

2017 Monthly Premiums

Age

OFF EXCHANGE	ON EXCHANGE	0-20	21	22	23	24	25	26
IHC CATASTROPHIC²								
Local Value Simple Saver ³	✓	\$155.72	\$245.23	\$245.23	\$245.23	\$245.23	\$246.21	\$251.12
Regional Preferred Simple Saver	✓	\$171.00	\$269.29	\$269.29	\$269.29	\$269.29	\$270.37	\$275.75
IHC BRONZE								
EPO AmeriHealth Advantage \$25/\$50 ⁴	✓	\$143.12	\$225.39	\$225.39	\$225.39	\$225.39	\$226.29	\$230.80
EPO Tier 1 Advantage \$50/\$75 ⁵	✓	\$150.73	\$237.38	\$237.38	\$237.38	\$237.38	\$238.33	\$243.07
EPO Local Value \$50/\$75 ³		\$169.25	\$266.54	\$266.54	\$266.54	\$266.54	\$267.61	\$272.94
EPO HSA Local Value \$50/\$75 ³	✓	\$174.59	\$274.94	\$274.94	\$274.94	\$274.94	\$276.04	\$281.54
EPO Regional Preferred \$50/\$75		\$188.04	\$296.13	\$296.13	\$296.13	\$296.13	\$297.32	\$303.24
EPO HSA Regional Preferred \$50/\$75	✓	\$193.98	\$305.47	\$305.47	\$305.47	\$305.47	\$306.70	\$312.81
IHC SILVER								
EPO AmeriHealth Advantage \$15/\$35 ⁴	✓	\$167.70	\$264.10	\$264.10	\$264.10	\$264.10	\$265.16	\$270.44
EPO HSA Tier 1 Advantage \$50/\$75 ⁵	✓	\$168.20	\$264.88	\$264.88	\$264.88	\$264.88	\$265.94	\$271.24
HMO Local Value \$50/\$75 ³	✓	\$177.84	\$280.07	\$280.07	\$280.07	\$280.07	\$281.19	\$286.79
EPO HSA Local Value \$50/\$75 ³	✓	\$212.97	\$335.39	\$335.39	\$335.39	\$335.39	\$336.73	\$343.44
HMO Regional Preferred \$50/\$75	✓	\$222.02	\$349.63	\$349.63	\$349.63	\$349.63	\$351.03	\$358.02
EPO Local Value \$25/\$45 ³		\$226.88	\$357.29	\$357.29	\$357.29	\$357.29	\$358.71	\$365.86
EPO HSA Regional Preferred \$50/\$75		\$236.64	\$372.66	\$372.66	\$372.66	\$372.66	\$374.15	\$381.60
EPO HSA Local Value 90%/90% ³		\$248.49	\$391.32	\$391.32	\$391.32	\$391.32	\$392.89	\$400.71
EPO Regional Preferred \$25/\$50	✓	\$249.92	\$393.57	\$393.57	\$393.57	\$393.57	\$395.14	\$403.02
EPO Regional Preferred \$25/\$45		\$252.08	\$396.98	\$396.98	\$396.98	\$396.98	\$398.57	\$406.51
EPO HSA Regional Preferred 90%/90%		\$276.10	\$434.80	\$434.80	\$434.80	\$434.80	\$436.54	\$445.23
IHC GOLD								
EPO AmeriHealth Advantage \$10/\$20 ⁴	✓	\$310.17	\$488.46	\$488.46	\$488.46	\$488.46	\$490.42	\$500.19
HMO Local Value \$15/\$30 ³	✓	\$334.29	\$526.44	\$526.44	\$526.44	\$526.44	\$528.55	\$539.08
HMO Regional Preferred \$15/\$30	✓	\$378.44	\$595.97	\$595.97	\$595.97	\$595.97	\$598.35	\$610.27
EPO HSA Local Value 80%/80% ³	✓	\$379.81	\$598.12	\$598.12	\$598.12	\$598.12	\$600.52	\$612.48
EPO Local Value \$30/\$50 ³		\$382.28	\$602.02	\$602.02	\$602.02	\$602.02	\$604.42	\$616.46
EPO HSA Regional Preferred 80%/80%		\$422.01	\$664.58	\$664.58	\$664.58	\$664.58	\$667.24	\$680.53
EPO Regional Preferred \$30/\$50; 80% Coins	✓	\$424.75	\$668.89	\$668.89	\$668.89	\$668.89	\$671.57	\$684.95

This chart shows monthly premium rates. Rates are based on geographic area, age, and family size. When you're ready to purchase or want to see if you qualify for a subsidy, visit amerihealthnj.com/enroll2017 or call 855-832-2009 (TTY:711).

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.

	Age	Rate ¹
You	56	\$465
+Spouse	54	\$425
+Dependent 1	20	\$200
+Dependent 2	18	\$200
+Dependent 3	14	\$200
+Dependent 4	12	Free \$200
Total Family Rate		\$1,490

The above example is for illustrative purposes only.

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 Atlantic, Burlington, Camden, Cape May, Gloucester, Monmouth, and Ocean counties. Members with AmeriHealth Advantage plans can obtain services at the Tier 1 level in Atlantic, Burlington, Camden, Cape May, Gloucester, Monmouth, and Ocean counties. Tier 2 providers are AmeriHealth New Jersey Local Value network providers.

⁵Tier 1 providers are an enhancement to your benefits. Tier 2 providers are AmeriHealth New Jersey Local Value network providers.



Age

OFF EXCHANGE	ON EXCHANGE	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	53	54		
IHC CATASTROPHIC²																															
Local Value Simple Saver ³	✓	\$257.00	\$266.57	\$274.41	\$278.34	\$284.22	\$290.11	\$293.79	\$297.71	\$299.67	\$301.64	\$303.60	\$305.56	\$309.48	\$313.41	\$319.29	\$324.93	\$332.78	\$342.59	\$354.12	\$367.85	\$383.30	\$400.95	\$418.37	\$437.98	\$457.36	\$478.69	\$500.27	\$523.57		
Regional Preferred Simple Saver	✓	\$282.22	\$292.72	\$301.34	\$305.65	\$312.11	\$318.57	\$322.61	\$326.92	\$329.07	\$331.23	\$333.38	\$335.54	\$339.85	\$344.15	\$350.62	\$356.81	\$365.43	\$376.20	\$388.86	\$403.94	\$420.90	\$440.29	\$459.41	\$480.95	\$502.23	\$525.66	\$549.35	\$574.94		
IHC BRONZE																															
EPO AmeriHealth Advantage \$25/\$50 ⁴	✓	\$236.21	\$245.00	\$252.22	\$255.82	\$261.23	\$266.64	\$270.02	\$273.63	\$275.43	\$277.23	\$279.04	\$280.84	\$284.45	\$288.05	\$293.46	\$298.65	\$305.86	\$314.87	\$325.47	\$338.09	\$352.29	\$368.52	\$384.52	\$402.55	\$420.36	\$439.97	\$459.80	\$481.21		
EPO Tier 1 Advantage \$50/\$75 ⁵	✓	\$248.77	\$258.03	\$265.63	\$269.42	\$275.12	\$280.82	\$284.38	\$288.18	\$290.08	\$291.97	\$293.87	\$295.77	\$299.57	\$303.37	\$309.07	\$314.53	\$322.12	\$331.62	\$342.77	\$356.07	\$371.02	\$388.11	\$404.97	\$423.96	\$442.71	\$463.36	\$484.25	\$506.80		
EPO Local Value \$50/\$75 ³		\$279.33	\$289.73	\$298.26	\$302.52	\$308.92	\$315.32	\$319.31	\$323.58	\$325.71	\$327.84	\$329.98	\$332.11	\$336.37	\$340.64	\$347.03	\$353.16	\$361.69	\$372.36	\$384.88	\$399.81	\$416.60	\$435.79	\$454.72	\$476.04	\$497.10	\$520.29	\$543.74	\$569.06		
EPO HSA Local Value \$50/\$75 ³	✓	\$288.14	\$298.86	\$307.66	\$312.06	\$318.66	\$325.26	\$329.38	\$333.78	\$335.98	\$338.18	\$340.38	\$342.58	\$346.98	\$351.38	\$357.98	\$364.30	\$373.10	\$384.10	\$397.02	\$412.42	\$429.74	\$449.53	\$469.06	\$491.05	\$512.77	\$536.69	\$560.89	\$587.01		
EPO Regional Preferred \$50/\$75		\$310.35	\$321.90	\$331.37	\$336.11	\$343.22	\$350.33	\$354.77	\$359.51	\$361.88	\$364.24	\$366.61	\$368.98	\$373.72	\$378.46	\$385.57	\$392.38	\$401.85	\$413.70	\$427.62	\$444.20	\$462.86	\$484.18	\$505.20	\$528.89	\$552.29	\$578.05	\$604.11	\$632.25		
EPO HSA Regional Preferred \$50/\$75	✓	\$320.14	\$332.05	\$341.83	\$346.71	\$354.05	\$361.38	\$365.96	\$370.85	\$373.29	\$375.73	\$378.18	\$380.62	\$385.51	\$390.40	\$397.73	\$404.75	\$414.53	\$426.75	\$441.11	\$458.21	\$477.46	\$499.45	\$521.14	\$545.58	\$569.71	\$596.29	\$623.17	\$652.19		
IHC SILVER																															
EPO AmeriHealth Advantage \$15/\$35 ⁴	✓	\$276.78	\$287.08	\$295.53	\$299.75	\$306.09	\$312.43	\$316.39	\$320.62	\$322.73	\$324.84	\$326.96	\$329.07	\$333.29	\$337.52	\$343.86	\$349.93	\$358.38	\$368.95	\$381.36	\$396.15	\$412.79	\$431.80	\$450.55	\$471.68	\$492.55	\$515.52	\$538.76	\$563.85		
EPO HSA Tier 1 Advantage \$50/\$75 ⁵	✓	\$277.60	\$287.93	\$296.40	\$300.64	\$307.00	\$313.36	\$317.33	\$321.57	\$323.69	\$325.81	\$327.92	\$330.04	\$334.28	\$338.52	\$344.88	\$350.97	\$359.45	\$370.04	\$382.49	\$397.32	\$414.01	\$433.08	\$451.89	\$473.08	\$494.01	\$517.05	\$540.36	\$565.52		
HMO Local Value \$50/\$75 ³	✓	\$293.51	\$304.44	\$313.40	\$317.88	\$324.60	\$331.32	\$335.52	\$340.00	\$342.24	\$344.49	\$346.73	\$348.97	\$353.45	\$357.93	\$364.65	\$371.09	\$380.05	\$391.26	\$404.42	\$420.10	\$437.75	\$457.91	\$477.80	\$500.20	\$522.33	\$546.70	\$571.34	\$597.95		
EPO HSA Local Value \$50/\$75 ³	✓	\$351.49	\$364.57	\$375.30	\$380.67	\$388.71	\$396.76	\$401.79	\$407.16	\$409.84	\$412.53	\$415.21	\$417.89	\$423.26	\$428.63	\$436.67	\$444.39	\$455.12	\$468.54	\$484.30	\$503.08	\$524.21	\$548.36	\$572.17	\$599.00	\$625.50	\$654.68	\$684.19	\$716.05		
HMO Regional Preferred \$50/\$75	✓	\$366.42	\$380.05	\$391.24	\$396.83	\$405.22	\$413.62	\$418.86	\$424.45	\$427.25	\$430.05	\$432.85	\$435.64	\$441.24	\$446.83	\$455.22	\$463.26	\$474.45	\$488.44	\$504.87	\$524.45	\$546.48	\$571.65	\$596.47	\$624.44	\$652.07	\$682.48	\$713.25	\$746.47		
EPO Local Value \$25/\$45 ³		\$374.44	\$388.37	\$399.80	\$405.52	\$414.09	\$422.67	\$428.03	\$433.74	\$436.60	\$439.46	\$442.32	\$445.18	\$450.89	\$456.61	\$465.19	\$473.40	\$484.84	\$499.13	\$515.92	\$535.93	\$558.44	\$584.16	\$609.53	\$638.11	\$666.34	\$697.42	\$728.86	\$762.80		
EPO HSA Regional Preferred \$50/\$75		\$390.55	\$405.08	\$417.01	\$422.97	\$431.91	\$440.86	\$446.45	\$452.41	\$455.39	\$458.37	\$461.35	\$464.33	\$470.30	\$476.26	\$485.20	\$493.77	\$505.70	\$520.61	\$538.12	\$558.99	\$582.47	\$609.30	\$635.76	\$665.57	\$695.01	\$727.43	\$760.22	\$795.63		
EPO HSA Local Value 90%/90% ³		\$410.11	\$425.37	\$437.89	\$444.15	\$453.54	\$462.93	\$468.80	\$475.07	\$478.20	\$481.33	\$484.46	\$487.59	\$493.85	\$500.11	\$509.50	\$518.50	\$531.02	\$546.68	\$565.07	\$586.98	\$611.64	\$639.81	\$667.60	\$698.90	\$729.82	\$763.86	\$798.30	\$835.47		
EPO Regional Preferred \$25/\$50	✓	\$412.46	\$427.81	\$440.41	\$446.70	\$456.15	\$465.59	\$471.50	\$477.79	\$480.94	\$484.09	\$487.24	\$490.39	\$496.69	\$502.98	\$512.43	\$521.48	\$534.07	\$549.82	\$568.32	\$590.36	\$615.15	\$643.49	\$671.43	\$702.92	\$734.01	\$768.25	\$802.88	\$840.27		
EPO Regional Preferred \$25/\$45		\$416.04	\$431.52	\$444.22	\$450.57	\$460.10	\$469.63	\$475.58	\$481.93	\$485.11	\$488.29	\$491.46	\$494.64	\$500.99	\$507.34	\$516.87	\$526.00	\$538.70	\$554.58	\$573.24	\$595.47	\$620.48	\$649.06	\$677.25	\$709.01	\$740.37	\$774.91	\$809.84	\$847.55		
EPO HSA Regional Preferred 90%/90%		\$455.67	\$472.63	\$486.54	\$493.50	\$503.93	\$514.37	\$520.89	\$527.85	\$531.32	\$534.80	\$538.28	\$541.76	\$548.72	\$555.67	\$566.11	\$576.11	\$590.02	\$607.41	\$627.85	\$652.20	\$679.59	\$710.90	\$741.77	\$776.55	\$810.90	\$848.73	\$886.99	\$928.30		
IHC GOLD																															
EPO AmeriHealth Advantage \$10/\$20 ⁴	✓	\$511.91	\$530.96	\$546.59	\$554.41	\$566.13	\$577.85	\$585.18	\$592.99	\$596.90	\$600.81	\$604.72	\$608.62	\$616.44	\$624.26	\$635.98	\$647.21	\$662.84	\$682.38	\$705.34	\$732.69	\$763.47	\$798.64	\$833.32	\$872.39	\$910.98	\$953.48	\$996.46	\$1,042.87		
HMO Local Value \$15/\$30 ³	✓	\$551.71	\$572.24	\$589.09	\$597.51	\$610.14	\$622.78	\$630.68	\$639.10	\$643.31	\$647.52	\$651.73	\$655.94	\$664.37	\$672.79	\$685.43	\$697.53	\$714.38	\$735.44	\$760.18	\$789.66	\$822.83	\$860.73	\$898.11	\$940.22	\$981.81	\$1,027.61	\$1,073.94	\$1,123.95		
HMO Regional Preferred \$15/\$30	✓	\$624.58	\$647.82	\$666.89	\$676.43	\$690.73	\$705.03	\$713.97	\$723.51	\$728.27	\$733.04	\$737.81	\$742.58	\$752.11	\$761.65	\$775.95	\$789.66	\$808.73	\$832.57	\$860.58	\$893.95	\$931.50	\$974.41	\$1,016.72	\$1,064.40	\$1,111.48	\$1,163.33	\$1,215.78	\$1,272.39		
EPO HSA Local Value 80%/80% ³	✓	\$626.83	\$650.16	\$669.30	\$678.87	\$693.22	\$707.58	\$716.55	\$726.12	\$730.91	\$735.69	\$740.48	\$745.26	\$754.83	\$764.40	\$778.76	\$792.51	\$811.65	\$835.58	\$863.69	\$897.18	\$934.87	\$977.93	\$1,020.40	\$1,068.25	\$1,115.50	\$1,167.54	\$1,220.17	\$1,276.99		
EPO Local Value \$30/\$50 ³		\$630.91	\$654.39	\$673.66	\$683.29	\$697.74	\$712.18	\$721.21	\$730.85	\$735.66	\$740.48	\$745.29	\$750.11	\$759.74	\$769.38	\$783.82	\$797.67	\$816.93	\$841.02	\$869.31	\$903.02	\$940.95	\$984.29	\$1,027.04	\$1,075.20	\$1,122.76	\$1,175.13	\$1,228.11	\$1,285.30		
EPO HSA Regional Preferred 80%/80%		\$696.48	\$722.40	\$743.67	\$754.30	\$770.25	\$786.20	\$796.17	\$806.81	\$812.12	\$817.44	\$822.76	\$828.07	\$838.71	\$849.34	\$865.29	\$880.57	\$901.84	\$928.42	\$959.66	\$996.88	\$1,038.75	\$1,086.60	\$1,133.78	\$1,186.95	\$1,239.45	\$1,297.27	\$1,355.75	\$1,418.89		
EPO Regional Preferred \$30/\$50; 80% Coins	✓	\$701.00	\$727.09	\$748.49	\$759.19	\$775.25	\$791.30	\$801.33	\$812.03	\$817.39	\$822.74	\$828.09	\$833.44	\$844.14	\$854.84	\$870.90	\$886.28	\$907.69	\$934.44	\$965.88	\$1,003.34	\$1,045.48	\$1,093.64	\$1,141.13	\$1,194.64	\$1,247.48	\$1,305.68	\$1,364.54	\$1,428.08		



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。

Age

OFF EXCHANGE	ON EXCHANGE	55	56	57	58	59	60	61	62	63	64+
IHC CATASTROPHIC²											
Local Value Simple Saver ³	✓	\$546.87	\$572.13	\$597.63	\$624.85	\$638.34	\$665.56	\$689.10	\$704.55	\$723.92	\$735.69
Regional Preferred Simple Saver	✓	\$600.52	\$628.26	\$656.26	\$686.15	\$700.96	\$730.86	\$756.71	\$773.67	\$794.95	\$807.87
IHC BRONZE											
EPO AmeriHealth Advantage \$25/\$50 ⁴	✓	\$502.63	\$525.84	\$549.28	\$574.30	\$586.70	\$611.72	\$633.36	\$647.56	\$665.36	\$676.17
EPO Tier 1 Advantage \$50/\$75 ⁵	✓	\$529.35	\$553.80	\$578.49	\$604.84	\$617.89	\$644.24	\$667.03	\$681.99	\$700.74	\$712.13
EPO Local Value \$50/\$75 ³		\$594.38	\$621.84	\$649.56	\$679.14	\$693.80	\$723.39	\$748.98	\$765.77	\$786.82	\$799.62
EPO HSA Local Value \$50/\$75 ³	✓	\$613.13	\$641.45	\$670.04	\$700.56	\$715.68	\$746.20	\$772.59	\$789.92	\$811.64	\$824.82
EPO Regional Preferred \$50/\$75		\$660.38	\$690.88	\$721.68	\$754.55	\$770.84	\$803.71	\$832.14	\$850.79	\$874.19	\$888.39
EPO HSA Regional Preferred \$50/\$75	✓	\$681.21	\$712.67	\$744.44	\$778.35	\$795.15	\$829.06	\$858.38	\$877.63	\$901.76	\$916.41
IHC SILVER											
EPO AmeriHealth Advantage \$15/\$35 ⁴	✓	\$588.94	\$616.14	\$643.61	\$672.93	\$687.45	\$716.77	\$742.12	\$758.76	\$779.62	\$792.30
EPO HSA Tier 1 Advantage \$50/\$75 ⁵	✓	\$590.69	\$617.97	\$645.52	\$674.92	\$689.49	\$718.89	\$744.32	\$761.01	\$781.93	\$794.64
HMO Local Value \$50/\$75 ³	✓	\$624.55	\$653.40	\$682.53	\$713.62	\$729.02	\$760.11	\$786.99	\$804.64	\$826.76	\$840.21
EPO HSA Local Value \$50/\$75 ³	✓	\$747.91	\$782.46	\$817.34	\$854.57	\$873.01	\$910.24	\$942.44	\$963.57	\$990.06	\$1,006.16
HMO Regional Preferred \$50/\$75	✓	\$779.68	\$815.69	\$852.06	\$890.86	\$910.09	\$948.90	\$982.47	\$1,004.50	\$1,032.12	\$1,048.89
EPO Local Value \$25/\$45 ³		\$796.75	\$833.55	\$870.70	\$910.36	\$930.01	\$969.67	\$1,003.97	\$1,026.48	\$1,054.71	\$1,071.86
EPO HSA Regional Preferred \$50/\$75		\$831.03	\$869.41	\$908.17	\$949.54	\$970.03	\$1,011.40	\$1,047.17	\$1,070.65	\$1,100.09	\$1,117.98
EPO HSA Local Value 90%/90% ³		\$872.65	\$912.96	\$953.65	\$997.09	\$1,018.61	\$1,062.05	\$1,099.62	\$1,124.27	\$1,155.18	\$1,173.96
EPO Regional Preferred \$25/\$50	✓	\$877.66	\$918.20	\$959.13	\$1,002.82	\$1,024.46	\$1,068.15	\$1,105.93	\$1,130.73	\$1,161.82	\$1,180.71
EPO Regional Preferred \$25/\$45		\$885.27	\$926.16	\$967.44	\$1,011.51	\$1,033.34	\$1,077.41	\$1,115.52	\$1,140.53	\$1,171.89	\$1,190.94
EPO HSA Regional Preferred 90%/90%		\$969.60	\$1,014.39	\$1,059.61	\$1,107.87	\$1,131.78	\$1,180.04	\$1,221.79	\$1,249.18	\$1,283.53	\$1,304.40
IHC GOLD											
EPO AmeriHealth Advantage \$10/\$20 ⁴	✓	\$1,089.27	\$1,139.58	\$1,190.38	\$1,244.60	\$1,271.47	\$1,325.69	\$1,372.58	\$1,403.35	\$1,441.94	\$1,465.38
HMO Local Value \$15/\$30 ³	✓	\$1,173.96	\$1,228.19	\$1,282.94	\$1,341.37	\$1,370.32	\$1,428.76	\$1,479.30	\$1,512.46	\$1,554.05	\$1,579.32
HMO Regional Preferred \$15/\$30	✓	\$1,329.01	\$1,390.40	\$1,452.38	\$1,518.53	\$1,551.31	\$1,617.46	\$1,674.67	\$1,712.22	\$1,759.30	\$1,787.91
EPO HSA Local Value 80%/80% ³	✓	\$1,333.81	\$1,395.42	\$1,457.63	\$1,524.02	\$1,556.91	\$1,623.31	\$1,680.73	\$1,718.41	\$1,765.66	\$1,794.36
EPO Local Value \$30/\$50 ³		\$1,342.49	\$1,404.50	\$1,467.11	\$1,533.93	\$1,567.05	\$1,633.87	\$1,691.66	\$1,729.59	\$1,777.15	\$1,806.05
EPO HSA Regional Preferred 80%/80%		\$1,482.02	\$1,550.48	\$1,619.59	\$1,693.36	\$1,729.91	\$1,803.68	\$1,867.48	\$1,909.35	\$1,961.85	\$1,993.74
EPO Regional Preferred \$30/\$50; 80% Coins	✓	\$1,491.63	\$1,560.52	\$1,630.09	\$1,704.34	\$1,741.13	\$1,815.37	\$1,879.59	\$1,921.73	\$1,974.57	\$2,006.67

Language Taglines and Nondiscrimination Notice

Language Assistance Services

Spanish: ATENCIÓN: Si habla español, cuenta con servicios de asistencia en idiomas disponibles de forma gratuita para usted. Llame al 1-800-275-2583 (TTY: 711).

Chinese: 注意: 如果您讲中文, 您可以得到免费的语言协助服务。致电 1-800-275-2583。

Korean: 안내사항: 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 1-800-275-2583 번으로 전화하십시오.

Portuguese: ATENÇÃO: se você fala português, encontram-se disponíveis serviços gratuitos de assistência ao idioma. Ligue para 1-800-275-2583.

Gujarati: સૂચના: જો તમે ગુજરાતી બોલતા હો, તો નિ:શુલ્ક ભાષા સહાય સેવાઓ તમારા માટે ઉપલબ્ધ છે. 1-800-275-2583 કોલ કરો.

Vietnamese: LƯU Ý: Nếu bạn nói tiếng Việt, chúng tôi sẽ cung cấp dịch vụ hỗ trợ ngôn ngữ miễn phí cho bạn. Hãy gọi 1-800-275-2583.

Russian: ВНИМАНИЕ: Если вы говорите по-русски, то можете бесплатно воспользоваться услугами перевода. Тел.: 1-800-275-2583.

Polish: UWAGA: Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 1-800-275-2583.

Italian: ATTENZIONE: Se lei parla italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 1-800-275-2583.

Arabic: ملحوظة: إذا كنت تتحدث اللغة العربية، فإن خدمات المساعدة اللغوية متاحة لك بالمجان. اتصل برقم 1-800-275-2583.

French Creole: ATANSYON: Si w pale Kreyòl Ayisyen, gen sèvis èd pou lang ki disponib gratis pou ou. Rele 1-800-275-2583.

Tagalog: PAUNAWA: Kung nagsasalita ka ng Tagalog, magagamit mo ang mga serbisyo na tulong sa wika nang walang bayad. Tumawag sa 1-800-275-2583.

French: ATTENTION: Si vous parlez français, des services d'aide linguistique-vous sont proposés gratuitement. Appelez le 1-800-275-2583.

Pennsylvania Dutch: BASS UFF: Wann du Pennsylvania Deitsch schwetzscht, kannscht du Hilf griege in dei eegni Schprooch unni as es dich ennich eppes koschte zellt. Ruf die Nummer 1-800-275-2583.

Hindi: ध्यान दें: यदि आप हिंदी बोलते हैं तो आपके लिए मुफ्त में भाषा सहायता सेवाएं उपलब्ध हैं। कॉल करें 1-800-275-2583।

German: ACHTUNG: Wenn Sie Deutsch sprechen, können Sie kostenlos sprachliche Unterstützung anfordern. Wählen Sie 1-800-275-2583.

Japanese: 備考: 母国語が日本語の方は、言語アシスタンスサービス(無料)をご利用いただけます。1-800-275-2583へお電話ください。

Persian (Farsi):

توجه: اگر فارسی صحبت می کنید، خدمات ترجمه به صورت رایگان برای شما فراهم می باشد. با شماره 1-800-275-2583 تماس بگیرید.

Navajo: Díí baa akó nínízin: Díí saad bee yáníłti'go Diné Bizaad, saad bee áká'ánída'áwo'déé', t'áá jiik'eh. Hódíłnih koji' 1-800-275-2583.

Urdu:

توجہ درکار ہے: اگر آپ اردو زبان بولتے ہیں، تو آپ کے لئے مفت میں زبان معاون خدمات دستیاب ہیں۔ کال کریں 1-800-275-2583.

Mon-Khmer, Cambodian: សូមមេត្តាចាប់អារម្មណ៍: ប្រសិនបើអ្នកនិយាយភាសាមន-ខ្មែរ ឬភាសាខ្មែរ នោះ ជំនួយផ្នែកភាសានឹងមានផ្តល់ជូនដល់លោកអ្នកដោយឥតគិតថ្លៃ។ ទូរសព្ទទៅលេខ 1-800-275-2583។

(OVER)

Language Taglines and Nondiscrimination Notice

Discrimination is Against the Law

This Plan complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. This Plan does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

This Plan provides:

- Free aids and services to people with disabilities to communicate effectively with us, such as: qualified sign language interpreters, and written information in other formats (large print, audio, accessible electronic formats, other formats).
- Free language services to people whose primary language is not English, such as: qualified interpreters and information written in other languages.

If you need these services, contact our Civil Rights Coordinator. If you believe that This Plan has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with our Civil Rights Coordinator. You can file a grievance in the following ways: In person or by mail: ATTN: Civil Rights Coordinator, 1901 Market Street, Philadelphia, PA 19103, By phone: 1-888-377-3933 (TTY: 711) By fax: 215-761-0245, By email: civilrightscordinator@1901market.com. If you need help filing a grievance, our Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf> or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, DC 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.