

2017 Monthly Premiums

OFF EXCHANGE	ON EXCHANGE	Age						
		0-20	21	22	23	24	25	26
IHC CATASTROPHIC²								
Local Value Simple Saver ³	✓	\$155.72	\$245.23	\$245.23	\$245.23	\$245.23	\$246.21	\$251.12
Regional Preferred Simple Saver	✓	\$171.00	\$269.29	\$269.29	\$269.29	\$269.29	\$270.37	\$275.75
IHC BRONZE								
EPO AmeriHealth Advantage \$25/\$50 ⁴	✓	\$143.12	\$225.39	\$225.39	\$225.39	\$225.39	\$226.29	\$230.80
EPO Tier 1 Advantage \$50/\$75 ⁵	✓	\$150.73	\$237.38	\$237.38	\$237.38	\$237.38	\$238.33	\$243.07
EPO Local Value \$50/\$75 ³		\$169.25	\$266.54	\$266.54	\$266.54	\$266.54	\$267.61	\$272.94
EPO HSA Local Value \$50/\$75 ³	✓	\$174.59	\$274.94	\$274.94	\$274.94	\$274.94	\$276.04	\$281.54
EPO Regional Preferred \$50/\$75		\$188.04	\$296.13	\$296.13	\$296.13	\$296.13	\$297.32	\$303.24
EPO HSA Regional Preferred \$50/\$75	✓	\$193.98	\$305.47	\$305.47	\$305.47	\$305.47	\$306.70	\$312.81
IHC SILVER								
EPO AmeriHealth Advantage \$15/\$35 ⁴	✓	\$167.70	\$264.10	\$264.10	\$264.10	\$264.10	\$265.16	\$270.44
EPO HSA Tier 1 Advantage \$50/\$75 ⁵	✓	\$168.20	\$264.88	\$264.88	\$264.88	\$264.88	\$265.94	\$271.24
HMO Local Value \$50/\$75 ³	✓	\$177.84	\$280.07	\$280.07	\$280.07	\$280.07	\$281.19	\$286.79
EPO HSA Local Value \$50/\$75 ³	✓	\$212.97	\$335.39	\$335.39	\$335.39	\$335.39	\$336.73	\$343.44
HMO Regional Preferred \$50/\$75	✓	\$222.02	\$349.63	\$349.63	\$349.63	\$349.63	\$351.03	\$358.02
EPO Local Value \$25/\$45 ³		\$226.88	\$357.29	\$357.29	\$357.29	\$357.29	\$358.71	\$365.86
EPO HSA Regional Preferred \$50/\$75		\$236.64	\$372.66	\$372.66	\$372.66	\$372.66	\$374.15	\$381.60
EPO HSA Local Value 90%/90% ³		\$248.49	\$391.32	\$391.32	\$391.32	\$391.32	\$392.89	\$400.71
EPO Regional Preferred \$25/\$50	✓	\$249.92	\$393.57	\$393.57	\$393.57	\$393.57	\$395.14	\$403.02
EPO Regional Preferred \$25/\$45		\$252.08	\$396.98	\$396.98	\$396.98	\$396.98	\$398.57	\$406.51
EPO HSA Regional Preferred 90%/90%		\$276.10	\$434.80	\$434.80	\$434.80	\$434.80	\$436.54	\$445.23
IHC GOLD								
EPO AmeriHealth Advantage \$10/\$20 ⁴	✓	\$310.17	\$488.46	\$488.46	\$488.46	\$488.46	\$490.42	\$500.19
HMO Local Value \$15/\$30 ³	✓	\$334.29	\$526.44	\$526.44	\$526.44	\$526.44	\$528.55	\$539.08
HMO Regional Preferred \$15/\$30	✓	\$378.44	\$595.97	\$595.97	\$595.97	\$595.97	\$598.35	\$610.27
EPO HSA Local Value 80%/80% ³	✓	\$379.81	\$598.12	\$598.12	\$598.12	\$598.12	\$600.52	\$612.48
EPO Local Value \$30/\$50 ³		\$382.28	\$602.02	\$602.02	\$602.02	\$602.02	\$604.42	\$616.46
EPO HSA Regional Preferred 80%/80%		\$422.01	\$664.58	\$664.58	\$664.58	\$664.58	\$667.24	\$680.53
EPO Regional Preferred \$30/\$50; 80% Coins	✓	\$424.75	\$668.89	\$668.89	\$668.89	\$668.89	\$671.57	\$684.95

This chart shows monthly premium rates. Rates are based on geographic area, age, and family size. When you're ready to purchase or want to see if you qualify for a subsidy, visit amerihealthnj.com/enroll2017 or call 855-832-2009 (TTY:711).

To find your monthly rate as an individual:

1. Look at the first column to narrow down your plan type—bronze, silver, gold, 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.

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.

⁴AmeriHealth Advantage plans are only available to individuals based in Atlantic, Burlington, Camden, Cape May, Gloucester, Monmouth, and Ocean counties. Members with AmeriHealth Advantage plans can obtain services at the Tier 1 level in Atlantic, Burlington, Camden, Cape May, Gloucester, Monmouth, and Ocean counties. Tier 2 providers are AmeriHealth New Jersey Local Value network providers.

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



Age

OFF EXCHANGE	ON EXCHANGE	27	28	29	30	31	32	33	34	35	36	37
IHC CATASTROPHIC²												
Local Value Simple Saver ³	✓	\$257.00	\$266.57	\$274.41	\$278.34	\$284.22	\$290.11	\$293.79	\$297.71	\$299.67	\$301.64	\$303.60
Regional Preferred Simple Saver	✓	\$282.22	\$292.72	\$301.34	\$305.65	\$312.11	\$318.57	\$322.61	\$326.92	\$329.07	\$331.23	\$333.38
IHC BRONZE												
EPO AmeriHealth Advantage \$25/\$50 ⁴	✓	\$236.21	\$245.00	\$252.22	\$255.82	\$261.23	\$266.64	\$270.02	\$273.63	\$275.43	\$277.23	\$279.04
EPO Tier 1 Advantage \$50/\$75 ⁵	✓	\$248.77	\$258.03	\$265.63	\$269.42	\$275.12	\$280.82	\$284.38	\$288.18	\$290.08	\$291.97	\$293.87
EPO Local Value \$50/\$75 ³		\$279.33	\$289.73	\$298.26	\$302.52	\$308.92	\$315.32	\$319.31	\$323.58	\$325.71	\$327.84	\$329.98
EPO HSA Local Value \$50/\$75 ³	✓	\$288.14	\$298.86	\$307.66	\$312.06	\$318.66	\$325.26	\$329.38	\$333.78	\$335.98	\$338.18	\$340.38
EPO Regional Preferred \$50/\$75		\$310.35	\$321.90	\$331.37	\$336.11	\$343.22	\$350.33	\$354.77	\$359.51	\$361.88	\$364.24	\$366.61
EPO HSA Regional Preferred \$50/\$75	✓	\$320.14	\$332.05	\$341.83	\$346.71	\$354.05	\$361.38	\$365.96	\$370.85	\$373.29	\$375.73	\$378.18
IHC SILVER												
EPO AmeriHealth Advantage \$15/\$35 ⁴	✓	\$276.78	\$287.08	\$295.53	\$299.75	\$306.09	\$312.43	\$316.39	\$320.62	\$322.73	\$324.84	\$326.96
EPO HSA Tier 1 Advantage \$50/\$75 ⁵	✓	\$277.60	\$287.93	\$296.40	\$300.64	\$307.00	\$313.36	\$317.33	\$321.57	\$323.69	\$325.81	\$327.92
HMO Local Value \$50/\$75 ³	✓	\$293.51	\$304.44	\$313.40	\$317.88	\$324.60	\$331.32	\$335.52	\$340.00	\$342.24	\$344.49	\$346.73
EPO HSA Local Value \$50/\$75 ³	✓	\$351.49	\$364.57	\$375.30	\$380.67	\$388.71	\$396.76	\$401.79	\$407.16	\$409.84	\$412.53	\$415.21
HMO Regional Preferred \$50/\$75	✓	\$366.42	\$380.05	\$391.24	\$396.83	\$405.22	\$413.62	\$418.86	\$424.45	\$427.25	\$430.05	\$432.85
EPO Local Value \$25/\$45 ³		\$374.44	\$388.37	\$399.80	\$405.52	\$414.09	\$422.67	\$428.03	\$433.74	\$436.60	\$439.46	\$442.32
EPO HSA Regional Preferred \$50/\$75		\$390.55	\$405.08	\$417.01	\$422.97	\$431.91	\$440.86	\$446.45	\$452.41	\$455.39	\$458.37	\$461.35
EPO HSA Local Value 90%/90% ³		\$410.11	\$425.37	\$437.89	\$444.15	\$453.54	\$462.93	\$468.80	\$475.07	\$478.20	\$481.33	\$484.46
EPO Regional Preferred \$25/\$50	✓	\$412.46	\$427.81	\$440.41	\$446.70	\$456.15	\$465.59	\$471.50	\$477.79	\$480.94	\$484.09	\$487.24
EPO Regional Preferred \$25/\$45		\$416.04	\$431.52	\$444.22	\$450.57	\$460.10	\$469.63	\$475.58	\$481.93	\$485.11	\$488.29	\$491.46
EPO HSA Regional Preferred 90%/90%		\$455.67	\$472.63	\$486.54	\$493.50	\$503.93	\$514.37	\$520.89	\$527.85	\$531.32	\$534.80	\$538.28
IHC GOLD												
EPO AmeriHealth Advantage \$10/\$20 ⁴	✓	\$511.91	\$530.96	\$546.59	\$554.41	\$566.13	\$577.85	\$585.18	\$592.99	\$596.90	\$600.81	\$604.72
HMO Local Value \$15/\$30 ³	✓	\$551.71	\$572.24	\$589.09	\$597.51	\$610.14	\$622.78	\$630.68	\$639.10	\$643.31	\$647.52	\$651.73
HMO Regional Preferred \$15/\$30	✓	\$624.58	\$647.82	\$666.89	\$676.43	\$690.73	\$705.03	\$713.97	\$723.51	\$728.27	\$733.04	\$737.81
EPO HSA Local Value 80%/80% ³	✓	\$626.83	\$650.16	\$669.30	\$678.87	\$693.22	\$707.58	\$716.55	\$726.12	\$730.91	\$735.69	\$740.48
EPO Local Value \$30/\$50 ³		\$630.91	\$654.39	\$673.66	\$683.29	\$697.74	\$712.18	\$721.21	\$730.85	\$735.66	\$740.48	\$745.29
EPO HSA Regional Preferred 80%/80%		\$696.48	\$722.40	\$743.67	\$754.30	\$770.25	\$786.20	\$796.17	\$806.81	\$812.12	\$817.44	\$822.76
EPO Regional Preferred \$30/\$50; 80% Coins	✓	\$701.00	\$727.09	\$748.49	\$759.19	\$775.25	\$791.30	\$801.33	\$812.03	\$817.39	\$822.74	\$828.09

38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53	54
05.56	\$309.48	\$313.41	\$319.29	\$324.93	\$332.78	\$342.59	\$354.12	\$367.85	\$383.30	\$400.95	\$418.37	\$437.98	\$457.36	\$478.69	\$500.27	\$523.57
05.54	\$339.85	\$344.15	\$350.62	\$356.81	\$365.43	\$376.20	\$388.86	\$403.94	\$420.90	\$440.29	\$459.41	\$480.95	\$502.23	\$525.66	\$549.35	\$574.94
08.84	\$284.45	\$288.05	\$293.46	\$298.65	\$305.86	\$314.87	\$325.47	\$338.09	\$352.29	\$368.52	\$384.52	\$402.55	\$420.36	\$439.97	\$459.80	\$481.21
09.77	\$299.57	\$303.37	\$309.07	\$314.53	\$322.12	\$331.62	\$342.77	\$356.07	\$371.02	\$388.11	\$404.97	\$423.96	\$442.71	\$463.36	\$484.25	\$506.80
02.11	\$336.37	\$340.64	\$347.03	\$353.16	\$361.69	\$372.36	\$384.88	\$399.81	\$416.60	\$435.79	\$454.72	\$476.04	\$497.10	\$520.29	\$543.74	\$569.06
02.58	\$346.98	\$351.38	\$357.98	\$364.30	\$373.10	\$384.10	\$397.02	\$412.42	\$429.74	\$449.53	\$469.06	\$491.05	\$512.77	\$536.69	\$560.89	\$587.01
08.98	\$373.72	\$378.46	\$385.57	\$392.38	\$401.85	\$413.70	\$427.62	\$444.20	\$462.86	\$484.18	\$505.20	\$528.89	\$552.29	\$578.05	\$604.11	\$632.25
08.62	\$385.51	\$390.40	\$397.73	\$404.75	\$414.53	\$426.75	\$441.11	\$458.21	\$477.46	\$499.45	\$521.14	\$545.58	\$569.71	\$596.29	\$623.17	\$652.19
09.07	\$333.29	\$337.52	\$343.86	\$349.93	\$358.38	\$368.95	\$381.36	\$396.15	\$412.79	\$431.80	\$450.55	\$471.68	\$492.55	\$515.52	\$538.76	\$563.85
03.04	\$334.28	\$338.52	\$344.88	\$350.97	\$359.45	\$370.04	\$382.49	\$397.32	\$414.01	\$433.08	\$451.89	\$473.08	\$494.01	\$517.05	\$540.36	\$565.52
04.97	\$353.45	\$357.93	\$364.65	\$371.09	\$380.05	\$391.26	\$404.42	\$420.10	\$437.75	\$457.91	\$477.80	\$500.20	\$522.33	\$546.70	\$571.34	\$597.95
07.89	\$423.26	\$428.63	\$436.67	\$444.39	\$455.12	\$468.54	\$484.30	\$503.08	\$524.21	\$548.36	\$572.17	\$599.00	\$625.50	\$654.68	\$684.19	\$716.05
05.64	\$441.24	\$446.83	\$455.22	\$463.26	\$474.45	\$488.44	\$504.87	\$524.45	\$546.48	\$571.65	\$596.47	\$624.44	\$652.07	\$682.48	\$713.25	\$746.47
04.18	\$450.89	\$456.61	\$465.19	\$473.40	\$484.84	\$499.13	\$515.92	\$535.93	\$558.44	\$584.16	\$609.53	\$638.11	\$666.34	\$697.42	\$728.86	\$762.80
04.33	\$470.30	\$476.26	\$485.20	\$493.77	\$505.70	\$520.61	\$538.12	\$558.99	\$582.47	\$609.30	\$635.76	\$665.57	\$695.01	\$727.43	\$760.22	\$795.63
07.59	\$493.85	\$500.11	\$509.50	\$518.50	\$531.02	\$546.68	\$565.07	\$586.98	\$611.64	\$639.81	\$667.60	\$698.90	\$729.82	\$763.86	\$798.30	\$835.47
09.39	\$496.69	\$502.98	\$512.43	\$521.48	\$534.07	\$549.82	\$568.32	\$590.36	\$615.15	\$643.49	\$671.43	\$702.92	\$734.01	\$768.25	\$802.88	\$840.27
09.64	\$500.99	\$507.34	\$516.87	\$526.00	\$538.70	\$554.58	\$573.24	\$595.47	\$620.48	\$649.06	\$677.25	\$709.01	\$740.37	\$774.91	\$809.84	\$847.55
01.76	\$548.72	\$555.67	\$566.11	\$576.11	\$590.02	\$607.41	\$627.85	\$652.20	\$679.59	\$710.90	\$741.77	\$776.55	\$810.90	\$848.73	\$886.99	\$928.30
08.62	\$616.44	\$624.26	\$635.98	\$647.21	\$662.84	\$682.38	\$705.34	\$732.69	\$763.47	\$798.64	\$833.32	\$872.39	\$910.98	\$953.48	\$996.46	\$1,042.87
05.94	\$664.37	\$672.79	\$685.43	\$697.53	\$714.38	\$735.44	\$760.18	\$789.66	\$822.83	\$860.73	\$898.11	\$940.22	\$981.81	\$1,027.61	\$1,073.94	\$1,123.95
02.58	\$752.11	\$761.65	\$775.95	\$789.66	\$808.73	\$832.57	\$860.58	\$893.95	\$931.50	\$974.41	\$1,016.72	\$1,064.40	\$1,111.48	\$1,163.33	\$1,215.78	\$1,272.39
04.26	\$754.83	\$764.40	\$778.76	\$792.51	\$811.65	\$835.58	\$863.69	\$897.18	\$934.87	\$977.93	\$1,020.40	\$1,068.25	\$1,115.50	\$1,167.54	\$1,220.17	\$1,276.99
05.11	\$759.74	\$769.38	\$783.82	\$797.67	\$816.93	\$841.02	\$869.31	\$903.02	\$940.95	\$984.29	\$1,027.04	\$1,075.20	\$1,122.76	\$1,175.13	\$1,228.11	\$1,285.30
08.07	\$838.71	\$849.34	\$865.29	\$880.57	\$901.84	\$928.42	\$959.66	\$996.88	\$1,038.75	\$1,086.60	\$1,133.78	\$1,186.95	\$1,239.45	\$1,297.27	\$1,355.75	\$1,418.89
03.44	\$844.14	\$854.84	\$870.90	\$886.28	\$907.69	\$934.44	\$965.88	\$1,003.34	\$1,045.48	\$1,093.64	\$1,141.13	\$1,194.64	\$1,247.48	\$1,305.68	\$1,364.54	\$1,428.08



AmeriHealth New Jersey complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATENCIÓN: Si habla español, cuenta con servicios de asistencia en idiomas disponibles de forma gratuita para usted. Llame al 1-888-968-7241 TTY 711.

注意：如果您讲中文，您可以得到免费的语言协助服务。请致电1-888-968-7241。

Age

OFF EXCHANGE	ON EXCHANGE	55	56	57	58	59	60	61	62	63	64+
IHC CATASTROPHIC²											
Local Value Simple Saver ³	✓	\$546.87	\$572.13	\$597.63	\$624.85	\$638.34	\$665.56	\$689.10	\$704.55	\$723.92	\$735.69
Regional Preferred Simple Saver	✓	\$600.52	\$628.26	\$656.26	\$686.15	\$700.96	\$730.86	\$756.71	\$773.67	\$794.95	\$807.87
IHC BRONZE											
EPO AmeriHealth Advantage \$25/\$50 ⁴	✓	\$502.63	\$525.84	\$549.28	\$574.30	\$586.70	\$611.72	\$633.36	\$647.56	\$665.36	\$676.17
EPO Tier 1 Advantage \$50/\$75 ⁵	✓	\$529.35	\$553.80	\$578.49	\$604.84	\$617.89	\$644.24	\$667.03	\$681.99	\$700.74	\$712.13
EPO Local Value \$50/\$75 ³		\$594.38	\$621.84	\$649.56	\$679.14	\$693.80	\$723.39	\$748.98	\$765.77	\$786.82	\$799.62
EPO HSA Local Value \$50/\$75 ³	✓	\$613.13	\$641.45	\$670.04	\$700.56	\$715.68	\$746.20	\$772.59	\$789.92	\$811.64	\$824.82
EPO Regional Preferred \$50/\$75		\$660.38	\$690.88	\$721.68	\$754.55	\$770.84	\$803.71	\$832.14	\$850.79	\$874.19	\$888.39
EPO HSA Regional Preferred \$50/\$75	✓	\$681.21	\$712.67	\$744.44	\$778.35	\$795.15	\$829.06	\$858.38	\$877.63	\$901.76	\$916.41
IHC SILVER											
EPO AmeriHealth Advantage \$15/\$35 ⁴	✓	\$588.94	\$616.14	\$643.61	\$672.93	\$687.45	\$716.77	\$742.12	\$758.76	\$779.62	\$792.30
EPO HSA Tier 1 Advantage \$50/\$75 ⁵	✓	\$590.69	\$617.97	\$645.52	\$674.92	\$689.49	\$718.89	\$744.32	\$761.01	\$781.93	\$794.64
HMO Local Value \$50/\$75 ³	✓	\$624.55	\$653.40	\$682.53	\$713.62	\$729.02	\$760.11	\$786.99	\$804.64	\$826.76	\$840.21
EPO HSA Local Value \$50/\$75 ³	✓	\$747.91	\$782.46	\$817.34	\$854.57	\$873.01	\$910.24	\$942.44	\$963.57	\$990.06	\$1,006.16
HMO Regional Preferred \$50/\$75	✓	\$779.68	\$815.69	\$852.06	\$890.86	\$910.09	\$948.90	\$982.47	\$1,004.50	\$1,032.12	\$1,048.89
EPO Local Value \$25/\$45 ³		\$796.75	\$833.55	\$870.70	\$910.36	\$930.01	\$969.67	\$1,003.97	\$1,026.48	\$1,054.71	\$1,071.86
EPO HSA Regional Preferred \$50/\$75		\$831.03	\$869.41	\$908.17	\$949.54	\$970.03	\$1,011.40	\$1,047.17	\$1,070.65	\$1,100.09	\$1,117.98
EPO HSA Local Value 90%/90% ³		\$872.65	\$912.96	\$953.65	\$997.09	\$1,018.61	\$1,062.05	\$1,099.62	\$1,124.27	\$1,155.18	\$1,173.96
EPO Regional Preferred \$25/\$50	✓	\$877.66	\$918.20	\$959.13	\$1,002.82	\$1,024.46	\$1,068.15	\$1,105.93	\$1,130.73	\$1,161.82	\$1,180.71
EPO Regional Preferred \$25/\$45		\$885.27	\$926.16	\$967.44	\$1,011.51	\$1,033.34	\$1,077.41	\$1,115.52	\$1,140.53	\$1,171.89	\$1,190.94
EPO HSA Regional Preferred 90%/90%		\$969.60	\$1,014.39	\$1,059.61	\$1,107.87	\$1,131.78	\$1,180.04	\$1,221.79	\$1,249.18	\$1,283.53	\$1,304.40
IHC GOLD											
EPO AmeriHealth Advantage \$10/\$20 ⁴	✓	\$1,089.27	\$1,139.58	\$1,190.38	\$1,244.60	\$1,271.47	\$1,325.69	\$1,372.58	\$1,403.35	\$1,441.94	\$1,465.38
HMO Local Value \$15/\$30 ³	✓	\$1,173.96	\$1,228.19	\$1,282.94	\$1,341.37	\$1,370.32	\$1,428.76	\$1,479.30	\$1,512.46	\$1,554.05	\$1,579.32
HMO Regional Preferred \$15/\$30	✓	\$1,329.01	\$1,390.40	\$1,452.38	\$1,518.53	\$1,551.31	\$1,617.46	\$1,674.67	\$1,712.22	\$1,759.30	\$1,787.91
EPO HSA Local Value 80%/80% ³	✓	\$1,333.81	\$1,395.42	\$1,457.63	\$1,524.02	\$1,556.91	\$1,623.31	\$1,680.73	\$1,718.41	\$1,765.66	\$1,794.36
EPO Local Value \$30/\$50 ³		\$1,342.49	\$1,404.50	\$1,467.11	\$1,533.93	\$1,567.05	\$1,633.87	\$1,691.66	\$1,729.59	\$1,777.15	\$1,806.05
EPO HSA Regional Preferred 80%/80%		\$1,482.02	\$1,550.48	\$1,619.59	\$1,693.36	\$1,729.91	\$1,803.68	\$1,867.48	\$1,909.35	\$1,961.85	\$1,993.74
EPO Regional Preferred \$30/\$50; 80% Coins	✓	\$1,491.63	\$1,560.52	\$1,630.09	\$1,704.34	\$1,741.13	\$1,815.37	\$1,879.59	\$1,921.73	\$1,974.57	\$2,006.67