

2026 SEH Rate Chart *				Monthly Base Rates by Renewal Quarter ⁽⁴⁾ (Prior to Application of Territory ⁽⁵⁾ & Age ⁽⁶⁾ Rating Factors) ((Monthly Base Rate ⁽⁴⁾ x Territory Rating Factor ⁽⁵⁾) x Age Rating Factor ⁽⁶⁾ = Premium per person)			
Horizon Healthcare Services, Inc.							
Plan Name ⁽¹⁾⁽²⁾	Footnote (7)	Footnote (8)	Metal Tier ⁽³⁾	1Q2026	2Q2026	3Q2026	4Q2026
POS Platinum 100/60		8	Platinum	\$791.82	\$855.50	\$881.81	Not Yet Available
OMNIA Platinum			Platinum	\$801.88	\$883.76	\$910.84	
OMNIA Platinum Value			Platinum	\$808.87	\$859.33	\$885.74	
Direct Access Platinum 100/70 BlueCard		8	Platinum	\$942.03	\$1,044.11	\$1,075.53	
OMNIA Gold			Gold	\$720.79	\$780.68	\$804.96	
OMNIA Gold HSA BlueCard	7		Gold	\$737.98	\$800.55	\$825.37	
Advantage EPO Gold 100 \$40/\$60			Gold	\$752.66	\$813.65	\$838.82	
OMNIA Gold BlueCard			Gold	\$781.72	\$846.12	\$872.17	
Advantage EPO Gold 100/80 \$50			Gold	\$791.06	\$855.12	\$881.42	
Direct Access Gold 100/80/60 BlueCard		8	Gold	\$791.80	\$880.37	\$907.36	
Advantage EPO Gold 100/80			Gold	\$818.27	\$884.22	\$911.30	
Advantage EPO Gold 100 \$40/\$60 BlueCard			Gold	\$824.53	\$890.18	\$917.43	
Advantage EPO Gold 100 \$25/\$45			Gold	\$826.88	\$892.15	\$919.45	
Advantage EPO Gold 100/80 BlueCard			Gold	\$895.10	\$965.97	\$995.27	
Advantage EPO Gold 100 \$25/\$45 BlueCard			Gold	\$904.88	\$974.98	\$1,004.53	
OMNIA Silver Value			Silver	\$538.32	\$592.60	\$611.78	
OMNIA Silver HSA	7		Silver	\$553.83	\$604.39	\$623.88	
OMNIA Silver			Silver	\$601.20	\$654.82	\$675.68	
OMNIA Silver BlueCard			Silver	\$601.37	\$655.03	\$675.90	
Direct Access MyWay HSA Silver 100/70/60 BlueCard	7	8	Silver	\$616.45	\$688.11	\$709.88	
Advantage EPO Silver 100/50			Silver	\$667.25	\$727.63	\$750.47	
Advantage EPO Silver 100/60			Silver	\$701.50	\$763.83	\$787.65	
Advantage EPO Silver 100/50 BlueCard			Silver	\$730.11	\$794.48	\$819.13	
Advantage EPO Silver 100/60 BlueCard			Silver	\$768.01	\$835.19	\$860.95	
OMNIA Bronze			Bronze	\$473.41	\$521.56	\$538.81	
Advantage EPO Bronze 50			Bronze	\$587.98	\$645.57	\$666.18	
Advantage EPO Bronze 50 BlueCard			Bronze	\$644.00	\$705.68	\$727.92	

Territory Rating Factors ⁽⁵⁾	Q1	Q2	Q3	Q4	SEH Age Curve (for contracts issued 01/01/2018 or later)			
A) Essex, Hudson, Union	0.9800	0.9800	0.9800	Not Yet Available	Ages	Age Rating Factors ⁽⁶⁾	Ages	Age Rating Factors ⁽⁶⁾
B) Bergen, Passaic	0.9900	0.9900	0.9900		0-14	0.765	40	1.393
C) Monmouth, Morris, Sussex, Warren	0.9900	0.9900	0.9900		15	0.833	41	1.410
D) Hunterdon, Middlesex, Somerset	0.9740	0.9740	0.9740		16	0.859	42	1.427
E) Burlington, Camden, Mercer	0.9900	0.9900	0.9900		17	0.885	43	1.450
F) Atlantic, Cape May, Ocean, Salem, Cumberland, Gloucester	1.0670	1.0670	1.0670		18	0.913	44	1.478
					19	0.941	45	1.511
Footnotes					20	0.970	46	1.550
⁽¹⁾ Plan Names were supplied by the Carrier. Please contact the Carrier for explanations of the abbreviations used in the plan names.					21	1.250	47	1.593
⁽²⁾ Employers, that qualify as “ religious employers ” under Federal law, <i>may</i> have the option to purchase plans with certain exclusion provisions. Contact the Carrier for information about the exclusion provisions, if any.					22	1.250	48	1.641
⁽³⁾ Metal Level indicates the actuarial value of the plan. Each metal level is designed to cover an expected percentage of the covered charges: Bronze 60%, Silver 70%, Gold 80%, and Platinum 90%.					23	1.250	49	1.688
⁽⁴⁾ Monthly Base Rate applies to plans newly issued or renewed during the quarter. Multiply the Monthly Base Rate by the Territory Rating Factor and the Age Rating Factor.					24	1.250	50	1.741
⁽⁵⁾ Territory Rating Factor is based on the employer's principal place of business.					25	1.250	51	1.792
⁽⁶⁾ Age Rating Factor is used to calculate the monthly premium for each person to be covered.					26	1.250	52	1.847
⁽⁷⁾ These are high deductible health plans and are compatible with Health Savings Accounts (HSA) . Contact the Carrier for additional information.					27	1.250	53	1.902
⁽⁸⁾ These plans are not available in all counties . Contact the Carrier, or your broker, for additional information.					28	1.250	54	1.961
*For details about plans and coverage options, e.g. HSA, please contact the Carrier or your broker directly.					29	1.275	55	2.019
Premium Calculation					30	1.287	56	2.080
Monthly premium per person (whether employee or employee's dependents) = ((Monthly Base Rate ⁽⁴⁾ x Territory Rating Factor ⁽⁵⁾) x Age Rating Factor ⁽⁶⁾)					31	1.305	57	2.142
Monthly premium per each employee's family = sum of the premiums for the employee and the employee's dependents.					32	1.323	58	2.206
Note: For dependent children under age 20 the premium is capped at the sum of the premiums for three children.					33	1.334	59	2.280
Monthly premium per small employer group = sum of the premiums for all employees and dependents to be covered.					34	1.346	60	2.280
					35	1.352	61	2.280
					36	1.358	62	2.280
					37	1.363	63	2.280
					38	1.369	64 and older	2.280
					39	1.381		