Jersey Ridge (Health insurance rates for 2026)

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

Age	Employee	Spouse	Child
Under 14	$41.21		
15	$44.88		
16	$46.28		
17	$47.68		
18	$49.19		
19	$50.70		
20	$52.26		
21	$53.88		
22	$53.88		
23	$53.88		
24	$53.88		
25	$54.09		
26	$55.17		
27	$56.46		
28	$58.56		
29	$60.29		
30	$61.15		
31	$62.44		
32	$63.73		
33	$64.54		
34	$65.41		
35	$65.84		
36	$66.27		
37	$66.70		
38	$67.13		
39	$67.99		

Age	Employee	Spouse
40	$68.85	
41	$70.15	
42	$71.39	
43	$73.11	
44	$75.26	
45	$77.80	
46	$80.81	
47	$84.21	
48	$88.09	
49	$91.91	
50	$96.22	
51	$100.48	
52	$105.17	
53	$109.91	
54	$115.02	
55	$120.14	
56	$125.69	
57	$131.29	
58	$137.28	
59	$140.24	
60	$146.22	
61	$151.39	
62	$154.78	
63	$159.04	
64 and over	$161.63	

Jersey Ridge (Health insurance rates for 2026)

CompleteBlue 4000 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	$46.53	$132.95	
15	$50.67	$144.77	
16	$52.25	$149.29	
17	$53.83	$153.81	
18	$55.54	$158.68	
19	$57.24	$163.54	
20	$59.00	$168.58	
21	$60.83	$173.80	
22	$60.83	$173.80	
23	$60.83	$173.80	
24	$60.83	$173.80	
25	$61.07	$174.49	
26	$62.29	$177.97	
27	$63.75	$182.14	
28	$66.12	$188.91	
29	$68.07	$194.48	
30	$69.04	$197.26	
31	$70.50	$201.43	
32	$71.96	$205.60	
33	$72.87	$208.21	
34	$73.84	$210.99	
35	$74.33	$212.38	
36	$74.82	$213.77	
37	$75.30	$215.16	
38	$75.79	$216.55	
39	$76.76	$219.33	

Age	Employee	Spouse
40	$77.74	$222.11
41	$79.20	$226.28
42	$80.60	$230.28
43	$82.54	$235.84
44	$84.98	$242.79
45	$87.83	$250.96
46	$91.24	$260.69
47	$95.07	$271.64
48	$99.45	$284.15
49	$103.77	$296.49
50	$108.64	$310.40
51	$113.44	$324.13
52	$118.74	$339.25
53	$124.09	$354.54
54	$129.87	$371.05
55	$135.64	$387.56
56	$141.91	$405.46
57	$148.24	$423.53
58	$154.99	$442.83
59	$158.33	$452.38
60	$165.09	$471.68
61	$170.92	$488.36
62	$174.76	$499.31
63	$179.56	$513.04
64 and over	$182.48	$521.38

Jersey Ridge (Health insurance rates for 2026)

CompleteBlue 4000 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	$45.20		$45.20
15	$49.22		$49.22
16	$50.76		$50.76
17	$52.29		$52.29
18	$53.95		$53.95
19	$55.60		$55.60
20	$57.32		$57.32
21	$59.09		$59.09
22	$59.09		$59.09
23	$59.09		$59.09
24	$59.09		$59.09
25	$59.33		$59.33
26	$60.51		
27	$61.93		
28	$64.23		
29	$66.12		
30	$67.07		
31	$68.48		
32	$69.90		
33	$70.79		
34	$71.73		
35	$72.21		
36	$72.68		
37	$73.15		
38	$73.63		
39	$74.57		

Age	Employee	Spouse
40	$75.52	
41	$76.94	
42	$78.29	
43	$80.18	
44	$82.55	
45	$85.32	
46	$88.63	
47	$92.36	
48	$96.61	
49	$100.81	
50	$105.53	
51	$110.20	
52	$115.34	
53	$120.54	
54	$126.16	
55	$131.77	
56	$137.86	
57	$144.00	
58	$150.56	
59	$153.81	
60	$160.37	
61	$166.04	
62	$169.76	
63	$174.43	
64 and over	$177.27	

Jersey Ridge (Health insurance rates for 2026)

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

Age	Employee	Spouse	Child
Under 14	$59.83	$59.83	$59.83
15	$65.15	$65.15	$65.15
16	$67.18	$67.18	$67.18
17	$69.21	$69.21	$69.21
18	$71.40	$71.40	$71.40
19	$73.59	$73.59	$73.59
20	$75.86	$75.86	$75.86
21	$78.21	$78.21	$78.21
22	$78.21	$78.21	$78.21
23	$78.21	$78.21	$78.21
24	$78.21	$78.21	$78.21
25	$78.52	$78.52	$78.52
26	$80.08	$80.08	
27	$81.96	$81.96	
28	$85.01	$85.01	
29	$87.51	$87.51	
30	$88.76	$88.76	
31	$90.64	$90.64	
32	$92.52	$92.52	
33	$93.69	$93.69	
34	$94.94	$94.94	
35	$95.57	$95.57	
36	$96.19	$96.19	
37	$96.82	$96.82	
38	$97.45	$97.45	
39	$98.70	$98.70	

Age	Employee	Spouse
40	$99.95	$99.95
41	$101.83	$101.83
42	$103.62	$103.62
43	$106.13	$106.13
44	$109.26	$109.26
45	$112.93	$112.93
46	$117.31	$117.31
47	$122.24	$122.24
48	$127.87	$127.87
49	$133.42	$133.42
50	$139.68	$139.68
51	$145.86	$145.86
52	$152.66	$152.66
53	$159.54	$159.54
54	$166.97	$166.97
55	$174.40	$174.40
56	$182.46	$182.46
57	$190.59	$190.59
58	$199.27	$199.27
59	$203.57	$203.57
60	$212.25	$212.25
61	$219.76	$219.76
62	$224.69	$224.69
63	$230.87	$230.87
64 and over	$234.62	$234.62

Jersey Ridge (Health insurance rates for 2026)

SimplyBlue 6000 HMO
Employee Only Rates
Rates are Per Pay Period (24 periods)

Age	Employee	Spouse	Child
Under 14	$33.08		
15	$36.02		
16	$37.14		
17	$38.26		
18	$39.47		
19	$40.68		
20	$41.94		
21	$43.24		
22	$43.24		
23	$43.24		
24	$43.24		
25	$43.41		
26	$44.27		
27	$45.31		
28	$47.00		
29	$48.38		
30	$49.07		
31	$50.11		
32	$51.15		
33	$51.80		
34	$52.49		
35	$52.83		
36	$53.18		
37	$53.53		
38	$53.87		
39	$54.56		

Age	Employee	Spouse
40	$55.26	
41	$56.29	
42	$57.29	
43	$58.67	
44	$60.40	
45	$62.43	
46	$64.85	
47	$67.58	
48	$70.69	
49	$73.76	
50	$77.22	
51	$80.63	
52	$84.40	
53	$88.20	
54	$92.31	
55	$96.42	
56	$100.87	
57	$105.37	
58	$110.16	
59	$112.54	
60	$117.34	
61	$121.49	
62	$124.22	
63	$127.63	
64 and over	$129.71	

Jersey Ridge (Health insurance rates for 2026)

SimplyBlue 6000 HMO
Employee/Spouse Rates
Rates are Per Pay Period (24 periods)

Age	Employee	Spouse	Child
Under 14	$38.59	$110.25	
15	$42.02	$120.05	
16	$43.33	$123.80	
17	$44.64	$127.55	
18	$46.05	$131.58	
19	$47.47	$135.62	
20	$48.93	$139.80	
21	$50.44	$144.12	
22	$50.44	$144.12	
23	$50.44	$144.12	
24	$50.44	$144.12	
25	$50.64	$144.70	
26	$51.65	$147.58	
27	$52.86	$151.04	
28	$54.83	$156.66	
29	$56.44	$161.27	
30	$57.25	$163.58	
31	$58.46	$167.04	
32	$59.67	$170.50	
33	$60.43	$172.66	
34	$61.24	$174.96	
35	$61.64	$176.12	
36	$62.04	$177.27	
37	$62.45	$178.42	
38	$62.85	$179.58	
39	$63.66	$181.88	

Age	Employee	Spouse
40	$64.46	$184.19
41	$65.68	$187.65
42	$66.84	$190.96
43	$68.45	$195.57
44	$70.47	$201.34
45	$72.84	$208.11
46	$75.66	$216.18
47	$78.84	$225.26
48	$82.47	$235.64
49	$86.05	$245.87
50	$90.09	$257.40
51	$94.07	$268.78
52	$98.46	$281.32
53	$102.90	$294.01
54	$107.69	$307.70
55	$112.48	$321.39
56	$117.68	$336.23
57	$122.93	$351.22
58	$128.53	$367.22
59	$131.30	$375.14
60	$136.90	$391.14
61	$141.74	$404.98
62	$144.92	$414.06
63	$148.90	$425.44
64 and over	$151.33	$432.36

Jersey Ridge (Health insurance rates for 2026)

SimplyBlue 6000 HMO
Employee/Child(ren) Rates
Rates are Per Pay Period (24 periods)

Age	Employee	Spouse	Child
Under 14	$38.59		$38.59
15	$42.02		$42.02
16	$43.33		$43.33
17	$44.64		$44.64
18	$46.05		$46.05
19	$47.47		$47.47
20	$48.93		$48.93
21	$50.44		$50.44
22	$50.44		$50.44
23	$50.44		$50.44
24	$50.44		$50.44
25	$50.64		$50.64
26	$51.65		
27	$52.86		
28	$54.83		
29	$56.44		
30	$57.25		
31	$58.46		
32	$59.67		
33	$60.43		
34	$61.24		
35	$61.64		
36	$62.04		
37	$62.45		
38	$62.85		
39	$63.66		

Age	Employee	Spouse
40	$64.46	
41	$65.68	
42	$66.84	
43	$68.45	
44	$70.47	
45	$72.84	
46	$75.66	
47	$78.84	
48	$82.47	
49	$86.05	
50	$90.09	
51	$94.07	
52	$98.46	
53	$102.90	
54	$107.69	
55	$112.48	
56	$117.68	
57	$122.93	
58	$128.53	
59	$131.30	
60	$136.90	
61	$141.74	
62	$144.92	
63	$148.90	
64 and over	$151.33	

Jersey Ridge (Health insurance rates for 2026)

SimplyBlue 6000 HMO
Employee/Family Rates
Rates are Per Pay Period (24 periods)

Age	Employee	Spouse	Child
Under 14	$49.61	$49.61	$49.61
15	$54.02	$54.02	$54.02
16	$55.71	$55.71	$55.71
17	$57.40	$57.40	$57.40
18	$59.21	$59.21	$59.21
19	$61.03	$61.03	$61.03
20	$62.91	$62.91	$62.91
21	$64.85	$64.85	$64.85
22	$64.85	$64.85	$64.85
23	$64.85	$64.85	$64.85
24	$64.85	$64.85	$64.85
25	$65.11	$65.11	$65.11
26	$66.41	$66.41	
27	$67.97	$67.97	
28	$70.50	$70.50	
29	$72.57	$72.57	
30	$73.61	$73.61	
31	$75.17	$75.17	
32	$76.72	$76.72	
33	$77.69	$77.69	
34	$78.73	$78.73	
35	$79.25	$79.25	
36	$79.77	$79.77	
37	$80.29	$80.29	
38	$80.81	$80.81	
39	$81.85	$81.85	

Age	Employee	Spouse
40	$82.88	$82.88
41	$84.44	$84.44
42	$85.93	$85.93
43	$88.01	$88.01
44	$90.60	$90.60
45	$93.65	$93.65
46	$97.28	$97.28
47	$101.37	$101.37
48	$106.04	$106.04
49	$110.64	$110.64
50	$115.83	$115.83
51	$120.95	$120.95
52	$126.59	$126.59
53	$132.30	$132.30
54	$138.46	$138.46
55	$144.62	$144.62
56	$151.30	$151.30
57	$158.05	$158.05
58	$165.25	$165.25
59	$168.81	$168.81
60	$176.01	$176.01
61	$182.24	$182.24
62	$186.32	$186.32
63	$191.45	$191.45
64 and over	$194.56	$194.56