



NJ 2024 HEALTH INSURANCE PLANS FOR OPEN ENROLLMENT

CALL US AND SAVE @ 732-363-3888
GET YOUR PERSONALIZED QUOTE TODAY!

	PLAN 1		PLAN 2		PLAN 3		PLAN 4 *		PLAN 5		PLAN 6 *		PLAN 7		
METALLIC LEVEL	HORIZON GOLD		OSCAR GOLD CLASSIC		HORIZON SILVER		AMERIHEALTH SILVER SELECT EPO ADVANTAGE		OSCAR CLASSIC BRONZE		AMERIHEALTH BRONZE ADVANTAGE		OSCAR CLASSIC SECURE AGES 0-29		
COVERAGE PERIOD	1/1/24- 12/31/24				1/1/24- 12/31/24				1/1/24- 12/31/24						
PLAN TYPE	HIGH PLANS				MEDIUM PLANS				LOW PLANS						
GENERAL PROVISIONS	TIER 1	TIER 2			TIER 1	TIER 2	TIER 1	TIER 2			TIER 1	TIER 2			
DEDUCTIBLE	\$500 IND \$1,000 FAM	\$1,500 IND \$3,000 FAM	\$1,750 IND \$3,500FAM		\$1,600 IND \$3,200 FAM	\$2,500 IND \$5,000 FAM	\$2,500 IND \$5,000 FAM		\$3,000 IND \$6,000 FAM		\$6,000 IND \$12,000 FAM				
DRUG DEDUCTIBLE	N/A		\$1,750 IND \$3,500FAM		\$250 IND \$500 FAM		N/A		\$3,000 IND \$6,000 FAM		\$6,000 IND \$12,000 FAM		\$9,450 IND \$18,900 FAM		
MAXIMUM OUT OF POCKET	\$7,000 IND \$14,000 FAM	\$8,000 IND \$16,000 FAM	\$7,000 IND \$14,000 FAM		\$9,450 IND \$18,900 FAM	\$9,450 IND \$18,900 FAM	\$9,400 IND \$18,800 FAM		\$9,100 IND \$18,200 FAM		\$8,000 IND \$16,000 FAM				
HEALTH CARE SERVICES	TIER 1	TIER 2			TIER 1	TIER 2	TIER 1	TIER 2			TIER 1	TIER 2			
OFFICE VISIT	\$10	\$30 AFTER DED	\$10		\$30	50% AFTER DED	\$25	50% AFTER DED	\$50 AFTER DED		\$25 AFTER DED	50% AFTER DED	\$0 FIRST 3 VISITS THEN DEDUCTIBLE		
SPECIALIST	\$25	\$50 AFTER DED	\$50		\$50		\$60		\$75 AFTER DED		\$50 AFTER DED				
LAB/ RADIOLOGY/ FREE STANDING	\$0		\$0 AT QUEST		\$0		LAB \$0 RADIOLOGY 50% AFTER DED		\$0 AT QUEST		50% AFTER DED				
IN PATIENT HOSPITAL	\$500/ DAY 5 DAY MAX AFTER DED	30% AFTER DED	20% AFTER DED		\$500/ DAY 5 DAY MAX AFTER DED	50% AFTER DED	20% AFTER DED	50% AFTER DED	50% AFTER DED	50% AFTER DED	30% AFTER DED	50% AFTER DED	\$0 AFTER DED		
OUT PATIENT SURGERY	\$250 AFTER DED	30% AFTER DED		\$250 AFTER DED											
EMERGENCY ROOM	DED AND \$100	DED AND \$100		DED AND \$100	DED AND \$100										
URGENT CARE	\$50	\$75 AFTER DED		\$75	\$75	50% AFTER DED								20% AFTER DED	\$75 AFTER DED
RX BENEFIT															
GENERIC	\$20		\$10 (NO DED)		\$20 (NO DED)		\$25		\$25		50% AFTER DED		\$0 AFTER DED		
BRAND NAME	30% AFTER DEDUCTIBLE MAX \$150		30% AFTER DEDUCTIBLE MAX \$150		50% AFTER RX DED		50% AFTER \$250 DED		50% AFTER DED \$250 MAX						
NON PREFERRED															
PREMIUM															
AGE 0 - 14	\$572.53		\$427.92		\$365.11		\$255.84		\$270.10		\$226.89		\$201.37		
AGE 20	\$725.96		\$542.59		\$462.95		\$324.40		\$342.48		\$287.69		\$255.34		
AGE 30	\$849.45		\$634.88		\$541.70		\$379.58		\$400.73		\$336.63		(AGE 29)		
AGE 40	\$956.47		\$714.87		\$609.95		\$427.40		\$451.22		\$379.04		N/A		
609.95															