Mill Valley (Health insurance rates for 2026

CompleteBlue 4000 POS

Empoyee Only Rates

Rates are Per Pay Period (24 per pay period)

Age	Employee	Spouse	Child
Under 14	$41.64		
15	$45.34		
16	$46.75		
17	$48.17		
18	$49.69		
19	$51.22		
20	$52.79		
21	$54.43		
22	$54.43		
23	$54.43		
24	$54.43		
25	$54.65		
26	$55.73		
27	$57.04		
28	$59.16		
29	$60.90		
30	$61.77		
31	$63.08		
32	$64.39		
33	$65.20		
34	$66.07		
35	$66.51		
36	$66.95		
37	$67.38		
38	$67.82		
39	$68.69		

Age	Employee	Spouse
40	$69.56	
41	$70.86	
42	$72.12	
43	$73.86	
44	$76.03	
45	$78.59	
46	$81.64	
47	$85.07	
48	$88.99	
49	$92.85	
50	$97.21	
51	$101.51	
52	$106.24	
53	$111.03	
54	$116.20	
55	$121.37	
56	$126.98	
57	$132.64	
58	$138.68	
59	$141.67	
60	$147.71	
61	$152.94	
62	$156.37	
63	$160.67	
64 and over	$163.28	

Mill Valley (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	$55.52	$138.79	
15	$60.45	$151.13	
16	$62.34	$155.84	
17	$64.22	$160.56	
18	$66.26	$165.64	
19	$68.29	$170.72	
20	$70.39	$175.98	
21	$72.57	$181.42	
22	$72.57	$181.42	
23	$72.57	$181.42	
24	$72.57	$181.42	
25	$72.86	$182.15	
26	$74.31	$185.78	
27	$76.05	$190.13	
28	$78.88	$197.21	
29	$81.20	$203.01	
30	$82.37	$205.92	
31	$84.11	$210.27	
32	$85.85	$214.63	
33	$86.94	$217.35	
34	$88.10	$220.25	
35	$88.68	$221.70	
36	$89.26	$223.15	
37	$89.84	$224.60	
38	$90.42	$226.05	
39	$91.58	$228.96	

Age	Employee	Spouse
40	$92.74	$231.86
41	$94.48	$236.21
42	$96.15	$240.39
43	$98.48	$246.19
44	$101.38	$253.45
45	$104.79	$261.98
46	$108.85	$272.14
47	$113.43	$283.57
48	$118.65	$296.63
49	$123.80	$309.51
50	$129.61	$324.02
51	$135.34	$338.36
52	$141.65	$354.14
53	$148.04	$370.10
54	$154.93	$387.34
55	$161.83	$404.57
56	$169.30	$423.26
57	$176.85	$442.13
58	$184.91	$462.27
59	$188.90	$472.24
60	$196.95	$492.38
61	$203.92	$509.80
62	$208.49	$521.23
63	$214.22	$535.56
64 and over	$217.70	$544.26

Mill Valley (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	$55.52		$55.52
15	$60.45		$60.45
16	$62.34		$62.34
17	$64.22		$64.22
18	$66.26		$66.26
19	$68.29		$68.29
20	$70.39		$70.39
21	$72.57		$72.57
22	$72.57		$72.57
23	$72.57		$72.57
24	$72.57		$72.57
25	$72.86		$72.86
26	$74.31		
27	$76.05		
28	$78.88		
29	$81.20		
30	$82.37		
31	$84.11		
32	$85.85		
33	$86.94		
34	$88.10		
35	$88.68		
36	$89.26		
37	$89.84		
38	$90.42		
39	$91.58		

Age	Employee	Spouse
40	$92.74	
41	$94.48	
42	$96.15	
43	$98.48	
44	$101.38	
45	$104.79	
46	$108.85	
47	$113.43	
48	$118.65	
49	$123.80	
50	$129.61	
51	$135.34	
52	$141.65	
53	$148.04	
54	$154.93	
55	$161.83	
56	$169.30	
57	$176.85	
58	$184.91	
59	$188.90	
60	$196.95	
61	$203.92	
62	$208.49	
63	$214.22	
64 and over	$217.70	

Mill Valley (Health insurance rates for 2026

CompleteBlue 4000 POS

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	$62.46	$62.46	$62.46
15	$68.01	$68.01	$68.01
16	$70.13	$70.13	$70.13
17	$72.25	$72.25	$72.25
18	$74.54	$74.54	$74.54
19	$76.82	$76.82	$76.82
20	$79.19	$79.19	$79.19
21	$81.64	$81.64	$81.64
22	$81.64	$81.64	$81.64
23	$81.64	$81.64	$81.64
24	$81.64	$81.64	$81.64
25	$81.97	$81.97	$81.97
26	$83.60	$83.60	
27	$85.56	$85.56	
28	$88.74	$88.74	
29	$91.35	$91.35	
30	$92.66	$92.66	
31	$94.62	$94.62	
32	$96.58	$96.58	
33	$97.81	$97.81	
34	$99.11	$99.11	
35	$99.77	$99.77	
36	$100.42	$100.42	
37	$101.07	$101.07	
38	$101.72	$101.72	
39	$103.03	$103.03	

Age	Employee	Spouse
40	$104.34	$104.34
41	$106.29	$106.29
42	$108.17	$108.17
43	$110.79	$110.79
44	$114.05	$114.05
45	$117.89	$117.89
46	$122.46	$122.46
47	$127.60	$127.60
48	$133.48	$133.48
49	$139.28	$139.28
50	$145.81	$145.81
51	$152.26	$152.26
52	$159.36	$159.36
53	$166.55	$166.55
54	$174.30	$174.30
55	$182.06	$182.06
56	$190.47	$190.47
57	$198.96	$198.96
58	$208.02	$208.02
59	$212.51	$212.51
60	$221.57	$221.57
61	$229.41	$229.41
62	$234.55	$234.55
63	$241.00	$241.00
64 and over	$244.92	$244.92

Mill Valley (Health insurance rates for 2026

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

Age	Employee	Spouse	Child
Under 14	$38.56		
15	$41.98		
16	$43.29		
17	$44.60		
18	$46.02		
19	$47.43		
20	$48.89		
21	$50.40		
22	$50.40		
23	$50.40		
24	$50.40		
25	$50.60		
26	$51.61		
27	$52.82		
28	$54.78		
29	$56.40		
30	$57.20		
31	$58.41		
32	$59.62		
33	$60.38		
34	$61.19		
35	$61.59		
36	$61.99		
37	$62.39		
38	$62.80		
39	$63.60		

Age	Employee	Spouse
40	$64.41	
41	$65.62	
42	$66.78	
43	$68.39	
44	$70.41	
45	$72.78	
46	$75.60	
47	$78.78	
48	$82.40	
49	$85.98	
50	$90.01	
51	$94.00	
52	$98.38	
53	$102.82	
54	$107.60	
55	$112.39	
56	$117.58	
57	$122.82	
58	$128.42	
59	$131.19	
60	$136.79	
61	$141.62	
62	$144.80	
63	$148.78	
64 and over	$151.20	

Mill Valley (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	$51.85	$132.95	
15	$56.46	$144.77	
16	$58.22	$149.29	
17	$59.98	$153.81	
18	$61.88	$158.68	
19	$63.78	$163.54	
20	$65.75	$168.58	
21	$67.78	$173.80	
22	$67.78	$173.80	
23	$67.78	$173.80	
24	$67.78	$173.80	
25	$68.05	$174.49	
26	$69.41	$177.97	
27	$71.03	$182.14	
28	$73.67	$188.91	
29	$75.85	$194.48	
30	$76.93	$197.26	
31	$78.56	$201.43	
32	$80.18	$205.60	
33	$81.20	$208.21	
34	$82.28	$210.99	
35	$82.83	$212.38	
36	$83.37	$213.77	
37	$83.91	$215.16	
38	$84.45	$216.55	
39	$85.54	$219.33	

Age	Employee	Spouse
40	$86.62	$222.11
41	$88.25	$226.28
42	$89.81	$230.28
43	$91.98	$235.84
44	$94.69	$242.79
45	$97.87	$250.96
46	$101.67	$260.69
47	$105.94	$271.64
48	$110.82	$284.15
49	$115.63	$296.49
50	$121.05	$310.40
51	$126.41	$324.13
52	$132.31	$339.25
53	$138.27	$354.54
54	$144.71	$371.05
55	$151.15	$387.56
56	$158.13	$405.46
57	$165.18	$423.53
58	$172.70	$442.83
59	$176.43	$452.38
60	$183.95	$471.68
61	$190.46	$488.36
62	$194.73	$499.31
63	$200.08	$513.04
64 and over	$203.34	$521.38

Mill Valley (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	$51.85		$51.85
15	$56.46		$56.46
16	$58.22		$58.22
17	$59.98		$59.98
18	$61.88		$61.88
19	$63.78		$63.78
20	$65.75		$65.75
21	$67.78		$67.78
22	$67.78		$67.78
23	$67.78		$67.78
24	$67.78		$67.78
25	$68.05		$68.05
26	$69.41		
27	$71.03		
28	$73.67		
29	$75.85		
30	$76.93		
31	$78.56		
32	$80.18		
33	$81.20		
34	$82.28		
35	$82.83		
36	$83.37		
37	$83.91		
38	$84.45		
39	$85.54		

Age	Employee	Spouse
40	$86.62	
41	$88.25	
42	$89.81	
43	$91.98	
44	$94.69	
45	$97.87	
46	$101.67	
47	$105.94	
48	$110.82	
49	$115.63	
50	$121.05	
51	$126.41	
52	$132.31	
53	$138.27	
54	$144.71	
55	$151.15	
56	$158.13	
57	$165.18	
58	$172.70	
59	$176.43	
60	$183.95	
61	$190.46	
62	$194.73	
63	$200.08	
64 and over	$203.34	

Mill Valley (Health insurance rates for 2026

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

Age	Employee	Spouse	Child
Under 14	$58.50	$58.50	$58.50
15	$63.70	$63.70	$63.70
16	$65.69	$65.69	$65.69
17	$67.67	$67.67	$67.67
18	$69.82	$69.82	$69.82
19	$71.96	$71.96	$71.96
20	$74.18	$74.18	$74.18
21	$76.47	$76.47	$76.47
22	$76.47	$76.47	$76.47
23	$76.47	$76.47	$76.47
24	$76.47	$76.47	$76.47
25	$76.78	$76.78	$76.78
26	$78.30	$78.30	
27	$80.14	$80.14	
28	$83.12	$83.12	
29	$85.57	$85.57	
30	$86.79	$86.79	
31	$88.63	$88.63	
32	$90.46	$90.46	
33	$91.61	$91.61	
34	$92.83	$92.83	
35	$93.45	$93.45	
36	$94.06	$94.06	
37	$94.67	$94.67	
38	$95.28	$95.28	
39	$96.50	$96.50	

Age	Employee	Spouse
40	$97.73	$97.73
41	$99.56	$99.56
42	$101.32	$101.32
43	$103.77	$103.77
44	$106.83	$106.83
45	$110.42	$110.42
46	$114.70	$114.70
47	$119.52	$119.52
48	$125.03	$125.03
49	$130.46	$130.46
50	$136.57	$136.57
51	$142.62	$142.62
52	$149.27	$149.27
53	$156.00	$156.00
54	$163.26	$163.26
55	$170.52	$170.52
56	$178.40	$178.40
57	$186.35	$186.35
58	$194.84	$194.84
59	$199.05	$199.05
60	$207.54	$207.54
61	$214.88	$214.88
62	$219.69	$219.69
63	$225.74	$225.74
64 and over	$229.41	$229.41