

**2018 New Jersey Individual Health Benefits Plans and Rates [Effective 01/01/2018 through 12/31/2018]\***

Carrier / Entity Name	Plan Name <sup>(1)</sup>	Plan Type <sup>(2)</sup>	Metal Level <sup>(3)(6)</sup>	Base Rate <sup>(4)</sup> (multiply by Age Rating Factor)	Available to Purchase through...		Visit the carrier's web site for details about plans and coverage options:
					Carrier	Marketplace	
Horizon Healthcare of New Jersey, Inc.	Horizon HMO Gold	HMO	Gold	\$495.50	C	-	<a href="http://www.horizonblue.com">www.horizonblue.com</a>
Oscar Garden State Insurance Corporation	Oscar Classic Gold <sup>(8)</sup>	EPO	Gold	\$505.77	C	M	<a href="http://www.hioscar.com">www.hioscar.com</a>
Horizon Healthcare Services, Inc.	OMNIA Gold	EPO	Gold	\$540.23	C	M	<a href="http://www.horizonblue.com">www.horizonblue.com</a>
AmeriHealth HMO, Inc.	IHC Gold HMO Regional Preferred \$15/\$30	HMO	Gold	\$651.09	C	M	<a href="http://www.amerihealth.com">www.amerihealth.com</a>
AmeriHealth Insurance Company	IHC Gold EPO Regional Preferred \$30/\$50/80% Coins	EPO	Gold	\$730.78	C	M	<a href="http://www.amerihealth.com">www.amerihealth.com</a>
AmeriHealth Insurance Company	IHC Silver EPO AmeriHealth Advantage \$15/\$35 <sup>(8)</sup>	EPO	Silver	\$311.86	C	M	<a href="http://www.amerihealth.com">www.amerihealth.com</a>
AmeriHealth Insurance Company	IHC Silver EPO HSA Tier 1 Advantage \$50/\$75 <sup>(7)(8)</sup>	EPO	Silver	\$321.36	C	M	<a href="http://www.amerihealth.com">www.amerihealth.com</a>
AmeriHealth HMO, Inc.	IHC Silver HMO Local Value \$50/\$75 <sup>(8)</sup>	HMO	Silver	\$327.07	C	M	<a href="http://www.amerihealth.com">www.amerihealth.com</a>
Horizon Healthcare Services, Inc.	OMNIA Silver HSA <sup>(7)</sup>	EPO	Silver	\$346.72	C	M	<a href="http://www.horizonblue.com">www.horizonblue.com</a>
Oscar Garden State Insurance Corporation	Oscar Backup Silver <sup>(8)</sup>	EPO	Silver	\$349.30	C	M	<a href="http://www.hioscar.com">www.hioscar.com</a>
Oscar Garden State Insurance Corporation	Oscar Classic Silver <sup>(8)</sup>	EPO	Silver	\$357.29	C	M	<a href="http://www.hioscar.com">www.hioscar.com</a>
Horizon Healthcare Services, Inc.	OMNIA Silver	EPO	Silver	\$371.96	C	M	<a href="http://www.horizonblue.com">www.horizonblue.com</a>
AmeriHealth Insurance Company	IHC Silver EPO HSA Local Value \$50/\$75 <sup>(7)(8)</sup>	EPO	Silver	\$402.84	C	M	<a href="http://www.amerihealth.com">www.amerihealth.com</a>
Horizon Healthcare Services, Inc.	Horizon Advantage EPO Silver	EPO	Silver	\$463.18	C	M	<a href="http://www.horizonblue.com">www.horizonblue.com</a>
AmeriHealth HMO, Inc.	IHC Silver HMO Regional Preferred \$50/\$75	HMO	Silver	\$536.90	C	M	<a href="http://www.amerihealth.com">www.amerihealth.com</a>
AmeriHealth Insurance Company	IHC Silver EPO Regional Preferred \$30/\$60	EPO	Silver	\$695.08	C	M	<a href="http://www.amerihealth.com">www.amerihealth.com</a>
Cigna Healthcare	Individual HMO 2500	HMO	Silver	\$719.80	C	-	<a href="http://www.cigna.com">www.cigna.com</a>
Oxford Health Ins.	Silver Copay Select 70	EPO	Silver	\$770.53	C	-	<a href="http://www.oxhp.com">www.oxhp.com</a>
Oxford Health Ins.	Silver Copay Select 80	EPO	Silver	\$795.87	C	-	<a href="http://www.oxhp.com">www.oxhp.com</a>
AmeriHealth Insurance Company	IHC Bronze HSA EPO AmeriHealth Advantage \$25/\$50 <sup>(7)(8)</sup>	EPO	Bronze	\$251.63	C	M	<a href="http://www.amerihealth.com">www.amerihealth.com</a>
AmeriHealth Insurance Company	IHC Bronze HSA EPO Tier 1 Advantage \$50/\$75 <sup>(7)(8)</sup>	EPO	Bronze	\$266.96	C	M	<a href="http://www.amerihealth.com">www.amerihealth.com</a>
Oscar Garden State Insurance Corporation	Oscar Classic Bronze <sup>(8)</sup>	EPO	Bronze	\$267.39	C	M	<a href="http://www.hioscar.com">www.hioscar.com</a>
Horizon Healthcare Services, Inc.	OMNIA Bronze HSA <sup>(7)</sup>	EPO	Bronze	\$298.26	C	M	<a href="http://www.horizonblue.com">www.horizonblue.com</a>
Horizon Healthcare Services, Inc.	Horizon Advantage EPO Bronze	EPO	Bronze	\$376.26	C	M	<a href="http://www.horizonblue.com">www.horizonblue.com</a>
Oxford Health Ins.	Bronze Copay Select 50	EPO	Bronze	\$709.49	C	-	<a href="http://www.oxhp.com">www.oxhp.com</a>
Oscar Garden State Insurance Corporation	Oscar Classic Secure <sup>(6)(8)</sup>	EPO	Catastrophic	\$180.54	C	M	<a href="http://www.hioscar.com">www.hioscar.com</a>
Horizon Healthcare Services, Inc.	Horizon Advantage EPO Essentials <sup>(6)</sup>	EPO	Catastrophic	\$263.48	C	M	<a href="http://www.horizonblue.com">www.horizonblue.com</a>
AmeriHealth Insurance Company	IHC Local Value Simple Saver <sup>(6)(8)</sup>	EPO	Catastrophic	\$272.04	C	M	<a href="http://www.amerihealth.com">www.amerihealth.com</a>

Footnotes	Ages	Age Rating Factors <sup>(5)</sup>	Ages	Age Rating Factors <sup>(5)</sup>	Age Rating Factors <sup>(5)</sup>
<sup>(1)</sup> Plan Names were supplied by the Carrier. Please contact the Carrier for explanations of the abbreviations used in the plan names.	0-14	0.765	40	1.278	1.278
	15	0.833	41	1.302	1.302
<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.	16	0.859	42	1.325	1.325
	17	0.885	43	1.357	1.357
<sup>(3)</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%.	18	0.913	44	1.397	1.397
	19	0.941	45	1.444	1.444
	20	0.970	46	1.500	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	1.563
	22	1.000	48	1.635	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	1.706
<sup>(6)</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.	24	1.000	50	1.786	1.786
	25	1.004	51	1.865	1.865
	26	1.024	52	1.952	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	2.040
	28	1.087	54	2.135	2.135
<sup>(8)</sup> These plans are not available in all counties. Contact the Carrier for additional information.	29	1.119	55	2.230	2.230
	30	1.135	56	2.333	2.333
*For details about plans, abbreviations used in the plan names, and coverage options, please contact the Carrier directly.	31	1.159	57	2.437	2.437
	32	1.183	58	2.548	2.548
For information regarding subsidies (Premium Tax Credits and Cost-Sharing Reductions) visit: <a href="http://www.healthcare.gov">www.healthcare.gov</a> .	33	1.198	59	2.603	2.603
	34	1.214	60	2.714	2.714
<b>Premium Calculation</b>	35	1.222	61	2.810	2.810
Premium per person = (Base Rate <sup>(4)</sup> x Age Rating Factor <sup>(5)</sup> ).	36	1.230	62	2.873	2.873
Premium per family = The sum of the premiums for each family member to be covered. Note: For dependent children under age 20, the premium is capped at the sum of the premiums for three children.	37	1.238	63	2.952	2.952
	38	1.246	64+	3.000	3.000
	39	1.262			