

# 2025 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 [amerihealth.com/enroll](https://amerihealth.com/enroll) or call **1-855-832-2009 (TTY: 711)**.

		RATES PER AGE												
IHC CATASTROPHIC <sup>1</sup>		0 – 14	15	16	17	18	19	20	21	22	23	24	25	
Local Value Simple Saver <sup>2</sup>		\$267.26	\$291.02	\$300.10	\$309.18	\$318.97	\$328.75	\$338.88	\$349.36	\$349.36	\$349.36	\$349.36	\$350.76	
IHC BRONZE		0 – 14	15	16	17	18	19	20	21	22	23	24	25	
EPO HSA AmeriHealth Advantage \$25/\$50 <sup>3</sup>		\$234.02	\$254.82	\$262.78	\$270.73	\$279.30	\$287.86	\$296.73	\$305.91	\$305.91	\$305.91	\$305.91	\$307.13	
EPO HSA AmeriHealth Hospital Advantage \$50/\$75 <sup>4</sup>		\$247.38	\$269.37	\$277.77	\$286.18	\$295.24	\$304.29	\$313.67	\$323.37	\$323.37	\$323.37	\$323.37	\$324.66	
EPO HSA Local Value 50%/50% <sup>2</sup>		\$270.27	\$294.30	\$303.48	\$312.67	\$322.56	\$332.46	\$342.70	\$353.30	\$353.30	\$353.30	\$353.30	\$354.71	
EPO Local Value \$50/\$75 <sup>2</sup>		\$305.21	\$332.34	\$342.72	\$353.09	\$364.26	\$375.43	\$387.00	\$398.97	\$398.97	\$398.97	\$398.97	\$400.57	
IHC SILVER		0 – 14	15	16	17	18	19	20	21	22	23	24	25	
OFF-EXCHANGE	Select EPO AmeriHealth Advantage \$25/\$60 <sup>3</sup>	\$266.79	\$290.51	\$299.58	\$308.64	\$318.41	\$328.17	\$338.29	\$348.75	\$348.75	\$348.75	\$348.75	\$350.15	
	Select EPO HSA AmeriHealth Hospital Advantage \$50/\$75 <sup>4</sup>	\$277.68	\$302.36	\$311.80	\$321.24	\$331.40	\$341.56	\$352.09	\$362.98	\$362.98	\$362.98	\$362.98	\$364.43	
	EPO AmeriHealth Advantage \$45/40% <sup>3</sup>	\$292.14	\$318.11	\$328.03	\$337.96	\$348.66	\$359.35	\$370.42	\$381.88	\$381.88	\$381.88	\$381.88	\$383.41	
	EPO AmeriHealth Advantage \$25/\$60 <sup>3</sup>	\$295.19	\$321.43	\$331.46	\$341.49	\$352.30	\$363.10	\$374.29	\$385.87	\$385.87	\$385.87	\$385.87	\$387.41	
	EPO HSA AmeriHealth Hospital Advantage \$50/\$75 <sup>4</sup>	\$310.44	\$338.03	\$348.58	\$359.13	\$370.50	\$381.86	\$393.63	\$405.80	\$405.80	\$405.80	\$405.80	\$407.42	
	EPO AmeriHealth Hospital Advantage \$50/\$75 <sup>4</sup>	\$319.62	\$348.03	\$358.89	\$369.75	\$381.45	\$393.15	\$405.27	\$417.80	\$417.80	\$417.80	\$417.80	\$417.80	\$419.47
	EPO HSA Local Value \$50/\$75 <sup>2</sup>	\$375.19	\$408.54	\$421.30	\$434.05	\$447.78	\$461.51	\$475.74	\$490.45	\$490.45	\$490.45	\$490.45	\$490.45	\$492.41
	EPO HSA Regional Preferred \$50/\$75	\$640.02	\$696.91	\$718.67	\$740.42	\$763.84	\$787.27	\$811.53	\$836.63	\$836.63	\$836.63	\$836.63	\$836.63	\$839.98
	IHC GOLD		0 – 14	15	16	17	18	19	20	21	22	23	24	25
	EPO Regional Preferred \$30/\$50		\$717.59	\$781.38	\$805.77	\$830.16	\$856.42	\$882.69	\$909.89	\$938.03	\$938.03	\$938.03	\$938.03	\$941.78

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



# 2025 Monthly Premiums (continued)

		RATES PER AGE														
IHC CATASTROPHIC <sup>1</sup>		26	27	28	29	30	31	32	33	34	35	36	37	38	39	
Local Value Simple Saver <sup>2</sup>		\$357.74	\$366.13	\$379.75	\$390.93	\$396.52	\$404.91	\$413.29	\$418.53	\$424.12	\$426.92	\$429.71	\$432.51	\$435.30	\$440.89	
IHC BRONZE		26	27	28	29	30	31	32	33	34	35	36	37	38	39	
EPO HSA AmeriHealth Advantage \$25/\$50 <sup>3</sup>		\$313.25	\$320.59	\$332.52	\$342.31	\$347.21	\$354.55	\$361.89	\$366.48	\$371.37	\$373.82	\$376.27	\$378.72	\$381.16	\$386.06	
EPO HSA AmeriHealth Hospital Advantage \$50/\$75 <sup>4</sup>		\$331.13	\$338.89	\$351.50	\$361.85	\$367.02	\$374.79	\$382.55	\$387.40	\$392.57	\$395.16	\$397.75	\$400.33	\$402.92	\$408.09	
EPO HSA Local Value 50%/50% <sup>2</sup>		\$361.78	\$370.26	\$384.04	\$395.34	\$401.00	\$409.47	\$417.95	\$423.25	\$428.91	\$431.73	\$434.56	\$437.39	\$440.21	\$445.86	
EPO Local Value \$50/\$75 <sup>2</sup>		\$408.55	\$418.12	\$433.68	\$446.45	\$452.83	\$462.41	\$471.98	\$477.97	\$484.35	\$487.54	\$490.73	\$493.92	\$497.12	\$503.50	
IHC SILVER		26	27	28	29	30	31	32	33	34	35	36	37	38	39	
OFF-EXCHANGE	Select EPO AmeriHealth Advantage \$25/\$60 <sup>3</sup>	\$357.12	\$365.49	\$379.09	\$390.25	\$395.83	\$404.20	\$412.57	\$417.80	\$423.38	\$426.17	\$428.96	\$431.75	\$434.54	\$440.12	
	Select EPO HSA AmeriHealth Hospital Advantage \$50/\$75 <sup>4</sup>	\$371.69	\$380.40	\$394.56	\$406.17	\$411.98	\$420.69	\$429.41	\$434.85	\$440.66	\$443.56	\$446.47	\$449.37	\$452.27	\$458.08	
	EPO AmeriHealth Advantage \$45/40% <sup>3</sup>	\$391.05	\$400.21	\$415.10	\$427.32	\$433.43	\$442.60	\$451.76	\$457.49	\$463.60	\$466.66	\$469.71	\$472.77	\$475.82	\$481.93	
	EPO AmeriHealth Advantage \$25/\$60 <sup>3</sup>	\$395.13	\$404.39	\$419.44	\$431.79	\$437.96	\$447.22	\$456.48	\$462.27	\$468.45	\$471.53	\$474.62	\$477.71	\$480.79	\$486.97	
	EPO HSA AmeriHealth Hospital Advantage \$50/\$75 <sup>4</sup>	\$415.54	\$425.28	\$441.10	\$454.09	\$460.58	\$470.32	\$480.06	\$486.15	\$492.64	\$495.89	\$499.13	\$502.38	\$505.63	\$512.12	
	EPO AmeriHealth Hospital Advantage \$50/\$75 <sup>4</sup>	\$427.83	\$437.85	\$454.15	\$467.52	\$474.20	\$484.23	\$494.26	\$500.52	\$507.21	\$510.55	\$513.89	\$517.24	\$520.58	\$527.26	
	EPO HSA Local Value \$50/\$75 <sup>2</sup>	\$502.22	\$513.99	\$533.12	\$548.81	\$556.66	\$568.43	\$580.20	\$587.56	\$595.41	\$599.33	\$603.25	\$607.18	\$611.10	\$618.95	
	EPO HSA Regional Preferred \$50/\$75	\$856.71	\$876.79	\$909.42	\$936.19	\$949.58	\$969.65	\$989.73	\$1002.28	\$1015.67	\$1022.36	\$1029.05	\$1035.75	\$1042.44	\$1055.83	
	IHC GOLD		26	27	28	29	30	31	32	33	34	35	36	37	38	39
	EPO Regional Preferred \$30/\$50		\$960.54	\$983.06	\$1019.64	\$1049.66	\$1064.66	\$1087.18	\$1109.69	\$1123.76	\$1138.77	\$1146.27	\$1153.78	\$1161.28	\$1168.79	\$1183.79

## To find your individual monthly premium:

1. Look at the first column to narrow down your plan type — Catastrophic, 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.

# 2025 Monthly Premiums (continued)

	RATES PER AGE													
IHC CATASTROPHIC <sup>1</sup>	40	41	42	43	44	45	46	47	48	49	50	51	52	53
Local Value Simple Saver <sup>2</sup>	\$446.48	\$454.87	\$462.90	\$474.08	\$488.06	\$504.48	\$524.04	\$546.05	\$571.20	\$596.01	\$623.96	\$651.56	\$681.95	\$712.69
IHC BRONZE	40	41	42	43	44	45	46	47	48	49	50	51	52	53
EPO HSA AmeriHealth Advantage \$25/\$50 <sup>3</sup>	\$390.95	\$398.29	\$405.33	\$415.12	\$427.36	\$441.73	\$458.87	\$478.14	\$500.16	\$521.88	\$546.36	\$570.52	\$597.14	\$624.06
EPO HSA AmeriHealth Hospital Advantage \$50/\$75 <sup>4</sup>	\$413.27	\$421.03	\$428.47	\$438.81	\$451.75	\$466.95	\$485.06	\$505.43	\$528.71	\$551.67	\$577.54	\$603.09	\$631.22	\$659.67
EPO HSA Local Value 50%/50% <sup>2</sup>	\$451.52	\$460.00	\$468.12	\$479.43	\$493.56	\$510.17	\$529.95	\$552.21	\$577.65	\$602.73	\$630.99	\$658.90	\$689.64	\$720.73
EPO Local Value \$50/\$75 <sup>2</sup>	\$509.88	\$519.46	\$528.64	\$541.40	\$557.36	\$576.11	\$598.46	\$623.59	\$652.32	\$680.64	\$712.56	\$744.08	\$778.79	\$813.90
IHC SILVER	40	41	42	43	44	45	46	47	48	49	50	51	52	53
<b>OFF-EXCHANGE</b> Select EPO AmeriHealth Advantage \$25/\$60 <sup>3</sup>	\$445.70	\$454.07	\$462.09	\$473.25	\$487.20	\$503.60	\$523.13	\$545.10	\$570.21	\$594.97	\$622.87	\$650.42	\$680.76	\$711.45
Select EPO HSA AmeriHealth Hospital Advantage \$50/\$75 <sup>4</sup>	\$463.89	\$472.60	\$480.95	\$492.56	\$507.08	\$524.14	\$544.47	\$567.34	\$593.47	\$619.24	\$648.28	\$676.96	\$708.54	\$740.48
EPO AmeriHealth Advantage \$45/40% <sup>3</sup>	\$488.04	\$497.21	\$505.99	\$518.21	\$533.49	\$551.43	\$572.82	\$596.88	\$624.37	\$651.49	\$682.04	\$712.21	\$745.43	\$779.04
EPO AmeriHealth Advantage \$25/\$60 <sup>3</sup>	\$493.14	\$502.40	\$511.28	\$523.63	\$539.06	\$557.20	\$578.81	\$603.11	\$630.90	\$658.29	\$689.16	\$719.65	\$753.22	\$787.17
EPO HSA AmeriHealth Hospital Advantage \$50/\$75 <sup>4</sup>	\$518.61	\$528.35	\$537.69	\$550.67	\$566.90	\$585.98	\$608.70	\$634.27	\$663.48	\$692.29	\$724.76	\$756.82	\$792.12	\$827.83
EPO AmeriHealth Hospital Advantage \$50/\$75 <sup>4</sup>	\$533.95	\$543.98	\$553.59	\$566.95	\$583.67	\$603.30	\$626.70	\$653.02	\$683.10	\$712.77	\$746.19	\$779.20	\$815.55	\$852.31
EPO HSA Local Value \$50/\$75 <sup>2</sup>	\$626.80	\$638.57	\$649.85	\$665.54	\$685.16	\$708.21	\$735.68	\$766.57	\$801.89	\$836.71	\$875.94	\$914.69	\$957.36	\$1000.52
EPO HSA Regional Preferred \$50/\$75	\$1069.21	\$1089.29	\$1108.53	\$1135.31	\$1168.77	\$1208.09	\$1254.95	\$1307.65	\$1367.89	\$1427.29	\$1494.22	\$1560.31	\$1633.10	\$1706.73
IHC GOLD	40	41	42	43	44	45	46	47	48	49	50	51	52	53
EPO Regional Preferred \$30/\$50	\$1198.80	\$1221.32	\$1242.89	\$1272.91	\$1310.43	\$1354.52	\$1407.05	\$1466.14	\$1533.68	\$1600.28	\$1675.32	\$1749.43	\$1831.03	\$1913.58

## To find your family monthly premium:

- Follow steps 1 and 2 from the previous page for each person in your family.
- 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 <sup>3</sup>			
	Age	Rate <sup>5</sup>	
<b>You</b>	56	\$691.94	
<b>+ Spouse</b>	54	\$633.22	
<b>+ Dependent 1</b>	20	\$287.69	
<b>+ Dependent 2</b>	18	\$270.79	
<b>+ Dependent 3</b>	14	\$226.89	
<b>INCLUDED</b>	<b>+ Dependent 4</b>	<b>12</b>	<b>\$226.89</b>
<b>Total family rate</b>		<b>\$2,110.53</b>	



# 2025 Monthly Premiums (continued)

		RATES PER AGE									
IHC CATASTROPHIC <sup>1</sup>	54	55	56	57	58	59	60	61	62	63	64+
Local Value Simple Saver <sup>2</sup>	\$745.88	\$779.07	\$815.06	\$851.39	\$890.17	\$909.38	\$948.16	\$981.70	\$1003.71	\$1031.31	\$1048.08
IHC BRONZE	54	55	56	57	58	59	60	61	62	63	64+
EPO HSA AmeriHealth Advantage \$25/\$50 <sup>3</sup>	\$653.12	\$682.18	\$713.69	\$745.50	\$779.46	\$796.28	\$830.24	\$859.61	\$878.88	\$903.05	\$917.73
EPO HSA AmeriHealth Hospital Advantage \$50/\$75 <sup>4</sup>	\$690.39	\$721.12	\$754.42	\$788.05	\$823.95	\$841.73	\$877.63	\$908.67	\$929.04	\$954.59	\$970.11
EPO HSA Local Value 50%/50% <sup>2</sup>	\$754.30	\$787.86	\$824.25	\$860.99	\$900.21	\$919.64	\$958.86	\$992.77	\$1015.03	\$1042.94	\$1059.90
EPO Local Value \$50/\$75 <sup>2</sup>	\$851.80	\$889.70	\$930.80	\$972.29	\$1016.58	\$1038.52	\$1082.80	\$1121.11	\$1146.24	\$1177.76	\$1196.91
IHC SILVER	54	55	56	57	58	59	60	61	62	63	64+
<b>OFF-EXCHANGE</b> Select EPO AmeriHealth Advantage \$25/\$60 <sup>3</sup>	\$744.58	\$777.71	\$813.63	\$849.90	\$888.62	\$907.80	\$946.51	\$979.99	\$1001.96	\$1029.51	\$1046.25
Select EPO HSA AmeriHealth Hospital Advantage \$50/\$75 <sup>4</sup>	\$774.96	\$809.45	\$846.83	\$884.58	\$924.87	\$944.84	\$985.13	\$1019.97	\$1042.84	\$1071.52	\$1088.94
EPO AmeriHealth Advantage \$45/40% <sup>3</sup>	\$815.31	\$851.59	\$890.93	\$930.64	\$973.03	\$994.03	\$1036.42	\$1073.08	\$1097.14	\$1127.31	\$1145.64
EPO AmeriHealth Advantage \$25/\$60 <sup>3</sup>	\$823.83	\$860.49	\$900.23	\$940.37	\$983.20	\$1004.42	\$1047.25	\$1084.29	\$1108.60	\$1139.09	\$1157.61
EPO HSA AmeriHealth Hospital Advantage \$50/\$75 <sup>4</sup>	\$866.38	\$904.93	\$946.73	\$988.93	\$1033.98	\$1056.30	\$1101.34	\$1140.30	\$1165.86	\$1197.92	\$1217.40
EPO AmeriHealth Hospital Advantage \$50/\$75 <sup>4</sup>	\$892.00	\$931.69	\$974.73	\$1018.18	\$1064.55	\$1087.53	\$1133.91	\$1174.02	\$1200.34	\$1233.35	\$1253.40
EPO HSA Local Value \$50/\$75 <sup>2</sup>	\$1047.11	\$1093.70	\$1144.22	\$1195.23	\$1249.67	\$1276.64	\$1331.08	\$1378.16	\$1409.06	\$1447.81	\$1471.35
EPO HSA Regional Preferred \$50/\$75	\$1786.21	\$1865.68	\$1951.86	\$2038.87	\$2131.73	\$2177.75	\$2270.61	\$2350.93	\$2403.64	\$2469.73	\$2509.89
IHC GOLD	54	55	56	57	58	59	60	61	62	63	64+
EPO Regional Preferred \$30/\$50	\$2002.69	\$2091.81	\$2188.42	\$2285.98	\$2390.10	\$2441.69	\$2545.81	\$2635.86	\$2694.96	\$2769.06	\$2814.09

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)。

© 2024 AmeriHealth  
Coverage issued by AmeriHealth HMO, Inc. and/or AmeriHealth Insurance Company of New Jersey.

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 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 Local Value network.

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

