

## 2019 Monthly Premiums

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



**For step-by-step instructions,**  
see page 2.

### AGE

	0-14	15	16	17	18	19	20	21	22	23	24	25
<b>IHC CATASTROPHIC<sup>2</sup></b>												
Local Value Simple Saver <sup>3</sup>	\$176.57	\$192.27	\$198.27	\$204.27	\$210.73	\$217.20	\$223.89	\$230.82	\$230.82	\$230.82	\$230.82	\$231.74
<b>IHC BRONZE</b>												
EPO HSA AmeriHealth Advantage <b>\$25/\$50<sup>4</sup></b>	\$166.75	\$181.58	\$187.24	\$192.91	\$199.01	\$205.12	\$211.44	\$217.98	\$217.98	\$217.98	\$217.98	\$218.85
EPO HSA AmeriHealth Hospital Advantage <b>\$50/\$75<sup>5</sup></b>	\$176.88	\$192.60	\$198.61	\$204.62	\$211.09	\$217.57	\$224.27	\$231.21	\$231.21	\$231.21	\$231.21	\$232.14
<b>IHC SILVER</b>												
SELECT EPO AmeriHealth Advantage <b>\$25/\$50<sup>4</sup></b>	OFF EXCHANGE ONLY	\$183.32	\$199.62	\$205.85	\$212.08	\$218.79	\$225.50	\$232.45	\$239.64	\$239.64	\$239.64	\$240.60
SELECT EPO HSA AmeriHealth Hospital Advantage <b>\$50/\$75<sup>5</sup></b>		\$186.28	\$202.84	\$209.17	\$215.50	\$222.32	\$229.13	\$236.19	\$243.50	\$243.50	\$243.50	\$244.47
SELECT HMO Local Value <b>\$50/\$75<sup>3</sup></b>		\$194.17	\$211.43	\$218.03	\$224.63	\$231.73	\$238.84	\$246.20	\$253.81	\$253.81	\$253.81	\$254.83
EPO AmeriHealth Advantage <b>\$25/\$50<sup>4</sup></b>		\$204.45	\$222.62	\$229.57	\$236.52	\$244.00	\$251.48	\$259.23	\$267.25	\$267.25	\$267.25	\$268.32
EPO HSA AmeriHealth Hospital Advantage <b>\$50/\$75<sup>5</sup></b>		\$208.29	\$226.81	\$233.89	\$240.96	\$248.59	\$256.21	\$264.11	\$272.28	\$272.28	\$272.28	\$273.37
HMO Local Value <b>\$50/\$75<sup>3</sup></b>		\$216.38	\$235.61	\$242.97	\$250.32	\$258.24	\$266.16	\$274.36	\$282.85	\$282.85	\$282.85	\$283.98
HMO Regional Preferred <b>\$50/\$75</b>		\$355.17	\$386.75	\$398.82	\$410.89	\$423.89	\$436.89	\$450.35	\$464.28	\$464.28	\$464.28	\$466.14
EPO HSA Local Value <b>\$50/\$75<sup>3</sup></b>		\$261.41	\$284.65	\$293.54	\$302.42	\$311.99	\$321.56	\$331.47	\$341.72	\$341.72	\$341.72	\$343.08
EPO Regional Preferred <b>\$30/\$70</b>		\$457.45	\$498.11	\$513.66	\$529.20	\$545.95	\$562.69	\$580.03	\$597.97	\$597.97	\$597.97	\$600.36
<b>IHC GOLD</b>												
HMO Regional Preferred <b>\$15/\$30</b>		\$427.03	\$464.98	\$479.50	\$494.01	\$509.64	\$525.27	\$541.46	\$558.20	\$558.20	\$558.20	\$560.44
EPO Regional Preferred <b>\$30/\$50/20% Coins</b>		\$478.85	\$521.42	\$537.69	\$553.97	\$571.49	\$589.02	\$607.17	\$625.95	\$625.95	\$625.95	\$628.45



**AGE**

	26	27	28	29	30	31	32	33	34	35	36	37	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52
<b>IHC CATASTROPHIC<sup>2</sup></b>																											
Local Value Simple Saver <sup>3</sup>	\$236.36	\$241.90	\$250.90	\$258.28	\$261.98	\$267.52	\$273.06	\$276.52	\$280.21	\$282.06	\$283.90	\$285.75	\$287.60	\$291.29	\$294.98	\$300.52	\$305.83	\$313.22	\$322.45	\$333.30	\$346.22	\$360.77	\$377.38	\$393.77	\$412.24	\$430.47	\$450.55
<b>IHC BRONZE</b>																											
EPO HSA AmeriHealth Advantage <b>\$25/\$50<sup>4</sup></b>	\$223.21	\$228.44	\$236.94	\$243.92	\$247.41	\$252.64	\$257.87	\$261.14	\$264.63	\$266.37	\$268.11	\$269.86	\$271.60	\$275.09	\$278.58	\$283.81	\$288.82	\$295.80	\$304.52	\$314.76	\$326.97	\$340.70	\$356.40	\$371.87	\$389.31	\$406.53	\$425.50
EPO HSA AmeriHealth Hospital Advantage <b>\$50/\$75<sup>5</sup></b>	\$236.76	\$242.31	\$251.33	\$258.72	\$262.42	\$267.97	\$273.52	\$276.99	\$280.69	\$282.54	\$284.39	\$286.24	\$288.09	\$291.79	\$295.49	\$301.04	\$306.35	\$313.75	\$323.00	\$333.87	\$346.82	\$361.38	\$378.03	\$394.44	\$412.94	\$431.21	\$451.32
<b>IHC SILVER</b>																											
SELECT EPO AmeriHealth Advantage <b>\$25/\$50<sup>4</sup></b>	\$245.39	\$251.14	\$260.49	\$268.16	\$271.99	\$277.74	\$283.49	\$287.09	\$290.92	\$292.84	\$294.76	\$296.67	\$298.59	\$302.43	\$306.26	\$312.01	\$317.52	\$325.19	\$334.78	\$346.04	\$359.46	\$374.56	\$391.81	\$408.83	\$428.00	\$446.93	\$467.78
SELECT EPO HSA AmeriHealth Hospital Advantage <b>\$50/\$75<sup>5</sup></b>	\$249.34	\$255.19	\$264.68	\$272.48	\$276.37	\$282.22	\$288.06	\$291.71	\$295.61	\$297.56	\$299.50	\$301.45	\$303.40	\$307.30	\$311.19	\$317.04	\$322.64	\$330.43	\$340.17	\$351.61	\$365.25	\$380.59	\$398.12	\$415.41	\$434.89	\$454.13	\$475.31
SELECT HMO Local Value <b>\$50/\$75<sup>3</sup></b>	\$259.91	\$266.00	\$275.90	\$284.02	\$288.08	\$294.17	\$300.26	\$304.07	\$308.13	\$310.16	\$312.19	\$314.22	\$316.25	\$320.31	\$324.38	\$330.47	\$336.30	\$344.43	\$354.58	\$366.51	\$380.72	\$396.71	\$414.99	\$433.01	\$453.31	\$473.36	\$495.45
EPO AmeriHealth Advantage <b>\$25/\$50<sup>4</sup></b>	\$273.67	\$280.08	\$290.50	\$299.05	\$303.33	\$309.74	\$316.16	\$320.17	\$324.44	\$326.58	\$328.72	\$330.86	\$333.00	\$337.27	\$341.55	\$347.96	\$354.11	\$362.66	\$373.35	\$385.91	\$400.88	\$417.71	\$436.96	\$455.93	\$477.31	\$498.42	\$521.68
EPO HSA AmeriHealth Hospital Advantage <b>\$50/\$75<sup>5</sup></b>	\$278.81	\$285.35	\$295.96	\$304.68	\$309.03	\$315.57	\$322.10	\$326.19	\$330.54	\$332.72	\$334.90	\$337.08	\$339.26	\$343.61	\$347.97	\$354.50	\$360.77	\$369.48	\$380.37	\$393.17	\$408.41	\$425.57	\$445.17	\$464.50	\$486.29	\$507.80	\$531.48
HMO Local Value <b>\$50/\$75<sup>3</sup></b>	\$289.64	\$296.43	\$307.46	\$316.51	\$321.03	\$327.82	\$334.61	\$338.85	\$343.38	\$345.64	\$347.90	\$350.17	\$352.43	\$356.96	\$361.48	\$368.27	\$374.77	\$383.83	\$395.14	\$408.43	\$424.27	\$442.09	\$462.46	\$482.54	\$505.17	\$527.51	\$552.12
HMO Regional Preferred <b>\$50/\$75</b>	\$475.42	\$486.57	\$504.67	\$519.53	\$526.96	\$538.10	\$549.24	\$556.21	\$563.64	\$567.35	\$571.06	\$574.78	\$578.49	\$585.92	\$593.35	\$604.49	\$615.17	\$630.03	\$648.60	\$670.42	\$696.42	\$725.67	\$759.10	\$792.06	\$829.20	\$865.88	\$906.27
EPO HSA Local Value <b>\$50/\$75<sup>3</sup></b>	\$349.92	\$358.12	\$371.45	\$382.38	\$387.85	\$396.05	\$404.25	\$409.38	\$414.85	\$417.58	\$420.31	\$423.05	\$425.78	\$431.25	\$436.72	\$444.92	\$452.78	\$463.71	\$477.38	\$493.44	\$512.58	\$534.10	\$558.71	\$582.97	\$610.31	\$637.30	\$667.03
EPO Regional Preferred <b>\$30/\$70</b>	\$612.32	\$626.67	\$649.99	\$669.13	\$678.70	\$693.05	\$707.40	\$716.37	\$725.93	\$730.72	\$735.50	\$740.29	\$745.07	\$754.64	\$764.20	\$778.56	\$792.31	\$811.44	\$835.36	\$863.47	\$896.95	\$934.63	\$977.68	\$1,020.14	\$1,067.97	\$1,115.21	\$1,167.24
<b>IHC GOLD</b>																											
HMO Regional Preferred <b>\$15/\$30</b>	\$571.60	\$585.00	\$606.77	\$624.63	\$633.56	\$646.96	\$660.36	\$668.73	\$677.66	\$682.13	\$686.59	\$691.06	\$695.52	\$704.45	\$713.39	\$726.78	\$739.62	\$757.48	\$779.81	\$806.05	\$837.31	\$872.47	\$912.66	\$952.30	\$996.95	\$1,041.05	\$1,089.62
EPO Regional Preferred <b>\$30/\$50/20% Coins</b>	\$640.97	\$656.00	\$680.41	\$700.44	\$710.45	\$725.48	\$740.50	\$749.89	\$759.90	\$764.91	\$769.92	\$774.93	\$779.93	\$789.95	\$799.96	\$814.99	\$829.38	\$849.41	\$874.45	\$903.87	\$938.93	\$978.36	\$1,023.43	\$1,067.87	\$1,117.95	\$1,167.40	\$1,221.86

**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.

Sample calculation based on:

**Bronze EPO AmeriHealth Advantage \$25 / \$50**

	Age	Rate <sup>1</sup>
You	56	\$508.55
+Spouse	54	\$465.39
+Dependent 1	20	\$211.44
+Dependent 2	18	\$199.01
+Dependent 3	14	\$166.75
+Dependent 4	12	Free <del>\$166.75</del>
<b>Total Family Rate</b>		<b>\$1,551.14</b>

The above example is for illustrative purposes only.

All plans are available on and off exchange unless otherwise noted.



**AGE**

	53	54	55	56	57	58	59	60	61	62	63	64+	
<b>IHC CATASTROPHIC<sup>2</sup></b>													
Local Value Simple Saver <sup>3</sup>	\$470.86	\$492.79	\$514.72	\$538.49	\$562.50	\$588.12	\$600.81	\$626.43	\$648.59	\$663.13	\$681.37	\$692.45	
<b>IHC BRONZE</b>													
EPO HSA AmeriHealth Advantage <b>\$25/\$50<sup>4</sup></b>	\$444.68	\$465.39	\$486.09	\$508.55	\$531.22	\$555.41	\$567.40	\$591.60	\$612.52	\$626.25	\$643.47	\$653.94	
EPO HSA AmeriHealth Hospital Advantage <b>\$50/\$75<sup>5</sup></b>	\$471.67	\$493.63	\$515.60	\$539.41	\$563.46	\$589.12	\$601.84	\$627.50	\$649.70	\$664.27	\$682.53	\$693.63	
<b>IHC SILVER</b>													
SELECT EPO AmeriHealth Advantage <b>\$25/\$50<sup>4</sup></b>	<b>OFF EXCHANGE ONLY</b>	\$488.87	\$511.63	\$534.40	\$559.08	\$584.00	\$610.60	\$623.78	\$650.38	\$673.39	\$688.49	\$707.42	\$718.92
SELECT EPO HSA AmeriHealth Hospital Advantage <b>\$50/\$75<sup>5</sup></b>		\$496.74	\$519.87	\$543.00	\$568.08	\$593.41	\$620.44	\$633.83	\$660.86	\$684.23	\$699.57	\$718.81	\$730.50
SELECT HMO Local Value <b>\$50/\$75<sup>3</sup></b>		\$517.78	\$541.89	\$566.01	\$592.15	\$618.55	\$646.72	\$660.68	\$688.85	\$713.22	\$729.21	\$749.26	\$761.43
EPO AmeriHealth Advantage <b>\$25/\$50<sup>4</sup></b>		\$545.19	\$570.58	\$595.97	\$623.50	\$651.29	\$680.96	\$695.66	\$725.32	\$750.98	\$767.81	\$788.93	\$801.75
EPO HSA AmeriHealth Hospital Advantage <b>\$50/\$75<sup>5</sup></b>		\$555.44	\$581.31	\$607.18	\$635.22	\$663.54	\$693.76	\$708.74	\$738.96	\$765.10	\$782.25	\$803.76	\$816.83
HMO Local Value <b>\$50/\$75<sup>3</sup></b>		\$577.01	\$603.88	\$630.75	\$659.89	\$689.30	\$720.70	\$736.26	\$767.65	\$794.81	\$812.63	\$834.97	\$848.55
HMO Regional Preferred <b>\$50/\$75</b>		\$947.13	\$991.24	\$1,035.34	\$1,083.17	\$1,131.45	\$1,182.99	\$1,208.52	\$1,260.06	\$1,304.63	\$1,333.88	\$1,370.55	\$1,392.84
EPO HSA Local Value <b>\$50/\$75<sup>3</sup></b>		\$697.10	\$729.57	\$762.03	\$797.23	\$832.77	\$870.70	\$889.49	\$927.42	\$960.23	\$981.76	\$1,008.75	\$1,025.15
EPO Regional Preferred <b>\$30/\$70</b>		\$1,219.86	\$1,276.66	\$1,333.47	\$1,395.06	\$1,457.25	\$1,523.63	\$1,556.51	\$1,622.89	\$1,680.29	\$1,717.97	\$1,765.21	\$1,793.91
<b>IHC GOLD</b>													
HMO Regional Preferred <b>\$15/\$30</b>		\$1,138.74	\$1,191.77	\$1,244.80	\$1,302.29	\$1,360.34	\$1,422.31	\$1,453.01	\$1,514.97	\$1,568.55	\$1,603.72	\$1,647.82	\$1,674.60
EPO Regional Preferred <b>\$30/\$50/20% Coins</b>		\$1,276.94	\$1,336.40	\$1,395.87	\$1,460.34	\$1,525.44	\$1,594.92	\$1,629.35	\$1,698.83	\$1,758.92	\$1,798.36	\$1,847.81	\$1,877.85

All plans are available on and off exchange unless otherwise noted.

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

<sup>2</sup>Catastrophic plans are only available for qualified individuals.

<sup>3</sup>The Local Value Network is not available in Hunterdon County.

<sup>4</sup>AmeriHealth Advantage plans are only available to individuals based in the following counties: Atlantic, Burlington, Camden, Cape May, Essex, Gloucester, Hudson, Mercer, Middlesex, Monmouth, Ocean, Somerset, and Union. Members can obtain services within the listed counties at the tier 1 level. AmeriHealth Advantage members can also access tier 2 providers within the AmeriHealth New Jersey Local Value network. AmeriHealth Advantage tier 1 hospitals are subject to change.

<sup>5</sup>AmeriHealth Hospital Advantage providers are an enhancement to your benefits. Tier 2 providers are AmeriHealth New Jersey Local Value network providers and are not available in Hunterdon County.

**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。**