



2026 Monthly Premium Rates

OMNIASM Health Plans

Horizon Advantage EPO Health Plans

Age	Bronze	Silver Value	Silver Saver HSA*	Silver	Gold	Essentials	Bronze	Silver
0-14	\$323.54	\$336.42	\$422.49	\$472.16	\$625.64	\$307.13	\$466.08	\$591.92
15	\$352.30	\$366.33	\$460.04	\$514.13	\$681.25	\$334.43	\$507.51	\$644.53
16	\$363.30	\$377.76	\$474.40	\$530.17	\$702.52	\$344.87	\$523.35	\$664.65
17	\$374.29	\$389.20	\$488.76	\$546.22	\$723.78	\$355.31	\$539.20	\$684.77
18	\$386.14	\$401.51	\$504.22	\$563.50	\$746.68	\$366.55	\$556.25	\$706.43
19	\$397.98	\$413.82	\$519.69	\$580.79	\$769.58	\$377.79	\$573.31	\$728.10
20	\$410.24	\$426.58	\$535.70	\$598.68	\$793.30	\$389.44	\$590.98	\$750.54
21-24	\$422.93	\$439.77	\$552.27	\$617.20	\$817.83	\$401.48	\$609.26	\$773.75
25	\$424.62	\$441.53	\$554.48	\$619.67	\$821.10	\$403.09	\$611.70	\$776.85
26	\$433.08	\$450.32	\$565.52	\$632.01	\$837.46	\$411.12	\$623.88	\$792.32
27	\$443.23	\$460.88	\$578.78	\$646.83	\$857.09	\$420.75	\$638.50	\$810.89
28	\$459.72	\$478.03	\$600.32	\$670.90	\$888.98	\$436.41	\$662.27	\$841.07
29	\$473.26	\$492.10	\$617.99	\$690.65	\$915.15	\$449.26	\$681.76	\$865.83
30	\$480.03	\$499.14	\$626.83	\$700.52	\$928.24	\$455.68	\$691.51	\$878.21
31	\$490.18	\$509.69	\$640.08	\$715.33	\$947.86	\$465.32	\$706.13	\$896.78
32	\$500.33	\$520.25	\$653.34	\$730.15	\$967.49	\$474.95	\$720.75	\$915.35
33	\$506.67	\$526.84	\$661.62	\$739.41	\$979.76	\$480.97	\$729.89	\$926.95
34	\$513.44	\$533.88	\$670.46	\$749.28	\$992.85	\$487.40	\$739.64	\$939.33
35	\$516.82	\$537.40	\$674.87	\$754.22	\$999.39	\$490.61	\$744.52	\$945.52
36	\$520.20	\$540.92	\$679.29	\$759.16	\$1,005.93	\$493.82	\$749.39	\$951.71
37	\$523.59	\$544.44	\$683.71	\$764.09	\$1,012.47	\$497.03	\$754.26	\$957.90
38	\$526.97	\$547.95	\$688.13	\$769.03	\$1,019.02	\$500.24	\$759.14	\$964.09
39	\$533.74	\$554.99	\$696.96	\$778.91	\$1,032.10	\$506.67	\$768.89	\$976.47
40	\$540.50	\$562.03	\$705.80	\$788.78	\$1,045.19	\$513.09	\$778.63	\$988.85
41	\$550.65	\$572.58	\$719.06	\$803.59	\$1,064.81	\$522.73	\$793.26	\$1,007.42
42	\$560.38	\$582.70	\$731.76	\$817.79	\$1,083.62	\$531.96	\$807.27	\$1,025.22
43	\$573.92	\$596.77	\$749.43	\$837.54	\$1,109.80	\$544.81	\$826.77	\$1,049.98
44	\$590.83	\$614.36	\$771.52	\$862.23	\$1,142.51	\$560.87	\$851.14	\$1,080.93
45	\$610.71	\$635.03	\$797.48	\$891.24	\$1,180.95	\$579.74	\$879.77	\$1,117.30
46	\$634.40	\$659.66	\$828.41	\$925.80	\$1,226.75	\$602.22	\$913.89	\$1,160.63
47	\$661.04	\$687.36	\$863.20	\$964.68	\$1,278.27	\$627.51	\$952.27	\$1,209.37
48	\$691.49	\$719.02	\$902.96	\$1,009.12	\$1,337.15	\$656.42	\$996.14	\$1,265.08
49	\$721.52	\$750.25	\$942.17	\$1,052.94	\$1,395.22	\$684.92	\$1,039.40	\$1,320.02
50	\$755.35	\$785.43	\$986.35	\$1,102.32	\$1,460.64	\$717.04	\$1,088.14	\$1,381.92
51	\$788.76	\$820.17	\$1,029.98	\$1,151.08	\$1,525.25	\$748.76	\$1,136.27	\$1,443.04
52	\$825.56	\$858.43	\$1,078.03	\$1,204.77	\$1,596.40	\$783.69	\$1,189.28	\$1,510.36
53	\$862.78	\$897.13	\$1,126.63	\$1,259.09	\$1,668.37	\$819.02	\$1,242.89	\$1,578.45
54	\$902.96	\$938.91	\$1,179.10	\$1,317.72	\$1,746.07	\$857.16	\$1,300.77	\$1,651.96
55	\$943.13	\$980.69	\$1,231.56	\$1,376.36	\$1,823.76	\$895.30	\$1,358.65	\$1,725.46
56	\$986.70	\$1,025.98	\$1,288.45	\$1,439.93	\$1,908.00	\$936.65	\$1,421.40	\$1,805.16
57	\$1,030.68	\$1,071.72	\$1,345.88	\$1,504.12	\$1,993.05	\$978.41	\$1,484.77	\$1,885.63
58	\$1,077.63	\$1,120.53	\$1,407.18	\$1,572.63	\$2,083.83	\$1,022.97	\$1,552.39	\$1,971.52
59	\$1,100.89	\$1,144.72	\$1,437.56	\$1,606.57	\$2,128.81	\$1,045.05	\$1,585.90	\$2,014.07
60	\$1,147.83	\$1,193.54	\$1,498.86	\$1,675.08	\$2,219.59	\$1,089.62	\$1,653.53	\$2,099.96
61	\$1,188.43	\$1,235.75	\$1,551.88	\$1,734.33	\$2,298.10	\$1,128.16	\$1,712.02	\$2,174.24
62	\$1,215.08	\$1,263.46	\$1,586.67	\$1,773.22	\$2,349.63	\$1,153.45	\$1,750.40	\$2,222.98
63	\$1,248.49	\$1,298.20	\$1,630.30	\$1,821.97	\$2,414.23	\$1,185.17	\$1,798.54	\$2,284.11
64+	\$1,268.79	\$1,319.31	\$1,656.81	\$1,851.60	\$2,453.49	\$1,204.44	\$1,827.78	\$2,321.25

*HSA not available for all plan variants.



2026 Dental Plan Rates

Horizon Family Grins Plus		Horizon Family Grins	
Age	Rate	Age	Rate
0-14	\$39.07	0-14	\$39.07
15	\$44.10	15	\$44.10
16	\$42.44	16	\$42.44
17	\$41.13	17	\$41.13
18	\$36.98	18	\$36.98
19-22	\$43.46	19+	\$12.38
23-24	\$37.71	Horizon Young Grins Age Rate	
25-29	\$46.40		
30-34	\$49.29		
35-39	\$51.86		
40-44	\$53.63		
45-49	\$56.57		
50-54	\$61.50		
55-59	\$68.88	0-14	\$39.07
60-63	\$76.11	15	\$44.10
64+	\$82.85	16	\$42.44
		17	\$41.13
		18	\$36.98

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		Horizon 65+	
1 Individual	\$60 per year	1 Individual	\$211.67 per year	Horizon Dental 65 Plus High	\$76.65 per year
1 Family	\$84 per year	1 Family	\$80.44 per year	Horizon Dental 65 Plus Low	\$69.34 per year

Horizon Healthy Smiles				
Age	Option 1	Option 2	Option 1*	Option 2*
22 and under	\$24.38	\$20.05	\$20.81	\$17.02
23-24	\$23.63	\$19.42	\$20.16	\$16.49
25-29	\$26.85	\$22.06	\$22.90	\$18.72
30-34	\$27.25	\$22.37	\$23.23	\$18.99
35-39	\$28.48	\$23.39	\$24.29	\$19.87
40-44	\$30.93	\$25.44	\$26.40	\$21.59
45-49	\$34.29	\$28.18	\$29.25	\$23.92
50-54	\$36.99	\$30.40	\$31.55	\$25.80
55-59	\$38.49	\$31.64	\$32.85	\$26.86
60-64	\$40.21	\$33.04	\$34.30	\$28.04
65+	\$39.74	\$32.66	\$33.91	\$27.74

Horizon Healthy Smiles Plus				
Age	Option 1	Option 2	Option 1*	Option 2*
22 and under	\$29.51	\$25.07	\$25.54	\$21.61
23-24	\$28.61	\$24.29	\$24.76	\$20.91
25-29	\$32.50	\$27.57	\$28.12	\$23.74
30-34	\$32.96	\$27.96	\$28.54	\$24.11
35-39	\$34.43	\$29.23	\$29.82	\$25.20
40-44	\$37.47	\$31.82	\$32.42	\$27.43
45-49	\$41.49	\$35.25	\$35.93	\$30.35
50-54	\$44.78	\$38.00	\$38.77	\$32.75
55-59	\$46.62	\$39.57	\$40.33	\$34.08
60-64	\$48.68	\$41.32	\$42.12	\$35.61
65+	\$48.11	\$40.86	\$41.61	\$35.20

*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.

2026 Vision Plan Rates

Vista V		Panorama V	
Monthly Premium		Monthly Premium	
Single	\$13.28	Single	\$14.62
Two Adults	\$25.56	Two Adults	\$29.24
Adult/Child(ren)	\$27.89	Adult/Child(ren)	\$30.70
Family	\$38.92	Family	\$42.83

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.