



# 2023 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	\$255.95	\$272.52	\$323.04	\$342.02	\$559.11	\$221.46	\$343.70	\$427.38
15	\$278.70	\$296.75	\$351.76	\$372.43	\$608.81	\$241.15	\$374.25	\$465.37
16	\$287.40	\$306.01	\$362.74	\$384.05	\$627.81	\$248.67	\$385.93	\$479.90
17	\$296.09	\$315.27	\$373.72	\$395.67	\$646.81	\$256.20	\$397.61	\$494.42
18	\$305.46	\$325.25	\$385.54	\$408.19	\$667.28	\$264.30	\$410.19	\$510.07
19	\$314.83	\$335.22	\$397.37	\$420.71	\$687.74	\$272.41	\$422.77	\$525.71
20	\$324.53	\$345.55	\$409.61	\$433.68	\$708.93	\$280.81	\$435.80	\$541.91
21-24	\$334.57	\$356.24	\$422.28	\$447.09	\$730.86	\$289.49	\$449.28	\$558.67
25	\$335.91	\$357.66	\$423.97	\$448.88	\$733.78	\$290.65	\$451.08	\$560.90
26	\$342.60	\$364.79	\$432.41	\$457.82	\$748.40	\$296.44	\$460.06	\$572.08
27	\$350.63	\$373.34	\$442.55	\$468.55	\$765.94	\$303.39	\$470.85	\$585.49
28	\$363.68	\$387.23	\$459.02	\$485.99	\$794.44	\$314.68	\$488.37	\$607.27
29	\$374.38	\$398.63	\$472.53	\$500.29	\$817.83	\$323.94	\$502.74	\$625.15
30	\$379.74	\$404.33	\$479.29	\$507.45	\$829.53	\$328.57	\$509.93	\$634.09
31	\$387.77	\$412.88	\$489.42	\$518.18	\$847.07	\$335.52	\$520.72	\$647.50
32	\$395.80	\$421.43	\$499.56	\$528.91	\$864.61	\$342.47	\$531.50	\$660.91
33	\$400.81	\$426.78	\$505.89	\$535.61	\$875.57	\$346.81	\$538.24	\$669.29
34	\$406.17	\$432.48	\$512.65	\$542.77	\$887.26	\$351.44	\$545.43	\$678.23
35	\$408.84	\$435.33	\$516.03	\$546.34	\$893.11	\$353.76	\$549.02	\$682.69
36	\$411.52	\$438.18	\$519.40	\$549.92	\$898.96	\$356.07	\$552.61	\$687.16
37	\$414.20	\$441.03	\$522.78	\$553.50	\$904.80	\$358.39	\$556.21	\$691.63
38	\$416.87	\$443.88	\$526.16	\$557.07	\$910.65	\$360.70	\$559.80	\$696.10
39	\$422.23	\$449.57	\$532.92	\$564.23	\$922.35	\$365.34	\$566.99	\$705.04
40	\$427.58	\$455.27	\$539.67	\$571.38	\$934.04	\$369.97	\$574.18	\$713.98
41	\$435.61	\$463.82	\$549.81	\$582.11	\$951.58	\$376.92	\$584.96	\$727.39
42	\$443.31	\$472.02	\$559.52	\$592.39	\$968.39	\$383.57	\$595.30	\$740.24
43	\$454.01	\$483.42	\$573.03	\$606.70	\$991.78	\$392.84	\$609.67	\$758.12
44	\$467.39	\$497.67	\$589.93	\$624.58	\$1,021.01	\$404.42	\$627.64	\$780.46
45	\$483.12	\$514.41	\$609.77	\$645.60	\$1,055.36	\$418.02	\$648.76	\$806.72
46	\$501.86	\$534.36	\$633.42	\$670.64	\$1,096.29	\$434.24	\$673.92	\$838.01
47	\$522.93	\$556.80	\$660.02	\$698.80	\$1,142.33	\$452.47	\$702.22	\$873.20
48	\$547.02	\$582.45	\$690.43	\$730.99	\$1,194.96	\$473.32	\$734.57	\$913.43
49	\$570.78	\$607.75	\$720.41	\$762.74	\$1,246.85	\$493.87	\$766.47	\$953.09
50	\$597.54	\$636.24	\$754.19	\$798.50	\$1,305.32	\$517.03	\$802.41	\$997.78
51	\$623.97	\$664.39	\$787.55	\$833.82	\$1,363.05	\$539.90	\$837.91	\$1,041.92
52	\$653.08	\$695.38	\$824.29	\$872.72	\$1,426.64	\$565.08	\$876.99	\$1,090.52
53	\$682.52	\$726.73	\$861.45	\$912.06	\$1,490.95	\$590.56	\$916.53	\$1,139.69
54	\$714.31	\$760.57	\$901.57	\$954.54	\$1,560.39	\$618.06	\$959.21	\$1,192.76
55	\$746.09	\$794.42	\$941.68	\$997.01	\$1,629.82	\$645.56	\$1,001.89	\$1,245.83
56	\$780.55	\$831.11	\$985.18	\$1,043.06	\$1,705.10	\$675.38	\$1,048.17	\$1,303.38
57	\$815.35	\$868.16	\$1,029.10	\$1,089.56	\$1,781.11	\$705.49	\$1,094.90	\$1,361.48
58	\$852.48	\$907.70	\$1,075.97	\$1,139.19	\$1,862.23	\$737.62	\$1,144.77	\$1,423.49
59	\$870.89	\$927.29	\$1,099.19	\$1,163.78	\$1,902.43	\$753.54	\$1,169.48	\$1,454.22
60	\$908.02	\$966.84	\$1,146.07	\$1,213.40	\$1,983.55	\$785.68	\$1,219.35	\$1,516.23
61	\$940.14	\$1,001.03	\$1,186.61	\$1,256.32	\$2,053.72	\$813.47	\$1,262.48	\$1,569.86
62	\$961.22	\$1,023.48	\$1,213.21	\$1,284.49	\$2,099.76	\$831.70	\$1,290.78	\$1,605.06
63	\$987.65	\$1,051.62	\$1,246.57	\$1,319.81	\$2,157.50	\$854.57	\$1,326.27	\$1,649.19
64 and over	\$1,003.71	\$1,068.72	\$1,266.84	\$1,341.27	\$2,192.58	\$868.47	\$1,347.84	\$1,676.01



# 2023 Dental Plan Rates

Horizon Family Grins Plus		Horizon Family Grins															
Age	Rate	Age	Rate														
0-14	\$26.96	0-14	\$26.96														
15	\$28.31	15	\$28.31														
16	\$28.60	16	\$28.60														
17	\$27.66	17	\$27.66														
18	\$25.45	18	\$25.45														
19-22	\$34.83	19+	\$9.70														
23-24	\$31.57	<table border="1"> <thead> <tr> <th colspan="2">Horizon Young Grins</th> </tr> <tr> <th>Age</th> <th>Rate</th> </tr> </thead> <tbody> <tr><td>0-14</td><td>\$26.96</td></tr> <tr><td>15</td><td>\$28.31</td></tr> <tr><td>16</td><td>\$28.60</td></tr> <tr><td>17</td><td>\$27.66</td></tr> <tr><td>18</td><td>\$25.45</td></tr> </tbody> </table>		Horizon Young Grins		Age	Rate	0-14	\$26.96	15	\$28.31	16	\$28.60	17	\$27.66	18	\$25.45
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35-39	\$42.15																
40-44	\$44.27																
45-49	\$47.38																
50-54	\$53.76																
55-59	\$58.04																
60-63	\$64.06																
64+	\$65.93																

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	\$191.88 per year
1 Family	\$84 per year	Child Rate	\$72.92 per year

Horizon Healthy Smiles				
Age	Option 1	Option 2	Option 1*	Option 2*
22 and under	\$23.43	\$18.73	\$19.22	\$15.82
23-24	\$22.71	\$18.14	\$18.62	\$15.33
25-29	\$25.80	\$20.61	\$21.15	\$17.40
30-34	\$26.19	\$20.90	\$21.45	\$17.66
35-39	\$27.36	\$21.85	\$22.43	\$18.47
40-44	\$29.73	\$23.76	\$24.39	\$20.07
45-49	\$32.95	\$26.32	\$27.02	\$22.23
50-54	\$35.54	\$28.39	\$29.15	\$23.99
55-59	\$36.99	\$29.56	\$30.34	\$24.97
60-64	\$38.64	\$30.87	\$31.69	\$26.07
65+	\$38.19	\$30.51	\$31.32	\$25.79

Horizon Healthy Smiles Plus				
Age	Option 1	Option 2	Option 1*	Option 2*
22 and under	\$28.40	\$22.30	\$22.88	\$18.85
23-24	\$27.53	\$21.60	\$22.17	\$18.24
25-29	\$31.27	\$24.53	\$25.17	\$20.71
30-34	\$31.72	\$24.88	\$25.55	\$21.03
35-39	\$33.13	\$26.00	\$26.70	\$21.98
40-44	\$36.05	\$28.31	\$29.03	\$23.92
45-49	\$39.92	\$31.35	\$32.17	\$26.47
50-54	\$43.09	\$33.81	\$34.71	\$28.56
55-59	\$44.85	\$35.21	\$36.12	\$29.73
60-64	\$46.83	\$36.76	\$37.71	\$31.05
65+	\$46.29	\$36.35	\$37.26	\$30.69

\*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.

# 2023 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.