2024 JJET Leasing Inc
Health Insurance Rates

	Weekly Rate	Monthly Rate
Employee Only Coverage:	50.00	216.66

Additional dependents quote by age.

AGE	Week	Month
< 15	78.38	339.65
15	85.35	369.84
16	88.01	381.39
17	90.68	392.93
18	93.54	405.36
19	96.41	417.79
20	99.39	430.67
21	102.46	443.99
22	102.46	443.99
23	102.46	443.99
24	102.46	443.99
25	102.87	445.77
26	104.92	454.65
27	107.38	465.30
28	111.37	482.62
29	114.65	496.82
30	116.29	503.93
31	118.75	514.58
32	121.21	525.24
33	122.75	531.90
34	124.38	539.00
35	125.21	542.56
36	126.03	546.11
37	126.84	549.66
38	127.66	553.21
39	129.30	560.32

AGE	Week	Month
40	130.94	567.42
41	133.40	578.07
42	135.76	588.29
43	139.04	602.49
44	143.13	620.25
45	147.95	641.12
46	153.69	665.99
47	160.14	693.96
48	167.52	725.92
49	174.80	757.45
50	182.99	792.97
51	191.09	828.04
52	200.00	866.67
53	209.02	905.74
54	218.75	947.92
55	228.48	990.10
56	239.04	1,035.83
57	249.69	1,082.00
58	261.07	1,131.29
59	266.70	1,155.71
60	278.07	1,204.99
61	287.91	1,247.61
62	294.36	1,275.58
63	302.46	1,310.66
64 +	307.38	1,331.97