

| 2nd Quarter 2019 SEH Rate Chart * AmeriHealth Insurance Company of New Jersey AmeriHealth HMO, Inc. | | Quarterly Base Rates ⁽⁴⁾ (Prior to Application of Territory ⁽⁵⁾ & Age ⁽⁶⁾ Rating Factors) ((Quarterly Base Rate ⁽⁴⁾ x Territory Rating Factor ⁽⁵⁾) x Age Rating Factor ⁽⁶⁾ = Premium per person) | | | |
|---|---------------------------|---|----------|-------------------|-------------------|
| Plan Name ⁽¹⁾⁽²⁾ | Metal Tier ⁽³⁾ | 1Q2019 | 2Q2019 | 3Q2019 | 4Q2019 |
| SEH Platinum HMO Plus Regional Preferred \$15/\$30 | Platinum | \$622.50 | \$603.48 | Not Yet Available | Not Yet Available |
| SEH Platinum POS Plus Regional Preferred \$15/\$30 | Platinum | \$665.83 | \$645.45 | | |
| SEH Platinum POS Plus National Access \$15/\$30 | Platinum | \$732.34 | \$709.93 | | |
| SEH Gold EPO AmeriHealth Advantage \$10/\$30 ⁽⁸⁾ | Gold | \$390.05 | \$378.12 | | |
| SEH Gold EPO HSA Local Value 0%/0% ⁽⁷⁾⁽⁸⁾ | Gold | \$397.11 | \$384.97 | | |
| SEH Gold EPO AmeriHealth Hospital Advantage \$30/\$50 | Gold | \$409.13 | \$396.61 | | |
| SEH Gold EPO HSA Regional Preferred 0%/20% ⁽⁷⁾ | Gold | \$411.31 | \$398.75 | | |
| SEH Gold EPO Local Value \$30/\$60/20% Coins ⁽⁸⁾ | Gold | \$421.14 | \$408.25 | | |
| SEH Gold EPO H.S.A Regional Preferred 0%/0% ⁽⁷⁾ | Gold | \$424.21 | \$411.23 | | |
| SEH Gold EPO Regional Preferred \$30/\$60/20% Coins | Gold | \$449.87 | \$436.10 | | |
| SEH Gold EPO H.S.A National Access 10%/10% ⁽⁷⁾ | Gold | \$474.76 | \$460.26 | | |
| SEH Gold EPO National Access \$30/\$60/20% Coins | Gold | \$510.44 | \$494.82 | | |
| SEH Gold HMO Regional Preferred \$30/\$65, Rx 50%/\$125 max | Gold | \$550.42 | \$533.60 | | |
| SEH Gold POS Plus Regional Preferred \$30/\$70 | Gold | \$600.72 | \$582.33 | | |
| SEH Gold POS Plus National Access \$30/\$70 | Gold | \$660.73 | \$640.51 | | |
| SEH Silver EPO HSA Local Value 0%/30% ⁽⁷⁾ | Silver | \$304.33 | \$295.02 | | |
| SEH Silver HMO Local Value \$50/\$75 | Silver | \$309.40 | \$299.95 | | |
| SEH Silver EPO H.S.A Local Value 20%/20% ⁽⁷⁾⁽⁸⁾ | Silver | \$314.77 | \$305.16 | | |
| SEH Silver EPO AmeriHealth Advantage \$30/\$60 | Silver | \$320.82 | \$311.01 | | |
| SEH Silver EPO HSA Local Value 0%/0% ⁽⁷⁾⁽⁸⁾ | Silver | \$322.16 | \$312.29 | | |
| SEH Silver EPO H.S.A Regional Preferred 0%/30% ⁽⁷⁾ | Silver | \$325.09 | \$315.14 | | |
| SEH Silver EPO H.S.A Regional Preferred 20%/20% ⁽⁷⁾ | Silver | \$336.25 | \$325.97 | | |
| SEH Silver EPO HSA AmeriHealth Hospital Advantage \$50/\$75 ⁽⁷⁾ | Silver | \$343.45 | \$332.94 | | |
| SEH Silver EPO HSA Regional Preferred 0%/0% ⁽⁷⁾ | Silver | \$344.10 | \$333.57 | | |
| SEH Silver HMO Regional Preferred \$50/\$75 | Silver | \$359.00 | \$348.03 | | |
| SEH Silver EPO Local Value \$30/\$70/50% Coins ⁽⁸⁾ | Silver | \$394.44 | \$382.37 | | |
| SEH Silver EPO Regional Preferred \$30/\$70/50% Coins | Silver | \$421.35 | \$408.45 | | |
| SEH Silver POS Plus Local Value \$50/\$75 ⁽⁸⁾ | Silver | \$517.04 | \$501.22 | | |
| SEH Silver POS Plus Regional Preferred \$50/\$75 | Silver | \$550.71 | \$533.85 | | |
| SEH Bronze EPO H.S.A AmeriHealth Advantage \$25/\$50 ⁽⁷⁾⁽⁸⁾ | Bronze | \$277.18 | \$268.70 | | |
| SEH Bronze EPO HSA AmeriHealth Hospital Advantage \$50/\$75 ⁽⁷⁾ | Bronze | \$288.05 | \$279.24 | | |
| SEH Bronze EPO H.S.A Local Value \$50/\$75 ⁽⁷⁾⁽⁸⁾ | Bronze | \$332.75 | \$322.57 | | |
| SEH Bronze EPO H.S.A Regional Preferred \$50/\$75 ⁽⁷⁾ | Bronze | \$355.46 | \$344.58 | | |

| Territory Rating Factors ⁽⁵⁾ | | SEH Age Curve (for contracts issued 01/01/2018 or later) | | | |
|---|----------|--|-----------------------------------|--------------|-----------------------------------|
| | | Ages | Age Rating Factors ⁽⁶⁾ | Ages | Age Rating Factors ⁽⁶⁾ |
| A) Essex, Hudson, Union | 1.000000 | 0-14 | 0.765 | 40 | 1.393 |
| B) Bergen, Passaic | 1.000000 | 15 | 0.833 | 41 | 1.410 |
| C) Monmouth, Morris, Sussex, Warren | 1.000000 | 16 | 0.859 | 42 | 1.427 |
| D) Hunterdon, Middlesex, Somerset | 1.000000 | 17 | 0.885 | 43 | 1.450 |
| E) Burlington, Camden, Mercer | 1.023000 | 18 | 0.913 | 44 | 1.478 |
| F) Atlantic, Cape May, Ocean, Salem, Cumberland, Gloucester | 1.082000 | 19 | 0.941 | 45 | 1.511 |
| | | 20 | 0.970 | 46 | 1.550 |
| | | 21 | 1.250 | 47 | 1.593 |
| | | 22 | 1.250 | 48 | 1.641 |
| | | 23 | 1.250 | 49 | 1.688 |
| | | 24 | 1.250 | 50 | 1.741 |
| | | 25 | 1.250 | 51 | 1.792 |
| | | 26 | 1.250 | 52 | 1.847 |
| | | 27 | 1.250 | 53 | 1.902 |
| | | 28 | 1.250 | 54 | 1.961 |
| | | 29 | 1.275 | 55 | 2.019 |
| | | 30 | 1.287 | 56 | 2.080 |
| | | 31 | 1.305 | 57 | 2.142 |
| | | 32 | 1.323 | 58 | 2.206 |
| | | 33 | 1.334 | 59 | 2.280 |
| | | 34 | 1.346 | 60 | 2.280 |
| | | 35 | 1.352 | 61 | 2.280 |
| | | 36 | 1.358 | 62 | 2.280 |
| | | 37 | 1.363 | 63 | 2.280 |
| | | 38 | 1.369 | 64 and older | 2.280 |
| | | 39 | 1.381 | | |

| Footnotes | |
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| (1) Plan Names were supplied by the Carrier. Please contact the Carrier for explanations of the abbreviations used in the plan names. | |
| (2) Employers, that qualify as "religious employers" under Federal law, may have the option to purchase plans with certain exclusion provisions. Contact the Carrier for information about the exclusion provisions, if any. | |
| (3) Metal Level indicates the actuarial value of the plan. Each metal level is designed to cover an expected percentage of the covered charges: Bronze 60%, Silver 70%, Gold 80%, and Platinum 90%. | |
| (4) Base Rate applies to plans newly issued or renewed during the quarter. Multiply the Base Rate by the Territory Rating Factor and the Age Rating Factor. | |
| (5) Territory Rating Factor is based on the employer's principal place of business. | |
| (6) Age Rating Factor is used to calculate the premium for each person to be covered. | |
| (7) These are high deductible health plans and are compatible with Health Savings Accounts (HSA). Contact the Carrier for additional information. | |
| (8) These plans are not available in all counties. Contact the Carrier, or your broker, for additional information. | |
| *For details about plans and coverage options, e.g. HSA, please contact the Carrier or your broker directly. | |

| Premium Calculation | |
|---|--|
| Premium per person (whether employee or employee's dependents) = ((Base Rate ⁽⁴⁾ x Territory Rating Factor ⁽⁵⁾) x Age Rating Factor ⁽⁶⁾) | |
| Premium per each employee's family = sum of the premiums for the employee and the employee's dependents. | |
| Note: For dependent children under age 20 the premium is capped at the sum of the premiums for three children. | |
| Premium per small employer group = sum of the premiums for all employees and dependents to be covered. | |