

## New Jersey Individual Health Coverage Program Board

SINGLE	Plan A/50		Plan B		Plan C		Plan D		HMO Plans				Rx 50% or \$15	Rate Guar.
	\$1000 Deduct	\$2500 Deduct	\$1000 Deduct	\$2500 Deduct	\$1000 Deduct	\$2500 Deduct	\$500 Deduct	\$1000 Deduct	\$10 Copay	\$15 Copay	\$20 Copay	\$30 Copay		
Aetna Life Insurance Company	631.00	519.00	743.00	644.00	845.00	725.00	2,153.00	1,578.00	-	-	-	-	-	12 mos
Aetna US Healthcare Inc.	-	-	-	-	-	-	-	-	505.20	414.50	345.20	303.20	50%	12 mos
AmeriHealth HMO, Inc.	-	-	-	-	-	-	-	-	727.00	509.00	379.00	324.00	50%	none
Celtic Insurance Company	495.00	434.00	614.00	558.00	1,784.00	1,363.00	3,803.00	2,418.00	-	-	-	-	-	3 mos
CIGNA HealthCare	-	-	-	-	-	-	-	-	377.08	365.03	346.78	-	50%	none
Fortis Insurance Company	884.00	729.00	1,598.00	1,337.00	2,205.00	1,874.00	6,946.00	3,179.00	-	-	-	-	-	3 mos
Fortis Insurance Company (PPO**)	-	-	-	-	-	-	5,555.00	2,543.00	-	-	-	-	-	3 mos
Guardian	513.00	429.00	584.00	490.00	704.00	577.00	1,606.00	1,071.00	-	-	-	-	-	none
Guardian PPO North (except Hunterdon)**	-	-	604.00	506.00	765.00	739.00	1,634.00	1,167.00	-	-	-	-	-	none
Guardian PPO South (except Salem)**	-	-	585.00	490.00	741.00	716.00	1,583.00	1,130.00	-	-	-	-	-	none
Horizon Blue Cross Blue Shield of NJ	389.99	335.48	425.72	362.75	597.34	369.13	1,187.20	827.64	-	-	-	-	-	12 mos
Horizon HealthCare of NJ HMO Blue	-	-	-	-	-	-	-	-	483.63	461.45	-	383.99	50%	12 mos
Metropolitan Life Insurance Company	728.62	560.29	706.98	615.60	757.49	731.03	1,666.44	964.28	-	-	-	-	-	none
National Health Insurance Company	477.00	391.00	563.00	473.00	752.00	616.00	1,726.00	1,043.00	-	-	-	-	-	none
Oxford Health Insurance Company	412.67	249.37	580.92	327.19	726.27	423.08	1,139.88	831.23	-	-	-	-	-	12 mos
Oxford Health Insurance Company (PPO**)	-	-	-	-	348.30	-	-	385.81	-	-	-	-	50%	12 mos
Oxford Health Plans	-	-	-	-	-	-	-	-	-	412.64	367.71	325.42	50%	12 mos
Physicians Health Services of NJ	-	-	-	-	-	-	-	-	441.94	432.22	419.84	-	50%	none
Trustmark Insurance w/o optional ABMT	1,365.00	1,170.00	1,560.00	1,365.00	1,950.00	1,560.00	4,680.00	3,120.00	-	-	-	-	-	none
Trustmark Insurance w/optional ABMT	1,433.25	1,228.50	1,638.00	1,433.25	2,047.50	1,638.00	4,914.00	3,276.00	-	-	-	-	-	none
United Health Care Insurance Company	641.94	506.26	823.41	675.86	848.00	712.32	1,801.15	1,073.57	-	-	-	-	-	none
United Health Care Plan	-	-	-	-	-	-	-	-	-	465.35	-	358.32	50%	12 mos

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A PPO plan listed under Plan C, for example, means that the out-of-network coinsurance is based on Plan C (70%/30% coinsurance).

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ADULT & CHILD	Plan A/50		Plan B		Plan C		Plan D		HMO Plans				Rx	Rate
	\$1000 Deduct	\$2500 Deduct	\$1000 Deduct	\$2500 Deduct	\$1000 Deduct	\$2500 Deduct	\$500 Deduct	\$1000 Deduct	\$10 Copay	\$15 Copay	\$20 Copay	\$30 Copay	50% or \$15	Guar.
Aetna Life Insurance Company	1,090.00	894.00	1,276.00	1,089.00	1,438.00	1,233.00	3,757.00	2,724.00	-	-	-	-	-	12 mos
Aetna US Healthcare Inc.	-	-	-	-	-	-	-	-	910.30	746.90	621.90	546.30	50%	12 mos
AmeriHealth HMO, Inc.	-	-	-	-	-	-	-	-	1,287.00	901.00	671.00	573.00	50%	none
Celtic Insurance Company	867.00	760.00	1,075.00	976.00	3,121.00	2,384.00	6,656.00	4,231.00	-	-	-	-	-	3 mos
CIGNA HealthCare	-	-	-	-	-	-	-	-	679.95	658.23	625.32	-	50%	none
Fortis Insurance Company	1,334.00	1,114.00	2,205.00	1,847.00	3,191.00	2,714.00	9,963.00	4,617.00	-	-	-	-	-	3 mos
Fortis Insurance Company (PPO**)	-	-	-	-	-	-	7,970.00	3,697.00	-	-	-	-	-	3 mos
Guardian	914.00	764.00	1,040.00	872.00	1,255.00	1,032.00	2,850.00	1,908.00	-	-	-	-	-	none
Guardian PPO North (except Hunterdon)**	-	-	1,092.00	916.00	1,384.00	1,338.00	2,957.00	2,111.00	-	-	-	-	-	none
Guardian PPO South (except Salem)**	-	-	1,057.00	887.00	1,341.00	1,296.00	2,864.00	2,045.00	-	-	-	-	-	none
Horizon Blue Cross Blue Shield of NJ	691.02	594.46	754.39	642.74	1,059.88	655.00	2,186.22	1,468.65	-	-	-	-	-	12 mos
Horizon HealthCare of NJ HMO Blue	-	-	-	-	-	-	-	-	741.83	707.83	-	589.01	50%	12 mos
Metropolitan Life Insurance Company	1,216.78	937.83	1,279.30	1,113.37	1,349.03	1,303.34	3,070.78	1,745.81	-	-	-	-	-	none
National Health Insurance Company	829.00	681.00	979.00	822.00	1,309.00	1,069.00	2,999.00	1,813.00	-	-	-	-	-	none
Oxford Health Insurance Company	763.44	461.33	1,074.70	605.30	1,343.60	782.70	2,108.78	1,537.78	-	-	-	-	-	12 mos
Oxford Health Insurance Company (PPO**)	-	-	-	-	644.36	-	-	713.75	-	-	-	-	50%	12 mos
Oxford Health Plans	-	-	-	-	-	-	-	-	-	784.02	698.65	618.30	50%	12 mos
Physicians Health Services of NJ	-	-	-	-	-	-	-	-	795.49	777.99	755.72	-	50%	none
Trustmark Ins. w/o optional ABMT	2,730.00	2,340.00	2,340.00	2,047.50	2,925.00	2,340.00	7,020.00	4,680.00	-	-	-	-	-	none
Trustmark Ins. w/optional ABMT	2,866.50	2,457.00	2,457.00	2,149.88	3,071.25	2,457.00	7,371.00	4,914.00	-	-	-	-	-	none
United Health Care Ins. Co	1,258.20	992.27	1,613.88	1,324.69	1,662.08	1,396.15	3,530.25	2,104.20	-	-	-	-	-	none
United Health Care Plan	-	-	-	-	-	-	-	-	-	912.09	-	702.31	50%	12 mos

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\*\*The PPO plan rates shown are listed according to the out-of-network benefit level. Contact the carriers for details on the plan design for the available PPO products.

A PPO plan listed under Plan C, for example, means that the out-of-network coinsurance is based on Plan C (70%/30% coinsurance).

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HUSBAND & WIFE	Plan A/50		Plan B		Plan C		Plan D		HMO Plans				Rx	Rate
	\$1000 Deduct	\$2500 Deduct	\$1000 Deduct	\$2500 Deduct	\$1000 Deduct	\$2500 Deduct	\$500 Deduct	\$1000 Deduct	\$10 Copay	\$15 Copay	\$20 Copay	\$30 Copay	50% or \$15	Guar.
Aetna Life Insurance Company	1,262.00	1,038.00	1,486.00	1,258.00	1,689.00	1,444.00	4,312.00	3,166.00	-	-	-	-	-	12 mos
Aetna US Healthcare Inc.	-	-	-	-	-	-	-	-	1,010.40	829.00	690.30	606.40	50%	12 mos
AmeriHealth HMO, Inc.	-	-	-	-	-	-	-	-	1,454.00	1,018.00	758.00	648.00	50%	none
Celtic Insurance Company	1,154.00	1,011.00	1,431.00	1,300.00	4,156.00	3,175.00	8,862.00	5,633.00	-	-	-	-	-	3 mos
CIGNA HealthCare	-	-	-	-	-	-	-	-	726.91	703.68	668.50	-	50%	none
Fortis Insurance Company	1,769.00	1,458.00	3,195.00	2,673.00	4,410.00	3,749.00	13,892.00	6,359.00	-	-	-	-	-	3 mos
Fortis Insurance Company (PPO**)	-	-	-	-	-	-	11,111.00	5,085.00	-	-	-	-	-	3 mos
Guardian	1,023.00	855.00	1,164.00	977.00	1,405.00	1,156.00	3,190.00	2,137.00	-	-	-	-	-	none
Guardian PPO North (except Hunterdon)**	-	-	1,224.00	1,027.00	1,552.00	1,500.00	3,314.00	2,367.00	-	-	-	-	-	none
Guardian PPO South (except Salem)**	-	-	1,185.00	995.00	1,503.00	1,452.00	3,210.00	2,292.00	-	-	-	-	-	none
Horizon Blue Cross Blue Shield of NJ	938.57	807.44	1,024.68	873.03	1,424.36	880.28	2,938.00	1,973.72	-	-	-	-	-	12 mos
Horizon HealthCare of NJ HMO Blue	-	-	-	-	-	-	-	-	1,034.30	986.91	-	821.23	50%	12 mos
Metropolitan Life Insurance Company	1,440.41	1,110.97	1,394.73	1,214.37	1,481.29	1,430.80	3,284.81	1,899.71	-	-	-	-	-	none
National Health Insurance Company	970.00	797.00	1,146.00	962.00	1,532.00	1,252.00	3,511.00	2,123.00	-	-	-	-	-	none
Oxford Health Insurance Company	825.34	498.74	1,161.84	654.38	1,452.54	846.16	2,279.76	1,662.46	-	-	-	-	-	12 mos
Oxford Health Insurance Company (PPO**)	-	-	-	-	696.60	-	-	771.62	-	-	-	-	50%	12 mos
Oxford Health Plans	-	-	-	-	-	-	-	-	-	825.28	735.42	650.84	50%	12 mos
Physicians Health Services of NJ	-	-	-	-	-	-	-	-	870.62	851.47	827.09	-	50%	none
Trustmark Ins. w/o optional ABMT	4,095.00	3,510.00	3,120.00	2,730.00	3,900.00	3,120.00	9,360.00	6,240.00	-	-	-	-	-	none
Trustmark Ins. w/optional ABMT	4,299.75	3,685.50	3,276.00	2,866.50	4,095.00	3,276.00	9,828.00	6,552.00	-	-	-	-	-	none
United Health Care Ins. Co	1,283.88	1,012.52	1,646.82	1,351.72	1,696.00	1,424.64	3,602.30	2,147.14	-	-	-	-	-	none
United Health Care Plan	-	-	-	-	-	-	-	-	-	930.70	-	716.64	50%	12 mos

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	\$1000 Deduct	\$2500 Deduct	\$1000 Deduct	\$2500 Deduct	\$1000 Deduct	\$2500 Deduct	\$500 Deduct	\$1000 Deduct	\$10 Copay	\$15 Copay	\$20 Copay	\$30 Copay	50% or \$15	Guar.
Aetna Life Insurance Company	1,721.00	1,413.00	2,019.00	1,703.00	2,282.00	1,952.00	5,916.00	4,312.00		-	-	-	-	12 mos
Aetna US Healthcare Inc.	-	-	-	-	-	-	-	-	1,510.00	1,239.00	1,031.70	906.30	50%	12 mos
AmeriHealth HMO, Inc.	-	-	-	-	-	-	-	-	2,014.00	1,410.00	1,050.00	897.00	50%	none
Celtic Insurance Company	1,159.00	1,016.00	1,438.00	1,305.00	4,174.00	3,188.00	8,900.00	5,658.00	-	-	-	-	-	3 mos
CIGNA HealthCare	-	-	-	-	-	-	-	-	1,049.49	1,015.96	965.17	-	50%	none
Fortis Insurance Company	1,863.00	1,580.00	3,402.00	2,853.00	4,847.00	4,122.00	14,834.00	6,831.00	-	-	-	-	-	3 mos
Fortis Insurance Company (PPO**)							11,867.00	5,465.00						
Guardian	1,358.00	1,135.00	1,545.00	1,296.00	1,864.00	1,535.00	4,228.00	2,835.00				-	-	none
Guardian PPO North (except Hunterdon)**	-	-	1,632.00	1,369.00	2,069.00	2,000.00	4,420.00	3,156.00	-	-	-	-	-	none
Guardian PPO South (except Salem)**	-	-	1,581.00	1,326.00	2,004.00	1,937.00	4,281.00	3,057.00	-	-	-	-	-	none
Horizon Blue Cross Blue Shield of NJ	985.54	847.80	1,075.90	916.67	1,495.55	924.23	3,084.95	2,072.39	-	-	-	-	-	12 mos
Horizon HealthCare of NJ HMO Blue	-	-	-	-	-	-	-	-	1,464.64	1,397.54	-	1,162.94	50%	12 mos
Metropolitan Life Insurance Company	1,947.81	1,500.53	1,988.69	1,728.97	2,104.11	2,031.95	4,734.83	2,707.68	-	-	-	-	-	none
National Health Insurance Company	1,256.00	1,032.00	1,484.00	1,245.00	1,984.00	1,621.00	4,546.00	2,749.00	-	-	-	-	-	none
Oxford Health Insurance Company	1,176.11	710.70	1,655.62	932.49	2,069.87	1,205.78	3,248.66	2,369.01	-	-	-	-	-	12 mos
Oxford Health Insurance Company (PPO**)	-	-	-	-	992.66	-	-	1,099.56	-	-	-	-	50%	12 mos
Oxford Health Plans	-	-	-	-	-	-	-	-	-	1,237.92	1,103.13	976.26	50%	12 mos
Physicians Health Services of NJ	-	-	-	-	-	-	-	-	1,157.88	1,132.41	1,099.99		50%	none
Trustmark Ins. w/o optional ABMT	5,460.00	4,680.00	3,900.00	3,412.50	4,875.00	3,900.00	11,700.00	7,800.00	-	-	-	-	-	none
Trustmark Ins. w/optional ABMT	5,733.00	4,914.00	4,095.00	3,583.13	5,118.75	4,095.00	12,285.00	8,190.00	-	-	-	-	-	none
United Health Care Ins. Co	1,900.14	1,498.53	2,437.29	2,000.55	2,510.08	2,108.47	5,331.40	3,177.77	-	-	-	-	-	none
United Health Care Plan	-	-	-	-	-	-	-	-	-	1,377.44	-	1,060.63	50%	12 mos

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