AmeriHealth Caritas VIP Next, Inc.
INDIVIDUAL

Rate Effective Date 01/01/2023

Rate Expiration Date 12/31/2023

Plan ID	Plan Name	Age	Individual Rate	Individual Tobacco Rate
72760DE0010001	Bronze + Free Telemedicine + Free Preventive Care + Health Rewards	21	$ 316.73	$ 380.07
72760DE0010002	Expanded Bronze + Free Telemedicine + Free Preventive Care + Health Rewards	21	$ 356.08	$ 427.29
72760DE0010003	Silver + Free Telemedicine + Free Preventive Care + Health Rewards	21	$ 449.29	$ 539.15
72760DE0010004	Gold + Free Telemedicine + Free Preventive Care + Health Rewards	21	$ 422.93	$ 507.51