Summit Pointe (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	$39.16		
15	$42.64		
16	$43.97		
17	$45.31		
18	$46.74		
19	$48.17		
20	$49.66		
21	$51.19		
22	$51.19		
23	$51.19		
24	$51.19		
25	$51.40		
26	$52.42		
27	$53.65		
28	$55.65		
29	$57.28		
30	$58.10		
31	$59.33		
32	$60.56		
33	$61.33		
34	$62.15		
35	$62.56		
36	$62.97		
37	$63.38		
38	$63.79		
39	$64.60		

Age	Employee	Spouse
40	$65.42	
41	$66.65	
42	$67.83	
43	$69.47	
44	$71.52	
45	$73.92	
46	$76.79	
47	$80.01	
48	$83.70	
49	$87.33	
50	$91.43	
51	$95.47	
52	$99.93	
53	$104.43	
54	$109.30	
55	$114.16	
56	$119.43	
57	$124.76	
58	$130.44	
59	$133.25	
60	$138.94	
61	$143.85	
62	$147.08	
63	$151.12	
64 and over	$153.58	

Summit Pointe (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	$58.74	$150.63	
15	$63.97	$164.02	
16	$65.96	$169.13	
17	$67.96	$174.25	
18	$70.11	$179.77	
19	$72.26	$185.28	
20	$74.49	$190.99	
21	$76.79	$196.90	
22	$76.79	$196.90	
23	$76.79	$196.90	
24	$76.79	$196.90	
25	$77.10	$197.68	
26	$78.63	$201.62	
27	$80.47	$206.35	
28	$83.47	$214.03	
29	$85.93	$220.33	
30	$87.16	$223.48	
31	$89.00	$228.20	
32	$90.84	$232.93	
33	$91.99	$235.88	
34	$93.22	$239.03	
35	$93.84	$240.61	
36	$94.45	$242.18	
37	$95.06	$243.76	
38	$95.68	$245.33	
39	$96.91	$248.48	

Age	Employee	Spouse
40	$98.14	$251.63
41	$99.98	$256.36
42	$101.75	$260.89
43	$104.20	$267.19
44	$107.27	$275.06
45	$110.88	$284.32
46	$115.18	$295.34
47	$120.02	$307.75
48	$125.55	$321.92
49	$131.00	$335.90
50	$137.15	$351.66
51	$143.21	$367.21
52	$149.89	$384.34
53	$156.65	$401.67
54	$163.94	$420.37
55	$171.24	$439.08
56	$179.15	$459.36
57	$187.13	$479.83
58	$195.66	$501.69
59	$199.88	$512.52
60	$208.40	$534.37
61	$215.78	$553.28
62	$220.61	$565.68
63	$226.68	$581.23
64 and over	$230.37	$590.69

Summit Pointe (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	

Summit Pointe (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

Summit Pointe (Health insurance rates for 2026)

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

Age	Employee	Spouse	Child
Under 14	$41.39		
15	$45.06		
16	$46.47		
17	$47.88		
18	$49.39		
19	$50.91		
20	$52.48		
21	$54.10		
22	$54.10		
23	$54.10		
24	$54.10		
25	$54.32		
26	$55.40		
27	$56.70		
28	$58.81		
29	$60.54		
30	$61.40		
31	$62.70		
32	$64.00		
33	$64.81		
34	$65.68		
35	$66.11		
36	$66.54		
37	$66.98		
38	$67.41		
39	$68.27		

Age	Employee	Spouse
40	$69.14	
41	$70.44	
42	$71.68	
43	$73.41	
44	$75.58	
45	$78.12	
46	$81.15	
47	$84.56	
48	$88.45	
49	$92.29	
50	$96.62	
51	$100.90	
52	$105.60	
53	$110.36	
54	$115.50	
55	$120.64	
56	$126.21	
57	$131.84	
58	$137.85	
59	$140.82	
60	$146.83	
61	$152.02	
62	$155.43	
63	$159.70	
64 and over	$162.30	

Summit Pointe (Health insurance rates for 2026)

CompleteBlue 4000 PPO

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	$62.08	$159.18	
15	$67.60	$173.33	
16	$69.71	$178.74	
17	$71.82	$184.15	
18	$74.09	$189.98	
19	$76.36	$195.80	
20	$78.72	$201.84	
21	$81.15	$208.08	
22	$81.15	$208.08	
23	$81.15	$208.08	
24	$81.15	$208.08	
25	$81.47	$208.91	
26	$83.10	$213.07	
27	$85.05	$218.07	
28	$88.21	$226.18	
29	$90.81	$232.84	
30	$92.10	$236.17	
31	$94.05	$241.16	
32	$96.00	$246.16	
33	$97.22	$249.28	
34	$98.52	$252.61	
35	$99.17	$254.27	
36	$99.81	$255.94	
37	$100.46	$257.60	
38	$101.11	$259.26	
39	$102.41	$262.59	

Age	Employee	Spouse
40	$103.71	$265.92
41	$105.66	$270.92
42	$107.52	$275.70
43	$110.12	$282.36
44	$113.37	$290.68
45	$117.18	$300.46
46	$121.72	$312.12
47	$126.84	$325.22
48	$132.68	$340.21
49	$138.44	$354.98
50	$144.93	$371.63
51	$151.34	$388.06
52	$158.40	$406.17
53	$165.55	$424.48
54	$173.25	$444.24
55	$180.96	$464.01
56	$189.32	$485.44
57	$197.76	$507.08
58	$206.77	$530.18
59	$211.23	$541.62
60	$220.24	$564.72
61	$228.03	$584.69
62	$233.14	$597.80
63	$239.55	$614.24
64 and over	$243.45	$624.23

Summit Pointe (Health insurance rates for 2026)

CompleteBlue 4000 PPO

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	$78.00		$78.00
15	$84.93		$84.93
16	$87.58		$87.58
17	$90.23		$90.23
18	$93.09		$93.09
19	$95.94		$95.94
20	$98.90		$98.90
21	$101.96		$101.96
22	$101.96		$101.96
23	$101.96		$101.96
24	$101.96		$101.96
25	$102.37		$102.37
26	$104.40		
27	$106.85		
28	$110.83		
29	$114.09		
30	$115.72		
31	$118.17		
32	$120.62		
33	$122.14		
34	$123.78		
35	$124.59		
36	$125.41		
37	$126.22		
38	$127.04		
39	$128.67		

Age	Employee	Spouse
40	$130.30	
41	$132.75	
42	$135.09	
43	$138.36	
44	$142.43	
45	$147.23	
46	$152.94	
47	$159.36	
48	$166.70	
49	$173.94	
50	$182.10	
51	$190.15	
52	$199.02	
53	$207.99	
54	$217.68	
55	$227.36	
56	$237.87	
57	$248.47	
58	$259.79	
59	$265.39	
60	$276.71	
61	$286.50	
62	$292.92	
63	$300.98	
64 and over	$305.87	

Summit Pointe (Health insurance rates for 2026)

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

Age	Employee	Spouse	Child
Under 14	$78.00	$78.00	$78.00
15	$84.93	$84.93	$84.93
16	$87.58	$87.58	$87.58
17	$90.23	$90.23	$90.23
18	$93.09	$93.09	$93.09
19	$95.94	$95.94	$95.94
20	$98.90	$98.90	$98.90
21	$101.96	$101.96	$101.96
22	$101.96	$101.96	$101.96
23	$101.96	$101.96	$101.96
24	$101.96	$101.96	$101.96
25	$102.37	$102.37	$102.37
26	$104.40	$104.40	
27	$106.85	$106.85	
28	$110.83	$110.83	
29	$114.09	$114.09	
30	$115.72	$115.72	
31	$118.17	$118.17	
32	$120.62	$120.62	
33	$122.14	$122.14	
34	$123.78	$123.78	
35	$124.59	$124.59	
36	$125.41	$125.41	
37	$126.22	$126.22	
38	$127.04	$127.04	
39	$128.67	$128.67	

Age	Employee	Spouse
40	$130.30	$130.30
41	$132.75	$132.75
42	$135.09	$135.09
43	$138.36	$138.36
44	$142.43	$142.43
45	$147.23	$147.23
46	$152.94	$152.94
47	$159.36	$159.36
48	$166.70	$166.70
49	$173.94	$173.94
50	$182.10	$182.10
51	$190.15	$190.15
52	$199.02	$199.02
53	$207.99	$207.99
54	$217.68	$217.68
55	$227.36	$227.36
56	$237.87	$237.87
57	$248.47	$248.47
58	$259.79	$259.79
59	$265.39	$265.39
60	$276.71	$276.71
61	$286.50	$286.50
62	$292.92	$292.92
63	$300.98	$300.98
64 and over	$305.87	$305.87