

State: Illinois **Filing Company:** Health Alliance Medical Plans, Inc.
TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.003G Small Group Only - Other
Product Name: 2025 Small Group Plan Rates off-exchange
Project Name/Number: ILSGRATES2024001/ILSGRATES2024001

Filing at a Glance

Company: Health Alliance Medical Plans, Inc.
Product Name: 2025 Small Group Plan Rates off-exchange
State: Illinois
TOI: H16G Group Health - Major Medical
Sub-TOI: H16G.003G Small Group Only - Other
Filing Type: Rate
Date Submitted: 06/04/2024
SERFF Tr Num: HAMP-134068589
SERFF Status: Assigned
State Tr Num:
State Status: Assigned to Reviewer
Co Tr Num: ILSGRATES2024001
Effective: 01/01/2025
Date Requested:
Author(s): Brandie DeLahr, Christine Lackey, Ashley Ensign, Kameron Burbridge, Selena Mims
Reviewer(s): Eric Anderson (primary), Christina Roy
Disposition Date:
Disposition Status:
Effective Date:
State Filing Description:

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Filing Company Information

Health Alliance Medical Plans, Inc.	CoCode: 77950	State of Domicile: Illinois
3310 Fields South Drive	Group Code: 1	Company Type: HMO;
Champaign, IL 61821	Group Name: HAMP	Accident and Health
(217) 902-9142 ext. [Phone]	FEIN Number: 37-1260731	State ID Number:

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Filing Fees

State Fees

Fee Required? Yes
Fee Amount: \$25.00
Retaliatory? No
Fee Explanation: Rate filing - \$25.00
Per Company: Yes

Company	Amount	Date Processed	Transaction #
Health Alliance Medical Plans, Inc.	\$25.00	06/04/2024 10:51 AM	287672951
EFT Total	\$25.00		

SERFF Tracking #: HAMP-134068589

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Rate Information

Rate data applies to filing.

Filing Method: actuarial
Rate Change Type: Increase
Overall Percentage of Last Rate Revision: 7.940%
Effective Date of Last Rate Revision: 04/01/2024
Filing Method of Last Filing: actuarial
SERFF Tracking Number of Last Filing: HAMP-133914446

Company Rate Information

Company Name:	Company Rate Change:	Overall % Indicated Change:	Overall % Rate Impact:	Written Premium Change for this Program:	Number of Policy Holders Affected for this Program:	Written Premium for this Program:	Maximum % Change (where req'd):	Minimum % Change (where req'd):
Health Alliance Medical Plans, Inc.	Increase	19.900%	19.900%	\$12,580,593	1,143	\$63,219,058	43.700%	-13.760%

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Rate/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		Exhibits & Appendicies - IL SG 2025	IL_SGRP_HMO_2024, IL_SGRP_HMO_HDHP_2024, IL_SGRP_TRIPLE_HMO_HDHP_2024, IL_SGRP_TRIPLE_HMO_2024, IL_SGRP_POS_2024, IL_SGRP_POS_HDHP_2024, IL_SGRP_TRIPLE_POS_2024	Revised	Previous State Filing Number: ILSGRATES2023003 Percent Rate Change Request: 19.9	Exhibits & Appendicies - IL SG 2025.xlsx, Exhibits & Appendicies - IL SG 2025.pdf,

SERFF Tracking #:

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Attachment Exhibits & Appendicies - IL SG 2025.xlsx is not a PDF document and cannot be reproduced here.

Exhibit 1
Health Alliance Medical Plans
Illinois - Small Group Market
Rate Increase Exhibit
Renewal Business Only

Product ID	2024 Plan ID	Metal	Plan Category	Mapped 2025 Plan ID	Mar 24 Mbrs	Age 21 Base Rate			Rate Fx Changes				Jan 24	Apr24
						January 2024	April 2024	January 2025	Area	Age	Tobacco	Qtr Trend	to Jan 25	to Apr 25
						Rate	Rate	Rate	Change	Change	Change	Trend	Rate Change	Rate Change
20129I031	20129I0310211	Gold	Renewing	20129I0310211	852	599.61	657.07	741.86	0.9525	1.0000	1.0000	1.0035	18.26%	10.01%
20129I031	20129I0310212	Gold	Renewing	20129I0310212	605	597.02	654.23	730.67	0.9525	1.0000	1.0000	1.0035	16.98%	8.82%
20129I031	20129I0310213	Gold	Renewing	20129I0310213	467	579.10	634.60	716.78	0.9525	1.0000	1.0000	1.0035	18.31%	10.06%
20129I031	20129I0310214	Gold	Renewing	20129I0310214	346	574.28	629.32	713.72	0.9525	1.0000	1.0000	1.0035	18.79%	10.51%
20129I031	20129I0310215	Gold	Renewing	20129I0310215	638	550.39	603.14	689.20	0.9525	1.0000	1.0000	1.0035	19.69%	11.34%
20129I031	20129I0310217	Silver	Renewing	20129I0310217	443	508.16	556.85	632.38	0.9525	1.0000	1.0000	1.0035	18.95%	10.66%
20129I031	20129I0310218	Silver	Renewing	20129I0310218	513	502.47	550.62	619.14	0.9525	1.0000	1.0000	1.0035	17.78%	9.56%
20129I031	20129I0310219	Gold	Renewing	20129I0310219	191	624.22	684.04	776.40	0.9525	1.0000	1.0000	1.0035	18.89%	10.60%
20129I031	20129I0310220	Gold	Renewing	20129I0310220	311	544.57	596.75	672.40	0.9525	1.0000	1.0000	1.0035	18.02%	9.79%
20129I031	20129I0310222	Silver	Renewing	20129I0310222	165	491.17	538.24	610.01	0.9525	1.0000	1.0000	1.0035	18.71%	10.43%
20129I031	20129I0310224	Bronze	Renewing	20129I0310224	553	435.55	477.29	545.58	0.9525	1.0000	1.0000	1.0035	19.73%	11.38%
20129I031	20129I0310225	Platinum	Renewing	20129I0310225	234	571.87	626.67	760.20	0.9525	1.0000	1.0000	1.0035	27.06%	18.20%
20129I031	20129I0310226	Gold	Renewing	20129I0310226	238	495.38	542.85	661.81	0.9525	1.0000	1.0000	1.0035	27.70%	18.79%
20129I031	20129I0310227	Gold	Renewing	20129I0310227	262	460.95	505.12	617.13	0.9525	1.0000	1.0000	1.0035	27.97%	19.05%
20129I031	20129I0310228	Silver	Renewing	20129I0310228	61	419.58	459.79	564.36	0.9525	1.0000	1.0000	1.0035	28.57%	19.60%
20129I031	20129I0310229	Bronze	Renewing	20129I0310229	51	361.64	396.30	491.67	0.9525	1.0000	1.0000	1.0035	29.95%	20.89%
20129I031	20129I0310230	Silver	Renewing	20129I0310230	236	463.90	508.36	578.79	0.9525	1.0000	1.0000	1.0035	19.26%	10.94%
20129I031	20129I0310231	Bronze	Renewing	20129I0310231	96	440.23	482.42	543.65	0.9525	1.0000	1.0000	1.0035	18.04%	9.81%
20129I031	20129I0310232	Platinum	Renewing	20129I0310232	255	703.95	771.41	873.23	0.9525	1.0000	1.0000	1.0035	18.57%	10.30%
20129I031	20129I0310233	Gold	Renewing	20129I0310233	148	618.46	677.73	769.24	0.9525	1.0000	1.0000	1.0035	18.89%	10.59%
20129I031	20129I0310234	Gold	Renewing	20129I0310234	2	455.74	499.42	460.97	0.9525	1.0000	1.0000	1.0035	-3.32%	-10.06%
20129I031	20129I0310235	Gold	Renewing	20129I0310235	3	448.49	491.47	453.49	0.9525	1.0000	1.0000	1.0035	-3.35%	-10.09%
20129I031	20129I0310236	Gold	Renewing	20129I0310236	-	435.42	477.15	447.11	0.9525	1.0000	1.0000	1.0035	-1.85%	-8.70%
20129I031	20129I0310237	Silver	Renewing	20129I0310237	-	398.75	436.97	414.17	0.9525	1.0000	1.0000	1.0035	-0.72%	-7.64%
20129I031	20129I0310238	Silver	Renewing	20129I0310238	-	398.06	436.21	410.37	0.9525	1.0000	1.0000	1.0035	-1.46%	-8.33%
20129I031	20129I0310239	Silver	Renewing	20129I0310239	-	394.72	432.55	408.75	0.9525	1.0000	1.0000	1.0035	-1.02%	-7.92%
20129I031	20129I0310240	Gold	Renewing	20129I0310240	44	502.79	550.97	591.48	0.9525	1.0000	1.0000	1.0035	12.45%	4.60%
20129I031	20129I0310241	Gold	Renewing	20129I0310241	2	493.07	540.32	581.33	0.9525	1.0000	1.0000	1.0035	12.69%	4.83%
20129I031	20129I0310242	Gold	Renewing	20129I0310242	18	474.12	519.56	570.90	0.9525	1.0000	1.0000	1.0035	15.10%	7.07%
20129I031	20129I0310243	Silver	Renewing	20129I0310243	18	432.35	473.78	525.00	0.9525	1.0000	1.0000	1.0035	16.07%	7.97%
20129I031	20129I0310244	Silver	Renewing	20129I0310244	-	430.26	471.49	518.31	0.9525	1.0000	1.0000	1.0035	15.15%	7.12%
20129I031	20129I0310245	Silver	Renewing	20129I0310245	-	425.40	466.16	515.88	0.9525	1.0000	1.0000	1.0035	15.92%	7.83%
20129I031	20129I0310246	Gold	Renewing	20129I0310246	49	585.47	641.58	710.50	0.9525	1.0000	1.0000	1.0035	16.00%	7.91%
20129I031	20129I0310247	Gold	Renewing	20129I0310247	43	573.13	628.06	697.97	0.9525	1.0000	1.0000	1.0035	16.40%	8.28%
20129I031	20129I0310248	Gold	Renewing	20129I0310248	22	548.53	601.09	684.13	0.9525	1.0000	1.0000	1.0035	19.21%	10.90%
20129I031	20129I0310249	Silver	Renewing	20129I0310249	10	499.17	547.00	626.86	0.9525	1.0000	1.0000	1.0035	20.04%	11.66%
20129I031	20129I0310250	Silver	Renewing	20129I0310250	4	495.99	543.52	617.78	0.9525	1.0000	1.0000	1.0035	19.06%	10.75%
20129I031	20129I0310251	Silver	Renewing	20129I0310251	-	489.65	536.57	614.66	0.9525	1.0000	1.0000	1.0035	19.99%	11.62%
20129I031	20129I0310252	Platinum	Renewing	20129I0310252	59	701.86	769.12	851.17	0.9525	1.0000	1.0000	1.0035	15.92%	7.83%
20129I031	20129I0310253	Bronze	Renewing	20129I0310253	2	439.87	482.02	558.46	0.9525	1.0000	1.0000	1.0035	21.35%	12.89%
20129I032	20129I0320113	Gold	Renewing	20129I0320113	472	581.62	637.36	717.95	0.9525	1.0000	1.0000	1.0035	17.99%	9.76%
20129I032	20129I0320114	Silver	Renewing	20129I0320114	146	484.55	530.99	597.44	0.9525	1.0000	1.0000	1.0035	17.85%	9.63%
20129I032	20129I0320115	Platinum	Renewing	20129I0320115	26	535.85	587.20	771.11	0.9525	1.0000	1.0000	1.0035	37.55%	27.96%
20129I032	20129I0320116	Gold	Renewing	20129I0320116	53	447.19	490.05	638.81	0.9525	1.0000	1.0000	1.0035	36.54%	27.02%
20129I032	20129I0320118	Silver	Renewing	20129I0320118	84	356.60	390.78	506.07	0.9525	1.0000	1.0000	1.0035	35.65%	26.19%
20129I032	20129I0320119	Bronze	Renewing	20129I0320119	30	333.50	365.46	478.68	0.9525	1.0000	1.0000	1.0035	37.19%	27.62%
20129I035	20129I0350042	Gold	Terminating	20129I0310211	142	707.92	775.77	741.86	0.9525	1.0000	1.0000	1.0035	0.17%	-6.82%
20129I035	20129I0350043	Gold	Terminating	20129I0310215	195	649.82	712.09	689.20	0.9525	1.0000	1.0000	1.0035	1.38%	-5.69%
20129I035	20129I0350044	Silver	Terminating	20129I0310217	30	599.95	657.44	632.38	0.9525	1.0000	1.0000	1.0035	0.75%	-6.28%
20129I035	20129I0350045	Gold	Terminating	20129I0310220	48	642.93	704.55	672.40	0.9525	1.0000	1.0000	1.0035	-0.03%	-7.01%
20129I035	20129I0350047	Silver	Terminating	20129I0310230	7	547.70	600.19	578.79	0.9525	1.0000	1.0000	1.0035	1.01%	-6.04%
Total					8,174	548.59	601.16	679.72	0.9525	1.0000	1.0000	1.0035	18.43%	10.17%
Product Level Summary														
20129I031					6,941	544.79	597.00	680.61	0.9525	1.0000	1.0000	1.0035	19.41%	11.09%
20129I032					811	521.41	571.38	661.99	0.9525	1.0000	1.0000	1.0035	21.36%	12.89%
20129I035					422	663.35	726.92	699.14	0.9525	1.0000	1.0000	1.0035	0.74%	-6.28%
Total					8,174	548.59	601.16	679.72	0.9525	1.0000	1.0000	1.0035	18.43%	10.17%
Metal Level Summary														
Platinum					574	642.28	703.83	820.26	0.9525	1.0000	1.0000	1.0035	22.07%	13.56%
Gold					5,151	575.96	631.16	708.67	0.9525	1.0000	1.0000	1.0035	17.61%	9.40%
Silver					1,717	487.06	533.74	605.93	0.9525	1.0000	1.0000	1.0035	18.91%	10.62%
Bronze					732	426.84	467.75	538.86	0.9525	1.0000	1.0000	1.0035	20.67%	12.25%
Total					8,174	548.59	601.16	679.72	0.9525	1.0000	1.0000	1.0035	18.43%	10.17%
Plan Category Summary														
Renewing					7,752	542.34	594.32	678.66	0.9525	1.0000	1.0000	1.0035	19.61%	11.27%
Terminating					422	663.35	726.92	699.14	0.9525	1.0000	1.0000	1.0035	0.74%	-6.28%
Total					8,174	548.59	601.16	679.72	0.9525	1.0000	1.0000	1.0035	18.43%	10.17%

Exhibit 2
Health Alliance Medical Plans
Illinois - Small Group Market
2024 and 2025 Plan-Specific Factor Comparison

2024 HIOS ID	2025 HIOS ID	Metal Level	Network	Current Inforce		Plan Benefit Factors (AV and Induced Demand)			Provider Network Factor			Plan-Specific
				Members	Percent	2024	2025	Change	2024	2025	Change	Factor Change
Renewing Plans												
20129IL0310211	20129IL0310211	Gold	HMO/POS	852	10.4%	0.8333	0.8536	2.4%	1.0175	1.0197	0.2%	2.7%
20129IL0310212	20129IL0310212	Gold	HMO/POS	605	7.4%	0.8297	0.8407	1.3%	1.0175	1.0197	0.2%	1.6%
20129IL0310213	20129IL0310213	Gold	HMO/POS	467	5.7%	0.8048	0.8248	2.5%	1.0175	1.0197	0.2%	2.7%
20129IL0310214	20129IL0310214	Gold	HMO/POS	346	4.2%	0.7981	0.8213	2.9%	1.0175	1.0197	0.2%	3.1%
20129IL0310215	20129IL0310215	Gold	HMO/POS	638	7.8%	0.7649	0.7930	3.7%	1.0175	1.0197	0.2%	3.9%
20129IL0310217	20129IL0310217	Silver	HMO/POS	443	5.4%	0.7062	0.7277	3.0%	1.0175	1.0197	0.2%	3.3%
20129IL0310218	20129IL0310218	Silver	HMO/POS	513	6.3%	0.6983	0.7124	2.0%	1.0175	1.0197	0.2%	2.2%
20129IL0310219	20129IL0310219	Gold	HMO/POS	191	2.3%	0.8675	0.8934	3.0%	1.0175	1.0197	0.2%	3.2%
20129IL0310220	20129IL0310220	Gold	HMO/POS	311	3.8%	0.7568	0.7737	2.2%	1.0175	1.0197	0.2%	2.5%
20129IL0310222	20129IL0310222	Silver	HMO/POS	165	2.0%	0.6826	0.7019	2.8%	1.0175	1.0197	0.2%	3.1%
20129IL0310224	20129IL0310224	Bronze	HMO/POS	553	6.8%	0.6053	0.6278	3.7%	1.0175	1.0197	0.2%	3.9%
20129IL0310225	20129IL0310225	Platinum	Simplete POS	234	2.9%	0.9899	1.0100	2.0%	0.8169	0.8831	8.1%	10.3%
20129IL0310226	20129IL0310226	Gold	Simplete POS	238	2.9%	0.8575	0.8793	2.5%	0.8169	0.8831	8.1%	10.9%
20129IL0310227	20129IL0310227	Gold	Simplete POS	262	3.2%	0.7979	0.8200	2.8%	0.8169	0.8831	8.1%	11.1%
20129IL0310228	20129IL0310228	Silver	Simplete POS	61	0.7%	0.7263	0.7498	3.2%	0.8169	0.8831	8.1%	11.6%
20129IL0310229	20129IL0310229	Bronze	Simplete POS	51	0.6%	0.6260	0.6533	4.4%	0.8169	0.8831	8.1%	12.8%
20129IL0310230	20129IL0310230	Silver	HMO/POS	236	2.9%	0.6447	0.6660	3.3%	1.0175	1.0197	0.2%	3.5%
20129IL0310231	20129IL0310231	Bronze	HMO/POS	96	1.2%	0.6118	0.6256	2.2%	1.0175	1.0197	0.2%	2.5%
20129IL0310232	20129IL0310232	Platinum	HMO/POS	255	3.1%	0.9783	1.0048	2.7%	1.0175	1.0197	0.2%	2.9%
20129IL0310233	20129IL0310233	Gold	HMO/POS	148	1.8%	0.8595	0.8851	3.0%	1.0175	1.0197	0.2%	3.2%
20129IL0310234	20129IL0310234	Gold	Preferred 3-Tier	2	0.0%	0.7917	0.8022	1.3%	0.8140	0.6742	-17.2%	-16.1%
20129IL0310235	20129IL0310235	Gold	Preferred 3-Tier	3	0.0%	0.7791	0.7892	1.3%	0.8140	0.6742	-17.2%	-16.1%
20129IL0310236	20129IL0310236	Gold	Preferred 3-Tier	0	0.0%	0.7564	0.7781	2.9%	0.8140	0.6742	-17.2%	-14.8%
20129IL0310237	20129IL0310237	Silver	Preferred 3-Tier	0	0.0%	0.6927	0.7208	4.1%	0.8140	0.6742	-17.2%	-13.8%
20129IL0310238	20129IL0310238	Silver	Preferred 3-Tier	0	0.0%	0.6915	0.7142	3.3%	0.8140	0.6742	-17.2%	-14.5%
20129IL0310239	20129IL0310239	Silver	Preferred 3-Tier	0	0.0%	0.6857	0.7114	3.7%	0.8140	0.6742	-17.2%	-14.1%
20129IL0310240	20129IL0310240	Gold	Preferred 3-Tier	44	0.5%	0.8173	0.8234	0.8%	0.8699	0.8428	-3.1%	-2.4%
20129IL0310241	20129IL0310241	Gold	Preferred 3-Tier	2	0.0%	0.8015	0.8093	1.0%	0.8699	0.8428	-3.1%	-2.2%
20129IL0310242	20129IL0310242	Gold	Preferred 3-Tier	18	0.2%	0.7707	0.7948	3.1%	0.8699	0.8428	-3.1%	-0.1%
20129IL0310243	20129IL0310243	Silver	Preferred 3-Tier	18	0.2%	0.7028	0.7309	4.0%	0.8699	0.8428	-3.1%	0.8%
20129IL0310244	20129IL0310244	Silver	Preferred 3-Tier	0	0.0%	0.6994	0.7216	3.2%	0.8699	0.8428	-3.1%	0.0%
20129IL0310245	20129IL0310245	Silver	Preferred 3-Tier	0	0.0%	0.6915	0.7182	3.9%	0.8699	0.8428	-3.1%	0.6%
20129IL0310246	20129IL0310246	Gold	Preferred 3-Tier	49	0.6%	0.8303	0.8342	0.5%	0.9971	0.9994	0.2%	0.7%
20129IL0310247	20129IL0310247	Gold	Preferred 3-Tier	43	0.5%	0.8128	0.8194	0.8%	0.9971	0.9994	0.2%	1.0%
20129IL0310248	20129IL0310248	Gold	Preferred 3-Tier	22	0.3%	0.7779	0.8032	3.3%	0.9971	0.9994	0.2%	3.5%
20129IL0310249	20129IL0310249	Silver	Preferred 3-Tier	10	0.1%	0.7079	0.7360	4.0%	0.9971	0.9994	0.2%	4.2%
20129IL0310250	20129IL0310250	Silver	Preferred 3-Tier	4	0.0%	0.7034	0.7253	3.1%	0.9971	0.9994	0.2%	3.4%
20129IL0310251	20129IL0310251	Silver	Preferred 3-Tier	0	0.0%	0.6944	0.7216	3.9%	0.9971	0.9994	0.2%	4.2%
20129IL0310252	20129IL0310252	Platinum	HMO/POS	59	0.7%	0.9754	0.9794	0.4%	1.0175	1.0197	0.2%	0.6%
20129IL0310253	20129IL0310253	Bronze	HMO/POS	2	0.0%	0.6113	0.6426	5.1%	1.0175	1.0197	0.2%	5.3%
20129IL0320113	20129IL0320113	Gold	HMO/POS	472	5.8%	0.8083	0.8261	2.2%	1.0175	1.0197	0.2%	2.4%
20129IL0320114	20129IL0320114	Silver	HMO/POS	146	1.8%	0.6734	0.6875	2.1%	1.0175	1.0197	0.2%	2.3%
20129IL0320115	20129IL0320115	Platinum	Simplete HMO	26	0.3%	0.9949	1.0245	3.0%	0.7616	0.8831	16.0%	19.4%
20129IL0320116	20129IL0320116	Gold	Simplete HMO	53	0.6%	0.8303	0.8488	2.2%	0.7616	0.8831	16.0%	18.5%
20129IL0320118	20129IL0320118	Silver	Simplete HMO	84	1.0%	0.6621	0.6724	1.6%	0.7616	0.8831	16.0%	17.8%
20129IL0320119	20129IL0320119	Bronze	Simplete HMO	30	0.4%	0.6192	0.6360	2.7%	0.7616	0.8831	16.0%	19.1%
Renewing Plans	46			7,752	94.8%	0.7783	0.7981	2.5%	0.9872	0.9990	1.2%	3.8%
New Plans												
No New Plans												
New Plans												
0												
Terminating Plans												
20129IL0350042	20129IL0350042	Gold	PPO	142	1.7%	0.8333			1.2013			
20129IL0350043	20129IL0350043	Gold	PPO	195	2.4%	0.7649			1.2013			
20129IL0350044	20129IL0350044	Silver	PPO	30	0.4%	0.7062			1.2013			
20129IL0350045	20129IL0350045	Gold	PPO	48	0.6%	0.7568			1.2013			
20129IL0350047	20129IL0350047	Silver	PPO	7	0.1%	0.6447			1.2013			
Terminating Plans	5			422	5.2%	0.7808			1.2013			
All Plans Total				8,174	100.0%							

Exhibit 3
Health Alliance Medical Plans
Illinois - Small Group Market
January 2025 Rate Filing
Net Expense Factor Development

Expense Item	Amount	PMPM
Administrative Expenses	10.79%	\$80.38
Profit and Risk Load	2.00%	\$14.90
Taxes and Fees	1.59%	\$11.86
Total Expenses	14.38%	\$107.13
Single Risk Pool Premium PMPM		\$744.92
Exchange Fee Expenses	0.00%	\$0.00
Expenses Net of Exchange Fees	14.38%	\$107.13
Paid Claims PMPM & Exchange Fees		\$637.78
Load to Claims for Expenses Net of Exchange Fees		16.80%

Exhibit 4
Health Alliance Medical Plans
Illinois - Small Group Market
Illustration of Contribution to Surplus, Contingency Charges, or Risk Charges

As Priced	PMPM	% Premium	Annotation
(1) Target Pre-Tax Contribution to Surplus	\$20.84	2.80%	<i>Pricing Assumption</i>
(2) Expected 2025 Health Insurance Provider Fee	\$0.00	0.00%	<i>See Exhibit 5</i>
(3) Contribution to Surplus to account for income tax on HIPF	\$0.00	0.00%	<i>(2) * [1 / 0.7149 - 1]</i>
(4) Priced Pre-Tax Contribution to Surplus	\$20.84	2.80%	<i>(1) + (3)</i>
(5) Taxable Profit	\$20.84	2.80%	<i>(4) + (2)</i>
(6) Income Tax	\$5.94	0.80%	<i>Exhibit 5</i>
(7) Priced After-Tax Contribution to Surplus	\$14.90	2.00%	<i>(4) - (6)</i>

Exhibit 5
Health Alliance Medical Plans
Illinois - Small Group Market
Federal Income Tax

Plan	Projected Mbr Mix	(1)	(2)	(3)	(4)	(5)	(6)
		Premium	Admin	Claims	Health Insurer Fee	Taxable Profit	Income Tax
						(1)-(2)-(3)+(4)	(5) x 28.51%
20129IL0310211	12,324	\$813.03	\$94.18	\$696.10	\$0.00	\$22.75	\$6.48
20129IL0310212	7,356	\$800.75	\$92.76	\$685.59	\$0.00	\$22.40	\$6.39
20129IL0310213	5,664	\$785.53	\$91.00	\$672.56	\$0.00	\$21.98	\$6.27
20129IL0310214	4,152	\$782.19	\$90.61	\$669.69	\$0.00	\$21.88	\$6.24
20129IL0310215	10,140	\$755.31	\$87.50	\$646.68	\$0.00	\$21.13	\$6.02
20129IL0310217	5,748	\$693.04	\$80.28	\$593.37	\$0.00	\$19.39	\$5.53
20129IL0310218	6,120	\$678.53	\$78.60	\$580.94	\$0.00	\$18.98	\$5.41
20129IL0310219	2,292	\$850.88	\$98.57	\$728.51	\$0.00	\$23.80	\$6.79
20129IL0310220	4,368	\$736.90	\$85.37	\$630.92	\$0.00	\$20.62	\$5.88
20129IL0310222	1,992	\$668.53	\$77.45	\$572.38	\$0.00	\$18.70	\$5.33
20129IL0310224	6,756	\$597.91	\$69.26	\$511.92	\$0.00	\$16.73	\$4.77
20129IL0310225	2,784	\$833.13	\$96.51	\$713.31	\$0.00	\$23.31	\$6.64
20129IL0310226	2,880	\$725.29	\$84.02	\$620.98	\$0.00	\$20.29	\$5.78
20129IL0310227	3,180	\$676.33	\$78.35	\$579.06	\$0.00	\$18.92	\$5.39
20129IL0310228	696	\$618.50	\$71.65	\$529.54	\$0.00	\$17.30	\$4.93
20129IL0310229	600	\$538.83	\$62.42	\$461.34	\$0.00	\$15.07	\$4.30
20129IL0310230	2,976	\$634.31	\$73.48	\$543.08	\$0.00	\$17.75	\$5.06
20129IL0310231	1,188	\$595.80	\$69.02	\$510.11	\$0.00	\$16.67	\$4.75
20129IL0310232	3,180	\$957.00	\$110.86	\$819.36	\$0.00	\$26.77	\$7.63
20129IL0310233	1,788	\$843.02	\$97.66	\$721.78	\$0.00	\$23.58	\$6.72
20129IL0310234	24	\$505.18	\$58.52	\$432.53	\$0.00	\$14.13	\$4.03
20129IL0310235	36	\$496.99	\$57.57	\$425.52	\$0.00	\$13.90	\$3.96
20129IL0310236	24	\$490.00	\$56.76	\$419.53	\$0.00	\$13.71	\$3.91
20129IL0310237	24	\$453.90	\$52.58	\$388.62	\$0.00	\$12.70	\$3.62
20129IL0310238	24	\$449.73	\$52.10	\$385.05	\$0.00	\$12.58	\$3.59
20129IL0310239	24	\$447.96	\$51.89	\$383.53	\$0.00	\$12.53	\$3.57
20129IL0310240	492	\$648.22	\$75.09	\$554.99	\$0.00	\$18.13	\$5.17
20129IL0310241	24	\$637.09	\$73.80	\$545.46	\$0.00	\$17.82	\$5.08
20129IL0310242	204	\$625.67	\$72.48	\$535.68	\$0.00	\$17.50	\$4.99
20129IL0310243	204	\$575.36	\$66.65	\$492.61	\$0.00	\$16.10	\$4.59
20129IL0310244	24	\$568.03	\$65.80	\$486.34	\$0.00	\$15.89	\$4.53
20129IL0310245	24	\$565.37	\$65.49	\$484.06	\$0.00	\$15.82	\$4.51
20129IL0310246	600	\$778.65	\$90.20	\$666.67	\$0.00	\$21.78	\$6.21
20129IL0310247	492	\$764.92	\$88.61	\$654.91	\$0.00	\$21.40	\$6.10
20129IL0310248	300	\$749.76	\$86.85	\$641.93	\$0.00	\$20.98	\$5.98
20129IL0310249	96	\$686.99	\$79.58	\$588.19	\$0.00	\$19.22	\$5.48
20129IL0310250	48	\$677.04	\$78.43	\$579.67	\$0.00	\$18.94	\$5.40
20129IL0310251	24	\$673.62	\$78.04	\$576.74	\$0.00	\$18.85	\$5.37
20129IL0310252	696	\$932.82	\$108.06	\$798.66	\$0.00	\$26.10	\$7.44
20129IL0310253	24	\$612.03	\$70.90	\$524.01	\$0.00	\$17.12	\$4.88
20129IL0320113	5,760	\$786.82	\$91.15	\$673.66	\$0.00	\$22.01	\$6.28
20129IL0320114	1,728	\$654.75	\$75.85	\$560.59	\$0.00	\$18.32	\$5.22
20129IL0320115	300	\$845.08	\$97.90	\$723.54	\$0.00	\$23.64	\$6.74
20129IL0320116	648	\$700.09	\$81.10	\$599.40	\$0.00	\$19.59	\$5.58
20129IL0320118	996	\$554.61	\$64.25	\$474.85	\$0.00	\$15.52	\$4.42
20129IL0320119	396	\$524.59	\$60.77	\$449.14	\$0.00	\$14.68	\$4.18
Total	99,420	\$744.92	\$86.29	\$637.78	\$0.00	\$20.84	\$5.94

Exhibit 6
Health Alliance Medical Plans
Illinois - Small Group Market
2025 Projected Medical Loss Ratio

	Amount PMPM	Annotation
Claims	637.78	(1)
Adjustments to Claims ¹	9.61	(2)
Federal Reinsurance Recoveries	-	(3)
MLR Numerator	647.39	<i>(4) = (1) + (2) + (3)</i>
Premiums	744.92	(5)
Taxes & Fees ²	5.92	(6)
Income Tax	5.94	(7)
MLR denominator	733.06	<i>(8) = (5) - (6) - (7)</i>
Projected Federal MLR ³	88.31%	<i>(9) = (4) / (8)</i>
Projected MLR with Rate Change	85.62%	<i>= (1) / (5)</i>
Projected MLR without Rate Change	102.66%	<i>= (1) / [(5) / rate change]</i>

¹ Quality Improvement/Health IT

² Taxes and fees include all ACA taxes and fees

³ The projected MLR does not take the Credibility Adjustment into account

Exhibit 7
Health Alliance Medical Plans
Illinois - Small Group Market
January 2025 Rate Filing
Age Calibration

Age	Member Distrib	ACA Fx
not billed	0.7%	0.000
0	0.9%	0.765
1	0.8%	0.765
2	1.1%	0.765
3	0.7%	0.765
4	1.0%	0.765
5	1.0%	0.765
6	1.0%	0.765
7	1.1%	0.765
8	1.2%	0.765
9	1.0%	0.765
10	1.1%	0.765
11	0.9%	0.765
12	1.0%	0.765
13	1.1%	0.765
14	1.0%	0.765
15	1.0%	0.833
16	1.1%	0.859
17	1.1%	0.885
18	1.1%	0.913
19	1.1%	0.941
20	1.1%	0.970
21	1.2%	1.000
22	1.3%	1.000
23	1.5%	1.000
24	1.5%	1.000
25	1.5%	1.004
26	1.7%	1.024
27	1.8%	1.048
28	1.6%	1.087
29	2.0%	1.119
30	1.7%	1.135
31	1.7%	1.159
32	1.8%	1.183
33	1.9%	1.198
34	1.5%	1.214
35	2.0%	1.222
36	1.6%	1.230
37	1.8%	1.238
38	1.8%	1.246
39	1.9%	1.262
40	2.1%	1.278
41	1.9%	1.302
42	1.6%	1.325
43	1.9%	1.357
44	1.8%	1.397
45	2.0%	1.444
46	1.5%	1.500
47	1.7%	1.563
48	1.7%	1.635
49	1.7%	1.706
50	1.5%	1.786
51	1.8%	1.865
52	1.9%	1.952
53	2.0%	2.040
54	1.6%	2.135
55	1.9%	2.230
56	1.8%	2.333
57	1.9%	2.437
58	1.9%	2.548
59	2.1%	2.603
60	2.0%	2.714
61	1.6%	2.810
62	1.9%	2.873
63	1.8%	2.952
64	2.6%	3.000
Totals	100.0%	1.4840

Exhibit 8
Health Alliance Medical Plans
Illinois - Small Group Market
January 2025 Rate Filing
Geographic Calibration

Rating Area	Projected Distribution	2025 Relativity	2024 Relativity	Change
4	0.5%	0.900	0.900	0.0%
5	0.0%	1.100	1.100	0.0%
6	0.8%	0.900	0.900	0.0%
7	1.4%	0.940	0.940	0.0%
8	7.9%	0.685	0.740	-7.4%
9	50.0%	0.685	0.750	-8.7%
10	35.5%	0.790	0.790	0.0%
11	1.2%	0.900	0.900	0.0%
12	0.0%	0.960	0.960	0.0%
13	2.6%	0.950	0.950	0.0%
	100.0%	0.738	0.775	-4.75%

Exhibit 9
Health Alliance Medical Plans
Illinois - Small Group Market
Terminated Plan & Products and Plan Mappings

2023 HIOS ID	2023 Plan Name	2024 HIOS ID	2024 Plan Name	2025 HIOS ID	2025 Plan Name
<u>2023 Plans Terminated Prior to the 2024 Projection Period Plan Year</u>					
NONE					
<u>2024 Plans Terminated Prior to the 2025 Projection Period Plan Year</u>					
		20129IL0350042	2024 PPO 1500 Gold	20129IL0310211	2025 POS 1500 Gold
		20129IL0350043	2024 PPO 3500 Gold	20129IL0310215	2025 POS 3500 Gold
		20129IL0350044	2024 PPO 3800 Silver	20129IL0310217	2025 POS 3800 Silver
		20129IL0350045	2024 PPO HSA 3200 Gold	20129IL0310220	2025 POS HSA 3300 Gold
		20129IL0350047	2024 PPO HSA 5000 Silver	20129IL0310230	2025 POS HSA 5000 Silver

SERFF Tracking #:

HAMP-134068589

State Tracking #:

Company Tracking #:

ILSGRATES2024001

State:

Illinois

Filing Company:

Health Alliance Medical Plans, Inc.

TOI/Sub-TOI:

H16G Group Health - Major Medical/H16G.003G Small Group Only - Other

Product Name:

2025 Small Group Plan Rates off-exchange

Project Name/Number:

ILSGRATES2024001/ILSGRATES2024001

URRT

State Determination

Review Status:

Incomplete

SERFF Tracking #:

HAMP-134068589

State Tracking #:

Company Tracking #:

ILSGRATES2024001

State:

Illinois

Filing Company:

Health Alliance Medical Plans, Inc.

TOI/Sub-TOI:

H16G Group Health - Major Medical/H16G.003G Small Group Only - Other

Product Name:

2025 Small Group Plan Rates off-exchange

Project Name/Number:

ILSGRATES2024001/ILSGRATES2024001

URRT Items

Item Name	Attachment(s)
Actuarial Memorandum - Redacted	<i>20129_01012025_SG_RedactedAM.pdf</i>
Consumer Justification Narrative	<i>PartIIWrittenDescriptionJustifyingtheRateIncrease-ILSG2025.pdf</i>

**Health Alliance Medical Plans
Small Group Comprehensive Medical Business
Rate Filing Justification
Part III – Actuarial Memorandum and Certification**

Overview

This document contains the Part III Actuarial Memorandum for Health Alliance Medical Plans' (HAMP's) small group comprehensive medical block of business, effective January 1, 2025. These revised small group rates are guaranteed through December 31, 2025. All products are only offered off of the SHOP. This Actuarial Memorandum is submitted in conjunction with the Part I Unified Rate Review Template (URRT).

The purpose of the Actuarial Memorandum is to provide certain information related to the submission of premium rate filings, including support for the values entered in the Part I URRT, which supports compliance with the market rating rules and reasonableness of applicable rate increases. This memorandum may not be appropriate for other purposes.

The information in this Actuarial Memorandum is intended for use by the Illinois Department of Insurance, the Center for Consumer Information and Insurance Oversight (CCIIO), and their subcontractors to assist in the review of this small group rate filing. However, we recognize that this certification may become a public document. The results included in this rate filing are actuarial projections. Actual experience will differ for a number of reasons including, but not necessarily limited to, population changes, claims experience, and random deviations from assumptions.

**Health Alliance Medical Plans
Small Group Comprehensive Medical Business
Rate Filing Justification
Part III – Actuarial Memorandum and Certification**

I. General Information

Company Identifying Information

Company Legal Name: Health Alliance Medical Plans
State: Illinois
HIOS Issuer ID: 20129
Market: Small Group
Effective Date: January 1, 2025

Company Contact Information

Primary Contact Name: Brandie DeLahr
Primary Contact Telephone Number: (217)902-9142
Primary Contact Email Address: Brandie.DeLahr@healthalliance.org

II. Proposed Rate Changes

The purpose of this filing is to request a premium rate change for 46 renewing Small Group Affordable Care Act (ACA) compliant plans effective for the rating period of January 1, 2025, through December 31, 2025. The experience basis, benefit plans, rating factors, and other projection assumptions were updated for this filing.

Our 2025 plan designs may include copay and other benefit changes from our existing 2024 plan designs to comply with changes in the most recent AV Calculator and to improve our competitive position in the marketplace.

Premium rates for the small group plans were developed using our 2023 small group non-grandfathered experience. A number of items were considered when developing the premium rates, including but not necessarily limited to the:

- Projected morbidity level of the population anticipated to purchase the products,
- Anticipated medical trend, both utilization and cost of services,
- Anticipated risk adjustment payments (receipts)
- Proposed benefit plan designs,
- Applicable taxes and fees, including those newly applicable since 2014 under ACA, and

The requested composite 12-month rate change for renewing plans, as calculated in the URRT, is [REDACTED]. Exhibit 1 shows rate changes by the current membership's 2024 plan and product. [REDACTED]

Reason for Rate Change

The following are the primary considerations that went into the determination of our 2025 proposed rate change:

- Base Experience - The rates for our plans were developed based on our calendar year 2023 small group non-grandfathered experience with consideration given to the specific ACA portion of this experience. Our historic 2021 through 2023 calendar year ACA experience is shown in Table 1 below.

**Health Alliance Medical Plans
Small Group Comprehensive Medical Business
Rate Filing Justification
Part III – Actuarial Memorandum and Certification**

**Table 1
Health Alliance Medical Plans
2021 - 2023 Illinois Small Group ACA Experience**

	2021	2022	2023
Member Months	61,648	80,356	89,210
Earned Premium	33,640,444	45,085,664	51,700,079
RA & HCRP Transfer	223,913	(1,906,625)	(1,869,544)
RADV	-	-	-
Adjusted Premium Revenue	33,864,358	43,179,039	49,830,535
Incurred Claims (incl. IBNR)	31,383,679	43,951,211	56,048,215
Rx Rebates	1,938,409	3,723,273	4,101,353
Total Incurred Claims	29,445,270	40,227,938	51,946,861
Loss Ratio	87.0%	93.2%	104.2%

- Trend – A [REDACTED] annualized allowed claim trend assumption was used to project allowed claims for the period from 2023 to 2025. This assumption includes medical and drug unit cost inflation and changes in utilization. Our paid claim trend, or insurance trend, which includes leveraging of fixed benefits [REDACTED] and is used in setting the quarterly premiums rates for the 2nd, 3rd, and 4th quarters.
- ACA Adjustment – We adjust the starting 2023 non-grandfathered experience to reflect the cost levels of the ACA single risk pool. This results in a [REDACTED] and is discussed further in Section V below.
- Risk Adjustment – For 2023, we are estimating a risk adjustment transfer payment, including net HCRP results, of [REDACTED]. This is discussed further in Section V below.
- Demographic Changes – From the experience period, we are seeing an aging impact of [REDACTED] to what we anticipate in the 2025 projection period.
- Geographic Changes – Since our 2023 experience period, we have not seen any significant shift in member mix.
- Plan Utilization Shifts – Based on the mix of plans and benefits in our 2023 experience period compared to our 2025 projected period, we are projecting a [REDACTED] in average plan utilization.
- Product and Network Mix – For 2025 we are projecting a [REDACTED] due to some membership shift to our narrow network plans.

[REDACTED]

[REDACTED]

[REDACTED] Administrative costs, taxes and fees, profit, and risk loads – Our total retention [REDACTED] [REDACTED] for our April 2024 rate filing. This [REDACTED]

Health Alliance Medical Plans
Small Group Comprehensive Medical Business
Rate Filing Justification
Part III – Actuarial Memorandum and Certification

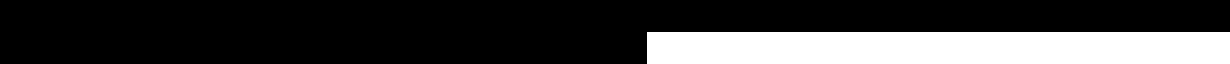
- 
- Other Factors – Other factors include changes in plan benefits, provider reimbursements, plan design behavior factors, and pricing model updates. These changes are applied at the benefit plan level resulting in different rate changes by plan and product. Exhibit 2 demonstrates the development of the 2024 to 2025 rate-specific plan factor changes.

Table 2 is a high-level demonstration of how these projection factors come together to determine our 2025 rate change. The final calculated rate change may be slightly different from the filed rate change due to the impact of weighting in the calculation methodology versus that of the URRT.

Table 2 - Redacted

Additional detail supporting these assumptions is provided in Section V.

III. Market Experience

HAMP is a managed care organization contracting with providers and networks to provide medical and pharmacy care to its members. We contract with a few providers on a capitated basis but contract primarily on a fee-for-service basis. Our contractual arrangements for capitated services and actual claims for non-capitated services were directly incorporated in the development of the 2025 rates.

Claims Paid Through Date

The claims incurred in the experience for both non-capitated and capitated services reflect payments through March 31, 2024.

Premiums (net of MLR rebate) in Experience Period

The earned premium reported in Worksheet 1 of the URRT reflects the sum of member level premium for the experience period of calendar year 2023. Our small group loss ratio exceeds the MLR requirement therefore an adjustment for MLR rebates was not included.

Allowed and Incurred Claims Incurred During the Experience Period

Our incurred claims include fee-for-service medical and prescription drug claims, and capitation payments. The allowed claims were provided directly from internal claim records. Capitated claims are included on a PMPM basis and capitated allowed amounts are calculated on a market based fee schedule.

We review large claims but do not make a specific adjustment for large claims since our claims volume is sufficiently large such that large claims do not have a material impact on the average allowed claims per member per month (PMPM).

The claims reported are completed using lag development factors for lags across all commercial services. This method estimates the portion of claims that have been paid to date for each incurred month based on past claim lag data, which reflects historic time lags in our medical and prescription drug claim data between the month of service (i.e., the incurred month) and the month of claim processing (i.e., the processed month).

Table 3 displays a breakdown of the 2023 small group allowed and paid claims:

**Health Alliance Medical Plans
Small Group Comprehensive Medical Business
Rate Filing Justification
Part III – Actuarial Memorandum and Certification**

**Table 3
Health Alliance Medical Plans
2023 Illinois Small Group Non-Grandfathered Experience**

	Allowed	Paid
Claims Paid through March 2024	98,922,856	82,097,186
Processed through Claims System	98,922,856	82,097,186
Processed Outside of Claims System	-	-
Incurred But Not Reported (IBNR)	1,292,807	1,073,989
Total Claims	100,215,663	83,171,175

IV. Benefit Categories in Worksheet 1, Section II of the URRT

Our fee-for-service medical claims are included by service category:

- Inpatient Hospital: Includes non-capitated facility services for medical, surgical, maternity, mental health and substance abuse, skilled nursing, and other services provided in an inpatient facility setting and billed by the facility.
- Outpatient Hospital: Includes non-capitated facility services for surgery, emergency room, lab, radiology, therapy, observation and other services provided in an outpatient facility setting and billed by the facility.
- Professional: Includes non-capitated primary care, specialist, therapy, the professional component of laboratory and radiology, and other professional services, other than hospital-based professionals whose payments are included in facility fees.
- Other Medical: Includes non-capitated ambulance, home health care, DME, prosthetics, supplies, vision exams, dental services, and other services. The measurement units for utilization used in this category are a mix of visits, cases, procedures, etc.
- Capitation represents a negligible portion of our claims. These amounts are processed outside of our claim system on a few small capitation arrangements we have.
- Prescription drugs represent drugs dispensed by a pharmacy. This amount is net of rebates received from drug manufacturers.

V. Projection Factors Applied to Experience

Trend Factors

We reviewed our own experience as well as other industry information to determine appropriate cost and utilization trend assumptions for our 2025 projections. A 3-year history of our allowed trends from our internal study is shown in the Table 4 below. Our internal trend study is based on a rolling 12-month period and calculates year-over-year allowed and paid claims PMPM changes for the annual periods. For projecting future trends, these 12-month rolling periods are adjusted for changes in age, gender, plan design, and risk using and adjustment for large claims in each period.

Table 4 - Redacted

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We are setting our allowed trend assumption at [REDACTED] as shown in Table 5 below. This trend is used to project our experience to the projection period and accounts for unit cost inflation as well as anticipated changes in utilization.

Our filed premium rates include quarterly adjusted rate tables based on an annual premium trend of [REDACTED] each quarter. This premium trend is comprised of our allowed trend assumption of [REDACTED]

Table 5 - Redacted

Morbidity Adjustment

The following adjustments were applied to account for differences in morbidity between our starting experience period claims and our projection period single risk pool anticipated costs.

- [REDACTED] Risk Adjustment Program Transfer – In setting premium rates each year, we adjust the experience with an estimate for the risk adjustment transfer to bring the morbidity to the statewide level. For 2023, we are projecting a [REDACTED]
- Removing Transitional Experience – Our 2023 ACA experience has over 89,000 member months and is therefore 100% credible. Using ACA-only experience provides a better basis for the 2025 single risk pool since transitional members are not mandated to enter the single risk pool yet. Removing the transitional business [REDACTED] for just the ACA business. Table 6 shows the components of the non-grandfathered experience.

Table 6 – Redacted

These adjustments are combined and reflected as a [REDACTED] factor and are shown on Table 2, above, and Table 9 in Section XIII, below, and on Worksheet 1, Section II of the URRT.

Demographic Shift

We assume our 2025 small group enrollment will have the product type, metal level, and Exchange status as shown below in Table 7. Within each product, metal, and Exchange status, we assume our 2025 small group enrollment distribution by age and gender will mirror the demographics underlying our emerging 2024 enrollment.

Table 7				
Health Alliance Medical Plans				
Projected 2025 Member Months				
	HMO	POS	PPO	Total
Platinum	300	6,660	-	6,960
Gold	6,408	56,340	-	62,748
Silver	2,724	18,024	-	20,748
Bronze	396	8,568	-	8,964
Totals	9,828	89,592	-	99,420

Based on the shift of member mix from the 2023 experience to the projected 2025 member mix we calculate a 0.4% cost reduction using the ACA prescribed age factors. This is reflected as a 0.996 factor as shown on Table 2, above, and Table 9 in Section XIII, below, and on Worksheet 1, Section II of the URRT.

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Plan Design Changes

EHB benefits are consistent between the 2023 experience period and the 2025 projection period. We are projecting a 0.4% cost decrease impact from plan mix changes from the 2023 experience period to the 2025 projection. This is reflected as a factor of 0.996 on Table 2, above, and Table 9, below, and on Worksheet 1, Section II of the URRT.

Other Adjustments

There are three items here that require adjustment:

[REDACTED]

- For 2025 we are projecting a minor 0.2% reduction due to some membership shift to our narrow network plans.

[REDACTED]

These adjustments are combined and reflected as a [REDACTED] factor and are shown on Table 2, above, and Table 9, below, and on Worksheet 1, Section II of the URRT.

VI. Manual Rate Adjustments

Our 2023 non-grandfathered small group experience of 128,554 member months is fully credible based on the credibility threshold described in Section VII. Thus, no manual rate was developed. Furthermore, our 2023 small group ACA experience has 89,210 member months, which we consider fully credible as well.

Source and Appropriateness of Experience Data Used

Not applicable

Adjustments Made to the Data

Not applicable

Inclusion of Capitation Payments

Not applicable

VII. Credibility of Experience

The CMS guidelines used for Medicare Advantage / Prescription Drug Plans (MA/PD) were used to determine the credibility of the experience. These guidelines specify 24,000 member months as 100% credible for medical and specify the following formula for determination of partial credibility:

$$(n / 24,000)^{1/2} \text{ for medical and} \\ (n / 18,000)^{1/2} \text{ for prescription drugs}$$

where n = member months in the experience period.

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Since prescription drug and medical coverage are both covered, and medical services make up a significantly larger portion of the costs, the above medical formula was used for the determination of partial credibility. The use of the CMS MA/PD credibility is appropriate given that both MA/PD and Commercial cover similar benefit categories.

Resulting Credibility Level Assigned to the Base Period Experience

The credibility assigned to the base period experience is 100%. Table 8 summarizes the adjusted credibility of the base period experience.

Table 8 Health Alliance Medical Plans Credibility of Base Experience			
Description	NGF	ACA	Annotation
Member Months – Base Experience	128,554	89,210	(a)
Full Credibility Threshold – Member Months	24,000	24,000	(b)
% Base Experience in the Manual Rate	0%	0%	(c)
Credibility of Base Experience (no adjustment)	100%	100%	(d) = $\text{Min} \{ \sqrt{(a)/(b)}, 1 \}$
Adjusted Credibility of Base Period	100%	100%	(e) = $[(d) - (c)] / [1 - (c)]$

VIII. Establishing the Index Rate

Index Rate Development

The experience index rate represents the estimated total combined allowed EHB claims PMPM of our non-grandfathered small group Illinois plans. The index rate includes and adjustment or Rx rebates but has not been adjusted for risk adjustment transfers, reinsurance fees / recoveries, or Exchange fees. The experience period index rate reflects the actual mixture of age, geographic area, and the actual mixture of risk morbidity that we received in the Single Risk Pool during the experience period.

The experience period index rate is less than the experience period total allowed claims PMPM shown in Worksheet 1, Section I of the URRT since we removed Rx rebates and costs for abortion coverage (IL Reproductive Health Act), acupuncture, and an adult vision exam benefit that are beyond the EHB benefits.

The index rate for the projection period is a measurement of the average allowed claims PMPM for EHB benefits. The projected index rate reflects the projected 2025 mixtures of age, geographic area, and the projected mixture of risk morbidity that HAMP expects to receive in the single risk pool. The projected index rate has not been adjusted for estimated 2025 payments and charges projected under the risk adjustment and reinsurance programs, or for Exchange user fees.

The projected index rate is slightly less than the projected total allowed claims PMPM since HAMP provides coverage for abortions (IL Reproductive Health Act), acupuncture, and adult vision exams that are beyond the EHB benefits. Our experience, based on one mega-group with abortion coverage, shows the abortion cost-add to be negligible due to low frequency.

We develop the 2025 projected index rate by removing transitional plans from the 2023 experience index rate and then adjusting for trend, morbidity changes, demographic shifts, plan design changes, and other items that impact the allowed cost projection. The projected index rate for January 1, 2025, through December 31, 2025 [REDACTED] as shown in Worksheet 1, Section II, Line 42 of the URRT, and in Table 9 below.

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Table 9 -Redacted

IX. Development of the Market-wide Adjusted Index Rate (MAIR)

The market-adjusted index rate is calculated as the index rate adjusted for all allowable market-wide modifiers defined under the market rating rules in 45 CFR Part 156, §156.80(d)(1).

Reinsurance

We assume no recoveries from federal or state reinsurance.

Risk Adjustment Payment/Charge

Our 2023 experience was adjusted to the 2023 statewide morbidity level by [REDACTED] for our projected risk adjustment payment. An assumption for the change in statewide morbidity from 2023 to 2025 is then determined and applied in our experience projection. This results in our average risk and our premium rates being set at the anticipated state average risk level with the expectation that no significant portion of this premium will be either received from or paid to the Risk Adjustment transfer program in 2025.

Exchange User Fees

We are not on the SHOP so do not incur this fee.

Since the adjustments to the plan adjusted index rate are \$0, the market adjusted index rate equals [REDACTED].

X. Plan Adjusted Index Rate

The market-adjusted index rate is adjusted to compute the plan-adjusted index rates using the following allowable adjustments. The development of the plan adjusted index rates is shown in Appendix A.

Actuarial Value and Cost Sharing Adjustment

The Actuarial Value and cost-sharing factors were developed with an internally developed benefit pricing model using our own Health Alliance claims data. This model uses a fixed claims data set and adjudicates claims based on the plan design entered. Since the same claims data is used to price all plans, expected differences in the morbidity of members assumed to select the plan do not affect the resulting relativities.

Provider Network, Delivery System and Utilization Management Adjustment

For 2025, we are offering five distinct provider network options which includes our primary network and four narrow networks. Our primary network is our HMO/POS network which has a normalized rating factor [REDACTED]. Three of our narrow networks are on a 3-tier POS product and are located in the Peoria, Bloomington, and Champaign regions. These networks have normalized rating factors of [REDACTED] respectively. The remaining narrow network is in the Springfield region and is sold on both our HMO and POS products. This network has a normalized rating factor of [REDACTED].

Our PPO product is being terminated in 2025.

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Adjustment for Benefits in Addition to the EHBs

For 2025, our plans include coverage for abortions, acupuncture, and adult vision exams, all of which are in excess of the EHB benefits.

Adjustment for Distribution and Administrative Costs

Exhibit 3 displays the total expenses, profit and taxes and fees.

We have projected our 2024 administrative expenses to be [REDACTED] of premium. This estimate is entered as a percent of premium that does not vary by plan in Worksheet 2, Section III of the URRT. This amount includes an allocation of corporate overhead and operational expenses, commissions, and quality improvement expenses but does not include any profit, risk load, taxes, or fees discussed below. Table 10 below shows breakdown of our administrative costs.

Table 10 – Redacted

Our projected assessment for taxes and fees is [REDACTED] of premium. This estimate is entered as a percent of premium that does not vary by plan in Worksheet 2, Section III of the URRT. This amount includes an estimate for the risk adjustment program fee, state premium tax, and federal and state Income taxes. Table 11 below shows a breakdown of our taxes and fees.

Table 11 - Redacted

We build in [REDACTED] premium for a target net contribution to surplus that does not vary by product or plan. We consider the uncertainty of estimated claims in the 2025 market and federal MLR requirements in the target.

Exhibit 4 demonstrates the reconciliation of the pre-tax and post-tax profit margin while Exhibit 5 demonstrates the development of the Federal Income Tax PMPM.

Impact of Specific Eligibility Categories for the Catastrophic Plan

Not applicable

XI. Calibration

The calibrated plan adjusted index rates are developed in Appendix C.

Age Curve Calibration

We composite the CMS-approved premium age factors by the projected membership at each age based on emerging 2024 membership. Using this membership mix, the average age of the single risk pool is [REDACTED] and the average age calibration factor is [REDACTED]. This calibration factor is applied uniformly to all plans. Our development of the weighted average age calibration complies with the standard age curve methodology and with applicable rating rules. Exhibit 7 displays the development of the age calibration factor. The reciprocal of this factor, [REDACTED], is entered on the URRT Worksheet 2, Section III as part of the Calibrated Plan Adjusted Index Rate calculation.

Geographic Factor Calibration

Our geographic rating factors were priced with internally developed model using our own Health Alliance claims data. This model uses the provider charge levels and contracted discounts of the top providers in each region and network to establish pricing relativities based on our expected average reimbursement of a region-network combination. We composite our geographic area factors by the projected membership in each area based on emerging 2024 membership.

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Our average geographic calibration factor is [REDACTED]. Exhibit 8 shows the development of this geographic calibration factor. The reciprocal of this factor, [REDACTED], is entered on the URRT Worksheet 2, Section III as part of the Calibrated Plan Adjusted Index Rate calculation.

[REDACTED]

Tobacco Use Rating Factor Calibration

We do not rate for tobacco use so the calibration factor is 1.000.

XII. Consumer Adjusted Premium Rate Development

The consumer-adjusted premium rate is the final premium rate for a plan charged to a small group utilizing the rating and premium adjustments as articulated in the applicable market reform rating rules. It is the product of the calibrated plan adjusted index rate, the geographic rating factor, the age rating factor, and the tobacco rating factor (which is 1.000 for all ages on small group).

XIII. Projected Loss Ratio

The projected loss ratio based on federally prescribed MLR methodology [REDACTED] as shown in Exhibit 6.

XIV. AV Metal Values

The AV Metal Values included in Worksheet 2, Section I of the URRT were developed entirely using the CMS Actuarial Value calculator.

XV. Membership Projections

Our projected membership (as displayed in Worksheet 2, Section IV of the URRT) is detailed in Section V and in Table 7. Within each product and metal, we assume our 2025 small group population distribution by age and gender will mirror the age-gender mix of the emerging 2024 enrollees' demographics. We project some growth in our total membership due to the anticipated competitiveness of our 2025 products.

XVI. Terminated Plans and Products

Exhibit 9 shows our 2023 and 2024 terminated plans and plan mappings through to 2025.

XVII. Plan Type

For 2025, we will be offering HMO and POS plan types as noted in Worksheet 2, Section I of the URRT.

XVIII. Effective Rate Review Information

Additional information is available upon request.

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XIX. Reliance

There is no notable reliance to report.

XX. Actuarial Certification

I, Pasquale Reda, Jr., am Director of Actuarial Services at Health Alliance Medical Plans. I am a Fellow of the Society of Actuaries and a Member of the American Academy of Actuaries in good standing. I meet the Qualification Standards of the American Academy of Actuaries to render the actuarial opinion contained herein.

I certify to the best of my knowledge and judgment:

1. The projected index rate is:
 - In compliance with all applicable State and Federal Statutes and Regulations (45 CFR 156.80 and 147.102),
 - Developed in compliance with Actuarial Standards of Practice (ASOPs) 5, 8, 12, 23, 25, 26, 41, and 50,
 - Reasonable in relation to the benefits provided and the population anticipated to be covered, and
 - Neither excessive nor deficient based on my best estimates of the 2025 small group market.
2. The index rate and only allowable modifiers as described in 45 CFR 156.80(d)(1) and 45 CFR 156.80(d)(2) were used to generate plan level rates.
3. The geographic rating factors reflect only differences in the costs of delivery (e.g., unit costs, provider practice pattern differences) and do not include differences for population morbidity by geographic area.
4. The CMS Actuarial Value Calculator was used to determine the AV Metal Values shown in Worksheet 2, Section I of the Part I Unified Rate Review Template for all plans.

The information provided in this Actuarial Memorandum is in support of the items illustrated in the URRT and does not provide an actuarial opinion regarding the process used to develop proposed premium rates. It does certify that rates were developed in accordance with applicable regulations, as noted.

The results are actuarial projections. Actual experience will differ for a number of reasons including, but not necessarily limited to, population changes, claims experience, and random deviations from assumptions.

Respectfully submitted,

Pasquale Reda, Jr., FSA, MAAA
Director, Actuarial Services
Health Alliance Medical Plans

Scope and Range of the Rate Change

This is the Part II preliminary justification for Health Alliance Medical Plans' small group comprehensive medical rate increase effective January 1, 2025.

This justification is intended to comply with the requirements of Section 2794 of the Public Health Service Act as added by Section 1003 of the Patient Protection and Affordable Care Act. This justification may not be appropriate for purposes or scope beyond those described above and, therefore, should not be used for other purposes.

We are requesting a 19.90% average premium rate increase on our small group ACA groups for the 12-month period from January 2024 to January 2025. Groups renewing in the first quarter (January through March) of 2025 will receive this level of premium rate change. The largest rate change is a 43.90% increase on plan 20129IL0320115 (2025 Simplete Memorial HMO 250 Platinum).

Since we increased premium rates in April of 2024, the 2025 premium rates for groups with anniversaries from April through December will reflect an average 11.5% rate increase. The largest premium rate change for this cohort is also on plan 20129IL0320115 (2025 Simplete Memorial HMO 250 Platinum) with a 33.87% increase.

As of March 2024, we have 8,174 active members that will be affected by these changes.

Financial Experience of the Product

A 3-year summary of our financial results after risk adjustment transfers is shown in the table below. For this period, we have been running consistently higher than target and showing rapid deterioration through 2023. Our 2021 and early 2022 experience reflects higher utilization due to post-COVID pent up demand while starting in late 2022 and continuing through current, we have been seeing elevated prescription drug costs due largely to high-cost drugs. We anticipate these elevated drug trends to continue for a while yet, but eventually level off.

For 2021, we received \$223,913 in risk adjustment transfer from the statewide pool, but paid in over \$1.9M for 2022. The anticipated risk transfer for 2023 is looking similar to 2022. These transfer payments are an additional driver of our recent experience.

	2021	2022	2023
Filed Rate Change	3.4%	2.3%	5.8%
Member Months	61,648	80,356	89,210
Earned Premium	33,640,444	45,085,664	51,700,079
Risk Adjustment	223,913	(1,906,625)	(1,869,544)
Risk Adjusted Premium	33,864,358	43,179,039	49,830,535
Incurred Claims	29,445,270	40,227,938	51,946,861
Loss Ratio	87.0%	93.2%	104.2%

Changes in Medical Service Costs

We are using an annualized allowed claim trend of 7.5% to project our 2023 allowed claims forward to 2025. This trend assumption includes medical and prescription drug inflation as well as changes in utilization. The paid claim trend incorporates the additional component of plan benefit leveraging and directly affects our financial results. This additional component adds 1.2 points to the trend bring total paid claims trend to 8.8%. This trend was estimated based on internal data and other industry information. Over the past year and a half, we have

been seeing elevated trends driven primarily by prescription drug cost increases and increased utilization of high-cost drugs.

Changes in Benefits

There were no substantial changes to our covered benefits for 2025.

Administration and Profit Assumptions

Our estimate for non-benefit costs have increased by \$10.59 PMPM to \$107.13 since our prior rate filing. This represents 14.38% of premium. The remaining 85.62% of premium is allocated to cover anticipated 2024 claims.

Summary

The overall impact of this rate change results in our projecting a loss ratio of 88.31% using the methodology prescribed for calculation of the federal ACA loss ratio.

Plan Year 2025 Public Rate Filing Summary for Individual and Small Group ACA-Compliant Plans
215 ILCS 5/355(d) and (e)

Company Name:	Health Alliance Medical Plans, Inc.
SERFF Filing ID:	
Individual or Small Group:	Small Group
Effective Date:	1/1/2025
Exchange Information: (On-Exchange or Off-Exchange Only)	Off-Exchange Only
Product Type(s) Offered: (HMO, PPO, and/or POS)	HMO and POS
Metal Tiers Offered: (please list which metal tiers are offered)	Platinum, Gold, Silver, and Bronze
Tobacco Rating Factors Used? (y/n)	N
Description of Service Areas:	Regions 4, 5, 6, 7, 8, 9, 10, 11, 12, and 13

Rate Change Summary:

Average Rate Change:	19.90%
Maximum Rate Change:	43.70%
Minimum Rate Change:	-13.76%
Expected Number of People Affected:	8,174
Company Justification for Rate Change:	Medical and Rx unit cost inflation, changes in utilization of medical services and prescription drug usage, projected changes in morbidity, projected risk adjustment program transfer, changes in administrative costs, and plan design changes.
Expected Medical Loss Ratio:	85.62%
Expected Annual Medical Trend:	8.8%
Expected Administrative Cost Ratio:	12.38%
Any Other Relevant Comments: (optional)	

Comments from the public are welcome at DOI.HealthRateReview@illinois.gov through July 12, 2024.

State: Illinois **Filing Company:** Health Alliance Medical Plans, Inc.
TOI/Sub-TOI: H16G Group Health - Major Medical/H16G.003G Small Group Only - Other
Product Name: 2025 Small Group Plan Rates off-exchange
Project Name/Number: ILSGRATES2024001/ILSGRATES2024001

Supporting Document Schedules

Satisfied - Item:	Review Requirement Checklist
Comments:	
Attachment(s):	healthpremiumratereviewchecklist.pdf ratereviewchecklistsmallgroup.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Rate Table
Comments:	Please find attached: Rate Table
Attachment(s):	CMS Rate Template - IL SG 2025.xls CMS Rate Template - IL SG 2025.zip
Item Status:	
Status Date:	

Satisfied - Item:	Business Rules Template
Comments:	Please find attached: Business Rules Template
Attachment(s):	PY2025BusinessRulesTemplate.IL.xml PY2025BusinessRulesTemplate.IL.xls
Item Status:	
Status Date:	

Satisfied - Item:	Service Area Template
Comments:	Please find attached: Service Area Template
Attachment(s):	PY2025ServiceAreaTemplate-IL SG DIR.xls PY2025ServiceAreaTemplate-IL SG DIR.xml
Item Status:	
Status Date:	

Satisfied - Item:	AV Calcs
Comments:	Please find attached: AV Calcs
Attachment(s):	AV Calc.pdf
Item Status:	

SERFF Tracking #:

HAMP-134068589

State Tracking #:

Company Tracking #:

ILSGRATES2024001

State:

Illinois

Filing Company:

Health Alliance Medical Plans, Inc.

TOI/Sub-TOI:

H16G Group Health - Major Medical/H16G.003G Small Group Only - Other

Product Name:

2025 Small Group Plan Rates off-exchange

Project Name/Number:

ILSGRATES2024001/ILSGRATES2024001

Status Date:	
Satisfied - Item:	Service Area Crosswalk
Comments:	Please find attached: Service Area Crosswalk
Attachment(s):	Service Area Crosswalk PY25-IL SG DIR.xlsx
Item Status:	
Status Date:	

State:

Illinois

Filing Company:

Health Alliance Medical Plans, Inc.

TOI/Sub-TOI:

H16G Group Health - Major Medical/H16G.003G Small Group Only - Other

Product Name:

2025 Small Group Plan Rates off-exchange

Project Name/Number:

ILSGRATES2024001/ILSGRATES2024001

Attachment CMS Rate Template - IL SG 2025.xls is not a PDF document and cannot be reproduced here.

Attachment CMS Rate Template - IL SG 2025.zip is not a PDF document and cannot be reproduced here.

Attachment PY2025BusinessRulesTemplate.IL.xml is not a PDF document and cannot be reproduced here.

Attachment PY2025BusinessRulesTemplate.IL.xls is not a PDF document and cannot be reproduced here.

Attachment PY2025ServiceAreaTemplate-IL SG DIR.xls is not a PDF document and cannot be reproduced here.

Attachment PY2025ServiceAreaTemplate-IL SG DIR.xml is not a PDF document and cannot be reproduced here.

Attachment Service Area Crosswalk PY25-IL SG DIR.xlsx is not a PDF document and cannot be reproduced here.

2025 Rates Table Template v14.0		<i>All fields with an asterisk (*) are required. To validate press Validate button or Ctrl + Shift + I. To finalize, press Finalize button or Ctrl + Shift + F.</i>		
		<i>If you are in a community rating state, select Family-Tier Rates under Rating Method and fill in all columns.</i>		
		<i>If you are not in a community rating state, select Age-Based Rates under Rating Method and provide an Individual Rate for every age band.</i>		
		<i>If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.</i>		
		<i>To add a new sheet, press the Add Sheet button, or Ctrl + Shift + H. All plans must have the same dates on a sheet.</i>		
HIOS Issuer ID*	20129			
Rate Effective Date*	1/1/2025			
Rate Expiration Date*	3/31/2025			
Rating Method*	Age-Based Rates			
Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*
Required: Enter the 14-character Plan ID	Required: Select the Rating Area ID	Required: Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	Required: Select the age of a subscriber eligible for the rate	Required: Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan
20129IL0310211	Rating Area 4	No Preference	0-14	510.77
20129IL0310211	Rating Area 4	No Preference	15	556.18
20129IL0310211	Rating Area 4	No Preference	16	573.53
20129IL0310211	Rating Area 4	No Preference	17	590.89
20129IL0310211	Rating Area 4	No Preference	18	609.59
20129IL0310211	Rating Area 4	No Preference	19	628.28
20129IL0310211	Rating Area 4	No Preference	20	647.65
20129IL0310211	Rating Area 4	No Preference	21	667.68
20129IL0310211	Rating Area 4	No Preference	22	667.68
20129IL0310211	Rating Area 4	No Preference	23	667.68
20129IL0310211	Rating Area 4	No Preference	24	667.68
20129IL0310211	Rating Area 4	No Preference	25	670.35
20129IL0310211	Rating Area 4	No Preference	26	683.70
20129IL0310211	Rating Area 4	No Preference	27	699.73
20129IL0310211	Rating Area 4	No Preference	28	725.77
20129IL0310211	Rating Area 4	No Preference	29	747.13
20129IL0310211	Rating Area 4	No Preference	30	757.81
20129IL0310211	Rating Area 4	No Preference	31	773.84
20129IL0310211	Rating Area 4	No Preference	32	789.86
20129IL0310211	Rating Area 4	No Preference	33	799.88
20129IL0310211	Rating Area 4	No Preference	34	810.56
20129IL0310211	Rating Area 4	No Preference	35	815.90
20129IL0310211	Rating Area 4	No Preference	36	821.24
20129IL0310211	Rating Area 4	No Preference	37	826.58
20129IL0310211	Rating Area 4	No Preference	38	831.93
20129IL0310211	Rating Area 4	No Preference	39	842.61
20129IL0310211	Rating Area 4	No Preference	40	853.29
20129IL0310211	Rating Area 4	No Preference	41	869.32
20129IL0310211	Rating Area 4	No Preference	42	884.67
20129IL0310211	Rating Area 4	No Preference	43	906.04
20129IL0310211	Rating Area 4	No Preference	44	932.75

20129IL0310211	Rating Area 4	No Preference	45	964.13
20129IL0310211	Rating Area 4	No Preference	46	1001.52
20129IL0310211	Rating Area 4	No Preference	47	1043.58
20129IL0310211	Rating Area 4	No Preference	48	1091.65
20129IL0310211	Rating Area 4	No Preference	49	1139.06
20129IL0310211	Rating Area 4	No Preference	50	1192.47
20129IL0310211	Rating Area 4	No Preference	51	1245.22
20129IL0310211	Rating Area 4	No Preference	52	1303.31
20129IL0310211	Rating Area 4	No Preference	53	1362.06
20129IL0310211	Rating Area 4	No Preference	54	1425.49
20129IL0310211	Rating Area 4	No Preference	55	1488.92
20129IL0310211	Rating Area 4	No Preference	56	1557.69
20129IL0310211	Rating Area 4	No Preference	57	1627.13
20129IL0310211	Rating Area 4	No Preference	58	1701.24
20129IL0310211	Rating Area 4	No Preference	59	1737.96
20129IL0310211	Rating Area 4	No Preference	60	1812.08
20129IL0310211	Rating Area 4	No Preference	61	1876.17
20129IL0310211	Rating Area 4	No Preference	62	1918.24
20129IL0310211	Rating Area 4	No Preference	63	1970.98
20129IL0310211	Rating Area 4	No Preference	64 and over	2003.02
20129IL0310211	Rating Area 5	No Preference	0-14	624.28
20129IL0310211	Rating Area 5	No Preference	15	679.77
20129IL0310211	Rating Area 5	No Preference	16	700.99
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20129IL0310212 Rating Area 9	No Preference	26	512.52
20129IL0310212 Rating Area 9	No Preference	27	524.53
20129IL0310212 Rating Area 9	No Preference	28	544.05
20129IL0310212 Rating Area 9	No Preference	29	560.07
20129IL0310212 Rating Area 9	No Preference	30	568.07
20129IL0310212 Rating Area 9	No Preference	31	580.09
20129IL0310212 Rating Area 9	No Preference	32	592.10
20129IL0310212 Rating Area 9	No Preference	33	599.61
20129IL0310212 Rating Area 9	No Preference	34	607.61
20129IL0310212 Rating Area 9	No Preference	35	611.62
20129IL0310212 Rating Area 9	No Preference	36	615.62
20129IL0310212 Rating Area 9	No Preference	37	619.63
20129IL0310212 Rating Area 9	No Preference	38	623.63
20129IL0310212 Rating Area 9	No Preference	39	631.64
20129IL0310212 Rating Area 9	No Preference	40	639.65
20129IL0310212 Rating Area 9	No Preference	41	651.66
20129IL0310212 Rating Area 9	No Preference	42	663.17
20129IL0310212 Rating Area 9	No Preference	43	679.19
20129IL0310212 Rating Area 9	No Preference	44	699.21
20129IL0310212 Rating Area 9	No Preference	45	722.73
20129IL0310212 Rating Area 9	No Preference	46	750.76
20129IL0310212 Rating Area 9	No Preference	47	782.29
20129IL0310212 Rating Area 9	No Preference	48	818.33
20129IL0310212 Rating Area 9	No Preference	49	853.86
20129IL0310212 Rating Area 9	No Preference	50	893.90
20129IL0310212 Rating Area 9	No Preference	51	933.44
20129IL0310212 Rating Area 9	No Preference	52	976.99
20129IL0310212 Rating Area 9	No Preference	53	1021.03
20129IL0310212 Rating Area 9	No Preference	54	1068.58
20129IL0310212 Rating Area 9	No Preference	55	1116.13
20129IL0310212 Rating Area 9	No Preference	56	1167.68
20129IL0310212 Rating Area 9	No Preference	57	1219.73
20129IL0310212 Rating Area 9	No Preference	58	1275.29
20129IL0310212 Rating Area 9	No Preference	59	1302.82
20129IL0310212 Rating Area 9	No Preference	60	1358.37
20129IL0310212 Rating Area 9	No Preference	61	1406.42
20129IL0310212 Rating Area 9	No Preference	62	1437.95
20129IL0310212 Rating Area 9	No Preference	63	1477.49

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20129IL0310212	Rating Area 10	No Preference	16	495.84
20129IL0310212	Rating Area 10	No Preference	17	510.85
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20129IL0310212	Rating Area 10	No Preference	20	559.91
20129IL0310212	Rating Area 10	No Preference	21	577.23
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20129IL0310212	Rating Area 10	No Preference	23	577.23
20129IL0310212	Rating Area 10	No Preference	24	577.23
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20129IL0310212	Rating Area 10	No Preference	26	591.08
20129IL0310212	Rating Area 10	No Preference	27	604.93
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20129IL0310212	Rating Area 10	No Preference	30	655.15
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20129IL0310212	Rating Area 10	No Preference	32	682.86
20129IL0310212	Rating Area 10	No Preference	33	691.52
20129IL0310212	Rating Area 10	No Preference	34	700.75
20129IL0310212	Rating Area 10	No Preference	35	705.37
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20129IL0310212	Rating Area 10	No Preference	37	714.61
20129IL0310212	Rating Area 10	No Preference	38	719.22
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20129IL0310212	Rating Area 10	No Preference	41	751.55
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20129IL0310212	Rating Area 10	No Preference	43	783.30
20129IL0310212	Rating Area 10	No Preference	44	806.39
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20129IL0310212	Rating Area 10	No Preference	46	865.84
20129IL0310212	Rating Area 10	No Preference	47	902.20
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20129IL0310212	Rating Area 10	No Preference	49	984.75
20129IL0310212	Rating Area 10	No Preference	50	1030.93
20129IL0310212	Rating Area 10	No Preference	51	1076.53
20129IL0310212	Rating Area 10	No Preference	52	1126.75
20129IL0310212	Rating Area 10	No Preference	53	1177.54
20129IL0310212	Rating Area 10	No Preference	54	1232.38
20129IL0310212	Rating Area 10	No Preference	55	1287.21
20129IL0310212	Rating Area 10	No Preference	56	1346.67
20129IL0310212	Rating Area 10	No Preference	57	1406.70
20129IL0310212	Rating Area 10	No Preference	58	1470.77
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20129IL0310212	Rating Area 10	No Preference	60	1566.59
20129IL0310212	Rating Area 10	No Preference	61	1622.01

20129IL0310212	Rating Area 10	No Preference	62	1658.37
20129IL0310212	Rating Area 10	No Preference	63	1703.97
20129IL0310212	Rating Area 10	No Preference	64 and over	1731.67
20129IL0310212	Rating Area 11	No Preference	0-14	503.06
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20129IL0310212	Rating Area 11	No Preference	16	564.88
20129IL0310212	Rating Area 11	No Preference	17	581.98
20129IL0310212	Rating Area 11	No Preference	18	600.39
20129IL0310212	Rating Area 11	No Preference	19	618.80
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20129IL0310212	Rating Area 11	No Preference	24	657.60
20129IL0310212	Rating Area 11	No Preference	25	660.23
20129IL0310212	Rating Area 11	No Preference	26	673.38
20129IL0310212	Rating Area 11	No Preference	27	689.16
20129IL0310212	Rating Area 11	No Preference	28	714.81
20129IL0310212	Rating Area 11	No Preference	29	735.85
20129IL0310212	Rating Area 11	No Preference	30	746.38
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20129IL0310212	Rating Area 11	No Preference	32	777.94
20129IL0310212	Rating Area 11	No Preference	33	787.80
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20129IL0310212	Rating Area 11	No Preference	36	808.85
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20129IL0310212	Rating Area 11	No Preference	40	840.41
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20129IL0310212	Rating Area 11	No Preference	47	1027.83
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20129IL0310212	Rating Area 11	No Preference	51	1226.42
20129IL0310212	Rating Area 11	No Preference	52	1283.63
20129IL0310212	Rating Area 11	No Preference	53	1341.50
20129IL0310212	Rating Area 11	No Preference	54	1403.98
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20129IL0310212	Rating Area 11	No Preference	56	1534.18
20129IL0310212	Rating Area 11	No Preference	57	1602.57
20129IL0310212	Rating Area 11	No Preference	58	1675.56
20129IL0310212	Rating Area 11	No Preference	59	1711.73

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20129IL0310212	Rating Area 11	No Preference	62	1889.28
20129IL0310212	Rating Area 11	No Preference	63	1941.23
20129IL0310212	Rating Area 11	No Preference	64 and over	1972.79
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20129IL0310212	Rating Area 12	No Preference	15	584.30
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20129IL0310212	Rating Area 12	No Preference	17	620.77
20129IL0310212	Rating Area 12	No Preference	18	640.41
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20129IL0310212	Rating Area 12	No Preference	20	680.40
20129IL0310212	Rating Area 12	No Preference	21	701.44
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20129IL0310212	Rating Area 12	No Preference	25	704.25
20129IL0310212	Rating Area 12	No Preference	26	718.27
20129IL0310212	Rating Area 12	No Preference	27	735.11
20129IL0310212	Rating Area 12	No Preference	28	762.46
20129IL0310212	Rating Area 12	No Preference	29	784.91
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20129IL0310212	Rating Area 12	No Preference	35	857.16
20129IL0310212	Rating Area 12	No Preference	36	862.77
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20129IL0310212	Rating Area 12	No Preference	38	873.99
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20129IL0310212	Rating Area 12	No Preference	48	1146.85
20129IL0310212	Rating Area 12	No Preference	49	1196.66
20129IL0310212	Rating Area 12	No Preference	50	1252.77
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20129IL0310212	Rating Area 12	No Preference	52	1369.21
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20129IL0310212	Rating Area 12	No Preference	55	1564.21
20129IL0310212	Rating Area 12	No Preference	56	1636.46
20129IL0310212	Rating Area 12	No Preference	57	1709.41

20129IL0310212	Rating Area 12	No Preference	58	1787.27
20129IL0310212	Rating Area 12	No Preference	59	1825.85
20129IL0310212	Rating Area 12	No Preference	60	1903.71
20129IL0310212	Rating Area 12	No Preference	61	1971.05
20129IL0310212	Rating Area 12	No Preference	62	2015.24
20129IL0310212	Rating Area 12	No Preference	63	2070.65
20129IL0310212	Rating Area 12	No Preference	64 and over	2104.31
20129IL0310212	Rating Area 13	No Preference	0-14	531.01
20129IL0310212	Rating Area 13	No Preference	15	578.21
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20129IL0310212	Rating Area 13	No Preference	17	614.31
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20129IL0310212	Rating Area 13	No Preference	19	653.18
20129IL0310212	Rating Area 13	No Preference	20	673.31
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20129IL0310212	Rating Area 13	No Preference	22	694.13
20129IL0310212	Rating Area 13	No Preference	23	694.13
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20129IL0310212	Rating Area 13	No Preference	25	696.91
20129IL0310212	Rating Area 13	No Preference	26	710.79
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20129IL0310212	Rating Area 13	No Preference	29	776.73
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20129IL0310212	Rating Area 13	No Preference	41	903.76
20129IL0310212	Rating Area 13	No Preference	42	919.73
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20129IL0310212	Rating Area 13	No Preference	45	1002.33
20129IL0310212	Rating Area 13	No Preference	46	1041.20
20129IL0310212	Rating Area 13	No Preference	47	1084.93
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20129IL0310212	Rating Area 13	No Preference	49	1184.19
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20129IL0310212	Rating Area 13	No Preference	51	1294.56
20129IL0310212	Rating Area 13	No Preference	52	1354.95
20129IL0310212	Rating Area 13	No Preference	53	1416.03
20129IL0310212	Rating Area 13	No Preference	54	1481.97
20129IL0310212	Rating Area 13	No Preference	55	1547.92

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20129IL0310212	Rating Area 13	No Preference	58	1768.65
20129IL0310212	Rating Area 13	No Preference	59	1806.83
20129IL0310212	Rating Area 13	No Preference	60	1883.88
20129IL0310212	Rating Area 13	No Preference	61	1950.51
20129IL0310212	Rating Area 13	No Preference	62	1994.24
20129IL0310212	Rating Area 13	No Preference	63	2049.08
20129IL0310212	Rating Area 13	No Preference	64 and over	2082.39
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20129IL0310213	Rating Area 4	No Preference	15	537.37
20129IL0310213	Rating Area 4	No Preference	16	554.14
20129IL0310213	Rating Area 4	No Preference	17	570.91
20129IL0310213	Rating Area 4	No Preference	18	588.98
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20129IL0310213	Rating Area 4	No Preference	20	625.75
20129IL0310213	Rating Area 4	No Preference	21	645.10
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20129IL0310213	Rating Area 4	No Preference	23	645.10
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20129IL0310213	Rating Area 4	No Preference	25	647.68
20129IL0310213	Rating Area 4	No Preference	26	660.58
20129IL0310213	Rating Area 4	No Preference	27	676.07
20129IL0310213	Rating Area 4	No Preference	28	701.22
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20129IL0310213	Rating Area 4	No Preference	30	732.19
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20129IL0310213	Rating Area 4	No Preference	32	763.15
20129IL0310213	Rating Area 4	No Preference	33	772.83
20129IL0310213	Rating Area 4	No Preference	34	783.15
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20129IL0310213	Rating Area 4	No Preference	44	901.21
20129IL0310213	Rating Area 4	No Preference	45	931.53
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20129IL0310213	Rating Area 4	No Preference	50	1152.15
20129IL0310213	Rating Area 4	No Preference	51	1203.11
20129IL0310213	Rating Area 4	No Preference	52	1259.24
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20129IL0310213	Rating Area 4	No Preference	63	1904.34
20129IL0310213	Rating Area 4	No Preference	64 and over	1935.29
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20129IL0310213	Rating Area 5	No Preference	15	656.78
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20129IL0310213	Rating Area 5	No Preference	28	857.05
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20129IL0310213	Rating Area 5	No Preference	39	995.03
20129IL0310213	Rating Area 5	No Preference	40	1007.65
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20129IL0310213	Rating Area 5	No Preference	50	1408.18
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20129IL0310213	Rating Area 5	No Preference	60	2139.87
20129IL0310213	Rating Area 5	No Preference	61	2215.56
20129IL0310213	Rating Area 5	No Preference	62	2265.24
20129IL0310213	Rating Area 5	No Preference	63	2327.52
20129IL0310213	Rating Area 5	No Preference	64 and over	2365.36
20129IL0310213	Rating Area 6	No Preference	0-14	493.50
20129IL0310213	Rating Area 6	No Preference	15	537.37
20129IL0310213	Rating Area 6	No Preference	16	554.14
20129IL0310213	Rating Area 6	No Preference	17	570.91
20129IL0310213	Rating Area 6	No Preference	18	588.98
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20129IL0310213	Rating Area 6	No Preference	20	625.75
20129IL0310213	Rating Area 6	No Preference	21	645.10
20129IL0310213	Rating Area 6	No Preference	22	645.10
20129IL0310213	Rating Area 6	No Preference	23	645.10
20129IL0310213	Rating Area 6	No Preference	24	645.10
20129IL0310213	Rating Area 6	No Preference	25	647.68
20129IL0310213	Rating Area 6	No Preference	26	660.58
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20129IL0310214	Rating Area 10	No Preference	43	765.13
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20129IL0310214	Rating Area 10	No Preference	57	1374.08
20129IL0310214	Rating Area 10	No Preference	58	1436.67
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20129IL0310214	Rating Area 10	No Preference	60	1530.27
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20129IL0310214	Rating Area 10	No Preference	62	1619.92
20129IL0310214	Rating Area 10	No Preference	63	1664.46
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20129IL0310214	Rating Area 11	No Preference	63	1896.22
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20129IL0310215	Rating Area 7	No Preference	60	1758.26
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20129IL0310215	Rating Area 7	No Preference	62	1861.27
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20129IL0310215	Rating Area 7	No Preference	64 and over	1943.54
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20129IL0310217 Rating Area 4	No Preference	52	1110.97
20129IL0310217 Rating Area 4	No Preference	53	1161.05
20129IL0310217 Rating Area 4	No Preference	54	1215.12
20129IL0310217 Rating Area 4	No Preference	55	1269.19
20129IL0310217 Rating Area 4	No Preference	56	1327.81
20129IL0310217 Rating Area 4	No Preference	57	1387.00
20129IL0310217 Rating Area 4	No Preference	58	1450.18
20129IL0310217 Rating Area 4	No Preference	59	1481.48
20129IL0310217 Rating Area 4	No Preference	60	1544.66
20129IL0310217 Rating Area 4	No Preference	61	1599.29
20129IL0310217 Rating Area 4	No Preference	62	1635.15
20129IL0310217 Rating Area 4	No Preference	63	1680.11
20129IL0310217 Rating Area 4	No Preference	64 and over	1707.42
20129IL0310217 Rating Area 5	No Preference	0-14	532.15
20129IL0310217 Rating Area 5	No Preference	15	579.45
20129IL0310217 Rating Area 5	No Preference	16	597.54
20129IL0310217 Rating Area 5	No Preference	17	615.62
20129IL0310217 Rating Area 5	No Preference	18	635.10
20129IL0310217 Rating Area 5	No Preference	19	654.58
20129IL0310217 Rating Area 5	No Preference	20	674.75
20129IL0310217 Rating Area 5	No Preference	21	695.62
20129IL0310217 Rating Area 5	No Preference	22	695.62
20129IL0310217 Rating Area 5	No Preference	23	695.62
20129IL0310217 Rating Area 5	No Preference	24	695.62
20129IL0310217 Rating Area 5	No Preference	25	698.40
20129IL0310217 Rating Area 5	No Preference	26	712.31
20129IL0310217 Rating Area 5	No Preference	27	729.01
20129IL0310217 Rating Area 5	No Preference	28	756.14
20129IL0310217 Rating Area 5	No Preference	29	778.40
20129IL0310217 Rating Area 5	No Preference	30	789.53
20129IL0310217 Rating Area 5	No Preference	31	806.22
20129IL0310217 Rating Area 5	No Preference	32	822.92
20129IL0310217 Rating Area 5	No Preference	33	833.35
20129IL0310217 Rating Area 5	No Preference	34	844.48
20129IL0310217 Rating Area 5	No Preference	35	850.05
20129IL0310217 Rating Area 5	No Preference	36	855.61
20129IL0310217 Rating Area 5	No Preference	37	861.18
20129IL0310217 Rating Area 5	No Preference	38	866.74
20129IL0310217 Rating Area 5	No Preference	39	877.87
20129IL0310217 Rating Area 5	No Preference	40	889.00

20129IL0310217 Rating Area 5	No Preference	41	905.70
20129IL0310217 Rating Area 5	No Preference	42	921.70
20129IL0310217 Rating Area 5	No Preference	43	943.96
20129IL0310217 Rating Area 5	No Preference	44	971.78
20129IL0310217 Rating Area 5	No Preference	45	1004.48
20129IL0310217 Rating Area 5	No Preference	46	1043.43
20129IL0310217 Rating Area 5	No Preference	47	1087.25
20129IL0310217 Rating Area 5	No Preference	48	1137.34
20129IL0310217 Rating Area 5	No Preference	49	1186.73
20129IL0310217 Rating Area 5	No Preference	50	1242.38
20129IL0310217 Rating Area 5	No Preference	51	1297.33
20129IL0310217 Rating Area 5	No Preference	52	1357.85
20129IL0310217 Rating Area 5	No Preference	53	1419.06
20129IL0310217 Rating Area 5	No Preference	54	1485.15
20129IL0310217 Rating Area 5	No Preference	55	1551.23
20129IL0310217 Rating Area 5	No Preference	56	1622.88
20129IL0310217 Rating Area 5	No Preference	57	1695.23
20129IL0310217 Rating Area 5	No Preference	58	1772.44
20129IL0310217 Rating Area 5	No Preference	59	1810.70
20129IL0310217 Rating Area 5	No Preference	60	1887.91
20129IL0310217 Rating Area 5	No Preference	61	1954.69
20129IL0310217 Rating Area 5	No Preference	62	1998.52
20129IL0310217 Rating Area 5	No Preference	63	2053.47
20129IL0310217 Rating Area 5	No Preference	64 and over	2086.85
20129IL0310217 Rating Area 6	No Preference	0-14	435.39
20129IL0310217 Rating Area 6	No Preference	15	474.10
20129IL0310217 Rating Area 6	No Preference	16	488.89
20129IL0310217 Rating Area 6	No Preference	17	503.69
20129IL0310217 Rating Area 6	No Preference	18	519.63
20129IL0310217 Rating Area 6	No Preference	19	535.56
20129IL0310217 Rating Area 6	No Preference	20	552.07
20129IL0310217 Rating Area 6	No Preference	21	569.14
20129IL0310217 Rating Area 6	No Preference	22	569.14
20129IL0310217 Rating Area 6	No Preference	23	569.14
20129IL0310217 Rating Area 6	No Preference	24	569.14
20129IL0310217 Rating Area 6	No Preference	25	571.42
20129IL0310217 Rating Area 6	No Preference	26	582.80
20129IL0310217 Rating Area 6	No Preference	27	596.46
20129IL0310217 Rating Area 6	No Preference	28	618.66
20129IL0310217 Rating Area 6	No Preference	29	636.87
20129IL0310217 Rating Area 6	No Preference	30	645.98
20129IL0310217 Rating Area 6	No Preference	31	659.64
20129IL0310217 Rating Area 6	No Preference	32	673.30
20129IL0310217 Rating Area 6	No Preference	33	681.83
20129IL0310217 Rating Area 6	No Preference	34	690.94
20129IL0310217 Rating Area 6	No Preference	35	695.49
20129IL0310217 Rating Area 6	No Preference	36	700.05
20129IL0310217 Rating Area 6	No Preference	37	704.60
20129IL0310217 Rating Area 6	No Preference	38	709.15

20129IL0310217 Rating Area 6	No Preference	39	718.26
20129IL0310217 Rating Area 6	No Preference	40	727.37
20129IL0310217 Rating Area 6	No Preference	41	741.02
20129IL0310217 Rating Area 6	No Preference	42	754.12
20129IL0310217 Rating Area 6	No Preference	43	772.33
20129IL0310217 Rating Area 6	No Preference	44	795.09
20129IL0310217 Rating Area 6	No Preference	45	821.84
20129IL0310217 Rating Area 6	No Preference	46	853.72
20129IL0310217 Rating Area 6	No Preference	47	889.57
20129IL0310217 Rating Area 6	No Preference	48	930.55
20129IL0310217 Rating Area 6	No Preference	49	970.96
20129IL0310217 Rating Area 6	No Preference	50	1016.49
20129IL0310217 Rating Area 6	No Preference	51	1061.45
20129IL0310217 Rating Area 6	No Preference	52	1110.97
20129IL0310217 Rating Area 6	No Preference	53	1161.05
20129IL0310217 Rating Area 6	No Preference	54	1215.12
20129IL0310217 Rating Area 6	No Preference	55	1269.19
20129IL0310217 Rating Area 6	No Preference	56	1327.81
20129IL0310217 Rating Area 6	No Preference	57	1387.00
20129IL0310217 Rating Area 6	No Preference	58	1450.18
20129IL0310217 Rating Area 6	No Preference	59	1481.48
20129IL0310217 Rating Area 6	No Preference	60	1544.66
20129IL0310217 Rating Area 6	No Preference	61	1599.29
20129IL0310217 Rating Area 6	No Preference	62	1635.15
20129IL0310217 Rating Area 6	No Preference	63	1680.11
20129IL0310217 Rating Area 6	No Preference	64 and over	1707.42
20129IL0310217 Rating Area 7	No Preference	0-14	454.75
20129IL0310217 Rating Area 7	No Preference	15	495.17
20129IL0310217 Rating Area 7	No Preference	16	510.62
20129IL0310217 Rating Area 7	No Preference	17	526.08
20129IL0310217 Rating Area 7	No Preference	18	542.72
20129IL0310217 Rating Area 7	No Preference	19	559.37
20129IL0310217 Rating Area 7	No Preference	20	576.61
20129IL0310217 Rating Area 7	No Preference	21	594.44
20129IL0310217 Rating Area 7	No Preference	22	594.44
20129IL0310217 Rating Area 7	No Preference	23	594.44
20129IL0310217 Rating Area 7	No Preference	24	594.44
20129IL0310217 Rating Area 7	No Preference	25	596.82
20129IL0310217 Rating Area 7	No Preference	26	608.71
20129IL0310217 Rating Area 7	No Preference	27	622.97
20129IL0310217 Rating Area 7	No Preference	28	646.16
20129IL0310217 Rating Area 7	No Preference	29	665.18
20129IL0310217 Rating Area 7	No Preference	30	674.69
20129IL0310217 Rating Area 7	No Preference	31	688.95
20129IL0310217 Rating Area 7	No Preference	32	703.22
20129IL0310217 Rating Area 7	No Preference	33	712.14
20129IL0310217 Rating Area 7	No Preference	34	721.65
20129IL0310217 Rating Area 7	No Preference	35	726.40
20129IL0310217 Rating Area 7	No Preference	36	731.16

20129IL0310217 Rating Area 7	No Preference	37	735.92
20129IL0310217 Rating Area 7	No Preference	38	740.67
20129IL0310217 Rating Area 7	No Preference	39	750.18
20129IL0310217 Rating Area 7	No Preference	40	759.69
20129IL0310217 Rating Area 7	No Preference	41	773.96
20129IL0310217 Rating Area 7	No Preference	42	787.63
20129IL0310217 Rating Area 7	No Preference	43	806.65
20129IL0310217 Rating Area 7	No Preference	44	830.43
20129IL0310217 Rating Area 7	No Preference	45	858.37
20129IL0310217 Rating Area 7	No Preference	46	891.66
20129IL0310217 Rating Area 7	No Preference	47	929.11
20129IL0310217 Rating Area 7	No Preference	48	971.91
20129IL0310217 Rating Area 7	No Preference	49	1014.11
20129IL0310217 Rating Area 7	No Preference	50	1061.67
20129IL0310217 Rating Area 7	No Preference	51	1108.63
20129IL0310217 Rating Area 7	No Preference	52	1160.34
20129IL0310217 Rating Area 7	No Preference	53	1212.66
20129IL0310217 Rating Area 7	No Preference	54	1269.13
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20129IL0310217 Rating Area 7	No Preference	56	1386.83
20129IL0310217 Rating Area 7	No Preference	57	1448.65
20129IL0310217 Rating Area 7	No Preference	58	1514.63
20129IL0310217 Rating Area 7	No Preference	59	1547.32
20129IL0310217 Rating Area 7	No Preference	60	1613.31
20129IL0310217 Rating Area 7	No Preference	61	1670.37
20129IL0310217 Rating Area 7	No Preference	62	1707.82
20129IL0310217 Rating Area 7	No Preference	63	1754.78
20129IL0310217 Rating Area 7	No Preference	64 and over	1783.31
20129IL0310217 Rating Area 8	No Preference	0-14	331.38
20129IL0310217 Rating Area 8	No Preference	15	360.84
20129IL0310217 Rating Area 8	No Preference	16	372.10
20129IL0310217 Rating Area 8	No Preference	17	383.37
20129IL0310217 Rating Area 8	No Preference	18	395.49
20129IL0310217 Rating Area 8	No Preference	19	407.62
20129IL0310217 Rating Area 8	No Preference	20	420.19
20129IL0310217 Rating Area 8	No Preference	21	433.18
20129IL0310217 Rating Area 8	No Preference	22	433.18
20129IL0310217 Rating Area 8	No Preference	23	433.18
20129IL0310217 Rating Area 8	No Preference	24	433.18
20129IL0310217 Rating Area 8	No Preference	25	434.91
20129IL0310217 Rating Area 8	No Preference	26	443.58
20129IL0310217 Rating Area 8	No Preference	27	453.97
20129IL0310217 Rating Area 8	No Preference	28	470.87
20129IL0310217 Rating Area 8	No Preference	29	484.73
20129IL0310217 Rating Area 8	No Preference	30	491.66
20129IL0310217 Rating Area 8	No Preference	31	502.06
20129IL0310217 Rating Area 8	No Preference	32	512.45
20129IL0310217 Rating Area 8	No Preference	33	518.95
20129IL0310217 Rating Area 8	No Preference	34	525.88

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20129IL0310217	Rating Area 8	No Preference	36	532.81
20129IL0310217	Rating Area 8	No Preference	37	536.28
20129IL0310217	Rating Area 8	No Preference	38	539.74
20129IL0310217	Rating Area 8	No Preference	39	546.68
20129IL0310217	Rating Area 8	No Preference	40	553.61
20129IL0310217	Rating Area 8	No Preference	41	564.00
20129IL0310217	Rating Area 8	No Preference	42	573.97
20129IL0310217	Rating Area 8	No Preference	43	587.83
20129IL0310217	Rating Area 8	No Preference	44	605.15
20129IL0310217	Rating Area 8	No Preference	45	625.51
20129IL0310217	Rating Area 8	No Preference	46	649.77
20129IL0310217	Rating Area 8	No Preference	47	677.06
20129IL0310217	Rating Area 8	No Preference	48	708.25
20129IL0310217	Rating Area 8	No Preference	49	739.01
20129IL0310217	Rating Area 8	No Preference	50	773.66
20129IL0310217	Rating Area 8	No Preference	51	807.88
20129IL0310217	Rating Area 8	No Preference	52	845.57
20129IL0310217	Rating Area 8	No Preference	53	883.69
20129IL0310217	Rating Area 8	No Preference	54	924.84
20129IL0310217	Rating Area 8	No Preference	55	965.99
20129IL0310217	Rating Area 8	No Preference	56	1010.61
20129IL0310217	Rating Area 8	No Preference	57	1055.66
20129IL0310217	Rating Area 8	No Preference	58	1103.75
20129IL0310217	Rating Area 8	No Preference	59	1127.57
20129IL0310217	Rating Area 8	No Preference	60	1175.65
20129IL0310217	Rating Area 8	No Preference	61	1217.24
20129IL0310217	Rating Area 8	No Preference	62	1244.53
20129IL0310217	Rating Area 8	No Preference	63	1278.75
20129IL0310217	Rating Area 8	No Preference	64 and over	1299.53
20129IL0310217	Rating Area 9	No Preference	0-14	331.38
20129IL0310217	Rating Area 9	No Preference	15	360.84
20129IL0310217	Rating Area 9	No Preference	16	372.10
20129IL0310217	Rating Area 9	No Preference	17	383.37
20129IL0310217	Rating Area 9	No Preference	18	395.49
20129IL0310217	Rating Area 9	No Preference	19	407.62
20129IL0310217	Rating Area 9	No Preference	20	420.19
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20129IL0310217	Rating Area 9	No Preference	22	433.18
20129IL0310217	Rating Area 9	No Preference	23	433.18
20129IL0310217	Rating Area 9	No Preference	24	433.18
20129IL0310217	Rating Area 9	No Preference	25	434.91
20129IL0310217	Rating Area 9	No Preference	26	443.58
20129IL0310217	Rating Area 9	No Preference	27	453.97
20129IL0310217	Rating Area 9	No Preference	28	470.87
20129IL0310217	Rating Area 9	No Preference	29	484.73
20129IL0310217	Rating Area 9	No Preference	30	491.66
20129IL0310217	Rating Area 9	No Preference	31	502.06
20129IL0310217	Rating Area 9	No Preference	32	512.45

20129IL0310217	Rating Area 9	No Preference	33	518.95
20129IL0310217	Rating Area 9	No Preference	34	525.88
20129IL0310217	Rating Area 9	No Preference	35	529.35
20129IL0310217	Rating Area 9	No Preference	36	532.81
20129IL0310217	Rating Area 9	No Preference	37	536.28
20129IL0310217	Rating Area 9	No Preference	38	539.74
20129IL0310217	Rating Area 9	No Preference	39	546.68
20129IL0310217	Rating Area 9	No Preference	40	553.61
20129IL0310217	Rating Area 9	No Preference	41	564.00
20129IL0310217	Rating Area 9	No Preference	42	573.97
20129IL0310217	Rating Area 9	No Preference	43	587.83
20129IL0310217	Rating Area 9	No Preference	44	605.15
20129IL0310217	Rating Area 9	No Preference	45	625.51
20129IL0310217	Rating Area 9	No Preference	46	649.77
20129IL0310217	Rating Area 9	No Preference	47	677.06
20129IL0310217	Rating Area 9	No Preference	48	708.25
20129IL0310217	Rating Area 9	No Preference	49	739.01
20129IL0310217	Rating Area 9	No Preference	50	773.66
20129IL0310217	Rating Area 9	No Preference	51	807.88
20129IL0310217	Rating Area 9	No Preference	52	845.57
20129IL0310217	Rating Area 9	No Preference	53	883.69
20129IL0310217	Rating Area 9	No Preference	54	924.84
20129IL0310217	Rating Area 9	No Preference	55	965.99
20129IL0310217	Rating Area 9	No Preference	56	1010.61
20129IL0310217	Rating Area 9	No Preference	57	1055.66
20129IL0310217	Rating Area 9	No Preference	58	1103.75
20129IL0310217	Rating Area 9	No Preference	59	1127.57
20129IL0310217	Rating Area 9	No Preference	60	1175.65
20129IL0310217	Rating Area 9	No Preference	61	1217.24
20129IL0310217	Rating Area 9	No Preference	62	1244.53
20129IL0310217	Rating Area 9	No Preference	63	1278.75
20129IL0310217	Rating Area 9	No Preference	64 and over	1299.53
20129IL0310217	Rating Area 10	No Preference	0-14	382.18
20129IL0310217	Rating Area 10	No Preference	15	416.15
20129IL0310217	Rating Area 10	No Preference	16	429.14
20129IL0310217	Rating Area 10	No Preference	17	442.13
20129IL0310217	Rating Area 10	No Preference	18	456.12
20129IL0310217	Rating Area 10	No Preference	19	470.11
20129IL0310217	Rating Area 10	No Preference	20	484.59
20129IL0310217	Rating Area 10	No Preference	21	499.58
20129IL0310217	Rating Area 10	No Preference	22	499.58
20129IL0310217	Rating Area 10	No Preference	23	499.58
20129IL0310217	Rating Area 10	No Preference	24	499.58
20129IL0310217	Rating Area 10	No Preference	25	501.58
20129IL0310217	Rating Area 10	No Preference	26	511.57
20129IL0310217	Rating Area 10	No Preference	27	523.56
20129IL0310217	Rating Area 10	No Preference	28	543.05
20129IL0310217	Rating Area 10	No Preference	29	559.03
20129IL0310217	Rating Area 10	No Preference	30	567.03

20129IL0310217 Rating Area 10	No Preference	31	579.02
20129IL0310217 Rating Area 10	No Preference	32	591.01
20129IL0310217 Rating Area 10	No Preference	33	598.50
20129IL0310217 Rating Area 10	No Preference	34	606.49
20129IL0310217 Rating Area 10	No Preference	35	610.49
20129IL0310217 Rating Area 10	No Preference	36	614.49
20129IL0310217 Rating Area 10	No Preference	37	618.48
20129IL0310217 Rating Area 10	No Preference	38	622.48
20129IL0310217 Rating Area 10	No Preference	39	630.47
20129IL0310217 Rating Area 10	No Preference	40	638.47
20129IL0310217 Rating Area 10	No Preference	41	650.46
20129IL0310217 Rating Area 10	No Preference	42	661.95
20129IL0310217 Rating Area 10	No Preference	43	677.93
20129IL0310217 Rating Area 10	No Preference	44	697.92
20129IL0310217 Rating Area 10	No Preference	45	721.40
20129IL0310217 Rating Area 10	No Preference	46	749.37
20129IL0310217 Rating Area 10	No Preference	47	780.85
20129IL0310217 Rating Area 10	No Preference	48	816.82
20129IL0310217 Rating Area 10	No Preference	49	852.29
20129IL0310217 Rating Area 10	No Preference	50	892.25
20129IL0310217 Rating Area 10	No Preference	51	931.72
20129IL0310217 Rating Area 10	No Preference	52	975.18
20129IL0310217 Rating Area 10	No Preference	53	1019.15
20129IL0310217 Rating Area 10	No Preference	54	1066.61
20129IL0310217 Rating Area 10	No Preference	55	1114.07
20129IL0310217 Rating Area 10	No Preference	56	1165.52
20129IL0310217 Rating Area 10	No Preference	57	1217.48
20129IL0310217 Rating Area 10	No Preference	58	1272.93
20129IL0310217 Rating Area 10	No Preference	59	1300.41
20129IL0310217 Rating Area 10	No Preference	60	1355.86
20129IL0310217 Rating Area 10	No Preference	61	1403.82
20129IL0310217 Rating Area 10	No Preference	62	1435.30
20129IL0310217 Rating Area 10	No Preference	63	1474.76
20129IL0310217 Rating Area 10	No Preference	64 and over	1498.73
20129IL0310217 Rating Area 11	No Preference	0-14	435.39
20129IL0310217 Rating Area 11	No Preference	15	474.10
20129IL0310217 Rating Area 11	No Preference	16	488.89
20129IL0310217 Rating Area 11	No Preference	17	503.69
20129IL0310217 Rating Area 11	No Preference	18	519.63
20129IL0310217 Rating Area 11	No Preference	19	535.56
20129IL0310217 Rating Area 11	No Preference	20	552.07
20129IL0310217 Rating Area 11	No Preference	21	569.14
20129IL0310217 Rating Area 11	No Preference	22	569.14
20129IL0310217 Rating Area 11	No Preference	23	569.14
20129IL0310217 Rating Area 11	No Preference	24	569.14
20129IL0310217 Rating Area 11	No Preference	25	571.42
20129IL0310217 Rating Area 11	No Preference	26	582.80
20129IL0310217 Rating Area 11	No Preference	27	596.46
20129IL0310217 Rating Area 11	No Preference	28	618.66

20129IL0310217 Rating Area 11	No Preference	29	636.87
20129IL0310217 Rating Area 11	No Preference	30	645.98
20129IL0310217 Rating Area 11	No Preference	31	659.64
20129IL0310217 Rating Area 11	No Preference	32	673.30
20129IL0310217 Rating Area 11	No Preference	33	681.83
20129IL0310217 Rating Area 11	No Preference	34	690.94
20129IL0310217 Rating Area 11	No Preference	35	695.49
20129IL0310217 Rating Area 11	No Preference	36	700.05
20129IL0310217 Rating Area 11	No Preference	37	704.60
20129IL0310217 Rating Area 11	No Preference	38	709.15
20129IL0310217 Rating Area 11	No Preference	39	718.26
20129IL0310217 Rating Area 11	No Preference	40	727.37
20129IL0310217 Rating Area 11	No Preference	41	741.02
20129IL0310217 Rating Area 11	No Preference	42	754.12
20129IL0310217 Rating Area 11	No Preference	43	772.33
20129IL0310217 Rating Area 11	No Preference	44	795.09
20129IL0310217 Rating Area 11	No Preference	45	821.84
20129IL0310217 Rating Area 11	No Preference	46	853.72
20129IL0310217 Rating Area 11	No Preference	47	889.57
20129IL0310217 Rating Area 11	No Preference	48	930.55
20129IL0310217 Rating Area 11	No Preference	49	970.96
20129IL0310217 Rating Area 11	No Preference	50	1016.49
20129IL0310217 Rating Area 11	No Preference	51	1061.45
20129IL0310217 Rating Area 11	No Preference	52	1110.97
20129IL0310217 Rating Area 11	No Preference	53	1161.05
20129IL0310217 Rating Area 11	No Preference	54	1215.12
20129IL0310217 Rating Area 11	No Preference	55	1269.19
20129IL0310217 Rating Area 11	No Preference	56	1327.81
20129IL0310217 Rating Area 11	No Preference	57	1387.00
20129IL0310217 Rating Area 11	No Preference	58	1450.18
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20129IL0310217 Rating Area 11	No Preference	60	1544.66
20129IL0310217 Rating Area 11	No Preference	61	1599.29
20129IL0310217 Rating Area 11	No Preference	62	1635.15
20129IL0310217 Rating Area 11	No Preference	63	1680.11
20129IL0310217 Rating Area 11	No Preference	64 and over	1707.42
20129IL0310217 Rating Area 12	No Preference	0-14	464.42
20129IL0310217 Rating Area 12	No Preference	15	505.70
20129IL0310217 Rating Area 12	No Preference	16	521.49
20129IL0310217 Rating Area 12	No Preference	17	537.27
20129IL0310217 Rating Area 12	No Preference	18	554.27
20129IL0310217 Rating Area 12	No Preference	19	571.27
20129IL0310217 Rating Area 12	No Preference	20	588.87
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20129IL0310217 Rating Area 12	No Preference	22	607.09
20129IL0310217 Rating Area 12	No Preference	23	607.09
20129IL0310217 Rating Area 12	No Preference	24	607.09
20129IL0310217 Rating Area 12	No Preference	25	609.51
20129IL0310217 Rating Area 12	No Preference	26	621.66

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20129IL0310217	Rating Area 12	No Preference	29	679.33
20129IL0310217	Rating Area 12	No Preference	30	689.04
20129IL0310217	Rating Area 12	No Preference	31	703.61
20129IL0310217	Rating Area 12	No Preference	32	718.18
20129IL0310217	Rating Area 12	No Preference	33	727.29
20129IL0310217	Rating Area 12	No Preference	34	737.00
20129IL0310217	Rating Area 12	No Preference	35	741.86
20129IL0310217	Rating Area 12	No Preference	36	746.72
20129IL0310217	Rating Area 12	No Preference	37	751.57
20129IL0310217	Rating Area 12	No Preference	38	756.43
20129IL0310217	Rating Area 12	No Preference	39	766.14
20129IL0310217	Rating Area 12	No Preference	40	775.86
20129IL0310217	Rating Area 12	No Preference	41	790.43
20129IL0310217	Rating Area 12	No Preference	42	804.39
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20129IL0310217	Rating Area 12	No Preference	44	848.10
20129IL0310217	Rating Area 12	No Preference	45	876.63
20129IL0310217	Rating Area 12	No Preference	46	910.63
20129IL0310217	Rating Area 12	No Preference	47	948.88
20129IL0310217	Rating Area 12	No Preference	48	992.59
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20129IL0310217	Rating Area 12	No Preference	51	1132.22
20129IL0310217	Rating Area 12	No Preference	52	1185.03
20129IL0310217	Rating Area 12	No Preference	53	1238.46
20129IL0310217	Rating Area 12	No Preference	54	1296.13
20129IL0310217	Rating Area 12	No Preference	55	1353.80
20129IL0310217	Rating Area 12	No Preference	56	1416.33
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20129IL0310217	Rating Area 12	No Preference	63	1792.12
20129IL0310217	Rating Area 12	No Preference	64 and over	1821.25
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20129IL0310217	Rating Area 13	No Preference	17	531.67
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20129IL0310217	Rating Area 13	No Preference	19	565.32
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20129IL0310217	Rating Area 13	No Preference	23	600.76
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20129IL0310217 Rating Area 13	No Preference	34	729.33
20129IL0310217 Rating Area 13	No Preference	35	734.13
20129IL0310217 Rating Area 13	No Preference	36	738.94
20129IL0310217 Rating Area 13	No Preference	37	743.74
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20129IL0310217 Rating Area 13	No Preference	63	1773.45
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20129IL0310218	Rating Area 4	No Preference	57	1357.96
20129IL0310218	Rating Area 4	No Preference	58	1419.81
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20129IL0310218	Rating Area 4	No Preference	60	1512.31
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20129IL0310218	Rating Area 4	No Preference	63	1644.93
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20129IL0310218	Rating Area 5	No Preference	62	1956.66
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20129IL0310218	Rating Area 6	No Preference	63	1644.93
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20129IL0310218	Rating Area 7	No Preference	62	1672.06
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20129IL0310218	Rating Area 8	No Preference	38	528.44
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20129IL0310218	Rating Area 8	No Preference	62	1218.47
20129IL0310218	Rating Area 8	No Preference	63	1251.97

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20129IL0310218	Rating Area 9	No Preference	16	364.31
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20129IL0310218	Rating Area 9	No Preference	31	491.54
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20129IL0310218	Rating Area 9	No Preference	33	508.08
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20129IL0310218	Rating Area 9	No Preference	38	528.44
20129IL0310218	Rating Area 9	No Preference	39	535.23
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20129IL0310218	Rating Area 9	No Preference	52	827.86
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20129IL0310218	Rating Area 9	No Preference	54	905.47
20129IL0310218	Rating Area 9	No Preference	55	945.76
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20129IL0310220	Rating Area 10	No Preference	42	703.84
20129IL0310220	Rating Area 10	No Preference	43	720.83
20129IL0310220	Rating Area 10	No Preference	44	742.08
20129IL0310220	Rating Area 10	No Preference	45	767.05
20129IL0310220	Rating Area 10	No Preference	46	796.80
20129IL0310220	Rating Area 10	No Preference	47	830.26
20129IL0310220	Rating Area 10	No Preference	48	868.51
20129IL0310220	Rating Area 10	No Preference	49	906.22
20129IL0310220	Rating Area 10	No Preference	50	948.72
20129IL0310220	Rating Area 10	No Preference	51	990.68
20129IL0310220	Rating Area 10	No Preference	52	1036.90
20129IL0310220	Rating Area 10	No Preference	53	1083.64
20129IL0310220	Rating Area 10	No Preference	54	1134.11
20129IL0310220	Rating Area 10	No Preference	55	1184.57
20129IL0310220	Rating Area 10	No Preference	56	1239.28
20129IL0310220	Rating Area 10	No Preference	57	1294.53
20129IL0310220	Rating Area 10	No Preference	58	1353.49
20129IL0310220	Rating Area 10	No Preference	59	1382.71
20129IL0310220	Rating Area 10	No Preference	60	1441.67
20129IL0310220	Rating Area 10	No Preference	61	1492.66
20129IL0310220	Rating Area 10	No Preference	62	1526.13
20129IL0310220	Rating Area 10	No Preference	63	1568.09
20129IL0310220	Rating Area 10	No Preference	64 and over	1593.58
20129IL0310220	Rating Area 11	No Preference	0-14	462.95
20129IL0310220	Rating Area 11	No Preference	15	504.10
20129IL0310220	Rating Area 11	No Preference	16	519.83
20129IL0310220	Rating Area 11	No Preference	17	535.57

20129IL0310220	Rating Area 11	No Preference	18	552.51
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20129IL0310220	Rating Area 11	No Preference	20	587.01
20129IL0310220	Rating Area 11	No Preference	21	605.16
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20129IL0310220	Rating Area 11	No Preference	23	605.16
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20129IL0310220	Rating Area 11	No Preference	25	607.58
20129IL0310220	Rating Area 11	No Preference	26	619.69
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20129IL0310220	Rating Area 11	No Preference	33	724.98
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20129IL0310220	Rating Area 11	No Preference	36	744.35
20129IL0310220	Rating Area 11	No Preference	37	749.19
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20129IL0310220	Rating Area 11	No Preference	39	763.71
20129IL0310220	Rating Area 11	No Preference	40	773.40
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20129IL0310220	Rating Area 11	No Preference	48	989.44
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20129IL0310220	Rating Area 11	No Preference	55	1349.51
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20129IL0310220	Rating Area 11	No Preference	60	1642.41
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20129IL0310220	Rating Area 11	No Preference	62	1738.63
20129IL0310220	Rating Area 11	No Preference	63	1786.44
20129IL0310220	Rating Area 11	No Preference	64 and over	1815.47
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20129IL0310220	Rating Area 12	No Preference	39	814.63
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20129IL0310220	Rating Area 12	No Preference	41	840.45
20129IL0310220	Rating Area 12	No Preference	42	855.30
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20129IL0310220	Rating Area 12	No Preference	53	1316.83
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20129IL0310220	Rating Area 12	No Preference	55	1439.48
20129IL0310220	Rating Area 12	No Preference	56	1505.96
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20129IL0310220	Rating Area 12	No Preference	58	1644.75
20129IL0310220	Rating Area 12	No Preference	59	1680.25
20129IL0310220	Rating Area 12	No Preference	60	1751.90
20129IL0310220	Rating Area 12	No Preference	61	1813.87
20129IL0310220	Rating Area 12	No Preference	62	1854.54
20129IL0310220	Rating Area 12	No Preference	63	1905.53
20129IL0310220	Rating Area 12	No Preference	64 and over	1936.51

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20129IL0310220	Rating Area 13	No Preference	17	565.32
20129IL0310220	Rating Area 13	No Preference	18	583.21
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20129IL0310220	Rating Area 13	No Preference	20	619.62
20129IL0310220	Rating Area 13	No Preference	21	638.78
20129IL0310220	Rating Area 13	No Preference	22	638.78
20129IL0310220	Rating Area 13	No Preference	23	638.78
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20129IL0310220	Rating Area 13	No Preference	25	641.34
20129IL0310220	Rating Area 13	No Preference	26	654.11
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20129IL0310220	Rating Area 13	No Preference	29	714.80
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20129IL0310220	Rating Area 13	No Preference	37	790.81
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20129IL0310220	Rating Area 13	No Preference	47	998.42
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20129IL0310220	Rating Area 13	No Preference	60	1733.65
20129IL0310220	Rating Area 13	No Preference	61	1794.98
20129IL0310220	Rating Area 13	No Preference	62	1835.22

20129IL0310220	Rating Area 13	No Preference	63	1885.68
20129IL0310220	Rating Area 13	No Preference	64 and over	1916.34
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20129IL0310222	Rating Area 4	No Preference	18	501.25
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20129IL0310222	Rating Area 4	No Preference	20	532.54
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20129IL0310222	Rating Area 4	No Preference	22	549.01
20129IL0310222	Rating Area 4	No Preference	23	549.01
20129IL0310222	Rating Area 4	No Preference	24	549.01
20129IL0310222	Rating Area 4	No Preference	25	551.21
20129IL0310222	Rating Area 4	No Preference	26	562.19
20129IL0310222	Rating Area 4	No Preference	27	575.37
20129IL0310222	Rating Area 4	No Preference	28	596.78
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20129IL0310222	Rating Area 4	No Preference	48	897.64
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20129IL0310222	Rating Area 4	No Preference	53	1119.99
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20129IL0310222	Rating Area 4	No Preference	58	1398.88
20129IL0310222	Rating Area 4	No Preference	59	1429.08
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20129IL0310222	Rating Area 4	No Preference	61	1542.73
20129IL0310222	Rating Area 4	No Preference	62	1577.31
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20129IL0310222	Rating Area 4	No Preference	64 and over	1647.03
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20129IL0310222	Rating Area 5	No Preference	26	687.12
20129IL0310222	Rating Area 5	No Preference	27	703.22
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20129IL0310222	Rating Area 5	No Preference	62	1927.83
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20129IL0310222	Rating Area 6	No Preference	27	575.37
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20129IL0310222	Rating Area 6	No Preference	59	1429.08
20129IL0310222	Rating Area 6	No Preference	60	1490.02
20129IL0310222	Rating Area 6	No Preference	61	1542.73
20129IL0310222	Rating Area 6	No Preference	62	1577.31
20129IL0310222	Rating Area 6	No Preference	63	1620.69
20129IL0310222	Rating Area 6	No Preference	64 and over	1647.03
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20129IL0310222	Rating Area 7	No Preference	17	507.47
20129IL0310222	Rating Area 7	No Preference	18	523.53
20129IL0310222	Rating Area 7	No Preference	19	539.58
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20129IL0310222	Rating Area 7	No Preference	25	575.71
20129IL0310222	Rating Area 7	No Preference	26	587.18
20129IL0310222	Rating Area 7	No Preference	27	600.94
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20129IL0310222	Rating Area 7	No Preference	64 and over	1720.23
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20129IL0310224	Rating Area 4	No Preference	59	1278.13
20129IL0310224	Rating Area 4	No Preference	60	1332.63
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20129IL0310224	Rating Area 4	No Preference	62	1410.70
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20129IL0310224	Rating Area 12	No Preference	23	523.76
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20129IL0310230	Rating Area 9	No Preference	16	340.57
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20129IL0310230	Rating Area 9	No Preference	18	361.98
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20129IL0310230	Rating Area 9	No Preference	20	384.58
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20129IL0310230	Rating Area 9	No Preference	22	396.47
20129IL0310230	Rating Area 9	No Preference	23	396.47
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20129IL0310230	Rating Area 9	No Preference	26	405.99
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20129IL0310230	Rating Area 9	No Preference	28	430.96
20129IL0310230	Rating Area 9	No Preference	29	443.65
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20129IL0310230	Rating Area 9	No Preference	33	474.97
20129IL0310230	Rating Area 9	No Preference	34	481.31
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20129IL0310230	Rating Area 9	No Preference	38	494.00
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20129IL0310230	Rating Area 9	No Preference	40	506.69
20129IL0310230	Rating Area 9	No Preference	41	516.20
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20129IL0310230	Rating Area 9	No Preference	43	538.01
20129IL0310230	Rating Area 9	No Preference	44	553.87
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20129IL0310230	Rating Area 9	No Preference	47	619.68
20129IL0310230	Rating Area 9	No Preference	48	648.23
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20129IL0310230	Rating Area 9	No Preference	50	708.10
20129IL0310230	Rating Area 9	No Preference	51	739.42
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20129IL0310230	Rating Area 9	No Preference	53	808.80
20129IL0310230	Rating Area 9	No Preference	54	846.46
20129IL0310230	Rating Area 9	No Preference	55	884.13
20129IL0310230	Rating Area 9	No Preference	56	924.96
20129IL0310230	Rating Area 9	No Preference	57	966.20
20129IL0310230	Rating Area 9	No Preference	58	1010.21
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20129IL0310230	Rating Area 9	No Preference	62	1139.06
20129IL0310230	Rating Area 9	No Preference	63	1170.38
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20129IL0310232	Rating Area 10	No Preference	31	799.54
20129IL0310232	Rating Area 10	No Preference	32	816.10
20129IL0310232	Rating Area 10	No Preference	33	826.44
20129IL0310232	Rating Area 10	No Preference	34	837.48
20129IL0310232	Rating Area 10	No Preference	35	843.00
20129IL0310232	Rating Area 10	No Preference	36	848.52
20129IL0310232	Rating Area 10	No Preference	37	854.04
20129IL0310232	Rating Area 10	No Preference	38	859.56
20129IL0310232	Rating Area 10	No Preference	39	870.59
20129IL0310232	Rating Area 10	No Preference	40	881.63
20129IL0310232	Rating Area 10	No Preference	41	898.19
20129IL0310232	Rating Area 10	No Preference	42	914.06
20129IL0310232	Rating Area 10	No Preference	43	936.13
20129IL0310232	Rating Area 10	No Preference	44	963.73
20129IL0310232	Rating Area 10	No Preference	45	996.15
20129IL0310232	Rating Area 10	No Preference	46	1034.78
20129IL0310232	Rating Area 10	No Preference	47	1078.24
20129IL0310232	Rating Area 10	No Preference	48	1127.91
20129IL0310232	Rating Area 10	No Preference	49	1176.89
20129IL0310232	Rating Area 10	No Preference	50	1232.08
20129IL0310232	Rating Area 10	No Preference	51	1286.58
20129IL0310232	Rating Area 10	No Preference	52	1346.59
20129IL0310232	Rating Area 10	No Preference	53	1407.30
20129IL0310232	Rating Area 10	No Preference	54	1472.84
20129IL0310232	Rating Area 10	No Preference	55	1538.37
20129IL0310232	Rating Area 10	No Preference	56	1609.43
20129IL0310232	Rating Area 10	No Preference	57	1681.17
20129IL0310232	Rating Area 10	No Preference	58	1757.75
20129IL0310232	Rating Area 10	No Preference	59	1795.69
20129IL0310232	Rating Area 10	No Preference	60	1872.26
20129IL0310232	Rating Area 10	No Preference	61	1938.49
20129IL0310232	Rating Area 10	No Preference	62	1981.95
20129IL0310232	Rating Area 10	No Preference	63	2036.45
20129IL0310232	Rating Area 10	No Preference	64 and over	2069.55
20129IL0310232	Rating Area 11	No Preference	0-14	601.22
20129IL0310232	Rating Area 11	No Preference	15	654.66

20129IL0310232 Rating Area 11	No Preference	16	675.10
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20129IL0310232 Rating Area 11	No Preference	19	739.54
20129IL0310232 Rating Area 11	No Preference	20	762.33
20129IL0310232 Rating Area 11	No Preference	21	785.91
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20129IL0310232 Rating Area 11	No Preference	25	789.05
20129IL0310232 Rating Area 11	No Preference	26	804.77
20129IL0310232 Rating Area 11	No Preference	27	823.63
20129IL0310232 Rating Area 11	No Preference	28	854.28
20129IL0310232 Rating Area 11	No Preference	29	879.43
20129IL0310232 Rating Area 11	No Preference	30	892.01
20129IL0310232 Rating Area 11	No Preference	31	910.87
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20129IL0310232 Rating Area 11	No Preference	34	954.09
20129IL0310232 Rating Area 11	No Preference	35	960.38
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20129IL0310232 Rating Area 11	No Preference	38	979.24
20129IL0310232 Rating Area 11	No Preference	39	991.82
20129IL0310232 Rating Area 11	No Preference	40	1004.39
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20129IL0310232 Rating Area 11	No Preference	44	1097.91
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20129IL0310232 Rating Area 11	No Preference	46	1178.86
20129IL0310232 Rating Area 11	No Preference	47	1228.38
20129IL0310232 Rating Area 11	No Preference	48	1284.96
20129IL0310232 Rating Area 11	No Preference	49	1340.76
20129IL0310232 Rating Area 11	No Preference	50	1403.63
20129IL0310232 Rating Area 11	No Preference	51	1465.72
20129IL0310232 Rating Area 11	No Preference	52	1534.09
20129IL0310232 Rating Area 11	No Preference	53	1603.25
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20129IL0310232 Rating Area 11	No Preference	55	1752.58
20129IL0310232 Rating Area 11	No Preference	56	1833.53
20129IL0310232 Rating Area 11	No Preference	57	1915.26
20129IL0310232 Rating Area 11	No Preference	58	2002.50
20129IL0310232 Rating Area 11	No Preference	59	2045.72
20129IL0310232 Rating Area 11	No Preference	60	2132.96
20129IL0310232 Rating Area 11	No Preference	61	2208.40
20129IL0310232 Rating Area 11	No Preference	62	2257.92
20129IL0310232 Rating Area 11	No Preference	63	2320.00
20129IL0310232 Rating Area 11	No Preference	64 and over	2357.72

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20129IL0310232	Rating Area 12	No Preference	17	741.90
20129IL0310232	Rating Area 12	No Preference	18	765.37
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20129IL0310232	Rating Area 12	No Preference	20	813.15
20129IL0310232	Rating Area 12	No Preference	21	838.30
20129IL0310232	Rating Area 12	No Preference	22	838.30
20129IL0310232	Rating Area 12	No Preference	23	838.30
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20129IL0310232	Rating Area 12	No Preference	25	841.66
20129IL0310232	Rating Area 12	No Preference	26	858.42
20129IL0310232	Rating Area 12	No Preference	27	878.54
20129IL0310232	Rating Area 12	No Preference	28	911.24
20129IL0310232	Rating Area 12	No Preference	29	938.06
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20129IL0310232	Rating Area 12	No Preference	32	991.71
20129IL0310232	Rating Area 12	No Preference	33	1004.29
20129IL0310232	Rating Area 12	No Preference	34	1017.70
20129IL0310232	Rating Area 12	No Preference	35	1024.41
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20129IL0310232	Rating Area 12	No Preference	54	1789.78
20129IL0310232	Rating Area 12	No Preference	55	1869.42
20129IL0310232	Rating Area 12	No Preference	56	1955.76
20129IL0310232	Rating Area 12	No Preference	57	2042.94
20129IL0310232	Rating Area 12	No Preference	58	2136.00
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20129IL0310232	Rating Area 12	No Preference	60	2275.15
20129IL0310232	Rating Area 12	No Preference	61	2355.63
20129IL0310232	Rating Area 12	No Preference	62	2408.44

20129IL0310232	Rating Area 12	No Preference	63	2474.67
20129IL0310232	Rating Area 12	No Preference	64 and over	2514.90
20129IL0310232	Rating Area 13	No Preference	0-14	634.62
20129IL0310232	Rating Area 13	No Preference	15	691.03
20129IL0310232	Rating Area 13	No Preference	16	712.60
20129IL0310232	Rating Area 13	No Preference	17	734.17
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20129IL0310232	Rating Area 13	No Preference	23	829.57
20129IL0310232	Rating Area 13	No Preference	24	829.57
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20129IL0310232	Rating Area 13	No Preference	27	869.39
20129IL0310232	Rating Area 13	No Preference	28	901.74
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20129IL0310232	Rating Area 13	No Preference	39	1046.92
20129IL0310232	Rating Area 13	No Preference	40	1060.19
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20129IL0310232	Rating Area 13	No Preference	43	1125.73
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20129IL0310232	Rating Area 13	No Preference	51	1547.15
20129IL0310232	Rating Area 13	No Preference	52	1619.32
20129IL0310232	Rating Area 13	No Preference	53	1692.32
20129IL0310232	Rating Area 13	No Preference	54	1771.13
20129IL0310232	Rating Area 13	No Preference	55	1849.94
20129IL0310232	Rating Area 13	No Preference	56	1935.39
20129IL0310232	Rating Area 13	No Preference	57	2021.66
20129IL0310232	Rating Area 13	No Preference	58	2113.75
20129IL0310232	Rating Area 13	No Preference	59	2159.37
20129IL0310232	Rating Area 13	No Preference	60	2251.45

20129IL0310232	Rating Area 13	No Preference	61	2331.09
20129IL0310232	Rating Area 13	No Preference	62	2383.36
20129IL0310232	Rating Area 13	No Preference	63	2448.89
20129IL0310232	Rating Area 13	No Preference	64 and over	2488.70
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20129IL0310233	Rating Area 4	No Preference	21	692.31
20129IL0310233	Rating Area 4	No Preference	22	692.31
20129IL0310233	Rating Area 4	No Preference	23	692.31
20129IL0310233	Rating Area 4	No Preference	24	692.31
20129IL0310233	Rating Area 4	No Preference	25	695.08
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20129IL0310233	Rating Area 4	No Preference	33	829.39
20129IL0310233	Rating Area 4	No Preference	34	840.47
20129IL0310233	Rating Area 4	No Preference	35	846.01
20129IL0310233	Rating Area 4	No Preference	36	851.54
20129IL0310233	Rating Area 4	No Preference	37	857.08
20129IL0310233	Rating Area 4	No Preference	38	862.62
20129IL0310233	Rating Area 4	No Preference	39	873.70
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20129IL0310233	Rating Area 4	No Preference	45	999.70
20129IL0310233	Rating Area 4	No Preference	46	1038.47
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20129IL0310233	Rating Area 4	No Preference	50	1236.47
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20129IL0310233	Rating Area 4	No Preference	52	1351.39
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20129IL0310233	Rating Area 4	No Preference	55	1543.86
20129IL0310233	Rating Area 4	No Preference	56	1615.16
20129IL0310233	Rating Area 4	No Preference	57	1687.17
20129IL0310233	Rating Area 4	No Preference	58	1764.01

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20129IL0310233	Rating Area 4	No Preference	61	1945.40
20129IL0310233	Rating Area 4	No Preference	62	1989.01
20129IL0310233	Rating Area 4	No Preference	63	2043.71
20129IL0310233	Rating Area 4	No Preference	64 and over	2076.93
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20129IL0310233	Rating Area 5	No Preference	18	772.54
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20129IL0310233	Rating Area 5	No Preference	27	886.78
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20129IL0310233	Rating Area 5	No Preference	63	2497.86
20129IL0310233	Rating Area 5	No Preference	64 and over	2538.47
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20129IL0310233	Rating Area 6	No Preference	27	725.54
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20129IL0310233	Rating Area 6	No Preference	62	1989.01
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20129IL0310233	Rating Area 6	No Preference	64 and over	2076.93
20129IL0310233	Rating Area 7	No Preference	0-14	553.16
20129IL0310233	Rating Area 7	No Preference	15	602.33
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20129IL0310233	Rating Area 7	No Preference	17	639.93
20129IL0310233	Rating Area 7	No Preference	18	660.17
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20129IL0320113	Rating Area 5	No Preference	54	1686.11
20129IL0320113	Rating Area 5	No Preference	55	1761.14
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20129IL0320113	Rating Area 5	No Preference	57	1924.62
20129IL0320113	Rating Area 5	No Preference	58	2012.28
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20129IL0320113	Rating Area 5	No Preference	62	2268.95
20129IL0320113	Rating Area 5	No Preference	63	2331.34
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20129IL0320113	Rating Area 12	No Preference	59	1794.08
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20129IL0320114	Rating Area 9	No Preference	60	1110.70
20129IL0320114	Rating Area 9	No Preference	61	1149.99
20129IL0320114	Rating Area 9	No Preference	62	1175.77
20129IL0320114	Rating Area 9	No Preference	63	1208.10
20129IL0320114	Rating Area 9	No Preference	64 and over	1227.74
20129IL0320114	Rating Area 10	No Preference	0-14	361.06
20129IL0320114	Rating Area 10	No Preference	15	393.16

20129IL0320114 Rating Area 10	No Preference	16	405.43
20129IL0320114 Rating Area 10	No Preference	17	417.70
20129IL0320114 Rating Area 10	No Preference	18	430.92
20129IL0320114 Rating Area 10	No Preference	19	444.13
20129IL0320114 Rating Area 10	No Preference	20	457.82
20129IL0320114 Rating Area 10	No Preference	21	471.98
20129IL0320114 Rating Area 10	No Preference	22	471.98
20129IL0320114 Rating Area 10	No Preference	23	471.98
20129IL0320114 Rating Area 10	No Preference	24	471.98
20129IL0320114 Rating Area 10	No Preference	25	473.87
20129IL0320114 Rating Area 10	No Preference	26	483.31
20129IL0320114 Rating Area 10	No Preference	27	494.64
20129IL0320114 Rating Area 10	No Preference	28	513.04
20129IL0320114 Rating Area 10	No Preference	29	528.15
20129IL0320114 Rating Area 10	No Preference	30	535.70
20129IL0320114 Rating Area 10	No Preference	31	547.03
20129IL0320114 Rating Area 10	No Preference	32	558.35
20129IL0320114 Rating Area 10	No Preference	33	565.43
20129IL0320114 Rating Area 10	No Preference	34	572.98
20129IL0320114 Rating Area 10	No Preference	35	576.76
20129IL0320114 Rating Area 10	No Preference	36	580.54
20129IL0320114 Rating Area 10	No Preference	37	584.31
20129IL0320114 Rating Area 10	No Preference	38	588.09
20129IL0320114 Rating Area 10	No Preference	39	595.64
20129IL0320114 Rating Area 10	No Preference	40	603.19
20129IL0320114 Rating Area 10	No Preference	41	614.52
20129IL0320114 Rating Area 10	No Preference	42	625.37
20129IL0320114 Rating Area 10	No Preference	43	640.48
20129IL0320114 Rating Area 10	No Preference	44	659.36
20129IL0320114 Rating Area 10	No Preference	45	681.54
20129IL0320114 Rating Area 10	No Preference	46	707.97
20129IL0320114 Rating Area 10	No Preference	47	737.71
20129IL0320114 Rating Area 10	No Preference	48	771.69
20129IL0320114 Rating Area 10	No Preference	49	805.20
20129IL0320114 Rating Area 10	No Preference	50	842.96
20129IL0320114 Rating Area 10	No Preference	51	880.24
20129IL0320114 Rating Area 10	No Preference	52	921.31
20129IL0320114 Rating Area 10	No Preference	53	962.84
20129IL0320114 Rating Area 10	No Preference	54	1007.68
20129IL0320114 Rating Area 10	No Preference	55	1052.52
20129IL0320114 Rating Area 10	No Preference	56	1101.13
20129IL0320114 Rating Area 10	No Preference	57	1150.22
20129IL0320114 Rating Area 10	No Preference	58	1202.61
20129IL0320114 Rating Area 10	No Preference	59	1228.56
20129IL0320114 Rating Area 10	No Preference	60	1280.95
20129IL0320114 Rating Area 10	No Preference	61	1326.26
20129IL0320114 Rating Area 10	No Preference	62	1356.00
20129IL0320114 Rating Area 10	No Preference	63	1393.29
20129IL0320114 Rating Area 10	No Preference	64 and over	1415.93

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20129IL0320114	Rating Area 11	No Preference	15	447.90
20129IL0320114	Rating Area 11	No Preference	16	461.88
20129IL0320114	Rating Area 11	No Preference	17	475.86
20129IL0320114	Rating Area 11	No Preference	18	490.92
20129IL0320114	Rating Area 11	No Preference	19	505.97
20129IL0320114	Rating Area 11	No Preference	20	521.57
20129IL0320114	Rating Area 11	No Preference	21	537.70
20129IL0320114	Rating Area 11	No Preference	22	537.70
20129IL0320114	Rating Area 11	No Preference	23	537.70
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20129IL0320114	Rating Area 11	No Preference	26	550.60
20129IL0320114	Rating Area 11	No Preference	27	563.51
20129IL0320114	Rating Area 11	No Preference	28	584.48
20129IL0320114	Rating Area 11	No Preference	29	601.69
20129IL0320114	Rating Area 11	No Preference	30	610.29
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20129IL0320114	Rating Area 11	No Preference	33	644.16
20129IL0320114	Rating Area 11	No Preference	34	652.77
20129IL0320114	Rating Area 11	No Preference	35	657.07
20129IL0320114	Rating Area 11	No Preference	36	661.37
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20129IL0320114	Rating Area 11	No Preference	38	669.97
20129IL0320114	Rating Area 11	No Preference	39	678.58
20129IL0320114	Rating Area 11	No Preference	40	687.18
20129IL0320114	Rating Area 11	No Preference	41	700.08
20129IL0320114	Rating Area 11	No Preference	42	712.45
20129IL0320114	Rating Area 11	No Preference	43	729.66
20129IL0320114	Rating Area 11	No Preference	44	751.17
20129IL0320114	Rating Area 11	No Preference	45	776.44
20129IL0320114	Rating Area 11	No Preference	46	806.55
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20129IL0320114	Rating Area 11	No Preference	48	879.14
20129IL0320114	Rating Area 11	No Preference	49	917.31
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20129IL0320114	Rating Area 11	No Preference	51	1002.81
20129IL0320114	Rating Area 11	No Preference	52	1049.59
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20129IL0320114	Rating Area 11	No Preference	54	1147.99
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20129IL0320114	Rating Area 11	No Preference	56	1254.45
20129IL0320114	Rating Area 11	No Preference	57	1310.37
20129IL0320114	Rating Area 11	No Preference	58	1370.06
20129IL0320114	Rating Area 11	No Preference	59	1399.63
20129IL0320114	Rating Area 11	No Preference	60	1459.32
20129IL0320114	Rating Area 11	No Preference	61	1510.93
20129IL0320114	Rating Area 11	No Preference	62	1544.81

20129IL0320114	Rating Area 11	No Preference	63	1587.29
20129IL0320114	Rating Area 11	No Preference	64 and over	1613.09
20129IL0320114	Rating Area 12	No Preference	0-14	438.76
20129IL0320114	Rating Area 12	No Preference	15	477.76
20129IL0320114	Rating Area 12	No Preference	16	492.68
20129IL0320114	Rating Area 12	No Preference	17	507.59
20129IL0320114	Rating Area 12	No Preference	18	523.65
20129IL0320114	Rating Area 12	No Preference	19	539.71
20129IL0320114	Rating Area 12	No Preference	20	556.34
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20129IL0320114	Rating Area 12	No Preference	25	575.84
20129IL0320114	Rating Area 12	No Preference	26	587.31
20129IL0320114	Rating Area 12	No Preference	27	601.08
20129IL0320114	Rating Area 12	No Preference	28	623.44
20129IL0320114	Rating Area 12	No Preference	29	641.80
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20129IL0320114	Rating Area 12	No Preference	32	678.50
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20129IL0320114	Rating Area 12	No Preference	35	700.87
20129IL0320114	Rating Area 12	No Preference	36	705.46
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20129IL0320114	Rating Area 12	No Preference	41	746.76
20129IL0320114	Rating Area 12	No Preference	42	759.95
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20129IL0320114	Rating Area 12	No Preference	46	860.32
20129IL0320114	Rating Area 12	No Preference	47	896.45
20129IL0320114	Rating Area 12	No Preference	48	937.75
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20129IL0320114	Rating Area 12	No Preference	50	1024.35
20129IL0320114	Rating Area 12	No Preference	51	1069.66
20129IL0320114	Rating Area 12	No Preference	52	1119.56
20129IL0320114	Rating Area 12	No Preference	53	1170.03
20129IL0320114	Rating Area 12	No Preference	54	1224.52
20129IL0320114	Rating Area 12	No Preference	55	1279.01
20129IL0320114	Rating Area 12	No Preference	56	1338.08
20129IL0320114	Rating Area 12	No Preference	57	1397.73
20129IL0320114	Rating Area 12	No Preference	58	1461.39
20129IL0320114	Rating Area 12	No Preference	59	1492.94
20129IL0320114	Rating Area 12	No Preference	60	1556.60

20129IL0320114	Rating Area 12	No Preference	61	1611.66
20129IL0320114	Rating Area 12	No Preference	62	1647.80
20129IL0320114	Rating Area 12	No Preference	63	1693.11
20129IL0320114	Rating Area 12	No Preference	64 and over	1720.63
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20129IL0320114	Rating Area 13	No Preference	15	472.79
20129IL0320114	Rating Area 13	No Preference	16	487.54
20129IL0320114	Rating Area 13	No Preference	17	502.30
20129IL0320114	Rating Area 13	No Preference	18	518.19
20129IL0320114	Rating Area 13	No Preference	19	534.08
20129IL0320114	Rating Area 13	No Preference	20	550.54
20129IL0320114	Rating Area 13	No Preference	21	567.57
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20129IL0320114	Rating Area 13	No Preference	25	569.84
20129IL0320114	Rating Area 13	No Preference	26	581.19
20129IL0320114	Rating Area 13	No Preference	27	594.81
20129IL0320114	Rating Area 13	No Preference	28	616.95
20129IL0320114	Rating Area 13	No Preference	29	635.11
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20129IL0320114	Rating Area 13	No Preference	32	671.44
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20129IL0320114	Rating Area 13	No Preference	37	702.65
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20129IL0320114	Rating Area 13	No Preference	40	725.36
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20129IL0320114	Rating Area 13	No Preference	43	770.19
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20129IL0320114	Rating Area 13	No Preference	47	887.11
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20129IL0320114	Rating Area 13	No Preference	50	1013.68
20129IL0320114	Rating Area 13	No Preference	51	1058.52
20129IL0320114	Rating Area 13	No Preference	52	1107.90
20129IL0320114	Rating Area 13	No Preference	53	1157.85
20129IL0320114	Rating Area 13	No Preference	54	1211.76
20129IL0320114	Rating Area 13	No Preference	55	1265.68
20129IL0320114	Rating Area 13	No Preference	56	1324.14
20129IL0320114	Rating Area 13	No Preference	57	1383.17
20129IL0320114	Rating Area 13	No Preference	58	1446.17

20129IL0320114	Rating Area 13	No Preference	59	1477.39
20129IL0320114	Rating Area 13	No Preference	60	1540.39
20129IL0320114	Rating Area 13	No Preference	61	1594.88
20129IL0320114	Rating Area 13	No Preference	62	1630.63
20129IL0320114	Rating Area 13	No Preference	63	1675.47
20129IL0320114	Rating Area 13	No Preference	64 and over	1702.70
20129IL0310225	Rating Area 10	No Preference	0-14	459.43
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20129IL0310225	Rating Area 10	No Preference	16	515.88
20129IL0310225	Rating Area 10	No Preference	17	531.50
20129IL0310225	Rating Area 10	No Preference	18	548.31
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20129IL0310225	Rating Area 10	No Preference	20	582.54
20129IL0310225	Rating Area 10	No Preference	21	600.56
20129IL0310225	Rating Area 10	No Preference	22	600.56
20129IL0310225	Rating Area 10	No Preference	23	600.56
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20129IL0310225	Rating Area 10	No Preference	25	602.96
20129IL0310225	Rating Area 10	No Preference	26	614.97
20129IL0310225	Rating Area 10	No Preference	27	629.39
20129IL0310225	Rating Area 10	No Preference	28	652.81
20129IL0310225	Rating Area 10	No Preference	29	672.03
20129IL0310225	Rating Area 10	No Preference	30	681.64
20129IL0310225	Rating Area 10	No Preference	31	696.05
20129IL0310225	Rating Area 10	No Preference	32	710.46
20129IL0310225	Rating Area 10	No Preference	33	719.47
20129IL0310225	Rating Area 10	No Preference	34	729.08
20129IL0310225	Rating Area 10	No Preference	35	733.89
20129IL0310225	Rating Area 10	No Preference	36	738.69
20129IL0310225	Rating Area 10	No Preference	37	743.49
20129IL0310225	Rating Area 10	No Preference	38	748.30
20129IL0310225	Rating Area 10	No Preference	39	757.91
20129IL0310225	Rating Area 10	No Preference	40	767.52
20129IL0310225	Rating Area 10	No Preference	41	781.93
20129IL0310225	Rating Area 10	No Preference	42	795.74
20129IL0310225	Rating Area 10	No Preference	43	814.96
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20129IL0310225	Rating Area 10	No Preference	50	1072.60
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20129IL0310225	Rating Area 10	No Preference	52	1172.30
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20129IL0310225	Rating Area 10	No Preference	54	1282.20
20129IL0310225	Rating Area 10	No Preference	55	1339.25
20129IL0310225	Rating Area 10	No Preference	56	1401.11

20129IL0310225	Rating Area 10	No Preference	57	1463.57
20129IL0310225	Rating Area 10	No Preference	58	1530.23
20129IL0310225	Rating Area 10	No Preference	59	1563.26
20129IL0310225	Rating Area 10	No Preference	60	1629.92
20129IL0310225	Rating Area 10	No Preference	61	1687.58
20129IL0310225	Rating Area 10	No Preference	62	1725.41
20129IL0310225	Rating Area 10	No Preference	63	1772.86
20129IL0310225	Rating Area 10	No Preference	64 and over	1801.67
20129IL0310226	Rating Area 10	No Preference	0-14	399.96
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20129IL0310226	Rating Area 10	No Preference	16	449.11
20129IL0310226	Rating Area 10	No Preference	17	462.70
20129IL0310226	Rating Area 10	No Preference	18	477.34
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20129IL0310226	Rating Area 10	No Preference	21	522.83
20129IL0310226	Rating Area 10	No Preference	22	522.83
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20129IL0310226	Rating Area 10	No Preference	26	535.37
20129IL0310226	Rating Area 10	No Preference	27	547.92
20129IL0310226	Rating Area 10	No Preference	28	568.31
20129IL0310226	Rating Area 10	No Preference	29	585.04
20129IL0310226	Rating Area 10	No Preference	30	593.41
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20129IL0310226	Rating Area 10	No Preference	32	618.50
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20129IL0310226	Rating Area 10	No Preference	34	634.71
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20129IL0310226	Rating Area 10	No Preference	36	643.08
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20129IL0310226	Rating Area 10	No Preference	39	659.81
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20129IL0310226	Rating Area 10	No Preference	41	680.72
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20129IL0310226	Rating Area 10	No Preference	53	1066.57
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20129IL0310226	Rating Area 10	No Preference	61	1469.14
20129IL0310226	Rating Area 10	No Preference	62	1502.08
20129IL0310226	Rating Area 10	No Preference	63	1543.38
20129IL0310226	Rating Area 10	No Preference	64 and over	1568.47
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20129IL0310227	Rating Area 10	No Preference	15	406.12
20129IL0310227	Rating Area 10	No Preference	16	418.79
20129IL0310227	Rating Area 10	No Preference	17	431.47
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20129IL0310227	Rating Area 10	No Preference	19	458.77
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20129IL0310227	Rating Area 10	No Preference	21	487.54
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20129IL0310227	Rating Area 10	No Preference	23	487.54
20129IL0310227	Rating Area 10	No Preference	24	487.54
20129IL0310227	Rating Area 10	No Preference	25	489.49
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20129IL0310227	Rating Area 10	No Preference	27	510.94
20129IL0310227	Rating Area 10	No Preference	28	529.95
20129IL0310227	Rating Area 10	No Preference	29	545.55
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20129IL0310227	Rating Area 10	No Preference	31	565.05
20129IL0310227	Rating Area 10	No Preference	32	576.76
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20129IL0310227	Rating Area 10	No Preference	34	591.87
20129IL0310227	Rating Area 10	No Preference	35	595.77
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20129IL0310227	Rating Area 10	No Preference	37	603.57
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20129IL0310227	Rating Area 10	No Preference	39	615.27
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20129IL0310227	Rating Area 10	No Preference	45	704.00
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20129IL0310227	Rating Area 10	No Preference	62	1400.69
20129IL0310227	Rating Area 10	No Preference	63	1439.21
20129IL0310227	Rating Area 10	No Preference	64 and over	1462.60
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20129IL0310251	Rating Area 9	No Preference	53	858.93

2025 Rates Table Template v14.0		<i>All fields with an asterisk (*) are required. To validate press Validate button or Ctrl + Shift + I. To finalize, press Finalize button or Ctrl + Shift + F.</i>		
		<i>If you are in a community rating state, select Family-Tier Rates under Rating Method and fill in all columns.</i>		
		<i>If you are not in a community rating state, select Age-Based Rates under Rating Method and provide an Individual Rate for every age band.</i>		
		<i>If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.</i>		
		<i>To add a new sheet, press the Add Sheet button, or Ctrl + Shift + H. All plans must have the same dates on a sheet.</i>		
HIOS Issuer ID*	20129			
Rate Effective Date*	4/1/2025			
Rate Expiration Date*	6/30/2025			
Rating Method*	Age-Based Rates			
Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*
Required: Enter the 14-character Plan ID	Required: Select the Rating Area ID	Required: Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	Required: Select the age of a subscriber eligible for the rate	Required: Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan
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20129IL0310212	Rating Area 5	No Preference	50	1463.24
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20129IL0310213	Rating Area 9	No Preference	56	1167.65
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20129IL0310213	Rating Area 9	No Preference	59	1302.79
20129IL0310213	Rating Area 9	No Preference	60	1358.34
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20129IL0310213	Rating Area 9	No Preference	63	1477.46
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20129IL0310214	Rating Area 6	No Preference	59	1704.40
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20129IL0310215 Rating Area 11	No Preference	15	526.69
20129IL0310215 Rating Area 11	No Preference	16	543.13
20129IL0310215 Rating Area 11	No Preference	17	559.57
20129IL0310215 Rating Area 11	No Preference	18	577.27
20129IL0310215 Rating Area 11	No Preference	19	594.98
20129IL0310215 Rating Area 11	No Preference	20	613.31
20129IL0310215 Rating Area 11	No Preference	21	632.28
20129IL0310215 Rating Area 11	No Preference	22	632.28
20129IL0310215 Rating Area 11	No Preference	23	632.28
20129IL0310215 Rating Area 11	No Preference	24	632.28
20129IL0310215 Rating Area 11	No Preference	25	634.81
20129IL0310215 Rating Area 11	No Preference	26	647.46
20129IL0310215 Rating Area 11	No Preference	27	662.63
20129IL0310215 Rating Area 11	No Preference	28	687.29
20129IL0310215 Rating Area 11	No Preference	29	707.52
20129IL0310215 Rating Area 11	No Preference	30	717.64
20129IL0310215 Rating Area 11	No Preference	31	732.82
20129IL0310215 Rating Area 11	No Preference	32	747.99
20129IL0310215 Rating Area 11	No Preference	33	757.48
20129IL0310215 Rating Area 11	No Preference	34	767.59
20129IL0310215 Rating Area 11	No Preference	35	772.65
20129IL0310215 Rating Area 11	No Preference	36	777.71
20129IL0310215 Rating Area 11	No Preference	37	782.77
20129IL0310215 Rating Area 11	No Preference	38	787.82
20129IL0310215 Rating Area 11	No Preference	39	797.94
20129IL0310215 Rating Area 11	No Preference	40	808.06
20129IL0310215 Rating Area 11	No Preference	41	823.23
20129IL0310215 Rating Area 11	No Preference	42	837.78
20129IL0310215 Rating Area 11	No Preference	43	858.01
20129IL0310215 Rating Area 11	No Preference	44	883.30
20129IL0310215 Rating Area 11	No Preference	45	913.02
20129IL0310215 Rating Area 11	No Preference	46	948.42
20129IL0310215 Rating Area 11	No Preference	47	988.26
20129IL0310215 Rating Area 11	No Preference	48	1033.78

20129IL0310215	Rating Area 11	No Preference	49	1078.68
20129IL0310215	Rating Area 11	No Preference	50	1129.26
20129IL0310215	Rating Area 11	No Preference	51	1179.21
20129IL0310215	Rating Area 11	No Preference	52	1234.22
20129IL0310215	Rating Area 11	No Preference	53	1289.86
20129IL0310215	Rating Area 11	No Preference	54	1349.92
20129IL0310215	Rating Area 11	No Preference	55	1409.99
20129IL0310215	Rating Area 11	No Preference	56	1475.12
20129IL0310215	Rating Area 11	No Preference	57	1540.87
20129IL0310215	Rating Area 11	No Preference	58	1611.06
20129IL0310215	Rating Area 11	No Preference	59	1645.83
20129IL0310215	Rating Area 11	No Preference	60	1716.02
20129IL0310215	Rating Area 11	No Preference	61	1776.72
20129IL0310215	Rating Area 11	No Preference	62	1816.55
20129IL0310215	Rating Area 11	No Preference	63	1866.50
20129IL0310215	Rating Area 11	No Preference	64 and over	1896.84
20129IL0310215	Rating Area 12	No Preference	0-14	515.94
20129IL0310215	Rating Area 12	No Preference	15	561.80
20129IL0310215	Rating Area 12	No Preference	16	579.34
20129IL0310215	Rating Area 12	No Preference	17	596.88
20129IL0310215	Rating Area 12	No Preference	18	615.76
20129IL0310215	Rating Area 12	No Preference	19	634.64
20129IL0310215	Rating Area 12	No Preference	20	654.20
20129IL0310215	Rating Area 12	No Preference	21	674.44
20129IL0310215	Rating Area 12	No Preference	22	674.44
20129IL0310215	Rating Area 12	No Preference	23	674.44
20129IL0310215	Rating Area 12	No Preference	24	674.44
20129IL0310215	Rating Area 12	No Preference	25	677.13
20129IL0310215	Rating Area 12	No Preference	26	690.62
20129IL0310215	Rating Area 12	No Preference	27	706.81
20129IL0310215	Rating Area 12	No Preference	28	733.11
20129IL0310215	Rating Area 12	No Preference	29	754.69
20129IL0310215	Rating Area 12	No Preference	30	765.48
20129IL0310215	Rating Area 12	No Preference	31	781.67
20129IL0310215	Rating Area 12	No Preference	32	797.86
20129IL0310215	Rating Area 12	No Preference	33	807.97
20129IL0310215	Rating Area 12	No Preference	34	818.76
20129IL0310215	Rating Area 12	No Preference	35	824.16
20129IL0310215	Rating Area 12	No Preference	36	829.56
20129IL0310215	Rating Area 12	No Preference	37	834.95
20129IL0310215	Rating Area 12	No Preference	38	840.35
20129IL0310215	Rating Area 12	No Preference	39	851.14
20129IL0310215	Rating Area 12	No Preference	40	861.93
20129IL0310215	Rating Area 12	No Preference	41	878.11
20129IL0310215	Rating Area 12	No Preference	42	893.63
20129IL0310215	Rating Area 12	No Preference	43	915.21
20129IL0310215	Rating Area 12	No Preference	44	942.19
20129IL0310215	Rating Area 12	No Preference	45	973.88
20129IL0310215	Rating Area 12	No Preference	46	1011.65

20129IL0310215	Rating Area 12	No Preference	47	1054.14
20129IL0310215	Rating Area 12	No Preference	48	1102.70
20129IL0310215	Rating Area 12	No Preference	49	1150.59
20129IL0310215	Rating Area 12	No Preference	50	1204.54
20129IL0310215	Rating Area 12	No Preference	51	1257.82
20129IL0310215	Rating Area 12	No Preference	52	1316.50
20129IL0310215	Rating Area 12	No Preference	53	1375.85
20129IL0310215	Rating Area 12	No Preference	54	1439.92
20129IL0310215	Rating Area 12	No Preference	55	1503.99
20129IL0310215	Rating Area 12	No Preference	56	1573.46
20129IL0310215	Rating Area 12	No Preference	57	1643.60
20129IL0310215	Rating Area 12	No Preference	58	1718.46
20129IL0310215	Rating Area 12	No Preference	59	1755.56
20129IL0310215	Rating Area 12	No Preference	60	1830.42
20129IL0310215	Rating Area 12	No Preference	61	1895.16
20129IL0310215	Rating Area 12	No Preference	62	1937.65
20129IL0310215	Rating Area 12	No Preference	63	1990.93
20129IL0310215	Rating Area 12	No Preference	64 and over	2023.30
20129IL0310215	Rating Area 13	No Preference	0-14	510.57
20129IL0310215	Rating Area 13	No Preference	15	555.95
20129IL0310215	Rating Area 13	No Preference	16	573.31
20129IL0310215	Rating Area 13	No Preference	17	590.66
20129IL0310215	Rating Area 13	No Preference	18	609.35
20129IL0310215	Rating Area 13	No Preference	19	628.03
20129IL0310215	Rating Area 13	No Preference	20	647.39
20129IL0310215	Rating Area 13	No Preference	21	667.41
20129IL0310215	Rating Area 13	No Preference	22	667.41
20129IL0310215	Rating Area 13	No Preference	23	667.41
20129IL0310215	Rating Area 13	No Preference	24	667.41
20129IL0310215	Rating Area 13	No Preference	25	670.08
20129IL0310215	Rating Area 13	No Preference	26	683.43
20129IL0310215	Rating Area 13	No Preference	27	699.45
20129IL0310215	Rating Area 13	No Preference	28	725.47
20129IL0310215	Rating Area 13	No Preference	29	746.83
20129IL0310215	Rating Area 13	No Preference	30	757.51
20129IL0310215	Rating Area 13	No Preference	31	773.53
20129IL0310215	Rating Area 13	No Preference	32	789.55
20129IL0310215	Rating Area 13	No Preference	33	799.56
20129IL0310215	Rating Area 13	No Preference	34	810.24
20129IL0310215	Rating Area 13	No Preference	35	815.58
20129IL0310215	Rating Area 13	No Preference	36	820.91
20129IL0310215	Rating Area 13	No Preference	37	826.25
20129IL0310215	Rating Area 13	No Preference	38	831.59
20129IL0310215	Rating Area 13	No Preference	39	842.27
20129IL0310215	Rating Area 13	No Preference	40	852.95
20129IL0310215	Rating Area 13	No Preference	41	868.97
20129IL0310215	Rating Area 13	No Preference	42	884.32
20129IL0310215	Rating Area 13	No Preference	43	905.68
20129IL0310215	Rating Area 13	No Preference	44	932.37

20129IL0310215 Rating Area 13	No Preference	45	963.74
20129IL0310215 Rating Area 13	No Preference	46	1001.12
20129IL0310215 Rating Area 13	No Preference	47	1043.16
20129IL0310215 Rating Area 13	No Preference	48	1091.22
20129IL0310215 Rating Area 13	No Preference	49	1138.60
20129IL0310215 Rating Area 13	No Preference	50	1191.99
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20129IL0310215 Rating Area 13	No Preference	52	1302.78
20129IL0310215 Rating Area 13	No Preference	53	1361.52
20129IL0310215 Rating Area 13	No Preference	54	1424.92
20129IL0310215 Rating Area 13	No Preference	55	1488.32
20129IL0310215 Rating Area 13	No Preference	56	1557.07
20129IL0310215 Rating Area 13	No Preference	57	1626.48
20129IL0310215 Rating Area 13	No Preference	58	1700.56
20129IL0310215 Rating Area 13	No Preference	59	1737.27
20129IL0310215 Rating Area 13	No Preference	60	1811.35
20129IL0310215 Rating Area 13	No Preference	61	1875.42
20129IL0310215 Rating Area 13	No Preference	62	1917.47
20129IL0310215 Rating Area 13	No Preference	63	1970.19
20129IL0310215 Rating Area 13	No Preference	64 and over	2002.22
20129IL0310217 Rating Area 4	No Preference	0-14	443.82
20129IL0310217 Rating Area 4	No Preference	15	483.27
20129IL0310217 Rating Area 4	No Preference	16	498.35
20129IL0310217 Rating Area 4	No Preference	17	513.44
20129IL0310217 Rating Area 4	No Preference	18	529.68
20129IL0310217 Rating Area 4	No Preference	19	545.93
20129IL0310217 Rating Area 4	No Preference	20	562.75
20129IL0310217 Rating Area 4	No Preference	21	580.16
20129IL0310217 Rating Area 4	No Preference	22	580.16
20129IL0310217 Rating Area 4	No Preference	23	580.16
20129IL0310217 Rating Area 4	No Preference	24	580.16
20129IL0310217 Rating Area 4	No Preference	25	582.48
20129IL0310217 Rating Area 4	No Preference	26	594.08
20129IL0310217 Rating Area 4	No Preference	27	608.00
20129IL0310217 Rating Area 4	No Preference	28	630.63
20129IL0310217 Rating Area 4	No Preference	29	649.20
20129IL0310217 Rating Area 4	No Preference	30	658.48
20129IL0310217 Rating Area 4	No Preference	31	672.40
20129IL0310217 Rating Area 4	No Preference	32	686.33
20129IL0310217 Rating Area 4	No Preference	33	695.03
20129IL0310217 Rating Area 4	No Preference	34	704.31
20129IL0310217 Rating Area 4	No Preference	35	708.95
20129IL0310217 Rating Area 4	No Preference	36	713.59
20129IL0310217 Rating Area 4	No Preference	37	718.23
20129IL0310217 Rating Area 4	No Preference	38	722.88
20129IL0310217 Rating Area 4	No Preference	39	732.16
20129IL0310217 Rating Area 4	No Preference	40	741.44
20129IL0310217 Rating Area 4	No Preference	41	755.36
20129IL0310217 Rating Area 4	No Preference	42	768.71

20129IL0310217 Rating Area 4	No Preference	43	787.27
20129IL0310217 Rating Area 4	No Preference	44	810.48
20129IL0310217 Rating Area 4	No Preference	45	837.75
20129IL0310217 Rating Area 4	No Preference	46	870.24
20129IL0310217 Rating Area 4	No Preference	47	906.79
20129IL0310217 Rating Area 4	No Preference	48	948.56
20129IL0310217 Rating Area 4	No Preference	49	989.75
20129IL0310217 Rating Area 4	No Preference	50	1036.16
20129IL0310217 Rating Area 4	No Preference	51	1081.99
20129IL0310217 Rating Area 4	No Preference	52	1132.47
20129IL0310217 Rating Area 4	No Preference	53	1183.52
20129IL0310217 Rating Area 4	No Preference	54	1238.64
20129IL0310217 Rating Area 4	No Preference	55	1293.75
20129IL0310217 Rating Area 4	No Preference	56	1353.51
20129IL0310217 Rating Area 4	No Preference	57	1413.84
20129IL0310217 Rating Area 4	No Preference	58	1478.24
20129IL0310217 Rating Area 4	No Preference	59	1510.15
20129IL0310217 Rating Area 4	No Preference	60	1574.55
20129IL0310217 Rating Area 4	No Preference	61	1630.24
20129IL0310217 Rating Area 4	No Preference	62	1666.79
20129IL0310217 Rating Area 4	No Preference	63	1712.62
20129IL0310217 Rating Area 4	No Preference	64 and over	1740.46
20129IL0310217 Rating Area 5	No Preference	0-14	542.45
20129IL0310217 Rating Area 5	No Preference	15	590.66
20129IL0310217 Rating Area 5	No Preference	16	609.10
20129IL0310217 Rating Area 5	No Preference	17	627.54
20129IL0310217 Rating Area 5	No Preference	18	647.39
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20129IL0310217 Rating Area 5	No Preference	20	687.81
20129IL0310217 Rating Area 5	No Preference	21	709.08
20129IL0310217 Rating Area 5	No Preference	22	709.08
20129IL0310217 Rating Area 5	No Preference	23	709.08
20129IL0310217 Rating Area 5	No Preference	24	709.08
20129IL0310217 Rating Area 5	No Preference	25	711.92
20129IL0310217 Rating Area 5	No Preference	26	726.10
20129IL0310217 Rating Area 5	No Preference	27	743.12
20129IL0310217 Rating Area 5	No Preference	28	770.77
20129IL0310217 Rating Area 5	No Preference	29	793.46
20129IL0310217 Rating Area 5	No Preference	30	804.81
20129IL0310217 Rating Area 5	No Preference	31	821.82
20129IL0310217 Rating Area 5	No Preference	32	838.84
20129IL0310217 Rating Area 5	No Preference	33	849.48
20129IL0310217 Rating Area 5	No Preference	34	860.82
20129IL0310217 Rating Area 5	No Preference	35	866.50
20129IL0310217 Rating Area 5	No Preference	36	872.17
20129IL0310217 Rating Area 5	No Preference	37	877.84
20129IL0310217 Rating Area 5	No Preference	38	883.51
20129IL0310217 Rating Area 5	No Preference	39	894.86
20129IL0310217 Rating Area 5	No Preference	40	906.21

20129IL0310217 Rating Area 5	No Preference	41	923.22
20129IL0310217 Rating Area 5	No Preference	42	939.53
20129IL0310217 Rating Area 5	No Preference	43	962.22
20129IL0310217 Rating Area 5	No Preference	44	990.59
20129IL0310217 Rating Area 5	No Preference	45	1023.91
20129IL0310217 Rating Area 5	No Preference	46	1063.62
20129IL0310217 Rating Area 5	No Preference	47	1108.29
20129IL0310217 Rating Area 5	No Preference	48	1159.35
20129IL0310217 Rating Area 5	No Preference	49	1209.69
20129IL0310217 Rating Area 5	No Preference	50	1266.42
20129IL0310217 Rating Area 5	No Preference	51	1322.44
20129IL0310217 Rating Area 5	No Preference	52	1384.13
20129IL0310217 Rating Area 5	No Preference	53	1446.52
20129IL0310217 Rating Area 5	No Preference	54	1513.89
20129IL0310217 Rating Area 5	No Preference	55	1581.25
20129IL0310217 Rating Area 5	No Preference	56	1654.29
20129IL0310217 Rating Area 5	No Preference	57	1728.03
20129IL0310217 Rating Area 5	No Preference	58	1806.74
20129IL0310217 Rating Area 5	No Preference	59	1845.74
20129IL0310217 Rating Area 5	No Preference	60	1924.45
20129IL0310217 Rating Area 5	No Preference	61	1992.52
20129IL0310217 Rating Area 5	No Preference	62	2037.19
20129IL0310217 Rating Area 5	No Preference	63	2093.21
20129IL0310217 Rating Area 5	No Preference	64 and over	2127.23
20129IL0310217 Rating Area 6	No Preference	0-14	443.82
20129IL0310217 Rating Area 6	No Preference	15	483.27
20129IL0310217 Rating Area 6	No Preference	16	498.35
20129IL0310217 Rating Area 6	No Preference	17	513.44
20129IL0310217 Rating Area 6	No Preference	18	529.68
20129IL0310217 Rating Area 6	No Preference	19	545.93
20129IL0310217 Rating Area 6	No Preference	20	562.75
20129IL0310217 Rating Area 6	No Preference	21	580.16
20129IL0310217 Rating Area 6	No Preference	22	580.16
20129IL0310217 Rating Area 6	No Preference	23	580.16
20129IL0310217 Rating Area 6	No Preference	24	580.16
20129IL0310217 Rating Area 6	No Preference	25	582.48
20129IL0310217 Rating Area 6	No Preference	26	594.08
20129IL0310217 Rating Area 6	No Preference	27	608.00
20129IL0310217 Rating Area 6	No Preference	28	630.63
20129IL0310217 Rating Area 6	No Preference	29	649.20
20129IL0310217 Rating Area 6	No Preference	30	658.48
20129IL0310217 Rating Area 6	No Preference	31	672.40
20129IL0310217 Rating Area 6	No Preference	32	686.33
20129IL0310217 Rating Area 6	No Preference	33	695.03
20129IL0310217 Rating Area 6	No Preference	34	704.31
20129IL0310217 Rating Area 6	No Preference	35	708.95
20129IL0310217 Rating Area 6	No Preference	36	713.59
20129IL0310217 Rating Area 6	No Preference	37	718.23
20129IL0310217 Rating Area 6	No Preference	38	722.88

20129IL0310217 Rating Area 6	No Preference	39	732.16
20129IL0310217 Rating Area 6	No Preference	40	741.44
20129IL0310217 Rating Area 6	No Preference	41	755.36
20129IL0310217 Rating Area 6	No Preference	42	768.71
20129IL0310217 Rating Area 6	No Preference	43	787.27
20129IL0310217 Rating Area 6	No Preference	44	810.48
20129IL0310217 Rating Area 6	No Preference	45	837.75
20129IL0310217 Rating Area 6	No Preference	46	870.24
20129IL0310217 Rating Area 6	No Preference	47	906.79
20129IL0310217 Rating Area 6	No Preference	48	948.56
20129IL0310217 Rating Area 6	No Preference	49	989.75
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20129IL0310217 Rating Area 6	No Preference	52	1132.47
20129IL0310217 Rating Area 6	No Preference	53	1183.52
20129IL0310217 Rating Area 6	No Preference	54	1238.64
20129IL0310217 Rating Area 6	No Preference	55	1293.75
20129IL0310217 Rating Area 6	No Preference	56	1353.51
20129IL0310217 Rating Area 6	No Preference	57	1413.84
20129IL0310217 Rating Area 6	No Preference	58	1478.24
20129IL0310217 Rating Area 6	No Preference	59	1510.15
20129IL0310217 Rating Area 6	No Preference	60	1574.55
20129IL0310217 Rating Area 6	No Preference	61	1630.24
20129IL0310217 Rating Area 6	No Preference	62	1666.79
20129IL0310217 Rating Area 6	No Preference	63	1712.62
20129IL0310217 Rating Area 6	No Preference	64 and over	1740.46
20129IL0310217 Rating Area 7	No Preference	0-14	463.55
20129IL0310217 Rating Area 7	No Preference	15	504.75
20129IL0310217 Rating Area 7	No Preference	16	520.50
20129IL0310217 Rating Area 7	No Preference	17	536.26
20129IL0310217 Rating Area 7	No Preference	18	553.22
20129IL0310217 Rating Area 7	No Preference	19	570.19
20129IL0310217 Rating Area 7	No Preference	20	587.76
20129IL0310217 Rating Area 7	No Preference	21	605.94
20129IL0310217 Rating Area 7	No Preference	22	605.94
20129IL0310217 Rating Area 7	No Preference	23	605.94
20129IL0310217 Rating Area 7	No Preference	24	605.94
20129IL0310217 Rating Area 7	No Preference	25	608.37
20129IL0310217 Rating Area 7	No Preference	26	620.48
20129IL0310217 Rating Area 7	No Preference	27	635.03
20129IL0310217 Rating Area 7	No Preference	28	658.66
20129IL0310217 Rating Area 7	No Preference	29	678.05
20129IL0310217 Rating Area 7	No Preference	30	687.74
20129IL0310217 Rating Area 7	No Preference	31	702.29
20129IL0310217 Rating Area 7	No Preference	32	716.83
20129IL0310217 Rating Area 7	No Preference	33	725.92
20129IL0310217 Rating Area 7	No Preference	34	735.61
20129IL0310217 Rating Area 7	No Preference	35	740.46
20129IL0310217 Rating Area 7	No Preference	36	745.31

20129IL0310217 Rating Area 7	No Preference	37	750.16
20129IL0310217 Rating Area 7	No Preference	38	755.00
20129IL0310217 Rating Area 7	No Preference	39	764.70
20129IL0310217 Rating Area 7	No Preference	40	774.39
20129IL0310217 Rating Area 7	No Preference	41	788.94
20129IL0310217 Rating Area 7	No Preference	42	802.87
20129IL0310217 Rating Area 7	No Preference	43	822.26
20129IL0310217 Rating Area 7	No Preference	44	846.50
20129IL0310217 Rating Area 7	No Preference	45	874.98
20129IL0310217 Rating Area 7	No Preference	46	908.91
20129IL0310217 Rating Area 7	No Preference	47	947.09
20129IL0310217 Rating Area 7	No Preference	48	990.71
20129IL0310217 Rating Area 7	No Preference	49	1033.74
20129IL0310217 Rating Area 7	No Preference	50	1082.21
20129IL0310217 Rating Area 7	No Preference	51	1130.08
20129IL0310217 Rating Area 7	No Preference	52	1182.80
20129IL0310217 Rating Area 7	No Preference	53	1236.12
20129IL0310217 Rating Area 7	No Preference	54	1293.69
20129IL0310217 Rating Area 7	No Preference	55	1351.25
20129IL0310217 Rating Area 7	No Preference	56	1413.66
20129IL0310217 Rating Area 7	No Preference	57	1476.68
20129IL0310217 Rating Area 7	No Preference	58	1543.94
20129IL0310217 Rating Area 7	No Preference	59	1577.27
20129IL0310217 Rating Area 7	No Preference	60	1644.53
20129IL0310217 Rating Area 7	No Preference	61	1702.70
20129IL0310217 Rating Area 7	No Preference	62	1740.87
20129IL0310217 Rating Area 7	No Preference	63	1788.74
20129IL0310217 Rating Area 7	No Preference	64 and over	1817.82
20129IL0310217 Rating Area 8	No Preference	0-14	337.80
20129IL0310217 Rating Area 8	No Preference	15	367.82
20129IL0310217 Rating Area 8	No Preference	16	379.30
20129IL0310217 Rating Area 8	No Preference	17	390.78
20129IL0310217 Rating Area 8	No Preference	18	403.15
20129IL0310217 Rating Area 8	No Preference	19	415.51
20129IL0310217 Rating Area 8	No Preference	20	428.32
20129IL0310217 Rating Area 8	No Preference	21	441.56
20129IL0310217 Rating Area 8	No Preference	22	441.56
20129IL0310217 Rating Area 8	No Preference	23	441.56
20129IL0310217 Rating Area 8	No Preference	24	441.56
20129IL0310217 Rating Area 8	No Preference	25	443.33
20129IL0310217 Rating Area 8	No Preference	26	452.16
20129IL0310217 Rating Area 8	No Preference	27	462.76
20129IL0310217 Rating Area 8	No Preference	28	479.98
20129IL0310217 Rating Area 8	No Preference	29	494.11
20129IL0310217 Rating Area 8	No Preference	30	501.18
20129IL0310217 Rating Area 8	No Preference	31	511.77
20129IL0310217 Rating Area 8	No Preference	32	522.37
20129IL0310217 Rating Area 8	No Preference	33	528.99
20129IL0310217 Rating Area 8	No Preference	34	536.06

20129IL0310217	Rating Area 8	No Preference	35	539.59
20129IL0310217	Rating Area 8	No Preference	36	543.12
20129IL0310217	Rating Area 8	No Preference	37	546.66
20129IL0310217	Rating Area 8	No Preference	38	550.19
20129IL0310217	Rating Area 8	No Preference	39	557.25
20129IL0310217	Rating Area 8	No Preference	40	564.32
20129IL0310217	Rating Area 8	No Preference	41	574.92
20129IL0310217	Rating Area 8	No Preference	42	585.07
20129IL0310217	Rating Area 8	No Preference	43	599.20
20129IL0310217	Rating Area 8	No Preference	44	616.86
20129IL0310217	Rating Area 8	No Preference	45	637.62
20129IL0310217	Rating Area 8	No Preference	46	662.35
20129IL0310217	Rating Area 8	No Preference	47	690.16
20129IL0310217	Rating Area 8	No Preference	48	721.96
20129IL0310217	Rating Area 8	No Preference	49	753.31
20129IL0310217	Rating Area 8	No Preference	50	788.63
20129IL0310217	Rating Area 8	No Preference	51	823.52
20129IL0310217	Rating Area 8	No Preference	52	861.93
20129IL0310217	Rating Area 8	No Preference	53	900.79
20129IL0310217	Rating Area 8	No Preference	54	942.74
20129IL0310217	Rating Area 8	No Preference	55	984.69
20129IL0310217	Rating Area 8	No Preference	56	1030.17
20129IL0310217	Rating Area 8	No Preference	57	1076.09
20129IL0310217	Rating Area 8	No Preference	58	1125.10
20129IL0310217	Rating Area 8	No Preference	59	1149.39
20129IL0310217	Rating Area 8	No Preference	60	1198.40
20129IL0310217	Rating Area 8	No Preference	61	1240.79
20129IL0310217	Rating Area 8	No Preference	62	1268.61
20129IL0310217	Rating Area 8	No Preference	63	1303.50
20129IL0310217	Rating Area 8	No Preference	64 and over	1324.68
20129IL0310217	Rating Area 9	No Preference	0-14	337.80
20129IL0310217	Rating Area 9	No Preference	15	367.82
20129IL0310217	Rating Area 9	No Preference	16	379.30
20129IL0310217	Rating Area 9	No Preference	17	390.78
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20129IL0310217	Rating Area 9	No Preference	24	441.56
20129IL0310217	Rating Area 9	No Preference	25	443.33
20129IL0310217	Rating Area 9	No Preference	26	452.16
20129IL0310217	Rating Area 9	No Preference	27	462.76
20129IL0310217	Rating Area 9	No Preference	28	479.98
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20129IL0310217	Rating Area 9	No Preference	30	501.18
20129IL0310217	Rating Area 9	No Preference	31	511.77
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20129IL0310217	Rating Area 9	No Preference	44	616.86
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20129IL0310217	Rating Area 9	No Preference	48	721.96
20129IL0310217	Rating Area 9	No Preference	49	753.31
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20129IL0310217	Rating Area 9	No Preference	51	823.52
20129IL0310217	Rating Area 9	No Preference	52	861.93
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20129IL0310217	Rating Area 9	No Preference	54	942.74
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20129IL0310217	Rating Area 9	No Preference	56	1030.17
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20129IL0310217	Rating Area 9	No Preference	62	1268.61
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20129IL0310217	Rating Area 9	No Preference	64 and over	1324.68
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20129IL0310217	Rating Area 10	No Preference	18	464.94
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20129IL0310217	Rating Area 10	No Preference	20	493.97
20129IL0310217	Rating Area 10	No Preference	21	509.25
20129IL0310217	Rating Area 10	No Preference	22	509.25
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20129IL0310217	Rating Area 10	No Preference	24	509.25
20129IL0310217	Rating Area 10	No Preference	25	511.29
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20129IL0310217	Rating Area 10	No Preference	28	553.55
20129IL0310217	Rating Area 10	No Preference	29	569.85
20129IL0310217	Rating Area 10	No Preference	30	578.00

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20129IL0310217 Rating Area 10	No Preference	33	610.08
20129IL0310217 Rating Area 10	No Preference	34	618.23
20129IL0310217 Rating Area 10	No Preference	35	622.30
20129IL0310217 Rating Area 10	No Preference	36	626.38
20129IL0310217 Rating Area 10	No Preference	37	630.45
20129IL0310217 Rating Area 10	No Preference	38	634.52
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20129IL0310217 Rating Area 10	No Preference	42	674.75
20129IL0310217 Rating Area 10	No Preference	43	691.05
20129IL0310217 Rating Area 10	No Preference	44	711.42
20129IL0310217 Rating Area 10	No Preference	45	735.36
20129IL0310217 Rating Area 10	No Preference	46	763.87
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20129IL0310217 Rating Area 10	No Preference	52	994.05
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20129IL0310217 Rating Area 10	No Preference	57	1241.04
20129IL0310217 Rating Area 10	No Preference	58	1297.57
20129IL0310217 Rating Area 10	No Preference	59	1325.57
20129IL0310217 Rating Area 10	No Preference	60	1382.10
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20129IL0310217 Rating Area 10	No Preference	62	1463.07
20129IL0310217 Rating Area 10	No Preference	63	1503.30
20129IL0310217 Rating Area 10	No Preference	64 and over	1527.74
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20129IL0310217 Rating Area 11	No Preference	15	483.27
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20129IL0310217 Rating Area 11	No Preference	17	513.44
20129IL0310217 Rating Area 11	No Preference	18	529.68
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20129IL0310217 Rating Area 11	No Preference	24	580.16
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20129IL0310217 Rating Area 11	No Preference	26	594.08
20129IL0310217 Rating Area 11	No Preference	27	608.00
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20129IL0310217 Rating Area 11	No Preference	46	870.24
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20129IL0310217 Rating Area 11	No Preference	56	1353.51
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20129IL0310217 Rating Area 11	No Preference	58	1478.24
20129IL0310217 Rating Area 11	No Preference	59	1510.15
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20129IL0310217 Rating Area 11	No Preference	61	1630.24
20129IL0310217 Rating Area 11	No Preference	62	1666.79
20129IL0310217 Rating Area 11	No Preference	63	1712.62
20129IL0310217 Rating Area 11	No Preference	64 and over	1740.46
20129IL0310217 Rating Area 12	No Preference	0-14	473.41
20129IL0310217 Rating Area 12	No Preference	15	515.49
20129IL0310217 Rating Area 12	No Preference	16	531.58
20129IL0310217 Rating Area 12	No Preference	17	547.67
20129IL0310217 Rating Area 12	No Preference	18	565.00
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20129IL0310217	Rating Area 12	No Preference	29	692.48
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20129IL0310217	Rating Area 12	No Preference	31	717.23
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20129IL0310217	Rating Area 12	No Preference	38	771.07
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20129IL0310217	Rating Area 12	No Preference	46	928.25
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20129IL0310217	Rating Area 12	No Preference	48	1011.79
20129IL0310217	Rating Area 12	No Preference	49	1055.73
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20129IL0310217	Rating Area 12	No Preference	51	1154.13
20129IL0310217	Rating Area 12	No Preference	52	1207.96
20129IL0310217	Rating Area 12	No Preference	53	1262.42
20129IL0310217	Rating Area 12	No Preference	54	1321.21
20129IL0310217	Rating Area 12	No Preference	55	1380.00
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20129IL0310217	Rating Area 12	No Preference	57	1508.10
20129IL0310217	Rating Area 12	No Preference	58	1576.79
20129IL0310217	Rating Area 12	No Preference	59	1610.83
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20129IL0310217	Rating Area 12	No Preference	61	1738.92
20129IL0310217	Rating Area 12	No Preference	62	1777.91
20129IL0310217	Rating Area 12	No Preference	63	1826.80
20129IL0310217	Rating Area 12	No Preference	64 and over	1856.49
20129IL0310217	Rating Area 13	No Preference	0-14	468.48
20129IL0310217	Rating Area 13	No Preference	15	510.12
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20129IL0310217	Rating Area 13	No Preference	17	541.96
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20129IL0310217	Rating Area 13	No Preference	20	594.02
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20129IL0310217	Rating Area 13	No Preference	23	612.39
20129IL0310217	Rating Area 13	No Preference	24	612.39

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20129IL0310217	Rating Area 13	No Preference	27	641.78
20129IL0310217	Rating Area 13	No Preference	28	665.67
20129IL0310217	Rating Area 13	No Preference	29	685.26
20129IL0310217	Rating Area 13	No Preference	30	695.06
20129IL0310217	Rating Area 13	No Preference	31	709.76
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20129IL0310217	Rating Area 13	No Preference	33	733.64
20129IL0310217	Rating Area 13	No Preference	34	743.44
20129IL0310217	Rating Area 13	No Preference	35	748.34
20129IL0310217	Rating Area 13	No Preference	36	753.24
20129IL0310217	Rating Area 13	No Preference	37	758.14
20129IL0310217	Rating Area 13	No Preference	38	763.04
20129IL0310217	Rating Area 13	No Preference	39	772.83
20129IL0310217	Rating Area 13	No Preference	40	782.63
20129IL0310217	Rating Area 13	No Preference	41	797.33
20129IL0310217	Rating Area 13	No Preference	42	811.41
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20129IL0310217	Rating Area 13	No Preference	44	855.51
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20129IL0310217	Rating Area 13	No Preference	47	957.16
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20129IL0310217	Rating Area 13	No Preference	51	1142.10
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20129IL0310217	Rating Area 13	No Preference	53	1249.27
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20129IL0310217	Rating Area 13	No Preference	55	1365.63
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20129IL0310217	Rating Area 13	No Preference	59	1594.05
20129IL0310217	Rating Area 13	No Preference	60	1662.02
20129IL0310217	Rating Area 13	No Preference	61	1720.81
20129IL0310217	Rating Area 13	No Preference	62	1759.39
20129IL0310217	Rating Area 13	No Preference	63	1807.77
20129IL0310217	Rating Area 13	No Preference	64 and over	1837.15
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20129IL0310218	Rating Area 4	No Preference	16	487.92
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20129IL0310218	Rating Area 4	No Preference	39	716.82
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20129IL0310218	Rating Area 4	No Preference	43	770.79
20129IL0310218	Rating Area 4	No Preference	44	793.51
20129IL0310218	Rating Area 4	No Preference	45	820.20
20129IL0310218	Rating Area 4	No Preference	46	852.01
20129IL0310218	Rating Area 4	No Preference	47	887.80
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20129IL0310218	Rating Area 4	No Preference	50	1014.46
20129IL0310218	Rating Area 4	No Preference	51	1059.33
20129IL0310218	Rating Area 4	No Preference	52	1108.75
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20129IL0310218	Rating Area 4	No Preference	60	1541.57
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20129IL0310218	Rating Area 4	No Preference	62	1631.88
20129IL0310218	Rating Area 4	No Preference	63	1676.76
20129IL0310218	Rating Area 4	No Preference	64 and over	1704.01
20129IL0310218	Rating Area 5	No Preference	0-14	531.09
20129IL0310218	Rating Area 5	No Preference	15	578.29
20129IL0310218	Rating Area 5	No Preference	16	596.34
20129IL0310218	Rating Area 5	No Preference	17	614.39
20129IL0310218	Rating Area 5	No Preference	18	633.83
20129IL0310218	Rating Area 5	No Preference	19	653.27
20129IL0310218	Rating Area 5	No Preference	20	673.40

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20129IL0310218	Rating Area 5	No Preference	23	694.23
20129IL0310218	Rating Area 5	No Preference	24	694.23
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20129IL0310218	Rating Area 5	No Preference	30	787.95
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20129IL0310218	Rating Area 5	No Preference	33	831.69
20129IL0310218	Rating Area 5	No Preference	34	842.80
20129IL0310218	Rating Area 5	No Preference	35	848.35
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20129IL0310218	Rating Area 5	No Preference	37	859.46
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20129IL0310218	Rating Area 5	No Preference	39	876.12
20129IL0310218	Rating Area 5	No Preference	40	887.23
20129IL0310218	Rating Area 5	No Preference	41	903.89
20129IL0310218	Rating Area 5	No Preference	42	919.86
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20129IL0310218	Rating Area 5	No Preference	48	1135.07
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20129IL0310218	Rating Area 5	No Preference	53	1416.23
20129IL0310218	Rating Area 5	No Preference	54	1482.18
20129IL0310218	Rating Area 5	No Preference	55	1548.13
20129IL0310218	Rating Area 5	No Preference	56	1619.64
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20129IL0310218	Rating Area 5	No Preference	58	1768.90
20129IL0310218	Rating Area 5	No Preference	59	1807.08
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20129IL0310218	Rating Area 5	No Preference	62	1994.53
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20129IL0310218	Rating Area 5	No Preference	64 and over	2082.68
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20129IL0310218 Rating Area 8	No Preference	62	1242.05
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20129IL0310220	Rating Area 6	No Preference	63	1821.01
20129IL0310220	Rating Area 6	No Preference	64 and over	1850.61
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20129IL0310220	Rating Area 12	No Preference	63	1942.41
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20129IL0310220	Rating Area 13	No Preference	29	728.63
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20129IL0310220	Rating Area 13	No Preference	64 and over	1953.42
20129IL0310222	Rating Area 4	No Preference	0-14	428.12
20129IL0310222	Rating Area 4	No Preference	15	466.18
20129IL0310222	Rating Area 4	No Preference	16	480.73
20129IL0310222	Rating Area 4	No Preference	17	495.28
20129IL0310222	Rating Area 4	No Preference	18	510.95
20129IL0310222	Rating Area 4	No Preference	19	526.62
20129IL0310222	Rating Area 4	No Preference	20	542.85
20129IL0310222	Rating Area 4	No Preference	21	559.64
20129IL0310222	Rating Area 4	No Preference	22	559.64
20129IL0310222	Rating Area 4	No Preference	23	559.64
20129IL0310222	Rating Area 4	No Preference	24	559.64
20129IL0310222	Rating Area 4	No Preference	25	561.88
20129IL0310222	Rating Area 4	No Preference	26	573.07
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20129IL0310222	Rating Area 4	No Preference	29	626.23
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20129IL0310222	Rating Area 4	No Preference	31	648.62
20129IL0310222	Rating Area 4	No Preference	32	662.05
20129IL0310222	Rating Area 4	No Preference	33	670.44
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20129IL0310222	Rating Area 4	No Preference	36	688.35
20129IL0310222	Rating Area 4	No Preference	37	692.83
20129IL0310222	Rating Area 4	No Preference	38	697.31
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20129IL0310222	Rating Area 4	No Preference	40	715.22
20129IL0310222	Rating Area 4	No Preference	41	728.65
20129IL0310222	Rating Area 4	No Preference	42	741.52
20129IL0310222	Rating Area 4	No Preference	43	759.43
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20129IL0310222	Rating Area 4	No Preference	45	808.12
20129IL0310222	Rating Area 4	No Preference	46	839.45
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20129IL0310222	Rating Area 4	No Preference	49	954.74
20129IL0310222	Rating Area 4	No Preference	50	999.51
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20129IL0310222	Rating Area 4	No Preference	52	1092.41
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20129IL0310222	Rating Area 4	No Preference	54	1194.82
20129IL0310222	Rating Area 4	No Preference	55	1247.99
20129IL0310222	Rating Area 4	No Preference	56	1305.63
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20129IL0310222	Rating Area 4	No Preference	58	1425.95
20129IL0310222	Rating Area 4	No Preference	59	1456.73
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20129IL0310222	Rating Area 4	No Preference	63	1652.05
20129IL0310222	Rating Area 4	No Preference	64 and over	1678.90
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20129IL0310222	Rating Area 5	No Preference	15	569.77
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20129IL0310222	Rating Area 5	No Preference	17	605.34
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20129IL0310222	Rating Area 5	No Preference	26	700.42
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20129IL0310222	Rating Area 5	No Preference	28	743.51
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20129IL0310222	Rating Area 5	No Preference	30	776.34
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20129IL0310222	Rating Area 5	No Preference	32	809.17
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20129IL0310222	Rating Area 5	No Preference	36	841.32
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20129IL0310222	Rating Area 11	No Preference	20	542.85
20129IL0310222	Rating Area 11	No Preference	21	559.64
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20129IL0310222	Rating Area 11	No Preference	23	559.64
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20129IL0310222	Rating Area 11	No Preference	26	573.07
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20129IL0310222	Rating Area 11	No Preference	37	692.83
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20129IL0310222	Rating Area 11	No Preference	40	715.22
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20129IL0310222	Rating Area 11	No Preference	45	808.12
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20129IL0310230	Rating Area 5	No Preference	32	767.75
20129IL0310230	Rating Area 5	No Preference	33	777.49
20129IL0310230	Rating Area 5	No Preference	34	787.87
20129IL0310230	Rating Area 5	No Preference	35	793.06
20129IL0310230	Rating Area 5	No Preference	36	798.25
20129IL0310230	Rating Area 5	No Preference	37	803.45
20129IL0310230	Rating Area 5	No Preference	38	808.64
20129IL0310230	Rating Area 5	No Preference	39	819.02
20129IL0310230	Rating Area 5	No Preference	40	829.41
20129IL0310230	Rating Area 5	No Preference	41	844.98
20129IL0310230	Rating Area 5	No Preference	42	859.91
20129IL0310230	Rating Area 5	No Preference	43	880.68
20129IL0310230	Rating Area 5	No Preference	44	906.64
20129IL0310230	Rating Area 5	No Preference	45	937.14
20129IL0310230	Rating Area 5	No Preference	46	973.48
20129IL0310230	Rating Area 5	No Preference	47	1014.37
20129IL0310230	Rating Area 5	No Preference	48	1061.09
20129IL0310230	Rating Area 5	No Preference	49	1107.17
20129IL0310230	Rating Area 5	No Preference	50	1159.09
20129IL0310230	Rating Area 5	No Preference	51	1210.36
20129IL0310230	Rating Area 5	No Preference	52	1266.82
20129IL0310230	Rating Area 5	No Preference	53	1323.93
20129IL0310230	Rating Area 5	No Preference	54	1385.59
20129IL0310230	Rating Area 5	No Preference	55	1447.24
20129IL0310230	Rating Area 5	No Preference	56	1514.09
20129IL0310230	Rating Area 5	No Preference	57	1581.58
20129IL0310230	Rating Area 5	No Preference	58	1653.62
20129IL0310230	Rating Area 5	No Preference	59	1689.31
20129IL0310230	Rating Area 5	No Preference	60	1761.35
20129IL0310230	Rating Area 5	No Preference	61	1823.65
20129IL0310230	Rating Area 5	No Preference	62	1864.54
20129IL0310230	Rating Area 5	No Preference	63	1915.81
20129IL0310230	Rating Area 5	No Preference	64 and over	1946.95
20129IL0310230	Rating Area 6	No Preference	0-14	406.21
20129IL0310230	Rating Area 6	No Preference	15	442.31
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20129IL0310230	Rating Area 6	No Preference	35	648.87
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20129IL0310230	Rating Area 6	No Preference	51	990.30
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20129IL0310230	Rating Area 6	No Preference	58	1352.96
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20129IL0310230	Rating Area 6	No Preference	62	1525.53
20129IL0310230	Rating Area 6	No Preference	63	1567.48
20129IL0310230	Rating Area 6	No Preference	64 and over	1592.96
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20129IL0310230 Rating Area 7	No Preference	17	490.81
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20129IL0310230 Rating Area 7	No Preference	19	521.87
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20129IL0310230 Rating Area 7	No Preference	34	673.27
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20129IL0310230 Rating Area 7	No Preference	54	1184.05
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20129IL0310230 Rating Area 7	No Preference	62	1593.33
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20129IL0310230	Rating Area 8	No Preference	53	824.45
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20129IL0310230	Rating Area 8	No Preference	60	1096.84
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20129IL0310230	Rating Area 9	No Preference	17	357.67
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20129IL0310230	Rating Area 9	No Preference	53	824.45
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20129IL0310230	Rating Area 9	No Preference	63	1193.03
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20129IL0310230	Rating Area 10	No Preference	29	521.56
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20129IL0310230	Rating Area 10	No Preference	32	551.39
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20129IL0310230	Rating Area 10	No Preference	48	762.06
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20129IL0310230	Rating Area 10	No Preference	62	1339.08
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20129IL0310230	Rating Area 11	No Preference	35	648.87
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20129IL0310230	Rating Area 11	No Preference	50	948.35
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20129IL0310230	Rating Area 11	No Preference	62	1525.53
20129IL0310230	Rating Area 11	No Preference	63	1567.48
20129IL0310230	Rating Area 11	No Preference	64 and over	1592.96
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20129IL0310230	Rating Area 12	No Preference	57	1380.29
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20129IL0310231	Rating Area 9	No Preference	60	1030.25
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20129IL0310232	Rating Area 6	No Preference	51	1494.08
20129IL0310232	Rating Area 6	No Preference	52	1563.78
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20129IL0310232	Rating Area 6	No Preference	54	1710.38
20129IL0310232	Rating Area 6	No Preference	55	1786.49
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20129IL0310232	Rating Area 6	No Preference	59	2085.31
20129IL0310232	Rating Area 6	No Preference	60	2174.23
20129IL0310232	Rating Area 6	No Preference	61	2251.14
20129IL0310232	Rating Area 6	No Preference	62	2301.61
20129IL0310232	Rating Area 6	No Preference	63	2364.90
20129IL0310232	Rating Area 6	No Preference	64 and over	2403.34
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20129IL0310232	Rating Area 7	No Preference	15	696.99
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20129IL0310232	Rating Area 7	No Preference	17	740.50
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20129IL0310232	Rating Area 7	No Preference	23	836.72

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20129IL0310232	Rating Area 8	No Preference	55	1359.72
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20129IL0310232 Rating Area 11	No Preference	60	2174.23
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20129IL0310232 Rating Area 11	No Preference	62	2301.61
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20129IL0310253	Rating Area 4	No Preference	63	1512.43
20129IL0310253	Rating Area 4	No Preference	64 and over	1537.01
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20129IL0320113	Rating Area 9	No Preference	25	503.32
20129IL0320113	Rating Area 9	No Preference	26	513.35
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20129IL0320113	Rating Area 9	No Preference	32	593.05
20129IL0320113	Rating Area 9	No Preference	33	600.57
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20129IL0320113	Rating Area 9	No Preference	35	612.61
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20129IL0320113	Rating Area 9	No Preference	38	624.64
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20129IL0320113	Rating Area 9	No Preference	47	783.55
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20129IL0320113	Rating Area 9	No Preference	59	1304.92
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20129IL0320113	Rating Area 12	No Preference	63	2073.99
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20129IL0320114	Rating Area 5	No Preference	61	1882.43
20129IL0320114	Rating Area 5	No Preference	62	1924.64
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20129IL0320114	Rating Area 5	No Preference	64 and over	2009.70
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20129IL0320114	Rating Area 6	No Preference	15	456.57
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20129IL0320114	Rating Area 6	No Preference	29	613.33
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20129IL0320114	Rating Area 6	No Preference	31	635.25
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20129IL0320114	Rating Area 6	No Preference	36	674.17
20129IL0320114	Rating Area 6	No Preference	37	678.55
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20129IL0320114	Rating Area 6	No Preference	39	691.71
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20129IL0320114	Rating Area 6	No Preference	60	1487.55
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20129IL0320114	Rating Area 6	No Preference	62	1574.70
20129IL0320114	Rating Area 6	No Preference	63	1618.00
20129IL0320114	Rating Area 6	No Preference	64 and over	1644.30
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20129IL0320114	Rating Area 7	No Preference	16	491.75
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20129IL0320114	Rating Area 9	No Preference	63	1231.48
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20129IL0310251	Rating Area 9	No Preference	53	875.55

2025 Rates Table Template v14.0		<i>All fields with an asterisk (*) are required. To validate press Validate button or Ctrl + Shift + I. To finalize, press Finalize button or Ctrl + Shift + F.</i>		
		<i>If you are in a community rating state, select Family-Tier Rates under Rating Method and fill in all columns.</i>		
		<i>If you are not in a community rating state, select Age-Based Rates under Rating Method and provide an Individual Rate for every age band.</i>		
		<i>If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.</i>		
		<i>To add a new sheet, press the Add Sheet button, or Ctrl + Shift + H. All plans must have the same dates on a sheet.</i>		
HIOS Issuer ID*	20129			
Rate Effective Date*	7/1/2025			
Rate Expiration Date*	9/30/2025			
Rating Method*	Age-Based Rates			
Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*
Required: Enter the 14-character Plan ID	Required: Select the Rating Area ID	Required: Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	Required: Select the age of a subscriber eligible for the rate	Required: Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan
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20129IL0310212 Rating Area 9	No Preference	18	474.82
20129IL0310212 Rating Area 9	No Preference	19	489.38
20129IL0310212 Rating Area 9	No Preference	20	504.46
20129IL0310212 Rating Area 9	No Preference	21	520.06
20129IL0310212 Rating Area 9	No Preference	22	520.06
20129IL0310212 Rating Area 9	No Preference	23	520.06
20129IL0310212 Rating Area 9	No Preference	24	520.06
20129IL0310212 Rating Area 9	No Preference	25	522.14
20129IL0310212 Rating Area 9	No Preference	26	532.55
20129IL0310212 Rating Area 9	No Preference	27	545.03
20129IL0310212 Rating Area 9	No Preference	28	565.31
20129IL0310212 Rating Area 9	No Preference	29	581.95
20129IL0310212 Rating Area 9	No Preference	30	590.27
20129IL0310212 Rating Area 9	No Preference	31	602.75
20129IL0310212 Rating Area 9	No Preference	32	615.24
20129IL0310212 Rating Area 9	No Preference	33	623.04
20129IL0310212 Rating Area 9	No Preference	34	631.36
20129IL0310212 Rating Area 9	No Preference	35	635.52
20129IL0310212 Rating Area 9	No Preference	36	639.68
20129IL0310212 Rating Area 9	No Preference	37	643.84
20129IL0310212 Rating Area 9	No Preference	38	648.00
20129IL0310212 Rating Area 9	No Preference	39	656.32
20129IL0310212 Rating Area 9	No Preference	40	664.64
20129IL0310212 Rating Area 9	No Preference	41	677.12
20129IL0310212 Rating Area 9	No Preference	42	689.08
20129IL0310212 Rating Area 9	No Preference	43	705.73
20129IL0310212 Rating Area 9	No Preference	44	726.53
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20129IL0310212 Rating Area 9	No Preference	46	780.10
20129IL0310212 Rating Area 9	No Preference	47	812.86
20129IL0310212 Rating Area 9	No Preference	48	850.30
20129IL0310212 Rating Area 9	No Preference	49	887.23
20129IL0310212 Rating Area 9	No Preference	50	928.83
20129IL0310212 Rating Area 9	No Preference	51	969.92
20129IL0310212 Rating Area 9	No Preference	52	1015.17
20129IL0310212 Rating Area 9	No Preference	53	1060.93
20129IL0310212 Rating Area 9	No Preference	54	1110.34
20129IL0310212 Rating Area 9	No Preference	55	1159.74
20129IL0310212 Rating Area 9	No Preference	56	1213.31
20129IL0310212 Rating Area 9	No Preference	57	1267.40
20129IL0310212 Rating Area 9	No Preference	58	1325.12
20129IL0310212 Rating Area 9	No Preference	59	1353.73
20129IL0310212 Rating Area 9	No Preference	60	1411.45
20129IL0310212 Rating Area 9	No Preference	61	1461.38
20129IL0310212 Rating Area 9	No Preference	62	1494.14
20129IL0310212 Rating Area 9	No Preference	63	1535.23

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20129IL0310212	Rating Area 10	No Preference	18	547.60
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20129IL0310212	Rating Area 10	No Preference	34	728.14
20129IL0310212	Rating Area 10	No Preference	35	732.93
20129IL0310212	Rating Area 10	No Preference	36	737.73
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20129IL0310212	Rating Area 10	No Preference	39	756.92
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20129IL0310212	Rating Area 10	No Preference	45	866.09
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20129IL0310212	Rating Area 10	No Preference	48	980.64
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20129IL0310212	Rating Area 10	No Preference	51	1118.59
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20129IL0310212	Rating Area 10	No Preference	53	1223.56
20129IL0310212	Rating Area 10	No Preference	54	1280.53
20129IL0310212	Rating Area 10	No Preference	55	1337.51
20129IL0310212	Rating Area 10	No Preference	56	1399.29
20129IL0310212	Rating Area 10	No Preference	57	1461.67
20129IL0310212	Rating Area 10	No Preference	58	1528.24
20129IL0310212	Rating Area 10	No Preference	59	1561.23
20129IL0310212	Rating Area 10	No Preference	60	1627.81
20129IL0310212	Rating Area 10	No Preference	61	1685.39

20129IL0310212	Rating Area 10	No Preference	62	1723.17
20129IL0310212	Rating Area 10	No Preference	63	1770.56
20129IL0310212	Rating Area 10	No Preference	64 and over	1799.34
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20129IL0310212	Rating Area 11	No Preference	17	604.72
20129IL0310212	Rating Area 11	No Preference	18	623.85
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20129IL0310212	Rating Area 11	No Preference	21	683.30
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20129IL0310212	Rating Area 11	No Preference	40	873.25
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20129IL0310212	Rating Area 11	No Preference	52	1333.79
20129IL0310212	Rating Area 11	No Preference	53	1393.92
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20129IL0310212	Rating Area 11	No Preference	56	1594.13
20129IL0310212	Rating Area 11	No Preference	57	1665.19
20129IL0310212	Rating Area 11	No Preference	58	1741.04
20129IL0310212	Rating Area 11	No Preference	59	1778.62

20129IL0310212	Rating Area 11	No Preference	60	1854.47
20129IL0310212	Rating Area 11	No Preference	61	1920.06
20129IL0310212	Rating Area 11	No Preference	62	1963.11
20129IL0310212	Rating Area 11	No Preference	63	2017.09
20129IL0310212	Rating Area 11	No Preference	64 and over	2049.88
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20129IL0310212	Rating Area 12	No Preference	15	607.13
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20129IL0310212	Rating Area 12	No Preference	17	645.03
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20129IL0310212	Rating Area 12	No Preference	28	792.26
20129IL0310212	Rating Area 12	No Preference	29	815.58
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20129IL0310212	Rating Area 12	No Preference	31	844.74
20129IL0310212	Rating Area 12	No Preference	32	862.23
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20129IL0310212	Rating Area 12	No Preference	35	890.65
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20129IL0310212	Rating Area 12	No Preference	37	902.32
20129IL0310212	Rating Area 12	No Preference	38	908.15
20129IL0310212	Rating Area 12	No Preference	39	919.81
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20129IL0310212	Rating Area 12	No Preference	43	989.05
20129IL0310212	Rating Area 12	No Preference	44	1018.20
20129IL0310212	Rating Area 12	No Preference	45	1052.46
20129IL0310212	Rating Area 12	No Preference	46	1093.27
20129IL0310212	Rating Area 12	No Preference	47	1139.19
20129IL0310212	Rating Area 12	No Preference	48	1191.67
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20129IL0310212	Rating Area 12	No Preference	54	1556.09
20129IL0310212	Rating Area 12	No Preference	55	1625.33
20129IL0310212	Rating Area 12	No Preference	56	1700.40
20129IL0310212	Rating Area 12	No Preference	57	1776.20

20129IL0310212	Rating Area 12	No Preference	58	1857.11
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20129IL0310212	Rating Area 12	No Preference	60	1978.10
20129IL0310212	Rating Area 12	No Preference	61	2048.07
20129IL0310212	Rating Area 12	No Preference	62	2093.98
20129IL0310212	Rating Area 12	No Preference	63	2151.56
20129IL0310212	Rating Area 12	No Preference	64 and over	2186.54
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20129IL0310212	Rating Area 13	No Preference	26	738.57
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20129IL0310212	Rating Area 13	No Preference	29	807.09
20129IL0310212	Rating Area 13	No Preference	30	818.63
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20129IL0310212	Rating Area 13	No Preference	32	853.25
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20129IL0310212	Rating Area 13	No Preference	34	875.61
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20129IL0310212	Rating Area 13	No Preference	36	887.15
20129IL0310212	Rating Area 13	No Preference	37	892.92
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20129IL0310212	Rating Area 13	No Preference	39	910.23
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20129IL0310212	Rating Area 13	No Preference	41	939.08
20129IL0310212	Rating Area 13	No Preference	42	955.67
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20129IL0310212	Rating Area 13	No Preference	44	1007.60
20129IL0310212	Rating Area 13	No Preference	45	1041.49
20129IL0310212	Rating Area 13	No Preference	46	1081.89
20129IL0310212	Rating Area 13	No Preference	47	1127.32
20129IL0310212	Rating Area 13	No Preference	48	1179.25
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20129IL0310212	Rating Area 13	No Preference	54	1539.88
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20129IL0310212	Rating Area 13	No Preference	61	2026.73
20129IL0310212	Rating Area 13	No Preference	62	2072.17
20129IL0310212	Rating Area 13	No Preference	63	2129.15
20129IL0310212	Rating Area 13	No Preference	64 and over	2163.76
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20129IL0310213	Rating Area 4	No Preference	17	593.22
20129IL0310213	Rating Area 4	No Preference	18	611.99
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20129IL0310213	Rating Area 4	No Preference	22	670.31
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20129IL0310213	Rating Area 4	No Preference	63	1978.75
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20129IL0310213	Rating Area 5	No Preference	0-14	626.74
20129IL0310213	Rating Area 5	No Preference	15	682.45
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20129IL0310213	Rating Area 5	No Preference	57	1996.55
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20129IL0310213	Rating Area 5	No Preference	59	2132.55
20129IL0310213	Rating Area 5	No Preference	60	2223.49
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20129IL0310213	Rating Area 5	No Preference	62	2353.75
20129IL0310213	Rating Area 5	No Preference	63	2418.47
20129IL0310213	Rating Area 5	No Preference	64 and over	2457.79
20129IL0310213	Rating Area 6	No Preference	0-14	512.79
20129IL0310213	Rating Area 6	No Preference	15	558.37
20129IL0310213	Rating Area 6	No Preference	16	575.80
20129IL0310213	Rating Area 6	No Preference	17	593.22
20129IL0310213	Rating Area 6	No Preference	18	611.99
20129IL0310213	Rating Area 6	No Preference	19	630.76
20129IL0310213	Rating Area 6	No Preference	20	650.20
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20129IL0310217	Rating Area 4	No Preference	41	769.98
20129IL0310217	Rating Area 4	No Preference	42	783.58

20129IL0310217 Rating Area 4	No Preference	43	802.51
20129IL0310217 Rating Area 4	No Preference	44	826.16
20129IL0310217 Rating Area 4	No Preference	45	853.96
20129IL0310217 Rating Area 4	No Preference	46	887.08
20129IL0310217 Rating Area 4	No Preference	47	924.33
20129IL0310217 Rating Area 4	No Preference	48	966.91
20129IL0310217 Rating Area 4	No Preference	49	1008.90
20129IL0310217 Rating Area 4	No Preference	50	1056.21
20129IL0310217 Rating Area 4	No Preference	51	1102.93
20129IL0310217 Rating Area 4	No Preference	52	1154.38
20129IL0310217 Rating Area 4	No Preference	53	1206.42
20129IL0310217 Rating Area 4	No Preference	54	1262.60
20129IL0310217 Rating Area 4	No Preference	55	1318.79
20129IL0310217 Rating Area 4	No Preference	56	1379.70
20129IL0310217 Rating Area 4	No Preference	57	1441.20
20129IL0310217 Rating Area 4	No Preference	58	1506.84
20129IL0310217 Rating Area 4	No Preference	59	1539.37
20129IL0310217 Rating Area 4	No Preference	60	1605.01
20129IL0310217 Rating Area 4	No Preference	61	1661.79
20129IL0310217 Rating Area 4	No Preference	62	1699.04
20129IL0310217 Rating Area 4	No Preference	63	1745.76
20129IL0310217 Rating Area 4	No Preference	64 and over	1774.14
20129IL0310217 Rating Area 5	No Preference	0-14	552.94
20129IL0310217 Rating Area 5	No Preference	15	602.09
20129IL0310217 Rating Area 5	No Preference	16	620.89
20129IL0310217 Rating Area 5	No Preference	17	639.68
20129IL0310217 Rating Area 5	No Preference	18	659.92
20129IL0310217 Rating Area 5	No Preference	19	680.16
20129IL0310217 Rating Area 5	No Preference	20	701.12
20129IL0310217 Rating Area 5	No Preference	21	722.80
20129IL0310217 Rating Area 5	No Preference	22	722.80
20129IL0310217 Rating Area 5	No Preference	23	722.80
20129IL0310217 Rating Area 5	No Preference	24	722.80
20129IL0310217 Rating Area 5	No Preference	25	725.69
20129IL0310217 Rating Area 5	No Preference	26	740.15
20129IL0310217 Rating Area 5	No Preference	27	757.50
20129IL0310217 Rating Area 5	No Preference	28	785.69
20129IL0310217 Rating Area 5	No Preference	29	808.82
20129IL0310217 Rating Area 5	No Preference	30	820.38
20129IL0310217 Rating Area 5	No Preference	31	837.73
20129IL0310217 Rating Area 5	No Preference	32	855.07
20129IL0310217 Rating Area 5	No Preference	33	865.92
20129IL0310217 Rating Area 5	No Preference	34	877.48
20129IL0310217 Rating Area 5	No Preference	35	883.26
20129IL0310217 Rating Area 5	No Preference	36	889.05
20129IL0310217 Rating Area 5	No Preference	37	894.83
20129IL0310217 Rating Area 5	No Preference	38	900.61
20129IL0310217 Rating Area 5	No Preference	39	912.18
20129IL0310217 Rating Area 5	No Preference	40	923.74

20129IL0310217 Rating Area 5	No Preference	41	941.09
20129IL0310217 Rating Area 5	No Preference	42	957.71
20129IL0310217 Rating Area 5	No Preference	43	980.84
20129IL0310217 Rating Area 5	No Preference	44	1009.75
20129IL0310217 Rating Area 5	No Preference	45	1043.73
20129IL0310217 Rating Area 5	No Preference	46	1084.20
20129IL0310217 Rating Area 5	No Preference	47	1129.74
20129IL0310217 Rating Area 5	No Preference	48	1181.78
20129IL0310217 Rating Area 5	No Preference	49	1233.10
20129IL0310217 Rating Area 5	No Preference	50	1290.92
20129IL0310217 Rating Area 5	No Preference	51	1348.03
20129IL0310217 Rating Area 5	No Preference	52	1410.91
20129IL0310217 Rating Area 5	No Preference	53	1474.52
20129IL0310217 Rating Area 5	No Preference	54	1543.18
20129IL0310217 Rating Area 5	No Preference	55	1611.85
20129IL0310217 Rating Area 5	No Preference	56	1686.30
20129IL0310217 Rating Area 5	No Preference	57	1761.47
20129IL0310217 Rating Area 5	No Preference	58	1841.70
20129IL0310217 Rating Area 5	No Preference	59	1881.45
20129IL0310217 Rating Area 5	No Preference	60	1961.68
20129IL0310217 Rating Area 5	No Preference	61	2031.07
20129IL0310217 Rating Area 5	No Preference	62	2076.61
20129IL0310217 Rating Area 5	No Preference	63	2133.71
20129IL0310217 Rating Area 5	No Preference	64 and over	2168.40
20129IL0310217 Rating Area 6	No Preference	0-14	452.41
20129IL0310217 Rating Area 6	No Preference	15	492.62
20129IL0310217 Rating Area 6	No Preference	16	508.00
20129IL0310217 Rating Area 6	No Preference	17	523.37
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20129IL0310217 Rating Area 6	No Preference	19	556.49
20129IL0310217 Rating Area 6	No Preference	20	573.64
20129IL0310217 Rating Area 6	No Preference	21	591.38
20129IL0310217 Rating Area 6	No Preference	22	591.38
20129IL0310217 Rating Area 6	No Preference	23	591.38
20129IL0310217 Rating Area 6	No Preference	24	591.38
20129IL0310217 Rating Area 6	No Preference	25	593.75
20129IL0310217 Rating Area 6	No Preference	26	605.58
20129IL0310217 Rating Area 6	No Preference	27	619.77
20129IL0310217 Rating Area 6	No Preference	28	642.83
20129IL0310217 Rating Area 6	No Preference	29	661.76
20129IL0310217 Rating Area 6	No Preference	30	671.22
20129IL0310217 Rating Area 6	No Preference	31	685.41
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20129IL0310217 Rating Area 6	No Preference	33	708.48
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20129IL0310217 Rating Area 6	No Preference	36	727.40
20129IL0310217 Rating Area 6	No Preference	37	732.13
20129IL0310217 Rating Area 6	No Preference	38	736.86

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20129IL0310217	Rating Area 6	No Preference	49	1008.90
20129IL0310217	Rating Area 6	No Preference	50	1056.21
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20129IL0310217	Rating Area 6	No Preference	56	1379.70
20129IL0310217	Rating Area 6	No Preference	57	1441.20
20129IL0310217	Rating Area 6	No Preference	58	1506.84
20129IL0310217	Rating Area 6	No Preference	59	1539.37
20129IL0310217	Rating Area 6	No Preference	60	1605.01
20129IL0310217	Rating Area 6	No Preference	61	1661.79
20129IL0310217	Rating Area 6	No Preference	62	1699.04
20129IL0310217	Rating Area 6	No Preference	63	1745.76
20129IL0310217	Rating Area 6	No Preference	64 and over	1774.14
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20129IL0310217	Rating Area 7	No Preference	15	514.52
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20129IL0310217	Rating Area 7	No Preference	17	546.64
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20129IL0310217	Rating Area 7	No Preference	29	691.17
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20129IL0310217	Rating Area 7	No Preference	34	749.85
20129IL0310217	Rating Area 7	No Preference	35	754.79
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20129IL0310217 Rating Area 7	No Preference	39	779.50
20129IL0310217 Rating Area 7	No Preference	40	789.38
20129IL0310217 Rating Area 7	No Preference	41	804.20
20129IL0310217 Rating Area 7	No Preference	42	818.41
20129IL0310217 Rating Area 7	No Preference	43	838.17
20129IL0310217 Rating Area 7	No Preference	44	862.88
20129IL0310217 Rating Area 7	No Preference	45	891.91
20129IL0310217 Rating Area 7	No Preference	46	926.50
20129IL0310217 Rating Area 7	No Preference	47	965.41
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20129IL0310217 Rating Area 7	No Preference	49	1053.74
20129IL0310217 Rating Area 7	No Preference	50	1103.15
20129IL0310217 Rating Area 7	No Preference	51	1151.95
20129IL0310217 Rating Area 7	No Preference	52	1205.69
20129IL0310217 Rating Area 7	No Preference	53	1260.04
20129IL0310217 Rating Area 7	No Preference	54	1318.72
20129IL0310217 Rating Area 7	No Preference	55	1377.40
20129IL0310217 Rating Area 7	No Preference	56	1441.02
20129IL0310217 Rating Area 7	No Preference	57	1505.25
20129IL0310217 Rating Area 7	No Preference	58	1573.82
20129IL0310217 Rating Area 7	No Preference	59	1607.79
20129IL0310217 Rating Area 7	No Preference	60	1676.35
20129IL0310217 Rating Area 7	No Preference	61	1735.64
20129IL0310217 Rating Area 7	No Preference	62	1774.56
20129IL0310217 Rating Area 7	No Preference	63	1823.35
20129IL0310217 Rating Area 7	No Preference	64 and over	1852.99
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20129IL0310217 Rating Area 8	No Preference	15	374.94
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20129IL0310217 Rating Area 8	No Preference	26	460.91
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20129IL0310217 Rating Area 8	No Preference	28	489.27
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20129IL0310217 Rating Area 8	No Preference	32	532.48
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20129IL0310217	Rating Area 8	No Preference	42	596.39
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20129IL0310217	Rating Area 8	No Preference	44	628.80
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20129IL0310217	Rating Area 8	No Preference	48	735.93
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20129IL0310217	Rating Area 8	No Preference	51	839.45
20129IL0310217	Rating Area 8	No Preference	52	878.61
20129IL0310217	Rating Area 8	No Preference	53	918.22
20129IL0310217	Rating Area 8	No Preference	54	960.98
20129IL0310217	Rating Area 8	No Preference	55	1003.74
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20129IL0310217	Rating Area 8	No Preference	58	1146.88
20129IL0310217	Rating Area 8	No Preference	59	1171.63
20129IL0310217	Rating Area 8	No Preference	60	1221.59
20129IL0310217	Rating Area 8	No Preference	61	1264.80
20129IL0310217	Rating Area 8	No Preference	62	1293.16
20129IL0310217	Rating Area 8	No Preference	63	1328.72
20129IL0310217	Rating Area 8	No Preference	64 and over	1350.32
20129IL0310217	Rating Area 9	No Preference	0-14	344.33
20129IL0310217	Rating Area 9	No Preference	15	374.94
20129IL0310217	Rating Area 9	No Preference	16	386.64
20129IL0310217	Rating Area 9	No Preference	17	398.35
20129IL0310217	Rating Area 9	No Preference	18	410.95
20129IL0310217	Rating Area 9	No Preference	19	423.55
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20129IL0310217	Rating Area 9	No Preference	22	450.11
20129IL0310217	Rating Area 9	No Preference	23	450.11
20129IL0310217	Rating Area 9	No Preference	24	450.11
20129IL0310217	Rating Area 9	No Preference	25	451.91
20129IL0310217	Rating Area 9	No Preference	26	460.91
20129IL0310217	Rating Area 9	No Preference	27	471.71
20129IL0310217	Rating Area 9	No Preference	28	489.27
20129IL0310217	Rating Area 9	No Preference	29	503.67
20129IL0310217	Rating Area 9	No Preference	30	510.87
20129IL0310217	Rating Area 9	No Preference	31	521.68
20129IL0310217	Rating Area 9	No Preference	32	532.48

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20129IL0310217	Rating Area 9	No Preference	34	546.43
20129IL0310217	Rating Area 9	No Preference	35	550.03
20129IL0310217	Rating Area 9	No Preference	36	553.63
20129IL0310217	Rating Area 9	No Preference	37	557.23
20129IL0310217	Rating Area 9	No Preference	38	560.84
20129IL0310217	Rating Area 9	No Preference	39	568.04
20129IL0310217	Rating Area 9	No Preference	40	575.24
20129IL0310217	Rating Area 9	No Preference	41	586.04
20129IL0310217	Rating Area 9	No Preference	42	596.39
20129IL0310217	Rating Area 9	No Preference	43	610.80
20129IL0310217	Rating Area 9	No Preference	44	628.80
20129IL0310217	Rating Area 9	No Preference	45	649.96
20129IL0310217	Rating Area 9	No Preference	46	675.16
20129IL0310217	Rating Area 9	No Preference	47	703.52
20129IL0310217	Rating Area 9	No Preference	48	735.93
20129IL0310217	Rating Area 9	No Preference	49	767.89
20129IL0310217	Rating Area 9	No Preference	50	803.89
20129IL0310217	Rating Area 9	No Preference	51	839.45
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20129IL0310217	Rating Area 9	No Preference	57	1096.91
20129IL0310217	Rating Area 9	No Preference	58	1146.88
20129IL0310217	Rating Area 9	No Preference	59	1171.63
20129IL0310217	Rating Area 9	No Preference	60	1221.59
20129IL0310217	Rating Area 9	No Preference	61	1264.80
20129IL0310217	Rating Area 9	No Preference	62	1293.16
20129IL0310217	Rating Area 9	No Preference	63	1328.72
20129IL0310217	Rating Area 9	No Preference	64 and over	1350.32
20129IL0310217	Rating Area 10	No Preference	0-14	397.11
20129IL0310217	Rating Area 10	No Preference	15	432.41
20129IL0310217	Rating Area 10	No Preference	16	445.91
20129IL0310217	Rating Area 10	No Preference	17	459.41
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20129IL0310217	Rating Area 10	No Preference	19	488.48
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20129IL0310217	Rating Area 10	No Preference	21	519.10
20129IL0310217	Rating Area 10	No Preference	22	519.10
20129IL0310217	Rating Area 10	No Preference	23	519.10
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20129IL0310217	Rating Area 10	No Preference	26	531.56
20129IL0310217	Rating Area 10	No Preference	27	544.02
20129IL0310217	Rating Area 10	No Preference	28	564.27
20129IL0310217	Rating Area 10	No Preference	29	580.88
20129IL0310217	Rating Area 10	No Preference	30	589.18

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20129IL0310217 Rating Area 10	No Preference	33	621.89
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20129IL0310217 Rating Area 10	No Preference	35	634.34
20129IL0310217 Rating Area 10	No Preference	36	638.50
20129IL0310217 Rating Area 10	No Preference	37	642.65
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20129IL0310217 Rating Area 10	No Preference	39	655.11
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20129IL0310217 Rating Area 10	No Preference	42	687.81
20129IL0310217 Rating Area 10	No Preference	43	704.42
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20129IL0310217 Rating Area 10	No Preference	45	749.59
20129IL0310217 Rating Area 10	No Preference	46	778.65
20129IL0310217 Rating Area 10	No Preference	47	811.36
20129IL0310217 Rating Area 10	No Preference	48	848.73
20129IL0310217 Rating Area 10	No Preference	49	885.59
20129IL0310217 Rating Area 10	No Preference	50	927.12
20129IL0310217 Rating Area 10	No Preference	51	968.13
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20129IL0310217 Rating Area 10	No Preference	53	1058.97
20129IL0310217 Rating Area 10	No Preference	54	1108.29
20129IL0310217 Rating Area 10	No Preference	55	1157.60
20129IL0310217 Rating Area 10	No Preference	56	1211.07
20129IL0310217 Rating Area 10	No Preference	57	1265.05
20129IL0310217 Rating Area 10	No Preference	58	1322.68
20129IL0310217 Rating Area 10	No Preference	59	1351.23
20129IL0310217 Rating Area 10	No Preference	60	1408.85
20129IL0310217 Rating Area 10	No Preference	61	1458.68
20129IL0310217 Rating Area 10	No Preference	62	1491.38
20129IL0310217 Rating Area 10	No Preference	63	1532.39
20129IL0310217 Rating Area 10	No Preference	64 and over	1557.30
20129IL0310217 Rating Area 11	No Preference	0-14	452.41
20129IL0310217 Rating Area 11	No Preference	15	492.62
20129IL0310217 Rating Area 11	No Preference	16	508.00
20129IL0310217 Rating Area 11	No Preference	17	523.37
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20129IL0310217 Rating Area 11	No Preference	19	556.49
20129IL0310217 Rating Area 11	No Preference	20	573.64
20129IL0310217 Rating Area 11	No Preference	21	591.38
20129IL0310217 Rating Area 11	No Preference	22	591.38
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20129IL0310217 Rating Area 11	No Preference	25	593.75
20129IL0310217 Rating Area 11	No Preference	26	605.58
20129IL0310217 Rating Area 11	No Preference	27	619.77
20129IL0310217 Rating Area 11	No Preference	28	642.83

20129IL0310217 Rating Area 11	No Preference	29	661.76
20129IL0310217 Rating Area 11	No Preference	30	671.22
20129IL0310217 Rating Area 11	No Preference	31	685.41
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20129IL0310217 Rating Area 11	No Preference	33	708.48
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20129IL0310217 Rating Area 11	No Preference	38	736.86
20129IL0310217 Rating Area 11	No Preference	39	746.33
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20129IL0310217 Rating Area 11	No Preference	45	853.96
20129IL0310217 Rating Area 11	No Preference	46	887.08
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20129IL0310217 Rating Area 11	No Preference	49	1008.90
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20129IL0310217 Rating Area 11	No Preference	52	1154.38
20129IL0310217 Rating Area 11	No Preference	53	1206.42
20129IL0310217 Rating Area 11	No Preference	54	1262.60
20129IL0310217 Rating Area 11	No Preference	55	1318.79
20129IL0310217 Rating Area 11	No Preference	56	1379.70
20129IL0310217 Rating Area 11	No Preference	57	1441.20
20129IL0310217 Rating Area 11	No Preference	58	1506.84
20129IL0310217 Rating Area 11	No Preference	59	1539.37
20129IL0310217 Rating Area 11	No Preference	60	1605.01
20129IL0310217 Rating Area 11	No Preference	61	1661.79
20129IL0310217 Rating Area 11	No Preference	62	1699.04
20129IL0310217 Rating Area 11	No Preference	63	1745.76
20129IL0310217 Rating Area 11	No Preference	64 and over	1774.14
20129IL0310217 Rating Area 12	No Preference	0-14	482.57
20129IL0310217 Rating Area 12	No Preference	15	525.46
20129IL0310217 Rating Area 12	No Preference	16	541.86
20129IL0310217 Rating Area 12	No Preference	17	558.27
20129IL0310217 Rating Area 12	No Preference	18	575.93
20129IL0310217 Rating Area 12	No Preference	19	593.59
20129IL0310217 Rating Area 12	No Preference	20	611.88
20129IL0310217 Rating Area 12	No Preference	21	630.81
20129IL0310217 Rating Area 12	No Preference	22	630.81
20129IL0310217 Rating Area 12	No Preference	23	630.81
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20129IL0310217 Rating Area 12	No Preference	25	633.33
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20129IL0310217	Rating Area 12	No Preference	31	731.11
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20129IL0310217	Rating Area 12	No Preference	37	780.94
20129IL0310217	Rating Area 12	No Preference	38	785.99
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20129IL0310217	Rating Area 12	No Preference	40	806.17
20129IL0310217	Rating Area 12	No Preference	41	821.31
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20129IL0310217	Rating Area 12	No Preference	46	946.21
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20129IL0310217	Rating Area 12	No Preference	49	1076.16
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20129IL0310217	Rating Area 12	No Preference	51	1176.46
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20129IL0310217	Rating Area 12	No Preference	54	1346.78
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20129IL0310217	Rating Area 12	No Preference	56	1471.68
20129IL0310217	Rating Area 12	No Preference	57	1537.28
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20129IL0310217	Rating Area 12	No Preference	59	1642.00
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20129IL0310217	Rating Area 12	No Preference	61	1772.57
20129IL0310217	Rating Area 12	No Preference	62	1812.31
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20129IL0310217	Rating Area 12	No Preference	64 and over	1892.42
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20129IL0310217	Rating Area 13	No Preference	18	569.93
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20129IL0310217	Rating Area 13	No Preference	22	624.24
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20129IL0310217	Rating Area 13	No Preference	57	1521.27
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20129IL0310217	Rating Area 13	No Preference	60	1694.18
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20129IL0310217	Rating Area 13	No Preference	62	1793.44
20129IL0310217	Rating Area 13	No Preference	63	1842.75
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20129IL0310218	Rating Area 4	No Preference	17	512.41
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20129IL0310218	Rating Area 4	No Preference	55	1291.17
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20129IL0310218	Rating Area 4	No Preference	60	1571.40
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20129IL0310218	Rating Area 4	No Preference	63	1709.20
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20129IL0310218	Rating Area 5	No Preference	23	707.66
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20129IL0310218	Rating Area 6	No Preference	27	606.79
20129IL0310218	Rating Area 6	No Preference	28	629.37
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20129IL0310218	Rating Area 6	No Preference	61	1626.99
20129IL0310218	Rating Area 6	No Preference	62	1663.46
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20129IL0310218	Rating Area 6	No Preference	64 and over	1736.99
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20129IL0310218	Rating Area 7	No Preference	55	1348.55
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20129IL0310218	Rating Area 7	No Preference	59	1574.12
20129IL0310218	Rating Area 7	No Preference	60	1641.24
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20129IL0310218	Rating Area 7	No Preference	63	1785.17
20129IL0310218	Rating Area 7	No Preference	64 and over	1814.19
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20129IL0310218 Rating Area 8	No Preference	24	440.68
20129IL0310218 Rating Area 8	No Preference	25	442.44
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20129IL0310218 Rating Area 8	No Preference	31	510.75
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20129IL0310218 Rating Area 8	No Preference	34	534.99
20129IL0310218 Rating Area 8	No Preference	35	538.51
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20129IL0310218 Rating Area 8	No Preference	37	545.56
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20129IL0310218 Rating Area 8	No Preference	42	583.90
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20129IL0310218 Rating Area 8	No Preference	61	1238.32
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20129IL0310218 Rating Area 8	No Preference	63	1300.89

20129IL0310218	Rating Area 8	No Preference	64 and over	1322.04
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20129IL0310218	Rating Area 9	No Preference	22	440.68
20129IL0310218	Rating Area 9	No Preference	23	440.68
20129IL0310218	Rating Area 9	No Preference	24	440.68
20129IL0310218	Rating Area 9	No Preference	25	442.44
20129IL0310218	Rating Area 9	No Preference	26	451.26
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20129IL0310218	Rating Area 9	No Preference	29	493.12
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20129IL0310218	Rating Area 9	No Preference	31	510.75
20129IL0310218	Rating Area 9	No Preference	32	521.33
20129IL0310218	Rating Area 9	No Preference	33	527.94
20129IL0310218	Rating Area 9	No Preference	34	534.99
20129IL0310218	Rating Area 9	No Preference	35	538.51
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20129IL0310218	Rating Area 9	No Preference	37	545.56
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20129IL0310218	Rating Area 9	No Preference	39	556.14
20129IL0310218	Rating Area 9	No Preference	40	563.19
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20129IL0310218	Rating Area 9	No Preference	43	598.01
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20129IL0310218	Rating Area 9	No Preference	46	661.02
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20129IL0310218	Rating Area 9	No Preference	50	787.06
20129IL0310218	Rating Area 9	No Preference	51	821.87
20129IL0310218	Rating Area 9	No Preference	52	860.21
20129IL0310218	Rating Area 9	No Preference	53	898.99
20129IL0310218	Rating Area 9	No Preference	54	940.86
20129IL0310218	Rating Area 9	No Preference	55	982.72
20129IL0310218	Rating Area 9	No Preference	56	1028.11
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20129IL0310218	Rating Area 9	No Preference	60	1196.01
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20129IL0310218	Rating Area 9	No Preference	62	1266.08
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20129IL0310218	Rating Area 10	No Preference	29	568.71
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20129IL0310219	Rating Area 5	No Preference	62	2549.55
20129IL0310219	Rating Area 5	No Preference	63	2619.65
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20129IL0310219	Rating Area 6	No Preference	22	726.07
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20129IL0310220	Rating Area 10	No Preference	25	554.16
20129IL0310220	Rating Area 10	No Preference	26	565.20
20129IL0310220	Rating Area 10	No Preference	27	578.45
20129IL0310220	Rating Area 10	No Preference	28	599.97
20129IL0310220	Rating Area 10	No Preference	29	617.64
20129IL0310220	Rating Area 10	No Preference	30	626.47
20129IL0310220	Rating Area 10	No Preference	31	639.72
20129IL0310220	Rating Area 10	No Preference	32	652.96
20129IL0310220	Rating Area 10	No Preference	33	661.24
20129IL0310220	Rating Area 10	No Preference	34	670.07
20129IL0310220	Rating Area 10	No Preference	35	674.49
20129IL0310220	Rating Area 10	No Preference	36	678.90
20129IL0310220	Rating Area 10	No Preference	37	683.32
20129IL0310220	Rating Area 10	No Preference	38	687.74
20129IL0310220	Rating Area 10	No Preference	39	696.57
20129IL0310220	Rating Area 10	No Preference	40	705.40
20129IL0310220	Rating Area 10	No Preference	41	718.64
20129IL0310220	Rating Area 10	No Preference	42	731.34
20129IL0310220	Rating Area 10	No Preference	43	749.00
20129IL0310220	Rating Area 10	No Preference	44	771.08
20129IL0310220	Rating Area 10	No Preference	45	797.02
20129IL0310220	Rating Area 10	No Preference	46	827.93
20129IL0310220	Rating Area 10	No Preference	47	862.70
20129IL0310220	Rating Area 10	No Preference	48	902.45
20129IL0310220	Rating Area 10	No Preference	49	941.63
20129IL0310220	Rating Area 10	No Preference	50	985.79
20129IL0310220	Rating Area 10	No Preference	51	1029.40
20129IL0310220	Rating Area 10	No Preference	52	1077.42
20129IL0310220	Rating Area 10	No Preference	53	1125.99
20129IL0310220	Rating Area 10	No Preference	54	1178.42
20129IL0310220	Rating Area 10	No Preference	55	1230.86
20129IL0310220	Rating Area 10	No Preference	56	1287.71
20129IL0310220	Rating Area 10	No Preference	57	1345.11
20129IL0310220	Rating Area 10	No Preference	58	1406.38
20129IL0310220	Rating Area 10	No Preference	59	1436.74
20129IL0310220	Rating Area 10	No Preference	60	1498.00
20129IL0310220	Rating Area 10	No Preference	61	1550.99
20129IL0310220	Rating Area 10	No Preference	62	1585.77
20129IL0310220	Rating Area 10	No Preference	63	1629.37
20129IL0310220	Rating Area 10	No Preference	64 and over	1655.85
20129IL0310220	Rating Area 11	No Preference	0-14	481.04
20129IL0310220	Rating Area 11	No Preference	15	523.80
20129IL0310220	Rating Area 11	No Preference	16	540.15
20129IL0310220	Rating Area 11	No Preference	17	556.50

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20129IL0310220	Rating Area 11	No Preference	20	609.94
20129IL0310220	Rating Area 11	No Preference	21	628.81
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20129IL0310220	Rating Area 11	No Preference	24	628.81
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20129IL0310220	Rating Area 11	No Preference	27	658.99
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20129IL0310220	Rating Area 11	No Preference	29	703.64
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20129IL0310220	Rating Area 11	No Preference	31	728.79
20129IL0310220	Rating Area 11	No Preference	32	743.88
20129IL0310220	Rating Area 11	No Preference	33	753.31
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20129IL0310220	Rating Area 11	No Preference	35	768.40
20129IL0310220	Rating Area 11	No Preference	36	773.43
20129IL0310220	Rating Area 11	No Preference	37	778.47
20129IL0310220	Rating Area 11	No Preference	38	783.50
20129IL0310220	Rating Area 11	No Preference	39	793.56
20129IL0310220	Rating Area 11	No Preference	40	803.62
20129IL0310220	Rating Area 11	No Preference	41	818.71
20129IL0310220	Rating Area 11	No Preference	42	833.17
20129IL0310220	Rating Area 11	No Preference	43	853.29
20129IL0310220	Rating Area 11	No Preference	44	878.45
20129IL0310220	Rating Area 11	No Preference	45	908.00
20129IL0310220	Rating Area 11	No Preference	46	943.21
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20129IL0310220	Rating Area 11	No Preference	48	1028.10
20129IL0310220	Rating Area 11	No Preference	49	1072.75
20129IL0310220	Rating Area 11	No Preference	50	1123.05
20129IL0310220	Rating Area 11	No Preference	51	1172.73
20129IL0310220	Rating Area 11	No Preference	52	1227.44
20129IL0310220	Rating Area 11	No Preference	53	1282.77
20129IL0310220	Rating Area 11	No Preference	54	1342.51
20129IL0310220	Rating Area 11	No Preference	55	1402.24
20129IL0310220	Rating Area 11	No Preference	56	1467.01
20129IL0310220	Rating Area 11	No Preference	57	1532.41
20129IL0310220	Rating Area 11	No Preference	58	1602.21
20129IL0310220	Rating Area 11	No Preference	59	1636.79
20129IL0310220	Rating Area 11	No Preference	60	1706.59
20129IL0310220	Rating Area 11	No Preference	61	1766.95
20129IL0310220	Rating Area 11	No Preference	62	1806.57
20129IL0310220	Rating Area 11	No Preference	63	1856.24
20129IL0310220	Rating Area 11	No Preference	64 and over	1886.42
20129IL0310220	Rating Area 12	No Preference	0-14	513.11
20129IL0310220	Rating Area 12	No Preference	15	558.72

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20129IL0310220	Rating Area 12	No Preference	17	593.60
20129IL0310220	Rating Area 12	No Preference	18	612.38
20129IL0310220	Rating Area 12	No Preference	19	631.16
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20129IL0310220	Rating Area 12	No Preference	21	670.73
20129IL0310220	Rating Area 12	No Preference	22	670.73
20129IL0310220	Rating Area 12	No Preference	23	670.73
20129IL0310220	Rating Area 12	No Preference	24	670.73
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20129IL0310220	Rating Area 12	No Preference	28	729.08
20129IL0310220	Rating Area 12	No Preference	29	750.55
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20129IL0310220	Rating Area 12	No Preference	31	777.38
20129IL0310220	Rating Area 12	No Preference	32	793.47
20129IL0310220	Rating Area 12	No Preference	33	803.53
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20129IL0310220	Rating Area 12	No Preference	35	819.63
20129IL0310220	Rating Area 12	No Preference	36	825.00
20129IL0310220	Rating Area 12	No Preference	37	830.36
20129IL0310220	Rating Area 12	No Preference	38	835.73
20129IL0310220	Rating Area 12	No Preference	39	846.46
20129IL0310220	Rating Area 12	No Preference	40	857.19
20129IL0310220	Rating Area 12	No Preference	41	873.29
20129IL0310220	Rating Area 12	No Preference	42	888.72
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20129IL0310220	Rating Area 12	No Preference	44	937.01
20129IL0310220	Rating Area 12	No Preference	45	968.53
20129IL0310220	Rating Area 12	No Preference	46	1006.09
20129IL0310220	Rating Area 12	No Preference	47	1048.35
20129IL0310220	Rating Area 12	No Preference	48	1096.64
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20129IL0310220	Rating Area 12	No Preference	53	1368.29
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20129IL0310220	Rating Area 12	No Preference	56	1564.81
20129IL0310220	Rating Area 12	No Preference	57	1634.57
20129IL0310220	Rating Area 12	No Preference	58	1709.02
20129IL0310220	Rating Area 12	No Preference	59	1745.91
20129IL0310220	Rating Area 12	No Preference	60	1820.36
20129IL0310220	Rating Area 12	No Preference	61	1884.75
20129IL0310220	Rating Area 12	No Preference	62	1927.01
20129IL0310220	Rating Area 12	No Preference	63	1979.99
20129IL0310220	Rating Area 12	No Preference	64 and over	2012.18

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20129IL0310220	Rating Area 13	No Preference	16	570.16
20129IL0310220	Rating Area 13	No Preference	17	587.41
20129IL0310220	Rating Area 13	No Preference	18	606.00
20129IL0310220	Rating Area 13	No Preference	19	624.58
20129IL0310220	Rating Area 13	No Preference	20	643.83
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20129IL0310220	Rating Area 13	No Preference	23	663.74
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20129IL0310220	Rating Area 13	No Preference	27	695.60
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20129IL0310220	Rating Area 13	No Preference	43	900.70
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20129IL0310220	Rating Area 13	No Preference	46	995.61
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20129IL0310220	Rating Area 13	No Preference	55	1480.15
20129IL0310220	Rating Area 13	No Preference	56	1548.51
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20129IL0310220	Rating Area 13	No Preference	58	1691.22
20129IL0310220	Rating Area 13	No Preference	59	1727.72
20129IL0310220	Rating Area 13	No Preference	60	1801.40
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20129IL0310220	Rating Area 13	No Preference	62	1906.93

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20129IL0310220	Rating Area 13	No Preference	64 and over	1991.22
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20129IL0310222	Rating Area 4	No Preference	17	504.86
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20129IL0310222	Rating Area 4	No Preference	47	891.64
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20129IL0310222	Rating Area 4	No Preference	54	1217.94
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20129IL0310222	Rating Area 4	No Preference	59	1484.92
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20129IL0310222	Rating Area 4	No Preference	63	1684.02
20129IL0310222	Rating Area 4	No Preference	64 and over	1711.39
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20129IL0310222	Rating Area 5	No Preference	61	1959.23
20129IL0310222	Rating Area 5	No Preference	62	2003.16
20129IL0310222	Rating Area 5	No Preference	63	2058.24
20129IL0310222	Rating Area 5	No Preference	64 and over	2091.70
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20129IL0310222	Rating Area 6	No Preference	15	475.20
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20129IL0310222	Rating Area 6	No Preference	23	570.47
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20129IL0310222	Rating Area 6	No Preference	52	1113.55
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20129IL0310222	Rating Area 6	No Preference	54	1217.94
20129IL0310222	Rating Area 6	No Preference	55	1272.14
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20129IL0310222	Rating Area 6	No Preference	63	1684.02
20129IL0310222	Rating Area 6	No Preference	64 and over	1711.39
20129IL0310222	Rating Area 7	No Preference	0-14	455.80
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20129IL0310222	Rating Area 7	No Preference	33	713.79
20129IL0310222	Rating Area 7	No Preference	34	723.33
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20129IL0310222	Rating Area 7	No Preference	36	732.86
20129IL0310222	Rating Area 7	No Preference	37	737.63
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20129IL0310222	Rating Area 7	No Preference	40	761.46
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20129IL0310222	Rating Area 7	No Preference	42	789.46
20129IL0310222	Rating Area 7	No Preference	43	808.53
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20129IL0310222	Rating Area 7	No Preference	45	860.36
20129IL0310222	Rating Area 7	No Preference	46	893.73
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20129IL0310222	Rating Area 7	No Preference	49	1016.47
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20129IL0310222	Rating Area 7	No Preference	53	1215.47
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20129IL0310222	Rating Area 7	No Preference	60	1617.06
20129IL0310222	Rating Area 7	No Preference	61	1674.25
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20129IL0310222	Rating Area 7	No Preference	63	1758.86
20129IL0310222	Rating Area 7	No Preference	64 and over	1787.45
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20129IL0310224	Rating Area 13	No Preference	63	1589.81
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20129IL0310230	Rating Area 8	No Preference	54	879.54
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20129IL0310231	Rating Area 12	No Preference	64 and over	1626.89
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20129IL0310232	Rating Area 9	No Preference	61	1746.52
20129IL0310232	Rating Area 9	No Preference	62	1785.68
20129IL0310232	Rating Area 9	No Preference	63	1834.78
20129IL0310232	Rating Area 9	No Preference	64 and over	1864.60
20129IL0310232	Rating Area 10	No Preference	0-14	548.36
20129IL0310232	Rating Area 10	No Preference	15	597.10
20129IL0310232	Rating Area 10	No Preference	16	615.74
20129IL0310232	Rating Area 10	No Preference	17	634.38

20129IL0310232	Rating Area 10	No Preference	18	654.45
20129IL0310232	Rating Area 10	No Preference	19	674.52
20129IL0310232	Rating Area 10	No Preference	20	695.31
20129IL0310232	Rating Area 10	No Preference	21	716.81
20129IL0310232	Rating Area 10	No Preference	22	716.81
20129IL0310232	Rating Area 10	No Preference	23	716.81
20129IL0310232	Rating Area 10	No Preference	24	716.81
20129IL0310232	Rating Area 10	No Preference	25	719.68
20129IL0310232	Rating Area 10	No Preference	26	734.01
20129IL0310232	Rating Area 10	No Preference	27	751.22
20129IL0310232	Rating Area 10	No Preference	28	779.17
20129IL0310232	Rating Area 10	No Preference	29	802.11
20129IL0310232	Rating Area 10	No Preference	30	813.58
20129IL0310232	Rating Area 10	No Preference	31	830.78
20129IL0310232	Rating Area 10	No Preference	32	847.99
20129IL0310232	Rating Area 10	No Preference	33	858.74
20129IL0310232	Rating Area 10	No Preference	34	870.21
20129IL0310232	Rating Area 10	No Preference	35	875.94
20129IL0310232	Rating Area 10	No Preference	36	881.68
20129IL0310232	Rating Area 10	No Preference	37	887.41
20129IL0310232	Rating Area 10	No Preference	38	893.15
20129IL0310232	Rating Area 10	No Preference	39	904.61
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20129IL0310232	Rating Area 10	No Preference	41	933.29
20129IL0310232	Rating Area 10	No Preference	42	949.77
20129IL0310232	Rating Area 10	No Preference	43	972.71
20129IL0310232	Rating Area 10	No Preference	44	1001.38
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20129IL0310232	Rating Area 10	No Preference	52	1399.21
20129IL0310232	Rating Area 10	No Preference	53	1462.29
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20129IL0310232	Rating Area 10	No Preference	55	1598.49
20129IL0310232	Rating Area 10	No Preference	56	1672.32
20129IL0310232	Rating Area 10	No Preference	57	1746.87
20129IL0310232	Rating Area 10	No Preference	58	1826.43
20129IL0310232	Rating Area 10	No Preference	59	1865.86
20129IL0310232	Rating Area 10	No Preference	60	1945.42
20129IL0310232	Rating Area 10	No Preference	61	2014.24
20129IL0310232	Rating Area 10	No Preference	62	2059.40
20129IL0310232	Rating Area 10	No Preference	63	2116.02
20129IL0310232	Rating Area 10	No Preference	64 and over	2150.42
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20129IL0310232	Rating Area 11	No Preference	15	680.24

20129IL0310232 Rating Area 11	No Preference	16	701.48
20129IL0310232 Rating Area 11	No Preference	17	722.71
20129IL0310232 Rating Area 11	No Preference	18	745.57
20129IL0310232 Rating Area 11	No Preference	19	768.44
20129IL0310232 Rating Area 11	No Preference	20	792.12
20129IL0310232 Rating Area 11	No Preference	21	816.62
20129IL0310232 Rating Area 11	No Preference	22	816.62
20129IL0310232 Rating Area 11	No Preference	23	816.62
20129IL0310232 Rating Area 11	No Preference	24	816.62
20129IL0310232 Rating Area 11	No Preference	25	819.89
20129IL0310232 Rating Area 11	No Preference	26	836.22
20129IL0310232 Rating Area 11	No Preference	27	855.82
20129IL0310232 Rating Area 11	No Preference	28	887.66
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20129IL0310232 Rating Area 11	No Preference	31	946.46
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20129IL0310232 Rating Area 11	No Preference	33	978.31
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20129IL0310232 Rating Area 11	No Preference	56	1905.17
20129IL0310232 Rating Area 11	No Preference	57	1990.10
20129IL0310232 Rating Area 11	No Preference	58	2080.75
20129IL0310232 Rating Area 11	No Preference	59	2125.66
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20129IL0310232 Rating Area 11	No Preference	61	2294.70
20129IL0310232 Rating Area 11	No Preference	62	2346.15
20129IL0310232 Rating Area 11	No Preference	63	2410.66
20129IL0310232 Rating Area 11	No Preference	64 and over	2449.85

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20129IL0310232	Rating Area 12	No Preference	18	795.28
20129IL0310232	Rating Area 12	No Preference	19	819.67
20129IL0310232	Rating Area 12	No Preference	20	844.93
20129IL0310232	Rating Area 12	No Preference	21	871.06
20129IL0310232	Rating Area 12	No Preference	22	871.06
20129IL0310232	Rating Area 12	No Preference	23	871.06
20129IL0310232	Rating Area 12	No Preference	24	871.06
20129IL0310232	Rating Area 12	No Preference	25	874.54
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20129IL0310232	Rating Area 12	No Preference	27	912.87
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20129IL0310232	Rating Area 12	No Preference	54	1859.71
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20129IL0310232	Rating Area 12	No Preference	58	2219.46
20129IL0310232	Rating Area 12	No Preference	59	2267.37
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20129IL0310232	Rating Area 12	No Preference	61	2447.68
20129IL0310232	Rating Area 12	No Preference	62	2502.56

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20129IL0310232	Rating Area 12	No Preference	64 and over	2613.17
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20129IL0310233	Rating Area 6	No Preference	61	2021.42
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20129IL0320113	Rating Area 12	No Preference	34	869.43
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20129IL0320113	Rating Area 12	No Preference	36	880.89
20129IL0320113	Rating Area 12	No Preference	37	886.62
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20129IL0320113	Rating Area 12	No Preference	40	915.26
20129IL0320113	Rating Area 12	No Preference	41	932.45
20129IL0320113	Rating Area 12	No Preference	42	948.92
20129IL0320113	Rating Area 12	No Preference	43	971.84
20129IL0320113	Rating Area 12	No Preference	44	1000.49
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20129IL0320113	Rating Area 12	No Preference	47	1119.37
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20129IL0320113	Rating Area 12	No Preference	49	1221.78
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20129IL0320113	Rating Area 12	No Preference	51	1335.65
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20129IL0320113	Rating Area 12	No Preference	53	1460.98
20129IL0320113	Rating Area 12	No Preference	54	1529.02
20129IL0320113	Rating Area 12	No Preference	55	1597.05
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20129IL0320114	Rating Area 4	No Preference	53	1139.77
20129IL0320114	Rating Area 4	No Preference	54	1192.85
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20129IL0320114	Rating Area 5	No Preference	17	604.34
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20129IL0320114	Rating Area 8	No Preference	62	1221.72
20129IL0320114	Rating Area 8	No Preference	63	1255.31
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20129IL0320114	Rating Area 9	No Preference	36	523.05
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20129IL0320114	Rating Area 9	No Preference	38	529.85
20129IL0320114	Rating Area 9	No Preference	39	536.65
20129IL0320114	Rating Area 9	No Preference	40	543.46
20129IL0320114	Rating Area 9	No Preference	41	553.66
20129IL0320114	Rating Area 9	No Preference	42	563.44
20129IL0320114	Rating Area 9	No Preference	43	577.05
20129IL0320114	Rating Area 9	No Preference	44	594.06
20129IL0320114	Rating Area 9	No Preference	45	614.05
20129IL0320114	Rating Area 9	No Preference	46	637.86
20129IL0320114	Rating Area 9	No Preference	47	664.65
20129IL0320114	Rating Area 9	No Preference	48	695.27
20129IL0320114	Rating Area 9	No Preference	49	725.46
20129IL0320114	Rating Area 9	No Preference	50	759.48
20129IL0320114	Rating Area 9	No Preference	51	793.07
20129IL0320114	Rating Area 9	No Preference	52	830.07
20129IL0320114	Rating Area 9	No Preference	53	867.49
20129IL0320114	Rating Area 9	No Preference	54	907.89
20129IL0320114	Rating Area 9	No Preference	55	948.29
20129IL0320114	Rating Area 9	No Preference	56	992.09
20129IL0320114	Rating Area 9	No Preference	57	1036.31
20129IL0320114	Rating Area 9	No Preference	58	1083.51
20129IL0320114	Rating Area 9	No Preference	59	1106.90
20129IL0320114	Rating Area 9	No Preference	60	1154.10
20129IL0320114	Rating Area 9	No Preference	61	1194.93
20129IL0320114	Rating Area 9	No Preference	62	1221.72
20129IL0320114	Rating Area 9	No Preference	63	1255.31
20129IL0320114	Rating Area 9	No Preference	64 and over	1275.71
20129IL0320114	Rating Area 10	No Preference	0-14	375.17
20129IL0320114	Rating Area 10	No Preference	15	408.52

20129IL0320114 Rating Area 10	No Preference	16	421.27
20129IL0320114 Rating Area 10	No Preference	17	434.02
20129IL0320114 Rating Area 10	No Preference	18	447.76
20129IL0320114 Rating Area 10	No Preference	19	461.49
20129IL0320114 Rating Area 10	No Preference	20	475.71
20129IL0320114 Rating Area 10	No Preference	21	490.42
20129IL0320114 Rating Area 10	No Preference	22	490.42
20129IL0320114 Rating Area 10	No Preference	23	490.42
20129IL0320114 Rating Area 10	No Preference	24	490.42
20129IL0320114 Rating Area 10	No Preference	25	492.39
20129IL0320114 Rating Area 10	No Preference	26	502.19
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20129IL0320114 Rating Area 10	No Preference	28	533.09
20129IL0320114 Rating Area 10	No Preference	29	548.78
20129IL0320114 Rating Area 10	No Preference	30	556.63
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20129IL0320114 Rating Area 10	No Preference	32	580.17
20129IL0320114 Rating Area 10	No Preference	33	587.53
20129IL0320114 Rating Area 10	No Preference	34	595.37
20129IL0320114 Rating Area 10	No Preference	35	599.30
20129IL0320114 Rating Area 10	No Preference	36	603.22
20129IL0320114 Rating Area 10	No Preference	37	607.14
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20129IL0320114 Rating Area 10	No Preference	39	618.91
20129IL0320114 Rating Area 10	No Preference	40	626.76
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20129IL0320114 Rating Area 10	No Preference	45	708.17
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20129IL0320114 Rating Area 10	No Preference	49	836.66
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20129IL0320114 Rating Area 10	No Preference	54	1047.05
20129IL0320114 Rating Area 10	No Preference	55	1093.64
20129IL0320114 Rating Area 10	No Preference	56	1144.16
20129IL0320114 Rating Area 10	No Preference	57	1195.16
20129IL0320114 Rating Area 10	No Preference	58	1249.60
20129IL0320114 Rating Area 10	No Preference	59	1276.57
20129IL0320114 Rating Area 10	No Preference	60	1331.01
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20129IL0320114 Rating Area 10	No Preference	62	1408.99
20129IL0320114 Rating Area 10	No Preference	63	1447.73
20129IL0320114 Rating Area 10	No Preference	64 and over	1471.26

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20129IL0320114	Rating Area 11	No Preference	17	494.46
20129IL0320114	Rating Area 11	No Preference	18	510.10
20129IL0320114	Rating Area 11	No Preference	19	525.75
20129IL0320114	Rating Area 11	No Preference	20	541.95
20129IL0320114	Rating Area 11	No Preference	21	558.71
20129IL0320114	Rating Area 11	No Preference	22	558.71
20129IL0320114	Rating Area 11	No Preference	23	558.71
20129IL0320114	Rating Area 11	No Preference	24	558.71
20129IL0320114	Rating Area 11	No Preference	25	560.94
20129IL0320114	Rating Area 11	No Preference	26	572.12
20129IL0320114	Rating Area 11	No Preference	27	585.53
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20129IL0320114	Rating Area 11	No Preference	29	625.20
20129IL0320114	Rating Area 11	No Preference	30	634.14
20129IL0320114	Rating Area 11	No Preference	31	647.55
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20129IL0320114	Rating Area 11	No Preference	33	669.33
20129IL0320114	Rating Area 11	No Preference	34	678.27
20129IL0320114	Rating Area 11	No Preference	35	682.74
20129IL0320114	Rating Area 11	No Preference	36	687.21
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20129IL0320114	Rating Area 11	No Preference	38	696.15
20129IL0320114	Rating Area 11	No Preference	39	705.09
20129IL0320114	Rating Area 11	No Preference	40	714.03
20129IL0320114	Rating Area 11	No Preference	41	727.44
20129IL0320114	Rating Area 11	No Preference	42	740.29
20129IL0320114	Rating Area 11	No Preference	43	758.17
20129IL0320114	Rating Area 11	No Preference	44	780.52
20129IL0320114	Rating Area 11	No Preference	45	806.78
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20129IL0320114	Rating Area 11	No Preference	47	873.26
20129IL0320114	Rating Area 11	No Preference	48	913.49
20129IL0320114	Rating Area 11	No Preference	49	953.16
20129IL0320114	Rating Area 11	No Preference	50	997.86
20129IL0320114	Rating Area 11	No Preference	51	1041.99
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20129IL0320114	Rating Area 11	No Preference	53	1139.77
20129IL0320114	Rating Area 11	No Preference	54	1192.85
20129IL0320114	Rating Area 11	No Preference	55	1245.92
20129IL0320114	Rating Area 11	No Preference	56	1303.47
20129IL0320114	Rating Area 11	No Preference	57	1361.58
20129IL0320114	Rating Area 11	No Preference	58	1423.59
20129IL0320114	Rating Area 11	No Preference	59	1454.32
20129IL0320114	Rating Area 11	No Preference	60	1516.34
20129IL0320114	Rating Area 11	No Preference	61	1569.98
20129IL0320114	Rating Area 11	No Preference	62	1605.17

20129IL0320114	Rating Area 11	No Preference	63	1649.31
20129IL0320114	Rating Area 11	No Preference	64 and over	1676.12
20129IL0320114	Rating Area 12	No Preference	0-14	455.91
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20129IL0320114	Rating Area 12	No Preference	17	527.42
20129IL0320114	Rating Area 12	No Preference	18	544.11
20129IL0320114	Rating Area 12	No Preference	19	560.80
20129IL0320114	Rating Area 12	No Preference	20	578.08
20129IL0320114	Rating Area 12	No Preference	21	595.96
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20129IL0320114	Rating Area 12	No Preference	25	598.34
20129IL0320114	Rating Area 12	No Preference	26	610.26
20129IL0320114	Rating Area 12	No Preference	27	624.56
20129IL0320114	Rating Area 12	No Preference	28	647.81
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20129IL0320114	Rating Area 12	No Preference	30	676.41
20129IL0320114	Rating Area 12	No Preference	31	690.71
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20129IL0320114	Rating Area 12	No Preference	33	713.96
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20129IL0320114	Rating Area 12	No Preference	36	733.03
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20129IL0320114	Rating Area 12	No Preference	46	893.94
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20129IL0320114	Rating Area 12	No Preference	48	974.39
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20129IL0320114	Rating Area 12	No Preference	50	1064.38
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20129IL0320114	Rating Area 12	No Preference	52	1163.31
20129IL0320114	Rating Area 12	No Preference	53	1215.75
20129IL0320114	Rating Area 12	No Preference	54	1272.37
20129IL0320114	Rating Area 12	No Preference	55	1328.99
20129IL0320114	Rating Area 12	No Preference	56	1390.37
20129IL0320114	Rating Area 12	No Preference	57	1452.35
20129IL0320114	Rating Area 12	No Preference	58	1518.50
20129IL0320114	Rating Area 12	No Preference	59	1551.28
20129IL0320114	Rating Area 12	No Preference	60	1617.43

20129IL0320114	Rating Area 12	No Preference	61	1674.64
20129IL0320114	Rating Area 12	No Preference	62	1712.19
20129IL0320114	Rating Area 12	No Preference	63	1759.27
20129IL0320114	Rating Area 12	No Preference	64 and over	1787.86
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20129IL0320114	Rating Area 13	No Preference	15	491.26
20129IL0320114	Rating Area 13	No Preference	16	506.59
20129IL0320114	Rating Area 13	No Preference	17	521.93
20129IL0320114	Rating Area 13	No Preference	18	538.44
20129IL0320114	Rating Area 13	No Preference	19	554.95
20129IL0320114	Rating Area 13	No Preference	20	572.06
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20129IL0320114	Rating Area 13	No Preference	23	589.75
20129IL0320114	Rating Area 13	No Preference	24	589.75
20129IL0320114	Rating Area 13	No Preference	25	592.11
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20129IL0320114	Rating Area 13	No Preference	27	618.06
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20129IL0320114	Rating Area 13	No Preference	29	659.93
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20129IL0320114	Rating Area 13	No Preference	39	744.26
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20129IL0320114	Rating Area 13	No Preference	42	781.42
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20129IL0320114	Rating Area 13	No Preference	52	1151.19
20129IL0320114	Rating Area 13	No Preference	53	1203.09
20129IL0320114	Rating Area 13	No Preference	54	1259.12
20129IL0320114	Rating Area 13	No Preference	55	1315.14
20129IL0320114	Rating Area 13	No Preference	56	1375.89
20129IL0320114	Rating Area 13	No Preference	57	1437.22
20129IL0320114	Rating Area 13	No Preference	58	1502.68

20129IL0320114	Rating Area 13	No Preference	59	1535.12
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20129IL0320114	Rating Area 13	No Preference	61	1657.20
20129IL0320114	Rating Area 13	No Preference	62	1694.35
20129IL0320114	Rating Area 13	No Preference	63	1740.94
20129IL0320114	Rating Area 13	No Preference	64 and over	1769.24
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20129IL0310225	Rating Area 10	No Preference	17	552.27
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20129IL0310225	Rating Area 10	No Preference	19	587.21
20129IL0310225	Rating Area 10	No Preference	20	605.31
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20129IL0310225	Rating Area 10	No Preference	22	624.03
20129IL0310225	Rating Area 10	No Preference	23	624.03
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20129IL0310225	Rating Area 10	No Preference	25	626.52
20129IL0310225	Rating Area 10	No Preference	26	639.01
20129IL0310225	Rating Area 10	No Preference	27	653.98
20129IL0310225	Rating Area 10	No Preference	28	678.32
20129IL0310225	Rating Area 10	No Preference	29	698.29
20129IL0310225	Rating Area 10	No Preference	30	708.27
20129IL0310225	Rating Area 10	No Preference	31	723.25
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20129IL0310225	Rating Area 10	No Preference	34	757.57
20129IL0310225	Rating Area 10	No Preference	35	762.56
20129IL0310225	Rating Area 10	No Preference	36	767.56
20129IL0310225	Rating Area 10	No Preference	37	772.55
20129IL0310225	Rating Area 10	No Preference	38	777.54
20129IL0310225	Rating Area 10	No Preference	39	787.52
20129IL0310225	Rating Area 10	No Preference	40	797.51
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20129IL0310225	Rating Area 10	No Preference	51	1163.81
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20129IL0310225	Rating Area 10	No Preference	55	1391.58
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20129IL0310225	Rating Area 10	No Preference	62	1792.83
20129IL0310225	Rating Area 10	No Preference	63	1842.13
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20129IL0310226	Rating Area 10	No Preference	17	480.78
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20129IL0310226	Rating Area 10	No Preference	20	526.96
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20129IL0310226	Rating Area 10	No Preference	22	543.26
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20129IL0310226	Rating Area 10	No Preference	28	590.52
20129IL0310226	Rating Area 10	No Preference	29	607.90
20129IL0310226	Rating Area 10	No Preference	30	616.60
20129IL0310226	Rating Area 10	No Preference	31	629.63
20129IL0310226	Rating Area 10	No Preference	32	642.67
20129IL0310226	Rating Area 10	No Preference	33	650.82
20129IL0310226	Rating Area 10	No Preference	34	659.51
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20129IL0310226	Rating Area 10	No Preference	52	1060.44
20129IL0310226	Rating Area 10	No Preference	53	1108.24
20129IL0310226	Rating Area 10	No Preference	54	1159.85

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20129IL0310226	Rating Area 10	No Preference	57	1323.92
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20129IL0310226	Rating Area 10	No Preference	60	1474.40
20129IL0310226	Rating Area 10	No Preference	61	1526.55
20129IL0310226	Rating Area 10	No Preference	62	1560.78
20129IL0310226	Rating Area 10	No Preference	63	1603.69
20129IL0310226	Rating Area 10	No Preference	64 and over	1629.76
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20129IL0310227	Rating Area 10	No Preference	15	421.99
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20129IL0310227	Rating Area 10	No Preference	17	448.33
20129IL0310227	Rating Area 10	No Preference	18	462.51
20129IL0310227	Rating Area 10	No Preference	19	476.70
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20129IL0310227	Rating Area 10	No Preference	23	506.59
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20129IL0310227	Rating Area 10	No Preference	26	518.75
20129IL0310227	Rating Area 10	No Preference	27	530.90
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20129IL0310227	Rating Area 10	No Preference	47	791.80
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20129IL0310227	Rating Area 10	No Preference	53	1033.44
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20129IL0310227	Rating Area 10	No Preference	59	1318.65
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20129IL0310227	Rating Area 10	No Preference	61	1423.51
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20129IL0310227	Rating Area 10	No Preference	64 and over	1519.75
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20129IL0310251	Rating Area 9	No Preference	53	892.49

2025 Rates Table Template v14.0		<i>All fields with an asterisk (*) are required. To validate press Validate button or Ctrl + Shift + I. To finalize, press Finalize button or Ctrl + Shift + F.</i>		
		<i>If you are in a community rating state, select Family-Tier Rates under Rating Method and fill in all columns.</i>		
		<i>If you are not in a community rating state, select Age-Based Rates under Rating Method and provide an Individual Rate for every age band.</i>		
		<i>If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.</i>		
		<i>To add a new sheet, press the Add Sheet button, or Ctrl + Shift + H. All plans must have the same dates on a sheet.</i>		
HIOS Issuer ID*	20129			
Rate Effective Date*	10/1/2025			
Rate Expiration Date*	12/31/2025			
Rating Method*	Age-Based Rates			
Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*
Required: Enter the 14-character Plan ID	Required: Select the Rating Area ID	Required: Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	Required: Select the age of a subscriber eligible for the rate	Required: Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan
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20129IL0310212	Rating Area 5	No Preference	25	854.71
20129IL0310212	Rating Area 5	No Preference	26	871.73
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20129IL0310212	Rating Area 5	No Preference	29	952.60
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20129IL0310212	Rating Area 5	No Preference	33	1019.86
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20129IL0310212	Rating Area 5	No Preference	38	1060.72
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20129IL0310212	Rating Area 5	No Preference	55	1898.40
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20129IL0310212	Rating Area 5	No Preference	63	2513.04
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20129IL0310214	Rating Area 13	No Preference	40	917.82
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20129IL0310214	Rating Area 13	No Preference	50	1282.65
20129IL0310214	Rating Area 13	No Preference	51	1339.38
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20129IL0310215	Rating Area 6	No Preference	62	1887.53
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20129IL0310215	Rating Area 10	No Preference	43	782.57
20129IL0310215	Rating Area 10	No Preference	44	805.64
20129IL0310215	Rating Area 10	No Preference	45	832.74
20129IL0310215	Rating Area 10	No Preference	46	865.04
20129IL0310215	Rating Area 10	No Preference	47	901.37
20129IL0310215	Rating Area 10	No Preference	48	942.89
20129IL0310215	Rating Area 10	No Preference	49	983.84
20129IL0310215	Rating Area 10	No Preference	50	1029.97

20129IL0310215 Rating Area 10	No Preference	51	1075.53
20129IL0310215 Rating Area 10	No Preference	52	1125.70
20129IL0310215 Rating Area 10	No Preference	53	1176.45
20129IL0310215 Rating Area 10	No Preference	54	1231.24
20129IL0310215 Rating Area 10	No Preference	55	1286.02
20129IL0310215 Rating Area 10	No Preference	56	1345.42
20129IL0310215 Rating Area 10	No Preference	57	1405.40
20129IL0310215 Rating Area 10	No Preference	58	1469.41
20129IL0310215 Rating Area 10	No Preference	59	1501.13
20129IL0310215 Rating Area 10	No Preference	60	1565.14
20129IL0310215 Rating Area 10	No Preference	61	1620.50
20129IL0310215 Rating Area 10	No Preference	62	1656.83
20129IL0310215 Rating Area 10	No Preference	63	1702.39
20129IL0310215 Rating Area 10	No Preference	64 and over	1730.06
20129IL0310215 Rating Area 11	No Preference	0-14	502.60
20129IL0310215 Rating Area 11	No Preference	15	547.27
20129IL0310215 Rating Area 11	No Preference	16	564.35
20129IL0310215 Rating Area 11	No Preference	17	581.44
20129IL0310215 Rating Area 11	No Preference	18	599.83
20129IL0310215 Rating Area 11	No Preference	19	618.23
20129IL0310215 Rating Area 11	No Preference	20	637.28
20129IL0310215 Rating Area 11	No Preference	21	656.99
20129IL0310215 Rating Area 11	No Preference	22	656.99
20129IL0310215 Rating Area 11	No Preference	23	656.99
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20129IL0310215 Rating Area 11	No Preference	25	659.62
20129IL0310215 Rating Area 11	No Preference	26	672.76
20129IL0310215 Rating Area 11	No Preference	27	688.53
20129IL0310215 Rating Area 11	No Preference	28	714.15
20129IL0310215 Rating Area 11	No Preference	29	735.17
20129IL0310215 Rating Area 11	No Preference	30	745.68
20129IL0310215 Rating Area 11	No Preference	31	761.45
20129IL0310215 Rating Area 11	No Preference	32	777.22
20129IL0310215 Rating Area 11	No Preference	33	787.07
20129IL0310215 Rating Area 11	No Preference	34	797.59
20129IL0310215 Rating Area 11	No Preference	35	802.84
20129IL0310215 Rating Area 11	No Preference	36	808.10
20129IL0310215 Rating Area 11	No Preference	37	813.35
20129IL0310215 Rating Area 11	No Preference	38	818.61
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20129IL0310215 Rating Area 11	No Preference	40	839.63
20129IL0310215 Rating Area 11	No Preference	41	855.40
20129IL0310215 Rating Area 11	No Preference	42	870.51
20129IL0310215 Rating Area 11	No Preference	43	891.54
20129IL0310215 Rating Area 11	No Preference	44	917.82
20129IL0310215 Rating Area 11	No Preference	45	948.69
20129IL0310215 Rating Area 11	No Preference	46	985.49
20129IL0310215 Rating Area 11	No Preference	47	1026.88
20129IL0310215 Rating Area 11	No Preference	48	1074.18

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20129IL0310215	Rating Area 11	No Preference	50	1173.38
20129IL0310215	Rating Area 11	No Preference	51	1225.29
20129IL0310215	Rating Area 11	No Preference	52	1282.45
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20129IL0310215	Rating Area 11	No Preference	54	1402.67
20129IL0310215	Rating Area 11	No Preference	55	1465.09
20129IL0310215	Rating Area 11	No Preference	56	1532.76
20129IL0310215	Rating Area 11	No Preference	57	1601.09
20129IL0310215	Rating Area 11	No Preference	58	1674.01
20129IL0310215	Rating Area 11	No Preference	59	1710.15
20129IL0310215	Rating Area 11	No Preference	60	1783.07
20129IL0310215	Rating Area 11	No Preference	61	1846.14
20129IL0310215	Rating Area 11	No Preference	62	1887.53
20129IL0310215	Rating Area 11	No Preference	63	1939.44
20129IL0310215	Rating Area 11	No Preference	64 and over	1970.96
20129IL0310215	Rating Area 12	No Preference	0-14	536.10
20129IL0310215	Rating Area 12	No Preference	15	583.76
20129IL0310215	Rating Area 12	No Preference	16	601.98
20129IL0310215	Rating Area 12	No Preference	17	620.20
20129IL0310215	Rating Area 12	No Preference	18	639.82
20129IL0310215	Rating Area 12	No Preference	19	659.44
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20129IL0310215	Rating Area 12	No Preference	25	703.59
20129IL0310215	Rating Area 12	No Preference	26	717.61
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20129IL0310215	Rating Area 12	No Preference	28	761.76
20129IL0310215	Rating Area 12	No Preference	29	784.18
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20129IL0310215	Rating Area 12	No Preference	31	812.22
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20129IL0310215	Rating Area 12	No Preference	33	839.55
20129IL0310215	Rating Area 12	No Preference	34	850.76
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20129IL0310215	Rating Area 12	No Preference	38	873.18
20129IL0310215	Rating Area 12	No Preference	39	884.40
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20129IL0310215	Rating Area 12	No Preference	41	912.43
20129IL0310215	Rating Area 12	No Preference	42	928.55
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20129IL0310215	Rating Area 12	No Preference	44	979.00
20129IL0310215	Rating Area 12	No Preference	45	1011.94
20129IL0310215	Rating Area 12	No Preference	46	1051.18

20129IL0310215	Rating Area 12	No Preference	47	1095.33
20129IL0310215	Rating Area 12	No Preference	48	1145.79
20129IL0310215	Rating Area 12	No Preference	49	1195.55
20129IL0310215	Rating Area 12	No Preference	50	1251.61
20129IL0310215	Rating Area 12	No Preference	51	1306.97
20129IL0310215	Rating Area 12	No Preference	52	1367.94
20129IL0310215	Rating Area 12	No Preference	53	1429.61
20129IL0310215	Rating Area 12	No Preference	54	1496.19
20129IL0310215	Rating Area 12	No Preference	55	1562.76
20129IL0310215	Rating Area 12	No Preference	56	1634.94
20129IL0310215	Rating Area 12	No Preference	57	1707.82
20129IL0310215	Rating Area 12	No Preference	58	1785.61
20129IL0310215	Rating Area 12	No Preference	59	1824.16
20129IL0310215	Rating Area 12	No Preference	60	1901.94
20129IL0310215	Rating Area 12	No Preference	61	1969.22
20129IL0310215	Rating Area 12	No Preference	62	2013.37
20129IL0310215	Rating Area 12	No Preference	63	2068.73
20129IL0310215	Rating Area 12	No Preference	64 and over	2102.36
20129IL0310215	Rating Area 13	No Preference	0-14	530.52
20129IL0310215	Rating Area 13	No Preference	15	577.68
20129IL0310215	Rating Area 13	No Preference	16	595.71
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20129IL0310215	Rating Area 13	No Preference	28	753.82
20129IL0310215	Rating Area 13	No Preference	29	776.02
20129IL0310215	Rating Area 13	No Preference	30	787.11
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20129IL0310215	Rating Area 13	No Preference	32	820.40
20129IL0310215	Rating Area 13	No Preference	33	830.80
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20129IL0310215	Rating Area 13	No Preference	35	847.44
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20129IL0310215	Rating Area 13	No Preference	42	918.87
20129IL0310215	Rating Area 13	No Preference	43	941.07
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20129IL0310215	Rating Area 13	No Preference	48	1133.86
20129IL0310215	Rating Area 13	No Preference	49	1183.09
20129IL0310215	Rating Area 13	No Preference	50	1238.57
20129IL0310215	Rating Area 13	No Preference	51	1293.36
20129IL0310215	Rating Area 13	No Preference	52	1353.69
20129IL0310215	Rating Area 13	No Preference	53	1414.72
20129IL0310215	Rating Area 13	No Preference	54	1480.60
20129IL0310215	Rating Area 13	No Preference	55	1546.48
20129IL0310215	Rating Area 13	No Preference	56	1617.91
20129IL0310215	Rating Area 13	No Preference	57	1690.03
20129IL0310215	Rating Area 13	No Preference	58	1767.01
20129IL0310215	Rating Area 13	No Preference	59	1805.15
20129IL0310215	Rating Area 13	No Preference	60	1882.13
20129IL0310215	Rating Area 13	No Preference	61	1948.71
20129IL0310215	Rating Area 13	No Preference	62	1992.40
20129IL0310215	Rating Area 13	No Preference	63	2047.18
20129IL0310215	Rating Area 13	No Preference	64 and over	2080.46
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20129IL0310217	Rating Area 4	No Preference	16	517.83
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20129IL0310217	Rating Area 4	No Preference	18	550.38
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20129IL0310217	Rating Area 4	No Preference	25	605.24
20129IL0310217	Rating Area 4	No Preference	26	617.29
20129IL0310217	Rating Area 4	No Preference	27	631.76
20129IL0310217	Rating Area 4	No Preference	28	655.27
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20129IL0310217	Rating Area 4	No Preference	30	684.21
20129IL0310217	Rating Area 4	No Preference	31	698.68
20129IL0310217	Rating Area 4	No Preference	32	713.14
20129IL0310217	Rating Area 4	No Preference	33	722.19
20129IL0310217	Rating Area 4	No Preference	34	731.83
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20129IL0310217	Rating Area 4	No Preference	37	746.30
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20129IL0310217	Rating Area 4	No Preference	40	770.41
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20129IL0310217	Rating Area 4	No Preference	43	818.04
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20129IL0310217	Rating Area 4	No Preference	45	870.48
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20129IL0310217	Rating Area 4	No Preference	49	1028.42
20129IL0310217	Rating Area 4	No Preference	50	1076.65
20129IL0310217	Rating Area 4	No Preference	51	1124.27
20129IL0310217	Rating Area 4	No Preference	52	1176.72
20129IL0310217	Rating Area 4	No Preference	53	1229.77
20129IL0310217	Rating Area 4	No Preference	54	1287.04
20129IL0310217	Rating Area 4	No Preference	55	1344.30
20129IL0310217	Rating Area 4	No Preference	56	1406.40
20129IL0310217	Rating Area 4	No Preference	57	1469.09
20129IL0310217	Rating Area 4	No Preference	58	1536.00
20129IL0310217	Rating Area 4	No Preference	59	1569.16
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20129IL0310217	Rating Area 4	No Preference	61	1693.94
20129IL0310217	Rating Area 4	No Preference	62	1731.92
20129IL0310217	Rating Area 4	No Preference	63	1779.55
20129IL0310217	Rating Area 4	No Preference	64 and over	1808.47
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20129IL0310217	Rating Area 5	No Preference	15	613.75
20129IL0310217	Rating Area 5	No Preference	16	632.90
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20129IL0310217	Rating Area 5	No Preference	20	714.69
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20129IL0310217	Rating Area 5	No Preference	25	739.74
20129IL0310217	Rating Area 5	No Preference	26	754.47
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20129IL0310217	Rating Area 5	No Preference	28	800.89
20129IL0310217	Rating Area 5	No Preference	29	824.47
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20129IL0310217	Rating Area 5	No Preference	31	853.94
20129IL0310217	Rating Area 5	No Preference	32	871.62
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20129IL0310217	Rating Area 5	No Preference	35	900.36
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20129IL0310217	Rating Area 5	No Preference	37	912.14
20129IL0310217	Rating Area 5	No Preference	38	918.04
20129IL0310217	Rating Area 5	No Preference	39	929.83
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20129IL0310217 Rating Area 5	No Preference	44	1029.29
20129IL0310217 Rating Area 5	No Preference	45	1063.92
20129IL0310217 Rating Area 5	No Preference	46	1105.18
20129IL0310217 Rating Area 5	No Preference	47	1151.60
20129IL0310217 Rating Area 5	No Preference	48	1204.65
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20129IL0310217 Rating Area 5	No Preference	50	1315.90
20129IL0310217 Rating Area 5	No Preference	51	1374.11
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20129IL0310217 Rating Area 5	No Preference	55	1643.04
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20129IL0310217 Rating Area 5	No Preference	57	1795.55
20129IL0310217 Rating Area 5	No Preference	58	1877.34
20129IL0310217 Rating Area 5	No Preference	59	1917.86
20129IL0310217 Rating Area 5	No Preference	60	1999.64
20129IL0310217 Rating Area 5	No Preference	61	2070.38
20129IL0310217 Rating Area 5	No Preference	62	2116.79
20129IL0310217 Rating Area 5	No Preference	63	2175.00
20129IL0310217 Rating Area 5	No Preference	64 and over	2210.36
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20129IL0310217 Rating Area 6	No Preference	15	502.16
20129IL0310217 Rating Area 6	No Preference	16	517.83
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20129IL0310217 Rating Area 6	No Preference	18	550.38
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20129IL0310217 Rating Area 6	No Preference	23	602.83
20129IL0310217 Rating Area 6	No Preference	24	602.83
20129IL0310217 Rating Area 6	No Preference	25	605.24
20129IL0310217 Rating Area 6	No Preference	26	617.29
20129IL0310217 Rating Area 6	No Preference	27	631.76
20129IL0310217 Rating Area 6	No Preference	28	655.27
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20129IL0310217 Rating Area 6	No Preference	34	731.83
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20129IL0310217 Rating Area 6	No Preference	48	985.62
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20129IL0310217 Rating Area 6	No Preference	52	1176.72
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20129IL0310217 Rating Area 6	No Preference	54	1287.04
20129IL0310217 Rating Area 6	No Preference	55	1344.30
20129IL0310217 Rating Area 6	No Preference	56	1406.40
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20129IL0310217 Rating Area 6	No Preference	62	1731.92
20129IL0310217 Rating Area 6	No Preference	63	1779.55
20129IL0310217 Rating Area 6	No Preference	64 and over	1808.47
20129IL0310217 Rating Area 7	No Preference	0-14	481.66
20129IL0310217 Rating Area 7	No Preference	15	524.47
20129IL0310217 Rating Area 7	No Preference	16	540.84
20129IL0310217 Rating Area 7	No Preference	17	557.21
20129IL0310217 Rating Area 7	No Preference	18	574.84
20129IL0310217 Rating Area 7	No Preference	19	592.47
20129IL0310217 Rating Area 7	No Preference	20	610.73
20129IL0310217 Rating Area 7	No Preference	21	629.62
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20129IL0310217 Rating Area 7	No Preference	24	629.62
20129IL0310217 Rating Area 7	No Preference	25	632.14
20129IL0310217 Rating Area 7	No Preference	26	644.73
20129IL0310217 Rating Area 7	No Preference	27	659.84
20129IL0310217 Rating Area 7	No Preference	28	684.40
20129IL0310217 Rating Area 7	No Preference	29	704.54
20129IL0310217 Rating Area 7	No Preference	30	714.62
20129IL0310217 Rating Area 7	No Preference	31	729.73
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20129IL0310217 Rating Area 7	No Preference	34	764.36
20129IL0310217 Rating Area 7	No Preference	35	769.39
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20129IL0310217 Rating Area 7	No Preference	39	794.58
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20129IL0310217 Rating Area 7	No Preference	41	819.76
20129IL0310217 Rating Area 7	No Preference	42	834.25
20129IL0310217 Rating Area 7	No Preference	43	854.39
20129IL0310217 Rating Area 7	No Preference	44	879.58
20129IL0310217 Rating Area 7	No Preference	45	909.17
20129IL0310217 Rating Area 7	No Preference	46	944.43
20129IL0310217 Rating Area 7	No Preference	47	984.10
20129IL0310217 Rating Area 7	No Preference	48	1029.43
20129IL0310217 Rating Area 7	No Preference	49	1074.13
20129IL0310217 Rating Area 7	No Preference	50	1124.50
20129IL0310217 Rating Area 7	No Preference	51	1174.24
20129IL0310217 Rating Area 7	No Preference	52	1229.02
20129IL0310217 Rating Area 7	No Preference	53	1284.42
20129IL0310217 Rating Area 7	No Preference	54	1344.24
20129IL0310217 Rating Area 7	No Preference	55	1404.05
20129IL0310217 Rating Area 7	No Preference	56	1468.90
20129IL0310217 Rating Area 7	No Preference	57	1534.38
20129IL0310217 Rating Area 7	No Preference	58	1604.27
20129IL0310217 Rating Area 7	No Preference	59	1638.90
20129IL0310217 Rating Area 7	No Preference	60	1708.79
20129IL0310217 Rating Area 7	No Preference	61	1769.23
20129IL0310217 Rating Area 7	No Preference	62	1808.90
20129IL0310217 Rating Area 7	No Preference	63	1858.64
20129IL0310217 Rating Area 7	No Preference	64 and over	1888.85
20129IL0310217 Rating Area 8	No Preference	0-14	351.00
20129IL0310217 Rating Area 8	No Preference	15	382.20
20129IL0310217 Rating Area 8	No Preference	16	394.13
20129IL0310217 Rating Area 8	No Preference	17	406.05
20129IL0310217 Rating Area 8	No Preference	18	418.90
20129IL0310217 Rating Area 8	No Preference	19	431.75
20129IL0310217 Rating Area 8	No Preference	20	445.05
20129IL0310217 Rating Area 8	No Preference	21	458.82
20129IL0310217 Rating Area 8	No Preference	22	458.82
20129IL0310217 Rating Area 8	No Preference	23	458.82
20129IL0310217 Rating Area 8	No Preference	24	458.82
20129IL0310217 Rating Area 8	No Preference	25	460.65
20129IL0310217 Rating Area 8	No Preference	26	469.83
20129IL0310217 Rating Area 8	No Preference	27	480.84
20129IL0310217 Rating Area 8	No Preference	28	498.74
20129IL0310217 Rating Area 8	No Preference	29	513.42
20129IL0310217 Rating Area 8	No Preference	30	520.76
20129IL0310217 Rating Area 8	No Preference	31	531.77
20129IL0310217 Rating Area 8	No Preference	32	542.78
20129IL0310217 Rating Area 8	No Preference	33	549.66
20129IL0310217 Rating Area 8	No Preference	34	557.01

20129IL0310217	Rating Area 8	No Preference	35	560.68
20129IL0310217	Rating Area 8	No Preference	36	564.35
20129IL0310217	Rating Area 8	No Preference	37	568.02
20129IL0310217	Rating Area 8	No Preference	38	571.69
20129IL0310217	Rating Area 8	No Preference	39	579.03
20129IL0310217	Rating Area 8	No Preference	40	586.37
20129IL0310217	Rating Area 8	No Preference	41	597.38
20129IL0310217	Rating Area 8	No Preference	42	607.93
20129IL0310217	Rating Area 8	No Preference	43	622.62
20129IL0310217	Rating Area 8	No Preference	44	640.97
20129IL0310217	Rating Area 8	No Preference	45	662.53
20129IL0310217	Rating Area 8	No Preference	46	688.23
20129IL0310217	Rating Area 8	No Preference	47	717.13
20129IL0310217	Rating Area 8	No Preference	48	750.17
20129IL0310217	Rating Area 8	No Preference	49	782.74
20129IL0310217	Rating Area 8	No Preference	50	819.45
20129IL0310217	Rating Area 8	No Preference	51	855.70
20129IL0310217	Rating Area 8	No Preference	52	895.61
20129IL0310217	Rating Area 8	No Preference	53	935.99
20129IL0310217	Rating Area 8	No Preference	54	979.58
20129IL0310217	Rating Area 8	No Preference	55	1023.17
20129IL0310217	Rating Area 8	No Preference	56	1070.42
20129IL0310217	Rating Area 8	No Preference	57	1118.14
20129IL0310217	Rating Area 8	No Preference	58	1169.07
20129IL0310217	Rating Area 8	No Preference	59	1194.30
20129IL0310217	Rating Area 8	No Preference	60	1245.23
20129IL0310217	Rating Area 8	No Preference	61	1289.28
20129IL0310217	Rating Area 8	No Preference	62	1318.19
20129IL0310217	Rating Area 8	No Preference	63	1354.43
20129IL0310217	Rating Area 8	No Preference	64 and over	1376.45
20129IL0310217	Rating Area 9	No Preference	0-14	351.00
20129IL0310217	Rating Area 9	No Preference	15	382.20
20129IL0310217	Rating Area 9	No Preference	16	394.13
20129IL0310217	Rating Area 9	No Preference	17	406.05
20129IL0310217	Rating Area 9	No Preference	18	418.90
20129IL0310217	Rating Area 9	No Preference	19	431.75
20129IL0310217	Rating Area 9	No Preference	20	445.05
20129IL0310217	Rating Area 9	No Preference	21	458.82
20129IL0310217	Rating Area 9	No Preference	22	458.82
20129IL0310217	Rating Area 9	No Preference	23	458.82
20129IL0310217	Rating Area 9	No Preference	24	458.82
20129IL0310217	Rating Area 9	No Preference	25	460.65
20129IL0310217	Rating Area 9	No Preference	26	469.83
20129IL0310217	Rating Area 9	No Preference	27	480.84
20129IL0310217	Rating Area 9	No Preference	28	498.74
20129IL0310217	Rating Area 9	No Preference	29	513.42
20129IL0310217	Rating Area 9	No Preference	30	520.76
20129IL0310217	Rating Area 9	No Preference	31	531.77
20129IL0310217	Rating Area 9	No Preference	32	542.78

20129IL0310217 Rating Area 9	No Preference	33	549.66
20129IL0310217 Rating Area 9	No Preference	34	557.01
20129IL0310217 Rating Area 9	No Preference	35	560.68
20129IL0310217 Rating Area 9	No Preference	36	564.35
20129IL0310217 Rating Area 9	No Preference	37	568.02
20129IL0310217 Rating Area 9	No Preference	38	571.69
20129IL0310217 Rating Area 9	No Preference	39	579.03
20129IL0310217 Rating Area 9	No Preference	40	586.37
20129IL0310217 Rating Area 9	No Preference	41	597.38
20129IL0310217 Rating Area 9	No Preference	42	607.93
20129IL0310217 Rating Area 9	No Preference	43	622.62
20129IL0310217 Rating Area 9	No Preference	44	640.97
20129IL0310217 Rating Area 9	No Preference	45	662.53
20129IL0310217 Rating Area 9	No Preference	46	688.23
20129IL0310217 Rating Area 9	No Preference	47	717.13
20129IL0310217 Rating Area 9	No Preference	48	750.17
20129IL0310217 Rating Area 9	No Preference	49	782.74
20129IL0310217 Rating Area 9	No Preference	50	819.45
20129IL0310217 Rating Area 9	No Preference	51	855.70
20129IL0310217 Rating Area 9	No Preference	52	895.61
20129IL0310217 Rating Area 9	No Preference	53	935.99
20129IL0310217 Rating Area 9	No Preference	54	979.58
20129IL0310217 Rating Area 9	No Preference	55	1023.17
20129IL0310217 Rating Area 9	No Preference	56	1070.42
20129IL0310217 Rating Area 9	No Preference	57	1118.14
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20129IL0310217 Rating Area 9	No Preference	59	1194.30
20129IL0310217 Rating Area 9	No Preference	60	1245.23
20129IL0310217 Rating Area 9	No Preference	61	1289.28
20129IL0310217 Rating Area 9	No Preference	62	1318.19
20129IL0310217 Rating Area 9	No Preference	63	1354.43
20129IL0310217 Rating Area 9	No Preference	64 and over	1376.45
20129IL0310217 Rating Area 10	No Preference	0-14	404.80
20129IL0310217 Rating Area 10	No Preference	15	440.78
20129IL0310217 Rating Area 10	No Preference	16	454.54
20129IL0310217 Rating Area 10	No Preference	17	468.30
20129IL0310217 Rating Area 10	No Preference	18	483.11
20129IL0310217 Rating Area 10	No Preference	19	497.93
20129IL0310217 Rating Area 10	No Preference	20	513.27
20129IL0310217 Rating Area 10	No Preference	21	529.15
20129IL0310217 Rating Area 10	No Preference	22	529.15
20129IL0310217 Rating Area 10	No Preference	23	529.15
20129IL0310217 Rating Area 10	No Preference	24	529.15
20129IL0310217 Rating Area 10	No Preference	25	531.26
20129IL0310217 Rating Area 10	No Preference	26	541.85
20129IL0310217 Rating Area 10	No Preference	27	554.55
20129IL0310217 Rating Area 10	No Preference	28	575.18
20129IL0310217 Rating Area 10	No Preference	29	592.12
20129IL0310217 Rating Area 10	No Preference	30	600.58

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20129IL0310217 Rating Area 10	No Preference	32	625.98
20129IL0310217 Rating Area 10	No Preference	33	633.92
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20129IL0310217 Rating Area 10	No Preference	35	646.62
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20129IL0310217 Rating Area 10	No Preference	37	655.09
20129IL0310217 Rating Area 10	No Preference	38	659.32
20129IL0310217 Rating Area 10	No Preference	39	667.79
20129IL0310217 Rating Area 10	No Preference	40	676.25
20129IL0310217 Rating Area 10	No Preference	41	688.95
20129IL0310217 Rating Area 10	No Preference	42	701.12
20129IL0310217 Rating Area 10	No Preference	43	718.05
20129IL0310217 Rating Area 10	No Preference	44	739.22
20129IL0310217 Rating Area 10	No Preference	45	764.09
20129IL0310217 Rating Area 10	No Preference	46	793.72
20129IL0310217 Rating Area 10	No Preference	47	827.06
20129IL0310217 Rating Area 10	No Preference	48	865.16
20129IL0310217 Rating Area 10	No Preference	49	902.73
20129IL0310217 Rating Area 10	No Preference	50	945.06
20129IL0310217 Rating Area 10	No Preference	51	986.86
20129IL0310217 Rating Area 10	No Preference	52	1032.90
20129IL0310217 Rating Area 10	No Preference	53	1079.46
20129IL0310217 Rating Area 10	No Preference	54	1129.73
20129IL0310217 Rating Area 10	No Preference	55	1180.00
20129IL0310217 Rating Area 10	No Preference	56	1234.50
20129IL0310217 Rating Area 10	No Preference	57	1289.53
20129IL0310217 Rating Area 10	No Preference	58	1348.27
20129IL0310217 Rating Area 10	No Preference	59	1377.37
20129IL0310217 Rating Area 10	No Preference	60	1436.11
20129IL0310217 Rating Area 10	No Preference	61	1486.91
20129IL0310217 Rating Area 10	No Preference	62	1520.24
20129IL0310217 Rating Area 10	No Preference	63	1562.05
20129IL0310217 Rating Area 10	No Preference	64 and over	1587.43
20129IL0310217 Rating Area 11	No Preference	0-14	461.16
20129IL0310217 Rating Area 11	No Preference	15	502.16
20129IL0310217 Rating Area 11	No Preference	16	517.83
20129IL0310217 Rating Area 11	No Preference	17	533.50
20129IL0310217 Rating Area 11	No Preference	18	550.38
20129IL0310217 Rating Area 11	No Preference	19	567.26
20129IL0310217 Rating Area 11	No Preference	20	584.74
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20129IL0310217 Rating Area 11	No Preference	23	602.83
20129IL0310217 Rating Area 11	No Preference	24	602.83
20129IL0310217 Rating Area 11	No Preference	25	605.24
20129IL0310217 Rating Area 11	No Preference	26	617.29
20129IL0310217 Rating Area 11	No Preference	27	631.76
20129IL0310217 Rating Area 11	No Preference	28	655.27

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20129IL0310217 Rating Area 11	No Preference	31	698.68
20129IL0310217 Rating Area 11	No Preference	32	713.14
20129IL0310217 Rating Area 11	No Preference	33	722.19
20129IL0310217 Rating Area 11	No Preference	34	731.83
20129IL0310217 Rating Area 11	No Preference	35	736.65
20129IL0310217 Rating Area 11	No Preference	36	741.48
20129IL0310217 Rating Area 11	No Preference	37	746.30
20129IL0310217 Rating Area 11	No Preference	38	751.12
20129IL0310217 Rating Area 11	No Preference	39	760.77
20129IL0310217 Rating Area 11	No Preference	40	770.41
20129IL0310217 Rating Area 11	No Preference	41	784.88
20129IL0310217 Rating Area 11	No Preference	42	798.75
20129IL0310217 Rating Area 11	No Preference	43	818.04
20129IL0310217 Rating Area 11	No Preference	44	842.15
20129IL0310217 Rating Area 11	No Preference	45	870.48
20129IL0310217 Rating Area 11	No Preference	46	904.24
20129IL0310217 Rating Area 11	No Preference	47	942.22
20129IL0310217 Rating Area 11	No Preference	48	985.62
20129IL0310217 Rating Area 11	No Preference	49	1028.42
20129IL0310217 Rating Area 11	No Preference	50	1076.65
20129IL0310217 Rating Area 11	No Preference	51	1124.27
20129IL0310217 Rating Area 11	No Preference	52	1176.72
20129IL0310217 Rating Area 11	No Preference	53	1229.77
20129IL0310217 Rating Area 11	No Preference	54	1287.04
20129IL0310217 Rating Area 11	No Preference	55	1344.30
20129IL0310217 Rating Area 11	No Preference	56	1406.40
20129IL0310217 Rating Area 11	No Preference	57	1469.09
20129IL0310217 Rating Area 11	No Preference	58	1536.00
20129IL0310217 Rating Area 11	No Preference	59	1569.16
20129IL0310217 Rating Area 11	No Preference	60	1636.07
20129IL0310217 Rating Area 11	No Preference	61	1693.94
20129IL0310217 Rating Area 11	No Preference	62	1731.92
20129IL0310217 Rating Area 11	No Preference	63	1779.55
20129IL0310217 Rating Area 11	No Preference	64 and over	1808.47
20129IL0310217 Rating Area 12	No Preference	0-14	491.91
20129IL0310217 Rating Area 12	No Preference	15	535.63
20129IL0310217 Rating Area 12	No Preference	16	552.35
20129IL0310217 Rating Area 12	No Preference	17	569.07
20129IL0310217 Rating Area 12	No Preference	18	587.07
20129IL0310217 Rating Area 12	No Preference	19	605.08
20129IL0310217 Rating Area 12	No Preference	20	623.73
20129IL0310217 Rating Area 12	No Preference	21	643.02
20129IL0310217 Rating Area 12	No Preference	22	643.02
20129IL0310217 Rating Area 12	No Preference	23	643.02
20129IL0310217 Rating Area 12	No Preference	24	643.02
20129IL0310217 Rating Area 12	No Preference	25	645.59
20129IL0310217 Rating Area 12	No Preference	26	658.45

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20129IL0310217	Rating Area 12	No Preference	28	698.96
20129IL0310217	Rating Area 12	No Preference	29	719.53
20129IL0310217	Rating Area 12	No Preference	30	729.82
20129IL0310217	Rating Area 12	No Preference	31	745.26
20129IL0310217	Rating Area 12	No Preference	32	760.69
20129IL0310217	Rating Area 12	No Preference	33	770.33
20129IL0310217	Rating Area 12	No Preference	34	780.62
20129IL0310217	Rating Area 12	No Preference	35	785.77
20129IL0310217	Rating Area 12	No Preference	36	790.91
20129IL0310217	Rating Area 12	No Preference	37	796.05
20129IL0310217	Rating Area 12	No Preference	38	801.20
20129IL0310217	Rating Area 12	No Preference	39	811.49
20129IL0310217	Rating Area 12	No Preference	40	821.77
20129IL0310217	Rating Area 12	No Preference	41	837.21
20129IL0310217	Rating Area 12	No Preference	42	852.00
20129IL0310217	Rating Area 12	No Preference	43	872.57
20129IL0310217	Rating Area 12	No Preference	44	898.29
20129IL0310217	Rating Area 12	No Preference	45	928.51
20129IL0310217	Rating Area 12	No Preference	46	964.52
20129IL0310217	Rating Area 12	No Preference	47	1005.03
20129IL0310217	Rating Area 12	No Preference	48	1051.33
20129IL0310217	Rating Area 12	No Preference	49	1096.98
20129IL0310217	Rating Area 12	No Preference	50	1148.43
20129IL0310217	Rating Area 12	No Preference	51	1199.22
20129IL0310217	Rating Area 12	No Preference	52	1255.17
20129IL0310217	Rating Area 12	No Preference	53	1311.75
20129IL0310217	Rating Area 12	No Preference	54	1372.84
20129IL0310217	Rating Area 12	No Preference	55	1433.92
20129IL0310217	Rating Area 12	No Preference	56	1500.16
20129IL0310217	Rating Area 12	No Preference	57	1567.03
20129IL0310217	Rating Area 12	No Preference	58	1638.40
20129IL0310217	Rating Area 12	No Preference	59	1673.77
20129IL0310217	Rating Area 12	No Preference	60	1745.14
20129IL0310217	Rating Area 12	No Preference	61	1806.87
20129IL0310217	Rating Area 12	No Preference	62	1847.38
20129IL0310217	Rating Area 12	No Preference	63	1898.18
20129IL0310217	Rating Area 12	No Preference	64 and over	1929.04
20129IL0310217	Rating Area 13	No Preference	0-14	486.78
20129IL0310217	Rating Area 13	No Preference	15	530.05
20129IL0310217	Rating Area 13	No Preference	16	546.60
20129IL0310217	Rating Area 13	No Preference	17	563.14
20129IL0310217	Rating Area 13	No Preference	18	580.96
20129IL0310217	Rating Area 13	No Preference	19	598.77
20129IL0310217	Rating Area 13	No Preference	20	617.23
20129IL0310217	Rating Area 13	No Preference	21	636.32
20129IL0310217	Rating Area 13	No Preference	22	636.32
20129IL0310217	Rating Area 13	No Preference	23	636.32
20129IL0310217	Rating Area 13	No Preference	24	636.32

20129IL0310217	Rating Area 13	No Preference	25	638.86
20129IL0310217	Rating Area 13	No Preference	26	651.59
20129IL0310217	Rating Area 13	No Preference	27	666.86
20129IL0310217	Rating Area 13	No Preference	28	691.68
20129IL0310217	Rating Area 13	No Preference	29	712.04
20129IL0310217	Rating Area 13	No Preference	30	722.22
20129IL0310217	Rating Area 13	No Preference	31	737.49
20129IL0310217	Rating Area 13	No Preference	32	752.76
20129IL0310217	Rating Area 13	No Preference	33	762.31
20129IL0310217	Rating Area 13	No Preference	34	772.49
20129IL0310217	Rating Area 13	No Preference	35	777.58
20129IL0310217	Rating Area 13	No Preference	36	782.67
20129IL0310217	Rating Area 13	No Preference	37	787.76
20129IL0310217	Rating Area 13	No Preference	38	792.85
20129IL0310217	Rating Area 13	No Preference	39	803.03
20129IL0310217	Rating Area 13	No Preference	40	813.21
20129IL0310217	Rating Area 13	No Preference	41	828.49
20129IL0310217	Rating Area 13	No Preference	42	843.12
20129IL0310217	Rating Area 13	No Preference	43	863.48
20129IL0310217	Rating Area 13	No Preference	44	888.94
20129IL0310217	Rating Area 13	No Preference	45	918.84
20129IL0310217	Rating Area 13	No Preference	46	954.48
20129IL0310217	Rating Area 13	No Preference	47	994.56
20129IL0310217	Rating Area 13	No Preference	48	1040.38
20129IL0310217	Rating Area 13	No Preference	49	1085.56
20129IL0310217	Rating Area 13	No Preference	50	1136.46
20129IL0310217	Rating Area 13	No Preference	51	1186.73
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20129IL0310217	Rating Area 13	No Preference	53	1298.09
20129IL0310217	Rating Area 13	No Preference	54	1358.54
20129IL0310217	Rating Area 13	No Preference	55	1418.99
20129IL0310217	Rating Area 13	No Preference	56	1484.53
20129IL0310217	Rating Area 13	No Preference	57	1550.71
20129IL0310217	Rating Area 13	No Preference	58	1621.34
20129IL0310217	Rating Area 13	No Preference	59	1656.33
20129IL0310217	Rating Area 13	No Preference	60	1726.97
20129IL0310217	Rating Area 13	No Preference	61	1788.05
20129IL0310217	Rating Area 13	No Preference	62	1828.14
20129IL0310217	Rating Area 13	No Preference	63	1878.41
20129IL0310217	Rating Area 13	No Preference	64 and over	1908.94
20129IL0310218	Rating Area 4	No Preference	0-14	451.50
20129IL0310218	Rating Area 4	No Preference	15	491.64
20129IL0310218	Rating Area 4	No Preference	16	506.98
20129IL0310218	Rating Area 4	No Preference	17	522.33
20129IL0310218	Rating Area 4	No Preference	18	538.85
20129IL0310218	Rating Area 4	No Preference	19	555.38
20129IL0310218	Rating Area 4	No Preference	20	572.50
20129IL0310218	Rating Area 4	No Preference	21	590.20
20129IL0310218	Rating Area 4	No Preference	22	590.20

20129IL0310218	Rating Area 4	No Preference	23	590.20
20129IL0310218	Rating Area 4	No Preference	24	590.20
20129IL0310218	Rating Area 4	No Preference	25	592.56
20129IL0310218	Rating Area 4	No Preference	26	604.37
20129IL0310218	Rating Area 4	No Preference	27	618.53
20129IL0310218	Rating Area 4	No Preference	28	641.55
20129IL0310218	Rating Area 4	No Preference	29	660.44
20129IL0310218	Rating Area 4	No Preference	30	669.88
20129IL0310218	Rating Area 4	No Preference	31	684.04
20129IL0310218	Rating Area 4	No Preference	32	698.21
20129IL0310218	Rating Area 4	No Preference	33	707.06
20129IL0310218	Rating Area 4	No Preference	34	716.51
20129IL0310218	Rating Area 4	No Preference	35	721.23
20129IL0310218	Rating Area 4	No Preference	36	725.95
20129IL0310218	Rating Area 4	No Preference	37	730.67
20129IL0310218	Rating Area 4	No Preference	38	735.39
20129IL0310218	Rating Area 4	No Preference	39	744.84
20129IL0310218	Rating Area 4	No Preference	40	754.28
20129IL0310218	Rating Area 4	No Preference	41	768.44
20129IL0310218	Rating Area 4	No Preference	42	782.02
20129IL0310218	Rating Area 4	No Preference	43	800.90
20129IL0310218	Rating Area 4	No Preference	44	824.51
20129IL0310218	Rating Area 4	No Preference	45	852.25
20129IL0310218	Rating Area 4	No Preference	46	885.30
20129IL0310218	Rating Area 4	No Preference	47	922.49
20129IL0310218	Rating Area 4	No Preference	48	964.98
20129IL0310218	Rating Area 4	No Preference	49	1006.89
20129IL0310218	Rating Area 4	No Preference	50	1054.10
20129IL0310218	Rating Area 4	No Preference	51	1100.73
20129IL0310218	Rating Area 4	No Preference	52	1152.08
20129IL0310218	Rating Area 4	No Preference	53	1204.01
20129IL0310218	Rating Area 4	No Preference	54	1260.08
20129IL0310218	Rating Area 4	No Preference	55	1316.15
20129IL0310218	Rating Area 4	No Preference	56	1376.94
20129IL0310218	Rating Area 4	No Preference	57	1438.32
20129IL0310218	Rating Area 4	No Preference	58	1503.84
20129IL0310218	Rating Area 4	No Preference	59	1536.30
20129IL0310218	Rating Area 4	No Preference	60	1601.81
20129IL0310218	Rating Area 4	No Preference	61	1658.47
20129IL0310218	Rating Area 4	No Preference	62	1695.65
20129IL0310218	Rating Area 4	No Preference	63	1742.28
20129IL0310218	Rating Area 4	No Preference	64 and over	1770.60
20129IL0310218	Rating Area 5	No Preference	0-14	551.84
20129IL0310218	Rating Area 5	No Preference	15	600.89
20129IL0310218	Rating Area 5	No Preference	16	619.65
20129IL0310218	Rating Area 5	No Preference	17	638.40
20129IL0310218	Rating Area 5	No Preference	18	658.60
20129IL0310218	Rating Area 5	No Preference	19	678.80
20129IL0310218	Rating Area 5	No Preference	20	699.72

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20129IL0310218	Rating Area 5	No Preference	24	721.36
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20129IL0310218	Rating Area 5	No Preference	26	738.67
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20129IL0310218	Rating Area 5	No Preference	28	784.12
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20129IL0310218	Rating Area 5	No Preference	32	853.37
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20129IL0310218	Rating Area 5	No Preference	35	881.50
20129IL0310218	Rating Area 5	No Preference	36	887.27
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20129IL0310218	Rating Area 5	No Preference	38	898.81
20129IL0310218	Rating Area 5	No Preference	39	910.35
20129IL0310218	Rating Area 5	No Preference	40	921.90
20129IL0310218	Rating Area 5	No Preference	41	939.21
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20129IL0310218	Rating Area 5	No Preference	43	978.88
20129IL0310218	Rating Area 5	No Preference	44	1007.74
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20129IL0310218	Rating Area 5	No Preference	47	1127.48
20129IL0310218	Rating Area 5	No Preference	48	1179.42
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20129IL0310218	Rating Area 5	No Preference	50	1288.35
20129IL0310218	Rating Area 5	No Preference	51	1345.33
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20129IL0310218	Rating Area 5	No Preference	54	1540.10
20129IL0310218	Rating Area 5	No Preference	55	1608.63
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20129IL0310218	Rating Area 7	No Preference	23	616.43
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20129IL0310218	Rating Area 12	No Preference	37	779.38
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20129IL0310219	Rating Area 9	No Preference	25	565.57
20129IL0310219	Rating Area 9	No Preference	26	576.83
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20129IL0310219	Rating Area 9	No Preference	28	612.32
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20129IL0310219	Rating Area 9	No Preference	30	639.36
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20129IL0310219	Rating Area 9	No Preference	34	683.86
20129IL0310219	Rating Area 9	No Preference	35	688.37
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20129IL0310219	Rating Area 9	No Preference	37	697.38
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20129IL0310219	Rating Area 9	No Preference	50	1006.08
20129IL0310219	Rating Area 9	No Preference	51	1050.58
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20129IL0310219	Rating Area 9	No Preference	54	1202.67
20129IL0310219	Rating Area 9	No Preference	55	1256.19
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20129IL0310219	Rating Area 9	No Preference	57	1372.79
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20129IL0310219	Rating Area 9	No Preference	60	1528.83
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20129IL0310219	Rating Area 9	No Preference	64 and over	1689.93
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20129IL0310220	Rating Area 13	No Preference	31	784.16
20129IL0310220	Rating Area 13	No Preference	32	800.40
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20129IL0310220	Rating Area 13	No Preference	35	826.79
20129IL0310220	Rating Area 13	No Preference	36	832.20
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20129IL0310220	Rating Area 13	No Preference	39	853.85
20129IL0310220	Rating Area 13	No Preference	40	864.68
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20129IL0310220	Rating Area 13	No Preference	42	896.48
20129IL0310220	Rating Area 13	No Preference	43	918.13
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20129IL0310220	Rating Area 13	No Preference	46	1014.88
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20129IL0310220	Rating Area 13	No Preference	50	1208.38
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20129IL0310220	Rating Area 13	No Preference	54	1444.51
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20129IL0310220	Rating Area 13	No Preference	57	1648.84
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20129IL0310222	Rating Area 4	No Preference	54	1241.51
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20129IL0310222	Rating Area 10	No Preference	0-14	390.48
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20129IL0310222	Rating Area 10	No Preference	17	451.73
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20129IL0310230	Rating Area 4	No Preference	54	1177.96
20129IL0310230	Rating Area 4	No Preference	55	1230.38
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20129IL0310230	Rating Area 4	No Preference	57	1344.59
20129IL0310230	Rating Area 4	No Preference	58	1405.83
20129IL0310230	Rating Area 4	No Preference	59	1436.18
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20129IL0310230	Rating Area 4	No Preference	62	1585.15
20129IL0310230	Rating Area 4	No Preference	63	1628.73
20129IL0310230	Rating Area 4	No Preference	64 and over	1655.21
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20129IL0310230	Rating Area 5	No Preference	62	1937.40
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20129IL0310230	Rating Area 6	No Preference	63	1628.73
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20129IL0310230	Rating Area 8	No Preference	64 and over	1259.79
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20129IL0310231	Rating Area 8	No Preference	62	1133.23
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20129IL0310231	Rating Area 8	No Preference	64 and over	1183.31
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20129IL0310232	Rating Area 5	No Preference	64 and over	3052.20
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20129IL0310232	Rating Area 6	No Preference	20	807.45
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20129IL0310233	Rating Area 10	No Preference	16	552.91
20129IL0310233	Rating Area 10	No Preference	17	569.64
20129IL0310233	Rating Area 10	No Preference	18	587.66
20129IL0310233	Rating Area 10	No Preference	19	605.69
20129IL0310233	Rating Area 10	No Preference	20	624.35
20129IL0310233	Rating Area 10	No Preference	21	643.66
20129IL0310233	Rating Area 10	No Preference	22	643.66
20129IL0310233	Rating Area 10	No Preference	23	643.66
20129IL0310233	Rating Area 10	No Preference	24	643.66
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20129IL0310233	Rating Area 10	No Preference	26	659.11
20129IL0310233	Rating Area 10	No Preference	27	674.56
20129IL0310233	Rating Area 10	No Preference	28	699.66
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20129IL0310233	Rating Area 10	No Preference	30	730.56
20129IL0310233	Rating Area 10	No Preference	31	746.00
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20129IL0310233	Rating Area 10	No Preference	33	771.11
20129IL0310233	Rating Area 10	No Preference	34	781.41
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20129IL0310233	Rating Area 10	No Preference	36	791.70
20129IL0310233	Rating Area 10	No Preference	37	796.85
20129IL0310233	Rating Area 10	No Preference	38	802.00
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20129IL0310233	Rating Area 10	No Preference	40	822.60
20129IL0310233	Rating Area 10	No Preference	41	838.05
20129IL0310233	Rating Area 10	No Preference	42	852.85
20129IL0310233	Rating Area 10	No Preference	43	873.45
20129IL0310233	Rating Area 10	No Preference	44	899.20
20129IL0310233	Rating Area 10	No Preference	45	929.45
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20129IL0310233	Rating Area 10	No Preference	50	1149.58
20129IL0310233	Rating Area 10	No Preference	51	1200.43
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20129IL0310233	Rating Area 10	No Preference	53	1313.07
20129IL0310233	Rating Area 10	No Preference	54	1374.22
20129IL0310233	Rating Area 10	No Preference	55	1435.37
20129IL0310233	Rating Area 10	No Preference	56	1501.66
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20129IL0310233	Rating Area 10	No Preference	58	1640.05
20129IL0310233	Rating Area 10	No Preference	59	1675.45
20129IL0310233	Rating Area 10	No Preference	60	1746.90
20129IL0310233	Rating Area 10	No Preference	61	1808.69
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20129IL0310233	Rating Area 11	No Preference	55	1635.23
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20129IL0320114	Rating Area 5	No Preference	37	861.75
20129IL0320114	Rating Area 5	No Preference	38	867.32
20129IL0320114	Rating Area 5	No Preference	39	878.46
20129IL0320114	Rating Area 5	No Preference	40	889.59
20129IL0320114	Rating Area 5	No Preference	41	906.30
20129IL0320114	Rating Area 5	No Preference	42	922.31
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20129IL0320114	Rating Area 5	No Preference	44	972.43
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20129IL0320114	Rating Area 5	No Preference	49	1187.52
20129IL0320114	Rating Area 5	No Preference	50	1243.20
20129IL0320114	Rating Area 5	No Preference	51	1298.19
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20129IL0320114	Rating Area 5	No Preference	53	1420.01
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20129IL0320114	Rating Area 5	No Preference	55	1552.26
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20129IL0320114	Rating Area 8	No Preference	62	1245.36
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20129IL0320114	Rating Area 12	No Preference	45	877.22
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20129IL0320115	Rating Area 10	No Preference	53	1316.27
20129IL0320115	Rating Area 10	No Preference	54	1377.57
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20129IL0320115	Rating Area 10	No Preference	56	1505.33
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20129IL0320115	Rating Area 10	No Preference	58	1644.05
20129IL0320115	Rating Area 10	No Preference	59	1679.54
20129IL0320115	Rating Area 10	No Preference	60	1751.16
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20129IL0320115	Rating Area 10	No Preference	63	1904.72
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20129IL0320116	Rating Area 10	No Preference	15	445.26
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20129IL0320116	Rating Area 10	No Preference	23	534.53
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20129IL0320116	Rating Area 10	No Preference	37	661.75
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20129IL0320116	Rating Area 10	No Preference	40	683.13
20129IL0320116	Rating Area 10	No Preference	41	695.96
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20129IL0320116	Rating Area 10	No Preference	63	1577.94
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20129IL0320119	Rating Area 10	No Preference	62	1150.73
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20129IL0310234	Rating Area 7	No Preference	62	1318.57
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20129IL0310234	Rating Area 7	No Preference	64 and over	1376.85
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2025 Business Rules Template v14.0		All fields with an asterisk (*) are required. To validate the template, press Validate button or Ctrl + Shift + I. To finalize the template, press Finalize button or Ctrl + Shift + F.					
		Enter the Issuer Rule on the first row (no Product ID or Plan ID).					
		For each Product rule, enter only the Product ID and the business rules that differ from the Issuer Rule.					
		For each Plan rule, enter only the Plan ID and the business rules that differ from the Product or Issuer Rule.					
		Issuer level rule will apply only to plan type indicated in cell C10.					
HIOS Issuer ID*	20129						
Medical, Dental, or Both?*	Medical						
Product ID	Plan ID (Standard Component)	Medical or Dental Rule?*	What is the maximum number of rated underage dependents on this policy?	Is there a maximum age for a dependent?	How is age determined for rating and eligibility purposes?	How is tobacco status determined for subscribers and dependents?	What relationships between primary and dependent are allowed, and is the dependent required to live in the same household as the primary subscriber?
		Medical	3	25	Age on effective date	6	Self, Yes; Spouse, No; Child, No; Stepson or Stepdaughter, No; Foster Child, No; Ward, No; Other Relationship, No
20129IL032		Medical	3	25	Age on effective date	Not Applicable	Self, Yes; Spouse, No; Child, No; Stepson or Stepdaughter, No; Foster Child, No; Ward, No; Other Relationship, No
20129IL031		Medical	3	25	Age on effective date	Not Applicable	Self, Yes; Spouse, No; Child, No; Stepson or Stepdaughter, No; Foster Child, No; Ward, No; Other Relationship, No
20129IL035		Medical	3	25	Age on effective date	Not Applicable	Self, Yes; Spouse, No; Child, No; Stepson or Stepdaughter, No; Foster Child, No; Ward, No; Other Relationship, No

2025 Service Area v14.0

All fields with an asterisk (*) are required

To validate, press the Validate button or Ctrl + Shift + I. To finalize, press the Finalize button or Ctrl + Shift + F

Click Create Service Area IDs button (or Ctrl + Shift + R) to Create Service Area IDs based on your state

Service Area IDs will populate in the drop-down box in Service Area ID column

For each row, enter one County for that Service Area ID (unless the Service Area covers entire state)

HIOS Issuer ID: *	20129
Issuer State: *	IL

Service Area ID*	Service Area Name*	State*	County Name		Partial County
			Required: Does this Service Area cover the entire state?	Required if State is "No": Select the County - FIPS this Service Area covers	
Required: Enter the Service Area ID	Required: Enter the Service Area Name		Required if State is "No": Does this Service Area include a partial county?		
ILS002	2025 Health Alliance Small Group	No		Kendall - 17093	No
ILS002	2025 Health Alliance Small Group	No		Grundy - 17063	No
ILS002	2025 Health Alliance Small Group	No		Kankakee - 17091	No
ILS002	2025 Health Alliance Small Group	No		Will - 17197	No
ILS002	2025 Health Alliance Small Group	No		Stephenson - 17177	No
ILS002	2025 Health Alliance Small Group	No		Winnebago - 17201	No
ILS002	2025 Health Alliance Small Group	No		Boone - 17007	No
ILS002	2025 Health Alliance Small Group	No		Carroll - 17015	No
ILS002	2025 Health Alliance Small Group	No		Ogle - 17141	No
ILS002	2025 Health Alliance Small Group	No		Lee - 17103	No
ILS002	2025 Health Alliance Small Group	No		Dekalb - 17037	No
ILS002	2025 Health Alliance Small Group	No		Whiteside - 17195	No
ILS002	2025 Health Alliance Small Group	No		Bureau - 17011	No
ILS002	2025 Health Alliance Small Group	No		Henry - 17073	No
ILS002	2025 Health Alliance Small Group	No		Rock Island - 17161	No
ILS002	2025 Health Alliance Small Group	No		Mercer - 17131	No
ILS002	2025 Health Alliance Small Group	No		Warren - 17187	No
ILS002	2025 Health Alliance Small Group	No		Henderson - 17071	No
ILS002	2025 Health Alliance Small Group	No		Hancock - 17067	No
ILS002	2025 Health Alliance Small Group	No		Livingston - 17105	No
ILS002	2025 Health Alliance Small Group	No		McLean - 17113	No
ILS002	2025 Health Alliance Small Group	No		Dewitt - 17039	No
ILS002	2025 Health Alliance Small Group	No		Iroquois - 17075	No
ILS002	2025 Health Alliance Small Group	No		Ford - 17053	No
ILS002	2025 Health Alliance Small Group	No		Champaign - 17019	No
ILS002	2025 Health Alliance Small Group	No		Vermilion - 17183	No
ILS002	2025 Health Alliance Small Group	No		Piatt - 17147	No
ILS002	2025 Health Alliance Small Group	No		Douglas - 17041	No
ILS002	2025 Health Alliance Small Group	No		Coles - 17029	No
ILS002	2025 Health Alliance Small Group	No		Edgar - 17045	No
ILS002	2025 Health Alliance Small Group	No		Clark - 17023	No
ILS002	2025 Health Alliance Small Group	No		Cumberland - 17035	No
ILS002	2025 Health Alliance Small Group	No		Adams - 17001	No
ILS002	2025 Health Alliance Small Group	No		Schuyler - 17169	No
ILS002	2025 Health Alliance Small Group	No		Brown - 17009	No
ILS002	2025 Health Alliance Small Group	No		Pike - 17149	No
ILS002	2025 Health Alliance Small Group	No		Cass - 17017	No
ILS002	2025 Health Alliance Small Group	No		Scott - 17171	No
ILS002	2025 Health Alliance Small Group	No		Morgan - 17137	No
ILS002	2025 Health Alliance Small Group	No		Mason - 17125	No
ILS002	2025 Health Alliance Small Group	No		Menard - 17129	No
ILS002	2025 Health Alliance Small Group	No		Sangamon - 17167	No
ILS002	2025 Health Alliance Small Group	No		Logan - 17107	No
ILS002	2025 Health Alliance Small Group	No		Macon - 17115	No
ILS002	2025 Health Alliance Small Group	No		Christian - 17021	No
ILS002	2025 Health Alliance Small Group	No		Moultrie - 17139	No
ILS002	2025 Health Alliance Small Group	No		Shelby - 17173	No
ILS002	2025 Health Alliance Small Group	No		Calhoun - 17013	No
ILS002	2025 Health Alliance Small Group	No		Greene - 17061	No
ILS002	2025 Health Alliance Small Group	No		Jersey - 17083	No
ILS002	2025 Health Alliance Small Group	No		Macoupin - 17117	No
ILS002	2025 Health Alliance Small Group	No		Montgomery - 17135	No
ILS002	2025 Health Alliance Small Group	No		Bond - 17005	No
ILS002	2025 Health Alliance Small Group	No		Clinton - 17027	No
ILS002	2025 Health Alliance Small Group	No		Washington - 17189	No
ILS002	2025 Health Alliance Small Group	No		Randolph - 17157	No
ILS002	2025 Health Alliance Small Group	No		Fayette - 17051	No
ILS002	2025 Health Alliance Small Group	No		Effingham - 17049	No
ILS002	2025 Health Alliance Small Group	No		Jasper - 17079	No
ILS002	2025 Health Alliance Small Group	No		Crawford - 17033	No
ILS002	2025 Health Alliance Small Group	No		Marion - 17121	No
ILS002	2025 Health Alliance Small Group	No		Clay - 17025	No
ILS002	2025 Health Alliance Small Group	No		Richland - 17159	No
ILS002	2025 Health Alliance Small Group	No		Lawrence - 17101	No

ILS002 2025 Health Alliance Small Group	No	Edwards - 17047	No
ILS002 2025 Health Alliance Small Group	No	Wabash - 17185	No
ILS002 2025 Health Alliance Small Group	No	Wayne - 17191	No
ILS002 2025 Health Alliance Small Group	No	Jefferson - 17081	No
ILS002 2025 Health Alliance Small Group	No	Perry - 17145	No
ILS002 2025 Health Alliance Small Group	No	Jackson - 17077	No
ILS002 2025 Health Alliance Small Group	No	Franklin - 17055	No
ILS002 2025 Health Alliance Small Group	No	Williamson - 17199	No
ILS002 2025 Health Alliance Small Group	No	Hamilton - 17065	No
ILS002 2025 Health Alliance Small Group	No	White - 17193	No
ILS002 2025 Health Alliance Small Group	No	Saline - 17165	No
ILS002 2025 Health Alliance Small Group	No	Gallatin - 17059	No
ILS002 2025 Health Alliance Small Group	No	Union - 17181	No
ILS002 2025 Health Alliance Small Group	No	Johnson - 17087	No
ILS002 2025 Health Alliance Small Group	No	Pope - 17151	No
ILS002 2025 Health Alliance Small Group	No	Hardin - 17069	No
ILS002 2025 Health Alliance Small Group	No	Alexander - 17003	No
ILS002 2025 Health Alliance Small Group	No	Pulaski - 17153	No
ILS002 2025 Health Alliance Small Group	No	Massac - 17127	No
ILS002 2025 Health Alliance Small Group	No	La Salle - 17099	No
ILS002 2025 Health Alliance Small Group	No	Putnam - 17155	No
ILS002 2025 Health Alliance Small Group	No	Marshall - 17123	No
ILS002 2025 Health Alliance Small Group	No	Woodford - 17203	No
ILS002 2025 Health Alliance Small Group	No	Stark - 17175	No
ILS002 2025 Health Alliance Small Group	No	Peoria - 17143	No
ILS002 2025 Health Alliance Small Group	No	Fulton - 17057	No
ILS002 2025 Health Alliance Small Group	No	Tazewell - 17179	No
ILS002 2025 Health Alliance Small Group	No	Knox - 17095	No
ILS002 2025 Health Alliance Small Group	No	Mcdonough - 17109	No
ILS002 2025 Health Alliance Small Group	No	Madison - 17119	No
ILS002 2025 Health Alliance Small Group	No	Saint Clair - 17163	No
ILS002 2025 Health Alliance Small Group	No	Monroe - 17133	No
ILS003 2025 Health Alliance Simplete	No	Cass - 17017	No
ILS003 2025 Health Alliance Simplete	No	Christian - 17021	No
ILS003 2025 Health Alliance Simplete	No	Logan - 17107	No
ILS003 2025 Health Alliance Simplete	No	Mason - 17125	No
ILS003 2025 Health Alliance Simplete	No	Menard - 17129	No
ILS003 2025 Health Alliance Simplete	No	Morgan - 17137	No
ILS003 2025 Health Alliance Simplete	No	Sangamon - 17167	No
ILS003 2025 Health Alliance Simplete	No	Scott - 17171	No
ILS003 2025 Health Alliance Simplete	No	Macon - 17115	No
ILS004 2025 Health Alliance UnityPoint RA7	No	Knox - 17095	No
ILS004 2025 Health Alliance UnityPoint RA7	No	Peoria - 17143	No
ILS004 2025 Health Alliance UnityPoint RA7	No	Tazewell - 17179	No
ILS004 2025 Health Alliance UnityPoint RA7	No	Woodford - 17203	No
ILS005 2025 Health Alliance Carle Bloomington RA8	No	McClean - 17113	No
ILS005 2025 Health Alliance Carle Bloomington RA8	No	Dewitt - 17039	No
ILS006 2025 Health Alliance Carle Champaign RA9	No	Piatt - 17147	No
ILS006 2025 Health Alliance Carle Champaign RA9	No	Champaign - 17019	No
ILS006 2025 Health Alliance Carle Champaign RA9	No	Vermilion - 17183	No

14 Digit HIOS ID Service Area ID

20129IL0320113	ILS002
20129IL0320114	ILS002
20129IL0310233	ILS002
20129IL0310211	ILS002
20129IL0310212	ILS002
20129IL0310213	ILS002
20129IL0310214	ILS002
20129IL0310215	ILS002
20129IL0310217	ILS002
20129IL0310218	ILS002
20129IL0310253	ILS002
20129IL0310231	ILS002
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20129IL0310252	ILS002
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20129IL0310220	ILS002
20129IL0310222	ILS002
20129IL0310230	ILS002
20129IL0310224	ILS002
20129IL0320115	ILS003
20129IL0320116	ILS003
20129IL0320118	ILS003
20129IL0320119	ILS003
20129IL0310225	ILS003
20129IL0310226	ILS003
20129IL0310227	ILS003
20129IL0310228	ILS003
20129IL0310229	ILS003
20129IL0310234	ILS004
20129IL0310240	ILS005
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20129IL0310247	ILS006
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20129IL0310243	ILS005
20129IL0310249	ILS006
20129IL0310238	ILS004
20129IL0310244	ILS005
20129IL0310250	ILS006
20129IL0310239	ILS004
20129IL0310245	ILS005
20129IL0310251	ILS006

Contact Person:

Illinois Division of Insurance

**320 West Washington Street
Springfield, IL 62767-0001**

Review Requirements Checklist

Effective 05/01/2022

Health Actuarial Unit

DOI.HealthActuarial@Illinois.gov

Line(s) of Business

For Policies issued after 01/01/2014

Health Premium Rates

Line(s) of Insurance

**Individual/Small Group Major Medical
Surgical/Medical/Hospital PPO and Non PPO and HMO**

Illinois Insurance Code Link	Illinois Compiled Statutes Online		
Illinois Administrative Code Link	Administrative Regulations Online		
Product Coding Matrix	Product Coding Matrix		
REVIEW REQUIREMENTS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	LOCATION OF STANDARD IN FILING
		NOTE: These brief summaries do not include all requirements of all laws, regulations, bulletins, or requirements, so review actual law, regulation, bulletin, or requirement for details to ensure that forms are fully compliant before filing with the Department of Insurance.	
COMPANY REQUIREMENTS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	LOCATION OF STANDARD IN FILING
Cover Letter	50 IL Adm. Code 916.40 (b)	Cover Letters must generally describe the intent of the rate filing and whether the filing is a new rate, rate revision or justification of an existing rate. It is necessary to provide a listing of the policy form filing company tracking number(s) and company form number(s) to show the association between the rate being filed and those forms affected by the rate change. ** The Filing Description field in the General Information Tab in SERFF may be used in place of a cover letter.	See general filings tab

COMPANY REQUIREMENTS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	LOCATION OF STANDARD IN FILING
Grandfathered Status		<p>1.) Not Grandfathered- This rate filing is not being made in support of a grandfathered plan.</p> <p>2.) Grandfathered Plan- This rate filing is being made in support of a grandfathered plan. None of the changes that have been made to this plan since the last rate filing have caused the plan to lose its grandfathered status.</p> <p>3.) Formerly a Grandfathered Plan- This rate filing is being made in support of a formerly grandfathered plan. The following SERFF filing(s) contained changes that caused the plan to lose its grandfathered status: _____.</p>	This rate filing is not being made in support of a grandfathered plan
Implementation Date		The proposed effective date of rate revision implementation.	01/01/2025
Rate Filing Requirements	215 ILCS 5/355	<p>The Federal Patient Protection and Affordable Care Act (PPACA) has established premium reporting and review processes for all health insurance issuers. The Rate Data Collection Form is available on the Department's web site. The revised Actuarial Memorandum requirements are found in the "Actuarial Memorandum" section of this checklist.</p> <p>Rates must be submitted in a separate SERFF filing from policy forms.</p>	See Supporting Documents tab
Rate Filing Submission		Rate Filings must be submitted in their entirety into both SERFF and the Web Portal for review.	Complaint- see this filing and web portal
TOI (Type of Insurance)		<p>A health insurance issuer offering any group or individual health insurance coverage, including managed care and HMO plans (regardless of whether the plans are grandfathered or non-grandfathered) must submit all new rate filings and rate revisions for review.</p> <p>Inserted directly below is a link to SERFF's Website for the TOI's required.</p> <p>http://www.serff.com/documents/index_ppaca_tois.pdf</p>	See this filing
Federal Unified Rate Review Templates		<p>Parts I and III must be submitted with each filing. Parts I and III are required to be completed and Submitted for all rate increases the issuer has in a state. Link to the Rate Review Templates:</p> <p>https://www.qhpcertification.cms.gov/s/Unified%20Rate%20Review</p>	See URRT tab
Rate Data Collection Form		<p>The filing must contain an Excel spreadsheet (.xls or .xlsx format), along with a PDF version of the spreadsheet, according to format found at http://www2.illinois.gov/sites/Insurance/Companies/Documents/Experience.xlsx</p>	See supporting documents tab

COMPANY REQUIREMENTS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	LOCATION OF STANDARD IN FILING
Actuarial Memorandum		<p>The Actuarial Memorandum is required and is to contain the complete justification for the submitted rates, including background information and an explanation of the rationale for the requested rate action, as well as other relevant information. The small group or individual Actuarial Memorandum requirements checklist must be completed for each filing.</p> <p>Small Group Checklist: http://www2.illinois.gov/sites/Insurance/Companies/documents/RateReviewChecklistSmallGroup.pdf</p> <p>Individual Checklist: http://www2.illinois.gov/sites/Insurance/Companies/documents/RateReviewChecklistIndividual.pdf</p>	See URRT tab
Actuarial Certification		The Actuarial Certification must be completed for all filings. http://www2.illinois.gov/sites/Insurance/Companies/documents/ActuarialCertificationForRateFilings.pdf	See supporting documents tab
Rate Schedules/Manuals		Shall be attached in SERFF as separate attachments from other documents required in SERFF.	See supporting documents tab
HHS Rate Data Requirements		Data required to be entered in the Rate Review Detail tab in SERFF must be complete and accurate. DOI does not require all of this data for rate review but HHS reviews the data contained in this section for accuracy.	See rate review tab
Public Access	215 ILCS 5/404	In order to maintain confidentiality, the Actuarial Memorandum should be attached in the Supporting Documentations Tab. It should be attached separately from any other attachments. Also, it is necessary to name them as Actuarial Memorandums to assist DOI in recognizing the type of document that is being attached.	See supporting documents tab
Have you included the following forms?		<ol style="list-style-type: none"> 1. Federal Unified Rate Review Template 2. Rate Data Collection Form 3. Actuarial Memorandum 4. Actuarial Certification 	See URRT and supporting documents tabs

ILLINOIS ACTUARIAL MEMORANDUM REQUIREMENTS - SMALL GROUP

ITEM	DESCRIPTION	LOCATION IN MEMORANDUM
		See Pages 11-14 for AM Format
Scope and Purpose	The scope and purpose of the filing, including all laws the filing is intended to comply with.	Act Memo Item 1a
Market	The market in which the products and plans are offered.	Act Memo Item 1b
Policy Forms	List all policy form numbers including HIOS Product Codes and Product Names	Act Memo Item 1c
Description of Benefits	A narrative description of the benefit that will be provided by the policy forms included in the filing.	Act Memo Item 1d
Marketing Method	A description of the marketing methods used to inform consumers of the availability of the policies.	Act Memo Item 1e
History of Rate Adjustments	The month, year and percentage amount of all previous rate revisions	Act Memo Item 2a
Effective Date of Requested Rate Increase	The month and year that the requested rate adjustment is scheduled to be implemented	Act Memo Item 2b
Months of Rate Guarantee	The number of months that the rate will be guaranteed to a small group policy holder	Act Memo Item 2c
Effective Through Date and Any Rate Increase Schedule Applicable	The pre-filed quarterly rate increases for small groups	Act Memo Item 2d

SERFF Number of Prior Filing		SERFF Tracking Number of the Company's last small group rate filing in Illinois.	Act Memo Item 2e
Effective Date of Prior Filing		The effective date of the Company's last small group rate filing in Illinois.	Act Memo Item 2f
Proposed Percentage Rate Change		The requested rate adjustments for each product and plan. This should include the increase from one year prior and from the current rates. For each plan include the minimum, maximum and average rate increase, if different.	Act Memo Item 2g
Reason for Rate Change		A narrative description of the significant factors driving the change in rates	Act Memo Item 2h
Average Annual Premium		The average premium for the entire single risk pool, before and after the requested rate adjustment.	Act Memo Item 2i
Number of Policyholders and Covered Lives		The number of Illinois policyholders and covered lives affected by the proposed rate increase.	Act Memo Item 2j
Projected loss ratio with and without proposed rate increase		The traditional loss ratio using the projected premiums and claims and using the current premiums and projected claims	Act Memo Item 2k
Cumulative, future and lifetime loss ratios		Historic loss ratios by year, cumulative loss ratio to date, the projected loss ratio and the loss ratio combining both the past history and the projected experience	Act Memo Item 2l
Dates of Service for the Experience Period Used to Develop Rates		The dates of service of claims representing the base period experience used to develop the index rate for the single risk pool.	Act Memo Item 3a
Date Through Which Claims Were Paid		The date through which claim payments were made on claims incurred during the experience period.	Act Memo Item 3b

Estimated Allowed Claims During the Experience Period Used to Develop Rates		The actuary's best estimate of allowed claims for the single risk pool during the experience period that were used as a basis for developing the projected index rate. Include an explanation of the treatment of large claims, pooling charges, treatment of commercial reinsurance etc.	Act Memo Item 3c
Method for Determining Allowed Claims		The method used to determine allowed claims (e.g. directly from claims system, paid claims plus required cost sharing)	Act Memo Item 3d
Incurred but Not Paid Claims		Support for the method used to develop the incurred but not paid claims on an allowed basis.	Act Memo Item 3e
Premium in Experience Period (Net of MLR Rebate)		The best estimate of premium earned during the experience period, both before and after the MLR rebates	Act Memo Item 3f
Adjustments to Allowed Claims During the Experience Period		Description and numerical support for adjustments made to the experience period allowed claims for the single risk pool that were used as a basis for developing the projected index rate to adjust for the potentially volatile nature of the experience.	Act Memo Items 4a and 4b
Changes to Benefits		A description and quantitative support of the average benefit changes (i.e. changes to covered services) between the experience period and the projection period, and a description of and support for the impact of each change on rates. Separately specify which changes were made to comply with Federal Law.	Act Memo Item 5a
Trend Factors (Cost and Utilization)		A description of how trend is developed for each major service category, and a detailed trend analysis supporting the factors used. Actual vs. expected trend for the past 36 months must also be provided. Explain any significant differences from prior filings.	Act Memo Item 5b
Quarterly Trend Factors		Trend factors applied to quarterly rate increases	Act Memo Item 5c

Projected Changes in the Demographics of the Population Insurance	A description and quantitative support for the development of factors used to adjust the experience period claims to reflect differences in the average demographics of the population covered in the experience period and the population anticipated to be covered in the projection period.	Act Memo Item 5d
Projected Changes in the Morbidity of the Insured Population	A description and quantitative support for the development of factors used to adjust the experience period claims to reflect differences in the average morbidity of the population covered in the experience period and the population anticipated to be covered in the projection period.	Act Memo Item 5e
Other Projected Changes	A description and quantitative support for the development of any other factors used to adjust the experience period claims to reflect differences between the experience period and the projection period.	Act Memo Item 5f
Methodology Used to Develop the Credibility Manual Rate	Description of the methodology and base data used to develop the credibility manual index rate, if applicable.	Act Memo Item 6a
Source and Appropriateness of the Experience Used to Develop the Credibility Manual Rate	Description of the source data used to develop the credibility manual index rate and support that the data is appropriate.	Act Memo Item 6b
Adjustments Made to Data Used to Develop the Credibility Manual Rate	Description and support for each adjustment made to the experience used to develop the credibility manual index rate, if applicable.	Act Memo Item 6c
Inclusion of Capitation Payments in Developing the Credibility Manual Rate	Description of how capitated services were accounted for in developing the credibility manual index rate, if applicable.	Act Memo Item 6d
Credibility Methodology	Description of the methodology used to determine the credibility of the base period experience.	Act Memo Item 7a

Credibility Level(s)	The credibility level assigned to the base period experience	Act Memo Item 7b
Covered Services - Essential Health Benefits	Description and percent of claims represented by benefits which are Essential Health Benefits added between the experience period and the projection period	Act Memo Item 8a
Covered Services- State Mandated Benefits Which Are Not Essential Health Benefits	Description and percent of claims represented by benefits which are Illinois State mandated benefits but are NOT Essential Health Benefits	Act Memo Item 8b
Covered Services - Eliminated Benefits	Description and percent of claims represented by benefits which were covered in the experience period but will not be covered in the projection period.	Act Memo Item 8c
Covered Services- Additional Mandated Supplementary Benefits	Listing of benefits that will be covered on a mandatory basis in the projection period but are NOT Essential Health Benefits or State Mandated Benefits	Act Memo Item 8d
Covered Services - Changes in the Level of Covered Services	Description of benefits which were covered in the experience period but will be covered at a different level in the projection period (e.g. change in the number of visits covered)	Act Memo Item 8e
Covered Services - EHB Substitutions	Description and support for any benefits substituted for Essential Health Benefits	Act Memo Item 8f
Credibility Adjusted Projected Claims	Estimated claims for the projection period, after adjusting for credibility, including appropriate support	Act Memo Item 9
Projected Index Rate	Description of the development of the index rate for the projection period, representing the Essential Health Benefit portion of the credibility adjusted projected claims	Act Memo Item 10

Risk Transfer Payments		Demonstration of the calculation of the estimate of the risk transfer payments during the projection period	Act Memo Item 11
Development of Market Adjusted Index Rate		Demonstration of the calculation of the estimate of the net reinsurance receipt during the projection period. Demonstration of the development of the market adjusted index rate, showing adjustments for: a. Risk Adjustment b. Reinsurance c. Exchange Fees	Act Memo Item 12
Plan Level Adjusted Index Rate		Demonstration of the development of the plan-adjusted index rate, including adjustments for the allowable plan level adjustments outlined in 45 CFR 154.80(d)(2). This should include: a. Addition of non-EHBs; b. Benefit adjustments based on the differences in actuarial value relative to the market average; c. Benefit richness adjustment impact on utilization relative to the average for the market; d. Non-benefit expenses; e. Network differences; and f. Care management differences. g. Calibration for smoker enrollment; h. Adjustment for catastrophic plan eligibility	Act Memo Item 13
AV Metal Values		Description of how the AV Metal Values for each of the plans was calculated, and support for use of alternate methodologies other than the AV calculator	Act Memo Item 14a
AV Pricing Values		Description of how the AV Pricing Values for each of the plans was calculated, and how they relate to the factors used in the development of the Plan Level Adjusted Index Rate	Act Memo Item 14b

Paid to Allowed Ratio		Description of the methodology used to develop the paid to allowed ratio	Act Memo Item 15
Projected Non-Benefit Expenses, Risk and Profit		Administrative costs with quality improvement and other items separated, taxes and fees and changes in risk adjustment payments and receivables assumed in the rates and reinsurance receivables assumed in the rates compared to current projections for the current year. Explain any significant changes in non-benefit costs estimates from those in prior filings.	Act Memo Item 16a
Comparison of Current and Proposed Non-Benefit Expenses, Risk and Profit		A comparison of the amounts by prescribed expense category as a percent of premium and on a PMPM basis for both the current and proposed rates. Separate out the quality improvement costs.	Act Memo Item 16b
Varying Non-Benefit Expenses By Plan		Support for non-benefit expense loads as a percent of premium that vary by plan	Act Memo Item 16c
Age Factors		Confirm the prescribed standardized factors were used.	Act Memo Item 17a
Geographic Factors		Development of proposed factors for use with the Illinois defined geographic rating regions and support for any changes.	Act Memo Item 17b
Tobacco Factors		Development of proposed tobacco status categories and corresponding factors and support for any changes.	Act Memo Item 17c
Family Composition		Proposed family composition factors/methodology and demonstration that the premium developed is consistent with the premium developed using the methodology described in 45 CFR 147.102, paragraphs (c)(1) or (c)(2)	Act Memo Item 17d

Development of Rate Tables		Description of how the plan level adjusted index rate was calibrated to the carrier's projected age and geographic distribution for use in developing age, geographic and tobacco status specific rates. Provide a sample rate calculation.	Act Memo Item 18a
Weighted Average Age		Provide the weighted average age that corresponds to the projected single risk pool and a demonstration of the calculation. Include the factors used in the determination of the weighted average age, the distribution of members by age and the description of the corresponding data source.	Act Memo Item 18b
Age Curve Calibration		Provide a demonstration of the age calibration factor used to adjust the rates of the single risk pool to an adult age 21. An actuarial justification that the methodology employed in the calculation of the weighted average age and the calibration to the age curve complies with the standard age curve methodology and conforms with rating rules specified in 45 CFR 147.102.	Act Memo Item 18c
Geographic Calibration Factor		Provide the geographic calibration factor that is applied to the single risk pool, if necessary. If the weighted average of the geographic factors does not equal 1.0, detailed documentation of the calculation of the geographic calibration factor is required.	Act Memo Item 18d

Development of All Product Base Rates	Provide a quantitative development of all product base rates based on the market base rate (The base rate is the same as the non-tobacco rate for a person age 21 before the region factor is applied.). Allowed adjustments are: a. Addition of non-EHBs; b. Differences in actuarial value; c. Benefit richness adjustment impact on utilization; d. Differences in administrative costs; e. Taxes and fees; f. Network differences; g. Care management differences; h. Catastrophic plan eligibility;	Act Memo Item 19
Risk Corridor Payments or Recoveries	Include documentation of any risk corridor payments or recoveries in the experience period	Act Memo Item 20
Company Financial Position	Description of carrier's current financial position	Act Memo Item 21
Last Five Years' RBC	Report RBC for the last five years	Act Memo Item 22
Projected Federal MLR	Demonstration of the anticipated Federal MLR during the projection period	Act Memo Item 23a
Explanation when the future loss ratio is not consistent with the federal rebate MLR	Explain why the projected federally calculated loss ratio is different from the rebate formula MLR, if applicable.	Act Memo Item 23b
Reliance	Disclosure of any information developed by other individuals that the actuary relied on in the development of rates.	Act Memo Item 24
Identification of the Certifying Actuary	The certifying actuary must identify himself/herself and indicate he/she is a member of the American Academy of Actuaries	Act Memo Item 25

Certification of the Index Rate		Certification that the index rate was calculated appropriately and in compliance with applicable laws and actuarial standards of practice.	Act Memo Item 25
Certification of the Plan Level Rates		Certification that plan level rates were developed using the index rate and only adjusting for allowable factors	Act Memo Item 25
Certification of Metal AV		Certification that the standard AV Calculator was used to determine the metal AV for each plan, or if an alternate methodology was used, certification that the alternate methodology is consistent with the AV Calculator	Act Memo Item 25
Certification of Geographic Factors		Certification that geographic factors reflect only differences in the costs of delivery (including both unit costs and provider practice patterns) and do NOT reflect differences in morbidity	Act Memo Item 25
Certification of Compliance with Applicable Federal Regulations		Certification that the proposed rates were developed in compliance with applicable Federal regulations	Act Memo Item 25

Certification of Compliance with Actuarial Standards of Practice	Certification that the filing has been prepared in compliance with ASOPs 8, 26, 31, and 41.	Act Memo Item 25
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FORMAT FOR ACTUARIAL MEMORANDUM

ITEM NUMBER

DESCRIPTION

1. GENERAL INFORMATION

Act Memo Item 1a	Scope and Purpose
Act Memo Item 1b	Market
Act Memo Item 1c	Policy Forms
Act Memo Item 1d	Description of Benefits
Act Memo Item 1e	Marketing Method

2. PROPOSED RATES

Act Memo Item 2a	History of Rate Adjustments
Act Memo Item 2b	Effective Date of Requested Rate Increase
Act Memo Item 2c	Months of Rate Guarantee
Act Memo Item 2d	Effective Through Date and Any Rate Increase Schedule Applicable
Act Memo Item 2e	SERFF Number of Prior Filing
Act Memo Item 2f	Effective Date of Prior Filing
Act Memo Item 2g	Proposed Percentage Rate Change
Act Memo Item 2h	Reason for Rate Change
Act Memo Item 2i	Average Annual Premium
Act Memo Item 2j	Number of Policyholders and Covered Lives
Act Memo Item 2k	Projected loss ratio with and without proposed rate increase
Act Memo Item 2l	Cumulative, future and lifetime loss ratios

3. EXPERIENCE PERIOD PREMIUM AND CLAIMS

Act Memo Item 3a	Dates of Service for the Experience Period Used to Develop Rates
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Act Memo Item 3b	Date Through Which Claims Were Paid
Act Memo Item 3c	Estimated Allowed Claims During the Experience Period Used to Develop Rates
Act Memo Item 3d	Method for Determining Allowed Claims
Act Memo Item 3e	Incurred but Not Paid Claims
Act Memo Item 3f	Premium in Experience Period (Net of MLR Rebate)

4. ADJUSTMENTS TO ALLOWED CLAIMS DURING THE EXPERIENCE PERIOD

Act Memo Items 4a and 4b	Adjustments to Allowed Claims During the Experience Period
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5. PROJECTION FACTORS

Act Memo Item 5a	Changes to Benefits
Act Memo Item 5b	Trend Factors (Cost and Utilization)
Act Memo Item 5c	Quarterly Trend Factors
Act Memo Item 5d	Projected Changes in the Demographics of the Population Insurance
Act Memo Item 5e	Projected Changes in the Morbidity of the Insured Population
Act Memo Item 5f	Other Projected Changes

6. CREDIBILITY MANUAL RATE ADJUSTMENT

Act Memo Item 6a	Methodology Used to Develop the Credibility Manual Rate
Act Memo Item 6b	Source and Appropriateness of the Experience Used to Develop the Credibility Manual Rate
Act Memo Item 6c	Adjustments Made to Data Used to Develop the Credibility Manual Rate
Act Memo Item 6d	Inclusion of Capitation Payments in Developing the Credibility Manual Rate

7. CREDIBILITY

Act Memo Item 7a	Credibility Methodology
Act Memo Item 7b	Credibility Level(s)

8. COVERED SERVICES

Act Memo Item 8a	Covered Services - Essential Health Benefits
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Act Memo Item 8b	Covered Services- State Mandated Benefits Which Are Not Essential Health Benefits
Act Memo Item 8c	Covered Services - Eliminated Benefits
Act Memo Item 8d	Covered Services- Additional Mandated Supplementary Benefits
Act Memo Item 8e	Covered Services - Changes in the Level of Covered Services
Act Memo Item 8f	Covered Services - EHB Substitutions

9. CREDIBILITY ADJUSTED PROJECTED CLAIMS

10. PROJECTED INDEX RATE

11. RISK TRANSFER PAYMENTS

12. DEVELOPMENT OF MARKET ADJUSTED INDEX RATE

13. PLAN LEVEL ADJUSTED INDEX RATE

14. ACTUARIAL VALUES

Act Memo Item 14a	AV Metal Values
Act Memo Item 14b	AV Pricing Values

15. PAID TO ALLOWED RATIO Paid to Allowed Ratio

16. NON-BENEFIT EXPENSES INCLUDING RISK AND PROFIT MARGIN

Act Memo Item 16a	Projected Non-Benefit Expenses, Risk and Profit
Act Memo Item 16b	Comparison of Current and Proposed Non-Benefit Expenses, Risk and Profit
Act Memo Item 16c	Varying Non-Benefit Expenses By Plan

17. ADJUSTED COMMUNITY RATING FACTORS

Act Memo Item 17a	Age Factors
Act Memo Item 17b	Geographic Factors
Act Memo Item 17c	Tobacco Factors
Act Memo Item 17d	Family Composition

18. RATE TABLES

Act Memo Item 18a	Development of Rate Tables
Act Memo Item 18b	Weighted Average Age
Act Memo Item 18c	Age Curve Calibration
Act Memo Item 18d	Geographic Calibration Factor

19. DEVELOPMENT OF ALL PRODUCT BASE RATES

20. RISK CORRIDOR PAYMENTS OR RECOVERIES

21. COMPANY FINANCIAL POSITION

22. LAST FIVE YEARS' RBC

23. FEDERAL MEDICAL LOSS RATIO REQUIREMENTS

Act Memo Item 23a	Projected Federal MLR
Act Memo Item 23b	Explanation when the future loss ratio is not consistent with the federal rebate MLR

24. RELIANCE

25. CERTIFICATIONS OF COMPLIANCE

Act Memo Item 25	Identification of the Certifying Actuary
Act Memo Item 25	Certification of the Index Rate
Act Memo Item 25	Certification of the Plan Level Rates
Act Memo Item 25	Certification of Metal AV
Act Memo Item 25	Certification of Geographic Factors
Act Memo Item 25	Certification of Compliance with Applicable Federal Regulations
Act Memo Item 25	Certification of Compliance with Actuarial Standards of Practice

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate MOOP for Medical and Drug Spending?
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

Desired Metal Tier: Platinum

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)	\$500.00	\$0.00
Coinsurance (%; Insurer's Cost Share)	80.00%	100.00%
MOOP (\$)	\$3,000.00	
MOOP if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input type="checkbox"/>		\$400.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days For Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:
Name: 2025 POS 500 Platinum
Plan HIOS ID: 20129IL0310232-00
Issuer HIOS ID: 20129
AVC Version: 2025_1a

Output

Status/Error Messages: Calculation Successful.
 Actuarial Value: 88.30%
 Metal Tier: Platinum

NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.

Additional Notes:

Calculation Time: 0.0859 seconds
Final 2025 AV Calculator

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate MOOP for Medical and Drug Spending?
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

Desired Metal Tier: Platinum

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)	\$1,000.00	\$0.00
Coinsurance (% Insurer's Cost Share)	80.00%	100.00%
MOOP (\$)	\$2,500.00	
MOOP if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input type="checkbox"/>		\$400.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days For Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name: 2025 POS 1000 Platinum
 Plan HIOS ID: 20129IL0310252-00
 Issuer HIOS ID: 20129
 AVC Version: 2025_1a

Output

Status/Error Messages:

Calculation Successful.

Actuarial Value:

88.06%

Metal Tier:

Platinum

NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.

Additional Notes:

Calculation Time:

0.0469 seconds

Final 2025 AV Calculator

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate MOOP for Medical and Drug Spending?
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

Desired Metal Tier: Gold

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)	\$1,000.00	\$0.00
Coinsurance (% Insurer's Cost Share)	80.00%	100.00%
MOOP (\$)	\$6,500.00	
MOOP if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		
Coinsurance (% Insurer's Cost Share)		
MOOP (\$)		
MOOP if Separate (\$)		

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Type of Benefit	Tier 1				Tier 2				Tier 1		Tier 2	
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?			
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>		
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input type="checkbox"/>		\$400.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days For Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:
 Name: 2025 POS 1000 Gold
 Plan HIOS ID: 20129IL0310233-00
 Issuer HIOS ID: 20129
 AVC Version: 2025_1a

Output

Calculate

Status/Error Messages: Calculation Successful.
 Actuarial Value: 80.54%
 Metal Tier: Gold

Additional Notes: NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings. NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Calculation Time: 0.0605 seconds
 Final 2025 AV Calculator

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate MOOP for Medical and Drug Spending?
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	<input type="checkbox"/>	Tiered Network Plan?	<input type="checkbox"/>
Annual Contribution Amount:		1st Tier Utilization:	
		2nd Tier Utilization:	

Desired Metal Tier: Gold

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)	\$1,500.00	\$0.00
Coinsurance (% Insurer's Cost Share)	80.00%	100.00%
MOOP (\$)	\$6,750.00	
MOOP if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		
Coinsurance (% Insurer's Cost Share)		
MOOP (\$)		
MOOP if Separate (\$)		

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Type of Benefit	Tier 1				Tier 2				Tier 1		Tier 2	
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?		Copay applies only after deductible?	
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All	<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All	<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input type="checkbox"/>		\$400.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days For Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:
 Name: 2025 POS 1500 Gold
 Plan HIOS ID: 20129IL0310211-00
 Issuer HIOS ID: 20129
 AVC Version: 2025_1a

Output

Status/Error Messages: Calculation Successful.
 Actuarial Value: 79.26%
 Metal Tier: Gold
 Additional Notes: NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings. NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).
 Calculation Time: 0.0625 seconds
Final 2025 AV Calculator

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate MOOP for Medical and Drug Spending?
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	<input type="checkbox"/>	Tiered Network Plan?	<input type="checkbox"/>
Annual Contribution Amount:		1st Tier Utilization:	
		2nd Tier Utilization:	

Desired Metal Tier: Gold

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)	\$2,000.00	\$0.00
Coinsurance (% Insurer's Cost Share)	90.00%	100.00%
MOOP (\$)	\$6,900.00	
MOOP if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		
Coinsurance (% Insurer's Cost Share)		
MOOP (\$)		
MOOP if Separate (\$)		

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Type of Benefit	Tier 1				Tier 2				Tier 1		Tier 2	
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?		Copay applies only after deductible?	
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All	<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$400.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All	<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input type="checkbox"/>		\$400.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days For Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name: 2025 HMO 2000 Gold
 Plan HIOS ID: 20129IL0320113-00
 Issuer HIOS ID: 20129
 AVC Version: 2025_1a

Output

Calculate

Status/Error Messages:
 Actuarial Value:
 Metal Tier:

Calculation Successful.
 78.69%
 Gold

Additional Notes:

NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings. NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Calculation Time:

0.0684 seconds

Final 2025 AV Calculator

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate MOOP for Medical and Drug Spending?
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

Desired Metal Tier: Gold

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)	\$2,000.00	\$0.00
Coinsurance (% Insurer's Cost Share)	80.00%	100.00%
MOOP (\$)	\$6,000.00	
MOOP if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		
Coinsurance (% Insurer's Cost Share)		
MOOP (\$)		
MOOP if Separate (\$)		

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Type of Benefit	Tier 1				Tier 2				Tier 1		Tier 2	
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?			
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$400.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>		
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input type="checkbox"/>		\$400.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days For Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:
 Name: 2025 POS 2000 Gold
 Plan HIOS ID: 20129IL0310212-00
 Issuer HIOS ID: 20129
 AVC Version: 2025_1a

Output

Status/Error Messages: Calculation Successful.
 Actuarial Value: 79.20%
 Metal Tier: Gold

Additional Notes: NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings. NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Calculation Time: 0.0488 seconds
 Final 2025 AV Calculator

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate MOOP for Medical and Drug Spending?
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	<input type="checkbox"/>	Tiered Network Plan?	<input type="checkbox"/>
Annual Contribution Amount:		1st Tier Utilization:	
		2nd Tier Utilization:	

Desired Metal Tier: Gold

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$2,500.00	\$0.00	
Coinsurance (% Insurer's Cost Share)	80.00%	100.00%	
MOOP (\$)	\$6,000.00		
MOOP if Separate (\$)			

	Tier 2 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)			
Coinsurance (% Insurer's Cost Share)			
MOOP (\$)			
MOOP if Separate (\$)			

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Type of Benefit	Tier 1				Tier 2				Tier 1		Tier 2	
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?		Copay applies only after deductible?	
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All	<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$400.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All	<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input type="checkbox"/>		\$400.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days for Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:
 Name: 2025 POS 2500 Gold
 Plan HIOS ID: 201291L0310213-00
 Issuer HIOS ID: 20129
 AVC Version: 2025_1a

Output

Status/Error Messages: Calculation Successful.
 Actuarial Value: 78.89%
 Metal Tier: Gold

Additional Notes: NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings. NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Calculation Time: 0.0547 seconds
 Final 2025 AV Calculator

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate MOOP for Medical and Drug Spending?
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	<input type="checkbox"/>	Tiered Network Plan?	<input type="checkbox"/>
Annual Contribution Amount:		1st Tier Utilization:	
		2nd Tier Utilization:	

Desired Metal Tier: Gold

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)	\$3,000.00	\$0.00
Coinsurance (% Insurer's Cost Share)	90.00%	100.00%
MOOP (\$)	\$6,500.00	
MOOP if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		
Coinsurance (% Insurer's Cost Share)		
MOOP (\$)		
MOOP if Separate (\$)		

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Type of Benefit	Tier 1				Tier 2				Tier 1		Tier 2	
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?			
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$400.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>		
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input type="checkbox"/>		\$400.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days For Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:
 Name: 2025 POS 3000 Gold
 Plan HIOS ID: 20129IL0310214-00
 Issuer HIOS ID: 20129
 AVC Version: 2025_1a

Output

Status/Error Messages: Calculation Successful.
 Actuarial Value: 78.13%
 Metal Tier: Gold

Additional Notes: NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings. NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Calculation Time: 0.084 seconds
Final 2025 AV Calculator

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate MOOP for Medical and Drug Spending?
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

Desired Metal Tier: Gold

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)	\$3,500.00	\$0.00
Coinsurance (% Insurer's Cost Share)	80.00%	100.00%
MOOP (\$)	\$7,000.00	
MOOP if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1		Tier 2	
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?		Copay applies only after deductible?	
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All	<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$400.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All	<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input type="checkbox"/>		\$400.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days For Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:
 Name: 2025 POS 3500 Gold
 Plan HIOS ID: 20129IL0310215-00
 Issuer HIOS ID: 20129
 AVC Version: 2025_1a

Output

Status/Error Messages: Calculation Successful.
 Actuarial Value: 78.14%
 Metal Tier: Gold
 NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.
 Additional Notes:
 Calculation Time: 0.0605 seconds
Final 2025 AV Calculator

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate MOOP for Medical and Drug Spending?
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

Desired Metal Tier: Silver

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)	\$3,800.00	\$0.00
Coinsurance (% Insurer's Cost Share)	60.00%	100.00%
MOOP (\$)	\$9,200.00	
MOOP if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		
Coinsurance (% Insurer's Cost Share)		
MOOP (\$)		
MOOP if Separate (\$)		

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Type of Benefit	Tier 1				Tier 2				Tier 1		Tier 2	
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?			
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$400.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>		
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$90.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days For Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:
 Name: 2025 POS 3800 Silver
 Plan HIOS ID: 20129IL0310217-00
 Issuer HIOS ID: 20129
 AVC Version: 2025_1a

Output

Calculate

Status/Error Messages: Calculation Successful.
 Actuarial Value: 70.50%
 Metal Tier: Silver

Additional Notes: NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings. NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Calculation Time: 0.0957 seconds
 Final 2025 AV Calculator

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate MOOP for Medical and Drug Spending?
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	<input type="checkbox"/>	Tiered Network Plan?	<input type="checkbox"/>
Annual Contribution Amount:		1st Tier Utilization:	
		2nd Tier Utilization:	

Desired Metal Tier: Silver

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)	\$5,500.00	\$0.00
Coinsurance (% Insurer's Cost Share)	65.00%	100.00%
MOOP (\$)	\$9,200.00	
MOOP if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1		Tier 2	
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?		Copay applies only after deductible?	
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All	<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$400.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All	<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$90.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days For Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:
 Name: 2025 POS 5500 Silver
 Plan HIOS ID: 20129IL0310218-00
 Issuer HIOS ID: 20129
 AVC Version: 2025_1a

Output

Calculate

Status/Error Messages: Calculation Successful.
 Actuarial Value: 70.05%
 Metal Tier: Silver

Additional Notes: NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings. NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Calculation Time: 0.0938 seconds
 Final 2025 AV Calculator

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate MOOP for Medical and Drug Spending?
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

Desired Metal Tier: Silver

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)	\$6,500.00	\$0.00
Coinsurance (% Insurer's Cost Share)	70.00%	100.00%
MOOP (\$)	\$9,200.00	
MOOP if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		
Coinsurance (% Insurer's Cost Share)		
MOOP (\$)		
MOOP if Separate (\$)		

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$400.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$200.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$90.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days For Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name: 2025 HMO 6500 Silver
 Plan HIOS ID: 20129IL0320114-00
 Issuer HIOS ID: 20129
 AVC Version: 2025_1a

Output

Calculate

Status/Error Messages: Calculation Successful.
 Actuarial Value: 70.14%
 Metal Tier: Silver

Additional Notes: NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings. NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Calculation Time: 0.0918 seconds
 Final 2025 AV Calculator

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate MOOP for Medical and Drug Spending?
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

Desired Metal Tier: Bronze

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$7,500.00	\$0.00	
Coinsurance (% Insurer's Cost Share)	50.00%	100.00%	
MOOP (\$)	\$9,200.00		
MOOP if Separate (\$)			

	Tier 2 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)			
Coinsurance (% Insurer's Cost Share)			
MOOP (\$)			
MOOP if Separate (\$)			

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Type of Benefit	Tier 1				Tier 2				Tier 1		Tier 2	
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?		Copay applies only after deductible?	
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All	<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All	<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$90.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days For Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:
 Name: 2025 POS 7500 Bronze
 Plan HIOS ID: 20129IL0310253-00
 Issuer HIOS ID: 20129
 AVC Version: 2025_1a

Output

Status/Error Messages: Expanded Bronze Standard (58% to 65%), Calculation Successful.
 Actuarial Value: 61.70%
 Metal Tier: Bronze

Additional Notes:

Calculation Time: 0.0664 seconds
Final 2025 AV Calculator

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate MOOP for Medical and Drug Spending?
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 2nd Tier Utilization:

Desired Metal Tier: Bronze

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)	\$8,900.00	\$0.00
Coinsurance (% Insurer's Cost Share)	90.00%	100.00%
MOOP (\$)	\$9,200.00	
MOOP if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

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Type of Benefit	Tier 1				Tier 2				Tier 1		Tier 2	
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?			
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>		
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days For Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:
 Name: 2025 POS 8900 Bronze
 Plan HIOS ID: 20129IL0310231-00
 Issuer HIOS ID: 20129
 AVC Version: 2025_1a

Output

Status/Error Messages: Expanded Bronze Standard (58% to 65%), Calculation Successful.
 Actuarial Value: 62.61%
 Metal Tier: Bronze

Additional Notes:

Calculation Time: 0.082 seconds
Final 2025 AV Calculator

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate MOOP for Medical and Drug Spending?
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

Desired Metal Tier: Gold

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		\$2,000.00
Coinsurance (%; Insurer's Cost Share)		100.00%
MOOP (\$)		\$4,000.00
MOOP if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		
Coinsurance (%; Insurer's Cost Share)		
MOOP (\$)		
MOOP if Separate (\$)		

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days For Charging an IP Copay?	<input type="checkbox"/>
# Days [1-10]:	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits [1-10]:	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays [1-10]:	

Plan Description:

Name: 2025 POS HSA 2000 Gold
 Plan HIOS ID: 20129IL0310219-00
 Issuer HIOS ID: 20129
 AVC Version: 2025_1a

Output

Calculate

Status/Error Messages: Calculation Successful.
 Actuarial Value: 81.73%
 Metal Tier: Gold

Additional Notes:

Calculation Time: 0.0625 seconds
Final 2025 AV Calculator

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate MOOP for Medical and Drug Spending?
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

Desired Metal Tier: Gold

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		\$3,300.00
Coinsurance (%; Insurer's Cost Share)		90.00%
MOOP (\$)		\$3,900.00
MOOP if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		
Coinsurance (%; Insurer's Cost Share)		
MOOP (\$)		
MOOP if Separate (\$)		

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days For Charging an IP Copay?	<input type="checkbox"/>
# Days [1-10]:	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits [1-10]:	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays [1-10]:	

Plan Description:

Name: 2025 POS HSA 3300 Gold
 Plan HIOS ID: 20129IL0310220-00
 Issuer HIOS ID: 20129
 AVC Version: 2025_1a

Output

Calculate

Status/Error Messages: Calculation Successful.
 Actuarial Value: 78.15%
 Metal Tier: Gold

Additional Notes:

Calculation Time: 0.0898 seconds
Final 2025 AV Calculator

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate MOOP for Medical and Drug Spending?
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

Desired Metal Tier: Silver

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		\$3,500.00
Coinsurance (%; Insurer's Cost Share)		85.00%
MOOP (\$)		\$7,500.00
MOOP if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		
Coinsurance (%; Insurer's Cost Share)		
MOOP (\$)		
MOOP if Separate (\$)		

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days For Charging an IP Copay?	<input type="checkbox"/>
# Days [1-10]:	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits [1-10]:	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays [1-10]:	

Plan Description:

Name: 2025 POS HSA 3500 Silver
 Plan HIOS ID: 20129IL0310222-00
 Issuer HIOS ID: 20129
 AVC Version: 2025_1a

Output

Calculate

Status/Error Messages: Standard On-Exchange Individual Silver Plans must meet a [0, +2] percent de minimis range; Calculation Successful.
 Actuarial Value: 69.77%
 Metal Tier: Silver Off-Exchange and Small Group Market

Additional Notes:

Calculation Time: 0.0488 seconds
Final 2025 AV Calculator

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate MOOP for Medical and Drug Spending?
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	<input type="checkbox"/>	Tiered Network Plan?	<input type="checkbox"/>
Annual Contribution Amount:		1st Tier Utilization:	
		2nd Tier Utilization:	

Desired Metal Tier: Silver

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		\$5,000.00
Coinsurance (%; Insurer's Cost Share)		80.00%
MOOP (\$)		\$6,900.00
MOOP if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		
Coinsurance (%; Insurer's Cost Share)		
MOOP (\$)		
MOOP if Separate (\$)		

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days For Charging an IP Copay?	<input type="checkbox"/>
# Days [1-10]:	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits [1-10]:	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays [1-10]:	

Plan Description:

Name: 2025 POS HSA 5000 Silver
 Plan HIOS ID: 20129IL0310230-00
 Issuer HIOS ID: 20129
 AVC Version: 2025_1a

Output

Calculate

Status/Error Messages: Standard On-Exchange Individual Silver Plans must meet a [0, +2] percent de minimis range; Calculation Successful.
 Actuarial Value: 68.02%
 Metal Tier: Silver Off-Exchange and Small Group Market

Additional Notes:

Calculation Time: 0.0801 seconds
Final 2025 AV Calculator

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate MOOP for Medical and Drug Spending?
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

Desired Metal Tier: Bronze

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		\$7,150.00
Coinsurance (% Insurer's Cost Share)		100.00%
MOOP (\$)		\$7,150.00
MOOP if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		
Coinsurance (% Insurer's Cost Share)		
MOOP (\$)		
MOOP if Separate (\$)		

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days For Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:
 Name: 2025 POS HSA 7150 Bronze
 Plan HIOS ID: 20129IL0310224-00
 Issuer HIOS ID: 20129
 AVC Version: 2025_1a

Output

Status/Error Messages: Expanded Bronze Standard (58% to 65%), Calculation Successful.
 Actuarial Value: 63.75%
 Metal Tier: Bronze

Additional Notes:

Calculation Time: 0.1543 seconds
Final 2025 AV Calculator

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate MOOP for Medical and Drug Spending?
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input checked="" type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 60%
	2nd Tier Utilization: 40%

Desired Metal Tier: Gold

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$1,500.00	\$0.00	
Coinsurance (%; Insurer's Cost Share)	80.00%	100.00%	
MOOP (\$)	\$7,000.00		
MOOP if Separate (\$)			

	Tier 2 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$3,000.00	\$0.00	
Coinsurance (%; Insurer's Cost Share)	65.00%	100.00%	
MOOP (\$)	\$9,200.00		
MOOP if Separate (\$)			

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00		
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input type="checkbox"/>		\$400.00	<input type="checkbox"/>	<input type="checkbox"/>		\$400.00	<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days For Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:
 Name: 2025 Preferred 3 Tier 1500 Gold RA7
 Plan HIOS ID: 01291L0310234-00
 Issuer HIOS ID:
 AVC Version: 2025_1a

Output

Calculate

Status/Error Messages: Calculation Successful.
 Actuarial Value: 78.98%
 Metal Tier: Gold
 NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.
 Additional Notes:
 Calculation Time: 0.1484 seconds
Final 2025 AV Calculator

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate MOOP for Medical and Drug Spending?
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input checked="" type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 60%
	2nd Tier Utilization: 40%

Desired Metal Tier: Gold

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$1,500.00	\$0.00	
Coinsurance (%; Insurer's Cost Share)	80.00%	100.00%	
MOOP (\$)	\$7,000.00		
MOOP if Separate (\$)			

	Tier 2 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$3,000.00	\$0.00	
Coinsurance (%; Insurer's Cost Share)	65.00%	100.00%	
MOOP (\$)	\$9,200.00		
MOOP if Separate (\$)			

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00		
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input type="checkbox"/>		\$400.00	<input type="checkbox"/>	<input type="checkbox"/>		\$400.00	<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days For Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:
 Name: 2025 Preferred 3 Tier 1500 Gold RAS
 Plan HIOS ID: 01291L0310240-00
 Issuer HIOS ID:
 AVC Version: 2025_1a

Output

Status/Error Messages: Calculation Successful.
 Actuarial Value: 78.98%
 Metal Tier: Gold
 NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.

Additional Notes:

Calculation Time: 0.1367 seconds

Final 2025 AV Calculator

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate MOOP for Medical and Drug Spending?
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input checked="" type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 60%
	2nd Tier Utilization: 40%

Desired Metal Tier: Gold

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$1,500.00	\$0.00	
Coinsurance (%; Insurer's Cost Share)	80.00%	100.00%	
MOOP (\$)	\$7,000.00		
MOOP if Separate (\$)			

	Tier 2 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$3,000.00	\$0.00	
Coinsurance (%; Insurer's Cost Share)	65.00%	100.00%	
MOOP (\$)	\$9,200.00		
MOOP if Separate (\$)			

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00		
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input type="checkbox"/>		\$400.00	<input type="checkbox"/>	<input type="checkbox"/>		\$400.00	<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days For Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:
 Name: 2025 Preferred 3 Tier 1500 Gold RA9
 Plan HIOS ID: 01291L0310246-00
 Issuer HIOS ID:
 AVC Version: 2025_1a

Output

Calculate

Status/Error Messages: Calculation Successful.
 Actuarial Value: 78.98%
 Metal Tier: Gold
 NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.
 Additional Notes:
 Calculation Time: 0.1328 seconds
Final 2025 AV Calculator

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate MOOP for Medical and Drug Spending?
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input checked="" type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 60%
	2nd Tier Utilization: 40%

Desired Metal Tier: Gold

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$2,000.00	\$0.00	
Coinsurance (% Insurer's Cost Share)	80.00%	100.00%	
MOOP (\$)	\$6,500.00		
MOOP if Separate (\$)			

	Tier 2 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$4,000.00	\$0.00	
Coinsurance (% Insurer's Cost Share)	65.00%	100.00%	
MOOP (\$)	\$9,200.00		
MOOP if Separate (\$)			

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00		
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input type="checkbox"/>		\$400.00	<input type="checkbox"/>	<input type="checkbox"/>		\$400.00	<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days For Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:
 Name: 2025 Preferred 3 Tier 2000 Gold RA7
 Plan HIOS ID: 01291L0310235-00
 Issuer HIOS ID:
 AVC Version: 2025_1a

Output

Status/Error Messages: Calculation Successful.
 Actuarial Value: 78.28%
 Metal Tier: Gold
 NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.
 Additional Notes:
 Calculation Time: 0.1094 seconds
Final 2025 AV Calculator

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate MOOP for Medical and Drug Spending?
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input checked="" type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 60%
	2nd Tier Utilization: 40%

Desired Metal Tier: Gold

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$2,000.00	\$0.00	
Coinsurance (%; Insurer's Cost Share)	80.00%	100.00%	
MOOP (\$)	\$6,500.00		
MOOP if Separate (\$)			

	Tier 2 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$4,000.00	\$0.00	
Coinsurance (%; Insurer's Cost Share)	65.00%	100.00%	
MOOP (\$)	\$9,200.00		
MOOP if Separate (\$)			

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Type of Benefit	Tier 1				Tier 2				Copay applies only after deductible?	
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Tier 1	Tier 2
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input type="checkbox"/>		\$400.00	<input type="checkbox"/>	<input type="checkbox"/>		\$400.00	<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days For Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:
 Name: 2025 Preferred 3 Tier 2000 Gold RAS
 Plan HIOS ID: 01291L0310241-00
 Issuer HIOS ID:
 AVC Version: 2025_1a

Output

Status/Error Messages: Calculation Successful.
 Actuarial Value: 78.28%
 Metal Tier: Gold
 NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.

Additional Notes:

Calculation Time: 0.1172 seconds
Final 2025 AV Calculator

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate MOOP for Medical and Drug Spending?
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input checked="" type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 60%
	2nd Tier Utilization: 40%

Desired Metal Tier: Gold

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$2,000.00	\$0.00	
Coinsurance (%; Insurer's Cost Share)	80.00%	100.00%	
MOOP (\$)	\$6,500.00		
MOOP if Separate (\$)			

	Tier 2 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$4,000.00	\$0.00	
Coinsurance (%; Insurer's Cost Share)	65.00%	100.00%	
MOOP (\$)	\$9,200.00		
MOOP if Separate (\$)			

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00		
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input type="checkbox"/>		\$400.00	<input type="checkbox"/>	<input type="checkbox"/>		\$400.00	<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days For Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:
 Name: 2025 Preferred 3 Tier 2000 Gold RA9
 Plan HIOS ID: 01291L0310247-00
 Issuer HIOS ID:
 AVC Version: 2025_1a

Output

Status/Error Messages: Calculation Successful.
 Actuarial Value: 78.28%
 Metal Tier: Gold
 NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.

Additional Notes:

Calculation Time: 0.1445 seconds
Final 2025 AV Calculator

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate MOOP for Medical and Drug Spending?
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input checked="" type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 60%
	2nd Tier Utilization: 40%

Desired Metal Tier: Gold

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$3,000.00	\$0.00	
Coinsurance (%; Insurer's Cost Share)	80.00%	100.00%	
MOOP (\$)	\$6,000.00		
MOOP if Separate (\$)			

	Tier 2 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$5,000.00	\$0.00	
Coinsurance (%; Insurer's Cost Share)	65.00%	100.00%	
MOOP (\$)	\$8,000.00		
MOOP if Separate (\$)			

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00		
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input type="checkbox"/>		\$400.00	<input type="checkbox"/>	<input type="checkbox"/>		\$400.00	<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days For Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:
 Name: 2025 Preferred 3 Tier 3000 Gold RA7
 Plan HIOS ID: 01291L0310236-00
 Issuer HIOS ID:
 AVC Version: 2025_1a

Output

Calculate

Status/Error Messages: Calculation Successful.
 Actuarial Value: 78.03%
 Metal Tier: Gold
 NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.
 Additional Notes:
 Calculation Time: 0.1367 seconds
Final 2025 AV Calculator

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate MOOP for Medical and Drug Spending?
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input checked="" type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 60%
	2nd Tier Utilization: 40%

Desired Metal Tier: Gold

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$3,000.00	\$0.00	
Coinsurance (%; Insurer's Cost Share)	80.00%	100.00%	
MOOP (\$)	\$6,000.00		
MOOP if Separate (\$)			

	Tier 2 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$5,000.00	\$0.00	
Coinsurance (%; Insurer's Cost Share)	65.00%	100.00%	
MOOP (\$)	\$8,000.00		
MOOP if Separate (\$)			

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00		
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input type="checkbox"/>		\$400.00	<input type="checkbox"/>	<input type="checkbox"/>		\$400.00	<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days For Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:
 Name: 2025 Preferred 3 Tier 3000 Gold RAS
 Plan HIOS ID: 01291L0310242-00
 Issuer HIOS ID:
 AVC Version: 2025_1a

Output

Status/Error Messages: Calculation Successful.
 Actuarial Value: 78.03%
 Metal Tier: Gold
 NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.

Additional Notes:

Calculation Time: 0.1133 seconds

Final 2025 AV Calculator

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate MOOP for Medical and Drug Spending?
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input checked="" type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 60%
	2nd Tier Utilization: 40%

Desired Metal Tier: Gold

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$3,000.00	\$0.00	
Coinsurance (%; Insurer's Cost Share)	80.00%	100.00%	
MOOP (\$)	\$6,000.00		
MOOP if Separate (\$)			

	Tier 2 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$5,000.00	\$0.00	
Coinsurance (%; Insurer's Cost Share)	65.00%	100.00%	
MOOP (\$)	\$8,000.00		
MOOP if Separate (\$)			

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00		
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input type="checkbox"/>		\$400.00	<input type="checkbox"/>	<input type="checkbox"/>		\$400.00	<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days For Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name: 2025 Preferred 3 Tier 3000 Gold RA9
 Plan HIOS ID: 01291L0310248-00
 Issuer HIOS ID:
 AVC Version: 2025_1a

Output

Calculate

Status/Error Messages:

Calculation Successful.

Actuarial Value:

78.03%

Metal Tier:

Gold

NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.

Additional Notes:

Calculation Time:

0.1328 seconds

Final 2025 AV Calculator

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate MOOP for Medical and Drug Spending?
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input checked="" type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 60%
	2nd Tier Utilization: 40%

Desired Metal Tier: Silver

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$4,500.00	\$0.00	
Coinsurance (%; Insurer's Cost Share)	70.00%	100.00%	
MOOP (\$)	\$7,550.00		
MOOP if Separate (\$)			

	Tier 2 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$8,500.00	\$0.00	
Coinsurance (%; Insurer's Cost Share)	60.00%	100.00%	
MOOP (\$)	\$9,200.00		
MOOP if Separate (\$)			

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%		<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input type="checkbox"/>	<input type="checkbox"/>		\$95.00	<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00		
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$90.00	<input type="checkbox"/>	<input type="checkbox"/>		\$90.00	<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days For Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:
 Name: 2025 Preferred 3 Tier 4500 Silver RA7
 Plan HIOS ID: 01291L0310237-00
 Issuer HIOS ID:
 AVC Version: 2025_1a

Output

Calculate

Status/Error Messages: Calculation Successful.
 Actuarial Value: 71.48%
 Metal Tier: Silver
 NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.

Additional Notes:

Calculation Time: 0.1602 seconds

Final 2025 AV Calculator

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate MOOP for Medical and Drug Spending?
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input checked="" type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 60%
	2nd Tier Utilization: 40%

Desired Metal Tier: Silver

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)	\$4,500.00	\$0.00
Coinsurance (%; Insurer's Cost Share)	70.00%	100.00%
MOOP (\$)	\$7,550.00	
MOOP if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)	\$8,500.00	\$0.00
Coinsurance (%; Insurer's Cost Share)	60.00%	100.00%
MOOP (\$)	\$9,200.00	
MOOP if Separate (\$)		

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%		<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input type="checkbox"/>	<input type="checkbox"/>		\$95.00	<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00		
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$90.00	<input type="checkbox"/>	<input type="checkbox"/>		\$90.00	<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days For Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:
 Name: 2025 Preferred 3 Tier 4500 Silver RAB
 Plan HIOS ID: 01291L0310243-00
 Issuer HIOS ID:
 AVC Version: 2025_1a

Output

Calculate

Status/Error Messages: Calculation Successful.
 Actuarial Value: 71.48%
 Metal Tier: Silver

NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.

Additional Notes:

Calculation Time: 0.2305 seconds

Final 2025 AV Calculator

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate MOOP for Medical and Drug Spending?
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input checked="" type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 60%
	2nd Tier Utilization: 40%

Desired Metal Tier: Silver

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$4,500.00	\$0.00	
Coinsurance (%; Insurer's Cost Share)	70.00%	100.00%	
MOOP (\$)	\$7,550.00		
MOOP if Separate (\$)			

	Tier 2 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$8,500.00	\$0.00	
Coinsurance (%; Insurer's Cost Share)	60.00%	100.00%	
MOOP (\$)	\$9,200.00		
MOOP if Separate (\$)			

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%		<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input type="checkbox"/>	<input type="checkbox"/>		\$95.00	<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00		
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$90.00	<input type="checkbox"/>	<input type="checkbox"/>		\$90.00	<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days For Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:
 Name: 2025 Preferred 3 Tier 4500 Silver RA9
 Plan HIOS ID: 01291L0310249-00
 Issuer HIOS ID:
 AVC Version: 2025_1a

Output

Calculate

Status/Error Messages: Calculation Successful.
 Actuarial Value: 71.48%
 Metal Tier: Silver
 NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.

Additional Notes:

Calculation Time: 0.1758 seconds
Final 2025 AV Calculator

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate MOOP for Medical and Drug Spending?
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input checked="" type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 60%
	2nd Tier Utilization: 40%

Desired Metal Tier: Silver

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)	\$5,500.00	\$0.00
Coinsurance (% Insurer's Cost Share)	70.00%	100.00%
MOOP (\$)	\$8,000.00	
MOOP if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)	\$8,500.00	\$0.00
Coinsurance (% Insurer's Cost Share)	60.00%	100.00%
MOOP (\$)	\$9,200.00	
MOOP if Separate (\$)		

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%		<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input type="checkbox"/>	<input type="checkbox"/>		\$95.00	<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00		
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$90.00	<input type="checkbox"/>	<input type="checkbox"/>		\$90.00	<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days For Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:
 Name: 2025 Preferred 3 Tier 5500 Silver RA7
 Plan HIOS ID: 01291L0310238-00
 Issuer HIOS ID:
 AVC Version: 2025_1a

Output

Calculate

Status/Error Messages: Calculation Successful.
 Actuarial Value: 70.88%
 Metal Tier: Silver
 NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.
 Additional Notes:
 Calculation Time: 0.1836 seconds
Final 2025 AV Calculator

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate MOOP for Medical and Drug Spending?
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input checked="" type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 60%
	2nd Tier Utilization: 40%

Desired Metal Tier: Silver

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)	\$5,500.00	\$0.00
Coinsurance (% Insurer's Cost Share)	70.00%	100.00%
MOOP (\$)	\$8,000.00	
MOOP if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)	\$8,500.00	\$0.00
Coinsurance (% Insurer's Cost Share)	60.00%	100.00%
MOOP (\$)	\$9,200.00	
MOOP if Separate (\$)		

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Type of Benefit	Tier 1				Tier 2				Copay applies only after deductible?
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All <input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%		<input type="checkbox"/> <input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input type="checkbox"/> <input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input type="checkbox"/>	<input type="checkbox"/>		\$95.00	<input type="checkbox"/> <input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input type="checkbox"/> <input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/> <input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/>
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All <input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input type="checkbox"/> <input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/> <input type="checkbox"/>
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$90.00	<input type="checkbox"/>	<input type="checkbox"/>		\$90.00	<input type="checkbox"/> <input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input type="checkbox"/> <input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days For Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:
 Name: 2025 Preferred 3 Tier 5500 Silver RAB
 Plan HIOS ID: 01291L0310244-00
 Issuer HIOS ID:
 AVC Version: 2025_1a

Output

Calculate

Status/Error Messages: Calculation Successful.
 Actuarial Value: 70.88%
 Metal Tier: Silver
 NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.

Additional Notes:

Calculation Time: 0.1445 seconds
Final 2025 AV Calculator

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate MOOP for Medical and Drug Spending?
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input checked="" type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 60%
	2nd Tier Utilization: 40%

Desired Metal Tier: Silver

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)	\$5,500.00	\$0.00
Coinsurance (%; Insurer's Cost Share)	70.00%	100.00%
MOOP (\$)	\$8,000.00	
MOOP if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)	\$8,500.00	\$0.00
Coinsurance (%; Insurer's Cost Share)	60.00%	100.00%
MOOP (\$)	\$9,200.00	
MOOP if Separate (\$)		

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Type of Benefit	Tier 1				Tier 2				Tier 1		Tier 2	
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?		Copay applies only after deductible?	
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All		<input type="checkbox"/> All	
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%		<input type="checkbox"/>		<input type="checkbox"/>	
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input type="checkbox"/>		<input type="checkbox"/>	
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input type="checkbox"/>	<input type="checkbox"/>		\$95.00	<input type="checkbox"/>		<input type="checkbox"/>	
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input type="checkbox"/>		<input type="checkbox"/>	
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>		<input type="checkbox"/>	
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All		<input type="checkbox"/> All	
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input type="checkbox"/>		<input type="checkbox"/>	
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>		<input type="checkbox"/>	
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$90.00	<input type="checkbox"/>	<input type="checkbox"/>		\$90.00	<input type="checkbox"/>		<input type="checkbox"/>	
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input type="checkbox"/>		<input type="checkbox"/>	

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days For Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:
 Name: 2025 Preferred 3 Tier 5500 Silver RA9
 Plan HIOS ID: 01291L0310250-00
 Issuer HIOS ID:
 AVC Version: 2025_1a

Output

Calculate

Status/Error Messages: Calculation Successful.
 Actuarial Value: 70.88%
 Metal Tier: Silver
 NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.

Additional Notes:

Calculation Time: 0.1875 seconds

Final 2025 AV Calculator

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate MOOP for Medical and Drug Spending?
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input checked="" type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 60%
	2nd Tier Utilization: 40%

Desired Metal Tier

Silver

	Tier 1 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$6,500.00	\$0.00	
Coinsurance (%; Insurer's Cost Share)	70.00%	100.00%	
MOOP (\$)	\$8,000.00		
MOOP if Separate (\$)			

	Tier 2 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$9,000.00	\$0.00	
Coinsurance (%; Insurer's Cost Share)	60.00%	100.00%	
MOOP (\$)	\$9,200.00		
MOOP if Separate (\$)			

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%		<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input type="checkbox"/>	<input type="checkbox"/>		\$95.00	<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00		
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$90.00	<input type="checkbox"/>	<input type="checkbox"/>		\$90.00	<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days For Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name: 2025 Preferred 3 Tier 6500 Silver RA7
 Plan HIOS ID: 01291L0310239-00
 Issuer HIOS ID:
 AVC Version: 2025_1a

Output

Calculate

Status/Error Messages:

Calculation Successful.

Actuarial Value:

70.79%

Metal Tier:

Silver

NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.

Additional Notes:

Calculation Time:

0.2031 seconds

Final 2025 AV Calculator

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate MOOP for Medical and Drug Spending?
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input checked="" type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 60%
	2nd Tier Utilization: 40%

Desired Metal Tier: Silver

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)	\$6,500.00	\$0.00
Coinsurance (% Insurer's Cost Share)	70.00%	100.00%
MOOP (\$)	\$8,000.00	
MOOP if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)	\$9,000.00	\$0.00
Coinsurance (% Insurer's Cost Share)	60.00%	100.00%
MOOP (\$)	\$9,200.00	
MOOP if Separate (\$)		

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%		<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input type="checkbox"/>	<input type="checkbox"/>		\$95.00	<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100%	\$0.00		
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$90.00	<input type="checkbox"/>	<input type="checkbox"/>		\$90.00	<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days For Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name: 2025 Preferred 3 Tier 6500 Silver RAB
 Plan HIOS ID: 01291L0310245-00
 Issuer HIOS ID:
 AVC Version: 2025_1a

Output

Calculate

Status/Error Messages:
 Actuarial Value:
 Metal Tier:

Calculation Successful.
 70.79%
 Silver
 NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.

Additional Notes:

Calculation Time:
 Final 2025 AV Calculator

0.2148 seconds

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate MOOP for Medical and Drug Spending?
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input checked="" type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 60%
	2nd Tier Utilization: 40%

Desired Metal Tier: Silver

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)	\$6,500.00	\$0.00
Coinsurance (%; Insurer's Cost Share)	70.00%	100.00%
MOOP (\$)	\$8,000.00	
MOOP if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)	\$9,000.00	\$0.00
Coinsurance (%; Insurer's Cost Share)	60.00%	100.00%
MOOP (\$)	\$9,200.00	
MOOP if Separate (\$)		

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Type of Benefit	Tier 1				Tier 2				Tier 1		Tier 2	
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?			
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%		<input type="checkbox"/>	<input type="checkbox"/>		
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input type="checkbox"/>	<input type="checkbox"/>		
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input type="checkbox"/>	<input type="checkbox"/>		\$95.00	<input type="checkbox"/>	<input type="checkbox"/>		
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input type="checkbox"/>	<input type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Preventive Care/Screening/Immunization	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>		
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input type="checkbox"/>	<input type="checkbox"/>		
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>		
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$90.00	<input type="checkbox"/>	<input type="checkbox"/>		\$90.00	<input type="checkbox"/>	<input type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input type="checkbox"/>	<input type="checkbox"/>		

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days For Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:
Name: 2025 Preferred 3 Tier 6500 Silver RA9
Plan HIOS ID: 01291L0310251-00
Issuer HIOS ID:
AVC Version: 2025_1a

Output

Status/Error Messages: Calculation Successful.
 Actuarial Value: 70.79%
 Metal Tier: Silver
 NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.

Additional Notes:

Calculation Time: 0.2305 seconds
Final 2025 AV Calculator

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate MOOP for Medical and Drug Spending?
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input checked="" type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 60%
	2nd Tier Utilization: 40%

Desired Metal Tier: Platinum

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$) \$250.00	\$0.00	
Coinsurance (% Insurer's Cost Share) 90.00%	50.00%	
MOOP (\$) \$3,500.00		
MOOP if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$) \$500.00	\$0.00	
Coinsurance (% Insurer's Cost Share) 80.00%	50.00%	
MOOP (\$) \$5,000.00		
MOOP if Separate (\$)		

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Type of Benefit	Tier 1				Tier 2				Tier 1		Tier 2	
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?		Copay applies only after deductible?	
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All		<input type="checkbox"/> All	
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$300.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%	\$300.00	<input type="checkbox"/>		<input type="checkbox"/>	
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input type="checkbox"/>		<input type="checkbox"/>	
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>		<input type="checkbox"/>	
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input type="checkbox"/>		<input type="checkbox"/>	
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>		<input type="checkbox"/>	
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All		<input type="checkbox"/> All	
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input type="checkbox"/>		<input type="checkbox"/>	
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input type="checkbox"/>		<input type="checkbox"/>	
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input type="checkbox"/>		<input type="checkbox"/>	
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input type="checkbox"/>		<input type="checkbox"/>	

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments? <input type="checkbox"/>	Specialty Rx Coinsurance Maximum: <input type="text"/>
Set a Maximum Number of Days For Charging an IP Copay? <input type="checkbox"/>	# Days (1-10): <input type="text"/>
Begin Primary Care Cost-Sharing After a Set Number of Visits? <input type="checkbox"/>	# Visits (1-10): <input type="text"/>
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? <input type="checkbox"/>	# Copays (1-10): <input type="text"/>

Plan Description:
Name: 2025 Simple Memorial HMO 250 Platinum
Plan HIOS ID: 20129IL0320115-00
Issuer HIOS ID: 20129
AVC Version: 2025_1a

Output

Calculate

Status/Error Messages: Calculation Successful.
 Actuarial Value: 88.84%
 Metal Tier: Platinum
 NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.

Additional Notes:

Calculation Time: 0.125 seconds
Final 2025 AV Calculator

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate MOOP for Medical and Drug Spending?
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input checked="" type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 60%
	2nd Tier Utilization: 40%

Desired Metal Tier

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)	\$500.00	\$0.00		\$1,000.00	\$0.00	
Coinsurance (% Insurer's Cost Share)	90.00%	50.00%		80.00%	50.00%	
MOOP (\$)	\$2,500.00			\$5,000.00		
MOOP if Separate (\$)						

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Type of Benefit	Tier 1				Tier 2				Copay applies only after deductible?
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All <input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$300.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	90%	\$300.00	<input type="checkbox"/> <input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input type="checkbox"/> <input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/> <input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input type="checkbox"/> <input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/> <input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/> <input type="checkbox"/>
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All <input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input type="checkbox"/> <input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input type="checkbox"/> <input type="checkbox"/>
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input type="checkbox"/> <input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input type="checkbox"/> <input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days For Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:
 Name: 2025 Simple Memorial POS 500 Platinum
 Plan HIOS ID: 20129IL0310225-00
 Issuer HIOS ID: 20129
 AVC Version: 2025_1a

Output

Calculate

Status/Error Messages: Calculation Successful.
 Actuarial Value: 88.26%
 Metal Tier: Platinum
 NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings.

Additional Notes:

Calculation Time: 0.0977 seconds
Final 2025 AV Calculator

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate MOOP for Medical and Drug Spending?
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input checked="" type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 60%
	2nd Tier Utilization: 40%

Desired Metal Tier: Gold

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$) \$1,500.00	\$0.00	
Coinsurance (% Insurer's Cost Share) 75.00%	50.00%	
MOOP (\$) \$5,000.00		
MOOP if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$) \$2,500.00	\$0.00	
Coinsurance (% Insurer's Cost Share) 60.00%	50.00%	
MOOP (\$) \$6,000.00		
MOOP if Separate (\$)		

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Type of Benefit	Tier 1				Tier 2				Tier 1		Tier 2	
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?		Copay applies only after deductible?	
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All		<input type="checkbox"/> All	
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	75%	\$500.00	<input type="checkbox"/>		<input type="checkbox"/>	
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>		<input type="checkbox"/>	
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input type="checkbox"/>		<input type="checkbox"/>	
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>		<input type="checkbox"/>	
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>		<input type="checkbox"/>	
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>		<input type="checkbox"/>	
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$150.00	<input type="checkbox"/>		<input type="checkbox"/>	
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All		<input type="checkbox"/> All	
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input type="checkbox"/>		<input type="checkbox"/>	
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>		<input type="checkbox"/>	
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input type="checkbox"/>		<input type="checkbox"/>	
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input type="checkbox"/>		<input type="checkbox"/>	

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days For Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name: 2025 Simple Memorial POS 1500 Gold
 Plan HIOS ID: 20129IL0310226-00
 Issuer HIOS ID: 20129
 AVC Version: 2025_1a

Output

Calculate

Status/Error Messages: Calculation Successful.
 Actuarial Value: 81.99%

Metal Tier: Gold

Additional Notes: NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings. NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Calculation Time: 0.1406 seconds

Final 2025 AV Calculator

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate MOOP for Medical and Drug Spending?
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input checked="" type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 60%
	2nd Tier Utilization: 40%

Desired Metal Tier

Gold

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)	\$2,500.00	\$0.00
Coinsurance (% Insurer's Cost Share)	80.00%	50.00%
MOOP (\$)	\$6,000.00	
MOOP if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)	\$3,000.00	\$0.00
Coinsurance (% Insurer's Cost Share)	65.00%	50.00%
MOOP (\$)	\$7,000.00	
MOOP if Separate (\$)		

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Type of Benefit	Tier 1				Tier 2				Tier 1		Tier 2	
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?		
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%	\$500.00	<input type="checkbox"/>	<input type="checkbox"/>		
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>		
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input type="checkbox"/>	<input type="checkbox"/>		
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Preventive Care/Screening/Immunization	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100%	\$0.00				
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$150.00	<input type="checkbox"/>	<input type="checkbox"/>		
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input type="checkbox"/>	<input type="checkbox"/>		
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>		
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input type="checkbox"/>	<input type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input type="checkbox"/>	<input type="checkbox"/>		

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days For Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name: 2025 Simple Memorial HMO 2500 Gold
 Plan HIOS ID: 20129IL0320116-00
 Issuer HIOS ID: 20129
 AVC Version: 2025_1a

Output

Calculate

Status/Error Messages:
 Actuarial Value:
 Metal Tier:

Calculation Successful.
 80.20%
 Gold

Additional Notes:

NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings. NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Calculation Time:

0.1836 seconds

Final 2025 AV Calculator

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate MOOP for Medical and Drug Spending?
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input checked="" type="checkbox"/>
Annual Contribution Amount:	
	1st Tier Utilization: 60%
	2nd Tier Utilization: 40%

Desired Metal Tier: Gold

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)	\$3,000.00	\$0.00		\$4,000.00	\$0.00	
Coinsurance (% Insurer's Cost Share)	75.00%	50.00%		60.00%	50.00%	
MOOP (\$)	\$7,500.00			\$8,000.00		
MOOP if Separate (\$)						

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Type of Benefit	Tier 1				Tier 2				Tier 1 Tier 2	
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	75%	\$500.00	<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$150.00	<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments? <input type="checkbox"/>
Specialty Rx Coinsurance Maximum:
Set a Maximum Number of Days For Charging an IP Copay? <input type="checkbox"/>
Days (1-10):
Begin Primary Care Cost-Sharing After a Set Number of Visits? <input type="checkbox"/>
Visits (1-10):
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? <input type="checkbox"/>
Copays (1-10):

Plan Description:
Name: 2025 Simple Memorial POS 3000 Gold
Plan HIOS ID: 20129IL0310227-00
Issuer HIOS ID: 20129
AVC Version: 2025_1a

Output Calculate

Status/Error Messages: Calculation Successful.
 Actuarial Value: 78.28%
 Metal Tier: Gold
 Additional Notes: NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings. NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).
 Calculation Time: 0.1875 seconds
Final 2025 AV Calculator

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate MOOP for Medical and Drug Spending?
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input checked="" type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 60%
	2nd Tier Utilization: 40%

Desired Metal Tier: Silver

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)	\$3,500.00	\$0.00
Coinsurance (% Insurer's Cost Share)	70.00%	50.00%
MOOP (\$)	\$7,000.00	
MOOP if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)	\$4,500.00	\$0.00
Coinsurance (% Insurer's Cost Share)	60.00%	50.00%
MOOP (\$)	\$8,250.00	
MOOP if Separate (\$)		

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Type of Benefit	Tier 1				Tier 2				Tier 1		Tier 2	
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?			
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	70%	\$500.00	<input type="checkbox"/>	<input type="checkbox"/>		
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>		
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$150.00	<input type="checkbox"/>	<input type="checkbox"/>		
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All		
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input type="checkbox"/>	<input type="checkbox"/>		
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>		
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$90.00	<input type="checkbox"/>	<input type="checkbox"/>		\$90.00	<input type="checkbox"/>	<input type="checkbox"/>		
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input type="checkbox"/>	<input type="checkbox"/>		

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days For Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:
 Name: 2025 Simple Memorial POS 3500 Silver
 Plan HIOS ID: 20129IL0310228-00
 Issuer HIOS ID: 20129
 AVC Version: 2025_1a

Output

Calculate

Status/Error Messages: Calculation Successful.
 Actuarial Value: 71.37%
 Metal Tier: Silver

Additional Notes: NOTE: Office-visit-specific cost-sharing is applying to x-rays in office settings. NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Calculation Time: 0.0977 seconds
 Final 2025 AV Calculator

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate MOOP for Medical and Drug Spending?
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input checked="" type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 60%
	2nd Tier Utilization: 40%

Desired Metal Tier: Silver

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)			\$4,000.00			\$5,000.00
Coinsurance (% Insurer's Cost Share)			80.00%			70.00%
MOOP (\$)			\$6,750.00			\$8,050.00
MOOP if Separate (\$)						

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00		
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	80%		<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days For Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:
Name: 2025 Simple Memorial HMO 4000 HSA Silver
Plan HIOS ID: 20129IL0320118-00
Issuer HIOS ID: 20129
AVC Version: 2025_1a

Output

Calculate

Status/Error Messages: Standard On-Exchange Individual Silver Plans must meet a [0, +2] percent de minimis range; Calculation Successful.
 Actuarial Value: 68.42%
 Metal Tier: Silver Off-Exchange and Small Group Market

Additional Notes:

Calculation Time: 0.1094 seconds
Final 2025 AV Calculator

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate MOOP for Medical and Drug Spending?
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input checked="" type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 60%
	2nd Tier Utilization: 40%

Desired Metal Tier: Bronze

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)	\$5,500.00	\$0.00
Coinsurance (% Insurer's Cost Share)	65.00%	50.00%
MOOP (\$)	\$8,750.00	
MOOP if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)	\$6,500.00	\$0.00
Coinsurance (% Insurer's Cost Share)	50.00%	50.00%
MOOP (\$)	\$9,200.00	
MOOP if Separate (\$)		

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$600.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	65%	\$600.00	<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$250.00	<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$75.00	<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		\$75.00	<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments?	<input type="checkbox"/>
Specialty Rx Coinsurance Maximum:	
Set a Maximum Number of Days For Charging an IP Copay?	<input type="checkbox"/>
# Days (1-10):	
Begin Primary Care Cost-Sharing After a Set Number of Visits?	<input type="checkbox"/>
# Visits (1-10):	
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?	<input type="checkbox"/>
# Copays (1-10):	

Plan Description:

Name: 2025 Simple Memorial POS 5500 Bronze
 Plan HIOS ID: 20129IL0310229-00
 Issuer HIOS ID: 20129
 AVC Version: 2025_1a

Output

Status/Error Messages: Expanded Bronze Standard (58% to 65%), Calculation Successful.
 Actuarial Value: 63.30%
 Metal Tier: Bronze

Additional Notes:

Calculation Time: 0.1094 seconds

Final 2025 AV Calculator

User Inputs for Plan Parameters

- Use Integrated Medical and Drug Deductible?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate MOOP for Medical and Drug Spending?
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

HSA/HRA Options	Tiered Network Option
HSA/HRA Employer Contribution? <input type="checkbox"/>	Tiered Network Plan? <input checked="" type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization: 60%
	2nd Tier Utilization: 40%

Desired Metal Tier: Bronze

	Tier 1 Plan Benefit Design			Tier 2 Plan Benefit Design		
	Medical	Drug	Combined	Medical	Drug	Combined
Deductible (\$)			\$6,500.00			\$7,000.00
Coinsurance (% Insurer's Cost Share)			60.00%			50.00%
MOOP (\$)			\$7,100.00			\$8,050.00
MOOP if Separate (\$)						

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Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00		
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	60%		<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

Set a Maximum on Specialty Rx Coinsurance Payments? <input type="checkbox"/>
Specialty Rx Coinsurance Maximum: <input type="checkbox"/>
Set a Maximum Number of Days For Charging an IP Copay? <input type="checkbox"/>
Days (1-10): <input type="checkbox"/>
Begin Primary Care Cost-Sharing After a Set Number of Visits? <input type="checkbox"/>
Visits (1-10): <input type="checkbox"/>
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays? <input type="checkbox"/>
Copays (1-10): <input type="checkbox"/>

Plan Description:
Name: 2025 Simple Memorial HMO 6500 HSA Bronze
Plan HIOS ID: 20129IL0320119-00
Issuer HIOS ID: 20129
AVC Version: 2025_1a

Output

Status/Error Messages: Expanded Bronze Standard (58% to 65%), Calculation Successful.
 Actuarial Value: 63.23%
 Metal Tier: Bronze

Additional Notes:

Calculation Time: 0.1289 seconds
Final 2025 AV Calculator



June 11, 2024

Eric Anderson
Illinois Department of Insurance
320 W. Washington Street
Springfield, IL 62767

RE: TRADE SECRETS
Health Alliance Medical Plans, Inc.
ACA Small Group Premium Rate Filing

Mr. Anderson,

We are submitting the enclosed premium rate filing for Health Alliance Medical Plan's (HAMP) ACA small group health insurance products. This is a new premium rate filing. The primary purpose of this filing is to file premium rates for effective dates from January 2025 through December 2025. The actuarial memorandum and other documents, templates, and exhibits describe the filing in detail.

This filing includes some documents and information that HAMP considers to be confidential and proprietary and may contain trade secrets. We are submitting the rate filing in its entirety with some documents marked as "CONFIDENTIAL" that are not for public disclosure as allowed by 50 Ill. Adm. Code 2026.50(c). The documents marked as confidential include:

- URRT – IL SG 2025 – This is Part I.
- Part III Memorandum – IL SG 2025 – A Redacted Memorandum is included in SERFF.
- Exhibits & Appendices – IL SG 2025
- IL Specific Act Memo – SG 2025
- Experience Exhibit – IL SG 2025 – The Excel version has confidential information in cells excluded from the pdf version.

HAMP believes these enclosed documents include some information that constitutes trade secrets, as defined under 50 Ill. Adm. Code 2026.50(c). HAMP considers some of the enclosed documents to include trade secrets because they contain conclusions, formulas, methods of collection of information, summaries, compilations, and predictions based on HAMP's actual book of business, as well as detailed information about the rating process that is not required by statute. HAMP believes that disclosure of this information could cause competitive harm.

If you have questions, or need additional information, please call me at 608-445-7844.

Sincerely,

A handwritten signature in cursive script, reading "Pasquale Reda, Jr.", enclosed in a thin black rectangular border.

Pasquale Reda, Jr., FSA, MAAA
Director, Actuarial Services
Health Alliance Medical Plans, Inc.