



Monthly Premiums

The chart below shows monthly premium rates. Rates are based on geographic area, age, and family size. You may qualify to get a lower bill than what you see listed below through a government subsidy. Want to see if you qualify? Call 888-879-5456 or visit ahnj4u.com.

OFF EXCHANGE	ON EXCHANGE	Age						
		0-20	21	22	23	24	25	26
PLATINUM								
AmeriHealth NJ Select National Access Platinum POS Plus	✓	\$289.63	\$456.11	\$456.11	\$456.11	\$456.11	\$457.94	\$467.06
AmeriHealth NJ Standard National Access Platinum EPO		\$288.35	\$454.10	\$454.10	\$454.10	\$454.10	\$455.92	\$465.00
AmeriHealth NJ Standard Regional Preferred Platinum EPO		\$274.63	\$432.48	\$432.48	\$432.48	\$432.48	\$434.21	\$442.86
AmeriHealth NJ Standard Local Value Platinum EPO		\$247.17	\$389.25	\$389.25	\$389.25	\$389.25	\$390.80	\$398.59
AmeriHealth NJ Standard Local Value Platinum HMO		\$225.43	\$355.02	\$355.02	\$355.02	\$355.02	\$356.44	\$363.54
AmeriHealth NJ Standard Regional Preferred Platinum HMO		\$250.47	\$394.45	\$394.45	\$394.45	\$394.45	\$396.02	\$403.91
AmeriHealth NJ Standard Local Value Platinum HMO		\$226.89	\$357.31	\$357.31	\$357.31	\$357.31	\$358.74	\$365.89
AmeriHealth NJ Standard Regional Preferred Platinum HMO		\$252.10	\$397.00	\$397.00	\$397.00	\$397.00	\$398.59	\$406.53
GOLD								
AmeriHealth NJ Premium National Access Gold POS Plus	✓	\$264.82	\$417.04	\$417.04	\$417.04	\$417.04	\$418.71	\$427.05
AmeriHealth NJ Select Local Value Gold HMO		\$206.94	\$325.90	\$325.90	\$325.90	\$325.90	\$327.20	\$333.72
AmeriHealth NJ Select Regional Preferred Gold HMO		\$229.93	\$362.09	\$362.09	\$362.09	\$362.09	\$363.54	\$370.78
AmeriHealth NJ Standard Local Value Gold HMO	✓	\$183.79	\$289.43	\$289.43	\$289.43	\$289.43	\$290.58	\$296.37
AmeriHealth NJ Standard Local Value Gold EPO H.S.A.	✓	\$206.25	\$324.80	\$324.80	\$324.80	\$324.80	\$326.10	\$332.60
AmeriHealth NJ Standard Regional Preferred Gold EPO	✓	\$227.94	\$358.96	\$358.96	\$358.96	\$358.96	\$360.40	\$367.58
SILVER								
AmeriHealth NJ Premium National Access Silver POS Plus	✓	\$218.20	\$343.62	\$343.62	\$343.62	\$343.62	\$344.99	\$351.86
Cooper Advantage Silver EPO	✓	\$153.00	\$240.95	\$240.95	\$240.95	\$240.95	\$241.92	\$246.74
AmeriHealth NJ Tier 1 Advantage Silver EPO H.S.A.	✓	\$157.78	\$248.47	\$248.47	\$248.47	\$248.47	\$249.47	\$254.44
AmeriHealth NJ Standard Local Value Silver EPO H.S.A.	✓	\$169.38	\$266.75	\$266.75	\$266.75	\$266.75	\$267.81	\$273.15
AmeriHealth NJ Premium Regional Preferred Silver EPO	✓	\$207.77	\$327.19	\$327.19	\$327.19	\$327.19	\$328.50	\$335.05
AmeriHealth NJ Select National Access Silver EPO		\$212.07	\$333.97	\$333.97	\$333.97	\$333.97	\$335.31	\$341.99
AmeriHealth NJ Select Regional Preferred Silver EPO		\$201.98	\$318.08	\$318.08	\$318.08	\$318.08	\$319.35	\$325.71
AmeriHealth NJ Select Local Value Silver EPO		\$181.79	\$286.28	\$286.28	\$286.28	\$286.28	\$287.43	\$293.15
AmeriHealth NJ Premium National Access Silver EPO		\$247.34	\$389.51	\$389.51	\$389.51	\$389.51	\$391.07	\$398.86
AmeriHealth NJ Premium Regional Preferred Silver EPO		\$235.57	\$370.97	\$370.97	\$370.97	\$370.97	\$372.45	\$379.87
AmeriHealth NJ Premium Local Value Silver EPO		\$212.02	\$333.89	\$333.89	\$333.89	\$333.89	\$335.22	\$341.90
AmeriHealth NJ Premium National Access Silver EPO		\$219.41	\$345.52	\$345.52	\$345.52	\$345.52	\$346.90	\$353.81
AmeriHealth NJ Premium Regional Preferred Silver EPO		\$208.96	\$329.08	\$329.08	\$329.08	\$329.08	\$330.39	\$336.97
AmeriHealth NJ Premium Local Value Silver EPO		\$188.08	\$296.18	\$296.18	\$296.18	\$296.18	\$297.37	\$303.29
AmeriHealth NJ Select Local Value Silver HMO	✓	\$160.04	\$252.03	\$252.03	\$252.03	\$252.03	\$253.04	\$258.08
BRONZE								
AmeriHealth NJ Tier 1 Advantage Bronze EPO H.S.A.	✓	\$139.09	\$219.04	\$219.04	\$219.04	\$219.04	\$219.92	\$224.30
AmeriHealth NJ Premium National Access Bronze EPO H.S.A.	✓	\$180.94	\$284.95	\$284.95	\$284.95	\$284.95	\$286.09	\$291.79
AmeriHealth NJ Premium Regional Preferred Bronze EPO H.S.A.	✓	\$172.33	\$271.39	\$271.39	\$271.39	\$271.39	\$272.47	\$277.90
AmeriHealth NJ Premium Local Value Bronze EPO H.S.A.	✓	\$155.11	\$244.26	\$244.26	\$244.26	\$244.26	\$245.24	\$250.12
CATASTROPHIC**								
AmeriHealth NJ Simple Saver Regional Preferred	✓	\$147.24	\$231.87	\$231.87	\$231.87	\$231.87	\$232.80	\$237.44
AmeriHealth NJ Simple Saver Local Value	✓	\$132.52	\$208.70	\$208.70	\$208.70	\$208.70	\$209.54	\$213.71

To find your monthly rate as an individual:

1. Look at the first column to narrow down your plan type- platinum, gold, silver, bronze, 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*
You	56	\$465
+Spouse	54	\$425
+Dependent 1	20	\$200
+Dependent 2	18	\$125
+Dependent 3	14	\$125
+Dependent 4	12	Free \$125
Total Family Rate		\$1,340

The above example is for illustrative purposes only.

Don't forget to see if you're eligible for a subsidy. Visit ahnj4u.com.

* You do not need to include rates for more than three children under age 21.

**Catastrophic plans are only available to qualified individuals

Monthly Premiums

		Age									
OFF EXCHANGE	ON EXCHANGE	55	56	57	58	59	60	61	62	63	64+
PLATINUM											
AmeriHealth NJ Select National Access Platinum POS Plus	✓	\$1,017.13	\$1,064.11	\$1,111.55	\$1,162.18	\$1,187.26	\$1,237.89	\$1,281.68	\$1,310.42	\$1,346.45	\$1,368.34
AmeriHealth NJ Standard National Access Platinum EPO		\$1,012.64	\$1,059.41	\$1,106.64	\$1,157.04	\$1,182.02	\$1,232.42	\$1,276.02	\$1,304.63	\$1,340.50	\$1,362.30
AmeriHealth NJ Standard Regional Preferred Platinum EPO		\$964.43	\$1,008.98	\$1,053.96	\$1,101.96	\$1,125.75	\$1,173.76	\$1,215.27	\$1,242.52	\$1,276.69	\$1,297.45
AmeriHealth NJ Standard Local Value Platinum EPO		\$868.02	\$908.12	\$948.60	\$991.80	\$1,013.21	\$1,056.42	\$1,093.79	\$1,118.31	\$1,149.06	\$1,167.74
AmeriHealth NJ Standard Local Value Platinum HMO		\$791.68	\$828.25	\$865.17	\$904.58	\$924.11	\$963.51	\$997.59	\$1,019.96	\$1,048.01	\$1,065.05
AmeriHealth NJ Standard Regional Preferred Platinum HMO		\$879.61	\$920.24	\$961.26	\$1,005.05	\$1,026.74	\$1,070.53	\$1,108.39	\$1,133.24	\$1,164.40	\$1,183.34
AmeriHealth NJ Standard Local Value Platinum HMO		\$796.81	\$833.62	\$870.78	\$910.44	\$930.09	\$969.75	\$1,004.05	\$1,026.57	\$1,054.79	\$1,071.94
AmeriHealth NJ Standard Regional Preferred Platinum HMO		\$885.31	\$926.20	\$967.49	\$1,011.56	\$1,033.39	\$1,077.46	\$1,115.57	\$1,140.58	\$1,171.95	\$1,191.00
GOLD											
AmeriHealth NJ Premium National Access Gold POS Plus	✓	\$930.00	\$972.96	\$1,016.33	\$1,062.62	\$1,085.56	\$1,131.85	\$1,171.89	\$1,198.16	\$1,231.11	\$1,251.13
AmeriHealth NJ Select Local Value Gold HMO		\$726.75	\$760.31	\$794.21	\$830.38	\$848.31	\$884.48	\$915.77	\$936.30	\$962.04	\$977.69
AmeriHealth NJ Select Regional Preferred Gold HMO		\$807.46	\$844.76	\$882.41	\$922.61	\$942.52	\$982.71	\$1,017.47	\$1,040.29	\$1,068.89	\$1,086.27
AmeriHealth NJ Standard Local Value Gold HMO	✓	\$645.42	\$675.23	\$705.33	\$737.46	\$753.38	\$785.51	\$813.29	\$831.52	\$854.39	\$868.28
AmeriHealth NJ Standard Local Value Gold EPO H.S.A.	✓	\$724.31	\$757.76	\$791.54	\$827.60	\$845.46	\$881.51	\$912.70	\$933.16	\$958.82	\$974.41
AmeriHealth NJ Standard Regional Preferred Gold EPO	✓	\$800.48	\$837.46	\$874.79	\$914.63	\$934.37	\$974.22	\$1,008.68	\$1,031.29	\$1,059.65	\$1,076.88
SILVER											
AmeriHealth NJ Premium National Access Silver POS Plus	✓	\$766.26	\$801.66	\$837.39	\$875.53	\$894.43	\$932.57	\$965.56	\$987.21	\$1,014.35	\$1,030.85
Cooper Advantage Silver EPO	✓	\$537.32	\$562.14	\$587.20	\$613.95	\$627.20	\$653.95	\$677.08	\$692.26	\$711.29	\$722.86
AmeriHealth NJ Tier 1 Advantage Silver EPO H.S.A.	✓	\$554.09	\$579.68	\$605.53	\$633.11	\$646.77	\$674.35	\$698.21	\$713.86	\$733.49	\$745.42
AmeriHealth NJ Standard Local Value Silver EPO H.S.A.	✓	\$594.84	\$622.32	\$650.06	\$679.67	\$694.34	\$723.95	\$749.55	\$766.36	\$787.43	\$800.24
AmeriHealth NJ Premium Regional Preferred Silver EPO	✓	\$729.64	\$763.34	\$797.37	\$833.69	\$851.69	\$888.00	\$919.41	\$940.03	\$965.88	\$981.58
AmeriHealth NJ Select National Access Silver EPO		\$744.76	\$779.16	\$813.89	\$850.96	\$869.33	\$906.40	\$938.46	\$959.50	\$985.88	\$1,001.91
AmeriHealth NJ Select Regional Preferred Silver EPO		\$709.31	\$742.07	\$775.15	\$810.46	\$827.95	\$863.26	\$893.79	\$913.83	\$938.96	\$954.23
AmeriHealth NJ Select Local Value Silver EPO		\$638.41	\$667.90	\$697.67	\$729.45	\$745.19	\$776.97	\$804.45	\$822.49	\$845.10	\$858.85
AmeriHealth NJ Premium National Access Silver EPO		\$868.61	\$908.73	\$949.24	\$992.48	\$1,013.90	\$1,057.14	\$1,094.53	\$1,119.07	\$1,149.84	\$1,168.54
AmeriHealth NJ Premium Regional Preferred Silver EPO		\$827.26	\$865.47	\$904.06	\$945.23	\$965.64	\$1,006.81	\$1,042.43	\$1,065.80	\$1,095.11	\$1,112.91
AmeriHealth NJ Premium Local Value Silver EPO		\$744.57	\$778.96	\$813.68	\$850.75	\$869.11	\$906.17	\$938.22	\$959.26	\$985.64	\$1,001.66
AmeriHealth NJ Premium National Access Silver EPO		\$770.51	\$806.10	\$842.04	\$880.39	\$899.39	\$937.75	\$970.92	\$992.68	\$1,019.98	\$1,036.57
AmeriHealth NJ Premium Regional Preferred Silver EPO		\$733.84	\$767.73	\$801.96	\$838.48	\$856.58	\$893.11	\$924.70	\$945.43	\$971.43	\$987.23
AmeriHealth NJ Premium Local Value Silver EPO		\$660.49	\$690.99	\$721.80	\$754.67	\$770.96	\$803.84	\$832.27	\$850.93	\$874.33	\$888.55
AmeriHealth NJ Select Local Value Silver HMO	✓	\$562.03	\$587.99	\$614.20	\$642.18	\$656.04	\$684.02	\$708.21	\$724.09	\$744.00	\$756.10
BRONZE											
AmeriHealth NJ Tier 1 Advantage Bronze EPO H.S.A.	✓	\$488.47	\$511.03	\$533.81	\$558.13	\$570.17	\$594.49	\$615.52	\$629.32	\$646.62	\$657.13
AmeriHealth NJ Premium National Access Bronze EPO H.S.A.	✓	\$635.43	\$664.78	\$694.42	\$726.05	\$741.72	\$773.35	\$800.70	\$818.66	\$841.17	\$854.84
AmeriHealth NJ Premium Regional Preferred Bronze EPO H.S.A.	✓	\$605.19	\$633.14	\$661.37	\$691.49	\$706.42	\$736.54	\$762.59	\$779.69	\$801.13	\$814.16
AmeriHealth NJ Premium Local Value Bronze EPO H.S.A.	✓	\$544.70	\$569.86	\$595.27	\$622.38	\$635.81	\$662.93	\$686.38	\$701.76	\$721.06	\$732.78
CATASTROPHIC											
AmeriHealth NJ Simple Saver Regional Preferred	✓	\$517.08	\$540.96	\$565.07	\$590.81	\$603.57	\$629.30	\$651.56	\$666.17	\$684.49	\$695.62
AmeriHealth NJ Simple Saver Local Value	✓	\$465.40	\$486.90	\$508.60	\$531.77	\$543.25	\$566.41	\$586.45	\$599.60	\$616.08	\$626.10

