

State: Illinois **Filing Company:** Health Alliance Medical Plans, Inc.
TOI/Sub-TOI: H16I Individual Health - Major Medical/H16I.005B Individual - Point-of-Service (POS)
Product Name: 2025 Individual Plan Rates On & Off Marketplace
Project Name/Number: ILIRATES2024001/ILIRATES2024001

Filing at a Glance

Company: Health Alliance Medical Plans, Inc.
Product Name: 2025 Individual Plan Rates On & Off Marketplace
State: Illinois
TOI: H16I Individual Health - Major Medical
Sub-TOI: H16I.005B Individual - Point-of-Service (POS)
Filing Type: Rate
Date Submitted: 06/04/2024
SERFF Tr Num: HAMP-134075987
SERFF Status: Assigned
State Tr Num:
State Status: Assigned to Reviewer
Co Tr Num: ILIRATES2024001

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:

State: Illinois **Filing Company:** Health Alliance Medical Plans, Inc.
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General Information

Project Name: ILIRATES2024001	Status of Filing in Domicile:
Project Number: ILIRATES2024001	Date Approved in Domicile:
Requested Filing Mode: Review & Approval	Domicile Status Comments:
Explanation for Combination/Other:	Market Type: Individual
Submission Type: New Submission	Individual Market Type: Individual
Overall Rate Impact:	Filing Status Changed: 06/04/2024
	State Status Changed: 06/04/2024
Deemer Date:	Created By: Brandie DeLahr
Submitted By: Brandie DeLahr	Corresponding Filing Tracking Number: HAMP-134065396, HAMP-134065374,HAMP-134065409, HAMP-134065432 , HAMP-IL25-125118297, HAMP-IL25-125118282
	State TOI: H16I Individual Health - Major Medical
State Sub-TOI: H16I.005B Individual - Point-of-Service (POS)	PPACA: Not PPACA-Related

PPACA Notes: null

Exchange Intentions: This is for on and off exchange

Filing Description:

For your review and approval, 2025 individual rates for ACA plans (HMO/POS).

These will be attached to the following policies:

On Exchange:

- IL_IND_HMO_HIX_2024 / ILIHMO2024002 / HAMP-134065374
- IL_IND_CAT_HMO_HIX_2024 / ILIHMO2024002 / HAMP-134065374
- IL_IND_HMO_HIX_HDHP_2024 / ILIHMO2024002 / HAMP-134065374
- IL_IND_TRIPLE_HMO_HIX_2024 / ILIHMO2024002 / HAMP-134065374
- IL_IND_POS_HIX_2024 / ILIHMO2024004 / HAMP-134065432
- IL_IND_POS_HIX_HDHP_2024 / ILIHMO2024004 / HAMP-134065432

Off Exchange:

- IL_IND_HMO_2024 / ILIHMO2024001 / HAMP-134065396
- IL_IND_HMO_HDHP_2024 / ILIHMO2024001 / HAMP-134065396
- IL_IND_TRIPLE_HMO_2024 / ILIHMO2024001 / HAMP-134065396
- IL_IND_POS_2024 / ILIHMO2024003 / HAMP-134065409
- IL_IND_POS_HDHP_2024 / ILIHMO2024003 / HAMP-134065409

These would be effective for 01/01/2025

Company and Contact

Filing Contact Information

Brandie DeLahr, Regulatory Compliance brandie.delahr@healthalliance.org
Manager

State: Illinois **Filing Company:** Health Alliance Medical Plans, Inc.
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3310 Fields South Drive 217-902-9142 [Phone]
Champaign, IL 61822

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:

State: Illinois **Filing Company:** Health Alliance Medical Plans, Inc.
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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 10:50 AM	287672808
EFT Total	\$25.00		

SERFF Tracking #:

HAMP-134075987

State Tracking #:

Company Tracking #:

ILIRATES2024001

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Rate Information

Rate data applies to filing.

Filing Method: actuarial
Rate Change Type: %
Overall Percentage of Last Rate Revision: 10.680%
Effective Date of Last Rate Revision: 01/01/2024
Filing Method of Last Filing: actuarial
SERFF Tracking Number of Last Filing: HAMP-133673326

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	9.900%	9.900%	\$37,421,739	23,294	\$377,997,362	19.560%	2.690%

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Rate Review Detail

COMPANY:

Company Name: Health Alliance Medical Plans, Inc.
 HHS Issuer Id: 20129

PRODUCTS:

Product Name	HIOS Product ID	HIOS Submission ID	Number of Covered Lives
2025 HMO 9200 Elite Catastrophic	20129IL033	20129IL0330020	94
2025 POS 1000 Elite Gold	20129IL034	20129IL0340067	926
2025 POS 1500 Elite Gold	20129IL034	20129IL0340079	1798
2025 POS 2500 Elite Gold	20129IL034	20129IL0340070	1896
2025 POS 4200 Elite Silver	20129IL034	20129IL0340073	851
2025 POS 4200 Silver Select	20129IL034	20129IL0340074	411
2025 POS 5000 Elite Silver	20129IL034	20129IL0340080	7625
2025 POS 5000 Silver Select	20129IL034	20129IL0340081	144
2025 POS 6500 Elite Bronze	20129IL034	20129IL0340035	2418
2025 POS 7250 Elite Silver	20129IL034	20129IL0340045	2534
2025 POS 7250 Silver Select	20129IL034	20129IL0340006	208
2025 POS 7500 Elite Bronze	20129IL034	20129IL03400812	7523
2025 POS HSA 7350 Elite Bronze	20129IL034	20129IL0340061	6415
2025 Simplete Memorial HMO Limited Network 2500 Go	20129IL033	20129IL0330087	1102
2025 Simplete Memorial HMO Limited Network 3500 Si	20129IL033	20129IL0330088	1652
2025 Simplete Memorial HMO Limited Network 3500 Si	20129IL033	20129IL0330089	184

Trend Factors:

FORMS:

New Policy Forms: IL_IND_HMO_HIX_2024, IL_IND_CAT_HMO_HIX_2024, IL_IND_HMO_HIX_HDHP_2024, IL_IND_TRIPLE_HMO_HIX_2024, IL_IND_POS_HIX_2024, IL_IND_POS_HIX_HDHP_2024, IL_IND_HMO_2024, IL_IND_HMO_HDHP_2024, IL_IND_TRIPLE_HMO_2024, IL_IND_POS_2024, IL_IND_POS_HDHP_2024

Affected Forms:

Other Affected Forms:

REQUESTED RATE CHANGE INFORMATION:

Change Period: Annual
 Member Months: 400,148
 Benefit Change: None
 Percent Change Requested: Min: 2.69 Max: 19.56 Avg: 9.9

PRIOR RATE:

State: Illinois **Filing Company:** Health Alliance Medical Plans, Inc.
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Total Earned Premium: 377,997,362.00
Total Incurred Claims: 341,812,437.00
Annual \$: Min: 223.36 Max: 3,100.14 Avg: 973.57

REQUESTED RATE:

Projected Earned Premium: 447,577,971.00
Projected Incurred Claims: 383,921,788.00
Annual \$: Min: 234.37 Max: 2,859.21 Avg: 1,015.77

SERFF Tracking #:

HAMP-134075987

State Tracking #:

Company Tracking #:

ILIRATES2024001

State:

Illinois

Filing Company:

Health Alliance Medical Plans, Inc.

TOI/Sub-TOI:

H16I Individual Health - Major Medical/H16I.005B Individual - Point-of-Service (POS)

Product Name:

2025 Individual Plan Rates On & Off Marketplace

Project Name/Number:

ILIRATES2024001/ILIRATES2024001

URRT

State Determination

Review Status:

Incomplete

SERFF Tracking #:

HAMP-134075987

State Tracking #:

Company Tracking #:

ILIRATES2024001

State:

Illinois

Filing Company:

Health Alliance Medical Plans, Inc.

TOI/Sub-TOI:

H16I Individual Health - Major Medical/H16I.005B Individual - Point-of-Service (POS)

Product Name:

2025 Individual Plan Rates On & Off Marketplace

Project Name/Number:

ILIRATES2024001/ILIRATES2024001

URRT Items

Item Name	Attachment(s)
Actuarial Memorandum - Redacted	<i>20129_01012025_IND_RedactedAM.pdf</i>
Consumer Justification Narrative	<i>PartIIRateIncreaseJustification-ILIndiv2025.pdf</i>

**Health Alliance Medical Plans
Individual 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) Individual comprehensive medical block of business, effective January 1, 2025. These revised Individual rates are guaranteed through December 31, 2025. These products are offered both on and off the Individual Insurance Exchange. 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 individual 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
Individual 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: Individual
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 rate change for 13 renewing Individual Affordable Care Act (ACA) compliant plans and to file 5 new plans. The proposed rates are for effective dates of January 1, 2025, through December 31, 2025. The experience basis, benefit plans, rating factors, and other projection assumptions were updated for this filing.

Premium rates for the individual plans were developed using our 2023 individual 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,
- Proposed benefit plan designs,
- Anticipated medical and Rx trend, both utilization and cost of services,
- Administrative costs, taxes, and fees, including those newly applicable since 2014 under ACA, and
- Anticipated risk adjustment payments (receipts)

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. The maximum rate change requested is [REDACTED].

Reason for Rate Change

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

- Base Experience – Our 2023 Individual ACA experience provides the base for our 2025 premium rates. Since 2021, we have been running consistently higher than target. 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. Table 1 below shows our 2021 through 2023 ACA experience and includes adjustments for Rx rebates, RADV, and risk adjustment transfers including net HCRP results.

Table 1 - Redacted

- Trend – A [REDACTED] annualized trend assumption was used to project allowed claims for the period from 2023 to 2025 in the URRT. This assumption includes medical and drug, cost and utilization trends.

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- Demographic Changes – We have historically seen our average age factor increase year over year, however, since the APTC changes under the American Rescue Plan, we have been seeing younger lives enter the single risk pool which has been lowering our average age factor for the past few years. More recently, it appears the membership gains we are seeing from Medicaid redeterminations are further reducing our average age factor. For our 2025 projection, we are anticipating a [REDACTED] in our average age factor from the 2023 experience period.

[REDACTED]

- Other Factors – Other Factors include changes in plan benefits, pricing model changes in determining pricing values, and plan design behavior factors. These changes are applied at the benefit plan level resulting in different rate changes by plan and product. Due to the APTC changes under the American Rescue plan, we have seen a sharp increase in average benefit richness with dramatic increase in Gold membership. We have calculated a shift in benefit utilization of -0.58%.

[REDACTED] Administrative costs, taxes and fees, profit, and risk loads – Our total retention [REDACTED]

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 individual 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.

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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 shows a breakdown of our 2023 individual non-grandfathered allowed and paid claims:

Table 3 Health Alliance Medical Plans 2023 Illinois Individual Non-Grandfathered Experience		
	Allowed	Paid
Claims Paid through March 2024	400,872,172	333,818,704
Processed through Claims System	400,872,172	333,818,704
Processed Outside of Claims System	-	-
Incurred But Not Reported (IBNR)	4,812,420	4,007,452
Total Claims	405,684,592	337,826,156

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: We do not have any experience on capitated contracts for 2023.
- Prescription drugs represent drugs dispensed by a pharmacy. This amount is net of rebates received from drug manufacturers.

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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 raw allowed trends is shown in Table 4 below.

Table 4 - Redacted

Our medical trends coming out of the COVID years have been volatile but look to be starting to normalize for outpatient and professional. However, over the past year and a half, we have been seeing elevated prescription drug trends driven primarily by sharp unit cost and utilization increases in the high-cost drug space.

Given our trend experience and current industry impact of high-cost drugs including GLP-1s, we are projecting allowed claims forward to 2025 with [REDACTED] trend assumption. This assumption includes unit cost inflation as well as anticipated changes in utilization. Table 5 below shows a breakdown of our trend assumption by unit cost and utilization for each service category.

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.

- 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 400,000 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 shown on Table 2 above and Table 9 in Section XIII below and are combined and reflected as a [REDACTED] factor on Worksheet 1, Section II of the URRT.

Demographic Shift

We assume our 2025 individual 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 individual enrollment distribution by age, gender, and tobacco status will mirror the demographics underlying our emerging 2024 enrollment.

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**Table 7
Health Alliance Medical Plans
Projected 2025 Member Months**

Product Type: Exchange:	HMO		POS		Total
	Off	On	Off	On	
Gold	953	12,715	4,607	61,489	79,764
Silver	1,456	21,020	9,194	132,682	164,352
Bronze	-	-	13,468	181,724	195,192
Catastrophic	-	1,320	-	-	1,320
Totals	2,409	35,055	27,269	375,895	440,628

Our rate projection is based on 2023 experience and reflects the average demographics and geographic mix of the 2023 enrollees. We have estimated an aging shift from our experience period to our projection period of [REDACTED] due to the influx of new, younger lives under the relaxed APTCs from the American Rescue Plan and Medicaid redeterminations, as discussed above.

We also see a slight shift in member mix by area for which we are estimating a cost impact of a [REDACTED].

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

Plan Design Changes

EHB benefits are consistent between the 2023 experience period and the 2025 projection period. With the relaxed limits around the APTCs from the American Rescue Plan, we did see an upward shift of our average plan richness due to a large increase in gold plan purchasing in 2022 and 2023. This trend is starting to reverse a little bit based on our 2024 plan mix. We are estimating a plan utilization [REDACTED] from the 2023 experience period to 2025. This is shown as [REDACTED] factor on Table 2 above and Table 9 below, and on Worksheet 1, Section II of the URRT.

Other Adjustments

[REDACTED]

For 2025, we are offering three new plans with a focused network in the Springfield region. This provider network has a lower cost profile and will lower our overall single risk pool costs by a small amount depending on how much enrollment they see. With the enrollment projections we are anticipating for these plans, we are projecting overall savings of 0.28%.

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

VI. Manual Rate Adjustments

Our 2023 non-grandfathered individual experience of 414,497 member months is fully credible based on the credibility threshold described in Section VII. Thus, no manual rate was developed. Furthermore, our 2023 individual ACA experience of 400,148 member months is fully credible as well, using the same standard.

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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.

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 ACA experience.

**Table 8
Health Alliance Medical Plans
Credibility of Base Experience**

Description	Value	Annotation
Member Months – Base Experience	400,148	(a)
Full Credibility Threshold – Member Months	24,000	(b)
% Base Experience in the Manual Rate	0%	(c)
Credibility of Base Experience (no adjustment)	100%	(d) = Min {sqrt[(a)/(b)], 1}
Adjusted Credibility of Base Period	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 individual Illinois plans. The index rate includes an adjustment for Rx rebates but has not been adjusted for risk adjustment

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transfers, reinsurance fees / recoveries, or Exchange fees. The experience period index rate reflects the actual mixture of tobacco / non-tobacco population, area factors, catastrophic / non-catastrophic enrollment, 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, costs for abortion coverage (IL Reproductive Health Act), an adult vision exam benefit, and acupuncture 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 2024 mixtures of tobacco / non-tobacco population, area factors, catastrophic / non-catastrophic enrollment, 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 2024 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, is [REDACTED], as shown in Worksheet 1, Section II, Line 42 of the URRT, and in Table 9 below.

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 are assuming 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 estimated risk adjustment transfer and net HCRP results. 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

CMS has set the FFE user fee at 1.50% for 2025. Based on our historical experience, we anticipate that around 93% of our enrollment will come from the FFE. Therefore, we are building in an average exchange user fee of 1.40% (= 1.50% x 0.93).

With these adjustments, the market-wide adjusted index rate calculates to [REDACTED], as shown in Worksheet 1, Section II, line 46 of the URRT.

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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 have added a focused provider network in the Springfield region that will provide lower cost for the enrollment selecting those plans. Our normalized network factors are [REDACTED] our standard network. These factors member-weight back to a 1.0000 overall network pricing adjustment.

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. For these benefits we have priced a value of [REDACTED]. This is reflected by a [REDACTED] factor in the URRT.

Adjustment for Distribution and Administrative Costs

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

We have projected our 2025 administrative expenses to [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 state premium tax, federal and state Income taxes, and the Risk Adjustment Program Fee. The Exchange User Fee is not included in this assessment. Table 11 below shows a breakdown of our taxes and fees.

Table 11 - Redacted

We build [REDACTED] of 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

The catastrophic plan factor is intended to capture the estimated cost of these plans relative to the starting base rate (MAIR) and age factors we are prescribed to use. This factor is needed since the actual cost of these plans due to the

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specific eligibility requirements is lower than what is reflected and captured by the age factors due to the restricted age factor range set by ACA regulations.

The methodology to calculate this factor is to compare the average demographic factor of the catastrophic membership to the metal plan membership using both the ACA age factors, and our transitional age and gender factors, which were established based on actual costs of each age band and gender cell. The catastrophic-to-metal relationship using the transitional factors should tell me the actual cost difference of this specific eligibility while this same relationship using the ACA factors will tell me how much offset would actually be credited in the premiums. The difference should be what I would need to use for the catastrophic factor.

Using this methodology I have calculated this factor using a membership snapshot for each year back to 2018. Table 12 summarizes these results. Our early read for 2024 shows [REDACTED]

Table 12 - Redacted

XI. Calibration

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

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 42.9 and the average age calibration factor [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 also periodically review our experience by region on an HCC risk adjusted basis to ensure that our results meet expectations. While experience in some of our regions is not credible on their own, the regions that are, give us additional guidance on what our geographic rate factors should be. Therefore, we are proposing the following factor changes for these regions.

[REDACTED]

We composite our geographic area factors by the projected membership in each area based on emerging 2024 membership. Our average geographic calibration factor [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.

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Tobacco Use Rating Factor Calibration

Our tobacco use factors were developed based on our historical 2016 through 2021 Individual ACA experience by age. We use an age-based load as allowed by ACA guidelines that is [REDACTED]. We composite these tobacco use factors by the projected mix of tobacco users at each age based on 2022 membership. This results in a 2025 tobacco use calibration factor of [REDACTED]. The development of this calibration factor is shown in Exhibit 7. 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.

XII. Consumer Adjusted Premium Rate Development

The consumer-adjusted premium rate is the final premium rate for a plan charged to an individual 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.

XIII. Projected Loss Ratio

The projected loss ratio based on federally prescribed MLR methodology is [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, metal, and Exchange status, we assume our 2025 individual 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.

For 2025, [REDACTED]

We will continue to re-evaluate each year and will adjust as necessary. Table 13 below shows the development of our CSR load.

Table 13 - Redacted

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 only 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

We do not have any reliance to report.

XX. Actuarial Certification

I, Pasquale Reda, Jr. am an Actuary 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, 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 individual 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 Increase

This is the Part II preliminary justification for Health Alliance Medical Plans (HAMP's) individual 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 scopes beyond those described above and, therefore, should not be used for other purposes.

HAMP is requesting an average 9.90% rate change for its ACA members on renewing plans. The lowest rate change requested is a 1.51% increase on HAMP's 2025 HMO 9200 Elite Catastrophic Plan (HIOS Plan ID 20129IL0330020) in region 7. The highest rate change requested is a 19.6% increase on HAMP's 2025 POS 7500 Elite Bronze plan (HIOS Plan IDs 20129IL0340082) in region 8. These changes affect 33,753 members currently in force.

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 what we were priced for. 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.

	2021	2022	2023
Filed Rate Change	1.7%	10.1%	6.8%
Member Months	348,127	392,060	400,148
Risk Adj'd Premium	254,882,311	315,172,266	337,357,538
Incurred Claims	232,162,910	275,164,866	305,188,803
Loss Ratio	91.1%	87.3%	90.5%

Changes in Medical Service Costs

We are using an annualized allowed claim trend of 8.4% to project our 2023 allowed claims forward to 2025. This trend assumption includes medical and prescription drug inflation as well as changes in utilization. Paid claim trend incorporates the additional component of plan benefit leveraging and directly affects our financial results. This additional component adds 1.3 points to the trend bring total paid claims trend to 9.8%. 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

Our plans continue to cover the same set of benefits as in past years.

Administration and Profit Assumptions

For 2025, our estimate for non-benefit costs has decreased by \$0.60 PMPM, or 0.06 percentage points to 14.22% of premium. The remaining 85.78% of premium is allocated to cover anticipated 2025 claims.

Summary

The overall impact of this rate change results in our projecting a loss ratio of 89.18% using the methodology prescribed for calculation of the federal ACA loss ratio as outlined in Actuarial Memo Exhibit 6.

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:	Individual
Effective Date:	1/1/2025
Exchange Information: (On-Exchange or Off-Exchange Only)	On-Exchange
Product Type(s) Offered: (HMO, PPO, and/or POS)	HMO and POS
Metal Tiers Offered: (please list which metal tiers are offered)	Gold, Silver, Bronze, and Catastrophic
Tobacco Rating Factors Used? (y/n)	Y
Description of Service Areas:	Regions 6, 7, 8, 9, 10, 11, and 13

Rate Change Summary:

Average Rate Change:	9.90%
Maximum Rate Change:	19.56%
Minimum Rate Change:	2.69%
Expected Number of People Affected:	33,753
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:	85.78%
Expected Annual Medical Trend:	9.8%
Expected Administrative Cost Ratio:	11.22%
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: H161 Individual Health - Major Medical/H161.005B Individual - Point-of-Service (POS)
Product Name: 2025 Individual Plan Rates On & Off Marketplace
Project Name/Number: ILIRATES2024001/ILIRATES2024001

Supporting Document Schedules

Satisfied - Item:	Review Requirement Checklist
Comments:	Please find attached: Rate Checklist Review Requirement Checklist
Attachment(s):	ratereviewchecklistindividual.pdf healthpremiumratereviewchecklist.pdf
Item Status:	
Status Date:	

Satisfied - Item:	Rate Table
Comments:	Please see attached: Rate Table
Attachment(s):	CMS Rate Template - IL Indiv 2025.xls CMS Rate Template - IL Indiv 2025.xls.xml
Item Status:	
Status Date:	

Satisfied - Item:	Proposed Enrollment
Comments:	Please see attached: Proposed Enrollment
Attachment(s):	Proposed Enrollment Template - IL Indiv 2025.xls
Item Status:	
Status Date:	

Satisfied - Item:	Service Area Template
Comments:	Please see attached: Service Area Template
Attachment(s):	PY2025ServiceAreaTemplate-IL IND HIX.xls PY2025ServiceAreaTemplate-IL IND HIX.xml
Item Status:	
Status Date:	

Satisfied - Item:	Crosswalk
Comments:	Please see attached: Crosswalk
Attachment(s):	PY2025PlanCWTemplatev14.0.xlsm PlanCW20129IL212D20240522T094449.xml

SERFF Tracking #:

HAMP-134075987

State Tracking #:

Company Tracking #:

ILIRATES2024001

State:

Illinois

Filing Company:

Health Alliance Medical Plans, Inc.

TOI/Sub-TOI:

H16I Individual Health - Major Medical/H16I.005B Individual - Point-of-Service (POS)

Product Name:

2025 Individual Plan Rates On & Off Marketplace

Project Name/Number:

ILIRATES2024001/ILIRATES2024001

Item Status:	
Status Date:	
Satisfied - Item:	AV Calcs
Comments:	Please see attached: AV Calcs
Attachment(s):	AV Calcs.pdf
Item Status:	
Status Date:	
Satisfied - Item:	Service Area Crosswalk
Comments:	Please find attached: Service Area Crosswalk
Attachment(s):	Service Area Crosswalk PY25-IL IND DIR HIX.xlsx
Item Status:	
Status Date:	

State:

Illinois

Filing Company:

Health Alliance Medical Plans, Inc.

TOI/Sub-TOI:

H16I Individual Health - Major Medical/H16I.005B Individual - Point-of-Service (POS)

Product Name:

2025 Individual Plan Rates On & Off Marketplace

Project Name/Number:

ILIRATES2024001/ILIRATES2024001

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

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

Attachment Proposed Enrollment Template - IL Indiv 2025.xls is not a PDF document and cannot be reproduced here.

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

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

Attachment PY2025PlanCWTemplatev14.0.xlsm is not a PDF document and cannot be reproduced here.

Attachment PlanCW20129IL212D20240522T094449.xml is not a PDF document and cannot be reproduced here.

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

Expected Enrollment By Network

HIOS Issuer ID*

20129

	Network ID	County	Rating Area	Expected Members
1	ILN006	ADAMS	IL-10	260
2	ILN006	ALEXANDER	IL-13	19
3	ILN006	BOND	IL-11	52
4	ILN006	BROWN	IL-10	58
5	ILN006	BUREAU	IL- 6	223
6	ILN006	CASS	IL-10	80
7	ILN006	CHAMPAIGN	IL- 9	4,665
8	ILN006	CHRISTIAN	IL-10	160
9	ILN006	CLARK	IL- 9	400
10	ILN006	CLAY	IL-13	280
11	ILN006	CLINTON	IL-11	38
12	ILN006	COLES	IL- 9	1,179
14	ILN006	CRAWFORD	IL-13	337
15	ILN006	CUMBERLAND	IL- 9	411
16	ILN006	DEWITT	IL- 8	297
17	ILN006	DOUGLAS	IL- 9	664
19	ILN006	EDGAR	IL- 9	398
20	ILN006	EDWARDS	IL-13	41
21	ILN006	EFFINGHAM	IL-13	1,786
22	ILN006	FAYETTE	IL-13	391
23	ILN006	FORD	IL- 9	399
24	ILN006	FRANKLIN	IL-13	433
25	ILN006	FULTON	IL- 7	440
26	ILN006	GALLATIN	IL-13	38
27	ILN006	GREENE	IL-11	80
28	ILN006	HAMILTON	IL-13	66
29	ILN006	HANCOCK	IL- 6	135
30	ILN006	HARDIN	IL-13	25
31	ILN006	HENDERSON	IL- 6	48
32	ILN006	HENRY	IL- 6	307
33	ILN006	IROQUOIS	IL- 9	759
34	ILN006	JACKSON	IL-13	1,029
35	ILN006	JASPER	IL-13	357
36	ILN006	JEFFERSON	IL-13	358
37	ILN006	JERSEY	IL-11	30
38	ILN006	JOHNSON	IL-13	90
41	ILN006	KNOX	IL- 7	545
42	ILN006	LA SALLE	IL- 7	941

43	ILN006	LASALLE	IL- 7	27
44	ILN006	LAWRENCE	IL-13	147
46	ILN006	LIVINGSTON	IL- 8	645
47	ILN006	LOGAN	IL-10	168
48	ILN006	MACON	IL-10	253
49	ILN006	MACOUPIN	IL-11	198
51	ILN006	MARION	IL-13	335
52	ILN006	MARSHALL	IL- 7	161
53	ILN006	MASON	IL-10	58
54	ILN006	MASSAC	IL-13	122
55	ILN006	MCDONOUGH	IL- 7	721
57	ILN006	MCLEAN	IL- 8	2,654
58	ILN006	MENARD	IL-10	64
59	ILN006	MERCER	IL- 6	121
60	ILN006	MONTGOMERY	IL-11	212
61	ILN006	MORGAN	IL-10	172
62	ILN006	MOULTRIE	IL-10	188
63	ILN006	PEORIA	IL- 7	1,202
64	ILN006	PERRY	IL-13	203
65	ILN006	PIATT	IL- 9	496
66	ILN006	PIKE	IL-10	148
67	ILN006	POPE	IL-13	33
68	ILN006	PULASKI	IL-13	41
69	ILN006	PUTNAM	IL- 7	89
70	ILN006	RANDOLPH	IL-11	29
71	ILN006	RICHLAND	IL-13	261
72	ILN006	ROCK ISLAND	IL- 6	829
74	ILN006	SALINE	IL-13	276
75	ILN006	SANGAMON	IL-10	683
76	ILN006	SCHUYLER	IL-10	118
77	ILN006	SCOTT	IL-10	18
78	ILN006	SHELBY	IL-10	373
80	ILN006	STARK	IL- 7	56
81	ILN006	TAZEWELL	IL- 7	1,186
82	ILN006	UNION	IL-13	130
83	ILN006	VERMILION	IL- 9	1,323
84	ILN006	WABASH	IL-13	80
85	ILN006	WARREN	IL- 6	143
86	ILN006	WASHINGTON	IL-11	28
87	ILN006	WAYNE	IL-13	159
88	ILN006	WHITE	IL-13	174
89	ILN006	WHITESIDE	IL- 6	319
90	ILN006	WILLIAMSON	IL-13	866

92	ILN006	WOODFORD	IL- 7	453
94	ILN007	CASS	IL-10	140
95	ILN007	CHRISTIAN	IL-10	284
96	ILN007	LOGAN	IL-10	299
97	ILN007	MASON	IL-10	105
98	ILN007	MENARD	IL-10	112
99	ILN007	MORGAN	IL-10	305
100	ILN007	SANGAMON	IL-10	1,210
101	ILN007	SCOTT	IL-10	34
102	ILN007	MACON	IL-10	449
103				
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Existing Enrollment By Network

HIOS Issuer ID*	20129
Date for Enrollment Data	March 2024

	Network ID	5-digit Zipcode	Members Enrolled
1	ILN006	29625	1
2	ILN006	32209	1
3	ILN006	32810	2
4	ILN006	34219	1
5	ILN006	34293	3
6	ILN006	37122	1
7	ILN006	40206	1
8	ILN006	44011	1
9	ILN006	46037	2
10	ILN006	46219	1
11	ILN006	47803	1
12	ILN006	48917	1
13	ILN006	49622	1
14	ILN006	53045	1
15	ILN006	60102	1
16	ILN006	60134	1
17	ILN006	60169	1
18	ILN006	60420	52
19	ILN006	60460	21
20	ILN006	60468	1
21	ILN006	60470	4
22	ILN006	60515	1
23	ILN006	60518	23
24	ILN006	60531	17
25	ILN006	60548	20
26	ILN006	60549	1
27	ILN006	60551	22
28	ILN006	60552	12
29	ILN006	60657	1
30	ILN006	60803	1
31	ILN006	60901	59
32	ILN006	60911	23
33	ILN006	60912	4
34	ILN006	60913	11
35	ILN006	60914	67
36	ILN006	60915	12
37	ILN006	60917	1

38	ILN006	60918	30
39	ILN006	60919	6
40	ILN006	60921	35
41	ILN006	60922	22
42	ILN006	60924	108
43	ILN006	60926	2
44	ILN006	60927	41
45	ILN006	60928	25
46	ILN006	60929	11
47	ILN006	60930	41
48	ILN006	60931	13
49	ILN006	60932	1
50	ILN006	60933	8
51	ILN006	60934	9
52	ILN006	60935	1
53	ILN006	60936	124
54	ILN006	60938	45
55	ILN006	60940	4
56	ILN006	60941	7
57	ILN006	60942	91
58	ILN006	60945	2
59	ILN006	60946	20
60	ILN006	60948	59
61	ILN006	60949	14
62	ILN006	60950	24
63	ILN006	60951	17
64	ILN006	60952	17
65	ILN006	60953	47
66	ILN006	60954	13
67	ILN006	60955	56
68	ILN006	60956	4
69	ILN006	60957	148
70	ILN006	60958	1
71	ILN006	60959	16
72	ILN006	60960	33
73	ILN006	60961	2
74	ILN006	60962	16
75	ILN006	60963	31
76	ILN006	60964	33
77	ILN006	60966	20
78	ILN006	60968	9
79	ILN006	60970	96
80	ILN006	60973	15

81	ILN006	60974	3
82	ILN006	61014	2
83	ILN006	61071	59
84	ILN006	61081	65
85	ILN006	61108	1
86	ILN006	61201	145
87	ILN006	61230	19
88	ILN006	61231	29
89	ILN006	61232	17
90	ILN006	61233	10
91	ILN006	61235	15
92	ILN006	61238	21
93	ILN006	61239	4
94	ILN006	61240	44
95	ILN006	61241	57
96	ILN006	61242	11
97	ILN006	61243	2
98	ILN006	61244	85
99	ILN006	61250	29
100	ILN006	61252	35
101	ILN006	61254	71
102	ILN006	61256	17
103	ILN006	61257	7
104	ILN006	61259	8
105	ILN006	61261	2
106	ILN006	61262	8
107	ILN006	61263	4
108	ILN006	61264	77
109	ILN006	61265	235
110	ILN006	61270	49
111	ILN006	61272	9
112	ILN006	61273	38
113	ILN006	61274	7
114	ILN006	61275	36
115	ILN006	61276	5
116	ILN006	61277	26
117	ILN006	61279	4
118	ILN006	61281	20
119	ILN006	61282	43
120	ILN006	61283	7
121	ILN006	61284	32
122	ILN006	61301	91
123	ILN006	61311	1

124	ILN006	61312	6
125	ILN006	61313	8
126	ILN006	61314	2
127	ILN006	61315	2
128	ILN006	61316	2
129	ILN006	61317	2
130	ILN006	61319	14
131	ILN006	61320	3
132	ILN006	61321	4
133	ILN006	61322	1
134	ILN006	61325	10
135	ILN006	61326	23
136	ILN006	61327	19
137	ILN006	61329	12
138	ILN006	61330	5
139	ILN006	61332	4
140	ILN006	61333	9
141	ILN006	61334	10
142	ILN006	61335	8
143	ILN006	61336	15
144	ILN006	61337	3
145	ILN006	61340	5
146	ILN006	61341	67
147	ILN006	61342	72
148	ILN006	61344	3
149	ILN006	61345	10
150	ILN006	61346	1
151	ILN006	61348	47
152	ILN006	61349	2
153	ILN006	61350	168
154	ILN006	61354	95
155	ILN006	61356	73
156	ILN006	61358	14
157	ILN006	61359	4
158	ILN006	61360	17
159	ILN006	61361	7
160	ILN006	61362	41
161	ILN006	61363	3
162	ILN006	61364	152
163	ILN006	61368	8
164	ILN006	61369	8
165	ILN006	61370	18
166	ILN006	61371	5

167	ILN006	61372	3
168	ILN006	61373	22
169	ILN006	61375	7
170	ILN006	61376	5
171	ILN006	61377	14
172	ILN006	61379	6
173	ILN006	61401	260
174	ILN006	61402	2
175	ILN006	61410	39
176	ILN006	61411	14
177	ILN006	61412	10
178	ILN006	61413	6
179	ILN006	61414	12
180	ILN006	61415	26
181	ILN006	61416	1
182	ILN006	61417	7
183	ILN006	61418	1
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850	ILN006	62953	1
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852	ILN006	62956	7
853	ILN006	62957	1
854	ILN006	62958	36

855	ILN006	62959	287
856	ILN006	62960	93
857	ILN006	62963	1
858	ILN006	62964	2
859	ILN006	62965	2
860	ILN006	62966	140
861	ILN006	62967	4
862	ILN006	62970	5
863	ILN006	62972	7
864	ILN006	62974	18
865	ILN006	62975	1
866	ILN006	62976	8
867	ILN006	62977	8
868	ILN006	62979	7
869	ILN006	62982	4
870	ILN006	62983	8
871	ILN006	62984	9
872	ILN006	62985	5
873	ILN006	62987	5
874	ILN006	62988	3
875	ILN006	62990	6
876	ILN006	62992	4
877	ILN006	62994	18
878	ILN006	62995	22
879	ILN006	62996	7
880	ILN006	62997	2
881	ILN006	62999	12
882	ILN006	63122	1
883	ILN006	63303	1
884	ILN006	75755	2
885	ILN006	77399	1
886	ILN006	78701	1
887	ILN006	90077	1
888	ILN006	91602	1

Plan Crosswalk Template v14.0

Issuer Information

HIOS Issuer ID	20129
Issuer State	IL
Market Coverage	Individual
Dental Only Plan	No

2024 HIOS Plan ID (Standard Component)	Crosswalk Level	Counties Crosswalked at Zip Level
Required	Required: Indicate whether you would like to crosswalk your 2024 to 2025 Plan IDs at the plan, county or zip code level.	Required If user indicates Crosswalked at the Zip Level for one or more counties.
20129IL0340067	Crosswalking at the Plan ID and county coverage level	
20129IL0340070	Crosswalking at the Plan ID and county coverage level	
20129IL0340073	Crosswalking at the Plan ID and county coverage level	
20129IL0340045	Crosswalking at the Plan ID and county coverage level	
20129IL0340035	Crosswalking at the Plan ID and county coverage level	
20129IL0340061	Crosswalking at the Plan ID and county coverage level	
20129IL0330020	Crosswalking at the Plan ID and county coverage level	
20129IL0340078	Crosswalking at the Plan ID and county coverage level	
20129IL0340079	Crosswalking at the Plan ID and county coverage level	
20129IL0340080	Crosswalking at the Plan ID and county coverage level	
20129IL0340082	Crosswalking at the Plan ID and county coverage level	

Actions

- Import 2024 Plans & Benefits Template and Service Area Template**
Please save your completed 2024 Plans & Benefits Template and Service Area Template to a folder on your harddrive and then select the button below to import the data.
- Create "2025 Crosswalk Tab"**
Select the button below to create the 2025 Crosswalk Tab based upon your entry.
- Validate Data**
Select the button below to validate information entered into all tabs. **Warning:** Depending on data size, validation may take several minutes.
- Finalize Template**
Select the button below to export data to XML file.

20129IL0330020	Kankakee - 17091	Crosswalking at the Plan ID and county coverage level	Continuing product; no plan available in the particular service area under that product; no enrollment option		No	
20129IL0330020	Fulton - 17057	Crosswalking at the Plan ID and county coverage level	Renewing exact same product/plan combination (Same 2024 Plan ID)	20129IL0330020	Yes	20129IL0340061
20129IL0330020	Mcdonough - 17109	Crosswalking at the Plan ID and county coverage level	Renewing exact same product/plan combination (Same 2024 Plan ID)	20129IL0330020	Yes	20129IL0340061
20129IL0330020	Knox - 17095	Crosswalking at the Plan ID and county coverage level	Renewing exact same product/plan combination (Same 2024 Plan ID)	20129IL0330020	Yes	20129IL0340061
20129IL0330020	Peoria - 17143	Crosswalking at the Plan ID and county coverage level	Renewing exact same product/plan combination (Same 2024 Plan ID)	20129IL0330020	Yes	20129IL0340061
20129IL0330020	Stark - 17175	Crosswalking at the Plan ID and county coverage level	Renewing exact same product/plan combination (Same 2024 Plan ID)	20129IL0330020	Yes	20129IL0340061
20129IL0330020	Tazewell - 17179	Crosswalking at the Plan ID and county coverage level	Renewing exact same product/plan combination (Same 2024 Plan ID)	20129IL0330020	Yes	20129IL0340061
20129IL0330020	Putnam - 17155	Crosswalking at the Plan ID and county coverage level	Renewing exact same product/plan combination (Same 2024 Plan ID)	20129IL0330020	Yes	20129IL0340061
20129IL0330020	Marshall - 17123	Crosswalking at the Plan ID and county coverage level	Renewing exact same product/plan combination (Same 2024 Plan ID)	20129IL0330020	Yes	20129IL0340061
20129IL0330020	Woodford - 17203	Crosswalking at the Plan ID and county coverage level	Renewing exact same product/plan combination (Same 2024 Plan ID)	20129IL0330020	Yes	20129IL0340061
20129IL0330020	La Salle - 17099	Crosswalking at the Plan ID and county coverage level	Renewing exact same product/plan combination (Same 2024 Plan ID)	20129IL0330020	Yes	20129IL0340061
20129IL0340078	Whiteside - 17195	Crosswalking at the Plan ID and county coverage level	Renewing product; renewal in a different plan within the product	20129IL0340067	No	
20129IL0340078	Bureau - 17011	Crosswalking at the Plan ID and county coverage level	Renewing product; renewal in a different plan within the product	20129IL0340067	No	
20129IL0340078	Henry - 17073	Crosswalking at the Plan ID and county coverage level	Renewing product; renewal in a different plan within the product	20129IL0340067	No	
20129IL0340078	Rock Island - 17161	Crosswalking at the Plan ID and county coverage level	Renewing product; renewal in a different plan within the product	20129IL0340067	No	
20129IL0340078	Mercer - 17131	Crosswalking at the Plan ID and county coverage level	Renewing product; renewal in a different plan within the product	20129IL0340067	No	
20129IL0340078	Warren - 17187	Crosswalking at the Plan ID and county coverage level	Renewing product; renewal in a different plan within the product	20129IL0340067	No	
20129IL0340078	Henderson - 17071	Crosswalking at the Plan ID and county coverage level	Renewing product; renewal in a different plan within the product	20129IL0340067	No	
20129IL0340078	Hancock - 17067	Crosswalking at the Plan ID and county coverage level	Renewing product; renewal in a different plan within the product	20129IL0340067	No	
20129IL0340078	Livingston - 17105	Crosswalking at the Plan ID and county coverage level	Renewing product; renewal in a different plan within the product	20129IL0340067	No	
20129IL0340078	Mclean - 17113	Crosswalking at the Plan ID and county coverage level	Renewing product; renewal in a different plan within the product	20129IL0340067	No	
20129IL0340078	Dewitt - 17039	Crosswalking at the Plan ID and county coverage level	Renewing product; renewal in a different plan within the product	20129IL0340067	No	
20129IL0340078	Iroquois - 17075	Crosswalking at the Plan ID and county coverage level	Renewing product; renewal in a different plan within the product	20129IL0340067	No	
20129IL0340078	Ford - 17053	Crosswalking at the Plan ID and county coverage level	Renewing product; renewal in a different plan within the product	20129IL0340067	No	
20129IL0340078	Champaign - 17019	Crosswalking at the Plan ID and county coverage level	Renewing product; renewal in a different plan within the product	20129IL0340067	No	
20129IL0340078	Piatt - 17147	Crosswalking at the Plan ID and county coverage level	Renewing product; renewal in a different plan within the product	20129IL0340067	No	
20129IL0340078	Vermilion - 17183	Crosswalking at the Plan ID and county coverage level	Renewing product; renewal in a different plan within the product	20129IL0340067	No	
20129IL0340078	Douglas - 17041	Crosswalking at the Plan ID and county coverage level	Renewing product; renewal in a different plan within the product	20129IL0340067	No	
20129IL0340078	Edgar - 17045	Crosswalking at the Plan ID and county coverage level	Renewing product; renewal in a different plan within the product	20129IL0340067	No	
20129IL0340078	Coles - 17029	Crosswalking at the Plan ID and county coverage level	Renewing product; renewal in a different plan within the product	20129IL0340067	No	
20129IL0340078	Cumberland - 17035	Crosswalking at the Plan ID and county coverage level	Renewing product; renewal in a different plan within the product	20129IL0340067	No	
20129IL0340078	Clark - 17023	Crosswalking at the Plan ID and county coverage level	Renewing product; renewal in a different plan within the product	20129IL0340067	No	
20129IL0340078	Adams - 17001	Crosswalking at the Plan ID and county coverage level	Renewing product; renewal in a different plan within the product	20129IL0340067	No	
20129IL0340078	Pike - 17149	Crosswalking at the Plan ID and county coverage level	Renewing product; renewal in a different plan within the product	20129IL0340067	No	
20129IL0340078	Brown - 17009	Crosswalking at the Plan ID and county coverage level	Renewing product; renewal in a different plan within the product	20129IL0340067	No	
20129IL0340078	Schuyler - 17169	Crosswalking at the Plan ID and county coverage level	Renewing product; renewal in a different plan within the product	20129IL0340067	No	
20129IL0340078	Cass - 17017	Crosswalking at the Plan ID and county coverage level	Renewing product; renewal in a different plan within the product	20129IL0340067	No	
20129IL0340078	Scott - 17171	Crosswalking at the Plan ID and county coverage level	Renewing product; renewal in a different plan within the product	20129IL0340067	No	
20129IL0340078	Morgan - 17137	Crosswalking at the Plan ID and county coverage level	Renewing product; renewal in a different plan within the product	20129IL0340067	No	
20129IL0340078	Mason - 17125	Crosswalking at the Plan ID and county coverage level	Renewing product; renewal in a different plan within the product	20129IL0340067	No	
20129IL0340078	Menard - 17129	Crosswalking at the Plan ID and county coverage level	Renewing product; renewal in a different plan within the product	20129IL0340067	No	

20129IL0340078	Pulaski - 17153	Crosswalking at the Plan ID and county coverage level	Renewing product; renewal in a different plan within the product	20129IL0340067	No
20129IL0340078	Kankakee - 17091	Crosswalking at the Plan ID and county coverage level	Continuing product; no plan available in the particular service area under that product; no enrollment option		No
20129IL0340078	Fulton - 17057	Crosswalking at the Plan ID and county coverage level	Renewing product; renewal in a different plan within the product	20129IL0340067	No
20129IL0340078	Mcdonough - 17109	Crosswalking at the Plan ID and county coverage level	Renewing product; renewal in a different plan within the product	20129IL0340067	No
20129IL0340078	Knox - 17095	Crosswalking at the Plan ID and county coverage level	Renewing product; renewal in a different plan within the product	20129IL0340067	No
20129IL0340078	Peoria - 17143	Crosswalking at the Plan ID and county coverage level	Renewing product; renewal in a different plan within the product	20129IL0340067	No
20129IL0340078	Stark - 17175	Crosswalking at the Plan ID and county coverage level	Renewing product; renewal in a different plan within the product	20129IL0340067	No
20129IL0340078	Tazewell - 17179	Crosswalking at the Plan ID and county coverage level	Renewing product; renewal in a different plan within the product	20129IL0340067	No
20129IL0340078	Putnam - 17155	Crosswalking at the Plan ID and county coverage level	Renewing product; renewal in a different plan within the product	20129IL0340067	No
20129IL0340078	Marshall - 17123	Crosswalking at the Plan ID and county coverage level	Renewing product; renewal in a different plan within the product	20129IL0340067	No
20129IL0340078	Woodford - 17203	Crosswalking at the Plan ID and county coverage level	Renewing product; renewal in a different plan within the product	20129IL0340067	No
20129IL0340078	La Salle - 17099	Crosswalking at the Plan ID and county coverage level	Renewing product; renewal in a different plan within the product	20129IL0340067	No
20129IL0340079	Whiteside - 17195	Crosswalking at the Plan ID and county coverage level	Renewing exact same product/plan combination (Same 2024 Plan ID)	20129IL0340079	No
20129IL0340079	Bureau - 17011	Crosswalking at the Plan ID and county coverage level	Renewing exact same product/plan combination (Same 2024 Plan ID)	20129IL0340079	No
20129IL0340079	Henry - 17073	Crosswalking at the Plan ID and county coverage level	Renewing exact same product/plan combination (Same 2024 Plan ID)	20129IL0340079	No
20129IL0340079	Rock Island - 17161	Crosswalking at the Plan ID and county coverage level	Renewing exact same product/plan combination (Same 2024 Plan ID)	20129IL0340079	No
20129IL0340079	Mercer - 17131	Crosswalking at the Plan ID and county coverage level	Renewing exact same product/plan combination (Same 2024 Plan ID)	20129IL0340079	No
20129IL0340079	Warren - 17187	Crosswalking at the Plan ID and county coverage level	Renewing exact same product/plan combination (Same 2024 Plan ID)	20129IL0340079	No
20129IL0340079	Henderson - 17071	Crosswalking at the Plan ID and county coverage level	Renewing exact same product/plan combination (Same 2024 Plan ID)	20129IL0340079	No
20129IL0340079	Hancock - 17067	Crosswalking at the Plan ID and county coverage level	Renewing exact same product/plan combination (Same 2024 Plan ID)	20129IL0340079	No
20129IL0340079	Livingston - 17105	Crosswalking at the Plan ID and county coverage level	Renewing exact same product/plan combination (Same 2024 Plan ID)	20129IL0340079	No
20129IL0340079	Mclean - 17113	Crosswalking at the Plan ID and county coverage level	Renewing exact same product/plan combination (Same 2024 Plan ID)	20129IL0340079	No
20129IL0340079	Dewitt - 17039	Crosswalking at the Plan ID and county coverage level	Renewing exact same product/plan combination (Same 2024 Plan ID)	20129IL0340079	No
20129IL0340079	Iroquois - 17075	Crosswalking at the Plan ID and county coverage level	Renewing exact same product/plan combination (Same 2024 Plan ID)	20129IL0340079	No
20129IL0340079	Ford - 17053	Crosswalking at the Plan ID and county coverage level	Renewing exact same product/plan combination (Same 2024 Plan ID)	20129IL0340079	No
20129IL0340079	Champaign - 17019	Crosswalking at the Plan ID and county coverage level	Renewing exact same product/plan combination (Same 2024 Plan ID)	20129IL0340079	No
20129IL0340079	Piatt - 17147	Crosswalking at the Plan ID and county coverage level	Renewing exact same product/plan combination (Same 2024 Plan ID)	20129IL0340079	No
20129IL0340079	Vermilion - 17183	Crosswalking at the Plan ID and county coverage level	Renewing exact same product/plan combination (Same 2024 Plan ID)	20129IL0340079	No
20129IL0340079	Douglas - 17041	Crosswalking at the Plan ID and county coverage level	Renewing exact same product/plan combination (Same 2024 Plan ID)	20129IL0340079	No
20129IL0340079	Edgar - 17045	Crosswalking at the Plan ID and county coverage level	Renewing exact same product/plan combination (Same 2024 Plan ID)	20129IL0340079	No
20129IL0340079	Coles - 17029	Crosswalking at the Plan ID and county coverage level	Renewing exact same product/plan combination (Same 2024 Plan ID)	20129IL0340079	No
20129IL0340079	Cumberland - 17035	Crosswalking at the Plan ID and county coverage level	Renewing exact same product/plan combination (Same 2024 Plan ID)	20129IL0340079	No
20129IL0340079	Clark - 17023	Crosswalking at the Plan ID and county coverage level	Renewing exact same product/plan combination (Same 2024 Plan ID)	20129IL0340079	No
20129IL0340079	Adams - 17001	Crosswalking at the Plan ID and county coverage level	Renewing exact same product/plan combination (Same 2024 Plan ID)	20129IL0340079	No
20129IL0340079	Pike - 17149	Crosswalking at the Plan ID and county coverage level	Renewing exact same product/plan combination (Same 2024 Plan ID)	20129IL0340079	No
20129IL0340079	Brown - 17009	Crosswalking at the Plan ID and county coverage level	Renewing exact same product/plan combination (Same 2024 Plan ID)	20129IL0340079	No
20129IL0340079	Schuyler - 17169	Crosswalking at the Plan ID and county coverage level	Renewing exact same product/plan combination (Same 2024 Plan ID)	20129IL0340079	No
20129IL0340079	Cass - 17017	Crosswalking at the Plan ID and county coverage level	Renewing exact same product/plan combination (Same 2024 Plan ID)	20129IL0340079	No
20129IL0340079	Scott - 17171	Crosswalking at the Plan ID and county coverage level	Renewing exact same product/plan combination (Same 2024 Plan ID)	20129IL0340079	No
20129IL0340079	Morgan - 17137	Crosswalking at the Plan ID and county coverage level	Renewing exact same product/plan combination (Same 2024 Plan ID)	20129IL0340079	No
20129IL0340079	Mason - 17125	Crosswalking at the Plan ID and county coverage level	Renewing exact same product/plan combination (Same 2024 Plan ID)	20129IL0340079	No

20129IL0340079	Massac - 17127	Crosswalking at the Plan ID and county coverage level	Renewing exact same product/plan combination (Same 2024 Plan ID)	20129IL0340079	No
20129IL0340079	Pulaski - 17153	Crosswalking at the Plan ID and county coverage level	Renewing exact same product/plan combination (Same 2024 Plan ID)	20129IL0340079	No
20129IL0340079	Kankakee - 17091	Crosswalking at the Plan ID and county coverage level	Continuing product; no plan available in the particular service area under that product; no enrollment option		No
20129IL0340079	Fulton - 17057	Crosswalking at the Plan ID and county coverage level	Renewing exact same product/plan combination (Same 2024 Plan ID)	20129IL0340079	No
20129IL0340079	Mcdonough - 17109	Crosswalking at the Plan ID and county coverage level	Renewing exact same product/plan combination (Same 2024 Plan ID)	20129IL0340079	No
20129IL0340079	Knox - 17095	Crosswalking at the Plan ID and county coverage level	Renewing exact same product/plan combination (Same 2024 Plan ID)	20129IL0340079	No
20129IL0340079	Peoria - 17143	Crosswalking at the Plan ID and county coverage level	Renewing exact same product/plan combination (Same 2024 Plan ID)	20129IL0340079	No
20129IL0340079	Stark - 17175	Crosswalking at the Plan ID and county coverage level	Renewing exact same product/plan combination (Same 2024 Plan ID)	20129IL0340079	No
20129IL0340079	Tazewell - 17179	Crosswalking at the Plan ID and county coverage level	Renewing exact same product/plan combination (Same 2024 Plan ID)	20129IL0340079	No
20129IL0340079	Putnam - 17155	Crosswalking at the Plan ID and county coverage level	Renewing exact same product/plan combination (Same 2024 Plan ID)	20129IL0340079	No
20129IL0340079	Marshall - 17123	Crosswalking at the Plan ID and county coverage level	Renewing exact same product/plan combination (Same 2024 Plan ID)	20129IL0340079	No
20129IL0340079	Woodford - 17203	Crosswalking at the Plan ID and county coverage level	Renewing exact same product/plan combination (Same 2024 Plan ID)	20129IL0340079	No
20129IL0340079	La Salle - 17099	Crosswalking at the Plan ID and county coverage level	Renewing exact same product/plan combination (Same 2024 Plan ID)	20129IL0340079	No
20129IL0340080	Whiteside - 17195	Crosswalking at the Plan ID and county coverage level	Renewing exact same product/plan combination (Same 2024 Plan ID)	20129IL0340080	No
20129IL0340080	Bureau - 17011	Crosswalking at the Plan ID and county coverage level	Renewing exact same product/plan combination (Same 2024 Plan ID)	20129IL0340080	No
20129IL0340080	Henry - 17073	Crosswalking at the Plan ID and county coverage level	Renewing exact same product/plan combination (Same 2024 Plan ID)	20129IL0340080	No
20129IL0340080	Rock Island - 17161	Crosswalking at the Plan ID and county coverage level	Renewing exact same product/plan combination (Same 2024 Plan ID)	20129IL0340080	No
20129IL0340080	Mercer - 17131	Crosswalking at the Plan ID and county coverage level	Renewing exact same product/plan combination (Same 2024 Plan ID)	20129IL0340080	No
20129IL0340080	Warren - 17187	Crosswalking at the Plan ID and county coverage level	Renewing exact same product/plan combination (Same 2024 Plan ID)	20129IL0340080	No
20129IL0340080	Henderson - 17071	Crosswalking at the Plan ID and county coverage level	Renewing exact same product/plan combination (Same 2024 Plan ID)	20129IL0340080	No
20129IL0340080	Hancock - 17067	Crosswalking at the Plan ID and county coverage level	Renewing exact same product/plan combination (Same 2024 Plan ID)	20129IL0340080	No
20129IL0340080	Livingston - 17105	Crosswalking at the Plan ID and county coverage level	Renewing exact same product/plan combination (Same 2024 Plan ID)	20129IL0340080	No
20129IL0340080	Mclean - 17113	Crosswalking at the Plan ID and county coverage level	Renewing exact same product/plan combination (Same 2024 Plan ID)	20129IL0340080	No
20129IL0340080	Dewitt - 17039	Crosswalking at the Plan ID and county coverage level	Renewing exact same product/plan combination (Same 2024 Plan ID)	20129IL0340080	No
20129IL0340080	Iroquois - 17075	Crosswalking at the Plan ID and county coverage level	Renewing exact same product/plan combination (Same 2024 Plan ID)	20129IL0340080	No
20129IL0340080	Ford - 17053	Crosswalking at the Plan ID and county coverage level	Renewing exact same product/plan combination (Same 2024 Plan ID)	20129IL0340080	No
20129IL0340080	Champaign - 17019	Crosswalking at the Plan ID and county coverage level	Renewing exact same product/plan combination (Same 2024 Plan ID)	20129IL0340080	No
20129IL0340080	Piatt - 17147	Crosswalking at the Plan ID and county coverage level	Renewing exact same product/plan combination (Same 2024 Plan ID)	20129IL0340080	No
20129IL0340080	Vermilion - 17183	Crosswalking at the Plan ID and county coverage level	Renewing exact same product/plan combination (Same 2024 Plan ID)	20129IL0340080	No
20129IL0340080	Douglas - 17041	Crosswalking at the Plan ID and county coverage level	Renewing exact same product/plan combination (Same 2024 Plan ID)	20129IL0340080	No
20129IL0340080	Edgar - 17045	Crosswalking at the Plan ID and county coverage level	Renewing exact same product/plan combination (Same 2024 Plan ID)	20129IL0340080	No
20129IL0340080	Coles - 17029	Crosswalking at the Plan ID and county coverage level	Renewing exact same product/plan combination (Same 2024 Plan ID)	20129IL0340080	No
20129IL0340080	Cumberland - 17035	Crosswalking at the Plan ID and county coverage level	Renewing exact same product/plan combination (Same 2024 Plan ID)	20129IL0340080	No
20129IL0340080	Clark - 17023	Crosswalking at the Plan ID and county coverage level	Renewing exact same product/plan combination (Same 2024 Plan ID)	20129IL0340080	No
20129IL0340080	Adams - 17001	Crosswalking at the Plan ID and county coverage level	Renewing exact same product/plan combination (Same 2024 Plan ID)	20129IL0340080	No
20129IL0340080	Pike - 17149	Crosswalking at the Plan ID and county coverage level	Renewing exact same product/plan combination (Same 2024 Plan ID)	20129IL0340080	No
20129IL0340080	Brown - 17009	Crosswalking at the Plan ID and county coverage level	Renewing exact same product/plan combination (Same 2024 Plan ID)	20129IL0340080	No
20129IL0340080	Schuyler - 17169	Crosswalking at the Plan ID and county coverage level	Renewing exact same product/plan combination (Same 2024 Plan ID)	20129IL0340080	No
20129IL0340080	Cass - 17017	Crosswalking at the Plan ID and county coverage level	Renewing exact same product/plan combination (Same 2024 Plan ID)	20129IL0340080	No
20129IL0340080	Scott - 17171	Crosswalking at the Plan ID and county coverage level	Renewing exact same product/plan combination (Same 2024 Plan ID)	20129IL0340080	No
20129IL0340080	Morgan - 17137	Crosswalking at the Plan ID and county coverage level	Renewing exact same product/plan combination (Same 2024 Plan ID)	20129IL0340080	No

20129IL0340082	Alexander - 17003	Crosswalking at the Plan ID and county coverage level	Renewing exact same product/plan combination (Same 2024 Plan ID)	20129IL0340082	No
20129IL0340082	Union - 17181	Crosswalking at the Plan ID and county coverage level	Renewing exact same product/plan combination (Same 2024 Plan ID)	20129IL0340082	No
20129IL0340082	Massac - 17127	Crosswalking at the Plan ID and county coverage level	Renewing exact same product/plan combination (Same 2024 Plan ID)	20129IL0340082	No
20129IL0340082	Pulaski - 17153	Crosswalking at the Plan ID and county coverage level	Renewing exact same product/plan combination (Same 2024 Plan ID)	20129IL0340082	No
20129IL0340082	Kankakee - 17091	Crosswalking at the Plan ID and county coverage level	Continuing product; no plan available in the particular service area under that product; no enrollment option	20129IL0340082	No
20129IL0340082	Fulton - 17057	Crosswalking at the Plan ID and county coverage level	Renewing exact same product/plan combination (Same 2024 Plan ID)	20129IL0340082	No
20129IL0340082	Mcdonough - 17109	Crosswalking at the Plan ID and county coverage level	Renewing exact same product/plan combination (Same 2024 Plan ID)	20129IL0340082	No
20129IL0340082	Knox - 17095	Crosswalking at the Plan ID and county coverage level	Renewing exact same product/plan combination (Same 2024 Plan ID)	20129IL0340082	No
20129IL0340082	Peoria - 17143	Crosswalking at the Plan ID and county coverage level	Renewing exact same product/plan combination (Same 2024 Plan ID)	20129IL0340082	No
20129IL0340082	Stark - 17175	Crosswalking at the Plan ID and county coverage level	Renewing exact same product/plan combination (Same 2024 Plan ID)	20129IL0340082	No
20129IL0340082	Tazewell - 17179	Crosswalking at the Plan ID and county coverage level	Renewing exact same product/plan combination (Same 2024 Plan ID)	20129IL0340082	No
20129IL0340082	Putnam - 17155	Crosswalking at the Plan ID and county coverage level	Renewing exact same product/plan combination (Same 2024 Plan ID)	20129IL0340082	No
20129IL0340082	Marshall - 17123	Crosswalking at the Plan ID and county coverage level	Renewing exact same product/plan combination (Same 2024 Plan ID)	20129IL0340082	No
20129IL0340082	Woodford - 17203	Crosswalking at the Plan ID and county coverage level	Renewing exact same product/plan combination (Same 2024 Plan ID)	20129IL0340082	No
20129IL0340082	La Salle - 17099	Crosswalking at the Plan ID and county coverage level	Renewing exact same product/plan combination (Same 2024 Plan ID)	20129IL0340082	No

County Name	Partial County	Service Area Zip Code(s)	Network ID
Whiteside - 17195	No		ILN006
Bureau - 17011	No		ILN006
Henry - 17073	No		ILN006
Rock Island - 17161	No		ILN006
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Greene - 17061	No	ILN006
Jersey - 17083	No	ILN006
Macoupin - 17117	No	ILN006
Bond - 17005	No	ILN006
Montgomery - 17135	No	ILN006
Clinton - 17027	No	ILN006
Washington - 17189	No	ILN006
Randolph - 17157	No	ILN006
Fayette - 17051	No	ILN006
Effingham - 17049	No	ILN006
Jasper - 17079	No	ILN006
Crawford - 17033	No	ILN006
Clay - 17025	No	ILN006
Marion - 17121	No	ILN006
Richland - 17159	No	ILN006
Lawrence - 17101	No	ILN006
Wayne - 17191	No	ILN006
Jefferson - 17081	No	ILN006
Edwards - 17047	No	ILN006
Wabash - 17185	No	ILN006
White - 17193	No	ILN006
Hamilton - 17065	No	ILN006
Saline - 17165	No	ILN006
Perry - 17145	No	ILN006
Franklin - 17055	No	ILN006
Jackson - 17077	No	ILN006
Williamson - 17199	No	ILN006
Gallatin - 17059	No	ILN006
Hardin - 17069	No	ILN006
Pope - 17151	No	ILN006
Johnson - 17087	No	ILN006
Alexander - 17003	No	ILN006
Union - 17181	No	ILN006
Massac - 17127	No	ILN006
Pulaski - 17153	No	ILN006
Kankakee - 17091	No	ILN006
Fulton - 17057	No	ILN006

Mcdonough - 17109	No	ILN006
Knox - 17095	No	ILN006
Peoria - 17143	No	ILN006
Stark - 17175	No	ILN006
Tazewell - 17179	No	ILN006
Putnam - 17155	No	ILN006
Marshall - 17123	No	ILN006
Woodford - 17203	No	ILN006
La Salle - 17099	No	ILN006
Whiteside - 17195	No	ILN006
Bureau - 17011	No	ILN006
Henry - 17073	No	ILN006
Rock Island - 17161	No	ILN006
Mercer - 17131	No	ILN006
Warren - 17187	No	ILN006
Henderson - 17071	No	ILN006
Hancock - 17067	No	ILN006
Livingston - 17105	No	ILN006
Mclean - 17113	No	ILN006
Dewitt - 17039	No	ILN006
Iroquois - 17075	No	ILN006
Ford - 17053	No	ILN006
Champaign - 17019	No	ILN006
Piatt - 17147	No	ILN006
Vermilion - 17183	No	ILN006
Douglas - 17041	No	ILN006
Edgar - 17045	No	ILN006
Coles - 17029	No	ILN006
Cumberland - 17035	No	ILN006
Clark - 17023	No	ILN006
Adams - 17001	No	ILN006
Pike - 17149	No	ILN006
Brown - 17009	No	ILN006
Schuyler - 17169	No	ILN006
Cass - 17017	No	ILN006
Scott - 17171	No	ILN006
Morgan - 17137	No	ILN006
Mason - 17125	No	ILN006
Menard - 17129	No	ILN006
Sangamon - 17167	No	ILN006
Logan - 17107	No	ILN006
Christian - 17021	No	ILN006
Macon - 17115	No	ILN006
Moultrie - 17139	No	ILN006
Shelby - 17173	No	ILN006
Calhoun - 17013	No	ILN006
Greene - 17061	No	ILN006

Jersey - 17083	No	ILN006
Macoupin - 17117	No	ILN006
Bond - 17005	No	ILN006
Montgomery - 17135	No	ILN006
Clinton - 17027	No	ILN006
Washington - 17189	No	ILN006
Randolph - 17157	No	ILN006
Fayette - 17051	No	ILN006
Effingham - 17049	No	ILN006
Jasper - 17079	No	ILN006
Crawford - 17033	No	ILN006
Clay - 17025	No	ILN006
Marion - 17121	No	ILN006
Richland - 17159	No	ILN006
Lawrence - 17101	No	ILN006
Wayne - 17191	No	ILN006
Jefferson - 17081	No	ILN006
Edwards - 17047	No	ILN006
Wabash - 17185	No	ILN006
White - 17193	No	ILN006
Hamilton - 17065	No	ILN006
Saline - 17165	No	ILN006
Perry - 17145	No	ILN006
Franklin - 17055	No	ILN006
Jackson - 17077	No	ILN006
Williamson - 17199	No	ILN006
Gallatin - 17059	No	ILN006
Hardin - 17069	No	ILN006
Pope - 17151	No	ILN006
Johnson - 17087	No	ILN006
Alexander - 17003	No	ILN006
Union - 17181	No	ILN006
Massac - 17127	No	ILN006
Pulaski - 17153	No	ILN006
Kankakee - 17091	No	ILN006
Fulton - 17057	No	ILN006
Mcdonough - 17109	No	ILN006
Knox - 17095	No	ILN006
Peoria - 17143	No	ILN006
Stark - 17175	No	ILN006
Tazewell - 17179	No	ILN006
Putnam - 17155	No	ILN006
Marshall - 17123	No	ILN006
Woodford - 17203	No	ILN006
La Salle - 17099	No	ILN006
Whiteside - 17195	No	ILN006
Bureau - 17011	No	ILN006

Henry - 17073	No	ILN006
Rock Island - 17161	No	ILN006
Mercer - 17131	No	ILN006
Warren - 17187	No	ILN006
Henderson - 17071	No	ILN006
Hancock - 17067	No	ILN006
Livingston - 17105	No	ILN006
Mclean - 17113	No	ILN006
Dewitt - 17039	No	ILN006
Iroquois - 17075	No	ILN006
Ford - 17053	No	ILN006
Champaign - 17019	No	ILN006
Piatt - 17147	No	ILN006
Vermilion - 17183	No	ILN006
Douglas - 17041	No	ILN006
Edgar - 17045	No	ILN006
Coles - 17029	No	ILN006
Cumberland - 17035	No	ILN006
Clark - 17023	No	ILN006
Adams - 17001	No	ILN006
Pike - 17149	No	ILN006
Brown - 17009	No	ILN006
Schuyler - 17169	No	ILN006
Cass - 17017	No	ILN006
Scott - 17171	No	ILN006
Morgan - 17137	No	ILN006
Mason - 17125	No	ILN006
Menard - 17129	No	ILN006
Sangamon - 17167	No	ILN006
Logan - 17107	No	ILN006
Christian - 17021	No	ILN006
Macon - 17115	No	ILN006
Moultrie - 17139	No	ILN006
Shelby - 17173	No	ILN006
Calhoun - 17013	No	ILN006
Greene - 17061	No	ILN006
Jersey - 17083	No	ILN006
Macoupin - 17117	No	ILN006
Bond - 17005	No	ILN006
Montgomery - 17135	No	ILN006
Clinton - 17027	No	ILN006
Washington - 17189	No	ILN006
Randolph - 17157	No	ILN006
Fayette - 17051	No	ILN006
Effingham - 17049	No	ILN006
Jasper - 17079	No	ILN006
Crawford - 17033	No	ILN006

Clay - 17025	No	ILN006
Marion - 17121	No	ILN006
Richland - 17159	No	ILN006
Lawrence - 17101	No	ILN006
Wayne - 17191	No	ILN006
Jefferson - 17081	No	ILN006
Edwards - 17047	No	ILN006
Wabash - 17185	No	ILN006
White - 17193	No	ILN006
Hamilton - 17065	No	ILN006
Saline - 17165	No	ILN006
Perry - 17145	No	ILN006
Franklin - 17055	No	ILN006
Jackson - 17077	No	ILN006
Williamson - 17199	No	ILN006
Gallatin - 17059	No	ILN006
Hardin - 17069	No	ILN006
Pope - 17151	No	ILN006
Johnson - 17087	No	ILN006
Alexander - 17003	No	ILN006
Union - 17181	No	ILN006
Massac - 17127	No	ILN006
Pulaski - 17153	No	ILN006
Kankakee - 17091	No	ILN006
Fulton - 17057	No	ILN006
Mcdonough - 17109	No	ILN006
Knox - 17095	No	ILN006
Peoria - 17143	No	ILN006
Stark - 17175	No	ILN006
Tazewell - 17179	No	ILN006
Putnam - 17155	No	ILN006
Marshall - 17123	No	ILN006
Woodford - 17203	No	ILN006
La Salle - 17099	No	ILN006
Whiteside - 17195	No	ILN006
Bureau - 17011	No	ILN006
Henry - 17073	No	ILN006
Rock Island - 17161	No	ILN006
Mercer - 17131	No	ILN006
Warren - 17187	No	ILN006
Henderson - 17071	No	ILN006
Hancock - 17067	No	ILN006
Livingston - 17105	No	ILN006
Mclean - 17113	No	ILN006
Dewitt - 17039	No	ILN006
Iroquois - 17075	No	ILN006
Ford - 17053	No	ILN006

Champaign - 17019	No	ILN006
Piatt - 17147	No	ILN006
Vermilion - 17183	No	ILN006
Douglas - 17041	No	ILN006
Edgar - 17045	No	ILN006
Coles - 17029	No	ILN006
Cumberland - 17035	No	ILN006
Clark - 17023	No	ILN006
Adams - 17001	No	ILN006
Pike - 17149	No	ILN006
Brown - 17009	No	ILN006
Schuyler - 17169	No	ILN006
Cass - 17017	No	ILN006
Scott - 17171	No	ILN006
Morgan - 17137	No	ILN006
Mason - 17125	No	ILN006
Menard - 17129	No	ILN006
Sangamon - 17167	No	ILN006
Logan - 17107	No	ILN006
Christian - 17021	No	ILN006
Macon - 17115	No	ILN006
Moultrie - 17139	No	ILN006
Shelby - 17173	No	ILN006
Calhoun - 17013	No	ILN006
Greene - 17061	No	ILN006
Jersey - 17083	No	ILN006
Macoupin - 17117	No	ILN006
Bond - 17005	No	ILN006
Montgomery - 17135	No	ILN006
Clinton - 17027	No	ILN006
Washington - 17189	No	ILN006
Randolph - 17157	No	ILN006
Fayette - 17051	No	ILN006
Effingham - 17049	No	ILN006
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Crawford - 17033	No	ILN006
Clay - 17025	No	ILN006
Marion - 17121	No	ILN006
Richland - 17159	No	ILN006
Lawrence - 17101	No	ILN006
Wayne - 17191	No	ILN006
Jefferson - 17081	No	ILN006
Edwards - 17047	No	ILN006
Wabash - 17185	No	ILN006
White - 17193	No	ILN006
Hamilton - 17065	No	ILN006
Saline - 17165	No	ILN006

Perry - 17145	No	ILN006
Franklin - 17055	No	ILN006
Jackson - 17077	No	ILN006
Williamson - 17199	No	ILN006
Gallatin - 17059	No	ILN006
Hardin - 17069	No	ILN006
Pope - 17151	No	ILN006
Johnson - 17087	No	ILN006
Alexander - 17003	No	ILN006
Union - 17181	No	ILN006
Massac - 17127	No	ILN006
Pulaski - 17153	No	ILN006
Kankakee - 17091	No	ILN006
Fulton - 17057	No	ILN006
Mcdonough - 17109	No	ILN006
Knox - 17095	No	ILN006
Peoria - 17143	No	ILN006
Stark - 17175	No	ILN006
Tazewell - 17179	No	ILN006
Putnam - 17155	No	ILN006
Marshall - 17123	No	ILN006
Woodford - 17203	No	ILN006
La Salle - 17099	No	ILN006

14 Digit HIOS ID Service Area ID

20129IL0340074 ILS001

20129IL0340081 ILS001

20129IL0340006 ILS001

20129IL0330089 ILS007

14 Digit HIOS ID**Service Area ID**

20129IL0340067	ILS001
20129IL0340070	ILS001
20129IL0340073	ILS001
20129IL0340045	ILS001
20129IL0340035	ILS001
20129IL0340061	ILS001
20129IL0330020	ILS001
20129IL0340079	ILS001
20129IL0340080	ILS001
20129IL0340082	ILS001
20129IL0330087	ILS007
20129IL0330088	ILS007
20129IL0330090	ILS001
20129IL0330091	ILS001

2025 Rates Table Template v14.0

All fields with an asterisk (*) are required. To validate press Validate button or Ctrl + Shift + L. To finalize, press Finalize button or Ctrl + Shift + F.
 If you are in a community rating state, select Family-Tier Rates under Rating Method and fill in all columns.
 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.
 If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.
 To add a new sheet, press the Add Sheet button, or Ctrl + Shift + H. All plans must have the same dates on a sheet.

HIOS Issuer ID*	20129
Rate Effective Date*	1/1/2025
Rate Expiration Date*	12/31/2025
Rating Method*	Age-Based Rates

Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco 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	Required: Enter the rate of an Individual tobacco enrollee on a plan
20129L0330020	Rating Area 6	Tobacco User/Non-Tobacco User	0-14	234.37	234.37
20129L0330020	Rating Area 6	Tobacco User/Non-Tobacco User	15	255.21	255.21
20129L0330020	Rating Area 6	Tobacco User/Non-Tobacco User	16	263.17	263.17
20129L0330020	Rating Area 6	Tobacco User/Non-Tobacco User	17	271.14	271.14
20129L0330020	Rating Area 6	Tobacco User/Non-Tobacco User	18	279.72	279.72
20129L0330020	Rating Area 6	Tobacco User/Non-Tobacco User	19	288.30	288.30
20129L0330020	Rating Area 6	Tobacco User/Non-Tobacco User	20	297.18	297.18
20129L0330020	Rating Area 6	Tobacco User/Non-Tobacco User	21	306.37	306.37
20129L0330020	Rating Area 6	Tobacco User/Non-Tobacco User	22	306.37	306.37
20129L0330020	Rating Area 6	Tobacco User/Non-Tobacco User	23	306.37	306.37
20129L0330020	Rating Area 6	Tobacco User/Non-Tobacco User	24	306.37	306.37
20129L0330020	Rating Area 6	Tobacco User/Non-Tobacco User	25	307.59	307.59
20129L0330020	Rating Area 6	Tobacco User/Non-Tobacco User	26	313.73	313.73
20129L0330020	Rating Area 6	Tobacco User/Non-Tobacco User	27	321.08	321.08
20129L0330020	Rating Area 6	Tobacco User/Non-Tobacco User	28	333.02	333.02
20129L0330020	Rating Area 6	Tobacco User/Non-Tobacco User	29	342.83	342.83
20129L0330020	Rating Area 6	Tobacco User/Non-Tobacco User	30	347.73	347.73
20129L0330020	Rating Area 6	Tobacco User/Non-Tobacco User	31	355.08	372.84
20129L0330020	Rating Area 6	Tobacco User/Non-Tobacco User	32	362.43	380.56
20129L0330020	Rating Area 6	Tobacco User/Non-Tobacco User	33	367.03	385.38
20129L0330020	Rating Area 6	Tobacco User/Non-Tobacco User	34	371.93	390.53
20129L0330020	Rating Area 6	Tobacco User/Non-Tobacco User	35	374.39	393.10
20129L0330020	Rating Area 6	Tobacco User/Non-Tobacco User	36	376.83	399.44
20129L0330020	Rating Area 6	Tobacco User/Non-Tobacco User	37	379.28	405.83
20129L0330020	Rating Area 6	Tobacco User/Non-Tobacco User	38	381.74	412.27
20129L0330020	Rating Area 6	Tobacco User/Non-Tobacco User	39	386.64	421.44
20129L0330020	Rating Area 6	Tobacco User/Non-Tobacco User	40	391.54	430.69
20129L0330020	Rating Area 6	Tobacco User/Non-Tobacco User	41	398.89	442.77
20129L0330020	Rating Area 6	Tobacco User/Non-Tobacco User	42	405.94	454.65
20129L0330020	Rating Area 6	Tobacco User/Non-Tobacco User	43	415.75	469.80
20129L0330020	Rating Area 6	Tobacco User/Non-Tobacco User	44	428.00	487.92
20129L0330020	Rating Area 6	Tobacco User/Non-Tobacco User	45	442.40	508.76
20129L0330020	Rating Area 6	Tobacco User/Non-Tobacco User	46	459.55	533.08
20129L0330020	Rating Area 6	Tobacco User/Non-Tobacco User	47	478.86	560.26
20129L0330020	Rating Area 6	Tobacco User/Non-Tobacco User	48	500.92	591.08
20129L0330020	Rating Area 6	Tobacco User/Non-Tobacco User	49	522.67	621.98
20129L0330020	Rating Area 6	Tobacco User/Non-Tobacco User	50	547.17	656.61
20129L0330020	Rating Area 6	Tobacco User/Non-Tobacco User	51	571.38	685.66
20129L0330020	Rating Area 6	Tobacco User/Non-Tobacco User	52	598.04	717.64
20129L0330020	Rating Area 6	Tobacco User/Non-Tobacco User	53	624.99	749.99
20129L0330020	Rating Area 6	Tobacco User/Non-Tobacco User	54	654.10	784.92
20129L0330020	Rating Area 6	Tobacco User/Non-Tobacco User	55	683.21	819.85
20129L0330020	Rating Area 6	Tobacco User/Non-Tobacco User	56	714.76	857.71
20129L0330020	Rating Area 6	Tobacco User/Non-Tobacco User	57	746.62	895.95
20129L0330020	Rating Area 6	Tobacco User/Non-Tobacco User	58	780.63	936.75
20129L0330020	Rating Area 6	Tobacco User/Non-Tobacco User	59	797.48	956.98
20129L0330020	Rating Area 6	Tobacco User/Non-Tobacco User	60	831.49	997.79
20129L0330020	Rating Area 6	Tobacco User/Non-Tobacco User	61	860.90	1033.08
20129L0330020	Rating Area 6	Tobacco User/Non-Tobacco User	62	890.20	1056.24
20129L0330020	Rating Area 6	Tobacco User/Non-Tobacco User	63	904.40	1085.28
20129L0330020	Rating Area 6	Tobacco User/Non-Tobacco User	64 and over	919.09	1102.91
20129L0330020	Rating Area 7	Tobacco User/Non-Tobacco User	0-14	252.81	252.81
20129L0330020	Rating Area 7	Tobacco User/Non-Tobacco User	15	275.28	275.28
20129L0330020	Rating Area 7	Tobacco User/Non-Tobacco User	16	283.87	283.87
20129L0330020	Rating Area 7	Tobacco User/Non-Tobacco User	17	292.46	292.46
20129L0330020	Rating Area 7	Tobacco User/Non-Tobacco User	18	301.72	301.72
20129L0330020	Rating Area 7	Tobacco User/Non-Tobacco User	19	310.97	310.97
20129L0330020	Rating Area 7	Tobacco User/Non-Tobacco User	20	320.55	320.55
20129L0330020	Rating Area 7	Tobacco User/Non-Tobacco User	21	330.47	330.47
20129L0330020	Rating Area 7	Tobacco User/Non-Tobacco User	22	330.47	330.47
20129L0330020	Rating Area 7	Tobacco User/Non-Tobacco User	23	330.47	330.47
20129L0330020	Rating Area 7	Tobacco User/Non-Tobacco User	24	330.47	330.47
20129L0330020	Rating Area 7	Tobacco User/Non-Tobacco User	25	331.79	331.79
20129L0330020	Rating Area 7	Tobacco User/Non-Tobacco User	26	338.40	338.40
20129L0330020	Rating Area 7	Tobacco User/Non-Tobacco User	27	346.33	346.33
20129L0330020	Rating Area 7	Tobacco User/Non-Tobacco User	28	359.21	359.21
20129L0330020	Rating Area 7	Tobacco User/Non-Tobacco User	29	369.79	369.79
20129L0330020	Rating Area 7	Tobacco User/Non-Tobacco User	30	375.08	393.84
20129L0330020	Rating Area 7	Tobacco User/Non-Tobacco User	31	383.01	402.16
20129L0330020	Rating Area 7	Tobacco User/Non-Tobacco User	32	390.94	410.49
20129L0330020	Rating Area 7	Tobacco User/Non-Tobacco User	33	395.89	415.69
20129L0330020	Rating Area 7	Tobacco User/Non-Tobacco User	34	401.18	421.25
20129L0330020	Rating Area 7	Tobacco User/Non-Tobacco User	35	403.83	424.02
20129L0330020	Rating Area 7	Tobacco User/Non-Tobacco User	36	406.47	430.86
20129L0330020	Rating Area 7	Tobacco User/Non-Tobacco User	37	409.11	437.75
20129L0330020	Rating Area 7	Tobacco User/Non-Tobacco User	38	411.76	444.70
20129L0330020	Rating Area 7	Tobacco User/Non-Tobacco User	39	417.05	454.59
20129L0330020	Rating Area 7	Tobacco User/Non-Tobacco User	40	422.33	464.56
20129L0330020	Rating Area 7	Tobacco User/Non-Tobacco User	41	430.26	477.59
20129L0330020	Rating Area 7	Tobacco User/Non-Tobacco User	42	437.87	490.41
20129L0330020	Rating Area 7	Tobacco User/Non-Tobacco User	43	448.44	506.75
20129L0330020	Rating Area 7	Tobacco User/Non-Tobacco User	44	461.66	526.30
20129L0330020	Rating Area 7	Tobacco User/Non-Tobacco User	45	477.20	548.77
20129L0330020	Rating Area 7	Tobacco User/Non-Tobacco User	46	495.70	575.01
20129L0330020	Rating Area 7	Tobacco User/Non-Tobacco User	47	516.52	604.33
20129L0330020	Rating Area 7	Tobacco User/Non-Tobacco User	48	540.32	637.57
20129L0330020	Rating Area 7	Tobacco User/Non-Tobacco User	49	563.78	670.90
20129L0330020	Rating Area 7	Tobacco User/Non-Tobacco User	50	590.21	708.25
20129L0330020	Rating Area 7	Tobacco User/Non-Tobacco User	51	616.32	739.58
20129L0330020	Rating Area 7	Tobacco User/Non-Tobacco User	52	645.07	774.09
20129L0330020	Rating Area 7	Tobacco User/Non-Tobacco User	53	674.15	808.98
20129L0330020	Rating Area 7	Tobacco User/Non-Tobacco User	54	705.54	846.65

201291L0330020 Rating Area 9	Tobacco User/Non-Tobacco User	64 and over	1012.03	1214.44
201291L0330020 Rating Area 10	Tobacco User/Non-Tobacco User	0-14	255.44	255.44
201291L0330020 Rating Area 10	Tobacco User/Non-Tobacco User	15	278.15	278.15
201291L0330020 Rating Area 10	Tobacco User/Non-Tobacco User	16	286.83	286.83
201291L0330020 Rating Area 10	Tobacco User/Non-Tobacco User	17	295.51	295.51
201291L0330020 Rating Area 10	Tobacco User/Non-Tobacco User	18	304.86	304.86
201291L0330020 Rating Area 10	Tobacco User/Non-Tobacco User	19	314.21	314.21
201291L0330020 Rating Area 10	Tobacco User/Non-Tobacco User	20	323.89	323.89
201291L0330020 Rating Area 10	Tobacco User/Non-Tobacco User	21	333.91	333.91
201291L0330020 Rating Area 10	Tobacco User/Non-Tobacco User	22	333.91	333.91
201291L0330020 Rating Area 10	Tobacco User/Non-Tobacco User	23	333.91	333.91
201291L0330020 Rating Area 10	Tobacco User/Non-Tobacco User	24	333.91	333.91
201291L0330020 Rating Area 10	Tobacco User/Non-Tobacco User	25	335.24	335.24
201291L0330020 Rating Area 10	Tobacco User/Non-Tobacco User	26	341.93	341.93
201291L0330020 Rating Area 10	Tobacco User/Non-Tobacco User	27	349.94	349.94
201291L0330020 Rating Area 10	Tobacco User/Non-Tobacco User	28	362.95	362.95
201291L0330020 Rating Area 10	Tobacco User/Non-Tobacco User	29	373.64	373.64
201291L0330020 Rating Area 10	Tobacco User/Non-Tobacco User	30	378.99	397.94
201291L0330020 Rating Area 10	Tobacco User/Non-Tobacco User	31	387.00	406.35
201291L0330020 Rating Area 10	Tobacco User/Non-Tobacco User	32	395.01	414.76
201291L0330020 Rating Area 10	Tobacco User/Non-Tobacco User	33	400.02	420.02
201291L0330020 Rating Area 10	Tobacco User/Non-Tobacco User	34	405.36	425.64
201291L0330020 Rating Area 10	Tobacco User/Non-Tobacco User	35	408.04	428.44
201291L0330020 Rating Area 10	Tobacco User/Non-Tobacco User	36	410.71	435.35
201291L0330020 Rating Area 10	Tobacco User/Non-Tobacco User	37	413.38	442.31
201291L0330020 Rating Area 10	Tobacco User/Non-Tobacco User	38	416.05	449.33
201291L0330020 Rating Area 10	Tobacco User/Non-Tobacco User	39	421.40	459.32
201291L0330020 Rating Area 10	Tobacco User/Non-Tobacco User	40	426.73	469.40
201291L0330020 Rating Area 10	Tobacco User/Non-Tobacco User	41	434.74	482.57
201291L0330020 Rating Area 10	Tobacco User/Non-Tobacco User	42	442.43	495.51
201291L0330020 Rating Area 10	Tobacco User/Non-Tobacco User	43	453.12	512.02
201291L0330020 Rating Area 10	Tobacco User/Non-Tobacco User	44	466.47	531.78
201291L0330020 Rating Area 10	Tobacco User/Non-Tobacco User	45	482.17	554.49
201291L0330020 Rating Area 10	Tobacco User/Non-Tobacco User	46	500.86	581.00
201291L0330020 Rating Area 10	Tobacco User/Non-Tobacco User	47	521.90	610.62
201291L0330020 Rating Area 10	Tobacco User/Non-Tobacco User	48	545.95	644.22
201291L0330020 Rating Area 10	Tobacco User/Non-Tobacco User	49	569.65	677.88
201291L0330020 Rating Area 10	Tobacco User/Non-Tobacco User	50	596.36	715.63
201291L0330020 Rating Area 10	Tobacco User/Non-Tobacco User	51	622.74	747.29
201291L0330020 Rating Area 10	Tobacco User/Non-Tobacco User	52	651.79	782.15
201291L0330020 Rating Area 10	Tobacco User/Non-Tobacco User	53	681.17	817.41
201291L0330020 Rating Area 10	Tobacco User/Non-Tobacco User	54	712.89	855.47
201291L0330020 Rating Area 10	Tobacco User/Non-Tobacco User	55	744.62	893.54
201291L0330020 Rating Area 10	Tobacco User/Non-Tobacco User	56	779.01	934.81
201291L0330020 Rating Area 10	Tobacco User/Non-Tobacco User	57	813.73	976.48
201291L0330020 Rating Area 10	Tobacco User/Non-Tobacco User	58	850.80	1020.95
201291L0330020 Rating Area 10	Tobacco User/Non-Tobacco User	59	869.17	1043.00
201291L0330020 Rating Area 10	Tobacco User/Non-Tobacco User	60	906.23	1087.48
201291L0330020 Rating Area 10	Tobacco User/Non-Tobacco User	61	938.28	1125.94
201291L0330020 Rating Area 10	Tobacco User/Non-Tobacco User	62	959.32	1151.19
201291L0330020 Rating Area 10	Tobacco User/Non-Tobacco User	63	985.69	1182.84
201291L0330020 Rating Area 10	Tobacco User/Non-Tobacco User	64 and over	1001.70	1202.04
201291L0330020 Rating Area 11	Tobacco User/Non-Tobacco User	0-14	263.34	263.34
201291L0330020 Rating Area 11	Tobacco User/Non-Tobacco User	15	286.75	286.75
201291L0330020 Rating Area 11	Tobacco User/Non-Tobacco User	16	295.70	295.70
201291L0330020 Rating Area 11	Tobacco User/Non-Tobacco User	17	304.65	304.65
201291L0330020 Rating Area 11	Tobacco User/Non-Tobacco User	18	314.29	314.29
201291L0330020 Rating Area 11	Tobacco User/Non-Tobacco User	19	323.93	323.93
201291L0330020 Rating Area 11	Tobacco User/Non-Tobacco User	20	333.91	333.91
201291L0330020 Rating Area 11	Tobacco User/Non-Tobacco User	21	344.24	344.24
201291L0330020 Rating Area 11	Tobacco User/Non-Tobacco User	22	344.24	344.24
201291L0330020 Rating Area 11	Tobacco User/Non-Tobacco User	23	344.24	344.24
201291L0330020 Rating Area 11	Tobacco User/Non-Tobacco User	24	344.24	344.24
201291L0330020 Rating Area 11	Tobacco User/Non-Tobacco User	25	345.61	345.61
201291L0330020 Rating Area 11	Tobacco User/Non-Tobacco User	26	352.50	352.50
201291L0330020 Rating Area 11	Tobacco User/Non-Tobacco User	27	360.76	360.76
201291L0330020 Rating Area 11	Tobacco User/Non-Tobacco User	28	374.18	374.18
201291L0330020 Rating Area 11	Tobacco User/Non-Tobacco User	29	385.20	385.20
201291L0330020 Rating Area 11	Tobacco User/Non-Tobacco User	30	390.71	410.25
201291L0330020 Rating Area 11	Tobacco User/Non-Tobacco User	31	398.97	418.92
201291L0330020 Rating Area 11	Tobacco User/Non-Tobacco User	32	407.23	427.59
201291L0330020 Rating Area 11	Tobacco User/Non-Tobacco User	33	412.39	433.01
201291L0330020 Rating Area 11	Tobacco User/Non-Tobacco User	34	417.90	438.80
201291L0330020 Rating Area 11	Tobacco User/Non-Tobacco User	35	420.66	441.69
201291L0330020 Rating Area 11	Tobacco User/Non-Tobacco User	36	423.41	448.81
201291L0330020 Rating Area 11	Tobacco User/Non-Tobacco User	37	426.16	455.99
201291L0330020 Rating Area 11	Tobacco User/Non-Tobacco User	38	428.92	463.23
201291L0330020 Rating Area 11	Tobacco User/Non-Tobacco User	39	434.43	473.53
201291L0330020 Rating Area 11	Tobacco User/Non-Tobacco User	40	439.93	483.92
201291L0330020 Rating Area 11	Tobacco User/Non-Tobacco User	41	448.19	497.49
201291L0330020 Rating Area 11	Tobacco User/Non-Tobacco User	42	456.11	510.84
201291L0330020 Rating Area 11	Tobacco User/Non-Tobacco User	43	467.13	527.86
201291L0330020 Rating Area 11	Tobacco User/Non-Tobacco User	44	480.90	548.23
201291L0330020 Rating Area 11	Tobacco User/Non-Tobacco User	45	497.08	571.64
201291L0330020 Rating Area 11	Tobacco User/Non-Tobacco User	46	516.35	598.97
201291L0330020 Rating Area 11	Tobacco User/Non-Tobacco User	47	538.04	629.51
201291L0330020 Rating Area 11	Tobacco User/Non-Tobacco User	48	562.83	664.14
201291L0330020 Rating Area 11	Tobacco User/Non-Tobacco User	49	587.27	698.85
201291L0330020 Rating Area 11	Tobacco User/Non-Tobacco User	50	614.80	737.76
201291L0330020 Rating Area 11	Tobacco User/Non-Tobacco User	51	642.00	770.40
201291L0330020 Rating Area 11	Tobacco User/Non-Tobacco User	52	671.95	806.34
201291L0330020 Rating Area 11	Tobacco User/Non-Tobacco User	53	702.24	842.69
201291L0330020 Rating Area 11	Tobacco User/Non-Tobacco User	54	734.94	881.93
201291L0330020 Rating Area 11	Tobacco User/Non-Tobacco User	55	767.65	921.18
201291L0330020 Rating Area 11	Tobacco User/Non-Tobacco User	56	803.10	963.72
201291L0330020 Rating Area 11	Tobacco User/Non-Tobacco User	57	838.90	1006.68
201291L0330020 Rating Area 11	Tobacco User/Non-Tobacco User	58	877.11	1052.53
201291L0330020 Rating Area 11	Tobacco User/Non-Tobacco User	59	896.05	1075.26
201291L0330020 Rating Area 11	Tobacco User/Non-Tobacco User	60	934.26	1121.11
201291L0330020 Rating Area 11	Tobacco User/Non-Tobacco User	61	967.30	1160.76
201291L0330020 Rating Area 11	Tobacco User/Non-Tobacco User	62	988.99	1186.79
201291L0330020 Rating Area 11	Tobacco User/Non-Tobacco User	63	1016.18	1219.42
201291L0330020 Rating Area 11	Tobacco User/Non-Tobacco User	64 and over	1032.68	1239.22
201291L0330020 Rating Area 13	Tobacco User/Non-Tobacco User	0-14	300.21	300.21
201291L0330020 Rating Area 13	Tobacco User/Non-Tobacco User	15	326.90	326.90
201291L0330020 Rating Area 13	Tobacco User/Non-Tobacco User	16	337.10	337.10
201291L0330020 Rating Area 13	Tobacco User/Non-Tobacco User	17	347.30	347.30
201291L0330020 Rating Area 13	Tobacco User/Non-Tobacco User	18	358.29	358.29
201291L0330020 Rating Area 13	Tobacco User/Non-Tobacco User	19	369.28	369.28
201291L0330020 Rating Area 13	Tobacco User/Non-Tobacco User	20	380.66	380.66
201291L0330020 Rating Area 13	Tobacco User/Non-Tobacco User	21	392.43	392.43

201291L0330020 Rating Area 13	Tobacco User/Non-Tobacco User	22	392.43	392.43
201291L0330020 Rating Area 13	Tobacco User/Non-Tobacco User	23	392.43	392.43
201291L0330020 Rating Area 13	Tobacco User/Non-Tobacco User	24	392.43	392.43
201291L0330020 Rating Area 13	Tobacco User/Non-Tobacco User	25	394.00	394.00
201291L0330020 Rating Area 13	Tobacco User/Non-Tobacco User	26	401.85	401.85
201291L0330020 Rating Area 13	Tobacco User/Non-Tobacco User	27	411.27	411.27
201291L0330020 Rating Area 13	Tobacco User/Non-Tobacco User	28	426.57	426.57
201291L0330020 Rating Area 13	Tobacco User/Non-Tobacco User	29	439.13	439.13
201291L0330020 Rating Area 13	Tobacco User/Non-Tobacco User	30	445.41	467.69
201291L0330020 Rating Area 13	Tobacco User/Non-Tobacco User	31	454.83	477.57
201291L0330020 Rating Area 13	Tobacco User/Non-Tobacco User	32	464.24	487.45
201291L0330020 Rating Area 13	Tobacco User/Non-Tobacco User	33	470.12	493.63
201291L0330020 Rating Area 13	Tobacco User/Non-Tobacco User	34	476.41	500.23
201291L0330020 Rating Area 13	Tobacco User/Non-Tobacco User	35	479.55	503.53
201291L0330020 Rating Area 13	Tobacco User/Non-Tobacco User	36	482.69	511.64
201291L0330020 Rating Area 13	Tobacco User/Non-Tobacco User	37	485.82	519.83
201291L0330020 Rating Area 13	Tobacco User/Non-Tobacco User	38	488.97	528.08
201291L0330020 Rating Area 13	Tobacco User/Non-Tobacco User	39	495.25	539.82
201291L0330020 Rating Area 13	Tobacco User/Non-Tobacco User	40	501.52	551.67
201291L0330020 Rating Area 13	Tobacco User/Non-Tobacco User	41	510.94	567.14
201291L0330020 Rating Area 13	Tobacco User/Non-Tobacco User	42	519.97	582.36
201291L0330020 Rating Area 13	Tobacco User/Non-Tobacco User	43	532.53	601.76
201291L0330020 Rating Area 13	Tobacco User/Non-Tobacco User	44	548.23	624.98
201291L0330020 Rating Area 13	Tobacco User/Non-Tobacco User	45	566.67	651.67
201291L0330020 Rating Area 13	Tobacco User/Non-Tobacco User	46	588.64	682.83
201291L0330020 Rating Area 13	Tobacco User/Non-Tobacco User	47	613.37	717.64
201291L0330020 Rating Area 13	Tobacco User/Non-Tobacco User	48	641.63	757.12
201291L0330020 Rating Area 13	Tobacco User/Non-Tobacco User	49	669.49	796.69
201291L0330020 Rating Area 13	Tobacco User/Non-Tobacco User	50	700.87	841.05
201291L0330020 Rating Area 13	Tobacco User/Non-Tobacco User	51	731.88	878.26
201291L0330020 Rating Area 13	Tobacco User/Non-Tobacco User	52	766.02	919.23
201291L0330020 Rating Area 13	Tobacco User/Non-Tobacco User	53	800.55	960.67
201291L0330020 Rating Area 13	Tobacco User/Non-Tobacco User	54	837.83	1005.40
201291L0330020 Rating Area 13	Tobacco User/Non-Tobacco User	55	875.12	1050.15
201291L0330020 Rating Area 13	Tobacco User/Non-Tobacco User	56	915.53	1098.64
201291L0330020 Rating Area 13	Tobacco User/Non-Tobacco User	57	956.35	1147.62
201291L0330020 Rating Area 13	Tobacco User/Non-Tobacco User	58	999.91	1199.88
201291L0330020 Rating Area 13	Tobacco User/Non-Tobacco User	59	1021.50	1225.80
201291L0330020 Rating Area 13	Tobacco User/Non-Tobacco User	60	1065.06	1278.07
201291L0330020 Rating Area 13	Tobacco User/Non-Tobacco User	61	1102.72	1323.27
201291L0330020 Rating Area 13	Tobacco User/Non-Tobacco User	62	1127.45	1352.94
201291L0330020 Rating Area 13	Tobacco User/Non-Tobacco User	63	1158.45	1390.14
201291L0330020 Rating Area 13	Tobacco User/Non-Tobacco User	64 and over	1177.26	1412.71
201291L0330090 Rating Area 6	Tobacco User/Non-Tobacco User	0-14	447.16	447.16
201291L0330090 Rating Area 6	Tobacco User/Non-Tobacco User	15	486.91	486.91
201291L0330090 Rating Area 6	Tobacco User/Non-Tobacco User	16	502.11	502.11
201291L0330090 Rating Area 6	Tobacco User/Non-Tobacco User	17	517.31	517.31
201291L0330090 Rating Area 6	Tobacco User/Non-Tobacco User	18	533.68	533.68
201291L0330090 Rating Area 6	Tobacco User/Non-Tobacco User	19	550.05	550.05
201291L0330090 Rating Area 6	Tobacco User/Non-Tobacco User	20	566.99	566.99
201291L0330090 Rating Area 6	Tobacco User/Non-Tobacco User	21	584.53	584.53
201291L0330090 Rating Area 6	Tobacco User/Non-Tobacco User	22	584.53	584.53
201291L0330090 Rating Area 6	Tobacco User/Non-Tobacco User	23	584.53	584.53
201291L0330090 Rating Area 6	Tobacco User/Non-Tobacco User	24	584.53	584.53
201291L0330090 Rating Area 6	Tobacco User/Non-Tobacco User	25	586.87	586.87
201291L0330090 Rating Area 6	Tobacco User/Non-Tobacco User	26	598.56	598.56
201291L0330090 Rating Area 6	Tobacco User/Non-Tobacco User	27	612.59	612.59
201291L0330090 Rating Area 6	Tobacco User/Non-Tobacco User	28	635.39	635.39
201291L0330090 Rating Area 6	Tobacco User/Non-Tobacco User	29	654.09	654.09
201291L0330090 Rating Area 6	Tobacco User/Non-Tobacco User	30	663.44	696.61
201291L0330090 Rating Area 6	Tobacco User/Non-Tobacco User	31	677.47	711.34
201291L0330090 Rating Area 6	Tobacco User/Non-Tobacco User	32	691.50	726.08
201291L0330090 Rating Area 6	Tobacco User/Non-Tobacco User	33	700.27	735.28
201291L0330090 Rating Area 6	Tobacco User/Non-Tobacco User	34	709.62	745.11
201291L0330090 Rating Area 6	Tobacco User/Non-Tobacco User	35	714.30	750.01
201291L0330090 Rating Area 6	Tobacco User/Non-Tobacco User	36	718.97	762.11
201291L0330090 Rating Area 6	Tobacco User/Non-Tobacco User	37	723.65	774.31
201291L0330090 Rating Area 6	Tobacco User/Non-Tobacco User	38	728.32	786.59
201291L0330090 Rating Area 6	Tobacco User/Non-Tobacco User	39	737.68	804.07
201291L0330090 Rating Area 6	Tobacco User/Non-Tobacco User	40	747.03	821.74
201291L0330090 Rating Area 6	Tobacco User/Non-Tobacco User	41	761.06	844.77
201291L0330090 Rating Area 6	Tobacco User/Non-Tobacco User	42	774.50	867.45
201291L0330090 Rating Area 6	Tobacco User/Non-Tobacco User	43	793.21	896.33
201291L0330090 Rating Area 6	Tobacco User/Non-Tobacco User	44	816.59	930.91
201291L0330090 Rating Area 6	Tobacco User/Non-Tobacco User	45	844.06	970.67
201291L0330090 Rating Area 6	Tobacco User/Non-Tobacco User	46	876.79	1017.08
201291L0330090 Rating Area 6	Tobacco User/Non-Tobacco User	47	913.62	1068.93
201291L0330090 Rating Area 6	Tobacco User/Non-Tobacco User	48	955.71	1127.74
201291L0330090 Rating Area 6	Tobacco User/Non-Tobacco User	49	997.21	1186.68
201291L0330090 Rating Area 6	Tobacco User/Non-Tobacco User	50	1043.97	1252.76
201291L0330090 Rating Area 6	Tobacco User/Non-Tobacco User	51	1090.15	1308.18
201291L0330090 Rating Area 6	Tobacco User/Non-Tobacco User	52	1141.01	1369.21
201291L0330090 Rating Area 6	Tobacco User/Non-Tobacco User	53	1192.44	1430.92
201291L0330090 Rating Area 6	Tobacco User/Non-Tobacco User	54	1247.98	1497.57
201291L0330090 Rating Area 6	Tobacco User/Non-Tobacco User	55	1303.50	1564.20
201291L0330090 Rating Area 6	Tobacco User/Non-Tobacco User	56	1363.71	1636.45
201291L0330090 Rating Area 6	Tobacco User/Non-Tobacco User	57	1424.50	1709.40
201291L0330090 Rating Area 6	Tobacco User/Non-Tobacco User	58	1489.39	1787.26
201291L0330090 Rating Area 6	Tobacco User/Non-Tobacco User	59	1521.54	1825.84
201291L0330090 Rating Area 6	Tobacco User/Non-Tobacco User	60	1586.42	1903.70
201291L0330090 Rating Area 6	Tobacco User/Non-Tobacco User	61	1642.53	1971.04
201291L0330090 Rating Area 6	Tobacco User/Non-Tobacco User	62	1679.36	2015.23
201291L0330090 Rating Area 6	Tobacco User/Non-Tobacco User	63	1725.53	2070.64
201291L0330090 Rating Area 6	Tobacco User/Non-Tobacco User	64 and over	1753.57	2104.28
201291L0330090 Rating Area 7	Tobacco User/Non-Tobacco User	0-14	482.33	482.33
201291L0330090 Rating Area 7	Tobacco User/Non-Tobacco User	15	525.21	525.21
201291L0330090 Rating Area 7	Tobacco User/Non-Tobacco User	16	541.60	541.60
201291L0330090 Rating Area 7	Tobacco User/Non-Tobacco User	17	558.00	558.00
201291L0330090 Rating Area 7	Tobacco User/Non-Tobacco User	18	575.65	575.65
201291L0330090 Rating Area 7	Tobacco User/Non-Tobacco User	19	593.31	593.31
201291L0330090 Rating Area 7	Tobacco User/Non-Tobacco User	20	611.59	611.59
201291L0330090 Rating Area 7	Tobacco User/Non-Tobacco User	21	630.51	630.51
201291L0330090 Rating Area 7	Tobacco User/Non-Tobacco User	22	630.51	630.51
201291L0330090 Rating Area 7	Tobacco User/Non-Tobacco User	23	630.51	630.51
201291L0330090 Rating Area 7	Tobacco User/Non-Tobacco User	24	630.51	630.51
201291L0330090 Rating Area 7	Tobacco User/Non-Tobacco User	25	633.02	633.02
201291L0330090 Rating Area 7	Tobacco User/Non-Tobacco User	26	645.64	645.64
201291L0330090 Rating Area 7	Tobacco User/Non-Tobacco User	27	660.77	660.77
201291L0330090 Rating Area 7	Tobacco User/Non-Tobacco User	28	685.36	685.36
201291L0330090 Rating Area 7	Tobacco User/Non-Tobacco User	29	705.53	705.53
201291L0330090 Rating Area 7	Tobacco User/Non-Tobacco User	30	715.62	751.40

201291L0330090 Rating Area 9	Tobacco User/Non-Tobacco User	40	822.57	904.83
201291L0330090 Rating Area 9	Tobacco User/Non-Tobacco User	41	838.02	930.20
201291L0330090 Rating Area 9	Tobacco User/Non-Tobacco User	42	852.83	955.17
201291L0330090 Rating Area 9	Tobacco User/Non-Tobacco User	43	873.43	986.97
201291L0330090 Rating Area 9	Tobacco User/Non-Tobacco User	44	899.17	1025.05
201291L0330090 Rating Area 9	Tobacco User/Non-Tobacco User	45	929.41	1068.83
201291L0330090 Rating Area 9	Tobacco User/Non-Tobacco User	46	965.46	1119.93
201291L0330090 Rating Area 9	Tobacco User/Non-Tobacco User	47	1006.01	1177.03
201291L0330090 Rating Area 9	Tobacco User/Non-Tobacco User	48	1052.35	1241.78
201291L0330090 Rating Area 9	Tobacco User/Non-Tobacco User	49	1098.05	1306.68
201291L0330090 Rating Area 9	Tobacco User/Non-Tobacco User	50	1149.54	1379.45
201291L0330090 Rating Area 9	Tobacco User/Non-Tobacco User	51	1200.39	1440.47
201291L0330090 Rating Area 9	Tobacco User/Non-Tobacco User	52	1256.39	1507.67
201291L0330090 Rating Area 9	Tobacco User/Non-Tobacco User	53	1313.02	1575.62
201291L0330090 Rating Area 9	Tobacco User/Non-Tobacco User	54	1374.18	1649.01
201291L0330090 Rating Area 9	Tobacco User/Non-Tobacco User	55	1435.32	1722.38
201291L0330090 Rating Area 9	Tobacco User/Non-Tobacco User	56	1501.61	1801.94
201291L0330090 Rating Area 9	Tobacco User/Non-Tobacco User	57	1568.55	1882.26
201291L0330090 Rating Area 9	Tobacco User/Non-Tobacco User	58	1640.00	1968.00
201291L0330090 Rating Area 9	Tobacco User/Non-Tobacco User	59	1675.40	2010.48
201291L0330090 Rating Area 9	Tobacco User/Non-Tobacco User	60	1746.84	2096.21
201291L0330090 Rating Area 9	Tobacco User/Non-Tobacco User	61	1808.63	2170.36
201291L0330090 Rating Area 9	Tobacco User/Non-Tobacco User	62	1849.18	2219.01
201291L0330090 Rating Area 9	Tobacco User/Non-Tobacco User	63	1900.02	2280.03
201291L0330090 Rating Area 9	Tobacco User/Non-Tobacco User	64 and over	1930.89	2317.07
201291L0330090 Rating Area 10	Tobacco User/Non-Tobacco User	0-14	487.36	537.52
201291L0330090 Rating Area 10	Tobacco User/Non-Tobacco User	15	530.68	530.68
201291L0330090 Rating Area 10	Tobacco User/Non-Tobacco User	16	547.24	547.24
201291L0330090 Rating Area 10	Tobacco User/Non-Tobacco User	17	563.81	563.81
201291L0330090 Rating Area 10	Tobacco User/Non-Tobacco User	18	581.65	581.65
201291L0330090 Rating Area 10	Tobacco User/Non-Tobacco User	19	599.49	599.49
201291L0330090 Rating Area 10	Tobacco User/Non-Tobacco User	20	617.96	617.96
201291L0330090 Rating Area 10	Tobacco User/Non-Tobacco User	21	637.08	637.08
201291L0330090 Rating Area 10	Tobacco User/Non-Tobacco User	22	637.08	637.08
201291L0330090 Rating Area 10	Tobacco User/Non-Tobacco User	23	637.08	637.08
201291L0330090 Rating Area 10	Tobacco User/Non-Tobacco User	24	637.08	637.08
201291L0330090 Rating Area 10	Tobacco User/Non-Tobacco User	25	639.62	639.62
201291L0330090 Rating Area 10	Tobacco User/Non-Tobacco User	26	652.36	652.36
201291L0330090 Rating Area 10	Tobacco User/Non-Tobacco User	27	667.65	667.65
201291L0330090 Rating Area 10	Tobacco User/Non-Tobacco User	28	692.50	692.50
201291L0330090 Rating Area 10	Tobacco User/Non-Tobacco User	29	712.88	712.88
201291L0330090 Rating Area 10	Tobacco User/Non-Tobacco User	30	723.08	759.23
201291L0330090 Rating Area 10	Tobacco User/Non-Tobacco User	31	738.36	775.28
201291L0330090 Rating Area 10	Tobacco User/Non-Tobacco User	32	753.66	791.35
201291L0330090 Rating Area 10	Tobacco User/Non-Tobacco User	33	763.22	801.38
201291L0330090 Rating Area 10	Tobacco User/Non-Tobacco User	34	773.41	812.08
201291L0330090 Rating Area 10	Tobacco User/Non-Tobacco User	35	778.50	817.43
201291L0330090 Rating Area 10	Tobacco User/Non-Tobacco User	36	783.60	830.61
201291L0330090 Rating Area 10	Tobacco User/Non-Tobacco User	37	788.70	843.91
201291L0330090 Rating Area 10	Tobacco User/Non-Tobacco User	38	793.79	857.30
201291L0330090 Rating Area 10	Tobacco User/Non-Tobacco User	39	803.98	876.35
201291L0330090 Rating Area 10	Tobacco User/Non-Tobacco User	40	814.18	895.60
201291L0330090 Rating Area 10	Tobacco User/Non-Tobacco User	41	829.47	920.70
201291L0330090 Rating Area 10	Tobacco User/Non-Tobacco User	42	844.12	945.42
201291L0330090 Rating Area 10	Tobacco User/Non-Tobacco User	43	864.51	976.90
201291L0330090 Rating Area 10	Tobacco User/Non-Tobacco User	44	889.99	1014.59
201291L0330090 Rating Area 10	Tobacco User/Non-Tobacco User	45	919.93	1057.92
201291L0330090 Rating Area 10	Tobacco User/Non-Tobacco User	46	955.61	1108.51
201291L0330090 Rating Area 10	Tobacco User/Non-Tobacco User	47	995.74	1165.02
201291L0330090 Rating Area 10	Tobacco User/Non-Tobacco User	48	1041.62	1229.11
201291L0330090 Rating Area 10	Tobacco User/Non-Tobacco User	49	1086.85	1293.35
201291L0330090 Rating Area 10	Tobacco User/Non-Tobacco User	50	1137.81	1365.37
201291L0330090 Rating Area 10	Tobacco User/Non-Tobacco User	51	1188.14	1425.77
201291L0330090 Rating Area 10	Tobacco User/Non-Tobacco User	52	1243.57	1492.29
201291L0330090 Rating Area 10	Tobacco User/Non-Tobacco User	53	1299.63	1559.55
201291L0330090 Rating Area 10	Tobacco User/Non-Tobacco User	54	1360.15	1632.18
201291L0330090 Rating Area 10	Tobacco User/Non-Tobacco User	55	1420.67	1704.80
201291L0330090 Rating Area 10	Tobacco User/Non-Tobacco User	56	1486.29	1783.55
201291L0330090 Rating Area 10	Tobacco User/Non-Tobacco User	57	1552.54	1863.05
201291L0330090 Rating Area 10	Tobacco User/Non-Tobacco User	58	1623.27	1947.92
201291L0330090 Rating Area 10	Tobacco User/Non-Tobacco User	59	1658.30	1989.96
201291L0330090 Rating Area 10	Tobacco User/Non-Tobacco User	60	1729.02	2074.82
201291L0330090 Rating Area 10	Tobacco User/Non-Tobacco User	61	1790.17	2148.21
201291L0330090 Rating Area 10	Tobacco User/Non-Tobacco User	62	1830.31	2196.37
201291L0330090 Rating Area 10	Tobacco User/Non-Tobacco User	63	1880.64	2256.76
201291L0330090 Rating Area 10	Tobacco User/Non-Tobacco User	64 and over	1911.19	2293.43
201291L0330090 Rating Area 11	Tobacco User/Non-Tobacco User	0-14	502.43	542.43
201291L0330090 Rating Area 11	Tobacco User/Non-Tobacco User	15	547.09	547.09
201291L0330090 Rating Area 11	Tobacco User/Non-Tobacco User	16	564.17	564.17
201291L0330090 Rating Area 11	Tobacco User/Non-Tobacco User	17	581.25	581.25
201291L0330090 Rating Area 11	Tobacco User/Non-Tobacco User	18	599.64	599.64
201291L0330090 Rating Area 11	Tobacco User/Non-Tobacco User	19	618.03	618.03
201291L0330090 Rating Area 11	Tobacco User/Non-Tobacco User	20	637.07	637.07
201291L0330090 Rating Area 11	Tobacco User/Non-Tobacco User	21	656.78	656.78
201291L0330090 Rating Area 11	Tobacco User/Non-Tobacco User	22	656.78	656.78
201291L0330090 Rating Area 11	Tobacco User/Non-Tobacco User	23	656.78	656.78
201291L0330090 Rating Area 11	Tobacco User/Non-Tobacco User	24	656.78	656.78
201291L0330090 Rating Area 11	Tobacco User/Non-Tobacco User	25	659.40	659.40
201291L0330090 Rating Area 11	Tobacco User/Non-Tobacco User	26	672.54	672.54
201291L0330090 Rating Area 11	Tobacco User/Non-Tobacco User	27	688.30	688.30
201291L0330090 Rating Area 11	Tobacco User/Non-Tobacco User	28	713.92	713.92
201291L0330090 Rating Area 11	Tobacco User/Non-Tobacco User	29	734.93	734.93
201291L0330090 Rating Area 11	Tobacco User/Non-Tobacco User	30	745.44	782.71
201291L0330090 Rating Area 11	Tobacco User/Non-Tobacco User	31	761.20	799.26
201291L0330090 Rating Area 11	Tobacco User/Non-Tobacco User	32	776.97	815.82
201291L0330090 Rating Area 11	Tobacco User/Non-Tobacco User	33	786.82	826.16
201291L0330090 Rating Area 11	Tobacco User/Non-Tobacco User	34	797.33	837.20
201291L0330090 Rating Area 11	Tobacco User/Non-Tobacco User	35	802.58	842.71
201291L0330090 Rating Area 11	Tobacco User/Non-Tobacco User	36	807.83	856.30
201291L0330090 Rating Area 11	Tobacco User/Non-Tobacco User	37	813.09	870.01
201291L0330090 Rating Area 11	Tobacco User/Non-Tobacco User	38	818.34	883.81
201291L0330090 Rating Area 11	Tobacco User/Non-Tobacco User	39	828.85	903.45
201291L0330090 Rating Area 11	Tobacco User/Non-Tobacco User	40	839.36	923.30
201291L0330090 Rating Area 11	Tobacco User/Non-Tobacco User	41	855.12	949.18
201291L0330090 Rating Area 11	Tobacco User/Non-Tobacco User	42	870.23	974.66
201291L0330090 Rating Area 11	Tobacco User/Non-Tobacco User	43	891.25	1007.11
201291L0330090 Rating Area 11	Tobacco User/Non-Tobacco User	44	917.52	1045.97
201291L0330090 Rating Area 11	Tobacco User/Non-Tobacco User	45	948.38	1090.64
201291L0330090 Rating Area 11	Tobacco User/Non-Tobacco User	46	985.16	1142.79
201291L0330090 Rating Area 11	Tobacco User/Non-Tobacco User	47	1026.54	1201.05
201291L0330090 Rating Area 11	Tobacco User/Non-Tobacco User	48	1073.83	1267.12

201291L0330090 Rating Area 11	Tobacco User/Non-Tobacco User	49	1120.46	1333.35
201291L0330090 Rating Area 11	Tobacco User/Non-Tobacco User	50	1173.00	1407.60
201291L0330090 Rating Area 11	Tobacco User/Non-Tobacco User	51	1224.89	1469.87
201291L0330090 Rating Area 11	Tobacco User/Non-Tobacco User	52	1282.03	1538.44
201291L0330090 Rating Area 11	Tobacco User/Non-Tobacco User	53	1339.82	1607.78
201291L0330090 Rating Area 11	Tobacco User/Non-Tobacco User	54	1402.22	1682.66
201291L0330090 Rating Area 11	Tobacco User/Non-Tobacco User	55	1464.61	1757.53
201291L0330090 Rating Area 11	Tobacco User/Non-Tobacco User	56	1532.26	1838.71
201291L0330090 Rating Area 11	Tobacco User/Non-Tobacco User	57	1600.56	1920.67
201291L0330090 Rating Area 11	Tobacco User/Non-Tobacco User	58	1673.47	2008.16
201291L0330090 Rating Area 11	Tobacco User/Non-Tobacco User	59	1709.59	2051.51
201291L0330090 Rating Area 11	Tobacco User/Non-Tobacco User	60	1782.49	2139.99
201291L0330090 Rating Area 11	Tobacco User/Non-Tobacco User	61	1845.54	2214.65
201291L0330090 Rating Area 11	Tobacco User/Non-Tobacco User	62	1886.92	2264.30
201291L0330090 Rating Area 11	Tobacco User/Non-Tobacco User	63	1938.80	2326.56
201291L0330090 Rating Area 11	Tobacco User/Non-Tobacco User	64 and over	1970.30	2364.36
201291L0330090 Rating Area 13	Tobacco User/Non-Tobacco User	0-14	572.77	572.77
201291L0330090 Rating Area 13	Tobacco User/Non-Tobacco User	15	623.68	623.68
201291L0330090 Rating Area 13	Tobacco User/Non-Tobacco User	16	643.15	643.15
201291L0330090 Rating Area 13	Tobacco User/Non-Tobacco User	17	662.63	662.63
201291L0330090 Rating Area 13	Tobacco User/Non-Tobacco User	18	683.59	683.59
201291L0330090 Rating Area 13	Tobacco User/Non-Tobacco User	19	704.55	704.55
201291L0330090 Rating Area 13	Tobacco User/Non-Tobacco User	20	726.26	726.26
201291L0330090 Rating Area 13	Tobacco User/Non-Tobacco User	21	748.73	748.73
201291L0330090 Rating Area 13	Tobacco User/Non-Tobacco User	22	748.73	748.73
201291L0330090 Rating Area 13	Tobacco User/Non-Tobacco User	23	748.73	748.73
201291L0330090 Rating Area 13	Tobacco User/Non-Tobacco User	24	748.73	748.73
201291L0330090 Rating Area 13	Tobacco User/Non-Tobacco User	25	751.72	751.72
201291L0330090 Rating Area 13	Tobacco User/Non-Tobacco User	26	766.70	766.70
201291L0330090 Rating Area 13	Tobacco User/Non-Tobacco User	27	784.66	784.66
201291L0330090 Rating Area 13	Tobacco User/Non-Tobacco User	28	813.87	813.87
201291L0330090 Rating Area 13	Tobacco User/Non-Tobacco User	29	837.82	837.82
201291L0330090 Rating Area 13	Tobacco User/Non-Tobacco User	30	849.80	892.29
201291L0330090 Rating Area 13	Tobacco User/Non-Tobacco User	31	867.77	911.16
201291L0330090 Rating Area 13	Tobacco User/Non-Tobacco User	32	885.75	930.03
201291L0330090 Rating Area 13	Tobacco User/Non-Tobacco User	33	896.97	941.82
201291L0330090 Rating Area 13	Tobacco User/Non-Tobacco User	34	908.96	954.41
201291L0330090 Rating Area 13	Tobacco User/Non-Tobacco User	35	914.94	960.69
201291L0330090 Rating Area 13	Tobacco User/Non-Tobacco User	36	920.93	976.18
201291L0330090 Rating Area 13	Tobacco User/Non-Tobacco User	37	926.92	991.81
201291L0330090 Rating Area 13	Tobacco User/Non-Tobacco User	38	932.91	1007.54
201291L0330090 Rating Area 13	Tobacco User/Non-Tobacco User	39	944.89	1029.93
201291L0330090 Rating Area 13	Tobacco User/Non-Tobacco User	40	956.87	1052.56
201291L0330090 Rating Area 13	Tobacco User/Non-Tobacco User	41	974.84	1082.07
201291L0330090 Rating Area 13	Tobacco User/Non-Tobacco User	42	992.06	1111.11
201291L0330090 Rating Area 13	Tobacco User/Non-Tobacco User	43	1016.03	1148.11
201291L0330090 Rating Area 13	Tobacco User/Non-Tobacco User	44	1045.97	1192.41
201291L0330090 Rating Area 13	Tobacco User/Non-Tobacco User	45	1081.15	1243.33
201291L0330090 Rating Area 13	Tobacco User/Non-Tobacco User	46	1123.08	1302.78
201291L0330090 Rating Area 13	Tobacco User/Non-Tobacco User	47	1170.26	1369.20
201291L0330090 Rating Area 13	Tobacco User/Non-Tobacco User	48	1224.17	1444.52
201291L0330090 Rating Area 13	Tobacco User/Non-Tobacco User	49	1277.32	1520.02
201291L0330090 Rating Area 13	Tobacco User/Non-Tobacco User	50	1337.22	1604.66
201291L0330090 Rating Area 13	Tobacco User/Non-Tobacco User	51	1396.37	1675.65
201291L0330090 Rating Area 13	Tobacco User/Non-Tobacco User	52	1461.51	1753.82
201291L0330090 Rating Area 13	Tobacco User/Non-Tobacco User	53	1527.39	1832.87
201291L0330090 Rating Area 13	Tobacco User/Non-Tobacco User	54	1598.53	1918.23
201291L0330090 Rating Area 13	Tobacco User/Non-Tobacco User	55	1669.66	2003.58
201291L0330090 Rating Area 13	Tobacco User/Non-Tobacco User	56	1746.78	2096.13
201291L0330090 Rating Area 13	Tobacco User/Non-Tobacco User	57	1824.64	2189.56
201291L0330090 Rating Area 13	Tobacco User/Non-Tobacco User	58	1907.76	2289.30
201291L0330090 Rating Area 13	Tobacco User/Non-Tobacco User	59	1948.93	2338.72
201291L0330090 Rating Area 13	Tobacco User/Non-Tobacco User	60	2032.04	2438.45
201291L0330090 Rating Area 13	Tobacco User/Non-Tobacco User	61	2103.92	2524.70
201291L0330090 Rating Area 13	Tobacco User/Non-Tobacco User	62	2151.09	2581.30
201291L0330090 Rating Area 13	Tobacco User/Non-Tobacco User	63	2210.23	2652.28
201291L0330090 Rating Area 13	Tobacco User/Non-Tobacco User	64 and over	2246.14	2695.37
201291L0330091 Rating Area 6	Tobacco User/Non-Tobacco User	0-14	415.79	415.79
201291L0330091 Rating Area 6	Tobacco User/Non-Tobacco User	15	452.74	452.74
201291L0330091 Rating Area 6	Tobacco User/Non-Tobacco User	16	466.88	466.88
201291L0330091 Rating Area 6	Tobacco User/Non-Tobacco User	17	481.01	481.01
201291L0330091 Rating Area 6	Tobacco User/Non-Tobacco User	18	496.23	496.23
201291L0330091 Rating Area 6	Tobacco User/Non-Tobacco User	19	511.45	511.45
201291L0330091 Rating Area 6	Tobacco User/Non-Tobacco User	20	527.21	527.21
201291L0330091 Rating Area 6	Tobacco User/Non-Tobacco User	21	543.51	543.51
201291L0330091 Rating Area 6	Tobacco User/Non-Tobacco User	22	543.51	543.51
201291L0330091 Rating Area 6	Tobacco User/Non-Tobacco User	23	543.51	543.51
201291L0330091 Rating Area 6	Tobacco User/Non-Tobacco User	24	543.51	543.51
201291L0330091 Rating Area 6	Tobacco User/Non-Tobacco User	25	545.69	545.69
201291L0330091 Rating Area 6	Tobacco User/Non-Tobacco User	26	556.55	556.55
201291L0330091 Rating Area 6	Tobacco User/Non-Tobacco User	27	569.60	569.60
201291L0330091 Rating Area 6	Tobacco User/Non-Tobacco User	28	590.80	590.80
201291L0330091 Rating Area 6	Tobacco User/Non-Tobacco User	29	608.19	608.19
201291L0330091 Rating Area 6	Tobacco User/Non-Tobacco User	30	616.89	647.73
201291L0330091 Rating Area 6	Tobacco User/Non-Tobacco User	31	629.93	661.43
201291L0330091 Rating Area 6	Tobacco User/Non-Tobacco User	32	642.97	675.12
201291L0330091 Rating Area 6	Tobacco User/Non-Tobacco User	33	651.12	683.68
201291L0330091 Rating Area 6	Tobacco User/Non-Tobacco User	34	659.83	692.82
201291L0330091 Rating Area 6	Tobacco User/Non-Tobacco User	35	664.17	697.38
201291L0330091 Rating Area 6	Tobacco User/Non-Tobacco User	36	668.52	708.64
201291L0330091 Rating Area 6	Tobacco User/Non-Tobacco User	37	672.87	719.97
201291L0330091 Rating Area 6	Tobacco User/Non-Tobacco User	38	677.22	731.39
201291L0330091 Rating Area 6	Tobacco User/Non-Tobacco User	39	685.91	747.64
201291L0330091 Rating Area 6	Tobacco User/Non-Tobacco User	40	694.61	764.07
201291L0330091 Rating Area 6	Tobacco User/Non-Tobacco User	41	707.66	785.50
201291L0330091 Rating Area 6	Tobacco User/Non-Tobacco User	42	720.15	806.57
201291L0330091 Rating Area 6	Tobacco User/Non-Tobacco User	43	737.54	833.42
201291L0330091 Rating Area 6	Tobacco User/Non-Tobacco User	44	759.29	865.59
201291L0330091 Rating Area 6	Tobacco User/Non-Tobacco User	45	784.83	902.55
201291L0330091 Rating Area 6	Tobacco User/Non-Tobacco User	46	815.27	945.71
201291L0330091 Rating Area 6	Tobacco User/Non-Tobacco User	47	849.51	993.93
201291L0330091 Rating Area 6	Tobacco User/Non-Tobacco User	48	888.64	1048.59
201291L0330091 Rating Area 6	Tobacco User/Non-Tobacco User	49	927.23	1103.40
201291L0330091 Rating Area 6	Tobacco User/Non-Tobacco User	50	970.71	1164.86
201291L0330091 Rating Area 6	Tobacco User/Non-Tobacco User	51	1013.65	1216.38
201291L0330091 Rating Area 6	Tobacco User/Non-Tobacco User	52	1060.93	1273.12
201291L0330091 Rating Area 6	Tobacco User/Non-Tobacco User	53	1108.76	1330.51
201291L0330091 Rating Area 6	Tobacco User/Non-Tobacco User	54	1160.40	1392.48
201291L0330091 Rating Area 6	Tobacco User/Non-Tobacco User	55	1212.03	1454.44
201291L0330091 Rating Area 6	Tobacco User/Non-Tobacco User	56	1268.02	1521.62
201291L0330091 Rating Area 6	Tobacco User/Non-Tobacco User	57	1324.54	1589.45

201291L0330091	Rating Area 6	Tobacco User/Non-Tobacco User	58	1384.87	1661.84
201291L0330091	Rating Area 6	Tobacco User/Non-Tobacco User	59	1414.76	1697.71
201291L0330091	Rating Area 6	Tobacco User/Non-Tobacco User	60	1475.09	1770.11
201291L0330091	Rating Area 6	Tobacco User/Non-Tobacco User	61	1527.27	1832.72
201291L0330091	Rating Area 6	Tobacco User/Non-Tobacco User	62	1561.51	1873.81
201291L0330091	Rating Area 6	Tobacco User/Non-Tobacco User	63	1604.45	1925.34
201291L0330091	Rating Area 6	Tobacco User/Non-Tobacco User	64 and over	1630.51	1956.61
201291L0330091	Rating Area 7	Tobacco User/Non-Tobacco User	0-14	448.49	448.49
201291L0330091	Rating Area 7	Tobacco User/Non-Tobacco User	15	488.35	488.35
201291L0330091	Rating Area 7	Tobacco User/Non-Tobacco User	16	503.60	503.60
201291L0330091	Rating Area 7	Tobacco User/Non-Tobacco User	17	518.84	518.84
201291L0330091	Rating Area 7	Tobacco User/Non-Tobacco User	18	535.26	535.26
201291L0330091	Rating Area 7	Tobacco User/Non-Tobacco User	19	551.67	551.67
201291L0330091	Rating Area 7	Tobacco User/Non-Tobacco User	20	568.68	568.68
201291L0330091	Rating Area 7	Tobacco User/Non-Tobacco User	21	586.26	586.26
201291L0330091	Rating Area 7	Tobacco User/Non-Tobacco User	22	586.26	586.26
201291L0330091	Rating Area 7	Tobacco User/Non-Tobacco User	23	586.26	586.26
201291L0330091	Rating Area 7	Tobacco User/Non-Tobacco User	24	586.26	586.26
201291L0330091	Rating Area 7	Tobacco User/Non-Tobacco User	25	588.60	588.60
201291L0330091	Rating Area 7	Tobacco User/Non-Tobacco User	26	600.33	600.33
201291L0330091	Rating Area 7	Tobacco User/Non-Tobacco User	27	614.40	614.40
201291L0330091	Rating Area 7	Tobacco User/Non-Tobacco User	28	637.27	637.27
201291L0330091	Rating Area 7	Tobacco User/Non-Tobacco User	29	656.03	656.03
201291L0330091	Rating Area 7	Tobacco User/Non-Tobacco User	30	665.40	698.68
201291L0330091	Rating Area 7	Tobacco User/Non-Tobacco User	31	679.48	713.45
201291L0330091	Rating Area 7	Tobacco User/Non-Tobacco User	32	693.54	728.22
201291L0330091	Rating Area 7	Tobacco User/Non-Tobacco User	33	702.34	737.45
201291L0330091	Rating Area 7	Tobacco User/Non-Tobacco User	34	711.72	747.31
201291L0330091	Rating Area 7	Tobacco User/Non-Tobacco User	35	716.41	752.23
201291L0330091	Rating Area 7	Tobacco User/Non-Tobacco User	36	721.10	764.37
201291L0330091	Rating Area 7	Tobacco User/Non-Tobacco User	37	725.79	776.59
201291L0330091	Rating Area 7	Tobacco User/Non-Tobacco User	38	730.48	788.92
201291L0330091	Rating Area 7	Tobacco User/Non-Tobacco User	39	739.86	806.45
201291L0330091	Rating Area 7	Tobacco User/Non-Tobacco User	40	749.24	824.17
201291L0330091	Rating Area 7	Tobacco User/Non-Tobacco User	41	763.32	847.28
201291L0330091	Rating Area 7	Tobacco User/Non-Tobacco User	42	776.79	870.01
201291L0330091	Rating Area 7	Tobacco User/Non-Tobacco User	43	795.55	898.97
201291L0330091	Rating Area 7	Tobacco User/Non-Tobacco User	44	819.00	933.67
201291L0330091	Rating Area 7	Tobacco User/Non-Tobacco User	45	846.56	973.54
201291L0330091	Rating Area 7	Tobacco User/Non-Tobacco User	46	879.39	1020.09
201291L0330091	Rating Area 7	Tobacco User/Non-Tobacco User	47	916.33	1072.11
201291L0330091	Rating Area 7	Tobacco User/Non-Tobacco User	48	958.53	1131.06
201291L0330091	Rating Area 7	Tobacco User/Non-Tobacco User	49	1000.16	1190.19
201291L0330091	Rating Area 7	Tobacco User/Non-Tobacco User	50	1047.06	1256.48
201291L0330091	Rating Area 7	Tobacco User/Non-Tobacco User	51	1093.37	1312.05
201291L0330091	Rating Area 7	Tobacco User/Non-Tobacco User	52	1144.38	1373.25
201291L0330091	Rating Area 7	Tobacco User/Non-Tobacco User	53	1195.97	1435.16
201291L0330091	Rating Area 7	Tobacco User/Non-Tobacco User	54	1251.67	1502.00
201291L0330091	Rating Area 7	Tobacco User/Non-Tobacco User	55	1307.36	1568.83
201291L0330091	Rating Area 7	Tobacco User/Non-Tobacco User	56	1367.75	1641.30
201291L0330091	Rating Area 7	Tobacco User/Non-Tobacco User	57	1428.72	1714.46
201291L0330091	Rating Area 7	Tobacco User/Non-Tobacco User	58	1493.79	1792.55
201291L0330091	Rating Area 7	Tobacco User/Non-Tobacco User	59	1526.04	1831.24
201291L0330091	Rating Area 7	Tobacco User/Non-Tobacco User	60	1591.11	1909.33
201291L0330091	Rating Area 7	Tobacco User/Non-Tobacco User	61	1647.39	1976.87
201291L0330091	Rating Area 7	Tobacco User/Non-Tobacco User	62	1684.33	2021.19
201291L0330091	Rating Area 7	Tobacco User/Non-Tobacco User	63	1730.64	2076.77
201291L0330091	Rating Area 7	Tobacco User/Non-Tobacco User	64 and over	1758.75	2110.50
201291L0330091	Rating Area 8	Tobacco User/Non-Tobacco User	0-14	457.84	457.84
201291L0330091	Rating Area 8	Tobacco User/Non-Tobacco User	15	498.53	498.53
201291L0330091	Rating Area 8	Tobacco User/Non-Tobacco User	16	514.09	514.09
201291L0330091	Rating Area 8	Tobacco User/Non-Tobacco User	17	529.65	529.65
201291L0330091	Rating Area 8	Tobacco User/Non-Tobacco User	18	546.41	546.41
201291L0330091	Rating Area 8	Tobacco User/Non-Tobacco User	19	563.17	563.17
201291L0330091	Rating Area 8	Tobacco User/Non-Tobacco User	20	580.52	580.52
201291L0330091	Rating Area 8	Tobacco User/Non-Tobacco User	21	598.48	598.48
201291L0330091	Rating Area 8	Tobacco User/Non-Tobacco User	22	598.48	598.48
201291L0330091	Rating Area 8	Tobacco User/Non-Tobacco User	23	598.48	598.48
201291L0330091	Rating Area 8	Tobacco User/Non-Tobacco User	24	598.48	598.48
201291L0330091	Rating Area 8	Tobacco User/Non-Tobacco User	25	600.87	600.87
201291L0330091	Rating Area 8	Tobacco User/Non-Tobacco User	26	612.83	612.83
201291L0330091	Rating Area 8	Tobacco User/Non-Tobacco User	27	627.20	627.20
201291L0330091	Rating Area 8	Tobacco User/Non-Tobacco User	28	650.54	650.54
201291L0330091	Rating Area 8	Tobacco User/Non-Tobacco User	29	669.69	669.69
201291L0330091	Rating Area 8	Tobacco User/Non-Tobacco User	30	679.27	713.23
201291L0330091	Rating Area 8	Tobacco User/Non-Tobacco User	31	693.63	728.32
201291L0330091	Rating Area 8	Tobacco User/Non-Tobacco User	32	707.99	743.39
201291L0330091	Rating Area 8	Tobacco User/Non-Tobacco User	33	716.97	752.82
201291L0330091	Rating Area 8	Tobacco User/Non-Tobacco User	34	726.55	762.88
201291L0330091	Rating Area 8	Tobacco User/Non-Tobacco User	35	731.33	767.90
201291L0330091	Rating Area 8	Tobacco User/Non-Tobacco User	36	736.13	780.30
201291L0330091	Rating Area 8	Tobacco User/Non-Tobacco User	37	740.91	792.77
201291L0330091	Rating Area 8	Tobacco User/Non-Tobacco User	38	745.70	805.35
201291L0330091	Rating Area 8	Tobacco User/Non-Tobacco User	39	755.28	823.25
201291L0330091	Rating Area 8	Tobacco User/Non-Tobacco User	40	764.85	841.34
201291L0330091	Rating Area 8	Tobacco User/Non-Tobacco User	41	779.22	864.93
201291L0330091	Rating Area 8	Tobacco User/Non-Tobacco User	42	792.98	888.13
201291L0330091	Rating Area 8	Tobacco User/Non-Tobacco User	43	812.13	917.70
201291L0330091	Rating Area 8	Tobacco User/Non-Tobacco User	44	836.07	953.12
201291L0330091	Rating Area 8	Tobacco User/Non-Tobacco User	45	864.19	993.82
201291L0330091	Rating Area 8	Tobacco User/Non-Tobacco User	46	897.71	1041.34
201291L0330091	Rating Area 8	Tobacco User/Non-Tobacco User	47	935.42	1094.44
201291L0330091	Rating Area 8	Tobacco User/Non-Tobacco User	48	978.50	1154.63
201291L0330091	Rating Area 8	Tobacco User/Non-Tobacco User	49	1020.99	1214.98
201291L0330091	Rating Area 8	Tobacco User/Non-Tobacco User	50	1068.88	1282.65
201291L0330091	Rating Area 8	Tobacco User/Non-Tobacco User	51	1116.15	1339.39
201291L0330091	Rating Area 8	Tobacco User/Non-Tobacco User	52	1168.22	1401.86
201291L0330091	Rating Area 8	Tobacco User/Non-Tobacco User	53	1220.88	1465.06
201291L0330091	Rating Area 8	Tobacco User/Non-Tobacco User	54	1277.74	1533.29
201291L0330091	Rating Area 8	Tobacco User/Non-Tobacco User	55	1334.59	1601.52
201291L0330091	Rating Area 8	Tobacco User/Non-Tobacco User	56	1396.25	1675.50
201291L0330091	Rating Area 8	Tobacco User/Non-Tobacco User	57	1458.49	1750.18
201291L0330091	Rating Area 8	Tobacco User/Non-Tobacco User	58	1524.91	1829.90
201291L0330091	Rating Area 8	Tobacco User/Non-Tobacco User	59	1557.83	1869.39
201291L0330091	Rating Area 8	Tobacco User/Non-Tobacco User	60	1624.26	1949.11
201291L0330091	Rating Area 8	Tobacco User/Non-Tobacco User	61	1681.71	2018.06
201291L0330091	Rating Area 8	Tobacco User/Non-Tobacco User	62	1719.42	2063.30
201291L0330091	Rating Area 8	Tobacco User/Non-Tobacco User	63	1766.70	2120.03
201291L0330091	Rating Area 8	Tobacco User/Non-Tobacco User	64 and over	1795.39	2154.47
201291L0330091	Rating Area 9	Tobacco User/Non-Tobacco User	0-14	457.84	457.84
201291L0330091	Rating Area 9	Tobacco User/Non-Tobacco User	15	498.53	498.53

201291L0330091	Rating Area 9	Tobacco User/Non-Tobacco User	16	514.09	514.09
201291L0330091	Rating Area 9	Tobacco User/Non-Tobacco User	17	529.65	529.65
201291L0330091	Rating Area 9	Tobacco User/Non-Tobacco User	18	546.41	546.41
201291L0330091	Rating Area 9	Tobacco User/Non-Tobacco User	19	563.17	563.17
201291L0330091	Rating Area 9	Tobacco User/Non-Tobacco User	20	580.52	580.52
201291L0330091	Rating Area 9	Tobacco User/Non-Tobacco User	21	598.48	598.48
201291L0330091	Rating Area 9	Tobacco User/Non-Tobacco User	22	598.48	598.48
201291L0330091	Rating Area 9	Tobacco User/Non-Tobacco User	23	598.48	598.48
201291L0330091	Rating Area 9	Tobacco User/Non-Tobacco User	24	598.48	598.48
201291L0330091	Rating Area 9	Tobacco User/Non-Tobacco User	25	600.87	600.87
201291L0330091	Rating Area 9	Tobacco User/Non-Tobacco User	26	612.83	612.83
201291L0330091	Rating Area 9	Tobacco User/Non-Tobacco User	27	627.20	627.20
201291L0330091	Rating Area 9	Tobacco User/Non-Tobacco User	28	650.54	650.54
201291L0330091	Rating Area 9	Tobacco User/Non-Tobacco User	29	669.69	669.69
201291L0330091	Rating Area 9	Tobacco User/Non-Tobacco User	30	679.27	713.23
201291L0330091	Rating Area 9	Tobacco User/Non-Tobacco User	31	693.63	728.32
201291L0330091	Rating Area 9	Tobacco User/Non-Tobacco User	32	707.99	743.39
201291L0330091	Rating Area 9	Tobacco User/Non-Tobacco User	33	716.97	752.82
201291L0330091	Rating Area 9	Tobacco User/Non-Tobacco User	34	726.55	762.88
201291L0330091	Rating Area 9	Tobacco User/Non-Tobacco User	35	731.33	767.90
201291L0330091	Rating Area 9	Tobacco User/Non-Tobacco User	36	736.13	780.30
201291L0330091	Rating Area 9	Tobacco User/Non-Tobacco User	37	740.91	792.77
201291L0330091	Rating Area 9	Tobacco User/Non-Tobacco User	38	745.70	805.35
201291L0330091	Rating Area 9	Tobacco User/Non-Tobacco User	39	755.28	823.25
201291L0330091	Rating Area 9	Tobacco User/Non-Tobacco User	40	764.85	841.34
201291L0330091	Rating Area 9	Tobacco User/Non-Tobacco User	41	779.22	864.93
201291L0330091	Rating Area 9	Tobacco User/Non-Tobacco User	42	792.98	888.13
201291L0330091	Rating Area 9	Tobacco User/Non-Tobacco User	43	812.13	917.70
201291L0330091	Rating Area 9	Tobacco User/Non-Tobacco User	44	836.07	953.12
201291L0330091	Rating Area 9	Tobacco User/Non-Tobacco User	45	864.19	993.82
201291L0330091	Rating Area 9	Tobacco User/Non-Tobacco User	46	897.71	1041.34
201291L0330091	Rating Area 9	Tobacco User/Non-Tobacco User	47	935.42	1094.44
201291L0330091	Rating Area 9	Tobacco User/Non-Tobacco User	48	978.50	1154.63
201291L0330091	Rating Area 9	Tobacco User/Non-Tobacco User	49	1020.99	1214.98
201291L0330091	Rating Area 9	Tobacco User/Non-Tobacco User	50	1068.88	1282.65
201291L0330091	Rating Area 9	Tobacco User/Non-Tobacco User	51	1116.15	1339.39
201291L0330091	Rating Area 9	Tobacco User/Non-Tobacco User	52	1168.22	1401.86
201291L0330091	Rating Area 9	Tobacco User/Non-Tobacco User	53	1220.88	1465.06
201291L0330091	Rating Area 9	Tobacco User/Non-Tobacco User	54	1277.74	1533.29
201291L0330091	Rating Area 9	Tobacco User/Non-Tobacco User	55	1334.59	1601.52
201291L0330091	Rating Area 9	Tobacco User/Non-Tobacco User	56	1396.25	1675.50
201291L0330091	Rating Area 9	Tobacco User/Non-Tobacco User	57	1458.49	1750.18
201291L0330091	Rating Area 9	Tobacco User/Non-Tobacco User	58	1524.91	1829.90
201291L0330091	Rating Area 9	Tobacco User/Non-Tobacco User	59	1557.83	1869.39
201291L0330091	Rating Area 9	Tobacco User/Non-Tobacco User	60	1624.26	1949.11
201291L0330091	Rating Area 9	Tobacco User/Non-Tobacco User	61	1681.71	2018.06
201291L0330091	Rating Area 9	Tobacco User/Non-Tobacco User	62	1719.42	2063.30
201291L0330091	Rating Area 9	Tobacco User/Non-Tobacco User	63	1766.70	2120.03
201291L0330091	Rating Area 9	Tobacco User/Non-Tobacco User	64 and over	1795.39	2154.47
201291L0330091	Rating Area 10	Tobacco User/Non-Tobacco User	0-14	453.16	453.16
201291L0330091	Rating Area 10	Tobacco User/Non-Tobacco User	15	493.44	493.44
201291L0330091	Rating Area 10	Tobacco User/Non-Tobacco User	16	508.84	508.84
201291L0330091	Rating Area 10	Tobacco User/Non-Tobacco User	17	524.25	524.25
201291L0330091	Rating Area 10	Tobacco User/Non-Tobacco User	18	540.83	540.83
201291L0330091	Rating Area 10	Tobacco User/Non-Tobacco User	19	557.42	557.42
201291L0330091	Rating Area 10	Tobacco User/Non-Tobacco User	20	574.60	574.60
201291L0330091	Rating Area 10	Tobacco User/Non-Tobacco User	21	592.37	592.37
201291L0330091	Rating Area 10	Tobacco User/Non-Tobacco User	22	592.37	592.37
201291L0330091	Rating Area 10	Tobacco User/Non-Tobacco User	23	592.37	592.37
201291L0330091	Rating Area 10	Tobacco User/Non-Tobacco User	24	592.37	592.37
201291L0330091	Rating Area 10	Tobacco User/Non-Tobacco User	25	594.74	594.74
201291L0330091	Rating Area 10	Tobacco User/Non-Tobacco User	26	606.58	606.58
201291L0330091	Rating Area 10	Tobacco User/Non-Tobacco User	27	620.80	620.80
201291L0330091	Rating Area 10	Tobacco User/Non-Tobacco User	28	643.91	643.91
201291L0330091	Rating Area 10	Tobacco User/Non-Tobacco User	29	662.86	662.86
201291L0330091	Rating Area 10	Tobacco User/Non-Tobacco User	30	672.34	705.96
201291L0330091	Rating Area 10	Tobacco User/Non-Tobacco User	31	686.56	720.88
201291L0330091	Rating Area 10	Tobacco User/Non-Tobacco User	32	700.77	735.80
201291L0330091	Rating Area 10	Tobacco User/Non-Tobacco User	33	709.65	745.13
201291L0330091	Rating Area 10	Tobacco User/Non-Tobacco User	34	719.14	755.10
201291L0330091	Rating Area 10	Tobacco User/Non-Tobacco User	35	723.87	760.06
201291L0330091	Rating Area 10	Tobacco User/Non-Tobacco User	36	728.62	772.33
201291L0330091	Rating Area 10	Tobacco User/Non-Tobacco User	37	733.35	784.68
201291L0330091	Rating Area 10	Tobacco User/Non-Tobacco User	38	738.09	797.14
201291L0330091	Rating Area 10	Tobacco User/Non-Tobacco User	39	747.57	814.85
201291L0330091	Rating Area 10	Tobacco User/Non-Tobacco User	40	757.05	832.75
201291L0330091	Rating Area 10	Tobacco User/Non-Tobacco User	41	771.27	856.10
201291L0330091	Rating Area 10	Tobacco User/Non-Tobacco User	42	784.89	879.07
201291L0330091	Rating Area 10	Tobacco User/Non-Tobacco User	43	803.84	908.34
201291L0330091	Rating Area 10	Tobacco User/Non-Tobacco User	44	827.54	943.39
201291L0330091	Rating Area 10	Tobacco User/Non-Tobacco User	45	855.38	983.68
201291L0330091	Rating Area 10	Tobacco User/Non-Tobacco User	46	888.55	1030.71
201291L0330091	Rating Area 10	Tobacco User/Non-Tobacco User	47	925.87	1083.28
201291L0330091	Rating Area 10	Tobacco User/Non-Tobacco User	48	968.52	1142.84
201291L0330091	Rating Area 10	Tobacco User/Non-Tobacco User	49	1010.58	1202.59
201291L0330091	Rating Area 10	Tobacco User/Non-Tobacco User	50	1057.97	1269.57
201291L0330091	Rating Area 10	Tobacco User/Non-Tobacco User	51	1104.76	1325.72
201291L0330091	Rating Area 10	Tobacco User/Non-Tobacco User	52	1156.30	1387.56
201291L0330091	Rating Area 10	Tobacco User/Non-Tobacco User	53	1208.43	1450.11
201291L0330091	Rating Area 10	Tobacco User/Non-Tobacco User	54	1264.71	1517.64
201291L0330091	Rating Area 10	Tobacco User/Non-Tobacco User	55	1320.98	1585.17
201291L0330091	Rating Area 10	Tobacco User/Non-Tobacco User	56	1382.00	1658.40
201291L0330091	Rating Area 10	Tobacco User/Non-Tobacco User	57	1443.60	1732.32
201291L0330091	Rating Area 10	Tobacco User/Non-Tobacco User	58	1509.35	1811.22
201291L0330091	Rating Area 10	Tobacco User/Non-Tobacco User	59	1541.93	1850.31
201291L0330091	Rating Area 10	Tobacco User/Non-Tobacco User	60	1607.69	1929.22
201291L0330091	Rating Area 10	Tobacco User/Non-Tobacco User	61	1664.55	1997.46
201291L0330091	Rating Area 10	Tobacco User/Non-Tobacco User	62	1701.87	2042.25
201291L0330091	Rating Area 10	Tobacco User/Non-Tobacco User	63	1748.67	2098.40
201291L0330091	Rating Area 10	Tobacco User/Non-Tobacco User	64 and over	1777.07	2132.49
201291L0330091	Rating Area 11	Tobacco User/Non-Tobacco User	0-14	467.18	467.18
201291L0330091	Rating Area 11	Tobacco User/Non-Tobacco User	15	508.70	508.70
201291L0330091	Rating Area 11	Tobacco User/Non-Tobacco User	16	524.58	524.58
201291L0330091	Rating Area 11	Tobacco User/Non-Tobacco User	17	540.46	540.46
201291L0330091	Rating Area 11	Tobacco User/Non-Tobacco User	18	557.56	557.56
201291L0330091	Rating Area 11	Tobacco User/Non-Tobacco User	19	574.66	574.66
201291L0330091	Rating Area 11	Tobacco User/Non-Tobacco User	20	592.37	592.37
201291L0330091	Rating Area 11	Tobacco User/Non-Tobacco User	21	610.69	610.69
201291L0330091	Rating Area 11	Tobacco User/Non-Tobacco User	22	610.69	610.69
201291L0330091	Rating Area 11	Tobacco User/Non-Tobacco User	23	610.69	610.69
201291L0330091	Rating Area 11	Tobacco User/Non-Tobacco User	24	610.69	610.69

201291L0330091	Rating Area 11	Tobacco User/Non-Tobacco User	25	613.13	613.13
201291L0330091	Rating Area 11	Tobacco User/Non-Tobacco User	26	625.34	625.34
201291L0330091	Rating Area 11	Tobacco User/Non-Tobacco User	27	640.00	640.00
201291L0330091	Rating Area 11	Tobacco User/Non-Tobacco User	28	663.82	663.82
201291L0330091	Rating Area 11	Tobacco User/Non-Tobacco User	29	683.36	683.36
201291L0330091	Rating Area 11	Tobacco User/Non-Tobacco User	30	693.13	727.79
201291L0330091	Rating Area 11	Tobacco User/Non-Tobacco User	31	707.79	743.18
201291L0330091	Rating Area 11	Tobacco User/Non-Tobacco User	32	722.44	758.56
201291L0330091	Rating Area 11	Tobacco User/Non-Tobacco User	33	731.60	768.18
201291L0330091	Rating Area 11	Tobacco User/Non-Tobacco User	34	741.38	778.45
201291L0330091	Rating Area 11	Tobacco User/Non-Tobacco User	35	746.26	783.57
201291L0330091	Rating Area 11	Tobacco User/Non-Tobacco User	36	751.15	796.22
201291L0330091	Rating Area 11	Tobacco User/Non-Tobacco User	37	756.03	809.95
201291L0330091	Rating Area 11	Tobacco User/Non-Tobacco User	38	760.92	821.79
201291L0330091	Rating Area 11	Tobacco User/Non-Tobacco User	39	770.69	840.05
201291L0330091	Rating Area 11	Tobacco User/Non-Tobacco User	40	780.46	858.51
201291L0330091	Rating Area 11	Tobacco User/Non-Tobacco User	41	795.12	882.58
201291L0330091	Rating Area 11	Tobacco User/Non-Tobacco User	42	809.16	906.26
201291L0330091	Rating Area 11	Tobacco User/Non-Tobacco User	43	828.70	936.43
201291L0330091	Rating Area 11	Tobacco User/Non-Tobacco User	44	853.13	972.57
201291L0330091	Rating Area 11	Tobacco User/Non-Tobacco User	45	881.83	1014.10
201291L0330091	Rating Area 11	Tobacco User/Non-Tobacco User	46	916.03	1062.59
201291L0330091	Rating Area 11	Tobacco User/Non-Tobacco User	47	954.51	1116.78
201291L0330091	Rating Area 11	Tobacco User/Non-Tobacco User	48	998.47	1178.19
201291L0330091	Rating Area 11	Tobacco User/Non-Tobacco User	49	1041.83	1239.78
201291L0330091	Rating Area 11	Tobacco User/Non-Tobacco User	50	1090.69	1308.83
201291L0330091	Rating Area 11	Tobacco User/Non-Tobacco User	51	1138.93	1366.72
201291L0330091	Rating Area 11	Tobacco User/Non-Tobacco User	52	1192.06	1430.47
201291L0330091	Rating Area 11	Tobacco User/Non-Tobacco User	53	1245.80	1494.96
201291L0330091	Rating Area 11	Tobacco User/Non-Tobacco User	54	1303.92	1564.58
201291L0330091	Rating Area 11	Tobacco User/Non-Tobacco User	55	1361.83	1634.20
201291L0330091	Rating Area 11	Tobacco User/Non-Tobacco User	56	1424.74	1709.69
201291L0330091	Rating Area 11	Tobacco User/Non-Tobacco User	57	1488.25	1785.90
201291L0330091	Rating Area 11	Tobacco User/Non-Tobacco User	58	1556.03	1867.24
201291L0330091	Rating Area 11	Tobacco User/Non-Tobacco User	59	1589.62	1907.54
201291L0330091	Rating Area 11	Tobacco User/Non-Tobacco User	60	1657.41	1988.89
201291L0330091	Rating Area 11	Tobacco User/Non-Tobacco User	61	1716.03	2059.24
201291L0330091	Rating Area 11	Tobacco User/Non-Tobacco User	62	1754.51	2105.41
201291L0330091	Rating Area 11	Tobacco User/Non-Tobacco User	63	1802.75	2163.30
201291L0330091	Rating Area 11	Tobacco User/Non-Tobacco User	64 and over	1832.03	2198.44
201291L0330091	Rating Area 13	Tobacco User/Non-Tobacco User	0-14	532.59	532.59
201291L0330091	Rating Area 13	Tobacco User/Non-Tobacco User	15	579.92	579.92
201291L0330091	Rating Area 13	Tobacco User/Non-Tobacco User	16	598.02	598.02
201291L0330091	Rating Area 13	Tobacco User/Non-Tobacco User	17	616.12	616.12
201291L0330091	Rating Area 13	Tobacco User/Non-Tobacco User	18	635.62	635.62
201291L0330091	Rating Area 13	Tobacco User/Non-Tobacco User	19	655.11	655.11
201291L0330091	Rating Area 13	Tobacco User/Non-Tobacco User	20	675.30	675.30
201291L0330091	Rating Area 13	Tobacco User/Non-Tobacco User	21	696.19	696.19
201291L0330091	Rating Area 13	Tobacco User/Non-Tobacco User	22	696.19	696.19
201291L0330091	Rating Area 13	Tobacco User/Non-Tobacco User	23	696.19	696.19
201291L0330091	Rating Area 13	Tobacco User/Non-Tobacco User	24	696.19	696.19
201291L0330091	Rating Area 13	Tobacco User/Non-Tobacco User	25	698.97	698.97
201291L0330091	Rating Area 13	Tobacco User/Non-Tobacco User	26	712.89	712.89
201291L0330091	Rating Area 13	Tobacco User/Non-Tobacco User	27	729.60	729.60
201291L0330091	Rating Area 13	Tobacco User/Non-Tobacco User	28	756.75	756.75
201291L0330091	Rating Area 13	Tobacco User/Non-Tobacco User	29	779.03	779.03
201291L0330091	Rating Area 13	Tobacco User/Non-Tobacco User	30	790.17	829.68
201291L0330091	Rating Area 13	Tobacco User/Non-Tobacco User	31	806.88	847.23
201291L0330091	Rating Area 13	Tobacco User/Non-Tobacco User	32	823.58	864.76
201291L0330091	Rating Area 13	Tobacco User/Non-Tobacco User	33	834.02	875.73
201291L0330091	Rating Area 13	Tobacco User/Non-Tobacco User	34	845.17	887.43
201291L0330091	Rating Area 13	Tobacco User/Non-Tobacco User	35	850.74	893.27
201291L0330091	Rating Area 13	Tobacco User/Non-Tobacco User	36	856.31	907.69
201291L0330091	Rating Area 13	Tobacco User/Non-Tobacco User	37	861.87	922.20
201291L0330091	Rating Area 13	Tobacco User/Non-Tobacco User	38	867.45	936.84
201291L0330091	Rating Area 13	Tobacco User/Non-Tobacco User	39	878.59	957.66
201291L0330091	Rating Area 13	Tobacco User/Non-Tobacco User	40	889.72	978.70
201291L0330091	Rating Area 13	Tobacco User/Non-Tobacco User	41	906.44	1006.14
201291L0330091	Rating Area 13	Tobacco User/Non-Tobacco User	42	922.44	1033.14
201291L0330091	Rating Area 13	Tobacco User/Non-Tobacco User	43	944.72	1067.53
201291L0330091	Rating Area 13	Tobacco User/Non-Tobacco User	44	972.57	1108.73
201291L0330091	Rating Area 13	Tobacco User/Non-Tobacco User	45	1005.29	1156.07
201291L0330091	Rating Area 13	Tobacco User/Non-Tobacco User	46	1044.27	1211.35
201291L0330091	Rating Area 13	Tobacco User/Non-Tobacco User	47	1088.14	1273.13
201291L0330091	Rating Area 13	Tobacco User/Non-Tobacco User	48	1138.26	1343.14
201291L0330091	Rating Area 13	Tobacco User/Non-Tobacco User	49	1187.69	1413.35
201291L0330091	Rating Area 13	Tobacco User/Non-Tobacco User	50	1243.39	1492.07
201291L0330091	Rating Area 13	Tobacco User/Non-Tobacco User	51	1298.38	1558.06
201291L0330091	Rating Area 13	Tobacco User/Non-Tobacco User	52	1358.95	1630.74
201291L0330091	Rating Area 13	Tobacco User/Non-Tobacco User	53	1420.21	1704.25
201291L0330091	Rating Area 13	Tobacco User/Non-Tobacco User	54	1486.35	1783.62
201291L0330091	Rating Area 13	Tobacco User/Non-Tobacco User	55	1552.49	1862.99
201291L0330091	Rating Area 13	Tobacco User/Non-Tobacco User	56	1624.20	1949.05
201291L0330091	Rating Area 13	Tobacco User/Non-Tobacco User	57	1696.61	2035.93
201291L0330091	Rating Area 13	Tobacco User/Non-Tobacco User	58	1773.87	2128.65
201291L0330091	Rating Area 13	Tobacco User/Non-Tobacco User	59	1812.17	2174.60
201291L0330091	Rating Area 13	Tobacco User/Non-Tobacco User	60	1889.45	2267.33
201291L0330091	Rating Area 13	Tobacco User/Non-Tobacco User	61	1956.27	2347.53
201291L0330091	Rating Area 13	Tobacco User/Non-Tobacco User	62	2000.14	2400.17
201291L0330091	Rating Area 13	Tobacco User/Non-Tobacco User	63	2055.14	2466.16
201291L0330091	Rating Area 13	Tobacco User/Non-Tobacco User	64 and over	2088.51	2506.22
201291L0340006	Rating Area 6	Tobacco User/Non-Tobacco User	0-14	358.79	358.79
201291L0340006	Rating Area 6	Tobacco User/Non-Tobacco User	15	390.67	390.67
201291L0340006	Rating Area 6	Tobacco User/Non-Tobacco User	16	402.87	402.87
201291L0340006	Rating Area 6	Tobacco User/Non-Tobacco User	17	415.06	415.06
201291L0340006	Rating Area 6	Tobacco User/Non-Tobacco User	18	428.20	428.20
201291L0340006	Rating Area 6	Tobacco User/Non-Tobacco User	19	441.32	441.32
201291L0340006	Rating Area 6	Tobacco User/Non-Tobacco User	20	454.92	454.92
201291L0340006	Rating Area 6	Tobacco User/Non-Tobacco User	21	468.99	468.99
201291L0340006	Rating Area 6	Tobacco User/Non-Tobacco User	22	468.99	468.99
201291L0340006	Rating Area 6	Tobacco User/Non-Tobacco User	23	468.99	468.99
201291L0340006	Rating Area 6	Tobacco User/Non-Tobacco User	24	468.99	468.99
201291L0340006	Rating Area 6	Tobacco User/Non-Tobacco User	25	470.87	470.87
201291L0340006	Rating Area 6	Tobacco User/Non-Tobacco User	26	480.25	480.25
201291L0340006	Rating Area 6	Tobacco User/Non-Tobacco User	27	491.51	491.51
201291L0340006	Rating Area 6	Tobacco User/Non-Tobacco User	28	509.80	509.80
201291L0340006	Rating Area 6	Tobacco User/Non-Tobacco User	29	524.81	524.81
201291L0340006	Rating Area 6	Tobacco User/Non-Tobacco User	30	532.31	532.31
201291L0340006	Rating Area 6	Tobacco User/Non-Tobacco User	31	543.57	570.75
201291L0340006	Rating Area 6	Tobacco User/Non-Tobacco User	32	554.83	582.57
201291L0340006	Rating Area 6	Tobacco User/Non-Tobacco User	33	561.86	589.95

20129IL0340006 Rating Area 6	Tobacco User/Non-Tobacco User	34	569.36	597.83
20129IL0340006 Rating Area 6	Tobacco User/Non-Tobacco User	35	573.12	601.77
20129IL0340006 Rating Area 6	Tobacco User/Non-Tobacco User	36	576.86	611.47
20129IL0340006 Rating Area 6	Tobacco User/Non-Tobacco User	37	580.62	621.26
20129IL0340006 Rating Area 6	Tobacco User/Non-Tobacco User	38	584.37	631.12
20129IL0340006 Rating Area 6	Tobacco User/Non-Tobacco User	39	591.88	645.14
20129IL0340006 Rating Area 6	Tobacco User/Non-Tobacco User	40	599.38	659.32
20129IL0340006 Rating Area 6	Tobacco User/Non-Tobacco User	41	610.63	677.80
20129IL0340006 Rating Area 6	Tobacco User/Non-Tobacco User	42	621.42	695.99
20129IL0340006 Rating Area 6	Tobacco User/Non-Tobacco User	43	636.43	719.16
20129IL0340006 Rating Area 6	Tobacco User/Non-Tobacco User	44	655.19	746.91
20129IL0340006 Rating Area 6	Tobacco User/Non-Tobacco User	45	677.23	778.81
20129IL0340006 Rating Area 6	Tobacco User/Non-Tobacco User	46	703.49	816.05
20129IL0340006 Rating Area 6	Tobacco User/Non-Tobacco User	47	733.04	857.66
20129IL0340006 Rating Area 6	Tobacco User/Non-Tobacco User	48	766.81	904.83
20129IL0340006 Rating Area 6	Tobacco User/Non-Tobacco User	49	800.11	952.13
20129IL0340006 Rating Area 6	Tobacco User/Non-Tobacco User	50	837.62	1005.15
20129IL0340006 Rating Area 6	Tobacco User/Non-Tobacco User	51	874.67	1049.61
20129IL0340006 Rating Area 6	Tobacco User/Non-Tobacco User	52	915.48	1098.58
20129IL0340006 Rating Area 6	Tobacco User/Non-Tobacco User	53	956.75	1148.10
20129IL0340006 Rating Area 6	Tobacco User/Non-Tobacco User	54	1001.30	1201.56
20129IL0340006 Rating Area 6	Tobacco User/Non-Tobacco User	55	1045.87	1255.04
20129IL0340006 Rating Area 6	Tobacco User/Non-Tobacco User	56	1094.17	1313.00
20129IL0340006 Rating Area 6	Tobacco User/Non-Tobacco User	57	1142.95	1371.53
20129IL0340006 Rating Area 6	Tobacco User/Non-Tobacco User	58	1195.00	1434.00
20129IL0340006 Rating Area 6	Tobacco User/Non-Tobacco User	59	1220.80	1464.96
20129IL0340006 Rating Area 6	Tobacco User/Non-Tobacco User	60	1272.85	1527.42
20129IL0340006 Rating Area 6	Tobacco User/Non-Tobacco User	61	1317.88	1581.45
20129IL0340006 Rating Area 6	Tobacco User/Non-Tobacco User	62	1347.42	1616.91
20129IL0340006 Rating Area 6	Tobacco User/Non-Tobacco User	63	1384.48	1661.37
20129IL0340006 Rating Area 6	Tobacco User/Non-Tobacco User	64 and over	1406.97	1688.36
20129IL0340006 Rating Area 7	Tobacco User/Non-Tobacco User	0-14	387.00	387.00
20129IL0340006 Rating Area 7	Tobacco User/Non-Tobacco User	15	421.40	421.40
20129IL0340006 Rating Area 7	Tobacco User/Non-Tobacco User	16	434.55	434.55
20129IL0340006 Rating Area 7	Tobacco User/Non-Tobacco User	17	447.71	447.71
20129IL0340006 Rating Area 7	Tobacco User/Non-Tobacco User	18	461.88	461.88
20129IL0340006 Rating Area 7	Tobacco User/Non-Tobacco User	19	476.04	476.04
20129IL0340006 Rating Area 7	Tobacco User/Non-Tobacco User	20	490.70	490.70
20129IL0340006 Rating Area 7	Tobacco User/Non-Tobacco User	21	505.88	505.88
20129IL0340006 Rating Area 7	Tobacco User/Non-Tobacco User	22	505.88	505.88
20129IL0340006 Rating Area 7	Tobacco User/Non-Tobacco User	23	505.88	505.88
20129IL0340006 Rating Area 7	Tobacco User/Non-Tobacco User	24	505.88	505.88
20129IL0340006 Rating Area 7	Tobacco User/Non-Tobacco User	25	507.91	507.91
20129IL0340006 Rating Area 7	Tobacco User/Non-Tobacco User	26	518.03	518.03
20129IL0340006 Rating Area 7	Tobacco User/Non-Tobacco User	27	530.17	530.17
20129IL0340006 Rating Area 7	Tobacco User/Non-Tobacco User	28	549.90	549.90
20129IL0340006 Rating Area 7	Tobacco User/Non-Tobacco User	29	566.08	566.08
20129IL0340006 Rating Area 7	Tobacco User/Non-Tobacco User	30	574.18	602.89
20129IL0340006 Rating Area 7	Tobacco User/Non-Tobacco User	31	586.32	615.64
20129IL0340006 Rating Area 7	Tobacco User/Non-Tobacco User	32	598.46	628.39
20129IL0340006 Rating Area 7	Tobacco User/Non-Tobacco User	33	606.05	636.36
20129IL0340006 Rating Area 7	Tobacco User/Non-Tobacco User	34	614.14	644.85
20129IL0340006 Rating Area 7	Tobacco User/Non-Tobacco User	35	618.19	649.10
20129IL0340006 Rating Area 7	Tobacco User/Non-Tobacco User	36	622.23	659.57
20129IL0340006 Rating Area 7	Tobacco User/Non-Tobacco User	37	626.28	670.13
20129IL0340006 Rating Area 7	Tobacco User/Non-Tobacco User	38	630.33	680.76
20129IL0340006 Rating Area 7	Tobacco User/Non-Tobacco User	39	638.43	695.88
20129IL0340006 Rating Area 7	Tobacco User/Non-Tobacco User	40	646.52	711.18
20129IL0340006 Rating Area 7	Tobacco User/Non-Tobacco User	41	658.66	731.11
20129IL0340006 Rating Area 7	Tobacco User/Non-Tobacco User	42	670.29	750.73
20129IL0340006 Rating Area 7	Tobacco User/Non-Tobacco User	43	686.49	775.73
20129IL0340006 Rating Area 7	Tobacco User/Non-Tobacco User	44	706.72	805.66
20129IL0340006 Rating Area 7	Tobacco User/Non-Tobacco User	45	730.49	840.07
20129IL0340006 Rating Area 7	Tobacco User/Non-Tobacco User	46	758.82	880.23
20129IL0340006 Rating Area 7	Tobacco User/Non-Tobacco User	47	790.69	925.11
20129IL0340006 Rating Area 7	Tobacco User/Non-Tobacco User	48	827.12	975.99
20129IL0340006 Rating Area 7	Tobacco User/Non-Tobacco User	49	863.04	1027.02
20129IL0340006 Rating Area 7	Tobacco User/Non-Tobacco User	50	903.50	1084.20
20129IL0340006 Rating Area 7	Tobacco User/Non-Tobacco User	51	943.47	1132.17
20129IL0340006 Rating Area 7	Tobacco User/Non-Tobacco User	52	987.48	1184.99
20129IL0340006 Rating Area 7	Tobacco User/Non-Tobacco User	53	1032.00	1238.40
20129IL0340006 Rating Area 7	Tobacco User/Non-Tobacco User	54	1080.06	1296.07
20129IL0340006 Rating Area 7	Tobacco User/Non-Tobacco User	55	1128.12	1353.75
20129IL0340006 Rating Area 7	Tobacco User/Non-Tobacco User	56	1180.22	1416.27
20129IL0340006 Rating Area 7	Tobacco User/Non-Tobacco User	57	1232.84	1479.41
20129IL0340006 Rating Area 7	Tobacco User/Non-Tobacco User	58	1288.99	1546.79
20129IL0340006 Rating Area 7	Tobacco User/Non-Tobacco User	59	1316.81	1580.18
20129IL0340006 Rating Area 7	Tobacco User/Non-Tobacco User	60	1372.96	1647.55
20129IL0340006 Rating Area 7	Tobacco User/Non-Tobacco User	61	1421.53	1705.83
20129IL0340006 Rating Area 7	Tobacco User/Non-Tobacco User	62	1453.40	1744.08
20129IL0340006 Rating Area 7	Tobacco User/Non-Tobacco User	63	1493.37	1792.04
20129IL0340006 Rating Area 7	Tobacco User/Non-Tobacco User	64 and over	1517.63	1821.15
20129IL0340006 Rating Area 8	Tobacco User/Non-Tobacco User	0-14	395.07	395.07
20129IL0340006 Rating Area 8	Tobacco User/Non-Tobacco User	15	430.18	430.18
20129IL0340006 Rating Area 8	Tobacco User/Non-Tobacco User	16	443.61	443.61
20129IL0340006 Rating Area 8	Tobacco User/Non-Tobacco User	17	457.03	457.03
20129IL0340006 Rating Area 8	Tobacco User/Non-Tobacco User	18	471.50	471.50
20129IL0340006 Rating Area 8	Tobacco User/Non-Tobacco User	19	485.95	485.95
20129IL0340006 Rating Area 8	Tobacco User/Non-Tobacco User	20	500.93	500.93
20129IL0340006 Rating Area 8	Tobacco User/Non-Tobacco User	21	516.42	516.42
20129IL0340006 Rating Area 8	Tobacco User/Non-Tobacco User	22	516.42	516.42
20129IL0340006 Rating Area 8	Tobacco User/Non-Tobacco User	23	516.42	516.42
20129IL0340006 Rating Area 8	Tobacco User/Non-Tobacco User	24	516.42	516.42
20129IL0340006 Rating Area 8	Tobacco User/Non-Tobacco User	25	518.49	518.49
20129IL0340006 Rating Area 8	Tobacco User/Non-Tobacco User	26	528.82	528.82
20129IL0340006 Rating Area 8	Tobacco User/Non-Tobacco User	27	541.21	541.21
20129IL0340006 Rating Area 8	Tobacco User/Non-Tobacco User	28	561.35	561.35
20129IL0340006 Rating Area 8	Tobacco User/Non-Tobacco User	29	577.88	577.88
20129IL0340006 Rating Area 8	Tobacco User/Non-Tobacco User	30	586.14	615.45
20129IL0340006 Rating Area 8	Tobacco User/Non-Tobacco User	31	598.54	628.46
20129IL0340006 Rating Area 8	Tobacco User/Non-Tobacco User	32	610.93	641.48
20129IL0340006 Rating Area 8	Tobacco User/Non-Tobacco User	33	618.67	649.61
20129IL0340006 Rating Area 8	Tobacco User/Non-Tobacco User	34	626.94	658.29
20129IL0340006 Rating Area 8	Tobacco User/Non-Tobacco User	35	631.07	662.63
20129IL0340006 Rating Area 8	Tobacco User/Non-Tobacco User	36	635.20	673.31
20129IL0340006 Rating Area 8	Tobacco User/Non-Tobacco User	37	639.33	684.09
20129IL0340006 Rating Area 8	Tobacco User/Non-Tobacco User	38	643.46	694.94
20129IL0340006 Rating Area 8	Tobacco User/Non-Tobacco User	39	651.73	710.38
20129IL0340006 Rating Area 8	Tobacco User/Non-Tobacco User	40	659.99	725.99
20129IL0340006 Rating Area 8	Tobacco User/Non-Tobacco User	41	672.38	746.34
20129IL0340006 Rating Area 8	Tobacco User/Non-Tobacco User	42	684.26	766.37

20129IL0340006 Rating Area 10	Tobacco User/Non-Tobacco User	52	997.77	1197.33
20129IL0340006 Rating Area 10	Tobacco User/Non-Tobacco User	53	1042.75	1251.30
20129IL0340006 Rating Area 10	Tobacco User/Non-Tobacco User	54	1091.31	1309.57
20129IL0340006 Rating Area 10	Tobacco User/Non-Tobacco User	55	1139.88	1367.86
20129IL0340006 Rating Area 10	Tobacco User/Non-Tobacco User	56	1192.52	1431.02
20129IL0340006 Rating Area 10	Tobacco User/Non-Tobacco User	57	1245.68	1494.82
20129IL0340006 Rating Area 10	Tobacco User/Non-Tobacco User	58	1302.42	1562.90
20129IL0340006 Rating Area 10	Tobacco User/Non-Tobacco User	59	1330.53	1596.64
20129IL0340006 Rating Area 10	Tobacco User/Non-Tobacco User	60	1387.26	1664.71
20129IL0340006 Rating Area 10	Tobacco User/Non-Tobacco User	61	1436.34	1723.60
20129IL0340006 Rating Area 10	Tobacco User/Non-Tobacco User	62	1468.54	1762.25
20129IL0340006 Rating Area 10	Tobacco User/Non-Tobacco User	63	1508.92	1810.71
20129IL0340006 Rating Area 10	Tobacco User/Non-Tobacco User	64 and over	1533.43	1840.12
20129IL0340006 Rating Area 11	Tobacco User/Non-Tobacco User	0-14	403.13	403.13
20129IL0340006 Rating Area 11	Tobacco User/Non-Tobacco User	15	438.96	438.96
20129IL0340006 Rating Area 11	Tobacco User/Non-Tobacco User	16	452.66	452.66
20129IL0340006 Rating Area 11	Tobacco User/Non-Tobacco User	17	466.36	466.36
20129IL0340006 Rating Area 11	Tobacco User/Non-Tobacco User	18	481.12	481.12
20129IL0340006 Rating Area 11	Tobacco User/Non-Tobacco User	19	495.87	495.87
20129IL0340006 Rating Area 11	Tobacco User/Non-Tobacco User	20	511.15	511.15
20129IL0340006 Rating Area 11	Tobacco User/Non-Tobacco User	21	526.96	526.96
20129IL0340006 Rating Area 11	Tobacco User/Non-Tobacco User	22	526.96	526.96
20129IL0340006 Rating Area 11	Tobacco User/Non-Tobacco User	23	526.96	526.96
20129IL0340006 Rating Area 11	Tobacco User/Non-Tobacco User	24	526.96	526.96
20129IL0340006 Rating Area 11	Tobacco User/Non-Tobacco User	25	529.07	529.07
20129IL0340006 Rating Area 11	Tobacco User/Non-Tobacco User	26	539.61	539.61
20129IL0340006 Rating Area 11	Tobacco User/Non-Tobacco User	27	552.26	552.26
20129IL0340006 Rating Area 11	Tobacco User/Non-Tobacco User	28	572.81	572.81
20129IL0340006 Rating Area 11	Tobacco User/Non-Tobacco User	29	589.67	589.67
20129IL0340006 Rating Area 11	Tobacco User/Non-Tobacco User	30	598.10	628.01
20129IL0340006 Rating Area 11	Tobacco User/Non-Tobacco User	31	610.75	641.29
20129IL0340006 Rating Area 11	Tobacco User/Non-Tobacco User	32	623.40	654.57
20129IL0340006 Rating Area 11	Tobacco User/Non-Tobacco User	33	631.30	662.87
20129IL0340006 Rating Area 11	Tobacco User/Non-Tobacco User	34	639.73	671.72
20129IL0340006 Rating Area 11	Tobacco User/Non-Tobacco User	35	643.95	676.15
20129IL0340006 Rating Area 11	Tobacco User/Non-Tobacco User	36	648.16	687.05
20129IL0340006 Rating Area 11	Tobacco User/Non-Tobacco User	37	652.38	698.05
20129IL0340006 Rating Area 11	Tobacco User/Non-Tobacco User	38	656.59	709.12
20129IL0340006 Rating Area 11	Tobacco User/Non-Tobacco User	39	665.03	724.88
20129IL0340006 Rating Area 11	Tobacco User/Non-Tobacco User	40	673.46	740.81
20129IL0340006 Rating Area 11	Tobacco User/Non-Tobacco User	41	686.10	761.57
20129IL0340006 Rating Area 11	Tobacco User/Non-Tobacco User	42	698.22	782.01
20129IL0340006 Rating Area 11	Tobacco User/Non-Tobacco User	43	715.09	808.05
20129IL0340006 Rating Area 11	Tobacco User/Non-Tobacco User	44	736.17	839.23
20129IL0340006 Rating Area 11	Tobacco User/Non-Tobacco User	45	760.93	875.07
20129IL0340006 Rating Area 11	Tobacco User/Non-Tobacco User	46	790.44	916.91
20129IL0340006 Rating Area 11	Tobacco User/Non-Tobacco User	47	823.64	963.66
20129IL0340006 Rating Area 11	Tobacco User/Non-Tobacco User	48	861.58	1016.66
20129IL0340006 Rating Area 11	Tobacco User/Non-Tobacco User	49	899.00	1069.81
20129IL0340006 Rating Area 11	Tobacco User/Non-Tobacco User	50	941.15	1129.38
20129IL0340006 Rating Area 11	Tobacco User/Non-Tobacco User	51	982.78	1179.34
20129IL0340006 Rating Area 11	Tobacco User/Non-Tobacco User	52	1028.63	1234.36
20129IL0340006 Rating Area 11	Tobacco User/Non-Tobacco User	53	1075.00	1290.00
20129IL0340006 Rating Area 11	Tobacco User/Non-Tobacco User	54	1125.06	1350.07
20129IL0340006 Rating Area 11	Tobacco User/Non-Tobacco User	55	1175.13	1410.16
20129IL0340006 Rating Area 11	Tobacco User/Non-Tobacco User	56	1229.40	1475.28
20129IL0340006 Rating Area 11	Tobacco User/Non-Tobacco User	57	1284.21	1541.05
20129IL0340006 Rating Area 11	Tobacco User/Non-Tobacco User	58	1342.70	1611.24
20129IL0340006 Rating Area 11	Tobacco User/Non-Tobacco User	59	1371.68	1646.02
20129IL0340006 Rating Area 11	Tobacco User/Non-Tobacco User	60	1430.17	1716.20
20129IL0340006 Rating Area 11	Tobacco User/Non-Tobacco User	61	1480.76	1776.91
20129IL0340006 Rating Area 11	Tobacco User/Non-Tobacco User	62	1513.96	1816.75
20129IL0340006 Rating Area 11	Tobacco User/Non-Tobacco User	63	1555.59	1866.71
20129IL0340006 Rating Area 11	Tobacco User/Non-Tobacco User	64 and over	1580.86	1897.03
20129IL0340006 Rating Area 13	Tobacco User/Non-Tobacco User	0-14	459.57	459.57
20129IL0340006 Rating Area 13	Tobacco User/Non-Tobacco User	15	500.41	500.41
20129IL0340006 Rating Area 13	Tobacco User/Non-Tobacco User	16	516.03	516.03
20129IL0340006 Rating Area 13	Tobacco User/Non-Tobacco User	17	531.65	531.65
20129IL0340006 Rating Area 13	Tobacco User/Non-Tobacco User	18	548.48	548.48
20129IL0340006 Rating Area 13	Tobacco User/Non-Tobacco User	19	565.29	565.29
20129IL0340006 Rating Area 13	Tobacco User/Non-Tobacco User	20	582.71	582.71
20129IL0340006 Rating Area 13	Tobacco User/Non-Tobacco User	21	600.73	600.73
20129IL0340006 Rating Area 13	Tobacco User/Non-Tobacco User	22	600.73	600.73
20129IL0340006 Rating Area 13	Tobacco User/Non-Tobacco User	23	600.73	600.73
20129IL0340006 Rating Area 13	Tobacco User/Non-Tobacco User	24	600.73	600.73
20129IL0340006 Rating Area 13	Tobacco User/Non-Tobacco User	25	603.14	603.14
20129IL0340006 Rating Area 13	Tobacco User/Non-Tobacco User	26	615.16	615.16
20129IL0340006 Rating Area 13	Tobacco User/Non-Tobacco User	27	629.58	629.58
20129IL0340006 Rating Area 13	Tobacco User/Non-Tobacco User	28	653.00	653.00
20129IL0340006 Rating Area 13	Tobacco User/Non-Tobacco User	29	672.22	672.22
20129IL0340006 Rating Area 13	Tobacco User/Non-Tobacco User	30	681.83	715.93
20129IL0340006 Rating Area 13	Tobacco User/Non-Tobacco User	31	696.26	731.07
20129IL0340006 Rating Area 13	Tobacco User/Non-Tobacco User	32	710.68	746.21
20129IL0340006 Rating Area 13	Tobacco User/Non-Tobacco User	33	719.68	755.67
20129IL0340006 Rating Area 13	Tobacco User/Non-Tobacco User	34	729.29	765.76
20129IL0340006 Rating Area 13	Tobacco User/Non-Tobacco User	35	734.10	770.81
20129IL0340006 Rating Area 13	Tobacco User/Non-Tobacco User	36	738.90	783.24
20129IL0340006 Rating Area 13	Tobacco User/Non-Tobacco User	37	743.71	795.78
20129IL0340006 Rating Area 13	Tobacco User/Non-Tobacco User	38	748.51	808.40
20129IL0340006 Rating Area 13	Tobacco User/Non-Tobacco User	39	758.13	826.36
20129IL0340006 Rating Area 13	Tobacco User/Non-Tobacco User	40	767.74	844.52
20129IL0340006 Rating Area 13	Tobacco User/Non-Tobacco User	41	782.15	868.19
20129IL0340006 Rating Area 13	Tobacco User/Non-Tobacco User	42	795.97	891.49
20129IL0340006 Rating Area 13	Tobacco User/Non-Tobacco User	43	815.20	921.18
20129IL0340006 Rating Area 13	Tobacco User/Non-Tobacco User	44	839.23	956.72
20129IL0340006 Rating Area 13	Tobacco User/Non-Tobacco User	45	867.46	997.58
20129IL0340006 Rating Area 13	Tobacco User/Non-Tobacco User	46	901.10	1045.28
20129IL0340006 Rating Area 13	Tobacco User/Non-Tobacco User	47	938.95	1098.57
20129IL0340006 Rating Area 13	Tobacco User/Non-Tobacco User	48	982.20	1158.99
20129IL0340006 Rating Area 13	Tobacco User/Non-Tobacco User	49	1024.86	1219.58
20129IL0340006 Rating Area 13	Tobacco User/Non-Tobacco User	50	1072.91	1287.49
20129IL0340006 Rating Area 13	Tobacco User/Non-Tobacco User	51	1120.37	1344.45
20129IL0340006 Rating Area 13	Tobacco User/Non-Tobacco User	52	1172.64	1407.17
20129IL0340006 Rating Area 13	Tobacco User/Non-Tobacco User	53	1225.50	1470.60
20129IL0340006 Rating Area 13	Tobacco User/Non-Tobacco User	54	1282.57	1539.08
20129IL0340006 Rating Area 13	Tobacco User/Non-Tobacco User	55	1339.65	1607.58
20129IL0340006 Rating Area 13	Tobacco User/Non-Tobacco User	56	1401.52	1681.82
20129IL0340006 Rating Area 13	Tobacco User/Non-Tobacco User	57	1464.00	1756.80
20129IL0340006 Rating Area 13	Tobacco User/Non-Tobacco User	58	1530.68	1836.81
20129IL0340006 Rating Area 13	Tobacco User/Non-Tobacco User	59	1563.72	1876.46
20129IL0340006 Rating Area 13	Tobacco User/Non-Tobacco User	60	1630.39	1956.47

20129IL0340006 Rating Area 13	Tobacco User/Non-Tobacco User	61	1688.07	2025.68
20129IL0340006 Rating Area 13	Tobacco User/Non-Tobacco User	62	1725.91	2071.10
20129IL0340006 Rating Area 13	Tobacco User/Non-Tobacco User	63	1773.37	2128.05
20129IL0340006 Rating Area 13	Tobacco User/Non-Tobacco User	64 and over	1802.18	2162.61
20129IL0340035 Rating Area 6	Tobacco User/Non-Tobacco User	0-14	342.44	342.44
20129IL0340035 Rating Area 6	Tobacco User/Non-Tobacco User	15	372.88	372.88
20129IL0340035 Rating Area 6	Tobacco User/Non-Tobacco User	16	384.52	384.52
20129IL0340035 Rating Area 6	Tobacco User/Non-Tobacco User	17	396.16	396.16
20129IL0340035 Rating Area 6	Tobacco User/Non-Tobacco User	18	408.69	408.69
20129IL0340035 Rating Area 6	Tobacco User/Non-Tobacco User	19	421.23	421.23
20129IL0340035 Rating Area 6	Tobacco User/Non-Tobacco User	20	434.20	434.20
20129IL0340035 Rating Area 6	Tobacco User/Non-Tobacco User	21	447.63	447.63
20129IL0340035 Rating Area 6	Tobacco User/Non-Tobacco User	22	447.63	447.63
20129IL0340035 Rating Area 6	Tobacco User/Non-Tobacco User	23	447.63	447.63
20129IL0340035 Rating Area 6	Tobacco User/Non-Tobacco User	24	447.63	447.63
20129IL0340035 Rating Area 6	Tobacco User/Non-Tobacco User	25	449.42	449.42
20129IL0340035 Rating Area 6	Tobacco User/Non-Tobacco User	26	458.38	458.38
20129IL0340035 Rating Area 6	Tobacco User/Non-Tobacco User	27	469.12	469.12
20129IL0340035 Rating Area 6	Tobacco User/Non-Tobacco User	28	486.58	486.58
20129IL0340035 Rating Area 6	Tobacco User/Non-Tobacco User	29	500.90	500.90
20129IL0340035 Rating Area 6	Tobacco User/Non-Tobacco User	30	508.07	533.47
20129IL0340035 Rating Area 6	Tobacco User/Non-Tobacco User	31	518.81	544.75
20129IL0340035 Rating Area 6	Tobacco User/Non-Tobacco User	32	529.55	556.03
20129IL0340035 Rating Area 6	Tobacco User/Non-Tobacco User	33	536.27	563.09
20129IL0340035 Rating Area 6	Tobacco User/Non-Tobacco User	34	543.43	570.60
20129IL0340035 Rating Area 6	Tobacco User/Non-Tobacco User	35	547.01	574.36
20129IL0340035 Rating Area 6	Tobacco User/Non-Tobacco User	36	550.59	583.63
20129IL0340035 Rating Area 6	Tobacco User/Non-Tobacco User	37	554.17	592.96
20129IL0340035 Rating Area 6	Tobacco User/Non-Tobacco User	38	557.75	602.38
20129IL0340035 Rating Area 6	Tobacco User/Non-Tobacco User	39	564.92	615.76
20129IL0340035 Rating Area 6	Tobacco User/Non-Tobacco User	40	572.07	629.28
20129IL0340035 Rating Area 6	Tobacco User/Non-Tobacco User	41	582.82	646.92
20129IL0340035 Rating Area 6	Tobacco User/Non-Tobacco User	42	593.11	664.29
20129IL0340035 Rating Area 6	Tobacco User/Non-Tobacco User	43	607.44	686.41
20129IL0340035 Rating Area 6	Tobacco User/Non-Tobacco User	44	625.35	712.90
20129IL0340035 Rating Area 6	Tobacco User/Non-Tobacco User	45	646.38	743.34
20129IL0340035 Rating Area 6	Tobacco User/Non-Tobacco User	46	671.45	778.88
20129IL0340035 Rating Area 6	Tobacco User/Non-Tobacco User	47	699.66	818.60
20129IL0340035 Rating Area 6	Tobacco User/Non-Tobacco User	48	731.88	863.62
20129IL0340035 Rating Area 6	Tobacco User/Non-Tobacco User	49	763.66	908.76
20129IL0340035 Rating Area 6	Tobacco User/Non-Tobacco User	50	799.48	959.38
20129IL0340035 Rating Area 6	Tobacco User/Non-Tobacco User	51	834.84	1001.80
20129IL0340035 Rating Area 6	Tobacco User/Non-Tobacco User	52	873.78	1048.54
20129IL0340035 Rating Area 6	Tobacco User/Non-Tobacco User	53	913.18	1095.81
20129IL0340035 Rating Area 6	Tobacco User/Non-Tobacco User	54	955.70	1146.84
20129IL0340035 Rating Area 6	Tobacco User/Non-Tobacco User	55	998.22	1197.87
20129IL0340035 Rating Area 6	Tobacco User/Non-Tobacco User	56	1044.33	1253.20
20129IL0340035 Rating Area 6	Tobacco User/Non-Tobacco User	57	1090.88	1309.06
20129IL0340035 Rating Area 6	Tobacco User/Non-Tobacco User	58	1140.57	1368.69
20129IL0340035 Rating Area 6	Tobacco User/Non-Tobacco User	59	1165.20	1398.23
20129IL0340035 Rating Area 6	Tobacco User/Non-Tobacco User	60	1214.88	1457.86
20129IL0340035 Rating Area 6	Tobacco User/Non-Tobacco User	61	1257.85	1509.42
20129IL0340035 Rating Area 6	Tobacco User/Non-Tobacco User	62	1286.05	1543.26
20129IL0340035 Rating Area 6	Tobacco User/Non-Tobacco User	63	1321.42	1585.70
20129IL0340035 Rating Area 6	Tobacco User/Non-Tobacco User	64 and over	1342.88	1611.45
20129IL0340035 Rating Area 7	Tobacco User/Non-Tobacco User	0-14	369.37	369.37
20129IL0340035 Rating Area 7	Tobacco User/Non-Tobacco User	15	402.21	402.21
20129IL0340035 Rating Area 7	Tobacco User/Non-Tobacco User	16	414.76	414.76
20129IL0340035 Rating Area 7	Tobacco User/Non-Tobacco User	17	427.32	427.32
20129IL0340035 Rating Area 7	Tobacco User/Non-Tobacco User	18	440.83	440.83
20129IL0340035 Rating Area 7	Tobacco User/Non-Tobacco User	19	454.36	454.36
20129IL0340035 Rating Area 7	Tobacco User/Non-Tobacco User	20	468.36	468.36
20129IL0340035 Rating Area 7	Tobacco User/Non-Tobacco User	21	482.84	482.84
20129IL0340035 Rating Area 7	Tobacco User/Non-Tobacco User	22	482.84	482.84
20129IL0340035 Rating Area 7	Tobacco User/Non-Tobacco User	23	482.84	482.84
20129IL0340035 Rating Area 7	Tobacco User/Non-Tobacco User	24	482.84	482.84
20129IL0340035 Rating Area 7	Tobacco User/Non-Tobacco User	25	484.77	484.77
20129IL0340035 Rating Area 7	Tobacco User/Non-Tobacco User	26	494.43	494.43
20129IL0340035 Rating Area 7	Tobacco User/Non-Tobacco User	27	506.02	506.02
20129IL0340035 Rating Area 7	Tobacco User/Non-Tobacco User	28	524.85	524.85
20129IL0340035 Rating Area 7	Tobacco User/Non-Tobacco User	29	540.30	540.30
20129IL0340035 Rating Area 7	Tobacco User/Non-Tobacco User	30	548.03	575.42
20129IL0340035 Rating Area 7	Tobacco User/Non-Tobacco User	31	559.61	587.60
20129IL0340035 Rating Area 7	Tobacco User/Non-Tobacco User	32	571.20	599.76
20129IL0340035 Rating Area 7	Tobacco User/Non-Tobacco User	33	578.45	607.37
20129IL0340035 Rating Area 7	Tobacco User/Non-Tobacco User	34	586.17	615.48
20129IL0340035 Rating Area 7	Tobacco User/Non-Tobacco User	35	590.04	619.54
20129IL0340035 Rating Area 7	Tobacco User/Non-Tobacco User	36	593.89	629.53
20129IL0340035 Rating Area 7	Tobacco User/Non-Tobacco User	37	597.75	639.60
20129IL0340035 Rating Area 7	Tobacco User/Non-Tobacco User	38	601.62	649.76
20129IL0340035 Rating Area 7	Tobacco User/Non-Tobacco User	39	609.35	664.20
20129IL0340035 Rating Area 7	Tobacco User/Non-Tobacco User	40	617.07	678.78
20129IL0340035 Rating Area 7	Tobacco User/Non-Tobacco User	41	628.66	697.80
20129IL0340035 Rating Area 7	Tobacco User/Non-Tobacco User	42	639.76	716.53
20129IL0340035 Rating Area 7	Tobacco User/Non-Tobacco User	43	655.22	740.40
20129IL0340035 Rating Area 7	Tobacco User/Non-Tobacco User	44	674.53	768.97
20129IL0340035 Rating Area 7	Tobacco User/Non-Tobacco User	45	697.22	801.80
20129IL0340035 Rating Area 7	Tobacco User/Non-Tobacco User	46	724.26	840.14
20129IL0340035 Rating Area 7	Tobacco User/Non-Tobacco User	47	754.68	882.98
20129IL0340035 Rating Area 7	Tobacco User/Non-Tobacco User	48	789.45	931.55
20129IL0340035 Rating Area 7	Tobacco User/Non-Tobacco User	49	823.73	980.24
20129IL0340035 Rating Area 7	Tobacco User/Non-Tobacco User	50	862.36	1034.83
20129IL0340035 Rating Area 7	Tobacco User/Non-Tobacco User	51	900.50	1080.60
20129IL0340035 Rating Area 7	Tobacco User/Non-Tobacco User	52	942.51	1131.01
20129IL0340035 Rating Area 7	Tobacco User/Non-Tobacco User	53	985.00	1182.00
20129IL0340035 Rating Area 7	Tobacco User/Non-Tobacco User	54	1030.87	1237.04
20129IL0340035 Rating Area 7	Tobacco User/Non-Tobacco User	55	1076.74	1292.08
20129IL0340035 Rating Area 7	Tobacco User/Non-Tobacco User	56	1126.47	1351.77
20129IL0340035 Rating Area 7	Tobacco User/Non-Tobacco User	57	1176.68	1412.02
20129IL0340035 Rating Area 7	Tobacco User/Non-Tobacco User	58	1230.28	1476.34
20129IL0340035 Rating Area 7	Tobacco User/Non-Tobacco User	59	1256.84	1508.21
20129IL0340035 Rating Area 7	Tobacco User/Non-Tobacco User	60	1310.43	1572.52
20129IL0340035 Rating Area 7	Tobacco User/Non-Tobacco User	61	1356.79	1628.14
20129IL0340035 Rating Area 7	Tobacco User/Non-Tobacco User	62	1387.20	1664.64
20129IL0340035 Rating Area 7	Tobacco User/Non-Tobacco User	63	1425.35	1710.42
20129IL0340035 Rating Area 7	Tobacco User/Non-Tobacco User	64 and over	1448.50	1738.20
20129IL0340035 Rating Area 8	Tobacco User/Non-Tobacco User	0-14	377.06	377.06
20129IL0340035 Rating Area 8	Tobacco User/Non-Tobacco User	15	410.59	410.59
20129IL0340035 Rating Area 8	Tobacco User/Non-Tobacco User	16	423.40	423.40
20129IL0340035 Rating Area 8	Tobacco User/Non-Tobacco User	17	436.22	436.22
20129IL0340035 Rating Area 8	Tobacco User/Non-Tobacco User	18	450.02	450.02

20129IL0340035 Rating Area 10	Tobacco User/Non-Tobacco User	28	530.32	530.32
20129IL0340035 Rating Area 10	Tobacco User/Non-Tobacco User	29	545.93	545.93
20129IL0340035 Rating Area 10	Tobacco User/Non-Tobacco User	30	553.73	581.42
20129IL0340035 Rating Area 10	Tobacco User/Non-Tobacco User	31	565.44	593.72
20129IL0340035 Rating Area 10	Tobacco User/Non-Tobacco User	32	577.15	606.01
20129IL0340035 Rating Area 10	Tobacco User/Non-Tobacco User	33	584.47	613.70
20129IL0340035 Rating Area 10	Tobacco User/Non-Tobacco User	34	592.27	621.89
20129IL0340035 Rating Area 10	Tobacco User/Non-Tobacco User	35	596.18	625.99
20129IL0340035 Rating Area 10	Tobacco User/Non-Tobacco User	36	600.08	636.09
20129IL0340035 Rating Area 10	Tobacco User/Non-Tobacco User	37	603.98	646.26
20129IL0340035 Rating Area 10	Tobacco User/Non-Tobacco User	38	607.89	656.53
20129IL0340035 Rating Area 10	Tobacco User/Non-Tobacco User	39	615.70	671.11
20129IL0340035 Rating Area 10	Tobacco User/Non-Tobacco User	40	623.50	685.85
20129IL0340035 Rating Area 10	Tobacco User/Non-Tobacco User	41	635.20	705.07
20129IL0340035 Rating Area 10	Tobacco User/Non-Tobacco User	42	646.43	724.00
20129IL0340035 Rating Area 10	Tobacco User/Non-Tobacco User	43	662.04	748.11
20129IL0340035 Rating Area 10	Tobacco User/Non-Tobacco User	44	681.56	776.98
20129IL0340035 Rating Area 10	Tobacco User/Non-Tobacco User	45	704.48	810.15
20129IL0340035 Rating Area 10	Tobacco User/Non-Tobacco User	46	731.81	848.90
20129IL0340035 Rating Area 10	Tobacco User/Non-Tobacco User	47	762.55	892.18
20129IL0340035 Rating Area 10	Tobacco User/Non-Tobacco User	48	797.67	941.25
20129IL0340035 Rating Area 10	Tobacco User/Non-Tobacco User	49	832.31	990.45
20129IL0340035 Rating Area 10	Tobacco User/Non-Tobacco User	50	871.34	1045.61
20129IL0340035 Rating Area 10	Tobacco User/Non-Tobacco User	51	909.88	1091.85
20129IL0340035 Rating Area 10	Tobacco User/Non-Tobacco User	52	952.33	1142.80
20129IL0340035 Rating Area 10	Tobacco User/Non-Tobacco User	53	995.26	1194.31
20129IL0340035 Rating Area 10	Tobacco User/Non-Tobacco User	54	1041.61	1249.92
20129IL0340035 Rating Area 10	Tobacco User/Non-Tobacco User	55	1087.95	1305.54
20129IL0340035 Rating Area 10	Tobacco User/Non-Tobacco User	56	1138.21	1365.85
20129IL0340035 Rating Area 10	Tobacco User/Non-Tobacco User	57	1188.94	1426.72
20129IL0340035 Rating Area 10	Tobacco User/Non-Tobacco User	58	1243.09	1491.71
20129IL0340035 Rating Area 10	Tobacco User/Non-Tobacco User	59	1299.93	1523.92
20129IL0340035 Rating Area 10	Tobacco User/Non-Tobacco User	60	1324.08	1588.90
20129IL0340035 Rating Area 10	Tobacco User/Non-Tobacco User	61	1370.92	1645.10
20129IL0340035 Rating Area 10	Tobacco User/Non-Tobacco User	62	1401.65	1681.98
20129IL0340035 Rating Area 10	Tobacco User/Non-Tobacco User	63	1440.20	1728.24
20129IL0340035 Rating Area 10	Tobacco User/Non-Tobacco User	64 and over	1463.58	1756.30
20129IL0340035 Rating Area 11	Tobacco User/Non-Tobacco User	0-14	384.76	384.76
20129IL0340035 Rating Area 11	Tobacco User/Non-Tobacco User	15	418.97	418.97
20129IL0340035 Rating Area 11	Tobacco User/Non-Tobacco User	16	432.04	432.04
20129IL0340035 Rating Area 11	Tobacco User/Non-Tobacco User	17	445.12	445.12
20129IL0340035 Rating Area 11	Tobacco User/Non-Tobacco User	18	459.20	459.20
20129IL0340035 Rating Area 11	Tobacco User/Non-Tobacco User	19	473.29	473.29
20129IL0340035 Rating Area 11	Tobacco User/Non-Tobacco User	20	487.87	487.87
20129IL0340035 Rating Area 11	Tobacco User/Non-Tobacco User	21	502.96	502.96
20129IL0340035 Rating Area 11	Tobacco User/Non-Tobacco User	22	502.96	502.96
20129IL0340035 Rating Area 11	Tobacco User/Non-Tobacco User	23	502.96	502.96
20129IL0340035 Rating Area 11	Tobacco User/Non-Tobacco User	24	502.96	502.96
20129IL0340035 Rating Area 11	Tobacco User/Non-Tobacco User	25	504.97	504.97
20129IL0340035 Rating Area 11	Tobacco User/Non-Tobacco User	26	515.03	515.03
20129IL0340035 Rating Area 11	Tobacco User/Non-Tobacco User	27	527.10	527.10
20129IL0340035 Rating Area 11	Tobacco User/Non-Tobacco User	28	546.72	546.72
20129IL0340035 Rating Area 11	Tobacco User/Non-Tobacco User	29	562.81	562.81
20129IL0340035 Rating Area 11	Tobacco User/Non-Tobacco User	30	570.86	599.40
20129IL0340035 Rating Area 11	Tobacco User/Non-Tobacco User	31	582.93	612.08
20129IL0340035 Rating Area 11	Tobacco User/Non-Tobacco User	32	595.00	624.75
20129IL0340035 Rating Area 11	Tobacco User/Non-Tobacco User	33	602.55	632.68
20129IL0340035 Rating Area 11	Tobacco User/Non-Tobacco User	34	610.59	641.12
20129IL0340035 Rating Area 11	Tobacco User/Non-Tobacco User	35	614.62	645.35
20129IL0340035 Rating Area 11	Tobacco User/Non-Tobacco User	36	618.64	655.76
20129IL0340035 Rating Area 11	Tobacco User/Non-Tobacco User	37	622.66	666.25
20129IL0340035 Rating Area 11	Tobacco User/Non-Tobacco User	38	626.69	676.83
20129IL0340035 Rating Area 11	Tobacco User/Non-Tobacco User	39	634.74	691.87
20129IL0340035 Rating Area 11	Tobacco User/Non-Tobacco User	40	642.78	707.06
20129IL0340035 Rating Area 11	Tobacco User/Non-Tobacco User	41	654.85	726.88
20129IL0340035 Rating Area 11	Tobacco User/Non-Tobacco User	42	666.42	746.39
20129IL0340035 Rating Area 11	Tobacco User/Non-Tobacco User	43	682.52	771.25
20129IL0340035 Rating Area 11	Tobacco User/Non-Tobacco User	44	702.64	801.01
20129IL0340035 Rating Area 11	Tobacco User/Non-Tobacco User	45	726.27	835.21
20129IL0340035 Rating Area 11	Tobacco User/Non-Tobacco User	46	754.44	875.15
20129IL0340035 Rating Area 11	Tobacco User/Non-Tobacco User	47	786.13	919.77
20129IL0340035 Rating Area 11	Tobacco User/Non-Tobacco User	48	822.34	970.36
20129IL0340035 Rating Area 11	Tobacco User/Non-Tobacco User	49	858.05	1021.08
20129IL0340035 Rating Area 11	Tobacco User/Non-Tobacco User	50	898.29	1077.95
20129IL0340035 Rating Area 11	Tobacco User/Non-Tobacco User	51	938.02	1125.62
20129IL0340035 Rating Area 11	Tobacco User/Non-Tobacco User	52	981.78	1178.14
20129IL0340035 Rating Area 11	Tobacco User/Non-Tobacco User	53	1026.04	1231.25
20129IL0340035 Rating Area 11	Tobacco User/Non-Tobacco User	54	1073.82	1288.58
20129IL0340035 Rating Area 11	Tobacco User/Non-Tobacco User	55	1121.60	1345.92
20129IL0340035 Rating Area 11	Tobacco User/Non-Tobacco User	56	1173.41	1408.09
20129IL0340035 Rating Area 11	Tobacco User/Non-Tobacco User	57	1225.71	1470.85
20129IL0340035 Rating Area 11	Tobacco User/Non-Tobacco User	58	1281.54	1537.85
20129IL0340035 Rating Area 11	Tobacco User/Non-Tobacco User	59	1309.21	1571.05
20129IL0340035 Rating Area 11	Tobacco User/Non-Tobacco User	60	1365.03	1638.04
20129IL0340035 Rating Area 11	Tobacco User/Non-Tobacco User	61	1413.32	1695.98
20129IL0340035 Rating Area 11	Tobacco User/Non-Tobacco User	62	1445.00	1734.00
20129IL0340035 Rating Area 11	Tobacco User/Non-Tobacco User	63	1484.74	1781.69
20129IL0340035 Rating Area 11	Tobacco User/Non-Tobacco User	64 and over	1508.85	1810.62
20129IL0340035 Rating Area 13	Tobacco User/Non-Tobacco User	0-14	438.63	438.63
20129IL0340035 Rating Area 13	Tobacco User/Non-Tobacco User	15	477.63	477.63
20129IL0340035 Rating Area 13	Tobacco User/Non-Tobacco User	16	492.53	492.53
20129IL0340035 Rating Area 13	Tobacco User/Non-Tobacco User	17	507.44	507.44
20129IL0340035 Rating Area 13	Tobacco User/Non-Tobacco User	18	523.49	523.49
20129IL0340035 Rating Area 13	Tobacco User/Non-Tobacco User	19	539.55	539.55
20129IL0340035 Rating Area 13	Tobacco User/Non-Tobacco User	20	556.17	556.17
20129IL0340035 Rating Area 13	Tobacco User/Non-Tobacco User	21	573.37	573.37
20129IL0340035 Rating Area 13	Tobacco User/Non-Tobacco User	22	573.37	573.37
20129IL0340035 Rating Area 13	Tobacco User/Non-Tobacco User	23	573.37	573.37
20129IL0340035 Rating Area 13	Tobacco User/Non-Tobacco User	24	573.37	573.37
20129IL0340035 Rating Area 13	Tobacco User/Non-Tobacco User	25	575.67	575.67
20129IL0340035 Rating Area 13	Tobacco User/Non-Tobacco User	26	587.13	587.13
20129IL0340035 Rating Area 13	Tobacco User/Non-Tobacco User	27	600.89	600.89
20129IL0340035 Rating Area 13	Tobacco User/Non-Tobacco User	28	623.26	623.26
20129IL0340035 Rating Area 13	Tobacco User/Non-Tobacco User	29	641.60	641.60
20129IL0340035 Rating Area 13	Tobacco User/Non-Tobacco User	30	650.78	683.32
20129IL0340035 Rating Area 13	Tobacco User/Non-Tobacco User	31	664.54	697.77
20129IL0340035 Rating Area 13	Tobacco User/Non-Tobacco User	32	678.30	712.22
20129IL0340035 Rating Area 13	Tobacco User/Non-Tobacco User	33	686.91	721.26
20129IL0340035 Rating Area 13	Tobacco User/Non-Tobacco User	34	696.07	730.88
20129IL0340035 Rating Area 13	Tobacco User/Non-Tobacco User	35	700.67	735.70
20129IL0340035 Rating Area 13	Tobacco User/Non-Tobacco User	36	705.25	747.57

20129IL0340035 Rating Area 13	Tobacco User/Non-Tobacco User	37	709.83	759.53
20129IL0340035 Rating Area 13	Tobacco User/Non-Tobacco User	38	714.43	771.59
20129IL0340035 Rating Area 13	Tobacco User/Non-Tobacco User	39	723.60	788.73
20129IL0340035 Rating Area 13	Tobacco User/Non-Tobacco User	40	732.77	806.05
20129IL0340035 Rating Area 13	Tobacco User/Non-Tobacco User	41	746.53	828.64
20129IL0340035 Rating Area 13	Tobacco User/Non-Tobacco User	42	759.72	850.88
20129IL0340035 Rating Area 13	Tobacco User/Non-Tobacco User	43	778.07	879.23
20129IL0340035 Rating Area 13	Tobacco User/Non-Tobacco User	44	801.01	913.15
20129IL0340035 Rating Area 13	Tobacco User/Non-Tobacco User	45	827.95	952.14
20129IL0340035 Rating Area 13	Tobacco User/Non-Tobacco User	46	860.06	997.67
20129IL0340035 Rating Area 13	Tobacco User/Non-Tobacco User	47	896.19	1048.54
20129IL0340035 Rating Area 13	Tobacco User/Non-Tobacco User	48	937.47	1106.21
20129IL0340035 Rating Area 13	Tobacco User/Non-Tobacco User	49	978.18	1164.03
20129IL0340035 Rating Area 13	Tobacco User/Non-Tobacco User	50	1024.05	1228.86
20129IL0340035 Rating Area 13	Tobacco User/Non-Tobacco User	51	1069.34	1283.21
20129IL0340035 Rating Area 13	Tobacco User/Non-Tobacco User	52	1119.23	1343.08
20129IL0340035 Rating Area 13	Tobacco User/Non-Tobacco User	53	1169.69	1403.63
20129IL0340035 Rating Area 13	Tobacco User/Non-Tobacco User	54	1224.15	1468.98
20129IL0340035 Rating Area 13	Tobacco User/Non-Tobacco User	55	1278.62	1534.35
20129IL0340035 Rating Area 13	Tobacco User/Non-Tobacco User	56	1337.69	1605.22
20129IL0340035 Rating Area 13	Tobacco User/Non-Tobacco User	57	1397.31	1676.77
20129IL0340035 Rating Area 13	Tobacco User/Non-Tobacco User	58	1460.96	1753.15
20129IL0340035 Rating Area 13	Tobacco User/Non-Tobacco User	59	1492.50	1791.00
20129IL0340035 Rating Area 13	Tobacco User/Non-Tobacco User	60	1556.13	1867.37
20129IL0340035 Rating Area 13	Tobacco User/Non-Tobacco User	61	1611.18	1933.42
20129IL0340035 Rating Area 13	Tobacco User/Non-Tobacco User	62	1647.30	1976.76
20129IL0340035 Rating Area 13	Tobacco User/Non-Tobacco User	63	1692.60	2031.13
20129IL0340035 Rating Area 13	Tobacco User/Non-Tobacco User	64 and over	1720.09	2064.11
20129IL0340045 Rating Area 6	Tobacco User/Non-Tobacco User	0-14	415.11	415.11
20129IL0340045 Rating Area 6	Tobacco User/Non-Tobacco User	15	452.01	452.01
20129IL0340045 Rating Area 6	Tobacco User/Non-Tobacco User	16	466.12	466.12
20129IL0340045 Rating Area 6	Tobacco User/Non-Tobacco User	17	480.23	480.23
20129IL0340045 Rating Area 6	Tobacco User/Non-Tobacco User	18	495.42	495.42
20129IL0340045 Rating Area 6	Tobacco User/Non-Tobacco User	19	510.61	510.61
20129IL0340045 Rating Area 6	Tobacco User/Non-Tobacco User	20	526.35	526.35
20129IL0340045 Rating Area 6	Tobacco User/Non-Tobacco User	21	542.63	542.63
20129IL0340045 Rating Area 6	Tobacco User/Non-Tobacco User	22	542.63	542.63
20129IL0340045 Rating Area 6	Tobacco User/Non-Tobacco User	23	542.63	542.63
20129IL0340045 Rating Area 6	Tobacco User/Non-Tobacco User	24	542.63	542.63
20129IL0340045 Rating Area 6	Tobacco User/Non-Tobacco User	25	544.80	544.80
20129IL0340045 Rating Area 6	Tobacco User/Non-Tobacco User	26	555.65	555.65
20129IL0340045 Rating Area 6	Tobacco User/Non-Tobacco User	27	568.67	568.67
20129IL0340045 Rating Area 6	Tobacco User/Non-Tobacco User	28	589.84	589.84
20129IL0340045 Rating Area 6	Tobacco User/Non-Tobacco User	29	607.20	607.20
20129IL0340045 Rating Area 6	Tobacco User/Non-Tobacco User	30	615.88	646.67
20129IL0340045 Rating Area 6	Tobacco User/Non-Tobacco User	31	628.91	660.35
20129IL0340045 Rating Area 6	Tobacco User/Non-Tobacco User	32	641.93	674.02
20129IL0340045 Rating Area 6	Tobacco User/Non-Tobacco User	33	650.06	682.57
20129IL0340045 Rating Area 6	Tobacco User/Non-Tobacco User	34	658.75	691.69
20129IL0340045 Rating Area 6	Tobacco User/Non-Tobacco User	35	663.09	696.25
20129IL0340045 Rating Area 6	Tobacco User/Non-Tobacco User	36	667.43	707.48
20129IL0340045 Rating Area 6	Tobacco User/Non-Tobacco User	37	671.77	718.80
20129IL0340045 Rating Area 6	Tobacco User/Non-Tobacco User	38	676.12	730.20
20129IL0340045 Rating Area 6	Tobacco User/Non-Tobacco User	39	684.80	746.43
20129IL0340045 Rating Area 6	Tobacco User/Non-Tobacco User	40	693.48	762.83
20129IL0340045 Rating Area 6	Tobacco User/Non-Tobacco User	41	706.50	784.21
20129IL0340045 Rating Area 6	Tobacco User/Non-Tobacco User	42	718.99	805.26
20129IL0340045 Rating Area 6	Tobacco User/Non-Tobacco User	43	736.35	832.08
20129IL0340045 Rating Area 6	Tobacco User/Non-Tobacco User	44	758.05	864.17
20129IL0340045 Rating Area 6	Tobacco User/Non-Tobacco User	45	783.56	901.09
20129IL0340045 Rating Area 6	Tobacco User/Non-Tobacco User	46	813.94	944.17
20129IL0340045 Rating Area 6	Tobacco User/Non-Tobacco User	47	848.13	992.31
20129IL0340045 Rating Area 6	Tobacco User/Non-Tobacco User	48	887.20	1046.89
20129IL0340045 Rating Area 6	Tobacco User/Non-Tobacco User	49	925.72	1101.62
20129IL0340045 Rating Area 6	Tobacco User/Non-Tobacco User	50	969.14	1162.96
20129IL0340045 Rating Area 6	Tobacco User/Non-Tobacco User	51	1012.00	1214.41
20129IL0340045 Rating Area 6	Tobacco User/Non-Tobacco User	52	1059.21	1271.04
20129IL0340045 Rating Area 6	Tobacco User/Non-Tobacco User	53	1106.96	1328.36
20129IL0340045 Rating Area 6	Tobacco User/Non-Tobacco User	54	1158.51	1390.22
20129IL0340045 Rating Area 6	Tobacco User/Non-Tobacco User	55	1210.06	1452.07
20129IL0340045 Rating Area 6	Tobacco User/Non-Tobacco User	56	1265.95	1519.14
20129IL0340045 Rating Area 6	Tobacco User/Non-Tobacco User	57	1322.39	1586.87
20129IL0340045 Rating Area 6	Tobacco User/Non-Tobacco User	58	1382.62	1659.14
20129IL0340045 Rating Area 6	Tobacco User/Non-Tobacco User	59	1412.47	1694.96
20129IL0340045 Rating Area 6	Tobacco User/Non-Tobacco User	60	1472.69	1767.23
20129IL0340045 Rating Area 6	Tobacco User/Non-Tobacco User	61	1524.78	1829.74
20129IL0340045 Rating Area 6	Tobacco User/Non-Tobacco User	62	1559.97	1870.76
20129IL0340045 Rating Area 6	Tobacco User/Non-Tobacco User	63	1601.84	1922.20
20129IL0340045 Rating Area 6	Tobacco User/Non-Tobacco User	64 and over	1627.86	1953.43
20129IL0340045 Rating Area 7	Tobacco User/Non-Tobacco User	0-14	447.76	447.76
20129IL0340045 Rating Area 7	Tobacco User/Non-Tobacco User	15	487.56	487.56
20129IL0340045 Rating Area 7	Tobacco User/Non-Tobacco User	16	502.78	502.78
20129IL0340045 Rating Area 7	Tobacco User/Non-Tobacco User	17	518.00	518.00
20129IL0340045 Rating Area 7	Tobacco User/Non-Tobacco User	18	534.38	534.38
20129IL0340045 Rating Area 7	Tobacco User/Non-Tobacco User	19	550.77	550.77
20129IL0340045 Rating Area 7	Tobacco User/Non-Tobacco User	20	567.74	567.74
20129IL0340045 Rating Area 7	Tobacco User/Non-Tobacco User	21	585.31	585.31
20129IL0340045 Rating Area 7	Tobacco User/Non-Tobacco User	22	585.31	585.31
20129IL0340045 Rating Area 7	Tobacco User/Non-Tobacco User	23	585.31	585.31
20129IL0340045 Rating Area 7	Tobacco User/Non-Tobacco User	24	585.31	585.31
20129IL0340045 Rating Area 7	Tobacco User/Non-Tobacco User	25	587.64	587.64
20129IL0340045 Rating Area 7	Tobacco User/Non-Tobacco User	26	599.36	599.36
20129IL0340045 Rating Area 7	Tobacco User/Non-Tobacco User	27	613.40	613.40
20129IL0340045 Rating Area 7	Tobacco User/Non-Tobacco User	28	636.23	636.23
20129IL0340045 Rating Area 7	Tobacco User/Non-Tobacco User	29	654.96	654.96
20129IL0340045 Rating Area 7	Tobacco User/Non-Tobacco User	30	664.32	697.54
20129IL0340045 Rating Area 7	Tobacco User/Non-Tobacco User	31	678.37	712.29
20129IL0340045 Rating Area 7	Tobacco User/Non-Tobacco User	32	692.42	727.04
20129IL0340045 Rating Area 7	Tobacco User/Non-Tobacco User	33	701.19	736.25
20129IL0340045 Rating Area 7	Tobacco User/Non-Tobacco User	34	710.56	746.09
20129IL0340045 Rating Area 7	Tobacco User/Non-Tobacco User	35	715.25	751.01
20129IL0340045 Rating Area 7	Tobacco User/Non-Tobacco User	36	719.92	763.12
20129IL0340045 Rating Area 7	Tobacco User/Non-Tobacco User	37	724.61	775.33
20129IL0340045 Rating Area 7	Tobacco User/Non-Tobacco User	38	729.29	787.63
20129IL0340045 Rating Area 7	Tobacco User/Non-Tobacco User	39	738.66	805.14
20129IL0340045 Rating Area 7	Tobacco User/Non-Tobacco User	40	748.02	822.83
20129IL0340045 Rating Area 7	Tobacco User/Non-Tobacco User	41	762.07	845.89
20129IL0340045 Rating Area 7	Tobacco User/Non-Tobacco User	42	775.54	868.60
20129IL0340045 Rating Area 7	Tobacco User/Non-Tobacco User	43	794.27	897.52
20129IL0340045 Rating Area 7	Tobacco User/Non-Tobacco User	44	817.67	932.14
20129IL0340045 Rating Area 7	Tobacco User/Non-Tobacco User	45	845.18	971.96

20129IL0340045 Rating Area 9	Tobacco User/Non-Tobacco User	55	1332.43	1598.91
20129IL0340045 Rating Area 9	Tobacco User/Non-Tobacco User	56	1393.97	1672.76
20129IL0340045 Rating Area 9	Tobacco User/Non-Tobacco User	57	1456.11	1747.34
20129IL0340045 Rating Area 9	Tobacco User/Non-Tobacco User	58	1522.43	1826.92
20129IL0340045 Rating Area 9	Tobacco User/Non-Tobacco User	59	1555.30	1866.36
20129IL0340045 Rating Area 9	Tobacco User/Non-Tobacco User	60	1621.62	1945.94
20129IL0340045 Rating Area 9	Tobacco User/Non-Tobacco User	61	1678.98	2014.77
20129IL0340045 Rating Area 9	Tobacco User/Non-Tobacco User	62	1716.62	2059.94
20129IL0340045 Rating Area 9	Tobacco User/Non-Tobacco User	63	1763.82	2116.58
20129IL0340045 Rating Area 9	Tobacco User/Non-Tobacco User	64 and over	1792.48	2150.97
20129IL0340045 Rating Area 10	Tobacco User/Non-Tobacco User	0-14	452.43	452.43
20129IL0340045 Rating Area 10	Tobacco User/Non-Tobacco User	15	492.64	492.64
20129IL0340045 Rating Area 10	Tobacco User/Non-Tobacco User	16	508.02	508.02
20129IL0340045 Rating Area 10	Tobacco User/Non-Tobacco User	17	523.39	523.39
20129IL0340045 Rating Area 10	Tobacco User/Non-Tobacco User	18	539.95	539.95
20129IL0340045 Rating Area 10	Tobacco User/Non-Tobacco User	19	556.51	556.51
20129IL0340045 Rating Area 10	Tobacco User/Non-Tobacco User	20	573.66	573.66
20129IL0340045 Rating Area 10	Tobacco User/Non-Tobacco User	21	591.41	591.41
20129IL0340045 Rating Area 10	Tobacco User/Non-Tobacco User	22	591.41	591.41
20129IL0340045 Rating Area 10	Tobacco User/Non-Tobacco User	23	591.41	591.41
20129IL0340045 Rating Area 10	Tobacco User/Non-Tobacco User	24	591.41	591.41
20129IL0340045 Rating Area 10	Tobacco User/Non-Tobacco User	25	593.77	593.77
20129IL0340045 Rating Area 10	Tobacco User/Non-Tobacco User	26	605.60	605.60
20129IL0340045 Rating Area 10	Tobacco User/Non-Tobacco User	27	619.79	619.79
20129IL0340045 Rating Area 10	Tobacco User/Non-Tobacco User	28	642.86	642.86
20129IL0340045 Rating Area 10	Tobacco User/Non-Tobacco User	29	661.78	661.78
20129IL0340045 Rating Area 10	Tobacco User/Non-Tobacco User	30	671.24	704.80
20129IL0340045 Rating Area 10	Tobacco User/Non-Tobacco User	31	685.44	719.71
20129IL0340045 Rating Area 10	Tobacco User/Non-Tobacco User	32	699.63	734.61
20129IL0340045 Rating Area 10	Tobacco User/Non-Tobacco User	33	708.50	743.92
20129IL0340045 Rating Area 10	Tobacco User/Non-Tobacco User	34	717.96	753.86
20129IL0340045 Rating Area 10	Tobacco User/Non-Tobacco User	35	722.70	758.83
20129IL0340045 Rating Area 10	Tobacco User/Non-Tobacco User	36	727.42	771.07
20129IL0340045 Rating Area 10	Tobacco User/Non-Tobacco User	37	732.16	783.41
20129IL0340045 Rating Area 10	Tobacco User/Non-Tobacco User	38	736.89	795.84
20129IL0340045 Rating Area 10	Tobacco User/Non-Tobacco User	39	746.36	813.53
20129IL0340045 Rating Area 10	Tobacco User/Non-Tobacco User	40	755.81	831.40
20129IL0340045 Rating Area 10	Tobacco User/Non-Tobacco User	41	770.01	854.71
20129IL0340045 Rating Area 10	Tobacco User/Non-Tobacco User	42	783.61	877.65
20129IL0340045 Rating Area 10	Tobacco User/Non-Tobacco User	43	802.54	906.87
20129IL0340045 Rating Area 10	Tobacco User/Non-Tobacco User	44	826.19	941.85
20129IL0340045 Rating Area 10	Tobacco User/Non-Tobacco User	45	853.99	982.09
20129IL0340045 Rating Area 10	Tobacco User/Non-Tobacco User	46	887.10	1029.04
20129IL0340045 Rating Area 10	Tobacco User/Non-Tobacco User	47	924.36	1081.50
20129IL0340045 Rating Area 10	Tobacco User/Non-Tobacco User	48	966.94	1140.99
20129IL0340045 Rating Area 10	Tobacco User/Non-Tobacco User	49	1008.94	1200.64
20129IL0340045 Rating Area 10	Tobacco User/Non-Tobacco User	50	1056.25	1267.50
20129IL0340045 Rating Area 10	Tobacco User/Non-Tobacco User	51	1102.97	1323.57
20129IL0340045 Rating Area 10	Tobacco User/Non-Tobacco User	52	1154.42	1385.30
20129IL0340045 Rating Area 10	Tobacco User/Non-Tobacco User	53	1206.47	1447.76
20129IL0340045 Rating Area 10	Tobacco User/Non-Tobacco User	54	1262.65	1515.18
20129IL0340045 Rating Area 10	Tobacco User/Non-Tobacco User	55	1318.83	1582.59
20129IL0340045 Rating Area 10	Tobacco User/Non-Tobacco User	56	1379.75	1655.69
20129IL0340045 Rating Area 10	Tobacco User/Non-Tobacco User	57	1441.26	1729.51
20129IL0340045 Rating Area 10	Tobacco User/Non-Tobacco User	58	1506.90	1808.27
20129IL0340045 Rating Area 10	Tobacco User/Non-Tobacco User	59	1539.43	1847.32
20129IL0340045 Rating Area 10	Tobacco User/Non-Tobacco User	60	1605.07	1926.08
20129IL0340045 Rating Area 10	Tobacco User/Non-Tobacco User	61	1661.84	1994.21
20129IL0340045 Rating Area 10	Tobacco User/Non-Tobacco User	62	1699.10	2038.92
20129IL0340045 Rating Area 10	Tobacco User/Non-Tobacco User	63	1745.83	2094.99
20129IL0340045 Rating Area 10	Tobacco User/Non-Tobacco User	64 and over	1774.19	2129.02
20129IL0340045 Rating Area 11	Tobacco User/Non-Tobacco User	0-14	466.42	466.42
20129IL0340045 Rating Area 11	Tobacco User/Non-Tobacco User	15	507.88	507.88
20129IL0340045 Rating Area 11	Tobacco User/Non-Tobacco User	16	523.73	523.73
20129IL0340045 Rating Area 11	Tobacco User/Non-Tobacco User	17	539.58	539.58
20129IL0340045 Rating Area 11	Tobacco User/Non-Tobacco User	18	556.65	556.65
20129IL0340045 Rating Area 11	Tobacco User/Non-Tobacco User	19	573.72	573.72
20129IL0340045 Rating Area 11	Tobacco User/Non-Tobacco User	20	591.40	591.40
20129IL0340045 Rating Area 11	Tobacco User/Non-Tobacco User	21	609.70	609.70
20129IL0340045 Rating Area 11	Tobacco User/Non-Tobacco User	22	609.70	609.70
20129IL0340045 Rating Area 11	Tobacco User/Non-Tobacco User	23	609.70	609.70
20129IL0340045 Rating Area 11	Tobacco User/Non-Tobacco User	24	609.70	609.70
20129IL0340045 Rating Area 11	Tobacco User/Non-Tobacco User	25	612.13	612.13
20129IL0340045 Rating Area 11	Tobacco User/Non-Tobacco User	26	624.33	624.33
20129IL0340045 Rating Area 11	Tobacco User/Non-Tobacco User	27	638.96	638.96
20129IL0340045 Rating Area 11	Tobacco User/Non-Tobacco User	28	662.74	662.74
20129IL0340045 Rating Area 11	Tobacco User/Non-Tobacco User	29	682.25	682.25
20129IL0340045 Rating Area 11	Tobacco User/Non-Tobacco User	30	692.00	726.60
20129IL0340045 Rating Area 11	Tobacco User/Non-Tobacco User	31	706.64	741.97
20129IL0340045 Rating Area 11	Tobacco User/Non-Tobacco User	32	721.27	757.33
20129IL0340045 Rating Area 11	Tobacco User/Non-Tobacco User	33	730.41	766.93
20129IL0340045 Rating Area 11	Tobacco User/Non-Tobacco User	34	740.17	777.18
20129IL0340045 Rating Area 11	Tobacco User/Non-Tobacco User	35	745.05	782.30
20129IL0340045 Rating Area 11	Tobacco User/Non-Tobacco User	36	749.92	794.92
20129IL0340045 Rating Area 11	Tobacco User/Non-Tobacco User	37	754.80	807.64
20129IL0340045 Rating Area 11	Tobacco User/Non-Tobacco User	38	759.68	820.45
20129IL0340045 Rating Area 11	Tobacco User/Non-Tobacco User	39	769.44	838.69
20129IL0340045 Rating Area 11	Tobacco User/Non-Tobacco User	40	779.19	857.11
20129IL0340045 Rating Area 11	Tobacco User/Non-Tobacco User	41	793.82	881.14
20129IL0340045 Rating Area 11	Tobacco User/Non-Tobacco User	42	807.85	904.79
20129IL0340045 Rating Area 11	Tobacco User/Non-Tobacco User	43	827.36	934.92
20129IL0340045 Rating Area 11	Tobacco User/Non-Tobacco User	44	851.74	970.98
20129IL0340045 Rating Area 11	Tobacco User/Non-Tobacco User	45	880.40	1012.46
20129IL0340045 Rating Area 11	Tobacco User/Non-Tobacco User	46	914.54	1060.87
20129IL0340045 Rating Area 11	Tobacco User/Non-Tobacco User	47	952.95	1114.95
20129IL0340045 Rating Area 11	Tobacco User/Non-Tobacco User	48	996.85	1176.28
20129IL0340045 Rating Area 11	Tobacco User/Non-Tobacco User	49	1040.14	1237.77
20129IL0340045 Rating Area 11	Tobacco User/Non-Tobacco User	50	1088.92	1306.70
20129IL0340045 Rating Area 11	Tobacco User/Non-Tobacco User	51	1137.08	1364.50
20129IL0340045 Rating Area 11	Tobacco User/Non-Tobacco User	52	1190.12	1428.14
20129IL0340045 Rating Area 11	Tobacco User/Non-Tobacco User	53	1243.78	1492.54
20129IL0340045 Rating Area 11	Tobacco User/Non-Tobacco User	54	1301.70	1562.04
20129IL0340045 Rating Area 11	Tobacco User/Non-Tobacco User	55	1359.62	1631.54
20129IL0340045 Rating Area 11	Tobacco User/Non-Tobacco User	56	1422.42	1706.90
20129IL0340045 Rating Area 11	Tobacco User/Non-Tobacco User	57	1485.83	1783.00
20129IL0340045 Rating Area 11	Tobacco User/Non-Tobacco User	58	1553.50	1864.20
20129IL0340045 Rating Area 11	Tobacco User/Non-Tobacco User	59	1587.04	1904.45
20129IL0340045 Rating Area 11	Tobacco User/Non-Tobacco User	60	1654.71	1985.65
20129IL0340045 Rating Area 11	Tobacco User/Non-Tobacco User	61	1713.24	2055.89
20129IL0340045 Rating Area 11	Tobacco User/Non-Tobacco User	62	1751.65	2101.98
20129IL0340045 Rating Area 11	Tobacco User/Non-Tobacco User	63	1799.82	2159.78

20129IL0340045 Rating Area 11	Tobacco User/Non-Tobacco User	64 and over	1829.06	2194.87
20129IL0340045 Rating Area 13	Tobacco User/Non-Tobacco User	0-14	531.72	531.72
20129IL0340045 Rating Area 13	Tobacco User/Non-Tobacco User	15	578.98	578.98
20129IL0340045 Rating Area 13	Tobacco User/Non-Tobacco User	16	597.05	597.05
20129IL0340045 Rating Area 13	Tobacco User/Non-Tobacco User	17	615.12	615.12
20129IL0340045 Rating Area 13	Tobacco User/Non-Tobacco User	18	634.58	634.58
20129IL0340045 Rating Area 13	Tobacco User/Non-Tobacco User	19	654.04	654.04
20129IL0340045 Rating Area 13	Tobacco User/Non-Tobacco User	20	674.20	674.20
20129IL0340045 Rating Area 13	Tobacco User/Non-Tobacco User	21	695.06	695.06
20129IL0340045 Rating Area 13	Tobacco User/Non-Tobacco User	22	695.06	695.06
20129IL0340045 Rating Area 13	Tobacco User/Non-Tobacco User	23	695.06	695.06
20129IL0340045 Rating Area 13	Tobacco User/Non-Tobacco User	24	695.06	695.06
20129IL0340045 Rating Area 13	Tobacco User/Non-Tobacco User	25	697.83	697.83
20129IL0340045 Rating Area 13	Tobacco User/Non-Tobacco User	26	711.74	711.74
20129IL0340045 Rating Area 13	Tobacco User/Non-Tobacco User	27	728.41	728.41
20129IL0340045 Rating Area 13	Tobacco User/Non-Tobacco User	28	755.52	755.52
20129IL0340045 Rating Area 13	Tobacco User/Non-Tobacco User	29	777.77	777.77
20129IL0340045 Rating Area 13	Tobacco User/Non-Tobacco User	30	788.88	828.32
20129IL0340045 Rating Area 13	Tobacco User/Non-Tobacco User	31	805.57	845.85
20129IL0340045 Rating Area 13	Tobacco User/Non-Tobacco User	32	822.25	863.36
20129IL0340045 Rating Area 13	Tobacco User/Non-Tobacco User	33	832.67	874.30
20129IL0340045 Rating Area 13	Tobacco User/Non-Tobacco User	34	843.79	885.99
20129IL0340045 Rating Area 13	Tobacco User/Non-Tobacco User	35	849.36	891.82
20129IL0340045 Rating Area 13	Tobacco User/Non-Tobacco User	36	854.91	906.21
20129IL0340045 Rating Area 13	Tobacco User/Non-Tobacco User	37	860.47	920.71
20129IL0340045 Rating Area 13	Tobacco User/Non-Tobacco User	38	866.04	935.31
20129IL0340045 Rating Area 13	Tobacco User/Non-Tobacco User	39	877.16	956.11
20129IL0340045 Rating Area 13	Tobacco User/Non-Tobacco User	40	888.28	977.11
20129IL0340045 Rating Area 13	Tobacco User/Non-Tobacco User	41	904.95	1004.50
20129IL0340045 Rating Area 13	Tobacco User/Non-Tobacco User	42	920.95	1031.46
20129IL0340045 Rating Area 13	Tobacco User/Non-Tobacco User	43	943.19	1065.81
20129IL0340045 Rating Area 13	Tobacco User/Non-Tobacco User	44	970.98	1106.92
20129IL0340045 Rating Area 13	Tobacco User/Non-Tobacco User	45	1003.66	1154.20
20129IL0340045 Rating Area 13	Tobacco User/Non-Tobacco User	46	1042.58	1209.39
20129IL0340045 Rating Area 13	Tobacco User/Non-Tobacco User	47	1086.36	1271.04
20129IL0340045 Rating Area 13	Tobacco User/Non-Tobacco User	48	1136.41	1340.96
20129IL0340045 Rating Area 13	Tobacco User/Non-Tobacco User	49	1185.76	1411.06
20129IL0340045 Rating Area 13	Tobacco User/Non-Tobacco User	50	1241.37	1489.64
20129IL0340045 Rating Area 13	Tobacco User/Non-Tobacco User	51	1296.27	1555.53
20129IL0340045 Rating Area 13	Tobacco User/Non-Tobacco User	52	1356.74	1628.08
20129IL0340045 Rating Area 13	Tobacco User/Non-Tobacco User	53	1417.91	1701.50
20129IL0340045 Rating Area 13	Tobacco User/Non-Tobacco User	54	1483.94	1780.73
20129IL0340045 Rating Area 13	Tobacco User/Non-Tobacco User	55	1549.97	1859.96
20129IL0340045 Rating Area 13	Tobacco User/Non-Tobacco User	56	1621.56	1945.87
20129IL0340045 Rating Area 13	Tobacco User/Non-Tobacco User	57	1693.85	2032.62
20129IL0340045 Rating Area 13	Tobacco User/Non-Tobacco User	58	1770.99	2125.19
20129IL0340045 Rating Area 13	Tobacco User/Non-Tobacco User	59	1809.23	2171.07
20129IL0340045 Rating Area 13	Tobacco User/Non-Tobacco User	60	1886.37	2263.64
20129IL0340045 Rating Area 13	Tobacco User/Non-Tobacco User	61	1953.09	2343.71
20129IL0340045 Rating Area 13	Tobacco User/Non-Tobacco User	62	1996.88	2396.26
20129IL0340045 Rating Area 13	Tobacco User/Non-Tobacco User	63	2051.79	2462.15
20129IL0340045 Rating Area 13	Tobacco User/Non-Tobacco User	64 and over	2085.13	2502.15
20129IL0340061 Rating Area 6	Tobacco User/Non-Tobacco User	0-14	327.61	327.61
20129IL0340061 Rating Area 6	Tobacco User/Non-Tobacco User	15	356.73	356.73
20129IL0340061 Rating Area 6	Tobacco User/Non-Tobacco User	16	367.86	367.86
20129IL0340061 Rating Area 6	Tobacco User/Non-Tobacco User	17	379.00	379.00
20129IL0340061 Rating Area 6	Tobacco User/Non-Tobacco User	18	390.99	390.99
20129IL0340061 Rating Area 6	Tobacco User/Non-Tobacco User	19	402.98	402.98
20129IL0340061 Rating Area 6	Tobacco User/Non-Tobacco User	20	415.40	415.40
20129IL0340061 Rating Area 6	Tobacco User/Non-Tobacco User	21	428.24	428.24
20129IL0340061 Rating Area 6	Tobacco User/Non-Tobacco User	22	428.24	428.24
20129IL0340061 Rating Area 6	Tobacco User/Non-Tobacco User	23	428.24	428.24
20129IL0340061 Rating Area 6	Tobacco User/Non-Tobacco User	24	428.24	428.24
20129IL0340061 Rating Area 6	Tobacco User/Non-Tobacco User	25	429.96	429.96
20129IL0340061 Rating Area 6	Tobacco User/Non-Tobacco User	26	438.52	438.52
20129IL0340061 Rating Area 6	Tobacco User/Non-Tobacco User	27	448.80	448.80
20129IL0340061 Rating Area 6	Tobacco User/Non-Tobacco User	28	465.51	465.51
20129IL0340061 Rating Area 6	Tobacco User/Non-Tobacco User	29	479.20	479.20
20129IL0340061 Rating Area 6	Tobacco User/Non-Tobacco User	30	486.06	510.36
20129IL0340061 Rating Area 6	Tobacco User/Non-Tobacco User	31	496.34	521.15
20129IL0340061 Rating Area 6	Tobacco User/Non-Tobacco User	32	506.61	531.94
20129IL0340061 Rating Area 6	Tobacco User/Non-Tobacco User	33	513.04	538.69
20129IL0340061 Rating Area 6	Tobacco User/Non-Tobacco User	34	519.89	545.89
20129IL0340061 Rating Area 6	Tobacco User/Non-Tobacco User	35	523.32	549.49
20129IL0340061 Rating Area 6	Tobacco User/Non-Tobacco User	36	526.74	558.34
20129IL0340061 Rating Area 6	Tobacco User/Non-Tobacco User	37	530.16	567.28
20129IL0340061 Rating Area 6	Tobacco User/Non-Tobacco User	38	533.59	576.28
20129IL0340061 Rating Area 6	Tobacco User/Non-Tobacco User	39	540.44	589.08
20129IL0340061 Rating Area 6	Tobacco User/Non-Tobacco User	40	547.30	602.02
20129IL0340061 Rating Area 6	Tobacco User/Non-Tobacco User	41	557.58	618.91
20129IL0340061 Rating Area 6	Tobacco User/Non-Tobacco User	42	567.43	635.52
20129IL0340061 Rating Area 6	Tobacco User/Non-Tobacco User	43	581.13	656.67
20129IL0340061 Rating Area 6	Tobacco User/Non-Tobacco User	44	598.26	682.02
20129IL0340061 Rating Area 6	Tobacco User/Non-Tobacco User	45	618.39	711.15
20129IL0340061 Rating Area 6	Tobacco User/Non-Tobacco User	46	642.37	745.14
20129IL0340061 Rating Area 6	Tobacco User/Non-Tobacco User	47	669.35	783.14
20129IL0340061 Rating Area 6	Tobacco User/Non-Tobacco User	48	700.18	826.21
20129IL0340061 Rating Area 6	Tobacco User/Non-Tobacco User	49	730.58	869.40
20129IL0340061 Rating Area 6	Tobacco User/Non-Tobacco User	50	764.85	917.82
20129IL0340061 Rating Area 6	Tobacco User/Non-Tobacco User	51	798.68	958.41
20129IL0340061 Rating Area 6	Tobacco User/Non-Tobacco User	52	835.93	1003.12
20129IL0340061 Rating Area 6	Tobacco User/Non-Tobacco User	53	873.62	1048.35
20129IL0340061 Rating Area 6	Tobacco User/Non-Tobacco User	54	914.31	1097.17
20129IL0340061 Rating Area 6	Tobacco User/Non-Tobacco User	55	954.99	1145.98
20129IL0340061 Rating Area 6	Tobacco User/Non-Tobacco User	56	999.10	1198.92
20129IL0340061 Rating Area 6	Tobacco User/Non-Tobacco User	57	1043.63	1252.35
20129IL0340061 Rating Area 6	Tobacco User/Non-Tobacco User	58	1091.17	1309.40
20129IL0340061 Rating Area 6	Tobacco User/Non-Tobacco User	59	1114.73	1337.67
20129IL0340061 Rating Area 6	Tobacco User/Non-Tobacco User	60	1162.26	1394.71
20129IL0340061 Rating Area 6	Tobacco User/Non-Tobacco User	61	1203.37	1444.04
20129IL0340061 Rating Area 6	Tobacco User/Non-Tobacco User	62	1230.34	1476.41
20129IL0340061 Rating Area 6	Tobacco User/Non-Tobacco User	63	1264.18	1517.02
20129IL0340061 Rating Area 6	Tobacco User/Non-Tobacco User	64 and over	1284.71	1541.65
20129IL0340061 Rating Area 7	Tobacco User/Non-Tobacco User	0-14	353.38	353.38
20129IL0340061 Rating Area 7	Tobacco User/Non-Tobacco User	15	384.79	384.79
20129IL0340061 Rating Area 7	Tobacco User/Non-Tobacco User	16	396.80	396.80
20129IL0340061 Rating Area 7	Tobacco User/Non-Tobacco User	17	408.81	408.81
20129IL0340061 Rating Area 7	Tobacco User/Non-Tobacco User	18	421.74	421.74
20129IL0340061 Rating Area 7	Tobacco User/Non-Tobacco User	19	434.68	434.68
20129IL0340061 Rating Area 7	Tobacco User/Non-Tobacco User	20	448.07	448.07
20129IL0340061 Rating Area 7	Tobacco User/Non-Tobacco User	21	461.92	461.92

20129IL0340061	Rating Area 7	Tobacco User/Non-Tobacco User	22	461.92	461.92
20129IL0340061	Rating Area 7	Tobacco User/Non-Tobacco User	23	461.92	461.92
20129IL0340061	Rating Area 7	Tobacco User/Non-Tobacco User	24	461.92	461.92
20129IL0340061	Rating Area 7	Tobacco User/Non-Tobacco User	25	463.78	463.78
20129IL0340061	Rating Area 7	Tobacco User/Non-Tobacco User	26	473.01	473.01
20129IL0340061	Rating Area 7	Tobacco User/Non-Tobacco User	27	484.10	484.10
20129IL0340061	Rating Area 7	Tobacco User/Non-Tobacco User	28	502.12	502.12
20129IL0340061	Rating Area 7	Tobacco User/Non-Tobacco User	29	516.89	516.89
20129IL0340061	Rating Area 7	Tobacco User/Non-Tobacco User	30	524.28	550.50
20129IL0340061	Rating Area 7	Tobacco User/Non-Tobacco User	31	535.37	562.14
20129IL0340061	Rating Area 7	Tobacco User/Non-Tobacco User	32	546.46	573.78
20129IL0340061	Rating Area 7	Tobacco User/Non-Tobacco User	33	553.39	581.06
20129IL0340061	Rating Area 7	Tobacco User/Non-Tobacco User	34	560.78	588.83
20129IL0340061	Rating Area 7	Tobacco User/Non-Tobacco User	35	564.48	592.70
20129IL0340061	Rating Area 7	Tobacco User/Non-Tobacco User	36	568.17	602.26
20129IL0340061	Rating Area 7	Tobacco User/Non-Tobacco User	37	571.86	611.89
20129IL0340061	Rating Area 7	Tobacco User/Non-Tobacco User	38	575.56	621.60
20129IL0340061	Rating Area 7	Tobacco User/Non-Tobacco User	39	582.95	635.41
20129IL0340061	Rating Area 7	Tobacco User/Non-Tobacco User	40	590.34	649.37
20129IL0340061	Rating Area 7	Tobacco User/Non-Tobacco User	41	601.43	667.58
20129IL0340061	Rating Area 7	Tobacco User/Non-Tobacco User	42	612.06	685.51
20129IL0340061	Rating Area 7	Tobacco User/Non-Tobacco User	43	626.83	708.32
20129IL0340061	Rating Area 7	Tobacco User/Non-Tobacco User	44	645.31	735.66
20129IL0340061	Rating Area 7	Tobacco User/Non-Tobacco User	45	667.03	767.08
20129IL0340061	Rating Area 7	Tobacco User/Non-Tobacco User	46	692.89	803.75
20129IL0340061	Rating Area 7	Tobacco User/Non-Tobacco User	47	722.00	844.73
20129IL0340061	Rating Area 7	Tobacco User/Non-Tobacco User	48	755.25	891.20
20129IL0340061	Rating Area 7	Tobacco User/Non-Tobacco User	49	788.04	937.78
20129IL0340061	Rating Area 7	Tobacco User/Non-Tobacco User	50	825.00	990.01
20129IL0340061	Rating Area 7	Tobacco User/Non-Tobacco User	51	861.49	1033.80
20129IL0340061	Rating Area 7	Tobacco User/Non-Tobacco User	52	901.68	1082.02
20129IL0340061	Rating Area 7	Tobacco User/Non-Tobacco User	53	942.34	1130.80
20129IL0340061	Rating Area 7	Tobacco User/Non-Tobacco User	54	986.22	1183.46
20129IL0340061	Rating Area 7	Tobacco User/Non-Tobacco User	55	1030.10	1236.12
20129IL0340061	Rating Area 7	Tobacco User/Non-Tobacco User	56	1077.68	1293.22
20129IL0340061	Rating Area 7	Tobacco User/Non-Tobacco User	57	1125.72	1350.85
20129IL0340061	Rating Area 7	Tobacco User/Non-Tobacco User	58	1176.99	1412.39
20129IL0340061	Rating Area 7	Tobacco User/Non-Tobacco User	59	1202.40	1442.88
20129IL0340061	Rating Area 7	Tobacco User/Non-Tobacco User	60	1253.67	1504.41
20129IL0340061	Rating Area 7	Tobacco User/Non-Tobacco User	61	1298.02	1557.62
20129IL0340061	Rating Area 7	Tobacco User/Non-Tobacco User	62	1327.11	1592.53
20129IL0340061	Rating Area 7	Tobacco User/Non-Tobacco User	63	1363.61	1636.34
20129IL0340061	Rating Area 7	Tobacco User/Non-Tobacco User	64 and over	1385.75	1662.90
20129IL0340061	Rating Area 8	Tobacco User/Non-Tobacco User	0-14	360.74	360.74
20129IL0340061	Rating Area 8	Tobacco User/Non-Tobacco User	15	392.80	392.80
20129IL0340061	Rating Area 8	Tobacco User/Non-Tobacco User	16	405.06	405.06
20129IL0340061	Rating Area 8	Tobacco User/Non-Tobacco User	17	417.32	417.32
20129IL0340061	Rating Area 8	Tobacco User/Non-Tobacco User	18	430.52	430.52
20129IL0340061	Rating Area 8	Tobacco User/Non-Tobacco User	19	443.73	443.73
20129IL0340061	Rating Area 8	Tobacco User/Non-Tobacco User	20	457.41	457.41
20129IL0340061	Rating Area 8	Tobacco User/Non-Tobacco User	21	471.55	471.55
20129IL0340061	Rating Area 8	Tobacco User/Non-Tobacco User	22	471.55	471.55
20129IL0340061	Rating Area 8	Tobacco User/Non-Tobacco User	23	471.55	471.55
20129IL0340061	Rating Area 8	Tobacco User/Non-Tobacco User	24	471.55	471.55
20129IL0340061	Rating Area 8	Tobacco User/Non-Tobacco User	25	473.44	473.44
20129IL0340061	Rating Area 8	Tobacco User/Non-Tobacco User	26	482.87	482.87
20129IL0340061	Rating Area 8	Tobacco User/Non-Tobacco User	27	494.18	494.18
20129IL0340061	Rating Area 8	Tobacco User/Non-Tobacco User	28	512.58	512.58
20129IL0340061	Rating Area 8	Tobacco User/Non-Tobacco User	29	527.66	527.66
20129IL0340061	Rating Area 8	Tobacco User/Non-Tobacco User	30	535.21	561.97
20129IL0340061	Rating Area 8	Tobacco User/Non-Tobacco User	31	546.53	573.85
20129IL0340061	Rating Area 8	Tobacco User/Non-Tobacco User	32	557.85	585.74
20129IL0340061	Rating Area 8	Tobacco User/Non-Tobacco User	33	564.92	593.16
20129IL0340061	Rating Area 8	Tobacco User/Non-Tobacco User	34	572.47	601.09
20129IL0340061	Rating Area 8	Tobacco User/Non-Tobacco User	35	576.24	605.05
20129IL0340061	Rating Area 8	Tobacco User/Non-Tobacco User	36	580.00	614.80
20129IL0340061	Rating Area 8	Tobacco User/Non-Tobacco User	37	583.78	624.64
20129IL0340061	Rating Area 8	Tobacco User/Non-Tobacco User	38	587.55	634.55
20129IL0340061	Rating Area 8	Tobacco User/Non-Tobacco User	39	595.10	648.65
20129IL0340061	Rating Area 8	Tobacco User/Non-Tobacco User	40	602.64	662.90
20129IL0340061	Rating Area 8	Tobacco User/Non-Tobacco User	41	613.96	681.49
20129IL0340061	Rating Area 8	Tobacco User/Non-Tobacco User	42	624.81	699.79
20129IL0340061	Rating Area 8	Tobacco User/Non-Tobacco User	43	639.99	723.07
20129IL0340061	Rating Area 8	Tobacco User/Non-Tobacco User	44	658.76	750.98
20129IL0340061	Rating Area 8	Tobacco User/Non-Tobacco User	45	680.92	783.06
20129IL0340061	Rating Area 8	Tobacco User/Non-Tobacco User	46	707.32	820.50
20129IL0340061	Rating Area 8	Tobacco User/Non-Tobacco User	47	737.04	862.33
20129IL0340061	Rating Area 8	Tobacco User/Non-Tobacco User	48	770.99	909.76
20129IL0340061	Rating Area 8	Tobacco User/Non-Tobacco User	49	804.46	957.31
20129IL0340061	Rating Area 8	Tobacco User/Non-Tobacco User	50	842.19	1010.63
20129IL0340061	Rating Area 8	Tobacco User/Non-Tobacco User	51	879.44	1055.33
20129IL0340061	Rating Area 8	Tobacco User/Non-Tobacco User	52	920.47	1104.56
20129IL0340061	Rating Area 8	Tobacco User/Non-Tobacco User	53	961.97	1154.36
20129IL0340061	Rating Area 8	Tobacco User/Non-Tobacco User	54	1006.76	1208.11
20129IL0340061	Rating Area 8	Tobacco User/Non-Tobacco User	55	1051.56	1261.87
20129IL0340061	Rating Area 8	Tobacco User/Non-Tobacco User	56	1100.13	1320.16
20129IL0340061	Rating Area 8	Tobacco User/Non-Tobacco User	57	1149.17	1379.00
20129IL0340061	Rating Area 8	Tobacco User/Non-Tobacco User	58	1201.51	1441.82
20129IL0340061	Rating Area 8	Tobacco User/Non-Tobacco User	59	1227.45	1472.94
20129IL0340061	Rating Area 8	Tobacco User/Non-Tobacco User	60	1279.79	1535.75
20129IL0340061	Rating Area 8	Tobacco User/Non-Tobacco User	61	1325.06	1590.07
20129IL0340061	Rating Area 8	Tobacco User/Non-Tobacco User	62	1354.76	1625.71
20129IL0340061	Rating Area 8	Tobacco User/Non-Tobacco User	63	1392.02	1670.43
20129IL0340061	Rating Area 8	Tobacco User/Non-Tobacco User	64 and over	1414.62	1697.55
20129IL0340061	Rating Area 9	Tobacco User/Non-Tobacco User	0-14	360.74	360.74
20129IL0340061	Rating Area 9	Tobacco User/Non-Tobacco User	15	392.80	392.80
20129IL0340061	Rating Area 9	Tobacco User/Non-Tobacco User	16	405.06	405.06
20129IL0340061	Rating Area 9	Tobacco User/Non-Tobacco User	17	417.32	417.32
20129IL0340061	Rating Area 9	Tobacco User/Non-Tobacco User	18	430.52	430.52
20129IL0340061	Rating Area 9	Tobacco User/Non-Tobacco User	19	443.73	443.73
20129IL0340061	Rating Area 9	Tobacco User/Non-Tobacco User	20	457.41	457.41
20129IL0340061	Rating Area 9	Tobacco User/Non-Tobacco User	21	471.55	471.55
20129IL0340061	Rating Area 9	Tobacco User/Non-Tobacco User	22	471.55	471.55
20129IL0340061	Rating Area 9	Tobacco User/Non-Tobacco User	23	471.55	471.55
20129IL0340061	Rating Area 9	Tobacco User/Non-Tobacco User	24	471.55	471.55
20129IL0340061	Rating Area 9	Tobacco User/Non-Tobacco User	25	473.44	473.44
20129IL0340061	Rating Area 9	Tobacco User/Non-Tobacco User	26	482.87	482.87
20129IL0340061	Rating Area 9	Tobacco User/Non-Tobacco User	27	494.18	494.18
20129IL0340061	Rating Area 9	Tobacco User/Non-Tobacco User	28	512.58	512.58
20129IL0340061	Rating Area 9	Tobacco User/Non-Tobacco User	29	527.66	527.66
20129IL0340061	Rating Area 9	Tobacco User/Non-Tobacco User	30	535.21	561.97

20129IL0340061	Rating Area 9	Tobacco User/Non-Tobacco User	31	546.53	573.85
20129IL0340061	Rating Area 9	Tobacco User/Non-Tobacco User	32	557.85	585.74
20129IL0340061	Rating Area 9	Tobacco User/Non-Tobacco User	33	564.92	593.16
20129IL0340061	Rating Area 9	Tobacco User/Non-Tobacco User	34	572.47	601.09
20129IL0340061	Rating Area 9	Tobacco User/Non-Tobacco User	35	576.24	605.05
20129IL0340061	Rating Area 9	Tobacco User/Non-Tobacco User	36	580.00	614.80
20129IL0340061	Rating Area 9	Tobacco User/Non-Tobacco User	37	583.78	624.64
20129IL0340061	Rating Area 9	Tobacco User/Non-Tobacco User	38	587.55	634.55
20129IL0340061	Rating Area 9	Tobacco User/Non-Tobacco User	39	595.10	648.65
20129IL0340061	Rating Area 9	Tobacco User/Non-Tobacco User	40	602.64	662.90
20129IL0340061	Rating Area 9	Tobacco User/Non-Tobacco User	41	613.96	681.49
20129IL0340061	Rating Area 9	Tobacco User/Non-Tobacco User	42	624.81	699.79
20129IL0340061	Rating Area 9	Tobacco User/Non-Tobacco User	43	639.89	723.07
20129IL0340061	Rating Area 9	Tobacco User/Non-Tobacco User	44	658.76	750.98
20129IL0340061	Rating Area 9	Tobacco User/Non-Tobacco User	45	680.92	783.06
20129IL0340061	Rating Area 9	Tobacco User/Non-Tobacco User	46	707.32	820.50
20129IL0340061	Rating Area 9	Tobacco User/Non-Tobacco User	47	737.04	862.33
20129IL0340061	Rating Area 9	Tobacco User/Non-Tobacco User	48	770.99	909.76
20129IL0340061	Rating Area 9	Tobacco User/Non-Tobacco User	49	804.46	957.31
20129IL0340061	Rating Area 9	Tobacco User/Non-Tobacco User	50	842.19	1010.63
20129IL0340061	Rating Area 9	Tobacco User/Non-Tobacco User	51	879.44	1055.33
20129IL0340061	Rating Area 9	Tobacco User/Non-Tobacco User	52	920.47	1104.56
20129IL0340061	Rating Area 9	Tobacco User/Non-Tobacco User	53	961.97	1154.36
20129IL0340061	Rating Area 9	Tobacco User/Non-Tobacco User	54	1006.76	1208.11
20129IL0340061	Rating Area 9	Tobacco User/Non-Tobacco User	55	1051.56	1261.87
20129IL0340061	Rating Area 9	Tobacco User/Non-Tobacco User	56	1100.13	1320.16
20129IL0340061	Rating Area 9	Tobacco User/Non-Tobacco User	57	1149.17	1379.00
20129IL0340061	Rating Area 9	Tobacco User/Non-Tobacco User	58	1201.51	1441.82
20129IL0340061	Rating Area 9	Tobacco User/Non-Tobacco User	59	1227.45	1472.94
20129IL0340061	Rating Area 9	Tobacco User/Non-Tobacco User	60	1279.79	1535.75
20129IL0340061	Rating Area 9	Tobacco User/Non-Tobacco User	61	1325.06	1590.07
20129IL0340061	Rating Area 9	Tobacco User/Non-Tobacco User	62	1354.76	1625.71
20129IL0340061	Rating Area 9	Tobacco User/Non-Tobacco User	63	1392.02	1670.43
20129IL0340061	Rating Area 9	Tobacco User/Non-Tobacco User	64 and over	1414.62	1697.55
20129IL0340061	Rating Area 10	Tobacco User/Non-Tobacco User	0-14	357.06	357.06
20129IL0340061	Rating Area 10	Tobacco User/Non-Tobacco User	15	388.80	388.80
20129IL0340061	Rating Area 10	Tobacco User/Non-Tobacco User	16	400.93	400.93
20129IL0340061	Rating Area 10	Tobacco User/Non-Tobacco User	17	413.06	413.06
20129IL0340061	Rating Area 10	Tobacco User/Non-Tobacco User	18	426.13	426.13
20129IL0340061	Rating Area 10	Tobacco User/Non-Tobacco User	19	439.21	439.21
20129IL0340061	Rating Area 10	Tobacco User/Non-Tobacco User	20	452.74	452.74
20129IL0340061	Rating Area 10	Tobacco User/Non-Tobacco User	21	466.73	466.73
20129IL0340061	Rating Area 10	Tobacco User/Non-Tobacco User	22	466.73	466.73
20129IL0340061	Rating Area 10	Tobacco User/Non-Tobacco User	23	466.73	466.73
20129IL0340061	Rating Area 10	Tobacco User/Non-Tobacco User	24	466.73	466.73
20129IL0340061	Rating Area 10	Tobacco User/Non-Tobacco User	25	468.61	468.61
20129IL0340061	Rating Area 10	Tobacco User/Non-Tobacco User	26	477.94	477.94
20129IL0340061	Rating Area 10	Tobacco User/Non-Tobacco User	27	489.14	489.14
20129IL0340061	Rating Area 10	Tobacco User/Non-Tobacco User	28	507.35	507.35
20129IL0340061	Rating Area 10	Tobacco User/Non-Tobacco User	29	522.28	522.28
20129IL0340061	Rating Area 10	Tobacco User/Non-Tobacco User	30	529.75	556.24
20129IL0340061	Rating Area 10	Tobacco User/Non-Tobacco User	31	540.95	567.99
20129IL0340061	Rating Area 10	Tobacco User/Non-Tobacco User	32	552.15	579.76
20129IL0340061	Rating Area 10	Tobacco User/Non-Tobacco User	33	559.16	587.11
20129IL0340061	Rating Area 10	Tobacco User/Non-Tobacco User	34	566.63	594.96
20129IL0340061	Rating Area 10	Tobacco User/Non-Tobacco User	35	570.36	598.88
20129IL0340061	Rating Area 10	Tobacco User/Non-Tobacco User	36	574.08	608.53
20129IL0340061	Rating Area 10	Tobacco User/Non-Tobacco User	37	577.82	618.27
20129IL0340061	Rating Area 10	Tobacco User/Non-Tobacco User	38	581.55	628.08
20129IL0340061	Rating Area 10	Tobacco User/Non-Tobacco User	39	589.02	642.03
20129IL0340061	Rating Area 10	Tobacco User/Non-Tobacco User	40	596.49	656.14
20129IL0340061	Rating Area 10	Tobacco User/Non-Tobacco User	41	607.70	674.54
20129IL0340061	Rating Area 10	Tobacco User/Non-Tobacco User	42	618.43	692.65
20129IL0340061	Rating Area 10	Tobacco User/Non-Tobacco User	43	633.36	715.70
20129IL0340061	Rating Area 10	Tobacco User/Non-Tobacco User	44	652.03	743.32
20129IL0340061	Rating Area 10	Tobacco User/Non-Tobacco User	45	673.98	775.07
20129IL0340061	Rating Area 10	Tobacco User/Non-Tobacco User	46	700.11	812.12
20129IL0340061	Rating Area 10	Tobacco User/Non-Tobacco User	47	729.52	853.53
20129IL0340061	Rating Area 10	Tobacco User/Non-Tobacco User	48	763.12	900.48
20129IL0340061	Rating Area 10	Tobacco User/Non-Tobacco User	49	796.25	947.54
20129IL0340061	Rating Area 10	Tobacco User/Non-Tobacco User	50	833.60	1000.32
20129IL0340061	Rating Area 10	Tobacco User/Non-Tobacco User	51	870.47	1044.56
20129IL0340061	Rating Area 10	Tobacco User/Non-Tobacco User	52	911.07	1093.29
20129IL0340061	Rating Area 10	Tobacco User/Non-Tobacco User	53	952.15	1142.58
20129IL0340061	Rating Area 10	Tobacco User/Non-Tobacco User	54	996.49	1195.79
20129IL0340061	Rating Area 10	Tobacco User/Non-Tobacco User	55	1040.83	1248.99
20129IL0340061	Rating Area 10	Tobacco User/Non-Tobacco User	56	1088.90	1306.69
20129IL0340061	Rating Area 10	Tobacco User/Non-Tobacco User	57	1137.44	1364.93
20129IL0340061	Rating Area 10	Tobacco User/Non-Tobacco User	58	1189.25	1427.10
20129IL0340061	Rating Area 10	Tobacco User/Non-Tobacco User	59	1214.93	1457.91
20129IL0340061	Rating Area 10	Tobacco User/Non-Tobacco User	60	1266.73	1520.08
20129IL0340061	Rating Area 10	Tobacco User/Non-Tobacco User	61	1311.54	1573.84
20129IL0340061	Rating Area 10	Tobacco User/Non-Tobacco User	62	1340.94	1609.12
20129IL0340061	Rating Area 10	Tobacco User/Non-Tobacco User	63	1377.82	1653.38
20129IL0340061	Rating Area 10	Tobacco User/Non-Tobacco User	64 and over	1400.19	1680.22
20129IL0340061	Rating Area 11	Tobacco User/Non-Tobacco User	0-14	368.10	368.10
20129IL0340061	Rating Area 11	Tobacco User/Non-Tobacco User	15	400.82	400.82
20129IL0340061	Rating Area 11	Tobacco User/Non-Tobacco User	16	413.33	413.33
20129IL0340061	Rating Area 11	Tobacco User/Non-Tobacco User	17	425.84	425.84
20129IL0340061	Rating Area 11	Tobacco User/Non-Tobacco User	18	439.31	439.31
20129IL0340061	Rating Area 11	Tobacco User/Non-Tobacco User	19	452.79	452.79
20129IL0340061	Rating Area 11	Tobacco User/Non-Tobacco User	20	466.74	466.74
20129IL0340061	Rating Area 11	Tobacco User/Non-Tobacco User	21	481.17	481.17
20129IL0340061	Rating Area 11	Tobacco User/Non-Tobacco User	22	481.17	481.17
20129IL0340061	Rating Area 11	Tobacco User/Non-Tobacco User	23	481.17	481.17
20129IL0340061	Rating Area 11	Tobacco User/Non-Tobacco User	24	481.17	481.17
20129IL0340061	Rating Area 11	Tobacco User/Non-Tobacco User	25	483.10	483.10
20129IL0340061	Rating Area 11	Tobacco User/Non-Tobacco User	26	492.72	492.72
20129IL0340061	Rating Area 11	Tobacco User/Non-Tobacco User	27	504.27	504.27
20129IL0340061	Rating Area 11	Tobacco User/Non-Tobacco User	28	523.04	523.04
20129IL0340061	Rating Area 11	Tobacco User/Non-Tobacco User	29	538.43	538.43
20129IL0340061	Rating Area 11	Tobacco User/Non-Tobacco User	30	546.13	573.44
20129IL0340061	Rating Area 11	Tobacco User/Non-Tobacco User	31	557.68	585.56
20129IL0340061	Rating Area 11	Tobacco User/Non-Tobacco User	32	569.23	597.69
20129IL0340061	Rating Area 11	Tobacco User/Non-Tobacco User	33	576.45	605.27
20129IL0340061	Rating Area 11	Tobacco User/Non-Tobacco User	34	584.15	613.36
20129IL0340061	Rating Area 11	Tobacco User/Non-Tobacco User	35	588.00	617.40
20129IL0340061	Rating Area 11	Tobacco User/Non-Tobacco User	36	591.84	627.35
20129IL0340061	Rating Area 11	Tobacco User/Non-Tobacco User	37	595.69	637.39
20129IL0340061	Rating Area 11	Tobacco User/Non-Tobacco User	38	599.54	647.50
20129IL0340061	Rating Area 11	Tobacco User/Non-Tobacco User	39	607.24	661.89

20129IL0340061	Rating Area 11	Tobacco User/Non-Tobacco User	40	614.94	676.43
20129IL0340061	Rating Area 11	Tobacco User/Non-Tobacco User	41	626.49	695.40
20129IL0340061	Rating Area 11	Tobacco User/Non-Tobacco User	42	637.56	714.07
20129IL0340061	Rating Area 11	Tobacco User/Non-Tobacco User	43	652.95	737.83
20129IL0340061	Rating Area 11	Tobacco User/Non-Tobacco User	44	672.20	766.31
20129IL0340061	Rating Area 11	Tobacco User/Non-Tobacco User	45	694.82	799.04
20129IL0340061	Rating Area 11	Tobacco User/Non-Tobacco User	46	721.76	837.24
20129IL0340061	Rating Area 11	Tobacco User/Non-Tobacco User	47	752.08	879.93
20129IL0340061	Rating Area 11	Tobacco User/Non-Tobacco User	48	786.72	928.33
20129IL0340061	Rating Area 11	Tobacco User/Non-Tobacco User	49	820.88	976.85
20129IL0340061	Rating Area 11	Tobacco User/Non-Tobacco User	50	859.98	1031.26
20129IL0340061	Rating Area 11	Tobacco User/Non-Tobacco User	51	897.99	1076.87
20129IL0340061	Rating Area 11	Tobacco User/Non-Tobacco User	52	939.25	1127.10
20129IL0340061	Rating Area 11	Tobacco User/Non-Tobacco User	53	981.60	1177.92
20129IL0340061	Rating Area 11	Tobacco User/Non-Tobacco User	54	1027.31	1232.77
20129IL0340061	Rating Area 11	Tobacco User/Non-Tobacco User	55	1073.02	1287.62
20129IL0340061	Rating Area 11	Tobacco User/Non-Tobacco User	56	1122.58	1347.10
20129IL0340061	Rating Area 11	Tobacco User/Non-Tobacco User	57	1172.62	1407.14
20129IL0340061	Rating Area 11	Tobacco User/Non-Tobacco User	58	1226.03	1471.24
20129IL0340061	Rating Area 11	Tobacco User/Non-Tobacco User	59	1252.50	1503.00
20129IL0340061	Rating Area 11	Tobacco User/Non-Tobacco User	60	1305.91	1567.09
20129IL0340061	Rating Area 11	Tobacco User/Non-Tobacco User	61	1352.10	1622.52
20129IL0340061	Rating Area 11	Tobacco User/Non-Tobacco User	62	1382.41	1658.89
20129IL0340061	Rating Area 11	Tobacco User/Non-Tobacco User	63	1420.43	1704.52
20129IL0340061	Rating Area 11	Tobacco User/Non-Tobacco User	64 and over	1443.49	1732.19
20129IL0340061	Rating Area 13	Tobacco User/Non-Tobacco User	0-14	419.63	419.63
20129IL0340061	Rating Area 13	Tobacco User/Non-Tobacco User	15	456.93	456.93
20129IL0340061	Rating Area 13	Tobacco User/Non-Tobacco User	16	471.20	471.20
20129IL0340061	Rating Area 13	Tobacco User/Non-Tobacco User	17	485.46	485.46
20129IL0340061	Rating Area 13	Tobacco User/Non-Tobacco User	18	500.81	500.81
20129IL0340061	Rating Area 13	Tobacco User/Non-Tobacco User	19	516.18	516.18
20129IL0340061	Rating Area 13	Tobacco User/Non-Tobacco User	20	532.08	532.08
20129IL0340061	Rating Area 13	Tobacco User/Non-Tobacco User	21	548.53	548.53
20129IL0340061	Rating Area 13	Tobacco User/Non-Tobacco User	22	548.53	548.53
20129IL0340061	Rating Area 13	Tobacco User/Non-Tobacco User	23	548.53	548.53
20129IL0340061	Rating Area 13	Tobacco User/Non-Tobacco User	24	548.53	548.53
20129IL0340061	Rating Area 13	Tobacco User/Non-Tobacco User	25	550.73	550.73
20129IL0340061	Rating Area 13	Tobacco User/Non-Tobacco User	26	561.70	561.70
20129IL0340061	Rating Area 13	Tobacco User/Non-Tobacco User	27	574.87	574.87
20129IL0340061	Rating Area 13	Tobacco User/Non-Tobacco User	28	596.27	596.27
20129IL0340061	Rating Area 13	Tobacco User/Non-Tobacco User	29	613.81	613.81
20129IL0340061	Rating Area 13	Tobacco User/Non-Tobacco User	30	622.59	653.72
20129IL0340061	Rating Area 13	Tobacco User/Non-Tobacco User	31	635.76	667.54
20129IL0340061	Rating Area 13	Tobacco User/Non-Tobacco User	32	648.92	681.37
20129IL0340061	Rating Area 13	Tobacco User/Non-Tobacco User	33	657.15	690.01
20129IL0340061	Rating Area 13	Tobacco User/Non-Tobacco User	34	665.93	699.23
20129IL0340061	Rating Area 13	Tobacco User/Non-Tobacco User	35	670.32	703.84
20129IL0340061	Rating Area 13	Tobacco User/Non-Tobacco User	36	674.70	715.18
20129IL0340061	Rating Area 13	Tobacco User/Non-Tobacco User	37	679.09	726.62
20129IL0340061	Rating Area 13	Tobacco User/Non-Tobacco User	38	683.48	738.15
20129IL0340061	Rating Area 13	Tobacco User/Non-Tobacco User	39	692.25	754.55
20129IL0340061	Rating Area 13	Tobacco User/Non-Tobacco User	40	701.03	771.13
20129IL0340061	Rating Area 13	Tobacco User/Non-Tobacco User	41	714.20	792.76
20129IL0340061	Rating Area 13	Tobacco User/Non-Tobacco User	42	726.82	814.04
20129IL0340061	Rating Area 13	Tobacco User/Non-Tobacco User	43	744.36	841.13
20129IL0340061	Rating Area 13	Tobacco User/Non-Tobacco User	44	766.31	873.59
20129IL0340061	Rating Area 13	Tobacco User/Non-Tobacco User	45	792.09	910.91
20129IL0340061	Rating Area 13	Tobacco User/Non-Tobacco User	46	822.81	954.45
20129IL0340061	Rating Area 13	Tobacco User/Non-Tobacco User	47	857.37	1003.12
20129IL0340061	Rating Area 13	Tobacco User/Non-Tobacco User	48	896.86	1058.30
20129IL0340061	Rating Area 13	Tobacco User/Non-Tobacco User	49	935.80	1113.61
20129IL0340061	Rating Area 13	Tobacco User/Non-Tobacco User	50	979.69	1175.64
20129IL0340061	Rating Area 13	Tobacco User/Non-Tobacco User	51	1023.02	1227.63
20129IL0340061	Rating Area 13	Tobacco User/Non-Tobacco User	52	1070.75	1284.89
20129IL0340061	Rating Area 13	Tobacco User/Non-Tobacco User	53	1119.02	1342.83
20129IL0340061	Rating Area 13	Tobacco User/Non-Tobacco User	54	1171.13	1405.36
20129IL0340061	Rating Area 13	Tobacco User/Non-Tobacco User	55	1223.24	1467.89
20129IL0340061	Rating Area 13	Tobacco User/Non-Tobacco User	56	1279.74	1535.69
20129IL0340061	Rating Area 13	Tobacco User/Non-Tobacco User	57	1336.79	1604.14
20129IL0340061	Rating Area 13	Tobacco User/Non-Tobacco User	58	1397.67	1677.21
20129IL0340061	Rating Area 13	Tobacco User/Non-Tobacco User	59	1427.95	1713.42
20129IL0340061	Rating Area 13	Tobacco User/Non-Tobacco User	60	1488.74	1786.48
20129IL0340061	Rating Area 13	Tobacco User/Non-Tobacco User	61	1541.99	1849.67
20129IL0340061	Rating Area 13	Tobacco User/Non-Tobacco User	62	1575.95	1891.13
20129IL0340061	Rating Area 13	Tobacco User/Non-Tobacco User	63	1619.29	1943.15
20129IL0340061	Rating Area 13	Tobacco User/Non-Tobacco User	64 and over	1645.58	1974.70
20129IL0340067	Rating Area 6	Tobacco User/Non-Tobacco User	0-14	474.35	474.35
20129IL0340067	Rating Area 6	Tobacco User/Non-Tobacco User	15	516.51	516.51
20129IL0340067	Rating Area 6	Tobacco User/Non-Tobacco User	16	532.64	532.64
20129IL0340067	Rating Area 6	Tobacco User/Non-Tobacco User	17	548.76	548.76
20129IL0340067	Rating Area 6	Tobacco User/Non-Tobacco User	18	566.12	566.12
20129IL0340067	Rating Area 6	Tobacco User/Non-Tobacco User	19	583.48	583.48
20129IL0340067	Rating Area 6	Tobacco User/Non-Tobacco User	20	601.46	601.46
20129IL0340067	Rating Area 6	Tobacco User/Non-Tobacco User	21	620.06	620.06
20129IL0340067	Rating Area 6	Tobacco User/Non-Tobacco User	22	620.06	620.06
20129IL0340067	Rating Area 6	Tobacco User/Non-Tobacco User	23	620.06	620.06
20129IL0340067	Rating Area 6	Tobacco User/Non-Tobacco User	24	620.06	620.06
20129IL0340067	Rating Area 6	Tobacco User/Non-Tobacco User	25	622.55	622.55
20129IL0340067	Rating Area 6	Tobacco User/Non-Tobacco User	26	634.94	634.94
20129IL0340067	Rating Area 6	Tobacco User/Non-Tobacco User	27	649.82	649.82
20129IL0340067	Rating Area 6	Tobacco User/Non-Tobacco User	28	674.01	674.01
20129IL0340067	Rating Area 6	Tobacco User/Non-Tobacco User	29	693.85	693.85
20129IL0340067	Rating Area 6	Tobacco User/Non-Tobacco User	30	703.78	738.97
20129IL0340067	Rating Area 6	Tobacco User/Non-Tobacco User	31	718.66	754.59
20129IL0340067	Rating Area 6	Tobacco User/Non-Tobacco User	32	733.54	770.21
20129IL0340067	Rating Area 6	Tobacco User/Non-Tobacco User	33	742.84	779.98
20129IL0340067	Rating Area 6	Tobacco User/Non-Tobacco User	34	752.75	790.39
20129IL0340067	Rating Area 6	Tobacco User/Non-Tobacco User	35	757.72	795.61
20129IL0340067	Rating Area 6	Tobacco User/Non-Tobacco User	36	762.68	808.44
20129IL0340067	Rating Area 6	Tobacco User/Non-Tobacco User	37	767.64	821.38
20129IL0340067	Rating Area 6	Tobacco User/Non-Tobacco User	38	772.60	834.41
20129IL0340067	Rating Area 6	Tobacco User/Non-Tobacco User	39	782.52	852.95
20129IL0340067	Rating Area 6	Tobacco User/Non-Tobacco User	40	792.44	871.68
20129IL0340067	Rating Area 6	Tobacco User/Non-Tobacco User	41	807.32	896.12
20129IL0340067	Rating Area 6	Tobacco User/Non-Tobacco User	42	821.59	920.18
20129IL0340067	Rating Area 6	Tobacco User/Non-Tobacco User	43	841.42	950.80
20129IL0340067	Rating Area 6	Tobacco User/Non-Tobacco User	44	866.23	987.50
20129IL0340067	Rating Area 6	Tobacco User/Non-Tobacco User	45	895.38	1029.69
20129IL0340067	Rating Area 6	Tobacco User/Non-Tobacco User	46	930.09	1078.91
20129IL0340067	Rating Area 6	Tobacco User/Non-Tobacco User	47	969.16	1133.91
20129IL0340067	Rating Area 6	Tobacco User/Non-Tobacco User	48	1013.81	1196.29

20129IL0340067 Rating Area 6	Tobacco User/Non-Tobacco User	49	1057.83	1258.82
20129IL0340067 Rating Area 6	Tobacco User/Non-Tobacco User	50	1107.44	1328.92
20129IL0340067 Rating Area 6	Tobacco User/Non-Tobacco User	51	1156.42	1387.71
20129IL0340067 Rating Area 6	Tobacco User/Non-Tobacco User	52	1210.36	1452.44
20129IL0340067 Rating Area 6	Tobacco User/Non-Tobacco User	53	1264.93	1517.91
20129IL0340067 Rating Area 6	Tobacco User/Non-Tobacco User	54	1323.84	1588.61
20129IL0340067 Rating Area 6	Tobacco User/Non-Tobacco User	55	1382.74	1659.29
20129IL0340067 Rating Area 6	Tobacco User/Non-Tobacco User	56	1446.61	1735.93
20129IL0340067 Rating Area 6	Tobacco User/Non-Tobacco User	57	1511.10	1813.31
20129IL0340067 Rating Area 6	Tobacco User/Non-Tobacco User	58	1579.92	1895.90
20129IL0340067 Rating Area 6	Tobacco User/Non-Tobacco User	59	1649.02	1936.83
20129IL0340067 Rating Area 6	Tobacco User/Non-Tobacco User	60	1682.86	2019.43
20129IL0340067 Rating Area 6	Tobacco User/Non-Tobacco User	61	1742.38	2090.86
20129IL0340067 Rating Area 6	Tobacco User/Non-Tobacco User	62	1781.44	2137.73
20129IL0340067 Rating Area 6	Tobacco User/Non-Tobacco User	63	1830.43	2196.51
20129IL0340067 Rating Area 6	Tobacco User/Non-Tobacco User	64 and over	1860.16	2232.19
20129IL0340067 Rating Area 7	Tobacco User/Non-Tobacco User	0-14	511.66	511.66
20129IL0340067 Rating Area 7	Tobacco User/Non-Tobacco User	15	557.14	557.14
20129IL0340067 Rating Area 7	Tobacco User/Non-Tobacco User	16	574.53	574.53
20129IL0340067 Rating Area 7	Tobacco User/Non-Tobacco User	17	591.92	591.92
20129IL0340067 Rating Area 7	Tobacco User/Non-Tobacco User	18	610.65	610.65
20129IL0340067 Rating Area 7	Tobacco User/Non-Tobacco User	19	629.38	629.38
20129IL0340067 Rating Area 7	Tobacco User/Non-Tobacco User	20	648.77	648.77
20129IL0340067 Rating Area 7	Tobacco User/Non-Tobacco User	21	668.83	668.83
20129IL0340067 Rating Area 7	Tobacco User/Non-Tobacco User	22	668.83	668.83
20129IL0340067 Rating Area 7	Tobacco User/Non-Tobacco User	23	668.83	668.83
20129IL0340067 Rating Area 7	Tobacco User/Non-Tobacco User	24	668.83	668.83
20129IL0340067 Rating Area 7	Tobacco User/Non-Tobacco User	25	671.51	671.51
20129IL0340067 Rating Area 7	Tobacco User/Non-Tobacco User	26	684.88	684.88
20129IL0340067 Rating Area 7	Tobacco User/Non-Tobacco User	27	700.93	700.93
20129IL0340067 Rating Area 7	Tobacco User/Non-Tobacco User	28	727.02	727.02
20129IL0340067 Rating Area 7	Tobacco User/Non-Tobacco User	29	748.43	748.43
20129IL0340067 Rating Area 7	Tobacco User/Non-Tobacco User	30	759.13	797.09
20129IL0340067 Rating Area 7	Tobacco User/Non-Tobacco User	31	775.18	813.94
20129IL0340067 Rating Area 7	Tobacco User/Non-Tobacco User	32	791.23	830.79
20129IL0340067 Rating Area 7	Tobacco User/Non-Tobacco User	33	801.26	841.32
20129IL0340067 Rating Area 7	Tobacco User/Non-Tobacco User	34	811.96	852.56
20129IL0340067 Rating Area 7	Tobacco User/Non-Tobacco User	35	817.32	858.18
20129IL0340067 Rating Area 7	Tobacco User/Non-Tobacco User	36	822.66	872.03
20129IL0340067 Rating Area 7	Tobacco User/Non-Tobacco User	37	828.02	885.98
20129IL0340067 Rating Area 7	Tobacco User/Non-Tobacco User	38	833.37	900.04
20129IL0340067 Rating Area 7	Tobacco User/Non-Tobacco User	39	844.07	920.04
20129IL0340067 Rating Area 7	Tobacco User/Non-Tobacco User	40	854.76	940.24
20129IL0340067 Rating Area 7	Tobacco User/Non-Tobacco User	41	870.82	966.60
20129IL0340067 Rating Area 7	Tobacco User/Non-Tobacco User	42	886.20	992.55
20129IL0340067 Rating Area 7	Tobacco User/Non-Tobacco User	43	907.60	1025.59
20129IL0340067 Rating Area 7	Tobacco User/Non-Tobacco User	44	934.36	1065.17
20129IL0340067 Rating Area 7	Tobacco User/Non-Tobacco User	45	965.80	1110.67
20129IL0340067 Rating Area 7	Tobacco User/Non-Tobacco User	46	1003.25	1163.77
20129IL0340067 Rating Area 7	Tobacco User/Non-Tobacco User	47	1045.38	1223.10
20129IL0340067 Rating Area 7	Tobacco User/Non-Tobacco User	48	1093.55	1290.38
20129IL0340067 Rating Area 7	Tobacco User/Non-Tobacco User	49	1141.03	1357.82
20129IL0340067 Rating Area 7	Tobacco User/Non-Tobacco User	50	1194.54	1433.44
20129IL0340067 Rating Area 7	Tobacco User/Non-Tobacco User	51	1247.38	1496.85
20129IL0340067 Rating Area 7	Tobacco User/Non-Tobacco User	52	1305.56	1566.67
20129IL0340067 Rating Area 7	Tobacco User/Non-Tobacco User	53	1364.42	1637.30
20129IL0340067 Rating Area 7	Tobacco User/Non-Tobacco User	54	1427.96	1713.55
20129IL0340067 Rating Area 7	Tobacco User/Non-Tobacco User	55	1491.49	1789.80
20129IL0340067 Rating Area 7	Tobacco User/Non-Tobacco User	56	1560.38	1872.46
20129IL0340067 Rating Area 7	Tobacco User/Non-Tobacco User	57	1629.95	1955.93
20129IL0340067 Rating Area 7	Tobacco User/Non-Tobacco User	58	1704.18	2045.02
20129IL0340067 Rating Area 7	Tobacco User/Non-Tobacco User	59	1740.97	2089.16
20129IL0340067 Rating Area 7	Tobacco User/Non-Tobacco User	60	1815.22	2178.26
20129IL0340067 Rating Area 7	Tobacco User/Non-Tobacco User	61	1879.42	2255.31
20129IL0340067 Rating Area 7	Tobacco User/Non-Tobacco User	62	1921.56	2305.86
20129IL0340067 Rating Area 7	Tobacco User/Non-Tobacco User	63	1974.39	2369.27
20129IL0340067 Rating Area 7	Tobacco User/Non-Tobacco User	64 and over	2006.47	2407.76
20129IL0340067 Rating Area 8	Tobacco User/Non-Tobacco User	0-14	522.32	522.32
20129IL0340067 Rating Area 8	Tobacco User/Non-Tobacco User	15	568.74	568.74
20129IL0340067 Rating Area 8	Tobacco User/Non-Tobacco User	16	586.50	586.50
20129IL0340067 Rating Area 8	Tobacco User/Non-Tobacco User	17	604.25	604.25
20129IL0340067 Rating Area 8	Tobacco User/Non-Tobacco User	18	623.37	623.37
20129IL0340067 Rating Area 8	Tobacco User/Non-Tobacco User	19	642.49	642.49
20129IL0340067 Rating Area 8	Tobacco User/Non-Tobacco User	20	662.28	662.28
20129IL0340067 Rating Area 8	Tobacco User/Non-Tobacco User	21	682.77	682.77
20129IL0340067 Rating Area 8	Tobacco User/Non-Tobacco User	22	682.77	682.77
20129IL0340067 Rating Area 8	Tobacco User/Non-Tobacco User	23	682.77	682.77
20129IL0340067 Rating Area 8	Tobacco User/Non-Tobacco User	24	682.77	682.77
20129IL0340067 Rating Area 8	Tobacco User/Non-Tobacco User	25	685.50	685.50
20129IL0340067 Rating Area 8	Tobacco User/Non-Tobacco User	26	699.15	699.15
20129IL0340067 Rating Area 8	Tobacco User/Non-Tobacco User	27	715.54	715.54
20129IL0340067 Rating Area 8	Tobacco User/Non-Tobacco User	28	742.16	742.16
20129IL0340067 Rating Area 8	Tobacco User/Non-Tobacco User	29	764.02	764.02
20129IL0340067 Rating Area 8	Tobacco User/Non-Tobacco User	30	774.94	813.69
20129IL0340067 Rating Area 8	Tobacco User/Non-Tobacco User	31	791.33	830.89
20129IL0340067 Rating Area 8	Tobacco User/Non-Tobacco User	32	807.72	848.10
20129IL0340067 Rating Area 8	Tobacco User/Non-Tobacco User	33	817.96	858.85
20129IL0340067 Rating Area 8	Tobacco User/Non-Tobacco User	34	828.87	870.32
20129IL0340067 Rating Area 8	Tobacco User/Non-Tobacco User	35	834.34	876.06
20129IL0340067 Rating Area 8	Tobacco User/Non-Tobacco User	36	839.80	890.19
20129IL0340067 Rating Area 8	Tobacco User/Non-Tobacco User	37	845.27	904.44
20129IL0340067 Rating Area 8	Tobacco User/Non-Tobacco User	38	850.73	918.79
20129IL0340067 Rating Area 8	Tobacco User/Non-Tobacco User	39	861.66	939.20
20129IL0340067 Rating Area 8	Tobacco User/Non-Tobacco User	40	872.57	959.83
20129IL0340067 Rating Area 8	Tobacco User/Non-Tobacco User	41	888.96	986.74
20129IL0340067 Rating Area 8	Tobacco User/Non-Tobacco User	42	904.67	1013.23
20129IL0340067 Rating Area 8	Tobacco User/Non-Tobacco User	43	926.51	1046.95
20129IL0340067 Rating Area 8	Tobacco User/Non-Tobacco User	44	953.82	1087.36
20129IL0340067 Rating Area 8	Tobacco User/Non-Tobacco User	45	985.92	1133.81
20129IL0340067 Rating Area 8	Tobacco User/Non-Tobacco User	46	1024.15	1188.01
20129IL0340067 Rating Area 8	Tobacco User/Non-Tobacco User	47	1067.16	1248.58
20129IL0340067 Rating Area 8	Tobacco User/Non-Tobacco User	48	1116.33	1317.27
20129IL0340067 Rating Area 8	Tobacco User/Non-Tobacco User	49	1164.80	1386.11
20129IL0340067 Rating Area 8	Tobacco User/Non-Tobacco User	50	1219.42	1463.31
20129IL0340067 Rating Area 8	Tobacco User/Non-Tobacco User	51	1273.36	1528.04
20129IL0340067 Rating Area 8	Tobacco User/Non-Tobacco User	52	1332.76	1599.31
20129IL0340067 Rating Area 8	Tobacco User/Non-Tobacco User	53	1392.84	1671.41
20129IL0340067 Rating Area 8	Tobacco User/Non-Tobacco User	54	1457.71	1749.25
20129IL0340067 Rating Area 8	Tobacco User/Non-Tobacco User	55	1522.57	1827.08
20129IL0340067 Rating Area 8	Tobacco User/Non-Tobacco User	56	1592.89	1914.47
20129IL0340067 Rating Area 8	Tobacco User/Non-Tobacco User	57	1663.90	1996.68

20129IL0340067 Rating Area 8	Tobacco User/Non-Tobacco User	58	1739.69	2087.63
20129IL0340067 Rating Area 8	Tobacco User/Non-Tobacco User	59	1777.24	2132.69
20129IL0340067 Rating Area 8	Tobacco User/Non-Tobacco User	60	1853.03	2223.64
20129IL0340067 Rating Area 8	Tobacco User/Non-Tobacco User	61	1918.58	2302.29
20129IL0340067 Rating Area 8	Tobacco User/Non-Tobacco User	62	1961.59	2353.90
20129IL0340067 Rating Area 8	Tobacco User/Non-Tobacco User	63	2015.53	2418.63
20129IL0340067 Rating Area 8	Tobacco User/Non-Tobacco User	64 and over	2048.27	2457.92
20129IL0340067 Rating Area 9	Tobacco User/Non-Tobacco User	0-14	522.32	522.32
20129IL0340067 Rating Area 9	Tobacco User/Non-Tobacco User	15	568.74	568.74
20129IL0340067 Rating Area 9	Tobacco User/Non-Tobacco User	16	586.50	586.50
20129IL0340067 Rating Area 9	Tobacco User/Non-Tobacco User	17	604.25	604.25
20129IL0340067 Rating Area 9	Tobacco User/Non-Tobacco User	18	623.37	623.37
20129IL0340067 Rating Area 9	Tobacco User/Non-Tobacco User	19	642.49	642.49
20129IL0340067 Rating Area 9	Tobacco User/Non-Tobacco User	20	662.28	662.28
20129IL0340067 Rating Area 9	Tobacco User/Non-Tobacco User	21	682.77	682.77
20129IL0340067 Rating Area 9	Tobacco User/Non-Tobacco User	22	682.77	682.77
20129IL0340067 Rating Area 9	Tobacco User/Non-Tobacco User	23	682.77	682.77
20129IL0340067 Rating Area 9	Tobacco User/Non-Tobacco User	24	682.77	682.77
20129IL0340067 Rating Area 9	Tobacco User/Non-Tobacco User	25	685.50	685.50
20129IL0340067 Rating Area 9	Tobacco User/Non-Tobacco User	26	699.15	699.15
20129IL0340067 Rating Area 9	Tobacco User/Non-Tobacco User	27	715.54	715.54
20129IL0340067 Rating Area 9	Tobacco User/Non-Tobacco User	28	742.16	742.16
20129IL0340067 Rating Area 9	Tobacco User/Non-Tobacco User	29	764.02	764.02
20129IL0340067 Rating Area 9	Tobacco User/Non-Tobacco User	30	774.94	813.69
20129IL0340067 Rating Area 9	Tobacco User/Non-Tobacco User	31	791.33	830.89
20129IL0340067 Rating Area 9	Tobacco User/Non-Tobacco User	32	807.72	848.10
20129IL0340067 Rating Area 9	Tobacco User/Non-Tobacco User	33	817.96	858.85
20129IL0340067 Rating Area 9	Tobacco User/Non-Tobacco User	34	828.87	870.32
20129IL0340067 Rating Area 9	Tobacco User/Non-Tobacco User	35	834.34	876.06
20129IL0340067 Rating Area 9	Tobacco User/Non-Tobacco User	36	839.80	890.19
20129IL0340067 Rating Area 9	Tobacco User/Non-Tobacco User	37	845.27	904.44
20129IL0340067 Rating Area 9	Tobacco User/Non-Tobacco User	38	850.73	918.79
20129IL0340067 Rating Area 9	Tobacco User/Non-Tobacco User	39	861.66	939.20
20129IL0340067 Rating Area 9	Tobacco User/Non-Tobacco User	40	872.57	959.83
20129IL0340067 Rating Area 9	Tobacco User/Non-Tobacco User	41	888.96	986.74
20129IL0340067 Rating Area 9	Tobacco User/Non-Tobacco User	42	904.67	1013.23
20129IL0340067 Rating Area 9	Tobacco User/Non-Tobacco User	43	926.51	1046.95
20129IL0340067 Rating Area 9	Tobacco User/Non-Tobacco User	44	953.82	1087.36
20129IL0340067 Rating Area 9	Tobacco User/Non-Tobacco User	45	985.92	1133.81
20129IL0340067 Rating Area 9	Tobacco User/Non-Tobacco User	46	1024.15	1188.01
20129IL0340067 Rating Area 9	Tobacco User/Non-Tobacco User	47	1067.16	1248.58
20129IL0340067 Rating Area 9	Tobacco User/Non-Tobacco User	48	1116.33	1317.27
20129IL0340067 Rating Area 9	Tobacco User/Non-Tobacco User	49	1164.80	1386.11
20129IL0340067 Rating Area 9	Tobacco User/Non-Tobacco User	50	1219.42	1463.31
20129IL0340067 Rating Area 9	Tobacco User/Non-Tobacco User	51	1273.36	1528.04
20129IL0340067 Rating Area 9	Tobacco User/Non-Tobacco User	52	1332.76	1599.31
20129IL0340067 Rating Area 9	Tobacco User/Non-Tobacco User	53	1392.84	1671.41
20129IL0340067 Rating Area 9	Tobacco User/Non-Tobacco User	54	1457.71	1749.25
20129IL0340067 Rating Area 9	Tobacco User/Non-Tobacco User	55	1522.57	1827.08
20129IL0340067 Rating Area 9	Tobacco User/Non-Tobacco User	56	1592.89	1911.47
20129IL0340067 Rating Area 9	Tobacco User/Non-Tobacco User	57	1663.90	1996.68
20129IL0340067 Rating Area 9	Tobacco User/Non-Tobacco User	58	1739.69	2087.63
20129IL0340067 Rating Area 9	Tobacco User/Non-Tobacco User	59	1777.24	2132.69
20129IL0340067 Rating Area 9	Tobacco User/Non-Tobacco User	60	1853.03	2223.64
20129IL0340067 Rating Area 9	Tobacco User/Non-Tobacco User	61	1918.58	2302.29
20129IL0340067 Rating Area 9	Tobacco User/Non-Tobacco User	62	1961.59	2353.90
20129IL0340067 Rating Area 9	Tobacco User/Non-Tobacco User	63	2015.53	2418.63
20129IL0340067 Rating Area 9	Tobacco User/Non-Tobacco User	64 and over	2048.27	2457.92
20129IL0340067 Rating Area 10	Tobacco User/Non-Tobacco User	0-14	516.99	516.99
20129IL0340067 Rating Area 10	Tobacco User/Non-Tobacco User	15	562.94	562.94
20129IL0340067 Rating Area 10	Tobacco User/Non-Tobacco User	16	580.52	580.52
20129IL0340067 Rating Area 10	Tobacco User/Non-Tobacco User	17	598.08	598.08
20129IL0340067 Rating Area 10	Tobacco User/Non-Tobacco User	18	617.01	617.01
20129IL0340067 Rating Area 10	Tobacco User/Non-Tobacco User	19	635.93	635.93
20129IL0340067 Rating Area 10	Tobacco User/Non-Tobacco User	20	655.53	655.53
20129IL0340067 Rating Area 10	Tobacco User/Non-Tobacco User	21	675.80	675.80
20129IL0340067 Rating Area 10	Tobacco User/Non-Tobacco User	22	675.80	675.80
20129IL0340067 Rating Area 10	Tobacco User/Non-Tobacco User	23	675.80	675.80
20129IL0340067 Rating Area 10	Tobacco User/Non-Tobacco User	24	675.80	675.80
20129IL0340067 Rating Area 10	Tobacco User/Non-Tobacco User	25	678.51	678.51
20129IL0340067 Rating Area 10	Tobacco User/Non-Tobacco User	26	692.02	692.02
20129IL0340067 Rating Area 10	Tobacco User/Non-Tobacco User	27	708.24	708.24
20129IL0340067 Rating Area 10	Tobacco User/Non-Tobacco User	28	734.59	734.59
20129IL0340067 Rating Area 10	Tobacco User/Non-Tobacco User	29	756.22	756.22
20129IL0340067 Rating Area 10	Tobacco User/Non-Tobacco User	30	767.04	805.39
20129IL0340067 Rating Area 10	Tobacco User/Non-Tobacco User	31	783.26	822.41
20129IL0340067 Rating Area 10	Tobacco User/Non-Tobacco User	32	799.47	839.45
20129IL0340067 Rating Area 10	Tobacco User/Non-Tobacco User	33	809.61	850.09
20129IL0340067 Rating Area 10	Tobacco User/Non-Tobacco User	34	820.42	861.44
20129IL0340067 Rating Area 10	Tobacco User/Non-Tobacco User	35	825.83	867.12
20129IL0340067 Rating Area 10	Tobacco User/Non-Tobacco User	36	831.23	881.11
20129IL0340067 Rating Area 10	Tobacco User/Non-Tobacco User	37	836.64	895.21
20129IL0340067 Rating Area 10	Tobacco User/Non-Tobacco User	38	842.05	909.41
20129IL0340067 Rating Area 10	Tobacco User/Non-Tobacco User	39	852.86	929.62
20129IL0340067 Rating Area 10	Tobacco User/Non-Tobacco User	40	863.67	950.04
20129IL0340067 Rating Area 10	Tobacco User/Non-Tobacco User	41	879.89	976.67
20129IL0340067 Rating Area 10	Tobacco User/Non-Tobacco User	42	895.44	1002.89
20129IL0340067 Rating Area 10	Tobacco User/Non-Tobacco User	43	917.06	1036.27
20129IL0340067 Rating Area 10	Tobacco User/Non-Tobacco User	44	944.09	1076.26
20129IL0340067 Rating Area 10	Tobacco User/Non-Tobacco User	45	975.86	1122.24
20129IL0340067 Rating Area 10	Tobacco User/Non-Tobacco User	46	1013.70	1175.89
20129IL0340067 Rating Area 10	Tobacco User/Non-Tobacco User	47	1056.27	1235.84
20129IL0340067 Rating Area 10	Tobacco User/Non-Tobacco User	48	1104.94	1303.83
20129IL0340067 Rating Area 10	Tobacco User/Non-Tobacco User	49	1152.91	1371.97
20129IL0340067 Rating Area 10	Tobacco User/Non-Tobacco User	50	1206.98	1448.37
20129IL0340067 Rating Area 10	Tobacco User/Non-Tobacco User	51	1260.37	1512.44
20129IL0340067 Rating Area 10	Tobacco User/Non-Tobacco User	52	1319.16	1582.99
20129IL0340067 Rating Area 10	Tobacco User/Non-Tobacco User	53	1378.63	1654.35
20129IL0340067 Rating Area 10	Tobacco User/Non-Tobacco User	54	1442.84	1731.40
20129IL0340067 Rating Area 10	Tobacco User/Non-Tobacco User	55	1507.03	1808.44
20129IL0340067 Rating Area 10	Tobacco User/Non-Tobacco User	56	1576.64	1891.97
20129IL0340067 Rating Area 10	Tobacco User/Non-Tobacco User	57	1646.92	1976.31
20129IL0340067 Rating Area 10	Tobacco User/Non-Tobacco User	58	1721.93	2066.32
20129IL0340067 Rating Area 10	Tobacco User/Non-Tobacco User	59	1759.10	2110.92
20129IL0340067 Rating Area 10	Tobacco User/Non-Tobacco User	60	1834.12	2200.95
20129IL0340067 Rating Area 10	Tobacco User/Non-Tobacco User	61	1899.00	2278.80
20129IL0340067 Rating Area 10	Tobacco User/Non-Tobacco User	62	1941.57	2329.88
20129IL0340067 Rating Area 10	Tobacco User/Non-Tobacco User	63	1994.96	2393.95
20129IL0340067 Rating Area 10	Tobacco User/Non-Tobacco User	64 and over	2027.37	2432.84
20129IL0340067 Rating Area 11	Tobacco User/Non-Tobacco User	0-14	532.98	532.98
20129IL0340067 Rating Area 11	Tobacco User/Non-Tobacco User	15	580.35	580.35

20129IL0340067 Rating Area 11	Tobacco User/Non-Tobacco User	16	598.47	598.47
20129IL0340067 Rating Area 11	Tobacco User/Non-Tobacco User	17	616.58	616.58
20129IL0340067 Rating Area 11	Tobacco User/Non-Tobacco User	18	636.09	636.09
20129IL0340067 Rating Area 11	Tobacco User/Non-Tobacco User	19	655.60	655.60
20129IL0340067 Rating Area 11	Tobacco User/Non-Tobacco User	20	675.80	675.80
20129IL0340067 Rating Area 11	Tobacco User/Non-Tobacco User	21	696.70	696.70
20129IL0340067 Rating Area 11	Tobacco User/Non-Tobacco User	22	696.70	696.70
20129IL0340067 Rating Area 11	Tobacco User/Non-Tobacco User	23	696.70	696.70
20129IL0340067 Rating Area 11	Tobacco User/Non-Tobacco User	24	696.70	696.70
20129IL0340067 Rating Area 11	Tobacco User/Non-Tobacco User	25	699.49	699.49
20129IL0340067 Rating Area 11	Tobacco User/Non-Tobacco User	26	713.42	713.42
20129IL0340067 Rating Area 11	Tobacco User/Non-Tobacco User	27	730.14	730.14
20129IL0340067 Rating Area 11	Tobacco User/Non-Tobacco User	28	757.31	757.31
20129IL0340067 Rating Area 11	Tobacco User/Non-Tobacco User	29	779.61	779.61
20129IL0340067 Rating Area 11	Tobacco User/Non-Tobacco User	30	790.76	830.30
20129IL0340067 Rating Area 11	Tobacco User/Non-Tobacco User	31	807.48	847.85
20129IL0340067 Rating Area 11	Tobacco User/Non-Tobacco User	32	824.20	865.41
20129IL0340067 Rating Area 11	Tobacco User/Non-Tobacco User	33	834.65	876.38
20129IL0340067 Rating Area 11	Tobacco User/Non-Tobacco User	34	845.79	888.08
20129IL0340067 Rating Area 11	Tobacco User/Non-Tobacco User	35	851.37	893.94
20129IL0340067 Rating Area 11	Tobacco User/Non-Tobacco User	36	856.94	908.36
20129IL0340067 Rating Area 11	Tobacco User/Non-Tobacco User	37	862.52	922.90
20129IL0340067 Rating Area 11	Tobacco User/Non-Tobacco User	38	868.09	937.54
20129IL0340067 Rating Area 11	Tobacco User/Non-Tobacco User	39	879.24	958.37
20129IL0340067 Rating Area 11	Tobacco User/Non-Tobacco User	40	890.38	979.42
20129IL0340067 Rating Area 11	Tobacco User/Non-Tobacco User	41	907.10	1006.88
20129IL0340067 Rating Area 11	Tobacco User/Non-Tobacco User	42	923.13	1033.91
20129IL0340067 Rating Area 11	Tobacco User/Non-Tobacco User	43	945.42	1068.32
20129IL0340067 Rating Area 11	Tobacco User/Non-Tobacco User	44	973.29	1109.55
20129IL0340067 Rating Area 11	Tobacco User/Non-Tobacco User	45	1006.04	1156.95
20129IL0340067 Rating Area 11	Tobacco User/Non-Tobacco User	46	1045.05	1212.26
20129IL0340067 Rating Area 11	Tobacco User/Non-Tobacco User	47	1088.94	1274.06
20129IL0340067 Rating Area 11	Tobacco User/Non-Tobacco User	48	1139.11	1344.15
20129IL0340067 Rating Area 11	Tobacco User/Non-Tobacco User	49	1188.57	1414.40
20129IL0340067 Rating Area 11	Tobacco User/Non-Tobacco User	50	1244.31	1493.17
20129IL0340067 Rating Area 11	Tobacco User/Non-Tobacco User	51	1299.35	1559.22
20129IL0340067 Rating Area 11	Tobacco User/Non-Tobacco User	52	1359.96	1631.95
20129IL0340067 Rating Area 11	Tobacco User/Non-Tobacco User	53	1421.27	1705.52
20129IL0340067 Rating Area 11	Tobacco User/Non-Tobacco User	54	1487.46	1784.95
20129IL0340067 Rating Area 11	Tobacco User/Non-Tobacco User	55	1553.64	1864.37
20129IL0340067 Rating Area 11	Tobacco User/Non-Tobacco User	56	1625.40	1950.48
20129IL0340067 Rating Area 11	Tobacco User/Non-Tobacco User	57	1697.86	2037.43
20129IL0340067 Rating Area 11	Tobacco User/Non-Tobacco User	58	1775.19	2130.23
20129IL0340067 Rating Area 11	Tobacco User/Non-Tobacco User	59	1813.51	2176.21
20129IL0340067 Rating Area 11	Tobacco User/Non-Tobacco User	60	1890.85	2269.02
20129IL0340067 Rating Area 11	Tobacco User/Non-Tobacco User	61	1957.73	2349.28
20129IL0340067 Rating Area 11	Tobacco User/Non-Tobacco User	62	2001.62	2401.94
20129IL0340067 Rating Area 11	Tobacco User/Non-Tobacco User	63	2056.66	2467.99
20129IL0340067 Rating Area 11	Tobacco User/Non-Tobacco User	64 and over	2090.07	2508.08
20129IL0340067 Rating Area 13	Tobacco User/Non-Tobacco User	0-14	607.60	607.60
20129IL0340067 Rating Area 13	Tobacco User/Non-Tobacco User	15	661.60	661.60
20129IL0340067 Rating Area 13	Tobacco User/Non-Tobacco User	16	682.26	682.26
20129IL0340067 Rating Area 13	Tobacco User/Non-Tobacco User	17	702.90	702.90
20129IL0340067 Rating Area 13	Tobacco User/Non-Tobacco User	18	725.14	725.14
20129IL0340067 Rating Area 13	Tobacco User/Non-Tobacco User	19	747.38	747.38
20129IL0340067 Rating Area 13	Tobacco User/Non-Tobacco User	20	770.41	770.41
20129IL0340067 Rating Area 13	Tobacco User/Non-Tobacco User	21	794.24	794.24
20129IL0340067 Rating Area 13	Tobacco User/Non-Tobacco User	22	794.24	794.24
20129IL0340067 Rating Area 13	Tobacco User/Non-Tobacco User	23	794.24	794.24
20129IL0340067 Rating Area 13	Tobacco User/Non-Tobacco User	24	794.24	794.24
20129IL0340067 Rating Area 13	Tobacco User/Non-Tobacco User	25	797.42	797.42
20129IL0340067 Rating Area 13	Tobacco User/Non-Tobacco User	26	813.30	813.30
20129IL0340067 Rating Area 13	Tobacco User/Non-Tobacco User	27	832.36	832.36
20129IL0340067 Rating Area 13	Tobacco User/Non-Tobacco User	28	863.33	863.33
20129IL0340067 Rating Area 13	Tobacco User/Non-Tobacco User	29	888.76	888.76
20129IL0340067 Rating Area 13	Tobacco User/Non-Tobacco User	30	901.47	946.54
20129IL0340067 Rating Area 13	Tobacco User/Non-Tobacco User	31	920.53	966.55
20129IL0340067 Rating Area 13	Tobacco User/Non-Tobacco User	32	939.59	986.57
20129IL0340067 Rating Area 13	Tobacco User/Non-Tobacco User	33	951.50	999.07
20129IL0340067 Rating Area 13	Tobacco User/Non-Tobacco User	34	964.20	1012.41
20129IL0340067 Rating Area 13	Tobacco User/Non-Tobacco User	35	970.56	1019.09
20129IL0340067 Rating Area 13	Tobacco User/Non-Tobacco User	36	976.91	1035.53
20129IL0340067 Rating Area 13	Tobacco User/Non-Tobacco User	37	983.27	1052.11
20129IL0340067 Rating Area 13	Tobacco User/Non-Tobacco User	38	989.62	1068.80
20129IL0340067 Rating Area 13	Tobacco User/Non-Tobacco User	39	1002.33	1092.54
20129IL0340067 Rating Area 13	Tobacco User/Non-Tobacco User	40	1015.03	1116.54
20129IL0340067 Rating Area 13	Tobacco User/Non-Tobacco User	41	1034.09	1147.84
20129IL0340067 Rating Area 13	Tobacco User/Non-Tobacco User	42	1052.37	1178.66
20129IL0340067 Rating Area 13	Tobacco User/Non-Tobacco User	43	1077.78	1217.88
20129IL0340067 Rating Area 13	Tobacco User/Non-Tobacco User	44	1109.55	1264.89
20129IL0340067 Rating Area 13	Tobacco User/Non-Tobacco User	45	1146.89	1318.92
20129IL0340067 Rating Area 13	Tobacco User/Non-Tobacco User	46	1191.36	1381.98
20129IL0340067 Rating Area 13	Tobacco User/Non-Tobacco User	47	1241.39	1452.43
20129IL0340067 Rating Area 13	Tobacco User/Non-Tobacco User	48	1298.59	1532.33
20129IL0340067 Rating Area 13	Tobacco User/Non-Tobacco User	49	1354.97	1612.42
20129IL0340067 Rating Area 13	Tobacco User/Non-Tobacco User	50	1418.51	1702.21
20129IL0340067 Rating Area 13	Tobacco User/Non-Tobacco User	51	1481.26	1777.51
20129IL0340067 Rating Area 13	Tobacco User/Non-Tobacco User	52	1550.35	1860.42
20129IL0340067 Rating Area 13	Tobacco User/Non-Tobacco User	53	1620.25	1944.29
20129IL0340067 Rating Area 13	Tobacco User/Non-Tobacco User	54	1695.70	2034.84
20129IL0340067 Rating Area 13	Tobacco User/Non-Tobacco User	55	1771.15	2125.38
20129IL0340067 Rating Area 13	Tobacco User/Non-Tobacco User	56	1852.96	2223.55
20129IL0340067 Rating Area 13	Tobacco User/Non-Tobacco User	57	1935.56	2322.67
20129IL0340067 Rating Area 13	Tobacco User/Non-Tobacco User	58	2023.72	2428.46
20129IL0340067 Rating Area 13	Tobacco User/Non-Tobacco User	59	2067.40	2480.88
20129IL0340067 Rating Area 13	Tobacco User/Non-Tobacco User	60	2155.57	2586.68
20129IL0340067 Rating Area 13	Tobacco User/Non-Tobacco User	61	2231.81	2678.18
20129IL0340067 Rating Area 13	Tobacco User/Non-Tobacco User	62	2281.85	2738.21
20129IL0340067 Rating Area 13	Tobacco User/Non-Tobacco User	63	2344.59	2813.51
20129IL0340067 Rating Area 13	Tobacco User/Non-Tobacco User	64 and over	2382.68	2859.21
20129IL0340070 Rating Area 6	Tobacco User/Non-Tobacco User	0-14	452.84	452.84
20129IL0340070 Rating Area 6	Tobacco User/Non-Tobacco User	15	493.09	493.09
20129IL0340070 Rating Area 6	Tobacco User/Non-Tobacco User	16	508.48	508.48
20129IL0340070 Rating Area 6	Tobacco User/Non-Tobacco User	17	523.87	523.87
20129IL0340070 Rating Area 6	Tobacco User/Non-Tobacco User	18	540.44	540.44
20129IL0340070 Rating Area 6	Tobacco User/Non-Tobacco User	19	557.02	557.02
20129IL0340070 Rating Area 6	Tobacco User/Non-Tobacco User	20	574.18	574.18
20129IL0340070 Rating Area 6	Tobacco User/Non-Tobacco User	21	591.95	591.95
20129IL0340070 Rating Area 6	Tobacco User/Non-Tobacco User	22	591.95	591.95
20129IL0340070 Rating Area 6	Tobacco User/Non-Tobacco User	23	591.95	591.95
20129IL0340070 Rating Area 6	Tobacco User/Non-Tobacco User	24	591.95	591.95

20129IL0340070 Rating Area 6	Tobacco User/Non-Tobacco User	25	594.32	594.32
20129IL0340070 Rating Area 6	Tobacco User/Non-Tobacco User	26	606.15	606.15
20129IL0340070 Rating Area 6	Tobacco User/Non-Tobacco User	27	620.36	620.36
20129IL0340070 Rating Area 6	Tobacco User/Non-Tobacco User	28	643.44	643.44
20129IL0340070 Rating Area 6	Tobacco User/Non-Tobacco User	29	662.38	662.38
20129IL0340070 Rating Area 6	Tobacco User/Non-Tobacco User	30	671.86	705.46
20129IL0340070 Rating Area 6	Tobacco User/Non-Tobacco User	31	686.07	720.37
20129IL0340070 Rating Area 6	Tobacco User/Non-Tobacco User	32	700.27	735.28
20129IL0340070 Rating Area 6	Tobacco User/Non-Tobacco User	33	709.15	744.61
20129IL0340070 Rating Area 6	Tobacco User/Non-Tobacco User	34	718.62	754.55
20129IL0340070 Rating Area 6	Tobacco User/Non-Tobacco User	35	723.36	759.53
20129IL0340070 Rating Area 6	Tobacco User/Non-Tobacco User	36	728.09	771.77
20129IL0340070 Rating Area 6	Tobacco User/Non-Tobacco User	37	732.83	784.13
20129IL0340070 Rating Area 6	Tobacco User/Non-Tobacco User	38	737.56	796.57
20129IL0340070 Rating Area 6	Tobacco User/Non-Tobacco User	39	747.04	814.27
20129IL0340070 Rating Area 6	Tobacco User/Non-Tobacco User	40	756.51	832.16
20129IL0340070 Rating Area 6	Tobacco User/Non-Tobacco User	41	770.71	855.49
20129IL0340070 Rating Area 6	Tobacco User/Non-Tobacco User	42	784.33	878.45
20129IL0340070 Rating Area 6	Tobacco User/Non-Tobacco User	43	803.27	907.69
20129IL0340070 Rating Area 6	Tobacco User/Non-Tobacco User	44	826.94	942.71
20129IL0340070 Rating Area 6	Tobacco User/Non-Tobacco User	45	854.76	982.98
20129IL0340070 Rating Area 6	Tobacco User/Non-Tobacco User	46	887.92	1029.99
20129IL0340070 Rating Area 6	Tobacco User/Non-Tobacco User	47	925.21	1082.50
20129IL0340070 Rating Area 6	Tobacco User/Non-Tobacco User	48	967.83	1142.04
20129IL0340070 Rating Area 6	Tobacco User/Non-Tobacco User	49	1009.86	1201.73
20129IL0340070 Rating Area 6	Tobacco User/Non-Tobacco User	50	1057.21	1268.66
20129IL0340070 Rating Area 6	Tobacco User/Non-Tobacco User	51	1103.97	1324.77
20129IL0340070 Rating Area 6	Tobacco User/Non-Tobacco User	52	1155.48	1386.58
20129IL0340070 Rating Area 6	Tobacco User/Non-Tobacco User	53	1207.57	1449.08
20129IL0340070 Rating Area 6	Tobacco User/Non-Tobacco User	54	1263.80	1516.56
20129IL0340070 Rating Area 6	Tobacco User/Non-Tobacco User	55	1320.04	1584.05
20129IL0340070 Rating Area 6	Tobacco User/Non-Tobacco User	56	1381.00	1657.21
20129IL0340070 Rating Area 6	Tobacco User/Non-Tobacco User	57	1442.57	1731.09
20129IL0340070 Rating Area 6	Tobacco User/Non-Tobacco User	58	1508.27	1809.93
20129IL0340070 Rating Area 6	Tobacco User/Non-Tobacco User	59	1540.83	1848.99
20129IL0340070 Rating Area 6	Tobacco User/Non-Tobacco User	60	1606.54	1927.85
20129IL0340070 Rating Area 6	Tobacco User/Non-Tobacco User	61	1663.37	1996.04
20129IL0340070 Rating Area 6	Tobacco User/Non-Tobacco User	62	1700.66	2040.79
20129IL0340070 Rating Area 6	Tobacco User/Non-Tobacco User	63	1747.43	2096.91
20129IL0340070 Rating Area 6	Tobacco User/Non-Tobacco User	64 and over	1775.81	2130.97
20129IL0340070 Rating Area 7	Tobacco User/Non-Tobacco User	0-14	488.46	488.46
20129IL0340070 Rating Area 7	Tobacco User/Non-Tobacco User	15	531.87	531.87
20129IL0340070 Rating Area 7	Tobacco User/Non-Tobacco User	16	548.48	548.48
20129IL0340070 Rating Area 7	Tobacco User/Non-Tobacco User	17	565.08	565.08
20129IL0340070 Rating Area 7	Tobacco User/Non-Tobacco User	18	582.95	582.95
20129IL0340070 Rating Area 7	Tobacco User/Non-Tobacco User	19	600.84	600.84
20129IL0340070 Rating Area 7	Tobacco User/Non-Tobacco User	20	619.34	619.34
20129IL0340070 Rating Area 7	Tobacco User/Non-Tobacco User	21	638.51	638.51
20129IL0340070 Rating Area 7	Tobacco User/Non-Tobacco User	22	638.51	638.51
20129IL0340070 Rating Area 7	Tobacco User/Non-Tobacco User	23	638.51	638.51
20129IL0340070 Rating Area 7	Tobacco User/Non-Tobacco User	24	638.51	638.51
20129IL0340070 Rating Area 7	Tobacco User/Non-Tobacco User	25	641.06	641.06
20129IL0340070 Rating Area 7	Tobacco User/Non-Tobacco User	26	653.83	653.83
20129IL0340070 Rating Area 7	Tobacco User/Non-Tobacco User	27	669.15	669.15
20129IL0340070 Rating Area 7	Tobacco User/Non-Tobacco User	28	694.05	694.05
20129IL0340070 Rating Area 7	Tobacco User/Non-Tobacco User	29	714.48	714.48
20129IL0340070 Rating Area 7	Tobacco User/Non-Tobacco User	30	724.70	760.94
20129IL0340070 Rating Area 7	Tobacco User/Non-Tobacco User	31	740.03	777.02
20129IL0340070 Rating Area 7	Tobacco User/Non-Tobacco User	32	755.35	793.11
20129IL0340070 Rating Area 7	Tobacco User/Non-Tobacco User	33	764.93	803.17
20129IL0340070 Rating Area 7	Tobacco User/Non-Tobacco User	34	775.14	813.90
20129IL0340070 Rating Area 7	Tobacco User/Non-Tobacco User	35	780.25	819.26
20129IL0340070 Rating Area 7	Tobacco User/Non-Tobacco User	36	785.36	832.47
20129IL0340070 Rating Area 7	Tobacco User/Non-Tobacco User	37	790.46	845.80
20129IL0340070 Rating Area 7	Tobacco User/Non-Tobacco User	38	795.57	859.22
20129IL0340070 Rating Area 7	Tobacco User/Non-Tobacco User	39	805.80	878.31
20129IL0340070 Rating Area 7	Tobacco User/Non-Tobacco User	40	816.01	897.61
20129IL0340070 Rating Area 7	Tobacco User/Non-Tobacco User	41	831.33	922.78
20129IL0340070 Rating Area 7	Tobacco User/Non-Tobacco User	42	846.02	947.54
20129IL0340070 Rating Area 7	Tobacco User/Non-Tobacco User	43	866.45	979.08
20129IL0340070 Rating Area 7	Tobacco User/Non-Tobacco User	44	891.98	1016.86
20129IL0340070 Rating Area 7	Tobacco User/Non-Tobacco User	45	921.99	1060.29
20129IL0340070 Rating Area 7	Tobacco User/Non-Tobacco User	46	957.75	1111.00
20129IL0340070 Rating Area 7	Tobacco User/Non-Tobacco User	47	997.98	1167.64
20129IL0340070 Rating Area 7	Tobacco User/Non-Tobacco User	48	1043.95	1231.86
20129IL0340070 Rating Area 7	Tobacco User/Non-Tobacco User	49	1089.28	1296.25
20129IL0340070 Rating Area 7	Tobacco User/Non-Tobacco User	50	1140.36	1368.44
20129IL0340070 Rating Area 7	Tobacco User/Non-Tobacco User	51	1190.80	1428.96
20129IL0340070 Rating Area 7	Tobacco User/Non-Tobacco User	52	1246.36	1495.63
20129IL0340070 Rating Area 7	Tobacco User/Non-Tobacco User	53	1302.55	1563.05
20129IL0340070 Rating Area 7	Tobacco User/Non-Tobacco User	54	1363.20	1635.84
20129IL0340070 Rating Area 7	Tobacco User/Non-Tobacco User	55	1423.86	1708.64
20129IL0340070 Rating Area 7	Tobacco User/Non-Tobacco User	56	1489.62	1787.55
20129IL0340070 Rating Area 7	Tobacco User/Non-Tobacco User	57	1556.04	1867.24
20129IL0340070 Rating Area 7	Tobacco User/Non-Tobacco User	58	1626.90	1952.28
20129IL0340070 Rating Area 7	Tobacco User/Non-Tobacco User	59	1662.02	1994.42
20129IL0340070 Rating Area 7	Tobacco User/Non-Tobacco User	60	1732.90	2079.48
20129IL0340070 Rating Area 7	Tobacco User/Non-Tobacco User	61	1794.19	2153.03
20129IL0340070 Rating Area 7	Tobacco User/Non-Tobacco User	62	1834.42	2201.30
20129IL0340070 Rating Area 7	Tobacco User/Non-Tobacco User	63	1884.86	2261.84
20129IL0340070 Rating Area 7	Tobacco User/Non-Tobacco User	64 and over	1915.48	2298.58
20129IL0340070 Rating Area 8	Tobacco User/Non-Tobacco User	0-14	498.63	498.63
20129IL0340070 Rating Area 8	Tobacco User/Non-Tobacco User	15	542.95	542.95
20129IL0340070 Rating Area 8	Tobacco User/Non-Tobacco User	16	559.90	559.90
20129IL0340070 Rating Area 8	Tobacco User/Non-Tobacco User	17	576.85	576.85
20129IL0340070 Rating Area 8	Tobacco User/Non-Tobacco User	18	595.10	595.10
20129IL0340070 Rating Area 8	Tobacco User/Non-Tobacco User	19	613.35	613.35
20129IL0340070 Rating Area 8	Tobacco User/Non-Tobacco User	20	632.25	632.25
20129IL0340070 Rating Area 8	Tobacco User/Non-Tobacco User	21	651.81	651.81
20129IL0340070 Rating Area 8	Tobacco User/Non-Tobacco User	22	651.81	651.81
20129IL0340070 Rating Area 8	Tobacco User/Non-Tobacco User	23	651.81	651.81
20129IL0340070 Rating Area 8	Tobacco User/Non-Tobacco User	24	651.81	651.81
20129IL0340070 Rating Area 8	Tobacco User/Non-Tobacco User	25	654.41	654.41
20129IL0340070 Rating Area 8	Tobacco User/Non-Tobacco User	26	667.45	667.45
20129IL0340070 Rating Area 8	Tobacco User/Non-Tobacco User	27	683.09	683.09
20129IL0340070 Rating Area 8	Tobacco User/Non-Tobacco User	28	708.51	708.51
20129IL0340070 Rating Area 8	Tobacco User/Non-Tobacco User	29	729.37	729.37
20129IL0340070 Rating Area 8	Tobacco User/Non-Tobacco User	30	739.80	776.80
20129IL0340070 Rating Area 8	Tobacco User/Non-Tobacco User	31	755.44	793.21
20129IL0340070 Rating Area 8	Tobacco User/Non-Tobacco User	32	771.08	809.64
20129IL0340070 Rating Area 8	Tobacco User/Non-Tobacco User	33	780.86	819.91

20129IL0340070 Rating Area 10	Tobacco User/Non-Tobacco User	43	875.47	989.28
20129IL0340070 Rating Area 10	Tobacco User/Non-Tobacco User	44	901.28	1027.45
20129IL0340070 Rating Area 10	Tobacco User/Non-Tobacco User	45	931.60	1071.34
20129IL0340070 Rating Area 10	Tobacco User/Non-Tobacco User	46	967.73	1122.57
20129IL0340070 Rating Area 10	Tobacco User/Non-Tobacco User	47	1008.37	1179.80
20129IL0340070 Rating Area 10	Tobacco User/Non-Tobacco User	48	1054.83	1244.69
20129IL0340070 Rating Area 10	Tobacco User/Non-Tobacco User	49	1100.63	1309.75
20129IL0340070 Rating Area 10	Tobacco User/Non-Tobacco User	50	1152.24	1382.70
20129IL0340070 Rating Area 10	Tobacco User/Non-Tobacco User	51	1203.21	1443.85
20129IL0340070 Rating Area 10	Tobacco User/Non-Tobacco User	52	1259.34	1511.21
20129IL0340070 Rating Area 10	Tobacco User/Non-Tobacco User	53	1316.12	1579.33
20129IL0340070 Rating Area 10	Tobacco User/Non-Tobacco User	54	1377.40	1652.88
20129IL0340070 Rating Area 10	Tobacco User/Non-Tobacco User	55	1438.69	1726.44
20129IL0340070 Rating Area 10	Tobacco User/Non-Tobacco User	56	1505.14	1806.17
20129IL0340070 Rating Area 10	Tobacco User/Non-Tobacco User	57	1572.24	1886.69
20129IL0340070 Rating Area 10	Tobacco User/Non-Tobacco User	58	1643.85	1972.62
20129IL0340070 Rating Area 10	Tobacco User/Non-Tobacco User	59	1679.33	2015.19
20129IL0340070 Rating Area 10	Tobacco User/Non-Tobacco User	60	1750.95	2101.14
20129IL0340070 Rating Area 10	Tobacco User/Non-Tobacco User	61	1812.88	2175.46
20129IL0340070 Rating Area 10	Tobacco User/Non-Tobacco User	62	1853.52	2224.23
20129IL0340070 Rating Area 10	Tobacco User/Non-Tobacco User	63	1904.50	2285.40
20129IL0340070 Rating Area 10	Tobacco User/Non-Tobacco User	64 and over	1935.43	2322.52
20129IL0340070 Rating Area 11	Tobacco User/Non-Tobacco User	0-14	508.81	508.81
20129IL0340070 Rating Area 11	Tobacco User/Non-Tobacco User	15	554.03	554.03
20129IL0340070 Rating Area 11	Tobacco User/Non-Tobacco User	16	571.33	571.33
20129IL0340070 Rating Area 11	Tobacco User/Non-Tobacco User	17	588.62	588.62
20129IL0340070 Rating Area 11	Tobacco User/Non-Tobacco User	18	607.24	607.24
20129IL0340070 Rating Area 11	Tobacco User/Non-Tobacco User	19	625.87	625.87
20129IL0340070 Rating Area 11	Tobacco User/Non-Tobacco User	20	645.15	645.15
20129IL0340070 Rating Area 11	Tobacco User/Non-Tobacco User	21	665.11	665.11
20129IL0340070 Rating Area 11	Tobacco User/Non-Tobacco User	22	665.11	665.11
20129IL0340070 Rating Area 11	Tobacco User/Non-Tobacco User	23	665.11	665.11
20129IL0340070 Rating Area 11	Tobacco User/Non-Tobacco User	24	665.11	665.11
20129IL0340070 Rating Area 11	Tobacco User/Non-Tobacco User	25	667.77	667.77
20129IL0340070 Rating Area 11	Tobacco User/Non-Tobacco User	26	681.07	681.07
20129IL0340070 Rating Area 11	Tobacco User/Non-Tobacco User	27	697.03	697.03
20129IL0340070 Rating Area 11	Tobacco User/Non-Tobacco User	28	722.97	722.97
20129IL0340070 Rating Area 11	Tobacco User/Non-Tobacco User	29	744.25	744.25
20129IL0340070 Rating Area 11	Tobacco User/Non-Tobacco User	30	754.90	792.65
20129IL0340070 Rating Area 11	Tobacco User/Non-Tobacco User	31	770.86	809.40
20129IL0340070 Rating Area 11	Tobacco User/Non-Tobacco User	32	786.82	826.16
20129IL0340070 Rating Area 11	Tobacco User/Non-Tobacco User	33	796.80	836.64
20129IL0340070 Rating Area 11	Tobacco User/Non-Tobacco User	34	807.44	847.81
20129IL0340070 Rating Area 11	Tobacco User/Non-Tobacco User	35	812.76	853.40
20129IL0340070 Rating Area 11	Tobacco User/Non-Tobacco User	36	818.08	867.16
20129IL0340070 Rating Area 11	Tobacco User/Non-Tobacco User	37	823.40	881.04
20129IL0340070 Rating Area 11	Tobacco User/Non-Tobacco User	38	828.72	895.02
20129IL0340070 Rating Area 11	Tobacco User/Non-Tobacco User	39	839.37	914.91
20129IL0340070 Rating Area 11	Tobacco User/Non-Tobacco User	40	850.01	935.01
20129IL0340070 Rating Area 11	Tobacco User/Non-Tobacco User	41	865.97	961.23
20129IL0340070 Rating Area 11	Tobacco User/Non-Tobacco User	42	881.27	987.02
20129IL0340070 Rating Area 11	Tobacco User/Non-Tobacco User	43	902.55	1019.88
20129IL0340070 Rating Area 11	Tobacco User/Non-Tobacco User	44	929.15	1059.23
20129IL0340070 Rating Area 11	Tobacco User/Non-Tobacco User	45	960.41	1104.47
20129IL0340070 Rating Area 11	Tobacco User/Non-Tobacco User	46	997.66	1157.29
20129IL0340070 Rating Area 11	Tobacco User/Non-Tobacco User	47	1039.56	1216.29
20129IL0340070 Rating Area 11	Tobacco User/Non-Tobacco User	48	1087.45	1283.19
20129IL0340070 Rating Area 11	Tobacco User/Non-Tobacco User	49	1134.67	1350.26
20129IL0340070 Rating Area 11	Tobacco User/Non-Tobacco User	50	1187.88	1425.46
20129IL0340070 Rating Area 11	Tobacco User/Non-Tobacco User	51	1240.42	1488.50
20129IL0340070 Rating Area 11	Tobacco User/Non-Tobacco User	52	1298.29	1557.95
20129IL0340070 Rating Area 11	Tobacco User/Non-Tobacco User	53	1356.82	1628.18
20129IL0340070 Rating Area 11	Tobacco User/Non-Tobacco User	54	1420.00	1704.00
20129IL0340070 Rating Area 11	Tobacco User/Non-Tobacco User	55	1483.19	1779.83
20129IL0340070 Rating Area 11	Tobacco User/Non-Tobacco User	56	1551.69	1862.03
20129IL0340070 Rating Area 11	Tobacco User/Non-Tobacco User	57	1620.87	1945.04
20129IL0340070 Rating Area 11	Tobacco User/Non-Tobacco User	58	1694.69	2033.63
20129IL0340070 Rating Area 11	Tobacco User/Non-Tobacco User	59	1731.27	2077.52
20129IL0340070 Rating Area 11	Tobacco User/Non-Tobacco User	60	1805.10	2166.12
20129IL0340070 Rating Area 11	Tobacco User/Non-Tobacco User	61	1868.95	2242.74
20129IL0340070 Rating Area 11	Tobacco User/Non-Tobacco User	62	1910.85	2293.02
20129IL0340070 Rating Area 11	Tobacco User/Non-Tobacco User	63	1963.40	2356.08
20129IL0340070 Rating Area 11	Tobacco User/Non-Tobacco User	64 and over	1995.29	2394.35
20129IL0340070 Rating Area 13	Tobacco User/Non-Tobacco User	0-14	580.04	580.04
20129IL0340070 Rating Area 13	Tobacco User/Non-Tobacco User	15	631.59	631.59
20129IL0340070 Rating Area 13	Tobacco User/Non-Tobacco User	16	651.32	651.32
20129IL0340070 Rating Area 13	Tobacco User/Non-Tobacco User	17	671.03	671.03
20129IL0340070 Rating Area 13	Tobacco User/Non-Tobacco User	18	692.25	692.25
20129IL0340070 Rating Area 13	Tobacco User/Non-Tobacco User	19	713.49	713.49
20129IL0340070 Rating Area 13	Tobacco User/Non-Tobacco User	20	735.47	735.47
20129IL0340070 Rating Area 13	Tobacco User/Non-Tobacco User	21	758.23	758.23
20129IL0340070 Rating Area 13	Tobacco User/Non-Tobacco User	22	758.23	758.23
20129IL0340070 Rating Area 13	Tobacco User/Non-Tobacco User	23	758.23	758.23
20129IL0340070 Rating Area 13	Tobacco User/Non-Tobacco User	24	758.23	758.23
20129IL0340070 Rating Area 13	Tobacco User/Non-Tobacco User	25	761.26	761.26
20129IL0340070 Rating Area 13	Tobacco User/Non-Tobacco User	26	776.42	776.42
20129IL0340070 Rating Area 13	Tobacco User/Non-Tobacco User	27	794.61	794.61
20129IL0340070 Rating Area 13	Tobacco User/Non-Tobacco User	28	824.19	824.19
20129IL0340070 Rating Area 13	Tobacco User/Non-Tobacco User	29	848.45	848.45
20129IL0340070 Rating Area 13	Tobacco User/Non-Tobacco User	30	860.59	903.62
20129IL0340070 Rating Area 13	Tobacco User/Non-Tobacco User	31	878.78	922.72
20129IL0340070 Rating Area 13	Tobacco User/Non-Tobacco User	32	896.97	941.82
20129IL0340070 Rating Area 13	Tobacco User/Non-Tobacco User	33	908.35	953.77
20129IL0340070 Rating Area 13	Tobacco User/Non-Tobacco User	34	920.48	966.50
20129IL0340070 Rating Area 13	Tobacco User/Non-Tobacco User	35	926.55	972.88
20129IL0340070 Rating Area 13	Tobacco User/Non-Tobacco User	36	932.61	988.56
20129IL0340070 Rating Area 13	Tobacco User/Non-Tobacco User	37	938.68	1004.39
20129IL0340070 Rating Area 13	Tobacco User/Non-Tobacco User	38	944.74	1020.32
20129IL0340070 Rating Area 13	Tobacco User/Non-Tobacco User	39	956.88	1043.00
20129IL0340070 Rating Area 13	Tobacco User/Non-Tobacco User	40	969.01	1065.91
20129IL0340070 Rating Area 13	Tobacco User/Non-Tobacco User	41	987.21	1095.80
20129IL0340070 Rating Area 13	Tobacco User/Non-Tobacco User	42	1004.65	1125.20
20129IL0340070 Rating Area 13	Tobacco User/Non-Tobacco User	43	1028.91	1162.66
20129IL0340070 Rating Area 13	Tobacco User/Non-Tobacco User	44	1059.23	1207.52
20129IL0340070 Rating Area 13	Tobacco User/Non-Tobacco User	45	1094.87	1259.10
20129IL0340070 Rating Area 13	Tobacco User/Non-Tobacco User	46	1137.33	1319.31
20129IL0340070 Rating Area 13	Tobacco User/Non-Tobacco User	47	1185.10	1386.57
20129IL0340070 Rating Area 13	Tobacco User/Non-Tobacco User	48	1239.69	1462.84
20129IL0340070 Rating Area 13	Tobacco User/Non-Tobacco User	49	1293.52	1539.30
20129IL0340070 Rating Area 13	Tobacco User/Non-Tobacco User	50	1354.18	1625.02
20129IL0340070 Rating Area 13	Tobacco User/Non-Tobacco User	51	1414.08	1696.89

20129IL0340070 Rating Area 13	Tobacco User/Non-Tobacco User	52	1480.05	1776.06
20129IL0340070 Rating Area 13	Tobacco User/Non-Tobacco User	53	1546.77	1856.13
20129IL0340070 Rating Area 13	Tobacco User/Non-Tobacco User	54	1618.80	1942.56
20129IL0340070 Rating Area 13	Tobacco User/Non-Tobacco User	55	1690.84	2029.01
20129IL0340070 Rating Area 13	Tobacco User/Non-Tobacco User	56	1768.93	2122.71
20129IL0340070 Rating Area 13	Tobacco User/Non-Tobacco User	57	1847.79	2217.35
20129IL0340070 Rating Area 13	Tobacco User/Non-Tobacco User	58	1931.95	2318.34
20129IL0340070 Rating Area 13	Tobacco User/Non-Tobacco User	59	1973.65	2368.37
20129IL0340070 Rating Area 13	Tobacco User/Non-Tobacco User	60	2057.81	2469.38
20129IL0340070 Rating Area 13	Tobacco User/Non-Tobacco User	61	2130.60	2556.72
20129IL0340070 Rating Area 13	Tobacco User/Non-Tobacco User	62	2178.37	2614.04
20129IL0340070 Rating Area 13	Tobacco User/Non-Tobacco User	63	2238.28	2685.93
20129IL0340070 Rating Area 13	Tobacco User/Non-Tobacco User	64 and over	2274.63	2729.56
20129IL0340073 Rating Area 6	Tobacco User/Non-Tobacco User	0-14	438.89	438.89
20129IL0340073 Rating Area 6	Tobacco User/Non-Tobacco User	15	477.89	477.89
20129IL0340073 Rating Area 6	Tobacco User/Non-Tobacco User	16	492.81	492.81
20129IL0340073 Rating Area 6	Tobacco User/Non-Tobacco User	17	507.73	507.73
20129IL0340073 Rating Area 6	Tobacco User/Non-Tobacco User	18	523.79	523.79
20129IL0340073 Rating Area 6	Tobacco User/Non-Tobacco User	19	539.86	539.86
20129IL0340073 Rating Area 6	Tobacco User/Non-Tobacco User	20	556.50	556.50
20129IL0340073 Rating Area 6	Tobacco User/Non-Tobacco User	21	573.70	573.70
20129IL0340073 Rating Area 6	Tobacco User/Non-Tobacco User	22	573.70	573.70
20129IL0340073 Rating Area 6	Tobacco User/Non-Tobacco User	23	573.70	573.70
20129IL0340073 Rating Area 6	Tobacco User/Non-Tobacco User	24	573.70	573.70
20129IL0340073 Rating Area 6	Tobacco User/Non-Tobacco User	25	576.00	576.00
20129IL0340073 Rating Area 6	Tobacco User/Non-Tobacco User	26	587.48	587.48
20129IL0340073 Rating Area 6	Tobacco User/Non-Tobacco User	27	601.25	601.25
20129IL0340073 Rating Area 6	Tobacco User/Non-Tobacco User	28	623.62	623.62
20129IL0340073 Rating Area 6	Tobacco User/Non-Tobacco User	29	641.97	641.97
20129IL0340073 Rating Area 6	Tobacco User/Non-Tobacco User	30	651.16	683.72
20129IL0340073 Rating Area 6	Tobacco User/Non-Tobacco User	31	664.93	698.18
20129IL0340073 Rating Area 6	Tobacco User/Non-Tobacco User	32	678.70	712.63
20129IL0340073 Rating Area 6	Tobacco User/Non-Tobacco User	33	687.30	721.67
20129IL0340073 Rating Area 6	Tobacco User/Non-Tobacco User	34	696.48	731.30
20129IL0340073 Rating Area 6	Tobacco User/Non-Tobacco User	35	701.07	736.13
20129IL0340073 Rating Area 6	Tobacco User/Non-Tobacco User	36	705.66	748.00
20129IL0340073 Rating Area 6	Tobacco User/Non-Tobacco User	37	710.25	759.96
20129IL0340073 Rating Area 6	Tobacco User/Non-Tobacco User	38	714.84	772.03
20129IL0340073 Rating Area 6	Tobacco User/Non-Tobacco User	39	724.02	789.18
20129IL0340073 Rating Area 6	Tobacco User/Non-Tobacco User	40	733.20	806.52
20129IL0340073 Rating Area 6	Tobacco User/Non-Tobacco User	41	746.97	829.13
20129IL0340073 Rating Area 6	Tobacco User/Non-Tobacco User	42	760.16	851.37
20129IL0340073 Rating Area 6	Tobacco User/Non-Tobacco User	43	778.52	879.73
20129IL0340073 Rating Area 6	Tobacco User/Non-Tobacco User	44	801.47	913.67
20129IL0340073 Rating Area 6	Tobacco User/Non-Tobacco User	45	828.43	952.69
20129IL0340073 Rating Area 6	Tobacco User/Non-Tobacco User	46	860.56	998.25
20129IL0340073 Rating Area 6	Tobacco User/Non-Tobacco User	47	896.70	1049.14
20129IL0340073 Rating Area 6	Tobacco User/Non-Tobacco User	48	938.02	1106.86
20129IL0340073 Rating Area 6	Tobacco User/Non-Tobacco User	49	978.74	1164.70
20129IL0340073 Rating Area 6	Tobacco User/Non-Tobacco User	50	1024.64	1229.57
20129IL0340073 Rating Area 6	Tobacco User/Non-Tobacco User	51	1069.97	1283.96
20129IL0340073 Rating Area 6	Tobacco User/Non-Tobacco User	52	1119.88	1343.86
20129IL0340073 Rating Area 6	Tobacco User/Non-Tobacco User	53	1170.36	1404.43
20129IL0340073 Rating Area 6	Tobacco User/Non-Tobacco User	54	1224.86	1469.84
20129IL0340073 Rating Area 6	Tobacco User/Non-Tobacco User	55	1279.37	1535.24
20129IL0340073 Rating Area 6	Tobacco User/Non-Tobacco User	56	1338.46	1606.16
20129IL0340073 Rating Area 6	Tobacco User/Non-Tobacco User	57	1398.13	1677.76
20129IL0340073 Rating Area 6	Tobacco User/Non-Tobacco User	58	1461.81	1754.17
20129IL0340073 Rating Area 6	Tobacco User/Non-Tobacco User	59	1493.36	1792.03
20129IL0340073 Rating Area 6	Tobacco User/Non-Tobacco User	60	1557.04	1868.45
20129IL0340073 Rating Area 6	Tobacco User/Non-Tobacco User	61	1612.12	1934.54
20129IL0340073 Rating Area 6	Tobacco User/Non-Tobacco User	62	1648.26	1977.92
20129IL0340073 Rating Area 6	Tobacco User/Non-Tobacco User	63	1693.58	2032.30
20129IL0340073 Rating Area 6	Tobacco User/Non-Tobacco User	64 and over	1721.09	2065.31
20129IL0340073 Rating Area 7	Tobacco User/Non-Tobacco User	0-14	473.40	473.40
20129IL0340073 Rating Area 7	Tobacco User/Non-Tobacco User	15	515.48	515.48
20129IL0340073 Rating Area 7	Tobacco User/Non-Tobacco User	16	531.57	531.57
20129IL0340073 Rating Area 7	Tobacco User/Non-Tobacco User	17	547.66	547.66
20129IL0340073 Rating Area 7	Tobacco User/Non-Tobacco User	18	564.99	564.99
20129IL0340073 Rating Area 7	Tobacco User/Non-Tobacco User	19	582.32	582.32
20129IL0340073 Rating Area 7	Tobacco User/Non-Tobacco User	20	600.27	600.27
20129IL0340073 Rating Area 7	Tobacco User/Non-Tobacco User	21	618.83	618.83
20129IL0340073 Rating Area 7	Tobacco User/Non-Tobacco User	22	618.83	618.83
20129IL0340073 Rating Area 7	Tobacco User/Non-Tobacco User	23	618.83	618.83
20129IL0340073 Rating Area 7	Tobacco User/Non-Tobacco User	24	618.83	618.83
20129IL0340073 Rating Area 7	Tobacco User/Non-Tobacco User	25	621.30	621.30
20129IL0340073 Rating Area 7	Tobacco User/Non-Tobacco User	26	633.69	633.69
20129IL0340073 Rating Area 7	Tobacco User/Non-Tobacco User	27	648.54	648.54
20129IL0340073 Rating Area 7	Tobacco User/Non-Tobacco User	28	672.67	672.67
20129IL0340073 Rating Area 7	Tobacco User/Non-Tobacco User	29	692.47	692.47
20129IL0340073 Rating Area 7	Tobacco User/Non-Tobacco User	30	702.37	737.49
20129IL0340073 Rating Area 7	Tobacco User/Non-Tobacco User	31	717.23	753.09
20129IL0340073 Rating Area 7	Tobacco User/Non-Tobacco User	32	732.08	768.68
20129IL0340073 Rating Area 7	Tobacco User/Non-Tobacco User	33	741.36	778.43
20129IL0340073 Rating Area 7	Tobacco User/Non-Tobacco User	34	751.26	788.82
20129IL0340073 Rating Area 7	Tobacco User/Non-Tobacco User	35	756.21	794.03
20129IL0340073 Rating Area 7	Tobacco User/Non-Tobacco User	36	761.16	806.83
20129IL0340073 Rating Area 7	Tobacco User/Non-Tobacco User	37	766.11	819.73
20129IL0340073 Rating Area 7	Tobacco User/Non-Tobacco User	38	771.06	832.75
20129IL0340073 Rating Area 7	Tobacco User/Non-Tobacco User	39	780.96	851.25
20129IL0340073 Rating Area 7	Tobacco User/Non-Tobacco User	40	790.87	869.95
20129IL0340073 Rating Area 7	Tobacco User/Non-Tobacco User	41	805.72	894.35
20129IL0340073 Rating Area 7	Tobacco User/Non-Tobacco User	42	819.95	918.34
20129IL0340073 Rating Area 7	Tobacco User/Non-Tobacco User	43	839.75	948.92
20129IL0340073 Rating Area 7	Tobacco User/Non-Tobacco User	44	864.51	985.54
20129IL0340073 Rating Area 7	Tobacco User/Non-Tobacco User	45	893.59	1027.62
20129IL0340073 Rating Area 7	Tobacco User/Non-Tobacco User	46	928.24	1076.76
20129IL0340073 Rating Area 7	Tobacco User/Non-Tobacco User	47	967.23	1131.66
20129IL0340073 Rating Area 7	Tobacco User/Non-Tobacco User	48	1011.79	1193.91
20129IL0340073 Rating Area 7	Tobacco User/Non-Tobacco User	49	1055.72	1256.30
20129IL0340073 Rating Area 7	Tobacco User/Non-Tobacco User	50	1105.23	1326.28
20129IL0340073 Rating Area 7	Tobacco User/Non-Tobacco User	51	1154.12	1384.94
20129IL0340073 Rating Area 7	Tobacco User/Non-Tobacco User	52	1207.96	1449.55
20129IL0340073 Rating Area 7	Tobacco User/Non-Tobacco User	53	1262.41	1514.89
20129IL0340073 Rating Area 7	Tobacco User/Non-Tobacco User	54	1321.20	1585.44
20129IL0340073 Rating Area 7	Tobacco User/Non-Tobacco User	55	1379.99	1655.99
20129IL0340073 Rating Area 7	Tobacco User/Non-Tobacco User	56	1443.73	1732.48
20129IL0340073 Rating Area 7	Tobacco User/Non-Tobacco User	57	1508.09	1809.72
20129IL0340073 Rating Area 7	Tobacco User/Non-Tobacco User	58	1576.78	1892.14
20129IL0340073 Rating Area 7	Tobacco User/Non-Tobacco User	59	1610.81	1932.98
20129IL0340073 Rating Area 7	Tobacco User/Non-Tobacco User	60	1679.50	2015.40

20129IL0340073 Rating Area 10	Tobacco User/Non-Tobacco User	19	588.38	588.38
20129IL0340073 Rating Area 10	Tobacco User/Non-Tobacco User	20	606.52	606.52
20129IL0340073 Rating Area 10	Tobacco User/Non-Tobacco User	21	625.27	625.27
20129IL0340073 Rating Area 10	Tobacco User/Non-Tobacco User	22	625.27	625.27
20129IL0340073 Rating Area 10	Tobacco User/Non-Tobacco User	23	625.27	625.27
20129IL0340073 Rating Area 10	Tobacco User/Non-Tobacco User	24	625.27	625.27
20129IL0340073 Rating Area 10	Tobacco User/Non-Tobacco User	25	627.77	627.77
20129IL0340073 Rating Area 10	Tobacco User/Non-Tobacco User	26	640.29	640.29
20129IL0340073 Rating Area 10	Tobacco User/Non-Tobacco User	27	655.29	655.29
20129IL0340073 Rating Area 10	Tobacco User/Non-Tobacco User	28	679.68	679.68
20129IL0340073 Rating Area 10	Tobacco User/Non-Tobacco User	29	699.68	699.68
20129IL0340073 Rating Area 10	Tobacco User/Non-Tobacco User	30	709.69	745.17
20129IL0340073 Rating Area 10	Tobacco User/Non-Tobacco User	31	724.70	760.94
20129IL0340073 Rating Area 10	Tobacco User/Non-Tobacco User	32	739.70	776.69
20129IL0340073 Rating Area 10	Tobacco User/Non-Tobacco User	33	749.08	786.53
20129IL0340073 Rating Area 10	Tobacco User/Non-Tobacco User	34	759.08	797.04
20129IL0340073 Rating Area 10	Tobacco User/Non-Tobacco User	35	764.09	802.30
20129IL0340073 Rating Area 10	Tobacco User/Non-Tobacco User	36	769.09	815.24
20129IL0340073 Rating Area 10	Tobacco User/Non-Tobacco User	37	774.09	828.27
20129IL0340073 Rating Area 10	Tobacco User/Non-Tobacco User	38	779.09	841.43
20129IL0340073 Rating Area 10	Tobacco User/Non-Tobacco User	39	789.10	860.12
20129IL0340073 Rating Area 10	Tobacco User/Non-Tobacco User	40	799.11	879.01
20129IL0340073 Rating Area 10	Tobacco User/Non-Tobacco User	41	814.11	903.66
20129IL0340073 Rating Area 10	Tobacco User/Non-Tobacco User	42	828.49	927.90
20129IL0340073 Rating Area 10	Tobacco User/Non-Tobacco User	43	848.50	958.81
20129IL0340073 Rating Area 10	Tobacco User/Non-Tobacco User	44	873.51	995.80
20129IL0340073 Rating Area 10	Tobacco User/Non-Tobacco User	45	902.90	1038.33
20129IL0340073 Rating Area 10	Tobacco User/Non-Tobacco User	46	937.91	1087.98
20129IL0340073 Rating Area 10	Tobacco User/Non-Tobacco User	47	977.30	1143.45
20129IL0340073 Rating Area 10	Tobacco User/Non-Tobacco User	48	1022.33	1206.35
20129IL0340073 Rating Area 10	Tobacco User/Non-Tobacco User	49	1066.72	1269.39
20129IL0340073 Rating Area 10	Tobacco User/Non-Tobacco User	50	1116.74	1340.09
20129IL0340073 Rating Area 10	Tobacco User/Non-Tobacco User	51	1166.14	1399.37
20129IL0340073 Rating Area 10	Tobacco User/Non-Tobacco User	52	1220.54	1464.65
20129IL0340073 Rating Area 10	Tobacco User/Non-Tobacco User	53	1275.56	1530.67
20129IL0340073 Rating Area 10	Tobacco User/Non-Tobacco User	54	1334.96	1601.96
20129IL0340073 Rating Area 10	Tobacco User/Non-Tobacco User	55	1394.37	1673.24
20129IL0340073 Rating Area 10	Tobacco User/Non-Tobacco User	56	1458.77	1750.53
20129IL0340073 Rating Area 10	Tobacco User/Non-Tobacco User	57	1523.80	1828.57
20129IL0340073 Rating Area 10	Tobacco User/Non-Tobacco User	58	1593.21	1911.85
20129IL0340073 Rating Area 10	Tobacco User/Non-Tobacco User	59	1627.59	1953.11
20129IL0340073 Rating Area 10	Tobacco User/Non-Tobacco User	60	1697.00	2036.40
20129IL0340073 Rating Area 10	Tobacco User/Non-Tobacco User	61	1757.03	2108.43
20129IL0340073 Rating Area 10	Tobacco User/Non-Tobacco User	62	1796.42	2155.71
20129IL0340073 Rating Area 10	Tobacco User/Non-Tobacco User	63	1845.81	2214.98
20129IL0340073 Rating Area 10	Tobacco User/Non-Tobacco User	64 and over	1875.80	2250.95
20129IL0340073 Rating Area 11	Tobacco User/Non-Tobacco User	0-14	493.13	493.13
20129IL0340073 Rating Area 11	Tobacco User/Non-Tobacco User	15	536.96	536.96
20129IL0340073 Rating Area 11	Tobacco User/Non-Tobacco User	16	553.72	553.72
20129IL0340073 Rating Area 11	Tobacco User/Non-Tobacco User	17	570.48	570.48
20129IL0340073 Rating Area 11	Tobacco User/Non-Tobacco User	18	588.53	588.53
20129IL0340073 Rating Area 11	Tobacco User/Non-Tobacco User	19	606.58	606.58
20129IL0340073 Rating Area 11	Tobacco User/Non-Tobacco User	20	625.28	625.28
20129IL0340073 Rating Area 11	Tobacco User/Non-Tobacco User	21	644.61	644.61
20129IL0340073 Rating Area 11	Tobacco User/Non-Tobacco User	22	644.61	644.61
20129IL0340073 Rating Area 11	Tobacco User/Non-Tobacco User	23	644.61	644.61
20129IL0340073 Rating Area 11	Tobacco User/Non-Tobacco User	24	644.61	644.61
20129IL0340073 Rating Area 11	Tobacco User/Non-Tobacco User	25	647.19	647.19
20129IL0340073 Rating Area 11	Tobacco User/Non-Tobacco User	26	660.09	660.09
20129IL0340073 Rating Area 11	Tobacco User/Non-Tobacco User	27	675.56	675.56
20129IL0340073 Rating Area 11	Tobacco User/Non-Tobacco User	28	700.70	700.70
20129IL0340073 Rating Area 11	Tobacco User/Non-Tobacco User	29	721.32	721.32
20129IL0340073 Rating Area 11	Tobacco User/Non-Tobacco User	30	731.64	768.22
20129IL0340073 Rating Area 11	Tobacco User/Non-Tobacco User	31	747.11	784.47
20129IL0340073 Rating Area 11	Tobacco User/Non-Tobacco User	32	762.58	800.71
20129IL0340073 Rating Area 11	Tobacco User/Non-Tobacco User	33	772.25	810.86
20129IL0340073 Rating Area 11	Tobacco User/Non-Tobacco User	34	782.56	821.69
20129IL0340073 Rating Area 11	Tobacco User/Non-Tobacco User	35	787.72	827.11
20129IL0340073 Rating Area 11	Tobacco User/Non-Tobacco User	36	792.88	840.45
20129IL0340073 Rating Area 11	Tobacco User/Non-Tobacco User	37	798.03	853.89
20129IL0340073 Rating Area 11	Tobacco User/Non-Tobacco User	38	803.19	867.45
20129IL0340073 Rating Area 11	Tobacco User/Non-Tobacco User	39	813.50	886.72
20129IL0340073 Rating Area 11	Tobacco User/Non-Tobacco User	40	823.82	906.20
20129IL0340073 Rating Area 11	Tobacco User/Non-Tobacco User	41	839.29	931.61
20129IL0340073 Rating Area 11	Tobacco User/Non-Tobacco User	42	854.11	956.60
20129IL0340073 Rating Area 11	Tobacco User/Non-Tobacco User	43	874.74	988.46
20129IL0340073 Rating Area 11	Tobacco User/Non-Tobacco User	44	900.53	1026.60
20129IL0340073 Rating Area 11	Tobacco User/Non-Tobacco User	45	930.82	1070.44
20129IL0340073 Rating Area 11	Tobacco User/Non-Tobacco User	46	966.92	1121.63
20129IL0340073 Rating Area 11	Tobacco User/Non-Tobacco User	47	1007.53	1178.81
20129IL0340073 Rating Area 11	Tobacco User/Non-Tobacco User	48	1053.95	1243.66
20129IL0340073 Rating Area 11	Tobacco User/Non-Tobacco User	49	1099.71	1308.65
20129IL0340073 Rating Area 11	Tobacco User/Non-Tobacco User	50	1151.28	1381.54
20129IL0340073 Rating Area 11	Tobacco User/Non-Tobacco User	51	1202.21	1442.65
20129IL0340073 Rating Area 11	Tobacco User/Non-Tobacco User	52	1258.29	1509.95
20129IL0340073 Rating Area 11	Tobacco User/Non-Tobacco User	53	1315.01	1578.01
20129IL0340073 Rating Area 11	Tobacco User/Non-Tobacco User	54	1376.25	1651.50
20129IL0340073 Rating Area 11	Tobacco User/Non-Tobacco User	55	1437.49	1724.99
20129IL0340073 Rating Area 11	Tobacco User/Non-Tobacco User	56	1503.89	1804.67
20129IL0340073 Rating Area 11	Tobacco User/Non-Tobacco User	57	1570.93	1885.12
20129IL0340073 Rating Area 11	Tobacco User/Non-Tobacco User	58	1642.48	1970.98
20129IL0340073 Rating Area 11	Tobacco User/Non-Tobacco User	59	1677.93	2013.52
20129IL0340073 Rating Area 11	Tobacco User/Non-Tobacco User	60	1749.48	2099.38
20129IL0340073 Rating Area 11	Tobacco User/Non-Tobacco User	61	1811.37	2173.64
20129IL0340073 Rating Area 11	Tobacco User/Non-Tobacco User	62	1851.98	2222.38
20129IL0340073 Rating Area 11	Tobacco User/Non-Tobacco User	63	1902.90	2283.48
20129IL0340073 Rating Area 11	Tobacco User/Non-Tobacco User	64 and over	1933.81	2320.57
20129IL0340073 Rating Area 13	Tobacco User/Non-Tobacco User	0-14	562.17	562.17
20129IL0340073 Rating Area 13	Tobacco User/Non-Tobacco User	15	612.13	612.13
20129IL0340073 Rating Area 13	Tobacco User/Non-Tobacco User	16	631.24	631.24
20129IL0340073 Rating Area 13	Tobacco User/Non-Tobacco User	17	650.35	650.35
20129IL0340073 Rating Area 13	Tobacco User/Non-Tobacco User	18	670.92	670.92
20129IL0340073 Rating Area 13	Tobacco User/Non-Tobacco User	19	691.50	691.50
20129IL0340073 Rating Area 13	Tobacco User/Non-Tobacco User	20	712.82	712.82
20129IL0340073 Rating Area 13	Tobacco User/Non-Tobacco User	21	734.86	734.86
20129IL0340073 Rating Area 13	Tobacco User/Non-Tobacco User	22	734.86	734.86
20129IL0340073 Rating Area 13	Tobacco User/Non-Tobacco User	23	734.86	734.86
20129IL0340073 Rating Area 13	Tobacco User/Non-Tobacco User	24	734.86	734.86
20129IL0340073 Rating Area 13	Tobacco User/Non-Tobacco User	25	737.80	737.80
20129IL0340073 Rating Area 13	Tobacco User/Non-Tobacco User	26	752.50	752.50
20129IL0340073 Rating Area 13	Tobacco User/Non-Tobacco User	27	770.14	770.14

20129IL0340073 Rating Area 13	Tobacco User/Non-Tobacco User	28	798.80	798.80
20129IL0340073 Rating Area 13	Tobacco User/Non-Tobacco User	29	822.30	822.30
20129IL0340073 Rating Area 13	Tobacco User/Non-Tobacco User	30	834.07	875.77
20129IL0340073 Rating Area 13	Tobacco User/Non-Tobacco User	31	851.71	894.30
20129IL0340073 Rating Area 13	Tobacco User/Non-Tobacco User	32	869.34	912.81
20129IL0340073 Rating Area 13	Tobacco User/Non-Tobacco User	33	880.37	924.38
20129IL0340073 Rating Area 13	Tobacco User/Non-Tobacco User	34	892.12	936.73
20129IL0340073 Rating Area 13	Tobacco User/Non-Tobacco User	35	898.00	942.91
20129IL0340073 Rating Area 13	Tobacco User/Non-Tobacco User	36	903.88	958.11
20129IL0340073 Rating Area 13	Tobacco User/Non-Tobacco User	37	909.75	973.43
20129IL0340073 Rating Area 13	Tobacco User/Non-Tobacco User	38	915.64	988.89
20129IL0340073 Rating Area 13	Tobacco User/Non-Tobacco User	39	927.39	1010.86
20129IL0340073 Rating Area 13	Tobacco User/Non-Tobacco User	40	939.15	1033.07
20129IL0340073 Rating Area 13	Tobacco User/Non-Tobacco User	41	956.79	1062.04
20129IL0340073 Rating Area 13	Tobacco User/Non-Tobacco User	42	973.69	1090.52
20129IL0340073 Rating Area 13	Tobacco User/Non-Tobacco User	43	997.20	1126.84
20129IL0340073 Rating Area 13	Tobacco User/Non-Tobacco User	44	1026.60	1170.32
20129IL0340073 Rating Area 13	Tobacco User/Non-Tobacco User	45	1061.13	1220.30
20129IL0340073 Rating Area 13	Tobacco User/Non-Tobacco User	46	1102.29	1278.66
20129IL0340073 Rating Area 13	Tobacco User/Non-Tobacco User	47	1148.58	1343.84
20129IL0340073 Rating Area 13	Tobacco User/Non-Tobacco User	48	1201.50	1417.77
20129IL0340073 Rating Area 13	Tobacco User/Non-Tobacco User	49	1253.67	1491.86
20129IL0340073 Rating Area 13	Tobacco User/Non-Tobacco User	50	1312.46	1574.96
20129IL0340073 Rating Area 13	Tobacco User/Non-Tobacco User	51	1370.52	1644.62
20129IL0340073 Rating Area 13	Tobacco User/Non-Tobacco User	52	1434.45	1721.34
20129IL0340073 Rating Area 13	Tobacco User/Non-Tobacco User	53	1499.11	1798.93
20129IL0340073 Rating Area 13	Tobacco User/Non-Tobacco User	54	1568.93	1882.71
20129IL0340073 Rating Area 13	Tobacco User/Non-Tobacco User	55	1638.74	1966.49
20129IL0340073 Rating Area 13	Tobacco User/Non-Tobacco User	56	1714.43	2057.32
20129IL0340073 Rating Area 13	Tobacco User/Non-Tobacco User	57	1790.86	2149.04
20129IL0340073 Rating Area 13	Tobacco User/Non-Tobacco User	58	1872.43	2246.92
20129IL0340073 Rating Area 13	Tobacco User/Non-Tobacco User	59	1912.84	2295.41
20129IL0340073 Rating Area 13	Tobacco User/Non-Tobacco User	60	1994.41	2393.29
20129IL0340073 Rating Area 13	Tobacco User/Non-Tobacco User	61	2064.96	2477.95
20129IL0340073 Rating Area 13	Tobacco User/Non-Tobacco User	62	2111.26	2533.51
20129IL0340073 Rating Area 13	Tobacco User/Non-Tobacco User	63	2169.31	2603.17
20129IL0340073 Rating Area 13	Tobacco User/Non-Tobacco User	64 and over	2204.54	2645.45
20129IL0340074 Rating Area 6	Tobacco User/Non-Tobacco User	0-14	379.33	379.33
20129IL0340074 Rating Area 6	Tobacco User/Non-Tobacco User	15	413.05	413.05
20129IL0340074 Rating Area 6	Tobacco User/Non-Tobacco User	16	425.95	425.95
20129IL0340074 Rating Area 6	Tobacco User/Non-Tobacco User	17	438.83	438.83
20129IL0340074 Rating Area 6	Tobacco User/Non-Tobacco User	18	452.72	452.72
20129IL0340074 Rating Area 6	Tobacco User/Non-Tobacco User	19	466.60	466.60
20129IL0340074 Rating Area 6	Tobacco User/Non-Tobacco User	20	480.98	480.98
20129IL0340074 Rating Area 6	Tobacco User/Non-Tobacco User	21	495.85	495.85
20129IL0340074 Rating Area 6	Tobacco User/Non-Tobacco User	22	495.85	495.85
20129IL0340074 Rating Area 6	Tobacco User/Non-Tobacco User	23	495.85	495.85
20129IL0340074 Rating Area 6	Tobacco User/Non-Tobacco User	24	495.85	495.85
20129IL0340074 Rating Area 6	Tobacco User/Non-Tobacco User	25	497.84	497.84
20129IL0340074 Rating Area 6	Tobacco User/Non-Tobacco User	26	507.75	507.75
20129IL0340074 Rating Area 6	Tobacco User/Non-Tobacco User	27	519.66	519.66
20129IL0340074 Rating Area 6	Tobacco User/Non-Tobacco User	28	538.99	538.99
20129IL0340074 Rating Area 6	Tobacco User/Non-Tobacco User	29	554.86	554.86
20129IL0340074 Rating Area 6	Tobacco User/Non-Tobacco User	30	562.80	590.94
20129IL0340074 Rating Area 6	Tobacco User/Non-Tobacco User	31	574.70	603.44
20129IL0340074 Rating Area 6	Tobacco User/Non-Tobacco User	32	586.60	615.93
20129IL0340074 Rating Area 6	Tobacco User/Non-Tobacco User	33	594.04	623.74
20129IL0340074 Rating Area 6	Tobacco User/Non-Tobacco User	34	601.97	632.07
20129IL0340074 Rating Area 6	Tobacco User/Non-Tobacco User	35	605.94	636.23
20129IL0340074 Rating Area 6	Tobacco User/Non-Tobacco User	36	609.91	646.50
20129IL0340074 Rating Area 6	Tobacco User/Non-Tobacco User	37	613.87	656.84
20129IL0340074 Rating Area 6	Tobacco User/Non-Tobacco User	38	617.84	667.27
20129IL0340074 Rating Area 6	Tobacco User/Non-Tobacco User	39	625.77	682.09
20129IL0340074 Rating Area 6	Tobacco User/Non-Tobacco User	40	633.71	697.07
20129IL0340074 Rating Area 6	Tobacco User/Non-Tobacco User	41	645.61	716.62
20129IL0340074 Rating Area 6	Tobacco User/Non-Tobacco User	42	657.01	735.85
20129IL0340074 Rating Area 6	Tobacco User/Non-Tobacco User	43	672.88	760.35
20129IL0340074 Rating Area 6	Tobacco User/Non-Tobacco User	44	692.71	789.70
20129IL0340074 Rating Area 6	Tobacco User/Non-Tobacco User	45	716.01	823.42
20129IL0340074 Rating Area 6	Tobacco User/Non-Tobacco User	46	743.78	862.78
20129IL0340074 Rating Area 6	Tobacco User/Non-Tobacco User	47	775.02	906.78
20129IL0340074 Rating Area 6	Tobacco User/Non-Tobacco User	48	810.73	956.66
20129IL0340074 Rating Area 6	Tobacco User/Non-Tobacco User	49	845.94	1006.66
20129IL0340074 Rating Area 6	Tobacco User/Non-Tobacco User	50	885.60	1062.72
20129IL0340074 Rating Area 6	Tobacco User/Non-Tobacco User	51	924.77	1109.72
20129IL0340074 Rating Area 6	Tobacco User/Non-Tobacco User	52	967.91	1161.49
20129IL0340074 Rating Area 6	Tobacco User/Non-Tobacco User	53	1011.55	1213.85
20129IL0340074 Rating Area 6	Tobacco User/Non-Tobacco User	54	1058.66	1270.39
20129IL0340074 Rating Area 6	Tobacco User/Non-Tobacco User	55	1105.76	1326.92
20129IL0340074 Rating Area 6	Tobacco User/Non-Tobacco User	56	1156.84	1388.20
20129IL0340074 Rating Area 6	Tobacco User/Non-Tobacco User	57	1208.41	1450.09
20129IL0340074 Rating Area 6	Tobacco User/Non-Tobacco User	58	1263.44	1516.13
20129IL0340074 Rating Area 6	Tobacco User/Non-Tobacco User	59	1290.71	1548.86
20129IL0340074 Rating Area 6	Tobacco User/Non-Tobacco User	60	1345.76	1614.91
20129IL0340074 Rating Area 6	Tobacco User/Non-Tobacco User	61	1393.36	1672.03
20129IL0340074 Rating Area 6	Tobacco User/Non-Tobacco User	62	1424.60	1709.51
20129IL0340074 Rating Area 6	Tobacco User/Non-Tobacco User	63	1463.77	1756.53
20129IL0340074 Rating Area 6	Tobacco User/Non-Tobacco User	64 and over	1487.55	1785.06
20129IL0340074 Rating Area 7	Tobacco User/Non-Tobacco User	0-14	409.16	409.16
20129IL0340074 Rating Area 7	Tobacco User/Non-Tobacco User	15	445.54	445.54
20129IL0340074 Rating Area 7	Tobacco User/Non-Tobacco User	16	459.45	459.45
20129IL0340074 Rating Area 7	Tobacco User/Non-Tobacco User	17	473.35	473.35
20129IL0340074 Rating Area 7	Tobacco User/Non-Tobacco User	18	488.32	488.32
20129IL0340074 Rating Area 7	Tobacco User/Non-Tobacco User	19	503.30	503.30
20129IL0340074 Rating Area 7	Tobacco User/Non-Tobacco User	20	518.81	518.81
20129IL0340074 Rating Area 7	Tobacco User/Non-Tobacco User	21	534.85	534.85
20129IL0340074 Rating Area 7	Tobacco User/Non-Tobacco User	22	534.85	534.85
20129IL0340074 Rating Area 7	Tobacco User/Non-Tobacco User	23	534.85	534.85
20129IL0340074 Rating Area 7	Tobacco User/Non-Tobacco User	24	534.85	534.85
20129IL0340074 Rating Area 7	Tobacco User/Non-Tobacco User	25	537.00	537.00
20129IL0340074 Rating Area 7	Tobacco User/Non-Tobacco User	26	547.69	547.69
20129IL0340074 Rating Area 7	Tobacco User/Non-Tobacco User	27	560.53	560.53
20129IL0340074 Rating Area 7	Tobacco User/Non-Tobacco User	28	581.39	581.39
20129IL0340074 Rating Area 7	Tobacco User/Non-Tobacco User	29	598.50	598.50
20129IL0340074 Rating Area 7	Tobacco User/Non-Tobacco User	30	607.07	637.42
20129IL0340074 Rating Area 7	Tobacco User/Non-Tobacco User	31	619.90	650.90
20129IL0340074 Rating Area 7	Tobacco User/Non-Tobacco User	32	632.74	664.38
20129IL0340074 Rating Area 7	Tobacco User/Non-Tobacco User	33	640.76	672.80
20129IL0340074 Rating Area 7	Tobacco User/Non-Tobacco User	34	649.32	681.78
20129IL0340074 Rating Area 7	Tobacco User/Non-Tobacco User	35	653.60	686.28
20129IL0340074 Rating Area 7	Tobacco User/Non-Tobacco User	36	657.88	697.35

20129IL0340074 Rating Area 9	Tobacco User/Non-Tobacco User	46	819.00	950.03
20129IL0340074 Rating Area 9	Tobacco User/Non-Tobacco User	47	853.39	998.47
20129IL0340074 Rating Area 9	Tobacco User/Non-Tobacco User	48	892.71	1053.40
20129IL0340074 Rating Area 9	Tobacco User/Non-Tobacco User	49	931.48	1108.46
20129IL0340074 Rating Area 9	Tobacco User/Non-Tobacco User	50	975.16	1170.19
20129IL0340074 Rating Area 9	Tobacco User/Non-Tobacco User	51	1018.29	1221.94
20129IL0340074 Rating Area 9	Tobacco User/Non-Tobacco User	52	1065.79	1278.95
20129IL0340074 Rating Area 9	Tobacco User/Non-Tobacco User	53	1113.84	1336.60
20129IL0340074 Rating Area 9	Tobacco User/Non-Tobacco User	54	1165.71	1398.85
20129IL0340074 Rating Area 9	Tobacco User/Non-Tobacco User	55	1217.58	1461.10
20129IL0340074 Rating Area 9	Tobacco User/Non-Tobacco User	56	1273.82	1528.58
20129IL0340074 Rating Area 9	Tobacco User/Non-Tobacco User	57	1330.60	1596.72
20129IL0340074 Rating Area 9	Tobacco User/Non-Tobacco User	58	1391.21	1669.45
20129IL0340074 Rating Area 9	Tobacco User/Non-Tobacco User	59	1421.24	1705.48
20129IL0340074 Rating Area 9	Tobacco User/Non-Tobacco User	60	1481.85	1778.22
20129IL0340074 Rating Area 9	Tobacco User/Non-Tobacco User	61	1534.26	1841.11
20129IL0340074 Rating Area 9	Tobacco User/Non-Tobacco User	62	1568.66	1882.38
20129IL0340074 Rating Area 9	Tobacco User/Non-Tobacco User	63	1611.80	1934.16
20129IL0340074 Rating Area 9	Tobacco User/Non-Tobacco User	64 and over	1637.97	1965.57
20129IL0340074 Rating Area 10	Tobacco User/Non-Tobacco User	0-14	413.42	413.42
20129IL0340074 Rating Area 10	Tobacco User/Non-Tobacco User	15	450.18	450.18
20129IL0340074 Rating Area 10	Tobacco User/Non-Tobacco User	16	464.23	464.23
20129IL0340074 Rating Area 10	Tobacco User/Non-Tobacco User	17	478.28	478.28
20129IL0340074 Rating Area 10	Tobacco User/Non-Tobacco User	18	493.41	493.41
20129IL0340074 Rating Area 10	Tobacco User/Non-Tobacco User	19	508.54	508.54
20129IL0340074 Rating Area 10	Tobacco User/Non-Tobacco User	20	524.22	524.22
20129IL0340074 Rating Area 10	Tobacco User/Non-Tobacco User	21	540.43	540.43
20129IL0340074 Rating Area 10	Tobacco User/Non-Tobacco User	22	540.43	540.43
20129IL0340074 Rating Area 10	Tobacco User/Non-Tobacco User	23	540.43	540.43
20129IL0340074 Rating Area 10	Tobacco User/Non-Tobacco User	24	540.43	540.43
20129IL0340074 Rating Area 10	Tobacco User/Non-Tobacco User	25	542.59	542.59
20129IL0340074 Rating Area 10	Tobacco User/Non-Tobacco User	26	553.39	553.39
20129IL0340074 Rating Area 10	Tobacco User/Non-Tobacco User	27	566.37	566.37
20129IL0340074 Rating Area 10	Tobacco User/Non-Tobacco User	28	587.44	587.44
20129IL0340074 Rating Area 10	Tobacco User/Non-Tobacco User	29	604.74	604.74
20129IL0340074 Rating Area 10	Tobacco User/Non-Tobacco User	30	613.39	644.06
20129IL0340074 Rating Area 10	Tobacco User/Non-Tobacco User	31	626.36	657.68
20129IL0340074 Rating Area 10	Tobacco User/Non-Tobacco User	32	639.33	671.30
20129IL0340074 Rating Area 10	Tobacco User/Non-Tobacco User	33	647.44	679.81
20129IL0340074 Rating Area 10	Tobacco User/Non-Tobacco User	34	656.08	688.88
20129IL0340074 Rating Area 10	Tobacco User/Non-Tobacco User	35	660.41	693.42
20129IL0340074 Rating Area 10	Tobacco User/Non-Tobacco User	36	664.73	704.62
20129IL0340074 Rating Area 10	Tobacco User/Non-Tobacco User	37	669.05	715.88
20129IL0340074 Rating Area 10	Tobacco User/Non-Tobacco User	38	673.37	727.25
20129IL0340074 Rating Area 10	Tobacco User/Non-Tobacco User	39	682.02	743.40
20129IL0340074 Rating Area 10	Tobacco User/Non-Tobacco User	40	690.67	759.73
20129IL0340074 Rating Area 10	Tobacco User/Non-Tobacco User	41	703.64	781.03
20129IL0340074 Rating Area 10	Tobacco User/Non-Tobacco User	42	716.06	802.00
20129IL0340074 Rating Area 10	Tobacco User/Non-Tobacco User	43	733.36	828.70
20129IL0340074 Rating Area 10	Tobacco User/Non-Tobacco User	44	754.98	860.68
20129IL0340074 Rating Area 10	Tobacco User/Non-Tobacco User	45	780.37	897.43
20129IL0340074 Rating Area 10	Tobacco User/Non-Tobacco User	46	810.64	940.34
20129IL0340074 Rating Area 10	Tobacco User/Non-Tobacco User	47	844.69	988.28
20129IL0340074 Rating Area 10	Tobacco User/Non-Tobacco User	48	883.60	1042.65
20129IL0340074 Rating Area 10	Tobacco User/Non-Tobacco User	49	921.98	1097.15
20129IL0340074 Rating Area 10	Tobacco User/Non-Tobacco User	50	965.21	1158.25
20129IL0340074 Rating Area 10	Tobacco User/Non-Tobacco User	51	1007.90	1209.47
20129IL0340074 Rating Area 10	Tobacco User/Non-Tobacco User	52	1054.91	1265.90
20129IL0340074 Rating Area 10	Tobacco User/Non-Tobacco User	53	1102.47	1322.96
20129IL0340074 Rating Area 10	Tobacco User/Non-Tobacco User	54	1153.82	1384.58
20129IL0340074 Rating Area 10	Tobacco User/Non-Tobacco User	55	1205.16	1446.19
20129IL0340074 Rating Area 10	Tobacco User/Non-Tobacco User	56	1260.83	1512.99
20129IL0340074 Rating Area 10	Tobacco User/Non-Tobacco User	57	1317.03	1580.43
20129IL0340074 Rating Area 10	Tobacco User/Non-Tobacco User	58	1377.01	1652.41
20129IL0340074 Rating Area 10	Tobacco User/Non-Tobacco User	59	1406.73	1688.08
20129IL0340074 Rating Area 10	Tobacco User/Non-Tobacco User	60	1466.73	1760.07
20129IL0340074 Rating Area 10	Tobacco User/Non-Tobacco User	61	1518.60	1822.32
20129IL0340074 Rating Area 10	Tobacco User/Non-Tobacco User	62	1552.65	1863.18
20129IL0340074 Rating Area 10	Tobacco User/Non-Tobacco User	63	1595.35	1914.42
20129IL0340074 Rating Area 10	Tobacco User/Non-Tobacco User	64 and over	1621.26	1945.51
20129IL0340074 Rating Area 11	Tobacco User/Non-Tobacco User	0-14	426.21	426.21
20129IL0340074 Rating Area 11	Tobacco User/Non-Tobacco User	15	464.10	464.10
20129IL0340074 Rating Area 11	Tobacco User/Non-Tobacco User	16	478.59	478.59
20129IL0340074 Rating Area 11	Tobacco User/Non-Tobacco User	17	493.07	493.07
20129IL0340074 Rating Area 11	Tobacco User/Non-Tobacco User	18	508.67	508.67
20129IL0340074 Rating Area 11	Tobacco User/Non-Tobacco User	19	524.27	524.27
20129IL0340074 Rating Area 11	Tobacco User/Non-Tobacco User	20	540.43	540.43
20129IL0340074 Rating Area 11	Tobacco User/Non-Tobacco User	21	557.14	557.14
20129IL0340074 Rating Area 11	Tobacco User/Non-Tobacco User	22	557.14	557.14
20129IL0340074 Rating Area 11	Tobacco User/Non-Tobacco User	23	557.14	557.14
20129IL0340074 Rating Area 11	Tobacco User/Non-Tobacco User	24	557.14	557.14
20129IL0340074 Rating Area 11	Tobacco User/Non-Tobacco User	25	559.37	559.37
20129IL0340074 Rating Area 11	Tobacco User/Non-Tobacco User	26	570.51	570.51
20129IL0340074 Rating Area 11	Tobacco User/Non-Tobacco User	27	583.89	583.89
20129IL0340074 Rating Area 11	Tobacco User/Non-Tobacco User	28	605.61	605.61
20129IL0340074 Rating Area 11	Tobacco User/Non-Tobacco User	29	623.44	623.44
20129IL0340074 Rating Area 11	Tobacco User/Non-Tobacco User	30	632.36	663.98
20129IL0340074 Rating Area 11	Tobacco User/Non-Tobacco User	31	645.73	678.02
20129IL0340074 Rating Area 11	Tobacco User/Non-Tobacco User	32	659.10	692.06
20129IL0340074 Rating Area 11	Tobacco User/Non-Tobacco User	33	667.46	700.83
20129IL0340074 Rating Area 11	Tobacco User/Non-Tobacco User	34	676.37	710.19
20129IL0340074 Rating Area 11	Tobacco User/Non-Tobacco User	35	680.83	714.87
20129IL0340074 Rating Area 11	Tobacco User/Non-Tobacco User	36	685.29	726.41
20129IL0340074 Rating Area 11	Tobacco User/Non-Tobacco User	37	689.74	738.02
20129IL0340074 Rating Area 11	Tobacco User/Non-Tobacco User	38	694.20	749.74
20129IL0340074 Rating Area 11	Tobacco User/Non-Tobacco User	39	703.11	766.39
20129IL0340074 Rating Area 11	Tobacco User/Non-Tobacco User	40	712.03	783.23
20129IL0340074 Rating Area 11	Tobacco User/Non-Tobacco User	41	725.40	805.19
20129IL0340074 Rating Area 11	Tobacco User/Non-Tobacco User	42	738.21	826.80
20129IL0340074 Rating Area 11	Tobacco User/Non-Tobacco User	43	756.04	854.33
20129IL0340074 Rating Area 11	Tobacco User/Non-Tobacco User	44	778.33	887.30
20129IL0340074 Rating Area 11	Tobacco User/Non-Tobacco User	45	804.51	925.19
20129IL0340074 Rating Area 11	Tobacco User/Non-Tobacco User	46	835.71	969.42
20129IL0340074 Rating Area 11	Tobacco User/Non-Tobacco User	47	870.81	1018.85
20129IL0340074 Rating Area 11	Tobacco User/Non-Tobacco User	48	910.93	1074.90
20129IL0340074 Rating Area 11	Tobacco User/Non-Tobacco User	49	950.49	1131.08
20129IL0340074 Rating Area 11	Tobacco User/Non-Tobacco User	50	995.06	1194.07
20129IL0340074 Rating Area 11	Tobacco User/Non-Tobacco User	51	1039.07	1246.88
20129IL0340074 Rating Area 11	Tobacco User/Non-Tobacco User	52	1087.54	1305.05
20129IL0340074 Rating Area 11	Tobacco User/Non-Tobacco User	53	1136.57	1363.88
20129IL0340074 Rating Area 11	Tobacco User/Non-Tobacco User	54	1189.50	1427.40

20129IL0340074 Rating Area 11	Tobacco User/Non-Tobacco User	55	1242.43	1490.92
20129IL0340074 Rating Area 11	Tobacco User/Non-Tobacco User	56	1299.82	1559.78
20129IL0340074 Rating Area 11	Tobacco User/Non-Tobacco User	57	1357.76	1629.31
20129IL0340074 Rating Area 11	Tobacco User/Non-Tobacco User	58	1419.60	1703.52
20129IL0340074 Rating Area 11	Tobacco User/Non-Tobacco User	59	1450.24	1740.29
20129IL0340074 Rating Area 11	Tobacco User/Non-Tobacco User	60	1512.09	1814.51
20129IL0340074 Rating Area 11	Tobacco User/Non-Tobacco User	61	1565.57	1878.68
20129IL0340074 Rating Area 11	Tobacco User/Non-Tobacco User	62	1600.67	1920.80
20129IL0340074 Rating Area 11	Tobacco User/Non-Tobacco User	63	1644.69	1973.63
20129IL0340074 Rating Area 11	Tobacco User/Non-Tobacco User	64 and over	1671.40	2005.68
20129IL0340074 Rating Area 13	Tobacco User/Non-Tobacco User	0-14	485.88	485.88
20129IL0340074 Rating Area 13	Tobacco User/Non-Tobacco User	15	529.07	529.07
20129IL0340074 Rating Area 13	Tobacco User/Non-Tobacco User	16	545.59	545.59
20129IL0340074 Rating Area 13	Tobacco User/Non-Tobacco User	17	562.10	562.10
20129IL0340074 Rating Area 13	Tobacco User/Non-Tobacco User	18	579.88	579.88
20129IL0340074 Rating Area 13	Tobacco User/Non-Tobacco User	19	597.67	597.67
20129IL0340074 Rating Area 13	Tobacco User/Non-Tobacco User	20	616.09	616.09
20129IL0340074 Rating Area 13	Tobacco User/Non-Tobacco User	21	635.14	635.14
20129IL0340074 Rating Area 13	Tobacco User/Non-Tobacco User	22	635.14	635.14
20129IL0340074 Rating Area 13	Tobacco User/Non-Tobacco User	23	635.14	635.14
20129IL0340074 Rating Area 13	Tobacco User/Non-Tobacco User	24	635.14	635.14
20129IL0340074 Rating Area 13	Tobacco User/Non-Tobacco User	25	637.68	637.68
20129IL0340074 Rating Area 13	Tobacco User/Non-Tobacco User	26	650.38	650.38
20129IL0340074 Rating Area 13	Tobacco User/Non-Tobacco User	27	665.63	665.63
20129IL0340074 Rating Area 13	Tobacco User/Non-Tobacco User	28	690.40	690.40
20129IL0340074 Rating Area 13	Tobacco User/Non-Tobacco User	29	710.72	710.72
20129IL0340074 Rating Area 13	Tobacco User/Non-Tobacco User	30	720.89	756.94
20129IL0340074 Rating Area 13	Tobacco User/Non-Tobacco User	31	736.13	772.94
20129IL0340074 Rating Area 13	Tobacco User/Non-Tobacco User	32	751.37	788.95
20129IL0340074 Rating Area 13	Tobacco User/Non-Tobacco User	33	760.90	798.95
20129IL0340074 Rating Area 13	Tobacco User/Non-Tobacco User	34	771.06	809.62
20129IL0340074 Rating Area 13	Tobacco User/Non-Tobacco User	35	776.15	814.95
20129IL0340074 Rating Area 13	Tobacco User/Non-Tobacco User	36	781.23	828.11
20129IL0340074 Rating Area 13	Tobacco User/Non-Tobacco User	37	786.30	841.34
20129IL0340074 Rating Area 13	Tobacco User/Non-Tobacco User	38	791.39	854.70
20129IL0340074 Rating Area 13	Tobacco User/Non-Tobacco User	39	801.55	873.68
20129IL0340074 Rating Area 13	Tobacco User/Non-Tobacco User	40	811.71	892.88
20129IL0340074 Rating Area 13	Tobacco User/Non-Tobacco User	41	826.96	917.92
20129IL0340074 Rating Area 13	Tobacco User/Non-Tobacco User	42	841.56	942.55
20129IL0340074 Rating Area 13	Tobacco User/Non-Tobacco User	43	861.89	973.94
20129IL0340074 Rating Area 13	Tobacco User/Non-Tobacco User	44	887.30	1011.52
20129IL0340074 Rating Area 13	Tobacco User/Non-Tobacco User	45	917.14	1054.72
20129IL0340074 Rating Area 13	Tobacco User/Non-Tobacco User	46	952.71	1105.14
20129IL0340074 Rating Area 13	Tobacco User/Non-Tobacco User	47	992.72	1161.49
20129IL0340074 Rating Area 13	Tobacco User/Non-Tobacco User	48	1038.46	1225.39
20129IL0340074 Rating Area 13	Tobacco User/Non-Tobacco User	49	1083.56	1289.43
20129IL0340074 Rating Area 13	Tobacco User/Non-Tobacco User	50	1134.37	1361.24
20129IL0340074 Rating Area 13	Tobacco User/Non-Tobacco User	51	1184.54	1421.44
20129IL0340074 Rating Area 13	Tobacco User/Non-Tobacco User	52	1239.80	1487.76
20129IL0340074 Rating Area 13	Tobacco User/Non-Tobacco User	53	1295.69	1554.82
20129IL0340074 Rating Area 13	Tobacco User/Non-Tobacco User	54	1356.03	1627.24
20129IL0340074 Rating Area 13	Tobacco User/Non-Tobacco User	55	1416.37	1699.65
20129IL0340074 Rating Area 13	Tobacco User/Non-Tobacco User	56	1481.79	1778.15
20129IL0340074 Rating Area 13	Tobacco User/Non-Tobacco User	57	1547.85	1857.41
20129IL0340074 Rating Area 13	Tobacco User/Non-Tobacco User	58	1618.34	1942.01
20129IL0340074 Rating Area 13	Tobacco User/Non-Tobacco User	59	1653.27	1983.93
20129IL0340074 Rating Area 13	Tobacco User/Non-Tobacco User	60	1723.78	2068.54
20129IL0340074 Rating Area 13	Tobacco User/Non-Tobacco User	61	1784.75	2141.70
20129IL0340074 Rating Area 13	Tobacco User/Non-Tobacco User	62	1824.76	2189.71
20129IL0340074 Rating Area 13	Tobacco User/Non-Tobacco User	63	1874.95	2249.94
20129IL0340074 Rating Area 13	Tobacco User/Non-Tobacco User	64 and over	1905.40	2286.48
20129IL0340079 Rating Area 6	Tobacco User/Non-Tobacco User	0-14	447.16	447.16
20129IL0340079 Rating Area 6	Tobacco User/Non-Tobacco User	15	486.91	486.91
20129IL0340079 Rating Area 6	Tobacco User/Non-Tobacco User	16	502.11	502.11
20129IL0340079 Rating Area 6	Tobacco User/Non-Tobacco User	17	517.31	517.31
20129IL0340079 Rating Area 6	Tobacco User/Non-Tobacco User	18	533.68	533.68
20129IL0340079 Rating Area 6	Tobacco User/Non-Tobacco User	19	550.05	550.05
20129IL0340079 Rating Area 6	Tobacco User/Non-Tobacco User	20	566.99	566.99
20129IL0340079 Rating Area 6	Tobacco User/Non-Tobacco User	21	584.53	584.53
20129IL0340079 Rating Area 6	Tobacco User/Non-Tobacco User	22	584.53	584.53
20129IL0340079 Rating Area 6	Tobacco User/Non-Tobacco User	23	584.53	584.53
20129IL0340079 Rating Area 6	Tobacco User/Non-Tobacco User	24	584.53	584.53
20129IL0340079 Rating Area 6	Tobacco User/Non-Tobacco User	25	586.87	586.87
20129IL0340079 Rating Area 6	Tobacco User/Non-Tobacco User	26	598.56	598.56
20129IL0340079 Rating Area 6	Tobacco User/Non-Tobacco User	27	612.59	612.59
20129IL0340079 Rating Area 6	Tobacco User/Non-Tobacco User	28	635.39	635.39
20129IL0340079 Rating Area 6	Tobacco User/Non-Tobacco User	29	654.09	654.09
20129IL0340079 Rating Area 6	Tobacco User/Non-Tobacco User	30	663.44	696.61
20129IL0340079 Rating Area 6	Tobacco User/Non-Tobacco User	31	677.47	711.34
20129IL0340079 Rating Area 6	Tobacco User/Non-Tobacco User	32	691.50	726.08
20129IL0340079 Rating Area 6	Tobacco User/Non-Tobacco User	33	700.27	735.28
20129IL0340079 Rating Area 6	Tobacco User/Non-Tobacco User	34	709.62	745.11
20129IL0340079 Rating Area 6	Tobacco User/Non-Tobacco User	35	714.30	750.01
20129IL0340079 Rating Area 6	Tobacco User/Non-Tobacco User	36	718.97	762.11
20129IL0340079 Rating Area 6	Tobacco User/Non-Tobacco User	37	723.65	774.31
20129IL0340079 Rating Area 6	Tobacco User/Non-Tobacco User	38	728.32	786.59
20129IL0340079 Rating Area 6	Tobacco User/Non-Tobacco User	39	737.68	804.07
20129IL0340079 Rating Area 6	Tobacco User/Non-Tobacco User	40	747.03	821.74
20129IL0340079 Rating Area 6	Tobacco User/Non-Tobacco User	41	761.06	844.77
20129IL0340079 Rating Area 6	Tobacco User/Non-Tobacco User	42	774.50	867.45
20129IL0340079 Rating Area 6	Tobacco User/Non-Tobacco User	43	793.21	896.33
20129IL0340079 Rating Area 6	Tobacco User/Non-Tobacco User	44	816.59	930.91
20129IL0340079 Rating Area 6	Tobacco User/Non-Tobacco User	45	844.06	970.67
20129IL0340079 Rating Area 6	Tobacco User/Non-Tobacco User	46	876.79	1017.08
20129IL0340079 Rating Area 6	Tobacco User/Non-Tobacco User	47	913.62	1068.93
20129IL0340079 Rating Area 6	Tobacco User/Non-Tobacco User	48	955.71	1127.74
20129IL0340079 Rating Area 6	Tobacco User/Non-Tobacco User	49	997.21	1186.68
20129IL0340079 Rating Area 6	Tobacco User/Non-Tobacco User	50	1043.97	1252.76
20129IL0340079 Rating Area 6	Tobacco User/Non-Tobacco User	51	1090.15	1308.18
20129IL0340079 Rating Area 6	Tobacco User/Non-Tobacco User	52	1141.01	1369.21
20129IL0340079 Rating Area 6	Tobacco User/Non-Tobacco User	53	1192.44	1430.92
20129IL0340079 Rating Area 6	Tobacco User/Non-Tobacco User	54	1247.98	1497.57
20129IL0340079 Rating Area 6	Tobacco User/Non-Tobacco User	55	1303.50	1564.20
20129IL0340079 Rating Area 6	Tobacco User/Non-Tobacco User	56	1363.71	1636.45
20129IL0340079 Rating Area 6	Tobacco User/Non-Tobacco User	57	1424.50	1709.40
20129IL0340079 Rating Area 6	Tobacco User/Non-Tobacco User	58	1489.39	1787.26
20129IL0340079 Rating Area 6	Tobacco User/Non-Tobacco User	59	1521.54	1825.84
20129IL0340079 Rating Area 6	Tobacco User/Non-Tobacco User	60	1586.42	1903.70
20129IL0340079 Rating Area 6	Tobacco User/Non-Tobacco User	61	1642.53	1971.04
20129IL0340079 Rating Area 6	Tobacco User/Non-Tobacco User	62	1679.36	2015.23
20129IL0340079 Rating Area 6	Tobacco User/Non-Tobacco User	63	1725.53	2070.64

20129IL0340079 Rating Area 6	Tobacco User/Non-Tobacco User	64 and over	1753.57	2104.28
20129IL0340079 Rating Area 7	Tobacco User/Non-Tobacco User	0-14	482.33	482.33
20129IL0340079 Rating Area 7	Tobacco User/Non-Tobacco User	15	525.21	525.21
20129IL0340079 Rating Area 7	Tobacco User/Non-Tobacco User	16	541.60	541.60
20129IL0340079 Rating Area 7	Tobacco User/Non-Tobacco User	17	558.00	558.00
20129IL0340079 Rating Area 7	Tobacco User/Non-Tobacco User	18	575.65	575.65
20129IL0340079 Rating Area 7	Tobacco User/Non-Tobacco User	19	593.31	593.31
20129IL0340079 Rating Area 7	Tobacco User/Non-Tobacco User	20	611.59	611.59
20129IL0340079 Rating Area 7	Tobacco User/Non-Tobacco User	21	630.51	630.51
20129IL0340079 Rating Area 7	Tobacco User/Non-Tobacco User	22	630.51	630.51
20129IL0340079 Rating Area 7	Tobacco User/Non-Tobacco User	23	630.51	630.51
20129IL0340079 Rating Area 7	Tobacco User/Non-Tobacco User	24	630.51	630.51
20129IL0340079 Rating Area 7	Tobacco User/Non-Tobacco User	25	633.02	633.02
20129IL0340079 Rating Area 7	Tobacco User/Non-Tobacco User	26	645.64	645.64
20129IL0340079 Rating Area 7	Tobacco User/Non-Tobacco User	27	660.77	660.77
20129IL0340079 Rating Area 7	Tobacco User/Non-Tobacco User	28	685.36	685.36
20129IL0340079 Rating Area 7	Tobacco User/Non-Tobacco User	29	705.53	705.53
20129IL0340079 Rating Area 7	Tobacco User/Non-Tobacco User	30	715.62	751.40
20129IL0340079 Rating Area 7	Tobacco User/Non-Tobacco User	31	730.75	767.29
20129IL0340079 Rating Area 7	Tobacco User/Non-Tobacco User	32	745.89	783.19
20129IL0340079 Rating Area 7	Tobacco User/Non-Tobacco User	33	755.35	793.11
20129IL0340079 Rating Area 7	Tobacco User/Non-Tobacco User	34	765.44	803.71
20129IL0340079 Rating Area 7	Tobacco User/Non-Tobacco User	35	770.48	809.00
20129IL0340079 Rating Area 7	Tobacco User/Non-Tobacco User	36	775.52	822.05
20129IL0340079 Rating Area 7	Tobacco User/Non-Tobacco User	37	780.57	835.21
20129IL0340079 Rating Area 7	Tobacco User/Non-Tobacco User	38	785.61	848.46
20129IL0340079 Rating Area 7	Tobacco User/Non-Tobacco User	39	795.70	867.31
20129IL0340079 Rating Area 7	Tobacco User/Non-Tobacco User	40	805.79	886.37
20129IL0340079 Rating Area 7	Tobacco User/Non-Tobacco User	41	820.92	911.21
20129IL0340079 Rating Area 7	Tobacco User/Non-Tobacco User	42	835.42	935.67
20129IL0340079 Rating Area 7	Tobacco User/Non-Tobacco User	43	855.60	966.83
20129IL0340079 Rating Area 7	Tobacco User/Non-Tobacco User	44	880.82	1004.13
20129IL0340079 Rating Area 7	Tobacco User/Non-Tobacco User	45	910.44	1047.01
20129IL0340079 Rating Area 7	Tobacco User/Non-Tobacco User	46	945.75	1097.08
20129IL0340079 Rating Area 7	Tobacco User/Non-Tobacco User	47	985.48	1153.01
20129IL0340079 Rating Area 7	Tobacco User/Non-Tobacco User	48	1030.88	1216.44
20129IL0340079 Rating Area 7	Tobacco User/Non-Tobacco User	49	1075.64	1280.02
20129IL0340079 Rating Area 7	Tobacco User/Non-Tobacco User	50	1126.08	1351.30
20129IL0340079 Rating Area 7	Tobacco User/Non-Tobacco User	51	1175.89	1411.08
20129IL0340079 Rating Area 7	Tobacco User/Non-Tobacco User	52	1230.75	1476.90
20129IL0340079 Rating Area 7	Tobacco User/Non-Tobacco User	53	1286.23	1543.47
20129IL0340079 Rating Area 7	Tobacco User/Non-Tobacco User	54	1346.13	1615.35
20129IL0340079 Rating Area 7	Tobacco User/Non-Tobacco User	55	1406.03	1687.23
20129IL0340079 Rating Area 7	Tobacco User/Non-Tobacco User	56	1470.97	1765.16
20129IL0340079 Rating Area 7	Tobacco User/Non-Tobacco User	57	1536.54	1843.84
20129IL0340079 Rating Area 7	Tobacco User/Non-Tobacco User	58	1606.53	1927.83
20129IL0340079 Rating Area 7	Tobacco User/Non-Tobacco User	59	1641.21	1969.45
20129IL0340079 Rating Area 7	Tobacco User/Non-Tobacco User	60	1711.19	2053.43
20129IL0340079 Rating Area 7	Tobacco User/Non-Tobacco User	61	1771.72	2126.06
20129IL0340079 Rating Area 7	Tobacco User/Non-Tobacco User	62	1811.44	2173.73
20129IL0340079 Rating Area 7	Tobacco User/Non-Tobacco User	63	1861.25	2233.50
20129IL0340079 Rating Area 7	Tobacco User/Non-Tobacco User	64 and over	1891.49	2269.79
20129IL0340079 Rating Area 8	Tobacco User/Non-Tobacco User	0-14	492.38	492.38
20129IL0340079 Rating Area 8	Tobacco User/Non-Tobacco User	15	536.15	536.15
20129IL0340079 Rating Area 8	Tobacco User/Non-Tobacco User	16	552.89	552.89
20129IL0340079 Rating Area 8	Tobacco User/Non-Tobacco User	17	569.63	569.63
20129IL0340079 Rating Area 8	Tobacco User/Non-Tobacco User	18	587.65	587.65
20129IL0340079 Rating Area 8	Tobacco User/Non-Tobacco User	19	605.67	605.67
20129IL0340079 Rating Area 8	Tobacco User/Non-Tobacco User	20	624.33	624.33
20129IL0340079 Rating Area 8	Tobacco User/Non-Tobacco User	21	643.64	643.64
20129IL0340079 Rating Area 8	Tobacco User/Non-Tobacco User	22	643.64	643.64
20129IL0340079 Rating Area 8	Tobacco User/Non-Tobacco User	23	643.64	643.64
20129IL0340079 Rating Area 8	Tobacco User/Non-Tobacco User	24	643.64	643.64
20129IL0340079 Rating Area 8	Tobacco User/Non-Tobacco User	25	646.21	646.21
20129IL0340079 Rating Area 8	Tobacco User/Non-Tobacco User	26	659.09	659.09
20129IL0340079 Rating Area 8	Tobacco User/Non-Tobacco User	27	674.53	674.53
20129IL0340079 Rating Area 8	Tobacco User/Non-Tobacco User	28	699.64	699.64
20129IL0340079 Rating Area 8	Tobacco User/Non-Tobacco User	29	720.23	720.23
20129IL0340079 Rating Area 8	Tobacco User/Non-Tobacco User	30	730.53	767.06
20129IL0340079 Rating Area 8	Tobacco User/Non-Tobacco User	31	745.98	783.27
20129IL0340079 Rating Area 8	Tobacco User/Non-Tobacco User	32	761.43	799.50
20129IL0340079 Rating Area 8	Tobacco User/Non-Tobacco User	33	771.08	809.64
20129IL0340079 Rating Area 8	Tobacco User/Non-Tobacco User	34	781.38	820.46
20129IL0340079 Rating Area 8	Tobacco User/Non-Tobacco User	35	786.53	825.86
20129IL0340079 Rating Area 8	Tobacco User/Non-Tobacco User	36	791.67	839.17
20129IL0340079 Rating Area 8	Tobacco User/Non-Tobacco User	37	796.83	852.61
20129IL0340079 Rating Area 8	Tobacco User/Non-Tobacco User	38	801.97	866.13
20129IL0340079 Rating Area 8	Tobacco User/Non-Tobacco User	39	812.27	885.38
20129IL0340079 Rating Area 8	Tobacco User/Non-Tobacco User	40	822.57	904.83
20129IL0340079 Rating Area 8	Tobacco User/Non-Tobacco User	41	838.02	930.20
20129IL0340079 Rating Area 8	Tobacco User/Non-Tobacco User	42	852.83	955.17
20129IL0340079 Rating Area 8	Tobacco User/Non-Tobacco User	43	873.43	986.97
20129IL0340079 Rating Area 8	Tobacco User/Non-Tobacco User	44	899.17	1025.05
20129IL0340079 Rating Area 8	Tobacco User/Non-Tobacco User	45	929.41	1068.83
20129IL0340079 Rating Area 8	Tobacco User/Non-Tobacco User	46	965.46	1119.93
20129IL0340079 Rating Area 8	Tobacco User/Non-Tobacco User	47	1006.01	1177.03
20129IL0340079 Rating Area 8	Tobacco User/Non-Tobacco User	48	1052.35	1241.78
20129IL0340079 Rating Area 8	Tobacco User/Non-Tobacco User	49	1098.05	1306.68
20129IL0340079 Rating Area 8	Tobacco User/Non-Tobacco User	50	1149.54	1379.45
20129IL0340079 Rating Area 8	Tobacco User/Non-Tobacco User	51	1200.39	1440.47
20129IL0340079 Rating Area 8	Tobacco User/Non-Tobacco User	52	1256.39	1507.67
20129IL0340079 Rating Area 8	Tobacco User/Non-Tobacco User	53	1313.02	1575.62
20129IL0340079 Rating Area 8	Tobacco User/Non-Tobacco User	54	1374.18	1649.01
20129IL0340079 Rating Area 8	Tobacco User/Non-Tobacco User	55	1435.32	1722.38
20129IL0340079 Rating Area 8	Tobacco User/Non-Tobacco User	56	1501.61	1801.94
20129IL0340079 Rating Area 8	Tobacco User/Non-Tobacco User	57	1568.55	1882.26
20129IL0340079 Rating Area 8	Tobacco User/Non-Tobacco User	58	1640.00	1968.00
20129IL0340079 Rating Area 8	Tobacco User/Non-Tobacco User	59	1675.40	2010.48
20129IL0340079 Rating Area 8	Tobacco User/Non-Tobacco User	60	1746.84	2096.21
20129IL0340079 Rating Area 8	Tobacco User/Non-Tobacco User	61	1808.63	2170.36
20129IL0340079 Rating Area 8	Tobacco User/Non-Tobacco User	62	1849.18	2219.01
20129IL0340079 Rating Area 8	Tobacco User/Non-Tobacco User	63	1900.02	2280.03
20129IL0340079 Rating Area 8	Tobacco User/Non-Tobacco User	64 and over	1930.89	2317.07
20129IL0340079 Rating Area 9	Tobacco User/Non-Tobacco User	0-14	492.38	492.38
20129IL0340079 Rating Area 9	Tobacco User/Non-Tobacco User	15	536.15	536.15
20129IL0340079 Rating Area 9	Tobacco User/Non-Tobacco User	16	552.89	552.89
20129IL0340079 Rating Area 9	Tobacco User/Non-Tobacco User	17	569.63	569.63
20129IL0340079 Rating Area 9	Tobacco User/Non-Tobacco User	18	587.65	587.65
20129IL0340079 Rating Area 9	Tobacco User/Non-Tobacco User	19	605.67	605.67
20129IL0340079 Rating Area 9	Tobacco User/Non-Tobacco User	20	624.33	624.33
20129IL0340079 Rating Area 9	Tobacco User/Non-Tobacco User	21	643.64	643.64

20129IL0340079 Rating Area 9	Tobacco User/Non-Tobacco User	22	643.64	643.64
20129IL0340079 Rating Area 9	Tobacco User/Non-Tobacco User	23	643.64	643.64
20129IL0340079 Rating Area 9	Tobacco User/Non-Tobacco User	24	643.64	643.64
20129IL0340079 Rating Area 9	Tobacco User/Non-Tobacco User	25	646.21	646.21
20129IL0340079 Rating Area 9	Tobacco User/Non-Tobacco User	26	659.09	659.09
20129IL0340079 Rating Area 9	Tobacco User/Non-Tobacco User	27	674.53	674.53
20129IL0340079 Rating Area 9	Tobacco User/Non-Tobacco User	28	699.64	699.64
20129IL0340079 Rating Area 9	Tobacco User/Non-Tobacco User	29	720.23	720.23
20129IL0340079 Rating Area 9	Tobacco User/Non-Tobacco User	30	730.53	767.06
20129IL0340079 Rating Area 9	Tobacco User/Non-Tobacco User	31	745.98	783.27
20129IL0340079 Rating Area 9	Tobacco User/Non-Tobacco User	32	761.43	799.50
20129IL0340079 Rating Area 9	Tobacco User/Non-Tobacco User	33	771.08	809.64
20129IL0340079 Rating Area 9	Tobacco User/Non-Tobacco User	34	781.38	820.46
20129IL0340079 Rating Area 9	Tobacco User/Non-Tobacco User	35	786.53	825.86
20129IL0340079 Rating Area 9	Tobacco User/Non-Tobacco User	36	791.67	839.17
20129IL0340079 Rating Area 9	Tobacco User/Non-Tobacco User	37	796.83	852.61
20129IL0340079 Rating Area 9	Tobacco User/Non-Tobacco User	38	801.97	866.13
20129IL0340079 Rating Area 9	Tobacco User/Non-Tobacco User	39	812.27	885.38
20129IL0340079 Rating Area 9	Tobacco User/Non-Tobacco User	40	822.57	904.83
20129IL0340079 Rating Area 9	Tobacco User/Non-Tobacco User	41	838.02	930.20
20129IL0340079 Rating Area 9	Tobacco User/Non-Tobacco User	42	852.83	955.17
20129IL0340079 Rating Area 9	Tobacco User/Non-Tobacco User	43	873.43	986.97
20129IL0340079 Rating Area 9	Tobacco User/Non-Tobacco User	44	899.17	1025.05
20129IL0340079 Rating Area 9	Tobacco User/Non-Tobacco User	45	929.41	1068.83
20129IL0340079 Rating Area 9	Tobacco User/Non-Tobacco User	46	965.46	1119.83
20129IL0340079 Rating Area 9	Tobacco User/Non-Tobacco User	47	1006.01	1177.03
20129IL0340079 Rating Area 9	Tobacco User/Non-Tobacco User	48	1052.35	1241.78
20129IL0340079 Rating Area 9	Tobacco User/Non-Tobacco User	49	1098.05	1306.68
20129IL0340079 Rating Area 9	Tobacco User/Non-Tobacco User	50	1149.54	1379.45
20129IL0340079 Rating Area 9	Tobacco User/Non-Tobacco User	51	1200.39	1440.47
20129IL0340079 Rating Area 9	Tobacco User/Non-Tobacco User	52	1256.39	1507.67
20129IL0340079 Rating Area 9	Tobacco User/Non-Tobacco User	53	1313.02	1575.62
20129IL0340079 Rating Area 9	Tobacco User/Non-Tobacco User	54	1374.18	1649.01
20129IL0340079 Rating Area 9	Tobacco User/Non-Tobacco User	55	1435.32	1722.38
20129IL0340079 Rating Area 9	Tobacco User/Non-Tobacco User	56	1501.61	1801.94
20129IL0340079 Rating Area 9	Tobacco User/Non-Tobacco User	57	1568.55	1882.26
20129IL0340079 Rating Area 9	Tobacco User/Non-Tobacco User	58	1640.00	1968.00
20129IL0340079 Rating Area 9	Tobacco User/Non-Tobacco User	59	1675.40	2010.48
20129IL0340079 Rating Area 9	Tobacco User/Non-Tobacco User	60	1746.84	2096.21
20129IL0340079 Rating Area 9	Tobacco User/Non-Tobacco User	61	1808.63	2170.36
20129IL0340079 Rating Area 9	Tobacco User/Non-Tobacco User	62	1849.18	2219.01
20129IL0340079 Rating Area 9	Tobacco User/Non-Tobacco User	63	1900.02	2280.03
20129IL0340079 Rating Area 9	Tobacco User/Non-Tobacco User	64 and over	1930.89	2317.07
20129IL0340079 Rating Area 10	Tobacco User/Non-Tobacco User	0-14	487.36	487.36
20129IL0340079 Rating Area 10	Tobacco User/Non-Tobacco User	15	530.68	530.68
20129IL0340079 Rating Area 10	Tobacco User/Non-Tobacco User	16	547.24	547.24
20129IL0340079 Rating Area 10	Tobacco User/Non-Tobacco User	17	563.81	563.81
20129IL0340079 Rating Area 10	Tobacco User/Non-Tobacco User	18	581.65	581.65
20129IL0340079 Rating Area 10	Tobacco User/Non-Tobacco User	19	599.49	599.49
20129IL0340079 Rating Area 10	Tobacco User/Non-Tobacco User	20	617.96	617.96
20129IL0340079 Rating Area 10	Tobacco User/Non-Tobacco User	21	637.08	637.08
20129IL0340079 Rating Area 10	Tobacco User/Non-Tobacco User	22	637.08	637.08
20129IL0340079 Rating Area 10	Tobacco User/Non-Tobacco User	23	637.08	637.08
20129IL0340079 Rating Area 10	Tobacco User/Non-Tobacco User	24	637.08	637.08
20129IL0340079 Rating Area 10	Tobacco User/Non-Tobacco User	25	639.62	639.62
20129IL0340079 Rating Area 10	Tobacco User/Non-Tobacco User	26	652.36	652.36
20129IL0340079 Rating Area 10	Tobacco User/Non-Tobacco User	27	667.65	667.65
20129IL0340079 Rating Area 10	Tobacco User/Non-Tobacco User	28	692.50	692.50
20129IL0340079 Rating Area 10	Tobacco User/Non-Tobacco User	29	712.88	712.88
20129IL0340079 Rating Area 10	Tobacco User/Non-Tobacco User	30	723.08	759.23
20129IL0340079 Rating Area 10	Tobacco User/Non-Tobacco User	31	738.36	775.28
20129IL0340079 Rating Area 10	Tobacco User/Non-Tobacco User	32	753.66	791.35
20129IL0340079 Rating Area 10	Tobacco User/Non-Tobacco User	33	763.22	801.38
20129IL0340079 Rating Area 10	Tobacco User/Non-Tobacco User	34	773.41	812.08
20129IL0340079 Rating Area 10	Tobacco User/Non-Tobacco User	35	778.50	817.43
20129IL0340079 Rating Area 10	Tobacco User/Non-Tobacco User	36	783.60	830.61
20129IL0340079 Rating Area 10	Tobacco User/Non-Tobacco User	37	788.70	843.91
20129IL0340079 Rating Area 10	Tobacco User/Non-Tobacco User	38	793.79	857.30
20129IL0340079 Rating Area 10	Tobacco User/Non-Tobacco User	39	803.98	876.35
20129IL0340079 Rating Area 10	Tobacco User/Non-Tobacco User	40	814.18	895.60
20129IL0340079 Rating Area 10	Tobacco User/Non-Tobacco User	41	829.47	920.70
20129IL0340079 Rating Area 10	Tobacco User/Non-Tobacco User	42	844.12	945.42
20129IL0340079 Rating Area 10	Tobacco User/Non-Tobacco User	43	864.51	976.90
20129IL0340079 Rating Area 10	Tobacco User/Non-Tobacco User	44	889.99	1014.59
20129IL0340079 Rating Area 10	Tobacco User/Non-Tobacco User	45	919.93	1057.92
20129IL0340079 Rating Area 10	Tobacco User/Non-Tobacco User	46	955.61	1108.51
20129IL0340079 Rating Area 10	Tobacco User/Non-Tobacco User	47	995.74	1165.02
20129IL0340079 Rating Area 10	Tobacco User/Non-Tobacco User	48	1041.62	1229.11
20129IL0340079 Rating Area 10	Tobacco User/Non-Tobacco User	49	1086.85	1293.35
20129IL0340079 Rating Area 10	Tobacco User/Non-Tobacco User	50	1137.81	1365.37
20129IL0340079 Rating Area 10	Tobacco User/Non-Tobacco User	51	1188.14	1425.77
20129IL0340079 Rating Area 10	Tobacco User/Non-Tobacco User	52	1243.57	1492.29
20129IL0340079 Rating Area 10	Tobacco User/Non-Tobacco User	53	1299.63	1559.55
20129IL0340079 Rating Area 10	Tobacco User/Non-Tobacco User	54	1360.15	1632.18
20129IL0340079 Rating Area 10	Tobacco User/Non-Tobacco User	55	1420.67	1704.80
20129IL0340079 Rating Area 10	Tobacco User/Non-Tobacco User	56	1486.29	1783.55
20129IL0340079 Rating Area 10	Tobacco User/Non-Tobacco User	57	1552.54	1863.05
20129IL0340079 Rating Area 10	Tobacco User/Non-Tobacco User	58	1623.27	1947.92
20129IL0340079 Rating Area 10	Tobacco User/Non-Tobacco User	59	1658.30	1989.96
20129IL0340079 Rating Area 10	Tobacco User/Non-Tobacco User	60	1729.02	2074.82
20129IL0340079 Rating Area 10	Tobacco User/Non-Tobacco User	61	1790.17	2148.21
20129IL0340079 Rating Area 10	Tobacco User/Non-Tobacco User	62	1830.31	2196.37
20129IL0340079 Rating Area 10	Tobacco User/Non-Tobacco User	63	1880.64	2256.76
20129IL0340079 Rating Area 10	Tobacco User/Non-Tobacco User	64 and over	1911.19	2293.43
20129IL0340079 Rating Area 11	Tobacco User/Non-Tobacco User	0-14	502.43	502.43
20129IL0340079 Rating Area 11	Tobacco User/Non-Tobacco User	15	547.09	547.09
20129IL0340079 Rating Area 11	Tobacco User/Non-Tobacco User	16	564.17	564.17
20129IL0340079 Rating Area 11	Tobacco User/Non-Tobacco User	17	581.25	581.25
20129IL0340079 Rating Area 11	Tobacco User/Non-Tobacco User	18	599.64	599.64
20129IL0340079 Rating Area 11	Tobacco User/Non-Tobacco User	19	618.03	618.03
20129IL0340079 Rating Area 11	Tobacco User/Non-Tobacco User	20	637.07	637.07
20129IL0340079 Rating Area 11	Tobacco User/Non-Tobacco User	21	656.78	656.78
20129IL0340079 Rating Area 11	Tobacco User/Non-Tobacco User	22	656.78	656.78
20129IL0340079 Rating Area 11	Tobacco User/Non-Tobacco User	23	656.78	656.78
20129IL0340079 Rating Area 11	Tobacco User/Non-Tobacco User	24	656.78	656.78
20129IL0340079 Rating Area 11	Tobacco User/Non-Tobacco User	25	659.40	659.40
20129IL0340079 Rating Area 11	Tobacco User/Non-Tobacco User	26	672.54	672.54
20129IL0340079 Rating Area 11	Tobacco User/Non-Tobacco User	27	688.30	688.30
20129IL0340079 Rating Area 11	Tobacco User/Non-Tobacco User	28	713.92	713.92
20129IL0340079 Rating Area 11	Tobacco User/Non-Tobacco User	29	734.93	734.93
20129IL0340079 Rating Area 11	Tobacco User/Non-Tobacco User	30	745.44	782.21

20129IL0340079 Rating Area 11	Tobacco User/Non-Tobacco User	31	761.20	799.26
20129IL0340079 Rating Area 11	Tobacco User/Non-Tobacco User	32	776.97	815.82
20129IL0340079 Rating Area 11	Tobacco User/Non-Tobacco User	33	786.82	826.16
20129IL0340079 Rating Area 11	Tobacco User/Non-Tobacco User	34	797.33	837.20
20129IL0340079 Rating Area 11	Tobacco User/Non-Tobacco User	35	802.58	842.71
20129IL0340079 Rating Area 11	Tobacco User/Non-Tobacco User	36	807.83	856.30
20129IL0340079 Rating Area 11	Tobacco User/Non-Tobacco User	37	813.09	870.01
20129IL0340079 Rating Area 11	Tobacco User/Non-Tobacco User	38	818.34	883.81
20129IL0340079 Rating Area 11	Tobacco User/Non-Tobacco User	39	828.85	903.45
20129IL0340079 Rating Area 11	Tobacco User/Non-Tobacco User	40	839.36	923.30
20129IL0340079 Rating Area 11	Tobacco User/Non-Tobacco User	41	855.12	949.18
20129IL0340079 Rating Area 11	Tobacco User/Non-Tobacco User	42	870.23	974.66
20129IL0340079 Rating Area 11	Tobacco User/Non-Tobacco User	43	891.25	1007.11
20129IL0340079 Rating Area 11	Tobacco User/Non-Tobacco User	44	917.52	1045.97
20129IL0340079 Rating Area 11	Tobacco User/Non-Tobacco User	45	948.38	1090.64
20129IL0340079 Rating Area 11	Tobacco User/Non-Tobacco User	46	985.16	1142.79
20129IL0340079 Rating Area 11	Tobacco User/Non-Tobacco User	47	1026.54	1201.05
20129IL0340079 Rating Area 11	Tobacco User/Non-Tobacco User	48	1073.83	1267.12
20129IL0340079 Rating Area 11	Tobacco User/Non-Tobacco User	49	1120.46	1333.35
20129IL0340079 Rating Area 11	Tobacco User/Non-Tobacco User	50	1173.00	1407.60
20129IL0340079 Rating Area 11	Tobacco User/Non-Tobacco User	51	1224.89	1469.87
20129IL0340079 Rating Area 11	Tobacco User/Non-Tobacco User	52	1282.03	1538.44
20129IL0340079 Rating Area 11	Tobacco User/Non-Tobacco User	53	1339.82	1607.78
20129IL0340079 Rating Area 11	Tobacco User/Non-Tobacco User	54	1402.22	1682.66
20129IL0340079 Rating Area 11	Tobacco User/Non-Tobacco User	55	1464.61	1757.53
20129IL0340079 Rating Area 11	Tobacco User/Non-Tobacco User	56	1532.26	1838.71
20129IL0340079 Rating Area 11	Tobacco User/Non-Tobacco User	57	1600.56	1920.67
20129IL0340079 Rating Area 11	Tobacco User/Non-Tobacco User	58	1673.47	2008.16
20129IL0340079 Rating Area 11	Tobacco User/Non-Tobacco User	59	1709.59	2051.51
20129IL0340079 Rating Area 11	Tobacco User/Non-Tobacco User	60	1782.49	2138.99
20129IL0340079 Rating Area 11	Tobacco User/Non-Tobacco User	61	1845.54	2214.65
20129IL0340079 Rating Area 11	Tobacco User/Non-Tobacco User	62	1886.92	2264.30
20129IL0340079 Rating Area 11	Tobacco User/Non-Tobacco User	63	1938.80	2326.56
20129IL0340079 Rating Area 11	Tobacco User/Non-Tobacco User	64 and over	1970.30	2364.36
20129IL0340079 Rating Area 13	Tobacco User/Non-Tobacco User	0-14	572.77	572.77
20129IL0340079 Rating Area 13	Tobacco User/Non-Tobacco User	15	623.68	623.68
20129IL0340079 Rating Area 13	Tobacco User/Non-Tobacco User	16	643.15	643.15
20129IL0340079 Rating Area 13	Tobacco User/Non-Tobacco User	17	662.63	662.63
20129IL0340079 Rating Area 13	Tobacco User/Non-Tobacco User	18	683.59	683.59
20129IL0340079 Rating Area 13	Tobacco User/Non-Tobacco User	19	704.55	704.55
20129IL0340079 Rating Area 13	Tobacco User/Non-Tobacco User	20	726.26	726.26
20129IL0340079 Rating Area 13	Tobacco User/Non-Tobacco User	21	748.73	748.73
20129IL0340079 Rating Area 13	Tobacco User/Non-Tobacco User	22	748.73	748.73
20129IL0340079 Rating Area 13	Tobacco User/Non-Tobacco User	23	748.73	748.73
20129IL0340079 Rating Area 13	Tobacco User/Non-Tobacco User	24	748.73	748.73
20129IL0340079 Rating Area 13	Tobacco User/Non-Tobacco User	25	751.72	751.72
20129IL0340079 Rating Area 13	Tobacco User/Non-Tobacco User	26	766.70	766.70
20129IL0340079 Rating Area 13	Tobacco User/Non-Tobacco User	27	784.66	784.66
20129IL0340079 Rating Area 13	Tobacco User/Non-Tobacco User	28	813.87	813.87
20129IL0340079 Rating Area 13	Tobacco User/Non-Tobacco User	29	837.82	837.82
20129IL0340079 Rating Area 13	Tobacco User/Non-Tobacco User	30	849.80	892.29
20129IL0340079 Rating Area 13	Tobacco User/Non-Tobacco User	31	867.77	911.16
20129IL0340079 Rating Area 13	Tobacco User/Non-Tobacco User	32	885.75	930.03
20129IL0340079 Rating Area 13	Tobacco User/Non-Tobacco User	33	896.97	941.82
20129IL0340079 Rating Area 13	Tobacco User/Non-Tobacco User	34	908.96	954.41
20129IL0340079 Rating Area 13	Tobacco User/Non-Tobacco User	35	914.94	960.69
20129IL0340079 Rating Area 13	Tobacco User/Non-Tobacco User	36	920.93	976.18
20129IL0340079 Rating Area 13	Tobacco User/Non-Tobacco User	37	926.92	991.81
20129IL0340079 Rating Area 13	Tobacco User/Non-Tobacco User	38	932.91	1007.54
20129IL0340079 Rating Area 13	Tobacco User/Non-Tobacco User	39	944.89	1029.93
20129IL0340079 Rating Area 13	Tobacco User/Non-Tobacco User	40	956.87	1052.56
20129IL0340079 Rating Area 13	Tobacco User/Non-Tobacco User	41	974.84	1082.07
20129IL0340079 Rating Area 13	Tobacco User/Non-Tobacco User	42	992.06	1111.11
20129IL0340079 Rating Area 13	Tobacco User/Non-Tobacco User	43	1016.03	1148.11
20129IL0340079 Rating Area 13	Tobacco User/Non-Tobacco User	44	1045.97	1192.41
20129IL0340079 Rating Area 13	Tobacco User/Non-Tobacco User	45	1081.15	1243.33
20129IL0340079 Rating Area 13	Tobacco User/Non-Tobacco User	46	1123.08	1302.78
20129IL0340079 Rating Area 13	Tobacco User/Non-Tobacco User	47	1170.26	1369.20
20129IL0340079 Rating Area 13	Tobacco User/Non-Tobacco User	48	1224.17	1444.52
20129IL0340079 Rating Area 13	Tobacco User/Non-Tobacco User	49	1277.32	1520.02
20129IL0340079 Rating Area 13	Tobacco User/Non-Tobacco User	50	1337.22	1604.66
20129IL0340079 Rating Area 13	Tobacco User/Non-Tobacco User	51	1396.37	1675.65
20129IL0340079 Rating Area 13	Tobacco User/Non-Tobacco User	52	1461.51	1753.82
20129IL0340079 Rating Area 13	Tobacco User/Non-Tobacco User	53	1527.39	1832.87
20129IL0340079 Rating Area 13	Tobacco User/Non-Tobacco User	54	1598.53	1918.23
20129IL0340079 Rating Area 13	Tobacco User/Non-Tobacco User	55	1669.66	2003.58
20129IL0340079 Rating Area 13	Tobacco User/Non-Tobacco User	56	1746.78	2096.13
20129IL0340079 Rating Area 13	Tobacco User/Non-Tobacco User	57	1824.64	2189.56
20129IL0340079 Rating Area 13	Tobacco User/Non-Tobacco User	58	1907.76	2289.30
20129IL0340079 Rating Area 13	Tobacco User/Non-Tobacco User	59	1948.93	2338.72
20129IL0340079 Rating Area 13	Tobacco User/Non-Tobacco User	60	2032.04	2438.45
20129IL0340079 Rating Area 13	Tobacco User/Non-Tobacco User	61	2103.92	2524.70
20129IL0340079 Rating Area 13	Tobacco User/Non-Tobacco User	62	2151.09	2581.30
20129IL0340079 Rating Area 13	Tobacco User/Non-Tobacco User	63	2210.23	2652.28
20129IL0340079 Rating Area 13	Tobacco User/Non-Tobacco User	64 and over	2246.14	2695.37
20129IL0340080 Rating Area 6	Tobacco User/Non-Tobacco User	0-14	415.79	415.79
20129IL0340080 Rating Area 6	Tobacco User/Non-Tobacco User	15	452.74	452.74
20129IL0340080 Rating Area 6	Tobacco User/Non-Tobacco User	16	466.88	466.88
20129IL0340080 Rating Area 6	Tobacco User/Non-Tobacco User	17	481.01	481.01
20129IL0340080 Rating Area 6	Tobacco User/Non-Tobacco User	18	496.23	496.23
20129IL0340080 Rating Area 6	Tobacco User/Non-Tobacco User	19	511.45	511.45
20129IL0340080 Rating Area 6	Tobacco User/Non-Tobacco User	20	527.21	527.21
20129IL0340080 Rating Area 6	Tobacco User/Non-Tobacco User	21	543.51	543.51
20129IL0340080 Rating Area 6	Tobacco User/Non-Tobacco User	22	543.51	543.51
20129IL0340080 Rating Area 6	Tobacco User/Non-Tobacco User	23	543.51	543.51
20129IL0340080 Rating Area 6	Tobacco User/Non-Tobacco User	24	543.51	543.51
20129IL0340080 Rating Area 6	Tobacco User/Non-Tobacco User	25	545.69	545.69
20129IL0340080 Rating Area 6	Tobacco User/Non-Tobacco User	26	556.55	556.55
20129IL0340080 Rating Area 6	Tobacco User/Non-Tobacco User	27	569.60	569.60
20129IL0340080 Rating Area 6	Tobacco User/Non-Tobacco User	28	590.80	590.80
20129IL0340080 Rating Area 6	Tobacco User/Non-Tobacco User	29	608.19	608.19
20129IL0340080 Rating Area 6	Tobacco User/Non-Tobacco User	30	616.89	647.73
20129IL0340080 Rating Area 6	Tobacco User/Non-Tobacco User	31	629.93	661.43
20129IL0340080 Rating Area 6	Tobacco User/Non-Tobacco User	32	642.97	675.12
20129IL0340080 Rating Area 6	Tobacco User/Non-Tobacco User	33	651.12	683.68
20129IL0340080 Rating Area 6	Tobacco User/Non-Tobacco User	34	659.83	692.82
20129IL0340080 Rating Area 6	Tobacco User/Non-Tobacco User	35	664.17	697.38
20129IL0340080 Rating Area 6	Tobacco User/Non-Tobacco User	36	668.52	708.64
20129IL0340080 Rating Area 6	Tobacco User/Non-Tobacco User	37	672.87	719.97
20129IL0340080 Rating Area 6	Tobacco User/Non-Tobacco User	38	677.22	731.39
20129IL0340080 Rating Area 6	Tobacco User/Non-Tobacco User	39	685.91	747.64

20129IL0340080 Rating Area 6	Tobacco User/Non-Tobacco User	40	694.61	764.07
20129IL0340080 Rating Area 6	Tobacco User/Non-Tobacco User	41	707.66	785.50
20129IL0340080 Rating Area 6	Tobacco User/Non-Tobacco User	42	720.15	806.57
20129IL0340080 Rating Area 6	Tobacco User/Non-Tobacco User	43	737.54	833.42
20129IL0340080 Rating Area 6	Tobacco User/Non-Tobacco User	44	759.29	865.59
20129IL0340080 Rating Area 6	Tobacco User/Non-Tobacco User	45	784.83	902.55
20129IL0340080 Rating Area 6	Tobacco User/Non-Tobacco User	46	815.27	945.71
20129IL0340080 Rating Area 6	Tobacco User/Non-Tobacco User	47	849.51	993.93
20129IL0340080 Rating Area 6	Tobacco User/Non-Tobacco User	48	888.64	1048.59
20129IL0340080 Rating Area 6	Tobacco User/Non-Tobacco User	49	927.23	1103.40
20129IL0340080 Rating Area 6	Tobacco User/Non-Tobacco User	50	970.71	1164.86
20129IL0340080 Rating Area 6	Tobacco User/Non-Tobacco User	51	1013.65	1216.38
20129IL0340080 Rating Area 6	Tobacco User/Non-Tobacco User	52	1060.93	1273.12
20129IL0340080 Rating Area 6	Tobacco User/Non-Tobacco User	53	1108.76	1330.51
20129IL0340080 Rating Area 6	Tobacco User/Non-Tobacco User	54	1160.40	1392.48
20129IL0340080 Rating Area 6	Tobacco User/Non-Tobacco User	55	1212.03	1454.44
20129IL0340080 Rating Area 6	Tobacco User/Non-Tobacco User	56	1268.02	1521.62
20129IL0340080 Rating Area 6	Tobacco User/Non-Tobacco User	57	1324.54	1589.45
20129IL0340080 Rating Area 6	Tobacco User/Non-Tobacco User	58	1384.87	1661.84
20129IL0340080 Rating Area 6	Tobacco User/Non-Tobacco User	59	1414.76	1697.71
20129IL0340080 Rating Area 6	Tobacco User/Non-Tobacco User	60	1475.09	1770.11
20129IL0340080 Rating Area 6	Tobacco User/Non-Tobacco User	61	1527.27	1832.72
20129IL0340080 Rating Area 6	Tobacco User/Non-Tobacco User	62	1561.51	1873.81
20129IL0340080 Rating Area 6	Tobacco User/Non-Tobacco User	63	1604.45	1925.34
20129IL0340080 Rating Area 6	Tobacco User/Non-Tobacco User	64 and over	1630.51	1956.61
20129IL0340080 Rating Area 7	Tobacco User/Non-Tobacco User	0-14	448.49	448.49
20129IL0340080 Rating Area 7	Tobacco User/Non-Tobacco User	15	488.35	488.35
20129IL0340080 Rating Area 7	Tobacco User/Non-Tobacco User	16	503.60	503.60
20129IL0340080 Rating Area 7	Tobacco User/Non-Tobacco User	17	518.84	518.84
20129IL0340080 Rating Area 7	Tobacco User/Non-Tobacco User	18	535.26	535.26
20129IL0340080 Rating Area 7	Tobacco User/Non-Tobacco User	19	551.67	551.67
20129IL0340080 Rating Area 7	Tobacco User/Non-Tobacco User	20	568.68	568.68
20129IL0340080 Rating Area 7	Tobacco User/Non-Tobacco User	21	586.26	586.26
20129IL0340080 Rating Area 7	Tobacco User/Non-Tobacco User	22	586.26	586.26
20129IL0340080 Rating Area 7	Tobacco User/Non-Tobacco User	23	586.26	586.26
20129IL0340080 Rating Area 7	Tobacco User/Non-Tobacco User	24	586.26	586.26
20129IL0340080 Rating Area 7	Tobacco User/Non-Tobacco User	25	588.60	588.60
20129IL0340080 Rating Area 7	Tobacco User/Non-Tobacco User	26	600.33	600.33
20129IL0340080 Rating Area 7	Tobacco User/Non-Tobacco User	27	614.40	614.40
20129IL0340080 Rating Area 7	Tobacco User/Non-Tobacco User	28	637.27	637.27
20129IL0340080 Rating Area 7	Tobacco User/Non-Tobacco User	29	656.03	656.03
20129IL0340080 Rating Area 7	Tobacco User/Non-Tobacco User	30	665.40	698.68
20129IL0340080 Rating Area 7	Tobacco User/Non-Tobacco User	31	679.48	713.45
20129IL0340080 Rating Area 7	Tobacco User/Non-Tobacco User	32	693.54	728.22
20129IL0340080 Rating Area 7	Tobacco User/Non-Tobacco User	33	702.34	737.45
20129IL0340080 Rating Area 7	Tobacco User/Non-Tobacco User	34	711.72	747.31
20129IL0340080 Rating Area 7	Tobacco User/Non-Tobacco User	35	716.41	752.23
20129IL0340080 Rating Area 7	Tobacco User/Non-Tobacco User	36	721.10	764.37
20129IL0340080 Rating Area 7	Tobacco User/Non-Tobacco User	37	725.79	776.59
20129IL0340080 Rating Area 7	Tobacco User/Non-Tobacco User	38	730.48	788.92
20129IL0340080 Rating Area 7	Tobacco User/Non-Tobacco User	39	739.86	806.45
20129IL0340080 Rating Area 7	Tobacco User/Non-Tobacco User	40	749.24	824.17
20129IL0340080 Rating Area 7	Tobacco User/Non-Tobacco User	41	763.32	847.28
20129IL0340080 Rating Area 7	Tobacco User/Non-Tobacco User	42	776.79	870.01
20129IL0340080 Rating Area 7	Tobacco User/Non-Tobacco User	43	795.55	898.97
20129IL0340080 Rating Area 7	Tobacco User/Non-Tobacco User	44	819.00	933.67
20129IL0340080 Rating Area 7	Tobacco User/Non-Tobacco User	45	846.56	973.54
20129IL0340080 Rating Area 7	Tobacco User/Non-Tobacco User	46	879.39	1020.09
20129IL0340080 Rating Area 7	Tobacco User/Non-Tobacco User	47	916.33	1072.11
20129IL0340080 Rating Area 7	Tobacco User/Non-Tobacco User	48	958.53	1131.06
20129IL0340080 Rating Area 7	Tobacco User/Non-Tobacco User	49	1000.16	1190.19
20129IL0340080 Rating Area 7	Tobacco User/Non-Tobacco User	50	1047.06	1256.48
20129IL0340080 Rating Area 7	Tobacco User/Non-Tobacco User	51	1093.37	1312.05
20129IL0340080 Rating Area 7	Tobacco User/Non-Tobacco User	52	1144.38	1373.25
20129IL0340080 Rating Area 7	Tobacco User/Non-Tobacco User	53	1195.97	1435.16
20129IL0340080 Rating Area 7	Tobacco User/Non-Tobacco User	54	1251.67	1502.00
20129IL0340080 Rating Area 7	Tobacco User/Non-Tobacco User	55	1307.36	1568.83
20129IL0340080 Rating Area 7	Tobacco User/Non-Tobacco User	56	1367.75	1641.30
20129IL0340080 Rating Area 7	Tobacco User/Non-Tobacco User	57	1428.72	1714.46
20129IL0340080 Rating Area 7	Tobacco User/Non-Tobacco User	58	1493.79	1792.55
20129IL0340080 Rating Area 7	Tobacco User/Non-Tobacco User	59	1526.04	1831.24
20129IL0340080 Rating Area 7	Tobacco User/Non-Tobacco User	60	1591.11	1909.33
20129IL0340080 Rating Area 7	Tobacco User/Non-Tobacco User	61	1647.39	1976.87
20129IL0340080 Rating Area 7	Tobacco User/Non-Tobacco User	62	1684.33	2021.19
20129IL0340080 Rating Area 7	Tobacco User/Non-Tobacco User	63	1730.64	2076.77
20129IL0340080 Rating Area 7	Tobacco User/Non-Tobacco User	64 and over	1758.75	2110.50
20129IL0340080 Rating Area 8	Tobacco User/Non-Tobacco User	0-14	457.84	457.84
20129IL0340080 Rating Area 8	Tobacco User/Non-Tobacco User	15	498.53	498.53
20129IL0340080 Rating Area 8	Tobacco User/Non-Tobacco User	16	514.09	514.09
20129IL0340080 Rating Area 8	Tobacco User/Non-Tobacco User	17	529.65	529.65
20129IL0340080 Rating Area 8	Tobacco User/Non-Tobacco User	18	546.41	546.41
20129IL0340080 Rating Area 8	Tobacco User/Non-Tobacco User	19	563.17	563.17
20129IL0340080 Rating Area 8	Tobacco User/Non-Tobacco User	20	580.52	580.52
20129IL0340080 Rating Area 8	Tobacco User/Non-Tobacco User	21	598.48	598.48
20129IL0340080 Rating Area 8	Tobacco User/Non-Tobacco User	22	598.48	598.48
20129IL0340080 Rating Area 8	Tobacco User/Non-Tobacco User	23	598.48	598.48
20129IL0340080 Rating Area 8	Tobacco User/Non-Tobacco User	24	598.48	598.48
20129IL0340080 Rating Area 8	Tobacco User/Non-Tobacco User	25	600.87	600.87
20129IL0340080 Rating Area 8	Tobacco User/Non-Tobacco User	26	612.83	612.83
20129IL0340080 Rating Area 8	Tobacco User/Non-Tobacco User	27	627.20	627.20
20129IL0340080 Rating Area 8	Tobacco User/Non-Tobacco User	28	650.54	650.54
20129IL0340080 Rating Area 8	Tobacco User/Non-Tobacco User	29	669.69	669.69
20129IL0340080 Rating Area 8	Tobacco User/Non-Tobacco User	30	679.27	713.23
20129IL0340080 Rating Area 8	Tobacco User/Non-Tobacco User	31	693.63	728.32
20129IL0340080 Rating Area 8	Tobacco User/Non-Tobacco User	32	707.99	743.39
20129IL0340080 Rating Area 8	Tobacco User/Non-Tobacco User	33	716.97	752.82
20129IL0340080 Rating Area 8	Tobacco User/Non-Tobacco User	34	726.55	762.88
20129IL0340080 Rating Area 8	Tobacco User/Non-Tobacco User	35	731.33	767.90
20129IL0340080 Rating Area 8	Tobacco User/Non-Tobacco User	36	736.13	780.30
20129IL0340080 Rating Area 8	Tobacco User/Non-Tobacco User	37	740.91	792.77
20129IL0340080 Rating Area 8	Tobacco User/Non-Tobacco User	38	745.70	805.35
20129IL0340080 Rating Area 8	Tobacco User/Non-Tobacco User	39	755.28	823.25
20129IL0340080 Rating Area 8	Tobacco User/Non-Tobacco User	40	764.85	841.34
20129IL0340080 Rating Area 8	Tobacco User/Non-Tobacco User	41	779.22	864.93
20129IL0340080 Rating Area 8	Tobacco User/Non-Tobacco User	42	792.98	888.13
20129IL0340080 Rating Area 8	Tobacco User/Non-Tobacco User	43	812.13	917.70
20129IL0340080 Rating Area 8	Tobacco User/Non-Tobacco User	44	836.07	953.12
20129IL0340080 Rating Area 8	Tobacco User/Non-Tobacco User	45	864.19	993.82
20129IL0340080 Rating Area 8	Tobacco User/Non-Tobacco User	46	897.71	1041.34
20129IL0340080 Rating Area 8	Tobacco User/Non-Tobacco User	47	935.42	1094.44
20129IL0340080 Rating Area 8	Tobacco User/Non-Tobacco User	48	978.50	1154.63

20129IL0340080 Rating Area 8	Tobacco User/Non-Tobacco User	49	1020.99	1214.98
20129IL0340080 Rating Area 8	Tobacco User/Non-Tobacco User	50	1068.88	1282.65
20129IL0340080 Rating Area 8	Tobacco User/Non-Tobacco User	51	1116.15	1339.39
20129IL0340080 Rating Area 8	Tobacco User/Non-Tobacco User	52	1168.22	1401.86
20129IL0340080 Rating Area 8	Tobacco User/Non-Tobacco User	53	1220.88	1465.06
20129IL0340080 Rating Area 8	Tobacco User/Non-Tobacco User	54	1277.74	1533.29
20129IL0340080 Rating Area 8	Tobacco User/Non-Tobacco User	55	1334.59	1601.52
20129IL0340080 Rating Area 8	Tobacco User/Non-Tobacco User	56	1396.25	1675.50
20129IL0340080 Rating Area 8	Tobacco User/Non-Tobacco User	57	1458.49	1750.18
20129IL0340080 Rating Area 8	Tobacco User/Non-Tobacco User	58	1524.91	1829.90
20129IL0340080 Rating Area 8	Tobacco User/Non-Tobacco User	59	1557.83	1869.39
20129IL0340080 Rating Area 8	Tobacco User/Non-Tobacco User	60	1624.26	1949.11
20129IL0340080 Rating Area 8	Tobacco User/Non-Tobacco User	61	1681.71	2018.06
20129IL0340080 Rating Area 8	Tobacco User/Non-Tobacco User	62	1719.42	2063.30
20129IL0340080 Rating Area 8	Tobacco User/Non-Tobacco User	63	1766.70	2120.03
20129IL0340080 Rating Area 8	Tobacco User/Non-Tobacco User	64 and over	1795.39	2154.47
20129IL0340080 Rating Area 9	Tobacco User/Non-Tobacco User	0-14	457.84	457.84
20129IL0340080 Rating Area 9	Tobacco User/Non-Tobacco User	15	498.53	498.53
20129IL0340080 Rating Area 9	Tobacco User/Non-Tobacco User	16	514.09	514.09
20129IL0340080 Rating Area 9	Tobacco User/Non-Tobacco User	17	529.65	529.65
20129IL0340080 Rating Area 9	Tobacco User/Non-Tobacco User	18	546.41	546.41
20129IL0340080 Rating Area 9	Tobacco User/Non-Tobacco User	19	563.17	563.17
20129IL0340080 Rating Area 9	Tobacco User/Non-Tobacco User	20	580.52	580.52
20129IL0340080 Rating Area 9	Tobacco User/Non-Tobacco User	21	598.48	598.48
20129IL0340080 Rating Area 9	Tobacco User/Non-Tobacco User	22	598.48	598.48
20129IL0340080 Rating Area 9	Tobacco User/Non-Tobacco User	23	598.48	598.48
20129IL0340080 Rating Area 9	Tobacco User/Non-Tobacco User	24	598.48	598.48
20129IL0340080 Rating Area 9	Tobacco User/Non-Tobacco User	25	600.87	600.87
20129IL0340080 Rating Area 9	Tobacco User/Non-Tobacco User	26	612.83	612.83
20129IL0340080 Rating Area 9	Tobacco User/Non-Tobacco User	27	627.20	627.20
20129IL0340080 Rating Area 9	Tobacco User/Non-Tobacco User	28	650.54	650.54
20129IL0340080 Rating Area 9	Tobacco User/Non-Tobacco User	29	669.69	669.69
20129IL0340080 Rating Area 9	Tobacco User/Non-Tobacco User	30	679.27	713.23
20129IL0340080 Rating Area 9	Tobacco User/Non-Tobacco User	31	693.63	728.32
20129IL0340080 Rating Area 9	Tobacco User/Non-Tobacco User	32	707.99	743.39
20129IL0340080 Rating Area 9	Tobacco User/Non-Tobacco User	33	716.97	752.82
20129IL0340080 Rating Area 9	Tobacco User/Non-Tobacco User	34	726.55	762.88
20129IL0340080 Rating Area 9	Tobacco User/Non-Tobacco User	35	731.33	767.90
20129IL0340080 Rating Area 9	Tobacco User/Non-Tobacco User	36	736.13	780.30
20129IL0340080 Rating Area 9	Tobacco User/Non-Tobacco User	37	740.91	792.77
20129IL0340080 Rating Area 9	Tobacco User/Non-Tobacco User	38	745.70	805.35
20129IL0340080 Rating Area 9	Tobacco User/Non-Tobacco User	39	755.28	823.25
20129IL0340080 Rating Area 9	Tobacco User/Non-Tobacco User	40	764.85	841.34
20129IL0340080 Rating Area 9	Tobacco User/Non-Tobacco User	41	779.22	864.93
20129IL0340080 Rating Area 9	Tobacco User/Non-Tobacco User	42	792.98	888.13
20129IL0340080 Rating Area 9	Tobacco User/Non-Tobacco User	43	812.13	917.70
20129IL0340080 Rating Area 9	Tobacco User/Non-Tobacco User	44	836.07	953.12
20129IL0340080 Rating Area 9	Tobacco User/Non-Tobacco User	45	864.19	993.82
20129IL0340080 Rating Area 9	Tobacco User/Non-Tobacco User	46	897.71	1041.34
20129IL0340080 Rating Area 9	Tobacco User/Non-Tobacco User	47	935.42	1094.44
20129IL0340080 Rating Area 9	Tobacco User/Non-Tobacco User	48	978.50	1154.63
20129IL0340080 Rating Area 9	Tobacco User/Non-Tobacco User	49	1020.99	1214.98
20129IL0340080 Rating Area 9	Tobacco User/Non-Tobacco User	50	1068.88	1282.65
20129IL0340080 Rating Area 9	Tobacco User/Non-Tobacco User	51	1116.15	1339.39
20129IL0340080 Rating Area 9	Tobacco User/Non-Tobacco User	52	1168.22	1401.86
20129IL0340080 Rating Area 9	Tobacco User/Non-Tobacco User	53	1220.88	1465.06
20129IL0340080 Rating Area 9	Tobacco User/Non-Tobacco User	54	1277.74	1533.29
20129IL0340080 Rating Area 9	Tobacco User/Non-Tobacco User	55	1334.59	1601.52
20129IL0340080 Rating Area 9	Tobacco User/Non-Tobacco User	56	1396.25	1675.50
20129IL0340080 Rating Area 9	Tobacco User/Non-Tobacco User	57	1458.49	1750.18
20129IL0340080 Rating Area 9	Tobacco User/Non-Tobacco User	58	1524.91	1829.90
20129IL0340080 Rating Area 9	Tobacco User/Non-Tobacco User	59	1557.83	1869.39
20129IL0340080 Rating Area 9	Tobacco User/Non-Tobacco User	60	1624.26	1949.11
20129IL0340080 Rating Area 9	Tobacco User/Non-Tobacco User	61	1681.71	2018.06
20129IL0340080 Rating Area 9	Tobacco User/Non-Tobacco User	62	1719.42	2063.30
20129IL0340080 Rating Area 9	Tobacco User/Non-Tobacco User	63	1766.70	2120.03
20129IL0340080 Rating Area 9	Tobacco User/Non-Tobacco User	64 and over	1795.39	2154.47
20129IL0340080 Rating Area 10	Tobacco User/Non-Tobacco User	0-14	453.16	453.16
20129IL0340080 Rating Area 10	Tobacco User/Non-Tobacco User	15	493.44	493.44
20129IL0340080 Rating Area 10	Tobacco User/Non-Tobacco User	16	508.84	508.84
20129IL0340080 Rating Area 10	Tobacco User/Non-Tobacco User	17	524.25	524.25
20129IL0340080 Rating Area 10	Tobacco User/Non-Tobacco User	18	540.83	540.83
20129IL0340080 Rating Area 10	Tobacco User/Non-Tobacco User	19	557.42	557.42
20129IL0340080 Rating Area 10	Tobacco User/Non-Tobacco User	20	574.60	574.60
20129IL0340080 Rating Area 10	Tobacco User/Non-Tobacco User	21	592.37	592.37
20129IL0340080 Rating Area 10	Tobacco User/Non-Tobacco User	22	592.37	592.37
20129IL0340080 Rating Area 10	Tobacco User/Non-Tobacco User	23	592.37	592.37
20129IL0340080 Rating Area 10	Tobacco User/Non-Tobacco User	24	592.37	592.37
20129IL0340080 Rating Area 10	Tobacco User/Non-Tobacco User	25	594.74	594.74
20129IL0340080 Rating Area 10	Tobacco User/Non-Tobacco User	26	606.58	606.58
20129IL0340080 Rating Area 10	Tobacco User/Non-Tobacco User	27	620.80	620.80
20129IL0340080 Rating Area 10	Tobacco User/Non-Tobacco User	28	643.91	643.91
20129IL0340080 Rating Area 10	Tobacco User/Non-Tobacco User	29	662.86	662.86
20129IL0340080 Rating Area 10	Tobacco User/Non-Tobacco User	30	672.34	705.96
20129IL0340080 Rating Area 10	Tobacco User/Non-Tobacco User	31	686.56	720.88
20129IL0340080 Rating Area 10	Tobacco User/Non-Tobacco User	32	700.77	735.80
20129IL0340080 Rating Area 10	Tobacco User/Non-Tobacco User	33	709.65	745.13
20129IL0340080 Rating Area 10	Tobacco User/Non-Tobacco User	34	719.14	755.10
20129IL0340080 Rating Area 10	Tobacco User/Non-Tobacco User	35	723.87	760.06
20129IL0340080 Rating Area 10	Tobacco User/Non-Tobacco User	36	728.62	772.33
20129IL0340080 Rating Area 10	Tobacco User/Non-Tobacco User	37	733.35	784.68
20129IL0340080 Rating Area 10	Tobacco User/Non-Tobacco User	38	738.09	797.14
20129IL0340080 Rating Area 10	Tobacco User/Non-Tobacco User	39	747.57	814.85
20129IL0340080 Rating Area 10	Tobacco User/Non-Tobacco User	40	757.05	832.75
20129IL0340080 Rating Area 10	Tobacco User/Non-Tobacco User	41	771.27	856.10
20129IL0340080 Rating Area 10	Tobacco User/Non-Tobacco User	42	784.89	879.07
20129IL0340080 Rating Area 10	Tobacco User/Non-Tobacco User	43	803.84	908.34
20129IL0340080 Rating Area 10	Tobacco User/Non-Tobacco User	44	827.54	943.39
20129IL0340080 Rating Area 10	Tobacco User/Non-Tobacco User	45	855.38	983.68
20129IL0340080 Rating Area 10	Tobacco User/Non-Tobacco User	46	888.55	1030.71
20129IL0340080 Rating Area 10	Tobacco User/Non-Tobacco User	47	925.87	1083.28
20129IL0340080 Rating Area 10	Tobacco User/Non-Tobacco User	48	968.52	1142.84
20129IL0340080 Rating Area 10	Tobacco User/Non-Tobacco User	49	1010.58	1202.59
20129IL0340080 Rating Area 10	Tobacco User/Non-Tobacco User	50	1057.97	1269.57
20129IL0340080 Rating Area 10	Tobacco User/Non-Tobacco User	51	1104.76	1325.72
20129IL0340080 Rating Area 10	Tobacco User/Non-Tobacco User	52	1156.30	1387.56
20129IL0340080 Rating Area 10	Tobacco User/Non-Tobacco User	53	1208.43	1450.11
20129IL0340080 Rating Area 10	Tobacco User/Non-Tobacco User	54	1264.71	1517.64
20129IL0340080 Rating Area 10	Tobacco User/Non-Tobacco User	55	1320.98	1585.17
20129IL0340080 Rating Area 10	Tobacco User/Non-Tobacco User	56	1382.00	1658.40
20129IL0340080 Rating Area 10	Tobacco User/Non-Tobacco User	57	1443.60	1732.32

20129IL0340080 Rating Area 10	Tobacco User/Non-Tobacco User	58	1509.35	1811.22
20129IL0340080 Rating Area 10	Tobacco User/Non-Tobacco User	59	1541.93	1850.31
20129IL0340080 Rating Area 10	Tobacco User/Non-Tobacco User	60	1607.69	1929.22
20129IL0340080 Rating Area 10	Tobacco User/Non-Tobacco User	61	1664.55	1997.46
20129IL0340080 Rating Area 10	Tobacco User/Non-Tobacco User	62	1701.87	2042.25
20129IL0340080 Rating Area 10	Tobacco User/Non-Tobacco User	63	1748.67	2098.40
20129IL0340080 Rating Area 10	Tobacco User/Non-Tobacco User	64 and over	1777.07	2132.49
20129IL0340080 Rating Area 11	Tobacco User/Non-Tobacco User	0-14	467.18	467.18
20129IL0340080 Rating Area 11	Tobacco User/Non-Tobacco User	15	508.70	508.70
20129IL0340080 Rating Area 11	Tobacco User/Non-Tobacco User	16	524.58	524.58
20129IL0340080 Rating Area 11	Tobacco User/Non-Tobacco User	17	540.46	540.46
20129IL0340080 Rating Area 11	Tobacco User/Non-Tobacco User	18	557.56	557.56
20129IL0340080 Rating Area 11	Tobacco User/Non-Tobacco User	19	574.66	574.66
20129IL0340080 Rating Area 11	Tobacco User/Non-Tobacco User	20	592.37	592.37
20129IL0340080 Rating Area 11	Tobacco User/Non-Tobacco User	21	610.69	610.69
20129IL0340080 Rating Area 11	Tobacco User/Non-Tobacco User	22	610.69	610.69
20129IL0340080 Rating Area 11	Tobacco User/Non-Tobacco User	23	610.69	610.69
20129IL0340080 Rating Area 11	Tobacco User/Non-Tobacco User	24	610.69	610.69
20129IL0340080 Rating Area 11	Tobacco User/Non-Tobacco User	25	613.13	613.13
20129IL0340080 Rating Area 11	Tobacco User/Non-Tobacco User	26	625.34	625.34
20129IL0340080 Rating Area 11	Tobacco User/Non-Tobacco User	27	640.00	640.00
20129IL0340080 Rating Area 11	Tobacco User/Non-Tobacco User	28	663.82	663.82
20129IL0340080 Rating Area 11	Tobacco User/Non-Tobacco User	29	683.36	683.36
20129IL0340080 Rating Area 11	Tobacco User/Non-Tobacco User	30	693.13	727.79
20129IL0340080 Rating Area 11	Tobacco User/Non-Tobacco User	31	707.79	743.18
20129IL0340080 Rating Area 11	Tobacco User/Non-Tobacco User	32	722.44	758.56
20129IL0340080 Rating Area 11	Tobacco User/Non-Tobacco User	33	731.60	768.18
20129IL0340080 Rating Area 11	Tobacco User/Non-Tobacco User	34	741.38	778.45
20129IL0340080 Rating Area 11	Tobacco User/Non-Tobacco User	35	746.26	783.57
20129IL0340080 Rating Area 11	Tobacco User/Non-Tobacco User	36	751.15	796.22
20129IL0340080 Rating Area 11	Tobacco User/Non-Tobacco User	37	756.03	808.95
20129IL0340080 Rating Area 11	Tobacco User/Non-Tobacco User	38	760.92	821.79
20129IL0340080 Rating Area 11	Tobacco User/Non-Tobacco User	39	770.69	840.05
20129IL0340080 Rating Area 11	Tobacco User/Non-Tobacco User	40	780.46	858.51
20129IL0340080 Rating Area 11	Tobacco User/Non-Tobacco User	41	795.12	882.58
20129IL0340080 Rating Area 11	Tobacco User/Non-Tobacco User	42	809.16	906.26
20129IL0340080 Rating Area 11	Tobacco User/Non-Tobacco User	43	828.70	936.43
20129IL0340080 Rating Area 11	Tobacco User/Non-Tobacco User	44	853.13	972.57
20129IL0340080 Rating Area 11	Tobacco User/Non-Tobacco User	45	881.83	1014.10
20129IL0340080 Rating Area 11	Tobacco User/Non-Tobacco User	46	916.03	1062.59
20129IL0340080 Rating Area 11	Tobacco User/Non-Tobacco User	47	954.51	1116.78
20129IL0340080 Rating Area 11	Tobacco User/Non-Tobacco User	48	998.47	1178.19
20129IL0340080 Rating Area 11	Tobacco User/Non-Tobacco User	49	1041.83	1239.78
20129IL0340080 Rating Area 11	Tobacco User/Non-Tobacco User	50	1090.69	1308.83
20129IL0340080 Rating Area 11	Tobacco User/Non-Tobacco User	51	1138.93	1366.72
20129IL0340080 Rating Area 11	Tobacco User/Non-Tobacco User	52	1192.06	1430.47
20129IL0340080 Rating Area 11	Tobacco User/Non-Tobacco User	53	1245.80	1494.96
20129IL0340080 Rating Area 11	Tobacco User/Non-Tobacco User	54	1303.82	1564.58
20129IL0340080 Rating Area 11	Tobacco User/Non-Tobacco User	55	1361.83	1634.20
20129IL0340080 Rating Area 11	Tobacco User/Non-Tobacco User	56	1424.74	1709.69
20129IL0340080 Rating Area 11	Tobacco User/Non-Tobacco User	57	1488.25	1785.90
20129IL0340080 Rating Area 11	Tobacco User/Non-Tobacco User	58	1556.03	1867.24
20129IL0340080 Rating Area 11	Tobacco User/Non-Tobacco User	59	1589.62	1907.54
20129IL0340080 Rating Area 11	Tobacco User/Non-Tobacco User	60	1657.41	1988.89
20129IL0340080 Rating Area 11	Tobacco User/Non-Tobacco User	61	1716.03	2059.24
20129IL0340080 Rating Area 11	Tobacco User/Non-Tobacco User	62	1754.51	2105.41
20129IL0340080 Rating Area 11	Tobacco User/Non-Tobacco User	63	1802.75	2163.30
20129IL0340080 Rating Area 11	Tobacco User/Non-Tobacco User	64 and over	1832.03	2198.44
20129IL0340080 Rating Area 13	Tobacco User/Non-Tobacco User	0-14	532.59	532.59
20129IL0340080 Rating Area 13	Tobacco User/Non-Tobacco User	15	579.92	579.92
20129IL0340080 Rating Area 13	Tobacco User/Non-Tobacco User	16	598.02	598.02
20129IL0340080 Rating Area 13	Tobacco User/Non-Tobacco User	17	616.12	616.12
20129IL0340080 Rating Area 13	Tobacco User/Non-Tobacco User	18	635.62	635.62
20129IL0340080 Rating Area 13	Tobacco User/Non-Tobacco User	19	655.11	655.11
20129IL0340080 Rating Area 13	Tobacco User/Non-Tobacco User	20	675.30	675.30
20129IL0340080 Rating Area 13	Tobacco User/Non-Tobacco User	21	696.19	696.19
20129IL0340080 Rating Area 13	Tobacco User/Non-Tobacco User	22	696.19	696.19
20129IL0340080 Rating Area 13	Tobacco User/Non-Tobacco User	23	696.19	696.19
20129IL0340080 Rating Area 13	Tobacco User/Non-Tobacco User	24	696.19	696.19
20129IL0340080 Rating Area 13	Tobacco User/Non-Tobacco User	25	698.97	698.97
20129IL0340080 Rating Area 13	Tobacco User/Non-Tobacco User	26	712.89	712.89
20129IL0340080 Rating Area 13	Tobacco User/Non-Tobacco User	27	729.60	729.60
20129IL0340080 Rating Area 13	Tobacco User/Non-Tobacco User	28	756.75	756.75
20129IL0340080 Rating Area 13	Tobacco User/Non-Tobacco User	29	779.03	779.03
20129IL0340080 Rating Area 13	Tobacco User/Non-Tobacco User	30	790.17	829.68
20129IL0340080 Rating Area 13	Tobacco User/Non-Tobacco User	31	806.88	847.23
20129IL0340080 Rating Area 13	Tobacco User/Non-Tobacco User	32	823.58	864.76
20129IL0340080 Rating Area 13	Tobacco User/Non-Tobacco User	33	834.02	875.73
20129IL0340080 Rating Area 13	Tobacco User/Non-Tobacco User	34	845.17	887.43
20129IL0340080 Rating Area 13	Tobacco User/Non-Tobacco User	35	850.74	893.27
20129IL0340080 Rating Area 13	Tobacco User/Non-Tobacco User	36	856.31	907.69
20129IL0340080 Rating Area 13	Tobacco User/Non-Tobacco User	37	861.87	922.20
20129IL0340080 Rating Area 13	Tobacco User/Non-Tobacco User	38	867.45	936.84
20129IL0340080 Rating Area 13	Tobacco User/Non-Tobacco User	39	878.59	957.66
20129IL0340080 Rating Area 13	Tobacco User/Non-Tobacco User	40	889.72	978.70
20129IL0340080 Rating Area 13	Tobacco User/Non-Tobacco User	41	906.44	1006.14
20129IL0340080 Rating Area 13	Tobacco User/Non-Tobacco User	42	922.44	1033.14
20129IL0340080 Rating Area 13	Tobacco User/Non-Tobacco User	43	944.72	1067.53
20129IL0340080 Rating Area 13	Tobacco User/Non-Tobacco User	44	972.57	1108.73
20129IL0340080 Rating Area 13	Tobacco User/Non-Tobacco User	45	1005.29	1156.07
20129IL0340080 Rating Area 13	Tobacco User/Non-Tobacco User	46	1044.27	1211.35
20129IL0340080 Rating Area 13	Tobacco User/Non-Tobacco User	47	1088.14	1273.13
20129IL0340080 Rating Area 13	Tobacco User/Non-Tobacco User	48	1138.26	1343.14
20129IL0340080 Rating Area 13	Tobacco User/Non-Tobacco User	49	1187.69	1413.35
20129IL0340080 Rating Area 13	Tobacco User/Non-Tobacco User	50	1243.39	1492.07
20129IL0340080 Rating Area 13	Tobacco User/Non-Tobacco User	51	1298.38	1558.06
20129IL0340080 Rating Area 13	Tobacco User/Non-Tobacco User	52	1358.95	1630.74
20129IL0340080 Rating Area 13	Tobacco User/Non-Tobacco User	53	1420.21	1704.25
20129IL0340080 Rating Area 13	Tobacco User/Non-Tobacco User	54	1486.35	1783.62
20129IL0340080 Rating Area 13	Tobacco User/Non-Tobacco User	55	1552.49	1862.99
20129IL0340080 Rating Area 13	Tobacco User/Non-Tobacco User	56	1624.20	1949.05
20129IL0340080 Rating Area 13	Tobacco User/Non-Tobacco User	57	1696.61	2035.93
20129IL0340080 Rating Area 13	Tobacco User/Non-Tobacco User	58	1773.87	2128.65
20129IL0340080 Rating Area 13	Tobacco User/Non-Tobacco User	59	1812.17	2174.60
20129IL0340080 Rating Area 13	Tobacco User/Non-Tobacco User	60	1889.45	2267.33
20129IL0340080 Rating Area 13	Tobacco User/Non-Tobacco User	61	1956.27	2347.53
20129IL0340080 Rating Area 13	Tobacco User/Non-Tobacco User	62	2000.14	2400.17
20129IL0340080 Rating Area 13	Tobacco User/Non-Tobacco User	63	2055.14	2466.16
20129IL0340080 Rating Area 13	Tobacco User/Non-Tobacco User	64 and over	2088.51	2506.22
20129IL0340081 Rating Area 6	Tobacco User/Non-Tobacco User	0-14	359.36	359.36
20129IL0340081 Rating Area 6	Tobacco User/Non-Tobacco User	15	391.31	391.31

20129IL0340081	Rating Area 6	Tobacco User/Non-Tobacco User	16	403.53	403.53
20129IL0340081	Rating Area 6	Tobacco User/Non-Tobacco User	17	415.74	415.74
20129IL0340081	Rating Area 6	Tobacco User/Non-Tobacco User	18	428.89	428.89
20129IL0340081	Rating Area 6	Tobacco User/Non-Tobacco User	19	442.05	442.05
20129IL0340081	Rating Area 6	Tobacco User/Non-Tobacco User	20	455.67	455.67
20129IL0340081	Rating Area 6	Tobacco User/Non-Tobacco User	21	469.76	469.76
20129IL0340081	Rating Area 6	Tobacco User/Non-Tobacco User	22	469.76	469.76
20129IL0340081	Rating Area 6	Tobacco User/Non-Tobacco User	23	469.76	469.76
20129IL0340081	Rating Area 6	Tobacco User/Non-Tobacco User	24	469.76	469.76
20129IL0340081	Rating Area 6	Tobacco User/Non-Tobacco User	25	471.64	471.64
20129IL0340081	Rating Area 6	Tobacco User/Non-Tobacco User	26	481.04	481.04
20129IL0340081	Rating Area 6	Tobacco User/Non-Tobacco User	27	492.31	492.31
20129IL0340081	Rating Area 6	Tobacco User/Non-Tobacco User	28	510.63	510.63
20129IL0340081	Rating Area 6	Tobacco User/Non-Tobacco User	29	525.66	525.66
20129IL0340081	Rating Area 6	Tobacco User/Non-Tobacco User	30	533.18	559.84
20129IL0340081	Rating Area 6	Tobacco User/Non-Tobacco User	31	544.45	571.67
20129IL0340081	Rating Area 6	Tobacco User/Non-Tobacco User	32	555.72	583.51
20129IL0340081	Rating Area 6	Tobacco User/Non-Tobacco User	33	562.77	590.92
20129IL0340081	Rating Area 6	Tobacco User/Non-Tobacco User	34	570.29	598.80
20129IL0340081	Rating Area 6	Tobacco User/Non-Tobacco User	35	574.05	602.75
20129IL0340081	Rating Area 6	Tobacco User/Non-Tobacco User	36	577.81	612.47
20129IL0340081	Rating Area 6	Tobacco User/Non-Tobacco User	37	581.56	622.27
20129IL0340081	Rating Area 6	Tobacco User/Non-Tobacco User	38	585.32	632.14
20129IL0340081	Rating Area 6	Tobacco User/Non-Tobacco User	39	592.84	646.19
20129IL0340081	Rating Area 6	Tobacco User/Non-Tobacco User	40	600.35	660.39
20129IL0340081	Rating Area 6	Tobacco User/Non-Tobacco User	41	611.63	678.90
20129IL0340081	Rating Area 6	Tobacco User/Non-Tobacco User	42	622.43	697.12
20129IL0340081	Rating Area 6	Tobacco User/Non-Tobacco User	43	637.46	720.33
20129IL0340081	Rating Area 6	Tobacco User/Non-Tobacco User	44	656.25	748.13
20129IL0340081	Rating Area 6	Tobacco User/Non-Tobacco User	45	678.33	780.09
20129IL0340081	Rating Area 6	Tobacco User/Non-Tobacco User	46	704.64	817.38
20129IL0340081	Rating Area 6	Tobacco User/Non-Tobacco User	47	734.23	859.05
20129IL0340081	Rating Area 6	Tobacco User/Non-Tobacco User	48	768.06	906.31
20129IL0340081	Rating Area 6	Tobacco User/Non-Tobacco User	49	801.41	953.68
20129IL0340081	Rating Area 6	Tobacco User/Non-Tobacco User	50	838.99	1006.79
20129IL0340081	Rating Area 6	Tobacco User/Non-Tobacco User	51	876.10	1051.32
20129IL0340081	Rating Area 6	Tobacco User/Non-Tobacco User	52	916.98	1100.37
20129IL0340081	Rating Area 6	Tobacco User/Non-Tobacco User	53	958.31	1149.97
20129IL0340081	Rating Area 6	Tobacco User/Non-Tobacco User	54	1002.94	1203.53
20129IL0340081	Rating Area 6	Tobacco User/Non-Tobacco User	55	1047.57	1257.08
20129IL0340081	Rating Area 6	Tobacco User/Non-Tobacco User	56	1095.95	1315.14
20129IL0340081	Rating Area 6	Tobacco User/Non-Tobacco User	57	1144.81	1373.77
20129IL0340081	Rating Area 6	Tobacco User/Non-Tobacco User	58	1196.95	1436.34
20129IL0340081	Rating Area 6	Tobacco User/Non-Tobacco User	59	1222.79	1467.34
20129IL0340081	Rating Area 6	Tobacco User/Non-Tobacco User	60	1274.93	1529.91
20129IL0340081	Rating Area 6	Tobacco User/Non-Tobacco User	61	1320.02	1584.02
20129IL0340081	Rating Area 6	Tobacco User/Non-Tobacco User	62	1349.62	1619.55
20129IL0340081	Rating Area 6	Tobacco User/Non-Tobacco User	63	1386.74	1664.09
20129IL0340081	Rating Area 6	Tobacco User/Non-Tobacco User	64 and over	1409.25	1691.11
20129IL0340081	Rating Area 7	Tobacco User/Non-Tobacco User	0-14	387.63	387.63
20129IL0340081	Rating Area 7	Tobacco User/Non-Tobacco User	15	422.08	422.08
20129IL0340081	Rating Area 7	Tobacco User/Non-Tobacco User	16	435.26	435.26
20129IL0340081	Rating Area 7	Tobacco User/Non-Tobacco User	17	448.44	448.44
20129IL0340081	Rating Area 7	Tobacco User/Non-Tobacco User	18	462.62	462.62
20129IL0340081	Rating Area 7	Tobacco User/Non-Tobacco User	19	476.81	476.81
20129IL0340081	Rating Area 7	Tobacco User/Non-Tobacco User	20	491.51	491.51
20129IL0340081	Rating Area 7	Tobacco User/Non-Tobacco User	21	506.71	506.71
20129IL0340081	Rating Area 7	Tobacco User/Non-Tobacco User	22	506.71	506.71
20129IL0340081	Rating Area 7	Tobacco User/Non-Tobacco User	23	506.71	506.71
20129IL0340081	Rating Area 7	Tobacco User/Non-Tobacco User	24	506.71	506.71
20129IL0340081	Rating Area 7	Tobacco User/Non-Tobacco User	25	508.73	508.73
20129IL0340081	Rating Area 7	Tobacco User/Non-Tobacco User	26	518.87	518.87
20129IL0340081	Rating Area 7	Tobacco User/Non-Tobacco User	27	531.03	531.03
20129IL0340081	Rating Area 7	Tobacco User/Non-Tobacco User	28	550.79	550.79
20129IL0340081	Rating Area 7	Tobacco User/Non-Tobacco User	29	567.00	567.00
20129IL0340081	Rating Area 7	Tobacco User/Non-Tobacco User	30	575.12	603.87
20129IL0340081	Rating Area 7	Tobacco User/Non-Tobacco User	31	587.27	616.64
20129IL0340081	Rating Area 7	Tobacco User/Non-Tobacco User	32	599.43	629.40
20129IL0340081	Rating Area 7	Tobacco User/Non-Tobacco User	33	607.04	637.39
20129IL0340081	Rating Area 7	Tobacco User/Non-Tobacco User	34	615.14	645.90
20129IL0340081	Rating Area 7	Tobacco User/Non-Tobacco User	35	619.20	650.16
20129IL0340081	Rating Area 7	Tobacco User/Non-Tobacco User	36	623.25	660.64
20129IL0340081	Rating Area 7	Tobacco User/Non-Tobacco User	37	627.30	671.21
20129IL0340081	Rating Area 7	Tobacco User/Non-Tobacco User	38	631.35	681.86
20129IL0340081	Rating Area 7	Tobacco User/Non-Tobacco User	39	639.47	697.02
20129IL0340081	Rating Area 7	Tobacco User/Non-Tobacco User	40	647.57	712.33
20129IL0340081	Rating Area 7	Tobacco User/Non-Tobacco User	41	659.73	732.30
20129IL0340081	Rating Area 7	Tobacco User/Non-Tobacco User	42	671.39	751.95
20129IL0340081	Rating Area 7	Tobacco User/Non-Tobacco User	43	687.60	776.99
20129IL0340081	Rating Area 7	Tobacco User/Non-Tobacco User	44	707.87	806.97
20129IL0340081	Rating Area 7	Tobacco User/Non-Tobacco User	45	731.68	841.44
20129IL0340081	Rating Area 7	Tobacco User/Non-Tobacco User	46	760.06	881.67
20129IL0340081	Rating Area 7	Tobacco User/Non-Tobacco User	47	791.98	926.62
20129IL0340081	Rating Area 7	Tobacco User/Non-Tobacco User	48	828.47	977.60
20129IL0340081	Rating Area 7	Tobacco User/Non-Tobacco User	49	864.44	1028.69
20129IL0340081	Rating Area 7	Tobacco User/Non-Tobacco User	50	904.98	1085.98
20129IL0340081	Rating Area 7	Tobacco User/Non-Tobacco User	51	945.00	1134.01
20129IL0340081	Rating Area 7	Tobacco User/Non-Tobacco User	52	989.10	1186.92
20129IL0340081	Rating Area 7	Tobacco User/Non-Tobacco User	53	1033.68	1240.42
20129IL0340081	Rating Area 7	Tobacco User/Non-Tobacco User	54	1081.82	1298.19
20129IL0340081	Rating Area 7	Tobacco User/Non-Tobacco User	55	1129.96	1355.95
20129IL0340081	Rating Area 7	Tobacco User/Non-Tobacco User	56	1182.14	1418.57
20129IL0340081	Rating Area 7	Tobacco User/Non-Tobacco User	57	1234.85	1481.82
20129IL0340081	Rating Area 7	Tobacco User/Non-Tobacco User	58	1291.09	1549.32
20129IL0340081	Rating Area 7	Tobacco User/Non-Tobacco User	59	1318.96	1582.75
20129IL0340081	Rating Area 7	Tobacco User/Non-Tobacco User	60	1375.20	1650.24
20129IL0340081	Rating Area 7	Tobacco User/Non-Tobacco User	61	1423.84	1708.61
20129IL0340081	Rating Area 7	Tobacco User/Non-Tobacco User	62	1455.77	1746.93
20129IL0340081	Rating Area 7	Tobacco User/Non-Tobacco User	63	1495.80	1794.97
20129IL0340081	Rating Area 7	Tobacco User/Non-Tobacco User	64 and over	1520.09	1824.12
20129IL0340081	Rating Area 8	Tobacco User/Non-Tobacco User	0-14	395.70	395.70
20129IL0340081	Rating Area 8	Tobacco User/Non-Tobacco User	15	430.88	430.88
20129IL0340081	Rating Area 8	Tobacco User/Non-Tobacco User	16	444.33	444.33
20129IL0340081	Rating Area 8	Tobacco User/Non-Tobacco User	17	457.78	457.78
20129IL0340081	Rating Area 8	Tobacco User/Non-Tobacco User	18	472.26	472.26
20129IL0340081	Rating Area 8	Tobacco User/Non-Tobacco User	19	486.75	486.75
20129IL0340081	Rating Area 8	Tobacco User/Non-Tobacco User	20	501.75	501.75
20129IL0340081	Rating Area 8	Tobacco User/Non-Tobacco User	21	517.26	517.26
20129IL0340081	Rating Area 8	Tobacco User/Non-Tobacco User	22	517.26	517.26
20129IL0340081	Rating Area 8	Tobacco User/Non-Tobacco User	23	517.26	517.26
20129IL0340081	Rating Area 8	Tobacco User/Non-Tobacco User	24	517.26	517.26

20129IL0340081	Rating Area 10	Tobacco User/Non-Tobacco User	34	621.55	652.63
20129IL0340081	Rating Area 10	Tobacco User/Non-Tobacco User	35	625.65	656.93
20129IL0340081	Rating Area 10	Tobacco User/Non-Tobacco User	36	629.74	659.72
20129IL0340081	Rating Area 10	Tobacco User/Non-Tobacco User	37	633.84	678.20
20129IL0340081	Rating Area 10	Tobacco User/Non-Tobacco User	38	637.93	688.96
20129IL0340081	Rating Area 10	Tobacco User/Non-Tobacco User	39	646.13	704.28
20129IL0340081	Rating Area 10	Tobacco User/Non-Tobacco User	40	654.31	719.75
20129IL0340081	Rating Area 10	Tobacco User/Non-Tobacco User	41	666.60	739.93
20129IL0340081	Rating Area 10	Tobacco User/Non-Tobacco User	42	678.38	759.78
20129IL0340081	Rating Area 10	Tobacco User/Non-Tobacco User	43	694.76	785.08
20129IL0340081	Rating Area 10	Tobacco User/Non-Tobacco User	44	715.24	815.37
20129IL0340081	Rating Area 10	Tobacco User/Non-Tobacco User	45	739.30	850.21
20129IL0340081	Rating Area 10	Tobacco User/Non-Tobacco User	46	767.98	890.86
20129IL0340081	Rating Area 10	Tobacco User/Non-Tobacco User	47	800.23	936.27
20129IL0340081	Rating Area 10	Tobacco User/Non-Tobacco User	48	837.10	987.78
20129IL0340081	Rating Area 10	Tobacco User/Non-Tobacco User	49	873.45	1039.40
20129IL0340081	Rating Area 10	Tobacco User/Non-Tobacco User	50	914.41	1097.29
20129IL0340081	Rating Area 10	Tobacco User/Non-Tobacco User	51	954.85	1145.82
20129IL0340081	Rating Area 10	Tobacco User/Non-Tobacco User	52	999.40	1199.28
20129IL0340081	Rating Area 10	Tobacco User/Non-Tobacco User	53	1044.45	1253.34
20129IL0340081	Rating Area 10	Tobacco User/Non-Tobacco User	54	1093.09	1311.71
20129IL0340081	Rating Area 10	Tobacco User/Non-Tobacco User	55	1141.73	1370.08
20129IL0340081	Rating Area 10	Tobacco User/Non-Tobacco User	56	1194.46	1433.35
20129IL0340081	Rating Area 10	Tobacco User/Non-Tobacco User	57	1247.71	1497.25
20129IL0340081	Rating Area 10	Tobacco User/Non-Tobacco User	58	1304.54	1565.45
20129IL0340081	Rating Area 10	Tobacco User/Non-Tobacco User	59	1332.70	1599.24
20129IL0340081	Rating Area 10	Tobacco User/Non-Tobacco User	60	1389.53	1667.43
20129IL0340081	Rating Area 10	Tobacco User/Non-Tobacco User	61	1438.67	1726.41
20129IL0340081	Rating Area 10	Tobacco User/Non-Tobacco User	62	1470.94	1765.13
20129IL0340081	Rating Area 10	Tobacco User/Non-Tobacco User	63	1511.39	1813.67
20129IL0340081	Rating Area 10	Tobacco User/Non-Tobacco User	64 and over	1535.93	1843.12
20129IL0340081	Rating Area 11	Tobacco User/Non-Tobacco User	0-14	403.78	403.78
20129IL0340081	Rating Area 11	Tobacco User/Non-Tobacco User	15	439.67	439.67
20129IL0340081	Rating Area 11	Tobacco User/Non-Tobacco User	16	453.40	453.40
20129IL0340081	Rating Area 11	Tobacco User/Non-Tobacco User	17	467.12	467.12
20129IL0340081	Rating Area 11	Tobacco User/Non-Tobacco User	18	481.90	481.90
20129IL0340081	Rating Area 11	Tobacco User/Non-Tobacco User	19	496.68	496.68
20129IL0340081	Rating Area 11	Tobacco User/Non-Tobacco User	20	511.99	511.99
20129IL0340081	Rating Area 11	Tobacco User/Non-Tobacco User	21	527.82	527.82
20129IL0340081	Rating Area 11	Tobacco User/Non-Tobacco User	22	527.82	527.82
20129IL0340081	Rating Area 11	Tobacco User/Non-Tobacco User	23	527.82	527.82
20129IL0340081	Rating Area 11	Tobacco User/Non-Tobacco User	24	527.82	527.82
20129IL0340081	Rating Area 11	Tobacco User/Non-Tobacco User	25	529.93	529.93
20129IL0340081	Rating Area 11	Tobacco User/Non-Tobacco User	26	540.49	540.49
20129IL0340081	Rating Area 11	Tobacco User/Non-Tobacco User	27	553.16	553.16
20129IL0340081	Rating Area 11	Tobacco User/Non-Tobacco User	28	573.74	573.74
20129IL0340081	Rating Area 11	Tobacco User/Non-Tobacco User	29	590.63	590.63
20129IL0340081	Rating Area 11	Tobacco User/Non-Tobacco User	30	599.08	629.03
20129IL0340081	Rating Area 11	Tobacco User/Non-Tobacco User	31	611.74	642.33
20129IL0340081	Rating Area 11	Tobacco User/Non-Tobacco User	32	624.41	655.63
20129IL0340081	Rating Area 11	Tobacco User/Non-Tobacco User	33	632.33	663.95
20129IL0340081	Rating Area 11	Tobacco User/Non-Tobacco User	34	640.77	672.81
20129IL0340081	Rating Area 11	Tobacco User/Non-Tobacco User	35	645.00	677.25
20129IL0340081	Rating Area 11	Tobacco User/Non-Tobacco User	36	649.22	688.17
20129IL0340081	Rating Area 11	Tobacco User/Non-Tobacco User	37	653.44	699.18
20129IL0340081	Rating Area 11	Tobacco User/Non-Tobacco User	38	657.66	710.27
20129IL0340081	Rating Area 11	Tobacco User/Non-Tobacco User	39	666.11	726.06
20129IL0340081	Rating Area 11	Tobacco User/Non-Tobacco User	40	674.55	742.01
20129IL0340081	Rating Area 11	Tobacco User/Non-Tobacco User	41	687.22	762.81
20129IL0340081	Rating Area 11	Tobacco User/Non-Tobacco User	42	699.36	783.28
20129IL0340081	Rating Area 11	Tobacco User/Non-Tobacco User	43	716.25	809.36
20129IL0340081	Rating Area 11	Tobacco User/Non-Tobacco User	44	737.36	840.59
20129IL0340081	Rating Area 11	Tobacco User/Non-Tobacco User	45	762.17	876.50
20129IL0340081	Rating Area 11	Tobacco User/Non-Tobacco User	46	791.73	918.41
20129IL0340081	Rating Area 11	Tobacco User/Non-Tobacco User	47	824.98	965.23
20129IL0340081	Rating Area 11	Tobacco User/Non-Tobacco User	48	862.99	1018.33
20129IL0340081	Rating Area 11	Tobacco User/Non-Tobacco User	49	900.46	1071.55
20129IL0340081	Rating Area 11	Tobacco User/Non-Tobacco User	50	942.69	1131.23
20129IL0340081	Rating Area 11	Tobacco User/Non-Tobacco User	51	984.38	1181.26
20129IL0340081	Rating Area 11	Tobacco User/Non-Tobacco User	52	1030.31	1236.37
20129IL0340081	Rating Area 11	Tobacco User/Non-Tobacco User	53	1076.75	1292.10
20129IL0340081	Rating Area 11	Tobacco User/Non-Tobacco User	54	1126.90	1352.28
20129IL0340081	Rating Area 11	Tobacco User/Non-Tobacco User	55	1177.04	1412.45
20129IL0340081	Rating Area 11	Tobacco User/Non-Tobacco User	56	1231.40	1477.68
20129IL0340081	Rating Area 11	Tobacco User/Non-Tobacco User	57	1286.30	1543.56
20129IL0340081	Rating Area 11	Tobacco User/Non-Tobacco User	58	1344.89	1613.87
20129IL0340081	Rating Area 11	Tobacco User/Non-Tobacco User	59	1373.92	1648.70
20129IL0340081	Rating Area 11	Tobacco User/Non-Tobacco User	60	1432.50	1719.00
20129IL0340081	Rating Area 11	Tobacco User/Non-Tobacco User	61	1483.17	1779.80
20129IL0340081	Rating Area 11	Tobacco User/Non-Tobacco User	62	1516.43	1819.72
20129IL0340081	Rating Area 11	Tobacco User/Non-Tobacco User	63	1558.13	1869.76
20129IL0340081	Rating Area 11	Tobacco User/Non-Tobacco User	64 and over	1583.43	1900.12
20129IL0340081	Rating Area 13	Tobacco User/Non-Tobacco User	0-14	460.31	460.31
20129IL0340081	Rating Area 13	Tobacco User/Non-Tobacco User	15	501.22	501.22
20129IL0340081	Rating Area 13	Tobacco User/Non-Tobacco User	16	516.88	516.88
20129IL0340081	Rating Area 13	Tobacco User/Non-Tobacco User	17	532.52	532.52
20129IL0340081	Rating Area 13	Tobacco User/Non-Tobacco User	18	549.37	549.37
20129IL0340081	Rating Area 13	Tobacco User/Non-Tobacco User	19	566.22	566.22
20129IL0340081	Rating Area 13	Tobacco User/Non-Tobacco User	20	583.67	583.67
20129IL0340081	Rating Area 13	Tobacco User/Non-Tobacco User	21	601.71	601.71
20129IL0340081	Rating Area 13	Tobacco User/Non-Tobacco User	22	601.71	601.71
20129IL0340081	Rating Area 13	Tobacco User/Non-Tobacco User	23	601.71	601.71
20129IL0340081	Rating Area 13	Tobacco User/Non-Tobacco User	24	601.71	601.71
20129IL0340081	Rating Area 13	Tobacco User/Non-Tobacco User	25	604.12	604.12
20129IL0340081	Rating Area 13	Tobacco User/Non-Tobacco User	26	616.16	616.16
20129IL0340081	Rating Area 13	Tobacco User/Non-Tobacco User	27	630.60	630.60
20129IL0340081	Rating Area 13	Tobacco User/Non-Tobacco User	28	654.06	654.06
20129IL0340081	Rating Area 13	Tobacco User/Non-Tobacco User	29	673.32	673.32
20129IL0340081	Rating Area 13	Tobacco User/Non-Tobacco User	30	682.95	717.09
20129IL0340081	Rating Area 13	Tobacco User/Non-Tobacco User	31	697.38	732.26
20129IL0340081	Rating Area 13	Tobacco User/Non-Tobacco User	32	711.83	747.42
20129IL0340081	Rating Area 13	Tobacco User/Non-Tobacco User	33	720.86	756.90
20129IL0340081	Rating Area 13	Tobacco User/Non-Tobacco User	34	730.48	767.00
20129IL0340081	Rating Area 13	Tobacco User/Non-Tobacco User	35	735.30	772.07
20129IL0340081	Rating Area 13	Tobacco User/Non-Tobacco User	36	740.11	784.51
20129IL0340081	Rating Area 13	Tobacco User/Non-Tobacco User	37	744.92	797.07
20129IL0340081	Rating Area 13	Tobacco User/Non-Tobacco User	38	749.73	809.71
20129IL0340081	Rating Area 13	Tobacco User/Non-Tobacco User	39	759.37	827.71
20129IL0340081	Rating Area 13	Tobacco User/Non-Tobacco User	40	768.99	845.89
20129IL0340081	Rating Area 13	Tobacco User/Non-Tobacco User	41	783.43	869.60
20129IL0340081	Rating Area 13	Tobacco User/Non-Tobacco User	42	797.27	892.94

20129IL0340081 Rating Area 13	Tobacco User/Non-Tobacco User	43	816.53	922.67
20129IL0340081 Rating Area 13	Tobacco User/Non-Tobacco User	44	840.59	958.27
20129IL0340081 Rating Area 13	Tobacco User/Non-Tobacco User	45	868.87	999.21
20129IL0340081 Rating Area 13	Tobacco User/Non-Tobacco User	46	902.57	1046.99
20129IL0340081 Rating Area 13	Tobacco User/Non-Tobacco User	47	940.48	1100.36
20129IL0340081 Rating Area 13	Tobacco User/Non-Tobacco User	48	983.81	1160.90
20129IL0340081 Rating Area 13	Tobacco User/Non-Tobacco User	49	1026.52	1221.57
20129IL0340081 Rating Area 13	Tobacco User/Non-Tobacco User	50	1074.67	1289.60
20129IL0340081 Rating Area 13	Tobacco User/Non-Tobacco User	51	1122.19	1346.64
20129IL0340081 Rating Area 13	Tobacco User/Non-Tobacco User	52	1174.55	1409.46
20129IL0340081 Rating Area 13	Tobacco User/Non-Tobacco User	53	1227.50	1472.99
20129IL0340081 Rating Area 13	Tobacco User/Non-Tobacco User	54	1284.67	1541.60
20129IL0340081 Rating Area 13	Tobacco User/Non-Tobacco User	55	1341.83	1610.19
20129IL0340081 Rating Area 13	Tobacco User/Non-Tobacco User	56	1403.80	1684.56
20129IL0340081 Rating Area 13	Tobacco User/Non-Tobacco User	57	1466.38	1759.66
20129IL0340081 Rating Area 13	Tobacco User/Non-Tobacco User	58	1533.17	1839.81
20129IL0340081 Rating Area 13	Tobacco User/Non-Tobacco User	59	1566.27	1879.52
20129IL0340081 Rating Area 13	Tobacco User/Non-Tobacco User	60	1633.05	1959.66
20129IL0340081 Rating Area 13	Tobacco User/Non-Tobacco User	61	1690.81	2028.97
20129IL0340081 Rating Area 13	Tobacco User/Non-Tobacco User	62	1728.73	2074.48
20129IL0340081 Rating Area 13	Tobacco User/Non-Tobacco User	63	1776.27	2131.53
20129IL0340081 Rating Area 13	Tobacco User/Non-Tobacco User	64 and over	1805.11	2166.14
20129IL0340082 Rating Area 6	Tobacco User/Non-Tobacco User	0-14	338.08	338.08
20129IL0340082 Rating Area 6	Tobacco User/Non-Tobacco User	15	368.12	368.12
20129IL0340082 Rating Area 6	Tobacco User/Non-Tobacco User	16	379.61	379.61
20129IL0340082 Rating Area 6	Tobacco User/Non-Tobacco User	17	391.10	391.10
20129IL0340082 Rating Area 6	Tobacco User/Non-Tobacco User	18	403.48	403.48
20129IL0340082 Rating Area 6	Tobacco User/Non-Tobacco User	19	415.85	415.85
20129IL0340082 Rating Area 6	Tobacco User/Non-Tobacco User	20	428.67	428.67
20129IL0340082 Rating Area 6	Tobacco User/Non-Tobacco User	21	441.93	441.93
20129IL0340082 Rating Area 6	Tobacco User/Non-Tobacco User	22	441.93	441.93
20129IL0340082 Rating Area 6	Tobacco User/Non-Tobacco User	23	441.93	441.93
20129IL0340082 Rating Area 6	Tobacco User/Non-Tobacco User	24	441.93	441.93
20129IL0340082 Rating Area 6	Tobacco User/Non-Tobacco User	25	443.69	443.69
20129IL0340082 Rating Area 6	Tobacco User/Non-Tobacco User	26	452.54	452.54
20129IL0340082 Rating Area 6	Tobacco User/Non-Tobacco User	27	463.14	463.14
20129IL0340082 Rating Area 6	Tobacco User/Non-Tobacco User	28	480.38	480.38
20129IL0340082 Rating Area 6	Tobacco User/Non-Tobacco User	29	494.52	494.52
20129IL0340082 Rating Area 6	Tobacco User/Non-Tobacco User	30	501.59	526.67
20129IL0340082 Rating Area 6	Tobacco User/Non-Tobacco User	31	512.20	537.81
20129IL0340082 Rating Area 6	Tobacco User/Non-Tobacco User	32	522.80	548.94
20129IL0340082 Rating Area 6	Tobacco User/Non-Tobacco User	33	529.43	555.89
20129IL0340082 Rating Area 6	Tobacco User/Non-Tobacco User	34	536.50	563.33
20129IL0340082 Rating Area 6	Tobacco User/Non-Tobacco User	35	540.03	567.04
20129IL0340082 Rating Area 6	Tobacco User/Non-Tobacco User	36	543.57	576.19
20129IL0340082 Rating Area 6	Tobacco User/Non-Tobacco User	37	547.11	585.41
20129IL0340082 Rating Area 6	Tobacco User/Non-Tobacco User	38	550.64	594.70
20129IL0340082 Rating Area 6	Tobacco User/Non-Tobacco User	39	557.71	607.91
20129IL0340082 Rating Area 6	Tobacco User/Non-Tobacco User	40	564.79	621.26
20129IL0340082 Rating Area 6	Tobacco User/Non-Tobacco User	41	575.39	638.69
20129IL0340082 Rating Area 6	Tobacco User/Non-Tobacco User	42	585.56	655.82
20129IL0340082 Rating Area 6	Tobacco User/Non-Tobacco User	43	599.70	677.66
20129IL0340082 Rating Area 6	Tobacco User/Non-Tobacco User	44	617.38	703.81
20129IL0340082 Rating Area 6	Tobacco User/Non-Tobacco User	45	638.15	733.87
20129IL0340082 Rating Area 6	Tobacco User/Non-Tobacco User	46	662.89	768.95
20129IL0340082 Rating Area 6	Tobacco User/Non-Tobacco User	47	690.73	808.16
20129IL0340082 Rating Area 6	Tobacco User/Non-Tobacco User	48	722.56	852.61
20129IL0340082 Rating Area 6	Tobacco User/Non-Tobacco User	49	753.93	897.17
20129IL0340082 Rating Area 6	Tobacco User/Non-Tobacco User	50	789.28	947.14
20129IL0340082 Rating Area 6	Tobacco User/Non-Tobacco User	51	824.19	989.03
20129IL0340082 Rating Area 6	Tobacco User/Non-Tobacco User	52	862.64	1035.17
20129IL0340082 Rating Area 6	Tobacco User/Non-Tobacco User	53	901.53	1081.84
20129IL0340082 Rating Area 6	Tobacco User/Non-Tobacco User	54	943.52	1132.22
20129IL0340082 Rating Area 6	Tobacco User/Non-Tobacco User	55	985.50	1182.60
20129IL0340082 Rating Area 6	Tobacco User/Non-Tobacco User	56	1031.02	1237.22
20129IL0340082 Rating Area 6	Tobacco User/Non-Tobacco User	57	1076.98	1292.38
20129IL0340082 Rating Area 6	Tobacco User/Non-Tobacco User	58	1126.03	1351.23
20129IL0340082 Rating Area 6	Tobacco User/Non-Tobacco User	59	1150.33	1380.40
20129IL0340082 Rating Area 6	Tobacco User/Non-Tobacco User	60	1199.39	1439.27
20129IL0340082 Rating Area 6	Tobacco User/Non-Tobacco User	61	1241.82	1490.18
20129IL0340082 Rating Area 6	Tobacco User/Non-Tobacco User	62	1269.66	1523.59
20129IL0340082 Rating Area 6	Tobacco User/Non-Tobacco User	63	1304.57	1565.48
20129IL0340082 Rating Area 6	Tobacco User/Non-Tobacco User	64 and over	1325.75	1590.90
20129IL0340082 Rating Area 7	Tobacco User/Non-Tobacco User	0-14	364.67	364.67
20129IL0340082 Rating Area 7	Tobacco User/Non-Tobacco User	15	397.08	397.08
20129IL0340082 Rating Area 7	Tobacco User/Non-Tobacco User	16	409.47	409.47
20129IL0340082 Rating Area 7	Tobacco User/Non-Tobacco User	17	421.86	421.86
20129IL0340082 Rating Area 7	Tobacco User/Non-Tobacco User	18	435.22	435.22
20129IL0340082 Rating Area 7	Tobacco User/Non-Tobacco User	19	448.56	448.56
20129IL0340082 Rating Area 7	Tobacco User/Non-Tobacco User	20	462.38	462.38
20129IL0340082 Rating Area 7	Tobacco User/Non-Tobacco User	21	476.69	476.69
20129IL0340082 Rating Area 7	Tobacco User/Non-Tobacco User	22	476.69	476.69
20129IL0340082 Rating Area 7	Tobacco User/Non-Tobacco User	23	476.69	476.69
20129IL0340082 Rating Area 7	Tobacco User/Non-Tobacco User	24	476.69	476.69
20129IL0340082 Rating Area 7	Tobacco User/Non-Tobacco User	25	478.59	478.59
20129IL0340082 Rating Area 7	Tobacco User/Non-Tobacco User	26	488.13	488.13
20129IL0340082 Rating Area 7	Tobacco User/Non-Tobacco User	27	499.56	499.56
20129IL0340082 Rating Area 7	Tobacco User/Non-Tobacco User	28	518.16	518.16
20129IL0340082 Rating Area 7	Tobacco User/Non-Tobacco User	29	533.41	533.41
20129IL0340082 Rating Area 7	Tobacco User/Non-Tobacco User	30	541.04	568.09
20129IL0340082 Rating Area 7	Tobacco User/Non-Tobacco User	31	552.48	580.11
20129IL0340082 Rating Area 7	Tobacco User/Non-Tobacco User	32	563.92	592.12
20129IL0340082 Rating Area 7	Tobacco User/Non-Tobacco User	33	571.07	599.62
20129IL0340082 Rating Area 7	Tobacco User/Non-Tobacco User	34	578.70	607.63
20129IL0340082 Rating Area 7	Tobacco User/Non-Tobacco User	35	582.51	611.64
20129IL0340082 Rating Area 7	Tobacco User/Non-Tobacco User	36	586.32	621.50
20129IL0340082 Rating Area 7	Tobacco User/Non-Tobacco User	37	590.14	631.45
20129IL0340082 Rating Area 7	Tobacco User/Non-Tobacco User	38	593.95	641.47
20129IL0340082 Rating Area 7	Tobacco User/Non-Tobacco User	39	601.57	655.72
20129IL0340082 Rating Area 7	Tobacco User/Non-Tobacco User	40	609.21	670.13
20129IL0340082 Rating Area 7	Tobacco User/Non-Tobacco User	41	620.65	688.92
20129IL0340082 Rating Area 7	Tobacco User/Non-Tobacco User	42	631.61	707.40
20129IL0340082 Rating Area 7	Tobacco User/Non-Tobacco User	43	646.87	730.96
20129IL0340082 Rating Area 7	Tobacco User/Non-Tobacco User	44	665.93	759.17
20129IL0340082 Rating Area 7	Tobacco User/Non-Tobacco User	45	688.34	791.59
20129IL0340082 Rating Area 7	Tobacco User/Non-Tobacco User	46	715.03	829.43
20129IL0340082 Rating Area 7	Tobacco User/Non-Tobacco User	47	745.06	871.72
20129IL0340082 Rating Area 7	Tobacco User/Non-Tobacco User	48	779.39	919.67
20129IL0340082 Rating Area 7	Tobacco User/Non-Tobacco User	49	813.23	967.74
20129IL0340082 Rating Area 7	Tobacco User/Non-Tobacco User	50	851.36	1021.63
20129IL0340082 Rating Area 7	Tobacco User/Non-Tobacco User	51	889.02	1066.82

20129IL0340082 Rating Area 9	Tobacco User/Non-Tobacco User	61	1367.39	1640.87
20129IL0340082 Rating Area 9	Tobacco User/Non-Tobacco User	62	1398.05	1677.66
20129IL0340082 Rating Area 9	Tobacco User/Non-Tobacco User	63	1436.49	1723.79
20129IL0340082 Rating Area 9	Tobacco User/Non-Tobacco User	64 and over	1459.82	1751.78
20129IL0340082 Rating Area 10	Tobacco User/Non-Tobacco User	0-14	368.46	368.46
20129IL0340082 Rating Area 10	Tobacco User/Non-Tobacco User	15	401.21	401.21
20129IL0340082 Rating Area 10	Tobacco User/Non-Tobacco User	16	413.73	413.73
20129IL0340082 Rating Area 10	Tobacco User/Non-Tobacco User	17	426.26	426.26
20129IL0340082 Rating Area 10	Tobacco User/Non-Tobacco User	18	439.75	439.75
20129IL0340082 Rating Area 10	Tobacco User/Non-Tobacco User	19	453.23	453.23
20129IL0340082 Rating Area 10	Tobacco User/Non-Tobacco User	20	467.20	467.20
20129IL0340082 Rating Area 10	Tobacco User/Non-Tobacco User	21	481.65	481.65
20129IL0340082 Rating Area 10	Tobacco User/Non-Tobacco User	22	481.65	481.65
20129IL0340082 Rating Area 10	Tobacco User/Non-Tobacco User	23	481.65	481.65
20129IL0340082 Rating Area 10	Tobacco User/Non-Tobacco User	24	481.65	481.65
20129IL0340082 Rating Area 10	Tobacco User/Non-Tobacco User	25	483.57	483.57
20129IL0340082 Rating Area 10	Tobacco User/Non-Tobacco User	26	493.22	493.22
20129IL0340082 Rating Area 10	Tobacco User/Non-Tobacco User	27	504.77	504.77
20129IL0340082 Rating Area 10	Tobacco User/Non-Tobacco User	28	523.56	523.56
20129IL0340082 Rating Area 10	Tobacco User/Non-Tobacco User	29	538.97	538.97
20129IL0340082 Rating Area 10	Tobacco User/Non-Tobacco User	30	546.67	574.01
20129IL0340082 Rating Area 10	Tobacco User/Non-Tobacco User	31	558.24	586.15
20129IL0340082 Rating Area 10	Tobacco User/Non-Tobacco User	32	569.90	598.29
20129IL0340082 Rating Area 10	Tobacco User/Non-Tobacco User	33	577.01	605.86
20129IL0340082 Rating Area 10	Tobacco User/Non-Tobacco User	34	584.73	613.96
20129IL0340082 Rating Area 10	Tobacco User/Non-Tobacco User	35	588.58	618.01
20129IL0340082 Rating Area 10	Tobacco User/Non-Tobacco User	36	592.43	627.98
20129IL0340082 Rating Area 10	Tobacco User/Non-Tobacco User	37	596.29	638.03
20129IL0340082 Rating Area 10	Tobacco User/Non-Tobacco User	38	600.14	648.15
20129IL0340082 Rating Area 10	Tobacco User/Non-Tobacco User	39	607.84	662.55
20129IL0340082 Rating Area 10	Tobacco User/Non-Tobacco User	40	615.55	677.11
20129IL0340082 Rating Area 10	Tobacco User/Non-Tobacco User	41	627.11	696.10
20129IL0340082 Rating Area 10	Tobacco User/Non-Tobacco User	42	638.19	714.77
20129IL0340082 Rating Area 10	Tobacco User/Non-Tobacco User	43	653.61	738.58
20129IL0340082 Rating Area 10	Tobacco User/Non-Tobacco User	44	672.87	767.08
20129IL0340082 Rating Area 10	Tobacco User/Non-Tobacco User	45	695.51	799.83
20129IL0340082 Rating Area 10	Tobacco User/Non-Tobacco User	46	722.48	838.07
20129IL0340082 Rating Area 10	Tobacco User/Non-Tobacco User	47	752.82	880.80
20129IL0340082 Rating Area 10	Tobacco User/Non-Tobacco User	48	787.50	929.25
20129IL0340082 Rating Area 10	Tobacco User/Non-Tobacco User	49	821.70	977.82
20129IL0340082 Rating Area 10	Tobacco User/Non-Tobacco User	50	860.23	1032.27
20129IL0340082 Rating Area 10	Tobacco User/Non-Tobacco User	51	898.28	1077.93
20129IL0340082 Rating Area 10	Tobacco User/Non-Tobacco User	52	940.18	1128.22
20129IL0340082 Rating Area 10	Tobacco User/Non-Tobacco User	53	982.57	1179.08
20129IL0340082 Rating Area 10	Tobacco User/Non-Tobacco User	54	1028.33	1234.00
20129IL0340082 Rating Area 10	Tobacco User/Non-Tobacco User	55	1074.08	1288.90
20129IL0340082 Rating Area 10	Tobacco User/Non-Tobacco User	56	1123.70	1348.44
20129IL0340082 Rating Area 10	Tobacco User/Non-Tobacco User	57	1173.79	1408.55
20129IL0340082 Rating Area 10	Tobacco User/Non-Tobacco User	58	1227.24	1472.69
20129IL0340082 Rating Area 10	Tobacco User/Non-Tobacco User	59	1253.73	1504.48
20129IL0340082 Rating Area 10	Tobacco User/Non-Tobacco User	60	1307.20	1568.65
20129IL0340082 Rating Area 10	Tobacco User/Non-Tobacco User	61	1353.44	1624.13
20129IL0340082 Rating Area 10	Tobacco User/Non-Tobacco User	62	1383.78	1660.54
20129IL0340082 Rating Area 10	Tobacco User/Non-Tobacco User	63	1421.84	1706.20
20129IL0340082 Rating Area 10	Tobacco User/Non-Tobacco User	64 and over	1444.92	1733.90
20129IL0340082 Rating Area 11	Tobacco User/Non-Tobacco User	0-14	379.86	379.86
20129IL0340082 Rating Area 11	Tobacco User/Non-Tobacco User	15	413.62	413.62
20129IL0340082 Rating Area 11	Tobacco User/Non-Tobacco User	16	426.53	426.53
20129IL0340082 Rating Area 11	Tobacco User/Non-Tobacco User	17	439.44	439.44
20129IL0340082 Rating Area 11	Tobacco User/Non-Tobacco User	18	453.35	453.35
20129IL0340082 Rating Area 11	Tobacco User/Non-Tobacco User	19	467.25	467.25
20129IL0340082 Rating Area 11	Tobacco User/Non-Tobacco User	20	481.65	481.65
20129IL0340082 Rating Area 11	Tobacco User/Non-Tobacco User	21	496.55	496.55
20129IL0340082 Rating Area 11	Tobacco User/Non-Tobacco User	22	496.55	496.55
20129IL0340082 Rating Area 11	Tobacco User/Non-Tobacco User	23	496.55	496.55
20129IL0340082 Rating Area 11	Tobacco User/Non-Tobacco User	24	496.55	496.55
20129IL0340082 Rating Area 11	Tobacco User/Non-Tobacco User	25	498.53	498.53
20129IL0340082 Rating Area 11	Tobacco User/Non-Tobacco User	26	508.47	508.47
20129IL0340082 Rating Area 11	Tobacco User/Non-Tobacco User	27	520.38	520.38
20129IL0340082 Rating Area 11	Tobacco User/Non-Tobacco User	28	539.75	539.75
20129IL0340082 Rating Area 11	Tobacco User/Non-Tobacco User	29	555.64	555.64
20129IL0340082 Rating Area 11	Tobacco User/Non-Tobacco User	30	563.58	591.76
20129IL0340082 Rating Area 11	Tobacco User/Non-Tobacco User	31	575.50	604.28
20129IL0340082 Rating Area 11	Tobacco User/Non-Tobacco User	32	587.42	616.79
20129IL0340082 Rating Area 11	Tobacco User/Non-Tobacco User	33	594.86	624.60
20129IL0340082 Rating Area 11	Tobacco User/Non-Tobacco User	34	602.81	632.95
20129IL0340082 Rating Area 11	Tobacco User/Non-Tobacco User	35	606.78	637.12
20129IL0340082 Rating Area 11	Tobacco User/Non-Tobacco User	36	610.75	647.40
20129IL0340082 Rating Area 11	Tobacco User/Non-Tobacco User	37	614.73	657.76
20129IL0340082 Rating Area 11	Tobacco User/Non-Tobacco User	38	618.70	668.20
20129IL0340082 Rating Area 11	Tobacco User/Non-Tobacco User	39	626.64	683.04
20129IL0340082 Rating Area 11	Tobacco User/Non-Tobacco User	40	634.59	698.05
20129IL0340082 Rating Area 11	Tobacco User/Non-Tobacco User	41	646.51	717.63
20129IL0340082 Rating Area 11	Tobacco User/Non-Tobacco User	42	657.93	736.88
20129IL0340082 Rating Area 11	Tobacco User/Non-Tobacco User	43	673.82	761.42
20129IL0340082 Rating Area 11	Tobacco User/Non-Tobacco User	44	693.68	790.80
20129IL0340082 Rating Area 11	Tobacco User/Non-Tobacco User	45	717.02	824.57
20129IL0340082 Rating Area 11	Tobacco User/Non-Tobacco User	46	744.82	863.99
20129IL0340082 Rating Area 11	Tobacco User/Non-Tobacco User	47	776.10	908.04
20129IL0340082 Rating Area 11	Tobacco User/Non-Tobacco User	48	811.86	957.99
20129IL0340082 Rating Area 11	Tobacco User/Non-Tobacco User	49	847.11	1008.06
20129IL0340082 Rating Area 11	Tobacco User/Non-Tobacco User	50	886.83	1064.20
20129IL0340082 Rating Area 11	Tobacco User/Non-Tobacco User	51	926.06	1111.27
20129IL0340082 Rating Area 11	Tobacco User/Non-Tobacco User	52	969.26	1163.11
20129IL0340082 Rating Area 11	Tobacco User/Non-Tobacco User	53	1012.96	1215.55
20129IL0340082 Rating Area 11	Tobacco User/Non-Tobacco User	54	1060.13	1272.16
20129IL0340082 Rating Area 11	Tobacco User/Non-Tobacco User	55	1107.30	1328.76
20129IL0340082 Rating Area 11	Tobacco User/Non-Tobacco User	56	1158.45	1390.14
20129IL0340082 Rating Area 11	Tobacco User/Non-Tobacco User	57	1210.09	1452.11
20129IL0340082 Rating Area 11	Tobacco User/Non-Tobacco User	58	1265.20	1518.24
20129IL0340082 Rating Area 11	Tobacco User/Non-Tobacco User	59	1292.51	1551.01
20129IL0340082 Rating Area 11	Tobacco User/Non-Tobacco User	60	1347.63	1617.16
20129IL0340082 Rating Area 11	Tobacco User/Non-Tobacco User	61	1395.30	1674.36
20129IL0340082 Rating Area 11	Tobacco User/Non-Tobacco User	62	1426.58	1711.90
20129IL0340082 Rating Area 11	Tobacco User/Non-Tobacco User	63	1465.81	1758.97
20129IL0340082 Rating Area 11	Tobacco User/Non-Tobacco User	64 and over	1489.61	1787.53
20129IL0340082 Rating Area 13	Tobacco User/Non-Tobacco User	0-14	433.04	433.04
20129IL0340082 Rating Area 13	Tobacco User/Non-Tobacco User	15	471.53	471.53
20129IL0340082 Rating Area 13	Tobacco User/Non-Tobacco User	16	486.24	486.24
20129IL0340082 Rating Area 13	Tobacco User/Non-Tobacco User	17	500.96	500.96
20129IL0340082 Rating Area 13	Tobacco User/Non-Tobacco User	18	516.82	516.82

201291L0340082 Rating Area 13	Tobacco User/Non-Tobacco User	19	532.67	532.67
201291L0340082 Rating Area 13	Tobacco User/Non-Tobacco User	20	549.08	549.08
201291L0340082 Rating Area 13	Tobacco User/Non-Tobacco User	21	566.07	566.07
201291L0340082 Rating Area 13	Tobacco User/Non-Tobacco User	22	566.07	566.07
201291L0340082 Rating Area 13	Tobacco User/Non-Tobacco User	23	566.07	566.07
201291L0340082 Rating Area 13	Tobacco User/Non-Tobacco User	24	566.07	566.07
201291L0340082 Rating Area 13	Tobacco User/Non-Tobacco User	25	568.32	568.32
201291L0340082 Rating Area 13	Tobacco User/Non-Tobacco User	26	579.66	579.66
201291L0340082 Rating Area 13	Tobacco User/Non-Tobacco User	27	593.23	593.23
201291L0340082 Rating Area 13	Tobacco User/Non-Tobacco User	28	615.32	615.32
201291L0340082 Rating Area 13	Tobacco User/Non-Tobacco User	29	633.43	633.43
201291L0340082 Rating Area 13	Tobacco User/Non-Tobacco User	30	642.48	674.61
201291L0340082 Rating Area 13	Tobacco User/Non-Tobacco User	31	656.07	688.88
201291L0340082 Rating Area 13	Tobacco User/Non-Tobacco User	32	669.66	703.14
201291L0340082 Rating Area 13	Tobacco User/Non-Tobacco User	33	678.14	712.04
201291L0340082 Rating Area 13	Tobacco User/Non-Tobacco User	34	687.20	721.56
201291L0340082 Rating Area 13	Tobacco User/Non-Tobacco User	35	691.73	726.32
201291L0340082 Rating Area 13	Tobacco User/Non-Tobacco User	36	696.26	738.04
201291L0340082 Rating Area 13	Tobacco User/Non-Tobacco User	37	700.79	749.85
201291L0340082 Rating Area 13	Tobacco User/Non-Tobacco User	38	705.32	761.75
201291L0340082 Rating Area 13	Tobacco User/Non-Tobacco User	39	714.37	778.67
201291L0340082 Rating Area 13	Tobacco User/Non-Tobacco User	40	723.43	795.78
201291L0340082 Rating Area 13	Tobacco User/Non-Tobacco User	41	737.02	818.10
201291L0340082 Rating Area 13	Tobacco User/Non-Tobacco User	42	750.04	840.04
201291L0340082 Rating Area 13	Tobacco User/Non-Tobacco User	43	768.15	868.02
201291L0340082 Rating Area 13	Tobacco User/Non-Tobacco User	44	790.80	901.51
201291L0340082 Rating Area 13	Tobacco User/Non-Tobacco User	45	817.40	940.01
201291L0340082 Rating Area 13	Tobacco User/Non-Tobacco User	46	849.09	984.95
201291L0340082 Rating Area 13	Tobacco User/Non-Tobacco User	47	884.75	1035.17
201291L0340082 Rating Area 13	Tobacco User/Non-Tobacco User	48	925.52	1092.11
201291L0340082 Rating Area 13	Tobacco User/Non-Tobacco User	49	965.71	1149.19
201291L0340082 Rating Area 13	Tobacco User/Non-Tobacco User	50	1010.99	1213.19
201291L0340082 Rating Area 13	Tobacco User/Non-Tobacco User	51	1055.71	1266.85
201291L0340082 Rating Area 13	Tobacco User/Non-Tobacco User	52	1104.96	1325.95
201291L0340082 Rating Area 13	Tobacco User/Non-Tobacco User	53	1154.77	1385.73
201291L0340082 Rating Area 13	Tobacco User/Non-Tobacco User	54	1208.55	1450.26
201291L0340082 Rating Area 13	Tobacco User/Non-Tobacco User	55	1262.32	1514.79
201291L0340082 Rating Area 13	Tobacco User/Non-Tobacco User	56	1320.63	1584.76
201291L0340082 Rating Area 13	Tobacco User/Non-Tobacco User	57	1379.50	1655.41
201291L0340082 Rating Area 13	Tobacco User/Non-Tobacco User	58	1442.33	1730.79
201291L0340082 Rating Area 13	Tobacco User/Non-Tobacco User	59	1473.46	1768.15
201291L0340082 Rating Area 13	Tobacco User/Non-Tobacco User	60	1536.30	1843.56
201291L0340082 Rating Area 13	Tobacco User/Non-Tobacco User	61	1590.64	1908.77
201291L0340082 Rating Area 13	Tobacco User/Non-Tobacco User	62	1626.30	1951.57
201291L0340082 Rating Area 13	Tobacco User/Non-Tobacco User	63	1671.02	2005.23
201291L0340082 Rating Area 13	Tobacco User/Non-Tobacco User	64 and over	1698.16	2037.78
201291L0330087 Rating Area 10	Tobacco User/Non-Tobacco User	0-14	428.40	428.40
201291L0330087 Rating Area 10	Tobacco User/Non-Tobacco User	15	466.48	466.48
201291L0330087 Rating Area 10	Tobacco User/Non-Tobacco User	16	481.04	481.04
201291L0330087 Rating Area 10	Tobacco User/Non-Tobacco User	17	495.60	495.60
201291L0330087 Rating Area 10	Tobacco User/Non-Tobacco User	18	511.29	511.29
201291L0330087 Rating Area 10	Tobacco User/Non-Tobacco User	19	526.96	526.96
201291L0330087 Rating Area 10	Tobacco User/Non-Tobacco User	20	543.20	543.20
201291L0330087 Rating Area 10	Tobacco User/Non-Tobacco User	21	560.00	560.00
201291L0330087 Rating Area 10	Tobacco User/Non-Tobacco User	22	560.00	560.00
201291L0330087 Rating Area 10	Tobacco User/Non-Tobacco User	23	560.00	560.00
201291L0330087 Rating Area 10	Tobacco User/Non-Tobacco User	24	560.00	560.00
201291L0330087 Rating Area 10	Tobacco User/Non-Tobacco User	25	562.24	562.24
201291L0330087 Rating Area 10	Tobacco User/Non-Tobacco User	26	573.44	573.44
201291L0330087 Rating Area 10	Tobacco User/Non-Tobacco User	27	586.89	586.89
201291L0330087 Rating Area 10	Tobacco User/Non-Tobacco User	28	608.72	608.72
201291L0330087 Rating Area 10	Tobacco User/Non-Tobacco User	29	626.65	626.65
201291L0330087 Rating Area 10	Tobacco User/Non-Tobacco User	30	635.60	667.38
201291L0330087 Rating Area 10	Tobacco User/Non-Tobacco User	31	649.05	681.50
201291L0330087 Rating Area 10	Tobacco User/Non-Tobacco User	32	662.48	695.61
201291L0330087 Rating Area 10	Tobacco User/Non-Tobacco User	33	670.88	704.42
201291L0330087 Rating Area 10	Tobacco User/Non-Tobacco User	34	679.84	713.83
201291L0330087 Rating Area 10	Tobacco User/Non-Tobacco User	35	684.33	718.54
201291L0330087 Rating Area 10	Tobacco User/Non-Tobacco User	36	688.81	730.14
201291L0330087 Rating Area 10	Tobacco User/Non-Tobacco User	37	693.29	741.82
201291L0330087 Rating Area 10	Tobacco User/Non-Tobacco User	38	697.77	753.59
201291L0330087 Rating Area 10	Tobacco User/Non-Tobacco User	39	706.72	770.33
201291L0330087 Rating Area 10	Tobacco User/Non-Tobacco User	40	715.69	787.25
201291L0330087 Rating Area 10	Tobacco User/Non-Tobacco User	41	729.13	809.33
201291L0330087 Rating Area 10	Tobacco User/Non-Tobacco User	42	742.00	831.04
201291L0330087 Rating Area 10	Tobacco User/Non-Tobacco User	43	759.93	858.72
201291L0330087 Rating Area 10	Tobacco User/Non-Tobacco User	44	782.32	891.85
201291L0330087 Rating Area 10	Tobacco User/Non-Tobacco User	45	808.65	929.95
201291L0330087 Rating Area 10	Tobacco User/Non-Tobacco User	46	840.01	974.41
201291L0330087 Rating Area 10	Tobacco User/Non-Tobacco User	47	875.29	1024.09
201291L0330087 Rating Area 10	Tobacco User/Non-Tobacco User	48	915.60	1080.42
201291L0330087 Rating Area 10	Tobacco User/Non-Tobacco User	49	955.36	1136.88
201291L0330087 Rating Area 10	Tobacco User/Non-Tobacco User	50	1000.17	1200.20
201291L0330087 Rating Area 10	Tobacco User/Non-Tobacco User	51	1044.41	1253.29
201291L0330087 Rating Area 10	Tobacco User/Non-Tobacco User	52	1093.13	1311.76
201291L0330087 Rating Area 10	Tobacco User/Non-Tobacco User	53	1142.41	1370.89
201291L0330087 Rating Area 10	Tobacco User/Non-Tobacco User	54	1195.61	1434.74
201291L0330087 Rating Area 10	Tobacco User/Non-Tobacco User	55	1248.81	1498.57
201291L0330087 Rating Area 10	Tobacco User/Non-Tobacco User	56	1306.49	1567.79
201291L0330087 Rating Area 10	Tobacco User/Non-Tobacco User	57	1364.73	1637.68
201291L0330087 Rating Area 10	Tobacco User/Non-Tobacco User	58	1426.89	1712.26
201291L0330087 Rating Area 10	Tobacco User/Non-Tobacco User	59	1457.69	1749.22
201291L0330087 Rating Area 10	Tobacco User/Non-Tobacco User	60	1519.85	1823.82
201291L0330087 Rating Area 10	Tobacco User/Non-Tobacco User	61	1573.61	1888.34
201291L0330087 Rating Area 10	Tobacco User/Non-Tobacco User	62	1608.89	1930.67
201291L0330087 Rating Area 10	Tobacco User/Non-Tobacco User	63	1653.13	1983.76
201291L0330087 Rating Area 10	Tobacco User/Non-Tobacco User	64 and over	1679.98	2015.98
201291L0330088 Rating Area 10	Tobacco User/Non-Tobacco User	0-14	403.16	403.16
201291L0330088 Rating Area 10	Tobacco User/Non-Tobacco User	15	438.99	438.99
201291L0330088 Rating Area 10	Tobacco User/Non-Tobacco User	16	452.70	452.70
201291L0330088 Rating Area 10	Tobacco User/Non-Tobacco User	17	466.40	466.40
201291L0330088 Rating Area 10	Tobacco User/Non-Tobacco User	18	481.16	481.16
201291L0330088 Rating Area 10	Tobacco User/Non-Tobacco User	19	495.91	495.91
201291L0330088 Rating Area 10	Tobacco User/Non-Tobacco User	20	511.19	511.19
201291L0330088 Rating Area 10	Tobacco User/Non-Tobacco User	21	527.00	527.00
201291L0330088 Rating Area 10	Tobacco User/Non-Tobacco User	22	527.00	527.00
201291L0330088 Rating Area 10	Tobacco User/Non-Tobacco User	23	527.00	527.00
201291L0330088 Rating Area 10	Tobacco User/Non-Tobacco User	24	527.00	527.00
201291L0330088 Rating Area 10	Tobacco User/Non-Tobacco User	25	529.12	529.12
201291L0330088 Rating Area 10	Tobacco User/Non-Tobacco User	26	539.65	539.65
201291L0330088 Rating Area 10	Tobacco User/Non-Tobacco User	27	552.30	552.30

201291L0330088 Rating Area 10	Tobacco User/Non-Tobacco User	28	572.85	572.85
201291L0330088 Rating Area 10	Tobacco User/Non-Tobacco User	29	589.72	589.72
201291L0330088 Rating Area 10	Tobacco User/Non-Tobacco User	30	598.15	628.06
201291L0330088 Rating Area 10	Tobacco User/Non-Tobacco User	31	610.80	641.33
201291L0330088 Rating Area 10	Tobacco User/Non-Tobacco User	32	623.45	654.62
201291L0330088 Rating Area 10	Tobacco User/Non-Tobacco User	33	631.35	662.92
201291L0330088 Rating Area 10	Tobacco User/Non-Tobacco User	34	639.78	671.77
201291L0330088 Rating Area 10	Tobacco User/Non-Tobacco User	35	644.00	676.21
201291L0330088 Rating Area 10	Tobacco User/Non-Tobacco User	36	648.21	687.11
201291L0330088 Rating Area 10	Tobacco User/Non-Tobacco User	37	652.43	698.10
201291L0330088 Rating Area 10	Tobacco User/Non-Tobacco User	38	656.64	709.18
201291L0330088 Rating Area 10	Tobacco User/Non-Tobacco User	39	665.08	724.94
201291L0330088 Rating Area 10	Tobacco User/Non-Tobacco User	40	673.51	740.86
201291L0330088 Rating Area 10	Tobacco User/Non-Tobacco User	41	686.16	761.63
201291L0330088 Rating Area 10	Tobacco User/Non-Tobacco User	42	698.28	782.08
201291L0330088 Rating Area 10	Tobacco User/Non-Tobacco User	43	715.14	808.11
201291L0330088 Rating Area 10	Tobacco User/Non-Tobacco User	44	736.22	839.29
201291L0330088 Rating Area 10	Tobacco User/Non-Tobacco User	45	760.99	875.14
201291L0330088 Rating Area 10	Tobacco User/Non-Tobacco User	46	790.50	916.98
201291L0330088 Rating Area 10	Tobacco User/Non-Tobacco User	47	823.70	963.73
201291L0330088 Rating Area 10	Tobacco User/Non-Tobacco User	48	861.65	1016.74
201291L0330088 Rating Area 10	Tobacco User/Non-Tobacco User	49	899.06	1069.89
201291L0330088 Rating Area 10	Tobacco User/Non-Tobacco User	50	941.23	1129.48
201291L0330088 Rating Area 10	Tobacco User/Non-Tobacco User	51	982.86	1179.43
201291L0330088 Rating Area 10	Tobacco User/Non-Tobacco User	52	1028.71	1234.46
201291L0330088 Rating Area 10	Tobacco User/Non-Tobacco User	53	1075.09	1290.11
201291L0330088 Rating Area 10	Tobacco User/Non-Tobacco User	54	1125.15	1350.18
201291L0330088 Rating Area 10	Tobacco User/Non-Tobacco User	55	1175.21	1410.25
201291L0330088 Rating Area 10	Tobacco User/Non-Tobacco User	56	1229.49	1475.39
201291L0330088 Rating Area 10	Tobacco User/Non-Tobacco User	57	1284.31	1541.17
201291L0330088 Rating Area 10	Tobacco User/Non-Tobacco User	58	1342.80	1611.36
201291L0330088 Rating Area 10	Tobacco User/Non-Tobacco User	59	1371.79	1646.15
201291L0330088 Rating Area 10	Tobacco User/Non-Tobacco User	60	1430.28	1716.34
201291L0330088 Rating Area 10	Tobacco User/Non-Tobacco User	61	1480.88	1777.06
201291L0330088 Rating Area 10	Tobacco User/Non-Tobacco User	62	1514.08	1816.90
201291L0330088 Rating Area 10	Tobacco User/Non-Tobacco User	63	1555.72	1866.86
201291L0330088 Rating Area 10	Tobacco User/Non-Tobacco User	64 and over	1580.98	1897.18
201291L0330089 Rating Area 10	Tobacco User/Non-Tobacco User	0-14	348.45	348.45
201291L0330089 Rating Area 10	Tobacco User/Non-Tobacco User	15	379.43	379.43
201291L0330089 Rating Area 10	Tobacco User/Non-Tobacco User	16	391.27	391.27
201291L0330089 Rating Area 10	Tobacco User/Non-Tobacco User	17	403.11	403.11
201291L0330089 Rating Area 10	Tobacco User/Non-Tobacco User	18	415.87	415.87
201291L0330089 Rating Area 10	Tobacco User/Non-Tobacco User	19	428.61	428.61
201291L0330089 Rating Area 10	Tobacco User/Non-Tobacco User	20	441.83	441.83
201291L0330089 Rating Area 10	Tobacco User/Non-Tobacco User	21	455.49	455.49
201291L0330089 Rating Area 10	Tobacco User/Non-Tobacco User	22	455.49	455.49
201291L0330089 Rating Area 10	Tobacco User/Non-Tobacco User	23	455.49	455.49
201291L0330089 Rating Area 10	Tobacco User/Non-Tobacco User	24	455.49	455.49
201291L0330089 Rating Area 10	Tobacco User/Non-Tobacco User	25	457.32	457.32
201291L0330089 Rating Area 10	Tobacco User/Non-Tobacco User	26	466.42	466.42
201291L0330089 Rating Area 10	Tobacco User/Non-Tobacco User	27	477.36	477.36
201291L0330089 Rating Area 10	Tobacco User/Non-Tobacco User	28	495.12	495.12
201291L0330089 Rating Area 10	Tobacco User/Non-Tobacco User	29	509.70	509.70
201291L0330089 Rating Area 10	Tobacco User/Non-Tobacco User	30	516.98	542.83
201291L0330089 Rating Area 10	Tobacco User/Non-Tobacco User	31	527.91	554.31
201291L0330089 Rating Area 10	Tobacco User/Non-Tobacco User	32	538.84	565.79
201291L0330089 Rating Area 10	Tobacco User/Non-Tobacco User	33	545.68	572.97
201291L0330089 Rating Area 10	Tobacco User/Non-Tobacco User	34	552.97	580.61
201291L0330089 Rating Area 10	Tobacco User/Non-Tobacco User	35	556.62	584.44
201291L0330089 Rating Area 10	Tobacco User/Non-Tobacco User	36	560.25	593.86
201291L0330089 Rating Area 10	Tobacco User/Non-Tobacco User	37	563.90	603.37
201291L0330089 Rating Area 10	Tobacco User/Non-Tobacco User	38	567.54	612.94
201291L0330089 Rating Area 10	Tobacco User/Non-Tobacco User	39	574.83	626.56
201291L0330089 Rating Area 10	Tobacco User/Non-Tobacco User	40	582.12	640.33
201291L0330089 Rating Area 10	Tobacco User/Non-Tobacco User	41	593.05	658.28
201291L0330089 Rating Area 10	Tobacco User/Non-Tobacco User	42	603.52	675.94
201291L0330089 Rating Area 10	Tobacco User/Non-Tobacco User	43	618.10	698.46
201291L0330089 Rating Area 10	Tobacco User/Non-Tobacco User	44	636.32	725.40
201291L0330089 Rating Area 10	Tobacco User/Non-Tobacco User	45	657.73	756.39
201291L0330089 Rating Area 10	Tobacco User/Non-Tobacco User	46	683.24	792.56
201291L0330089 Rating Area 10	Tobacco User/Non-Tobacco User	47	711.93	832.96
201291L0330089 Rating Area 10	Tobacco User/Non-Tobacco User	48	744.73	878.78
201291L0330089 Rating Area 10	Tobacco User/Non-Tobacco User	49	777.07	924.71
201291L0330089 Rating Area 10	Tobacco User/Non-Tobacco User	50	813.51	976.21
201291L0330089 Rating Area 10	Tobacco User/Non-Tobacco User	51	849.49	1019.38
201291L0330089 Rating Area 10	Tobacco User/Non-Tobacco User	52	889.12	1066.94
201291L0330089 Rating Area 10	Tobacco User/Non-Tobacco User	53	929.20	1115.04
201291L0330089 Rating Area 10	Tobacco User/Non-Tobacco User	54	972.47	1166.97
201291L0330089 Rating Area 10	Tobacco User/Non-Tobacco User	55	1015.75	1218.89
201291L0330089 Rating Area 10	Tobacco User/Non-Tobacco User	56	1062.66	1275.20
201291L0330089 Rating Area 10	Tobacco User/Non-Tobacco User	57	1110.03	1332.03
201291L0330089 Rating Area 10	Tobacco User/Non-Tobacco User	58	1160.60	1392.72
201291L0330089 Rating Area 10	Tobacco User/Non-Tobacco User	59	1185.64	1422.77
201291L0330089 Rating Area 10	Tobacco User/Non-Tobacco User	60	1236.21	1483.45
201291L0330089 Rating Area 10	Tobacco User/Non-Tobacco User	61	1279.93	1535.92
201291L0330089 Rating Area 10	Tobacco User/Non-Tobacco User	62	1308.63	1570.35
201291L0330089 Rating Area 10	Tobacco User/Non-Tobacco User	63	1344.61	1613.54
201291L0330089 Rating Area 10	Tobacco User/Non-Tobacco User	64 and over	1366.45	1639.74

Attachment A
Health Alliance Medical Plans
Illinois Base Rates and Multiplicative Factors
Individual Plans

Base Rates

Plan ID	Plan Name	Rate
20129IL0330020	2025 HMO 9200 Elite Catastrophic	\$344.24
20129IL0330087	2025 Simplete Memorial HMO Limited Network 2500 Gold	\$577.32
20129IL0330088	2025 Simplete Memorial HMO Limited Network 3500 Silver	\$543.30
20129IL0330089	2025 Simplete Memorial HMO Limited Network 3500 Silver Select	\$469.58
20129IL0330090	2025 HMO 1500 Elite Gold	\$656.78
20129IL0330091	2025 HMO 5000 Elite Silver	\$610.69
20129IL0340006	2025 POS 7250 Silver Select	\$526.96
20129IL0340035	2025 POS 6500 Elite Bronze	\$502.96
20129IL0340045	2025 POS 7250 Elite Silver	\$609.70
20129IL0340061	2025 POS HSA 7350 Elite Bronze	\$481.17
20129IL0340067	2025 POS 1000 Elite Gold	\$696.70
20129IL0340070	2025 POS 2500 Elite Gold	\$665.11
20129IL0340073	2025 POS 4200 Elite Silver	\$644.61
20129IL0340074	2025 POS 4200 Silver Select	\$557.14
20129IL0340079	2025 POS 1500 Elite Gold	\$656.78
20129IL0340080	2025 POS 5000 Elite Silver	\$610.69
20129IL0340081	2025 POS 5000 Silver Select	\$527.82
20129IL0340082	2025 POS 7500 Elite Bronze	\$496.55

Age Rating Factors

Age Band	Rate Factor	Tobacco Factor
0-14	0.765	1.000
15	0.833	1.000
16	0.859	1.000
17	0.885	1.000
18	0.913	1.000
19	0.941	1.000
20	0.970	1.000
21	1.000	1.000
22	1.000	1.000
23	1.000	1.000
24	1.000	1.000
25	1.004	1.000
26	1.024	1.000
27	1.048	1.000
28	1.087	1.000
29	1.119	1.000
30	1.135	1.050
31	1.159	1.050
32	1.183	1.050
33	1.198	1.050
34	1.214	1.050
35	1.222	1.050
36	1.230	1.060
37	1.238	1.070
38	1.246	1.080
39	1.262	1.090
40	1.278	1.100
41	1.302	1.110
42	1.325	1.120
43	1.357	1.130
44	1.397	1.140
45	1.444	1.150
46	1.500	1.160
47	1.563	1.170
48	1.635	1.180
49	1.706	1.190
50	1.786	1.200
51	1.865	1.200
52	1.952	1.200
53	2.040	1.200
54	2.135	1.200
55	2.230	1.200
56	2.333	1.200
57	2.437	1.200
58	2.548	1.200
59	2.603	1.200
60	2.714	1.200
61	2.810	1.200
62	2.873	1.200
63	2.952	1.200
64+	3.000	1.200

Geographic Area Factor

Rating Area	Factor
Rating Area 6	0.890
Rating Area 7	0.960
Rating Area 8	0.980
Rating Area 9	0.980
Rating Area 10	0.970
Rating Area 11	1.000
Rating Area 13	1.140

Rate Formula: Premium Rate = Base Rate x Geographic Area Factor x Age Factor x Tobacco Factor

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: Enter the Service Area ID	Required: Enter the Service Area Name	Required: Does this Service Area cover the entire state?	Required if State is "No": Select the County - FIPS this Service Area covers	Required if State is "No": Does this Service Area include a partial county?
ILS001	2025 Health Alliance Individual Elite	No	Whiteside - 17195	No
ILS001	2025 Health Alliance Individual Elite	No	Bureau - 17011	No
ILS001	2025 Health Alliance Individual Elite	No	Henry - 17073	No
ILS001	2025 Health Alliance Individual Elite	No	Rock Island - 17161	No
ILS001	2025 Health Alliance Individual Elite	No	Mercer - 17131	No
ILS001	2025 Health Alliance Individual Elite	No	Warren - 17187	No
ILS001	2025 Health Alliance Individual Elite	No	Henderson - 17071	No
ILS001	2025 Health Alliance Individual Elite	No	Hancock - 17067	No
ILS001	2025 Health Alliance Individual Elite	No	Livingston - 17105	No
ILS001	2025 Health Alliance Individual Elite	No	Mclean - 17113	No
ILS001	2025 Health Alliance Individual Elite	No	Dewitt - 17039	No
ILS001	2025 Health Alliance Individual Elite	No	Iroquois - 17075	No
ILS001	2025 Health Alliance Individual Elite	No	Ford - 17053	No
ILS001	2025 Health Alliance Individual Elite	No	Champaign - 17019	No
ILS001	2025 Health Alliance Individual Elite	No	Piatt - 17147	No
ILS001	2025 Health Alliance Individual Elite	No	Vermilion - 17183	No
ILS001	2025 Health Alliance Individual Elite	No	Douglas - 17041	No
ILS001	2025 Health Alliance Individual Elite	No	Edgar - 17045	No
ILS001	2025 Health Alliance Individual Elite	No	Coles - 17029	No
ILS001	2025 Health Alliance Individual Elite	No	Cumberland - 17035	No
ILS001	2025 Health Alliance Individual Elite	No	Clark - 17023	No
ILS001	2025 Health Alliance Individual Elite	No	Adams - 17001	No
ILS001	2025 Health Alliance Individual Elite	No	Pike - 17149	No
ILS001	2025 Health Alliance Individual Elite	No	Brown - 17009	No
ILS001	2025 Health Alliance Individual Elite	No	Schuyler - 17169	No
ILS001	2025 Health Alliance Individual Elite	No	Cass - 17017	No
ILS001	2025 Health Alliance Individual Elite	No	Scott - 17171	No
ILS001	2025 Health Alliance Individual Elite	No	Morgan - 17137	No

ILS001	2025 Health Alliance Individual Elite	No	Mason - 17125	No
ILS001	2025 Health Alliance Individual Elite	No	Menard - 17129	No
ILS001	2025 Health Alliance Individual Elite	No	Sangamon - 17167	No
ILS001	2025 Health Alliance Individual Elite	No	Logan - 17107	No
ILS001	2025 Health Alliance Individual Elite	No	Christian - 17021	No
ILS001	2025 Health Alliance Individual Elite	No	Macon - 17115	No
ILS001	2025 Health Alliance Individual Elite	No	Moultrie - 17139	No
ILS001	2025 Health Alliance Individual Elite	No	Shelby - 17173	No
ILS001	2025 Health Alliance Individual Elite	No	Calhoun - 17013	No
ILS001	2025 Health Alliance Individual Elite	No	Greene - 17061	No
ILS001	2025 Health Alliance Individual Elite	No	Jersey - 17083	No
ILS001	2025 Health Alliance Individual Elite	No	Macoupin - 17117	No
ILS001	2025 Health Alliance Individual Elite	No	Bond - 17005	No
ILS001	2025 Health Alliance Individual Elite	No	Montgomery - 17135	No
ILS001	2025 Health Alliance Individual Elite	No	Clinton - 17027	No
ILS001	2025 Health Alliance Individual Elite	No	Washington - 17189	No
ILS001	2025 Health Alliance Individual Elite	No	Randolph - 17157	No
ILS001	2025 Health Alliance Individual Elite	No	Fayette - 17051	No
ILS001	2025 Health Alliance Individual Elite	No	Effingham - 17049	No
ILS001	2025 Health Alliance Individual Elite	No	Jasper - 17079	No
ILS001	2025 Health Alliance Individual Elite	No	Crawford - 17033	No
ILS001	2025 Health Alliance Individual Elite	No	Clay - 17025	No
ILS001	2025 Health Alliance Individual Elite	No	Marion - 17121	No
ILS001	2025 Health Alliance Individual Elite	No	Richland - 17159	No
ILS001	2025 Health Alliance Individual Elite	No	Lawrence - 17101	No
ILS001	2025 Health Alliance Individual Elite	No	Wayne - 17191	No
ILS001	2025 Health Alliance Individual Elite	No	Jefferson - 17081	No
ILS001	2025 Health Alliance Individual Elite	No	Edwards - 17047	No
ILS001	2025 Health Alliance Individual Elite	No	Wabash - 17185	No
ILS001	2025 Health Alliance Individual Elite	No	White - 17193	No
ILS001	2025 Health Alliance Individual Elite	No	Hamilton - 17065	No
ILS001	2025 Health Alliance Individual Elite	No	Saline - 17165	No
ILS001	2025 Health Alliance Individual Elite	No	Perry - 17145	No
ILS001	2025 Health Alliance Individual Elite	No	Franklin - 17055	No
ILS001	2025 Health Alliance Individual Elite	No	Jackson - 17077	No
ILS001	2025 Health Alliance Individual Elite	No	Williamson - 17199	No
ILS001	2025 Health Alliance Individual Elite	No	Gallatin - 17059	No
ILS001	2025 Health Alliance Individual Elite	No	Hardin - 17069	No
ILS001	2025 Health Alliance Individual Elite	No	Pope - 17151	No
ILS001	2025 Health Alliance Individual Elite	No	Johnson - 17087	No
ILS001	2025 Health Alliance Individual Elite	No	Alexander - 17003	No
ILS001	2025 Health Alliance Individual Elite	No	Union - 17181	No

ILS001	2025 Health Alliance Individual Elite	No	Massac - 17127	No
ILS001	2025 Health Alliance Individual Elite	No	Pulaski - 17153	No
ILS001	2025 Health Alliance Individual Elite	No	Fulton - 17057	No
ILS001	2025 Health Alliance Individual Elite	No	Mcdonough - 17109	No
ILS001	2025 Health Alliance Individual Elite	No	Knox - 17095	No
ILS001	2025 Health Alliance Individual Elite	No	Peoria - 17143	No
ILS001	2025 Health Alliance Individual Elite	No	Stark - 17175	No
ILS001	2025 Health Alliance Individual Elite	No	Tazewell - 17179	No
ILS001	2025 Health Alliance Individual Elite	No	Putnam - 17155	No
ILS001	2025 Health Alliance Individual Elite	No	Marshall - 17123	No
ILS001	2025 Health Alliance Individual Elite	No	Woodford - 17203	No
ILS001	2025 Health Alliance Individual Elite	No	La Salle - 17099	No
ILS007	2025 Health Alliance Individual Simple Memorial	No	Cass - 17017	No
ILS007	2025 Health Alliance Individual Simple Memorial	No	Christian - 17021	No
ILS007	2025 Health Alliance Individual Simple Memorial	No	Logan - 17107	No
ILS007	2025 Health Alliance Individual Simple Memorial	No	Mason - 17125	No
ILS007	2025 Health Alliance Individual Simple Memorial	No	Menard - 17129	No
ILS007	2025 Health Alliance Individual Simple Memorial	No	Morgan - 17137	No
ILS007	2025 Health Alliance Individual Simple Memorial	No	Sangamon - 17167	No
ILS007	2025 Health Alliance Individual Simple Memorial	No	Scott - 17171	No
ILS007	2025 Health Alliance Individual Simple Memorial	No	Macon - 17115	No

ILLINOIS ACTUARIAL MEMORANDUM REQUIREMENTS - INDIVIDUAL

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 policy holder	Act Memo Item 2c
SERFF Number of Prior Filing	SERFF Tracking Number of the Company's last individual rate filing in Illinois.	Act Memo Item 2d

Effective Date of Prior Filing		The effective date of the Company's last individual rate filing in Illinois.	Act Memo Item 2e
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 2f
Reason for Rate Change		A narrative description of the significant factors driving the change in rates	Act Memo Item 2g
Average Annual Premium		The average premium for the entire single risk pool, before and after the requested rate adjustment.	Act Memo Item 2h
Number of Policyholders and Covered Lives		The number of Illinois policyholders and covered lives affected by the proposed rate increase.	Act Memo Item 2i
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 2j
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 2k
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

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 5c
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 5d
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 5e
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

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	SERFF Number of Prior Filing
Act Memo Item 2e	Effective Date of Prior Filing
Act Memo Item 2f	Proposed Percentage Rate Change
Act Memo Item 2g	Reason for Rate Change
Act Memo Item 2h	Average Annual Premium
Act Memo Item 2i	Number of Policyholders and Covered Lives
Act Memo Item 2j	Projected loss ratio with and without proposed rate increase
Act Memo Item 2k	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
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

5. PROJECTION FACTORS

Act Memo Item 5a Changes to Benefits
Act Memo Item 5b Trend Factors (Cost and Utilization)
Act Memo Item 5c Projected Changes in the Demographics of the Population Insurance

Act Memo Item 5d Projected Changes in the Morbidity of the Insured Population
Act Memo Item 5e 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
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

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 supporting documents 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 supporting documents 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 supporting documents tab

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?

Desired Metal Tier Gold

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:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)	\$1,000.00	\$0.00
Coinsurance (% Insurer's Cost Share)	70.00%	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 type="checkbox"/>	<input type="checkbox"/>		\$1,500.00	<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"/>		\$1,500.00	<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"/>		\$50.00	<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 type="checkbox"/>	<input type="checkbox"/>		\$500.00	<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"/>		\$500.00	<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 type="checkbox"/>	<input type="checkbox"/>		\$1,500.00	<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 Elite Gold
Plan HIOS ID: 201291L0340067-00
Issuer HIOS ID: 20129
AVC Version: 2025_1a

Output

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

78.10%

Gold

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Additional Notes:

Calculation Time:

Final 2025 AV Calculator

0.0996 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?

Desired Metal Tier Gold

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:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)	\$1,000.00	\$0.00
Coinsurance (% Insurer's Cost Share)	70.00%	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 type="checkbox"/>	<input type="checkbox"/>		\$1,500.00	<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"/>		\$1,500.00	<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"/>		\$50.00	<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 type="checkbox"/>	<input type="checkbox"/>		\$500.00	<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"/>		\$500.00	<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 type="checkbox"/>	<input type="checkbox"/>		\$1,500.00	<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 Elite Gold
Plan HIOS ID: 201291L0340067-01
Issuer HIOS ID: 20129
AVC Version: 2025_1a

Output

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

78.10%

Gold

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Additional Notes:

Calculation Time:

Final 2025 AV Calculator

0.0625 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?

Desired Metal Tier Gold

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:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)	\$1,000.00	\$0.00
Coinsurance (% Insurer's Cost Share)	70.00%	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?	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 type="checkbox"/>	<input type="checkbox"/>		\$1,500.00	<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"/>		\$1,500.00	<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"/>		\$50.00	<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 type="checkbox"/>	<input type="checkbox"/>		\$500.00	<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"/>		\$500.00	<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 type="checkbox"/>	<input type="checkbox"/>		\$1,500.00	<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 Elite Gold Ind CSR
Plan HIOS ID: 201291L0340067-03
Issuer HIOS ID: 20129
AVC Version: 2025_1a

Output

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

78.10%

Gold

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Additional Notes:

Calculation Time:

Final 2025 AV Calculator

0.0469 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?

Desired Metal Tier Gold

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:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)	\$2,500.00	\$0.00
Coinsurance (% Insurer's Cost Share)	85.00%	100.00%
MOOP (\$)	\$6,900.00	
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"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<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 type="checkbox"/>	<input type="checkbox"/>		\$100.00	<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"/>		\$200.00	<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 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 2500 Elite Gold
Plan HIOS ID: 20129L0340070-00
Issuer HIOS ID: 20129
AVC Version: 2025_1a

Output

Status/Error Messages: Calculation Successful.
 Actuarial Value: 78.12%
 Metal Tier: Gold

Additional Notes:

Calculation Time: 0.0723 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?

Desired Metal Tier Gold

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:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)	\$2,500.00	\$0.00
Coinsurance (% Insurer's Cost Share)	85.00%	100.00%
MOOP (\$)	\$6,900.00	
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"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<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 type="checkbox"/>	<input type="checkbox"/>		\$100.00	<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"/>		\$200.00	<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 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 2500 Elite Gold
Plan HIOS ID: 20129L0340070-01
Issuer HIOS ID: 20129
AVC Version: 2025_1a

Output

Status/Error Messages: Calculation Successful.
 Actuarial Value: 78.12%
 Metal Tier: Gold

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?

Desired Metal Tier Gold

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:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)	\$2,500.00	\$0.00
Coinsurance (% Insurer's Cost Share)	85.00%	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?	
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"/>		\$50.00	<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 type="checkbox"/>	<input type="checkbox"/>		\$100.00	<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"/>		\$200.00	<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 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 2500 Elite Gold Ind CSR
Plan HIOS ID: 20129IL0340070-03
Issuer HIOS ID: 20129
AVC Version: 2025_1a

Output

Status/Error Messages: Calculation Successful.
 Actuarial Value: 78.12%
 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?

Desired Metal Tier Gold

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:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
		\$1,500.00
		75.00%
		\$7,800.00

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 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
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"/>		\$30.00	<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"/>		\$30.00	<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 type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<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"/>		\$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"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<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"/>		\$250.00	<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 1500 Elite Gold
Plan HIOS ID: 201291L0330090-01
Issuer HIOS ID: 20129
AVC Version: 2025_1a

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

78.06%

Gold

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

Additional Notes:

Calculation Time:

Final 2025 AV Calculator

0.1367 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 type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

Desired Metal Tier Gold

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
		\$1,500.00
		75.00%
		\$7,800.00

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 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
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"/>		\$30.00	<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"/>		\$30.00	<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 type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<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"/>		\$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"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<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"/>		\$250.00	<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 1500 Elite Gold
Plan HIOS ID: 201291L0330090-00
Issuer HIOS ID: 20129
AVC Version: 2025_1a

Output

Status/Error Messages:

Calculation Successful.

Actuarial Value:

78.06%

Metal Tier:

Gold

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

Additional Notes:

Calculation Time:

0.0781 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?

Desired Metal Tier Gold

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:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
		\$1,500.00
		75.00%
		\$7,800.00

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 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
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"/>		\$30.00	<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"/>		\$30.00	<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 type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<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"/>		\$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"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<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"/>		\$250.00	<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 1500 Elite Gold Ind CSR
Plan HIOS ID: 201291L0330090-03
Issuer HIOS ID: 20129
AVC Version: 2025_1a

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

78.06%

Gold

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

Additional Notes:

Calculation Time:

Final 2025 AV Calculator

0.1133 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?

Desired Metal Tier Gold

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:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
		\$1,500.00
		75.00%
		\$7,800.00

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"/>		\$30.00	<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"/>		\$30.00	<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 type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<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"/>		\$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"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<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"/>		\$250.00	<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 1500 Elite Gold
Plan HIOS ID: 20129L0340079-00
Issuer HIOS ID: 20129
AVC Version: 2025_1a

Output

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

78.06%

Gold

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

Additional Notes:

Calculation Time:

Final 2025 AV Calculator

0.0879 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 type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

Desired Metal Tier Gold

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
		\$1,500.00
		75.00%
		\$7,800.00

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"/>		\$30.00	<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"/>		\$30.00	<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 type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<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"/>		\$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"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<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"/>		\$250.00	<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 1500 Elite Gold
Plan HIOS ID: 20129L0340079-01
Issuer HIOS ID: 20129
AVC Version: 2025_1a

Output

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

78.06%

Gold

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

Additional Notes:

Calculation Time:

Final 2025 AV Calculator

0.0781 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?
- Desired Metal Tier: Gold

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:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
		\$1,500.00
		75.00%
		\$7,800.00

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"/>		\$30.00	<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"/>		\$30.00	<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 type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<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"/>		\$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"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<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"/>		\$250.00	<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 1500 Elite Gold Ind CSR
Plan HIOS ID: 20129L0340079-03
Issuer HIOS ID: 20129
AVC Version: 2025_1a

Output

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

78.06%

Gold

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

Additional Notes:

Calculation Time:

Final 2025 AV Calculator

0.0684 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 type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

Desired Metal Tier Silver

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)	\$4,200.00	\$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"/>			<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 type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<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"/>		\$150.00	<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"/>		\$300.00	<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 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 4200 Elite Silver
Plan HIOS ID: 201291L0340073-00
Issuer HIOS ID: 20129
AVC Version: 2025_1a

Output

Status/Error Messages: Calculation Successful.
 Actuarial Value: 70.36%
 Metal Tier: Silver

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: Silver

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)	\$4,200.00	\$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

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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"/>		\$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 type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<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"/>		\$150.00	<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"/>		\$300.00	<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 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 4200 Elite Silver
Plan HIOS ID: 201291L0340073-01
Issuer HIOS ID: 20129
AVC Version: 2025_1a

Output

Calculate

Status/Error Messages: Calculation Successful.
 Actuarial Value: 70.36%
 Metal Tier: Silver

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 type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

Desired Metal Tier: Silver

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)	\$4,200.00	\$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

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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"/>		\$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 type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<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"/>		\$150.00	<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"/>		\$300.00	<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 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 4200 Elite Silver Ind CSR
Plan HIOS ID: 20129IL0340073-03
Issuer HIOS ID: 20129
AVC Version: 2025_1a

Output

Calculate

Status/Error Messages: Calculation Successful.
 Actuarial Value: 70.36%
 Metal Tier: Silver

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 type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

Desired Metal Tier Silver

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)	\$4,200.00	\$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"/>			<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 type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<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"/>		\$150.00	<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"/>		\$300.00	<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 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 4200 Silver Select
Plan HIOS ID: 20129L0340074-00
Issuer HIOS ID: 20129
AVC Version: 2025_1a

Output

Status/Error Messages: Calculation Successful.
 Actuarial Value: 70.36%
 Metal Tier: Silver

Additional Notes:

Calculation Time: 0.0742 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?

Desired Metal Tier Silver

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:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)	\$4,100.00	\$0.00
Coinsurance (% Insurer's Cost Share)	60.00%	100.00%
MOOP (\$)	\$7,350.00	
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"/>		\$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 type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<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"/>		\$150.00	<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"/>		\$300.00	<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 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 4200 Elite Silver CSR 73
Plan HIOS ID: 201291L0340073-04
Issuer HIOS ID: 20129
AVC Version: 2025_1a

Output

Calculate

Status/Error Messages: CSR Level of 73% (200-250% FPL), Calculation Successful.
 Actuarial Value: 73.24%
 Metal Tier: Silver

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?

Desired Metal Tier Gold

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:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)	\$1,000.00	\$0.00
Coinsurance (% Insurer's Cost Share)	60.00%	100.00%
MOOP (\$)	\$2,400.00	
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 type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$55.00	<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"/>		\$35.00	<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 type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<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"/>		\$150.00	<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"/>		\$300.00	<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 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 4200 Elite Silver CSR 87
Plan HIOS ID: 20129IL0340073-05
Issuer HIOS ID: 20129
AVC Version: 2025_1a

Output

Calculate

Status/Error Messages: CSR Level of 87% (150-200% FPL), Calculation Successful.
 Actuarial Value: 87.13%
 Metal Tier: Gold

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 Platinum

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)	\$450.00	\$0.00
Coinsurance (% Insurer's Cost Share)	95.00%	100.00%
MOOP (\$)	\$900.00	
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"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<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"/>		\$10.00	<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 type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<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"/>		\$50.00	<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"/>		\$50.00	<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 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 4200 Elite Silver CSR 94
Plan HIOS ID: 201291L0340073-06
Issuer HIOS ID: 20129
AVC Version: 2025_1a

Output

Status/Error Messages: CSR Level of 94% (100-150% FPL), Calculation Successful.
 Actuarial Value: 94.09%
 Metal Tier: Platinum

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: Silver

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
		\$5,000.00
		60.00%
		\$8,000.00

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 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
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"/>		\$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 type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<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"/>		\$20.00	<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 checked="" type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$350.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" 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 5000 Elite Silver
Plan HIOS ID: 201291L0330091-01
Issuer HIOS ID: 20129
AVC Version: 2025_1a

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

70.01%

Silver

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

Additional Notes:

Calculation Time:

Final 2025 AV Calculator

0.0898 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 type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

Desired Metal Tier: Silver

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
		\$5,000.00
		60.00%
		\$8,000.00

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 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
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"/>		\$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 type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<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"/>		\$20.00	<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 checked="" type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$350.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" 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 5000 Elite Silver
Plan HIOS ID: 201291L0330091-00
Issuer HIOS ID: 20129
AVC Version: 2025_1a

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

70.01%

Silver

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

Additional Notes:

Calculation Time:

Final 2025 AV Calculator

0.1055 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 type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

Desired Metal Tier: Silver

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
		\$5,000.00
		60.00%
		\$8,000.00

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 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
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"/>		\$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 type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<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"/>		\$20.00	<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 checked="" type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$350.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" 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 5000 Elite Silver Ind CSR
Plan HIOS ID: 201291L0330091-03
Issuer HIOS ID: 20129
AVC Version: 2025_1a

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

70.01%

Silver

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

Additional Notes:

Calculation Time:

Final 2025 AV Calculator

0.0625 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 type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

Desired Metal Tier: Silver

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		\$3,000.00
Coinsurance (% Insurer's Cost Share)		60.00%
MOOP (\$)		\$6,400.00
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 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
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"/>		\$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 type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<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"/>		\$20.00	<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 checked="" type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$350.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" 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 5000 Elite Silver CSR 73
Plan HIOS ID: 201291L0330091-04
Issuer HIOS ID: 20129
AVC Version: 2025_1a

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

CSR Level of 73% (200-250% FPL), Calculation Successful.

73.09%

Silver

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

Additional Notes:

Calculation Time:

Final 2025 AV Calculator

0.043 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?

Desired Metal Tier Gold

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:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		\$500.00
Coinsurance (% Insurer's Cost Share)		70.00%
MOOP (\$)		\$3,000.00
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 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
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"/>		\$40.00	<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 type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<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"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" 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 5000 Elite Silver CSR 87
Plan HIOS ID: 201291L0330091-05
Issuer HIOS ID: 20129
AVC Version: 2025_1a

Output

Status/Error Messages:

Actuarial Value:

Metal Tier:

CSR Level of 87% (150-200% FPL), Calculation Successful.

87.33%

Gold

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

Additional Notes:

Calculation Time:

Final 2025 AV Calculator

0.1016 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?

Desired Metal Tier Platinum

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:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)	\$0.00	\$0.00
Coinsurance (% Insurer's Cost Share)	75.00%	100.00%
MOOP (\$)	\$2,000.00	
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 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
Emergency Room Services	<input 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 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 type="checkbox"/>	<input type="checkbox"/>		\$10.00	<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"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization	<input checked="" type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>	100%	\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Laboratory Outpatient and Professional Services	<input 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 type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input 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 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 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"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<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"/>		\$150.00	<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 5000 Elite Silver CSR 94
Plan HIOS ID: 201291L0330091-06
Issuer HIOS ID: 20129
AVC Version: 2025_1a

Output

Calculate

Status/Error Messages:

CSR Level of 94% (100-150% FPL), Calculation Successful.

Actuarial Value:

94.14%

Metal Tier:

Platinum

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Additional Notes:

Calculation Time:

0.043 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
		\$5,000.00
		60.00%
		\$8,000.00

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"/>		\$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 type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<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"/>		\$20.00	<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 checked="" type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$350.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" 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 5000 Elite Silver
Plan HIOS ID: 20129L0340080-00
Issuer HIOS ID: 20129
AVC Version: 2025_1a

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

70.01%

Silver

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

Additional Notes:

Calculation Time:

Final 2025 AV Calculator

0.0977 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 type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

Desired Metal Tier: Silver

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
		\$5,000.00
		60.00%
		\$8,000.00

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"/>		\$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 type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<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"/>		\$20.00	<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 checked="" type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$350.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" 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 5000 Elite Silver
Plan HIOS ID: 20129L0340080-01
Issuer HIOS ID: 20129
AVC Version: 2025_1a

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

70.01%

Silver

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

Additional Notes:

Calculation Time:

Final 2025 AV Calculator

0.0938 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 type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

Desired Metal Tier: Silver

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
		\$5,000.00
		60.00%
		\$8,000.00

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"/>		\$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 type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<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"/>		\$20.00	<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 checked="" type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$350.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" 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 5000 Elite Silver Ind CSR
Plan HIOS ID: 20129IL0340080-03
Issuer HIOS ID: 20129
AVC Version: 2025_1a

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

70.01%

Silver

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

Additional Notes:

Calculation Time:

Final 2025 AV Calculator

0.0742 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 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)		60.00%
MOOP (\$)		\$8,000.00
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 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 type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<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"/>		\$20.00	<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 checked="" type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$350.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" 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 5000 Silver Select
Plan HIOS ID: 20129L0340081-00
Issuer HIOS ID: 20129
AVC Version: 2025_1a

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

70.01%

Silver

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

Additional Notes:

Calculation Time:

Final 2025 AV Calculator

0.0703 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?

Desired Metal Tier Silver

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:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		\$3,000.00
Coinsurance (% Insurer's Cost Share)		60.00%
MOOP (\$)		\$6,400.00
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"/>		\$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 type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<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"/>		\$20.00	<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 checked="" type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$350.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" 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 5000 Elite Silver CSR 73
Plan HIOS ID: 20129IL0340080-04
Issuer HIOS ID: 20129
AVC Version: 2025_1a

Output

Status/Error Messages:

Actuarial Value:

Metal Tier:

CSR Level of 73% (200-250% FPL), Calculation Successful.

73.09%

Silver

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

Additional Notes:

Calculation Time:

Final 2025 AV Calculator

0.0625 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?

Desired Metal Tier Gold

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:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		\$500.00
Coinsurance (%; Insurer's Cost Share)		70.00%
MOOP (\$)		\$3,000.00
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"/>			<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"/>		\$40.00	<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 type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<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"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" 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 5000 Elite Silver CSR 87
Plan HIOS ID: 20129IL0340080-05
Issuer HIOS ID: 20129
AVC Version: 2025_1a

Output

Status/Error Messages:

Actuarial Value:

Metal Tier:

CSR Level of 87% (150-200% FPL), Calculation Successful.

87.33%

Gold

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

Additional Notes:

Calculation Time:

Final 2025 AV Calculator

0.0664 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?

Desired Metal Tier Platinum

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:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$) \$0.00	\$0.00	
Coinsurance (% Insurer's Cost Share) 75.00%	100.00%	
MOOP (\$) \$2,000.00		
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?	
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 type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input 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 type="checkbox"/>	<input type="checkbox"/>		\$10.00	<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"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$0.00	<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 checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input 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 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 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"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<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"/>		\$150.00	<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 5000 Elite Silver CSR 94
Plan HIOS ID: 201291L0340080-06
Issuer HIOS ID: 20129
AVC Version: 2025_1a

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

CSR Level of 94% (100-150% FPL), Calculation Successful.

94.14%

Platinum

NOTE: Service-specific cost-sharing is applying for service(s) with fac/prof components, overriding outpatient inputs for those service(s).

Additional Notes:

Calculation Time:

Final 2025 AV Calculator

0.0547 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 type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

Desired Metal Tier: Silver

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)	\$7,250.00	\$0.00
Coinsurance (% Insurer's Cost Share)	85.00%	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
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"/>		\$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 type="checkbox"/>	<input type="checkbox"/>		\$100.00	<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"/>		\$200.00	<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 checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<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 7250 Elite Silver
Plan HIOS ID: 20129L0340045-00
Issuer HIOS ID: 20129
AVC Version: 2025_1a

Output

Calculate

Status/Error Messages: Calculation Successful.
 Actuarial Value: 70.32%
 Metal Tier: Silver

Additional Notes:

Calculation Time: 0.1523 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 (\$)	\$7,250.00	\$0.00
Coinsurance (% Insurer's Cost Share)	85.00%	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
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"/>		\$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 type="checkbox"/>	<input type="checkbox"/>		\$100.00	<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"/>		\$200.00	<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 checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<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 7250 Elite Silver
Plan HIOS ID: 20129L0340045-01
Issuer HIOS ID: 20129
AVC Version: 2025_1a

Output

Calculate

Status/Error Messages: Calculation Successful.
 Actuarial Value: 70.32%
 Metal Tier: Silver

Additional Notes:

Calculation Time: 0.1719 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 (\$)	\$7,250.00	\$0.00
Coinsurance (% Insurer's Cost Share)	85.00%	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"/>			<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 type="checkbox"/>	<input type="checkbox"/>		\$100.00	<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"/>		\$200.00	<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 checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<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 7250 Elite Silver Ind CSR
Plan HIOS ID: 20129L0340045-03
Issuer HIOS ID: 20129
AVC Version: 2025_1a

Output

Status/Error Messages: Calculation Successful.
 Actuarial Value: 70.32%
 Metal Tier: Silver

Additional Notes:

Calculation Time: 0.1641 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 (\$)	\$7,250.00	\$0.00
Coinsurance (% Insurer's Cost Share)	85.00%	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
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"/>		\$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 type="checkbox"/>	<input type="checkbox"/>		\$100.00	<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"/>		\$200.00	<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 checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<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 7250 Silver Select
Plan HIOS ID: 20129L0340006-00
Issuer HIOS ID: 20129
AVC Version: 2025_1a

Output

Calculate

Status/Error Messages: Calculation Successful.
 Actuarial Value: 70.32%
 Metal Tier: Silver

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?

Desired Metal Tier Silver

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:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)	\$6,700.00	\$0.00
Coinsurance (% Insurer's Cost Share)	85.00%	100.00%
MOOP (\$)	\$7,350.00	
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"/>		\$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 type="checkbox"/>	<input type="checkbox"/>		\$100.00	<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"/>		\$200.00	<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 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 7250 Elite Silver CSR 73
Plan HIOS ID: 20129L0340045-04
Issuer HIOS ID: 20129
AVC Version: 2025_1a

Output

Calculate

Status/Error Messages: CSR Level of 73% (200-250% FPL), Calculation Successful.
 Actuarial Value: 73.31%
 Metal Tier: Silver

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?

Desired Metal Tier Gold

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:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)	\$1,700.00	\$0.00
Coinsurance (% Insurer's Cost Share)	90.00%	100.00%
MOOP (\$)	\$2,400.00	
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 type="checkbox"/>	<input type="checkbox"/>		\$30.00	<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"/>		\$30.00	<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 type="checkbox"/>	<input type="checkbox"/>		\$100.00	<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"/>		\$200.00	<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 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 7250 Elite Silver CSR 87
Plan HIOS ID: 20129L0340045-05
Issuer HIOS ID: 20129
AVC Version: 2025_1a

Output

Calculate

Status/Error Messages:

CSR Level of 87% (150-200% FPL), Calculation Successful.

Actuarial Value:

87.17%

Metal Tier:

Gold

Additional Notes:

Calculation Time:

0.1211 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 (\$)	\$200.00	\$0.00
Coinsurance (% Insurer's Cost Share)	90.00%	100.00%
MOOP (\$)	\$800.00	
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"/>		\$30.00	<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"/>		\$30.00	<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 type="checkbox"/>	<input type="checkbox"/>		\$50.00	<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"/>		\$50.00	<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 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 7250 Elite Silver CSR 94
Plan HIOS ID: 20129L0340045-06
Issuer HIOS ID: 20129
AVC Version: 2025_1a

Output

Status/Error Messages:

CSR Level of 94% (100-150% FPL), Calculation Successful.

Actuarial Value:

94.05%

Metal Tier:

Platinum

Additional Notes:

Calculation Time:

0.0508 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?

Desired Metal Tier: Bronze

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:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)	\$6,500.00	\$0.00
Coinsurance (% Insurer's Cost Share)	75.00%	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 type="checkbox"/>	<input type="checkbox"/>		\$150.00	<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"/>		\$200.00	<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 checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<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 6500 Elite Bronze
Plan HIOS ID: 20129L0340035-00
Issuer HIOS ID: 20129
AVC Version: 2025_1a

Output

Calculate

Status/Error Messages: Expanded Bronze Standard (58% to 65%), Calculation Successful.
 Actuarial Value: 62.42%
 Metal Tier: Bronze

Additional Notes:

Calculation Time: 0.0703 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?

Desired Metal Tier Bronze

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:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)	\$6,500.00	\$0.00
Coinsurance (% Insurer's Cost Share)	75.00%	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
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 type="checkbox"/>	<input type="checkbox"/>		\$150.00	<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"/>		\$200.00	<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 checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<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 6500 Elite Bronze
Plan HIOS ID: 20129L0340035-01
Issuer HIOS ID: 20129
AVC Version: 2025_1a

Output

Status/Error Messages: Expanded Bronze Standard (58% to 65%), Calculation Successful.
 Actuarial Value: 62.42%
 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?

Desired Metal Tier Bronze

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:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)	\$6,500.00	\$0.00
Coinsurance (% Insurer's Cost Share)	75.00%	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"/>			<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 type="checkbox"/>	<input type="checkbox"/>		\$150.00	<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"/>		\$200.00	<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 checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<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 6500 Elite Bronze Ind CSR
Plan HIOS ID: 20129L0340035-03
Issuer HIOS ID: 20129
AVC Version: 2025_1a

Output

Status/Error Messages: Expanded Bronze Standard (58% to 65%), Calculation Successful.
 Actuarial Value: 62.42%
 Metal Tier: Bronze

Additional Notes:

Calculation Time: 0.0781 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?

Desired Metal Tier Bronze

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:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		\$7,350.00
Coinsurance (% Insurer's Cost Share)		100.00%
MOOP (\$)		\$7,350.00
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 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"/>			<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 7350 Elite Bronze
Plan HIOS ID: 20129/L0340061-00
Issuer HIOS ID: 20129
AVC Version: 2025_1a

Output

Status/Error Messages: Expanded Bronze Standard (58% to 65%), Calculation Successful.
 Actuarial Value: 63.32%
 Metal Tier: Bronze

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 type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

Desired Metal Tier Bronze

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		\$7,350.00
Coinsurance (% Insurer's Cost Share)		100.00%
MOOP (\$)		\$7,350.00
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 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"/>			<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 7350 Elite Bronze
Plan HIOS ID: 20129/L0340061-01
Issuer HIOS ID: 20129
AVC Version: 2025_1a

Output

Status/Error Messages: Expanded Bronze Standard (58% to 65%), Calculation Successful.
 Actuarial Value: 63.32%
 Metal Tier: Bronze

Additional Notes:

Calculation Time: 0.1289 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?

Desired Metal Tier Bronze

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:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		\$7,350.00
Coinsurance (% Insurer's Cost Share)		100.00%
MOOP (\$)		\$7,350.00
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 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"/>			<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 7350 Elite Bronze Ind CSR
Plan HIOS ID: 20129L0340061-03
Issuer HIOS ID: 20129
AVC Version: 2025_1a

Output

Status/Error Messages: Expanded Bronze Standard (58% to 65%), Calculation Successful.
 Actuarial Value: 63.32%
 Metal Tier: Bronze

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?

Desired Metal Tier Bronze

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:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		\$9,200.00
Coinsurance (% Insurer's Cost Share)		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"/>			<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 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"/>			<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 HMO 9200 Elite Catastrophic
Plan HIOS ID: 201291L0330020-00
Issuer HIOS ID: 20129
AVC Version: 2025_1a

Output

Status/Error Messages: Expanded Bronze Standard (58% to 65%), Calculation Successful.
 Actuarial Value: 59.65%
 Metal Tier: Bronze

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 type="checkbox"/>
Annual Contribution Amount:	1st Tier Utilization:
	2nd Tier Utilization:

Desired Metal Tier: Bronze

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		\$9,200.00
Coinsurance (% Insurer's Cost Share)		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"/>			<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 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"/>			<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 HMO 9200 Elite Catastrophic
Plan HIOS ID: 201291L0330020-01
Issuer HIOS ID: 20129
AVC Version: 2025_1a

Output

Status/Error Messages: Expanded Bronze Standard (58% to 65%), Calculation Successful.
 Actuarial Value: 59.65%
 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?

Desired Metal Tier Bronze

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:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		\$7,500.00
Coinsurance (% Insurer's Cost Share)		50.00%
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"/>			<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"/>		\$100.00	<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 type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<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 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 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"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" 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 Elite Bronze
Plan HIOS ID: 20129L0340082-00
Issuer HIOS ID: 20129
AVC Version: 2025_1a

Output

Status/Error Messages:

Expanded Bronze Standard (58% to 65%), Calculation Successful.

Actuarial Value:

63.81%

Metal Tier:

Bronze

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

Additional Notes:

Calculation Time:

0.2227 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?

Desired Metal Tier Bronze

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:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		\$7,500.00
Coinsurance (% Insurer's Cost Share)		50.00%
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"/>			<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"/>		\$100.00	<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 type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<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 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 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"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" 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 Elite Bronze
Plan HIOS ID: 20129L0340082-01
Issuer HIOS ID: 20129
AVC Version: 2025_1a

Output

Status/Error Messages:

Expanded Bronze Standard (58% to 65%), Calculation Successful.

Actuarial Value:

63.81%

Metal Tier:

Bronze

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

Additional Notes:

Calculation Time:

0.1953 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?

Desired Metal Tier Bronze

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:

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		\$7,500.00
Coinsurance (% Insurer's Cost Share)		50.00%
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"/>			<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"/>		\$100.00	<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 type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<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 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 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"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" 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 Elite Bronze Ind CSR
Plan HIOS ID: 20129L0340082-03
Issuer HIOS ID: 20129
AVC Version: 2025_1a

Output

Status/Error Messages:

Expanded Bronze Standard (58% to 65%), Calculation Successful.

Actuarial Value:

63.81%

Metal Tier:

Bronze

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: 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 (\$)	\$5,000.00	\$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				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"/>	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"/>		\$5.00	<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"/>		\$5.00	<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	<input type="checkbox"/> <input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<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"/>		\$20.00	<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 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 Simplete Memorial HMO Limited Network 2500 Gold
Plan HIOS ID: 20129IL0330087-00
Issuer HIOS ID: 20129
AVC Version: 2025_1a

Output

Calculate

Status/Error Messages: Calculation Successful.
 Actuarial Value: 78.11%
 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: 0.1836 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		
	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 (\$)	\$5,000.00	\$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				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"/>	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"/>		\$5.00	<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"/>		\$5.00	<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 type="checkbox"/>	<input type="checkbox"/>		\$20.00	<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"/>		\$20.00	<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 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 Simplete Memorial HMO Limited Network 2500 Gold
Plan HIOS ID: 20129IL0330087-01
Issuer HIOS ID: 20129
AVC Version: 2025_1a

Output

Status/Error Messages: Calculation Successful.
 Actuarial Value: 78.11%

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: 0.1523 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%	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)	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"/>	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"/>		\$5.00	<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"/>		\$5.00	<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 type="checkbox"/>	<input type="checkbox"/>		\$20.00	<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"/>		\$20.00	<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 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 Simplete Memorial HMO Limited Network 2500 Gold Ind CSR
 Plan HIOS ID: 20129IL0330087-03
 Issuer HIOS ID: 20129
 AVC Version: 2025_1a

Output

Calculate

Status/Error Messages: Calculation Successful.
 Actuarial Value: 78.11%
 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: 0.1523 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%	100.00%
MOOP (\$)	\$7,000.00	
MOOP if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)	\$7,000.00	\$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"/>		\$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"/>		\$10.00	<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"/>		\$10.00	<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"/>		\$30.00	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<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 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 Simplete Memorial HMO Limited Network 3500 Silver
Plan HIOS ID: 20129IL0330088-00
Issuer HIOS ID: 20129
AVC Version: 2025_1a

Output

Calculate

Status/Error Messages: Calculation Successful.
 Actuarial Value: 71.06%
 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: 0.207 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%	100.00%
MOOP (\$)	\$7,000.00	
MOOP if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)	\$7,000.00	\$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"/>		\$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"/>		\$10.00	<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"/>		\$10.00	<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"/>		\$30.00	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<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 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 Simple Memorial HMO Limited Network 3500 Silver
Plan HIOS ID: 20129IL0330088-01
Issuer HIOS ID: 20129
AVC Version: 2025_1a

Output

Calculate

Status/Error Messages: Calculation Successful.
 Actuarial Value: 71.06%
 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: 0.2617 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%	100.00%
MOOP (\$)	\$7,000.00	
MOOP if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)	\$7,000.00	\$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"/>		\$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"/>		\$10.00	<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"/>		\$10.00	<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"/>		\$30.00	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<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 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 Simple Memorial HMO Limited Network 3500 Silver Ind CSR
 Plan HIOS ID: 20129IL0330088-03
 Issuer HIOS ID: 20129
 AVC Version: 2025_1a

Output

Calculate

Status/Error Messages: Calculation Successful.
 Actuarial Value: 71.06%
 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: 0.1953 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%	100.00%
MOOP (\$)	\$7,000.00	
MOOP if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)	\$7,000.00	\$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"/>		\$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"/>		\$10.00	<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"/>		\$10.00	<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"/>		\$30.00	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<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 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 Simple Memorial HMO Limited Network 3500 Silver Select
 Plan HIOS ID: 20129IL0330089-00
 Issuer HIOS ID: 20129
 AVC Version: 2025_1a

Output

Calculate

Status/Error Messages: Calculation Successful.
 Actuarial Value: 71.06%

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: 0.2227 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 (\$)	\$3,400.00	\$0.00
Coinsurance (%; Insurer's Cost Share)	70.00%	100.00%
MOOP (\$)	\$5,900.00	
MOOP if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)	\$5,500.00	\$0.00
Coinsurance (%; Insurer's Cost Share)	60.00%	100.00%
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?			
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"/>		\$10.00	<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"/>		\$10.00	<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"/>		\$30.00	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<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 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 Simple Memorial HMO Limited Network 3500 Silver CSR 73
 Plan HIOS ID: 20129IL0330088-04
 Issuer HIOS ID: 20129
 AVC Version: 2025_1a

Output

Calculate

Status/Error Messages: CSR Level of 73% (200-250% FPL), Calculation Successful.
 Actuarial Value: 73.95%
 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: 0.1719 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 (\$)	\$1,000.00	\$0.00	
Coinsurance (%; Insurer's Cost Share)	70.00%	100.00%	
MOOP (\$)	\$1,800.00		
MOOP if Separate (\$)			

	Tier 2 Plan Benefit Design		
	Medical	Drug	Combined
Deductible (\$)	\$2,000.00	\$0.00	
Coinsurance (%; Insurer's Cost Share)	60.00%	100.00%	
MOOP (\$)	\$2,500.00		
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"/>		\$10.00	<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"/>		\$10.00	<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"/>		\$30.00	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<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 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 Simple Memorial HMO Limited Network 3500 Silver CSR 87
Plan HIOS ID: 20129IL0330088-05
Issuer HIOS ID: 20129
AVC Version: 2025_1a

Output

Calculate

Status/Error Messages: CSR Level of 87% (150-200% FPL), Calculation Successful.
 Actuarial Value: 87.39%
 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: 0.1562 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 (\$)	\$300.00	\$0.00
Coinsurance (% Insurer's Cost Share)	70.00%	100.00%
MOOP (\$)	\$600.00	
MOOP if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)	\$600.00	\$0.00
Coinsurance (% Insurer's Cost Share)	60.00%	100.00%
MOOP (\$)	\$900.00	
MOOP if Separate (\$)		

[Click Here for Important Instructions](#)

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"/>		\$10.00	<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"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>		
Speech Therapy	<input checked="" type="checkbox"/>	<input 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 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"/>		\$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"/>		\$30.00	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<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 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 Simple Memorial HMO Limited Network 3500 Silver CSR 94
Plan HIOS ID: 20129IL0330088-06
Issuer HIOS ID: 20129
AVC Version: 2025_1a

Output

Status/Error Messages: CSR Level of 94% (100-150% FPL), Calculation Successful.
 Actuarial Value: 94.29%
 Metal Tier: Platinum
 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: 0.1367 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 Individual Premium Rate Filing

Mr. Anderson,

We are submitting the enclosed premium rate filing for Health Alliance Medical Plan's (HAMP) ACA individual 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 Indiv 2025 – This is Part I.
- Part III Memorandum – IL Indiv 2025 – A Redacted Memorandum is included in SERFF.
- Exhibits & Appendices – IL Indiv 2025
- IL Specific Act Memo – Indiv 2025
- Experience Exhibit – IL Indiv 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 rectangular box.

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