Meadowview (Health insurance rates for 2026)

EnhancedBlue 3000 HMO

Empoyee Only Rates

Rates are Per Pay Period (24 per pay period)

Age	Employee	Spouse	Child
Under 14	$69.29		
15	$75.45		
16	$77.80		
17	$80.16		
18	$82.69		
19	$85.23		
20	$87.86		
21	$90.57		
22	$90.57		
23	$90.57		
24	$90.57		
25	$90.93		
26	$92.75		
27	$94.92		
28	$98.45		
29	$101.35		
30	$102.80		
31	$104.97		
32	$107.15		
33	$108.50		
34	$109.95		
35	$110.68		
36	$111.40		
37	$112.13		
38	$112.85		
39	$114.30		

Age	Employee	Spouse
40	$115.75	
41	$117.92	
42	$120.01	
43	$122.91	
44	$126.53	
45	$130.78	
46	$135.86	
47	$141.56	
48	$148.08	
49	$154.51	
50	$161.76	
51	$168.92	
52	$176.80	
53	$184.77	
54	$193.37	
55	$201.97	
56	$211.30	
57	$220.72	
58	$230.78	
59	$235.76	
60	$245.81	
61	$254.51	
62	$260.21	
63	$267.37	
64 and over	$271.72	

Meadowview (Health insurance rates for 2026)

EnhancedBlue 3000 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	$73.81	$150.63	
15	$80.37	$164.02	
16	$82.87	$169.13	
17	$85.38	$174.25	
18	$88.08	$179.77	
19	$90.79	$185.28	
20	$93.59	$190.99	
21	$96.48	$196.90	
22	$96.48	$196.90	
23	$96.48	$196.90	
24	$96.48	$196.90	
25	$96.86	$197.68	
26	$98.79	$201.62	
27	$101.11	$206.35	
28	$104.87	$214.03	
29	$107.96	$220.33	
30	$109.50	$223.48	
31	$111.82	$228.20	
32	$114.13	$232.93	
33	$115.58	$235.88	
34	$117.12	$239.03	
35	$117.90	$240.61	
36	$118.67	$242.18	
37	$119.44	$243.76	
38	$120.21	$245.33	
39	$121.76	$248.48	

Age	Employee	Spouse
40	$123.30	$251.63
41	$125.61	$256.36
42	$127.83	$260.89
43	$130.92	$267.19
44	$134.78	$275.06
45	$139.31	$284.32
46	$144.72	$295.34
47	$150.80	$307.75
48	$157.74	$321.92
49	$164.59	$335.90
50	$172.31	$351.66
51	$179.93	$367.21
52	$188.33	$384.34
53	$196.82	$401.67
54	$205.98	$420.37
55	$215.15	$439.08
56	$225.08	$459.36
57	$235.12	$479.83
58	$245.83	$501.69
59	$251.13	$512.52
60	$261.84	$534.37
61	$271.10	$553.28
62	$277.18	$565.68
63	$284.80	$581.23
64 and over	$289.44	$590.69

Meadowview (Health insurance rates for 2026)

EnhancedBlue 3000 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	$73.81		$73.81
15	$80.37		$80.37
16	$82.87		$82.87
17	$85.38		$85.38
18	$88.08		$88.08
19	$90.79		$90.79
20	$93.59		$93.59
21	$96.48		$96.48
22	$96.48		$96.48
23	$96.48		$96.48
24	$96.48		$96.48
25	$96.86		$96.86
26	$98.79		
27	$101.11		
28	$104.87		
29	$107.96		
30	$109.50		
31	$111.82		
32	$114.13		
33	$115.58		
34	$117.12		
35	$117.90		
36	$118.67		
37	$119.44		
38	$120.21		
39	$121.76		

Age	Employee	Spouse
40	$123.30	
41	$125.61	
42	$127.83	
43	$130.92	
44	$134.78	
45	$139.31	
46	$144.72	
47	$150.80	
48	$157.74	
49	$164.59	
50	$172.31	
51	$179.93	
52	$188.33	
53	$196.82	
54	$205.98	
55	$215.15	
56	$225.08	
57	$235.12	
58	$245.83	
59	$251.13	
60	$261.84	
61	$271.10	
62	$277.18	
63	$284.80	
64 and over	$289.44	

Meadowview (Health insurance rates for 2026)

EnhancedBlue 3000 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	$73.81	$73.81	$73.81
15	$80.37	$80.37	$80.37
16	$82.87	$82.87	$82.87
17	$85.38	$85.38	$85.38
18	$88.08	$88.08	$88.08
19	$90.79	$90.79	$90.79
20	$93.59	$93.59	$93.59
21	$96.48	$96.48	$96.48
22	$96.48	$96.48	$96.48
23	$96.48	$96.48	$96.48
24	$96.48	$96.48	$96.48
25	$96.86	$96.86	$96.86
26	$98.79	$98.79	
27	$101.11	$101.11	
28	$104.87	$104.87	
29	$107.96	$107.96	
30	$109.50	$109.50	
31	$111.82	$111.82	
32	$114.13	$114.13	
33	$115.58	$115.58	
34	$117.12	$117.12	
35	$117.90	$117.90	
36	$118.67	$118.67	
37	$119.44	$119.44	
38	$120.21	$120.21	
39	$121.76	$121.76	

Age	Employee	Spouse
40	$123.30	$123.30
41	$125.61	$125.61
42	$127.83	$127.83
43	$130.92	$130.92
44	$134.78	$134.78
45	$139.31	$139.31
46	$144.72	$144.72
47	$150.80	$150.80
48	$157.74	$157.74
49	$164.59	$164.59
50	$172.31	$172.31
51	$179.93	$179.93
52	$188.33	$188.33
53	$196.82	$196.82
54	$205.98	$205.98
55	$215.15	$215.15
56	$225.08	$225.08
57	$235.12	$235.12
58	$245.83	$245.83
59	$251.13	$251.13
60	$261.84	$261.84
61	$271.10	$271.10
62	$277.18	$277.18
63	$284.80	$284.80
64 and over	$289.44	$289.44

Meadowview (Health insurance rates for 2026)

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

Age	Employee	Spouse	Child
Under 14	$50.10		
15	$54.55		
16	$56.25		
17	$57.95		
18	$59.79		
19	$61.62		
20	$63.52		
21	$65.49		
22	$65.49		
23	$65.49		
24	$65.49		
25	$65.75		
26	$67.06		
27	$68.63		
28	$71.18		
29	$73.28		
30	$74.33		
31	$75.90		
32	$77.47		
33	$78.45		
34	$79.50		
35	$80.03		
36	$80.55		
37	$81.07		
38	$81.60		
39	$82.65		

Age	Employee	Spouse
40	$83.69	
41	$85.26	
42	$86.77	
43	$88.86	
44	$91.48	
45	$94.56	
46	$98.23	
47	$102.35	
48	$107.07	
49	$111.72	
50	$116.96	
51	$122.13	
52	$127.83	
53	$133.59	
54	$139.81	
55	$146.04	
56	$152.78	
57	$159.59	
58	$166.86	
59	$170.46	
60	$177.73	
61	$184.02	
62	$188.14	
63	$193.32	
64 and over	$196.46	

Meadowview (Health insurance rates for 2026)

CompleteBlue 5000 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	$66.35	$135.40	
15	$72.24	$147.44	
16	$74.50	$152.04	
17	$76.75	$156.64	
18	$79.18	$161.60	
19	$81.61	$166.55	
20	$84.12	$171.68	
21	$86.73	$176.99	
22	$86.73	$176.99	
23	$86.73	$176.99	
24	$86.73	$176.99	
25	$87.07	$177.70	
26	$88.81	$181.24	
27	$90.89	$185.49	
28	$94.27	$192.39	
29	$97.05	$198.06	
30	$98.43	$200.89	
31	$100.52	$205.14	
32	$102.60	$209.38	
33	$103.90	$212.04	
34	$105.28	$214.87	
35	$105.98	$216.29	
36	$106.67	$217.70	
37	$107.37	$219.12	
38	$108.06	$220.53	
39	$109.45	$223.37	

Age	Employee	Spouse
40	$110.84	$226.20
41	$112.92	$230.45
42	$114.91	$234.52
43	$117.69	$240.18
44	$121.15	$247.26
45	$125.23	$255.58
46	$130.09	$265.49
47	$135.55	$276.64
48	$141.80	$289.38
49	$147.95	$301.95
50	$154.89	$316.11
51	$161.74	$330.09
52	$169.29	$345.49
53	$176.92	$361.06
54	$185.16	$377.88
55	$193.40	$394.69
56	$202.33	$412.92
57	$211.35	$431.33
58	$220.98	$450.98
59	$225.75	$460.71
60	$235.37	$480.36
61	$243.70	$497.35
62	$249.16	$508.50
63	$256.02	$522.48
64 and over	$260.18	$530.97

Meadowview (Health insurance rates for 2026)

CompleteBlue 5000 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	$52.81		$52.81
15	$57.50		$57.50
16	$59.29		$59.29
17	$61.09		$61.09
18	$63.02		$63.02
19	$64.95		$64.95
20	$66.96		$66.96
21	$69.03		$69.03
22	$69.03		$69.03
23	$69.03		$69.03
24	$69.03		$69.03
25	$69.30		$69.30
26	$70.68		
27	$72.34		
28	$75.03		
29	$77.24		
30	$78.35		
31	$80.00		
32	$81.66		
33	$82.69		
34	$83.80		
35	$84.35		
36	$84.90		
37	$85.45		
38	$86.01		
39	$87.11		

Age	Employee	Spouse
40	$88.22	
41	$89.87	
42	$91.46	
43	$93.67	
44	$96.43	
45	$99.67	
46	$103.54	
47	$107.89	
48	$112.86	
49	$117.76	
50	$123.28	
51	$128.74	
52	$134.74	
53	$140.81	
54	$147.37	
55	$153.93	
56	$161.04	
57	$168.22	
58	$175.88	
59	$179.68	
60	$187.34	
61	$193.96	
62	$198.31	
63	$203.77	
64 and over	$207.08	

Meadowview (Health insurance rates for 2026)

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

Age	Employee	Spouse	Child
Under 14	$52.81	$52.81	$52.81
15	$57.50	$57.50	$57.50
16	$59.29	$59.29	$59.29
17	$61.09	$61.09	$61.09
18	$63.02	$63.02	$63.02
19	$64.95	$64.95	$64.95
20	$66.96	$66.96	$66.96
21	$69.03	$69.03	$69.03
22	$69.03	$69.03	$69.03
23	$69.03	$69.03	$69.03
24	$69.03	$69.03	$69.03
25	$69.30	$69.30	$69.30
26	$70.68	$70.68	
27	$72.34	$72.34	
28	$75.03	$75.03	
29	$77.24	$77.24	
30	$78.35	$78.35	
31	$80.00	$80.00	
32	$81.66	$81.66	
33	$82.69	$82.69	
34	$83.80	$83.80	
35	$84.35	$84.35	
36	$84.90	$84.90	
37	$85.45	$85.45	
38	$86.01	$86.01	
39	$87.11	$87.11	

Age	Employee	Spouse
40	$88.22	$88.22
41	$89.87	$89.87
42	$91.46	$91.46
43	$93.67	$93.67
44	$96.43	$96.43
45	$99.67	$99.67
46	$103.54	$103.54
47	$107.89	$107.89
48	$112.86	$112.86
49	$117.76	$117.76
50	$123.28	$123.28
51	$128.74	$128.74
52	$134.74	$134.74
53	$140.81	$140.81
54	$147.37	$147.37
55	$153.93	$153.93
56	$161.04	$161.04
57	$168.22	$168.22
58	$175.88	$175.88
59	$179.68	$179.68
60	$187.34	$187.34
61	$193.96	$193.96
62	$198.31	$198.31
63	$203.77	$203.77
64 and over	$207.08	$207.08