2026 SEH Rate Chart * Horizon Healthcare Services, Inc.				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)			
Plan Name[1][2]	Footnote (7)	Footnote (8)	Metal Tier[3]	1Q2026	2Q2026	3Q2026	4Q2026
POS Platinum 100/60		8	Platinum	$791.52	$855.50	$881.81	$909.89
OMNIA Platinum			Platinum	$801.58	$883.76	$910.84	$939.74
OMNIA Platinum Value			Platinum	$808.62	$859.33	$885.74	$913.93
Direct Access Platinum 100/70 BlueCard		8	Platinum	$941.67	$1,044.11	$1,075.53	$1,109.07
OMNIA Gold			Gold	$720.52	$780.68	$804.96	$830.88
OMNIA Gold HSA BlueCard	7		Gold	$737.91	$800.55	$825.37	$851.86
Advantage EPO Gold 100 $40/$60			Gold	$752.38	$813.65	$838.82	$865.69
OMNIA Gold BlueCard			Gold	$781.43	$846.12	$872.17	$899.98
Advantage EPO Gold 100/80 $50			Gold	$790.76	$855.12	$881.42	$909.49
Direct Access Gold 100/80/60 BlueCard		8	Gold	$791.50	$880.37	$907.36	$936.16
Advantage EPO Gold 100/80			Gold	$817.96	$884.22	$911.30	$940.21
Advantage EPO Gold 100 $40/$60 BlueCard			Gold	$824.21	$890.18	$917.43	$946.51
Advantage EPO Gold 100 $25/$45			Gold	$826.56	$892.15	$919.45	$948.59
Advantage EPO Gold 100/80 BlueCard			Gold	$894.76	$965.97	$995.27	$1,026.55
Advantage EPO Gold 100 $25/$45 BlueCard			Gold	$904.54	$974.98	$1,004.53	$1,036.07
OMNIA Silver Value			Silver	$543.80	$592.60	$611.78	$632.25
OMNIA Silver HSA	7		Silver	$555.46	$604.39	$623.88	$644.70
OMNIA Silver			Silver	$603.69	$654.82	$675.68	$697.96
OMNIA Silver BlueCard			Silver	$604.04	$655.03	$675.90	$698.18
Direct Access MyWay HSA Silver 100/70/60 BlueCard	7	8	Silver	$616.21	$688.11	$709.88	$733.12
Advantage EPO Silver 100/50			Silver	$670.07	$727.63	$750.47	$774.85
Advantage EPO Silver 100/60			Silver	$704.58	$763.83	$787.65	$813.08
Advantage EPO Silver 100/50 BlueCard			Silver	$733.20	$794.48	$819.13	$845.44
Advantage EPO Silver 100/60 BlueCard			Silver	$771.38	$835.19	$860.95	$888.44
OMNIA Bronze			Bronze	$477.38	$521.56	$538.81	$557.23
Advantage EPO Bronze 50			Bronze	$592.33	$645.57	$666.18	$688.19
Advantage EPO Bronze 50 BlueCard			Bronze	$648.77	$705.68	$727.92	$751.67

Territory Rating Factors[5]	Q1	Q2	Q3	Q4
A) Essex, Hudson, Union	0.9800	0.9800	0.9800	0.9800
B) Bergen, Passaic	0.9900	0.9900	0.9900	0.9900
C) Monmouth, Morris, Sussex, Warren	0.9900	0.9900	0.9900	0.9900
D) Hunterdon, Middlesex, Somerset	0.9740	0.9740	0.9740	0.9740
E) Burlington, Camden, Mercer	0.9900	0.9900	0.9900	0.9900
F) Atlantic, Cape May, Ocean, Salem, Cumberland, Gloucester	1.0670	1.0670	1.0670	1.0670

SEH Age Curve (for contracts issued 01/01/2018 or later)			
Ages	Age Rating Factors[6]	Ages	Age Rating Factors[6]
0-14	0.765	40	1.393
15	0.833	41	1.410
16	0.859	42	1.427
17	0.885	43	1.450
18	0.913	44	1.478
19	0.941	45	1.511
20	0.970	46	1.550
21	1.250	47	1.593
22	1.250	48	1.641
23	1.250	49	1.688
24	1.250	50	1.741
25	1.250	51	1.792
26	1.250	52	1.847
27	1.250	53	1.902
28	1.250	54	1.961
29	1.275	55	2.019
30	1.287	56	2.080
31	1.305	57	2.142
32	1.323	58	2.206
33	1.334	59	2.280
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		

Footnotes

(1) **Plan Names** were supplied by the Carrier. Please contact the Carrier for explanations of the abbreviations used in the plan names.

(2) Employers, that qualify as **"religious employers"** under Federal law, *may* have the option to purchase plans with certain exclusion provisions. Contact the Carrier for information about the exclusion provisions, if any.

(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%.

(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.

(5) **Territory Rating Factor** is based on the employer's principal place of business.

(6) **Age Rating Factor** is used to calculate the monthly premium for each person to be covered.

(7) These are high deductible health plans and are compatible with **Health Savings Accounts (HSA)**. Contact the Carrier for additional information.

(8) These plans are **not available in all counties.** Contact the Carrier, or your broker, for additional information.

*For details about plans and coverage options, e.g. HSA, please contact the Carrier or your broker directly.

Premium Calculation

Monthly premium per person (whether employee or employee's dependents) = ((Monthly Base Rate[4] x Territory Rating Factor[5]) x Age Rating Factor [6])

Monthly premium per each employee's family = sum of the premiums for the employee and the employee's dependents.

Note: For **dependent children under age 20** the premium is capped at the sum of the premiums for three children.

Monthly premium per small employer group = sum of the premiums for all employees and dependents to be covered.