Ridgeview (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	$59.48		
15	$64.76		
16	$66.79		
17	$68.81		
18	$70.98		
19	$73.16		
20	$75.41		
21	$77.75		
22	$77.75		
23	$77.75		
24	$77.75		
25	$78.06		
26	$79.61		
27	$81.48		
28	$84.51		
29	$87.00		
30	$88.24		
31	$90.11		
32	$91.98		
33	$93.14		
34	$94.38		
35	$95.01		
36	$95.63		
37	$96.25		
38	$96.87		
39	$98.12		

Age	Employee	Spouse
40	$99.36	
41	$101.23	
42	$103.01	
43	$105.50	
44	$108.61	
45	$112.27	
46	$116.62	
47	$121.52	
48	$127.12	
49	$132.64	
50	$138.86	
51	$145.00	
52	$151.76	
53	$158.60	
54	$165.99	
55	$173.38	
56	$181.38	
57	$189.47	
58	$198.10	
59	$202.37	
60	$211.00	
61	$218.47	
62	$223.37	
63	$229.51	
64 and over	$233.24	

Ridgeview (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	$72.00	$156.52	
15	$78.40	$170.43	
16	$80.85	$175.75	
17	$83.29	$181.07	
18	$85.93	$186.80	
19	$88.56	$192.53	
20	$91.29	$198.46	
21	$94.11	$204.60	
22	$94.11	$204.60	
23	$94.11	$204.60	
24	$94.11	$204.60	
25	$94.49	$205.42	
26	$96.37	$209.51	
27	$98.63	$214.42	
28	$102.30	$222.40	
29	$105.31	$228.95	
30	$106.82	$232.22	
31	$109.08	$237.13	
32	$111.34	$242.04	
33	$112.75	$245.11	
34	$114.25	$248.38	
35	$115.01	$250.02	
36	$115.76	$251.66	
37	$116.51	$253.29	
38	$117.27	$254.93	
39	$118.77	$258.20	

Age	Employee	Spouse
40	$120.28	$261.48
41	$122.54	$266.39
42	$124.70	$271.09
43	$127.71	$277.64
44	$131.48	$285.82
45	$135.90	$295.44
46	$141.17	$306.90
47	$147.10	$319.79
48	$153.88	$334.52
49	$160.56	$349.04
50	$168.09	$365.41
51	$175.52	$381.58
52	$183.71	$399.37
53	$191.99	$417.38
54	$200.93	$436.82
55	$209.88	$456.25
56	$219.57	$477.33
57	$229.36	$498.60
58	$239.80	$521.31
59	$244.98	$532.57
60	$255.43	$555.28
61	$264.46	$574.92
62	$270.39	$587.81
63	$277.83	$603.97
64 and over	$282.34	$613.79

Ridgeview (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	$75.13		$75.13
15	$81.81		$81.81
16	$84.36		$84.36
17	$86.91		$86.91
18	$89.66		$89.66
19	$92.41		$92.41
20	$95.26		$95.26
21	$98.21		$98.21
22	$98.21		$98.21
23	$98.21		$98.21
24	$98.21		$98.21
25	$98.60		$98.60
26	$100.56		
27	$102.92		
28	$106.75		
29	$109.89		
30	$111.46		
31	$113.82		
32	$116.18		
33	$117.65		
34	$119.22		
35	$120.01		
36	$120.79		
37	$121.58		
38	$122.36		
39	$123.94		

Age	Employee	Spouse
40	$125.51	
41	$127.86	
42	$130.12	
43	$133.27	
44	$137.19	
45	$141.81	
46	$147.31	
47	$153.50	
48	$160.57	
49	$167.54	
50	$175.40	
51	$183.16	
52	$191.70	
53	$200.34	
54	$209.67	
55	$219.00	
56	$229.12	
57	$239.33	
58	$250.23	
59	$255.63	
60	$266.53	
61	$275.96	
62	$282.15	
63	$289.91	
64 and over	$294.62	

Ridgeview (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	$75.13	$75.13	$75.13
15	$81.81	$81.81	$81.81
16	$84.36	$84.36	$84.36
17	$86.91	$86.91	$86.91
18	$89.66	$89.66	$89.66
19	$92.41	$92.41	$92.41
20	$95.26	$95.26	$95.26
21	$98.21	$98.21	$98.21
22	$98.21	$98.21	$98.21
23	$98.21	$98.21	$98.21
24	$98.21	$98.21	$98.21
25	$98.60	$98.60	$98.60
26	$100.56	$100.56	
27	$102.92	$102.92	
28	$106.75	$106.75	
29	$109.89	$109.89	
30	$111.46	$111.46	
31	$113.82	$113.82	
32	$116.18	$116.18	
33	$117.65	$117.65	
34	$119.22	$119.22	
35	$120.01	$120.01	
36	$120.79	$120.79	
37	$121.58	$121.58	
38	$122.36	$122.36	
39	$123.94	$123.94	

Age	Employee	Spouse
40	$125.51	$125.51
41	$127.86	$127.86
42	$130.12	$130.12
43	$133.27	$133.27
44	$137.19	$137.19
45	$141.81	$141.81
46	$147.31	$147.31
47	$153.50	$153.50
48	$160.57	$160.57
49	$167.54	$167.54
50	$175.40	$175.40
51	$183.16	$183.16
52	$191.70	$191.70
53	$200.34	$200.34
54	$209.67	$209.67
55	$219.00	$219.00
56	$229.12	$229.12
57	$239.33	$239.33
58	$250.23	$250.23
59	$255.63	$255.63
60	$266.53	$266.53
61	$275.96	$275.96
62	$282.15	$282.15
63	$289.91	$289.91
64 and over	$294.62	$294.62

Ridgeview (Health insurance rates for 2026)

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

Age	Employee	Spouse	Child
Under 14	$39.89		
15	$43.43		
16	$44.79		
17	$46.14		
18	$47.60		
19	$49.06		
20	$50.57		
21	$52.14		
22	$52.14		
23	$52.14		
24	$52.14		
25	$52.35		
26	$53.39		
27	$54.64		
28	$56.67		
29	$58.34		
30	$59.18		
31	$60.43		
32	$61.68		
33	$62.46		
34	$63.30		
35	$63.71		
36	$64.13		
37	$64.55		
38	$64.96		
39	$65.80		

Age	Employee	Spouse
40	$66.63	
41	$67.88	
42	$69.08	
43	$70.75	
44	$72.84	
45	$75.29	
46	$78.21	
47	$81.49	
48	$85.25	
49	$88.95	
50	$93.12	
51	$97.24	
52	$101.77	
53	$106.36	
54	$111.31	
55	$116.27	
56	$121.64	
57	$127.06	
58	$132.85	
59	$135.71	
60	$141.50	
61	$146.51	
62	$149.79	
63	$153.91	
64 and over	$156.41	

Ridgeview (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	$61.16	$132.95	
15	$66.59	$144.77	
16	$68.67	$149.29	
17	$70.75	$153.81	
18	$72.99	$158.68	
19	$75.23	$163.54	
20	$77.55	$168.58	
21	$79.95	$173.80	
22	$79.95	$173.80	
23	$79.95	$173.80	
24	$79.95	$173.80	
25	$80.27	$174.49	
26	$81.86	$177.97	
27	$83.78	$182.14	
28	$86.90	$188.91	
29	$89.46	$194.48	
30	$90.74	$197.26	
31	$92.66	$201.43	
32	$94.57	$205.60	
33	$95.77	$208.21	
34	$97.05	$210.99	
35	$97.69	$212.38	
36	$98.33	$213.77	
37	$98.97	$215.16	
38	$99.61	$216.55	
39	$100.89	$219.33	

Age	Employee	Spouse
40	$102.17	$222.11
41	$104.09	$226.28
42	$105.93	$230.28
43	$108.48	$235.84
44	$111.68	$242.79
45	$115.44	$250.96
46	$119.92	$260.69
47	$124.95	$271.64
48	$130.71	$284.15
49	$136.39	$296.49
50	$142.78	$310.40
51	$149.10	$324.13
52	$156.05	$339.25
53	$163.09	$354.54
54	$170.68	$371.05
55	$178.28	$387.56
56	$186.51	$405.46
57	$194.82	$423.53
58	$203.70	$442.83
59	$208.09	$452.38
60	$216.97	$471.68
61	$224.64	$488.36
62	$229.68	$499.31
63	$236.00	$513.04
64 and over	$239.83	$521.38

Ridgeview (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	$63.82		$63.82
15	$69.49		$69.49
16	$71.66		$71.66
17	$73.83		$73.83
18	$76.16		$76.16
19	$78.50		$78.50
20	$80.92		$80.92
21	$83.42		$83.42
22	$83.42		$83.42
23	$83.42		$83.42
24	$83.42		$83.42
25	$83.76		$83.76
26	$85.42		
27	$87.42		
28	$90.68		
29	$93.35		
30	$94.68		
31	$96.68		
32	$98.69		
33	$99.94		
34	$101.27		
35	$101.94		
36	$102.61		
37	$103.27		
38	$103.94		
39	$105.28		

Age	Employee	Spouse
40	$106.61	
41	$108.61	
42	$110.53	
43	$113.20	
44	$116.54	
45	$120.46	
46	$125.13	
47	$130.39	
48	$136.39	
49	$142.32	
50	$148.99	
51	$155.58	
52	$162.84	
53	$170.18	
54	$178.10	
55	$186.03	
56	$194.62	
57	$203.29	
58	$212.56	
59	$217.14	
60	$226.40	
61	$234.41	
62	$239.67	
63	$246.26	
64 and over	$250.26	

Ridgeview (Health insurance rates for 2026)

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

Age	Employee	Spouse	Child
Under 14	$63.82	$63.82	$63.82
15	$69.49	$69.49	$69.49
16	$71.66	$71.66	$71.66
17	$73.83	$73.83	$73.83
18	$76.16	$76.16	$76.16
19	$78.50	$78.50	$78.50
20	$80.92	$80.92	$80.92
21	$83.42	$83.42	$83.42
22	$83.42	$83.42	$83.42
23	$83.42	$83.42	$83.42
24	$83.42	$83.42	$83.42
25	$83.76	$83.76	$83.76
26	$85.42	$85.42	
27	$87.42	$87.42	
28	$90.68	$90.68	
29	$93.35	$93.35	
30	$94.68	$94.68	
31	$96.68	$96.68	
32	$98.69	$98.69	
33	$99.94	$99.94	
34	$101.27	$101.27	
35	$101.94	$101.94	
36	$102.61	$102.61	
37	$103.27	$103.27	
38	$103.94	$103.94	
39	$105.28	$105.28	

Age	Employee	Spouse
40	$106.61	$106.61
41	$108.61	$108.61
42	$110.53	$110.53
43	$113.20	$113.20
44	$116.54	$116.54
45	$120.46	$120.46
46	$125.13	$125.13
47	$130.39	$130.39
48	$136.39	$136.39
49	$142.32	$142.32
50	$148.99	$148.99
51	$155.58	$155.58
52	$162.84	$162.84
53	$170.18	$170.18
54	$178.10	$178.10
55	$186.03	$186.03
56	$194.62	$194.62
57	$203.29	$203.29
58	$212.56	$212.56
59	$217.14	$217.14
60	$226.40	$226.40
61	$234.41	$234.41
62	$239.67	$239.67
63	$246.26	$246.26
64 and over	$250.26	$250.26

Ridgeview (Health insurance rates for 2026)

CompeteBlue 4000 PPO
Employee Only Rates
Rates are Per Pay Period (24 periods)

Age	Employee	Spouse	Child
Under 14	$60.49		
15	$65.86		
16	$67.92		
17	$69.98		
18	$72.19		
19	$74.40		
20	$76.70		
21	$79.07		
22	$79.07		
23	$79.07		
24	$79.07		
25	$79.39		
26	$80.97		
27	$82.86		
28	$85.95		
29	$88.48		
30	$89.74		
31	$91.64		
32	$93.54		
33	$94.72		
34	$95.99		
35	$96.62		
36	$97.26		
37	$97.89		
38	$98.52		
39	$99.78		

Age	Employee	Spouse
40	$101.05	
41	$102.95	
42	$104.77	
43	$107.30	
44	$110.46	
45	$114.17	
46	$118.60	
47	$123.58	
48	$129.28	
49	$134.89	
50	$141.22	
51	$147.46	
52	$154.34	
53	$161.30	
54	$168.81	
55	$176.32	
56	$184.47	
57	$192.69	
58	$201.47	
59	$205.82	
60	$214.59	
61	$222.18	
62	$227.16	
63	$233.41	
64 and over	$237.21	

Ridgeview (Health insurance rates for 2026)

CompleteBlue 4000 PPO
Employee/Spouse Rates
Rates are Per Pay Period (24 periods)

Age	Employee	Spouse	Child
Under 14	$73.22	$159.18	
15	$79.73	$173.33	
16	$82.22	$178.74	
17	$84.71	$184.15	
18	$87.39	$189.98	
19	$90.07	$195.80	
20	$92.84	$201.84	
21	$95.71	$208.08	
22	$95.71	$208.08	
23	$95.71	$208.08	
24	$95.71	$208.08	
25	$96.10	$208.91	
26	$98.01	$213.07	
27	$100.31	$218.07	
28	$104.04	$226.18	
29	$107.10	$232.84	
30	$108.64	$236.17	
31	$110.93	$241.16	
32	$113.23	$246.16	
33	$114.67	$249.28	
34	$116.20	$252.61	
35	$116.96	$254.27	
36	$117.73	$255.94	
37	$118.50	$257.60	
38	$119.26	$259.26	
39	$120.79	$262.59	

Age	Employee	Spouse
40	$122.32	$265.92
41	$124.62	$270.92
42	$126.82	$275.70
43	$129.89	$282.36
44	$133.71	$290.68
45	$138.21	$300.46
46	$143.57	$312.12
47	$149.60	$325.22
48	$156.49	$340.21
49	$163.29	$354.98
50	$170.95	$371.63
51	$178.51	$388.06
52	$186.84	$406.17
53	$195.26	$424.48
54	$204.35	$444.24
55	$213.44	$464.01
56	$223.30	$485.44
57	$233.26	$507.08
58	$243.88	$530.18
59	$249.15	$541.62
60	$259.77	$564.72
61	$268.96	$584.69
62	$274.99	$597.80
63	$282.55	$614.24
64 and over	$287.14	$624.23

Ridgeview (Health insurance rates for 2026)

CompleteBlue 4000 PPO
Employee/Child(ren) Rates
Rates are Per Pay Period (24 periods)

Age	Employee	Spouse	Child
Under 14	$76.41		$76.41
15	$83.20		$83.20
16	$85.79		$85.79
17	$88.39		$88.39
18	$91.19		$91.19
19	$93.98		$93.98
20	$96.88		$96.88
21	$99.88		$99.88
22	$99.88		$99.88
23	$99.88		$99.88
24	$99.88		$99.88
25	$100.28		$100.28
26	$102.27		
27	$104.67		
28	$108.57		
29	$111.76		
30	$113.36		
31	$115.76		
32	$118.15		
33	$119.65		
34	$121.25		
35	$122.05		
36	$122.85		
37	$123.65		
38	$124.44		
39	$126.04		

Age	Employee	Spouse
40	$127.64	
41	$130.04	
42	$132.34	
43	$135.53	
44	$139.53	
45	$144.22	
46	$149.82	
47	$156.11	
48	$163.30	
49	$170.39	
50	$178.38	
51	$186.27	
52	$194.96	
53	$203.75	
54	$213.24	
55	$222.72	
56	$233.01	
57	$243.40	
58	$254.48	
59	$259.98	
60	$271.06	
61	$280.65	
62	$286.94	
63	$294.84	
64 and over	$299.63	

Ridgeview (Health insurance rates for 2026)

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

Age	Employee	Spouse	Child
Under 14	$76.41	$76.41	$76.41
15	$83.20	$83.20	$83.20
16	$85.79	$85.79	$85.79
17	$88.39	$88.39	$88.39
18	$91.19	$91.19	$91.19
19	$93.98	$93.98	$93.98
20	$96.88	$96.88	$96.88
21	$99.88	$99.88	$99.88
22	$99.88	$99.88	$99.88
23	$99.88	$99.88	$99.88
24	$99.88	$99.88	$99.88
25	$100.28	$100.28	$100.28
26	$102.27	$102.27	
27	$104.67	$104.67	
28	$108.57	$108.57	
29	$111.76	$111.76	
30	$113.36	$113.36	
31	$115.76	$115.76	
32	$118.15	$118.15	
33	$119.65	$119.65	
34	$121.25	$121.25	
35	$122.05	$122.05	
36	$122.85	$122.85	
37	$123.65	$123.65	
38	$124.44	$124.44	
39	$126.04	$126.04	

Age	Employee	Spouse
40	$127.64	$127.64
41	$130.04	$130.04
42	$132.34	$132.34
43	$135.53	$135.53
44	$139.53	$139.53
45	$144.22	$144.22
46	$149.82	$149.82
47	$156.11	$156.11
48	$163.30	$163.30
49	$170.39	$170.39
50	$178.38	$178.38
51	$186.27	$186.27
52	$194.96	$194.96
53	$203.75	$203.75
54	$213.24	$213.24
55	$222.72	$222.72
56	$233.01	$233.01
57	$243.40	$243.40
58	$254.48	$254.48
59	$259.98	$259.98
60	$271.06	$271.06
61	$280.65	$280.65
62	$286.94	$286.94
63	$294.84	$294.84
64 and over	$299.63	$299.63