



2023 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, visit amerihealthnj.com/enroll or call **1-855-832-2009 (TTY: 711)**.

		RATES PER AGE											
CATASTROPHIC ¹		0-14	15	16	17	18	19	20	21	22	23	24	25
Local Value Simple Saver ²		\$247.04	\$269.00	\$277.40	\$285.79	\$294.84	\$303.88	\$313.24	\$322.93	\$322.93	\$322.93	\$322.93	\$324.22
BRONZE		0-14	15	16	17	18	19	20	21	22	23	24	25
EPO HSA AmeriHealth Advantage \$25/\$50 ³		\$219.75	\$239.28	\$246.75	\$254.22	\$262.26	\$270.30	\$278.63	\$287.25	\$287.25	\$287.25	\$287.25	\$288.40
EPO HSA AmeriHealth Hospital Advantage \$50/\$75 ⁴		\$232.44	\$253.10	\$261.00	\$268.90	\$277.41	\$285.91	\$294.72	\$303.84	\$303.84	\$303.84	\$303.84	\$305.06
EPO HSA Local Value 50%/50% ²		\$254.18	\$276.77	\$285.41	\$294.05	\$303.35	\$312.66	\$322.29	\$332.26	\$332.26	\$332.26	\$332.26	\$333.59
EPO Local Value \$50/\$75 ²		\$281.68	\$306.72	\$316.29	\$325.87	\$336.18	\$346.49	\$357.16	\$368.21	\$368.21	\$368.21	\$368.21	\$369.68
SILVER		0-14	15	16	17	18	19	20	21	22	23	24	25
OFF-EXCHANGE	Select EPO AmeriHealth Advantage \$25/\$60 ³	\$245.57	\$267.40	\$275.75	\$284.09	\$293.08	\$302.07	\$311.38	\$321.01	\$321.01	\$321.01	\$321.01	\$322.29
	Select EPO HSA AmeriHealth Hospital Advantage \$50/\$75 ⁴	\$258.69	\$281.69	\$290.48	\$299.27	\$308.74	\$318.21	\$328.02	\$338.16	\$338.16	\$338.16	\$338.16	\$339.51
EPO AmeriHealth Advantage \$45/40% ³		\$271.04	\$295.13	\$304.34	\$313.56	\$323.48	\$333.40	\$343.67	\$354.30	\$354.30	\$354.30	\$354.30	\$355.72
EPO AmeriHealth Advantage \$25/\$60 ³		\$272.24	\$296.44	\$305.69	\$314.94	\$324.91	\$334.87	\$345.19	\$355.87	\$355.87	\$355.87	\$355.87	\$357.29
EPO HSA AmeriHealth Hospital Advantage \$50/\$75 ⁴		\$289.21	\$314.92	\$324.74	\$334.57	\$345.16	\$355.75	\$366.71	\$378.05	\$378.05	\$378.05	\$378.05	\$379.56
EPO AmeriHealth Hospital Advantage \$50/\$75 ⁴		\$290.12	\$315.91	\$325.77	\$335.63	\$346.25	\$356.86	\$367.86	\$379.24	\$379.24	\$379.24	\$379.24	\$380.76
EPO HSA Local Value \$50/\$75 ²		\$353.15	\$384.55	\$396.55	\$408.55	\$421.48	\$434.40	\$447.79	\$461.64	\$461.64	\$461.64	\$461.64	\$463.49
EPO HSA Regional Preferred \$50/\$75		\$602.30	\$655.84	\$676.31	\$696.78	\$718.82	\$740.87	\$763.70	\$787.32	\$787.32	\$787.32	\$787.32	\$790.47
GOLD		0-14	15	16	17	18	19	20	21	22	23	24	25
EPO Regional Preferred \$30/\$50		\$661.17	\$719.95	\$742.42	\$764.89	\$789.09	\$813.29	\$838.35	\$864.28	\$864.28	\$864.28	\$864.28	\$867.74

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

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		RATES PER AGE													
CATASTROPHIC ¹		26	27	28	29	30	31	32	33	34	35	36	37	38	39
Local Value Simple Saver ²		\$330.68	\$338.43	\$351.02	\$361.36	\$366.53	\$374.28	\$382.03	\$386.87	\$392.04	\$394.62	\$397.20	\$399.79	\$402.37	\$407.54
BRONZE		26	27	28	29	30	31	32	33	34	35	36	37	38	39
EPO HSA AmeriHealth Advantage \$25/\$50 ³		\$294.14	\$301.04	\$312.24	\$321.43	\$326.03	\$332.92	\$339.82	\$344.13	\$348.72	\$351.02	\$353.32	\$355.62	\$357.91	\$362.51
EPO HSA AmeriHealth Hospital Advantage \$50/\$75 ⁴		\$311.13	\$318.42	\$330.27	\$340.00	\$344.86	\$352.15	\$359.44	\$364.00	\$368.86	\$371.29	\$373.72	\$376.15	\$378.58	\$383.45
EPO HSA Local Value 50%/50% ²		\$340.23	\$348.21	\$361.17	\$371.80	\$377.12	\$385.09	\$393.06	\$398.05	\$403.36	\$406.02	\$408.68	\$411.34	\$414.00	\$419.31
EPO Local Value \$50/\$75 ²		\$377.05	\$385.88	\$400.24	\$412.03	\$417.92	\$426.76	\$435.59	\$441.12	\$447.01	\$449.95	\$452.90	\$455.84	\$458.79	\$464.68
SILVER		26	27	28	29	30	31	32	33	34	35	36	37	38	39
OFF-EXCHANGE	Select EPO AmeriHealth Advantage \$25/\$60 ³	\$328.71	\$336.42	\$348.94	\$359.21	\$364.35	\$372.05	\$379.75	\$384.57	\$389.71	\$392.27	\$394.84	\$397.41	\$399.98	\$405.11
	Select EPO HSA AmeriHealth Hospital Advantage \$50/\$75 ⁴	\$346.28	\$354.39	\$367.58	\$378.40	\$383.81	\$391.93	\$400.04	\$405.12	\$410.53	\$413.23	\$415.94	\$418.64	\$421.35	\$426.76
EPO AmeriHealth Advantage \$45/40% ³		\$362.80	\$371.31	\$385.12	\$396.46	\$402.13	\$410.63	\$419.14	\$424.45	\$430.12	\$432.95	\$435.79	\$438.62	\$441.46	\$447.13
EPO AmeriHealth Advantage \$25/\$60 ³		\$364.41	\$372.95	\$386.83	\$398.22	\$403.91	\$412.45	\$420.99	\$426.33	\$432.03	\$434.87	\$437.72	\$440.57	\$443.41	\$449.11
EPO HSA AmeriHealth Hospital Advantage \$50/\$75 ⁴		\$387.12	\$396.20	\$410.94	\$423.04	\$429.09	\$438.16	\$447.23	\$452.90	\$458.95	\$461.98	\$465.00	\$468.03	\$471.05	\$477.10
EPO AmeriHealth Hospital Advantage \$50/\$75 ⁴		\$388.34	\$397.44	\$412.23	\$424.37	\$430.44	\$439.54	\$448.64	\$454.33	\$460.40	\$463.43	\$466.47	\$469.50	\$472.53	\$478.60
EPO HSA Local Value \$50/\$75 ²		\$472.72	\$483.80	\$501.80	\$516.58	\$523.96	\$535.04	\$546.12	\$553.04	\$560.43	\$564.12	\$567.82	\$571.51	\$575.20	\$582.59
EPO HSA Regional Preferred \$50/\$75		\$806.22	\$825.11	\$855.82	\$881.01	\$893.61	\$912.50	\$931.40	\$943.21	\$955.81	\$962.11	\$968.40	\$974.70	\$981.00	\$993.60
GOLD		26	27	28	29	30	31	32	33	34	35	36	37	38	39
EPO Regional Preferred \$30/\$50		\$885.02	\$905.77	\$939.47	\$967.13	\$980.96	\$1,001.70	\$1,022.44	\$1,035.41	\$1,049.24	\$1,056.15	\$1,063.06	\$1,069.98	\$1,076.89	\$1,090.72

To find your individual monthly premium:

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.



		RATES PER AGE													
CATASTROPHIC ¹		40	41	42	43	44	45	46	47	48	49	50	51	52	53
Local Value Simple Saver ²		\$412.70	\$420.45	\$427.88	\$438.22	\$451.13	\$466.31	\$484.40	\$504.74	\$527.99	\$550.92	\$576.75	\$602.26	\$630.36	\$658.78
BRONZE		40	41	42	43	44	45	46	47	48	49	50	51	52	53
EPO HSA AmeriHealth Advantage \$25/\$50 ³		\$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	\$585.99
EPO HSA AmeriHealth Hospital Advantage \$50/\$75 ⁴		\$388.31	\$395.60	\$402.59	\$412.31	\$424.46	\$438.74	\$455.76	\$474.90	\$496.78	\$518.35	\$542.66	\$566.66	\$593.10	\$619.83
EPO HSA Local Value 50%/50% ²		\$424.63	\$432.60	\$440.24	\$450.88	\$464.17	\$479.78	\$498.39	\$519.32	\$543.25	\$566.84	\$593.42	\$619.66	\$648.57	\$677.81
EPO Local Value \$50/\$75 ²		\$470.57	\$479.41	\$487.88	\$499.66	\$514.39	\$531.70	\$552.32	\$575.51	\$602.02	\$628.17	\$657.62	\$686.71	\$718.75	\$751.15
SILVER		40	41	42	43	44	45	46	47	48	49	50	51	52	53
OFF-EXCHANGE	Select EPO AmeriHealth Advantage \$25/\$60 ³	\$410.25	\$417.96	\$425.34	\$435.61	\$448.45	\$463.54	\$481.52	\$501.74	\$524.85	\$547.64	\$573.32	\$598.68	\$626.61	\$654.86
	Select EPO HSA AmeriHealth Hospital Advantage \$50/\$75 ⁴	\$432.17	\$440.28	\$448.06	\$458.88	\$472.41	\$488.30	\$507.24	\$528.54	\$552.89	\$576.90	\$603.95	\$630.67	\$660.09	\$689.85
EPO AmeriHealth Advantage \$45/40% ³		\$452.80	\$461.30	\$469.45	\$480.79	\$494.96	\$511.61	\$531.45	\$553.77	\$579.28	\$604.44	\$632.78	\$660.77	\$691.59	\$722.77
EPO AmeriHealth Advantage \$25/\$60 ³		\$454.80	\$463.34	\$471.53	\$482.92	\$497.15	\$513.88	\$533.81	\$556.22	\$581.85	\$607.11	\$635.58	\$663.70	\$694.66	\$725.97
EPO HSA AmeriHealth Hospital Advantage \$50/\$75 ⁴		\$483.15	\$492.22	\$500.92	\$513.01	\$528.14	\$545.90	\$567.08	\$590.89	\$618.11	\$644.95	\$675.20	\$705.06	\$737.95	\$771.22
EPO AmeriHealth Hospital Advantage \$50/\$75 ⁴		\$484.67	\$493.77	\$502.49	\$514.63	\$529.80	\$547.62	\$568.86	\$592.75	\$620.06	\$646.98	\$677.32	\$707.28	\$740.28	\$773.65
EPO HSA Local Value \$50/\$75 ²		\$589.98	\$601.06	\$611.67	\$626.45	\$644.91	\$666.61	\$692.46	\$721.54	\$754.78	\$787.56	\$824.49	\$860.96	\$901.12	\$941.75
EPO HSA Regional Preferred \$50/\$75		\$1,006.19	\$1,025.09	\$1,043.20	\$1,068.39	\$1,099.89	\$1,136.89	\$1,180.98	\$1,230.58	\$1,287.27	\$1,343.17	\$1,406.15	\$1,468.35	\$1,536.85	\$1,606.13
GOLD		40	41	42	43	44	45	46	47	48	49	50	51	52	53
EPO Regional Preferred \$30/\$50		\$1,104.55	\$1,125.29	\$1,145.17	\$1,172.83	\$1,207.40	\$1,248.02	\$1,296.42	\$1,350.87	\$1,413.10	\$1,474.46	\$1,543.60	\$1,611.88	\$1,687.07	\$1,763.13

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 ³			
	Age	Rate ⁵	
You	56	\$670.15	
+ Spouse	54	\$613.28	
+ Dependent 1	20	\$278.63	
+ Dependent 2	18	\$262.26	
+ Dependent 3	14	\$219.75	
INCLUDED	+ Dependent 4	12	\$219.75
Total family rate		\$2,044.07	

2023 Monthly Premiums

		RATES PER AGE											
CATASTROPHIC ¹		53	54	55	56	57	58	59	60	61	62	63	64+
Local Value Simple Saver ²		\$658.78	\$689.46	\$720.13	\$753.40	\$786.98	\$822.83	\$840.59	\$876.43	\$907.43	\$927.78	\$953.29	\$968.79
BRONZE		53	54	55	56	57	58	59	60	61	62	63	64+
EPO HSA AmeriHealth Advantage \$25/\$50 ³		\$585.99	\$613.28	\$640.57	\$670.15	\$700.03	\$731.91	\$747.71	\$779.60	\$807.17	\$825.27	\$847.96	\$861.75
EPO HSA AmeriHealth Hospital Advantage \$50/\$75 ⁴		\$619.83	\$648.70	\$677.56	\$708.86	\$740.46	\$774.18	\$790.90	\$824.62	\$853.79	\$872.93	\$896.94	\$911.52
EPO HSA Local Value 50%/50% ²		\$677.81	\$709.38	\$740.94	\$775.16	\$809.72	\$846.60	\$864.87	\$901.75	\$933.65	\$954.58	\$980.83	\$996.78
EPO Local Value \$50/\$75 ²		\$751.15	\$786.13	\$821.11	\$859.03	\$897.33	\$938.20	\$958.45	\$999.32	\$1,034.67	\$1,057.87	\$1,086.96	\$1,104.63
SILVER		53	54	55	56	57	58	59	60	61	62	63	64+
OFF-EXCHANGE	Select EPO AmeriHealth Advantage \$25/\$60 ³	\$654.86	\$685.36	\$715.85	\$748.92	\$782.30	\$817.93	\$835.59	\$871.22	\$902.04	\$922.26	\$947.62	\$963.03
	Select EPO HSA AmeriHealth Hospital Advantage \$50/\$75 ⁴	\$689.85	\$721.97	\$754.10	\$788.93	\$824.10	\$861.63	\$880.23	\$917.77	\$950.23	\$971.53	\$998.25	\$1,014.48
EPO AmeriHealth Advantage \$45/40% ³		\$722.77	\$756.43	\$790.09	\$826.58	\$863.43	\$902.76	\$922.24	\$961.57	\$995.58	\$1,017.90	\$1,045.89	\$1,062.90
EPO AmeriHealth Advantage \$25/\$60 ³		\$725.97	\$759.78	\$793.59	\$830.24	\$867.26	\$906.76	\$926.33	\$965.83	\$999.99	\$1,022.41	\$1,050.53	\$1,067.61
EPO HSA AmeriHealth Hospital Advantage \$50/\$75 ⁴		\$771.22	\$807.14	\$843.05	\$881.99	\$921.31	\$963.27	\$984.06	\$1,026.03	\$1,062.32	\$1,086.14	\$1,116.00	\$1,134.15
EPO AmeriHealth Hospital Advantage \$50/\$75 ⁴		\$773.65	\$809.68	\$845.71	\$884.77	\$924.21	\$966.30	\$987.16	\$1,029.26	\$1,065.66	\$1,089.56	\$1,119.52	\$1,137.72
EPO HSA Local Value \$50/\$75 ²		\$941.75	\$985.60	\$1,029.46	\$1,077.01	\$1,125.02	\$1,176.26	\$1,201.65	\$1,252.89	\$1,297.21	\$1,326.29	\$1,362.76	\$1,384.92
EPO HSA Regional Preferred \$50/\$75		\$1,606.13	\$1,680.93	\$1,755.72	\$1,836.82	\$1,918.70	\$2,006.09	\$2,049.39	\$2,136.79	\$2,212.37	\$2,261.97	\$2,324.17	\$2,361.96
GOLD		53	54	55	56	57	58	59	60	61	62	63	64+
EPO Regional Preferred \$30/\$50		\$1,763.13	\$1,845.24	\$1,927.34	\$2,016.37	\$2,106.25	\$2,202.19	\$2,249.72	\$2,345.66	\$2,428.63	\$2,483.08	\$2,551.35	\$2,592.84

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

- 1 Catastrophic plans are only available for qualified individuals.
- 2 The Local Value network is not available in Hunterdon County.
- 3 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.
- 4 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 AmeriHealth New Jersey Local Value network.
- 5 You do not need to include rates for more than three children younger than 21.



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请致电 1-888-968-7241 (TTY: 711)。

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