

# Monthly Premiums

Here are the monthly premium rates for our Horizon BCBSNJ plans. **Your premium may be less** if you qualify for financial assistance from the government. To see if you qualify, use our online estimator at [HorizonBlue.com/Estimator](https://HorizonBlue.com/Estimator).

## To calculate your monthly premium:

- 1 Choose a plan and write its name on your worksheet to the right.
- 2 In the column under that plan name, find the row for your age to see your monthly premium. Enter your age and the premium in the worksheet.
- 3 Do the same for each adult and child under age 21 in your family. All your entries must be for the same plan in the same column.
- 4 Your estimated monthly premium will be the total of the rates for each person on the plan, based on their ages, after subtracting any estimated assistance.
- 5 Need to cover more than three children under age 21? You pay only for the first three.

**Questions?** Visit [Buy.HorizonBlue.com](https://Buy.HorizonBlue.com), call **1-888-425-5611** or contact your broker.

If you qualify for premium assistance, you can apply it to any Gold, Silver or Bronze plan. But if you also qualify for cost-sharing subsidies, you must select a Silver plan to take advantage of them.

## Advance EPO

Age	Gold	Silver	Silver 40/70%	Bronze
0-20	\$ 214.37	\$ 170.51	\$ 156.87	\$ 138.67
21	337.60	268.51	247.03	218.37
22	337.60	268.51	247.03	218.37
23	337.60	268.51	247.03	218.37
24	337.60	268.51	247.03	218.37
25	338.95	269.59	248.02	219.25
26	345.70	274.96	252.96	223.61
27	353.80	281.40	258.89	228.85
28	366.97	291.87	268.52	237.37
29	377.77	300.47	276.43	244.36
30	383.17	304.76	280.38	247.85
31	391.27	311.21	286.31	253.09
32	399.38	317.65	292.24	258.33
33	404.44	321.68	295.94	261.61
34	409.84	325.98	299.90	265.10
35	412.54	328.12	301.87	266.85
36	415.24	330.27	303.85	268.60
37	417.94	332.42	305.83	270.34
38	420.65	334.57	307.80	272.09
39	426.05	338.86	311.75	275.59
40	431.45	343.16	315.71	279.08
41	439.55	349.60	321.64	284.32
42	447.32	355.78	327.32	289.34
43	458.12	364.37	335.22	296.33
44	471.62	375.11	345.10	305.07
45	487.49	387.73	356.71	315.33
46	506.40	402.77	370.55	327.56
47	527.66	419.69	386.11	341.32
48	551.97	439.02	403.90	357.04
49	575.94	458.08	421.44	372.54
50	602.95	479.56	441.20	390.01
51	629.62	500.78	460.72	407.26
52	658.99	524.14	482.21	426.26
53	688.70	547.77	503.95	445.48
54	720.77	573.28	527.41	466.22
55	752.84	598.78	550.88	486.97
56	787.61	626.44	576.33	509.46
57	822.72	654.37	602.02	532.17
58	860.20	684.17	629.44	556.41
59	878.76	698.94	643.02	568.42
60	916.24	728.75	670.45	592.66
61	948.65	754.52	694.16	613.63
62	969.92	771.44	709.72	627.38
63	996.59	792.65	729.24	644.63
64+	1012.79	805.53	741.09	655.11



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**Advantage EPO**

Age	Gold	Silver	Patient Centered Silver	Bronze	Essentials
0-20	\$ 252.29	\$ 200.85	\$ 189.20	\$ 177.34	\$ 113.98
21	397.31	316.30	297.96	279.28	179.50
22	397.31	316.30	297.96	279.28	179.50
23	397.31	316.30	297.96	279.28	179.50
24	397.31	316.30	297.96	279.28	179.50
25	398.90	317.57	299.15	280.40	180.21
26	406.85	323.89	305.11	285.99	183.80
27	416.38	331.49	312.26	292.69	188.11
28	431.88	343.82	323.88	303.58	195.11
29	444.59	353.94	333.41	312.52	200.86
30	450.95	359.00	338.18	316.99	203.73*
31	460.49	366.60	345.33	323.69	208.04*
32	470.02	374.19	352.48	330.39	212.34*
33	475.98	378.93	356.95	334.58	215.04*
34	482.34	383.99	361.72	339.05	217.91*
35	485.52	386.52	364.10	341.28	219.34*
36	488.70	389.05	366.49	343.52	220.78*
37	491.87	391.58	368.87	345.75	222.22*
38	495.05	394.11	371.25	347.99	223.65*
39	501.41	399.17	376.02	352.46	226.52*
40	507.77	404.24	380.79	356.92	229.40*
41	517.30	411.83	387.94	363.63	233.70*
42	526.44	419.10	394.79	370.05	237.83*
43	539.15	429.22	404.33	378.99	243.58*
44	555.05	441.88	416.25	390.16	250.76*
45	573.72	456.74	430.25	403.28	259.19*
46	595.97	474.45	446.94	418.92	269.24*
47	621.00	494.38	465.71	436.52	280.55*
48	649.61	517.16	487.16	456.63	293.48*
49	677.82	539.61	508.32	476.46	306.22*
50	709.60	564.92	532.15	498.80	320.58*
51	740.99	589.90	555.69	520.86	334.76*
52	775.56	617.42	581.61	545.16	350.38*
53	810.52	645.26	607.83	569.74	366.17*
54	848.26	675.31	636.14	596.27	383.22*
55	886.01	705.36	664.44	622.80	400.28*
56	926.93	737.93	695.13	651.57	418.76*
57	968.25	770.83	726.12	680.61	437.43*
58	1012.36	805.94	759.20	711.61	457.36*
59	1034.21	823.34	775.58	726.97	467.23*
60	1078.31	858.45	808.66	757.97	487.15*
61	1116.45	888.81	837.26	784.79	504.38*
62	1141.48	908.74	856.03	802.38	515.69*
63	1172.87	933.73	879.57	824.44	529.87*
64+	1191.93	948.90	893.87	837.84	538.49*

**Your worksheet**

**Plan Choice:**

	Age	Amount
Yourself:		
+ Spouse/Civil Union/ Domestic Partner:		
+ Other Adult Dependent:		
+ Other Adult Dependent:		
+ Child 1:		
+ Child 2:		
+ Child 3:		
+ Child 4 or more:		<b>Free!</b>
<b>Subtotal:</b>		
- Estimated Assistance: <i>from page 3</i>		

**Your Estimated Monthly Cost:**

**Plan Choice:**

	Age	Amount
Yourself:		
+ Spouse/Civil Union/ Domestic Partner:		
+ Other Adult Dependent:		
+ Other Adult Dependent:		
+ Child 1:		
+ Child 2:		
+ Child 3:		
+ Child 4 or more:		<b>Free!</b>
<b>Subtotal:</b>		
- Estimated Assistance: <i>from page 3</i>		

**Your Estimated Monthly Cost:**

*\*If you're age 30 or over and receive certification for catastrophic coverage, you may be eligible to choose the Advantage EPO Essentials plan.*



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