

2026 Monthly Premiums

This chart shows monthly premium rates for our 2026 health plans. Rates are based on age, household size, and where you live. To see if you qualify for a tax credit (subsidy) or to enroll, visit [amerihealth.com/enroll](https://www.amerihealth.com/enroll) or call **1-855-832-2009 (TTY: 711)**.

		RATES PER AGE											
		0 – 14	15	16	17	18	19	20	21	22	23	24	25
IHC BRONZE													
	EPO HSA AmeriHealth Advantage \$25/\$50¹	\$270.10	\$294.11	\$303.29	\$312.47	\$322.35	\$332.24	\$342.48	\$353.07	\$353.07	\$353.07	\$353.07	\$354.48
	EPO HSA AmeriHealth Hospital Advantage \$50/\$75²	\$290.09	\$315.87	\$325.73	\$335.59	\$346.21	\$356.83	\$367.82	\$379.20	\$379.20	\$379.20	\$379.20	\$380.72
	EPO HSA Local Value 50%/50%³	\$311.93	\$339.66	\$350.26	\$360.86	\$372.28	\$383.69	\$395.52	\$407.75	\$407.75	\$407.75	\$407.75	\$409.38
	EPO Local Value \$50/\$75³	\$351.72	\$382.99	\$394.94	\$406.90	\$419.77	\$432.64	\$445.98	\$459.77	\$459.77	\$459.77	\$459.77	\$461.61
IHC SILVER													
OFF-EXCHANGE	Select EPO AmeriHealth Advantage \$25/\$60¹	\$308.36	\$335.77	\$346.25	\$356.73	\$368.01	\$379.30	\$390.99	\$403.08	\$403.08	\$403.08	\$403.08	\$404.69
	Select EPO HSA AmeriHealth Hospital Advantage \$50/\$75²	\$321.80	\$350.40	\$361.34	\$372.28	\$384.05	\$395.83	\$408.03	\$420.65	\$420.65	\$420.65	\$420.65	\$422.33
	EPO AmeriHealth Advantage 40%/40%¹	\$330.37	\$359.74	\$370.97	\$382.20	\$394.29	\$406.38	\$418.90	\$431.86	\$431.86	\$431.86	\$431.86	\$433.59
	EPO AmeriHealth Advantage \$25/\$60¹	\$341.19	\$371.52	\$383.11	\$394.71	\$407.20	\$419.69	\$432.62	\$446.00	\$446.00	\$446.00	\$446.00	\$447.78
	EPO HSA AmeriHealth Hospital Advantage \$50/\$75²	\$359.77	\$391.75	\$403.98	\$416.21	\$429.37	\$442.54	\$456.18	\$470.29	\$470.29	\$470.29	\$470.29	\$472.17
	EPO AmeriHealth Hospital Advantage \$50/\$75²	\$371.29	\$404.30	\$416.92	\$429.53	\$443.12	\$456.71	\$470.79	\$485.35	\$485.35	\$485.35	\$485.35	\$487.29
OFF-EXCHANGE	Select EPO HSA Local Value 20%/20%³	\$416.76	\$453.81	\$467.97	\$482.14	\$497.39	\$512.65	\$528.45	\$544.79	\$544.79	\$544.79	\$544.79	\$546.97
	Select EPO Local Value \$35/\$75³	\$421.77	\$459.26	\$473.59	\$487.93	\$503.36	\$518.80	\$534.79	\$551.33	\$551.33	\$551.33	\$551.33	\$553.54
	Select EPO Local Value \$45/\$75³	\$432.62	\$471.07	\$485.77	\$500.48	\$516.31	\$532.14	\$548.54	\$565.51	\$565.51	\$565.51	\$565.51	\$567.77
	EPO HSA Local Value \$50/\$75³	\$432.92	\$471.40	\$486.12	\$500.83	\$516.68	\$532.52	\$548.93	\$565.91	\$565.91	\$565.91	\$565.91	\$568.17
	EPO HSA Regional Preferred \$50/\$75	\$738.51	\$804.15	\$829.25	\$854.35	\$881.38	\$908.41	\$936.41	\$965.37	\$965.37	\$965.37	\$965.37	\$969.23
IHC GOLD													
	EPO Regional Preferred \$30/\$50	\$838.98	\$913.56	\$942.07	\$970.59	\$1001.30	\$1032.00	\$1063.81	\$1096.71	\$1096.71	\$1096.71	\$1096.71	\$1101.10
OFF-EX	Select EPO Regional Preferred \$25/\$60	\$933.40	\$1016.37	\$1048.09	\$1079.82	\$1113.98	\$1148.14	\$1183.53	\$1220.13	\$1220.13	\$1220.13	\$1220.13	\$1225.01

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



2026 Monthly Premiums (continued)

		RATES PER AGE													
		26	27	28	29	30	31	32	33	34	35	36	37	38	39
IHC BRONZE															
	EPO HSA AmeriHealth Advantage \$25/\$50¹	\$361.54	\$370.02	\$383.79	\$395.09	\$400.73	\$409.21	\$417.68	\$422.98	\$428.63	\$431.45	\$434.28	\$437.10	\$439.93	\$445.57
	EPO HSA AmeriHealth Hospital Advantage \$50/\$75²	\$388.30	\$397.40	\$412.19	\$424.32	\$430.39	\$439.49	\$448.59	\$454.28	\$460.35	\$463.38	\$466.42	\$469.45	\$72.48	\$478.55
	EPO HSA Local Value 50%/50%³	\$417.54	\$427.32	\$443.22	\$456.27	\$462.80	\$472.58	\$482.37	\$488.48	\$495.01	\$498.27	\$501.53	\$504.79	\$508.06	\$514.58
	EPO Local Value \$50/\$75³	\$470.80	\$481.84	\$499.77	\$514.48	\$521.84	\$532.87	\$543.91	\$550.80	\$558.16	\$561.84	\$565.52	\$569.20	\$572.87	\$580.23
IHC SILVER		26	27	28	29	30	31	32	33	34	35	36	37	38	39
OFF-EXCHANGE	Select EPO AmeriHealth Advantage \$25/\$60¹	\$412.75	\$422.43	\$438.15	\$451.05	\$457.50	\$467.17	\$476.84	\$482.89	\$489.34	\$492.56	\$495.79	\$499.01	\$502.24	\$508.69
	Select EPO HSA AmeriHealth Hospital Advantage \$50/\$75²	\$430.75	\$440.84	\$457.25	\$470.71	\$477.44	\$487.53	\$497.63	\$503.94	\$510.67	\$514.03	\$517.40	\$520.76	\$524.13	\$530.86
	EPO AmeriHealth Advantage 40%/40%¹	\$442.22	\$452.59	\$469.43	\$483.25	\$490.16	\$500.53	\$510.89	\$517.37	\$524.28	\$527.73	\$531.19	\$534.64	\$538.10	\$545.01
	EPO AmeriHealth Advantage \$25/\$60¹	\$456.70	\$467.41	\$484.80	\$499.07	\$506.21	\$516.91	\$527.62	\$534.31	\$541.44	\$545.01	\$548.58	\$552.15	\$555.72	\$562.85
	EPO HSA AmeriHealth Hospital Advantage \$50/\$75²	\$481.58	\$492.86	\$511.21	\$526.25	\$533.78	\$545.07	\$556.35	\$563.41	\$570.93	\$574.69	\$578.46	\$582.22	\$585.98	\$593.51
OFF-EXCHANGE	EPO AmeriHealth Hospital Advantage \$50/\$75²	\$497.00	\$508.65	\$527.58	\$543.11	\$550.87	\$562.52	\$574.17	\$581.45	\$589.21	\$593.10	\$596.98	\$600.86	\$604.75	\$612.51
	Select EPO HSA Local Value 20%/20%³	\$557.86	\$570.94	\$592.19	\$609.62	\$618.34	\$631.41	\$644.49	\$652.66	\$661.38	\$665.73	\$670.09	\$674.45	\$678.81	\$687.52
	Select EPO Local Value \$35/\$75³	\$564.56	\$577.79	\$599.30	\$616.94	\$625.76	\$638.99	\$652.22	\$660.49	\$669.31	\$673.73	\$678.14	\$682.55	\$686.96	\$695.78
	Select EPO Local Value \$45/\$75³	\$579.08	\$592.65	\$614.71	\$632.81	\$641.85	\$655.43	\$669.00	\$677.48	\$686.53	\$691.05	\$695.58	\$700.10	\$704.63	\$713.67
	EPO HSA Local Value \$50/\$75³	\$579.49	\$593.07	\$615.14	\$633.25	\$642.31	\$655.89	\$669.47	\$677.96	\$687.01	\$691.54	\$696.07	\$700.60	\$705.12	\$714.18
	EPO HSA Regional Preferred \$50/\$75	\$988.54	\$1011.71	\$1049.36	\$1080.25	\$1095.69	\$1118.86	\$1142.03	\$1156.51	\$1171.96	\$1179.68	\$1187.41	\$1195.13	\$1202.85	\$1218.30
	IHC GOLD	26	27	28	29	30	31	32	33	34	35	36	37	38	39
	EPO Regional Preferred \$30/\$50	\$1123.03	\$1149.35	\$1192.12	\$1227.22	\$1244.77	\$1271.09	\$1297.41	\$1313.86	\$1331.41	\$1340.18	\$1348.95	\$1357.73	\$1366.50	\$1384.05
OFF-EX	Select EPO Regional Preferred \$25/\$60	\$1249.41	\$1278.70	\$1326.28	\$1365.33	\$1384.85	\$1414.13	\$1443.41	\$1461.72	\$1481.24	\$1491.00	\$1500.76	\$1510.52	\$1520.28	\$1539.80

To find your individual monthly premium:

1. Look at the first column to narrow down your plan type: Bronze, Silver, or Gold.
2. Choose 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. Look up or down within your age column to compare prices of other plans.



2026 Monthly Premiums (continued)

		RATES PER AGE													
		40	41	42	43	44	45	46	47	48	49	50	51	52	53
IHC BRONZE															
	EPO HSA AmeriHealth Advantage \$25/\$50¹	\$451.22	\$459.70	\$467.82	\$479.12	\$493.24	\$509.83	\$529.61	\$551.85	\$577.27	\$602.34	\$630.58	\$658.48	\$689.19	\$720.26
	EPO HSA AmeriHealth Hospital Advantage \$50/\$75²	\$484.62	\$493.72	\$502.44	\$514.57	\$529.74	\$547.56	\$568.80	\$592.69	\$619.99	\$646.92	\$677.25	\$707.21	\$740.20	\$773.57
	EPO HSA Local Value 50%/50%³	\$521.10	\$530.89	\$540.27	\$553.32	\$569.63	\$588.79	\$611.63	\$637.31	\$666.67	\$695.62	\$728.24	\$760.45	\$795.93	\$831.81
	EPO Local Value \$50/\$75³	\$587.59	\$598.62	\$609.20	\$623.91	\$642.30	\$663.91	\$689.66	\$718.62	\$751.72	\$784.37	\$821.15	\$857.47	\$897.47	\$937.93
IHC SILVER															
OFF-EXCHANGE	Select EPO AmeriHealth Advantage \$25/\$60¹	\$515.14	\$524.81	\$534.08	\$546.98	\$563.10	\$582.05	\$604.62	\$630.01	\$659.04	\$687.65	\$719.90	\$751.74	\$786.81	\$822.28
	Select EPO HSA AmeriHealth Hospital Advantage \$50/\$75²	\$537.59	\$547.69	\$557.36	\$570.82	\$587.65	\$607.42	\$630.98	\$657.48	\$687.76	\$717.63	\$751.28	\$784.51	\$821.11	\$858.13
	EPO AmeriHealth Advantage 40%/40%¹	\$551.92	\$562.28	\$572.21	\$586.03	\$603.31	\$623.61	\$647.79	\$675.00	\$706.09	\$736.75	\$771.30	\$805.42	\$842.99	\$880.99
	EPO AmeriHealth Advantage \$25/\$60¹	\$569.99	\$580.69	\$590.95	\$605.22	\$623.06	\$644.02	\$669.00	\$697.10	\$729.21	\$760.88	\$796.56	\$831.79	\$870.59	\$909.84
	EPO HSA AmeriHealth Hospital Advantage \$50/\$75²	\$601.03	\$612.32	\$623.13	\$638.18	\$657.00	\$679.10	\$705.44	\$735.06	\$768.92	\$802.31	\$839.94	\$877.09	\$918.01	\$959.39
OFF-EXCHANGE	EPO AmeriHealth Hospital Advantage \$50/\$75²	\$620.28	\$631.93	\$643.09	\$658.62	\$678.03	\$700.85	\$728.03	\$758.60	\$793.55	\$828.01	\$866.84	\$905.18	\$947.40	\$990.11
	Select EPO HSA Local Value 20%/20%³	\$696.24	\$709.32	\$721.85	\$739.28	\$761.07	\$786.68	\$817.19	\$851.51	\$890.73	\$929.41	\$972.99	\$1016.03	\$1063.43	\$1111.37
	Select EPO Local Value \$35/\$75³	\$704.60	\$717.83	\$730.51	\$748.15	\$770.21	\$796.12	\$827.00	\$861.73	\$901.42	\$940.57	\$984.68	\$1028.23	\$1076.20	\$1124.71
	Select EPO Local Value \$45/\$75³	\$722.72	\$736.29	\$749.30	\$767.40	\$790.02	\$816.60	\$848.27	\$883.89	\$924.61	\$964.76	\$1010.00	\$1054.68	\$1103.88	\$1153.64
	EPO HSA Local Value \$50/\$75³	\$723.23	\$736.81	\$749.83	\$767.94	\$790.58	\$817.17	\$848.87	\$884.52	\$925.26	\$965.44	\$1010.72	\$1055.42	\$1104.66	\$1154.46
	EPO HSA Regional Preferred \$50/\$75	\$1233.74	\$1256.91	\$1279.12	\$1310.01	\$1348.62	\$1393.99	\$1448.06	\$1508.87	\$1578.38	\$1646.92	\$1724.15	\$1800.42	\$1884.40	\$1969.35
IHC GOLD															
	EPO Regional Preferred \$30/\$50	\$1401.60	\$1427.92	\$1453.14	\$1488.24	\$1532.10	\$1583.65	\$1645.07	\$1714.16	\$1793.12	\$1870.99	\$1958.72	\$2045.36	\$2140.78	\$2237.29
OFF-EX	Select EPO Regional Preferred \$25/\$60	\$1559.33	\$1588.61	\$1616.67	\$1655.72	\$1704.52	\$1761.87	\$1830.20	\$1907.06	\$1994.91	\$2081.54	\$2179.15	\$2275.54	\$2381.69	\$2489.07

To find your family monthly premium:

- Follow steps 1 and 2 from the previous page for each person in your family.
- Add the rates together. If you are purchasing a policy for more than three children younger than 21, only the rates for the first three children are included in your total.

Sample calculation

EPO HSA AmeriHealth Advantage \$25/\$50			
	Age	Rate ⁴	
You	56	\$823.71	
+ Spouse	54	\$753.80	
+ Dependent 1	20	\$342.48	
+ Dependent 2	18	\$322.35	
+ Dependent 3	14	\$270.10	
INCLUDED	+ Dependent 4	12	\$270.10
Total family rate		\$2,512.44	

2026 Monthly Premiums (continued)

		RATES PER AGE										
IHC BRONZE		54	55	56	57	58	59	60	61	62	63	64+
	EPO HSA AmeriHealth Advantage \$25/\$50¹	\$753.80	\$787.35	\$823.71	\$860.43	\$899.62	\$919.04	\$958.23	\$992.13	\$1014.37	\$1042.26	\$1059.21
	EPO HSA AmeriHealth Hospital Advantage \$50/\$75²	\$809.59	\$845.62	\$884.67	\$924.11	\$966.20	\$987.06	\$1029.15	\$1065.55	\$1089.44	\$1119.40	\$1137.60
	EPO HSA Local Value 50%/50%³	\$870.55	\$909.28	\$951.28	\$993.69	\$1038.95	\$1061.37	\$1106.63	\$1145.78	\$1171.47	\$1203.68	\$1223.25
	EPO Local Value \$50/\$75³	\$981.61	\$1025.29	\$1072.64	\$1120.46	\$1171.49	\$1196.78	\$1247.82	\$1291.95	\$1320.92	\$1357.24	\$1379.31
IHC SILVER		54	55	56	57	58	59	60	61	62	63	64+
OFF-EXCHANGE	Select EPO AmeriHealth Advantage \$25/\$60¹	\$860.58	\$898.87	\$940.39	\$982.31	\$1027.05	\$1049.22	\$1093.96	\$1132.65	\$1158.05	\$1189.89	\$1209.24
	Select EPO HSA AmeriHealth Hospital Advantage \$50/\$75²	\$898.09	\$938.05	\$981.38	\$1025.12	\$1071.82	\$1094.95	\$1141.64	\$1182.03	\$1208.53	\$1241.76	\$1261.95
	EPO AmeriHealth Advantage 40%/40%¹	\$922.02	\$963.05	\$1007.53	\$1052.44	\$1100.38	\$1124.13	\$1172.07	\$1213.53	\$1240.73	\$1274.85	\$1295.58
	EPO AmeriHealth Advantage \$25/\$60¹	\$952.21	\$994.58	\$1040.52	\$1086.90	\$1136.41	\$1160.94	\$1210.44	\$1253.26	\$1281.36	\$1316.59	\$1338.00
	EPO HSA AmeriHealth Hospital Advantage \$50/\$75²	\$1004.07	\$1048.75	\$1097.19	\$1146.10	\$1198.30	\$1224.16	\$1276.37	\$1321.51	\$1351.14	\$1388.30	\$1410.87
	EPO AmeriHealth Hospital Advantage \$50/\$75²	\$1036.22	\$1082.33	\$1132.32	\$1182.80	\$1236.67	\$1263.37	\$1317.24	\$1363.83	\$1394.41	\$1432.75	\$1456.05
OFF-EXCHANGE	Select EPO HSA Local Value 20%/20%³	\$1163.13	\$1214.88	\$1271.00	\$1327.65	\$1388.12	\$1418.09	\$1478.56	\$1530.86	\$1565.18	\$1608.22	\$1634.37
	Select EPO Local Value \$35/\$75³	\$1177.09	\$1229.47	\$1286.25	\$1343.59	\$1404.79	\$1435.11	\$1496.31	\$1549.24	\$1583.97	\$1627.53	\$1653.99
	Select EPO Local Value \$45/\$75³	\$1207.36	\$1261.09	\$1319.33	\$1378.15	\$1440.92	\$1472.02	\$1534.79	\$1589.08	\$1624.71	\$1669.39	\$1696.53
	EPO HSA Local Value \$50/\$75³	\$1208.22	\$1261.98	\$1320.27	\$1379.12	\$1441.94	\$1473.06	\$1535.88	\$1590.21	\$1625.86	\$1670.57	\$1697.73
	EPO HSA Regional Preferred \$50/\$75	\$2061.06	\$2152.78	\$2252.21	\$2352.61	\$2459.76	\$2512.86	\$2620.01	\$2712.69	\$2773.51	\$2849.77	\$2896.11
IHC GOLD		54	55	56	57	58	59	60	61	62	63	64+
	EPO Regional Preferred \$30/\$50	\$2341.48	\$2445.66	\$2558.62	\$2672.68	\$2794.42	\$2854.74	\$2976.47	\$3081.76	\$3150.85	\$3237.49	\$3290.13
OFF-EX	Select EPO Regional Preferred \$25/\$60	\$2604.98	\$2720.89	\$2846.56	\$2973.46	\$3108.89	\$3176.00	\$3311.43	\$3428.57	\$3505.43	\$3601.82	\$3660.39

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

AmeriHealth 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 (TTY: 711)。

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1 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 Local Value network. AmeriHealth Advantage Tier 1 hospitals are subject to change.

2 AmeriHealth Hospital Advantage is not available in Hunterdon County. Members can obtain enhanced benefits at Tier 1 hospitals and facilities. Members can also access Tier 2 hospitals and facilities within the Local Value network.

3 The Local Value network is not available in Hunterdon County.

4 You do not need to include rates for more than three children younger than 21.

