

2024 Monthly Premium Rates

OMNIA_{SM} Health Plans

Horizon Advantage EPO Health Plans

				EPO Health Flans				
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		Hawinan Varran Guina		
30-34	\$41.10		Horizon Young Grins		
35-39	\$43.25	Age	Rate		
40-44	\$44.72	0-14	\$28.34		
45-49	\$47.17	15	\$31.99		
50-54	\$51.28	16	\$30.79		
55-59	\$57.44	17	\$29.84		
60-63	\$63.46	18	\$26.83		
64+	\$69.08				

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	Ho	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 Pren	nium	Monthly Pren	nium	
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	