

2021 New Jersey Individual Health Benefits Plans and Rates [Effective 01/01/2021 - 12/31/2021]

Metal Level <sup>(1)</sup>	Carrier / Entity Name	Plan Type <sup>(2/3)</sup>	Base Rate <sup>(4)</sup> (multiply by Age Rating Factor) <sup>(5)</sup>	Plan Name <sup>(6)</sup>	Available to Purchase through...		Visit the carrier's web site for details about plans and coverage options:
					Carrier	Marketplace	
Gold	Oscar Garden State Insurance Corporation	EPO	\$498.52	Oscar Gold Classic Option 1 <sup>(8)</sup>	C	M	www.hioscar.com
Gold	Oscar Garden State Insurance Corporation	EPO	\$507.49	Oscar Gold Classic Option 2 <sup>(8)</sup>	C	M	www.hioscar.com
Gold	Horizon Healthcare of New Jersey, Inc.	HMO	\$510.23	Horizon HMO Gold	C		www.horizonblue.com
Gold	Horizon Healthcare Services, Inc.	EPO	\$605.70	OMNIA Gold	C	M	www.horizonblue.com
Gold	AmeriHealth HMO	HMO	\$659.06	IHC Gold HMO Regional Preferred \$20/\$50	C	M	www.amerhealth.com
Gold	AmeriHealth Insurance Company of NJ, Inc.	EPO	\$725.45	IHC Gold EPO Regional Preferred \$30/\$50	C	M	www.amerhealth.com
Silver	AmeriHealth Insurance Company of NJ, Inc.	EPO	\$287.25	IHC Select Silver EPO AmeriHealth Advantage \$25/\$60 <sup>(8)</sup>	C		www.amerhealth.com
Silver	AmeriHealth Insurance Company of NJ, Inc.	EPO	\$295.03	IHC Select Silver EPO HSA AmeriHealth Hospital Advantage \$50/\$75 <sup>(7/8)</sup>	C		www.amerhealth.com
Silver	AmeriHealth HMO	HMO	\$303.09	IHC Select Silver HMO Local Value \$50/\$75 <sup>(8)</sup>	C		www.amerhealth.com
Silver	Horizon Healthcare Services, Inc.	EPO	\$303.80	OMNIA Silver Value	C	M	www.horizonblue.com
Silver	AmeriHealth Insurance Company of NJ, Inc.	EPO	\$316.68	IHC Silver EPO AmeriHealth Advantage \$25/\$60 <sup>(8)</sup>	C	M	www.amerhealth.com
Silver	Oscar Garden State Insurance Corporation	EPO	\$327.28	Oscar Silver Classic Off-Ex <sup>(8)</sup>	C		www.hioscar.com
Silver	AmeriHealth Insurance Company of NJ, Inc.	EPO	\$329.88	IHC Silver EPO HSA AmeriHealth Hospital Advantage \$50/\$75 <sup>(7/8)</sup>	C	M	www.amerhealth.com
Silver	AmeriHealth HMO	HMO	\$337.58	IHC Silver HMO Local Value \$50/\$75 <sup>(8)</sup>	C	M	www.amerhealth.com
Silver	Horizon Healthcare Services, Inc.	EPO	\$350.73	OMNIA Silver HSA <sup>(7)</sup>	C	M	www.horizonblue.com
Silver	Oscar Garden State Insurance Corporation	EPO	\$354.34	Oscar Silver Saver <sup>(8)</sup>	C	M	www.hioscar.com
Silver	Oscar Garden State Insurance Corporation	EPO	\$369.04	Oscar Silver Classic <sup>(8)</sup>	C	M	www.hioscar.com
Silver	Horizon Healthcare Services, Inc.	EPO	\$371.55	OMNIA Silver	C	M	www.horizonblue.com
Silver	Oscar Garden State Insurance Corporation	EPO	\$387.53	Oscar Silver Classic \$0 Ded <sup>(8)</sup>	C	M	www.hioscar.com
Silver	AmeriHealth Insurance Company of NJ, Inc.	EPO	\$409.92	IHC Silver EPO HSA Local Value \$50/\$75 <sup>(7/8)</sup>	C	M	www.amerhealth.com
Silver	AmeriHealth Insurance Company of NJ, Inc.	EPO	\$412.36	IHC Silver EPO Local Value \$50/\$75 <sup>(8)</sup>	C		www.amerhealth.com
Silver	Horizon Healthcare Services, Inc.	EPO	\$463.32	Horizon Advantage EPO Silver	C	M	www.horizonblue.com
Silver	AmeriHealth HMO	HMO	\$548.64	IHC Silver HMO Regional Preferred \$50/\$75	C	M	www.amerhealth.com
Silver	AmeriHealth Insurance Company of NJ, Inc.	EPO	\$702.03	IHC Silver EPO Regional Preferred \$50/\$75	C	M	www.amerhealth.com
Silver	Oxford Health Insurance, Inc.	EPO	\$849.21	Silver Copay Select 70	C		www.oxhp.com
Silver	Oxford Health Insurance, Inc.	EPO	\$879.81	Silver Copay Select 80	C		www.oxhp.com
Bronze	AmeriHealth Insurance Company of NJ, Inc.	EPO	\$249.32	IHC Bronze EPO HSA AmeriHealth Advantage \$25/\$50 <sup>(7/8)</sup>	C	M	www.amerhealth.com
Bronze	AmeriHealth Insurance Company of NJ, Inc.	EPO	\$263.85	IHC Bronze EPO HSA AmeriHealth Hospital Advantage \$50/\$75 <sup>(7/8)</sup>	C	M	www.amerhealth.com
Bronze	Horizon Healthcare Services, Inc.	EPO	\$280.15	OMNIA Bronze	C	M	www.horizonblue.com
Bronze	AmeriHealth Insurance Company of NJ, Inc.	EPO	\$289.25	IHC Bronze EPO HSA Local Value 50%/50% <sup>(7/8)</sup>	C	M	www.amerhealth.com
Bronze	AmeriHealth Insurance Company of NJ, Inc.	EPO	\$308.83	IHC Bronze EPO Local Value \$50/\$75 <sup>(8)</sup>	C	M	www.amerhealth.com
Bronze	Oscar Garden State Insurance Corporation	EPO	\$312.12	Oscar Bronze Classic <sup>(8)</sup>	C	M	www.hioscar.com
Bronze	Horizon Healthcare Services, Inc.	EPO	\$372.59	Horizon Advantage EPO Bronze	C	M	www.horizonblue.com
Bronze	Oxford Health Insurance, Inc.	EPO	\$821.16	Bronze Copay Select 50	C		www.oxhp.com
Catastrophic	Oscar Garden State Insurance Corporation	EPO	\$216.99	Oscar Secure <sup>(8)</sup>	C	M	www.hioscar.com
Catastrophic	Horizon Healthcare Services, Inc.	EPO	\$248.88	Horizon Advantage EPO Essentials	C	M	www.horizonblue.com
Catastrophic	AmeriHealth Insurance Company of NJ, Inc.	EPO	\$272.63	IHC Local Value Simple Saver <sup>(8)</sup>	C	M	www.amerhealth.com

Ages	Age Rating Factors <sup>(5)</sup>	Ages	Age Rating Factors <sup>(5)</sup>	Footnotes
0-14	0.765	40	1.278	<sup>(1)</sup> 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%.
15	0.833	41	1.302	
16	0.859	42	1.325	<sup>(2)</sup> Plan Types HMO and EPO are network-only plans with no option to use out-of-network providers, except in the case of emergency or urgent care.
17	0.885	43	1.357	
18	0.913	44	1.397	<sup>(3)</sup> Catastrophic Plans are available only to those individuals who are under 30 years old, or who have received an exemption from the personal responsibility requirement on the Marketplace.
19	0.941	45	1.444	
20	0.970	46	1.500	<sup>(4)</sup> Base Rate is multiplied by the Age Rating Factor <sup>(5)</sup> to determine the premium for each person to be covered.
21	1.000	47	1.563	
22	1.000	48	1.635	<sup>(5)</sup> Age Rating Factor is used to calculate the premium for each person to be covered.
23	1.000	49	1.706	
24	1.000	50	1.786	<sup>(6)</sup> Plan Names were supplied by the Carrier. Please contact them for explanations of the abbreviations used in the plan names.
25	1.004	51	1.865	
26	1.024	52	1.952	<sup>(7)</sup> These are high deductible health plans and are compatible with Health Savings Accounts (HSA). Contact the Carrier for additional information.
27	1.048	53	2.040	
28	1.087	54	2.135	<sup>(8)</sup> These plans are not available in all counties. Contact the Carrier for additional information. For details about plans, abbreviations used in the plan names, and coverage options, please contact the Carrier directly. For information regarding subsidies (Premium Tax Credits and Cost-Sharing Reductions) visit: <a href="http://www.healthcare.gov">www.healthcare.gov</a> .
29	1.119	55	2.230	
30	1.135	56	2.333	<b>Premium Calculation</b>
31	1.159	57	2.437	Premium per person = (Base Rate <sup>(3)</sup> x Age Rating Factor <sup>(5)</sup> ).
32	1.183	58	2.548	Premium per family = The sum of the premiums for each family member to be covered.
33	1.198	59	2.603	Note: For dependent children under age 20, the premium is capped at the sum of the premiums for three children.
34	1.214	60	2.714	Consumers may also use the IHC Premium Calculator at:
35	1.222	61	2.810	<a href="http://www.state.nj.us/dobi/division_insurance/hcseh/hcrates.htm">http://www.state.nj.us/dobi/division_insurance/hcseh/hcrates.htm</a>
36	1.230	62	2.873	
37	1.238	63	2.952	
38	1.246	64+	3.000	
39	1.262			