



# 2024 Monthly Premium Rates

## OMNIA<sup>SM</sup> Health Plans

## Horizon Advantage EPO Health Plans

Age	Bronze	Silver Value	Silver HSA	Silver	Gold	Essentials	Bronze	Silver
0-14	\$261.32	\$276.10	\$327.03	\$365.11	\$572.53	\$238.24	\$362.79	\$459.73
15	\$284.55	\$300.64	\$356.10	\$397.57	\$623.43	\$259.41	\$395.04	\$500.60
16	\$293.43	\$310.02	\$367.21	\$409.97	\$642.88	\$267.51	\$407.37	\$516.22
17	\$302.32	\$319.41	\$378.33	\$422.38	\$662.34	\$275.61	\$419.70	\$531.85
18	\$311.88	\$329.51	\$390.30	\$435.75	\$683.30	\$284.33	\$432.98	\$548.68
19	\$321.45	\$339.62	\$402.27	\$449.11	\$704.25	\$293.05	\$446.26	\$565.50
20	\$331.35	\$350.08	\$414.67	\$462.95	\$725.96	\$302.08	\$460.01	\$582.93
21-24	\$341.60	\$360.91	\$427.49	\$477.27	\$748.41	\$311.42	\$474.24	\$600.96
25	\$342.97	\$362.35	\$429.20	\$479.18	\$751.40	\$312.67	\$476.14	\$603.36
26	\$349.80	\$369.57	\$437.75	\$488.72	\$766.37	\$318.89	\$485.62	\$615.38
27	\$358.00	\$378.23	\$448.01	\$500.18	\$784.33	\$326.37	\$497.00	\$629.81
28	\$371.32	\$392.31	\$464.68	\$518.79	\$813.52	\$338.51	\$515.50	\$653.24
29	\$382.25	\$403.86	\$478.36	\$534.07	\$837.47	\$348.48	\$530.67	\$672.47
30	\$387.72	\$409.63	\$485.20	\$541.70	\$849.45	\$353.46	\$538.26	\$682.09
31	\$395.91	\$418.29	\$495.46	\$553.16	\$867.41	\$360.94	\$549.64	\$696.51
32	\$404.11	\$426.96	\$505.72	\$564.61	\$885.37	\$368.41	\$561.03	\$710.94
33	\$409.24	\$432.37	\$512.13	\$571.77	\$896.60	\$373.08	\$568.14	\$719.95
34	\$414.70	\$438.14	\$518.97	\$579.41	\$908.57	\$378.06	\$575.73	\$729.57
35	\$417.44	\$441.03	\$522.39	\$583.22	\$914.56	\$380.56	\$579.52	\$734.37
36	\$420.17	\$443.92	\$525.81	\$587.04	\$920.54	\$383.05	\$583.32	\$739.18
37	\$422.90	\$446.81	\$529.23	\$590.86	\$926.53	\$385.54	\$587.11	\$743.99
38	\$425.63	\$449.69	\$532.65	\$594.68	\$932.52	\$388.03	\$590.90	\$748.80
39	\$431.10	\$455.47	\$539.49	\$602.31	\$944.49	\$393.01	\$598.49	\$758.41
40	\$436.56	\$461.24	\$546.33	\$609.95	\$956.47	\$397.99	\$606.08	\$768.03
41	\$444.76	\$469.90	\$556.59	\$621.41	\$974.43	\$405.47	\$617.46	\$782.45
42	\$452.62	\$478.21	\$566.42	\$632.38	\$991.64	\$412.63	\$628.37	\$796.27
43	\$463.55	\$489.75	\$580.10	\$647.66	\$1015.59	\$422.60	\$643.54	\$815.50
44	\$477.22	\$504.19	\$597.20	\$666.75	\$1,045.53	\$435.05	\$662.51	\$839.54
45	\$493.27	\$521.15	\$617.30	\$689.18	\$1,080.70	\$449.69	\$684.80	\$867.79
46	\$512.40	\$541.37	\$641.24	\$715.91	\$1,122.62	\$467.13	\$711.36	\$901.44
47	\$533.92	\$564.10	\$668.17	\$745.97	\$1,169.76	\$486.75	\$741.24	\$939.30
48	\$558.52	\$590.09	\$698.95	\$780.34	\$1,223.65	\$509.17	\$775.38	\$982.57
49	\$582.77	\$615.71	\$729.30	\$814.22	\$1,276.79	\$531.28	\$809.05	\$1025.24
50	\$610.10	\$644.59	\$763.50	\$852.40	\$1,336.66	\$556.20	\$846.99	\$1073.31
51	\$637.08	\$673.10	\$797.27	\$890.11	\$1,395.78	\$580.80	\$884.46	\$1,120.79
52	\$666.80	\$704.50	\$834.46	\$931.63	\$1,460.90	\$607.89	\$925.72	\$1,173.07
53	\$696.86	\$736.26	\$872.08	\$973.63	\$1,526.76	\$635.30	\$967.45	\$1,225.96
54	\$729.32	\$770.54	\$912.69	\$1018.97	\$1,597.86	\$664.88	\$1012.50	\$1,283.05
55	\$761.77	\$804.83	\$953.30	\$1064.31	\$1,668.95	\$694.47	\$1,057.56	\$1,340.14
56	\$796.95	\$842.00	\$997.33	\$1,113.47	\$1,746.04	\$726.54	\$1,106.40	\$1,402.04
57	\$832.48	\$879.54	\$1,041.79	\$1,163.11	\$1,823.88	\$758.93	\$1,155.72	\$1,464.54
58	\$870.40	\$919.60	\$1,089.24	\$1,216.08	\$1,906.95	\$793.50	\$1,208.36	\$1,531.25
59	\$889.18	\$939.45	\$1,112.76	\$1,242.33	\$1,948.11	\$810.63	\$1,234.45	\$1,564.30
60	\$927.10	\$979.51	\$1,160.21	\$1,295.31	\$2,031.18	\$845.19	\$1,287.09	\$1,631.01
61	\$959.90	\$1,014.16	\$1,201.25	\$1,341.13	\$2,103.03	\$875.09	\$1,332.61	\$1,688.70
62	\$981.42	\$1,036.89	\$1,228.18	\$1,371.20	\$2,150.18	\$894.71	\$1,362.49	\$1,726.56
63	\$1008.40	\$1,065.41	\$1,261.95	\$1,408.90	\$2,209.31	\$919.31	\$1,399.96	\$1,774.03
64 and over	\$1,024.80	\$1,082.73	\$1,282.47	\$1,431.81	\$2,245.23	\$934.26	\$1,422.72	\$1,802.88



# 2024 Dental Plan Rates

Horizon Family Grins Plus		Horizon Family Grins	
Age	Rate	Age	Rate
0-14	\$28.34	0-14	\$28.34
15	\$31.99	15	\$31.99
16	\$30.79	16	\$30.79
17	\$29.84	17	\$29.84
18	\$26.83	18	\$26.83
19-22	\$36.24	19+	\$9.70
23-24	\$31.44		
25-29	\$38.69		
30-34	\$41.10		
35-39	\$43.25		
40-44	\$44.72		
45-49	\$47.17		
50-54	\$51.28		
55-59	\$57.44		
60-63	\$63.46		
64+	\$69.08		

  

Horizon Young Grins	
Age	Rate
0-14	\$28.34
15	\$31.99
16	\$30.79
17	\$29.84
18	\$26.83

For Horizon Family Grins Plus, Horizon Family Grins and Horizon Young Grins, you pay for the three oldest children and the remaining children are free.

Horizon Centurion		Horizon Individual	
1 Individual	\$60 per year	Adult Rate	\$187.20 per year
1 Family	\$84 per year	Child Rate	\$71.14 per year

Horizon Healthy Smiles				
Age	Option 1	Option 2	Option 1*	Option 2*
22 and under	\$23.67	\$19.47	\$20.20	\$16.52
23-24	\$22.94	\$18.85	\$19.57	\$16.01
25-29	\$26.07	\$21.42	\$22.23	\$18.17
30-34	\$26.46	\$21.72	\$22.55	\$18.44
35-39	\$27.65	\$22.71	\$23.58	\$19.29
40-44	\$30.03	\$24.70	\$25.63	\$20.96
45-49	\$33.29	\$27.36	\$28.40	\$23.22
50-54	\$35.91	\$29.51	\$30.63	\$25.05
55-59	\$37.37	\$30.72	\$31.89	\$26.08
60-64	\$39.04	\$32.08	\$33.30	\$27.22
65+	\$38.58	\$31.71	\$32.92	\$26.93

Horizon Healthy Smiles Plus				
Age	Option 1	Option 2	Option 1*	Option 2*
22 and under	\$28.65	\$24.34	\$24.80	\$20.98
23-24	\$27.78	\$23.58	\$24.04	\$20.30
25-29	\$31.55	\$26.77	\$27.30	\$23.05
30-34	\$32.00	\$27.15	\$27.71	\$23.41
35-39	\$33.43	\$28.38	\$28.95	\$24.47
40-44	\$36.38	\$30.89	\$31.48	\$26.63
45-49	\$40.28	\$34.22	\$34.88	\$29.47
50-54	\$43.48	\$36.89	\$37.64	\$31.80
55-59	\$45.26	\$38.42	\$39.16	\$33.09
60-64	\$47.26	\$40.12	\$40.89	\$34.57
65+	\$46.71	\$39.67	\$40.40	\$34.17

\*Without proof of prior creditable coverage, a benefit waiting period of 6 months for Class II and 12 months for Class III and ortho applies. Products are provided by Horizon Healthcare Dental, Inc. and Horizon. Note: While the Young Grins, Family Grins, and Family Grins Plus rates have been approved by DOBI, we are still awaiting approval for Healthy Smiles, Healthy Smiles Plus, and Horizon HDC.

# 2024 Vision Plan Rates

Vista V		Panorama V	
Monthly Premium		Monthly Premium	
Single	\$12.52	Single	\$13.78
Two Adults	\$25.04	Two Adults	\$27.56
Adult/Child(ren)	\$26.29	Adult/Child(ren)	\$28.94
Family	\$36.68	Family	\$40.38

This document is for informational purposes only and does not constitute a binding agreement. Please note that rates are subject to change. Contact Horizon for the most current rates.