



2020 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 or call **855-832-2009 (TTY: 711)**.

		AGE											
		0-14	15	16	17	18	19	20	21	22	23	24	25
IHC CATASTROPHIC²													
Local Value Simple Saver ³		\$195.49	\$212.86	\$219.51	\$226.15	\$233.31	\$240.46	\$247.87	\$255.54	\$255.54	\$255.54	\$255.54	\$256.56
IHC BRONZE													
EPO HSA AmeriHealth Advantage \$25/\$50⁴		\$183.71	\$200.04	\$206.29	\$212.53	\$219.26	\$225.98	\$232.95	\$240.15	\$240.15	\$240.15	\$240.15	\$241.11
EPO HSA AmeriHealth Hospital Advantage \$50/\$75⁵		\$196.14	\$213.57	\$220.24	\$226.91	\$234.08	\$241.26	\$248.70	\$256.39	\$256.39	\$256.39	\$256.39	\$257.42
IHC SILVER													
SELECT EPO AmeriHealth Advantage \$25/\$50⁴	OFF EXCHANGE ONLY	\$204.46	\$222.64	\$229.58	\$236.53	\$244.02	\$251.50	\$259.25	\$267.27	\$267.27	\$267.27	\$267.27	\$268.34
SELECT EPO HSA AmeriHealth Hospital Advantage \$50/\$75⁵		\$208.26	\$226.77	\$233.85	\$240.92	\$248.55	\$256.17	\$264.06	\$272.23	\$272.23	\$272.23	\$272.23	\$273.32
SELECT HMO Local Value \$50/\$75³		\$217.34	\$236.66	\$244.04	\$251.43	\$259.38	\$267.34	\$275.58	\$284.10	\$284.10	\$284.10	\$284.10	\$285.24
EPO AmeriHealth Advantage \$25/\$50⁴		\$226.58	\$246.72	\$254.42	\$262.12	\$270.41	\$278.71	\$287.29	\$296.18	\$296.18	\$296.18	\$296.18	\$297.36
EPO HSA AmeriHealth Hospital Advantage \$50/\$75⁵		\$232.87	\$253.57	\$261.48	\$269.39	\$277.92	\$286.44	\$295.27	\$304.40	\$304.40	\$304.40	\$304.40	\$305.62
HMO Local Value \$50/\$75³		\$240.41	\$261.78	\$269.95	\$278.12	\$286.92	\$295.72	\$304.83	\$314.26	\$314.26	\$314.26	\$314.26	\$315.52
HMO Regional Preferred \$50/\$75		\$390.71	\$425.44	\$438.72	\$452.00	\$466.30	\$480.60	\$495.41	\$510.73	\$510.73	\$510.73	\$510.73	\$512.77
EPO HSA Local Value \$50/\$75³		\$289.86	\$315.62	\$325.48	\$335.33	\$345.94	\$356.54	\$367.53	\$378.90	\$378.90	\$378.90	\$378.90	\$380.42
EPO Regional Preferred \$50/\$75		\$497.14	\$541.33	\$558.22	\$575.12	\$593.31	\$611.51	\$630.35	\$649.85	\$649.85	\$649.85	\$649.85	\$652.45
IHC GOLD													
HMO Regional Preferred \$15/\$30		\$474.74	\$516.93	\$533.07	\$549.20	\$566.58	\$583.96	\$601.95	\$620.57	\$620.57	\$620.57	\$620.57	\$623.05
EPO Regional Preferred \$30/\$50		\$516.80	\$562.73	\$580.30	\$597.86	\$616.78	\$635.69	\$655.28	\$675.55	\$675.55	\$675.55	\$675.55	\$678.25

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

2020 Monthly Premiums

	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
IHC CATASTROPHIC²																											
Local Value Simple Saver ³	\$261.67	\$267.81	\$277.77	\$285.95	\$290.04	\$296.17	\$302.30	\$306.14	\$310.23	\$312.27	\$314.31	\$316.36	\$318.40	\$322.49	\$326.58	\$332.71	\$338.59	\$346.77	\$356.99	\$369.00	\$383.31	\$399.41	\$417.81	\$435.95	\$456.39	\$476.58	\$498.81
IHC BRONZE																											
EPO HSA AmeriHealth Advantage \$25/\$50⁴	\$245.91	\$251.68	\$261.04	\$268.73	\$272.57	\$278.33	\$284.10	\$287.70	\$291.54	\$293.46	\$295.38	\$297.31	\$299.23	\$303.07	\$306.91	\$312.68	\$318.20	\$325.88	\$335.49	\$346.78	\$360.23	\$375.35	\$392.65	\$409.70	\$428.91	\$447.88	\$468.77
EPO HSA AmeriHealth Hospital Advantage \$50/\$75⁵	\$262.54	\$268.70	\$278.70	\$286.90	\$291.00	\$297.16	\$303.31	\$307.16	\$311.26	\$313.31	\$315.36	\$317.41	\$319.46	\$323.56	\$327.67	\$333.82	\$339.72	\$347.92	\$358.18	\$370.23	\$384.59	\$400.74	\$419.20	\$437.40	\$457.91	\$478.17	\$500.47
IHC SILVER																											
SELECT EPO AmeriHealth Advantage \$25/\$50⁴	\$273.68	\$280.10	\$290.52	\$299.08	\$303.35	\$309.77	\$316.18	\$320.19	\$324.47	\$326.60	\$328.74	\$330.88	\$333.02	\$337.29	\$341.57	\$347.99	\$354.13	\$362.69	\$373.38	\$385.94	\$400.91	\$417.74	\$436.99	\$455.96	\$477.34	\$498.46	\$521.71
SELECT EPO HSA AmeriHealth Hospital Advantage \$50/\$75⁵	\$278.76	\$285.30	\$295.91	\$304.63	\$308.98	\$315.51	\$322.05	\$326.13	\$330.49	\$332.67	\$334.84	\$337.02	\$339.20	\$343.55	\$347.91	\$354.44	\$360.70	\$369.42	\$380.31	\$393.10	\$408.35	\$425.50	\$445.10	\$464.42	\$486.20	\$507.71	\$531.39
SELECT HMO Local Value \$50/\$75³	\$290.92	\$297.74	\$308.82	\$317.91	\$322.45	\$329.27	\$336.09	\$340.35	\$344.90	\$347.17	\$349.44	\$351.72	\$353.99	\$358.53	\$363.08	\$369.90	\$376.43	\$385.52	\$396.89	\$410.24	\$426.15	\$444.05	\$464.50	\$484.67	\$507.40	\$529.85	\$554.56
EPO AmeriHealth Advantage \$25/\$50⁴	\$303.29	\$310.40	\$321.95	\$331.43	\$336.16	\$343.27	\$350.38	\$354.82	\$359.56	\$361.93	\$364.30	\$366.67	\$369.04	\$373.78	\$378.52	\$385.63	\$392.44	\$401.92	\$413.76	\$427.68	\$444.27	\$462.93	\$484.25	\$505.28	\$528.98	\$552.38	\$578.14
EPO HSA AmeriHealth Hospital Advantage \$50/\$75⁵	\$311.71	\$319.01	\$330.88	\$340.62	\$345.49	\$352.80	\$360.11	\$364.67	\$369.54	\$371.98	\$374.41	\$376.85	\$379.28	\$384.15	\$389.02	\$396.33	\$403.33	\$413.07	\$425.25	\$439.55	\$456.60	\$475.78	\$497.69	\$519.31	\$543.66	\$567.71	\$594.19
HMO Local Value \$50/\$75³	\$321.80	\$329.34	\$341.60	\$351.66	\$356.69	\$364.23	\$371.77	\$376.48	\$381.51	\$384.03	\$386.54	\$389.05	\$391.57	\$396.60	\$401.62	\$409.17	\$416.39	\$426.45	\$439.02	\$453.79	\$471.39	\$491.19	\$513.82	\$536.13	\$561.27	\$586.09	\$613.44
HMO Regional Preferred \$50/\$75	\$522.99	\$535.25	\$555.16	\$571.51	\$579.68	\$591.94	\$604.19	\$611.85	\$620.03	\$624.11	\$628.20	\$632.28	\$636.37	\$644.54	\$652.71	\$664.97	\$676.72	\$693.06	\$713.49	\$737.49	\$766.10	\$798.27	\$835.04	\$871.31	\$912.16	\$952.51	\$996.94
EPO HSA Local Value \$50/\$75³	\$387.99	\$397.09	\$411.86	\$423.99	\$430.05	\$439.15	\$448.24	\$453.92	\$459.98	\$463.02	\$466.05	\$469.08	\$472.11	\$478.17	\$484.23	\$493.33	\$502.04	\$514.17	\$529.32	\$547.13	\$568.35	\$592.22	\$619.50	\$646.40	\$676.72	\$706.65	\$739.61
EPO Regional Preferred \$50/\$75	\$665.45	\$681.04	\$706.39	\$727.18	\$737.58	\$753.18	\$768.77	\$778.52	\$788.92	\$794.12	\$799.32	\$804.51	\$809.71	\$820.11	\$830.51	\$846.10	\$861.05	\$881.85	\$907.84	\$938.38	\$974.78	\$1,015.72	\$1,062.50	\$1,108.64	\$1,160.63	\$1,211.97	\$1,268.51
IHC GOLD																											
HMO Regional Preferred \$15/\$30	\$635.46	\$650.36	\$674.56	\$694.42	\$704.35	\$719.24	\$734.13	\$743.44	\$753.37	\$758.34	\$763.30	\$768.27	\$773.23	\$783.16	\$793.09	\$807.98	\$822.26	\$842.11	\$866.94	\$896.10	\$930.86	\$969.95	\$1,014.63	\$1,058.69	\$1,108.34	\$1,157.36	\$1,211.35
EPO Regional Preferred \$30/\$50	\$691.76	\$707.98	\$734.32	\$755.94	\$766.75	\$782.86	\$799.18	\$809.31	\$820.12	\$825.52	\$830.93	\$836.33	\$841.74	\$852.54	\$863.35	\$879.57	\$895.10	\$916.72	\$943.74	\$975.49	\$1,013.33	\$1,055.88	\$1,104.52	\$1,152.49	\$1,206.53	\$1,259.90	\$1,318.67

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 ¹
You	56	\$560.27
+Spouse	54	\$512.72
+Dependent 1	20	\$232.95
+Dependent 2	18	\$219.26
+Dependent 3	14	\$183.71
+Dependent 4	12	Free \$183.71
Total Family Rate		\$1,708.91

The above example is for illustrative purposes only.

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



2020 Monthly Premiums

AGE

	53	54	55	56	57	58	59	60	61	62	63	64+	
IHC CATASTROPHIC²													
Local Value Simple Saver ³	\$521.30	\$545.58	\$569.85	\$596.17	\$622.75	\$651.12	\$665.17	\$693.54	\$718.07	\$734.17	\$754.35	\$766.62	
IHC BRONZE													
EPO HSA AmeriHealth Advantage \$25/\$50⁴	\$489.91	\$512.72	\$535.53	\$560.27	\$585.25	\$611.90	\$625.11	\$651.77	\$674.82	\$689.95	\$708.92	\$720.45	
EPO HSA AmeriHealth Hospital Advantage \$50/\$75⁵	\$523.04	\$547.39	\$571.75	\$598.16	\$624.82	\$653.28	\$667.38	\$695.84	\$720.46	\$736.61	\$756.86	\$769.17	
IHC SILVER													
SELECT EPO AmeriHealth Advantage \$25/\$50⁴	OFF EXCHANGE ONLY	\$545.23	\$570.62	\$596.01	\$623.54	\$651.34	\$681.00	\$695.70	\$725.37	\$751.03	\$767.87	\$788.98	\$801.81
SELECT EPO HSA AmeriHealth Hospital Advantage \$50/\$75⁵		\$555.35	\$581.21	\$607.07	\$635.11	\$663.42	\$693.64	\$708.61	\$738.83	\$764.97	\$782.12	\$803.62	\$816.69
SELECT HMO Local Value \$50/\$75³		\$579.56	\$606.55	\$633.54	\$662.81	\$692.35	\$723.89	\$739.51	\$771.05	\$798.32	\$816.22	\$838.66	\$852.30
EPO AmeriHealth Advantage \$25/\$50⁴		\$604.21	\$632.34	\$660.48	\$690.99	\$721.79	\$754.67	\$770.96	\$803.83	\$832.27	\$850.93	\$874.32	\$888.54
EPO HSA AmeriHealth Hospital Advantage \$50/\$75⁵		\$620.98	\$649.89	\$678.81	\$710.17	\$741.82	\$775.61	\$792.35	\$826.14	\$855.36	\$874.54	\$898.59	\$913.20
HMO Local Value \$50/\$75³		\$641.09	\$670.95	\$700.80	\$733.17	\$765.85	\$800.73	\$818.02	\$852.90	\$883.07	\$902.87	\$927.70	\$942.78
HMO Regional Preferred \$50/\$75		\$1,041.89	\$1,090.41	\$1,138.93	\$1,191.53	\$1,244.65	\$1,301.34	\$1,329.43	\$1,386.12	\$1,435.15	\$1,467.33	\$1,507.67	\$1,532.19
EPO HSA Local Value \$50/\$75³		\$772.96	\$808.95	\$844.95	\$883.97	\$923.38	\$965.44	\$986.28	\$1,028.33	\$1,064.71	\$1,088.58	\$1,118.51	\$1,136.70
EPO Regional Preferred \$50/\$75		\$1,325.69	\$1,387.43	\$1,449.17	\$1,516.10	\$1,583.68	\$1,655.82	\$1,691.56	\$1,763.69	\$1,826.08	\$1,867.02	\$1,918.36	\$1,949.55
IHC GOLD													
HMO Regional Preferred \$15/\$30		\$1,265.96	\$1,324.92	\$1,383.87	\$1,447.79	\$1,512.33	\$1,581.21	\$1,615.34	\$1,684.23	\$1,743.80	\$1,782.90	\$1,831.92	\$1,861.71
EPO Regional Preferred \$30/\$50		\$1,378.12	\$1,442.30	\$1,506.48	\$1,576.06	\$1,646.32	\$1,721.30	\$1,758.46	\$1,833.44	\$1,898.30	\$1,940.86	\$1,994.22	\$2,026.65

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

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 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.

⁵AmeriHealth 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。

