

2015 Monthly Premiums

The chart below shows monthly premium rates. Rates are based on geographic area, age, and family size. You may qualify to get a lower bill than what you see listed below through a government subsidy. Want to see if you qualify? Call **888-879-5331** or visit **ahnj4u.com**.

OFF EXCHANGE	ON EXCHANGE	Age						
		0-20	21	22	23	24	25	26
PLATINUM								
IHC Platinum EPO Local Value \$15/\$30 ³		\$275.18	\$433.35	\$433.35	\$433.35	\$433.35	\$435.08	\$443.75
IHC Platinum EPO Regional Preferred \$15/\$30		\$306.50	\$482.68	\$482.68	\$482.68	\$482.68	\$484.61	\$494.26
IHC Platinum HMO Local Value \$15/\$30 ³		\$247.79	\$390.22	\$390.22	\$390.22	\$390.22	\$391.78	\$399.59
IHC Platinum HMO Regional Preferred \$15/\$30		\$275.31	\$433.56	\$433.56	\$433.56	\$433.56	\$435.29	\$443.97
IHC Platinum POS Plus National Access \$15/\$25	✓	\$321.47	\$506.25	\$506.25	\$506.25	\$506.25	\$508.28	\$518.40
IHC Platinum POS Plus Regional Preferred \$15/\$25		\$306.17	\$482.15	\$482.15	\$482.15	\$482.15	\$484.08	\$493.72
IHC Platinum POS Plus Local Value \$15/\$25 ³		\$275.55	\$433.93	\$433.93	\$433.93	\$433.93	\$435.67	\$444.34
GOLD								
IHC Gold EPO Local Value \$30/\$50 ³		\$229.39	\$361.24	\$361.24	\$361.24	\$361.24	\$362.68	\$369.91
IHC Gold EPO Regional Preferred \$30/\$50	✓	\$254.87	\$401.37	\$401.37	\$401.37	\$401.37	\$402.98	\$411.00
IHC Gold EPO National Access \$30/\$50	✓	\$267.61	\$421.44	\$421.44	\$421.44	\$421.44	\$423.13	\$431.55
IHC Gold EPO HSA Local Value 80%/80%	✓	\$230.89	\$363.60	\$363.60	\$363.60	\$363.60	\$365.05	\$372.33
IHC Gold EPO HSA Regional Preferred 80%/80%	✓	256.54	\$404.00	\$404.00	\$404.00	\$404.00	\$405.62	\$413.70
IHC Gold HMO Local Value \$15/\$30 ³	✓	\$204.37	\$321.85	\$321.85	\$321.85	\$321.85	\$323.14	\$329.57
IHC Gold HMO Regional Preferred \$15/\$30		\$227.08	\$357.61	\$357.61	\$357.61	\$357.61	\$359.04	\$366.19
IHC Gold EPO Community Advantage \$10/\$20 ^{4,6}	✓	\$194.02	\$305.55	\$305.55	\$305.55	\$305.55	\$306.77	\$312.88
SILVER								
IHC Silver HMO Local Value \$50/\$75 ³	✓	\$177.16	\$278.99	\$278.99	\$278.99	\$278.99	\$280.11	\$285.69
IHC Silver HMO Regional Preferred \$50/\$75		\$196.84	\$309.99	\$309.99	\$309.99	\$309.99	\$311.23	\$317.43
IHC Silver EPO HSA Local Value \$50/\$75 ³	✓	\$189.20	\$297.95	\$297.95	\$297.95	\$297.95	\$299.14	\$305.10
IHC Silver EPO HSA Regional Preferred \$50/\$75		\$210.22	\$331.06	\$331.06	\$331.06	\$331.06	\$332.38	\$339.01
IHC Silver EPO HSA Tier 1 Advantage \$50/\$75 ⁵	✓	\$176.23	\$277.53	\$277.53	\$277.53	\$277.53	\$278.64	\$284.19
IHC Silver EPO Community Advantage \$15/\$35 ^{4,6}	✓	\$169.89	\$267.54	\$267.54	\$267.54	\$267.54	\$268.61	\$273.96
IHC Silver EPO HSA Local Value 90%/90% ³		\$225.53	\$355.16	\$355.16	\$355.16	\$355.16	\$356.58	\$363.68
IHC Silver EPO HSA Regional Preferred 90%/90%		\$250.58	\$394.62	\$394.62	\$394.62	\$394.62	\$396.20	\$404.09
IHC Silver POS Plus Local Value \$40/\$50 ³		\$206.64	\$325.42	\$325.42	\$325.42	\$325.42	\$326.72	\$333.23
IHC Silver POS Plus Regional Preferred \$40/\$50		\$229.60	\$361.58	\$361.58	\$361.58	\$361.58	\$363.03	\$370.26
IHC Silver POS Plus National Access \$40/\$50	✓	\$241.08	\$379.66	\$379.66	\$379.66	\$379.66	\$381.18	\$388.77
BRONZE								
IHC Bronze EPO HSA Local Value 50%/50% ³	✓	\$170.77	\$268.93	\$268.93	\$268.93	\$268.93	\$270.01	\$275.38
IHC Bronze EPO HSA Regional Preferred 50%/50%	✓	\$189.73	\$298.79	\$298.79	\$298.79	\$298.79	\$299.99	\$305.96
IHC Bronze EPO HSA National Access 50%/50%	✓	\$199.22	\$313.73	\$313.73	\$313.73	\$313.73	\$314.98	\$321.26
IHC Bronze EPO HSA Tier 1 Advantage \$50/\$75 ⁵	✓	\$162.67	\$256.18	\$256.18	\$256.18	\$256.18	\$257.20	\$262.33
IHC Bronze EPO HSA Community Advantage \$25/\$50 ^{4,6}	✓	\$145.15	\$228.59	\$228.59	\$228.59	\$228.59	\$229.50	\$234.08
CATASTROPHIC²								
IHC Local Value Simple Saver	✓	\$147.18	\$231.78	\$231.78	\$231.78	\$231.78	\$232.71	\$237.34
IHC Regional Preferred Simple Saver	✓	\$163.52	\$257.51	\$257.51	\$257.51	\$257.51	\$258.54	\$263.69

To find your monthly rate as an individual:

1. Look at the first column to narrow down your plan type—platinum, gold, silver, bronze, or catastrophic.
2. Find the name of the plan you're interested in and scan the row to the right until you find the rate that matches the column with your age. If you want to see other plan rates you may be eligible for, look up or down within your age column to compare prices.

To find your monthly rate as a family:

1. Follow steps 1 and 2 above for each person in your family.
2. Add the rates together. If you are purchasing a policy including more than three children under 21, only the rates for the first three children are included in your total.

	Age	Rate ¹
You	56	\$465
+Spouse	54	\$425
+Dependent 1	20	\$200
+Dependent 2	18	\$200
+Dependent 3	14	\$200
+Dependent 4	12	Free \$200
Total Family Rate		\$1,490

The above example is for illustrative purposes only.

Don't forget to see if you're eligible for a subsidy. Visit **ahnj4u.com**.

¹You do not need to include rates for more than three children under age 21.

²Catastrophic plans are only available for qualified individuals.

³The Local Value Network is not available in Hunterdon County.

⁴Community Advantage plans are only available to individuals and small employers based in Atlantic, Burlington, Camden, Cape May, and Gloucester counties.

⁵Tier 1 facility providers are an enhancement to your benefits. Tier 2 facility providers are AmeriHealth New Jersey Local Value network providers.

⁶Tier 1 professional and facility providers are an enhancement to your benefits. Tier 2 professional and facility providers are AmeriHealth New Jersey Local Value network providers.

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Age

OFF EXCHANGE	ON EXCHANGE	55	56	57	58	59	60	61	62	63	64+
PLATINUM											
IHC Platinum EPO Local Value \$15/\$30 ³		\$966.37	\$1,011.01	\$1,056.07	\$1,104.18	\$1,128.01	\$1,176.11	\$1,217.71	\$1,245.01	\$1,279.25	\$1,300.05
IHC Platinum EPO Regional Preferred \$15/\$30		\$1,076.38	\$1,126.09	\$1,176.29	\$1,229.87	\$1,256.42	\$1,309.99	\$1,356.33	\$1,386.74	\$1,424.87	\$1,448.04
IHC Platinum HMO Local Value \$15/\$30 ³		\$870.19	\$910.38	\$950.97	\$994.28	\$1,015.74	\$1,059.06	\$1,096.52	\$1,121.10	\$1,151.93	\$1,170.66
IHC Platinum HMO Regional Preferred \$15/\$30		\$966.84	\$1,011.50	\$1,056.59	\$1,104.71	\$1,128.56	\$1,176.68	\$1,218.30	\$1,245.62	\$1,279.87	\$1,300.68
IHC Platinum POS Plus National Access \$15/\$25	✓	\$1,128.94	\$1,181.08	\$1,233.73	\$1,289.93	\$1,317.77	\$1,373.96	\$1,422.56	\$1,454.46	\$1,494.45	\$1,518.75
IHC Platinum POS Plus Regional Preferred \$15/\$25		\$1,075.19	\$1,124.86	\$1,175.00	\$1,228.52	\$1,255.04	\$1,308.56	\$1,354.84	\$1,385.22	\$1,423.31	\$1,446.45
IHC Platinum POS Plus Local Value \$15/\$25 ³		\$967.66	\$1,012.36	\$1,057.49	\$1,105.65	\$1,129.52	\$1,177.69	\$1,219.34	\$1,246.68	\$1,280.96	\$1,301.79
GOLD											
IHC Gold EPO Local Value \$30/\$50 ³		\$805.57	\$842.77	\$880.34	\$920.44	\$940.31	\$980.41	\$1,015.08	\$1,037.84	\$1,066.38	\$1,083.72
IHC Gold EPO Regional Preferred \$30/\$50	✓	\$895.06	\$936.40	\$978.14	\$1,022.69	\$1,044.77	\$1,089.32	\$1,127.85	\$1,153.14	\$1,184.84	\$1,204.11
IHC Gold EPO National Access \$30/\$50	✓	\$939.81	\$983.22	\$1,027.05	\$1,073.83	\$1,097.01	\$1,143.79	\$1,184.25	\$1,210.80	\$1,244.09	\$1,264.32
IHC Gold EPO HSA Local Value 80%/80%	✓	\$810.83	\$848.28	\$886.09	\$926.45	\$946.45	\$986.81	\$1,021.72	\$1,044.62	\$1,073.35	\$1,090.80
IHC Gold EPO HSA Regional Preferred 80%/80%		\$900.92	\$942.53	\$984.55	\$1,029.39	\$1,051.61	\$1,096.46	\$1,135.24	\$1,160.69	\$1,192.61	\$1,212.00
IHC Gold HMO Local Value \$15/\$30 ³	✓	\$717.73	\$750.88	\$784.35	\$820.07	\$837.78	\$873.50	\$904.40	\$924.68	\$950.10	\$965.55
IHC Gold HMO Regional Preferred \$15/\$30		\$797.47	\$834.30	\$871.50	\$911.19	\$930.86	\$970.55	\$1,004.88	\$1,027.41	\$1,055.66	\$1,072.83
IHC Gold EPO Community Advantage \$10/\$20 ⁴	✓	\$681.38	\$712.85	\$744.63	\$778.54	\$795.35	\$829.26	\$858.60	\$877.85	\$901.98	\$916.65
SILVER											
IHC Silver HMO Local Value \$50/\$75 ³	✓	\$622.15	\$650.88	\$679.90	\$710.87	\$726.21	\$757.18	\$783.96	\$801.54	\$823.58	\$836.97
IHC Silver HMO Regional Preferred \$50/\$75		\$691.28	\$723.21	\$755.45	\$789.85	\$806.90	\$841.31	\$871.07	\$890.60	\$915.09	\$929.97
IHC Silver EPO HSA Local Value \$50/\$75 ³	✓	\$664.43	\$695.12	\$726.10	\$759.18	\$775.56	\$808.64	\$837.24	\$856.01	\$879.55	\$893.85
IHC Silver EPO HSA Regional Preferred \$50/\$75		\$738.26	\$772.36	\$806.79	\$843.54	\$861.75	\$898.50	\$930.28	\$951.14	\$977.29	\$993.18
IHC Silver EPO HSA Tier 1 Advantage \$50/\$75 ⁵	✓	\$618.89	\$647.48	\$676.34	\$707.15	\$722.41	\$753.22	\$779.86	\$797.34	\$819.27	\$832.59
IHC Silver EPO Community Advantage \$15/\$35 ⁴	✓	\$596.61	\$624.17	\$651.99	\$681.69	\$696.41	\$726.10	\$751.79	\$768.64	\$789.78	\$802.62
IHC Silver EPO HSA Local Value 90%/90% ³		\$792.01	\$828.59	\$865.52	\$904.95	\$924.48	\$963.90	\$998.00	\$1,020.37	\$1,048.43	\$1,065.48
IHC Silver EPO HSA Regional Preferred 90%/90%		\$880.00	\$920.65	\$961.69	\$1,005.49	\$1,027.20	\$1,071.00	\$1,108.88	\$1,133.74	\$1,164.92	\$1,183.86
IHC Silver POS Plus Local Value \$40/\$50 ³		\$725.69	\$759.20	\$793.05	\$829.17	\$847.07	\$883.19	\$914.43	\$934.93	\$960.64	\$976.26
IHC Silver POS Plus Regional Preferred \$40/\$50		\$806.32	\$843.57	\$881.17	\$921.31	\$941.19	\$981.33	\$1,016.04	\$1,038.82	\$1,067.38	\$1,084.74
IHC Silver POS Plus National Access \$40/\$50	✓	\$846.64	\$885.75	\$925.23	\$967.37	\$988.25	\$1,030.40	\$1,066.84	\$1,090.76	\$1,120.76	\$1,138.98
BRONZE											
IHC Bronze EPO HSA Local Value 50%/50% ³	✓	\$599.71	\$627.41	\$655.38	\$685.23	\$700.02	\$729.88	\$755.69	\$772.64	\$793.88	\$806.79
IHC Bronze EPO HSA Regional Preferred 50%/50%	✓	\$666.30	\$697.08	\$728.15	\$761.32	\$777.75	\$810.92	\$839.60	\$858.42	\$882.03	\$896.37
IHC Bronze EPO HSA National Access 50%/50%	✓	\$699.62	\$731.93	\$764.56	\$799.38	\$816.64	\$851.46	\$881.58	\$901.35	\$926.13	\$941.19
IHC Bronze EPO HSA Tier 1 Advantage \$50/\$75 ⁵	✓	\$571.28	\$597.67	\$624.31	\$652.75	\$666.84	\$695.27	\$719.87	\$736.01	\$756.24	\$768.54
IHC Bronze EPO HSA Community Advantage \$25/\$50 ⁴	✓	\$509.76	\$533.30	\$557.07	\$582.45	\$595.02	\$620.39	\$642.34	\$656.74	\$674.80	\$685.77
CATASTROPHIC²											
IHC Local Value Simple Saver	✓	\$516.87	\$540.74	\$564.85	\$590.58	\$603.32	\$629.05	\$651.30	\$665.90	\$684.21	\$695.34
IHC Regional Preferred Simple Saver	✓	\$574.25	\$600.77	\$627.55	\$656.14	\$670.30	\$698.88	\$723.60	\$739.83	\$760.17	\$772.53



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