

Transit
RATE TABLE

Health Insurance - Monthly premium
INDIVIDUAL COVERAGE

	BASIC	ENHANCED
Under 35	40.95	71.21
35-39	45.43	79.01
40-44	50.42	87.68
45-49	55.96	97.32
50-54	62.06	107.93
55-59	68.87	119.77
60-64	71.68	124.66
65-69	74.76	130.02
70-74	83.71	145.59
75-79	99.71	173.40
80 or older	120.53	209.61

FAMILY COVERAGE

BASIC	ENHANCED
98.29	170.95
109.07	189.70
120.99	210.43
134.24	233.47
148.93	259.01
165.23	287.37
164.86	286.71
164.46	286.02
175.81	305.76
199.40	346.80
241.07	419.24

Dental care (optional) - Monthly premium
INDIVIDUAL COVERAGE

Under 35	49.52
35-39	49.52
40-44	49.52
45-49	49.52
50-54	49.52
55-59	49.52
60-64	49.52
65-69	49.52
70-74	49.52
75-79	49.52
80 or older	49.52

FAMILY COVERAGE

117.61
117.61
117.61
117.61
117.61
112.71
107.82
102.89
98.00
98.00

Valid from October 1, 2020, to December 31, 2021. These rates may change on January 1st of each year. In the case of a rate change, notification will be sent 30 days prior to the contract anniversary date.