Edgewood (Health insurance rates for 2026)

EnhancedBlue 1500 HMO

Empoyee Only Rates

Rates are Per Pay Period (24 per pay period)

Age	Employee	Spouse	Child
Under 14	$45.39		
15	$49.42		
16	$50.97		
17	$52.51		
18	$54.17		
19	$55.83		
20	$57.55		
21	$59.33		
22	$59.33		
23	$59.33		
24	$59.33		
25	$59.57		
26	$60.76		
27	$62.18		
28	$64.49		
29	$66.39		
30	$67.34		
31	$68.77		
32	$70.19		
33	$71.08		
34	$72.03		
35	$72.50		
36	$72.98		
37	$73.45		
38	$73.93		
39	$74.88		

Age	Employee	Spouse
40	$75.83	
41	$77.25	
42	$78.62	
43	$80.52	
44	$82.89	
45	$85.68	
46	$89.00	
47	$92.74	
48	$97.01	
49	$101.22	
50	$105.97	
51	$110.66	
52	$115.82	
53	$121.04	
54	$126.68	
55	$132.31	
56	$138.42	
57	$144.59	
58	$151.18	
59	$154.44	
60	$161.03	
61	$166.73	
62	$170.46	
63	$175.15	
64 and over	$178.00	

Edgewood (Health insurance rates for 2026)

EnhancedBlue 1500 HMO

Employee/Spouse Rates

Rates are Per Pay Period (24 periods)

Add Spouse rate to employee rate for total per pay period rate

Age	Employee	Spouse	Child
Under 14	$61.04	$156.52	
15	$66.47	$170.43	
16	$68.54	$175.75	
17	$70.62	$181.07	
18	$72.85	$186.80	
19	$75.08	$192.53	
20	$77.40	$198.46	
21	$79.79	$204.60	
22	$79.79	$204.60	
23	$79.79	$204.60	
24	$79.79	$204.60	
25	$80.11	$205.42	
26	$81.71	$209.51	
27	$83.62	$214.42	
28	$86.73	$222.40	
29	$89.29	$228.95	
30	$90.56	$232.22	
31	$92.48	$237.13	
32	$94.40	$242.04	
33	$95.59	$245.11	
34	$96.87	$248.38	
35	$97.51	$250.02	
36	$98.15	$251.66	
37	$98.78	$253.29	
38	$99.42	$254.93	
39	$100.70	$258.20	

Age	Employee	Spouse
40	$101.98	$261.48
41	$103.89	$266.39
42	$105.73	$271.09
43	$108.28	$277.64
44	$111.47	$285.82
45	$115.22	$295.44
46	$119.69	$306.90
47	$124.72	$319.79
48	$130.46	$334.52
49	$136.13	$349.04
50	$142.51	$365.41
51	$148.81	$381.58
52	$155.75	$399.37
53	$162.78	$417.38
54	$170.36	$436.82
55	$177.94	$456.25
56	$186.16	$477.33
57	$194.45	$498.60
58	$203.31	$521.31
59	$207.70	$532.57
60	$216.56	$555.28
61	$224.22	$574.92
62	$229.24	$587.81
63	$235.55	$603.97
64 and over	$239.38	$613.79

Edgewood (Health insurance rates for 2026)

EnhancedBlue 1500 HMO

Employee/Child(ren) Rates

Rates are Per Pay Period (24 periods)

Add per child rate to employee rate for total per pay period rate

Age	Employee	Spouse	Child
Under 14	$61.04		$61.04
15	$66.47		$66.47
16	$68.54		$68.54
17	$70.62		$70.62
18	$72.85		$72.85
19	$75.08		$75.08
20	$77.40		$77.40
21	$79.79		$79.79
22	$79.79		$79.79
23	$79.79		$79.79
24	$79.79		$79.79
25	$80.11		$80.11
26	$81.71		
27	$83.62		
28	$86.73		
29	$89.29		
30	$90.56		
31	$92.48		
32	$94.40		
33	$95.59		
34	$96.87		
35	$97.51		
36	$98.15		
37	$98.78		
38	$99.42		
39	$100.70		

Age	Employee	Spouse
40	$101.98	
41	$103.89	
42	$105.73	
43	$108.28	
44	$111.47	
45	$115.22	
46	$119.69	
47	$124.72	
48	$130.46	
49	$136.13	
50	$142.51	
51	$148.81	
52	$155.75	
53	$162.78	
54	$170.36	
55	$177.94	
56	$186.16	
57	$194.45	
58	$203.31	
59	$207.70	
60	$216.56	
61	$224.22	
62	$229.24	
63	$235.55	
64 and over	$239.38	

Edgewood (Health insurance rates for 2026)

EnhancedBlue 1500 HMO

Employee/Family Rates

Rates are Per Pay Period (24 periods)

Add Spouse and per child rate to employee rate for total per pay period rate

Age	Employee	Spouse	Child
Under 14	$61.04	$61.04	$61.04
15	$66.47	$66.47	$66.47
16	$68.54	$68.54	$68.54
17	$70.62	$70.62	$70.62
18	$72.85	$72.85	$72.85
19	$75.08	$75.08	$75.08
20	$77.40	$77.40	$77.40
21	$79.79	$79.79	$79.79
22	$79.79	$79.79	$79.79
23	$79.79	$79.79	$79.79
24	$79.79	$79.79	$79.79
25	$80.11	$80.11	$80.11
26	$81.71	$81.71	
27	$83.62	$83.62	
28	$86.73	$86.73	
29	$89.29	$89.29	
30	$90.56	$90.56	
31	$92.48	$92.48	
32	$94.40	$94.40	
33	$95.59	$95.59	
34	$96.87	$96.87	
35	$97.51	$97.51	
36	$98.15	$98.15	
37	$98.78	$98.78	
38	$99.42	$99.42	
39	$100.70	$100.70	

Age	Employee	Spouse
40	$101.98	$101.98
41	$103.89	$103.89
42	$105.73	$105.73
43	$108.28	$108.28
44	$111.47	$111.47
45	$115.22	$115.22
46	$119.69	$119.69
47	$124.72	$124.72
48	$130.46	$130.46
49	$136.13	$136.13
50	$142.51	$142.51
51	$148.81	$148.81
52	$155.75	$155.75
53	$162.78	$162.78
54	$170.36	$170.36
55	$177.94	$177.94
56	$186.16	$186.16
57	$194.45	$194.45
58	$203.31	$203.31
59	$207.70	$207.70
60	$216.56	$216.56
61	$224.22	$224.22
62	$229.24	$229.24
63	$235.55	$235.55
64 and over	$239.38	$239.38

Edgewood (Health insurance rates for 2026)

CompleteBlue 4000 POS
Employee Only Rates
Rates are Per Pay Period (24 periods)

Age	Employee	Spouse	Child
Under 14	$40.25		
15	$43.83		
16	$45.19		
17	$46.56		
18	$48.04		
19	$49.51		
20	$51.03		
21	$52.61		
22	$52.61		
23	$52.61		
24	$52.61		
25	$52.82		
26	$53.87		
27	$55.14		
28	$57.19		
29	$58.87		
30	$59.72		
31	$60.98		
32	$62.24		
33	$63.03		
34	$63.87		
35	$64.29		
36	$64.71		
37	$65.13		
38	$65.55		
39	$66.40		

Age	Employee	Spouse
40	$67.24	
41	$68.50	
42	$69.71	
43	$71.40	
44	$73.50	
45	$75.97	
46	$78.92	
47	$82.23	
48	$86.02	
49	$89.76	
50	$93.97	
51	$98.12	
52	$102.70	
53	$107.33	
54	$112.33	
55	$117.33	
56	$122.75	
57	$128.22	
58	$134.06	
59	$136.95	
60	$142.79	
61	$147.84	
62	$151.16	
63	$155.31	
64 and over	$157.84	

Edgewood (Health insurance rates for 2026)

CompleteBlue 4000 POS

Employee/Spouse Rates

Rates are Per Pay Period (24 periods)

Add Spouse rate to employee rate for total per pay period rate

Age	Employee	Spouse	Child
Under 14	$54.13	$138.79	
15	$58.94	$151.13	
16	$60.78	$155.84	
17	$62.62	$160.56	
18	$64.60	$165.64	
19	$66.58	$170.72	
20	$68.63	$175.98	
21	$70.75	$181.42	
22	$70.75	$181.42	
23	$70.75	$181.42	
24	$70.75	$181.42	
25	$71.04	$182.15	
26	$72.45	$185.78	
27	$74.15	$190.13	
28	$76.91	$197.21	
29	$79.17	$203.01	
30	$80.31	$205.92	
31	$82.01	$210.27	
32	$83.70	$214.63	
33	$84.76	$217.35	
34	$85.90	$220.25	
35	$86.46	$221.70	
36	$87.03	$223.15	
37	$87.59	$224.60	
38	$88.16	$226.05	
39	$89.29	$228.96	

Age	Employee	Spouse
40	$90.43	$231.86
41	$92.12	$236.21
42	$93.75	$240.39
43	$96.01	$246.19
44	$98.84	$253.45
45	$102.17	$261.98
46	$106.13	$272.14
47	$110.59	$283.57
48	$115.68	$296.63
49	$120.71	$309.51
50	$126.37	$324.02
51	$131.96	$338.36
52	$138.11	$354.14
53	$144.34	$370.10
54	$151.06	$387.34
55	$157.78	$404.57
56	$165.07	$423.26
57	$172.43	$442.13
58	$180.28	$462.27
59	$184.17	$472.24
60	$192.03	$492.38
61	$198.82	$509.80
62	$203.28	$521.23
63	$208.87	$535.56
64 and over	$212.26	$544.26

Edgewood (Health insurance rates for 2026)

CompleteBlue 4000 POS

Employee/Child(ren) Rates

Rates are Per Pay Period (24 periods)

Add per child rate to employee rate for total per pay period rate

Age	Employee	Spouse	Child
Under 14	$54.13		$54.13
15	$58.94		$58.94
16	$60.78		$60.78
17	$62.62		$62.62
18	$64.60		$64.60
19	$66.58		$66.58
20	$68.63		$68.63
21	$70.75		$70.75
22	$70.75		$70.75
23	$70.75		$70.75
24	$70.75		$70.75
25	$71.04		$71.04
26	$72.45		
27	$74.15		
28	$76.91		
29	$79.17		
30	$80.31		
31	$82.01		
32	$83.70		
33	$84.76		
34	$85.90		
35	$86.46		
36	$87.03		
37	$87.59		
38	$88.16		
39	$89.29		

Age	Employee	Spouse
40	$90.43	
41	$92.12	
42	$93.75	
43	$96.01	
44	$98.84	
45	$102.17	
46	$106.13	
47	$110.59	
48	$115.68	
49	$120.71	
50	$126.37	
51	$131.96	
52	$138.11	
53	$144.34	
54	$151.06	
55	$157.78	
56	$165.07	
57	$172.43	
58	$180.28	
59	$184.17	
60	$192.03	
61	$198.82	
62	$203.28	
63	$208.87	
64 and over	$212.26	

Edgewood (Health insurance rates for 2026)

CompleteBlue 4000 POS
Employee/Family Rates
Rates are Per Pay Period (24 periods)

Age	Employee	Spouse	Child
Under 14	$54.13	$54.13	$54.13
15	$58.94	$58.94	$58.94
16	$60.78	$60.78	$60.78
17	$62.62	$62.62	$62.62
18	$64.60	$64.60	$64.60
19	$66.58	$66.58	$66.58
20	$68.63	$68.63	$68.63
21	$70.75	$70.75	$70.75
22	$70.75	$70.75	$70.75
23	$70.75	$70.75	$70.75
24	$70.75	$70.75	$70.75
25	$71.04	$71.04	$71.04
26	$72.45	$72.45	
27	$74.15	$74.15	
28	$76.91	$76.91	
29	$79.17	$79.17	
30	$80.31	$80.31	
31	$82.01	$82.01	
32	$83.70	$83.70	
33	$84.76	$84.76	
34	$85.90	$85.90	
35	$86.46	$86.46	
36	$87.03	$87.03	
37	$87.59	$87.59	
38	$88.16	$88.16	
39	$89.29	$89.29	

Age	Employee	Spouse
40	$90.43	$90.43
41	$92.12	$92.12
42	$93.75	$93.75
43	$96.01	$96.01
44	$98.84	$98.84
45	$102.17	$102.17
46	$106.13	$106.13
47	$110.59	$110.59
48	$115.68	$115.68
49	$120.71	$120.71
50	$126.37	$126.37
51	$131.96	$131.96
52	$138.11	$138.11
53	$144.34	$144.34
54	$151.06	$151.06
55	$157.78	$157.78
56	$165.07	$165.07
57	$172.43	$172.43
58	$180.28	$180.28
59	$184.17	$184.17
60	$192.03	$192.03
61	$198.82	$198.82
62	$203.28	$203.28
63	$208.87	$208.87
64 and over	$212.26	$212.26

Edgewood (Health insurance rates for 2026)

CompleteBlue 5000 HMO
Employee Only Rates
Rates are Per Pay Period (24 periods)

Age	Employee	Spouse	Child
Under 14	$37.59		
15	$40.93		
16	$42.20		
17	$43.48		
18	$44.86		
19	$46.23		
20	$47.66		
21	$49.13		
22	$49.13		
23	$49.13		
24	$49.13		
25	$49.33		
26	$50.31		
27	$51.49		
28	$53.41		
29	$54.98		
30	$55.76		
31	$56.94		
32	$58.12		
33	$58.86		
34	$59.65		
35	$60.04		
36	$60.43		
37	$60.82		
38	$61.22		
39	$62.00		

Age	Employee	Spouse
40	$62.79	
41	$63.97	
42	$65.10	
43	$66.67	
44	$68.64	
45	$70.95	
46	$73.70	
47	$76.79	
48	$80.33	
49	$83.82	
50	$87.75	
51	$91.63	
52	$95.90	
53	$100.23	
54	$104.90	
55	$109.56	
56	$114.62	
57	$119.73	
58	$125.19	
59	$127.89	
60	$133.34	
61	$138.06	
62	$141.15	
63	$145.04	
64 and over	$147.40	

Edgewood (Health insurance rates for 2026)

CompleteBlue 5000 HMO
Employee/Spouse Rates
Rates are Per Pay Period (24 periods)

Age	Employee	Spouse	Child
Under 14	$50.55	$129.61	
15	$55.04	$141.13	
16	$56.76	$145.53	
17	$58.47	$149.94	
18	$60.33	$154.68	
19	$62.18	$159.43	
20	$64.09	$164.34	
21	$66.07	$169.42	
22	$66.07	$169.42	
23	$66.07	$169.42	
24	$66.07	$169.42	
25	$66.34	$170.10	
26	$67.66	$173.49	
27	$69.24	$177.55	
28	$71.82	$184.16	
29	$73.94	$189.58	
30	$74.99	$192.29	
31	$76.58	$196.36	
32	$78.17	$200.43	
33	$79.16	$202.97	
34	$80.21	$205.68	
35	$80.74	$207.03	
36	$81.27	$208.39	
37	$81.80	$209.74	
38	$82.33	$211.10	
39	$83.39	$213.81	

Age	Employee	Spouse
40	$84.44	$216.52
41	$86.03	$220.59
42	$87.55	$224.48
43	$89.66	$229.90
44	$92.31	$236.68
45	$95.41	$244.64
46	$99.11	$254.13
47	$103.27	$264.81
48	$108.03	$277.00
49	$112.72	$289.03
50	$118.01	$302.59
51	$123.23	$315.97
52	$128.97	$330.71
53	$134.79	$345.62
54	$141.07	$361.71
55	$147.34	$377.81
56	$154.15	$395.26
57	$161.02	$412.88
58	$168.36	$431.68
59	$171.99	$441.00
60	$179.32	$459.81
61	$185.67	$476.07
62	$189.83	$486.74
63	$195.05	$500.13
64 and over	$198.22	$508.26

Edgewood (Health insurance rates for 2026)

CompleteBlue 5000 HMO
Employee/Child(ren) Rates
Rates are Per Pay Period (24 periods)

Age	Employee	Spouse	Child
Under 14	$50.55		$50.55
15	$55.04		$55.04
16	$56.76		$56.76
17	$58.47		$58.47
18	$60.33		$60.33
19	$62.18		$62.18
20	$64.09		$64.09
21	$66.07		$66.07
22	$66.07		$66.07
23	$66.07		$66.07
24	$66.07		$66.07
25	$66.34		$66.34
26	$67.66		
27	$69.24		
28	$71.82		
29	$73.94		
30	$74.99		
31	$76.58		
32	$78.17		
33	$79.16		
34	$80.21		
35	$80.74		
36	$81.27		
37	$81.80		
38	$82.33		
39	$83.39		

Age	Employee	Spouse
40	$84.44	
41	$86.03	
42	$87.55	
43	$89.66	
44	$92.31	
45	$95.41	
46	$99.11	
47	$103.27	
48	$108.03	
49	$112.72	
50	$118.01	
51	$123.23	
52	$128.97	
53	$134.79	
54	$141.07	
55	$147.34	
56	$154.15	
57	$161.02	
58	$168.36	
59	$171.99	
60	$179.32	
61	$185.67	
62	$189.83	
63	$195.05	
64 and over	$198.22	

Edgewood (Health insurance rates for 2026)

CompleteBlue 5000 HMO
Employee/Family Rates
Rates are Per Pay Period (24 periods)

Age	Employee	Spouse	Child
Under 14	$50.55	$50.55	$50.55
15	$55.04	$55.04	$55.04
16	$56.76	$56.76	$56.76
17	$58.47	$58.47	$58.47
18	$60.33	$60.33	$60.33
19	$62.18	$62.18	$62.18
20	$64.09	$64.09	$64.09
21	$66.07	$66.07	$66.07
22	$66.07	$66.07	$66.07
23	$66.07	$66.07	$66.07
24	$66.07	$66.07	$66.07
25	$66.34	$66.34	$66.34
26	$67.66	$67.66	
27	$69.24	$69.24	
28	$71.82	$71.82	
29	$73.94	$73.94	
30	$74.99	$74.99	
31	$76.58	$76.58	
32	$78.17	$78.17	
33	$79.16	$79.16	
34	$80.21	$80.21	
35	$80.74	$80.74	
36	$81.27	$81.27	
37	$81.80	$81.80	
38	$82.33	$82.33	
39	$83.39	$83.39	

Age	Employee	Spouse
40	$84.44	$84.44
41	$86.03	$86.03
42	$87.55	$87.55
43	$89.66	$89.66
44	$92.31	$92.31
45	$95.41	$95.41
46	$99.11	$99.11
47	$103.27	$103.27
48	$108.03	$108.03
49	$112.72	$112.72
50	$118.01	$118.01
51	$123.23	$123.23
52	$128.97	$128.97
53	$134.79	$134.79
54	$141.07	$141.07
55	$147.34	$147.34
56	$154.15	$154.15
57	$161.02	$161.02
58	$168.36	$168.36
59	$171.99	$171.99
60	$179.32	$179.32
61	$185.67	$185.67
62	$189.83	$189.83
63	$195.05	$195.05
64 and over	$198.22	$198.22