\$498.82	\$506.30
SEH Select Gold EPO HSA Regional Preferred with NY 0%/0%	7		Gold	\$492.07	\$499.45	\$506.95	\$514.55
SEH Select Gold EPO Regional Preferred with NY \$15/\$60			Gold	\$527.24	\$535.15	\$543.17	\$551.32
SEH Gold EPO Local Value \$35/\$65		8	Gold	\$556.32	\$564.66	\$573.13	\$581.73
SEH Gold HMO Local Value \$35/\$70		8	Gold	\$592.87	\$601.76	\$610.79	\$619.95
SEH Gold EPO Regional Preferred with NY \$35/\$65			Gold	\$606.07	\$615.16	\$624.39	\$633.76
SEH Gold EPO National Access with NY \$35/\$65			Gold	\$667.45	\$677.46	\$687.62	\$697.93
SEH Gold EPO HSA National Access with NY 10%/10%	7		Gold	\$672.10	\$682.18	\$692.42	\$702.80
SEH Gold HMO Regional Preferred \$30/\$65			Gold	\$745.79	\$756.98	\$768.33	\$779.86
SEH Select Silver EPO HSA Local Value 20%/20%	7	8	Silver	\$325.28	\$330.16	\$335.11	\$340.14
SEH Select Silver EPO HSA Local Value 10%/10%	7	8	Silver	\$345.96	\$351.15	\$356.42	\$361.77
SEH Select Silver EPO HSA Regional Preferred with NY 20%/20%	7		Silver	\$354.42	\$359.74	\$365.14	\$370.61
SEH Select Silver EPO HSA AmeriHealth Hospital Advantage \$50/\$75	7	8	Silver	\$365.35	\$370.83	\$376.39	\$382.04
SEH Select Silver EPO HSA Local Value 0%/0%	7	8	Silver	\$375.21	\$380.84	\$386.55	\$392.35
SEH Select Silver EPO AmeriHealth Hospital Advantage \$50/\$75		8	Silver	\$375.83	\$381.47	\$387.19	\$393.00
SEH Select Silver EPO HSA Regional Preferred with NY 10%/10%	7		Silver	\$376.96	\$382.61	\$388.35	\$394.17
SEH Select Silver EPO AmeriHealth Advantage LV \$30/\$60		8	Silver	\$380.30	\$386.01	\$391.80	\$397.67
SEH Select Silver EPO HSA Regional Preferred with NY 0%/0%	7		Silver	\$408.82	\$414.96	\$421.18	\$427.50
SEH Select Silver EPO AmeriHealth Advantage RP with NY \$30/\$60		8	Silver	\$418.72	\$425.00	\$431.38	\$437.85
SEH Select Silver EPO Local Value \$35/\$75		8	Silver	\$461.44	\$468.36	\$475.39	\$482.52
SEH Select Silver EPO Regional Preferred with NY \$35/\$75			Silver	\$502.78	\$510.32	\$517.97	\$525.74
SEH Silver EPO Local Value \$50/\$75		8	Silver	\$535.20	\$543.23	\$551.38	\$559.65
SEH Silver EPO HSA National Access with NY 0%/0%	7		Silver	\$547.70	\$555.91	\$564.25	\$572.71
SEH Silver EPO Local Value \$45/\$75		8	Silver	\$553.19	\$561.49	\$569.91	\$578.46
SEH Silver EPO Regional Preferred with NY \$50/\$75			Silver	\$583.15	\$591.89	\$600.77	\$609.79
SEH Silver EPO Regional Preferred with NY \$45/\$75			Silver	\$602.75	\$611.79	\$620.97	\$630.28
SEH Silver EPO National Access with NY \$50/\$75			Silver	\$642.20	\$651.83	\$661.61	\$671.54
SEH Select Bronze EPO HSA AmeriHealth Hospital Advantage \$50/\$75	7	8	Bronze	\$309.47	\$314.11	\$318.82	\$323.60
SEH Select Bronze EPO HSA AmeriHealth Advantage LV \$25/\$50	7	8	Bronze	\$311.64	\$316.32	\$321.06	\$325.88
SEH Select Bronze EPO HSA Local Value 25%/50%	7	8	Bronze	\$328.01	\$332.93	\$337.92	\$342.99
SEH Select Bronze EPO HSA AmeriHealth Advantage RP with NY \$25/\$50	7	8	Bronze	\$342.81	\$347.96	\$353.18	\$358.47
SEH Select Bronze EPO Local Value \$25/\$75		8	Bronze	\$351.33	\$356.60	\$361.95	\$367.38
SEH Select Bronze EPO HSA Local Value 0%/0%	7	8	Bronze	\$355.04	\$360.37	\$365.78	\$371.26
SEH Select Bronze EPO HSA Regional Preferred with NY 25%/50%	7		Bronze	\$357.39	\$362.76	\$368.20	\$373.72
SEH Select Bronze EPO Regional Preferred with NY \$25/\$75			Bronze	\$382.98	\$388.73	\$394.56	\$400.48
SEH Select Bronze EPO HSA Regional Preferred with NY 0%/0%	7		Bronze	\$386.85	\$392.65	\$398.54	\$404.52
SEH Bronze EPO National Access with NY \$50/\$75			Bronze	\$494.30	\$501.71	\$509.24	\$516.88
SEH Bronze POS NG National Access with NY \$50/\$75			Bronze	\$623.91	\$633.27	\$642.77	\$652.41

Territory Rating Factors ⁽⁵⁾		SEH Age Curve (for contracts issued 01/01/2018 or later)			
		Ages	Age Rating Factors ⁽⁶⁾	Ages	Age Rating Factors ⁽⁶⁾
A) Essex, Hudson, Union	1.0000	0-14	0.765	40	1.393
B) Bergen, Passaic	1.0000	15	0.833	41	1.410
C) Monmouth, Morris, Sussex, Warren	1.0000	16	0.859	42	1.427
D) Hunterdon, Middlesex, Somerset	1.0000	17	0.885	43	1.450
E) Burlington, Camden, Mercer	1.0230	18	0.913	44	1.478
F) Atlantic, Cape May, Ocean, Salem, Cumberland, Gloucester	1.0820	19	0.941	45	1.511

Footnotes					
⁽¹⁾ Plan Names were supplied by the Carrier. Please contact the Carrier for explanations of the abbreviations used in the plan names.		20	0.970	46	1.550
⁽²⁾ Employers, that qualify as "religious employers" under Federal law, may have the option to purchase plans with certain exclusion provisions. Contact the Carrier for information about the exclusion provisions, if any.		21	1.250	47	1.593
⁽³⁾ Metal Level indicates the actuarial value of the plan. Each metal level is designed to cover an expected percentage of the covered charges: Bronze 60%, Silver 70%, Gold 80%, and Platinum 90%.		22	1.250	48	1.641
⁽⁴⁾ Base Rate applies to plans newly issued or renewed during the quarter. Multiply the Base Rate by the Territory Rating Factor and the Age Rating Factor.		23	1.250	49	1.688
⁽⁵⁾ Territory Rating Factor is based on the employer's principal place of business.		24	1.250	50	1.741
⁽⁶⁾ Age Rating Factor is used to calculate the premium for each person to be covered.		25	1.250	51	1.792
⁽⁷⁾ These are high deductible health plans and are compatible with Health Savings Accounts (HSA). Contact the Carrier for additional information.		26	1.250	52	1.847
⁽⁸⁾ These plans are not available in all counties. Contact the Carrier, or your broker, for additional information.		27	1.250	53	1.902
*For details about plans and coverage options, e.g. HSA, please contact the Carrier or your broker directly.		28	1.250	54	1.961
		29	1.275	55	2.019
		30	1.287	56	2.080
		31	1.305	57	2.142
		32	1.323	58	2.206
		33	1.334	59	2.280
		34	1.346	60	2.280
		35	1.352	61	2.280
		36	1.358	62	2.280
		37	1.363	63	2.280
		38	1.369	64 and older	2.280
		39	1.381		

Premium Calculation
Premium per person (whether employee or employee's dependents) = ((Base Rate ⁽⁴⁾ x Territory Rating Factor ⁽⁵⁾) x Age Rating Factor ⁽⁶⁾)
Premium per each employee's family = sum of the premiums for the employee and the employee's dependents.
Note: For dependent children under age 20 the premium is capped at the sum of the premiums for three children.
Premium per small employer group = sum of the premiums for all employees and dependents to be covered.