

## Horizon Individual Health Benefit Plans: Monthly Rates

The below rates are effective from August 1, 2010 to October 31, 2010. Please call your broker or Horizon Blue Cross Blue Shield of New Jersey representative at **1-800-224-1234**, Monday through Friday, from 8:30 a.m. to 5:00 p.m. Eastern Time (ET), to confirm your rate. The rate you receive on your effective date will be guaranteed for twelve months.

		Basic and Essential-Male (Territories A, B and D)*		Basic and Essential-Female (Territories A, B and D)*		Basic and Essential-Male (Territories C, E and F)*		Basic and Essential-Female (Territories C, E and F)*		Direct Access	Direct Access	Direct Access	HMO	HMO 50/70	HMO 30/50	HMO 30	HMO 15
		EPO	EPO Plus	EPO	EPO Plus	EPO	EPO Plus	EPO	EPO Plus	Plan C 100/70	Plan A/50 70/50	Plan C 80/70	Coinsurance				
Single	0-24	\$144.52	\$181.79	\$179.85	\$226.22	\$137.28	\$172.68	\$170.86	\$214.91	\$407.90	\$288.20	\$303.76	\$498.34	\$769.32	\$790.94	\$801.39	\$963.00
	25-29	\$144.52	\$181.79	\$212.25	\$266.98	\$137.28	\$172.68	\$201.64	\$253.63	\$456.68	\$322.66	\$340.10					
	30-34	\$168.46	\$211.89	\$252.25	\$317.30	\$160.02	\$201.27	\$239.63	\$301.41	\$539.64	\$381.25	\$401.85					
	35-39	\$201.72	\$253.73	\$257.98	\$324.50	\$191.62	\$241.02	\$245.09	\$308.29	\$579.79	\$409.63	\$431.77					
	40-44	\$212.25	\$266.98	\$261.79	\$329.29	\$201.64	\$253.63	\$248.69	\$312.81	\$595.51	\$420.73	\$443.47					
	45-49	\$248.39	\$312.43	\$252.25	\$317.30	\$235.96	\$296.81	\$239.63	\$301.41	\$615.40	\$434.80	\$458.28					
	50-54	\$289.52	\$364.16	\$280.41	\$352.72	\$275.03	\$345.95	\$266.38	\$335.06	\$696.83	\$492.33	\$518.91					
	55-59	\$366.43	\$460.91	\$298.49	\$375.46	\$348.09	\$437.83	\$283.58	\$356.70	\$796.94	\$563.05	\$593.48					
	60-64	\$451.41	\$567.80	\$341.68	\$429.78	\$428.84	\$539.41	\$324.58	\$408.27	\$942.58	\$665.94	\$701.92					
	65+	\$480.48	\$604.38	\$350.01	\$440.26	\$456.49	\$574.19	\$332.51	\$418.24	\$1,097.07	\$775.09	\$816.95					
Two Adults Husband and Wife (or Domestic Partner/Civil Unions) rates will be based off of the older adult	0-24	\$324.37	\$408.00	\$324.37	\$408.00	\$308.16	\$387.61	\$308.16	\$387.61	\$772.70	\$545.94	\$575.42	\$1,065.75	\$1,645.27	\$1,691.55	\$1,713.83	\$2,059.60
	25-29	\$356.77	\$448.74	\$356.77	\$448.74	\$338.92	\$426.32	\$338.92	\$426.32	\$849.88	\$600.47	\$632.91					
	30-34	\$420.70	\$529.18	\$420.70	\$529.18	\$399.67	\$502.70	\$399.67	\$502.70	\$1,002.19	\$708.07	\$746.31					
	35-39	\$459.70	\$578.21	\$459.70	\$578.21	\$436.71	\$549.32	\$436.71	\$549.32	\$1,095.08	\$773.69	\$815.48					
	40-44	\$474.03	\$596.24	\$474.03	\$596.24	\$450.34	\$566.45	\$450.34	\$566.45	\$1,129.24	\$797.82	\$840.92					
	45-49	\$500.63	\$629.71	\$500.63	\$629.71	\$475.59	\$598.21	\$475.59	\$598.21	\$1,192.60	\$842.59	\$888.10					
	50-54	\$569.93	\$716.88	\$569.93	\$716.88	\$541.43	\$681.02	\$541.43	\$681.02	\$1,357.69	\$959.23	\$1,011.03					
	55-59	\$664.91	\$836.35	\$664.91	\$836.35	\$631.66	\$794.53	\$631.66	\$794.53	\$1,583.98	\$1,119.09	\$1,179.56					
	60-64	\$793.09	\$997.58	\$793.09	\$997.58	\$753.43	\$947.69	\$753.43	\$947.69	\$1,889.32	\$1,334.83	\$1,406.93					
	65+	\$830.52	\$1,044.65	\$830.52	\$1,044.65	\$788.99	\$992.43	\$788.99	\$992.43	\$2,304.62	\$1,628.24	\$1,716.18					

Services and products provided by Horizon Blue Cross Blue Shield of New Jersey, an independent licensee of the Blue Cross and Blue Shield Association.

© Registered marks of the Blue Cross and Blue Shield Association.

©/SM Registered and service marks of Horizon Blue Cross Blue Shield of New Jersey.

© 2010 Horizon Blue Cross Blue Shield of New Jersey, Three Penn Plaza East, Newark, New Jersey 07105

\*Territory A: Essex, Hudson, and Union

Territory B: Bergen and Passaic

Territory C: Monmouth, Morris, Sussex and Warren

Territory D: Hunterdon, Middlesex, Somerset

Territory E: Burlington, Camden and Mercer

Territory F: Atlantic, Cape May, Ocean, Salem, Cumberland and Gloucester

HOR2198 (W0610)

## Horizon Individual Health Benefit Plans: Monthly Rates

The below rates are effective from August 1, 2010 to October 31, 2010. Please call your broker or Horizon Blue Cross Blue Shield of New Jersey representative at **1-800-224-1234**, Monday through Friday, from 8:30 a.m. to 5:00 p.m. Eastern Time (ET), to confirm your rate. The rate you receive on your effective date will be guaranteed for twelve months.

		Basic and Essential-Male (Territories A, B and D)*		Basic and Essential-Female (Territories A, B and D)*		Basic and Essential-Male (Territories C, E and F)*		Basic and Essential-Female (Territories C, E and F)*		Direct Access Plan C 100/70	Direct Access Plan A/50 70/50	Direct Access Plan C 80/70	HMO Coinsurance	HMO 50/70	HMO 30/50	HMO 30	HMO 15
		EPO	EPO Plus	EPO	EPO Plus	EPO	EPO Plus	EPO	EPO Plus								
Family Husband and Wife (or Domestic Partner/Civil Unions) rates will be based off of the older adult	0-24	\$626.71	\$788.31	\$626.71	\$788.31	\$595.39	\$748.89	\$595.39	\$748.89	\$1,717.67	\$1,213.55	\$1,279.10	\$1,509.21	\$2,329.89	\$2,395.41	\$2,426.96	\$2,916.59
	25-29	\$659.12	\$829.05	\$659.12	\$829.05	\$626.16	\$787.61	\$626.16	\$787.61	\$1,806.43	\$1,276.28	\$1,345.22					
	30-34	\$723.06	\$909.49	\$723.06	\$909.49	\$686.89	\$863.99	\$686.89	\$863.99	\$1,981.69	\$1,400.11	\$1,475.72					
	35-39	\$762.06	\$958.54	\$762.06	\$958.54	\$723.96	\$910.63	\$723.96	\$910.63	\$2,088.60	\$1,475.62	\$1,555.33					
	40-44	\$776.38	\$976.57	\$776.38	\$976.57	\$737.57	\$927.75	\$737.57	\$927.75	\$2,127.88	\$1,503.38	\$1,584.59					
	45-49	\$802.95	\$1,009.99	\$802.95	\$1,009.99	\$762.84	\$959.52	\$762.84	\$959.52	\$2,200.73	\$1,554.84	\$1,638.84					
	50-54	\$872.29	\$1,097.20	\$872.29	\$1,097.20	\$828.68	\$1,042.33	\$828.68	\$1,042.33	\$2,390.69	\$1,689.06	\$1,780.28					
	55-59	\$967.27	\$1,216.67	\$967.27	\$1,216.67	\$918.91	\$1,155.84	\$918.91	\$1,155.84	\$2,881.95	\$2,036.14	\$2,146.13					
	60-64	\$1,095.44	\$1,377.89	\$1,095.44	\$1,377.89	\$1,040.66	\$1,308.97	\$1,040.66	\$1,308.97	\$3,464.12	\$2,447.46	\$2,579.65					
65+	\$1,132.87	\$1,424.96	\$1,132.87	\$1,424.96	\$1,076.23	\$1,353.73	\$1,076.23	\$1,353.73	\$4,028.59	\$2,846.27	\$2,999.99						
Adult/Child(ren)	0-24	\$385.37	\$484.73	\$420.70	\$529.18	\$366.10	\$460.49	\$399.68	\$502.71	\$925.19	\$653.65	\$688.96	\$764.38	\$1,180.04	\$1,213.22	\$1,229.21	\$1,477.17
	25-29	\$385.37	\$484.73	\$453.11	\$569.94	\$366.10	\$460.49	\$430.45	\$541.43	\$970.19	\$685.45	\$722.48					
	30-34	\$409.30	\$514.85	\$493.10	\$620.24	\$388.84	\$489.10	\$468.44	\$589.21	\$1,046.89	\$739.64	\$779.59					
	35-39	\$442.58	\$556.69	\$498.84	\$627.46	\$420.45	\$528.86	\$473.90	\$596.09	\$1,084.30	\$766.07	\$807.46					
	40-44	\$453.11	\$569.94	\$502.64	\$632.22	\$430.45	\$541.43	\$477.51	\$600.62	\$1,098.89	\$776.37	\$818.32					
	45-49	\$489.25	\$615.39	\$493.10	\$620.24	\$464.77	\$584.60	\$468.44	\$589.21	\$1,117.60	\$789.59	\$832.25					
	50-54	\$530.37	\$667.12	\$521.28	\$655.68	\$503.87	\$633.79	\$495.19	\$622.89	\$1,193.10	\$842.96	\$888.49					
	55-59	\$607.28	\$763.85	\$539.36	\$678.43	\$576.92	\$725.67	\$512.38	\$644.49	\$1,286.25	\$908.78	\$957.85					
	60-64	\$692.25	\$870.74	\$582.53	\$732.72	\$657.65	\$827.23	\$553.39	\$696.08	\$1,421.41	\$1,004.25	\$1,058.48					
65+	\$721.37	\$907.37	\$590.87	\$743.22	\$685.30	\$862.00	\$561.32	\$706.06	\$1,809.58	\$1,278.51	\$1,347.56						

Services and products provided by Horizon Blue Cross Blue Shield of New Jersey, an independent licensee of the Blue Cross and Blue Shield Association.

© Registered marks of the Blue Cross and Blue Shield Association.

®/SM Registered and service marks of Horizon Blue Cross Blue Shield of New Jersey.

© 2010 Horizon Blue Cross Blue Shield of New Jersey, Three Penn Plaza East, Newark, New Jersey 07105

\*Territory A: Essex, Hudson, and Union

Territory B: Bergen and Passaic

Territory C: Monmouth, Morris, Sussex and Warren

Territory D: Hunterdon, Middlesex, Somerset

Territory E: Burlington, Camden and Mercer

Territory F: Atlantic, Cape May, Ocean, Salem, Cumberland and Gloucester

HOR2198 (W0610)