2027 Monthly Premiums

This chart shows monthly premium rates for our 2027 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** or call **1-855-832-2009 (TTY: 711)**.

		RATES PER AGE										
	IHC BRONZE	**0 – 14**	**15**	**16**	**17**	**18**	**19**	**20**	**21**	**22**	**23**	**24**	**25**
	EPO HSA AmeriHealth Advantage $25/$50[1]	$319.59	$347.99	$358.86	$369.72	$381.41	$393.11	$405.23	$417.76	$417.76	$417.76	$417.76	$419.43
	EPO HSA AmeriHealth Hospital Advantage $50/$75[2]	$342.77	$373.24	$384.89	$396.54	$409.09	$421.63	$434.63	$448.07	$448.07	$448.07	$448.07	$449.86
	EPO HSA Local Value 50%/50%[3]	$367.93	$400.64	$413.14	$425.65	$439.12	$452.58	$466.53	$480.96	$480.96	$480.96	$480.96	$482.88
	EPO Local Value $50/$75[3]	$405.40	$441.44	$455.22	$469.00	$483.84	$498.67	$514.04	$529.94	$529.94	$529.94	$529.94	$532.06
	IHC SILVER	**0 – 14**	**15**	**16**	**17**	**18**	**19**	**20**	**21**	**22**	**23**	**24**	**25**
OFF-EXCHANGE	**Select EPO AmeriHealth Advantage** $25/$60[1]	$357.62	$389.41	$401.57	$413.72	$426.81	$439.90	$453.46	$467.48	$467.48	$467.48	$467.48	$469.35
OFF-EXCHANGE	**Select EPO HSA AmeriHealth Hospital Advantage** $50/$75[2]	$376.32	$409.77	$422.56	$435.35	$449.12	$462.90	$477.16	$491.92	$491.92	$491.92	$491.92	$493.89
	EPO AmeriHealth Advantage 40%/40%[1]	$387.83	$422.31	$435.49	$448.67	$462.86	$477.06	$491.76	$506.97	$506.97	$506.97	$506.97	$509.00
	EPO AmeriHealth Advantage $25/$60[1]	$395.76	$430.94	$444.39	$457.84	$472.32	$486.81	$501.81	$517.33	$517.33	$517.33	$517.33	$519.40
	EPO HSA AmeriHealth Hospital Advantage $50/$75[2]	$420.73	$458.13	$472.43	$486.73	$502.13	$517.53	$533.48	$549.98	$549.98	$549.98	$549.98	$552.18
	EPO AmeriHealth Hospital Advantage $50/$75[2]	$437.43	$476.32	$491.18	$506.05	$522.06	$538.07	$554.66	$571.81	$571.81	$571.81	$571.81	$574.10
OFF-EXCHANGE	**Select EPO HSA Local Value** 20%/20%[3]	$480.47	$523.18	$539.51	$555.84	$573.43	$591.01	$609.23	$628.07	$628.07	$628.07	$628.07	$630.58
OFF-EXCHANGE	**Select EPO Local Value** $35/$75[3]	$493.69	$537.57	$554.35	$571.13	$589.20	$607.26	$625.98	$645.34	$645.34	$645.34	$645.34	$647.92
	EPO HSA Local Value $50/$75[3]	$496.78	$540.94	$557.83	$574.71	$592.89	$611.08	$629.91	$649.39	$649.39	$649.39	$649.39	$651.99
OFF-EX	**Select EPO Local Value** $45/$75[3]	$500.07	$544.52	$561.51	$578.51	$596.81	$615.11	$634.07	$653.68	$653.68	$653.68	$653.68	$656.29
	EPO HSA Regional Preferred $50/$75	$847.44	$922.77	$951.57	$980.38	$1,011.39	$1,042.41	$1,074.54	$1,107.77	$1,107.77	$1,107.77	$1,107.77	$1,112.20
	IHC GOLD	**0 – 14**	**15**	**16**	**17**	**18**	**19**	**20**	**21**	**22**	**23**	**24**	**25**
	EPO Regional Preferred $30/$50	$987.75	$1,075.55	$1,109.12	$1,142.69	$1,178.85	$1,215.00	$1,252.44	$1,291.18	$1,291.18	$1,291.18	$1,291.18	$1,296.34
OFF-EX	**Select EPO Regional Preferred** $25/$60	$1,093.56	$1,190.77	$1,227.93	$1,265.10	$1,305.12	$1,345.15	$1,386.61	$1,429.49	$1,429.49	$1,429.49	$1,429.49	$1,435.21

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

AmeriHealth®

2027 Monthly Premiums (continued)

		RATES PER AGE													
	IHC BRONZE	**26**	**27**	**28**	**29**	**30**	**31**	**32**	**33**	**34**	**35**	**36**	**37**	**38**	**39**
	EPO HSA AmeriHealth Advantage $25/$50[1]	$427.79	$437.81	$454.11	$467.47	$474.16	$484.18	$494.21	$500.48	$507.16	$510.50	$513.84	$517.19	$520.53	$527.21
	EPO HSA AmeriHealth Hospital Advantage $50/$75[2]	$458.82	$469.58	$487.05	$501.39	$508.56	$519.31	$530.07	$536.79	$543.96	$547.54	$551.13	$554.71	$558.30	$565.46
	EPO HSA Local Value 50%/50%[3]	$492.50	$504.05	$522.80	$538.19	$545.89	$557.43	$568.98	$576.19	$583.89	$587.73	$591.58	$595.43	$599.28	$606.97
	EPO Local Value $50/$75[3]	$542.66	$555.38	$576.04	$593.00	$601.48	$614.20	$626.92	$634.87	$643.35	$647.59	$651.83	$656.07	$660.31	$668.78
	IHC SILVER	**26**	**27**	**28**	**29**	**30**	**31**	**32**	**33**	**34**	**35**	**36**	**37**	**38**	**39**
OFF-EXCHANGE	**Select EPO AmeriHealth Advantage** $25/$60[1]	$478.70	$489.92	$508.15	$523.11	$530.59	$541.81	$553.03	$560.04	$567.52	$571.26	$575.00	$578.74	$582.48	$589.96
OFF-EXCHANGE	**Select EPO HSA AmeriHealth Hospital Advantage** $50/$75[2]	$503.73	$515.53	$534.72	$550.46	$558.33	$570.14	$581.94	$589.32	$597.19	$601.13	$605.06	$609.00	$612.93	$620.80
	EPO AmeriHealth Advantage 40%/40%[1]	$519.14	$531.30	$551.08	$567.30	$575.41	$587.58	$599.75	$607.35	$615.46	$619.52	$623.57	$627.63	$631.68	$639.80
	EPO AmeriHealth Advantage $25/$60[1]	$529.75	$542.16	$562.34	$578.89	$587.17	$599.59	$612.00	$619.76	$628.04	$632.18	$636.32	$640.45	$644.59	$652.87
	EPO HSA AmeriHealth Hospital Advantage $50/$75[2]	$563.18	$576.38	$597.83	$615.43	$624.23	$637.43	$650.63	$658.88	$667.68	$672.08	$676.48	$680.88	$685.28	$694.07
	EPO AmeriHealth Hospital Advantage $50/$75[2]	$585.53	$599.26	$621.56	$639.86	$649.00	$662.73	$676.45	$685.03	$694.18	$698.75	$703.33	$707.90	$712.48	$721.62
OFF-EXCHANGE	**Select EPO HSA Local Value** 20%/20%[3]	$643.14	$658.22	$682.71	$702.81	$712.86	$727.93	$743.01	$752.43	$762.48	$767.50	$772.53	$777.55	$782.58	$792.62
OFF-EXCHANGE	**Select EPO Local Value** $35/$75[3]	$660.83	$676.32	$701.48	$722.14	$732.46	$747.95	$763.44	$773.12	$783.44	$788.61	$793.77	$798.93	$804.09	$814.42
	EPO HSA Local Value $50/$75[3]	$664.98	$680.56	$705.89	$726.67	$737.06	$752.64	$768.23	$777.97	$788.36	$793.55	$798.75	$803.94	$809.14	$819.53
OFF-EX	**Select EPO Local Value** $45/$75[3]	$669.37	$685.06	$710.55	$731.47	$741.93	$757.62	$773.30	$783.11	$793.57	$798.80	$804.03	$809.26	$814.49	$824.94
	EPO HSA Regional Preferred $50/$75	$1,134.36	$1,160.94	$1,204.15	$1,239.59	$1,257.32	$1,283.91	$1,310.49	$1,327.11	$1,344.83	$1,353.69	$1,362.56	$1,371.42	$1,380.28	$1,398.01
	IHC GOLD	**26**	**27**	**28**	**29**	**30**	**31**	**32**	**33**	**34**	**35**	**36**	**37**	**38**	**39**
	EPO Regional Preferred $30/$50	$1,322.17	$1,353.16	$1,403.51	$1,444.83	$1,465.49	$1,496.48	$1,527.47	$1,546.83	$1,567.49	$1,577.82	$1,588.15	$1,598.48	$1,608.81	$1,629.47
OFF-EX	**Select EPO Regional Preferred** $25/$60	$1,463.80	$1,498.11	$1,553.86	$1,599.60	$1,622.47	$1,656.78	$1,691.09	$1,712.53	$1,735.40	$1,746.84	$1,758.27	$1,769.71	$1,781.14	$1,804.02

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.

AmeriHealth®

2027 Monthly Premiums (continued)

	RATES PER AGE													
IHC BRONZE	**40**	**41**	**42**	**43**	**44**	**45**	**46**	**47**	**48**	**49**	**50**	**51**	**52**	**53**
EPO HSA AmeriHealth Advantage $25/$50[1]	$533.90	$543.92	$553.53	$566.90	$583.61	$603.25	$626.64	$652.96	$683.04	$712.70	$746.12	$779.12	$815.47	$852.23
EPO HSA AmeriHealth Hospital Advantage $50/$75[2]	$572.63	$583.39	$593.69	$608.03	$625.95	$647.01	$672.11	$700.33	$732.59	$764.41	$800.25	$835.65	$874.63	$914.06
EPO HSA Local Value 50%/50%[3]	$614.67	$626.21	$637.27	$652.66	$671.90	$694.51	$721.44	$751.74	$786.37	$820.52	$858.99	$896.99	$938.83	$981.16
EPO Local Value $50/$75[3]	$677.26	$689.98	$702.17	$719.13	$740.33	$765.23	$794.91	$828.30	$866.45	$904.08	$946.47	$988.34	$1,034.44	$1,081.08
IHC SILVER	**40**	**41**	**42**	**43**	**44**	**45**	**46**	**47**	**48**	**49**	**50**	**51**	**52**	**53**
OFF-EXCHANGE **Select EPO AmeriHealth Advantage** $25/$60[1]	$597.44	$608.66	$619.41	$634.37	$653.07	$675.04	$701.22	$730.67	$764.33	$797.52	$834.92	$871.85	$912.52	$953.66
OFF-EXCHANGE **Select EPO HSA AmeriHealth Hospital Advantage** $50/$75[2]	$628.67	$640.48	$651.79	$667.54	$687.21	$710.33	$737.88	$768.87	$804.29	$839.22	$878.57	$917.43	$960.23	$1,003.52
EPO AmeriHealth Advantage 40%/40%[1]	$647.91	$660.07	$671.74	$687.96	$708.24	$732.06	$760.46	$792.39	$828.90	$864.89	$905.45	$945.50	$989.61	$1,034.22
EPO AmeriHealth Advantage $25/$60[1]	$661.15	$673.56	$685.46	$702.02	$722.71	$747.02	$776.00	$808.59	$845.83	$882.56	$923.95	$964.82	$1,009.83	$1,055.35
EPO HSA AmeriHealth Hospital Advantage $50/$75[2]	$702.87	$716.07	$728.72	$746.32	$768.32	$794.17	$824.97	$859.62	$899.22	$938.27	$982.26	$1,025.71	$1,073.56	$1,121.96
EPO AmeriHealth Hospital Advantage $50/$75[2]	$730.77	$744.50	$757.65	$775.95	$798.82	$825.69	$857.72	$893.74	$934.91	$975.51	$1,021.25	$1,066.43	$1,116.17	$1,166.49
OFF-EXCHANGE **Select EPO HSA Local Value** 20%/20%[3]	$802.67	$817.75	$832.19	$852.29	$877.41	$906.93	$942.11	$981.67	$1,026.89	$1,071.49	$1,121.73	$1,171.35	$1,225.99	$1,281.26
OFF-EXCHANGE **Select EPO Local Value** $35/$75[3]	$824.74	$840.23	$855.08	$875.73	$901.54	$931.87	$968.01	$1,008.67	$1,055.13	$1,100.95	$1,152.58	$1,203.56	$1,259.70	$1,316.49
EPO HSA Local Value $50/$75[3]	$829.92	$845.51	$860.44	$881.22	$907.20	$937.72	$974.09	$1,015.00	$1,061.75	$1,107.86	$1,159.81	$1,211.11	$1,267.61	$1,324.76
OFF-EX **Select EPO Local Value** $45/$75[3]	$835.40	$851.09	$866.13	$887.04	$913.19	$943.91	$980.52	$1,021.70	$1,068.77	$1,115.18	$1,167.47	$1,219.11	$1,275.98	$1,333.51
EPO HSA Regional Preferred $50/$75	$1,415.73	$1,442.32	$1,467.80	$1,503.24	$1,547.55	$1,599.62	$1,661.66	$1,731.44	$1,811.20	$1,889.86	$1,978.48	$2,065.99	$2,162.37	$2,259.85
IHC GOLD	**40**	**41**	**42**	**43**	**44**	**45**	**46**	**47**	**48**	**49**	**50**	**51**	**52**	**53**
EPO Regional Preferred $30/$50	$1,650.13	$1,681.12	$1,710.81	$1,752.13	$1,803.78	$1,864.46	$1,936.77	$2,018.11	$2,111.08	$2,202.75	$2,306.05	$2,408.05	$2,520.38	$2,634.01
OFF-EX **Select EPO Regional Preferred** $25/$60	$1,826.89	$1,861.20	$1,894.07	$1,939.82	$1,997.00	$2,064.18	$2,144.24	$2,234.29	$2,337.22	$2,438.71	$2,553.07	$2,666.00	$2,790.36	$2,916.16

To find your family monthly premium:

1. Follow steps 1 and 2 from the previous page for each person in your family.
2. 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**

2027 Monthly Premiums (continued)

		RATES PER AGE									
	IHC BRONZE	**54**	**55**	**56**	**57**	**58**	**59**	**60**	**61**	**62**	**63**	**64+**
	EPO HSA AmeriHealth Advantage $25/$50[1]	$891.92	$931.60	$974.63	$1,018.08	$1,064.45	$1,087.43	$1,133.80	$1,173.91	$1,200.22	$1,233.23	$1,253.28
	EPO HSA AmeriHealth Hospital Advantage $50/$75[2]	$956.63	$999.20	$1,045.35	$1,091.95	$1,141.68	$1,166.33	$1,216.06	$1,259.08	$1,287.31	$1,322.70	$1,344.21
	EPO HSA Local Value 50%/50%[3]	$1,026.85	$1,072.54	$1,122.08	$1,172.10	$1,225.49	$1,251.94	$1,305.33	$1,351.50	$1,381.80	$1,419.79	$1,442.88
	EPO Local Value $50/$75[3]	$1,131.42	$1,181.77	$1,236.35	$1,291.46	$1,350.29	$1,379.43	$1,438.26	$1,489.13	$1,522.52	$1,564.38	$1,589.82
	IHC SILVER	**54**	**55**	**56**	**57**	**58**	**59**	**60**	**61**	**62**	**63**	**64+**
OFF-EXCHANGE	**Select EPO AmeriHealth Advantage** $25/$60[1]	$998.07	$1,042.48	$1,090.63	$1,139.25	$1,191.14	$1,216.85	$1,268.74	$1,313.62	$1,343.07	$1,380.00	$1,402.44
OFF-EXCHANGE	**Select EPO HSA AmeriHealth Hospital Advantage** $50/$75[2]	$1,050.25	$1,096.98	$1,147.65	$1,198.81	$1,253.41	$1,280.47	$1,335.07	$1,382.30	$1,413.29	$1,452.15	$1,475.76
	EPO AmeriHealth Advantage 40%/40%[1]	$1,082.38	$1,130.54	$1,182.76	$1,235.49	$1,291.76	$1,319.64	$1,375.92	$1,424.59	$1,456.52	$1,496.58	$1,520.91
	EPO AmeriHealth Advantage $25/$60[1]	$1,104.50	$1,153.65	$1,206.93	$1,260.73	$1,318.16	$1,346.61	$1,404.03	$1,453.70	$1,486.29	$1,527.16	$1,551.99
	EPO HSA AmeriHealth Hospital Advantage $50/$75[2]	$1,174.21	$1,226.46	$1,283.10	$1,340.30	$1,401.35	$1,431.60	$1,492.65	$1,545.44	$1,580.09	$1,623.54	$1,649.94
	EPO AmeriHealth Hospital Advantage $50/$75[2]	$1,220.81	$1,275.14	$1,334.03	$1,393.50	$1,456.97	$1,488.42	$1,551.89	$1,606.79	$1,642.81	$1,687.98	$1,715.43
OFF-EXCHANGE	**Select EPO HSA Local Value** 20%/20%[3]	$1,340.93	$1,400.60	$1,465.29	$1,530.61	$1,600.32	$1,634.87	$1,704.58	$1,764.88	$1,804.45	$1,854.06	$1,884.21
OFF-EXCHANGE	**Select EPO Local Value** $35/$75[3]	$1,377.80	$1,439.11	$1,505.58	$1,572.69	$1,644.33	$1,679.82	$1,751.45	$1,813.41	$1,854.06	$1,905.04	$1,936.02
	EPO HSA Local Value $50/$75[3]	$1,386.45	$1,448.14	$1,515.03	$1,582.56	$1,654.65	$1,690.36	$1,762.44	$1,824.79	$1,865.70	$1,917.00	$1,948.17
OFF-EX	**Select EPO Local Value** $45/$75[3]	$1,395.61	$1,457.71	$1,525.04	$1,593.02	$1,665.58	$1,701.53	$1,774.09	$1,836.84	$1,878.02	$1,929.66	$1,961.04
	EPO HSA Regional Preferred $50/$75	$2,365.09	$2,470.33	$2,584.43	$2,699.64	$2,822.60	$2,883.53	$3,006.49	$3,112.83	$3,182.62	$3,270.14	$3,323.31
	IHC GOLD	**54**	**55**	**56**	**57**	**58**	**59**	**60**	**61**	**62**	**63**	**64+**
	EPO Regional Preferred $30/$50	$2,756.67	$2,879.33	$3,012.32	$3,146.61	$3,289.93	$3,360.94	$3,504.26	$3,628.22	$3,709.56	$3,811.56	$3,873.54
OFF-EX	**Select EPO Regional Preferred** $25/$60	$3,051.96	$3,187.76	$3,335.00	$3,483.67	$3,642.34	$3,720.96	$3,879.64	$4,016.87	$4,106.92	$4,219.85	$4,288.47

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)。

1 AmeriHealth Advantage plans are 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 save the most on care when using Tier 1 doctors and facilities in the Local Value network. Members can also access Tier 2 doctors and facilities in the Local Value network, but the cost for care may be higher. 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.

AmeriHealth®

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