



Individual Health Benefits Plans: MONTHLY RATES

Horizon Basic Plan A/50, Traditional Plans B, C and D and Horizon HMO

Rates as of February 1, 2007. We anticipate that these rates will be the offer rates through April 30, 2007. Please call your broker or Horizon Blue Cross Blue Shield of New Jersey representative at 973-887-7003, 8:30 a.m. to 5:00 p.m., Monday through Friday, to confirm your rate.

The following rates are guaranteed for 12 months for anyone purchasing these plans with effective dates between February 1, 2007 and the date of the next subsequent rate change for these plans.

Plan	Single	Husband and Wife (or Domestic Partner)	Family	Adult and Child(ren)
Horizon Basic				
Plan A/50 (50%/50%)				
\$10,000 deductible	\$ 429.26	\$ 1,033.18	\$ 1,084.85	\$ 760.64
\$5,000 deductible	\$ 657.58	\$ 1,582.57	\$ 1,661.74	\$ 1,165.15
\$2,500 deductible	\$ 1,039.39	\$ 2,501.73	\$ 2,626.82	\$ 1,841.86
\$1,000 deductible	\$ 1,205.84	\$ 2,902.04	\$ 3,047.29	\$ 2,136.62
Horizon Traditional				
Plan B (60%/40%)				
\$2,500 deductible	\$ 1,129.76	\$ 2,718.95	\$ 2,854.91	\$ 2,001.76
\$1,000 deductible	\$ 1,323.13	\$ 3,184.71	\$ 3,343.89	\$ 2,344.62
Horizon Traditional				
Plan C (70%/30%)				
\$2,500 deductible	\$ 1,159.10	\$ 2,764.12	\$ 2,902.12	\$ 2,056.73
\$2,250 deductible/\$4,500**	\$ 1,322.52	\$ 2,661.93	\$ 2,794.88	\$ 1,980.67
\$1,500 deductible/\$3,000**	\$ 1,380.83	\$ 2,910.66	\$ 3,056.04	\$ 2,165.71
\$1,000 deductible	\$ 1,869.95	\$ 4,458.83	\$ 4,681.72	\$ 3,317.87
\$2,850 deductible/\$5,650**†	\$ 1,253.87	\$ 2,469.53	\$ 2,592.88	\$ 1,837.49
\$1,900 deductible/\$3,750**†	\$ 1,314.51	\$ 2,726.51	\$ 2,863.03	\$ 2,028.83
Horizon Traditional				
Plan D (80%/20%)				
\$2,500 deductible	\$ 1,740.77	\$ 3,503.57	\$ 3,678.83	\$ 2,607.08
\$2,250 deductible/\$4,500**	\$ 1,805.98	\$ 3,634.83	\$ 3,816.65	\$ 2,704.77
\$1,500 deductible/\$3,000**	\$ 1,906.80	\$ 4,019.76	\$ 4,220.89	\$ 2,991.16
\$1,000 deductible	\$ 2,614.72	\$ 6,235.48	\$ 6,547.24	\$ 4,639.85
\$2,850 deductible/\$5,650**†	\$ 1,716.94	\$ 3,383.60	\$ 3,552.75	\$ 2,517.76
\$1,900 deductible/\$3,750**†	\$ 1,822.64	\$ 3,784.71	\$ 3,974.03	\$ 2,816.21
Horizon HMO*				
\$15 copayment	\$ 558.56	\$ 1,194.63	\$ 1,691.72	\$ 856.81
\$30 copayment	\$ 464.82	\$ 994.08	\$ 1,407.72	\$ 712.98
\$30/\$50 copayment	\$ 458.78	\$ 981.16	\$ 1,389.42	\$ 703.71
\$50/\$70 copayment	\$ 446.23	\$ 954.32	\$ 1,351.41	\$ 684.46
Horizon HMO* (50%)				
\$40 copayment/\$2,500 deductible/ \$5,000 maximum out of pocket	\$ 289.05	\$ 618.17	\$ 875.40	\$ 443.37

* Horizon HMO Plans: You may choose a Primary Care Physician (PCP) from more than 10,000 physicians who maintain their own independent practices and who are members of the Horizon Managed Care Network. These physicians' offices are located throughout the state.

** High Deductible Plans: No amounts are payable until one person or any combination of persons in the family has incurred the total family deductible. Family unit coverage includes family, husband and wife (or domestic partner), and adult and child(ren).

† High Deductible MSA Plans: Amounts will change on January 1 each year to reflect IRS inflation adjusted amounts.

Before signing up for a plan, you should know...

Changing plans?

If you have health insurance with us or another company, you need to know the following information when changing plans:

From group coverage ...

If you are eligible for group coverage, you can only enroll in individual coverage that is not the same or similar to your group coverage during November open enrollment for a January 1 effective date. Your group coverage must terminate and coincide with the effective date of your new policy with us.

From individual coverage ...

If you already have coverage under an individual plan offered by Horizon Blue Cross Blue Shield of New Jersey or another carrier, restrictions may apply to changing coverage. Please call your Broker or a Horizon BCBSNJ Sales Representative at **973-887-7003** for more information.

Eligibility

Under New Jersey law, you may not be denied health insurance coverage because of a medical condition, age, sex, occupation or where you live in this state. However, you must be a New Jersey resident.

You or any dependents you wish to enroll must not be covered or eligible under:

- **Another individual health benefits plan.**
- **A group health benefits plan that provides the same or similar coverage (as that phrase has been interpreted through regulation).**
- **Medicare.**

Eligible dependents include your spouse and your children (including those in your legal custody and guardianship) who are under age 19. Full-time students are eligible up to age 23. Special rules apply to handicapped children.

To apply

Simply complete the enclosed application for the plan you have chosen. To save time in processing, be sure to answer all questions carefully and completely for yourself and all eligible dependents you will be insuring.

Return application to:
X-Eligible Employee Benefits
134 Fairfield Road
Fairfield, New Jersey 07004

Questions please call:
Fred Betman 973-887-7003

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