



2021 Monthly Premiums

This chart shows monthly premium rates for our 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, amerihealthnj.com/enroll or call **1-855-832-2009 (TTY: 711)**.

		AGE										
		0-14	15	16	17	18	19	20	21	22	23	24
CATASTROPHIC²												
Local Value Simple Saver ³		\$208.56	\$227.10	\$234.19	\$241.28	\$248.91	\$256.54	\$264.45	\$272.63	\$272.63	\$272.63	\$272.63
BRONZE												
EPO HSA AmeriHealth Advantage \$25/\$50⁴		\$190.73	\$207.68	\$214.17	\$220.65	\$227.63	\$234.61	\$241.84	\$249.32	\$249.32	\$249.32	\$249.32
EPO HSA AmeriHealth Hospital Advantage \$50/\$75⁵		\$201.85	\$219.79	\$226.65	\$233.51	\$240.90	\$248.28	\$255.93	\$263.85	\$263.85	\$263.85	\$263.85
EPO HSA Local Value 50%/50%³		\$221.28	\$240.95	\$248.47	\$255.99	\$264.09	\$272.18	\$280.57	\$289.25	\$289.25	\$289.25	\$289.25
EPO Local Value \$50/\$75³		\$236.25	\$257.26	\$265.28	\$273.31	\$281.96	\$290.61	\$299.57	\$308.83	\$308.83	\$308.83	\$308.83
SILVER												
OFF-EXCHANGE ONLY	SELECT EPO AmeriHealth Advantage \$25/\$60⁴	\$219.75	\$239.28	\$246.75	\$254.22	\$262.26	\$270.30	\$278.63	\$287.25	\$287.25	\$287.25	\$287.25
	SELECT EPO HSA AmeriHealth Hospital Advantage \$50/\$75⁵	\$225.70	\$245.76	\$253.43	\$261.10	\$269.36	\$277.62	\$286.18	\$295.03	\$295.03	\$295.03	\$295.03
	SELECT HMO Local Value \$50/\$75³	\$231.86	\$252.47	\$260.35	\$268.23	\$276.72	\$285.21	\$294.00	\$303.09	\$303.09	\$303.09	\$303.09
	EPO AmeriHealth Advantage \$25/\$60⁴	\$242.26	\$263.79	\$272.03	\$280.26	\$289.13	\$298.00	\$307.18	\$316.68	\$316.68	\$316.68	\$316.68
	EPO HSA AmeriHealth Hospital Advantage \$50/\$75⁵	\$252.36	\$274.79	\$283.37	\$291.94	\$301.18	\$310.42	\$319.98	\$329.88	\$329.88	\$329.88	\$329.88
	HMO Local Value \$50/\$75³	\$258.25	\$281.20	\$289.98	\$298.76	\$308.21	\$317.66	\$327.45	\$337.58	\$337.58	\$337.58	\$337.58
	HMO Regional Preferred \$50/\$75	\$419.71	\$457.02	\$471.28	\$485.55	\$500.91	\$516.27	\$532.18	\$548.64	\$548.64	\$548.64	\$548.64
	EPO HSA Local Value \$50/\$75³	\$313.59	\$341.46	\$352.12	\$362.78	\$374.26	\$385.73	\$397.62	\$409.92	\$409.92	\$409.92	\$409.92
	EPO Regional Preferred \$50/\$75	\$537.05	\$584.79	\$603.04	\$621.30	\$640.95	\$660.61	\$680.97	\$702.03	\$702.03	\$702.03	\$702.03
	GOLD											
HMO Regional Preferred \$20/\$50		\$504.18	\$549.00	\$566.13	\$583.27	\$601.72	\$620.18	\$639.29	\$659.06	\$659.06	\$659.06	\$659.06
EPO Regional Preferred \$30/\$50		\$554.97	\$604.30	\$623.16	\$642.02	\$662.34	\$682.65	\$703.69	\$725.45	\$725.45	\$725.45	\$725.45

2021 Monthly Premiums

AGE

25 26 27 28 29 30 31 32 33 34 35 36 37

CATASTROPHIC ²													
Local Value Simple Saver ³	\$273.72	\$279.17	\$285.72	\$296.35	\$305.07	\$309.44	\$315.98	\$322.52	\$326.61	\$330.97	\$333.15	\$335.33	\$337.52
BRONZE													
EPO HSA AmeriHealth Advantage \$25/\$50⁴	\$250.32	\$255.30	\$261.29	\$271.01	\$278.99	\$282.98	\$288.96	\$294.95	\$298.69	\$302.67	\$304.67	\$306.66	\$308.66
EPO HSA AmeriHealth Hospital Advantage \$50/\$75⁵	\$264.91	\$270.18	\$276.51	\$286.80	\$295.25	\$299.47	\$305.80	\$312.13	\$316.09	\$320.31	\$322.42	\$324.54	\$326.65
EPO HSA Local Value 50%/50%³	\$290.41	\$296.19	\$303.13	\$314.41	\$323.67	\$328.30	\$335.24	\$342.18	\$346.52	\$351.15	\$353.46	\$355.78	\$358.09
EPO Local Value \$50/\$75³	\$310.07	\$316.24	\$323.65	\$335.70	\$345.58	\$350.52	\$357.93	\$365.35	\$369.98	\$374.92	\$377.39	\$379.86	\$382.33
SILVER													
OFF-EXCHANGE ONLY SELECT EPO AmeriHealth Advantage \$25/\$60⁴	\$288.40	\$294.14	\$301.04	\$312.24	\$321.43	\$326.03	\$332.92	\$339.82	\$344.13	\$348.72	\$351.02	\$353.32	\$355.62
SELECT EPO HSA AmeriHealth Hospital Advantage \$50/\$75⁵	\$296.21	\$302.11	\$309.19	\$320.70	\$330.14	\$334.86	\$341.94	\$349.02	\$353.45	\$358.17	\$360.53	\$362.89	\$365.25
SELECT HMO Local Value \$50/\$75³	\$304.30	\$310.36	\$317.64	\$329.46	\$339.16	\$344.01	\$351.28	\$358.56	\$363.10	\$367.95	\$370.38	\$372.80	\$375.23
EPO AmeriHealth Advantage \$25/\$60⁴	\$317.95	\$324.28	\$331.88	\$344.23	\$354.36	\$359.43	\$367.03	\$374.63	\$379.38	\$384.45	\$386.98	\$389.52	\$392.05
EPO HSA AmeriHealth Hospital Advantage \$50/\$75⁵	\$331.20	\$337.80	\$345.71	\$358.58	\$369.14	\$374.41	\$382.33	\$390.25	\$395.20	\$400.47	\$403.11	\$405.75	\$408.39
HMO Local Value \$50/\$75³	\$338.93	\$345.68	\$353.78	\$366.95	\$377.75	\$383.15	\$391.26	\$399.36	\$404.42	\$409.82	\$412.52	\$415.22	\$417.92
HMO Regional Preferred \$50/\$75	\$550.83	\$561.81	\$574.97	\$596.37	\$613.93	\$622.71	\$635.87	\$649.04	\$657.27	\$666.05	\$670.44	\$674.83	\$679.22
EPO HSA Local Value \$50/\$75³	\$411.56	\$419.76	\$429.60	\$445.58	\$458.70	\$465.26	\$475.10	\$484.94	\$491.08	\$497.64	\$500.92	\$504.20	\$507.48
EPO Regional Preferred \$50/\$75	\$704.84	\$718.88	\$735.73	\$763.11	\$785.57	\$796.80	\$813.65	\$830.50	\$841.03	\$852.26	\$857.88	\$863.50	\$869.11
GOLD													
HMO Regional Preferred \$20/\$50	\$661.70	\$674.88	\$690.69	\$716.40	\$737.49	\$748.03	\$763.85	\$779.67	\$789.55	\$800.10	\$805.37	\$810.64	\$815.92
EPO Regional Preferred \$30/\$50	\$728.35	\$742.86	\$760.27	\$788.56	\$811.78	\$823.39	\$840.80	\$858.21	\$869.09	\$880.70	\$886.50	\$892.30	\$898.11

To find your monthly premium 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 premium 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 younger than 21, only the rates for the first three children are included in your total.

Sample calculation based on:

Bronze EPO AmeriHealth Advantage \$25/\$50

	Age	Rate ¹
You	56	\$560.27
+Spouse	54	\$512.72
+Dependent 1	20	\$232.95
+Dependent 2	18	\$219.26
+Dependent 3	14	\$183.71
+Dependent 4	12	Included \$183.71
Total Family Rate		\$1,708.91

The above example is for illustrative purposes only.

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

38	39	40	41	42	43	44	45	46	47	48	49	50	51	52
\$339.70	\$344.06	\$348.42	\$354.96	\$361.23	\$369.96	\$380.86	\$393.68	\$408.95	\$426.12	\$445.75	\$465.11	\$486.92	\$508.45	\$532.17
\$310.65	\$314.64	\$318.63	\$324.61	\$330.35	\$338.33	\$348.30	\$360.02	\$373.98	\$389.69	\$407.64	\$425.34	\$445.29	\$464.98	\$486.67
\$328.76	\$332.98	\$337.20	\$343.53	\$349.60	\$358.04	\$368.60	\$381.00	\$395.78	\$412.40	\$431.39	\$450.13	\$471.24	\$492.08	\$515.04
\$360.41	\$365.03	\$369.66	\$376.60	\$383.26	\$392.51	\$404.08	\$417.68	\$433.88	\$452.10	\$472.92	\$493.46	\$516.60	\$539.45	\$564.62
\$384.80	\$389.74	\$394.68	\$402.10	\$409.20	\$419.08	\$431.44	\$445.95	\$463.25	\$482.70	\$504.94	\$526.86	\$551.57	\$575.97	\$602.84
\$357.91	\$362.51	\$367.11	\$374.00	\$380.61	\$389.80	\$401.29	\$414.79	\$430.88	\$448.97	\$469.65	\$490.05	\$513.03	\$535.72	\$560.71
\$367.61	\$372.33	\$377.05	\$384.13	\$390.91	\$400.36	\$412.16	\$426.02	\$442.55	\$461.13	\$482.37	\$503.32	\$526.92	\$550.23	\$575.90
\$377.65	\$382.50	\$387.35	\$394.62	\$401.59	\$411.29	\$423.42	\$437.66	\$454.64	\$473.73	\$495.55	\$517.07	\$541.32	\$565.26	\$591.63
\$394.58	\$399.65	\$404.72	\$412.32	\$419.60	\$429.73	\$442.40	\$457.29	\$475.02	\$494.97	\$517.77	\$540.26	\$565.59	\$590.61	\$618.16
\$411.03	\$416.31	\$421.59	\$429.50	\$437.09	\$447.65	\$460.84	\$476.35	\$494.82	\$515.60	\$539.35	\$562.78	\$589.17	\$615.23	\$643.93
\$420.62	\$426.03	\$431.43	\$439.53	\$447.29	\$458.10	\$471.60	\$487.47	\$506.37	\$527.64	\$551.94	\$575.91	\$602.92	\$629.59	\$658.96
\$683.61	\$692.38	\$701.16	\$714.33	\$726.95	\$744.50	\$766.45	\$792.24	\$822.96	\$857.52	\$897.03	\$935.98	\$979.87	\$1,023.21	\$1,070.95
\$510.76	\$517.32	\$523.88	\$533.72	\$543.14	\$556.26	\$572.66	\$591.92	\$614.88	\$640.70	\$670.22	\$699.32	\$732.12	\$764.50	\$800.16
\$874.73	\$885.96	\$897.19	\$914.04	\$930.19	\$952.65	\$980.74	\$1,013.73	\$1,053.05	\$1,097.27	\$1,147.82	\$1,197.66	\$1,253.83	\$1,309.29	\$1,370.36
\$821.19	\$831.73	\$842.28	\$858.10	\$873.25	\$894.34	\$920.71	\$951.68	\$988.59	\$1,030.11	\$1,077.56	\$1,124.36	\$1,177.08	\$1,229.15	\$1,286.49
\$903.91	\$915.52	\$927.13	\$944.54	\$961.22	\$984.44	\$1,013.45	\$1,047.55	\$1,088.18	\$1,133.88	\$1,186.11	\$1,237.62	\$1,295.65	\$1,352.96	\$1,416.08



2021 Monthly Premiums

AGE

53 54 55 56 57 58 59 60 61 62 63 64+

CATASTROPHIC²

Local Value Simple Saver ³	\$556.17	\$582.07	\$607.96	\$636.05	\$664.40	\$694.66	\$709.66	\$739.92	\$766.09	\$783.27	\$804.80	\$817.89
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BRONZE

EPO HSA AmeriHealth Advantage \$25/\$50⁴	\$508.61	\$532.30	\$555.98	\$581.66	\$607.59	\$635.27	\$648.98	\$676.65	\$700.59	\$716.30	\$735.99	\$747.96
EPO HSA AmeriHealth Hospital Advantage \$50/\$75⁵	\$538.25	\$563.32	\$588.39	\$615.56	\$643.00	\$672.29	\$686.80	\$716.09	\$741.42	\$758.04	\$778.89	\$791.55
EPO HSA Local Value 50%/50%³	\$590.07	\$617.55	\$645.03	\$674.82	\$704.90	\$737.01	\$752.92	\$785.02	\$812.79	\$831.02	\$853.87	\$867.75
EPO Local Value \$50/\$75³	\$630.01	\$659.35	\$688.69	\$720.50	\$752.62	\$786.90	\$803.88	\$838.16	\$867.81	\$887.27	\$911.67	\$926.49

SILVER

OFF-EXCHANGE ONLY

SELECT EPO AmeriHealth Advantage \$25/\$60⁴	\$585.99	\$613.28	\$640.57	\$670.15	\$700.03	\$731.91	\$747.71	\$779.60	\$807.17	\$825.27	\$847.96	\$861.75
SELECT EPO HSA AmeriHealth Hospital Advantage \$50/\$75⁵	\$601.86	\$629.89	\$657.92	\$688.30	\$718.99	\$751.74	\$767.96	\$800.71	\$829.03	\$847.62	\$870.93	\$885.09
SELECT HMO Local Value \$50/\$75³	\$618.30	\$647.10	\$675.89	\$707.11	\$738.63	\$772.27	\$788.94	\$822.59	\$851.68	\$870.78	\$894.72	\$909.27
EPO AmeriHealth Advantage \$25/\$60⁴	\$646.03	\$676.11	\$706.20	\$738.81	\$771.75	\$806.90	\$824.32	\$859.47	\$889.87	\$909.82	\$934.84	\$950.04
EPO HSA AmeriHealth Hospital Advantage \$50/\$75⁵	\$672.96	\$704.29	\$735.63	\$769.61	\$803.92	\$840.53	\$858.68	\$895.29	\$926.96	\$947.75	\$973.81	\$989.64
HMO Local Value \$50/\$75³	\$688.66	\$720.73	\$752.80	\$787.57	\$822.68	\$860.15	\$878.72	\$916.19	\$948.60	\$969.87	\$996.54	\$1,012.74
HMO Regional Preferred \$50/\$75	\$1,119.23	\$1,171.35	\$1,223.47	\$1,279.98	\$1,337.04	\$1,397.93	\$1,428.11	\$1,489.01	\$1,541.68	\$1,576.24	\$1,619.59	\$1,645.92
EPO HSA Local Value \$50/\$75³	\$836.24	\$875.18	\$914.12	\$956.34	\$998.98	\$1,044.48	\$1,067.02	\$1,112.52	\$1,151.88	\$1,177.70	\$1,210.08	\$1,229.76
EPO Regional Preferred \$50/\$75	\$1,432.14	\$1,498.83	\$1,565.53	\$1,637.84	\$1,710.85	\$1,788.77	\$1,827.38	\$1,905.31	\$1,972.70	\$2,016.93	\$2,072.39	\$2,106.09

GOLD

HMO Regional Preferred \$20/\$50	\$1,344.48	\$1,407.09	\$1,469.70	\$1,537.59	\$1,606.13	\$1,679.28	\$1,715.53	\$1,788.69	\$1,851.96	\$1,893.48	\$1,945.55	\$1,977.18
EPO Regional Preferred \$30/\$50	\$1,479.92	\$1,548.84	\$1,617.75	\$1,692.47	\$1,767.92	\$1,848.45	\$1,888.35	\$1,968.87	\$2,038.51	\$2,084.22	\$2,141.53	\$2,176.35

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

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

2 Catastrophic plans are only available for qualified individuals.

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

4 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 AmeriHealth New Jersey Local Value network. AmeriHealth Advantage tier 1 hospitals are subject to change.

5 AmeriHealth Hospital Advantage providers are an enhancement to your benefits. Tier 2 providers are AmeriHealth New Jersey Local Value network providers and are not available in Hunterdon County.

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。

