



2022 Primas mensuales

Este cuadro muestra los precios de las primas mensuales para nuestros planes de salud. Los precios se basan en la edad, el tamaño de la familia y el lugar de residencia. Para saber si tiene derecho a un crédito tributario (subvención) o para inscribirse, visite amerihealthnj.com/enroll o llame al **855-832-2009 (TTY: 711)**.

EDAD		0-14	15	16	17	18	19	20	21	22	23	24	
CATASTROPHIC¹													
Local Value Simple Saver ²		\$228.15	\$248.43	\$256.19	\$263.94	\$272.29	\$280.64	\$289.29	\$298.24	\$298.24	\$298.24	\$298.24	
BRONZE													
EPO HSA AmeriHealth Advantage \$25/\$50³		\$201.67	\$219.60	\$226.45	\$233.30	\$240.69	\$248.07	\$255.71	\$263.62	\$263.62	\$263.62	\$263.62	
EPO HSA AmeriHealth Hospital Advantage \$50/\$75⁴		\$213.32	\$232.28	\$239.53	\$246.78	\$254.59	\$262.40	\$270.48	\$278.85	\$278.85	\$278.85	\$278.85	
EPO HSA Local Value 50%/50%²		\$233.40	\$254.15	\$262.08	\$270.01	\$278.56	\$287.10	\$295.95	\$305.10	\$305.10	\$305.10	\$305.10	
EPO Local Value \$50/\$75²		\$257.96	\$280.89	\$289.65	\$298.42	\$307.86	\$317.31	\$327.08	\$337.20	\$337.20	\$337.20	\$337.20	
SILVER													
FUERA DEL INTERCAMBIO	SELECT EPO AmeriHealth Advantage \$25/\$60³	\$231.21	\$251.77	\$259.62	\$267.48	\$275.95	\$284.41	\$293.17	\$302.24	\$302.24	\$302.24	\$302.24	
	SELECT EPO HSA AmeriHealth Hospital Advantage \$50/\$75⁴	\$237.20	\$258.29	\$266.35	\$274.41	\$283.09	\$291.78	\$300.77	\$310.07	\$310.07	\$310.07	\$310.07	
	EPO AmeriHealth Advantage \$45/40%³	\$238.24	\$259.42	\$267.52	\$275.62	\$284.34	\$293.06	\$302.09	\$311.43	\$311.43	\$311.43	\$311.43	
	EPO AmeriHealth Advantage \$25/\$60³	\$256.13	\$278.90	\$287.60	\$296.31	\$305.68	\$315.06	\$324.77	\$334.81	\$334.81	\$334.81	\$334.81	
	EPO HSA AmeriHealth Hospital Advantage \$50/\$75⁴	\$265.23	\$288.80	\$297.82	\$306.83	\$316.54	\$326.24	\$336.30	\$346.70	\$346.70	\$346.70	\$346.70	
	EPO HSA Local Value \$50/\$75²	\$329.32	\$358.60	\$369.79	\$380.98	\$393.04	\$405.09	\$417.58	\$430.49	\$430.49	\$430.49	\$430.49	
	HMO Regional Preferred \$50/\$75	\$454.43	\$494.82	\$510.26	\$525.71	\$542.34	\$558.97	\$576.20	\$594.02	\$594.02	\$594.02	\$594.02	\$594.02
	EPO Regional Preferred \$50/\$75	\$587.31	\$639.52	\$659.48	\$679.44	\$700.94	\$722.43	\$744.70	\$767.73	\$767.73	\$767.73	\$767.73	\$767.73
	GOLD												
	HMO Regional Preferred \$20/\$50		\$552.54	\$601.66	\$620.44	\$639.22	\$659.44	\$679.67	\$700.61	\$722.28	\$722.28	\$722.28	\$722.28
EPO Regional Preferred \$30/\$50		\$608.11	\$662.17	\$682.84	\$703.50	\$725.76	\$748.02	\$771.07	\$794.92	\$794.92	\$794.92	\$794.92	

Todos los planes están disponibles dentro y fuera del intercambio a menos que se indique lo contrario.

Primas mensuales 2022

EDAD	25	26	27	28	29	30	31	32	33	34	35	36	37
CATASTROPHIC¹													
Local Value Simple Saver ²	\$299.43	\$305.40	\$312.56	\$324.19	\$333.73	\$338.50	\$345.66	\$352.82	\$357.29	\$362.06	\$364.45	\$366.84	\$369.22
BRONZE													
EPO HSA AmeriHealth Advantage \$25/\$50³	\$264.67	\$269.95	\$276.27	\$286.55	\$294.99	\$299.21	\$305.54	\$311.86	\$315.82	\$320.03	\$322.14	\$324.25	\$326.36
EPO HSA AmeriHealth Hospital Advantage \$50/\$75⁴	\$279.97	\$285.54	\$292.23	\$303.11	\$312.03	\$316.49	\$323.19	\$329.88	\$334.06	\$338.52	\$340.75	\$342.99	\$345.22
EPO HSA Local Value 50%/50%²	\$306.32	\$312.42	\$319.74	\$331.64	\$341.41	\$346.29	\$353.61	\$360.93	\$365.51	\$370.39	\$372.83	\$375.27	\$377.71
EPO Local Value \$50/\$75²	\$338.55	\$345.29	\$353.39	\$366.54	\$377.33	\$382.72	\$390.81	\$398.91	\$403.97	\$409.36	\$412.06	\$414.76	\$417.45
SILVER													
SELECT EPO AmeriHealth Advantage \$25/\$60³	\$303.45	\$309.49	\$316.75	\$328.53	\$338.21	\$343.04	\$350.30	\$357.55	\$362.08	\$366.92	\$369.34	\$371.76	\$374.17
SELECT EPO HSA AmeriHealth Hospital Advantage \$50/\$75⁴	\$311.31	\$317.51	\$324.95	\$337.05	\$346.97	\$351.93	\$359.37	\$366.81	\$371.46	\$376.42	\$378.91	\$381.39	\$383.87
EPO AmeriHealth Advantage \$45/40%³	\$312.68	\$318.90	\$326.38	\$338.52	\$348.49	\$353.47	\$360.95	\$368.42	\$373.09	\$378.08	\$380.57	\$383.06	\$385.55
EPO AmeriHealth Advantage \$25/\$60³	\$336.15	\$342.85	\$350.88	\$363.94	\$374.65	\$380.01	\$388.04	\$396.08	\$401.10	\$406.46	\$409.14	\$411.82	\$414.49
EPO HSA AmeriHealth Hospital Advantage \$50/\$75⁴	\$348.09	\$355.02	\$363.34	\$376.86	\$387.96	\$393.50	\$401.83	\$410.15	\$415.35	\$420.89	\$423.67	\$426.44	\$429.21
EPO HSA Local Value \$50/\$75²	\$432.21	\$440.82	\$451.15	\$467.94	\$481.72	\$488.61	\$498.94	\$509.27	\$515.73	\$522.61	\$526.06	\$529.50	\$532.95
HMO Regional Preferred \$50/\$75	\$596.40	\$608.28	\$622.53	\$645.70	\$664.71	\$674.21	\$688.47	\$702.73	\$711.64	\$721.14	\$725.89	\$730.64	\$735.40
EPO Regional Preferred \$50/\$75	\$770.80	\$786.16	\$804.58	\$834.52	\$859.09	\$871.37	\$889.80	\$908.22	\$919.74	\$932.02	\$938.17	\$944.31	\$950.45
GOLD													
HMO Regional Preferred \$20/\$50	\$725.17	\$739.61	\$756.95	\$785.12	\$808.23	\$819.79	\$837.12	\$854.46	\$865.29	\$876.85	\$882.63	\$888.40	\$894.18
EPO Regional Preferred \$30/\$50	\$798.10	\$814.00	\$833.08	\$864.08	\$889.52	\$902.23	\$921.31	\$940.39	\$952.31	\$965.03	\$971.39	\$977.75	\$984.11

FUERA DEL INTERCAMBIO

Para conocer el precio de la prima mensual como individuo:

1. Vea la primera columna para reducir sus opciones en cuanto al tipo de plan: Bronze, Silver, Gold o Catastrophic.
2. Busque el nombre del plan en el que esté interesado y luego desplácese por ese renglón hacia la derecha hasta encontrar el precio que corresponda a la columna de su edad. Si desea ver los precios de otros planes para los cuales pueda ser elegible, desplácese hacia arriba o hacia abajo dentro de la columna de su edad para comparar precios.

Para conocer su prima mensual como familia:

1. Siga los pasos 1 a 2 antes descritos para cada persona en su familia.
2. Sume todos los precios. Si compra una póliza que incluye a más de tres hijos menores de 21 años de edad, solo se incluyen en el total los precios de los primeros tres hijos.

Cálculo de la muestra basado en:

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

	Edad	Precio ⁵
Usted	56	\$615.03
+Cónyuge	54	\$562.83
+Dependiente 1	20	\$255.71
+Dependiente 2	18	\$240.69
+Dependiente 3	14	\$201.67
+Dependiente 4	12	\$201.67 Incluido
Precio total por la familia		\$1,875.93

El ejemplo anterior se muestra con fines ilustrativos solamente.

Todos los planes están disponibles dentro y fuera del intercambio a menos que se indique lo contrario.

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38	39	40	41	42	43	44	45	46	47	48	49	50	51	52	53
\$371.61	\$376.38	\$381.15	\$388.31	\$395.17	\$404.71	\$416.64	\$430.66	\$447.36	\$466.15	\$487.62	\$508.80	\$532.66	\$556.22	\$582.16	\$608.41
\$328.47	\$332.69	\$336.91	\$343.23	\$349.30	\$357.73	\$368.28	\$380.67	\$395.43	\$412.04	\$431.02	\$449.74	\$470.83	\$491.65	\$514.59	\$537.78
\$347.45	\$351.91	\$356.37	\$363.06	\$369.48	\$378.40	\$389.55	\$402.66	\$418.28	\$435.84	\$455.92	\$475.72	\$498.03	\$520.06	\$544.32	\$568.85
\$380.15	\$385.04	\$389.92	\$397.24	\$404.26	\$414.02	\$426.22	\$440.56	\$457.65	\$476.87	\$498.84	\$520.50	\$544.91	\$569.01	\$595.56	\$622.40
\$420.15	\$425.55	\$430.94	\$439.03	\$446.79	\$457.58	\$471.07	\$486.92	\$505.80	\$527.04	\$551.32	\$575.26	\$602.24	\$628.88	\$658.21	\$687.89
\$376.59	\$381.43	\$386.26	\$393.52	\$400.47	\$410.14	\$422.23	\$436.43	\$453.36	\$472.40	\$494.16	\$515.62	\$539.80	\$563.68	\$589.97	\$616.57
\$386.35	\$391.31	\$396.27	\$403.71	\$410.84	\$420.76	\$433.17	\$447.74	\$465.11	\$484.64	\$506.96	\$528.98	\$553.79	\$578.28	\$605.26	\$632.54
\$388.04	\$393.02	\$398.01	\$405.48	\$412.64	\$422.61	\$435.07	\$449.70	\$467.15	\$486.77	\$509.19	\$531.30	\$556.21	\$580.82	\$607.91	\$635.32
\$417.17	\$422.53	\$427.89	\$435.92	\$443.62	\$454.34	\$467.73	\$483.47	\$502.22	\$523.31	\$547.41	\$571.19	\$597.97	\$624.42	\$653.55	\$683.01
\$431.99	\$437.54	\$443.08	\$451.40	\$459.38	\$470.47	\$484.34	\$500.63	\$520.05	\$541.89	\$566.85	\$591.47	\$619.21	\$646.60	\$676.76	\$707.27
\$536.39	\$543.28	\$550.17	\$560.50	\$570.40	\$584.17	\$601.39	\$621.63	\$645.74	\$672.86	\$703.85	\$734.42	\$768.86	\$802.86	\$840.32	\$878.20
\$740.15	\$749.65	\$759.16	\$773.41	\$787.08	\$806.09	\$829.85	\$857.76	\$891.03	\$928.45	\$971.22	\$1,013.40	\$1,060.92	\$1,107.85	\$1,159.53	\$1,211.80
\$956.59	\$968.88	\$981.16	\$999.58	\$1,017.24	\$1,041.81	\$1,072.52	\$1,108.60	\$1,151.60	\$1,199.96	\$1,255.24	\$1,309.75	\$1,371.17	\$1,431.82	\$1,498.61	\$1,566.17
\$899.96	\$911.52	\$923.07	\$940.41	\$957.02	\$980.13	\$1,009.03	\$1,042.97	\$1,083.42	\$1,128.92	\$1,180.93	\$1,232.21	\$1,289.99	\$1,347.05	\$1,409.89	\$1,473.45
\$990.47	\$1,003.19	\$1,015.91	\$1,034.99	\$1,053.27	\$1,078.71	\$1,110.50	\$1,147.86	\$1,192.38	\$1,242.46	\$1,299.69	\$1,356.13	\$1,419.73	\$1,482.53	\$1,551.68	\$1,621.64



Primas mensuales 2022

EDAD	54	55	56	57	58	59	60	61	62	63	64+
CATASTROPHIC¹											
Local Value Simple Saver ²	\$636.74	\$665.08	\$695.79	\$726.81	\$759.92	\$776.32	\$809.42	\$838.05	\$856.84	\$880.40	\$894.72
BRONZE											
EPO HSA AmeriHealth Advantage \$25/\$50³	\$562.83	\$587.87	\$615.03	\$642.44	\$671.70	\$686.20	\$715.46	\$740.77	\$757.38	\$778.21	\$790.86
EPO HSA AmeriHealth Hospital Advantage \$50/\$75⁴	\$595.34	\$621.84	\$650.56	\$679.56	\$710.51	\$725.85	\$756.80	\$783.57	\$801.14	\$823.17	\$836.55
EPO HSA Local Value 50%/50%²	\$651.39	\$680.37	\$711.80	\$743.53	\$777.39	\$794.18	\$828.04	\$857.33	\$876.55	\$900.66	\$915.30
EPO Local Value \$50/\$75²	\$719.92	\$751.96	\$786.69	\$821.76	\$859.19	\$877.73	\$915.16	\$947.53	\$968.78	\$995.41	\$1,011.60
SILVER											
FUERA DEL INTERCAMBIO SELECT EPO AmeriHealth Advantage \$25/\$60³	\$645.28	\$674.00	\$705.13	\$736.56	\$770.11	\$786.73	\$820.28	\$849.29	\$868.34	\$892.21	\$906.72
SELECT EPO HSA AmeriHealth Hospital Advantage \$50/\$75⁴	\$662.00	\$691.46	\$723.39	\$755.64	\$790.06	\$807.11	\$841.53	\$871.30	\$890.83	\$915.33	\$930.21
EPO AmeriHealth Advantage \$45/40%³	\$664.90	\$694.49	\$726.57	\$758.95	\$793.52	\$810.65	\$845.22	\$875.12	\$894.74	\$919.34	\$934.29
EPO AmeriHealth Advantage \$25/\$60³	\$714.82	\$746.63	\$781.11	\$815.93	\$853.10	\$871.51	\$908.67	\$940.82	\$961.91	\$988.36	\$1,004.43
EPO HSA AmeriHealth Hospital Advantage \$50/\$75⁴	\$740.20	\$773.14	\$808.85	\$844.91	\$883.39	\$902.46	\$940.94	\$974.23	\$996.07	\$1,023.46	\$1,040.10
EPO HSA Local Value \$50/\$75²	\$919.10	\$959.99	\$1,004.33	\$1,049.10	\$1,096.89	\$1,120.57	\$1,168.35	\$1,209.68	\$1,236.80	\$1,270.81	\$1,291.47
HMO Regional Preferred \$50/\$75	\$1,268.23	\$1,324.66	\$1,385.85	\$1,447.63	\$1,513.56	\$1,546.23	\$1,612.17	\$1,669.20	\$1,706.62	\$1,753.55	\$1,782.06
EPO Regional Preferred \$50/\$75	\$1,639.10	\$1,712.04	\$1,791.11	\$1,870.96	\$1,956.18	\$1,998.40	\$2,083.62	\$2,157.32	\$2,205.69	\$2,266.34	\$2,303.19
GOLD											
HMO Regional Preferred \$20/\$50	\$1,542.07	\$1,610.68	\$1,685.08	\$1,760.20	\$1,840.37	\$1,880.09	\$1,960.27	\$2,029.61	\$2,075.11	\$2,132.17	\$2,166.84
EPO Regional Preferred \$30/\$50	\$1,697.15	\$1,772.67	\$1,854.55	\$1,937.22	\$2,025.46	\$2,069.18	\$2,157.41	\$2,233.73	\$2,283.81	\$2,346.60	\$2,384.76

Todos los planes están disponibles dentro y fuera del intercambio a menos que se indique lo contrario.

1 Los planes Catastrophic solo están disponibles para personas que califiquen.

2 La red Local Value no está disponible en el condado de Hunterdon.

3 Los planes de AmeriHealth Advantage solo están disponibles para personas que se encuentran en los siguientes condados: Atlantic, Burlington, Camden, Cape May, Essex, Gloucester, Hudson, Mercer, Middlesex, Monmouth, Ocean, Somerset y Union. Los socios pueden obtener servicios de Nivel 1 en los condados mencionados. Los socios de AmeriHealth Advantage también pueden acceder a prestadores Nivel 2 de la red Local Value de AmeriHealth New Jersey. Los hospitales Nivel 1 de AmeriHealth Advantage están sujetos a cambios.

4 AmeriHealth Hospital Advantage no está disponible en el condado de Hunterdon. Los socios pueden obtener beneficios mejorados en hospitales e instituciones de Nivel 1. Los socios también pueden acceder a los hospitales y las instituciones de Nivel 2 de la red Local Value de AmeriHealth New Jersey.

5 No necesita incluir los precios de más de tres hijos menores de 21 años de edad.

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。

