New Hampton (Health insurance rates for 2026)

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

Age	Employee	Spouse	Child
Under 14	$41.20		
15	$44.86		
16	$46.26		
17	$47.66		
18	$49.17		
19	$50.67		
20	$52.24		
21	$53.85		
22	$53.85		
23	$53.85		
24	$53.85		
25	$54.07		
26	$55.14		
27	$56.44		
28	$58.54		
29	$60.26		
30	$61.12		
31	$62.42		
32	$63.71		
33	$64.52		
34	$65.38		
35	$65.81		
36	$66.24		
37	$66.67		
38	$67.10		
39	$67.96		

Age	Employee	Spouse
40	$68.82	
41	$70.12	
42	$71.36	
43	$73.08	
44	$75.23	
45	$77.76	
46	$80.78	
47	$84.17	
48	$88.05	
49	$91.87	
50	$96.18	
51	$100.44	
52	$105.12	
53	$109.86	
54	$114.98	
55	$120.09	
56	$125.64	
57	$131.24	
58	$137.22	
59	$140.18	
60	$146.16	
61	$151.33	
62	$154.72	
63	$158.97	
64 and over	$161.56	

New Hampton (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	$44.25	$152.59	
15	$48.18	$166.15	
16	$49.69	$171.33	
17	$51.19	$176.52	
18	$52.81	$182.10	
19	$54.43	$187.69	
20	$56.11	$193.47	
21	$57.84	$199.46	
22	$57.84	$199.46	
23	$57.84	$199.46	
24	$57.84	$199.46	
25	$58.07	$200.26	
26	$59.23	$204.24	
27	$60.62	$209.03	
28	$62.87	$216.81	
29	$64.73	$223.19	
30	$65.65	$226.38	
31	$67.04	$231.17	
32	$68.43	$235.96	
33	$69.29	$238.95	
34	$70.22	$242.14	
35	$70.68	$243.74	
36	$71.15	$245.33	
37	$71.61	$246.93	
38	$72.07	$248.52	
39	$73.00	$251.71	

Age	Employee	Spouse
40	$73.92	$254.91
41	$75.31	$259.69
42	$76.64	$264.28
43	$78.49	$270.66
44	$80.81	$278.64
45	$83.52	$288.02
46	$86.76	$299.18
47	$90.41	$311.75
48	$94.57	$326.11
49	$98.68	$340.27
50	$103.31	$356.23
51	$107.88	$371.99
52	$112.91	$389.34
53	$118.00	$406.89
54	$123.49	$425.84
55	$128.99	$444.79
56	$134.95	$465.33
57	$140.96	$486.07
58	$147.38	$508.21
59	$150.56	$519.18
60	$156.98	$541.32
61	$162.54	$560.47
62	$166.18	$573.04
63	$170.75	$588.79
64 and over	$173.53	$598.37

New Hampton (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	$41.20		$41.20
15	$44.86		$44.86
16	$46.26		$46.26
17	$47.66		$47.66
18	$49.17		$49.17
19	$50.67		$50.67
20	$52.24		$52.24
21	$53.85		$53.85
22	$53.85		$53.85
23	$53.85		$53.85
24	$53.85		$53.85
25	$54.07		$54.07
26	$55.14		
27	$56.44		
28	$58.54		
29	$60.26		
30	$61.12		
31	$62.42		
32	$63.71		
33	$64.52		
34	$65.38		
35	$65.81		
36	$66.24		
37	$66.67		
38	$67.10		
39	$67.96		

Age	Employee	Spouse
40	$68.82	
41	$70.12	
42	$71.36	
43	$73.08	
44	$75.23	
45	$77.76	
46	$80.78	
47	$84.17	
48	$88.05	
49	$91.87	
50	$96.18	
51	$100.44	
52	$105.12	
53	$109.86	
54	$114.98	
55	$120.09	
56	$125.64	
57	$131.24	
58	$137.22	
59	$140.18	
60	$146.16	
61	$151.33	
62	$154.72	
63	$158.97	
64 and over	$161.56	

New Hampton (Health insurance rates for 2026)

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

Age	Employee	Spouse	Child
Under 14	$44.25	$44.25	$44.25
15	$48.18	$48.18	$48.18
16	$49.69	$49.69	$49.69
17	$51.19	$51.19	$51.19
18	$52.81	$52.81	$52.81
19	$54.43	$54.43	$54.43
20	$56.11	$56.11	$56.11
21	$57.84	$57.84	$57.84
22	$57.84	$57.84	$57.84
23	$57.84	$57.84	$57.84
24	$57.84	$57.84	$57.84
25	$58.07	$58.07	$58.07
26	$59.23	$59.23	
27	$60.62	$60.62	
28	$62.87	$62.87	
29	$64.73	$64.73	
30	$65.65	$65.65	
31	$67.04	$67.04	
32	$68.43	$68.43	
33	$69.29	$69.29	
34	$70.22	$70.22	
35	$70.68	$70.68	
36	$71.15	$71.15	
37	$71.61	$71.61	
38	$72.07	$72.07	
39	$73.00	$73.00	

Age	Employee	Spouse
40	$73.92	$73.92
41	$75.31	$75.31
42	$76.64	$76.64
43	$78.49	$78.49
44	$80.81	$80.81
45	$83.52	$83.52
46	$86.76	$86.76
47	$90.41	$90.41
48	$94.57	$94.57
49	$98.68	$98.68
50	$103.31	$103.31
51	$107.88	$107.88
52	$112.91	$112.91
53	$118.00	$118.00
54	$123.49	$123.49
55	$128.99	$128.99
56	$134.95	$134.95
57	$140.96	$140.96
58	$147.38	$147.38
59	$150.56	$150.56
60	$156.98	$156.98
61	$162.54	$162.54
62	$166.18	$166.18
63	$170.75	$170.75
64 and over	$173.53	$173.53

New Hampton (Health insurance rates for 2026)

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

Age	Employee	Spouse	Child
Under 14	$41.96		
15	$45.69		
16	$47.11		
17	$48.54		
18	$50.07		
19	$51.61		
20	$53.20		
21	$54.84		
22	$54.84		
23	$54.84		
24	$54.84		
25	$55.06		
26	$56.16		
27	$57.48		
28	$59.62		
29	$61.37		
30	$62.25		
31	$63.56		
32	$64.88		
33	$65.70		
34	$66.58		
35	$67.02		
36	$67.46		
37	$67.90		
38	$68.34		
39	$69.21		

Age	Employee	Spouse
40	$70.09	
41	$71.41	
42	$72.67	
43	$74.42	
44	$76.62	
45	$79.20	
46	$82.27	
47	$85.72	
48	$89.67	
49	$93.56	
50	$97.95	
51	$102.28	
52	$107.06	
53	$111.88	
54	$117.09	
55	$122.30	
56	$127.95	
57	$133.66	
58	$139.74	
59	$142.76	
60	$148.85	
61	$154.11	
62	$157.57	
63	$161.90	
64 and over	$164.53	

New Hampton (Health insurance rates for 2026)

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

Age	Employee	Spouse	Child
Under 14	$45.06	$155.39	
15	$49.07	$169.21	
16	$50.60	$174.49	
17	$52.13	$179.77	
18	$53.78	$185.46	
19	$55.43	$191.14	
20	$57.14	$197.03	
21	$58.91	$203.13	
22	$58.91	$203.13	
23	$58.91	$203.13	
24	$58.91	$203.13	
25	$59.14	$203.94	
26	$60.32	$208.00	
27	$61.73	$212.88	
28	$64.03	$220.80	
29	$65.92	$227.30	
30	$66.86	$230.55	
31	$68.27	$235.43	
32	$69.69	$240.30	
33	$70.57	$243.35	
34	$71.51	$246.60	
35	$71.98	$248.22	
36	$72.46	$249.85	
37	$72.93	$251.47	
38	$73.40	$253.10	
39	$74.34	$256.35	

Age	Employee	Spouse
40	$75.28	$259.60
41	$76.70	$264.47
42	$78.05	$269.14
43	$79.94	$275.64
44	$82.29	$283.77
45	$85.06	$293.32
46	$88.36	$304.69
47	$92.07	$317.49
48	$96.31	$332.11
49	$100.50	$346.54
50	$105.21	$362.79
51	$109.86	$378.83
52	$114.99	$396.50
53	$120.17	$414.38
54	$125.77	$433.68
55	$131.36	$452.97
56	$137.43	$473.90
57	$143.56	$495.02
58	$150.09	$517.57
59	$153.33	$528.74
60	$159.87	$551.29
61	$165.53	$570.79
62	$169.24	$583.58
63	$173.89	$599.63
64 and over	$176.72	$609.38

New Hampton (Health insurance rates for 2026)

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

Age	Employee	Spouse	Child
Under 14	$41.96		$41.96
15	$45.69		$45.69
16	$47.11		$47.11
17	$48.54		$48.54
18	$50.07		$50.07
19	$51.61		$51.61
20	$53.20		$53.20
21	$54.84		$54.84
22	$54.84		$54.84
23	$54.84		$54.84
24	$54.84		$54.84
25	$55.06		$55.06
26	$56.16		
27	$57.48		
28	$59.62		
29	$61.37		
30	$62.25		
31	$63.56		
32	$64.88		
33	$65.70		
34	$66.58		
35	$67.02		
36	$67.46		
37	$67.90		
38	$68.34		
39	$69.21		

Age	Employee	Spouse
40	$70.09	
41	$71.41	
42	$72.67	
43	$74.42	
44	$76.62	
45	$79.20	
46	$82.27	
47	$85.72	
48	$89.67	
49	$93.56	
50	$97.95	
51	$102.28	
52	$107.06	
53	$111.88	
54	$117.09	
55	$122.30	
56	$127.95	
57	$133.66	
58	$139.74	
59	$142.76	
60	$148.85	
61	$154.11	
62	$157.57	
63	$161.90	
64 and over	$164.53	

New Hampton (Health insurance rates for 2026)

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

Age	Employee	Spouse	Child
Under 14	$45.06	$45.06	$45.06
15	$49.07	$49.07	$49.07
16	$50.60	$50.60	$50.60
17	$52.13	$52.13	$52.13
18	$53.78	$53.78	$53.78
19	$55.43	$55.43	$55.43
20	$57.14	$57.14	$57.14
21	$58.91	$58.91	$58.91
22	$58.91	$58.91	$58.91
23	$58.91	$58.91	$58.91
24	$58.91	$58.91	$58.91
25	$59.14	$59.14	$59.14
26	$60.32	$60.32	
27	$61.73	$61.73	
28	$64.03	$64.03	
29	$65.92	$65.92	
30	$66.86	$66.86	
31	$68.27	$68.27	
32	$69.69	$69.69	
33	$70.57	$70.57	
34	$71.51	$71.51	
35	$71.98	$71.98	
36	$72.46	$72.46	
37	$72.93	$72.93	
38	$73.40	$73.40	
39	$74.34	$74.34	

Age	Employee	Spouse
40	$75.28	$75.28
41	$76.70	$76.70
42	$78.05	$78.05
43	$79.94	$79.94
44	$82.29	$82.29
45	$85.06	$85.06
46	$88.36	$88.36
47	$92.07	$92.07
48	$96.31	$96.31
49	$100.50	$100.50
50	$105.21	$105.21
51	$109.86	$109.86
52	$114.99	$114.99
53	$120.17	$120.17
54	$125.77	$125.77
55	$131.36	$131.36
56	$137.43	$137.43
57	$143.56	$143.56
58	$150.09	$150.09
59	$153.33	$153.33
60	$159.87	$159.87
61	$165.53	$165.53
62	$169.24	$169.24
63	$173.89	$173.89
64 and over	$176.72	$176.72