State:
 Illinois
 Filing Company:
 Oscar Health Plan, Inc.

 TOI/Sub-TOI:
 HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO

Product Name: Oscar IL 2025 Individual Rates

Project Name/Number: /

Filing at a Glance

Company: Oscar Health Plan, Inc.

Product Name: Oscar IL 2025 Individual Rates

State: Illinois

TOI: HOrg02I Individual Health Organizations - Health Maintenance (HMO)

Sub-TOI: HOrg02I.005D Individual - HMO

Filing Type: Rate

Date Submitted: 06/05/2024

SERFF Tr Num: OHIN-134107589

SERFF Status: Assigned

State Tr Num:

State Status: Assigned to Reviewer

Co Tr Num:

Effective 01/01/2025

Date Requested:

Author(s): Jessica Saulo, David Brandler, Alicia Bartick, Tim Cabral, Carter Knight, Nicole Rochman,

Frank Chen, Sarah Friedman, Brittany Maglish, Sean Turner, Shanghao Zhong, Nathaniel

Dixon, Austin Jin, Austin Jin

Reviewer(s): Eric Anderson (primary), Christina Roy

Disposition Date:
Disposition Status:
Effective Date:

State Filing Description:

 State:
 Illinois
 Filing Company:
 Oscar Health Plan, Inc.

 TOI/Sub-TOI:
 HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO

Product Name: Oscar IL 2025 Individual Rates

Project Name/Number: /

General Information

Project Name: Status of Filing in Domicile:
Project Number: 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: 06/05/2024

State Status Changed: 06/05/2024

Deemer Date: Created By: Sean Turner

Submitted By: David Brandler Corresponding Filing Tracking Number:

State TOI: HOrg02I Individual Health Organizations - Health

Maintenance (HMO)

State Sub-TOI: HOrg02I.005D Individual - HMO

PPACA: Non-Grandfathered Immed Mkt Reforms

PPACA Notes: null

Exchange Intentions: On and Off Exchange

Filing Description:

This submission represents the 2025 individual market rate filing submission for Oscar Health Plan, Inc. The corresponding form number is OSC-IL-IVL-EOC-2025-HIX.

Please do not hesitate to reach out with any questions, concerns, or requests for additional information. We sincerely look forward to hearing from you.

Company and Contact

Filing Contact Information

Jessica Saulo, Associate Actuary jsaulo@hioscar.com 75 Varick Street 917-915-8090 [Phone]

5th Floor

New York, NY 10013

Filing Company Information

Oscar Health Plan, Inc. CoCode: 16337 State of Domicile: Arizona

75 Varick Street Group Code: 4818 Company Type: 5th Floor Group Name: State ID Number:

New York, NY 10013 FEIN Number: 82-4782428

(855) 672-2755 ext. [Phone]

State:IllinoisFiling Company:Oscar Health Plan, Inc.TOI/Sub-TOI:HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO

Product Name: Oscar IL 2025 Individual Rates

Project Name/Number: /

Filing Fees

State Fees

Fee Required? No Retaliatory? No

Fee Explanation:

Per Company: Yes

CompanyAmountDate ProcessedTransaction #Oscar Health Plan, Inc.\$50.0006/05/2024 02:58 PM287824757

EFT Total \$50.00

State: Illinois Filing Company: Oscar Health Plan, Inc.

TOI/Sub-TOI: HOrg021 Individual Health Organizations - Health Maintenance (HMO)/HOrg021.005D Individual - HMO

Product Name: Oscar IL 2025 Individual Rates

Project Name/Number: /

Rate Information

Rate data applies to filing.

Filing Method: SERFF

Rate Change Type: Increase

Overall Percentage of Last Rate Revision: 6.800%

Effective Date of Last Rate Revision: 01/01/2024

Filing Method of Last Filing: SERFF

SERFF Tracking Number of Last Filing: OHIN-133677833

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:	Premium for	Maximum % Change (where req'd):	Minimum % Change (where req'd):
Oscar Health Plan, Inc.	Increase	11.700%	11.700%	\$4,998,987	5,440	\$42,609,457	17.400%	3.400%

State: Illinois Filing Company: Oscar Health Plan, Inc.

TOI/Sub-TOI: HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO

Product Name: Oscar IL 2025 Individual Rates

Project Name/Number: /

Rate/Rule Schedule

	Schedule Item Status		Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		Rate Tables		New		2025_ILIND_RateTabl eTemplate_V3_202406 03.xls, 2025_ILIND_RateTabl eTemplate_V3_202406 03.xml,

State: Illinois Filing Company: Oscar Health Plan, Inc.

TOI/Sub-TOI: HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO

Product Name: Oscar IL 2025 Individual Rates

Project Name/Number: /

Attachment 2025_ILIND_RateTableTemplate_V3_20240603.xls is not a PDF document and cannot be reproduced here.

Attachment 2025_ILIND_RateTableTemplate_V3_20240603.xml is not a PDF document and cannot be reproduced here.

2025 Rates Table Template v14.0	All fields with an asterisk (*) are re	equired. To validate press Validate button or	Ctrl + Shift + I. To finalize, press Finaliz	re button or Ctrl + Shift + F.	
	If you are in a community rating sta	ate, select Family-Tier Rates under Rating M	ethod and fill in all columns.		
	If you are not in a community rating	g state, select Age-Based Rates under Ratin	g Method and provide an Individual Ra	te for every age band.	
	If Tobacco is Tobacco User/Non-T	obacco User, you must give a rate for Tobac	co Use and Non-Tobacco Use.	, ,	
		d Sheet button, or Ctrl + Shift + H. All plans n			
HIOS Issuer ID*	11574				
	1/1/2025				
Rate Expiration Date*					
•	Age-Based Rates				
namy method	rigo Bassa Hatos				
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
115741 0010050	Deting Area 1	Tobacca Haar/Nan Tobacca Haar	0.44	245.59	045.50
11574IL0010050		Tobacco User/Non-Tobacco User Tobacco User/Non-Tobacco User	0-14		245.59
11574IL0010050 11574IL0010050		Tobacco User/Non-Tobacco User	15 16	_	267.42 275.77
11574IL0010050 11574IL0010050	•	Tobacco User/Non-Tobacco User	17		284.12
11574IL0010030 11574IL0010050	•	Tobacco User/Non-Tobacco User	17	_	293.10
11574IL0010030 11574IL0010050		Tobacco User/Non-Tobacco User	19		302.09
11574IL0010030 11574IL0010050		Tobacco User/Non-Tobacco User	20		311.40
11574IL0010030 11574IL0010050		Tobacco User/Non-Tobacco User	20		321.04
11574L0010030		Tobacco User/Non-Tobacco User	22		321.04
11574IL0010050	•	Tobacco User/Non-Tobacco User	23		321.04
11574IL0010030 11574IL0010050	•	Tobacco User/Non-Tobacco User	24		321.04
11574IL0010030 11574IL0010050		Tobacco User/Non-Tobacco User	25		338.43
11574IL0010050	•	Tobacco User/Non-Tobacco User	26		345.18
11574L0010050	•	Tobacco User/Non-Tobacco User	27		353.27
11574IL0010050	•	Tobacco User/Non-Tobacco User	28		366.41
11574IL0010050		Tobacco User/Non-Tobacco User	29		377.20
11574IL0010050		Tobacco User/Non-Tobacco User	30		382.59
11574IL0010050	•	Tobacco User/Non-Tobacco User	31	372.08	390.68
11574IL0010050	•	Tobacco User/Non-Tobacco User	32		398.77
11574lL0010050	•	Tobacco User/Non-Tobacco User	33		403.83
11574lL0010050	•	Tobacco User/Non-Tobacco User	34	389.74	409.22
11574IL0010050		Tobacco User/Non-Tobacco User	35	392.30	427.61
11574IL0010050		Tobacco User/Non-Tobacco User	36		430.41
11574IL0010050		Tobacco User/Non-Tobacco User	37		433.21
11574IL0010050		Tobacco User/Non-Tobacco User	38		436.01
11574IL0010050	•	Tobacco User/Non-Tobacco User	39		441.61
11574IL0010050		Tobacco User/Non-Tobacco User	40		447.21
11574IL0010050	•	Tobacco User/Non-Tobacco User	41		455.60
11574IL0010050	Rating Area 1	Tobacco User/Non-Tobacco User	42	425.37	463.65
11574IL0010050	Rating Area 1	Tobacco User/Non-Tobacco User	43	435.64	474.85
11574IL0010050		Tobacco User/Non-Tobacco User	44	448.48	488.85
11574IL0010050		Tobacco User/Non-Tobacco User	45	463.57	505.29
11574IL0010050		Tobacco User/Non-Tobacco User	46	481.55	524.89
11574IL0010050		Tobacco User/Non-Tobacco User	47	501.78	546.94
11574IL0010050	•	Tobacco User/Non-Tobacco User	48		572.13
11574IL0010050		Tobacco User/Non-Tobacco User	49		596.98
11574IL0010050		Tobacco User/Non-Tobacco User	50		624.97
11574IL0010050		Tobacco User/Non-Tobacco User	51	598.73	652.61
11574IL0010050		Tobacco User/Non-Tobacco User	52		683.06
11574IL0010050		Tobacco User/Non-Tobacco User	53	654.91	713.85

11574LD01005 Rating Area Totacco UserNon-Totacco User 56 715.91 590.55 11574LD01005 Rating Area Totacco UserNon-Totacco User 56 78.97 590.55 11574LD01005 Rating Area Totacco UserNon-Totacco User 56 78.97 590.55 11574LD01005 Rating Area Totacco UserNon-Totacco User 56 78.97 590.55 590.57 590.					
11574L0.00 0050 Raing Area Totacco User/Mon Totacco User 57 79-26 80-15 11574L0.00 0050 Raing Area Totacco User/Mon Totacco User 59 877.00 80-15 11574L0.00 0050 Raing Area Totacco User/Mon Totacco User 56 877.20 80-25 80	11574IL0010050 Rating Area 1	Tobacco User/Non-Tobacco User	54	685.41	747.09
11574LIQ01060 Rating Area 1 Tobacco UserNon-Tobacco User 57 782 98 880.10					
11574.LI001090 Raling Area 1 Tohacco UserNon-Tohacco User 59 835.65 349.11	11574IL0010050 Rating Area 1				842.59
11574LID010509 Rating Area 1 Tobacco User-Nov-Tobacco User 59 835.56 340.11	11574IL0010050 Rating Area 1	Tobacco User/Non-Tobacco User	57	782.36	880.15
11574L0010006 Raing Area Tobacco UserNon-Tobacco User 6 902.11 1014.87 1014.	11574IL0010050 Rating Area 1	Tobacco User/Non-Tobacco User	58	817.99	920.24
11574LD010008 Raing Area Tobacco UserNon-Tobacco User	11574IL0010050 Rating Area 1	Tobacco User/Non-Tobacco User	59	835.65	940.11
11574LD010008 Raing Area Tobacco UserNon-Tobacco User	11574IL0010050 Rating Area 1	Tobacco User/Non-Tobacco User	60	871.29	980.20
11574LD010008 Rating Area Tobacco UsernNon-Tobacco User	· · · · · · · · · · · · · · · · · · ·				
11574LD010050 Rating Area Tobacco LibertNon-Tobacco User 94 and over 983, 10 1083.44 11574LD010011 Rating Area Tobacco LibertNon-Tobacco User 0.14 211.53 211.55 11574LD010011 Rating Area Tobacco LibertNon-Tobacco User 10 200.34	· · · · · · · · · · · · · · · · · · ·				
11574L0010009 Rating Area 1 Tobasco User Non-Tobasco User 0-14 211.55 211.		_			
11574L0010011 Rating Area 1 Tobacco LearNon-Tobacco Lear 16 293-52 237-52					
11574L0010011 Raing Area Tobacco UserNon-Tobacco User 16 293.54 293.55 293.55 11574L0010011 Raing Area Tobacco UserNon-Tobacco User 17 244.71 244.71 11574L0010011 Raing Area Tobacco UserNon-Tobacco User 18 292.46 325.46 3					
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11574LD010011 Rating Area Tobacco User/Non-Tobacco User 17 244.71 242.71 11574LD010011 Rating Area Tobacco User/Non-Tobacco User 18 262.46 262.44 11574LD010011 Rating Area Tobacco User/Non-Tobacco User 20 268.22 268.22 268.22 268.23 11574LD010011 Rating Area Tobacco User/Non-Tobacco User 21 276.52 276.55 277.55 27					
11574L0010011 Raling Area 1 Tobacco User/Non-Tobacco User 19 260.20 260.20 260.20 261.20					
11574LD011011 Raling Area 1 Tobacco User/Non-Tobacco User 20 286.22 286.22 11574LD011011 Raling Area 1 Tobacco User/Non-Tobacco User 21 276.52 276.52 276.52 11574LD011011 Raling Area 1 Tobacco User/Non-Tobacco User 22 276.52 276.52 276.52 11574LD011011 Raling Area 1 Tobacco User/Non-Tobacco User 23 276.52 276.52 276.52 11574LD0101011 Raling Area 1 Tobacco User/Non-Tobacco User 24 276.52 276.52 276.52 276.52 11574LD0101011 Raling Area 1 Tobacco User/Non-Tobacco User 24 276.52 27					
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11574 L0010011 Rating Area Tobacco User 24 276.52 276.55 11574 L0010011 Rating Area Tobacco User 25 277.62 291.55 11574 L0010011 Rating Area Tobacco User 26 283.15 297.31 11574 L0010011 Rating Area Tobacco User 27 2889.79 304.22 11574 L0010011 Rating Area Tobacco User 28 300.57 315.66 11574 L0010011 Rating Area Tobacco User 29 309.42 324.84 11574 L0010011 Rating Area Tobacco User 30 313.84 329.55 11574 L0010011 Rating Area Tobacco User 30 313.84 329.55 11574 L0010011 Rating Area Tobacco User 30 313.84 329.55 11574 L0010011 Rating Area Tobacco User 32 327.12 343.47 11574 L0010011 Rating Area Tobacco User Non-Tobacco User 32 327.12 343.47 11574 L0010011 Rating Area Tobacco User 33 331.26 347.88 11574 L0010011 Rating Area Tobacco User 34 335.59 352.47 11574 L0010011 Rating Area Tobacco User 34 335.59 352.47 11574 L0010011 Rating Area Tobacco User 35 337.90 368.31 11574 L0010011 Rating Area Tobacco User 36 340.11 377.72 11574 L0010011 Rating Area Tobacco User 36 340.11 377.72 11574 L0010011 Rating Area Tobacco User 37 342.32 373.14 11574 L0010011 Rating Area Tobacco User 38 344.54 375.54 11574 L0010011 Rating Area Tobacco User 39 348.98 300.33 11574 L0010011 Rating Area Tobacco User 40 383.38 385.11 11574 L0010011 Rating Area Tobacco User 40 383.38 385.11 11574 L0010011 Rating Area Tobacco User 40 383.38 385.11 11574 L0010011 Rating Area Tobacco User 40 383.38 385.11 11574 L0010011 Rating Area Tobacco User 40 383.38 385.11 11574 L0010011 Rating Area Tobacco User 40 383.38 385.11 11574 L0010011 Rating Area Tobacco User 40 40 40 40 40 40 40 4					
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11574L0010011 Rating Area Tobacco User/Non-Tobacco User 26 28.15 297.31					
11574LIQ010011 Rating Area 1 Tobacco User/Non-Tobacco User 28 300.57 315.66 315.74					
11574LL0010011 Rating Area 1 Tobacco User/Non-Tobacco User 29 309.42 324.88 11574LL0010011 Rating Area 1 Tobacco User/Non-Tobacco User 30 313.84 329.55 329.48 31574LL0010011 Rating Area 1 Tobacco User/Non-Tobacco User 31 320.48 336.56 327.12 343.47 329.55 327.40 329.48 336.56 327.40 329.48 336.57 337.40 329.48 336.59 329.71 343.47 337.40 337.					
11574 L0010011 Rating Area 1 Tobacco User(Non-Tobacco User 30 313 44 329-55 11574 L0010011 Rating Area 1 Tobacco User(Non-Tobacco User 31 320 48 336.55 327-12 343 47 11574 L0010011 Rating Area 1 Tobacco User(Non-Tobacco User 32 327-12 343 47 11574 L0010011 Rating Area 1 Tobacco User(Non-Tobacco User 33 331.66 347.85 347.85 347.40 347.40 347.					304.28
11574 L0010011 Rating Area Tobacco User/Non-Tobacco User 31 320.48 336.56 337.12 343.47 345.	11574IL0010011 Rating Area 1	Tobacco User/Non-Tobacco User			315.60
11574 L0010011 Rating Area 1 Tobacco User/Non-Tobacco User 31 320.48 336.50 321.21 343.47 345.4	11574IL0010011 Rating Area 1	Tobacco User/Non-Tobacco User			324.89
11574 L0010011 Rating Area 1 Tobacco User/Non-Tobacco User 32 327.12 343.47	11574IL0010011 Rating Area 1	Tobacco User/Non-Tobacco User	30	313.84	329.53
11574 L0010011 Rating Area 1 Tobacco User/Non-Tobacco User 34 335.69 352.47 31574 L0010011 Rating Area 1 Tobacco User/Non-Tobacco User 35 337.90 368.31 31574 L0010011 Rating Area 1 Tobacco User/Non-Tobacco User 36 340.11 370.72 377.	11574IL0010011 Rating Area 1	Tobacco User/Non-Tobacco User	31	320.48	336.50
11574 L0010011 Rating Area Tobacco User/Non-Tobacco User 34 335.69 332.47	11574IL0010011 Rating Area 1	Tobacco User/Non-Tobacco User	32	327.12	343.47
11574LL0010011 Rating Area Tobacco User/Non-Tobacco User 35 337.90 388.31 31574LL0010011 Rating Area Tobacco User/Non-Tobacco User 36 340.11 370.75 342.32 373.13 342.32 342.	11574IL0010011 Rating Area 1	Tobacco User/Non-Tobacco User	33	331.26	347.83
11574 L0010011 Rating Area 1 Tobacco User/Non-Tobacco User 36 340.11 370.72	11574IL0010011 Rating Area 1	Tobacco User/Non-Tobacco User	34	335.69	352.47
11574 L0010011 Rating Area 1 Tobacco User/Non-Tobacco User 37 342.32 373.15	11574IL0010011 Rating Area 1	Tobacco User/Non-Tobacco User	35	337.90	368.31
11574 L0010011 Rating Area 1 Tobacco User/Non-Tobacco User 37 342.32 373.15		Tobacco User/Non-Tobacco User			370.72
11574 L0010011 Rating Area Tobacco User/Non-Tobacco User 38 344.54 375.54 375.44		Tobacco User/Non-Tobacco User	37	342.32	373.13
11574 L0010011 Rating Area 1 Tobacco User/Non-Tobacco User 39 348.96 330.37 31574 L0010011 Rating Area 1 Tobacco User/Non-Tobacco User 40 353.38 385.19 385.29 385.2		Tobacco User/Non-Tobacco User			375.54
11574 L0010011 Rating Area 1 Tobacco User/Non-Tobacco User 40 353.38 395.19					
11574 L0010011 Rating Area 1 Tobacco User/Non-Tobacco User 41 360.02 392.42					
11574 L0010011 Rating Area 1 Tobacco User/Non-Tobacco User 42 366.38 399.38 11574 L0010011 Rating Area 1 Tobacco User/Non-Tobacco User 43 375.23 409.00 11574 L0010011 Rating Area 1 Tobacco User/Non-Tobacco User 44 386.29 421.00 11574 L0010011 Rating Area 1 Tobacco User/Non-Tobacco User 45 399.29 435.22 11574 L0010011 Rating Area 1 Tobacco User/Non-Tobacco User 46 414.77 452.10 471.00 11574 L0010011 Rating Area 1 Tobacco User/Non-Tobacco User 47 432.19 471.00 11574 L0010011 Rating Area 1 Tobacco User/Non-Tobacco User 48 452.10 492.79 11574 L0010011 Rating Area 1 Tobacco User/Non-Tobacco User 49 471.73 514.15 11574 L0010011 Rating Area 1 Tobacco User/Non-Tobacco User 50 493.85 538.33 11574 L0010011 Rating Area 1 Tobacco User/Non-Tobacco User 51 515.70 562.11 11574 L0010011 Rating Area 1 Tobacco User/Non-Tobacco User 52 539.75 588.33 11574 L0010011 Rating Area 1 Tobacco User/Non-Tobacco User 53 564.09 614.86 11574 L0010011 Rating Area 1 Tobacco User/Non-Tobacco User 54 590.36 643.49 11574 L0010011 Rating Area 1 Tobacco User/Non-Tobacco User 55 616.62 693.70 11574 L0010011 Rating Area 1 Tobacco User/Non-Tobacco User 56 645.11 725.74 11574 L0010011 Rating Area 1 Tobacco User/Non-Tobacco User 56 645.11 725.74 11574 L0010011 Rating Area 1 Tobacco User/Non-Tobacco User 56 645.11 725.74 11574 L0010011 Rating Area 1 Tobacco User/Non-Tobacco User 57 673.86 792.63 11574 L0010011 Rating Area 1 Tobacco User/Non-Tobacco User 57 673.86 792.63 11574 L0010011 Rating Area 1 Tobacco User/Non-Tobacco User 57 673.86 792.63 11574 L0010011 Rating Area 1 Tobacco User/Non-Tobacco User 57 673.86 792.63 11574 L0010011 Rating Area 1 Tobacco User/Non-Tobacco User 57 673.86 792.63 11574 L0010011 Rating Area 1 Tobacco User/Non-Tobacco User 59 719.76 809.73 11574 L0010011 Rating Area 1 Tobacco User/Non-Tobacco U		_			
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11574 L0010011 Rating Area 1 Tobacco User/Non-Tobacco User 57 673.86 758.10 11574 L0010011 Rating Area 1 Tobacco User/Non-Tobacco User 58 704.56 792.63 11574 L0010011 Rating Area 1 Tobacco User/Non-Tobacco User 59 719.76 809.73 11574 L0010011 Rating Area 1 Tobacco User/Non-Tobacco User 60 750.46 844.26					
11574 L0010011 Rating Area 1 Tobacco User/Non-Tobacco User 58 704.56 792.63 11574 L0010011 Rating Area 1 Tobacco User/Non-Tobacco User 59 719.76 809.73 11574 L0010011 Rating Area 1 Tobacco User/Non-Tobacco User 60 750.46 844.26					
11574 L0010011 Rating Area 1 Tobacco User/Non-Tobacco User 59 719.76 809.73 11574 L0010011 Rating Area 1 Tobacco User/Non-Tobacco User 60 750.46 844.26		_			
11574 L0010011 Rating Area 1 Tobacco User/Non-Tobacco User 60 750.46 844.26					
					809.73
11574 L0010011 Rating Area 1 Tobacco User/Non-Tobacco User 61 777.00 874.13					844.26
	11574IL0010011 Rating Area 1	Tobacco User/Non-Tobacco User	61	777.00	874.13

11574IL0010011 Rating Area 1	Tobacco User/Non-Tobacco User	62	794.42	893.73
11574IL0010011 Rating Area 1	Tobacco User/Non-Tobacco User	63	816.27	918.30
11574IL0010011 Rating Area 1	Tobacco User/Non-Tobacco User	64 and over	829.54	933.23
11574IL0010053 Rating Area 1	Tobacco User/Non-Tobacco User	0-14	324.17	324.17
11574IL0010053 Rating Area 1	Tobacco User/Non-Tobacco User	15	352.98	352.98
11574IL0010053 Rating Area 1	Tobacco User/Non-Tobacco User	16	364.00	364.00
11574IL0010053 Rating Area 1	Tobacco User/Non-Tobacco User	17	375.02	375.02
11574IL0010053 Rating Area 1	Tobacco User/Non-Tobacco User	18	386.88	386.88
11574IL0010053 Rating Area 1	Tobacco User/Non-Tobacco User	19	398.75	398.75
11574IL0010053 Rating Area 1	Tobacco User/Non-Tobacco User	20	411.04	411.04
11574IL0010053 Rating Area 1	Tobacco User/Non-Tobacco User	21	423.76	423.76
11574IL0010053 Rating Area 1	Tobacco User/Non-Tobacco User	22	423.76	423.76
11574IL0010053 Rating Area 1	Tobacco User/Non-Tobacco User	23	423.76	423.76
11574IL0010053 Rating Area 1	Tobacco User/Non-Tobacco User	24	423.76	423.76
11574IL0010053 Rating Area 1	Tobacco User/Non-Tobacco User	25	425.45	446.72
11574IL0010053 Rating Area 1	Tobacco User/Non-Tobacco User	26	433.92	455.62
11574IL0010053 Rating Area 1	Tobacco User/Non-Tobacco User	27	444.09	466.29
11574IL0010053 Rating Area 1	Tobacco User/Non-Tobacco User	28	460.62	483.65
11574IL0010053 Rating Area 1	Tobacco User/Non-Tobacco User	29	474.18	497.89
11574IL0010053 Rating Area 1	Tobacco User/Non-Tobacco User	30	480.96	505.00
11574IL0010053 Rating Area 1	Tobacco User/Non-Tobacco User	31	491.13	515.68
11574IL0010053 Rating Area 1	Tobacco User/Non-Tobacco User	32	501.30	526.36
11574IL0010053 Rating Area 1	Tobacco User/Non-Tobacco User	33	507.65	533.04
11574IL0010053 Rating Area 1	Tobacco User/Non-Tobacco User	34	514.43	540.15
11574IL0010053 Rating Area 1	Tobacco User/Non-Tobacco User	35	517.82	564.43
11574IL0010053 Rating Area 1	Tobacco User/Non-Tobacco User	36	521.21	568.12
11574IL0010053 Rating Area 1	Tobacco User/Non-Tobacco User	37	524.60	571.82
11574IL0010053 Rating Area 1	Tobacco User/Non-Tobacco User	38	527.99	575.51
11574IL0010053 Rating Area 1	Tobacco User/Non-Tobacco User	39	534.77	582.90
11574IL0010053 Rating Area 1	Tobacco User/Non-Tobacco User	40	541.55	590.29
11574IL0010053 Rating Area 1	Tobacco User/Non-Tobacco User	41	551.72	601.38
11574IL0010053 Rating Area 1	Tobacco User/Non-Tobacco User	42	561.47	612.00
11574IL0010053 Rating Area 1	Tobacco User/Non-Tobacco User	43	575.03	626.78
11574IL0010053 Rating Area 1	Tobacco User/Non-Tobacco User	44	591.98	645.26
11574IL0010053 Rating Area 1	Tobacco User/Non-Tobacco User	45	611.90	666.97
11574IL0010053 Rating Area 1	Tobacco User/Non-Tobacco User	46	635.63	692.83
11574IL0010053 Rating Area 1	Tobacco User/Non-Tobacco User	47	662.32	721.93
11574IL0010053 Rating Area 1	Tobacco User/Non-Tobacco User	48	692.83	755.19
11574IL0010053 Rating Area 1	Tobacco User/Non-Tobacco User	49	722.92	787.98
11574IL0010053 Rating Area 1	Tobacco User/Non-Tobacco User	50	756.82	824.93
11574IL0010053 Rating Area 1	Tobacco User/Non-Tobacco User	51	790.29	861.42
11574IL0010053 Rating Area 1	Tobacco User/Non-Tobacco User	52	827.16	901.60
11574IL0010053 Rating Area 1	Tobacco User/Non-Tobacco User	53	864.45	942.25
11574IL0010053 Rating Area 1	Tobacco User/Non-Tobacco User	54	904.71	986.13
11574IL0010053 Rating Area 1	Tobacco User/Non-Tobacco User	55	944.96	1063.08
11574IL0010053 Rating Area 1	Tobacco User/Non-Tobacco User	56	988.61	1112.19
11574IL0010053 Rating Area 1	Tobacco User/Non-Tobacco User	57	1032.68	1161.76
11574IL0010053 Rating Area 1	Tobacco User/Non-Tobacco User	58	1079.72	1214.68
11574IL0010053 Rating Area 1	Tobacco User/Non-Tobacco User	59	1103.02	1240.90
11574IL0010053 Rating Area 1	Tobacco User/Non-Tobacco User	60	1150.06	1293.82
11574IL0010053 Rating Area 1	Tobacco User/Non-Tobacco User	61	1190.74	1339.58
11574IL0010053 Rating Area 1	Tobacco User/Non-Tobacco User	62	1217.43	1369.61
11574IL0010053 Rating Area 1	Tobacco User/Non-Tobacco User	63	1250.91	1407.27
11574IL0010053 Rating Area 1	Tobacco User/Non-Tobacco User	64 and over	1271.25	1430.16
11574IL0010052 Rating Area 1	Tobacco User/Non-Tobacco User	0-14	304.29	304.29
11574IL0010052 Rating Area 1	Tobacco User/Non-Tobacco User	15	331.34	331.34
11574IL0010052 Rating Area 1	Tobacco User/Non-Tobacco User	16	341.68	341.68
11574IL0010052 Rating Area 1	Tobacco User/Non-Tobacco User	17	352.02	352.02
11574IL0010052 Rating Area 1	Tobacco User/Non-Tobacco User	18	363.16	363.16

11574IL00100	52 Rating Area 1	Tobacco User/Non-Tobacco User	19	374.30	374.30
11574IL00100	52 Rating Area 1	Tobacco User/Non-Tobacco User	20	385.83	385.83
11574IL00100	52 Rating Area 1	Tobacco User/Non-Tobacco User	21	397.77	397.77
11574IL001009	52 Rating Area 1	Tobacco User/Non-Tobacco User	22	397.77	397.77
	52 Rating Area 1	Tobacco User/Non-Tobacco User	23	397.77	397.77
11574IL00100	52 Rating Area 1	Tobacco User/Non-Tobacco User	24	397.77	397.77
	52 Rating Area 1	Tobacco User/Non-Tobacco User	25	399.35	419.32
11574IL00100	52 Rating Area 1	Tobacco User/Non-Tobacco User	26	407.31	427.67
11574IL00100	52 Rating Area 1	Tobacco User/Non-Tobacco User	27	416.86	437.70
11574IL00100	52 Rating Area 1	Tobacco User/Non-Tobacco User	28	432.37	453.99
11574IL00100	52 Rating Area 1	Tobacco User/Non-Tobacco User	29	445.10	467.35
	52 Rating Area 1	Tobacco User/Non-Tobacco User	30	451.46	474.03
	52 Rating Area 1	Tobacco User/Non-Tobacco User	31	461.01	484.06
11574IL00100	52 Rating Area 1	Tobacco User/Non-Tobacco User	32	470.55	494.08
11574IL00100	52 Rating Area 1	Tobacco User/Non-Tobacco User	33	476.52	500.35
11574IL00100	52 Rating Area 1	Tobacco User/Non-Tobacco User	34	482.88	507.03
	52 Rating Area 1	Tobacco User/Non-Tobacco User	35	486.07	529.81
11574IL00100	52 Rating Area 1	Tobacco User/Non-Tobacco User	36	489.25	533.28
	52 Rating Area 1	Tobacco User/Non-Tobacco User	37	492.43	536.75
	52 Rating Area 1	Tobacco User/Non-Tobacco User	38	495.61	540.22
	52 Rating Area 1	Tobacco User/Non-Tobacco User	39	501.98	547.15
	52 Rating Area 1	Tobacco User/Non-Tobacco User	40	508.34	554.09
	52 Rating Area 1	Tobacco User/Non-Tobacco User	41	517.89	564.50
	52 Rating Area 1	Tobacco User/Non-Tobacco User	42	527.04	574.47
	52 Rating Area 1	Tobacco User/Non-Tobacco User	43	539.76	588.34
	52 Rating Area 1	Tobacco User/Non-Tobacco User	44	555.68	605.69
	52 Rating Area 1	Tobacco User/Non-Tobacco User	45		626.06
	52 Rating Area 1	Tobacco User/Non-Tobacco User	46		650.34
	52 Rating Area 1	Tobacco User/Non-Tobacco User	47	621.70	677.66
	52 Rating Area 1	Tobacco User/Non-Tobacco User	48	650.34	708.87
11574IL00100	52 Rating Area 1	Tobacco User/Non-Tobacco User	49	678.58	739.66
11574IL00100	52 Rating Area 1	Tobacco User/Non-Tobacco User	50	710.40	774.34
	52 Rating Area 1	Tobacco User/Non-Tobacco User	51	741.83	808.59
	52 Rating Area 1	Tobacco User/Non-Tobacco User	52	776.43	846.31
	52 Rating Area 1	Tobacco User/Non-Tobacco User	53	811.44	884.47
11574IL00100	52 Rating Area 1	Tobacco User/Non-Tobacco User	54	849.22	925.65
11574IL00100	52 Rating Area 1	Tobacco User/Non-Tobacco User	55	887.01	997.89
11574IL00100	52 Rating Area 1	Tobacco User/Non-Tobacco User	56	927.98	1043.98
11574IL00100	52 Rating Area 1	Tobacco User/Non-Tobacco User	57	969.35	1090.52
	52 Rating Area 1	Tobacco User/Non-Tobacco User	58	1013.50	1140.19
11574IL00100	52 Rating Area 1	Tobacco User/Non-Tobacco User	59		1164.80
11574IL00100	52 Rating Area 1	Tobacco User/Non-Tobacco User	60	1079.53	1214.47
11574IL00100	52 Rating Area 1	Tobacco User/Non-Tobacco User	61	1117.71	1257.43
	52 Rating Area 1	Tobacco User/Non-Tobacco User	62	1142.77	1285.62
11574IL00100	52 Rating Area 1	Tobacco User/Non-Tobacco User	63	1174.20	1320.97
11574IL00100	52 Rating Area 1	Tobacco User/Non-Tobacco User	64 and over	1193.29	1342.45
11574IL00200	21 Rating Area 1	Tobacco User/Non-Tobacco User	0-14	237.53	237.53
11574IL00200	21 Rating Area 1	Tobacco User/Non-Tobacco User	15	258.65	258.65
11574IL00200	21 Rating Area 1	Tobacco User/Non-Tobacco User	16	266.72	266.72
	21 Rating Area 1	Tobacco User/Non-Tobacco User	17		274.79
11574IL00200	21 Rating Area 1	Tobacco User/Non-Tobacco User	18		283.49
11574IL00200	21 Rating Area 1	Tobacco User/Non-Tobacco User	19	292.18	292.18
11574IL00200	21 Rating Area 1	Tobacco User/Non-Tobacco User	20	301.19	301.19
11574IL00200	21 Rating Area 1	Tobacco User/Non-Tobacco User	21	310.51	310.51
11574IL00200	21 Rating Area 1	Tobacco User/Non-Tobacco User	22	310.51	310.51
11574IL00200	21 Rating Area 1	Tobacco User/Non-Tobacco User	23	310.51	310.51
	21 Rating Area 1	Tobacco User/Non-Tobacco User	24	310.51	310.51
11574IL002003	21 Rating Area 1	Tobacco User/Non-Tobacco User	25	311.74	327.33
1157411 002001	21 Rating Area 1	Tobacco User/Non-Tobacco User	26	317.95	333.85

1157411000002 Rating Area 1 Tobasco UserNon-Tobasco User					
11574LL002021 Rating Avai		Tobacco User/Non-Tobacco User			
11574L0020027 Rainy Avea 1 Tobacco UserNon-Tobacco User 31 359.87 377.88 11574L0020027 Rainy Avea 1 Tobacco UserNon-Tobacco User 32 359.87 377.88 11574L0020027 Rainy Avea 1 Tobacco UserNon-Tobacco User 32 359.87 378.89 385.79 11574L0020027 Rainy Avea 1 Tobacco UserNon-Tobacco User 35 378.49 415.59 11574L0020027 Rainy Avea 1 Tobacco UserNon-Tobacco User 35 378.49 415.59 11574L0020027 Rainy Avea 1 Tobacco UserNon-Tobacco User 35 378.49 415.59 11574L0020027 Rainy Avea 1 Tobacco UserNon-Tobacco User 35 378.49 415.59 11574L0020027 Rainy Avea 1 Tobacco UserNon-Tobacco User 37 384.40 415.50 11574L0020027 Rainy Avea 1 Tobacco UserNon-Tobacco User 37 384.40 415.50 11574L0020027 Rainy Avea 1 Tobacco UserNon-Tobacco User 37 38 38 407 12 11574L0020027 Rainy Avea 1 Tobacco UserNon-Tobacco User 40 386.86 432.55 11574L0020027 Rainy Avea 1 Tobacco UserNon-Tobacco User 44 4 49.27 4.49.66 11574L0020027 Rainy Avea 1 Tobacco UserNon-Tobacco User 44 4 49.27 4.49.66 11574L0020027 Rainy Avea 1 Tobacco UserNon-Tobacco User 44 4 49.27 4.49.66 11574L0020027 Rainy Avea 1 Tobacco UserNon-Tobacco User 44 4 415.77 47.22 11574L0020027 Rainy Avea 1 Tobacco UserNon-Tobacco User 44 4 415.77 47.22 11574L0020027 Rainy Avea 1 Tobacco UserNon-Tobacco User 44 4 415.77 47.22 11574L0020027 Rainy Avea 1 Tobacco UserNon-Tobacco User 44 4 415.77 47.22 11574L0020027 Rainy Avea 1 Tobacco UserNon-Tobacco User 45 4 415.77 47.22 11574L0020027 Rainy Avea 1 Tobacco UserNon-Tobacco User 46 4 415.77 47.22 11574L0020027 Rainy Avea 1 Tobacco UserNon-Tobacco User 46 4 415.77 47.22 11574L0020027 Rainy Avea 1 Tobacco UserNon-Tobacco User 47 4 40 40 40 40 40 40 40 40 40 40 40 40 4	11574IL0020021 Rating Area 1	Tobacco User/Non-Tobacco User	-		
1974.LL0000021 Raling Area 1 Tobacco UserNon-Tobacco User 31 398.95 397.86	11574IL0020021 Rating Area 1	Tobacco User/Non-Tobacco User	29	347.45	364.82
11574 LD02021 Raing Area Tobaco UserNon-Tobaco User 38 397-38 386.69 11574 LD02021 Raing Airea Tobaco UserNon-Tobaco User 33 377-38 390.58 11574 LD02021 Raing Airea Tobaco UserNon-Tobaco User 35 378-38 377-38 11574 LD02021 Raing Airea Tobaco UserNon-Tobaco User 36 381-30 316-29 11574 LD02021 Raing Airea Tobaco UserNon-Tobaco User 37 384-40 419-00 11574 LD02021 Raing Airea Tobaco UserNon-Tobaco User 38 386-88 421-70 11574 LD02022 Raing Airea Tobaco UserNon-Tobaco User 39 386-88 421-70 11574 LD02022 Raing Airea Tobaco UserNon-Tobaco User 39 386-88 421-70 11574 LD02022 Raing Airea Tobaco UserNon-Tobaco User 39 386-89 421-70 11574 LD02022 Raing Airea Tobaco UserNon-Tobaco User 44 411-41 464-42 11574 LD02022 Raing Airea Tobaco UserNon-Tobaco User 42 411-41 464-42 11574 LD02022 Raing Airea Tobaco UserNon-Tobaco User 42 411-41 464-42 11574 LD02022 Raing Airea Tobaco UserNon-Tobaco User 44 44 44 46 47 39 489-44 11574 LD02022 Raing Airea Tobaco UserNon-Tobaco User 44 44 44 44 48 48 11574 LD02022 Raing Airea Tobaco UserNon-Tobaco User 44 44 44 48 48 48 48 4	11574IL0020021 Rating Area 1	Tobacco User/Non-Tobacco User	30	352.42	370.04
11574LI0000021 Rating Area Tobacoo UserNon-Tobaco User 34 377.85 395.72 11574LI0000021 Rating Area Tobacoo UserNon-Tobaco User 35 379.45 417.56 395.72 11574LI0000021 Rating Area Tobacoo UserNon-Tobacoo User 35 379.44 417.56	11574IL0020021 Rating Area 1	Tobacco User/Non-Tobacco User	31	359.87	377.86
11574L0000021 Raining Area Tobacco UserNon-Tobacco User 36 376-96 395-79 315-74 315-84	11574IL0020021 Rating Area 1	Tobacco User/Non-Tobacco User	32	367.32	385.69
11574 L0000021 Raining Area Tobacco UserNon-Tobacco User 36 391.92 416.29 11574 L0000021 Raining Area Tobacco UserNon-Tobacco User 37 394.40 419.00 11574 L0000021 Raining Area Tobacco UserNon-Tobacco User 37 394.40 419.00 4	11574IL0020021 Rating Area 1	Tobacco User/Non-Tobacco User	33	371.98	390.58
11574 L0000021 Raining Area Tobacco UserNon-Tobacco User 36 391.92 416.29 11574 L0000021 Raining Area Tobacco UserNon-Tobacco User 37 394.40 419.00 11574 L0000021 Raining Area Tobacco UserNon-Tobacco User 37 394.40 419.00 4	11574 L0020021 Rating Area 1	Tobacco User/Non-Tobacco User	34	376.95	395.79
11574L0020021 Rating Area 1 1574L0020021 Rating	11574IL0020021 Rating Area 1	Tobacco User/Non-Tobacco User	35	379.43	413.58
11574L0020021 Rating Area 1 1574L0020021 Rating		_			
11574L0000021 Rating Area 1 11					
11574 .0000002 Raing Area Tobacco UserNon-Tobacco User 40 396,82 427,52		_			
11574LD020021 Raining Area Tobasco UserNon-Tobasco User 41		_			
11574LD020021 Raing Area Tobacco User/Non-Tobacco User 41 404.27 440.66		_			
11574(1002002) Rating Area 1 Tobacco User/Non-Tobacco User 43 441.35 449.27 11574(1002002) Rating Area 1 Tobacco User/Non-Tobacco User 44 433.77 472.81 11574(1002002) Rating Area 1 Tobacco User/Non-Tobacco User 46 449.35 448.27 472.81 11574(1002002) Rating Area 1 Tobacco User/Non-Tobacco User 46 449.35 448.27 472.81			-		
11574(L002002) Raling Area 1 Tobacco User/Non-Tobacco User 44 (433.77 472.81 11574(L002002) Raling Area 1 Tobacco User/Non-Tobacco User 44 (433.77 472.81 11574(L002002) Raling Area 1 Tobacco User/Non-Tobacco User 46 (488.36 488.71 11574(L002002) Raling Area 1 Tobacco User/Non-Tobacco User 46 (488.36 488.71 11574(L002002) Raling Area 1 Tobacco User/Non-Tobacco User 47 (485.31 528.99 11374(L002002) Raling Area 1 Tobacco User/Non-Tobacco User 48 (507.677 523.36 11374(L002002) Raling Area 1 Tobacco User/Non-Tobacco User 48 (507.677 523.36 11374(L002002) Raling Area 1 Tobacco User/Non-Tobacco User 49 (507.677 523.36 11374(L002002) Raling Area 1 Tobacco User/Non-Tobacco User 51 (507.08 63.12 11374(L002002) Raling Area 1 Tobacco User/Non-Tobacco User 51 (507.08 631.20 11374(L002002) Raling Area 1 Tobacco User/Non-Tobacco User 52 (606.10 680.65 11574(L002002) Raling Area 1 Tobacco User/Non-Tobacco User 53 (633.42 690.43 11574(L002002) Raling Area 1 Tobacco User/Non-Tobacco User 55 (682.42 772.86 11574(L002002) Raling Area 1 Tobacco User/Non-Tobacco User 55 (682.42 772.87 11574(L002002) Raling Area 1 Tobacco User/Non-Tobacco User 55 (682.42 772.86 11574(L002002) Raling Area 1 Tobacco User/Non-Tobacco User 55 (682.42 772.86 11574(L002002) Raling Area 1 Tobacco User/Non-Tobacco User 56 (77 77 656.66 851.22 11574(L002002) Raling Area 1 Tobacco User/Non-Tobacco User 57 (77 77 656.66 851.22 11574(L002002) Raling Area 1 Tobacco User/Non-Tobacco User 57 (77 77 656.66 851.22 11574(L002002) Raling Area 1 Tobacco User/Non-Tobacco User 57 (77 77 656.66 851.22 11574(L002002) Raling Area 1 Tobacco User/Non-Tobacco User 59 (77 77 77 656.66 851.22 11574(L002002) Raling Area 1 Tobacco User/Non-Tobacco User 59 (77 77 77 77 77 77 77 77 77 77 77 77 77					
11574LIQQQQQZI Rating Area 1 Tobacco User/Mon-Tobacco User 46 433.77 472.81 11574LIQQQQQZI Rating Area 1 Tobacco User/Mon-Tobacco User 46 485.75 507.67 11574LIQQQQQZI Rating Area 1 Tobacco User/Mon-Tobacco User 47 485.31 528.99 11574LIQQQQQZI Rating Area 1 Tobacco User/Mon-Tobacco User 47 485.31 528.99 11574LIQQQQQZI Rating Area 1 Tobacco User/Mon-Tobacco User 48 507.67 553.36 11574LIQQQQQZI Rating Area 1 Tobacco User/Mon-Tobacco User 49 559.71 577.39 11574LIQQQQQZI Rating Area 1 Tobacco User/Mon-Tobacco User 50 554.55 604.46 11574LIQQQQQZI Rating Area 1 Tobacco User/Mon-Tobacco User 51 579.08 615.20 11574LIQQQQQZI Rating Area 1 Tobacco User/Mon-Tobacco User 51 579.08 615.20 11574LIQQQQQZI Rating Area 1 Tobacco User/Mon-Tobacco User 52 606.10 6.60 4.60 11574LIQQQQQZI Rating Area 1 Tobacco User/Mon-Tobacco User 52 606.10 6.60 4.60 11574LIQQQQQZI Rating Area 1 Tobacco User/Mon-Tobacco User 54 682.20 772.55 11574LIQQQQQZI Rating Area 1 Tobacco User/Mon-Tobacco User 54 682.20 772.55 11574LIQQQQQZI Rating Area 1 Tobacco User/Mon-Tobacco User 54 682.20 772.55 11574LIQQQQQZI Rating Area 1 Tobacco User/Mon-Tobacco User 55 68 794.40 814.95 11574LIQQQQQZI Rating Area 1 Tobacco User/Mon-Tobacco User 56 79 796.69 651.28 11574LIQQQQQZI Rating Area 1 Tobacco User/Mon-Tobacco User 57 796.69 651.28 11574LIQQQQQZI Rating Area 1 Tobacco User/Mon-Tobacco User 59 888.23 990.28 11574LIQQQQQZI Rating Area 1 Tobacco User/Mon-Tobacco User 59 888.23 990.28 11574LIQQQQQZI Rating Area 1 Tobacco User/Mon-Tobacco User 69 882.07 1053.58 11574LIQQQQQZI Rating Area 1 Tobacco User/Mon-Tobacco User 69 882.07 1053.59 11574LIQQQQQZI Rating Area 1 Tobacco User/Mon-Tobacco User 69 882.07 1053.59 11574LIQQQQQZI Rating Area 1 Tobacco User/Mon-Tobacco User 69 892.07 1053.59 11574LIQQQQQZI Rating Area 1 Tobacco User/Mon-Tobacco User 69 892.07 1053.59 11574LIQQQQQQZI Rating Area 1 Tobacco User/Mon-Tobacco User 69 892.07 1053.59 11574LIQQQQQZI Rating Area 1 Tobacco User/Mon-Tobacco User 69 893.30 11574LIQQQQQZI Rating Area 1 Tobacco User/Mon-Tobacco User					
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11574 L002002 Rating Area Tobacco User/Non-Tobacco User					
11574L0020021 Rating Area 1 Tobacco User/Non-Tobacco User 47 485.31 528.99 11574L0020021 Rating Area 1 Tobacco User/Non-Tobacco User 48 507.67 553.36 11574L0020021 Rating Area 1 Tobacco User/Non-Tobacco User 50 50 554.55 604.48 11574L0020021 Rating Area 1 Tobacco User/Non-Tobacco User 51 579.06 631.20 11574L0020021 Rating Area 1 Tobacco User/Non-Tobacco User 51 579.06 631.20 11574L0020021 Rating Area 1 Tobacco User/Non-Tobacco User 52 600.10 660.65 11574L0020021 Rating Area 1 Tobacco User/Non-Tobacco User 53 633.42 660.43 11574L0020021 Rating Area 1 Tobacco User/Non-Tobacco User 54 662.92 762.89 11574L0020021 Rating Area 1 Tobacco User 55 662.42 776.97 11574L0020021 Rating Area 1 Tobacco User/Non-Tobacco User 55 662.42 776.97 11574L0020021 Rating Area 1 Tobacco User/Non-Tobacco User 55 662.42 776.97 11574L0020021 Rating Area 1 Tobacco User/Non-Tobacco User 57 7756.69 861.24 11574L0020021 Rating Area 1 Tobacco User/Non-Tobacco User 57 7756.69 861.24 11574L0020021 Rating Area 1 Tobacco User/Non-Tobacco User 57 7756.69 861.24 11574L0020021 Rating Area 1 Tobacco User/Non-Tobacco User 57 7756.69 872.11 11574L0020021 Rating Area 1 Tobacco User/Non-Tobacco User 69 772.40 842.70 946.03 11574L0020021 Rating Area 1 Tobacco User/Non-Tobacco User 69 772.40 946.03 11574L0020021 Rating Area 1 Tobacco User/Non-Tobacco User 69 892.07 1003.58 11574L0020021 Rating Area 1 Tobacco User/Non-Tobacco User 61 872.51 981.57 11574L0020021 Rating Area 1 Tobacco User/Non-Tobacco User 61 872.51 981.57 11574L0020021 Rating Area 1 Tobacco User/Non-Tobacco User 62 892.07 1003.58 11574L0020021 Rating Area 1 Tobacco User/Non-Tobacco User 63 916.60 1031.17 11574L0020021 Rating Area 1 Tobacco User/Non-Tobacco User 64 900.00					
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11574LID020021 Rating Area Tobacco User/Non-Tobacco User 50 554.55 604.46 11574LID020021 Rating Area Tobacco User/Non-Tobacco User 51 579.08 631.20 11574LID020021 Rating Area Tobacco User/Non-Tobacco User 52 666.10 660.65 11574LID020021 Rating Area Tobacco User/Non-Tobacco User 53 633.42 690.43 11574LID020021 Rating Area Tobacco User/Non-Tobacco User 54 662.92 772.59 11574LID020021 Rating Area Tobacco User/Non-Tobacco User 55 662.42 778.97 11574LID020021 Rating Area Tobacco User/Non-Tobacco User 56 774.40 814.95 11574LID020021 Rating Area Tobacco User/Non-Tobacco User 57 776.69 851.22 11574LID020021 Rating Area Tobacco User/Non-Tobacco User 58 791.15 890.05 11574LID020021 Rating Area Tobacco User/Non-Tobacco User 59 686.23 909.25 11574LID020021 Rating Area Tobacco User/Non-Tobacco User 59 686.23 909.25 11574LID020021 Rating Area Tobacco User/Non-Tobacco User 60 842.70 948.03 11574LID020021 Rating Area Tobacco User/Non-Tobacco User 61 872.51 991.57 11574LID020021 Rating Area Tobacco User/Non-Tobacco User 62 892.07 1003.58 11574LID020021 Rating Area Tobacco User/Non-Tobacco User 62 892.07 1003.58 11574LID020021 Rating Area Tobacco User/Non-Tobacco User 62 892.07 1003.58 11574LID020021 Rating Area Tobacco User/Non-Tobacco User 64 and over 931.50 1047.94 11574LID020024 Rating Area Tobacco User/Non-Tobacco User 64 and over 931.50 1047.94 11574LID020024 Rating Area Tobacco User/Non-Tobacco User 64 and over 931.50 1047.94 11574LID020024 Rating Area Tobacco User/Non-Tobacco User 64 and over 931.50 1047.94 11574LID020024 Rating Area Tobacco User/Non-Tobacco User 64 and over 931.50 1047.94 11574LID020024 Rating Area Tobacco User/Non-Tobacco User 15 265.54 265.58 11574LID020024 Rating Area Tobacco User/Non-Tobacco User 19 29 39 29 39 29 30 39					
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11574 L0020024 Rating Area 1 Tobacco User/Non-Tobacco User 27 324.01 340.21 11574 L0020024 Rating Area 1 Tobacco User/Non-Tobacco User 28 336.07 352.87 11574 L0020024 Rating Area 1 Tobacco User/Non-Tobacco User 29 345.96 363.26 11574 L0020024 Rating Area 1 Tobacco User/Non-Tobacco User 30 350.91 368.45 11574 L0020024 Rating Area 1 Tobacco User/Non-Tobacco User 31 358.33 376.25 11574 L0020024 Rating Area 1 Tobacco User/Non-Tobacco User 32 365.75 384.04 11574 L0020024 Rating Area 1 Tobacco User/Non-Tobacco User 33 370.39 388.91		_			
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11574 L0020024 Rating Area 1 Tobacco User/Non-Tobacco User 30 350.91 368.45 11574 L0020024 Rating Area 1 Tobacco User/Non-Tobacco User 31 358.33 376.25 11574 L0020024 Rating Area 1 Tobacco User/Non-Tobacco User 32 365.75 384.04 11574 L0020024 Rating Area 1 Tobacco User/Non-Tobacco User 33 370.39 388.91					
11574 L0020024 Rating Area 1 Tobacco User/Non-Tobacco User 31 358.33 376.25 11574 L0020024 Rating Area 1 Tobacco User/Non-Tobacco User 32 365.75 384.04 11574 L0020024 Rating Area 1 Tobacco User/Non-Tobacco User 33 370.39 388.91		_			
11574IL0020024 Rating Area 1 Tobacco User/Non-Tobacco User 32 365.75 384.04 11574IL0020024 Rating Area 1 Tobacco User/Non-Tobacco User 33 370.39 388.91		_			
11574 L0020024 Rating Area 1 Tobacco User/Non-Tobacco User 33 370.39 388.91					
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11574 L0020024 Rating Area 1		-			
	11574IL0020024 Rating Area 1	Tobacco User/Non-Tobacco User	34	375.33	394.10

11574IL002000	24 Rating Area 1	Tobacco User/Non-Tobacco User	35	377.81	411.81
	24 Rating Area 1	Tobacco User/Non-Tobacco User	36		414.50
	24 Rating Area 1	Tobacco User/Non-Tobacco User	37		417.20
	24 Rating Area 1	Tobacco User/Non-Tobacco User	38		419.90
	24 Rating Area 1	Tobacco User/Non-Tobacco User	39		425.29
	24 Rating Area 1	Tobacco User/Non-Tobacco User	40		430.68
	24 Rating Area 1	Tobacco User/Non-Tobacco User	41		438.77
	24 Rating Area 1	Tobacco User/Non-Tobacco User	42		446.52
	24 Rating Area 1	Tobacco User/Non-Tobacco User	43		457.30
	24 Rating Area 1	Tobacco User/Non-Tobacco User	44		470.78
	24 Rating Area 1	Tobacco User/Non-Tobacco User	45		486.62
	24 Rating Area 1	Tobacco User/Non-Tobacco User	46		505.49
	24 Rating Area 1	Tobacco User/Non-Tobacco User	47		526.72
	24 Rating Area 1	Tobacco User/Non-Tobacco User	48		550.99
	24 Rating Area 1	Tobacco User/Non-Tobacco User	49		574.92
	24 Rating Area 1	Tobacco User/Non-Tobacco User	50		601.87
	24 Rating Area 1	Tobacco User/Non-Tobacco User	51		628.50
	24 Rating Area 1	Tobacco User/Non-Tobacco User	52		657.82
	24 Rating Area 1	Tobacco User/Non-Tobacco User	53		687.47
	24 Rating Area 1	Tobacco User/Non-Tobacco User	55		719.49
	24 Rating Area 1 24 Rating Area 1	Tobacco User/Non-Tobacco User	55		775.63
	24 Rating Area 1	Tobacco User/Non-Tobacco User	56		811.46
	24 Rating Area 1	Tobacco User/Non-Tobacco User	57		847.63
	24 Rating Area 1	Tobacco User/Non-Tobacco User	58		886.24
	24 Rating Area 1	Tobacco User/Non-Tobacco User	59		905.37
	24 Rating Area 1	Tobacco User/Non-Tobacco User	60		943.97
	24 Rating Area 1	Tobacco User/Non-Tobacco User	61		977.37
	24 Rating Area 1	Tobacco User/Non-Tobacco User	62		999.28
	24 Rating Area 1	Tobacco User/Non-Tobacco User	63		1026.76
	24 Rating Area 1 24 Rating Area 1	Tobacco User/Non-Tobacco User	64 and over		1043.45
	50 Rating Area 1	Tobacco User/Non-Tobacco User	0-14		232.54
		Tobacco User/Non-Tobacco User			
	50 Rating Area 1		15		253.21
	50 Rating Area 1	Tobacco User/Non-Tobacco User	16 17		261.12
	50 Rating Area 1	Tobacco User/Non-Tobacco User			269.02
	50 Rating Area 1	Tobacco User/Non-Tobacco User	18		277.53
	50 Rating Area 1	Tobacco User/Non-Tobacco User	19		286.04
	50 Rating Area 1	Tobacco User/Non-Tobacco User	20		294.86
	50 Rating Area 1	Tobacco User/Non-Tobacco User	21		303.99
	50 Rating Area 1	Tobacco User/Non-Tobacco User	22		303.99
	50 Rating Area 1	Tobacco User/Non-Tobacco User	23		303.99
	50 Rating Area 1	Tobacco User/Non-Tobacco User	24		303.99
	50 Rating Area 1	Tobacco User/Non-Tobacco User	25		320.45
	50 Rating Area 1	Tobacco User/Non-Tobacco User	26		326.84
	50 Rating Area 1	Tobacco User/Non-Tobacco User	27		334.50
	50 Rating Area 1	Tobacco User/Non-Tobacco User	28		346.95
	50 Rating Area 1	Tobacco User/Non-Tobacco User	29		357.16
	50 Rating Area 1	Tobacco User/Non-Tobacco User	30		362.27
	50 Rating Area 1	Tobacco User/Non-Tobacco User	31		369.93
	50 Rating Area 1	Tobacco User/Non-Tobacco User	32		377.59
	50 Rating Area 1	Tobacco User/Non-Tobacco User	33		382.37
	50 Rating Area 1	Tobacco User/Non-Tobacco User	34		387.48
	50 Rating Area 1	Tobacco User/Non-Tobacco User	35		404.89
	50 Rating Area 1	Tobacco User/Non-Tobacco User	36		407.54
	50 Rating Area 1	Tobacco User/Non-Tobacco User	37		410.19
11574IL002005	50 Rating Area 1	Tobacco User/Non-Tobacco User	38	378.76	412.85
11574IL002005	50 Rating Area 1	Tobacco User/Non-Tobacco User	39	383.62	418.15
11574IL002005	50 Rating Area 1	Tobacco User/Non-Tobacco User	40	388.48	423.45
	50 Rating Area 1	Tobacco User/Non-Tobacco User	41	395.78	431.40
1157411 002007	50 Rating Area 1	Tobacco User/Non-Tobacco User	42	402.77	439.02

11574IL0020050 Rating Area 1	Tobacco User/Non-Tobacco User	43	412.50	449.62
11574IL0020050 Rating Area 1	Tobacco User/Non-Tobacco User	44	424.66	462.88
11574IL0020050 Rating Area 1	Tobacco User/Non-Tobacco User	45	438.94	478.45
11574IL0020050 Rating Area 1	Tobacco User/Non-Tobacco User	46	455.97	497.00
11574IL0020050 Rating Area 1	Tobacco User/Non-Tobacco User	47	475.12	517.88
11574IL0020050 Rating Area 1	Tobacco User/Non-Tobacco User	48	497.00	541.74
11574IL0020050 Rating Area 1	Tobacco User/Non-Tobacco User	49	518.59	565.26
11574IL0020050 Rating Area 1	Tobacco User/Non-Tobacco User	50	542.91	591.77
11574IL0020050 Rating Area 1	Tobacco User/Non-Tobacco User	51	566.92	617.94
11574IL0020050 Rating Area 1	Tobacco User/Non-Tobacco User	52	593.37	646.77
11574IL0020050 Rating Area 1	Tobacco User/Non-Tobacco User	53	620.12	675.93
11574IL0020050 Rating Area 1	Tobacco User/Non-Tobacco User	54	648.99	707.40
11574IL0020050 Rating Area 1	Tobacco User/Non-Tobacco User	55	677.87	762.61
11574IL0020050 Rating Area 1	Tobacco User/Non-Tobacco User	56	709.18	797.83
11574IL0020050 Rating Area 1	Tobacco User/Non-Tobacco User	57	740.80	833.39
11574IL0020050 Rating Area 1	Tobacco User/Non-Tobacco User	58	774.54	871.35
11574IL0020050 Rating Area 1	Tobacco User/Non-Tobacco User	59	791.26	890.16
11574IL0020050 Hating Area 1	Tobacco User/Non-Tobacco User	60	825.00	928.12
11574IL0020050 Rating Area 1	Tobacco User/Non-Tobacco User	61	854.18	960.95
11574IL0020050 Rating Area 1	Tobacco User/Non-Tobacco User	62	873.33	982.50
11574IL0020050 Rating Area 1 11574IL0020050 Rating Area 1	Tobacco User/Non-Tobacco User Tobacco User/Non-Tobacco User	63	897.34	1009.51
11574IL0020050 Rating Area 1	Tobacco User/Non-Tobacco User	64 and over 0-14	911.94 306.33	1025.93 306.33
11574IL0020053 Rating Area 1	Tobacco User/Non-Tobacco User			
11574IL0020053 Rating Area 1	Tobacco User/Non-Tobacco User	15	333.55	333.55
11574IL0020053 Rating Area 1	Tobacco User/Non-Tobacco User	16	343.97	343.97
11574IL0020053 Rating Area 1	Tobacco User/Non-Tobacco User	17	354.38	354.38
11574IL0020053 Rating Area 1	Tobacco User/Non-Tobacco User	18	365.59	365.59
11574IL0020053 Rating Area 1	Tobacco User/Non-Tobacco User	19	376.80	376.80
11574IL0020053 Rating Area 1	Tobacco User/Non-Tobacco User	20	388.41	388.41
11574IL0020053 Rating Area 1	Tobacco User/Non-Tobacco User	21	400.44	400.44
11574IL0020053 Rating Area 1	Tobacco User/Non-Tobacco User	22	400.44	400.44
11574IL0020053 Rating Area 1	Tobacco User/Non-Tobacco User	23	400.44	400.44
11574IL0020053 Rating Area 1	Tobacco User/Non-Tobacco User	24	400.44	400.44
11574IL0020053 Rating Area 1	Tobacco User/Non-Tobacco User	25	402.03	422.13
11574IL0020053 Rating Area 1	Tobacco User/Non-Tobacco User	26	410.04	430.54
11574IL0020053 Rating Area 1	Tobacco User/Non-Tobacco User	27	419.65	440.63
11574IL0020053 Rating Area 1	Tobacco User/Non-Tobacco User	28	435.26	457.03
11574IL0020053 Rating Area 1	Tobacco User/Non-Tobacco User	29	448.08	470.48
11574IL0020053 Rating Area 1	Tobacco User/Non-Tobacco User	30	454.48	477.21
11574IL0020053 Rating Area 1	Tobacco User/Non-Tobacco User	31	464.09	487.30
11574IL0020053 Rating Area 1	Tobacco User/Non-Tobacco User	32	473.70	497.39
11574IL0020053 Rating Area 1	Tobacco User/Non-Tobacco User	33	479.71	503.70
11574IL0020053 Rating Area 1	Tobacco User/Non-Tobacco User	34	486.12	510.42
11574IL0020053 Rating Area 1	Tobacco User/Non-Tobacco User	35	489.32	533.36
11574IL0020053 Rating Area 1	Tobacco User/Non-Tobacco User	36	492.52	536.85
11574IL0020053 Rating Area 1	Tobacco User/Non-Tobacco User	37	495.73	540.34
11574IL0020053 Rating Area 1	Tobacco User/Non-Tobacco User	38	498.93	543.83
11574IL0020053 Rating Area 1	Tobacco User/Non-Tobacco User	39	505.34	550.82
11574IL0020053 Rating Area 1	Tobacco User/Non-Tobacco User	40	511.74	557.80
11574IL0020053 Rating Area 1	Tobacco User/Non-Tobacco User	41	521.35	568.28
11574IL0020053 Rating Area 1	Tobacco User/Non-Tobacco User	42	530.56	578.31
11574IL0020053 Rating Area 1	Tobacco User/Non-Tobacco User	43	543.38	592.28
11574IL0020053 Rating Area 1	Tobacco User/Non-Tobacco User	44	559.39	609.74
11574IL0020053 Rating Area 1	Tobacco User/Non-Tobacco User	45	578.21	630.25
11574IL0020053 Rating Area 1	Tobacco User/Non-Tobacco User	46	600.64	654.70
11574L0020053 Rating Area 1	Tobacco User/Non-Tobacco User	47	625.87	682.19
11574L0020053 Hating Area 1	Tobacco User/Non-Tobacco User	48	654.70	713.62
11574IL0020053 Rating Area 1	Tobacco User/Non-Tobacco User	49	683.13	713.62
11574IL0020053 Rating Area 1		50	715.16	779.52
113/4ILU020033 Ralling Area 1	Tobacco User/Non-Tobacco User	50	/ 13.16	1 19.52

11574LL00200S Rating Area Totacoo UserNon-Totacoo User 52 761.63 551.69	11574IL0020053 Rating Area 1	Tobacco User/Non-Tobacco User	51	746.79	814.01
11574LL000005 Rating Area 1 Tobacco User/Mon Tobacco User 56 846 47 931 65 11574LL00005 Rating Area 1 Tobacco User/Mon Tobacco User 56 884 47 11574LL00005 Rating Area 1 Tobacco User/Mon Tobacco User 57 975 84 11574LL00005 Rating Area 1 Tobacco User/Mon Tobacco User 57 975 84 11574LL00005 Rating Area 1 Tobacco User/Mon Tobacco User 59 1000 26 11474LL00005 Rating Area 1 Tobacco User/Mon Tobacco User 59 1000 26 11474LL00005 Rating Area 1 Tobacco User/Mon Tobacco User 59 1000 26 11474LL00005 Rating Area 1 Tobacco User/Mon Tobacco User 59 1000 26 11474LL00005 Rating Area 1 Tobacco User/Mon Tobacco User 51 11574LL00005 Rating Area 1 Tobacco User/Mon Tobacco User 51 11574LL00005 Rating Area 1 Tobacco User/Mon Tobacco User 51 11574LL00005 Rating Area 1 Tobacco User/Mon Tobacco User 50 1160 42 1185 26 1180 42 1180 44 1180 4					
11574LI0020058 Raimy Area 1 Tobacco Leler/Non-Tobacco Leler 55 502.95 1004.77 11574LI0020058 Raimy Area 1 Tobacco Leler/Non-Tobacco Leler 55 502.95 1004.77 11574LI0020058 Raimy Area 1 Tobacco Leler/Non-Tobacco Leler 58 1024.18 1005.28 11474.28 11574LI0020058 Raimy Area 1 Tobacco Leler/Non-Tobacco Leler 59 1042.31 1172.60 1172.60 11574LI0020058 Raimy Area 1 Tobacco Leler/Non-Tobacco Leler 59 1042.31 1172.60 11574LI0020058 Raimy Area 1 Tobacco Leler/Non-Tobacco Leler 60 1165.76 1292.60 11574LI0020058 Raimy Area 1 Tobacco Leler/Non-Tobacco Leler 60 1172.50 1755.50 11574LI0020058 Raimy Area 1 Tobacco Leler/Non-Tobacco Leler 68 11574LI0020058 Raimy Area 1 Tobacco Leler/Non-Tobacco Leler 68 11574LI0020058 Raimy Area 1 Tobacco Leler/Non-Tobacco Leler 68 11574LI0020058 Raimy Area 1 Tobacco Leler/Non-Tobacco Leler 69 1044 285.55 286.55 11574LI0020058 Raimy Area 1 Tobacco Leler/Non-Tobacco Leler 10 10 10 10 10 10 10 1					
1974 L0000005 Rating Avea 1 Tohaco UserNov-Tohaco User 56 582-95 1000-57 1974 L0000005 Rating Avea 1 Tohaco UserNov-Tohaco User 57 577-84 1077-72 1974 L0000005 Rating Avea 1 Tohaco UserNov-Tohaco User 59 1062-31 1177-80	· · · · · · · · · · · · · · · · · · ·				
11574LID020058 Rating Avea 1 Tobacco UserNon-Tobacco User 57 97.84 1097.62 11574LID020058 Rating Avea 1 Tobacco UserNon-Tobacco User 57 97.84 1097.62 11574LID020058 Rating Avea 1 Tobacco UserNon-Tobacco User 58 1002.61 11574LID020058 Rating Avea 1 Tobacco UserNon-Tobacco User 60 1086.76 1122.65 11574LID020058 Rating Avea 1 Tobacco UserNon-Tobacco User 61 1125.20 1268.65 11574LID020058 Rating Avea 1 Tobacco UserNon-Tobacco User 62 1159.42 1294.65 11574LID020058 Rating Avea 1 Tobacco UserNon-Tobacco User 63 1162.00 1269.65 11574LID020058 Rating Avea 1 Tobacco UserNon-Tobacco User 64 and 67 1162.00 1162.	· · · · · · · · · · · · · · · · · · ·				
11574L0000005 Rating Area Tobacco UserNon-Tobacco User 57 975.84 1097.82 1147.82 11574L0000005 Rating Area Tobacco UserNon-Tobacco User 56 1002.25 1147.82 11574L0000005 Rating Area Tobacco UserNon-Tobacco User 50 1002.31 1172.50 117	· · · · · · · · · · · · · · · · · · ·	_			
11574LI0000005 Rating Area Tobacoo UserNon-Tobacoo User 60 1042.31 1172.60 1174.61	· · · · · · · · · · · · · · · · · · ·				
11574H0000005 Raming Area Tobacco UserNon-Tobacco User	· · · · · · · · · · · · · · · · · · ·	_			
11574L0020058 Rating Area 1 1504aco Liber/Non-Tobaco User 1 11574L0020058 Rating Area 1 1504aco Liber/Non-Tobaco User 1 1574L0020058 Rating Area 1 1504aco Liber/Non-Tobaco User 1 1574L0020058 Rating Area 1 1504aco Liber/Non-Tobaco User 1 1574L0020058 Rating Area 1 1574L	· · · · · · · · · · · · · · · · · · ·	_			
11674L0020058 Rating Area 1 Tobacco User/Non-Tobacco User 61 1125 20 1296.58		_			
11574L0020056 Rating Area 1 11					
11574L0020005 Raing Area 1 Tobacco User/Non-Tobacco User 63 1192.06 1328.81 11574L002005 Raing Area 1 Tobacco User/Non-Tobacco User 0-14 286.53 285.53 11574L0020025 Raing Area 1 Tobacco User/Non-Tobacco User 15 312.00 312.00 312.00 11574L0020025 Raing Area 1 Tobacco User/Non-Tobacco User 15 312.00 312.00 312.00 11574L0020025 Raing Area 1 Tobacco User/Non-Tobacco User 15 321.73 321.73 321.73 11574L0020025 Raing Area 1 Tobacco User/Non-Tobacco User 15 321.73 321	· · · · · · · · · · · · · · · · · · ·	_			
11574L0000005 Rating Area Tobacco User/Non-Tobacco User		_			
11574L0020025 Rating Area Tobacco User/Nor-Tobacco User 155 312.00 312.00 312.00 11574L0020025 Rating Area Tobacco User/Nor-Tobacco User 16 321.73 321.74 331.7		_			
11574L0020025 Rating Area 1 1704acco UserNon-Tobacco User 16 321.73 321.77 321.77 331.47 331.					
115741.0020025 Rating Area 1 Tobacco User/Non-Tobacco User 18 341.96 341.96 115741.0020025 Rating Area 1 Tobacco User/Non-Tobacco User 19 352.45 352.45 115741.0020025 Rating Area 1 Tobacco User/Non-Tobacco User 20 363.31 31 353.31 115741.0020025 Rating Area 1 Tobacco User/Non-Tobacco User 21 374.55 374.55 115741.0020025 Rating Area 1 Tobacco User/Non-Tobacco User 22 374.55 374.55 115741.0020025 Rating Area 1 Tobacco User/Non-Tobacco User 22 374.55 374.55 115741.0020025 Rating Area 1 Tobacco User/Non-Tobacco User 23 374.55 374.55 115741.0020025 Rating Area 1 Tobacco User/Non-Tobacco User 23 374.55 374.55 115741.0020025 Rating Area 1 Tobacco User/Non-Tobacco User 24 374.55 374.55 115741.0020025 Rating Area 1 Tobacco User/Non-Tobacco User 24 374.55 374.55 115741.0020025 Rating Area 1 Tobacco User/Non-Tobacco User 24 374.55 374.55 115741.0020025 Rating Area 1 Tobacco User/Non-Tobacco User 24 374.55 374.55 115741.0020025 Rating Area 1 Tobacco User/Non-Tobacco User 25 374.55 374.55 115741.0020025 Rating Area 1 Tobacco User/Non-Tobacco User 27 375.25 375.35 375.35 115741.0020025 Rating Area 1 Tobacco User/Non-Tobacco User 27 375.25 375.35		Tobacco User/Non-Tobacco User	15	312.00	312.00
11574LIDQ20025 Rating Area 1 Tobacco User/Non-Tobacco User 19 5352.45 5352.46 11574LIDQ20025 Rating Area 1 Tobacco User/Non-Tobacco User 20 363.31 363.31 1574LIDQ20025 Rating Area 1 Tobacco User/Non-Tobacco User 21 374.55 374.55 11574LIDQ20025 Rating Area 1 Tobacco User/Non-Tobacco User 22 374.55 374.55 11574LIDQ20025 Rating Area 1 Tobacco User/Non-Tobacco User 22 374.55 374.55 11574LIDQ20025 Rating Area 1 Tobacco User/Non-Tobacco User 23 374.55 374.55 11574LIDQ20025 Rating Area 1 Tobacco User/Non-Tobacco User 24 374.55 374.55 11574LIDQ20025 Rating Area 1 Tobacco User/Non-Tobacco User 25 376.04 344.41 11574LIDQ20025 Rating Area 1 Tobacco User/Non-Tobacco User 25 376.04 344.41 11574LIDQ20025 Rating Area 1 Tobacco User/Non-Tobacco User 27 392.52 1412.15 11574LIDQ20025 Rating Area 1 Tobacco User/Non-Tobacco User 27 392.52 1412.15 11574LIDQ20025 Rating Area 1 Tobacco User/Non-Tobacco User 27 392.52 1412.15 11574LIDQ20025 Rating Area 1 Tobacco User/Non-Tobacco User 28 407.13 427.49 11574LIDQ20025 Rating Area 1 Tobacco User/Non-Tobacco User 28 407.13 427.49 11574LIDQ20025 Rating Area 1 Tobacco User/Non-Tobacco User 29 407.13 427.49 11574LIDQ20025 Rating Area 1 Tobacco User/Non-Tobacco User 29 407.13 427.49 11574LIDQ20025 Rating Area 1 Tobacco User/Non-Tobacco User 32 443.09 445.74 11574LIDQ20025 Rating Area 1 Tobacco User/Non-Tobacco User 31 434.10 435.80 11574LIDQ20025 Rating Area 1 Tobacco User/Non-Tobacco User 32 443.09 455.80 11574LIDQ20025 Rating Area 1 Tobacco User/Non-Tobacco User 33 443.70 477.14 11574LIDQ20025 Rating Area 1 Tobacco User/Non-Tobacco User 34 434.10 455.80 11574LIDQ20025 Rating Area 1 Tobacco User/Non-Tobacco User 34 434.70 477.14 11574LIDQ20025 Rating Area 1 Tobacco User/Non-Tobacco User 34 434.90 446.70 477.14 11574LIDQ20025 Rating Area 1 Tobacco User/Non-Tobacco User 34 436.80 9 505.42 11574LIDQ20025 Rating Area 1 Tobacco User/Non-Tobacco User 34 436.80 9 505.42 11574LIDQ20025 Rating Area 1 Tobacco User/Non-Tobacco User 44 436.60 9 503.55 11574LIDQ20025 Rating Area 1 Tobacco User/Non-Tobacco	11574IL0020025 Rating Area 1	Tobacco User/Non-Tobacco User	16	321.73	321.73
11574IL0020025 Rating Area 1 Tobacco User/Non-Tobacco User 20 363.31 363.31 11574IL0020025 Rating Area 1 Tobacco User/Non-Tobacco User 21 374.55 374.55 11574IL0020025 Rating Area 1 Tobacco User/Non-Tobacco User 22 374.55 374.55 11574IL0020025 Rating Area 1 Tobacco User/Non-Tobacco User 22 374.55 374.55 11574IL0020025 Rating Area 1 Tobacco User/Non-Tobacco User 23 374.55 374.55 11574IL0020025 Rating Area 1 Tobacco User/Non-Tobacco User 24 374.55 374.55 11574IL0020025 Rating Area 1 Tobacco User/Non-Tobacco User 25 376.04 374.55 11574IL0020025 Rating Area 1 Tobacco User/Non-Tobacco User 25 376.04 374.55 11574IL0020025 Rating Area 1 Tobacco User/Non-Tobacco User 25 376.04 374.55 11574IL0020025 Rating Area 1 Tobacco User/Non-Tobacco User 27 376.04 374.55 11574IL0020025 Rating Area 1 Tobacco User/Non-Tobacco User 29 376.04 11574IL0020025 Rating Area 1 Tobacco User/Non-Tobacco User 29 407.13 427.49 11574IL0020025 Rating Area 1 Tobacco User/Non-Tobacco User 29 415.12 440.07 11574IL0020025 Rating Area 1 Tobacco User/Non-Tobacco User 30 425.11 446.38 11574IL0020025 Rating Area 1 Tobacco User/Non-Tobacco User 30 425.11 446.38 11574IL0020025 Rating Area 1 Tobacco User/Non-Tobacco User 31 433.10 433.10 455.80 11574IL0020025 Rating Area 1 Tobacco User/Non-Tobacco User 32 443.09 465.24 11574IL0020025 Rating Area 1 Tobacco User/Non-Tobacco User 32 443.09 465.24 11574IL0020025 Rating Area 1 Tobacco User/Non-Tobacco User 34 45.70 477.43 11574IL0020025 Rating Area 1 Tobacco User/Non-Tobacco User 34 465.70 477.43 11574IL0020025 Rating Area 1 Tobacco User/Non-Tobacco User 35 457.69 488.89 11574IL0020025 Rating Area 1 Tobacco User/Non-Tobacco User 35 457.69 488.89 11574IL0020025 Rating Area 1 Tobacco User/Non-Tobacco User 35 457.69 488.89 11574IL0020025 Rating Area 1 Tobacco User/Non-Tobacco User 36 466.89 59.52 11574IL0020025 Rating Area 1 Tobacco User/Non-Tobacco User 37 465.89 59.52 11574IL0020025 Rating Area 1 Tobacco User/Non-Tobacco User 44 56.89 59.52 11574IL0020025 Rating Area 1 Tobacco User/Non-Tobacco User 44 56.89 59.52 1	11574IL0020025 Rating Area 1	Tobacco User/Non-Tobacco User	17	331.47	331.47
11574L0020025 Rating Area Tobacco User/Non-Tobacco User 21 374.55 374.55 374.55 11574L0020025 Rating Area Tobacco User/Non-Tobacco User 22 374.56 374.55 374.55 11574L0020025 Rating Area Tobacco User/Non-Tobacco User 22 374.55 374.	11574IL0020025 Rating Area 1	Tobacco User/Non-Tobacco User	18	341.96	341.96
115741L0020025 Rating Area Tobacco User/Non-Tobacco User 21 374.55 375.40 394.84 115741L0020025 Rating Area Tobacco User/Non-Tobacco User 25 376.04 394.84 115741L0020025 Rating Area Tobacco User/Non-Tobacco User 27 392.52 412.15 375.410.020025 Rating Area Tobacco User/Non-Tobacco User 28 407.13 427.49 375741L0020025 Rating Area Tobacco User/Non-Tobacco User 29 419.12 440.07 315741L0020025 Rating Area Tobacco User/Non-Tobacco User 30 425.11 446.36 315741L0020025 Rating Area Tobacco User/Non-Tobacco User 31 434.10 455.80 315741L0020025 Rating Area Tobacco User/Non-Tobacco User 31 434.10 455.80 315741L0020025 Rating Area Tobacco User/Non-Tobacco User 33 448.70 477.43 315741L0020025 Rating Area Tobacco User/Non-Tobacco User 33 448.70 477.43 315741L0020025 Rating Area Tobacco User/Non-Tobacco User 34 445.70 477.43 315741L0020025 Rating Area Tobacco User/Non-Tobacco User 35 457.69 488.93 315741L0020025 Rating Area Tobacco User/Non-Tobacco User 36 457.69 488.93 315741L0020025 Rating Area Tobacco User/Non-Tobacco User 37 463.69 505.21 315741L0020025 Rating Area Tobacco User/Non-Tobacco User 37 463.69 505.21 315741L0020025 Rating Area Tobacco User/Non-Tobacco User 39 472.66 515.25 315741L0020025 Rating Area Tobacco User/Non-Tobacco User 39 472.60 515.54 315741L0020025 Rating Area Tobacco User/Non-Tobacco User 49 479.66 515.54 315741L0020025 Rating Area Tobacco User/Non-Tobacco User 49 479.66 515.54 315741L0020025 Rating Area Tobacco User/Non-Tobacco User 49 568.	11574IL0020025 Rating Area 1	Tobacco User/Non-Tobacco User	19	352.45	352.45
115741L0020025 Rating Area Tobacco User/Non-Tobacco User 22 374.55 374.55 374.55 115741L0020025 Rating Area Tobacco User/Non-Tobacco User 24 374.55 374.55 374.55 115741L0020025 Rating Area Tobacco User/Non-Tobacco User 25 376.04 394.84 115741L0020025 Rating Area Tobacco User/Non-Tobacco User 26 383.53 402.71 115741L0020025 Rating Area Tobacco User/Non-Tobacco User 28 407.13 427.49 115741L0020025 Rating Area Tobacco User/Non-Tobacco User 28 407.13 427.49 115741L0020025 Rating Area Tobacco User/Non-Tobacco User 29 419.12 440.07 115741L0020025 Rating Area Tobacco User/Non-Tobacco User 30 425.11 446.35 115741L0020025 Rating Area Tobacco User/Non-Tobacco User 31 434.10 455.80 115741L0020025 Rating Area Tobacco User/Non-Tobacco User 31 434.10 455.80 115741L0020025 Rating Area Tobacco User/Non-Tobacco User 32 443.09 465.24 115741L0020025 Rating Area Tobacco User/Non-Tobacco User 32 443.09 465.40 115741L0020025 Rating Area Tobacco User/Non-Tobacco User 34 454.70 477.41 115741L0020025 Rating Area Tobacco User/Non-Tobacco User 34 454.70 477.41 115741L0020025 Rating Area Tobacco User/Non-Tobacco User 34 454.70 477.41 115741L0020025 Rating Area Tobacco User/Non-Tobacco User 36 460.69 502.15 115741L0020025 Rating Area Tobacco User/Non-Tobacco User 36 460.69 502.15 115741L0020025 Rating Area Tobacco User/Non-Tobacco User 36 460.69 502.15 115741L0020025 Rating Area Tobacco User/Non-Tobacco User 39 466.88 508.88 115741L0020025 Rating Area Tobacco User/Non-Tobacco User 39 466.89 508.26 508.	11574IL0020025 Rating Area 1	Tobacco User/Non-Tobacco User	20	363.31	363.31
11574LID020025 Rating Area Tobacco User/Non-Tobacco User 24 374.55	11574IL0020025 Rating Area 1	Tobacco User/Non-Tobacco User	21	374.55	374.55
11574LID020025 Rating Area Tobacco User/Non-Tobacco User 25 376.04 394.84 11574LID020025 Rating Area Tobacco User/Non-Tobacco User 26 383.93 402.71 11574LID020025 Rating Area Tobacco User/Non-Tobacco User 27 392.92 412.15 11574LID020025 Rating Area Tobacco User/Non-Tobacco User 28 407.13 427.49 41574LID020025 Rating Area Tobacco User/Non-Tobacco User 29 419.12 440.07 11574LID020025 Rating Area Tobacco User/Non-Tobacco User 29 419.12 440.07 11574LID020025 Rating Area Tobacco User/Non-Tobacco User 30 425.11 446.56 11574LID020025 Rating Area Tobacco User/Non-Tobacco User 31 434.10 455.80 11574LID020025 Rating Area Tobacco User/Non-Tobacco User 32 443.09 465.24 11574LID020025 Rating Area Tobacco User/Non-Tobacco User 33 448.70 477.43 11574LID020025 Rating Area Tobacco User/Non-Tobacco User 34 454.70 477.43 11574LID020025 Rating Area Tobacco User/Non-Tobacco User 35 457.69 498.89 11574LID020025 Rating Area Tobacco User/Non-Tobacco User 36 460.69 502.15 11574LID020025 Rating Area Tobacco User/Non-Tobacco User 36 460.69 502.15 11574LID020025 Rating Area Tobacco User/Non-Tobacco User 36 460.69 502.15 11574LID020025 Rating Area Tobacco User/Non-Tobacco User 37 463.69 505.42 11574LID020025 Rating Area Tobacco User/Non-Tobacco User 38 466.68 508.68 11574LID020025 Rating Area Tobacco User/Non-Tobacco User 39 472.68 515.22 11574LID020025 Rating Area Tobacco User/Non-Tobacco User 40 478.67 521.75 11574LID020025 Rating Area Tobacco User/Non-Tobacco User 40 478.67 521.75 11574LID020025 Rating Area Tobacco User/Non-Tobacco User 40 478.67 521.75 11574LID020025 Rating Area Tobacco User/Non-Tobacco User 40 478.67 521.75 11574LID020025 Rating Area Tobacco User/Non-Tobacco User 41 487.66 531.55 11574LID020025 Rating Area Tobacco User/Non-Tobacco User 45 540.94 568.97 540.94 569.82 11574LID02	11574IL0020025 Rating Area 1	Tobacco User/Non-Tobacco User	22	374.55	374.55
11574IL0020025 Rating Area 1 Tobacco User/Non-Tobacco User 26 335.53 402.71 11574IL0020025 Rating Area 1 Tobacco User/Non-Tobacco User 27 392.52 412.15 11574IL0020025 Rating Area 1 Tobacco User/Non-Tobacco User 28 407.13 427.46 11574IL0020025 Rating Area 1 Tobacco User/Non-Tobacco User 29 419.12 440.07 11574IL0020025 Rating Area 1 Tobacco User/Non-Tobacco User 30 425.11 446.87 11574IL0020025 Rating Area 1 Tobacco User/Non-Tobacco User 31 434.10 455.80 11574IL0020025 Rating Area 1 Tobacco User/Non-Tobacco User 32 443.09 455.40 11574IL0020025 Rating Area 1 Tobacco User/Non-Tobacco User 33 448.70 471.14 11574IL0020025 Rating Area 1 Tobacco User/Non-Tobacco User 34 456.70 477.14 11574IL0020025 Rating Area 1 Tobacco User/Non-Tobacco User 35 457.69 488.89 11574IL0020025 Rating Area 1 Tobacco User/Non-Tobacco User 36 460.69 502.15 11574IL0020025 Rating Area 1 Tobacco User/Non-Tobacco User 37 463.89 505.42 11574IL0020025 Rating Area 1 Tobacco User/Non-Tobacco User 37 463.89 505.42 11574IL0020025 Rating Area 1 Tobacco User/Non-Tobacco User 37 463.89 505.42 11574IL0020025 Rating Area 1 Tobacco User/Non-Tobacco User 39 472.69 515.22 11574IL0020025 Rating Area 1 Tobacco User/Non-Tobacco User 39 472.69 515.22 11574IL0020025 Rating Area 1 Tobacco User/Non-Tobacco User 39 472.69 515.22 11574IL0020025 Rating Area 1 Tobacco User/Non-Tobacco User 40 476.67 515.22 11574IL0020025 Rating Area 1 Tobacco User/Non-Tobacco User 40 476.67 515.22 11574IL0020025 Rating Area 1 Tobacco User/Non-Tobacco User 41 487.66 531.52 11574IL0020025 Rating Area 1 Tobacco User/Non-Tobacco User 41 487.66 531.52 11574IL0020025 Rating Area 1 Tobacco User/Non-Tobacco User 41 487.66 531.52 11574IL0020025 Rating Area 1 Tobacco User/Non-Tobacco User 45 540.84 11574IL0020025 Rating Area 1	11574IL0020025 Rating Area 1	Tobacco User/Non-Tobacco User	23	374.55	374.55
11574 .0020025 Rating Area 1 Tobacco User/Non-Tobacco User 27 392.52 412.15 11574 .0020025 Rating Area 1 Tobacco User/Non-Tobacco User 28 407.13 427.49 11574 .0020025 Rating Area 1 Tobacco User/Non-Tobacco User 29 419.12 440.77 11574 .0020025 Rating Area 1 Tobacco User/Non-Tobacco User 30 425.11 446.36 11574 .0020025 Rating Area 1 Tobacco User/Non-Tobacco User 31 434.10 455.80 11574 .0020025 Rating Area 1 Tobacco User/Non-Tobacco User 32 445.09 4465.24 11574 .0020025 Rating Area 1 Tobacco User/Non-Tobacco User 33 446.70 477.14 11574 .0020025 Rating Area 1 Tobacco User/Non-Tobacco User 34 445.70 477.14 11574 .0020025 Rating Area 1 Tobacco User/Non-Tobacco User 34 445.70 477.14 11574 .0020025 Rating Area 1 Tobacco User/Non-Tobacco User 34 445.70 477.14 11574 .0020025 Rating Area 1 Tobacco User/Non-Tobacco User 36 466.69 466.69 11574 .0020025 Rating Area 1 Tobacco User/Non-Tobacco User 36 466.69 502.15 11574 .0020025 Rating Area 1 Tobacco User/Non-Tobacco User 36 466.69 502.15 11574 .0020025 Rating Area 1 Tobacco User/Non-Tobacco User 37 463.69 502.15 11574 .0020025 Rating Area 1 Tobacco User/Non-Tobacco User 38 466.68 508.68 11574 .0020025 Rating Area 1 Tobacco User/Non-Tobacco User 39 472.68 515.22 11574 .0020025 Rating Area 1 Tobacco User/Non-Tobacco User 40 478.67 521.75 11574 .0020025 Rating Area 1 Tobacco User/Non-Tobacco User 40 478.67 521.75 11574 .0020025 Rating Area 1 Tobacco User/Non-Tobacco User 40 478.66 531.55 11574 .0020025 Rating Area 1 Tobacco User/Non-Tobacco User 40 478.66 531.55 11574 .0020025 Rating Area 1 Tobacco User/Non-Tobacco User 45 540.84 599.52 11574 .0020025 Rating Area 1 Tobacco User/Non-Tobacco User 45 540.84 599.52 11574 .0020025 Rating Area 1 Tobacco User/Non-Tobacco User 47 585.41 583.11	11574IL0020025 Rating Area 1	Tobacco User/Non-Tobacco User	24	374.55	374.55
11574IL0020025 Rating Area 1 Tobacco User/Non-Tobacco User 28 407.13 427.49 11574IL0020025 Rating Area 1 Tobacco User/Non-Tobacco User 29 419.12 440.07 11574IL0020025 Rating Area 1 Tobacco User/Non-Tobacco User 30 425.11 446.36 11574IL0020025 Rating Area 1 Tobacco User/Non-Tobacco User 31 434.10 455.80 11574IL0020025 Rating Area 1 Tobacco User/Non-Tobacco User 31 434.10 455.80 11574IL0020025 Rating Area 1 Tobacco User/Non-Tobacco User 32 443.09 465.24 11574IL0020025 Rating Area 1 Tobacco User/Non-Tobacco User 33 448.70 477.14 11574IL0020025 Rating Area 1 Tobacco User/Non-Tobacco User 33 448.70 477.14 11574IL0020025 Rating Area 1 Tobacco User/Non-Tobacco User 34 454.70 477.43 11574IL0020025 Rating Area 1 Tobacco User/Non-Tobacco User 35 457.69 498.89 11574IL0020025 Rating Area 1 Tobacco User/Non-Tobacco User 35 457.69 498.89 11574IL0020025 Rating Area 1 Tobacco User/Non-Tobacco User 36 460.69 502.15 11574IL0020025 Rating Area 1 Tobacco User/Non-Tobacco User 37 463.69 505.42 11574IL0020025 Rating Area 1 Tobacco User/Non-Tobacco User 37 463.69 505.42 11574IL0020025 Rating Area 1 Tobacco User/Non-Tobacco User 38 466.68 508.68 11574IL0020025 Rating Area 1 Tobacco User/Non-Tobacco User 39 472.88 515.22 11574IL0020025 Rating Area 1 Tobacco User/Non-Tobacco User 39 472.88 515.22 11574IL0020025 Rating Area 1 Tobacco User/Non-Tobacco User 40 478.67 521.75 11574IL0020025 Rating Area 1 Tobacco User/Non-Tobacco User 44 58.22 4 56.03 11574IL0020025 Rating Area 1 Tobacco User/Non-Tobacco User 44 58.22 4 570.33 11574IL0020025 Rating Area 1 Tobacco User/Non-Tobacco User 44 58.23 4 56.03 11574IL0020025 Rating Area 1 Tobacco User/Non-Tobacco User 44 58.23 4 570.33 11574IL0020025 Rating Area 1 Tobacco User/Non-Tobacco User 44 58.23 4 570.33 11574IL0020025 Rating Area 1 Tobacco User/Non-Tobacco User 44 58.23 4 570.33 11574IL0020025 Rating Area 1 Tobacco User/Non-Tobacco User 45 50.04 4 58.95 51.22 612.38 11574IL0020025 Rating Area 1 Tobacco User/Non-Tobacco User 45 50.04 50.04 50.04 50.04 50.04 50.00 50.00 50.00 50.00 50.00 50.00 5	11574IL0020025 Rating Area 1	Tobacco User/Non-Tobacco User			
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11574IL0020025 Rating Area 1 Tobacco User/Non-Tobacco User 56 873.81 983.04 11574IL0020025 Rating Area 1 Tobacco User/Non-Tobacco User 57 912.77 1026.86		_			
11574IL0020025 Rating Area 1 Tobacco User/Non-Tobacco User 57 912.77 1026.86					
		Tobacco User/Non-Tobacco User			

11574IL0020025 Rating Area 1	Tobacco User/Non-Tobacco User	59	974.94	1096.81
11574IL0020025 Rating Area 1	Tobacco User/Non-Tobacco User	60	1016.51	1143.58
11574IL0020025 Rating Area 1	Tobacco User/Non-Tobacco User	61	1052.47	1184.03
11574IL0020025 Rating Area 1	Tobacco User/Non-Tobacco User	62	1076.07	1210.57
11574IL0020025 Rating Area 1	Tobacco User/Non-Tobacco User	63	1105.66	1243.86
11574IL0020025 Rating Area 1	Tobacco User/Non-Tobacco User	64 and over	1123.63	1264.09
11574IL0020030 Rating Area 1	Tobacco User/Non-Tobacco User	0-14	293.18	293.18
11574IL0020030 Rating Area 1	Tobacco User/Non-Tobacco User	15	319.24	319.24
11574IL0020030 Rating Area 1	Tobacco User/Non-Tobacco User	16	329.21	329.21
11574IL0020030 Rating Area 1	Tobacco User/Non-Tobacco User	17	339.17	339.17
11574IL0020030 Rating Area 1	Tobacco User/Non-Tobacco User	18	349.90	349.90
11574IL0020030 Rating Area 1	Tobacco User/Non-Tobacco User	19	360.63	360.63
11574IL0020030 Rating Area 1	Tobacco User/Non-Tobacco User	20	371.75	371.75
11574IL0020030 Rating Area 1	Tobacco User/Non-Tobacco User	21	383.26	383.26
11574IL0020030 Rating Area 1	Tobacco User/Non-Tobacco User	22	383.26	383.26
11574IL0020030 Rating Area 1	Tobacco User/Non-Tobacco User	23	383.26	383.26
11574IL0020030 Rating Area 1	Tobacco User/Non-Tobacco User	24	383.26	383.26
11574IL0020030 Rating Area 1	Tobacco User/Non-Tobacco User	25	384.78	404.02
11574IL0020030 Rating Area 1	Tobacco User/Non-Tobacco User	26	392.44	412.07
11574IL0020030 Rating Area 1	Tobacco User/Non-Tobacco User	27	401.64	421.72
11574IL0020030 Rating Area 1	Tobacco User/Non-Tobacco User	28	416.59	437.42
11574IL0020030 Rating Area 1	Tobacco User/Non-Tobacco User	29	428.85	450.29
11574IL0020030 Rating Area 1	Tobacco User/Non-Tobacco User	30	434.98	456.73
11574IL0020030 Rating Area 1	Tobacco User/Non-Tobacco User	31	444.18	466.39
11574IL0020030 Rating Area 1	Tobacco User/Non-Tobacco User	32	453.38	476.05
11574IL0020030 Rating Area 1	Tobacco User/Non-Tobacco User	33	459.13	482.08
11574IL0020030 Rating Area 1	Tobacco User/Non-Tobacco User	34	465.26	488.52
11574IL0020030 Rating Area 1	Tobacco User/Non-Tobacco User	35	468.33	510.48
11574IL0020030 Rating Area 1	Tobacco User/Non-Tobacco User	36	471.39 474.46	513.82
11574IL0020030 Rating Area 1 11574IL0020030 Rating Area 1	Tobacco User/Non-Tobacco User Tobacco User/Non-Tobacco User	37	474.46	517.16
11574IL0020030 Rating Area 1	Tobacco User/Non-Tobacco User	39	483.66	520.50 527.19
11574L0020030 Rating Area 1	Tobacco User/Non-Tobacco User	40	489.79	533.87
11574L0020030 Rating Area 1	Tobacco User/Non-Tobacco User	40	498.99	543.89
11574IL0020030 Rating Area 1	Tobacco User/Non-Tobacco User	42	507.80	553.50
11574IL0020030 Rating Area 1	Tobacco User/Non-Tobacco User	43	520.06	566.87
11574IL0020030 Rating Area 1	Tobacco User/Non-Tobacco User	44	535.39	583.58
11574IL0020030 Rating Area 1	Tobacco User/Non-Tobacco User	45	553.41	603.21
11574IL0020030 Rating Area 1	Tobacco User/Non-Tobacco User	46	574.87	626.61
11574IL0020030 Rating Area 1	Tobacco User/Non-Tobacco User	47	599.01	652.92
11574IL0020030 Rating Area 1	Tobacco User/Non-Tobacco User	48	626.61	683.00
11574IL0020030 Rating Area 1	Tobacco User/Non-Tobacco User	49	653.82	712.66
11574IL0020030 Rating Area 1	Tobacco User/Non-Tobacco User	50	684.48	746.08
11574IL0020030 Rating Area 1	Tobacco User/Non-Tobacco User	51	714.75	779.08
11574IL0020030 Rating Area 1	Tobacco User/Non-Tobacco User	52	748.10	815.42
11574IL0020030 Rating Area 1	Tobacco User/Non-Tobacco User	53	781.82	852.19
11574IL0020030 Rating Area 1	Tobacco User/Non-Tobacco User	54	818.23	891.87
11574IL0020030 Rating Area 1	Tobacco User/Non-Tobacco User	55	854.64	961.47
11574IL0020030 Rating Area 1	Tobacco User/Non-Tobacco User	56	894.11	1005.88
11574IL0020030 Rating Area 1	Tobacco User/Non-Tobacco User	57	933.97	1050.72
11574IL0020030 Rating Area 1	Tobacco User/Non-Tobacco User	58	976.51	1098.57
11574IL0020030 Rating Area 1	Tobacco User/Non-Tobacco User	59	997.59	1122.29
11574IL0020030 Rating Area 1	Tobacco User/Non-Tobacco User	60	1040.13	1170.14
11574IL0020030 Rating Area 1	Tobacco User/Non-Tobacco User	61	1076.92	1211.54
11574IL0020030 Rating Area 1	Tobacco User/Non-Tobacco User	62	1101.06	1238.70
11574IL0020030 Rating Area 1	Tobacco User/Non-Tobacco User	63	1131.34	1272.76
11574IL0020030 Rating Area 1	Tobacco User/Non-Tobacco User	64 and over	1149.74	1293.45
11574IL0020052 Rating Area 1	Tobacco User/Non-Tobacco User	0-14	287.66	287.66
11574IL0020052 Rating Area 1	Tobacco User/Non-Tobacco User	15	313.23	313.23

11574IL0020052 Rating	Area 1 Tobacco User/Non-Tobacco User	16	323.01 323.
11574IL0020052 Rating		17	
11574IL0020052 Rating		18	
11574IL0020052 Rating	Area 1 Tobacco User/Non-Tobacco User	19	
11574IL0020052 Rating		20	364.74 364.
11574IL0020052 Rating	Area 1 Tobacco User/Non-Tobacco User	21	376.03 376.
11574IL0020052 Rating		22	376.03 376.
11574IL0020052 Rating	Area 1 Tobacco User/Non-Tobacco User	23	376.03 376.
11574IL0020052 Rating	Area 1 Tobacco User/Non-Tobacco User	24	376.03 376.
11574IL0020052 Rating	Area 1 Tobacco User/Non-Tobacco User	25	377.53 396.
11574IL0020052 Rating	Area 1 Tobacco User/Non-Tobacco User	26	385.05 404.
11574IL0020052 Rating	Area 1 Tobacco User/Non-Tobacco User	27	394.07 413.
11574IL0020052 Rating	Area 1 Tobacco User/Non-Tobacco User	28	408.74 429.
11574IL0020052 Rating	Area 1 Tobacco User/Non-Tobacco User	29	420.77 441.
11574IL0020052 Rating	Area 1 Tobacco User/Non-Tobacco User	30	426.79 448.
11574IL0020052 Rating	Area 1 Tobacco User/Non-Tobacco User	31	435.81 457.
11574IL0020052 Rating		32	444.84 467.
11574IL0020052 Rating		33	450.48 473.
11574IL0020052 Rating		34	456.49 479.
11574IL0020052 Rating		35	
11574IL0020052 Rating		36	462.51 504.
11574IL0020052 Rating		37	465.52 507.
11574IL0020052 Rating	Area 1 Tobacco User/Non-Tobacco User	38	468.53 510.
11574IL0020052 Rating		39	474.54 517.
11574IL0020052 Rating		40	
11574IL0020052 Rating		41	489.58 533.
11574IL0020052 Rating		42	498.23 543.
11574IL0020052 Rating		43	510.27 556.
11574IL0020052 Rating	Area 1 Tobacco User/Non-Tobacco User	44	525.31 572.
11574IL0020052 Rating	Area 1 Tobacco User/Non-Tobacco User	45	542.98 591.
11574IL0020052 Rating	Area 1 Tobacco User/Non-Tobacco User	46	564.04 614.
11574IL0020052 Rating	Area 1 Tobacco User/Non-Tobacco User	47	587.73 640.
11574IL0020052 Rating	Area 1 Tobacco User/Non-Tobacco User	48	614.80 670.
11574IL0020052 Rating		49	
11574IL0020052 Rating		50	671.58 732.
11574IL0020052 Rating	Area 1 Tobacco User/Non-Tobacco User	51	701.29 764.
11574IL0020052 Rating	Area 1 Tobacco User/Non-Tobacco User	52	734.00 800.
11574IL0020052 Rating	Area 1 Tobacco User/Non-Tobacco User	53	767.09 836.
11574IL0020052 Rating	Area 1 Tobacco User/Non-Tobacco User	54	802.81 875.
11574IL0020052 Rating	Area 1 Tobacco User/Non-Tobacco User	55	838.54 943.
11574IL0020052 Rating	Area 1 Tobacco User/Non-Tobacco User	56	
11574IL0020052 Rating	Area 1 Tobacco User/Non-Tobacco User	57	916.37 1030.
11574IL0020052 Rating	Area 1 Tobacco User/Non-Tobacco User	58	958.11 1077.
11574IL0020052 Rating	Area 1 Tobacco User/Non-Tobacco User	59	978.79 1101.
11574IL0020052 Rating	Area 1 Tobacco User/Non-Tobacco User	60	1020.53 1148.
11574IL0020052 Rating	Area 1 Tobacco User/Non-Tobacco User	61	1056.63 1188.
11574IL0020052 Rating	Area 1 Tobacco User/Non-Tobacco User	62	1080.32 1215.
11574IL0020052 Rating	Area 1 Tobacco User/Non-Tobacco User	63	1110.02 1248.
11574IL0020052 Rating	Area 1 Tobacco User/Non-Tobacco User	64 and over	1128.07 1269.
11574IL0020060 Rating	Area 1 Tobacco User/Non-Tobacco User	0-14	288.97 288.
11574IL0020060 Rating		15	
11574IL0020060 Rating		16	324.47 324.
11574IL0020060 Rating	Area 1 Tobacco User/Non-Tobacco User	17	334.30 334.
11574IL0020060 Rating		18	
11574IL0020060 Rating		19	
11574IL0020060 Rating		20	
11574IL0020060 Rating		21	377.74 377.
11574IL0020060 Rating		22	377.74 377.
11574IL0020060 Rating		23	

11574IL002006		Tobacco User/Non-Tobacco User	24		377.74
11574IL002006		Tobacco User/Non-Tobacco User	25		398.21
11574IL002006		Tobacco User/Non-Tobacco User	26		406.14
11574IL002006	0 Rating Area 1	Tobacco User/Non-Tobacco User	27	395.87	415.66
11574IL002006	0 Rating Area 1	Tobacco User/Non-Tobacco User	28		431.13
11574IL002006	0 Rating Area 1	Tobacco User/Non-Tobacco User	29	422.69	443.82
11574IL002006	0 Rating Area 1	Tobacco User/Non-Tobacco User	30	428.73	450.17
11574IL002006	0 Rating Area 1	Tobacco User/Non-Tobacco User	31	437.79	459.68
11574IL002006	0 Rating Area 1	Tobacco User/Non-Tobacco User	32	446.86	469.20
11574IL002006	0 Rating Area 1	Tobacco User/Non-Tobacco User	33	452.53	475.15
11574IL002006		Tobacco User/Non-Tobacco User	34	458.57	481.50
11574IL002006	0 Rating Area 1	Tobacco User/Non-Tobacco User	35	461.59	503.14
11574IL002006		Tobacco User/Non-Tobacco User	36	464.61	506.43
11574IL002006		Tobacco User/Non-Tobacco User	37	467.64	509.72
11574IL002006	•	Tobacco User/Non-Tobacco User	38		513.02
11574IL002006		Tobacco User/Non-Tobacco User	39		519.60
11574IL002006		Tobacco User/Non-Tobacco User	40		526.19
11574IL002006		Tobacco User/Non-Tobacco User	41	-	536.07
11574IL002006		Tobacco User/Non-Tobacco User	42		545.54
11574IL002006	•	Tobacco User/Non-Tobacco User	43		558.72
11574IL002006		Tobacco User/Non-Tobacco User	44		575.19
11574IL002006		Tobacco User/Non-Tobacco User	45		594.54
11574IL002006		Tobacco User/Non-Tobacco User	46		617.60
11574IL002006		Tobacco User/Non-Tobacco User	47		643.54
11574IL002006		Tobacco User/Non-Tobacco User	48		673.18
11574IL002006		Tobacco User/Non-Tobacco User	49		702.41
11574IL002006		Tobacco User/Non-Tobacco User	50		735.35
11574IL002006		Tobacco User/Non-Tobacco User	51		767.88
11574L002006 11574IL002006		Tobacco User/Non-Tobacco User	52		803.70
11574IL002006 11574IL002006		Tobacco User/Non-Tobacco User	53		839.93
11574L002006 11574L002006		Tobacco User/Non-Tobacco User	54		879.05
11574L002006 11574IL002006		Tobacco User/Non-Tobacco User	55		947.64
11574L002006 11574L002006		Tobacco User/Non-Tobacco User	56		991.41
11574IL002006 11574IL002006		Tobacco User/Non-Tobacco User	57		1035.61
11574L002006 11574L002006		Tobacco User/Non-Tobacco User	58		1082.78
		Tobacco User/Non-Tobacco User	59		
11574IL002006					1106.15 1153.32
11574IL002006		Tobacco User/Non-Tobacco User	60		1194.11
11574IL002006		Tobacco User/Non-Tobacco User			
11574IL002006		Tobacco User/Non-Tobacco User	62		1220.89
11574IL002006		Tobacco User/Non-Tobacco User	63		1254.46
11574IL002006		Tobacco User/Non-Tobacco User	64 and over		1274.85
	Rating Area 2	Tobacco User/Non-Tobacco User	0-14		239.20
	O Rating Area 2	Tobacco User/Non-Tobacco User	15		260.46
	0 Rating Area 2	Tobacco User/Non-Tobacco User	16		268.59
	0 Rating Area 2	Tobacco User/Non-Tobacco User	17		276.72
	0 Rating Area 2	Tobacco User/Non-Tobacco User	18		285.48
	0 Rating Area 2	Tobacco User/Non-Tobacco User	19		294.23
	0 Rating Area 2	Tobacco User/Non-Tobacco User	20		303.30
	0 Rating Area 2	Tobacco User/Non-Tobacco User	21		312.69
	0 Rating Area 2	Tobacco User/Non-Tobacco User	22		312.69
	0 Rating Area 2	Tobacco User/Non-Tobacco User	23		312.69
	0 Rating Area 2	Tobacco User/Non-Tobacco User	24		312.69
	0 Rating Area 2	Tobacco User/Non-Tobacco User	25		329.63
	0 Rating Area 2	Tobacco User/Non-Tobacco User	26		336.19
	0 Rating Area 2	Tobacco User/Non-Tobacco User	27		344.07
11574IL001005	0 Rating Area 2	Tobacco User/Non-Tobacco User	28	339.88	356.88
11574IL001005	0 Rating Area 2	Tobacco User/Non-Tobacco User	29	349.89	367.38
11574IL001005	0 Rating Area 2	Tobacco User/Non-Tobacco User	30	354.89	372.64
1157411 001005	0 Rating Area 2	Tobacco User/Non-Tobacco User	31	362.40	380.52

11574IL0010050 Rating Area 2	Tobacco User/Non-Tobacco User	32	369.90	388.40
11574IL0010050 Rating Area 2	Tobacco User/Non-Tobacco User	33	374.59	393.32
11574IL0010050 Rating Area 2	Tobacco User/Non-Tobacco User	34	379.59	398.57
11574IL0010050 Rating Area 2	Tobacco User/Non-Tobacco User	35	382.10	416.48
11574IL0010050 Rating Area 2	Tobacco User/Non-Tobacco User	36	384.60	419.21
11574IL0010050 Rating Area 2	Tobacco User/Non-Tobacco User	37	387.10	421.94
11574 L0010050 Rating Area 2	Tobacco User/Non-Tobacco User	38	389.60	424.66
11574L0010050 Hating Area 2	Tobacco User/Non-Tobacco User	39	394.60	430.12
		40		
11574IL0010050 Rating Area 2	Tobacco User/Non-Tobacco User		399.61	435.57
11574IL0010050 Rating Area 2	Tobacco User/Non-Tobacco User	41	407.11	443.75
11574IL0010050 Rating Area 2	Tobacco User/Non-Tobacco User	42	414.30	451.59
11574IL0010050 Rating Area 2	Tobacco User/Non-Tobacco User	43	424.31	462.49
11574IL0010050 Rating Area 2	Tobacco User/Non-Tobacco User	44	436.81	476.13
11574IL0010050 Rating Area 2	Tobacco User/Non-Tobacco User	45	451.51	492.15
11574IL0010050 Rating Area 2	Tobacco User/Non-Tobacco User	46	469.02	511.23
11574IL0010050 Rating Area 2	Tobacco User/Non-Tobacco User	47	488.72	532.70
11574IL0010050 Rating Area 2	Tobacco User/Non-Tobacco User	48	511.23	557.24
11574 L0010050 Rating Area 2	Tobacco User/Non-Tobacco User	49	533.43	581.44
11574 L0010050 Flating Area 2	Tobacco User/Non-Tobacco User	50	558.45	608.71
11574 L0010050 Rating Area 2	Tobacco User/Non-Tobacco User	51	583.15	635.63
11574IL0010050 Rating Area 2	Tobacco User/Non-Tobacco User	52	610.35	665.28
11574IL0010050 Rating Area 2	Tobacco User/Non-Tobacco User	53	637.87	695.28
11574IL0010050 Rating Area 2	Tobacco User/Non-Tobacco User	54	667.57	727.65
11574IL0010050 Rating Area 2	Tobacco User/Non-Tobacco User	55	697.28	784.44
11574IL0010050 Rating Area 2	Tobacco User/Non-Tobacco User	56	729.48	820.67
11574IL0010050 Rating Area 2	Tobacco User/Non-Tobacco User	57	762.00	857.25
11574IL0010050 Rating Area 2	Tobacco User/Non-Tobacco User	58	796.71	896.30
11574IL0010050 Rating Area 2	Tobacco User/Non-Tobacco User	59	813.91	915.65
11574IL0010050 Rating Area 2	Tobacco User/Non-Tobacco User	60	848.61	954.69
11574IL0010050 Rating Area 2	Tobacco User/Non-Tobacco User	61	878.63	988.46
11574 L0010050 Rating Area 2	Tobacco User/Non-Tobacco User	62	898.33	1010.62
11574IL0010050 Rating Area 2	Tobacco User/Non-Tobacco User	63	923.03	1038.41
			938.04	
11574IL0010050 Rating Area 2	Tobacco User/Non-Tobacco User	64 and over		1055.30
11574 L0010011 Rating Area 2	Tobacco User/Non-Tobacco User	0-14	206.03	206.03
11574IL0010011 Rating Area 2	Tobacco User/Non-Tobacco User	15	224.34	224.34
11574IL0010011 Rating Area 2	Tobacco User/Non-Tobacco User	16	231.34	231.34
11574IL0010011 Rating Area 2	Tobacco User/Non-Tobacco User	17	238.35	238.35
11574IL0010011 Rating Area 2	Tobacco User/Non-Tobacco User	18	245.89	245.89
11574IL0010011 Rating Area 2	Tobacco User/Non-Tobacco User	19	253.43	253.43
11574IL0010011 Rating Area 2	Tobacco User/Non-Tobacco User	20	261.24	261.24
11574IL0010011 Rating Area 2	Tobacco User/Non-Tobacco User	21	269.33	269.33
11574IL0010011 Rating Area 2	Tobacco User/Non-Tobacco User	22	269.33	269.33
11574 L0010011 Rating Area 2	Tobacco User/Non-Tobacco User	23	269.33	269.33
11574 L0010011 Rating Area 2	Tobacco User/Non-Tobacco User	24	269.33	269.33
11574L0010011 Rating Area 2	Tobacco User/Non-Tobacco User	25	270.40	283.92
	Tobacco Oser/Non-Tobacco Oser	26	275.78	289.57
	Tobacca Haar/Nan Tabacca Haar			289.5/
11574IL0010011 Rating Area 2	Tobacco User/Non-Tobacco User			
11574 L0010011 Rating Area 2 11574 L0010011 Rating Area 2	Tobacco User/Non-Tobacco User	27	282.25	296.36
11574 L0010011 Rating Area 2 11574 L0010011 Rating Area 2 11574 L0010011 Rating Area 2	Tobacco User/Non-Tobacco User Tobacco User/Non-Tobacco User	27 28	282.25 292.75	296.36 307.39
11574 L0010011 Rating Area 2 11574 L0010011 Rating Area 2 11574 L0010011 Rating Area 2 11574 L0010011 Rating Area 2	Tobacco User/Non-Tobacco User Tobacco User/Non-Tobacco User Tobacco User/Non-Tobacco User	27 28 29	282.25 292.75 301.37	296.36 307.39 316.44
11574 L0010011 Rating Area 2 11574 L0010011 Rating Area 2 11574 L0010011 Rating Area 2 11574 L0010011 Rating Area 2 11574 L0010011 Rating Area 2	Tobacco User/Non-Tobacco User Tobacco User/Non-Tobacco User Tobacco User/Non-Tobacco User Tobacco User/Non-Tobacco User	27 28 29 30	282.25 292.75 301.37 305.68	296.36 307.39 316.44 320.96
11574 L0010011 Rating Area 2 11574 L0010011 Rating Area 2 11574 L0010011 Rating Area 2 11574 L0010011 Rating Area 2	Tobacco User/Non-Tobacco User Tobacco User/Non-Tobacco User Tobacco User/Non-Tobacco User	27 28 29 30 31	282.25 292.75 301.37 305.68 312.14	296.36 307.39 316.44 320.96 327.75
11574 L0010011 Rating Area 2 11574 L0010011 Rating Area 2 11574 L0010011 Rating Area 2 11574 L0010011 Rating Area 2 11574 L0010011 Rating Area 2	Tobacco User/Non-Tobacco User Tobacco User/Non-Tobacco User Tobacco User/Non-Tobacco User Tobacco User/Non-Tobacco User	27 28 29 30	282.25 292.75 301.37 305.68	296.36 307.39 316.44 320.96
11574 L0010011 Rating Area 2 11574 L0010011 Rating Area 2	Tobacco User/Non-Tobacco User	27 28 29 30 31	282.25 292.75 301.37 305.68 312.14	296.36 307.39 316.44 320.96 327.75
11574 L0010011 Rating Area 2 11574 L0010011 Rating Area 2	Tobacco User/Non-Tobacco User	27 28 29 30 31 32 33	282.25 292.75 301.37 305.68 312.14 318.60 322.64	296.36 307.39 316.44 320.96 327.75 334.53 338.78
11574 L0010011 Rating Area 2 11574 L0010011 Rating Area 2	Tobacco User/Non-Tobacco User	27 28 29 30 31 32 33 33	282.25 292.75 301.37 305.68 312.14 318.60 322.64 326.95	296.36 307.39 316.44 320.96 327.75 334.53 338.78 343.30
11574 L0010011 Rating Area 2 11574 L0010011 Rating Area 2	Tobacco User/Non-Tobacco User	27 28 29 30 31 32 33 34 35	282.25 292.75 301.37 305.68 312.14 318.60 322.64 326.95 329.11	296.36 307.39 316.44 320.96 327.75 334.53 338.78 343.30 358.73
11574 L0010011 Rating Area 2 11574 L0010011 Rating Area 2	Tobacco User/Non-Tobacco User	27 28 29 30 31 32 33 34 35	282.25 292.75 301.37 305.68 312.14 318.60 322.64 326.95 329.11 331.26	296.36 307.39 316.44 320.96 327.75 334.53 338.78 343.30 358.73 361.07
11574 L0010011 Rating Area 2 11574 L0010011 Rating Area 2	Tobacco User/Non-Tobacco User	27 28 29 30 31 32 33 34 35 36 37	282.25 292.75 301.37 305.68 312.14 318.60 322.64 326.95 329.11 331.26 333.42	296.36 307.39 316.44 320.96 327.75 334.53 338.78 343.30 358.73 361.07
11574 L0010011 Rating Area 2 11574 L0010011 Rating Area 2	Tobacco User/Non-Tobacco User	27 28 29 30 31 32 33 34 35	282.25 292.75 301.37 305.68 312.14 318.60 322.64 326.95 329.11 331.26	296.36 307.39 316.44 320.96 327.75 334.53 338.78 343.30 358.73 361.07

11574IL0010011 Rating Area 2	Tobacco User/Non-Tobacco User	40	344.19	375.17
11574IL0010011 Rating Area 2	Tobacco User/Non-Tobacco User	41	350.65	382.21
11574IL0010011 Rating Area 2	Tobacco User/Non-Tobacco User	42	356.85	388.96
11574IL0010011 Rating Area 2	Tobacco User/Non-Tobacco User	43	365.46	398.36
11574IL0010011 Rating Area 2	Tobacco User/Non-Tobacco User	44	376.24	410.10
11574IL0010011 Rating Area 2	Tobacco User/Non-Tobacco User	45	388.90	423.90
11574IL0010011 Rating Area 2	Tobacco User/Non-Tobacco User	46	403.98	440.34
11574IL0010011 Rating Area 2	Tobacco User/Non-Tobacco User	47	420.94	458.83
11574IL0010011 Rating Area 2	Tobacco User/Non-Tobacco User	48	440.34	479.97
11574IL0010011 Rating Area 2	Tobacco User/Non-Tobacco User	49	459.46	500.81
11574IL0010011 Rating Area 2	Tobacco User/Non-Tobacco User	50	481.00	524.29
11574IL0010011 Rating Area 2	Tobacco User/Non-Tobacco User	51	502.28	547.48
11574IL0010011 Rating Area 2	Tobacco User/Non-Tobacco User	52	525.71	573.02
11574IL0010011 Rating Area 2	Tobacco User/Non-Tobacco User	53	549.41	598.86
11574IL0010011 Rating Area 2	Tobacco User/Non-Tobacco User	54	574.99	626.74
11574IL0010011 Rating Area 2	Tobacco User/Non-Tobacco User	55	600.58	675.65
11574IL0010011 Rating Area 2	Tobacco User/Non-Tobacco User	56	628.32	706.86
11574IL0010011 Rating Area 2	Tobacco User/Non-Tobacco User	57	656.33	738.37
11574 L0010011 Rating Area 2	Tobacco User/Non-Tobacco User	58	686.22	772.00
11574IL0010011 Rating Area 2	Tobacco User/Non-Tobacco User	59	701.04	788.66
11574IL0010011 Rating Area 2	Tobacco User/Non-Tobacco User	60	730.93	822.30
11574IL0010011 Rating Area 2	Tobacco User/Non-Tobacco User	61	756.78	851.38
11574IL0010011 Rating Area 2	Tobacco User/Non-Tobacco User	62	773.75	870.47
11574IL0010011 Rating Area 2	Tobacco User/Non-Tobacco User	63	795.03	894.41
11574IL0010011 Rating Area 2	Tobacco User/Non-Tobacco User	64 and over	807.95	908.95
11574IL0010053 Rating Area 2	Tobacco User/Non-Tobacco User	0-14	315.73	315.73
11574IL0010053 Rating Area 2	Tobacco User/Non-Tobacco User	15	343.80	343.80
11574IL0010053 Rating Area 2	Tobacco User/Non-Tobacco User	16	354.53	354.53
11574IL0010053 Rating Area 2	Tobacco User/Non-Tobacco User	17	365.26	365.26
11574IL0010053 Rating Area 2	Tobacco User/Non-Tobacco User	18	376.82	376.82
11574IL0010053 Rating Area 2	Tobacco User/Non-Tobacco User	19	388.37	388.37
11574IL0010053 Rating Area 2	Tobacco User/Non-Tobacco User	20	400.34	400.34
11574IL0010053 Rating Area 2	Tobacco User/Non-Tobacco User	21	412.73	412.73
11574IL0010053 Rating Area 2	Tobacco User/Non-Tobacco User	22	412.73	412.73
11574IL0010053 Rating Area 2	Tobacco User/Non-Tobacco User	23	412.73	412.73
11574IL0010053 Rating Area 2	Tobacco User/Non-Tobacco User	24	412.73	412.73
11574IL0010053 Rating Area 2	Tobacco User/Non-Tobacco User	25	414.37	435.09
11574IL0010053 Rating Area 2	Tobacco User/Non-Tobacco User	26	422.63	443.76
11574IL0010053 Rating Area 2	Tobacco User/Non-Tobacco User	27	432.53	454.16
11574IL0010053 Rating Area 2	Tobacco User/Non-Tobacco User	28	448.63	471.06
11574IL0010053 Rating Area 2	Tobacco User/Non-Tobacco User	29	461.84	484.93
11574IL0010053 Rating Area 2	Tobacco User/Non-Tobacco User	30	468.44	491.86
11574IL0010053 Rating Area 2	Tobacco User/Non-Tobacco User	31	478.35	502.26
11574IL0010053 Rating Area 2	Tobacco User/Non-Tobacco User	32	488.25	512.66
11574IL0010053 Rating Area 2	Tobacco User/Non-Tobacco User	33	494.44	519.17
11574IL0010053 Rating Area 2	Tobacco User/Non-Tobacco User	34	501.05	526.10
11574IL0010053 Rating Area 2	Tobacco User/Non-Tobacco User	35	504.35	549.74
11574IL0010053 Rating Area 2	Tobacco User/Non-Tobacco User	36	507.65	553.34
11574IL0010053 Rating Area 2	Tobacco User/Non-Tobacco User	37	510.95	556.94
11574IL0010053 Rating Area 2	Tobacco User/Non-Tobacco User	38	514.25	560.54
11574IL0010053 Rating Area 2	Tobacco User/Non-Tobacco User	39	520.86	567.73
11574IL0010053 Rating Area 2	Tobacco User/Non-Tobacco User	40	527.46	574.93
11574IL0010053 Rating Area 2	Tobacco User/Non-Tobacco User	41	537.37	585.73
11574IL0010053 Rating Area 2	Tobacco User/Non-Tobacco User	42	546.86	596.08
11574IL0010053 Rating Area 2	Tobacco User/Non-Tobacco User	43	560.07	610.47
11574IL0010053 Rating Area 2	Tobacco User/Non-Tobacco User		576.58	628.47
11574IL0010053 Rating Area 2	Tobacco User/Non-Tobacco User	45 46	595.97	649.61
11574IL0010053 Rating Area 2	Tobacco User/Non-Tobacco User	46	619.09	674.80
11574IL0010053 Rating Area 2	Tobacco User/Non-Tobacco User	4/	645.09	703.15

11574IL0010053 Rating Area 2	Tobacco User/Non-Tobacco User	48	674.80	735.54
11574IL0010053 Rating Area 2	Tobacco User/Non-Tobacco User	49	704.11	767.48
11574IL0010053 Rating Area 2	Tobacco User/Non-Tobacco User	50	737.12	803.47
11574IL0010053 Rating Area 2	Tobacco User/Non-Tobacco User	51	769.73	839.01
11574IL0010053 Rating Area 2	Tobacco User/Non-Tobacco User	52	805.64	878.14
11574IL0010053 Rating Area 2	Tobacco User/Non-Tobacco User	53	841.96	917.73
11574IL0010053 Rating Area 2	Tobacco User/Non-Tobacco User	54	881.17	960.47
11574IL0010053 Rating Area 2	Tobacco User/Non-Tobacco User	55	920.37	1035.42
11574IL0010053 Rating Area 2	Tobacco User/Non-Tobacco User	56	962.88	1083.25
11574IL0010053 Rating Area 2	Tobacco User/Non-Tobacco User	57	1005.81	1131.53
11574IL0010053 Rating Area 2	Tobacco User/Non-Tobacco User	58	1051.62	1183.07
11574IL0010053 Rating Area 2	Tobacco User/Non-Tobacco User	59	1074.32	1208.61
11574IL0010053 Rating Area 2	Tobacco User/Non-Tobacco User	60	1120.13	1260.15
11574IL0010053 Rating Area 2	Tobacco User/Non-Tobacco User	61	1159.75	1304.72
11574IL0010053 Rating Area 2	Tobacco User/Non-Tobacco User	62	1185.76	1333.98
11574IL0010053 Rating Area 2	Tobacco User/Non-Tobacco User	63	1218.36	1370.66
11574IL0010053 Rating Area 2	Tobacco User/Non-Tobacco User	64 and over	1238.17	1392.94
11574IL0010045 Rating Area 2	Tobacco User/Non-Tobacco User	0-14	297.73	297.73
11574IL0010045 Rating Area 2	Tobacco User/Non-Tobacco User	15	324.19	324.19
11574IL0010045 Rating Area 2	Tobacco User/Non-Tobacco User	16	334.31	334.31
11574IL0010045 Rating Area 2	Tobacco User/Non-Tobacco User	17	344.43	344.43
11574IL0010045 Rating Area 2	Tobacco User/Non-Tobacco User	18	355.33	355.33
11574IL0010045 Rating Area 2	Tobacco User/Non-Tobacco User	19	366.22	366.22
11574IL0010045 Rating Area 2	Tobacco User/Non-Tobacco User	20	377.51	377.51
11574IL0010045 Rating Area 2	Tobacco User/Non-Tobacco User	21	389.20	389.20
11574IL0010045 Rating Area 2	Tobacco User/Non-Tobacco User	22	389.20	389.20
11574IL0010045 Rating Area 2	Tobacco User/Non-Tobacco User	23	389.20	389.20
11574IL0010045 Rating Area 2	Tobacco User/Non-Tobacco User	24	389.20	389.20
11574IL0010045 Rating Area 2	Tobacco User/Non-Tobacco User	25	390.74	410.28
11574IL0010045 Rating Area 2	Tobacco User/Non-Tobacco User	26	398.53	418.45
11574IL0010045 Rating Area 2	Tobacco User/Non-Tobacco User	27	407.87	428.26
11574IL0010045 Rating Area 2	Tobacco User/Non-Tobacco User	28	423.05	444.20
11574IL0010045 Rating Area 2	Tobacco User/Non-Tobacco User	29 30	435.50	457.27
11574IL0010045 Rating Area 2	Tobacco User/Non-Tobacco User	31	441.73 451.07	463.81 473.62
11574IL0010045 Rating Area 2 11574IL0010045 Rating Area 2	Tobacco User/Non-Tobacco User Tobacco User/Non-Tobacco User	32	460.41	473.62
11574L0010045 Rating Area 2	Tobacco User/Non-Tobacco User	33	466.25	489.56
11574L0010045 Rating Area 2	Tobacco User/Non-Tobacco User	34	472.47	496.10
11574L0010045 Rating Area 2	Tobacco User/Non-Tobacco User	35	475.59	518.39
11574L0010045 Hating Area 2	Tobacco User/Non-Tobacco User	36	478.70	521.78
11574L0010045 Hating Area 2	Tobacco User/Non-Tobacco User	37	481.81	525.18
11574L0010045 Rating Area 2	Tobacco User/Non-Tobacco User	38	484.93	528.57
11574IL0010045 Rating Area 2	Tobacco User/Non-Tobacco User	39	491.15	535.36
11574IL0010045 Rating Area 2	Tobacco User/Non-Tobacco User	40	497.38	542.14
11574IL0010045 Rating Area 2	Tobacco User/Non-Tobacco User	41	506.72	552.33
11574IL0010045 Rating Area 2	Tobacco User/Non-Tobacco User	42	515.67	562.08
11574IL0010045 Rating Area 2	Tobacco User/Non-Tobacco User	43	528.13	575.66
11574IL0010045 Rating Area 2	Tobacco User/Non-Tobacco User	44	543.69	592.63
11574IL0010045 Rating Area 2	Tobacco User/Non-Tobacco User	45	561.99	612.56
11574IL0010045 Rating Area 2	Tobacco User/Non-Tobacco User	46	583.78	636.32
11574IL0010045 Rating Area 2	Tobacco User/Non-Tobacco User	47	608.30	663.05
11574IL0010045 Rating Area 2	Tobacco User/Non-Tobacco User	48	636.32	693.59
11574IL0010045 Rating Area 2	Tobacco User/Non-Tobacco User	49	663.95	723.71
11574IL0010045 Rating Area 2	Tobacco User/Non-Tobacco User	50	695.09	757.65
11574IL0010045 Rating Area 2	Tobacco User/Non-Tobacco User	51	725.83	791.16
11574IL0010045 Rating Area 2	Tobacco User/Non-Tobacco User	52	759.69	828.06
11574IL0010045 Rating Area 2	Tobacco User/Non-Tobacco User	53	793.94	865.40
11574IL0010045 Rating Area 2	Tobacco User/Non-Tobacco User	54	830.91	905.70
11574IL0010045 Rating Area 2	Tobacco User/Non-Tobacco User	55	867.89	976.37

11574IL0010045 Rating Area 2	Tobacco User/Non-Tobacco User	56	907.97	1021.47
11574IL0010045 Rating Area 2		57	948.45	1067.00
11574IL0010045 Rating Area 2		58	991.65	1115.60
11574IL0010045 Rating Area 2		59	1013.05	1139.68
11574IL0010045 Rating Area 2		60	1056.25	1188.28
11574IL0010045 Rating Area 2		61	1093.61	1230.32
11574IL0010045 Rating Area 2		62	1118.13	1257.90
11574IL0010045 Rating Area 2		63	1148.88	1292.49
11574IL0010045 Rating Area 2		64 and over	1167.56	1313.51
11574IL0010052 Rating Area 2		0-14	296.37	296.37
11574IL0010052 Rating Area 2		15	322.71	322.71
11574IL0010052 Rating Area 2		16	332.79	332.79
11574IL0010052 Rating Area 2	Tobacco User/Non-Tobacco User	17	342.86	342.86
11574IL0010052 Rating Area 2	Tobacco User/Non-Tobacco User	18	353.71	353.71
11574IL0010052 Rating Area 2		19	364.56	364.56
11574IL0010052 Rating Area 2		20	375.79	375.79
11574IL0010052 Rating Area 2		21	387.42	387.42
11574IL0010052 Rating Area 2		22	387.42	387.42
11574IL0010052 Rating Area 2		23	387.42	387.42
11574IL0010052 Rating Area 2		24	387.42	387.42
11574IL0010052 Rating Area 2	Tobacco User/Non-Tobacco User	25	388.96	408.41
11574IL0010052 Rating Area 2	Tobacco User/Non-Tobacco User	26	396.71	416.55
11574IL0010052 Rating Area 2	Tobacco User/Non-Tobacco User	27	406.01	426.31
11574IL0010052 Rating Area 2	Tobacco User/Non-Tobacco User	28	421.12	442.17
11574IL0010052 Rating Area 2	Tobacco User/Non-Tobacco User	29	433.52	455.19
11574IL0010052 Rating Area 2		30	439.71	461.70
11574IL0010052 Rating Area 2		31	449.01	471.46
11574IL0010052 Rating Area 2	Tobacco User/Non-Tobacco User	32	458.31	481.22
11574IL0010052 Rating Area 2	Tobacco User/Non-Tobacco User	33	464.12	487.33
11574IL0010052 Rating Area 2	Tobacco User/Non-Tobacco User	34	470.32	493.84
11574IL0010052 Rating Area 2	Tobacco User/Non-Tobacco User	35	473.42	516.03
11574IL0010052 Rating Area 2	Tobacco User/Non-Tobacco User	36	476.52	519.40
11574IL0010052 Rating Area 2	Tobacco User/Non-Tobacco User	37	479.62	522.78
11574IL0010052 Rating Area 2	Tobacco User/Non-Tobacco User	38	482.72	526.16
11574IL0010052 Rating Area 2	Tobacco User/Non-Tobacco User	39	488.92	532.92
11574IL0010052 Rating Area 2	Tobacco User/Non-Tobacco User	40	495.11	539.67
11574IL0010052 Rating Area 2		41	504.41	549.81
11574IL0010052 Rating Area 2		42	513.32	559.52
11574IL0010052 Rating Area 2	Tobacco User/Non-Tobacco User	43	525.72	573.03
11574IL0010052 Rating Area 2		44	541.22	589.93
11574IL0010052 Rating Area 2		45	559.42	609.77
11574IL0010052 Rating Area 2		46	581.12	633.42
11574IL0010052 Rating Area 2		47	605.53	660.02
11574IL0010052 Rating Area 2		48	633.42	690.43
11574IL0010052 Rating Area 2		49	660.93	720.41
11574IL0010052 Rating Area 2		50	691.92	754.19
11574IL0010052 Rating Area 2		51	722.53	787.55
11574IL0010052 Rating Area 2		52	756.23	824.29
11574IL0010052 Rating Area 2		53	790.32	861.45
11574IL0010052 Rating Area 2		54	827.13	901.57
11574IL0010052 Rating Area 2		55	863.93	971.92
11574IL0010052 Rating Area 2		56	903.83	1016.81
11574IL0010052 Rating Area 2		57	944.13	1062.14
11574IL0010052 Rating Area 2		58	987.13	1110.52
11574IL0010052 Rating Area 2		59	1008.44	1134.49
11574IL0010052 Rating Area 2		60	1051.44	1182.87
11574IL0010052 Rating Area 2		61	1088.63	1224.71
11574IL0010052 Rating Area 2		62	1113.04	1252.17
11574IL0010052 Rating Area 2	Tobacco User/Non-Tobacco User	63	1143.64	1286.60

11574IL0010052 Rating Area 2	Tobacco User/Non-Tobacco User	64 and over	1162.24	1307.52
11574IL0010050 Rating Area 3	Tobacco User/Non-Tobacco User	0-14	225.00	225.00
11574IL0010050 Rating Area 3	Tobacco User/Non-Tobacco User	15	245.00	245.00
11574IL0010050 Rating Area 3	Tobacco User/Non-Tobacco User	16	252.65	252.65
11574IL0010050 Rating Area 3	Tobacco User/Non-Tobacco User	17	260.30	260.30
11574IL0010050 Rating Area 3	Tobacco User/Non-Tobacco User	18	268.53	268.53
11574IL0010050 Rating Area 3	Tobacco User/Non-Tobacco User	19	276.77	276.77
11574IL0010050 Rating Area 3	Tobacco User/Non-Tobacco User	20	285.30	285.30
11574IL0010050 Rating Area 3	Tobacco User/Non-Tobacco User	21	294.13	294.13
11574IL0010050 Rating Area 3	Tobacco User/Non-Tobacco User	22	294.13	294.13
11574IL0010050 Rating Area 3	Tobacco User/Non-Tobacco User	23	294.13	294.13
11574IL0010050 Rating Area 3	Tobacco User/Non-Tobacco User	24	294.13	294.13
11574IL0010050 Rating Area 3	Tobacco User/Non-Tobacco User	25	295.30	310.06
11574IL0010050 Rating Area 3	Tobacco User/Non-Tobacco User	26	301.18	316.24
11574IL0010050 Rating Area 3	Tobacco User/Non-Tobacco User	27	308.24	323.65
11574IL0010050 Rating Area 3	Tobacco User/Non-Tobacco User	28	319.71	335.69
11574IL0010050 Rating Area 3	Tobacco User/Non-Tobacco User	29	329.12	345.58
11574IL0010050 Rating Area 3	Tobacco User/Non-Tobacco User	30	333.83	350.52
11574IL0010050 Rating Area 3	Tobacco User/Non-Tobacco User	31	340.88	357.93
11574IL0010050 Rating Area 3	Tobacco User/Non-Tobacco User	32	347.94	365.34
11574IL0010050 Rating Area 3	Tobacco User/Non-Tobacco User	33	352.35	369.97
11574IL0010050 Rating Area 3	Tobacco User/Non-Tobacco User	34	357.06	374.91
11574IL0010050 Rating Area 3	Tobacco User/Non-Tobacco User	35	359.41	391.76
11574IL0010050 Rating Area 3	Tobacco User/Non-Tobacco User	36	361.77	394.33
11574IL0010050 Rating Area 3	Tobacco User/Non-Tobacco User	37	364.12	396.89
11574IL0010050 Rating Area 3	Tobacco User/Non-Tobacco User	38	366.47	399.45
11574IL0010050 Rating Area 3	Tobacco User/Non-Tobacco User	39	371.18	404.58
11574IL0010050 Rating Area 3	Tobacco User/Non-Tobacco User	40	375.88	409.71
11574IL0010050 Rating Area 3	Tobacco User/Non-Tobacco User	41	382.94	417.41
11574IL0010050 Rating Area 3	Tobacco User/Non-Tobacco User	42	389.71	424.78
11574IL0010050 Rating Area 3	Tobacco User/Non-Tobacco User	43	399.12	435.04
11574IL0010050 Rating Area 3	Tobacco User/Non-Tobacco User	44	410.88	447.86
11574IL0010050 Rating Area 3	Tobacco User/Non-Tobacco User	45	424.71	462.93
11574IL0010050 Rating Area 3	Tobacco User/Non-Tobacco User	46	441.18	480.88
11574IL0010050 Rating Area 3	Tobacco User/Non-Tobacco User	47	459.71	501.08
11574IL0010050 Rating Area 3	Tobacco User/Non-Tobacco User	48	480.88	524.16
11574IL0010050 Rating Area 3	Tobacco User/Non-Tobacco User	49	501.77	546.93
11574IL0010050 Rating Area 3	Tobacco User/Non-Tobacco User	50	525.30	572.57
11574IL0010050 Rating Area 3	Tobacco User/Non-Tobacco User	51	548.53	597.90
11574IL0010050 Rating Area 3	Tobacco User/Non-Tobacco User	52	574.12	625.79
11574IL0010050 Rating Area 3	Tobacco User/Non-Tobacco User	53	600.00	654.00
11574IL0010050 Rating Area 3	Tobacco User/Non-Tobacco User	54	627.94	684.46
11574IL0010050 Rating Area 3	Tobacco User/Non-Tobacco User	55	655.89	737.87
11574IL0010050 Rating Area 3	Tobacco User/Non-Tobacco User	56	686.18	771.95
11574IL0010050 Rating Area 3	Tobacco User/Non-Tobacco User	57	716.77	806.36
11574IL0010050 Rating Area 3	Tobacco User/Non-Tobacco User	58	749.42	843.09
11574IL0010050 Rating Area 3	Tobacco User/Non-Tobacco User	59	765.59	861.29
11574IL0010050 Rating Area 3	Tobacco User/Non-Tobacco User	60	798.24	898.02
11574IL0010050 Rating Area 3	Tobacco User/Non-Tobacco User	61	826.47	929.78
11574IL0010050 Rating Area 3	Tobacco User/Non-Tobacco User	62	845.00	950.63
11574IL0010050 Rating Area 3	Tobacco User/Non-Tobacco User	63	868.24	976.77
11574IL0010050 Rating Area 3	Tobacco User/Non-Tobacco User	64 and over	882.36	992.65
11574IL0010011 Rating Area 3	Tobacco User/Non-Tobacco User	0-14	193.80	193.80
11574IL0010011 Rating Area 3	Tobacco User/Non-Tobacco User	15	211.02	211.02
11574L0010011 Rating Area 3	Tobacco User/Non-Tobacco User	16	217.61	217.61
11574L0010011 Rating Area 3	Tobacco User/Non-Tobacco User	17	224.20	224.20
11574IL0010011 Rating Area 3	Tobacco User/Non-Tobacco User	18	231.29	231.29
11574IL0010011 Rating Area 3	Tobacco User/Non-Tobacco User	19	231.29	231.29
		20	238.38	
11574IL0010011 Rating Area 3	Tobacco User/Non-Tobacco User	20	240.73	245.73

115748.0010011 Rating Area 3					
1157440.001011 Rating Area 3 1157440.001011 R	11574IL0010011 Rating Area 3	Tobacco User/Non-Tobacco User			
11574LIQUITORI Ratiny Area 3 11574LIQUITORI R	11574IL0010011 Rating Area 3	Tobacco User/Non-Tobacco User	22	253.34	253.34
11574L0010011 Rating Area 3	11574IL0010011 Rating Area 3	Tobacco User/Non-Tobacco User	23	253.34	253.34
11574L0010011 Rating Area 3	11574IL0010011 Rating Area 3	Tobacco User/Non-Tobacco User	24	253.34	253.34
15744L0010011 Ratiny Area 3 Tobacco Uber/Non-Tobacco Uber 277 265.49 278.77 11574L0010011 Ratiny Area 3 Tobacco Uber/Non-Tobacco Uber 277 265.49 278.73 269.14 278.77 11574L0010011 Ratiny Area 3 Tobacco Uber/Non-Tobacco Uber 30 279.73 269.14 279.73 269.14 279.73 269.14 279.73 269.14 279.73 269.14 279.73 269.14 279.73 269.14 279.73 269.14 279.73 269.14 279.73 269.14 279.73 269.14 279.73 269.14 279.73 269.14 279.73 279.14 27		Tobacco User/Non-Tobacco User	25	254.34	
1674L0010011 Rating Area 3		Tobacco User/Non-Tobacco User	26	259.41	272.38
1674L0010011 Rating Area 3					
11574L0010011 Rating Area 3					
11574L0010011 Rating Area 3 Tabacco User 130 287.83 391.91		_			
11574L0010011 Rating Area 3					
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11574L0010011 Rating Area 3 Tobacco UserNon-Tobacco User 38 315.65 3344.06 11574L0010011 Rating Area 3 Tobacco UserNon-Tobacco User 38 315.65 318.77 318.62 311574L0010011 Rating Area 3 Tobacco UserNon-Tobacco User 40 323.76 325.06 11574L0010011 Rating Area 3 Tobacco UserNon-Tobacco User 40 323.76 325.06 11574L0010011 Rating Area 3 Tobacco UserNon-Tobacco User 41 329.84 339.82 11574L0010011 Rating Area 3 Tobacco UserNon-Tobacco User 41 329.84 339.65 335.65 335.67 11574L0010011 Rating Area 3 Tobacco UserNon-Tobacco User 41 329.84 339.09 335.70 11574L0010011 Rating Area 3 Tobacco UserNon-Tobacco User 44 335.00 335	11574IL0010011 Rating Area 3	Tobacco User/Non-Tobacco User	35	309.57	337.43
11574LIQ010011 Rating Area 3 Tobacco User/Non-Tobacco User 39 319.70 38.44.06 11574LIQ010011 Rating Area 3 Tobacco User/Non-Tobacco User 39 39.319.70 38.24.86 11574LIQ010011 Rating Area 3 Tobacco User/Non-Tobacco User 40 323.76 335.29 11574LIQ010011 Rating Area 3 Tobacco User/Non-Tobacco User 41 329.94 335.66 335.67 335.29 11574LIQ010011 Rating Area 3 Tobacco User/Non-Tobacco User 42 335.66 335.67 335.77 11574LIQ010011 Rating Area 3 Tobacco User/Non-Tobacco User 43 343.77 347.77 11574LIQ010011 Rating Area 3 Tobacco User/Non-Tobacco User 44 335.39 335.75 11574LIQ010011 Rating Area 3 Tobacco User/Non-Tobacco User 45 365.31 385.73 11574LIQ010011 Rating Area 3 Tobacco User/Non-Tobacco User 46 385.31 385.73 11574LIQ010011 Rating Area 3 Tobacco User/Non-Tobacco User 46 385.31 385.73 11574LIQ010011 Rating Area 3 Tobacco User/Non-Tobacco User 47 11574LIQ010011 Rating Area 3 Tobacco User/Non-Tobacco User 49 414.00 415.47 11574LIQ010011 Rating Area 3 Tobacco User/Non-Tobacco User 49 42.18 437.18 11574LIQ010011 Rating Area 3 Tobacco User/Non-Tobacco User 50 445.45 453.11 11574LIQ010011 Rating Area 3 Tobacco User/Non-Tobacco User 50 452.45 453.11 11574LIQ010011 Rating Area 3 Tobacco User/Non-Tobacco User 50 452.45 453.11 11574LIQ010011 Rating Area 3 Tobacco User/Non-Tobacco User 51 464.50 465.45	11574IL0010011 Rating Area 3	Tobacco User/Non-Tobacco User	36	311.60	339.64
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11574 L0010053 Rating Area 3 Tobacco User/Non-Tobacco User 16 333.48 333.48 11574 L0010053 Rating Area 3 Tobacco User/Non-Tobacco User 17 343.58 343.58 11574 L0010053 Rating Area 3 Tobacco User/Non-Tobacco User 18 354.45 354.45 354.45 11574 L0010053 Rating Area 3 Tobacco User/Non-Tobacco User 19 365.32 365.32 11574 L0010053 Rating Area 3 Tobacco User/Non-Tobacco User 20 376.58 376.58 11574 L0010053 Rating Area 3 Tobacco User/Non-Tobacco User 21 388.23 388.23 11574 L0010053 Rating Area 3 Tobacco User/Non-Tobacco User 22 388.23 388.23 11574 L0010053 Rating Area 3 Tobacco User/Non-Tobacco User 22 388.23 388.23 11574 L0010053 Rating Area 3 Tobacco User/Non-Tobacco User 23 388.23 388.23 11574 L0010053 Rating Area 3 Tobacco User/Non-Tobacco User 24 388.23 388.23 11574 L0010053 Rating Area 3 Tobacco User/Non-Tobacco User 25 389.78 490.27 11574 L0010053 Rating Area 3 Tobacco User/Non-Tobacco User 26 397.54 417.42 11574 L0010053 Rating Area 3 Tobacco User/Non-Tobacco User 27 406.86 427.20	11574IL0010053 Rating Area 3	Tobacco User/Non-Tobacco User	0-14	296.99	296.99
11574 L0010053 Rating Area 3 Tobacco User/Non-Tobacco User 17 343.58 343.58 11574 L0010053 Rating Area 3 Tobacco User/Non-Tobacco User 18 354.45 354.45 354.45 11574 L0010053 Rating Area 3 Tobacco User/Non-Tobacco User 19 365.32 365.32 365.32 11574 L0010053 Rating Area 3 Tobacco User/Non-Tobacco User 20 376.58 376.58 11574 L0010053 Rating Area 3 Tobacco User/Non-Tobacco User 21 388.23 388.23 11574 L0010053 Rating Area 3 Tobacco User/Non-Tobacco User 22 388.23 388.23 11574 L0010053 Rating Area 3 Tobacco User/Non-Tobacco User 24 388.23 388.23 11574 L0010053 Rating Area 3 Tobacco User/Non-Tobacco User 24 388.23 388.23 11574 L0010053 Rating Area 3 Tobacco User/Non-Tobacco User 24 388.23 388.23 11574 L0010053 Rating Area 3 Tobacco User/Non-Tobacco User 25 389.78 409.27 11574 L0010053 Rating Area 3 Tobacco User/Non-Tobacco User 26 397.54 417.42 11574 L0010053 Rating Area 3 Tobacco User/Non-Tobacco User 27 406.86 427.20	11574IL0010053 Rating Area 3	Tobacco User/Non-Tobacco User	15	323.39	323.39
11574 L0010053 Rating Area 3 Tobacco User/Non-Tobacco User 17 343.58 343.58 11574 L0010053 Rating Area 3 Tobacco User/Non-Tobacco User 18 354.45 354.45 354.45 11574 L0010053 Rating Area 3 Tobacco User/Non-Tobacco User 19 365.32 365.32 365.32 11574 L0010053 Rating Area 3 Tobacco User/Non-Tobacco User 20 376.58 376.58 11574 L0010053 Rating Area 3 Tobacco User/Non-Tobacco User 21 388.23 388.23 11574 L0010053 Rating Area 3 Tobacco User/Non-Tobacco User 22 388.23 388.23 11574 L0010053 Rating Area 3 Tobacco User/Non-Tobacco User 24 388.23 388.23 11574 L0010053 Rating Area 3 Tobacco User/Non-Tobacco User 24 388.23 388.23 11574 L0010053 Rating Area 3 Tobacco User/Non-Tobacco User 24 388.23 388.23 11574 L0010053 Rating Area 3 Tobacco User/Non-Tobacco User 25 389.78 409.27 11574 L0010053 Rating Area 3 Tobacco User/Non-Tobacco User 26 397.54 417.42 11574 L0010053 Rating Area 3 Tobacco User/Non-Tobacco User 27 406.86 427.20	11574IL0010053 Rating Area 3	Tobacco User/Non-Tobacco User	16	333.48	333.48
11574 L0010053 Rating Area 3 Tobacco User/Non-Tobacco User 19 365.32 365.32 365.32 11574 L0010053 Rating Area 3 Tobacco User/Non-Tobacco User 20 376.58 376.58 11574 L0010053 Rating Area 3 Tobacco User/Non-Tobacco User 21 388.23 388.23 11574 L0010053 Rating Area 3 Tobacco User/Non-Tobacco User 22 388.23 388.23 11574 L0010053 Rating Area 3 Tobacco User/Non-Tobacco User 22 388.23 388.23 11574 L0010053 Rating Area 3 Tobacco User/Non-Tobacco User 23 388.23 388.23 11574 L0010053 Rating Area 3 Tobacco User/Non-Tobacco User 24 388.23 388.23 11574 L0010053 Rating Area 3 Tobacco User/Non-Tobacco User 24 388.23 388.23 11574 L0010053 Rating Area 3 Tobacco User/Non-Tobacco User 25 389.78 409.27 11574 L0010053 Rating Area 3 Tobacco User/Non-Tobacco User 26 397.54 417.42 11574 L0010053 Rating Area 3 Tobacco User/Non-Tobacco User 27 406.86 427.20		_			
11574 L0010053 Rating Area 3 Tobacco User/Non-Tobacco User 19 365.32 365.32 11574 L0010053 Rating Area 3 Tobacco User/Non-Tobacco User 20 376.58 376.58 11574 L0010053 Rating Area 3 Tobacco User/Non-Tobacco User 21 388.23 388.23 11574 L0010053 Rating Area 3 Tobacco User/Non-Tobacco User 22 388.23 388.23 11574 L0010053 Rating Area 3 Tobacco User/Non-Tobacco User 23 388.23 388.23 11574 L0010053 Rating Area 3 Tobacco User/Non-Tobacco User 24 388.23 388.23 11574 L0010053 Rating Area 3 Tobacco User/Non-Tobacco User 25 389.78 409.27 11574 L0010053 Rating Area 3 Tobacco User/Non-Tobacco User 26 397.54 417.42 11574 L0010053 Rating Area 3 Tobacco User/Non-Tobacco User 27 406.86 427.20					
11574 L0010053 Rating Area 3 Tobacco User/Non-Tobacco User 20 376.58 376.58 11574 L0010053 Rating Area 3 Tobacco User/Non-Tobacco User 21 388.23 388.23 11574 L0010053 Rating Area 3 Tobacco User/Non-Tobacco User 22 388.23 388.23 11574 L0010053 Rating Area 3 Tobacco User/Non-Tobacco User 23 388.23 388.23 11574 L0010053 Rating Area 3 Tobacco User/Non-Tobacco User 24 388.23 388.23 11574 L0010053 Rating Area 3 Tobacco User/Non-Tobacco User 25 389.78 409.27 11574 L0010053 Rating Area 3 Tobacco User/Non-Tobacco User 26 397.54 417.42 11574 L0010053 Rating Area 3 Tobacco User/Non-Tobacco User 27 406.86 427.20		_			
11574IL0010053 Rating Area 3 Tobacco User/Non-Tobacco User 21 388.23 388.23 11574IL0010053 Rating Area 3 Tobacco User/Non-Tobacco User 22 388.23 388.23 11574IL0010053 Rating Area 3 Tobacco User/Non-Tobacco User 23 388.23 388.23 11574IL0010053 Rating Area 3 Tobacco User/Non-Tobacco User 24 388.23 388.23 11574IL0010053 Rating Area 3 Tobacco User/Non-Tobacco User 25 389.78 490.27 11574IL0010053 Rating Area 3 Tobacco User/Non-Tobacco User 26 397.54 417.42 11574IL0010053 Rating Area 3 Tobacco User/Non-Tobacco User 27 406.86 427.20					
11574 L0010053 Rating Area 3 Tobacco User/Non-Tobacco User 22 388.23 388.23 11574 L0010053 Rating Area 3 Tobacco User/Non-Tobacco User 23 388.23 388.23 11574 L0010053 Rating Area 3 Tobacco User/Non-Tobacco User 24 388.23 388.23 11574 L0010053 Rating Area 3 Tobacco User/Non-Tobacco User 25 389.78 409.27 11574 L0010053 Rating Area 3 Tobacco User/Non-Tobacco User 26 397.54 417.42 11574 L0010053 Rating Area 3 Tobacco User/Non-Tobacco User 27 406.86 427.20			-		
11574 L0010053 Rating Area 3 Tobacco User/Non-Tobacco User 23 388.23 388.23 11574 L0010053 Rating Area 3 Tobacco User/Non-Tobacco User 24 388.23 388.23 11574 L0010053 Rating Area 3 Tobacco User/Non-Tobacco User 25 389.78 409.27 11574 L0010053 Rating Area 3 Tobacco User/Non-Tobacco User 26 397.54 417.42 11574 L0010053 Rating Area 3 Tobacco User/Non-Tobacco User 27 406.86 427.20					
11574 L0010053 Rating Area 3 Tobacco User/Non-Tobacco User 24 388.23 388.23 11574 L0010053 Rating Area 3 Tobacco User/Non-Tobacco User 25 389.78 409.27 11574 L0010053 Rating Area 3 Tobacco User/Non-Tobacco User 26 397.54 417.42 11574 L0010053 Rating Area 3 Tobacco User/Non-Tobacco User 27 406.86 427.20					
11574 L0010053 Rating Area 3 Tobacco User/Non-Tobacco User 25 389.78 409.27 11574 L0010053 Rating Area 3 Tobacco User/Non-Tobacco User 26 397.54 417.42 11574 L0010053 Rating Area 3 Tobacco User/Non-Tobacco User 27 406.86 427.20					
11574 L0010053 Rating Area 3 Tobacco User/Non-Tobacco User 26 397.54 417.42 11574 L0010053 Rating Area 3 Tobacco User/Non-Tobacco User 27 406.86 427.20					
11574 L0010053 Rating Area 3 Tobacco User/Non-Tobacco User 27 406.86 427.20		_			
		_			
11574IL0010053 Rating Area 3 Tobacco User/Non-Tobacco User 28 422.00 443.10		_			
	11574IL0010053 Rating Area 3	Tobacco User/Non-Tobacco User	28	422.00	443.10

11574IL0010053 Rating Area 3	Tobacco User/Non-Tobacco User	29	434.42	456.14
11574IL0010053 Rating Area 3	Tobacco User/Non-Tobacco User	30	440.63	462.67
11574IL0010053 Rating Area 3	Tobacco User/Non-Tobacco User	31	449.95	472.45
11574IL0010053 Rating Area 3	Tobacco User/Non-Tobacco User	32	459.27	482.23
11574IL0010053 Rating Area 3	Tobacco User/Non-Tobacco User	33	465.09	488.35
11574IL0010053 Rating Area 3	Tobacco User/Non-Tobacco User	34	471.30	494.87
11574IL0010053 Rating Area 3	Tobacco User/Non-Tobacco User	35	474.41	517.11
11574IL0010053 Rating Area 3	Tobacco User/Non-Tobacco User	36	477.52	520.49
11574IL0010053 Rating Area 3	Tobacco User/Non-Tobacco User	37	480.62	523.88
11574IL0010033 Rating Area 3	Tobacco User/Non-Tobacco User	38	483.73	527.26
11574IL0010053 Rating Area 3	Tobacco User/Non-Tobacco User	39	489.94	534.03
11574IL0010053 Rating Area 3	Tobacco User/Non-Tobacco User	40	496.15	540.80
11574IL0010053 Rating Area 3	Tobacco User/Non-Tobacco User	41	505.47	550.96
11574IL0010053 Rating Area 3	Tobacco User/Non-Tobacco User	42	514.40	560.69
11574IL0010053 Rating Area 3	Tobacco User/Non-Tobacco User	43	526.82	574.23
11574IL0010053 Rating Area 3	Tobacco User/Non-Tobacco User	44	542.35	591.16
11574IL0010053 Rating Area 3	Tobacco User/Non-Tobacco User	45	560.60	611.05
11574IL0010053 Rating Area 3	Tobacco User/Non-Tobacco User	46	582.34	634.75
11574IL0010053 Rating Area 3	Tobacco User/Non-Tobacco User	47	606.79	661.41
11574IL0010053 Rating Area 3	Tobacco User/Non-Tobacco User	48	634.75	691.87
11574IL0010053 Rating Area 3	Tobacco User/Non-Tobacco User	49	662.31	721.92
11574IL0010053 Rating Area 3	Tobacco User/Non-Tobacco User	50	693.37	755.77
11574IL0010053 Hating Area 3	Tobacco User/Non-Tobacco User	51	724.04	789.20
11574IL0010053 Rating Area 3	Tobacco User/Non-Tobacco User	52	757.81	826.02
	Tobacco User/Non-Tobacco User	53	791.98	
11574IL0010053 Rating Area 3		54		863.25
11574IL0010053 Rating Area 3	Tobacco User/Non-Tobacco User		828.86	903.46
11574IL0010053 Rating Area 3	Tobacco User/Non-Tobacco User	55	865.74	973.96
11574IL0010053 Rating Area 3	Tobacco User/Non-Tobacco User	56	905.73	1018.94
11574IL0010053 Rating Area 3	Tobacco User/Non-Tobacco User	57	946.10	1064.36
11574IL0010053 Rating Area 3	Tobacco User/Non-Tobacco User	58	989.19	1112.84
11574IL0010053 Rating Area 3	Tobacco User/Non-Tobacco User	59	1010.55	1136.86
11574IL0010053 Rating Area 3	Tobacco User/Non-Tobacco User	60	1053.64	1185.34
11574IL0010053 Rating Area 3	Tobacco User/Non-Tobacco User	61	1090.91	1227.27
11574IL0010053 Rating Area 3	Tobacco User/Non-Tobacco User	62	1115.37	1254.79
11574IL0010053 Rating Area 3	Tobacco User/Non-Tobacco User	63	1146.04	1289.29
11574IL0010053 Rating Area 3	Tobacco User/Non-Tobacco User	64 and over	1164.67	1310.26
11574IL0010045 Rating Area 3	Tobacco User/Non-Tobacco User	0-14	280.05	280.05
11574IL0010045 Rating Area 3	Tobacco User/Non-Tobacco User	15	304.95	304.95
11574IL0010045 Rating Area 3	Tobacco User/Non-Tobacco User	16	314.47	314.47
11574IL0010045 Rating Area 3	Tobacco User/Non-Tobacco User	17	323.98	323.98
11574IL0010045 Rating Area 3	Tobacco User/Non-Tobacco User	18	334.23	334.23
11574IL0010045 Rating Area 3	Tobacco User/Non-Tobacco User	19	344.48	344.48
11574IL0010045 Rating Area 3	Tobacco User/Non-Tobacco User	20	355.10	355.10
· · · · · · · · · · · · · · · · · · ·		20	366.09	366.09
11574IL0010045 Rating Area 3	Tobacco User/Non-Tobacco User			
11574IL0010045 Rating Area 3	Tobacco User/Non-Tobacco User	22	366.09	366.09
11574IL0010045 Rating Area 3	Tobacco User/Non-Tobacco User	23	366.09	366.09
11574IL0010045 Rating Area 3	Tobacco User/Non-Tobacco User	24	366.09	366.09
11574IL0010045 Rating Area 3	Tobacco User/Non-Tobacco User	25	367.55	385.93
11574IL0010045 Rating Area 3	Tobacco User/Non-Tobacco User	26	374.87	393.61
11574IL0010045 Rating Area 3	Tobacco User/Non-Tobacco User	27	383.66	402.84
11574IL0010045 Rating Area 3	Tobacco User/Non-Tobacco User	28	397.93	417.83
11574IL0010045 Rating Area 3	Tobacco User/Non-Tobacco User	29	409.65	430.13
11574IL0010045 Rating Area 3	Tobacco User/Non-Tobacco User	30	415.51	436.28
11574IL0010045 Rating Area 3	Tobacco User/Non-Tobacco User	31	424.29	445.51
11574IL0010045 Rating Area 3	Tobacco User/Non-Tobacco User	32	433.08	454.73
11574IL0010045 Rating Area 3	Tobacco User/Non-Tobacco User	33	438.57	460.50
11574IL0010045 Rating Area 3	Tobacco User/Non-Tobacco User	34	444.43	466.65
1107 TILLOUTOUTO TIALING ATEA 0	100000000000000000000000000000000000000			
1157/II 00100/5 Rating Area 2	Tohacco Hear/Non-Tohacco Hear	351	447 25	/Q7 G91
11574IL0010045 Rating Area 3 11574IL0010045 Rating Area 3	Tobacco User/Non-Tobacco User Tobacco User/Non-Tobacco User	35 36	447.35 450.28	487.62 490.81

11574	IL0010045 Rating Area 3	Tobacco User/Non-Tobacco User	37	453.21	494.00
	IL0010045 Rating Area 3	Tobacco User/Non-Tobacco User	38	456.14	497.19
	IL0010045 Rating Area 3	Tobacco User/Non-Tobacco User	39	462.00	503.58
	IL0010045 Rating Area 3	Tobacco User/Non-Tobacco User	40		509.96
115741	IL0010045 Rating Area 3	Tobacco User/Non-Tobacco User	41	476.64	519.54
	IL0010045 Rating Area 3	Tobacco User/Non-Tobacco User	42	485.06	528.72
	IL0010045 Rating Area 3	Tobacco User/Non-Tobacco User	43	496.78	541.49
	IL0010045 Rating Area 3	Tobacco User/Non-Tobacco User	44	511.42	557.45
	IL0010045 Rating Area 3	Tobacco User/Non-Tobacco User	45	528.63	576.20
	IL0010045 Rating Area 3	Tobacco User/Non-Tobacco User	46	549.13	598.55
	IL0010045 Rating Area 3	Tobacco User/Non-Tobacco User	47	572.19	623.69
	IL0010045 Rating Area 3	Tobacco User/Non-Tobacco User	48	598.55	652.42
	IL0010045 Rating Area 3	Tobacco User/Non-Tobacco User	49	624.54	680.75
	IL0010045 Rating Area 3	Tobacco User/Non-Tobacco User	50	653.83	712.67
	IL0010045 Rating Area 3	Tobacco User/Non-Tobacco User	51	682.75	744.19
	IL0010045 Rating Area 3	Tobacco User/Non-Tobacco User	52	714.60	778.91
	IL0010045 Rating Area 3	Tobacco User/Non-Tobacco User	53	746.81	814.02
	IL0010045 Rating Area 3	Tobacco User/Non-Tobacco User	54	781.59	851.93
	IL0010045 Rating Area 3	Tobacco User/Non-Tobacco User	55	816.37	918.41
	IL0010045 Rating Area 3	Tobacco User/Non-Tobacco User	56	854.07	960.83
	IL0010045 Rating Area 3	Tobacco User/Non-Tobacco User	57	892.15	1003.66
	IL0010045 Rating Area 3	Tobacco User/Non-Tobacco User	58	932.78	1049.38
	IL0010045 Rating Area 3	Tobacco User/Non-Tobacco User	59	952.92	1072.03
	IL0010045 Rating Area 3	Tobacco User/Non-Tobacco User	60	993.55	1117.75
	IL0010045 Rating Area 3	Tobacco User/Non-Tobacco User	61	1028.70	1157.28
	IL0010045 Rating Area 3	Tobacco User/Non-Tobacco User	62	1051.76	1183.23
	IL0010045 Rating Area 3	Tobacco User/Non-Tobacco User	63	1080.68	1215.76
	IL0010045 Rating Area 3	Tobacco User/Non-Tobacco User	64 and over	1098.25	1235.53
	IL0010052 Rating Area 3	Tobacco User/Non-Tobacco User	0-14	278.78	278.78
	IL0010052 Rating Area 3	Tobacco User/Non-Tobacco User	15		303.56
	IL0010052 Rating Area 3	Tobacco User/Non-Tobacco User	16	313.03	313.03
	IL0010052 Rating Area 3	Tobacco User/Non-Tobacco User	17		322.51
	IL0010052 Rating Area 3	Tobacco User/Non-Tobacco User	18		332.71
	IL0010052 Rating Area 3	Tobacco User/Non-Tobacco User	19		342.91
	IL0010052 Rating Area 3	Tobacco User/Non-Tobacco User	20	353.48	353.48
	IL0010052 Rating Area 3	Tobacco User/Non-Tobacco User	21	364.43	364.43
	IL0010052 Rating Area 3	Tobacco User/Non-Tobacco User	22	364.43	364.43
	IL0010052 Rating Area 3	Tobacco User/Non-Tobacco User	23	364.43	364.43
	IL0010052 Rating Area 3	Tobacco User/Non-Tobacco User	24	364.43	364.43
	IL0010052 Rating Area 3	Tobacco User/Non-Tobacco User	25		384.17
	IL0010052 Rating Area 3	Tobacco User/Non-Tobacco User	26		391.82
	IL0010052 Rating Area 3	Tobacco User/Non-Tobacco User	27	381.91	401.00
	IL0010052 Rating Area 3	Tobacco User/Non-Tobacco User	28	396.12	415.93
	IL0010052 Rating Area 3	Tobacco User/Non-Tobacco User	29	407.78	428.17
	IL0010052 Rating Area 3	Tobacco User/Non-Tobacco User	30		434.29
	IL0010052 Rating Area 3	Tobacco User/Non-Tobacco User	31	422.36	443.48
	IL0010052 Rating Area 3	Tobacco User/Non-Tobacco User	32	431.10	452.66
	IL0010052 Rating Area 3	Tobacco User/Non-Tobacco User	33	436.57	458.40
	IL0010052 Rating Area 3	Tobacco User/Non-Tobacco User	34	442.40	464.52
	IL0010052 Rating Area 3	Tobacco User/Non-Tobacco User	35		485.39
	IL0010052 Rating Area 3	Tobacco User/Non-Tobacco User	36		488.57
	IL0010052 Rating Area 3	Tobacco User/Non-Tobacco User	37	451.15	491.75
	IL0010052 Rating Area 3	Tobacco User/Non-Tobacco User	38	454.06	494.93
	IL0010052 Rating Area 3	Tobacco User/Non-Tobacco User	39		501.28
	IL0010052 Rating Area 3	Tobacco User/Non-Tobacco User	40		507.64
	IL0010052 Rating Area 3	Tobacco User/Non-Tobacco User	41	474.47	517.17
	IL0010052 Rating Area 3	Tobacco User/Non-Tobacco User	42	482.85	526.31
	IL0010052 Rating Area 3	Tobacco User/Non-Tobacco User	43	494.51	539.02
113/41	IL0010052 Rating Area 3	1 000000 0301/11011-1000000 0361	43		554.91

11574IL0010052 Rating Area 3	Tobacco User/Non-Tobacco User	45	526.22	573.58
11574IL0010052 Rating Area 3	Tobacco User/Non-Tobacco User	46	546.62	595.82
11574 L0010052 Rating Area 3	Tobacco User/Non-Tobacco User	47	569.58	620.84
11574IL0010052 Rating Area 3	Tobacco User/Non-Tobacco User	48	595.82	649.44
11574IL0010052 Rating Area 3	Tobacco User/Non-Tobacco User	49	621.69	677.64
11574IL0010052 Rating Area 3	Tobacco User/Non-Tobacco User	50	650.85	709.42
11574IL0010052 Rating Area 3	Tobacco User/Non-Tobacco User	51	679.63	740.80
11574IL0010052 Rating Area 3	Tobacco User/Non-Tobacco User	52	711.34	775.36
11574IL0010052 Rating Area 3	Tobacco User/Non-Tobacco User	53	743.41	810.31
11574IL0010052 Rating Area 3	Tobacco User/Non-Tobacco User	54	778.03	848.05
11574IL0010052 Rating Area 3	Tobacco User/Non-Tobacco User	55	812.65	914.23
11574IL0010052 Rating Area 3	Tobacco User/Non-Tobacco User	56	850.18	956.45
11574IL0010052 Rating Area 3	Tobacco User/Non-Tobacco User	57	888.08	999.09
11574IL0010052 Rating Area 3	Tobacco User/Non-Tobacco User	58	928.53	1044.60
11574IL0010052 Rating Area 3	Tobacco User/Non-Tobacco User	59	948.57	1067.14
11574IL0010052 Rating Area 3	Tobacco User/Non-Tobacco User	60	989.02	1112.65
11574IL0010052 Rating Area 3	Tobacco User/Non-Tobacco User	61	1024.01	1152.01
11574IL0010052 Rating Area 3	Tobacco User/Non-Tobacco User	62	1046.97	1177.84
11574IL0010052 Rating Area 3	Tobacco User/Non-Tobacco User	63	1075.75	1210.22
11574IL0010052 Rating Area 3	Tobacco User/Non-Tobacco User	64 and over	1093.25	1229.90
11574IL0010050 Rating Area 4	Tobacco User/Non-Tobacco User	0-14	209.98	209.98
11574IL0010050 Rating Area 4	Tobacco User/Non-Tobacco User	15	228.65	228.65
11574IL0010050 Rating Area 4	Tobacco User/Non-Tobacco User	16	235.79	235.79
11574IL0010050 Rating Area 4	Tobacco User/Non-Tobacco User	17	242.92	242.92
11574IL0010050 Rating Area 4	Tobacco User/Non-Tobacco User	18	250.61	250.61
11574IL0010050 Rating Area 4	Tobacco User/Non-Tobacco User	19	258.29	258.29
11574IL0010050 Rating Area 4	Tobacco User/Non-Tobacco User	20	266.26	266.26
11574IL0010050 Rating Area 4	Tobacco User/Non-Tobacco User	21	274.50	274.50
11574IL0010050 Rating Area 4	Tobacco User/Non-Tobacco User	22	274.50	274.50
11574IL0010050 Rating Area 4	Tobacco User/Non-Tobacco User	23	274.50	274.50
11574IL0010050 Rating Area 4	Tobacco User/Non-Tobacco User	24	274.50	274.50
11574IL0010050 Rating Area 4	Tobacco User/Non-Tobacco User	25	275.59	289.37
11574IL0010050 Rating Area 4	Tobacco User/Non-Tobacco User	26 27	281.08 287.67	295.13 302.05
11574IL0010050 Rating Area 4 11574IL0010050 Rating Area 4	Tobacco User/Non-Tobacco User Tobacco User/Non-Tobacco User	28	298.37	313.29
11574IL0010050 Rating Area 4	Tobacco User/Non-Tobacco User	29	307.15	322.51
11574L0010050 Rating Area 4	Tobacco User/Non-Tobacco User	30	311.55	327.12
11574L0010050 Rating Area 4	Tobacco User/Non-Tobacco User	31	318.13	334.04
11574L0010050 Rating Area 4	Tobacco User/Non-Tobacco User	32	324.72	340.96
11574L0010050 Hating Area 4	Tobacco User/Non-Tobacco User	33	328.84	345.28
11574L0010050 Hating Area 4	Tobacco User/Non-Tobacco User	34	333.23	349.89
11574L0010050 Rating Area 4	Tobacco User/Non-Tobacco User	35	335.43	365.61
11574L0010050 Rating Area 4	Tobacco User/Non-Tobacco User	36	337.62	368.01
11574IL0010050 Rating Area 4	Tobacco User/Non-Tobacco User	37	339.82	370.40
11574IL0010050 Rating Area 4	Tobacco User/Non-Tobacco User	38	342.01	372.80
11574IL0010050 Rating Area 4	Tobacco User/Non-Tobacco User	39	346.41	377.58
11574 L0010050 Rating Area 4	Tobacco User/Non-Tobacco User	40	350.80	382.37
11574 L0010050 Rating Area 4	Tobacco User/Non-Tobacco User	41	357.39	389.55
11574IL0010050 Rating Area 4	Tobacco User/Non-Tobacco User	42	363.70	396.43
11574IL0010050 Rating Area 4	Tobacco User/Non-Tobacco User	43	372.48	406.01
11574IL0010050 Rating Area 4	Tobacco User/Non-Tobacco User	44	383.46	417.97
11574IL0010050 Rating Area 4	Tobacco User/Non-Tobacco User	45	396.36	432.04
11574IL0010050 Rating Area 4	Tobacco User/Non-Tobacco User	46	411.73	448.79
11574IL0010050 Rating Area 4	Tobacco User/Non-Tobacco User	47	429.03	467.64
11574IL0010050 Rating Area 4	Tobacco User/Non-Tobacco User	48	448.79	489.18
11574IL0010050 Rating Area 4	Tobacco User/Non-Tobacco User	49	468.28	510.42
11574IL0010050 Rating Area 4	Tobacco User/Non-Tobacco User	50	490.24	534.36
11574IL0010050 Rating Area 4	Tobacco User/Non-Tobacco User	51	511.92	558.00
11574IL0010050 Rating Area 4	Tobacco User/Non-Tobacco User	52	535.80	584.03

11574IL0010050 Rating Area 4	Tobacco User/Non-Tobacco User	53	559.96	610.36
11574IL0010050 Rating Area 4	Tobacco User/Non-Tobacco User	54	586.04	638.78
11574IL0010050 Rating Area 4	Tobacco User/Non-Tobacco User	55	612.11	688.63
11574IL0010050 Rating Area 4	Tobacco User/Non-Tobacco User	56	640.38	720.43
11574IL0010050 Rating Area 4	Tobacco User/Non-Tobacco User	57	668.93	752.55
11574IL0010050 Rating Area 4	Tobacco User/Non-Tobacco User	58	699.40	786.83
11574IL0010050 Rating Area 4	Tobacco User/Non-Tobacco User	59	714.50	803.81
11574IL0010050 Rating Area 4	Tobacco User/Non-Tobacco User	60	744.97	838.09
11574IL0010050 Rating Area 4	Tobacco User/Non-Tobacco User	61	771.32	867.73
11574IL0010050 Rating Area 4	Tobacco User/Non-Tobacco User	62	788.61	887.19
11574L0010050 Rating Area 4	Tobacco User/Non-Tobacco User	63	810.29	911.58
11574L0010050 Rating Area 4	Tobacco User/Non-Tobacco User	64 and over	823.47	926.40
11574IL0010030 Rating Area 4	Tobacco User/Non-Tobacco User	0-14	180.86	180.86
11574L0010011 Rating Area 4	Tobacco User/Non-Tobacco User	15	196.94	196.94
11574L0010011 Rating Area 4	Tobacco User/Non-Tobacco User	16	203.09	203.09
	_	17		
11574IL0010011 Rating Area 4	Tobacco User/Non-Tobacco User		209.24	209.24
11574IL0010011 Rating Area 4	Tobacco User/Non-Tobacco User	18	215.86	215.86
11574IL0010011 Rating Area 4	Tobacco User/Non-Tobacco User	19	222.47	222.47
11574IL0010011 Rating Area 4	Tobacco User/Non-Tobacco User	20	229.33	229.33
11574IL0010011 Rating Area 4	Tobacco User/Non-Tobacco User	21	236.43	236.43
11574IL0010011 Rating Area 4	Tobacco User/Non-Tobacco User	22	236.43	236.43
11574IL0010011 Rating Area 4	Tobacco User/Non-Tobacco User	23	236.43	236.43
11574IL0010011 Rating Area 4	Tobacco User/Non-Tobacco User	24	236.43	236.43
11574IL0010011 Rating Area 4	Tobacco User/Non-Tobacco User	25	237.37	249.24
11574IL0010011 Rating Area 4	Tobacco User/Non-Tobacco User	26	242.10	254.20
11574IL0010011 Rating Area 4	Tobacco User/Non-Tobacco User	27	247.77	260.16
11574IL0010011 Rating Area 4	Tobacco User/Non-Tobacco User	28	256.99	269.84
11574IL0010011 Rating Area 4	Tobacco User/Non-Tobacco User	29	264.56	277.79
11574IL0010011 Rating Area 4	Tobacco User/Non-Tobacco User	30	268.34	281.76
11574IL0010011 Rating Area 4	Tobacco User/Non-Tobacco User	31	274.02	287.72
11574IL0010011 Rating Area 4	Tobacco User/Non-Tobacco User	32	279.69	293.67
11574IL0010011 Rating Area 4	Tobacco User/Non-Tobacco User	33	283.24	297.40
11574IL0010011 Rating Area 4	Tobacco User/Non-Tobacco User	34	287.02	301.37
11574IL0010011 Rating Area 4	Tobacco User/Non-Tobacco User	35	288.91	314.91
11574IL0010011 Rating Area 4	Tobacco User/Non-Tobacco User	36	290.80	316.97
11574IL0010011 Rating Area 4	Tobacco User/Non-Tobacco User	37	292.69	319.04
11574L0010011 Rating Area 4	Tobacco User/Non-Tobacco User	38	294.58	321.10
11574IL0010011 Rating Area 4	Tobacco User/Non-Tobacco User	39	298.37	325.22
11574IL0010011 Rating Area 4	Tobacco User/Non-Tobacco User	40	302.15	329.34
11574L0010011 Rating Area 4	Tobacco User/Non-Tobacco User	41	307.82	335.53
	_			
11574IL0010011 Rating Area 4	Tobacco User/Non-Tobacco User	42	313.26	341.46
11574IL0010011 Rating Area 4	Tobacco User/Non-Tobacco User	43	320.83	349.70
11574IL0010011 Rating Area 4	Tobacco User/Non-Tobacco User	44	330.28	360.01
11574IL0010011 Rating Area 4	Tobacco User/Non-Tobacco User	45	341.40	372.12
11574IL0010011 Rating Area 4	Tobacco User/Non-Tobacco User	46	354.64	386.55
11574IL0010011 Rating Area 4	Tobacco User/Non-Tobacco User	47	369.53	402.79
11574IL0010011 Rating Area 4	Tobacco User/Non-Tobacco User	48	386.55	421.34
11574IL0010011 Rating Area 4	Tobacco User/Non-Tobacco User	49	403.34	439.64
11574IL0010011 Rating Area 4	Tobacco User/Non-Tobacco User	50	422.25	460.26
11574IL0010011 Rating Area 4	Tobacco User/Non-Tobacco User	51	440.93	480.61
11574IL0010011 Rating Area 4	Tobacco User/Non-Tobacco User	52	461.50	503.03
11574IL0010011 Rating Area 4	Tobacco User/Non-Tobacco User	53	482.30	525.71
11574IL0010011 Rating Area 4	Tobacco User/Non-Tobacco User	54	504.77	550.19
11574IL0010011 Rating Area 4	Tobacco User/Non-Tobacco User	55	527.23	593.13
11574IL0010011 Rating Area 4	Tobacco User/Non-Tobacco User	56	551.58	620.52
11574IL0010011 Rating Area 4	Tobacco User/Non-Tobacco User	57	576.17	648.19
11574IL0010011 Rating Area 4	Tobacco User/Non-Tobacco User	58	602.41	677.71
11574IL0010011 Rating Area 4	Tobacco User/Non-Tobacco User	59	615.41	692.34
11574IL0010011 Rating Area 4	Tobacco User/Non-Tobacco User	60	641.65	721.86
Tion need to the field to	100000 0001/11011 1000000 0001	00	011.00	721.00

11574IL0010011 Rating Area 4	Tobacco User/Non-Tobacco User	61	664.35	747.40
11574IL0010011 Rating Area 4	Tobacco User/Non-Tobacco User	62	679.25	764.15
11574IL0010011 Rating Area 4	Tobacco User/Non-Tobacco User	63	697.92	785.16
11574IL0010011 Rating Area 4	Tobacco User/Non-Tobacco User	64 and over	709.27	797.93
11574IL0010053 Rating Area 4	Tobacco User/Non-Tobacco User	0-14	277.17	277.17
11574IL0010053 Rating Area 4	Tobacco User/Non-Tobacco User	15	301.81	301.81
11574IL0010053 Rating Area 4	Tobacco User/Non-Tobacco User	16	311.23	311.23
11574IL0010053 Rating Area 4	Tobacco User/Non-Tobacco User	17	320.65	320.65
11574IL0010053 Rating Area 4	Tobacco User/Non-Tobacco User	18	330.79	330.79
11574IL0010053 Rating Area 4	Tobacco User/Non-Tobacco User	19	340.94	340.94
11574IL0010053 Rating Area 4 11574IL0010053 Rating Area 4	Tobacco User/Non-Tobacco User	20 21	351.44 362.32	351.44 362.32
11574IL0010053 Rating Area 4 11574IL0010053 Rating Area 4	Tobacco User/Non-Tobacco User	21	362.32	362.32
11574IL0010053 Rating Area 4 11574IL0010053 Rating Area 4	Tobacco User/Non-Tobacco User Tobacco User/Non-Tobacco User	23		362.32
11574IL0010053 Rating Area 4 11574IL0010053 Rating Area 4	Tobacco User/Non-Tobacco User Tobacco User/Non-Tobacco User	23	362.32 362.32	362.32
11574IL0010053 Rating Area 4 11574IL0010053 Rating Area 4	Tobacco User/Non-Tobacco User Tobacco User/Non-Tobacco User	25	362.32	362.32
11574IL0010053 Rating Area 4	Tobacco User/Non-Tobacco User	26	371.01	389.56
11574IL0010053 Rating Area 4	Tobacco User/Non-Tobacco User	27	371.01	398.69
11574IL0010053 Rating Area 4	Tobacco User/Non-Tobacco User	28	393.84	413.53
11574IL0010053 Rating Area 4	Tobacco User/Non-Tobacco User	29	405.43	425.70
11574IL0010053 Rating Area 4	Tobacco User/Non-Tobacco User	30	411.23	431.79
11574IL0010053 Rating Area 4	Tobacco User/Non-Tobacco User	31	419.92	440.92
11574IL0010053 Rating Area 4	Tobacco User/Non-Tobacco User	32	428.62	450.05
11574IL0010053 Rating Area 4	Tobacco User/Non-Tobacco User	33	434.05	455.75
11574IL0010053 Rating Area 4	Tobacco User/Non-Tobacco User	34	439.85	461.84
11574IL0010053 Rating Area 4	Tobacco User/Non-Tobacco User	35	442.75	482.60
11574IL0010053 Rating Area 4	Tobacco User/Non-Tobacco User	36	445.65	485.75
11574IL0010053 Rating Area 4	Tobacco User/Non-Tobacco User	37	448.54	488.91
11574IL0010053 Rating Area 4	Tobacco User/Non-Tobacco User	38	451.44	492.07
11574IL0010053 Rating Area 4	Tobacco User/Non-Tobacco User	39	457.24	498.39
11574IL0010053 Rating Area 4	Tobacco User/Non-Tobacco User	40	463.04	504.71
11574IL0010053 Rating Area 4	Tobacco User/Non-Tobacco User	41	471.73	514.19
11574IL0010053 Rating Area 4	Tobacco User/Non-Tobacco User	42	480.07	523.27
11574IL0010053 Rating Area 4	Tobacco User/Non-Tobacco User	43	491.66	535.91
11574IL0010053 Rating Area 4	Tobacco User/Non-Tobacco User	44	506.15	551.71
11574IL0010053 Rating Area 4	Tobacco User/Non-Tobacco User	45	523.18	570.27
11574IL0010053 Rating Area 4	Tobacco User/Non-Tobacco User	46	543.47	592.38
11574IL0010053 Rating Area 4	Tobacco User/Non-Tobacco User	47	566.30	617.26
11574IL0010053 Rating Area 4	Tobacco User/Non-Tobacco User	48	592.38	645.70
11574IL0010053 Rating Area 4	Tobacco User/Non-Tobacco User	49	618.11	673.74
11574IL0010053 Rating Area 4	Tobacco User/Non-Tobacco User	50	647.09	705.33
11574IL0010053 Rating Area 4	Tobacco User/Non-Tobacco User	51	675.72	736.53
11574IL0010053 Rating Area 4	Tobacco User/Non-Tobacco User	52	707.24	770.89
11574IL0010053 Rating Area 4	Tobacco User/Non-Tobacco User	53	739.12	805.64
11574IL0010053 Rating Area 4	Tobacco User/Non-Tobacco User	54	773.54	843.16
11574IL0010053 Rating Area 4	Tobacco User/Non-Tobacco User	55	807.96	908.96
11574IL0010053 Rating Area 4	Tobacco User/Non-Tobacco User	56	845.28	950.94
11574IL0010053 Rating Area 4	Tobacco User/Non-Tobacco User	57	882.96	993.33
11574IL0010053 Rating Area 4	Tobacco User/Non-Tobacco User	58	923.18	1038.57
11574IL0010053 Rating Area 4	Tobacco User/Non-Tobacco User	59	943.10	1060.99
11574IL0010053 Rating Area 4	Tobacco User/Non-Tobacco User	60	983.32	1106.24
11574IL0010053 Rating Area 4	Tobacco User/Non-Tobacco User	61	1018.10	1145.37
11574IL0010053 Rating Area 4	Tobacco User/Non-Tobacco User	62	1040.93	1171.04
11574IL0010053 Rating Area 4	Tobacco User/Non-Tobacco User	63	1069.55	1203.25
11574IL0010053 Rating Area 4	Tobacco User/Non-Tobacco User	64 and over	1086.94	1222.81
11574IL0010045 Rating Area 4	Tobacco User/Non-Tobacco User	0-14	261.36	261.36
11574IL0010045 Rating Area 4	Tobacco User/Non-Tobacco User	15	284.60	284.60
11574IL0010045 Rating Area 4	Tobacco User/Non-Tobacco User	16	293.48	293.48
11574IL0010045 Rating Area 4	Tobacco User/Non-Tobacco User	17	302.36	302.36

11574IL0010045 Rating Area 4	Tobacco User/Non-Tobacco User	18	311.93	311.93
11574IL0010045 Rating Area 4	Tobacco User/Non-Tobacco User	19	321.49	321.49
11574IL0010045 Rating Area 4	Tobacco User/Non-Tobacco User	20	331.40	331.40
11574IL0010045 Rating Area 4	Tobacco User/Non-Tobacco User	21	341.66	341.66
11574IL0010045 Rating Area 4	Tobacco User/Non-Tobacco User	22	341.66	341.66
11574IL0010045 Rating Area 4	Tobacco User/Non-Tobacco User	23	341.66	341.66
11574IL0010045 Rating Area 4	Tobacco User/Non-Tobacco User	24	341.66	341.66
11574IL0010045 Rating Area 4	Tobacco User/Non-Tobacco User	25	343.02	360.17
11574IL0010045 Rating Area 4	Tobacco User/Non-Tobacco User	26	349.85	367.34
11574IL0010045 Rating Area 4	Tobacco User/Non-Tobacco User	27	358.05	375.95
11574IL0010045 Rating Area 4	Tobacco User/Non-Tobacco User	28	371.38	389.94
11574IL0010045 Rating Area 4	Tobacco User/Non-Tobacco User	29	382.31	401.42
11574IL0010045 Rating Area 4	Tobacco User/Non-Tobacco User	30	387.77	407.16
11574IL0010045 Rating Area 4	Tobacco User/Non-Tobacco User	31	395.97	415.77
11574IL0010045 Rating Area 4	Tobacco User/Non-Tobacco User	32	404.17	424.38
11574IL0010045 Rating Area 4	Tobacco User/Non-Tobacco User	33	409.30	429.76
11574IL0010045 Rating Area 4	Tobacco User/Non-Tobacco User	34	414.77	435.50
11574IL0010045 Rating Area 4	Tobacco User/Non-Tobacco User	35	417.50	455.07
11574IL0010045 Rating Area 4	Tobacco User/Non-Tobacco User	36	420.23	458.05
11574IL0010045 Rating Area 4	Tobacco User/Non-Tobacco User	37	422.96	461.03
11574IL0010045 Rating Area 4	Tobacco User/Non-Tobacco User	38	425.70	464.01
11574IL0010045 Rating Area 4	Tobacco User/Non-Tobacco User	39	431.16	469.97
11574IL0010045 Rating Area 4	Tobacco User/Non-Tobacco User	40	436.63	475.93
11574IL0010045 Rating Area 4	Tobacco User/Non-Tobacco User	41	444.83	484.87
11574IL0010045 Rating Area 4	Tobacco User/Non-Tobacco User	42	452.69	493.43
11574IL0010045 Rating Area 4	Tobacco User/Non-Tobacco User	43	463.62	505.35
11574IL0010045 Rating Area 4	Tobacco User/Non-Tobacco User	44	477.29	520.24
11574IL0010045 Rating Area 4	Tobacco User/Non-Tobacco User	45	493.35	537.75
11574IL0010045 Rating Area 4	Tobacco User/Non-Tobacco User	46	512.48	558.60
11574IL0010045 Rating Area 4	Tobacco User/Non-Tobacco User	47	534.00	582.06
11574IL0010045 Rating Area 4	Tobacco User/Non-Tobacco User	48	558.60	608.87
11574IL0010045 Rating Area 4	Tobacco User/Non-Tobacco User	49	582.86	635.32
11574IL0010045 Rating Area 4	Tobacco User/Non-Tobacco User	50	610.19	665.11
11574IL0010045 Rating Area 4	Tobacco User/Non-Tobacco User	51	637.18	694.53
11574IL0010045 Rating Area 4	Tobacco User/Non-Tobacco User	52	666.90	726.93
11574IL0010045 Rating Area 4	Tobacco User/Non-Tobacco User	53	696.97	759.70
11574IL0010045 Rating Area 4	Tobacco User/Non-Tobacco User	54	729.43	795.07
11574IL0010045 Rating Area 4	Tobacco User/Non-Tobacco User	55	761.88	857.12
11574IL0010045 Rating Area 4	Tobacco User/Non-Tobacco User	56	797.07	896.71
11574IL0010045 Rating Area 4	Tobacco User/Non-Tobacco User	57	832.61	936.68
11574IL0010045 Rating Area 4	Tobacco User/Non-Tobacco User	58	870.53	979.34
11574IL0010045 Rating Area 4	Tobacco User/Non-Tobacco User	59	889.32	1000.48
11574IL0010045 Rating Area 4	Tobacco User/Non-Tobacco User	60	927.24	1043.15
11574IL0010045 Rating Area 4	Tobacco User/Non-Tobacco User	61	960.04	1080.05
11574IL0010045 Rating Area 4	Tobacco User/Non-Tobacco User	62	981.57	1104.26
11574IL0010045 Rating Area 4	Tobacco User/Non-Tobacco User	63	1008.56	1134.63
11574IL0010045 Rating Area 4	Tobacco User/Non-Tobacco User	64 and over	1024.96	1153.07
11574IL0010052 Rating Area 4	Tobacco User/Non-Tobacco User	0-14	260.17	260.17
11574IL0010052 Rating Area 4	Tobacco User/Non-Tobacco User	15	283.30	283.30
11574IL0010052 Rating Area 4	Tobacco User/Non-Tobacco User	16	292.14	292.14
11574IL0010052 Rating Area 4	Tobacco User/Non-Tobacco User	17	300.98	300.98
11574IL0010052 Rating Area 4	Tobacco User/Non-Tobacco User	18	310.51	310.51
11574L0010052 Rating Area 4	Tobacco User/Non-Tobacco User	19	320.03	320.03
11574L0010052 Rating Area 4	Tobacco User/Non-Tobacco User	20	329.89	329.89
11574L0010052 Rating Area 4	Tobacco User/Non-Tobacco User	21	340.10	340.10
11574IL0010052 Rating Area 4	Tobacco User/Non-Tobacco User	22	340.10	340.10
11574IL0010052 Rating Area 4 11574IL0010052 Rating Area 4	Tobacco User/Non-Tobacco User	23	340.10	340.10
11574IL0010052 Rating Area 4 11574IL0010052 Rating Area 4	Tobacco User/Non-Tobacco User Tobacco User/Non-Tobacco User	23	340.10	340.10
		25	340.10	
11574IL0010052 Rating Area 4	Tobacco User/Non-Tobacco User	∠5	341.40	358.53

11574IL0010052		acco User/Non-Tobacco User	26		365.67
11574IL0010052		acco User/Non-Tobacco User	27		374.24
11574IL0010052	Rating Area 4 Tob	acco User/Non-Tobacco User	28		388.17
11574IL0010052	Rating Area 4 Tob	acco User/Non-Tobacco User	29		399.59
11574IL0010052		acco User/Non-Tobacco User	30		405.31
11574IL0010052	Rating Area 4 Tob	acco User/Non-Tobacco User	31	394.17	413.88
11574IL0010052		acco User/Non-Tobacco User	32	402.33	422.45
11574IL0010052	Rating Area 4 Tob	acco User/Non-Tobacco User	33	407.43	427.81
11574IL0010052	Rating Area 4 Tob	acco User/Non-Tobacco User	34	412.87	433.52
11574IL0010052		acco User/Non-Tobacco User	35	415.60	453.00
11574IL0010052	•	acco User/Non-Tobacco User	36		455.96
11574IL0010052		acco User/Non-Tobacco User	37		458.93
11574IL0010052		acco User/Non-Tobacco User	38		461.90
11574IL0010052		acco User/Non-Tobacco User	39		467.83
11574IL0010052		acco User/Non-Tobacco User	40		473.76
11574IL0010052		acco User/Non-Tobacco User	41		482.66
11574IL0010052		acco User/Non-Tobacco User	42		491.18
11574IL0010052		acco User/Non-Tobacco User	43		503.04
11574IL0010052		acco User/Non-Tobacco User	44		517.87
11574L0010032 11574L0010052	•	acco User/Non-Tobacco User	45		535.30
11574L0010032		acco User/Non-Tobacco User	46		556.05
11574L0010052		acco User/Non-Tobacco User	47		579.41
11574L0010032 11574L0010052		acco User/Non-Tobacco User	48		606.10
11574L0010032		acco User/Non-Tobacco User	49		632.42
11574IL0010032		acco User/Non-Tobacco User	50		662.08
11574IL0010032		acco User/Non-Tobacco User	51		691.36
11574L0010052	•	acco User/Non-Tobacco User	52		723.61
11574L0010052		acco User/Non-Tobacco User	53		756.23
		acco User/Non-Tobacco User	55		791.45
11574IL0010052 11574IL0010052		acco User/Non-Tobacco User	55		853.21
11574L0010052	3	acco User/Non-Tobacco User	56		892.62
		acco User/Non-Tobacco User			932.41
11574IL0010052			57		
11574IL0010052		acco User/Non-Tobacco User	58		974.88
11574IL0010052		acco User/Non-Tobacco User	59		995.92
11574IL0010052		acco User/Non-Tobacco User	60		1038.39
11574IL0010052		acco User/Non-Tobacco User	61	955.67	1075.12
11574IL0010052		acco User/Non-Tobacco User	62		1099.23
11574IL0010052		pacco User/Non-Tobacco User	63		1129.45
11574IL0010052	- U	acco User/Non-Tobacco User	64 and over	1020.28	1147.82
11574IL0010050		acco User/Non-Tobacco User	0-14		278.94
11574IL0010050		pacco User/Non-Tobacco User	15		303.73
11574IL0010050		acco User/Non-Tobacco User	16		313.21
11574IL0010050	•	acco User/Non-Tobacco User	17		322.69
11574IL0010050		pacco User/Non-Tobacco User	18		332.90
11574IL0010050		pacco User/Non-Tobacco User	19		343.11
11574IL0010050		pacco User/Non-Tobacco User			353.69
11574IL0010050		pacco User/Non-Tobacco User	21		364.64
11574IL0010050		acco User/Non-Tobacco User	22		364.64
11574IL0010050	•	acco User/Non-Tobacco User	23		364.64
11574IL0010050		acco User/Non-Tobacco User	24		364.64
11574IL0010050		acco User/Non-Tobacco User	25		384.39
11574IL0010050		acco User/Non-Tobacco User	26		392.05
11574IL0010050		acco User/Non-Tobacco User	27		401.23
11574IL0010050	Rating Area 5 Tob	acco User/Non-Tobacco User	28	396.35	416.17
11574IL0010050	Rating Area 5 Tob	acco User/Non-Tobacco User	29	408.02	428.42
11574IL0010050	Rating Area 5 Tob	acco User/Non-Tobacco User	30	413.85	434.54
11574IL0010050		acco User/Non-Tobacco User	31		443.73
11574IL0010050		acco User/Non-Tobacco User	32		452.92
11574IL0010050		acco User/Non-Tobacco User	33		458.66

11574IL0010050 Rating Are		34	442.66	464.79
11574IL0010050 Rating Are		35	445.57	485.67
11574IL0010050 Rating Are		36	448.49	488.85
11574IL0010050 Rating Are	ea 5 Tobacco User/Non-Tobacco User	37	451.41	492.03
11574IL0010050 Rating Are	ea 5 Tobacco User/Non-Tobacco User	38	454.32	495.21
11574IL0010050 Rating Are	ea 5 Tobacco User/Non-Tobacco User	39	460.16	501.57
11574IL0010050 Rating Are	ea 5 Tobacco User/Non-Tobacco User	40	465.99	507.93
11574IL0010050 Rating Are	ea 5 Tobacco User/Non-Tobacco User	41	474.74	517.47
11574IL0010050 Rating Are		42	483.13	526.61
11574IL0010050 Rating Ar		43	494.80	539.33
11574IL0010050 Rating Ar		44	509.38	555.23
11574IL0010050 Rating Ar		45	526.52	573.91
11574IL0010050 Rating Ar		46	546.94	596.16
11574IL0010050 Rating Ar		47	569.91	621.20
11574IL0010050 Rating Ar		48	596.16	649.82
11574IL0010050 Rating Art		49	622.05	678.04
11574IL0010050 Rating Ar		50	651.22	709.83
11574IL0010050 Rating Ar		51	680.03	741.23
11574IL0010050 Rating An		52	711.75	775.81
11574IL0010050 Rating An		53	711.75	810.78
11574IL0010050 Rating Art		53	778.48	848.54
			813.12	
11574IL0010050 Rating An 11574IL0010050 Rating An		55 56	813.12 850.67	914.75 957.01
11574IL0010050 Rating Ar		57	888.59	999.67
11574IL0010050 Rating Ar		58	929.07	1045.20
11574IL0010050 Rating Ar		59	949.12	1067.76
11574IL0010050 Rating Ar		60	989.59	1113.29
11574IL0010050 Rating Ar		61	1024.60	1152.67
11574IL0010050 Rating Ar		62	1047.57	1178.52
11574IL0010050 Rating Ar		63	1076.38	1210.92
11574IL0010050 Rating Ar		64 and over	1093.88	1230.61
11574IL0010011 Rating Ar		0-14	240.26	240.26
11574IL0010011 Rating Ar		15	261.61	261.61
11574IL0010011 Rating Ar		16	269.78	269.78
11574IL0010011 Rating Are		17	277.94	277.94
11574IL0010011 Rating Ar		18	286.74	286.74
11574IL0010011 Rating Ar		19	295.53	295.53
11574IL0010011 Rating Are		20	304.64	304.64
11574IL0010011 Rating Are		21	314.07	314.07
11574IL0010011 Rating Are		22	314.07	314.07
11574IL0010011 Rating Are		23	314.07	314.07
11574IL0010011 Rating Are		24	314.07	314.07
11574IL0010011 Rating Are		25	315.32	331.08
11574IL0010011 Rating Are	ea 5 Tobacco User/Non-Tobacco User	26	321.60	337.68
11574IL0010011 Rating Ar	ea 5 Tobacco User/Non-Tobacco User	27	329.13	345.59
11574IL0010011 Rating Ar		28	341.38	358.45
11574IL0010011 Rating Ar		29	351.43	369.00
11574IL0010011 Rating Ar		30	356.46	374.28
11574IL0010011 Rating Ar		31	364.00	382.20
11574IL0010011 Rating Ar		32	371.53	390.11
11574IL0010011 Rating An		33	376.24	395.06
11574IL0010011 Hating An		34	381.27	400.33
11574IL0010011 Rating An		35	383.78	418.32
11574IL0010011 Rating An		36	386.29	421.06
11574IL0010011 Rating An		36	388.81	423.80
		38	388.81	
11574IL0010011 Rating Ar				426.54
11574IL0010011 Rating Ar		39	396.34	432.01
11574IL0010011 Rating Are		40	401.37 408.91	437.49 445.71
11574IL0010011 Rating Ar				

11574LD010011 Rating Area 5 Tobacco User/Mon Tobacco User 44 448,14 472,25					
11574L0.00 1011 Raing Area 5		Tobacco User/Non-Tobacco User			453.58
11574LIJ010117 Rating Area 5 11574LIJ010117 Rating Area 5 11574LIJ010117 Rating Area 5 11574LIJ010117 Rating Area 6 11574LIJ010117 Rating Area 6 11574LIJ010117 Rating Area 6 11574LIJ010117 Rating Area 6 11574LIJ010117 Rating Area 5 11574LIJ0101011 Rating Area 5 11574LIJ01010117 Rating Ar	11574IL0010011 Rating Area 5	Tobacco User/Non-Tobacco User			
11574.L0010011 Raling Area 5 11574.L0010011 Raling Area 6 11574.L0010011 R	11574IL0010011 Rating Area 5	Tobacco User/Non-Tobacco User	44	438.74	478.23
11974 L001011 Rating Area 5 Tohacco User-Nov-Tohacco User 48 51.249 555.07 11974 L001011 Rating Area 5 Tohacco User-Nov-Tohacco User 48 51.249 555.07 11974 L001011 Rating Area 5 Tohacco User-Nov-Tohacco User 49 535.79 58.01 11974 L001011 Rating Area 5 Tohacco User-Nov-Tohacco User 51 585.72 58.41 11974 L001011 Rating Area 5 Tohacco User-Nov-Tohacco User 51 585.72 58.41 11974 L001011 Rating Area 5 Tohacco User-Nov-Tohacco User 52 613.04 6862.25 11974 L001011 Rating Area 5 Tohacco User-Nov-Tohacco User 53 640.06 6863.25 11974 L001011 Rating Area 5 Tohacco User-Nov-Tohacco User 56 770.035 772.70 11974 L001011 Rating Area 5 Tohacco User-Nov-Tohacco User 56 770.035 772.70 11974 L001011 Rating Area 5 Tohacco User-Nov-Tohacco User 57 765.06 881.00 11974 L001011 Rating Area 5 Tohacco User-Nov-Tohacco User 68 782.70 682.25 11974 L001011 Rating Area 5 Tohacco User-Nov-Tohacco User 68 690.22	11574IL0010011 Rating Area 5	Tobacco User/Non-Tobacco User	45	453.50	494.32
115744L0010011 Raing Area 5 115744L001001 Raing Area 5 115744L0010011 Raing Area 5 115744L0010011 Raing Area 5 115744L0010001 Raing Area 5 115744L0010001 Raing Area 5 115	11574IL0010011 Rating Area 5	Tobacco User/Non-Tobacco User	46	471.09	513.49
11574LL0010011 Raining Area 5	11574IL0010011 Rating Area 5	Tobacco User/Non-Tobacco User	47	490.88	535.05
11574LL0010011 Raining Area 5	11574IL0010011 Rating Area 5	Tobacco User/Non-Tobacco User	48	513.49	559.70
11574L0010011 Raining Area 5 11574L0010001 Ra	· · · · · · · · · · · · · · · · · · ·				
11574L0010011 Rating Area 5 11574L0010013 Rating Area 5 11574L0010013 Rating Area 5 11574L0010013 Rating Area 5 11574L0010013 Rating Area 5 11574L001003 Rating Area 5 11574					
11574L0010011 Rating Area 5 11574L0010030 Rating Area 5 11					
11574L0010011 Rating Area 5 Tobacco UserNon-Tobacco User 55 670.92 730.86 11574L0010011 Rating Area 5 Tobacco UserNon-Tobacco User 55 770.35 787.91 730.86 732.70 730.86 730.87 730.86 730.86 730.87 730.86 730.87 730.86 730.87 730.86 730.87 730.86 730.87 730.86 730.87 730.86 730.87 730.87 730.86 730.87 730.86 730.87 730.86 730.87					
11574L0010011 Raing Area 5					
11574LD010011 Rating Area 5					
11574LD010011 Rating Area 5					
11574(L001101) Raling Area 5					
11574LID011001 Raling Area 5					
11574L001011 Rating Area 5 Tobacco User/Non-Tobacco User 60 852.36 955.95 955.95 11574L001011 Rating Area 5 Tobacco User/Non-Tobacco User 61 882.51 992.85 11574L001011 Rating Area 5 Tobacco User/Non-Tobacco User 62 902.29 10.15.06 11574L001011 Rating Area 5 Tobacco User/Non-Tobacco User 62 902.29 10.15.06 11574L001011 Rating Area 5 Tobacco User/Non-Tobacco User 63 927.10 10.42.95 11574L00101013 Rating Area 5 Tobacco User/Non-Tobacco User 63 927.10 10.42.95 11574L0010103 Rating Area 5 Tobacco User/Non-Tobacco User 64 40 ver 942.18 1059.38 11574L0010035 Rating Area 5 Tobacco User/Non-Tobacco User 64 40 ver 942.18 10.15 11574L0010035 Rating Area 5 Tobacco User/Non-Tobacco User 7 15 40.01 11574L0010035 Rating Area 5 Tobacco User/Non-Tobacco User 7 17 4.45.94 4.45.94 11574L0010035 Rating Area 5 Tobacco User/Non-Tobacco User 7 17 4.45.94 4.45.94 11574L0010035 Rating Area 5 Tobacco User/Non-Tobacco User 7 19 4.52.94 11574L0010035 Rating Area 5 Tobacco User/Non-Tobacco User 7 19 4.52.94 11574L0010035 Rating Area 5 Tobacco User/Non-Tobacco User 9 19 4.52.99 4.52.85 11574L0010055 Rating Area 5 Tobacco User/Non-Tobacco User 9 19 4.52.99 4.52.85 11574L0010055 Rating Area 5 Tobacco User/Non-Tobacco User 9 19 4.52.99 4.52.85 11574L0010055 Rating Area 5 Tobacco User/Non-Tobacco User 9 20 466.85 466.85 11574L0010055 Rating Area 5 Tobacco User/Non-Tobacco User 9 21 481.30 481.33 11574L0010055 Rating Area 5 Tobacco User/Non-Tobacco User 9 21 481.30 481.33 11574L0010055 Rating Area 5 Tobacco User/Non-Tobacco User 9 29 481.30 481.33 11574L0010055 Rating Area 5 Tobacco User/Non-Tobacco User 9 29 481.30 481.33 11574L0010055 Rating Area 5 Tobacco User/Non-Tobacco User 9 29 59.33 525.65 11574L0010055 Rating Area 5 Tobacco User/Non-Tobacco User 9 29 59.33 525.65 11574L0010055 Rating Area 5 Tobacco User/Non-Tobacco User 9 29 59.33 525.65 11574L0010055 Rating Area 5 Tobacco User/Non-Tobacco User 9 29 59.33 525.65 11574L0010055 Rating Area 5 Tobacco User/Non-Tobacco User 9 39 59.69 59 59.37 597.85 11574L0010055 Rating Area 5 Tobacco User/					
11574L001011 Rating Area 5 Tobacco User/Non-Tobacco User 61 882.51 992.82 11574L001011 Rating Area 5 Tobacco User/Non-Tobacco User 62 902.29 1015.06 11574L001011 Rating Area 5 Tobacco User/Non-Tobacco User 62 902.29 1015.06 11574L00101013 Rating Area 5 Tobacco User/Non-Tobacco User 63 927.10 1042.93 11574L0010013 Rating Area 5 Tobacco User/Non-Tobacco User 64 and over 942.18 1059.98 11574L00100153 Rating Area 5 Tobacco User/Non-Tobacco User 15 40.01 4368.19 368.18 11574L0010053 Rating Area 5 Tobacco User/Non-Tobacco User 16 413.43 413.44 11574L0010053 Rating Area 5 Tobacco User/Non-Tobacco User 17 425.94 40.59 11574L0010053 Rating Area 5 Tobacco User/Non-Tobacco User 17 425.94 425.94 11574L0010053 Rating Area 5 Tobacco User/Non-Tobacco User 18 439.42 439.42 11574L0010053 Rating Area 5 Tobacco User/Non-Tobacco User 19 435.29 425.84 11574L0010053 Rating Area 5 Tobacco User/Non-Tobacco User 19 435.29 425.84 11574L0010053 Rating Area 5 Tobacco User/Non-Tobacco User 19 435.29 425.84 11574L0010053 Rating Area 5 Tobacco User/Non-Tobacco User 19 445.29 445.28 425.84 11574L0010053 Rating Area 5 Tobacco User/Non-Tobacco User 19 445.20 445.29					
11574LI001011 Rating Area 5 Tobacco User/Non-Tobacco User 62 902.29 1015.00 11574LI001011 Rating Area 5 Tobacco User/Non-Tobacco User 62 902.29 1015.00 11674LI001011 Rating Area 5 Tobacco User/Non-Tobacco User 63 927.10 1042.95 11574LI00101015 Rating Area 5 Tobacco User/Non-Tobacco User 94.21 1059.99 11574LI00101055 Rating Area 5 Tobacco User/Non-Tobacco User 15 400.91 400.91 11574LI0010055 Rating Area 5 Tobacco User/Non-Tobacco User 15 400.91 410.91 11574LI0010055 Rating Area 5 Tobacco User/Non-Tobacco User 16 413.43 413.43 413.43 11574LI0010055 Rating Area 5 Tobacco User/Non-Tobacco User 17 425.94 425.94 11574LI0010055 Rating Area 5 Tobacco User/Non-Tobacco User 19 439.42 439.42 11574LI0010055 Rating Area 5 Tobacco User/Non-Tobacco User 19 482.99 445.88 11574LI0010055 Rating Area 5 Tobacco User/Non-Tobacco User 19 482.99 4452.88 11574LI0010055 Rating Area 5 Tobacco User/Non-Tobacco User 20 466.85 466.85 11574LI0010055 Rating Area 5 Tobacco User/Non-Tobacco User 21 491.30 431.34 11574LI0010055 Rating Area 5 Tobacco User/Non-Tobacco User 22 491.30 431.34 11574LI0010055 Rating Area 5 Tobacco User/Non-Tobacco User 24 491.30 431.34 11574LI0010055 Rating Area 5 Tobacco User/Non-Tobacco User 24 491.30 431.34 11574LI0010055 Rating Area 5 Tobacco User/Non-Tobacco User 24 491.30 431.34 11574LI0010055 Rating Area 5 Tobacco User/Non-Tobacco User 24 491.30 431.34 11574LI0010055 Rating Area 5 Tobacco User/Non-Tobacco User 24 491.30 431.34 11574LI0010055 Rating Area 5 Tobacco User/Non-Tobacco User 25 493.21 507.34 11574LI0010055 Rating Area 5 Tobacco User/Non-Tobacco User 25 493.21 507.34 11574LI0010055 Rating Area 5 Tobacco User/Non-Tobacco User 25 593.35 56 565.4 11574LI0010055 Rating Area 5 Tobacco User/Non-Tobacco User 27 594.39 593.31 59					
11574IL0010011 Rating Area 5 Tobacco User/Non-Tobacco User 62 992.29 1015.00 1012.92 11574IL0010011 Rating Area 5 Tobacco User/Non-Tobacco User 64 and over 942.18 1059.95 11574IL0010053 Rating Area 5 Tobacco User/Non-Tobacco User 64 and over 942.18 1059.95 11574IL0010053 Rating Area 5 Tobacco User/Non-Tobacco User 15 400.91 400.91 11574IL0010053 Rating Area 5 Tobacco User/Non-Tobacco User 16 413.43 413.43 413.44 11574IL0010053 Rating Area 5 Tobacco User/Non-Tobacco User 17 425.94 425.94 11574IL0010053 Rating Area 5 Tobacco User/Non-Tobacco User 17 425.94 425.94 11574IL0010053 Rating Area 5 Tobacco User/Non-Tobacco User 19 452.89 432.84 11574IL0010053 Rating Area 5 Tobacco User/Non-Tobacco User 19 452.89 432.84 11574IL0010053 Rating Area 5 Tobacco User/Non-Tobacco User 20 466.85 466.86 11574IL0010053 Rating Area 5 Tobacco User/Non-Tobacco User 21 461.30 461.5					
11574 L0010011 Rating Area 5 Tobacco User/Non-Tobacco User 64 and over 942.18 105959 11574 L00100153 Rating Area 5 Tobacco User/Non-Tobacco User 15 400.91					
11574L0010015 Rating Area 5 Tobacco User/Non-Tobacco User 0-14 388-19 388-19 11574L0010053 Rating Area 5 Tobacco User/Non-Tobacco User 15 400.91 400.91 11574L0010053 Rating Area 5 Tobacco User/Non-Tobacco User 16 413.43 413.45 11574L0010053 Rating Area 5 Tobacco User/Non-Tobacco User 17 425-94 425-94 425-94 11574L0010053 Rating Area 5 Tobacco User/Non-Tobacco User 17 425-94 425-94 425-94 11574L0010053 Rating Area 5 Tobacco User/Non-Tobacco User 19 425-89 425-89 11574L0010053 Rating Area 5 Tobacco User/Non-Tobacco User 19 425-89 425-89 11574L0010053 Rating Area 5 Tobacco User/Non-Tobacco User 19 425-89 425-89 11574L0010053 Rating Area 5 Tobacco User/Non-Tobacco User 20 466-85 466-85 11574L0010053 Rating Area 5 Tobacco User/Non-Tobacco User 21 481-30 481-33 11574L0010053 Rating Area 5 Tobacco User/Non-Tobacco User 22 481-30 481-33 11574L0010053 Rating Area 5 Tobacco User/Non-Tobacco User 22 481-30 481-33 11574L0010053 Rating Area 5 Tobacco User/Non-Tobacco User 22 481-30 481-33 11574L0010053 Rating Area 5 Tobacco User/Non-Tobacco User 24 481-30 481-33 11574L0010053 Rating Area 5 Tobacco User/Non-Tobacco User 25 483-21 507-33 11574L0010053 Rating Area 5 Tobacco User/Non-Tobacco User 25 483-21 507-33 11574L0010053 Rating Area 5 Tobacco User/Non-Tobacco User 25 483-21 507-34 11574L0010053 Rating Area 5 Tobacco User/Non-Tobacco User 25 543-35 1574-40010053 Rating Area 5 Tobacco User/Non-Tobacco User 25 543-35 1574-40010053 Rating Area 5 Tobacco User/Non-Tobacco User 29 533-56 564-56 11574L0010053 Rating Area 5 Tobacco User/Non-Tobacco User 29 533-56 564-56 11574L0010053 Rating Area 5 Tobacco User/Non-Tobacco User 29 533-56 566-37 557 11574L0010053 Rating Area 5 Tobacco User/Non-Tobacco User 30 546-26 573-56 11574L0010053 Rating Area 5 Tobacco User/Non-Tobacco User 30 546-26 573-56 11574L0010053 Rating Area 5 Tobacco User/Non-Tobacco User 30 546-26 573-56 11574L0010053 Rating Area 5 Tobacco User/Non-Tobacco User 30 546-26 573-56 663-57 11574L0010053 Rating Area 5 Tobacco User/Non-Tobacco User 30 566-36 663-36 663-36 6					
11574L0010053 Rating Area 5					
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11574L0010058 Rating Area 5 Tobacco User/Non-Tobacco User 17 425.94 425.94 41574L0010058 Rating Area 5 Tobacco User/Non-Tobacco User 18 439.42 439.43 439.43 439.42 439.43 439.43 439.43 439.43 439.43 439.43 439.43 439.44 439.44 439.45 448.30 448.13 481.30					
11574L0010058 Rating Area 5 Tobacco User(Non-Tobacco User 18					
11574IL0010053 Rating Area 5 Tobacco User/Non-Tobacco User 19 452.89 452.89 452.89 11574IL0010053 Rating Area 5 Tobacco User/Non-Tobacco User 20 466.85 466.85 466.85 11574IL0010053 Rating Area 5 Tobacco User/Non-Tobacco User 21 481.30 481.					413.43
11574 L0010053 Rating Area 5					
11574 L0010053 Rating Area 5	11574IL0010053 Rating Area 5	Tobacco User/Non-Tobacco User			439.42
11574LL0010058 Rating Area 5	11574IL0010053 Rating Area 5	Tobacco User/Non-Tobacco User			452.89
11574 L0010053 Rating Area 5	11574IL0010053 Rating Area 5	Tobacco User/Non-Tobacco User	20	466.85	466.85
11574 L0010053 Rating Area 5		Tobacco User/Non-Tobacco User	21	481.30	481.30
11574 L0010053 Rating Area 5	11574IL0010053 Rating Area 5	Tobacco User/Non-Tobacco User	22	481.30	481.30
11574 L0010053 Rating Area 5		Tobacco User/Non-Tobacco User	23	481.30	481.30
11574 L0010053 Rating Area 5 Tobacco User/Non-Tobacco User 26 492.84 517.44 517	11574IL0010053 Rating Area 5	Tobacco User/Non-Tobacco User	24	481.30	481.30
11574 L0010053 Rating Area 5 Tobacco User/Non-Tobacco User 26 492.84 517.44 517	11574IL0010053 Rating Area 5	Tobacco User/Non-Tobacco User	25	483.21	507.38
11574 L0010053 Rating Area 5 10bacco User/Non-Tobacco User 36 11574 L0010053 Rating Area 5 11574 L0010053 Rating Area 5 10bacco User/Non-Tobacco User 37 1574 L0010053 Rating Area 5 10bacco User/Non-Tobacco User 38 11574 L0010053 Rating Area 5 10bacco User/Non-Tobacco User 39 607.39 662.05 11574 L0010053 Rating Area 5 10bacco User/Non-Tobacco User 40 615.09 670.45 11574 L0010053 Rating Area 5 10bacco User/Non-Tobacco User 40 615.09 670.45 11574 L0010053 Rating Area 5 10bacco User/Non-Tobacco User 41 626.64 683.04 11574 L0010053 Rating Area 5 10bacco User/Non-Tobacco User 42 637.71 695.10 11574 L0010053 Rating Area 5 10bacco User/Non-Tobacco User 43 663.11 711.86 11574 L0010053 Rating Area 5 10bacco User/Non-Tobacco User 44 672.36 673.55 11574 L0010053 Rating Area 5 10bacco User/Non-Tobacco User 45 664.98 775.55 11574 L0010053 Rating Area 5 10bacco User/Non-Tobacco User 46 771.93 776.51 11574 L0010053 Rating Area 5 10bacco User/Non-Tobacco User 46 771.93 776.52 11574 L0010053 Rating Area 5 10bacco User/Non-Tobacco User 46 771.93 776.52 11574 L0010053 Rating Area 5 10bacco User/Non-Tobacco User 47 752.26 11574 L0010053 Rating Area 5 10bacco User/Non-Tobacco User 47 752.26 11574 L0010053 Rating Area 5 10bacco User/Non-Tobacco User 47 752.26 11574 L0010053 Rating Area 5 10bacco User/Non-Tobacco User 47 752.26 11574 L0010053 Rating Area 5 10bacco User/Non-Tobacco User 47 752.26 11574 L0010053 Rating Area 5 10bacco User/	11574IL0010053 Rating Area 5	Tobacco User/Non-Tobacco User		492.84	517.48
11574 L0010053 Rating Area 5	11574IL0010053 Rating Area 5	Tobacco User/Non-Tobacco User	27	504.39	529.61
11574 L0010053 Rating Area 5	11574IL0010053 Rating Area 5	Tobacco User/Non-Tobacco User	28	523.16	549.32
11574 L0010053 Rating Area 5					565.49
11574IL0010053 Rating Area 5 Tobacco User/Non-Tobacco User 31 557.82 559.83 557.83 57.83 57.83 57.83 57.83 57.83 57.83 57.83 57.83 57.83 57.83 57.83					573.58
11574IL0010053 Rating Area 5 11574IL001053 Rating Area 5 11574IL0010053 Rating Area 5 11574IL0010053 Rating Area 5 11574IL0010053 Rating Area 5 10bacco User/Non-Tobacco User 40 615.09 673.90 662.05 673.91 672.06 673.91 672.06 673.91 672.06 673.91 672.06 673.91 673.91 673.91 673.91 673.91 673.91 673.91 673.91 673.91 673.91 673.91 673.91 673.91 673.91 673.91 673.91 673.91 673.91 673.91 673.92 673.93 673.					
11574 L0010053 Rating Area 5 Tobacco User/Non-Tobacco User 33 576.58 605.41 11574 L0010053 Rating Area 5 Tobacco User/Non-Tobacco User 34 584.29 613.55 11574 L0010053 Rating Area 5 Tobacco User/Non-Tobacco User 35 588.14 641.07 11574 L0010053 Rating Area 5 Tobacco User/Non-Tobacco User 36 591.99 645.26 11574 L0010053 Rating Area 5 Tobacco User/Non-Tobacco User 37 595.84 649.46 11574 L0010053 Rating Area 5 Tobacco User/Non-Tobacco User 38 599.69 653.66 11574 L0010053 Rating Area 5 Tobacco User/Non-Tobacco User 39 607.39 662.05 11574 L0010053 Rating Area 5 Tobacco User/Non-Tobacco User 39 607.39 662.05 11574 L0010053 Rating Area 5 Tobacco User/Non-Tobacco User 40 615.09 670.45 11574 L0010053 Rating Area 5 Tobacco User/Non-Tobacco User 41 626.64 683.04 11574 L0010053 Rating Area 5 Tobacco User/Non-Tobacco User 42 637.71 695.11 711.85 11574 L0010053 Rating Area 5 Tobacco User/Non-Tobacco User 43 653.11 711.85 11574 L0010053 Rating Area 5 Tobacco User/Non-Tobacco User 44 672.36 732.87 11574 L0010053 Rating Area 5 Tobacco User/Non-Tobacco User 44 672.36 732.87 11574 L0010053 Rating Area 5 Tobacco User/Non-Tobacco User 45 694.98 757.55 11574 L0010053 Rating Area 5 Tobacco User/Non-Tobacco User 46 721.33 786.91 11574 L0010053 Rating Area 5 Tobacco User/Non-Tobacco User 47 752.26 819.96 11574 L0010053 Rating Area 5 Tobacco User/Non-Tobacco User 47 752.26 819.96 11574 L0010053 Rating Area 5 Tobacco User/Non-Tobacco User 48 786.91 857.73					
11574 L0010053 Rating Area 5 10bacco User/Non-Tobacco User 37 1595.84 1694.46 11574 L0010053 Rating Area 5 10bacco User/Non-Tobacco User 38 1599.69 1653.66 11574 L0010053 Rating Area 5 10bacco User/Non-Tobacco User 39 1607.39 162.05 11574 L0010053 Rating Area 5 10bacco User/Non-Tobacco User 40 1615.09 1670.45 11574 L0010053 Rating Area 5 10bacco User/Non-Tobacco User 41 1626.64 1637.01 1695.10 11574 L0010053 Rating Area 5 10bacco User/Non-Tobacco User 42 1637.71 1695.10 11574 L0010053 Rating Area 5 10bacco User/Non-Tobacco User 43 1653.11 1711.85 11574 L0010053 Rating Area 5 10bacco User/Non-Tobacco User 44 1672.36 1732.87 11574 L0010053 Rating Area 5 10bacco User/Non-Tobacco User 45 1694.98 1757.55 11574 L0010053 Rating Area 5 10bacco User/Non-Tobacco User 46 1721.93 1755.26 1819.96 11574 L0010053 Rating Area 5 10bacco User/Non-Tobacco User 47 1752.26 1819.96 11574 L0010053 Rating Area 5 10bacco User/Non-Tobacco User 48 1857.73					
11574 L0010053 Rating Area 5 10bacco User/Non-Tobacco User 46 721.93 786.91 11574 L0010053 Rating Area 5 10bacco User/Non-Tobacco User 47 752.26 819.95 11574 L0010053 Rating Area 5 10bacco User/Non-Tobacco User 48 786.91					
11574 L0010053 Rating Area 5 10bacco User/Non-Tobacco User 11574 L0010053 Rating Area					
11574 L0010053 Rating Area 5 Tobacco User/Non-Tobacco User 37 595.84 649.46 11574 L0010053 Rating Area 5 Tobacco User/Non-Tobacco User 38 599.69 653.66 11574 L0010053 Rating Area 5 Tobacco User/Non-Tobacco User 39 607.39 662.05 11574 L0010053 Rating Area 5 Tobacco User/Non-Tobacco User 40 615.09 670.45 11574 L0010053 Rating Area 5 Tobacco User/Non-Tobacco User 41 626.64 683.04 11574 L0010053 Rating Area 5 Tobacco User/Non-Tobacco User 42 637.71 695.10 11574 L0010053 Rating Area 5 Tobacco User/Non-Tobacco User 43 653.11 711.89 11574 L0010053 Rating Area 5 Tobacco User/Non-Tobacco User 44 672.36 732.87 11574 L0010053 Rating Area 5 Tobacco User/Non-Tobacco User 45 694.98 757.53 11574 L0010053 Rating Area 5 Tobacco User/Non-Tobacco User 46 721.93 786.91 11574 L0010053 Rating Area 5 Tobacco User/Non-Tobacco User 47 752.26 819.96					
11574 L0010053 Rating Area 5 Tobacco User/Non-Tobacco User 38 599.69 653.66 11574 L0010053 Rating Area 5 Tobacco User/Non-Tobacco User 39 607.39 662.05 11574 L0010053 Rating Area 5 Tobacco User/Non-Tobacco User 40 615.09 670.45 11574 L0010053 Rating Area 5 Tobacco User/Non-Tobacco User 41 626.64 683.04 11574 L0010053 Rating Area 5 Tobacco User/Non-Tobacco User 42 637.71 695.10 11574 L0010053 Rating Area 5 Tobacco User/Non-Tobacco User 43 653.11 711.89 11574 L0010053 Rating Area 5 Tobacco User/Non-Tobacco User 44 672.36 732.87 11574 L0010053 Rating Area 5 Tobacco User/Non-Tobacco User 45 694.98 757.53 11574 L0010053 Rating Area 5 Tobacco User/Non-Tobacco User 46 721.93 786.91 11574 L0010053 Rating Area 5 Tobacco User/Non-Tobacco User 47 752.26 819.96 11574 L0010053 Rating Area 5 Tobacco User/Non-Tobacco User 48 786.91 857.73					
11574 L0010053 Rating Area 5 Tobacco User/Non-Tobacco User 40 615.09 670.45 11574 L0010053 Rating Area 5 Tobacco User/Non-Tobacco User 41 626.64 683.04 11574 L0010053 Rating Area 5 Tobacco User/Non-Tobacco User 42 637.71 695.10 11574 L0010053 Rating Area 5 Tobacco User/Non-Tobacco User 43 653.11 711.85 11574 L0010053 Rating Area 5 Tobacco User/Non-Tobacco User 44 672.36 732.87 11574 L0010053 Rating Area 5 Tobacco User/Non-Tobacco User 45 694.98 757.52 11574 L0010053 Rating Area 5 Tobacco User/Non-Tobacco User 46 721.93 786.91 11574 L0010053 Rating Area 5 Tobacco User/Non-Tobacco User 47 752.26 819.96 11574 L0010053 Rating Area 5 Tobacco User/Non-Tobacco User 48 786.91 857.73					
11574 L0010053 Rating Area 5 Tobacco User/Non-Tobacco User 40 615.09 670.45 11574 L0010053 Rating Area 5 Tobacco User/Non-Tobacco User 41 626.64 683.04 11574 L0010053 Rating Area 5 Tobacco User/Non-Tobacco User 42 637.71 695.10 11574 L0010053 Rating Area 5 Tobacco User/Non-Tobacco User 43 653.11 711.85 11574 L0010053 Rating Area 5 Tobacco User/Non-Tobacco User 44 672.36 732.87 11574 L0010053 Rating Area 5 Tobacco User/Non-Tobacco User 45 694.98 757.53 11574 L0010053 Rating Area 5 Tobacco User/Non-Tobacco User 46 721.93 786.91 11574 L0010053 Rating Area 5 Tobacco User/Non-Tobacco User 47 752.26 819.96 11574 L0010053 Rating Area 5 Tobacco User/Non-Tobacco User 48 786.91 857.73					
11574 L0010053 Rating Area 5 Tobacco User/Non-Tobacco User 41 626.64 683.04 11574 L0010053 Rating Area 5 Tobacco User/Non-Tobacco User 42 637.71 695.10 11574 L0010053 Rating Area 5 Tobacco User/Non-Tobacco User 43 653.11 711.89 11574 L0010053 Rating Area 5 Tobacco User/Non-Tobacco User 44 672.36 732.87 11574 L0010053 Rating Area 5 Tobacco User/Non-Tobacco User 45 694.98 757.53 11574 L0010053 Rating Area 5 Tobacco User/Non-Tobacco User 46 721.93 786.91 819.96 11574 L0010053 Rating Area 5 Tobacco User/Non-Tobacco User 47 752.26 819.96 11574 L0010053 Rating Area 5 Tobacco User/Non-Tobacco User 48 786.91 857.73					
11574 L0010053 Rating Area 5 Tobacco User/Non-Tobacco User 42 637.71 695.10 11574 L0010053 Rating Area 5 Tobacco User/Non-Tobacco User 43 653.11 711.85 11574 L0010053 Rating Area 5 Tobacco User/Non-Tobacco User 44 672.36 732.87 11574 L0010053 Rating Area 5 Tobacco User/Non-Tobacco User 45 694.98 757.53 11574 L0010053 Rating Area 5 Tobacco User/Non-Tobacco User 46 721.93 786.91 11574 L0010053 Rating Area 5 Tobacco User/Non-Tobacco User 47 752.26 819.96 11574 L0010053 Rating Area 5 Tobacco User/Non-Tobacco User 48 786.91 857.73					
11574 L0010053 Rating Area 5 Tobacco User/Non-Tobacco User 43 653.11 711.89 11574 L0010053 Rating Area 5 Tobacco User/Non-Tobacco User 44 672.36 732.87 11574 L0010053 Rating Area 5 Tobacco User/Non-Tobacco User 45 694.98 757.53 11574 L0010053 Rating Area 5 Tobacco User/Non-Tobacco User 46 721.93 786.91 11574 L0010053 Rating Area 5 Tobacco User/Non-Tobacco User 47 752.26 819.96 11574 L0010053 Rating Area 5 Tobacco User/Non-Tobacco User 48 786.91 857.73					
11574 L0010053 Rating Area 5 Tobacco User/Non-Tobacco User 44 672.36 732.87 11574 L0010053 Rating Area 5 Tobacco User/Non-Tobacco User 45 694.98 757.53 11574 L0010053 Rating Area 5 Tobacco User/Non-Tobacco User 46 721.93 786.91 11574 L0010053 Rating Area 5 Tobacco User/Non-Tobacco User 47 752.26 819.96 11574 L0010053 Rating Area 5 Tobacco User/Non-Tobacco User 48 786.91 857.73					
11574 L0010053 Rating Area 5 Tobacco User/Non-Tobacco User 45 694.98 757.53 11574 L0010053 Rating Area 5 Tobacco User/Non-Tobacco User 46 721.93 786.91 11574 L0010053 Rating Area 5 Tobacco User/Non-Tobacco User 47 752.26 819.96 11574 L0010053 Rating Area 5 Tobacco User/Non-Tobacco User 48 786.91 857.73					
11574 L0010053 Rating Area 5 Tobacco User/Non-Tobacco User 46 721.93 786.91 11574 L0010053 Rating Area 5 Tobacco User/Non-Tobacco User 47 752.26 819.96 11574 L0010053 Rating Area 5 Tobacco User/Non-Tobacco User 48 786.91 857.73					
11574 L0010053 Rating Area 5 Tobacco User/Non-Tobacco User 47 752.26 819.96 11574 L0010053 Rating Area 5 Tobacco User/Non-Tobacco User 48 786.91 857.73					
11574IL0010053 Rating Area 5 Tobacco User/Non-Tobacco User 48 786.91 857.73					
	· · · · · · · · · · · · · · · · · · ·				819.96
11574 L0010053 Rating Area 5 Tobacco User/Non-Tobacco User 49 821.08 894.98					857.73
	11574IL0010053 Rating Area 5	Tobacco User/Non-Tobacco User	49	821.08	894.98

11574IL0010053 Rating Area 5	Tobacco User/Non-Tobacco User	50	859.58	936.95
11574IL0010053 Rating Area 5	Tobacco User/Non-Tobacco User	51	897.60	978.39
11574IL0010053 Rating Area 5	Tobacco User/Non-Tobacco User	52	939.48	1024.03
11574IL0010053 Rating Area 5	Tobacco User/Non-Tobacco User	53	981.83	1070.20
11574IL0010053 Rating Area 5	Tobacco User/Non-Tobacco User	54	1027.55	1120.03
11574IL0010053 Rating Area 5	Tobacco User/Non-Tobacco User	55	1073.28	1207.43
11574IL0010053 Rating Area 5	Tobacco User/Non-Tobacco User	56	1122.85	1263.20
11574IL0010053 Rating Area 5	Tobacco User/Non-Tobacco User	57	1172.90	1319.52
11574IL0010053 Rating Area 5	Tobacco User/Non-Tobacco User	58	1226.33	1379.62
11574IL0010053 Rating Area 5	Tobacco User/Non-Tobacco User	59	1252.80	1409.40
11574IL0010053 Rating Area 5	Tobacco User/Non-Tobacco User	60	1306.22	1469.50
11574IL0010053 Rating Area 5	Tobacco User/Non-Tobacco User	61	1352.42	1521.48
11574IL0010053 Rating Area 5	Tobacco User/Non-Tobacco User	62	1382.74	1555.59
11574IL0010053 Rating Area 5	Tobacco User/Non-Tobacco User	63	1420.77	1598.36
11574IL0010053 Rating Area 5	Tobacco User/Non-Tobacco User	64 and over	1443.87	1624.35
11574IL0010052 Rating Area 5	Tobacco User/Non-Tobacco User	0-14	345.61	345.61
11574IL0010052 Halling Area 5	Tobacco User/Non-Tobacco User	15	376.33	376.33
11574IL0010032 Rating Area 5	Tobacco User/Non-Tobacco User	16	376.33	376.33
	Tobacco User/Non-Tobacco User	17		
11574IL0010052 Rating Area 5		17	399.82 412.47	399.82 412.47
11574IL0010052 Rating Area 5	Tobacco User/Non-Tobacco User	18	412.47	
11574IL0010052 Rating Area 5	Tobacco User/Non-Tobacco User			425.12
11574IL0010052 Rating Area 5	Tobacco User/Non-Tobacco User	20	438.22	438.22
11574IL0010052 Rating Area 5	Tobacco User/Non-Tobacco User	21	451.78	451.78
11574IL0010052 Rating Area 5	Tobacco User/Non-Tobacco User	22	451.78	451.78
11574IL0010052 Rating Area 5	Tobacco User/Non-Tobacco User	23	451.78	451.78
11574IL0010052 Rating Area 5	Tobacco User/Non-Tobacco User	24	451.78	451.78
11574IL0010052 Rating Area 5	Tobacco User/Non-Tobacco User	25	453.58	476.26
11574IL0010052 Rating Area 5	Tobacco User/Non-Tobacco User	26	462.62	485.75
11574IL0010052 Rating Area 5	Tobacco User/Non-Tobacco User	27	473.46	497.13
11574IL0010052 Rating Area 5	Tobacco User/Non-Tobacco User	28	491.08	515.63
11574IL0010052 Rating Area 5	Tobacco User/Non-Tobacco User	29	505.53	530.81
11574IL0010052 Rating Area 5	Tobacco User/Non-Tobacco User	30	512.76	538.40
11574IL0010052 Rating Area 5	Tobacco User/Non-Tobacco User	31	523.61	549.79
11574IL0010052 Rating Area 5	Tobacco User/Non-Tobacco User	32	534.45	561.17
11574IL0010052 Rating Area 5	Tobacco User/Non-Tobacco User	33	541.22	568.29
11574IL0010052 Rating Area 5	Tobacco User/Non-Tobacco User	34	548.45	575.88
11574IL0010052 Rating Area 5	Tobacco User/Non-Tobacco User	35	552.07	601.75
11574IL0010052 Rating Area 5	Tobacco User/Non-Tobacco User	36	555.68	605.69
11574IL0010052 Rating Area 5	Tobacco User/Non-Tobacco User	37	559.30	609.63
11574IL0010052 Rating Area 5	Tobacco User/Non-Tobacco User	38	562.91	613.57
11574IL0010052 Rating Area 5	Tobacco User/Non-Tobacco User	39	570.14	621.45
11574IL0010052 Rating Area 5	Tobacco User/Non-Tobacco User	40	577.37	629.33
11574IL0010052 Rating Area 5	Tobacco User/Non-Tobacco User	41	588.21	641.15
11574IL0010052 Rating Area 5	Tobacco User/Non-Tobacco User	42	598.60	652.47
11574IL0010052 Rating Area 5	Tobacco User/Non-Tobacco User	43	613.06	668.23
11574IL0010052 Rating Area 5	Tobacco User/Non-Tobacco User	44	631.13	687.93
11574IL0010052 Rating Area 5	Tobacco User/Non-Tobacco User	45	652.36	711.07
11574IL0010052 Rating Area 5	Tobacco User/Non-Tobacco User	46	677.66	738.65
11574IL0010052 Rating Area 5	Tobacco User/Non-Tobacco User	47	706.12	769.67
11574IL0010052 Rating Area 5	Tobacco User/Non-Tobacco User	48	738.65	805.13
11574IL0010052 Rating Area 5	Tobacco User/Non-Tobacco User	49	770.73	840.09
11574L0010052 Halling Area 5	Tobacco User/Non-Tobacco User	50	806.87	879.49
11574L0010052 Rating Area 5	Tobacco User/Non-Tobacco User	51	842.56	918.39
11574IL0010052 Rating Area 5	Tobacco User/Non-Tobacco User	52	881.86	961.23
11574L0010052 Rating Area 5	Tobacco User/Non-Tobacco User	53	921.62	1004.56
11574L0010032 Rating Area 5	Tobacco User/Non-Tobacco User	54	964.54	1051.34
11574IL0010052 Rating Area 5	Tobacco User/Non-Tobacco User	55	1007.46	1133.39
11574IL0010052 Rating Area 5 11574IL0010052 Rating Area 5	Tobacco User/Non-Tobacco User		1007.46	1185.74
		56	1100.97	1238.59
11574IL0010052 Rating Area 5	Tobacco User/Non-Tobacco User	5/	1100.97	1∠38.59

11574IL0010052 Rating Area 5	Tobacco User/Non-Tobacco User	58	1151.12	1295.01
11574IL0010052 Rating Area 5	Tobacco User/Non-Tobacco User	59	1175.97	1322.96
11574IL0010052 Rating Area 5	Tobacco User/Non-Tobacco User	60	1226.11	1379.38
11574IL0010052 Rating Area 5	Tobacco User/Non-Tobacco User	61	1269.48	1428.17
11574IL0010052 Rating Area 5	Tobacco User/Non-Tobacco User	62	1297.95	1460.19
11574IL0010052 Rating Area 5	Tobacco User/Non-Tobacco User	63	1333.64	1500.34
11574IL0010052 Rating Area 5	Tobacco User/Non-Tobacco User	64 and over	1355.32	1524.74
11574IL0010050 Rating Area 6	Tobacco User/Non-Tobacco User	0-14	270.46	270.46
11574IL0010050 Rating Area 6	Tobacco User/Non-Tobacco User	15	294.51	294.51
11574IL0010050 Rating Area 6	Tobacco User/Non-Tobacco User	16	303.70	303.70
11574IL0010050 Rating Area 6	Tobacco User/Non-Tobacco User	17	312.89	312.89
11574IL0010050 Rating Area 6	Tobacco User/Non-Tobacco User	18	322.79	322.79
11574IL0010050 Rating Area 6	Tobacco User/Non-Tobacco User	19	332.69	332.69
11574IL0010050 Rating Area 6	Tobacco User/Non-Tobacco User	20	342.94	342.94
11574IL0010050 Rating Area 6	Tobacco User/Non-Tobacco User	21	353.56	353.56
11574IL0010050 Rating Area 6	Tobacco User/Non-Tobacco User	22	353.56	353.56
11574IL0010050 Rating Area 6	Tobacco User/Non-Tobacco User	23	353.56	353.56
11574IL0010050 Rating Area 6	Tobacco User/Non-Tobacco User	24	353.56	353.56
11574IL0010050 Rating Area 6	Tobacco User/Non-Tobacco User	25	354.96	372.71
11574IL0010050 Rating Area 6	Tobacco User/Non-Tobacco User	26	362.03	380.13
11574IL0010050 Rating Area 6	Tobacco User/Non-Tobacco User	27	370.52	389.04
11574IL0010050 Rating Area 6	Tobacco User/Non-Tobacco User	28	384.31	403.52
11574IL0010050 Rating Area 6	Tobacco User/Non-Tobacco User	29	395.62	415.40
11574IL0010050 Rating Area 6	Tobacco User/Non-Tobacco User	30	401.28	421.34
11574IL0010050 Rating Area 6	Tobacco User/Non-Tobacco User	31	409.76	430.25
11574IL0010050 Rating Area 6	Tobacco User/Non-Tobacco User	32	418.25	439.16
11574IL0010050 Rating Area 6	Tobacco User/Non-Tobacco User	33	423.55	444.73
11574IL0010050 Rating Area 6	Tobacco User/Non-Tobacco User	34	429.21	450.67
11574IL0010050 Rating Area 6	Tobacco User/Non-Tobacco User	35	432.04	470.92
11574IL0010050 Rating Area 6	Tobacco User/Non-Tobacco User	36	434.86	474.00
11574IL0010050 Rating Area 6	Tobacco User/Non-Tobacco User	37	437.69	477.08
11574IL0010050 Rating Area 6	Tobacco User/Non-Tobacco User	38	440.52	480.17
11574IL0010050 Rating Area 6	Tobacco User/Non-Tobacco User	39	446.18	486.33
11574IL0010050 Rating Area 6	Tobacco User/Non-Tobacco User	40	451.83	492.50
11574IL0010050 Rating Area 6	Tobacco User/Non-Tobacco User	41	460.32	501.75
11574IL0010050 Rating Area 6	Tobacco User/Non-Tobacco User	42	468.45	510.61
11574IL0010050 Rating Area 6	Tobacco User/Non-Tobacco User	43	479.76	522.94
11574IL0010050 Rating Area 6	Tobacco User/Non-Tobacco User	44	493.91	538.36
11574IL0010050 Rating Area 6	Tobacco User/Non-Tobacco User	45	510.52	556.47
11574IL0010050 Rating Area 6	Tobacco User/Non-Tobacco User	46	530.32	578.05
11574IL0010050 Rating Area 6	Tobacco User/Non-Tobacco User	47	552.60	602.33
11574IL0010050 Rating Area 6	Tobacco User/Non-Tobacco User	48	578.05	630.08
11574IL0010050 Rating Area 6	Tobacco User/Non-Tobacco User	49	603.15	657.44
11574IL0010050 Rating Area 6	Tobacco User/Non-Tobacco User	50	631.44	688.27
11574IL0010050 Rating Area 6	Tobacco User/Non-Tobacco User	51	659.37	718.71
11574IL0010050 Rating Area 6	Tobacco User/Non-Tobacco User	52	690.13	752.24
11574IL0010050 Rating Area 6	Tobacco User/Non-Tobacco User	53	721.24	786.15
11574IL0010050 Rating Area 6	Tobacco User/Non-Tobacco User	54	754.83	822.76
11574IL0010050 Rating Area 6	Tobacco User/Non-Tobacco User	55	788.41	886.96
11574IL0010050 Rating Area 6	Tobacco User/Non-Tobacco User	56	824.83	927.93
11574IL0010050 Rating Area 6	Tobacco User/Non-Tobacco User	57	861.60	969.30
11574IL0010050 Rating Area 6	Tobacco User/Non-Tobacco User	58	900.84	1013.45
11574IL0010050 Rating Area 6	Tobacco User/Non-Tobacco User	59	920.29	1035.32
11574IL0010050 Rating Area 6	Tobacco User/Non-Tobacco User	60	959.53	1079.47
11574IL0010050 Rating Area 6	Tobacco User/Non-Tobacco User	61	993.47	1117.65
11574IL0010050 Rating Area 6	Tobacco User/Non-Tobacco User	62	1015.74	1142.71
11574IL0010050 Rating Area 6	Tobacco User/Non-Tobacco User	63	1043.67	1174.13
11574IL0010050 Rating Area 6	Tobacco User/Non-Tobacco User	64 and over	1060.64	1193.22
11574IL0010011 Rating Area 6	Tobacco User/Non-Tobacco User	0-14	232.96	232.96

11574LD010011 Rating Area 8					
115744L0010011 Rating Area 6 Teberoot User/Non-Tebacoo User 13 296.50 296.50 11574L0010011 Rating Area 6 Teberoot User/Non-Tebacoo User 14 297.00 296.50 296		Tobacco User/Non-Tobacco User			
115744L0010011 Rating Area 6 Tebacou UserNon Tebacou User 19 280.55 205.53 11574L0010011 Rating Area 6 Tebacou UserNon Tebacou User 20 205.53 205.53 11574L0010011 Rating Area 6 Tebacou UserNon Tebacou User 22 209.38 205.53	11574IL0010011 Rating Area 6	Tobacco User/Non-Tobacco User			
197-48L001011 Rating Area 6 19	11574IL0010011 Rating Area 6	Tobacco User/Non-Tobacco User	17	269.50	269.50
15744L0010011 Rating Area 6 Tobacco Uber/Non-Tobacco Uber 21 304.55	11574IL0010011 Rating Area 6	Tobacco User/Non-Tobacco User	18	278.03	278.03
11574L0010011 Rating Area 6	11574IL0010011 Rating Area 6	Tobacco User/Non-Tobacco User	19	286.55	286.55
1674L0010011 Rating Area 6 Tobacco User/Non-Tobacco User 22 304.53 304.55	11574IL0010011 Rating Area 6	Tobacco User/Non-Tobacco User	20	295.38	295.38
11574L0010011 Rating Area 6 11	11574IL0010011 Rating Area 6	Tobacco User/Non-Tobacco User	21	304.53	304.53
11574L0010011 Rating Area 6 11	11574IL0010011 Rating Area 6	Tobacco User/Non-Tobacco User	22	304.53	304.53
11574L0010011 Rating Area 6 Tobacco UserNon-Tobacco User 25 305.74 321.02	11574IL0010011 Rating Area 6	Tobacco User/Non-Tobacco User	23	304.53	304.53
11674L0010011 Rating Area 6 Tobacco User Non-Tobacco User 26 311.83 327.42 311.84 327.44 311.84 327.44 311.84 327.44 311.84 327.44 311.84 327.44 311.84 327.44 311.84 327.44 311.84 327.44 311.84 327.44 311.84 327.44 311.84 327.44 311.84 327.44 311.84 327.44 311.84 327.44					
11374L0010011 Rating Area 6			25		
11574L0010011 Rating Area 6					
11574L0010011 Rating Area 6					
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11574L0010011 Rating Area 6 Tobacco UserNon-Tobacco User 9 31 352.94 3775.8 11574L0010011 Rating Area 6 Tobacco UserNon-Tobacco User 9 32 360.25 378.26 11574L0010011 Rating Area 6 Tobacco UserNon-Tobacco User 9 32 360.25 378.26 11574L0010011 Rating Area 6 Tobacco UserNon-Tobacco User 9 33 364.81 383.05 11574L0010011 Rating Area 6 Tobacco UserNon-Tobacco User 9 34 360.60 382.17 11574L0010011 Rating Area 6 Tobacco UserNon-Tobacco User 9 36 374.55 46.08.27 11574L0010011 Rating Area 6 Tobacco UserNon-Tobacco User 9 37 376.99 410.82 11574L0010011 Rating Area 6 Tobacco UserNon-Tobacco User 9 38 377.44 413.58 11574L0010011 Rating Area 6 Tobacco UserNon-Tobacco User 9 39 384.30 418.99 11574L0010011 Rating Area 6 Tobacco UserNon-Tobacco User 9 39 384.30 418.99 11574L0010011 Rating Area 6 Tobacco UserNon-Tobacco User 9 39 384.30 418.99 11574L0010011 Rating Area 6 Tobacco UserNon-Tobacco User 9 40 989.17 424.20 11574L0010011 Rating Area 6 Tobacco UserNon-Tobacco User 9 41 386.49 432.17 11574L0010011 Rating Area 6 Tobacco UserNon-Tobacco User 9 42 403.49 435.90 11574L0010011 Rating Area 6 Tobacco UserNon-Tobacco User 9 42 403.49 435.90 11574L0010011 Rating Area 6 Tobacco UserNon-Tobacco User 9 42 403.49 435.90 11574L0010011 Rating Area 6 Tobacco UserNon-Tobacco User 9 44 403.49 435.90 11574L0010011 Rating Area 6 Tobacco UserNon-Tobacco User 9 44 403.49 435.90 11574L0010011 Rating Area 6 Tobacco UserNon-Tobacco User 9 46 456.79 475.90 11574L0010011 Rating Area 6 Tobacco UserNon-Tobacco User 9 46 456.79 475.90 11574L0010011 Rating Area 6 Tobacco UserNon-Tobacco User 9 46 475.90 11574L0010011 Rating Area 6 Tobacco UserNon-Tobacco User 9 46 475.90 11574L0010011 Rating Area 6 Tobacco UserNon-Tobacco User 9 49 519.51 596.26 11574L0010011 Rating Area 6 Tobacco UserNon-Tobacco User 9 59 59.91 11574L0010011 Rating Area 6 Tobacco UserNon-Tobacco User 9 59 59.91 11574L0010011 Rating Area 6 Tobacco UserNon-Tobacco User 9 59 59.91 11574L0010011 Rating Area 6 Tobacco UserNon-Tobacco User 9 59 59.91 11574L0010011 Rating Area 6 Tobacco Us					
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	11574IL0010053 Rating Area 6	Tobacco User/Non-Tobacco User	22	466.68	466.68

11574IL0010053 Rating Area 6	Tobacco User/Non-Tobacco User	23	466.68	466.68
11574L0010053 Rating Area 6	Tobacco User/Non-Tobacco User	24	466.68	466.68
11574L0010053 Rating Area 6	Tobacco User/Non-Tobacco User	25	468.53	491.96
11574L0010053 Rating Area 6	Tobacco User/Non-Tobacco User	26	477.87	501.76
11574L0010053 Rating Area 6	Tobacco User/Non-Tobacco User	27	489.07	513.52
11574L0010053 Rating Area 6	Tobacco User/Non-Tobacco User	28	507.27	532.63
11574L0010053 Rating Area 6	Tobacco User/Non-Tobacco User	29	522.20	548.31
11574L0010053 Rating Area 6	Tobacco User/Non-Tobacco User	30	529.67	556.15
11574L0010053 Rating Area 6	Tobacco User/Non-Tobacco User	31	540.87	567.91
11574IL0010053 Rating Area 6	Tobacco User/Non-Tobacco User	32	552.07	579.67
11574IL0010053 Rating Area 6	Tobacco User/Non-Tobacco User	33	559.07	587.02
11574L0010053 Rating Area 6	Tobacco User/Non-Tobacco User	34	566.53	594.86
11574IL0010053 Rating Area 6	Tobacco User/Non-Tobacco User	35	570.27	621.59
11574L0010053 Rating Area 6	Tobacco User/Non-Tobacco User	36	574.00	625.66
11574L0010053 Rating Area 6	Tobacco User/Non-Tobacco User	37	577.73	629.73
11574L0010053 Rating Area 6	Tobacco User/Non-Tobacco User	38	581.47	633.80
11574IL0010053 Rating Area 6	Tobacco User/Non-Tobacco User	39	588.93	641.94
11574L0010053 Rating Area 6	Tobacco User/Non-Tobacco User	40	596.40	650.08
11574L0010053 Rating Area 6	Tobacco User/Non-Tobacco User	41	607.60	662.29
11574IL0010053 Rating Area 6	Tobacco User/Non-Tobacco User	42	618.33	673.98
11574IL0010053 Rating Area 6	Tobacco User/Non-Tobacco User Tobacco User/Non-Tobacco User	43	633.27	690.26
11574IL0010053 Rating Area 6	Tobacco User/Non-Tobacco User	44	651.93	710.61
11574L0010053 Rating Area 6	Tobacco User/Non-Tobacco User	45	673.87	734.52
11574IL0010053 Rating Area 6	Tobacco User/Non-Tobacco User	46	700.00	763.00
11574IL0010053 Rating Area 6	Tobacco User/Non-Tobacco User	47	729.40	795.05
11574IL0010053 Rating Area 6	Tobacco User/Non-Tobacco User	48	763.00	831.67
11574IL0010053 Rating Area 6	Tobacco User/Non-Tobacco User	49	796.13	867.79
11574IL0010053 Rating Area 6	Tobacco User/Non-Tobacco User	50	833.47	908.48
11574IL0010053 Rating Area 6	Tobacco User/Non-Tobacco User	51	870.33	948.67
11574IL0010053 Rating Area 6	Tobacco User/Non-Tobacco User	52	910.94	992.92
11574IL0010053 Rating Area 6	Tobacco User/Non-Tobacco User	53	952.00	1037.68
11574IL0010053 Rating Area 6	Tobacco User/Non-Tobacco User	54	996.34	1086.01
11574IL0010053 Rating Area 6	Tobacco User/Non-Tobacco User	55	1040.67	1170.75
11574IL0010053 Rating Area 6	Tobacco User/Non-Tobacco User	56	1088.74	1224.83
11574IL0010053 Rating Area 6	Tobacco User/Non-Tobacco User	57	1137.27	1279.43
11574IL0010053 Rating Area 6	Tobacco User/Non-Tobacco User	58	1189.07	1337.70
11574IL0010053 Rating Area 6	Tobacco User/Non-Tobacco User	59	1214.74	1366.58
11574IL0010053 Rating Area 6	Tobacco User/Non-Tobacco User	60	1266.54	1424.85
11574IL0010053 Rating Area 6	Tobacco User/Non-Tobacco User	61	1311.34	1475.25
11574IL0010053 Rating Area 6	Tobacco User/Non-Tobacco User	62	1340.74	1508.33
11574IL0010053 Rating Area 6	Tobacco User/Non-Tobacco User	63	1377.60	1549.80
11574IL0010053 Rating Area 6	Tobacco User/Non-Tobacco User	64 and over	1400.00	1575.00
11574IL0010052 Rating Area 6	Tobacco User/Non-Tobacco User	0-14	335.11	335.11
11574 L0010052 Rating Area 6	Tobacco User/Non-Tobacco User	15	364.89	364.89
11574IL0010052 Rating Area 6	Tobacco User/Non-Tobacco User	16	376.28	376.28
11574IL0010052 Rating Area 6	Tobacco User/Non-Tobacco User	17	387.67	387.67
11574IL0010052 Rating Area 6	Tobacco User/Non-Tobacco User	18	399.94	399.94
11574IL0010052 Rating Area 6	Tobacco User/Non-Tobacco User	19	412.20	412.20
11574IL0010052 Rating Area 6	Tobacco User/Non-Tobacco User	20	424.91	424.91
11574IL0010052 Rating Area 6	Tobacco User/Non-Tobacco User	21	438.06	438.06
11574IL0010052 Rating Area 6	Tobacco User/Non-Tobacco User	22	438.06	438.06
11574IL0010052 Rating Area 6	Tobacco User/Non-Tobacco User	23	438.06	438.06
11574IL0010052 Rating Area 6	Tobacco User/Non-Tobacco User	24	438.06	438.06
11574IL0010052 Rating Area 6 11574IL0010052 Rating Area 6	Tobacco User/Non-Tobacco User Tobacco User/Non-Tobacco User	25 26	439.80 448.56	461.79 470.99
11574L0010052 Rating Area 6 11574L0010052 Rating Area 6	Tobacco User/Non-Tobacco User Tobacco User/Non-Tobacco User	27	448.36 459.07	482.03
11574IL0010052 Rating Area 6	Tobacco User/Non-Tobacco User	28	476.16	499.97
11574IL0010052 Rating Area 6	Tobacco User/Non-Tobacco User	29	490.18	514.68
11574L0010052 Rating Area 6	Tobacco User/Non-Tobacco User	30	497.18	522.04
TIO/ TIEUU 10032 Halling Aled 0	TODACCO OSCI/NOTI-TODACCO OSCI	30	+37.10	322.04

11574IL0010052 Rating Area 6	Tobacco User/Non-Tobacco User	31	507.70	533.08
11574IL0010052 Rating Area 6	Tobacco User/Non-Tobacco User	32	518.21	544.12
11574IL0010052 Rating Area 6	Tobacco User/Non-Tobacco User	33	524.78	551.02
11574IL0010052 Rating Area 6	Tobacco User/Non-Tobacco User	34	531.79	558.38
11574IL0010052 Rating Area 6	Tobacco User/Non-Tobacco User	35	535.30	583.47
11574IL0010052 Rating Area 6	Tobacco User/Non-Tobacco User	36	538.80	587.29
11574IL0010052 Rating Area 6	Tobacco User/Non-Tobacco User	37	542.30	591.11
11574IL0010052 Rating Area 6	Tobacco User/Non-Tobacco User	38	545.81	594.93
11574IL0010052 Rating Area 6	Tobacco User/Non-Tobacco User	39	552.82	602.57
11574IL0010052 Rating Area 6	Tobacco User/Non-Tobacco User	40	559.83	610.21
11574IL0010052 Rating Area 6	Tobacco User/Non-Tobacco User	41	570.34	621.67
11574IL0010052 Rating Area 6	Tobacco User/Non-Tobacco User	42	580.41	632.65
11574IL0010052 Rating Area 6	Tobacco User/Non-Tobacco User	43	594.43	647.93
11574IL0010052 Rating Area 6	Tobacco User/Non-Tobacco User	44	611.95	667.03
11574IL0010052 Rating Area 6	Tobacco User/Non-Tobacco User	45	632.54	689.47
11574IL0010052 Rating Area 6	Tobacco User/Non-Tobacco User	46	657.07	716.21
11574IL0010052 Rating Area 6	Tobacco User/Non-Tobacco User	47	684.67	746.29
11574IL0010052 Rating Area 6	Tobacco User/Non-Tobacco User	48	716.21	780.67
11574IL0010052 Rating Area 6	Tobacco User/Non-Tobacco User	49	747.31	814.57
11574IL0010052 Rating Area 6	Tobacco User/Non-Tobacco User	50	782.35	852.77
11574IL0010052 Rating Area 6	Tobacco User/Non-Tobacco User	51	816.96	890.49
11574IL0010052 Rating Area 6	Tobacco User/Non-Tobacco User	52	855.07	932.03
11574IL0010052 Rating Area 6	Tobacco User/Non-Tobacco User	53	893.62	974.04
11574IL0010052 Rating Area 6	Tobacco User/Non-Tobacco User	54	935.23	1019.40
11574IL0010052 Rating Area 6	Tobacco User/Non-Tobacco User	55	976.85	1098.95
11574IL0010052 Rating Area 6	Tobacco User/Non-Tobacco User	56	1021.97	1149.71
11574IL0010052 Rating Area 6	Tobacco User/Non-Tobacco User	57	1067.52	1200.96
11574IL0010052 Rating Area 6	Tobacco User/Non-Tobacco User	58	1116.15	1255.67
11574IL0010052 Rating Area 6	Tobacco User/Non-Tobacco User	59	1140.24	1282.77
11574IL0010052 Rating Area 6	Tobacco User/Non-Tobacco User	60	1188.86	1337.47
11574IL0010052 Rating Area 6	Tobacco User/Non-Tobacco User	61	1230.92	1384.78
11574IL0010052 Rating Area 6	Tobacco User/Non-Tobacco User	62	1258.51	1415.83
11574IL0010052 Rating Area 6	Tobacco User/Non-Tobacco User	63	1293.12	1454.76
11574IL0010052 Rating Area 6	Tobacco User/Non-Tobacco User	64 and over	1314.15	1478.41
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SERFF Tracking #: OHIN-134107589 State Tracking #: Company Tracking #:

State: Illinois Filing Company: Oscar Health Plan, Inc.

TOI/Sub-TOI: HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO

Product Name: Oscar IL 2025 Individual Rates

Project Name/Number: /

URRT

State Determination

Review Status: Incomplete

SERFF Tracking #: OHIN-134107589 State Tracking #: Company Tracking #:

State: Illinois Filing Company: Oscar Health Plan, Inc.

TOI/Sub-TOI: HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO

Product Name: Oscar IL 2025 Individual Rates

Project Name/Number: /

URRT Items

Item Name	Attachment(s)
Actuarial Memorandum - Redacted	2025_IL_Actuarial_Memorandum_20240529_Redacted.pdf
Consumer Justification Narrative	2025_IL_IND_Part_II_Justification_20240530.pdf

Actuarial Memorandum



1. Introduction and Purpose

The purpose of this document, which is submitted in conjunction with the Part I Unified Rate Review Template (URRT), is to comply with the requirements of the Part III Actuarial Memorandum and to support the premium rates developed for Oscar Health Plan, Inc. (Oscar's) Affordable Care Act (ACA) products in the individual market, with an effective date of January 1, 2025.

This actuarial memorandum provides certain information related to the rate filing submission including support for the values entered into the URRT, which demonstrates compliance with the market rating rules and reasonableness of applicable rate increases. This information may not be appropriate for other purposes.

This information is intended for use by the Illinois Department of Insurance (IDOI), the Center for Consumer Information and Insurance Oversight (CCIIO), and their subcontractors to assist in the review of Oscar's individual market rate filing.

Future regulatory changes may affect the extent to which the rates presented herein are neither excessive nor deficient.

2. General Information

Company Identifying Information

Company Legal Name: Oscar Health Plan, Inc.

State: Illinois
NAIC: 16337
HIOS Issuer ID: 11574
Market: Individual
Effective Date: January 1, 2025

Policy Forms: OSC-IL-IVL-EOC-2025-HIX, OSC-IL-IVL-EOC-2025

Company Contact Information

Primary Contact Name:

Primary Contact Telephone Number:

Primary Contact Email Address:



The products offered within this filing are all guaranteed issue (i.e. no medical underwriting) and guaranteed renewable as required under the ACA. This rate filing applies to non-grandfathered plans only that are open to new sales. Premiums will be charged on a monthly basis.

3. Proposed Rate Increases

Reason for Rate Increase(s)

The significant factors driving the proposed rate change include the following:

Medical and Prescription Drug Inflation and Utilization Trends

The projected premium rates reflect the most recent emerging experience which was trended for anticipated changes due to medical and prescription drug inflation and utilization.

Administrative Expenses, Taxes and Fees, and Risk Margin

Changes to the overall premium level are needed because of required changes in federal and state taxes and fees. In addition, there are anticipated changes in both administrative expenses and targeted risk margin.

Prospective Benefit Changes

Plan benefits have been revised as a result of changes in the Center for Medicare and Medicaid Services (CMS) Actuarial Value Calculator and state requirements, as well as for strategic product considerations.

Anticipated Changes in the Average Morbidity of the Covered Population

Changes to the overall premium level are needed because of anticipated changes in the underlying morbidity of the projected marketplace.

COVID-19 Treatment and Vaccines

Changes to the overall premium level are needed to reflect the anticipated impact of the change in Covid-19 Vaccines and Pharmaceutical treatment costs.

Rate Development Overview

The plans included in this rate filing are to be offered for sale effective January 1, 2025. Oscar's rate development, including the methodology described below, is based on generally accepted actuarial principles for community rated individual blocks of business.

Underlying Claim Experience

Oscar started with Illinois' individual claim experience from January 1, 2023 through December 31, 2023, with runout through March 31, 2024, as the experience basis in the projection. The claim amount includes an estimate for Incurred But Not Reported (IBNR) claims.

In the absence of fully credible base experience claim data, Oscar also utilized Florida individual claim experience from Oscar's legal entity (Oscar Insurance Company of Florida; NAIC code 16374) as the manual rate basis in the projection. The base experience used for the manual projection reflects claims from January 1, 2023 through December 31, 2023, with runout through March 31, 2024, and includes an estimate for Incurred But Not Reported (IBNR) claims.



Trend

Oscar applied utilization and unit cost trends to the underlying medical and prescription drug claims to reflect the expected claim levels in the projection period.

Benefit Adjustment

The projected claims were adjusted to reflect the benefits for each of the products to be offered on and off the exchange.

Demographics and Morbidity

The starting claim experience was adjusted to reflect changes in the anticipated morbidity and demographics corresponding to Oscar's projected 2025 membership distribution.

Market Morbidity

The starting claim experience was additionally adjusted to reflect changes in the anticipated market morbidity from the base period to the projection period in response to the uncertainty inherent in the marketplace.

Network Adjustment

The projected claims were adjusted to reflect changes in the anticipated provider reimbursement levels and network configuration.

COVID-19 Treatment and Vaccines

The starting claim experience was adjusted from the base period to the projection period to reflect the anticipated impact of the change in Covid-19 Vaccines and Pharmaceutical treatment costs. Future outbreaks, regulatory, legislative, or economic changes may affect the extent to which the rates presented herein are neither excessive nor deficient.

Risk Adjustment

The projected claims were adjusted to reflect payments to the individual (catastrophic and non-catastrophic) risk pool as a result of the risk adjustment program.

Administrative Expenses and Risk Margin

The premium incorporates an average % administrative charge, which is inclusive of general administrative expenses, commission, and risk margin.

Taxes and Fees

The premium rates reflect applicable state and federal taxes and fees for the 2025 plan year.

4. Market Experience

4.1. Experience and Current Period Premium, Claims, and Enrollment

Oscar's rates are developed using a single risk pool, established according to the requirements in 45 CFR Part 156, §156.80(d). The experience period data is based on all Oscar individual market policies in Illinois and the projection period reflects all projected covered lives for every non-grandfathered product/plan combination for Oscar in the Illinois individual market.

The premium earned during the experience period and as reported on Worksheet 1, Section I of the URRT are from Oscar's data warehouse for calendar year 2023. The premiums do not reflect an adjustment for MLR rebates as Oscar does not anticipate paying rebates for the base period.



Paid Through Date

The experience period in Worksheet 1, Section I of the URRT shows Oscar's earned premium and incurred claims for the experience period of January 1, 2023 through December 31, 2023, with claims paid through March 31, 2024.

Current Date

The current period in Worksheet 2, Section II of the URRT shows Oscar's premium and enrollment using in-force business as of March 2024.

Allowed and Incurred Claims Incurred During the Experience Period

Oscar's calendar year 2023 medical and pharmacy claim data was used for developing the single risk pool claims. Worksheet 1, Section I of the URRT outlines Oscar's best estimate of claims incurred during the experience period. The estimate includes:

- Claims processed through Oscar's claim system,
- Claims processed outside of the claim system (e.g. pediatric dental and vision services), and
- Oscar's best estimate of IBNR.

Oscar's claim reserves consists of liabilities for both claims incurred but not reported ("IBNR") and reported but not yet processed through our systems that are determined by employing actuarial methods that are commonly used by health insurance actuaries. The completion factor development method is utilized for non-catastrophic claims (under \$250,000), supplemented by a projected per-member per-month (PMPM) claims methodology for generally the most recent two months. Projected PMPMs are developed from the Company's historical experience and adjusted for emerging experience data in the preceding months, which may include adjustments for known changes in estimates of recent hospital and drug utilization data, provider contracting changes, changes in benefit levels, changes in member cost sharing, changes in medical management processes, claim inventory levels, product mix, and workday seasonality. A seriatim methodology is utilized for single catastrophic claims (over \$250,000), supplemented by known open cases that are in various stages of review by Oscar's medical management team, or under bill audit review. A separate accrual process is also employed to develop reserves for exposure related to out-of-network and other provider disputed claims.

4.2. Benefit Categories

The benefit categories described below are based on the algorithm used by Milliman's *Health Cost Guidelines*TM (HCGs). The HCG grouper uses a combination of Diagnosis Related Groups (DRGs), Current Procedural Terminology Codes – Fourth Edition (CPT-4 Codes), Healthcare Common Procedural Coding System codes (HCPCS), and revenue codes to allocate detailed claims into roughly 60 benefit categories.

The utilization and unit cost data for rate development were assigned to benefit categories as shown in Worksheet 1, Section I of the URRT based on place and type of service using a detailed claim mapping algorithm, which can be summarized as follows:

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 surgical, emergency room, ancillary, observation and other services provided in an outpatient facility setting and billed by the facility.



Professional

Includes non-capitated primary care, specialty care, therapy, the professional component of laboratory and radiology, and other professional services, except for hospital based professionals whose payments are included in facility fees.

Other Medical

Includes non-capitated ambulance, home health care, durable medical equipment, prosthetics, supplies, vision exams, dental services and other services. The measurement units for utilization used in this category are a mix of visits, cases, and procedures.

Capitation

Includes the amount for any services that are provided on a capitated basis.

Prescription Drug

Includes drugs dispensed by a pharmacy. This amount is net of rebates received from drug manufacturers.

4.3. Projection Factors

This section includes a description of each factor used to project the experience period allowed claims to the projection period, supporting information related to the development of those factors is also included.

Trend Factors – Cost and Utilization

Average cost trends were developed based on Oscar's anticipated reimbursement levels. Utilization trends were developed at the broad service category level: inpatient facility, outpatient facility, professional, other, and prescription drugs. Utilization trend assumptions were generally estimated using Milliman's HCG secular utilization trend levels, which are based on large data sets and are widely used by insurers and others to estimate expected claim costs and model healthcare utilization.

Table 1 provides the annualized trend assumptions that were used to adjust the allowed claims from the experience period to the projection period. The overall trend used to get from the experience period to the projection period is based on an unleveraged prospective annual trend of \%.

Table 1								
Annual Trend Assumptions								
Benefit		Trend						
Category	Utilization	Unit Cost	Total					

The trend factors by benefit category are included in the "Year 1 Trend" and "Year 2 Trend" entries on Worksheet 1, Section II of the URRT.

Adjustments to Trended EHB Allowed Claims PMPM

Morbidity Adjustment

The starting claim experience was adjusted to reflect changes in the anticipated morbidity corresponding to Oscar's projected demographic mix and membership distributions.

A second adjustment was included to reflect changes in the anticipated market morbidity in response to the uncertainty inherent in the marketplace. Specifically, Oscar anticipated changes to the market morbidity associated with the change in Illinois' enrollment for the projection period relative to the experience period, as well as the anticipated impact due to a proportion of Medicaid members enrolling in the ACA marketplace throughout 2023 and 2024.

These adjustments reflect the projected change in claim costs outside of the underlying demographics of the covered population and were also assumed when estimating the risk adjustment transfer for the projection period.

A combined factor of is included in the "Morbidity Adjustment" entry on Worksheet 1, Section II of the URRT.

Demographic Shift

An adjustment was included to account for the anticipated changes in demographic mix — in both age/gender and geography — between the experience period and the projection period.

A factor of is included in the "Demographic Shift" entry on Worksheet 1, Section II of the URRT.

Plan Design Changes

Oscar applied an adjustment to account for the anticipated changes in the average utilization of services due to differences in average cost sharing requirements between the experience period and projection period. Plan behavior change factors were applied at the plan level using factors developed from Oscar's risk adjusted individual claim experience. The resulting allowed and net claim costs for each plan reflect differences due to cost sharing and the impact of plan behavior change only, and not due to health status.

Starting with allowed claim costs effectively normalizes out the underlying differences across metal levels due to differences in cost sharing. Normalizing allowed claim costs by risk score is assumed to normalize out differences in the underlying morbidity, health status, and demographics. Since Oscar is aggregating nationwide data, the geographic factor is included to normalize out differences in unit cost levels and utilization patterns. The resulting relativity is then attributed to induced demand, which is then used to inform the application of the induced demand factors at the plan level. The resulting allowed and net claim costs for each plan reflect differences due to cost sharing and the impact of plan behavior change only, and not due to health status.

Each plan's induced demand factor was calculated based on the priced actuarial value of the plan to arrive at the raw IDF. The raw IDF was normalized by dividing by the average IDF over all plans. Table 2 provides the minimum, maximum and average induced demand factor by metal level for the most recent four years (Oscar entered the Individual market in 2022).

Table 2								
2025 Induced Demand Factors								
Metal Level	Metal Level Minimum IDF Maximum IDF Average IDF ¹							

	2024 Historical Indu	ced Demand Factor	rs ²
Metal Level	Minimum IDF	Maximum IDF	Average IDF
	2023 Historical Indu	ced Demand Factor	rs ³
Metal Level	Minimum IDF	Maximum IDF	Average IDF
	2022 Historical Indu	ced Demand Factor	rs ⁴
Metal Level	Minimum IDF	Maximum IDF	Average IDF

A second adjustment was included to account for anticipated changes in underlying benefit coverage between the manual period and the projection period capturing inherent differences in EHBs, state mandated benefits, and eliminated benefits.

Please see Exhibit D (2 of 2) for a breakdown of the "AV and Cost Sharing" rating factor by plan into the "Induced Demand Factor" and other components.

A factor of section is included in the "Plan Design Changes" entry on Worksheet 1, Section II of the URRT.

Other Adjustments - Changes in Network

Oscar applied an adjustment of to account for anticipated changes in provider reimbursement levels between the experience period and projection period. The reimbursement changes are in response to modifications to Oscar's underlying contracts with its providers.

Other Adjustments - Prescription Drug Rebates

was included to account for the anticipated changes in the level of prescription drug rebates An adjustment of between the experience period and projection period.

Other Adjustments - Pooling Charge



²Reflects filed 2024 induced demand factors and current period membership as of

³Reflects filed 2023 induced demand factors and 2023 membership as of March 2023

⁴Reflects filed 2022 induced demand factors and 2022 membership as of May 2022

An adjustment of was included to account for Oscar experiencing higher than expected shock claims during the experience period. In this context, a shock claim is defined as annual costs in excess of \$750,000 per individual claimant.

Other Adjustments – Impact of the COVID-19 Pandemic

Oscar included an adjustment of to account for the changes in expected COVID-19 healthcare costs for Vaccines and Pharmaceutical treatment from the experience period to the projection period.

A combined factor of is included in the "Other" entry on Worksheet 1, Section II of the URRT.

Manual Rate Adjustments

Since Oscar's base experience in Illinois is partially credible, a manual rate methodology was additionally developed for rating purposes as described in this section. The adjustments described below were used to develop the Manual EHB Allowed Claims PMPM entry on Worksheet 1, Section II of the URRT.

Source and Appropriateness of Experience Data Used

Oscar started with individual claim experience from January 1, 2023 through December 31, 2023, with runout through March 31, 2024, as the manual rate basis in the projection. The starting claim experience is from Oscar's legal entity (Oscar Insurance Company of Florida; NAIC code 16374) offering in the Florida individual market.

In accordance with Actuarial Standards of Practice (ASOP) #25 — Credibility Procedures, Oscar's internal credibility manual, determined from statistical relationships inherent in nationwide experience in the individual market, assigns full credibility at member months. Oscar's manual includes member months and is considered fully credible for purposes of developing claim projections.

Adjustments Made to the Data

Exhibit B summarizes the adjustment factors, as described in this section, used to project the manual rate claims on an allowed basis to the projection period.

Incurred But Not Reported

The starting claim experience represents Oscar's best estimate of claims incurred during the manual period. The estimate includes:

- Claims processed through Oscar's claim system,
- Claims processed outside of the claim system (e.g. pediatric dental and vision services), and
- Oscar's best estimate of IBNR.

Oscar's claim reserves consists of liabilities for both claims incurred but not reported ("IBNR") and reported but not yet processed through our systems that are determined by employing actuarial methods that are commonly used by health insurance actuaries. The completion factor development method is utilized for non-catastrophic claims (under \$250,000), supplemented by a projected per-member per-month (PMPM) claims methodology for generally the most recent two months. Projected PMPMs are developed from the Company's historical experience and adjusted for emerging experience data in the preceding months, which may include adjustments for known changes in estimates of recent hospital and drug utilization data, provider contracting changes, changes in benefit levels, changes in member cost sharing, changes in medical management processes, claim inventory levels, product mix, and workday seasonality. A seriatim methodology is utilized for single catastrophic claims (over \$250,000), supplemented by known open cases that are in various stages of review by Oscar's

medical management team, or under bill audit review. A separate accrual process is also employed to develop reserves for exposure related to out-of-network and other provider disputed claims.

• Trend Factors – Cost and Utilization

Average cost trends were developed based on Oscar's anticipated reimbursement levels. Utilization trends were developed at the broad service category level: inpatient facility, outpatient facility, professional, other, and prescription drugs. Utilization trend assumptions were generally estimated using Milliman's HCG secular utilization trend levels, which are based on large data sets and are widely used by insurers and others to estimate expected claim costs and model healthcare utilization.

	Table 3							
Annual Trend Assumptions								
Benefit		Trend						
Category	Utilization	Unit Cost	Total					

A factor of is included in the "Manual EHB Allowed Claims PMPM" entry on Worksheet 1, Section II of the URRT

Plan Design Changes

Oscar applied an adjustment to account for the anticipated changes in the average utilization of services due to differences in average cost sharing requirements between the manual period and projection period. Plan behavior change factors were applied at the plan level using factors developed from Oscar's nationwide risk adjusted individual claim experience. The resulting allowed and net claim costs for each plan reflect differences due to cost sharing and the impact of plan behavior change only, and not due to health status.

A second adjustment was included to account for anticipated changes in underlying benefit coverage between the manual period and the projection period capturing inherent differences in EHBs, state mandated benefits, and eliminated benefits.

A combined factor of is included in the "Manual EHB Allowed Claims PMPM" entry on Worksheet 1, Section II of the URRT.

• <u>Demographic Shift</u>

An adjustment was included to account for the anticipated changes in demographic mix — in age and gender — between the manual base period and the projection period.

A factor of is included in the "Manual EHB Allowed Claims PMPM" entry on Worksheet 1, Section II of the URRT.

• Changes in the Morbidity of the Covered Population

The starting claim experience was adjusted to reflect changes in the anticipated morbidity corresponding to Oscar's projected demographic mix and membership distributions.

A second adjustment was included to reflect changes in the anticipated market morbidity in response to the uncertainty inherent in the marketplace. Specifically, Oscar anticipated changes to the market morbidity associated with the change in Illinois' enrollment for the projection period relative to the experience period, as well as the anticipated impact due to a proportion of Medicaid members enrolling in the ACA marketplace throughout 2023 and 2024.

Lastly, an adjustment was made to account for the anticipated changes in market morbidity between the Florida and Illinois individual markets. To estimate the market morbidity impact, Oscar relied upon the completed regression results in The Wakely National Risk Adjustment Reporting Project (WNRAR) provided to Oscar to estimate the market wide plan liability risk score, allowable rating factor, actuarial value, and induced demand factor for the Florida and Illinois individual markets.

These adjustments reflect the projected change in claim costs outside of the underlying demographics of the covered population and were also utilized when estimating the risk adjustment transfer for the projection period.

A combined factor of is included in the "Manual EHB Allowed Claims PMPM" entry on Worksheet 1, Section II of the URRT.

Change in Network

Oscar applied an adjustment to account for anticipated changes in provider reimbursement levels between the manual period and projection period. The reimbursement changes are in response to modifications to Oscar's underlying contracts with its providers.

A factor of is included in the "Manual EHB Allowed Claims PMPM" entry on Worksheet 1, Section II of the URRT.

• <u>Prescription Drug Rebates</u>

An adjustment was included to account for the anticipated changes in the level of prescription drug rebates between the manual period and projection period.

A factor of is included in the "Manual EHB Allowed Claims PMPM" entry on Worksheet 1, Section II of the URRT.

Pooling Charge

An adjustment was included to account for Oscar experiencing higher than expected shock claims during the manual period. In this context, a shock claim is defined as annual costs in excess of \$ per individual claimant.

A factor of is included in the "Manual EHB Allowed Claims PMPM" entry on Worksheet 1, Section II of the URRT.

• Impact of COVID-19 Pandemic

Oscar included an adjustment of to account for the changes in expected COVID-19 healthcare costs for Vaccines and Pharmaceutical treatment from the experience period to the projection period.

Inclusion of Capitation Payments

Not applicable.

Credibility of Experience

In accordance with Actuarial Standards of Practice (ASOP) #25 — Credibility Procedures, Oscar's internal credibility manual, determined from statistical relationships inherent in nationwide experience in the individual market, assigns full credibility at member months. Oscar's experience includes member months and is considered credible for purposes of developing claim projections. Furthermore, the base period experience was not used to develop the manual rate, so there is no double counting of base period experience.

Establishing the Index Rate

Experience Period

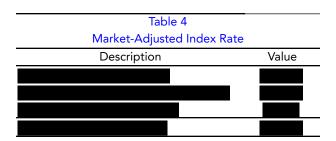
As shown in Worksheet 1, Section II of the URRT, the experience period index rate is _____. The experience period index rate reflects the estimated total combined allowed essential health benefit (EHB) claim experience in the single risk pool, and is not adjusted for payments and charges under the risk adjustment program or for marketplace user fees.

Projection Period

The index rate is defined as the EHB portion of projected allowed claims with respect to trend, benefit, and demographics and divided by all projected single risk pool lives. The Adjusted Trended EHB Allowed Claims PMPM of is blended with the Manual EHB Allowed Claims PMPM of susing a weight of respectively. Oscar's resulting projection period index rate for the 2025 plan year as shown in Worksheet 1, Section II of the URRT is

Development of the Market-Wide Adjusted Index Rate

The market-adjusted index rate is calculated as the sum of the projection period index rate, the impact of the risk adjustment program, and the projected exchange user fees. Table 4 details the projection period index rate, allowable market-wide modifiers as defined in 45 CFR Part 156, §156.80(d), and the resulting market-adjusted index rate.



The adjustments in the table above reflect all of the market-wide modifiers allowed in federal regulation and the average demographic characteristics of the single risk pool. Please note the allowable market-wide modifiers were adjusted to an allowed basis in the development of the market-adjusted index rate which is consistent with the basis of the projected index rate.

Reinsurance

Not Applicable



Risk Adjustment Payment/Charge

To estimate the risk adjustment PMPM, Oscar relied upon the results of the The Wakley National Risk Adjustment Reporting Project supplied to Oscar by Wakely to estimate the market wide plan liability risk score, allowable rating factor, actuarial value, and induced demand factor for the individual market. The statewide average premium estimates relied on results from the Interim Summary Report on Risk Adjustment for the 2023 Benefit Year published by CMS on March 17, 2024. Oscar's geographic cost factor was also adjusted based on the anticipated geographic mix for the 2025 plan year.

Oscar modeled two independent risk adjustment transfers to appropriately correspond with the risk profile of the members in the underlying experience and manual projections. For the risk adjustment transfer that corresponds to the experience projection, Oscar relied upon projected risk and rating factors that are specific to the experience period in the Illinois market. For the risk adjustment transfer that corresponds to the manual projection, Oscar crosswalked the market metrics — plan liability risk score, statewide average premium, and geographic cost factors — from the manual period (i.e. Florida market) to the projection period (i.e. Illinois market) while maintaining similar relative risk profiles by metal level. The two risk adjustment transfers were then blended by the same credibility weighting used to project allowed claims.

Additional adjustments were made to account for the anticipated changes in the Health and Human Services Hierarchical Condition Categories (HHS-HCC) risk adjustment coefficient changes from the 2023 plan year to the 2025 plan year, for both Oscar and the market. These adjustments were determined from the HHS Risk Weight Conversion Tool that was supplied to Oscar by Wakely.

Oscar also included an adjustment to account for the anticipated impact of the Risk Adjustment Data Validation (RADV) audit on the 2025 plan year. To estimate the RADV impact, Oscar relied on historical experience in the individual market, measured anticipated risk adjustment coding error rates inherent in the 2021 and 2022 plan years, and forecasted those error rates to the projection period. The RADV impact is estimated as a payment of PMPM

Lastly, Oscar considered the impact to the projected risk adjustment transfer for the addition of the high-cost risk pooling mechanism that was implemented starting with the 2018 plan year.

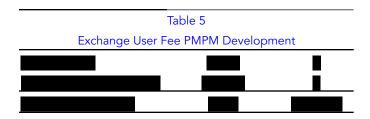
The projected risk adjustment transfer, net of the risk adjustment user fee and expressed on an allowed basis, is estimated as a payment of approximately and is reflected in Worksheet 1, Section II of the URRT.

Any resulting risk adjustment transfer payments would be allocated proportionally across all plans in Oscar's individual market single risk pool.

Detailed quantitative support of the risk adjustment transfer projection is provided in Exhibit C.

Exchange User Fees

Oscar assumed that 60% of gross premiums will enroll through the exchange which translates to an estimated exchange user fee assessment of \$1000 PMPM. Development of this estimate is provided in Table 5.



The projected exchange user fee, expressed on an allowed basis, is estimated as a payment of approximately \$ and is reflected in Worksheet 1, Section II of the URRT.

4.4. Plan-Adjusted Index Rate

Projected Plan-Adjusted Index Rates

Exhibit D summarizes the plan-adjusted index rates, which are determined by applying the allowable plan-level modifiers to the market-adjusted index rate.

The allowable modifiers as described in 45 CFR Part 156, §156.80(d)(2) are the following:

Actuarial Value and Cost-Sharing

Each plan's actuarial value and cost-sharing factor includes a benefit relativity adjustment and the expected impact of the plan's cost sharing amounts on the member's utilization of services. Oscar's internal benefit pricing model, which uses a single claim distribution for all plans, was used to estimate how members purchase services differently based on the level of plan-specific cost sharing. By utilizing a static claim distribution, the pricing model's adjustments assume the same demographic and risk characteristics for each plan priced and therefore exclude expected differences in the health status of members assumed to select each plan.

Plan's Provider Network and Delivery System Characteristics

In all rating areas, Oscar is offering plans with access to its Choice network. In Rating Area 1, Oscar is also offering plans on its narrow Select network. The anticipated lower costs in the Select network are reflected in the provider network rating factor. Oscar is adding the health systems Advocate Health and Advent Health to both its Select and Choice provider networks in 2025..

Plan Benefits in Addition to the EHBs

Non-Hyde amendment abortions are covered as a state-mandated benefit but are not EHBs and represent 0.18% of premium.

Administrative Costs, Excluding Exchange User Fees

The net claims costs are adjusted to account for expected non-benefit expenses. Exhibit E summarizes the components of the administrative cost factor as shown in Worksheet 2, Section III of the URRT.

Expected Impact of the Specific Eligibility Categories for the Catastrophic Plan

A specific eligibility adjustment reflects the difference in expected demographics between the catastrophic plan and the non-catastrophic plans due to the unique eligibility requirements of the catastrophic plan (i.e. that only individuals under the age of 30 or eligible by reason of financial hardship can enroll). This adjustment reflects that costs vary by age and the cost of the population expected to enroll in the catastrophic plan is anticipated to be lower than non-catastrophic plans.

Oscar is proposing no change to the currently approved catastrophic eligibility adjustment.

4.5. Calibration

A composite calibration adjustment is applied uniformly to all plans. Detailed support of the calibration factor is provided in Exhibit F. The market-wide calibration factor is

Age Curve Calibration

The average age factor used in the calibration process is and was determined by applying the standard age curve established by HHS to the projected member distribution by age, with an adjustment for non-billable members who exceed the maximum of three child dependents under the age of 21 rule.



Under this methodology, the approximate average age, rounded to the nearest whole number, associated with the single risk pool is .

Geographic Factor Calibration

The average geographic rating factor is . In order to determine the geographic calibration factor the projected distribution of members by area was determined. The weighted average of the area factors was then calculated using this distribution.

Oscar is expanding its service area to effective for the 2025 plan year.

Exhibit G provides a summary of the proposed geographic rating factors applied to the plan-adjusted index rates.

Tobacco Factor Calibration

The average tobacco rating factor used in the calibration process is

The tobacco factors by age were developed using a Milliman research report titled *Impact of Height, Weight, and Smoking on Medical Claim Costs*, which tabulates the medical claim costs by age for smokers and non-smokers using a government data source, the Medical Expenditure Panel Survey (MEPS). Smoker prevalence rates, which were utilized above to develop the tobacco calibration factor, were based on Oscar's empirical data, and are not anticipated to be substantially different in the projection period.

Oscar is proposing no change to the currently approved tobacco rating factors.

4.6. Consumer-Adjusted Premium Rate Development

Oscar derives consumer-adjusted premium rates by calibrating the plan-adjusted index rate and applying the rating factors specified by 45 CFR Part 147, §147.102. Exhibit H includes the proposed rate manual and a sample rate calculation.

5. Projected Loss Ratio

A summary of each component included in the loss ratio projection is provided in Exhibit I.

Health Care Quality Improvement Initiatives

Oscar is dedicated to improving the healthcare outcomes of our members. We organize our health care quality improvement initiatives into four main categories:

- 1. Improve Health Outcomes
- 2. Activities to Prevent Hospital Readmissions
- 3. Improve Patient Safety and Reduce Medical Errors
- 4. Wellness & Health Promotion Activities

Please see the exhibit below for the PMPM costs allocated to each of these categories.



Summary of Health Care Quality Improvement Initiatives Improve Health Outcomes Activities to Prevent Hospital Readmissions Improve Patient Safety and Reduce Medical Errors Wellness & Health Promotion Activities

6. Plan Product Information

6.1. AV Metal Values

The AV metal values included in Worksheet 2, Section I of the URRT were based solely on the HHS actuarial value calculator with actuarial adjustments for certain plans with unique plan designs.

6.2. Membership Projections

Oscar projected membership as displayed in Worksheet 2, Section IV of the URRT by considering the size of the projected Illinois individual market in 2025 as well as our historical enrollment patterns of the Illinois individual market, to estimate our assumed market penetration rate and member months projection. For silver level plans in the individual market, an estimate was made for the portion of projected enrollment that will be eligible for CSR subsidies at each subsidy level.

Exhibit J summarizes the membership projection by metal level, including the alternative variant silver plans which CSR eligibles can purchase, and exchange status.

6.3. Plan Type

The plan types listed in Worksheet 2, Section I of the URRT appropriately describe Oscar's plans.

7. Miscellaneous Information

7.1. Effective Rate Review Information

CSR Subsidies

Oscar assumed that CSR subsidies will not be funded by the federal government for the 2025 plan year. If CSR funds are not appropriated and CSR plans continue to be offered, Oscar will then be solely responsible for covering cost sharing for these members. The proposed rates contained herein assume that CSR subsidies remain unfunded by the federal government and that the resulting shortfall will be applied exclusively to Oscar's on-exchange silver plans.

Exhibit L shows the development of the calculated impact to plans due to CSR loading.

Terminated Products

Exhibit K summarizes both the discontinued plans that were included in the single risk pool during the experience period or made available thereafter and the corresponding mapped plans.



Marketing Method

Oscar will market individual policies through the federally facilitated marketplace, direct sales channels and broker arrangements.

Renewability

The products offered within this filing are all guaranteed issue (i.e., no medical underwriting) and guaranteed renewable as required under the ACA. This rate filing applies to non-grandfathered plans only that are open to new sales. Premiums will be charged on a monthly basis and are guaranteed for the duration of the 2025 plan year.

Issue Age Limit

No age limits apply to the plans represented in this filing. Dependent children are eligible for coverage up to and including age 25.

7.2. Reliance

In developing this rate filing, several internal departments were relied upon for information and assumption setting. This information includes, but is not limited to: Actuarial providing pandemic modeling, rating factors, and claim trend projections; Insurance Financial Management providing membership projections, non-benefit expenses, and taxes and fees; and the Insurance Business providing product changes and contractual terms for healthcare providers and vendors. I have performed a limited review of this information and have deemed it to be reasonable.

7.3. Actuarial Certification

I, David Brandler, am an Actuary for Oscar. I am a member of the American Academy of Actuaries and I meet the qualification standards of the Academy to render the actuarial opinion contained herein.

I hereby certify that the projected index rate is to the best of my knowledge and understanding:

- In compliance with all applicable state and federal statutes and regulations (45 CFR Part 156, §156.80(d)(2) and 45 CFR Part 147, §147.102),
- Developed in compliance with the applicable Actuarial Standards of Practice, including but not limited to:
 - o ASOP No. 5, Incurred Health and Disability Claims,
 - ASOP No. 8, Regulatory Filings for Health Benefits, Accident and Health Insurance, and Entities Providing Health Benefits,
 - o ASOP No. 12, Risk Classification,
 - o ASOP No. 23, Data Quality,
 - o ASOP No. 25, Credibility Procedures,
 - ASOP No. 26, Compliance with Statutory and Regulatory Requirements for the Actuarial Certification of Small Employer Health Benefit Plans,
 - o ASOP No. 41, Actuarial Communications,
 - ASOP No. 42, Determining Health and Disability Liabilities Other than Liabilities for Incurred Claims,
 - ASOP No. 45, The Use of Health Status Based Risk Adjustment Methodologies, and

- o ASOP No. 50, Determining Minimum Value and Actuarial Value Under the ACA.
- Reasonable in relation to the benefits provided and the population anticipated to be covered, and
- Neither excessive nor deficient.

I further certify that:

- The index rate and only the allowable modifiers as described in 45 CFR Part 156, §156.80(d)(1) and 45 CFR Part 156, §156.80(d)(2) were used to generate plan level rates,
- The geographic rating factors reflect only differences in the costs of delivery and do not include differences for population morbidity by geographic area, and
- The AV calculator was used to determine the AV metal values shown on Worksheet 2 of the Part I URRT for all plans.

URRT Methodology

The Part I URRT and Illinois ACA Rate Review Template do not demonstrate the process used by Oscar to develop proposed premium rates. It is representative of information required by federal and state regulation to be provided in support of the review of rate increases, for certification of qualified health plans for federally facilitated exchanges and for certification that the index rate is developed in accordance with federal regulations and used consistently and only adjusted by the allowable modifiers.

Plan Behavior Factors and CSR Loading

Mandated Plan behavior factors and CSR loads were applied in accordance with IDOI rate filing guidance. Actual plan behavior factors and CSR loads may differ from the methods prescribed, which may affect the extent to which the rates presented herein are neither excessive nor deficient.

COVID-19 Pandemic

The starting claim experience was adjusted from the experience period to the projection period to reflect the anticipated impact of items such as the change in the cost of Vaccines and pharmaceutical treatment. Unforeseen strains, causing severe outbreaks or changes to legislation, may affect the extent to which the rates presented herein are neither excessive nor deficient.

Medicaid Redetermination and the Public Health Emergency

Rates were developed in line with the current law, which at the time of this rate filing includes the end of Medicaid continuous coverage, followed by redetermination of Medicaid members, as well as the end of the Public Health Emergency. Future regulatory, legislative, and economic changes may affect the extent to which the rates presented herein are neither excessive nor deficient.



Exhibit A Summary of Proposed Rate Increases

Summary of Proposed Rate Increases						
	Plan-Adjusted Index Rate ¹	Rate				
Bronze Cla						
Secure (Ch						
Gold Class						
ilver Simp						
ilver Class						
Bronze Cla						
Select)						
Bronze Cla						
Bronze Cla						
Gold Class						
ilver Simp						
ilver Elite						
ilver Class						
ilver Simp						
otal						
Represents						

Exhibit B

Manual Rate Development

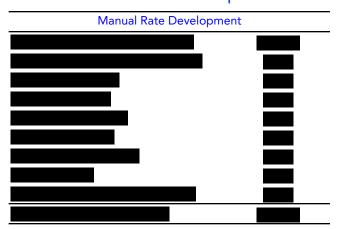
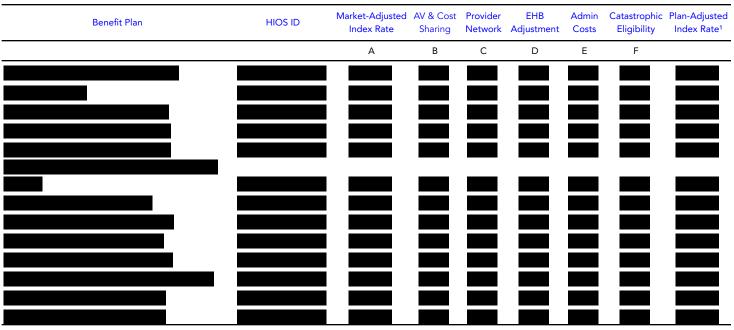


Exhibit C
Risk Adjustment Transfer Projection for the 2025 Plan Year

Description	Ris	k Pool	Definition
Description	Individual	Catastrophic	Definition
			_
			•
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			Ī

¹Annualized over two plan years.

Exhibit D
Plan-Adjusted Index Rates (1 of 2)



 1 Plan-Adjusted Index Rate = A x B x C x D x E x F

Exhibit D
Plan-Adjusted Index Rates (2 of 2)

AV & Cost Sharing									
Benefit Plan	HIOS ID	HIOS ID Paid-to-Allowed Ratio		Induced Demand Factor	AV & Cos Sharing ¹				
		А	В	С					
	_								

¹AV & Cost Sharing = A x B x C

Exhibit E

Administrative Cost Factor Components

Description	Allocation	on Category	
Description	PMPM	% of Premium	

¹The exchange user fee is not included in the total retention estimate.

Exhibit F Calibration Development

				ration Deve	o pinone				
	Table 1			Table 2		Table 3			
Age	Member	Age Factor ²	Rating	Member	Area	Age	Age Member Distribution		Tobacco
	Distribution ¹	Factor ²	Area	Distribution	Factor		Smoker	Non-Smoker	Factor

Exhibit G
Geographic Rating Factors

Rating	Description	Member	Area	- % Change	
Area	Description	Distribution ¹	Current ²	Proposed	- % Change
	·				

¹Membership distribution as of March 2024.

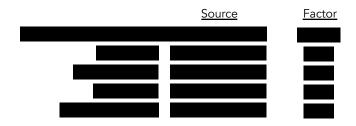
²The current factors were normalized with the current distribution for comparison purposes.

Exhibit H

Sample Rate Calculation

Sample Member Demographics

Bronze Classic Standard (Choice), 40 Year Old Smoker, Rating Area 1



Rate x Age Factor x Tobacco Factor x Area Factor / Calibration Factor

=\$447.21

Exhibit I Projected Medical Loss Ratio

Projected Medical Loss Ratio (Fede	rallv∙	-Prescribed	
------------------------------------	--------	-------------	--

Description	Value	Definition

Exhibit J

Distribution of Membership Across Metal

		 Membe	ership	
Metal	Exchange Status	Distribution	Member Months	
	<u>-</u>			

Exhibit K
Terminated Products

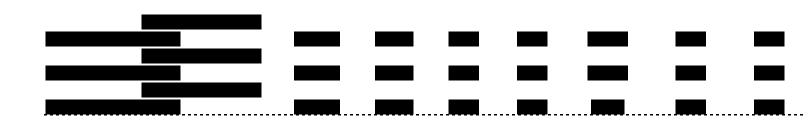
PY Terminated	Terminated Plan Name	Terminated HIOS ID	Mapped Plan Name	2023 HIOS ID	2024 HIOS ID	2025 HIOS ID	Applicable Rating Areas
= :							
		=	=				
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Exhibit L
CSR Load Development

HIOS ID	Plan Name	CSR Variant	Exchange	Base Silver Plan AV	Plan AV	Projected CSR Distribution	Weighted Plan AV	CSR Load
_				А	В	С	D = Weighted AVG (A * B) by Plan	E = D / A
								
		_						
								
		_						
				_			_	
								
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						····		 .





Rate Increase Justification



1. Scope and Range of Rate Increase

The purpose of this document is to present rate change justification for Oscar Health Plan, Inc. (Oscar's) Individual Affordable Care Act (ACA) products, with an effective date of January 1, 2025, and 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 (ACA).

Using in-force business as of March 2024, the proposed average rate increase for renewing plans is 11.7%. Rate increases vary by plan due to a combination of factors including shifts in benefit leveraging and cost-sharing modifications. This rate increase is absent of rate changes due to attained age.

The rate increase impacts an estimated 7,303 members.

2. Reason for Rate Increase(s)

The significant factors driving the proposed rate change include the following:

Medical and Prescription Drug Inflation and Utilization Trends

The projected premium rates reflect the most recent emerging experience which was trended for anticipated changes due to medical and prescription drug inflation and utilization.

Prospective Benefit Changes

Plan benefits have been revised as a result of changes in the Center for Medicare and Medicaid Services (CMS) Actuarial Value Calculator and state requirements, as well as for strategic product considerations.

Anticipated Changes in the Average Morbidity of the Covered Population

Changes to the overall premium level are needed because of anticipated changes in the underlying morbidity of the projected marketplace.

COVID-19 Treatment and Vaccines

Changes to the overall premium level are needed to reflect the anticipated impact of the change in Covid-19 Vaccines and Pharmaceutical treatment costs

David Brandler

David Brandler Fellow, Society of Actuaries Member, American Academy of Actuaries June 3rd, 2024 SERFF Tracking #: OHIN-134107589 State Tracking #: Company Tracking #:

State: Illinois Filing Company: Oscar Health Plan, Inc.

TOI/Sub-TOI: HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO

Product Name: Oscar IL 2025 Individual Rates

Project Name/Number: /

Supporting Document Schedules

Satisfied - Item:	Review Requirement Checklist
Comments:	Treview requirement officialist
Attachment(s):	healthpremiumratereviewchecklist_20240605 (1).pdf
Item Status:	Tioditripromitation oviewonouthot_20240000 (1).pdi
Status Date:	
Glatae Date:	
Satisfied - Item:	Rate Data Collection Form - Enrollment Template
Comments:	
Attachment(s):	PY25_proposedenrollmenttemplate - 05292024 (1).xlsx
Item Status:	
Status Date:	
Satisfied - Item:	Actuarial Value Screenshots
Comments:	Actuariai value Screensnots
Attachment(s):	IL AV Screenshots.pdf
Item Status:	ILAV Ocicerisinois.pui
Status Date:	
Otatao Bate.	
Satisfied - Item:	HIOS ID Crosswalk
Comments:	
Attachment(s):	PlanCW11574IL212D20240513T212127.xml PY25_IL_Crosswalk_v1.0_05132024 (1).xlsm
Item Status:	
Status Date:	
Satisfied - Item:	Network Adequacy Template
Comments:	
Attachment(s):	aa7470a0-b083-42f7-9389-231013cbdf32_87b09828-15ce-496a-99c0-c54e18553954-3838@niem.gov.xlsm NA-20240530T150328.zip
Item Status:	
Status Date:	
Satisfied - Item:	Network ID Crosswalk
Comments:	
Attachment(s):	PY25_IL_Network_V1.1 (1).xml 8ebdd59e-6bf5-4c3f-987b-cd38909caf1e_fbc07b1b-a432-49da-b959-4a5e2956a00a-7508@niem.gov (1).xls

SERFF Tracking #: OHIN-134107589 State Tracking #: Company Tracking #: Illinois Filing Company: Oscar Health Plan, Inc. State: TOI/Sub-TOI: HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO Oscar IL 2025 Individual Rates Product Name: Project Name/Number: Item Status: **Status Date:** Satisfied - Item: Service Area Template Comments: PY25_IL_SA_V1.1.xml 1e5591a2-fa85-4211-9454-94ea02e428c6_fbc07b1b-a432-49da-b959-4a5e2956a00a-7509@niem.gov.xls Attachment(s): **Item Status: Status Date:** Satisfied - Item: Actuarial Memorandum - State Version Comments: 2025_IL_Actuarial_Memorandum_20240529 State Version.pdf Attachment(s): 2025_IL_Actuarial_Memorandum_20240529 State Version_Redacted.pdf

Item Status: Status Date:

SERFF Tracking #: OHIN-134107589 State Tracking #: Company Tracking #:

State: Illinois Filing Company: Oscar Health Plan, Inc.

TOI/Sub-TOI: HOrg02I Individual Health Organizations - Health Maintenance (HMO)/HOrg02I.005D Individual - HMO

Product Name: Oscar IL 2025 Individual Rates

Project Name/Number: /

Attachment PY25_proposedenrollmenttemplate - 05292024 (1).xlsx is not a PDF document and cannot be reproduced here.

Attachment PlanCW11574IL212D20240513T212127.xml is not a PDF document and cannot be reproduced here.

Attachment PY25_IL_Crosswalk_v1.0_05132024 (1).xlsm is not a PDF document and cannot be reproduced here.

Attachment aa7470a0-b083-42f7-9389-231013cbdf32_87b09828-15ce-496a-99c0-c54e18553954-3838@niem.gov.xlsm is not a PDF document and cannot be reproduced here.

Attachment NA-20240530T150328.zip is not a PDF document and cannot be reproduced here.

Attachment PY25_IL_Network_V1.1 (1).xml is not a PDF document and cannot be reproduced here.

Attachment 8ebdd59e-6bf5-4c3f-987b-cd38909caf1e_fbc07b1b-a432-49da-b959-4a5e2956a00a-7508@niem.gov (1).xls is not a PDF document and cannot be reproduced here.

Attachment PY25_IL_SA_V1.1.xml is not a PDF document and cannot be reproduced here.

Attachment 1e5591a2-fa85-4211-9454-94ea02e428c6_fbc07b1b-a432-49da-b959-4a5e2956a00a-7509@niem.gov.xls is not a PDF document and cannot be reproduced here.

Plan Crosswalk Template v14.0

Issuer Information

HIOS Issuer ID*	11574
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 Leve for one or more counties.
11574IL0010005	Crosswalking at the plan ID level	
11574IL0010003	Crosswalking at the plan ID level	
11574IL0010021	Crosswalking at the plan ID level	
11574IL0010045	Crosswalking to same Plan ID	
11574IL0010053	Crosswalking to same Plan ID	
11574IL0020005	Crosswalking at the plan ID level	
11574IL0010011	Crosswalking to same Plan ID	
11574IL0010025	Crosswalking at the plan ID level	
11574IL0020052	Crosswalking to same Plan ID	
11574IL0010052	Crosswalking to same Plan ID	
11574IL0010024	Crosswalking at the plan ID level	
11574IL0010030	Crosswalking at the plan ID level	
11574IL0020053	Crosswalking to same Plan ID	
11574IL0020024	Crosswalking to same Plan ID	
11574IL0020021	Crosswalking to same Plan ID	
11574IL0020050	Crosswalking to same Plan ID	
11574IL0020030	Crosswalking to same Plan ID	
11574IL0010006	Crosswalking at the plan ID level	
11574IL0010050	Crosswalking to same Plan ID	
11574IL0020025	Crosswalking to same Plan ID	

Actions

Import 2024 Plans & Benefits Template and Service Area Template

 Import 2024 Plans & Benefits Template and Service Area Template to a folder on

Please save your completed 2024 Plans & Benefits Template and Service Area Template to a folder on

Indicate the data. 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.

2024 HIOS PlanID (Standard Component)	County Name	Service Area Zip Code(s)	Crosswalk Level	Reason for Crosswalk	PLAN 2025 HIOS Catastrophic Enrolle PlanID (Standard or Child-Only Catastro		Enrollees Aging off	Enrollees Aging off Catastrophic or Child- (Optional at State Discretion)		2025 Plan ID (Optional at State Discretion)		2025 Plan ID (Catastrophic or Child- Only) (Optional at State Discretion)		2024 Network ID
Required	Required if crosswalking at county or zip level	Required if crosswalking at the zip level	Based on Option Selected on "2024 Plan Crosswalk" Worksheet	Required	Required	Required	Required if Yes Under "Is this Plan a Catasrophic or Child- Only Plan."	Associated Policy Form Number(s)	NAIC SERFF Tracking Number(s) for Form Filing(s)	Associated Policy Form Number(s)	NAIC SERFF Tracking Number(s) for Form Filing(s)	Associated Policy Form Number(s)	NAIC SERFF Tracking Number(s) for Form Filing(s)	Based on Data from Plans Benefits Template
			Crosswalking at the plan ID									•		
11574IL0010005			Crosswalking at the plan ID	Renewing product; renewal in a different plan within the product	11574IL0010050	No								ILN001
11574IL0010003				Renewing product; renewal in a different plan within the product	11574IL0010050	No								ILN001
11574IL0010021				Renewing product; renewal in a different plan within the product	11574IL0010050	No								ILN001
11574IL0010045			Crosswalking to same Plan ID	Renewing exact same product/plan combination (Same 2024 Plan ID)	11574IL0010045	No								ILN001
11574IL0010053			Crosswalking to same Plan ID Crosswalking at the plan ID	Renewing exact same product/plan combination (Same 2024 Plan ID)	11574IL0010053	No								ILN001
11574IL0020005			level	Renewing product; renewal in a different plan within the product	11574IL0020021									ILN002
11574IL0010011			Crosswalking to same Plan ID Crosswalking at the plan ID	Renewing exact same product/plan combination (Same 2024 Plan ID)	11574IL0010011		11574IL0010050							ILN001
11574IL0010025				Renewing product; renewal in a different plan within the product	11574IL0010052									ILN001
11574IL0020052				Renewing exact same product/plan combination (Same 2024 Plan ID)	11574IL0020052									ILN002
11574IL0010052			Crosswalking to same Plan ID Crosswalking at the plan ID	Renewing exact same product/plan combination (Same 2024 Plan ID)	11574IL0010052	No								ILN001
11574IL0010024			level Crosswalking at the plan ID	Renewing product; renewal in a different plan within the product	11574IL0010050	No								ILN001
11574IL0010030			level	Renewing product; renewal in a different plan within the product	11574IL0010052	No								ILN001
11574IL0020053			Crosswalking to same Plan ID	Renewing exact same product/plan combination (Same 2024 Plan ID)	11574IL0020053									ILN002
11574IL0020024			Crosswalking to same Plan ID	Renewing exact same product/plan combination (Same 2024 Plan ID)	11574IL0020024									ILN002
11574IL0020021			Crosswalking to same Plan ID	Renewing exact same product/plan combination (Same 2024 Plan ID)	11574IL0020021									ILN002
11574IL0020050			Crosswalking to same Plan ID	Renewing exact same product/plan combination (Same 2024 Plan ID)	11574IL0020050									ILN002
11574IL0020030			Crosswalking to same Plan ID Crosswalking at the plan ID	Renewing exact same product/plan combination (Same 2024 Plan ID)	11574IL0020030	No								ILN002
11574IL0010006			level	Renewing product; renewal in a different plan within the product	11574IL0010052									ILN001
11574IL0010050			Crosswalking to same Plan ID	Renewing exact same product/plan combination (Same 2024 Plan ID)	11574IL0010050	No								ILN001
11574IL0020025			Crosswalking to same Plan ID	Renewing exact same product/plan combination (Same 2024 Plan ID)	11574IL0020025	No								ILN002

2024 HIOS Plan ID						Service Area Zip		
(Standard Component)	Service Area ID	Service Area Name	2024 State	County Name	Partial County	Code(s)	Network ID	
11574IL0010005	ILS001	Oscar Chicago Choice N		Cook - 17031	No		ILN001	
11574IL0010005	ILS001	Oscar Chicago Choice N		DuPage - 17043	No		ILN001	
11574IL0010005	ILS001	Oscar Chicago Choice N		Lake - 17097	No		ILN001	
11574IL0010005	ILS001	Oscar Chicago Choice N	No	Will - 17197	No		ILN001	
11574IL0010003	ILS003	Oscar Chicago Choice N	No	DuPage - 17043	No		ILN001	
11574IL0010003	ILS003	Oscar Chicago Choice N	No	Lake - 17097	No		ILN001	
11574IL0010003	ILS003	Oscar Chicago Choice N	No	Will - 17197	No		ILN001	
11574IL0010021	ILS003	Oscar Chicago Choice N	No	DuPage - 17043	No		ILN001	
11574IL0010021	ILS003	Oscar Chicago Choice N	No	Lake - 17097	No		ILN001	
11574IL0010021	ILS003	Oscar Chicago Choice N		Will - 17197	No		ILN001	
11574IL0010045	ILS003	Oscar Chicago Choice N	No	DuPage - 17043	No		ILN001	
11574IL0010045	ILS003	Oscar Chicago Choice N	No	Lake - 17097	No		ILN001	
11574IL0010045	ILS003	Oscar Chicago Choice N	No	Will - 17197	No		ILN001	
11574IL0010053	ILS001	Oscar Chicago Choice N	No	Cook - 17031	No		ILN001	
11574IL0010053	ILS001	Oscar Chicago Choice N	No	DuPage - 17043	No		ILN001	
11574IL0010053	ILS001	Oscar Chicago Choice N	No	Lake - 17097	No		ILN001	
11574IL0010053	ILS001	Oscar Chicago Choice N	No	Will - 17197	No		ILN001	
11574IL0020005	ILS002	Oscar Chicago Select N	No	Cook - 17031	No		ILN002	
11574IL0010011	ILS001	Oscar Chicago Choice N	No	Cook - 17031	No		ILN001	
11574IL0010011	ILS001	Oscar Chicago Choice N	No	DuPage - 17043	No		ILN001	
11574IL0010011	ILS001	Oscar Chicago Choice N	No	Lake - 17097	No		ILN001	
11574IL0010011	ILS001	Oscar Chicago Choice N	No	Will - 17197	No		ILN001	
11574IL0010025	ILS001	Oscar Chicago Choice N	No	Cook - 17031	No		ILN001	
11574IL0010025	ILS001	Oscar Chicago Choice N	No	DuPage - 17043	No		ILN001	
11574IL0010025	ILS001	Oscar Chicago Choice N	No	Lake - 17097	No		ILN001	
11574IL0010025	ILS001	Oscar Chicago Choice N	No	Will - 17197	No		ILN001	
11574IL0020052	ILS002	Oscar Chicago Select N	No	Cook - 17031	No		ILN002	
11574IL0010052	ILS001	Oscar Chicago Choice N	No	Cook - 17031	No		ILN001	
11574IL0010052	ILS001	Oscar Chicago Choice N	No	DuPage - 17043	No		ILN001	
11574IL0010052	ILS001	Oscar Chicago Choice N	No	Lake - 17097	No		ILN001	
11574IL0010052	ILS001	Oscar Chicago Choice N	No	Will - 17197	No		ILN001	
11574IL0010024	ILS003	Oscar Chicago Choice N	No	DuPage - 17043	No		ILN001	
11574IL0010024	ILS003	Oscar Chicago Choice N	No	Lake - 17097	No		ILN001	
11574IL0010024	ILS003	Oscar Chicago Choice N	No	Will - 17197	No		ILN001	
11574IL0010030	ILS001	Oscar Chicago Choice N	No	Cook - 17031	No		ILN001	
11574IL0010030	ILS001	Oscar Chicago Choice N	No	DuPage - 17043	No		ILN001	
11574IL0010030	ILS001	Oscar Chicago Choice N	No	Lake - 17097	No		ILN001	
11574IL0010030	ILS001	Oscar Chicago Choice N	No	Will - 17197	No		ILN001	
11574IL0020053	ILS002	Oscar Chicago Select 1	No	Cook - 17031	No		ILN002	
11574IL0020024	ILS002	Oscar Chicago Select N	No	Cook - 17031	No		ILN002	
11574IL0020021	ILS002	Oscar Chicago Select N	No	Cook - 17031	No		ILN002	
11574IL0020050	ILS002	Oscar Chicago Select 1	No	Cook - 17031	No		ILN002	
11574IL0020030	ILS002	Oscar Chicago Select N	No	Cook - 17031	No		ILN002	
11574IL0010006	ILS003	Oscar Chicago Choice N	No	DuPage - 17043	No		ILN001	
11574IL0010006	ILS003	Oscar Chicago Choice N		Lake - 17097	No		ILN001	
11574IL0010006	ILS003	Oscar Chicago Choice N	No	Will - 17197	No		ILN001	
11574IL0010050	ILS001	Oscar Chicago Choice N	No	Cook - 17031	No		ILN001	
11574IL0010050	ILS001	Oscar Chicago Choice N		DuPage - 17043	No		ILN001	
11574IL0010050	ILS001	Oscar Chicago Choice N	No	Lake - 17097	No		ILN001	
11574IL0010050	ILS001	Oscar Chicago Choice N	No	Will - 17197	No		ILN001	
11574IL0020025	ILS002	Oscar Chicago Select N	No	Cook - 17031	No		ILN002	

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 + FClick 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:* 11574 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?
ILS00	1 Oscar Chicago Choice	No	Carroll - 17015	No
ILS00	1 Oscar Chicago Choice	No	Cook - 17031	No
ILS00	1 Oscar Chicago Choice	No	DuPage - 17043	No
ILS00	1 Oscar Chicago Choice	No	Henry - 17073	No
ILS00	1 Oscar Chicago Choice	No	Jo Daviess - 17085	No
ILS00	1 Oscar Chicago Choice	No	Kendall - 17093	No
ILS00	1 Oscar Chicago Choice	No	Lake - 17097	No
ILS00	1 Oscar Chicago Choice	No	Mercer - 17131	No
ILS00	1 Oscar Chicago Choice	No	Rock Island - 17161	No
ILS00	1 Oscar Chicago Choice	No	Whiteside - 17195	No
ILS00	1 Oscar Chicago Choice	No	Will - 17197	No
ILS00	3 Oscar Chicago Choice Lite	No	DuPage - 17043	No
ILS00	3 Oscar Chicago Choice Lite	No	Lake - 17097	No
ILS00	3 Oscar Chicago Choice Lite	No	Will - 17197	No
ILS00	2 Oscar Chicago Select	No	Cook - 17031	No

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

Line(s) of Insurance **Health Premium Rates**

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

Illinois Insurance	<u>Illinois</u>		
Code Link	Compiled Statutes Online		
Illinois Administrative Code Link	Administrative Regulations Online		
Product Coding Matrix	Product Coding Matrix		
REVIEW REQUIREMENTS	REFERENCE	DESCRIPTION OF REVIEW	LOCATION OF STANDARD IN FILING
		STANDARDS REQUIREMENTS	
		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		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.	SERFF "General Information"

COMPANY REQUIREMENTS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	LOCATION OF STANDARD IN FILING
Grandfathered Status		 Not Grandfathered- This rate filing is not being made in support of a grandfathered plan. 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. 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: 	1 - Not Grandfathered
Implementation Date		The proposed effective date of rate revision implementation.	1/1/2025
Rate Filing Requirements	215 ILCS 5/355	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. Rates must be submitted in a separate SERFF filing from policy forms.	Policy forms and rates have been submitted separately
Rate Filing Submission		Rate Filings must be submitted in their entirety into both SERFF and the Web Portal for review.	Submitted
TOI (Type of Insurance)		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 nongrandfathered) must submit all new rate filings and rate revisions for review. Inserted directly below is a link to SERFF's Website for the TOI's required. http://www.serff.com/documents/index_ppaca_tois.pdf	The appropriate PPACA TOI was selected
Federal Unified Rate Review Templates		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: https://www.qhpcertification.cms.gov/s/Unified%20Rate%20Review	SERFF "URRT"
Rate Data Collection Form		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	SERFF "Supporting Documentation"

COMPANY REQUIREMENTS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	LOCATION OF STANDARD IN FILING
Actuarial Memorandum		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.	SERFF "Supporting Documentation"
		Small Group Checklist: http://www2.illinois.gov/sites/Insurance/Companies/documents/Rat eReviewChecklistSmallGroup.pdf	
		Individual Checklist: http://www2.illinois.gov/sites/Insurance/Companies/documents/Rat eReviewChecklistIndividual.pdf	
Actuarial Certification		The Actuarial Certification must be completed for all filings. http://www2.illinois.gov/sites/Insurance/Companies/documents/ActuarialCertificationForRateFilings.pdf	SERFF "Supporting Documentation"
Rate Schedules/Manuals		Shall be attached in SERFF as separate attachments from other documents required in SERFF.	Rate/Rule tab
HHS Rate Data Requirements		Data required to be entered in the Rate Review Detail tab in SERF 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.	Rate/Rule 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.	Supporting Documentation
Have you included the following forms?		 Federal Unified Rate Review Template Rate Data Collection Form Actuarial Memorandum Actuarial Certification 	Supporting Documentation

User Inputs for Plan Parameters										
Use Integrated Medical and Drug Deductible?			HSA/HRA Option	s	Tie	red Network O	ption			
Apply Inpatient Copay per Day?		HSA/HRA Emplo	yer Contribution	? 🗌	Tiered	Network Plan?	•			
Apply Skilled Nursing Facility Copay per Day?		Annual Contril	bution Amount:		1st ·	Tier Utilization:	: 44%			
Use Separate MOOP for Medical and Drug Spending?		Allifual Colletin	bation Amount.		2nd ¹	Tier Utilization:	: 56%			
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?										
Desired Metal Tier				_						
		1 Plan Benefit De				2 Plan Benefit				
	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)			\$5,900.00				\$5,900.00			
Coinsurance (%, Insurer's Cost Share)			50.00%				50.00%			
MOOP (\$)			\$8,550.00				\$8,550.00			
MOOP if Separate (\$)										
Click Here for Important Instructions		Tie	er 1			Т	ier 2		Tier 1	Tier 2
	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	Subject to	Coinsurance, if	Copay, if	Copay applie	
Type of Benefit	Deductible?	Coinsurance?	different	separate	-	Coinsurance?		separate	deduct	
Medical	✓ All	✓ All			✓ All	✓ All			☐ All	☐ All
Emergency Room Services	V	~			V	✓				
All Inpatient Hospital Services (inc. MH/SUD)	V	V			✓	~				
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and				40.00	_	_		40.00]	
X-rays)				\$0.00				\$0.00		
Specialist Visit				\$40.00				\$40.00		
Mental/Behavioral Health and Substance Use Disorder Outpatient				\$0.00				\$0.00		
Services				30.00						
Imaging (CT/PET Scans, MRIs)	V	V			~	V				
Speech Therapy	V	V			✓	✓				
	~	~			✓	✓				
Occupational and Physical Therapy										
Preventive Care/Screening/Immunization			100%	\$0.00		<u> </u>	100%	\$0.00		
Laboratory Outpatient and Professional Services				\$65.00				\$65.00		
X-rays and Diagnostic Imaging	<u> </u>	<u> </u>			V	<u> </u>				
Skilled Nursing Facility	>	V			V	V				
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	~	~			✓	✓				
Outpatient Surgery Physician/Surgical Services	V	V			~	✓				
Drugs	✓ All	✓ All			✓ All	✓ All			☐ All	All
Generics				\$0.00				\$25.00		
Preferred Brand Drugs	>			\$75.00	V			\$75.00	>	~
Non-Preferred Brand Drugs	V	V			✓	✓				
Specialty Drugs (i.e. high-cost)	>	V			>	V				
Options for Additional Benefit Design Limits:		_	Plan Description	1:						
Set a Maximum on Specialty Rx Coinsurance Payments?			Name:	Silver Simple D		≘)				
Specialty Rx Coinsurance Maximum:			Plan HIOS ID:	11574IL0010045						
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:	11574	ŀ					
# Days (1-10):			AVC Version:	2025_1a						
Begin Primary Care Cost-Sharing After a Set Number of Visits? #Visits (1-10):										
Begin Primary Care Deductible/Coinsurance After a Set Number of	П									
Copays?										
# Copays (1-10):										
Output		4								
Calculate										
Status/Error Messages:	Calculation Succe	essful.								
Actuarial Value:	70.74%									
Metal Tier:	Silver									
	NOTE: Office-vis	it-specific cost-sh	aring is applying	to x-rays in office	e settings.					
Additional Notes:										
Calculation Time:	0.0938 seconds									
Final 2025 AV Calculator	0.0330 Secuitus									
aa_a .av Cuicuiutoi										

User Inputs for Plan Parameters										
Use Integrated Medical and Drug Deductible?	✓		HSA/HRA Option	s	Tie	red Network O	ption			
Apply Inpatient Copay per Day?		HSA/HRA Emplo	yer Contribution	? 🗆	Tiered	Network Plan?	~			
Apply Skilled Nursing Facility Copay per Day?		Annual Contril	oution Amount:		1st 7	ier Utilization:	44%			
Use Separate MOOP for Medical and Drug Spending?		Allitual Colletin	Julion Amount.		2nd T	ier Utilization:	56%			
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?										
Desired Metal Tier	Silver ▼			_						
		1 Plan Benefit De				2 Plan Benefit				
	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)			\$5,900.00				\$5,900.00			
Coinsurance (%, Insurer's Cost Share)			50.00%				50.00%			
MOOP (\$)			\$8,550.00				\$8,550.00			
MOOP if Separate (\$)										
Click Here for Important Instructions		Tie	r 1			T	er 2		Tier 1	Tier 2
Chek Here for important instructions	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	Subject to	Coinsurance, if	Copay, if		es only after
Type of Benefit	Deductible?	Coinsurance?	different	separate	_	Coinsurance?		separate		tible?
Medical	✓ All	✓ All	uniciciii	separate	✓ All	✓ All	uniciciii	Separate	☐ All	☐ All
Emergency Room Services	<u> </u>	<u> </u>			<u> </u>	~				
All Inpatient Hospital Services (inc. MH/SUD)	<u> </u>	<u> </u>			_ _	<u>~</u>				
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and										
X-rays)				\$0.00				\$0.00		
Specialist Visit				\$40.00				\$40.00		
Mental/Behavioral Health and Substance Use Disorder Outpatient				40.00		_		40.00		_
Services				\$0.00				\$0.00		
Imaging (CT/PET Scans, MRIs)	✓	~			~	~				
Speech Therapy	>	~			V	~				
	V	•			✓	~				
Occupational and Physical Therapy										
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services				\$65.00				\$65.00		
X-rays and Diagnostic Imaging	Y	_			V	V				
Skilled Nursing Facility	V	V			V	~				
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Y	y			✓	~				
Outpatient Surgery Physician/Surgical Services	V	V			V	✓				
Drugs	✓ All	✓ All			✓ All	✓ All			☐ All	All
Generics				\$0.00				\$25.00		
Preferred Brand Drugs	>			\$75.00	V			\$75.00	>	V
Non-Preferred Brand Drugs	>	~			✓	~				
Specialty Drugs (i.e. high-cost)	>	•			>	>				
Options for Additional Benefit Design Limits:			Plan Description	1:						
Set a Maximum on Specialty Rx Coinsurance Payments?			Name:	Silver Simple D		·)				
Specialty Rx Coinsurance Maximum:			Plan HIOS ID:	11574IL0010045						
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:	11574	1					
# Days (1-10):			AVC Version:	2025_1a						
Begin Primary Care Cost-Sharing After a Set Number of Visits? # Visits (1-10):										
Begin Primary Care Deductible/Coinsurance After a Set Number of										
Copays?										
# Copays (1-10):										
Output		•								
Calculate										
Status/Error Messages:	Calculation Succe	essful.								
	70.74%									
Metal Tier:	Silver									
	NOTE: Office-visi	t-specific cost-sh	aring is applying	to x-rays in office	e settings.					
Additional Notes:										
Calculation Time:	0.1562 seconds									
Final 2025 AV Calculator										

User Inputs for Plan Parameters										
Use Integrated Medical and Drug Deductible?	✓		HSA/HRA Option	s	Tie	red Network O	ption			
Apply Inpatient Copay per Day?		HSA/HRA Emplo	yer Contribution	? 🗌	Tiered	Network Plan?	•			
Apply Skilled Nursing Facility Copay per Day?		Annual Contril	bution Amount:		1st 7	Γier Utilization	: 44%			
Use Separate MOOP for Medical and Drug Spending?		Allifual Colletin	batton Amount.		2nd 1	Γier Utilization	: 56%			
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?										
Desired Metal Tier	Silver ▼			_						
		1 Plan Benefit De				2 Plan Benefit				
	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)			\$5,900.00				\$5,900.00			
Coinsurance (%, Insurer's Cost Share)			50.00%				50.00%			
MOOP (\$)			\$8,550.00				\$8,550.00			
MOOP if Separate (\$)										
Click Here for Important Instructions		Tie	or 1			т.	ier 2		Tier 1	Tier 2
Chek Here for important instructions	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	Subject to	Coinsurance, if	Copay, if		es only after
Type of Benefit	Deductible?	Coinsurance?	different	separate	-	Coinsurance?		separate		tible?
Medical	✓ All	✓ All	direcent	3c parate	✓ All	✓ All	uniciciic	separate	☐ All	☐ All
Emergency Room Services	<u> </u>	<u> </u>			✓	<u> </u>				
All Inpatient Hospital Services (inc. MH/SUD)	<u> </u>	<u> </u>				V				
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and										
X-rays)				\$0.00				\$0.00		
Specialist Visit				\$40.00				\$40.00		
Mental/Behavioral Health and Substance Use Disorder Outpatient	***************************************								***************************************	
Services				\$0.00				\$0.00		
Imaging (CT/PET Scans, MRIs)	~	v			~	v				
Speech Therapy	V	V			V	v				
	~	✓			~	~				
Occupational and Physical Therapy	•					_				
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services				\$65.00				\$65.00		
X-rays and Diagnostic Imaging	V	~			✓	~				
Skilled Nursing Facility	V	V			V	~				
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	~	•			✓	V				
Outpatient Surgery Physician/Surgical Services	V	V			~	V				
Drugs	✓ All	✓ All			✓ All	✓ All			□ All	All
Generics				\$0.00				\$25.00		
Preferred Brand Drugs	<u> </u>			\$75.00	_ _			\$75.00	✓	_
Non-Preferred Brand Drugs	~	V	***************************************		V	V				
Specialty Drugs (i.e. high-cost)	V	•			_	>				
Options for Additional Benefit Design Limits:	•		Plan Description	n:					•	
Set a Maximum on Specialty Rx Coinsurance Payments?		1	Name:	Silver Simple D	iabetes (Choice	2)				
Specialty Rx Coinsurance Maximum:			Plan HIOS ID:	11574IL0010045	-03					
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:	11574	ļ.					
# Days (1-10):			AVC Version:	2025_1a						
Begin Primary Care Cost-Sharing After a Set Number of Visits? #Visits (1-10):										
Begin Primary Care Deductible/Coinsurance After a Set Number of										
Copays?										
# Copays (1-10):										
Output		4								
Calculate										
Status/Error Messages:	Calculation Succe	essful.								
Actuarial Value:	70.74%									
Metal Tier:	Silver									
	NOTE: Office-vis	it-specific cost-sh	aring is applying	to x-rays in office	e settings.					
Additional Notes:										
Calculation Time:	0.1328 seconds									
Final 2025 AV Calculator	0.1320 SECUITOS									

User Inputs for Plan Parameters										
Use Integrated Medical and Drug Deductible?	~		HSA/HRA Option	s	Tie	red Network O	ption			
Apply Inpatient Copay per Day?		HSA/HRA Employ	yer Contribution	? 🗆	Tiered	Network Plan?	~			
Apply Skilled Nursing Facility Copay per Day?		Annual Cantrib	autian Amaaunti		1st T	Γier Utilization:	44%			
Use Separate MOOP for Medical and Drug Spending?		Annual Contril	oution Amount:		2nd ⁻	Γier Utilization:	56%			
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?										
Desired Metal Tier				-						
		1 Plan Benefit De				2 Plan Benefit [
45	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)			\$4,000.00				\$4,000.00			
Coinsurance (%, Insurer's Cost Share)			50.00%	_			50.00%			
MOOP (\$)			\$7,250.00				\$7,250.00			
MOOP if Separate (\$)			1							
Click Here for Important Instructions		Tie	or 1			Ti	er 2		Tier 1	Tier 2
	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to		Coinsurance, if	Copay, if	Copay applie	
Type of Benefit	Deductible?	Coinsurance?	different	separate		Coinsurance?	different	separate	deduc	
Medical	✓ All	✓ All			✓ All	✓ All			☐ All	☐ All
Emergency Room Services	~	~			V	V				
All Inpatient Hospital Services (inc. MH/SUD)	<u> </u>	<u> </u>			~	✓				
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and										
X-rays)				\$0.00				\$0.00		
Specialist Visit				\$40.00				\$40.00		
Mental/Behavioral Health and Substance Use Disorder Outpatient	***************************************									
Services				\$0.00				\$0.00		
Imaging (CT/PET Scans, MRIs)	~	~			✓	~				
Speech Therapy	~	~			V	V				
	>	~			✓	~				
Occupational and Physical Therapy	•	•								
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services				\$60.00				\$60.00		
X-rays and Diagnostic Imaging	~	~			V	✓				
Skilled Nursing Facility	V	V			V	✓				
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	•	•			~	~				
Outpatient Surgery Physician/Surgical Services	>	~			✓	✓				
Drugs	✓ All	✓ All			✓ All	✓ All			☐ All	All
Generics			-	\$0.00				\$20.00		
Preferred Brand Drugs	•			\$60.00	V			\$60.00	✓	V
Non-Preferred Brand Drugs	~	~			✓	✓				
Specialty Drugs (i.e. high-cost)	~	~			✓	~				
Options for Additional Benefit Design Limits:			Plan Description	n:						
Set a Maximum on Specialty Rx Coinsurance Payments?			Name:	Silver Simple Di	iabetes CSR 250	(Choice)				
Specialty Rx Coinsurance Maximum:			Plan HIOS ID:	11574IL0010045	-04					
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:	11574	Į.					
# Days (1-10):			AVC Version:	2025_1a						
Begin Primary Care Cost-Sharing After a Set Number of Visits? # Visits (1-10):										
Begin Primary Care Deductible/Coinsurance After a Set Number of										
Copays?										
# Copays (1-10):										
Output		1								
Calculate										
Status/Error Messages:	CSR Level of 73%	(200-250% FPL), (Calculation Succe	ssful.						
Actuarial Value:	73.84%	. "								
Metal Tier:	Silver									
	NOTE: Office-visi	it-specific cost-sh	aring is applying	to x-rays in office	settings.					
Additional Notes:			5 7 0	,	S					
Calculation Time:	0.1562 seconds									
Final 2025 AV Calculator	0.1302 seconus									

User Inputs for Plan Parameters										
Use Integrated Medical and Drug Deductible?	✓		HSA/HRA Options	s	Tie	red Network O	ption			
Apply Inpatient Copay per Day?		HSA/HRA Emplo	yer Contribution?	? 🗆	Tiered	Network Plan?				
Apply Skilled Nursing Facility Copay per Day?		Annual Contril	bution Amount:		1st 7	Tier Utilization:	: 44%			
Use Separate MOOP for Medical and Drug Spending?		Allitual Colletii	oution Amount.		2nd 7	Tier Utilization:	: 56%			
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	~									
Desired Metal Tier	Gold ▼									
	Tier	1 Plan Benefit De	esign		Tier	2 Plan Benefit	Design			
	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)			\$800.00				\$800.00			
Coinsurance (%, Insurer's Cost Share)			70.00%				70.00%			
MOOP (\$)			\$2,800.00				\$2,800.00			
MOOP if Separate (\$)				_						
			_				_			
Click Here for Important Instructions		Tie					ier 2		Tier 1	Tier 2
Type of Benefit	Subject to	Subject to	Coinsurance, if		Subject to	-	Coinsurance, if	Copay, if	Copay applie	-
Madical	Deductible? ✓ All	Coinsurance?	different	separate	Deductible?	Coinsurance?	different	separate	deduct	Lible?
Medical		✓ All							☐ All	
Emergency Room Services	>	<u> </u>			V	▽				
All Inpatient Hospital Services (inc. MH/SUD)	V	✓			<u> </u>	[v]				
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and				\$0.00				\$0.00		
X-rays)										
Specialist Visit				\$25.00				\$25.00		
Mental/Behavioral Health and Substance Use Disorder Outpatient				\$0.00				\$0.00		
Services					 _					
Imaging (CT/PET Scans, MRIs)	V	V				'				
Speech Therapy	~	V			~	<u> </u>				
	✓	~			▽	~				
Occupational and Physical Therapy										
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services				\$35.00				\$35.00		
X-rays and Diagnostic Imaging	>	~			~	'				
Skilled Nursing Facility	>	V			✓	V				
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	•	•			✓	~				
	<u> </u>	<u> </u>			.	V				
Outpatient Surgery Physician/Surgical Services										
Drugs	✓ All	✓ All		4	✓ All	✓ All		4	☐ All	All
Generics				\$0.00				\$10.00		
Preferred Brand Drugs				\$60.00				\$60.00		
Non-Preferred Brand Drugs	> [50%		V	V	50%			
Specialty Drugs (i.e. high-cost)	V	V	50%		V	~	50%			
Options for Additional Benefit Design Limits:		1	Plan Description							
Set a Maximum on Specialty Rx Coinsurance Payments?			Name:	Silver Simple D		(Choice)				
Specialty Rx Coinsurance Maximum:			Plan HIOS ID:	11574IL0010045						
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:	11574	1					
# Days (1-10):	_		AVC Version:	2025_1a						
Begin Primary Care Cost-Sharing After a Set Number of Visits?										
# Visits (1-10):	_									
Begin Primary Care Deductible/Coinsurance After a Set Number of										
Copays?										
# Copays (1-10):										
Output										
Calculate										
Status/Error Messages:		(150-200% FPL),	Calculation Succe	sstul.						
	87.53%									
	Gold									
	NOTE: Office-vis	t-specific cost-sh	aring is applying	to x-rays in office	e settings.					
Additional Notes:										
Calculation Time:	0.1484 seconds									
Final 2025 AV Calculator										

Final 2025 AV Calculator

User Inputs for Plan Parameters										
Use Integrated Medical and Drug Deductible?	~		HSA/HRA Option:	s	Tie	red Network O	ption			
Apply Inpatient Copay per Day?		HSA/HRA Emplo	yer Contribution	? 🗆	Tiered	Network Plan?	<			
Apply Skilled Nursing Facility Copay per Day?		Annual Cantril	oution Amount:		1st	Γier Utilization:	44%			
Use Separate MOOP for Medical and Drug Spending?		Annual Contril	bution Amount:		2nd	Γier Utilization:	56%			
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	•									
Desired Metal Tier										
	Tier	r 1 Plan Benefit De	esign		Tier	2 Plan Benefit I	Design			
	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)		j	\$0.00			j	\$0.00			
Coinsurance (%, Insurer's Cost Share)			70.00%				70.00%			
MOOP (\$)			\$1,420.00	1			\$1,420.00			
MOOP if Separate (\$)			72,120.00				+-,			
			•							
Click Here for Important Instructions		Tie	r 1			Ti	er 2		Tier 1	Tier 2
	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to		Coinsurance, if	Copay, if	Copay applie	
Type of Benefit	Deductible?	Coinsurance?	different	separate		Coinsurance?		separate	deduct	-
Medical	✓ All	✓ All	different	3c parate	✓ All	✓ All	unicicii	separate	□ All	All
Emergency Room Services		V				<u> </u>				
All Inpatient Hospital Services (inc. MH/SUD)		<u>v</u>				V				
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and		<u></u>								
				\$0.00				\$0.00		
X-rays)				¢r. 00				\$5.00		
Specialist Visit				\$5.00	-			\$5.00		
Mental/Behavioral Health and Substance Use Disorder Outpatient				\$0.00				\$0.00		
Services		<u> </u>				~				
Imaging (CT/PET Scans, MRIs)										
Speech Therapy		V				~				
		✓				✓				
Occupational and Physical Therapy										
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services				\$10.00				\$10.00		
X-rays and Diagnostic Imaging		Z				V				
Skilled Nursing Facility		V				~				
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)		~				✓				
Outpatient Surgery Physician/Surgical Services		V				~				
Drugs	✓ All	✓ All			✓ All	✓ All			☐ All	All
Generics				\$0.00				\$5.00		
Preferred Brand Drugs				\$15.00				\$15.00		
Non-Preferred Brand Drugs		<u> </u>	50%	Ψ13.00			50%	V 23.00		
Specialty Drugs (i.e. high-cost)		<u> </u>	50%				50%			Ä
Options for Additional Benefit Design Limits:			Plan Description	٠.			3070			
Set a Maximum on Specialty Rx Coinsurance Payments?		1	Name:	Silver Simple Di	iahatas CSB 1E	(Chaica)				
Specialty Rx Coinsurance Maximum:			Plan HIOS ID:	11574IL0010045		(choice)				
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:	11574110010043						
# Days (1-10):			AVC Version:	2025 1a	•					
Begin Primary Care Cost-Sharing After a Set Number of Visits?			AVC VEISIOII.	2025_1a						
# Visits (1-10):										
Begin Primary Care Deductible/Coinsurance After a Set Number of		-								
Copays?										
# Copays (1-10):										
Output										
Calculate	0001 1 1	(400 4500/ 55:)								
Status/Error Messages:		(100-150% FPL), (Laiculation Succe	SSTUI.						
Actuarial Value:	94.17%									
Metal Tier:	Platinum				, ,					
	NOTE: Service-sp	pecific cost-sharin	g is applying for s	service(s) with fa	c/prof compon	ents, overridin	g outpatient inpu	ts for those se	rvice(s).	
Additional Notes:										
Calculation Time:	0.1328 seconds									
Final 2025 AV Calculator										

User Inputs for Plan Parameters										
Use Integrated Medical and Drug Deductible?	>		HSA/HRA Option:	s	Tie	red Network C	ption			
Apply Inpatient Copay per Day?		HSA/HRA Emplo	yer Contribution	? 🗌	Tiered	Network Plan	~ •			
Apply Skilled Nursing Facility Copay per Day?		Annual Cantri	husian Amazunti		1st	ier Utilization	: 44%			
Use Separate MOOP for Medical and Drug Spending?		Annual Contri	bution Amount:		2nd ⁻	ier Utilization	: 56%			
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?										
Desired Metal Tier										
	Tier	1 Plan Benefit D	esign		Tier	2 Plan Benefit	Design			
	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)			\$5,900.00				\$5,900.00			
Coinsurance (%, Insurer's Cost Share)			50.00%				50.00%			
MOOP (\$)			\$8,550.00				\$8,550.00			
MOOP if Separate (\$)				_						
		_				_	<u> </u>			
Click Here for Important Instructions	Cultinate		er 1	C 16	Code to the Ann		ier 2	C 'f	Tier 1	Tier 2
Type of Benefit	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to	Subject to Coinsurance	Coinsurance, if different	Copay, if separate	Copay applie deduct	
Medical	✓ All	✓ All	umerent	separate	✓ All	✓ All	unierent	separate	☐ All	All
Emergency Room Services	▼ All	V			✓ All	✓ All				All
	V	<u>V</u>			<u> </u>	✓				
All Inpatient Hospital Services (inc. MH/SUD) Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and					<u> </u>	•			Ш	
				\$0.00				\$0.00		
X-rays)				Ć40.00				¢40.00		
Specialist Visit				\$40.00				\$40.00		
Mental/Behavioral Health and Substance Use Disorder Outpatient				\$0.00				\$0.00		
Services					~	✓				
Imaging (CT/PET Scans, MRIs)	<u> </u>	<u> </u>								
Speech Therapy	V	V			~	✓				
	✓	~			~	✓				
Occupational and Physical Therapy										
Preventive Care/Screening/Immunization		<u>_</u>	100%	\$0.00	<u> </u>		100%	\$0.00		
Laboratory Outpatient and Professional Services				\$65.00				\$65.00		
X-rays and Diagnostic Imaging	<u> </u>	<u> </u>			V	V				
Skilled Nursing Facility	V	✓			v	~				
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	✓	•			~	~				
Outpatient Surgery Physician/Surgical Services	V	V			~	~				
Drugs	✓ All	✓ All			✓ All	✓ All			☐ All	All
Generics				\$0.00				\$25.00		
Preferred Brand Drugs				\$75.00	~			\$75.00	_ _	>
Non-Preferred Brand Drugs	~	V			V	~				
Specialty Drugs (i.e. high-cost)	V	V			~	>				
Options for Additional Benefit Design Limits:			Plan Description	n:	•				-	
Set a Maximum on Specialty Rx Coinsurance Payments?]	Name:	Silver Simple D	iabetes (Select)				
Specialty Rx Coinsurance Maximum:			Plan HIOS ID:	11574IL0020060		•				
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:	11574						
# Days (1-10):			AVC Version:	2025 1a						
Begin Primary Care Cost-Sharing After a Set Number of Visits?										
#Visits (1-10):										
Begin Primary Care Deductible/Coinsurance After a Set Number of	П									
Copays?										
# Copays (1-10):										
Output		l								
Calculate										
Status/Error Messages:	Calculation Succe	essful.								
Actuarial Value:	70.74%									
Metal Tier:	Silver									
metal fresh	NOTE: Office-visi	t-snecific cost-sh	naring is anniving	to x-rays in office	e settings					
Additional Notes:	TE. OTTICE-VISI	.c specific cost-si	.cg is apprying	to a rays in office	e settings.					
Additional Notes.										
Coloulation Times	0.4740 '									
Calculation Time: Final 2025 AV Calculator	0.1719 seconds									
rinal 2025 AV Calculator										

User Inputs for Plan Parameters										
Use Integrated Medical and Drug Deductible?	>		HSA/HRA Option:	s	Tie	red Network C	ption			
Apply Inpatient Copay per Day?		HSA/HRA Emplo	yer Contribution	? 🗌	Tiered	Network Plan	~ •			
Apply Skilled Nursing Facility Copay per Day?		Annual Cantri	husian Amazunti		1st 7	ier Utilization	: 44%			
Use Separate MOOP for Medical and Drug Spending?		Annual Contri	bution Amount:		2nd 7	ier Utilization	: 56%			
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?										
Desired Metal Tier										
	Tier	1 Plan Benefit D	esign		Tier	2 Plan Benefit	Design			
	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)		<u> </u>	\$5,900.00			- J	\$5,900.00			
Coinsurance (%, Insurer's Cost Share)			50.00%				50.00%			
MOOP (\$)			\$8,550.00				\$8,550.00			
MOOP if Separate (\$)			,				, , , , , , , , , , , , , , , , , , , ,			
Click Here for Important Instructions			er 1				ier 2		Tier 1	Tier 2
Type of Benefit	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different		Subject to	Subject to Coinsurance	Coinsurance, if different	Copay, if	Copay applie deduct	
Medical	✓ All	✓ All	different	separate	✓ All	✓ All	anterent	separate	☐ All	All
Emergency Room Services	V	<u> </u>			V	<u> </u>				
All Inpatient Hospital Services (inc. MH/SUD)	<u>.</u>	<u> </u>			V	<u> </u>				
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and	<u> </u>	<u></u>								
				\$0.00				\$0.00		
X-rays)				\$40.00				¢40.00		
Specialist Visit	Ш			\$40.00				\$40.00	Ш	
Mental/Behavioral Health and Substance Use Disorder Outpatient				\$0.00				\$0.00		
Services	<u> </u>	~			~	✓				
Imaging (CT/PET Scans, MRIs)										
Speech Therapy	<u> </u>	<u> </u>			~	✓				
	✓	~			✓	✓				
Occupational and Physical Therapy	_									
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services				\$65.00				\$65.00		
X-rays and Diagnostic Imaging	<u> </u>	<u> </u>			V	V				
Skilled Nursing Facility	V	✓			~	~				
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	✓	•			~	✓				
Outpatient Surgery Physician/Surgical Services	V	V			~	~				
Drugs	✓ All	✓ All			✓ All	✓ All			☐ All	All
Generics				\$0.00				\$25.00		
Preferred Brand Drugs	V			\$75.00				\$75.00	<u> </u>	
Non-Preferred Brand Drugs	V	<u> </u>		773.00		_ _		\$75.00		
Specialty Drugs (i.e. high-cost)	V	<u> </u>				_ _				Ä
Options for Additional Benefit Design Limits:			Plan Description	٠.						
Set a Maximum on Specialty Rx Coinsurance Payments?		1	Name:	Silver Simple D	ishotos (Solost					
Specialty Rx Coinsurance Maximum:			Plan HIOS ID:	11574IL0020060		,				
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:	11574110020000						
				2025_1a	+					
# Days (1-10): Begin Primary Care Cost-Sharing After a Set Number of Visits?			AVC Version:	2025_1a						
# Visits (1-10):										
Begin Primary Care Deductible/Coinsurance After a Set Number of										
Copays?										
# Copays (1-10):]								
Output										
Calculate	Calandari S									
Status/Error Messages:	Calculation Succe	esstul.								
Actuarial Value:	70.74%									
Metal Tier:	Silver									
	NOTE: Office-visi	t-specific cost-sh	naring is applying	to x-rays in office	e settings.					
Additional Notes:										
Calculation Time:	0.1562 seconds									
Final 2025 AV Calculator										

User Inputs for Plan Parameters										
Use Integrated Medical and Drug Deductible?	✓		HSA/HRA Option	s	Tie	red Network O	ption			
Apply Inpatient Copay per Day?		HSA/HRA Emplo	yer Contribution	? 🗌	Tiered	Network Plan?	~			
Apply Skilled Nursing Facility Copay per Day?		Annual Contril	bution Amount:		1st 7	Tier Utilization:	44%			
Use Separate MOOP for Medical and Drug Spending?		Annual Contin	bation Amount.		2nd T	Tier Utilization:	56%			
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?										
Desired Metal Tier	Silver ▼			_						
		1 Plan Benefit De				2 Plan Benefit				
	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)			\$5,900.00				\$5,900.00			
Coinsurance (%, Insurer's Cost Share)			50.00%				50.00%			
MOOP (\$)			\$8,550.00				\$8,550.00			
MOOP if Separate (\$)										
Click Here for Important Instructions		Tie	or 1			T	er 2		Tier 1	Tier 2
Click Here for important instructions	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	Subject to	Coinsurance, if	Copay, if		es only after
Type of Benefit	Deductible?	Coinsurance?	different	separate	-	Coinsurance?		separate		tible?
Medical	✓ All	✓ All	uniciciii	3c parate	✓ All	✓ All	uniciciic	separate	☐ All	☐ All
Emergency Room Services	<u> </u>	<u> </u>			▽	<u> </u>				
All Inpatient Hospital Services (inc. MH/SUD)	<u> </u>	<u> </u>				V				
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and										
X-rays)				\$0.00				\$0.00		
Specialist Visit				\$40.00				\$40.00		
Mental/Behavioral Health and Substance Use Disorder Outpatient	***************************************	***************************************							***************************************	
Services				\$0.00				\$0.00		
Imaging (CT/PET Scans, MRIs)	•	~			V	~				
Speech Therapy	~	~			>	v				
	>	~			~	~				
Occupational and Physical Therapy	•	•								
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services				\$65.00				\$65.00		
X-rays and Diagnostic Imaging	>	~			V	~				
Skilled Nursing Facility	>	V			V	V				
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	•	•			✓	V				
Outpatient Surgery Physician/Surgical Services	V	V			-	V				
Drugs	✓ All	✓ All			✓ All	✓ All			□ All	All
Generics				\$0.00				\$25.00		
Preferred Brand Drugs	<u> </u>			\$75.00	_			\$75.00	<u> </u>	_
Non-Preferred Brand Drugs	<u> </u>	<u> </u>		ψ73.00		_ _		Ψ. 3. 0 C		
Specialty Drugs (i.e. high-cost)	<u> </u>	<u> </u>				_				
Options for Additional Benefit Design Limits:			Plan Description	n:						
Set a Maximum on Specialty Rx Coinsurance Payments?]	Name:	Silver Simple D	iabetes (Select)				
Specialty Rx Coinsurance Maximum:			Plan HIOS ID:	11574IL0020060		,				
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:	11574						
# Days (1-10):			AVC Version:	2025_1a						
Begin Primary Care Cost-Sharing After a Set Number of Visits? #Visits (1-10):										
Begin Primary Care Deductible/Coinsurance After a Set Number of										
Copays?										
# Copays (1-10):										
Output		l								
Calculate										
Status/Error Messages:	Calculation Succe	essful.								
Actuarial Value:	70.74%									
Metal Tier:	Silver									
	NOTE: Office-visi	t-specific cost-sh	aring is applying	to x-rays in office	settings.					
Additional Notes:		-		-	-					
Calculation Time:	0.1406 seconds									
Final 2025 AV Calculator										

User Inputs for Plan Parameters										
Use Integrated Medical and Drug Deductible?	~		HSA/HRA Option	s	Tie	red Network O	ption			
Apply Inpatient Copay per Day?		HSA/HRA Emplo	yer Contribution	? 🗌	Tiered	Network Plan?	<u> </u>			
Apply Skilled Nursing Facility Copay per Day?		Annual Cantril	oution Amount:		1st 7	Tier Utilization:	: 44%			
Use Separate MOOP for Medical and Drug Spending?		Annual Contril	oution Amount:		2nd 1	Tier Utilization:	: 56%			
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?										
Desired Metal Tier	Silver ▼			_						
	Tier	1 Plan Benefit De	esign		Tier	2 Plan Benefit	Design			
	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)			\$4,000.00				\$4,000.00			
Coinsurance (%, Insurer's Cost Share)			50.00%				50.00%			
MOOP (\$)			\$7,250.00				\$7,250.00			
MOOP if Separate (\$)				_						
			_				_			
Click Here for Important Instructions		Tie	r 1			Ti	ier 2		Tier 1	Tier 2
Type of Benefit	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	Subject to	Coinsurance, if	Copay, if	Copay appli	es only after
	Deductible?	Coinsurance?	different	separate		Coinsurance?	different	separate	deduc	
Medical	✓ All	✓ All			✓ All	✓ All			☐ All	All
Emergency Room Services	V	~			VV	~				
All Inpatient Hospital Services (inc. MH/SUD)	V	V			V	V				
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and				\$0.00				\$0.00		
X-rays)								Ş0.00		
Specialist Visit				\$40.00				\$40.00		
Mental/Behavioral Health and Substance Use Disorder Outpatient				\$0.00				\$0.00		
Services										
Imaging (CT/PET Scans, MRIs)	V	~			V	'				
Speech Therapy	~	~			✓	~				
	✓	~			▽	~				
Occupational and Physical Therapy	· ·									
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services				\$60.00				\$60.00		
X-rays and Diagnostic Imaging	•	~			✓	~				
Skilled Nursing Facility	~	~			✓	~				
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	>	>			✓	V				П
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)										_
Outpatient Surgery Physician/Surgical Services	•	~			>	V				
Drugs	✓ All	✓ All			✓ All	✓ All			☐ All	All
Generics				\$0.00				\$20.00		
Preferred Brand Drugs	V			\$60.00	V			\$60.00	V	~
Non-Preferred Brand Drugs	~	~			~	~				
Specialty Drugs (i.e. high-cost)	Y	•			>	V				
Options for Additional Benefit Design Limits:			Plan Description	1:						
Set a Maximum on Specialty Rx Coinsurance Payments?			Name:	Silver Simple D	iabetes CSR 250	(Select)				
Specialty Rx Coinsurance Maximum:			Plan HIOS ID:	11574IL0020060	-04					
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:	11574	ı					
# Days (1-10):			AVC Version:	2025_1a						
Begin Primary Care Cost-Sharing After a Set Number of Visits?										
# Visits (1-10):										
Begin Primary Care Deductible/Coinsurance After a Set Number of										
Copays?										
# Copays (1-10):										
Output		= '								
Calculate										
Status/Error Messages:	CSR Level of 73%	(200-250% FPL), (Calculation Succe	ssful.						
Actuarial Value:	73.84%									
Metal Tier:	Silver									
	NOTE: Office-vis	t-specific cost-sh	aring is applying	to x-rays in office	e settings.					
Additional Notes:										
Calculation Time:	0.1562 seconds									
Final 2025 AV Calculator										

User Inputs for Plan Parameters										
Use Integrated Medical and Drug Deductible?	✓		HSA/HRA Options	s	Tie	red Network O	ption			
Apply Inpatient Copay per Day?		HSA/HRA Emplo	yer Contribution?	? 🗆	Tiered	Network Plan?				
Apply Skilled Nursing Facility Copay per Day?		Annual Contril	bution Amount:		1st 7	Tier Utilization:	: 44%			
Use Separate MOOP for Medical and Drug Spending?		Allifual Colltin	oution Amount.		2nd 7	Tier Utilization:	: 56%			
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	~									
Desired Metal Tier	Gold ▼									
	Tier	1 Plan Benefit De	esign		Tier	2 Plan Benefit	Design			
	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)			\$800.00				\$800.00			
Coinsurance (%, Insurer's Cost Share)			70.00%				70.00%			
MOOP (\$)			\$2,800.00				\$2,800.00			
MOOP if Separate (\$)				_						
					•					
Click Here for Important Instructions		Tie	er 1			Ti	ier 2		Tier 1	Tier 2
Type of Benefit	Subject to	Subject to	Coinsurance, if		Subject to	-	Coinsurance, if	Copay, if	Copay applie	-
**	Deductible?	Coinsurance?	different	separate		Coinsurance?	different	separate	deduct	
Medical	✓ All	✓ All			✓ All	✓ All			☐ All	All
Emergency Room Services	Z				_	▽				
All Inpatient Hospital Services (inc. MH/SUD)	V	V			V	<u> </u>				
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and				\$0.00				\$0.00		
X-rays)										
Specialist Visit				\$25.00				\$25.00		
Mental/Behavioral Health and Substance Use Disorder Outpatient				\$0.00				\$0.00		
Services				φο.σο				ψο.σο		
Imaging (CT/PET Scans, MRIs)	~	~			~	'				
Speech Therapy	V	V			~	7				
	•	•			▽	~				
Occupational and Physical Therapy	·									
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services				\$35.00				\$35.00		
X-rays and Diagnostic Imaging	>	~			~	✓				
Skilled Nursing Facility	>	~			~	'				
Outsetient Feelite Feel / Architecture Control	V	V			V	V				П
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	•	•								
Outpatient Surgery Physician/Surgical Services	~	~			~	~				
Drugs	✓ All	✓ All			✓ All	✓ All			☐ All	☐ All
Generics				\$0.00				\$10.00		
Preferred Brand Drugs				\$60.00				\$60.00		
Non-Preferred Brand Drugs	>	~	50%		✓	~	50%			
Specialty Drugs (i.e. high-cost)	>	V	50%		V	V	50%	-		
Options for Additional Benefit Design Limits:			Plan Description	n:						
Set a Maximum on Specialty Rx Coinsurance Payments?]	Name:	Silver Simple D	iabetes CSR 200	(Select)				
Specialty Rx Coinsurance Maximum:			Plan HIOS ID:	11574IL0020060		, ,				
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:	11574						
# Days (1-10):			AVC Version:	2025 1a						
Begin Primary Care Cost-Sharing After a Set Number of Visits?				·						
# Visits (1-10):										
Begin Primary Care Deductible/Coinsurance After a Set Number of										
Copays?										
# Copays (1-10):										
Output										
Calculate										
Status/Error Messages:	CSR Level of 97%	(150-200% EPL)	Calculation Succe	ceful						
	87.53%	(150-20070 1 PL), (carcaration succes	JJ141.						
	67.55% Gold									
		t specific sest sh	aring is applying	to v rave in effice	cottings					
	NOTE: Office-vis	t-specific cost-sn	arring is apprying	LO X-TAYS III OTTICE	e settings.					
Additional Notes:										
	0.125 seconds									
Final 2025 AV Calculator										

Final 2025 AV Calculator

User Inputs for Plan Parameters										
Use Integrated Medical and Drug Deductible?	~		HSA/HRA Option:	s	Tie	red Network O	ption			
Apply Inpatient Copay per Day?		HSA/HRA Employ	yer Contribution	? 🗆	Tiered	Network Plan?	<			
Apply Skilled Nursing Facility Copay per Day?		Annual Contrib	oution Amount:		1st ⁻	Γier Utilization:	44%			
Use Separate MOOP for Medical and Drug Spending?		Annual Contin	Julion Amount.		2nd ⁻	Γier Utilization:	56%			
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	~						<u>.</u>			
Desired Metal Tier	Platinum ▼									
	Tier	r 1 Plan Benefit De	esign		Tier	2 Plan Benefit I	Design			
	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)		j	\$0.00			j	\$0.00			
Coinsurance (%, Insurer's Cost Share)			70.00%				70.00%			
MOOP (\$)			\$1,420.00			·	\$1,420.00			
MOOP if Separate (\$)							. ,			
							•			
Click Here for Important Instructions		Tie	r 1			Ti	er 2		Tier 1	Tier 2
	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to		Coinsurance, if	Copay, if	Copay applie	
Type of Benefit	Deductible?	Coinsurance?	different	separate		Coinsurance?		separate	deduct	-
Medical	✓ All	✓ All	uniciciii	se parace	✓ All	✓ All	umereme	Separate	☐ All	All
Emergency Room Services		✓				~				
All Inpatient Hospital Services (inc. MH/SUD)		<u> </u>				V				
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and										
X-rays)				\$0.00				\$0.00		
Specialist Visit				\$5.00				\$5.00		
Mental/Behavioral Health and Substance Use Disorder Outpatient				\$5.00				Ş5.00		
				\$0.00				\$0.00		
Services		<u> </u>				~				
Imaging (CT/PET Scans, MRIs)										
Speech Therapy		✓				>				
O		~				~				
Occupational and Physical Therapy			1000/	40.00				40.00		
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services				\$10.00				\$10.00		
X-rays and Diagnostic Imaging						V				
Skilled Nursing Facility		V				~				
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)		~				~				
Outpatient Surgery Physician/Surgical Services		<u> </u>				V				
Drugs	✓ All	✓ All			✓ All	✓ All			□ All	All
Generics				\$0.00	Ų Ali	All		\$5.00		
Preferred Brand Drugs				\$15.00				\$3.00 \$15.00		
Non-Preferred Brand Drugs		<u> </u>	50%	\$15.00	1 7		F00/	\$15.00		H
		<u> </u>				<u>~</u>	50%			
Specialty Drugs (i.e. high-cost)		•	50%			V	50%			
Options for Additional Benefit Design Limits:		1	Plan Description			3 (5 1 .)				
Set a Maximum on Specialty Rx Coinsurance Payments?			Name:	Silver Simple Di		(Select)				
Specialty Rx Coinsurance Maximum:			Plan HIOS ID:	11574IL0020060						
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:	11574						
# Days (1-10):			AVC Version:	2025_1a						
Begin Primary Care Cost-Sharing After a Set Number of Visits?										
#Visits (1-10):										
Begin Primary Care Deductible/Coinsurance After a Set Number of										
Copays?										
# Copays (1-10):]								
Output										
Calculate										
Status/Error Messages:		(100-150% FPL), (Calculation Succe	ssful.						
Actuarial Value:	94.17%									
Metal Tier:	Platinum									
	NOTE: Service-sp	pecific cost-sharin	g is applying for s	service(s) with fa	c/prof compon	ents, overridin	g outpatient inpu	ts for those se	rvice(s).	
Additional Notes:										
Calculation Time:	0.1094 seconds									
Final 2025 AV Calculator										

User Inputs for Plan Parameters										
Use Integrated Medical and Drug Deductible?			HSA/HRA Options	5	Tie	red Network Op	otion			
Apply Inpatient Copay per Day?		HSA/HRA Emplo	yer Contribution i	? <u> </u>	Tiered	Network Plan?	~			
Apply Skilled Nursing Facility Copay per Day?		Annual Contril	bution Amount:			Γier Utilization:	44%			
Use Separate MOOP for Medical and Drug Spending?	_				2nd ⁻	Tier Utilization:	56%			
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?										
Desired Metal Tier		1 Plan Benefit De		1	Tier	2 Plan Benefit D	a at ma			
	Medical	Drug	Combined	-	Medical	Drug	Combined			
Deductible (\$)		Diug	\$8,500.00		ivieuicai	Drug	\$8,500.00			
Coinsurance (%, Insurer's Cost Share)			50.00%				50.00%			
MOOP (\$)			\$9,100.00				\$9,100.00			
MOOP if Separate (\$)			40,200.00	⊒			70,200.00			
<u>Click Here for Important Instructions</u>		Tie					er 2		Tier 1	Tier 2
Type of Benefit	Subject to	Subject to	Coinsurance, if		Subject to	-	Coinsurance, if	Copay, if	Copay applie	
•	Deductible?	Coinsurance?	different	separate		Coinsurance?	different	separate	deduct	
Medical	✓ All	✓ All			✓ All	✓ All			☐ All	All
Emergency Room Services	<u> </u>	<u> </u>			>	<u>~</u>				
All Inpatient Hospital Services (inc. MH/SUD)	V	✓			<u> </u>	V				
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and				\$0.00				\$0.00		
X-rays)	~	V			~	V				
Specialist Visit Mental/Behavioral Health and Substance Use Disorder Outpatient	<u> </u>									
Services	✓	~			✓	✓				
Imaging (CT/PET Scans, MRIs)	V	V			~	✓				
Speech Therapy	<u> </u>	<u> </u>			_					
Occupational and Physical Therapy	~	\checkmark			✓	✓				
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services				\$75.00				\$75.00		
X-rays and Diagnostic Imaging	V	~			V	✓				
Skilled Nursing Facility	>	~			▽	~				
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	V	>			V	~				П
Outpatient racinty ree (e.g., Ambulatory Surgery Center)										
Outpatient Surgery Physician/Surgical Services	V	V			>	~				
Drugs	✓ All	✓ All			✓ All	✓ All			☐ All	☐ All
Generics				\$3.00				\$30.00		
Preferred Brand Drugs				\$500.00				\$500.00		
Non-Preferred Brand Drugs				\$650.00				\$650.00		
Specialty Drugs (i.e. high-cost)	Ш			\$750.00				\$750.00		
Options for Additional Benefit Design Limits:		1	Plan Description		SCD C Dl	D C (C - l				
Set a Maximum on Specialty Rx Coinsurance Payments? Specialty Rx Coinsurance Maximum:			Name: Plan HIOS ID:	Bronze Classic F 11574IL0020021		kx Copay (Selec	τ)			
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:	11574110020021						
# Days (1-10):			AVC Version:	2025 1a						
Begin Primary Care Cost-Sharing After a Set Number of Visits?			Ave version.	2025_10						
# Visits (1-10):										
Begin Primary Care Deductible/Coinsurance After a Set Number of										
Copays?										
# Copays (1-10):										
Output		•								
Calculate										
Status/Error Messages:		Standard (58% to	o 65%), Calculatio	n Successful.						
Actuarial Value:	62.93%									
Metal Tier:	Bronze									
	NOTE: Office-vis	t-specific cost-sh	aring is applying	to x-rays in office	e settings.					
Additional Notes:										
Calculation Time:	0.75 seconds									
Final 2025 AV Calculator										

User Inputs for Plan Parameters										
Use Integrated Medical and Drug Deductible?	✓		HSA/HRA Options	s	Tie	red Network C	ption			
Apply Inpatient Copay per Day?		HSA/HRA Emplo	yer Contribution?	? 🗆	Tiered	Network Plan				
Apply Skilled Nursing Facility Copay per Day?		Annual Contril	oution Amount:		1st ⁻	Γier Utilization	: 44%			
Use Separate MOOP for Medical and Drug Spending?		Annual contin	oution Amount.		2nd ⁻	Γier Utilization	: 56%			
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?										
Desired Metal Tier	Bronze ▼			_						
		1 Plan Benefit De				2 Plan Benefit				
	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)			\$8,500.00				\$8,500.00			
Coinsurance (%, Insurer's Cost Share)			50.00%	4			50.00%			
MOOP (\$)			\$9,100.00	_			\$9,100.00			
MOOP if Separate (\$)										
Click Here for Important Instructions		Tie	or 1			Т	ier 2		Tier 1	Tier 2
	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	Subject to	Coinsurance, if	Copay, if	Copay applies	
Type of Benefit	Deductible?	Coinsurance?	different	separate	_	Coinsurance?		separate	deduct	
Medical	✓ All	✓ All			✓ All	✓ All		,	☐ All	All
Emergency Room Services	V	~			~	V				
All Inpatient Hospital Services (inc. MH/SUD)	V	✓			~	V				
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and				\$0.00				\$0.00		П
X-rays)				30.00	_			30.00		
Specialist Visit	Y	V			~	~				
Mental/Behavioral Health and Substance Use Disorder Outpatient	~	~			~	▽				
Services										
Imaging (CT/PET Scans, MRIs)	Y	~			~	~				
Speech Therapy	V	~			~	✓				
0 .: 1	~	~			✓	✓				
Occupational and Physical Therapy			4000/	¢0.00			4000/	\$0.00		
Preventive Care/Screening/Immunization Laboratory Outpatient and Professional Services			100%	\$0.00 \$75.00			100%	······		
X-rays and Diagnostic Imaging	V	<u> </u>		\$75.00				\$75.00		
Skilled Nursing Facility	V	V				7				H
					-					
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	~	•			~	✓				
Outpatient Surgery Physician/Surgical Services	>	~			✓	~				
Drugs	✓ All	✓ All			✓ All	✓ All			☐ All	All
Generics				\$3.00				\$30.00		
Preferred Brand Drugs				\$500.00				\$500.00		
Non-Preferred Brand Drugs				\$650.00				\$650.00		
Specialty Drugs (i.e. high-cost)				\$750.00				\$750.00		
Options for Additional Benefit Design Limits:	_	•	Plan Description							
Set a Maximum on Specialty Rx Coinsurance Payments?			Name:	Bronze Classic F		Rx Copay (Sele	ct)			
Specialty Rx Coinsurance Maximum:			Plan HIOS ID:	11574IL0020021						
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:	11574	1					
# Days (1-10):			AVC Version:	2025_1a						
Begin Primary Care Cost-Sharing After a Set Number of Visits? # Visits (1-10):										
Begin Primary Care Deductible/Coinsurance After a Set Number of										
Copays?										
# Copays (1-10):										
Output "espays (1 25).										
Calculate										
Status/Error Messages:	Expanded Bronze	Standard (58% to	o 65%), Calculatio	n Successful.						
Actuarial Value:	62.93%	•	**							
Metal Tier:	Bronze									
	NOTE: Office-visi	t-specific cost-sh	aring is applying	to x-rays in office	e settings.					
Additional Notes:										
Calculation Time:	0.7969 seconds									
Final 2025 AV Calculator										

User Inputs for Plan Parameters										
Use Integrated Medical and Drug Deductible?	~		HSA/HRA Options	5	Tie	red Network C	ption			
Apply Inpatient Copay per Day?		HSA/HRA Emplo	yer Contribution?	· 🗆	Tiered	Network Plan?	· •			
Apply Skilled Nursing Facility Copay per Day?		Annual Cantri	bution Amonumts		1st 7	ier Utilization	: 44%			
Use Separate MOOP for Medical and Drug Spending?		Annual Contri	bution Amount:		2nd 1	ier Utilization	: 56%			
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	~						-			
Desired Metal Tier										
	Tie	1 Plan Benefit D	esign		Tier	2 Plan Benefit	Design			
	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)			\$8,500.00			j	\$8,500.00			
Coinsurance (%, Insurer's Cost Share)			50.00%				50.00%			
MOOP (\$)			\$9,100.00	Ī			\$9,100.00			
MOOP if Separate (\$)			40,200.00	-1			40,200.00			
			_				•			
Click Here for Important Instructions		Tie	er 1			Т	ier 2		Tier 1	Tier 2
Type of Benefit	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	Subject to	Coinsurance, if	Copay, if	Copay applie	s only after
	Deductible?	Coinsurance?	different	separate		Coinsurance?	different	separate	deduct	
Medical	✓ All	✓ All			✓ All	✓ All			☐ All	☐ All
Emergency Room Services	✓	✓			~	V				
All Inpatient Hospital Services (inc. MH/SUD)	V	✓			~	'				
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and				\$0.00				\$0.00		
X-rays)				30.00				ŞU.UU		
Specialist Visit	V	V			✓	v				
Mental/Behavioral Health and Substance Use Disorder Outpatient										
Services	~	~			✓	~				
Imaging (CT/PET Scans, MRIs)	✓	~			~	~				
Speech Therapy	V	V			V	V				
	V	V			~	V				
Occupational and Physical Therapy		•				•				
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services				\$75.00				\$75.00		
X-rays and Diagnostic Imaging	V	<u> </u>	***************************************		~	V				
Skilled Nursing Facility	V	<u> </u>				~				П
						_				
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	✓	~			✓	~				
Outpatient Surgery Physician/Surgical Services	V	V				V				
Drugs	✓ All	✓ All			✓ All	✓ All			☐ All	All
Generics				\$3.00				\$30.00		
Preferred Brand Drugs				\$500.00				\$500.00		
Non-Preferred Brand Drugs				\$650.00				\$650.00		
Specialty Drugs (i.e. high-cost)				\$750.00				\$750.00		
Options for Additional Benefit Design Limits:			Plan Description					Ţ. CO. CC		
Set a Maximum on Specialty Rx Coinsurance Payments?	П	1	Name:		PCP Saver Plus F	Rx Copay (Sele	ct)			
Specialty Rx Coinsurance Maximum:			Plan HIOS ID:	11574IL0020021			,			
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:	11574						
# Days (1-10):	_		AVC Version:	2025 1a	•					
Begin Primary Care Cost-Sharing After a Set Number of Visits?			7.10 10.0.0	2025_10						
#Visits (1-10):										
Begin Primary Care Deductible/Coinsurance After a Set Number of		1								
Copays?										
# Copays (1-10):										
Output		1								
Calculate										
Status/Error Messages:	Evnanded Bronz	e Standard (500/ +	o 65%), Calculatio	n Successful						
Actuarial Value:	62.93%	z stanuaru (58% t	.o o5/0j, Calculatio	iii Juccessiui.						
Metal Tier:	Bronze	ik annaifia an-+ -+	anina ia annistra	ha u maua in affi -						
A Life Communication of the Co	INUTE: OTTICE-VIS	it-specific cost-sf	naring is applying	LO X-TAYS IN OTFICE	e settings.					
Additional Notes:										
Calculation Time:	0.5625 seconds									
Final 2025 AV Calculator										

User Inputs for Plan Parameters										
Use Integrated Medical and Drug Deductible?	•		HSA/HRA Option	s	Tie	red Network O	otion			
Apply Inpatient Copay per Day?	· 🗆	HSA/HRA Emplo	yer Contribution	? 🗌	Tiered	Network Plan?	~			
Apply Skilled Nursing Facility Copay per Day?		Annual Contril	bution Amount:		1st 7	ier Utilization:	44%			
Use Separate MOOP for Medical and Drug Spending?		Annual Contin	oution Amount.		2nd 1	Tier Utilization:	56%			
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?										
Desired Metal Tier										
		1 Plan Benefit De				2 Plan Benefit [
De directible (A)	Medical	Drug	\$4,700.00		Medical	Drug	\$4,700.00			
Deductible (\$) Coinsurance (%, Insurer's Cost Share)			50.00%				50.00%			
MOOP (\$)			\$9,100.00	_			\$9,100.00			
MOOP if Separate (\$)			\$3,100.00				\$3,100.00			
moor in separate (4)			•							
Click Here for Important Instructions		Tie	er 1			Ti	er 2		Tier 1	Tier 2
Time of Donofit	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	Subject to	Coinsurance, if	Copay, if	Copay applic	es only after
Type of Benefit	Deductible?	Coinsurance?	different	separate	Deductible?	Coinsurance?	different	separate		tible?
Medical	✓ All	✓ All			✓ All	✓ All			☐ All	☐ All
Emergency Room Services	✓	_			~	~				
All Inpatient Hospital Services (inc. MH/SUD)	✓	V			>	✓				
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and				\$70.00				\$70.00		
X-rays)										
Specialist Visit			***************************************	\$125.00				\$125.00		
Mental/Behavioral Health and Substance Use Disorder Outpatient				\$70.00				\$70.00		
Services					✓	~				
Imaging (CT/PET Scans, MRIs)	<u> </u>			4405.00				440= 00		
Speech Therapy				\$125.00				\$125.00		
Occupational and Physical Therapy				\$125.00				\$125.00		
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services			10076	\$70.00			10078	\$70.00		
X-rays and Diagnostic Imaging	<u> </u>	<u> </u>	******************************	370.00		<u> </u>		\$70.00		
Skilled Nursing Facility	<u> </u>	<u> </u>				_ _				

Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	~	•			~	✓				
Outpatient Surgery Physician/Surgical Services	✓	~			'	✓				
Drugs	✓ All	✓ All			✓ All	✓ All			☐ All	☐ All
Generics				\$3.00				\$30.00		
Preferred Brand Drugs	V	>			V	✓				
Non-Preferred Brand Drugs	V	_			V	V				
Specialty Drugs (i.e. high-cost)	V	~			V	✓				
Options for Additional Benefit Design Limits:		1	Plan Description							
Set a Maximum on Specialty Rx Coinsurance Payments?			Name:	Bronze Classic 4						
Specialty Rx Coinsurance Maximum:			Plan HIOS ID:	11574IL0020024						
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:	11574						
# Days (1-10): Begin Primary Care Cost-Sharing After a Set Number of Visits?			AVC Version:	2025_1a						
# Visits (1-10):										
Begin Primary Care Deductible/Coinsurance After a Set Number of										
Copays?										
# Copays (1-10):										
Output		1								
Calculate										
Status/Error Messages:	Expanded Bronze	Standard (58% to	o 65%), Calculatio	on Successful.						
Actuarial Value:	63.25%									
Metal Tier:	Bronze									
	NOTE: Office-visi	t-specific cost-sh	aring is applying	to x-rays in office	settings.					
Additional Notes:										
Calculation Time:	0.3906 seconds									
Final 2025 AV Calculator										

User Inputs for Plan Parameters										
Use Integrated Medical and Drug Deductible?	V		HSA/HRA Option	s	Tie	red Network O	otion			
Apply Inpatient Copay per Day?		HSA/HRA Emplo	yer Contribution	? 🗌	Tiered	Network Plan?	~			
Apply Skilled Nursing Facility Copay per Day?		Annual Contril	bution Amount:		1st 7	ier Utilization:	44%			
Use Separate MOOP for Medical and Drug Spending?		Annual Contin	bution Amount.		2nd 7	ier Utilization:	56%			
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?										
Desired Metal Tier				_						
		1 Plan Benefit De				2 Plan Benefit [
	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)			\$4,700.00				\$4,700.00			
Coinsurance (%, Insurer's Cost Share)			50.00%				50.00%			
MOOP (\$)			\$9,100.00				\$9,100.00			
MOOP if Separate (\$)										
Click Here for Important Instructions		Tie	\#1			т:	er 2		Tier 1	Tier 2
Click Here for important instructions	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to		Coinsurance, if	Copay, if	Copay appli	
Type of Benefit	Deductible?	Coinsurance?	different	separate		Coinsurance?	different	separate	deduc	
Medical	✓ All	✓ All	umerent	separate	✓ All	✓ All	unierent	separate	☐ All	All
Emergency Room Services	✓	<u> </u>			✓	<u> </u>				
All Inpatient Hospital Services (inc. MH/SUD)	V	<u> </u>			<u> </u>	<u> </u>				
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and										
X-rays)				\$70.00				\$70.00		
Specialist Visit				\$125.00				\$125.00		
Mental/Behavioral Health and Substance Use Disorder Outpatient				\$123.00				\$125.00		ļ
Services				\$70.00				\$70.00		
Imaging (CT/PET Scans, MRIs)	V	V			V	✓			П	
Speech Therapy				\$125.00				\$125.00		
Occupational and Physical Therapy				\$125.00				\$125.00		
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services				\$70.00				\$70.00		
X-rays and Diagnostic Imaging	V	~	***************************************		V	V				
Skilled Nursing Facility	<u> </u>	~			V	▽				
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	~	~			~	~				
Outpatient Surgery Physician/Surgical Services	V	~			>	~				
Drugs	✓ All	✓ All			✓ All	✓ All			☐ All	All
Generics				\$3.00				\$30.00		
Preferred Brand Drugs	V	V			V	✓				
Non-Preferred Brand Drugs	V	~			~	✓				
Specialty Drugs (i.e. high-cost)	V	V			Y	>				
Options for Additional Benefit Design Limits:			Plan Description	1:						
Set a Maximum on Specialty Rx Coinsurance Payments?			Name:	Bronze Classic 4	700 (Select)					
Specialty Rx Coinsurance Maximum:	:		Plan HIOS ID:	11574IL0020024	-01					
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:	11574						
# Days (1-10):			AVC Version:	2025_1a						
Begin Primary Care Cost-Sharing After a Set Number of Visits?										
# Visits (1-10):										
Begin Primary Care Deductible/Coinsurance After a Set Number of										
Copays?										
# Copays (1-10):										
Output										
Calculate										
Status/Error Messages:	•	Standard (58% to	o 65%), Calculatio	on Successful.						
Actuarial Value:	63.25%									
Metal Tier:	Bronze									
	NOTE: Office-vis	t-specific cost-sh	aring is applying	to x-rays in office	settings.					
Additional Notes:										
Calculation Time:	0.5625 seconds									
Final 2025 AV Calculator										

User Inputs for Plan Parameters										
Use Integrated Medical and Drug Deductible?	✓		HSA/HRA Option	s	Tie	red Network O	otion			
Apply Inpatient Copay per Day?		HSA/HRA Emplo	yer Contribution	? 🗌	Tiered	Network Plan?	~			
Apply Skilled Nursing Facility Copay per Day?		Annual Contril	oution Amount:		1st 7	ier Utilization:	44%			
Use Separate MOOP for Medical and Drug Spending?		Annual Contin	oution Amount.		2nd T	ier Utilization:	56%			
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?										
Desired Metal Tier				_						
		1 Plan Benefit De				2 Plan Benefit [
	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)			\$4,700.00				\$4,700.00			
Coinsurance (%, Insurer's Cost Share)			50.00%				50.00%			
MOOP (\$)			\$9,100.00				\$9,100.00			
MOOP if Separate (\$)										
Click Here for Important Instructions		Tie	1			т:	er 2		Tier 1	Tier 2
Click Here for important instructions	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to		Coinsurance, if	Copay, if	Copay appli	
Type of Benefit	Deductible?	Coinsurance?	different	separate		Coinsurance?	different	separate	deduc	
Medical	✓ All	✓ All	unierent	separate	✓ All	✓ All	unierent	separate	☐ All	All
Emergency Room Services	V	<u> </u>			V	<u> </u>				
All Inpatient Hospital Services (inc. MH/SUD)	V	<u> </u>			V	<u> </u>				
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and										
X-rays)				\$70.00				\$70.00		
Specialist Visit				\$125.00				\$125.00		
Mental/Behavioral Health and Substance Use Disorder Outpatient				7123.00				\$125.00		
Services				\$70.00				\$70.00		
Imaging (CT/PET Scans, MRIs)	V	V			~	✓			П	
Speech Therapy				\$125.00				\$125.00		
Occupational and Physical Therapy				\$125.00				\$125.00		
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services				\$70.00				\$70.00		
X-rays and Diagnostic Imaging	V	V		······································	V	✓				
Skilled Nursing Facility	V	V			~	▽				
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	V	V			<u>~</u>	✓				
	☑	<u> </u>			<u> </u>	~				
Outpatient Surgery Physician/Surgical Services]	
Drugs	✓ All	✓ All		42.00	✓ All	✓ All		400.00	☐ All	All
Generics				\$3.00		∠		\$30.00		
Preferred Brand Drugs	V	<u> </u>			y	✓ ✓				
Non-Preferred Brand Drugs	>	V			<u> </u>	∠				
Specialty Drugs (i.e. high-cost)			Dian Danishia			V			Ш	
Options for Additional Benefit Design Limits:		1	Plan Description		700 (6 - 1+)					
Set a Maximum on Specialty Rx Coinsurance Payments?			Name: Plan HIOS ID:	Bronze Classic 4						
Specialty Rx Coinsurance Maximum:			Issuer HIOS ID:	11574IL0020024						
Set a Maximum Number of Days for Charging an IP Copay?				11574						
# Days (1-10): Begin Primary Care Cost-Sharing After a Set Number of Visits?			AVC Version:	2025_1a						
# Visits (1-10):										
Begin Primary Care Deductible/Coinsurance After a Set Number of										
Copays?										
# Copays (1-10):										
Output		1								
Calculate										
Status/Error Messages:	Expanded Bronze	Standard (58% to	n 65%). Calculatio	on Successful						
Actuarial Value:	63.25%		5,0,, carcaratio	5000033101.						
Metal Tier:	Bronze									
metal nen		t-specific cost-sh	aring is applying	to x-rays in office	settings.					
Additional Notes:			o appryring							
Additional Notes.										
Calculation Time:	0.4844 seconds									
Final 2025 AV Calculator	3									

User Inputs for Plan Parameters										
Use Integrated Medical and Drug Deductible?			HSA/HRA Option	s	Tie	red Network O	ption			
Apply Inpatient Copay per Day?		HSA/HRA Emplo	yer Contribution	? 🗌	Tiered	Network Plan?	~			
Apply Skilled Nursing Facility Copay per Day?		Annual Contril	bution Amount:		1st -	Γier Utilization:	44%			
Use Separate MOOP for Medical and Drug Spending?		Allifual Colletin	bation Amount.		2nd ⁻	Γier Utilization:	56%			
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?										
Desired Metal Tier				_						
		1 Plan Benefit De				2 Plan Benefit				
	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)			\$5,500.00				\$5,500.00			
Coinsurance (%, Insurer's Cost Share)			60.00%				60.00%			
MOOP (\$)			\$8,600.00				\$8,600.00			
MOOP if Separate (\$)										
Click Here for Important Instructions		_	er 1			_	er 2		Tier 1	Tier 2
Click Here for important instructions	Code to see a co			C 16	Cultinate			C 16		
Type of Benefit	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different		Subject to	Subject to Coinsurance?	Coinsurance, if different	Copay, if	Copay applie	
Medical	✓ All	✓ All	different	separate	✓ All	✓ All	amerent	separate	deduct	All
Emergency Room Services	▼ All	V			✓ All	V All				
All Inpatient Hospital Services (inc. MH/SUD)	V	<u> </u>			V	<u>~</u>				
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and	<u> </u>	<u></u>								
X-rays)				\$20.00				\$20.00		
Specialist Visit				\$70.00				\$70.00		
Mental/Behavioral Health and Substance Use Disorder Outpatient	***************************************									
Services				\$20.00				\$20.00		
Imaging (CT/PET Scans, MRIs)	V	V			~	V				
Speech Therapy	<u> </u>				V	<u> </u>				
Occupational and Physical Therapy	✓	~			~	~				
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services	V	V			V	V				
X-rays and Diagnostic Imaging	>	~			~	'				
Skilled Nursing Facility	>	~			V	'				
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	V	V				V				
Outpatient racinty ree (e.g., Ambulatory Surgery Center)										
Outpatient Surgery Physician/Surgical Services	>	~			>	y				
Drugs	✓ All	✓ All			✓ All	✓ All			☐ All	☐ All
Generics				\$3.00				\$25.00		
Preferred Brand Drugs				\$100.00				\$100.00		
Non-Preferred Brand Drugs	<u> </u>	<u> </u>			V	V				
Specialty Drugs (i.e. high-cost)	✓	V			V	V				
Options for Additional Benefit Design Limits:		7	Plan Description							
Set a Maximum on Specialty Rx Coinsurance Payments?			Name:	Silver Simple Po		t)				
Specialty Rx Coinsurance Maximum:			Plan HIOS ID:	11574IL0020025						
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:	11574						
# Days (1-10):			AVC Version:	2025_1a						
Begin Primary Care Cost-Sharing After a Set Number of Visits? #Visits (1-10):										
Begin Primary Care Deductible/Coinsurance After a Set Number of		-								
Copays?										
# Copays (1-10):										
Output		<u>j</u>								
Calculate										
Status/Error Messages:	Calculation Succe	essful.								
Actuarial Value:	70.19%									
Metal Tier:	Silver									
		it-specific cost-sh	aring is applying	to x-ravs in office	settings.					
Additional Notes:		,	0	,						
Calculation Time:	0.1406 seconds									
Final 2025 AV Calculator										

User Inputs for Plan Parameters										
Use Integrated Medical and Drug Deductible?			HSA/HRA Option	s	Tie	red Network O	ption			
Apply Inpatient Copay per Day?		HSA/HRA Emplo	yer Contribution	? 🗌	Tiered	Network Plan?	•			
Apply Skilled Nursing Facility Copay per Day?		Annual Contril	bution Amount:		1st -	Tier Utilization:	: 44%			
Use Separate MOOP for Medical and Drug Spending?		Allifual Colletin	bation Amount.		2nd ⁻	Tier Utilization:	: 56%			
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?										
Desired Metal Tier	Silver ▼			_						
		1 Plan Benefit De				2 Plan Benefit				
	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)			\$5,500.00				\$5,500.00			
Coinsurance (%, Insurer's Cost Share)			60.00%				60.00%			
MOOP (\$)			\$8,600.00				\$8,600.00			
MOOP if Separate (\$)										
Click Here for Important Instructions		Tie	er 1			T	ier 2		Tier 1	Tier 2
Chek Here for important instructions	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	Subject to	Coinsurance, if	Copay, if	Copay applie	
Type of Benefit	Deductible?	Coinsurance?	different	separate	_	Coinsurance?		separate	deduct	
Medical	✓ All	✓ All	direction	separate	✓ All	✓ All	uniciciii	Separate	☐ All	All
Emergency Room Services	✓	✓			✓	<u> </u>				
All Inpatient Hospital Services (inc. MH/SUD)	✓	<u> </u>				✓				
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and					-					
X-rays)				\$20.00				\$20.00		
Specialist Visit				\$70.00				\$70.00		
Mental/Behavioral Health and Substance Use Disorder Outpatient	***************************************									
Services				\$20.00				\$20.00		
Imaging (CT/PET Scans, MRIs)	V	v			✓	~				
Speech Therapy	V	~			V	V				
	V	V			~	~				
Occupational and Physical Therapy	_	•			•	_				
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services	V	V			~	✓				
X-rays and Diagnostic Imaging	V	~			✓	✓				
Skilled Nursing Facility	V	V			V	V				
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	>	~			✓	✓				
Outpatient Surgery Physician/Surgical Services	V	<u> </u>			~	V				
Drugs	✓ All	✓ All			✓ All	✓ All			☐ All	All
Generics				\$3.00	, All	T All		\$25.00		
Preferred Brand Drugs				\$100.00				\$100.00		
Non-Preferred Brand Drugs	<u> </u>	<u> </u>		\$100.00				Ų100.00		
Specialty Drugs (i.e. high-cost)	<u> </u>	7				_ 				
Options for Additional Benefit Design Limits:			Plan Description	1:						
Set a Maximum on Specialty Rx Coinsurance Payments?			Name:	Silver Simple Po	CP Saver (Selec	t)				
Specialty Rx Coinsurance Maximum:			Plan HIOS ID:	11574IL0020025		•				
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:	11574						
# Days (1-10):			AVC Version:	2025 1a						
Begin Primary Care Cost-Sharing After a Set Number of Visits?]								
#Visits (1-10):										
Begin Primary Care Deductible/Coinsurance After a Set Number of										
Copays?										
# Copays (1-10):										
Output Calculate										
	Calculation Succe	seeful								
Status/Error Messages: Actuarial Value:	70.19%	sosiui.								
Metal Tier:	70.19% Silver									
ivietai iiei.		it-specific cost-sh	aring is applying	to v-rays in office	settings					
Additional Notes:	INGIL. OTTICE-VIS	it specific cost-sii	iding is apprying	to A rays in Office	. settings.					
Additional Notes:										
Calculation Time:	0.2812 seconds									
Final 2025 AV Calculator	0.2012 3ECOITUS									

User Inputs for Plan Parameters										
Use Integrated Medical and Drug Deductible?	✓		HSA/HRA Options	s	Tie	red Network C	Option			
Apply Inpatient Copay per Day?		HSA/HRA Emplo	yer Contribution?	? 🗆	Tiered	Network Plan	? •			
Apply Skilled Nursing Facility Copay per Day?		Annual Cantri	hutian Amaruntu		1st 7	Γier Utilization	: 44%			
Use Separate MOOP for Medical and Drug Spending?		Annual Contri	bution Amount:		2nd 7	Γier Utilization	: 56%			
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?										
Desired Metal Tier										
	Tier	1 Plan Benefit D	esign		Tier	2 Plan Benefit	Design			
	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)		- J	\$5,500.00			Ţ.	\$5,500.00			
Coinsurance (%, Insurer's Cost Share)			60.00%				60.00%			
MOOP (\$)			\$8,600.00				\$8,600.00			
MOOP if Separate (\$)			+0,000.00				40,000.00			
			_				_			
Click Here for Important Instructions		Tio	er 1			Т	ier 2		Tier 1	Tier 2
Type of Benefit	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	Subject to	Coinsurance, if	Copay, if	Copay applie	s only after
	Deductible?	Coinsurance?	different	separate		Coinsurance	different	separate	deduc	
Medical	✓ All	✓ All			✓ All	✓ All			☐ All	All
Emergency Room Services	~	✓			~	~				
All Inpatient Hospital Services (inc. MH/SUD)	~	✓			~	~				
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and				\$20.00				\$20.00		
X-rays)				\$20.00				\$20.00		
Specialist Visit				\$70.00				\$70.00		
Mental/Behavioral Health and Substance Use Disorder Outpatient				\$20.00				\$20.00		
Services				\$20.00				\$20.00		
Imaging (CT/PET Scans, MRIs)	~	~			~	~				
Speech Therapy	~	V			V	V				
	v	~			~	✓				
Occupational and Physical Therapy		•				•				
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services	~	✓			~	~				
X-rays and Diagnostic Imaging	~	<u> </u>			~	~				
Skilled Nursing Facility	V	V				~				
										_
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	~	✓			✓	✓				
Outpatient Surgery Physician/Surgical Services	~	V				✓				
Drugs	✓ All	✓ All			✓ All	✓ All			☐ All	All
Generics				\$3.00				\$25.00		
Preferred Brand Drugs				\$100.00				\$100.00		
Non-Preferred Brand Drugs	~	V				~				
Specialty Drugs (i.e. high-cost)	V	V				~				
Options for Additional Benefit Design Limits:			Plan Description	n:						
Set a Maximum on Specialty Rx Coinsurance Payments?	П		Name:	Silver Simple P	CP Saver (Selec	t)				
Specialty Rx Coinsurance Maximum:			Plan HIOS ID:	11574IL0020025		-,				
Set a Maximum Number of Days for Charging an IP Copay?		1	Issuer HIOS ID:	11574						
# Days (1-10):			AVC Version:	2025 1a	•					
Begin Primary Care Cost-Sharing After a Set Number of Visits?		1	Ave version.	2025_10						
#Visits (1-10):										
Begin Primary Care Deductible/Coinsurance After a Set Number of		1								
Copays?										
# Copays (1-10):										
Output		9								
Calculate										
Status/Error Messages:	Calculation Succe	sectul								
Actuarial Value:	70.19%	: 331 UI.								
	Silver	it annaidin an-t -t		*** ** **** ** **** ***						
	INUTE: Office-VISI	it-specific cost-sf	naring is applying	to x-rays in office	e settings.					
Additional Notes:										
	0.0938 seconds									
Final 2025 AV Calculator										

User Inputs for Plan Parameters										
Use Integrated Medical and Drug Deductible?	~		HSA/HRA Option	s	Tie	red Network O	ption			
Apply Inpatient Copay per Day?		HSA/HRA Emplo	yer Contribution	? 🗌	Tiered	Network Plan?	~ •			
Apply Skilled Nursing Facility Copay per Day?		Annual Cantril	oution Amount:		1st 7	ier Utilization	: 44%			
Use Separate MOOP for Medical and Drug Spending?		Annual Contril	oution Amount:		2nd 1	ier Utilization	: 56%			
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?										
Desired Metal Tier	Silver ▼			_						
	Tier	1 Plan Benefit De	esign		Tier	2 Plan Benefit	Design			
	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)			\$4,750.00				\$4,750.00			
Coinsurance (%, Insurer's Cost Share)			60.00%				60.00%			
MOOP (\$)			\$7,000.00				\$7,000.00			
MOOP if Separate (\$)				_						
			_				_			
Click Here for Important Instructions		Tie	r 1			Т	ier 2		Tier 1	Tier 2
Type of Benefit	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	Subject to	Coinsurance, if	Copay, if	Copay appli	es only after
	Deductible?	Coinsurance?	different	separate		Coinsurance?	different	separate	deduc	
Medical	✓ All	✓ All			✓ All	✓ All			☐ All	All
Emergency Room Services	V	~			VV	~				
All Inpatient Hospital Services (inc. MH/SUD)	V	V			~	V				
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and				\$20.00				\$20.00		
X-rays)								\$20.00		
Specialist Visit				\$70.00				\$70.00		
Mental/Behavioral Health and Substance Use Disorder Outpatient				\$20.00				\$20.00		
Services				J20.00						
Imaging (CT/PET Scans, MRIs)	>	~			✓	V				
Speech Therapy	~	~			✓	~				
	~	~			▽	~				
Occupational and Physical Therapy	· ·									
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services	V	V			V	v				
X-rays and Diagnostic Imaging	•	~			✓	~				
Skilled Nursing Facility	~	~			✓	~				
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	>	>			✓	v				П
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)										_
Outpatient Surgery Physician/Surgical Services	•	~			>	V				
Drugs	✓ All	✓ All			✓ All	✓ All			☐ All	All
Generics				\$3.00				\$20.00		
Preferred Brand Drugs				\$80.00				\$80.00		
Non-Preferred Brand Drugs	•	~			✓	~				
Specialty Drugs (i.e. high-cost)	Y	•			>	V				
Options for Additional Benefit Design Limits:			Plan Description	1:						
Set a Maximum on Specialty Rx Coinsurance Payments?			Name:	Silver Simple P	CP Saver CSR 25	0 (Select)				
Specialty Rx Coinsurance Maximum:			Plan HIOS ID:	11574IL0020025	-04					
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:	11574	ı					
# Days (1-10):			AVC Version:	2025_1a						
Begin Primary Care Cost-Sharing After a Set Number of Visits?										
# Visits (1-10):										
Begin Primary Care Deductible/Coinsurance After a Set Number of										
Copays?										
# Copays (1-10):										
Output		='								
Calculate										
Status/Error Messages:	CSR Level of 73%	(200-250% FPL), (Calculation Succe	ssful.						
Actuarial Value:	73.08%									
Metal Tier:	Silver									
	NOTE: Office-vis	t-specific cost-sh	aring is applying	to x-rays in office	e settings.					
Additional Notes:										
Calculation Time:	0.1094 seconds									
Final 2025 AV Calculator										

User Inputs for Plan Parameters										
Use Integrated Medical and Drug Deductible?	~		HSA/HRA Option:	s	Tie	red Network O	ption			
Apply Inpatient Copay per Day?		HSA/HRA Employ	yer Contribution	? 🗌	Tiered	Network Plan?	` \			
Apply Skilled Nursing Facility Copay per Day?		Annual Contrib	bution Amount:		1st ⁻	Tier Utilization:	: 44%			
Use Separate MOOP for Medical and Drug Spending?		Annual Contin	button Amount.		2nd ⁻	Tier Utilization:	: 56%			
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	~									
Desired Metal Tier	Gold ▼									
	Tier	r 1 Plan Benefit De	esign		Tier	2 Plan Benefit	Design			
	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)			\$600.00				\$600.00			
Coinsurance (%, Insurer's Cost Share)			60.00%				60.00%			
MOOP (\$)			\$3,000.00				\$3,000.00			
MOOP if Separate (\$)				_						
			_				_			
<u>Click Here for Important Instructions</u>		Tie	er 1			Ti	ier 2		Tier 1	Tier 2
Type of Benefit	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	Subject to	Coinsurance, if	Copay, if	Copay applie	s only after
туре от венетіс	Deductible?	Coinsurance?	different	separate		Coinsurance?	different	separate	deduct	tible?
Medical	✓ All	✓ All			✓ All	✓ All			☐ All	☐ All
Emergency Room Services	✓	~			~	~				
All Inpatient Hospital Services (inc. MH/SUD)	V	~			V	✓				
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and				\$10.00				¢10.00		
X-rays)				\$10.00				\$10.00		
Specialist Visit				\$35.00				\$35.00		
Mental/Behavioral Health and Substance Use Disorder Outpatient				\$10.00				\$10.00		
Services				\$10.00				\$10.00		
Imaging (CT/PET Scans, MRIs)	✓	~			~	~				
Speech Therapy	V	V			>	~				
	~	~			✓	~				
Occupational and Physical Therapy	Ľ.	•								
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services	>	~			V	v				
X-rays and Diagnostic Imaging	~	~			✓	✓				
Skilled Nursing Facility	~	~			✓	✓				
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	V	>			V	v				П
Outpatient Surgery Physician/Surgical Services	V	~			~	~				
Drugs	✓ All	✓ All			✓ All	✓ All			☐ All	☐ All
Generics				\$3.00				\$10.00		
Preferred Brand Drugs			***************************************	\$40.00				\$40.00		
Non-Preferred Brand Drugs	V	_	~~~~		V	✓				
Specialty Drugs (i.e. high-cost)	V	V			V	V				
Options for Additional Benefit Design Limits:		_	Plan Description							
Set a Maximum on Specialty Rx Coinsurance Payments?			Name:	Silver Simple Po		00 (Select)				
Specialty Rx Coinsurance Maximum:			Plan HIOS ID:	11574IL0020025						
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:	11574	ļ.					
# Days (1-10):			AVC Version:	2025_1a						
Begin Primary Care Cost-Sharing After a Set Number of Visits?										
# Visits (1-10):										
Begin Primary Care Deductible/Coinsurance After a Set Number of										
Copays?										
# Copays (1-10):										
Output										
Calculate										
Status/Error Messages:		(150-200% FPL), (Calculation Succe	sstul.						
Actuarial Value:	87.21%									
Metal Tier:	Gold									
	NOTE: Office-vis	it-specific cost-sh	aring is applying	to x-rays in office	e settings.					
Additional Notes:										
Calculation Time:	0.2031 seconds									
Final 2025 AV Calculator										

User Inputs for Plan Parameters										
Use Integrated Medical and Drug Deductible?	~		HSA/HRA Options	s	Tie	red Network C	ption			
Apply Inpatient Copay per Day?		HSA/HRA Emplo	yer Contribution?	? 🗌	Tiered	Network Plan	· •			
Apply Skilled Nursing Facility Copay per Day?		Annual Contril	bution Amount:		1st ·	Tier Utilization	: 44%			
Use Separate MOOP for Medical and Drug Spending?		Annual Contin	oution Amount.		2nd ¹	Tier Utilization	: 56%			
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	✓									
Desired Metal Tier	Platinum ▼			_						
		1 Plan Benefit De				2 Plan Benefit				
	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)			\$0.00				\$0.00			
Coinsurance (%, Insurer's Cost Share)			80.00%				80.00%			
MOOP (\$)			\$1,850.00				\$1,850.00			
MOOP if Separate (\$)										
Click Here for Important Instructions		Tie	\r 1			T	ier 2		Tier 1	Tier 2
Click Here for Important instructions	Subject to	Subject to	Coinsurance, if	Comerc if	Subject to		Coinsurance, if	Camari if	Copay applies	
Type of Benefit	Deductible?	Coinsurance?	different	Copay, if separate	-	Coinsurance?		Copay, if separate	deducti	
Medical	✓ All	✓ All	unierent	separate	✓ All	✓ All	unierent	separate	All	All
Emergency Room Services		<u> </u>				V				
All Inpatient Hospital Services (inc. MH/SUD)		V				<u>~</u>				
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and	Ш									
X-rays)				\$5.00				\$5.00		
Specialist Visit				\$10.00				\$10.00		
Mental/Behavioral Health and Substance Use Disorder Outpatient	***************************************			Ş10.00				\$10.00		
Services				\$5.00				\$5.00		
Imaging (CT/PET Scans, MRIs)		7				✓				
Speech Therapy		<u> </u>								
Specul merapy						▽				
Occupational and Physical Therapy		~				✓				
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services		<u></u>	100/0	90.00		7	10070	\$0.00		
X-rays and Diagnostic Imaging		<u> </u>			1 7	✓				
Skilled Nursing Facility					1 7	7			<u> </u>	Ä
			***************************************	***************************************						
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)		~				✓				
Outpatient Surgery Physician/Surgical Services		~				V				
Drugs	▼ All	✓ All			✓ All	✓ All			☐ All	☐ All
Generics				\$0.00				\$5.00		
Preferred Brand Drugs				\$30.00				\$30.00		
Non-Preferred Brand Drugs		~				✓				
Specialty Drugs (i.e. high-cost)		~				~				
Options for Additional Benefit Design Limits:		_	Plan Description	1:						
Set a Maximum on Specialty Rx Coinsurance Payments?			Name:	Silver Simple Po		50 (Select)				
Specialty Rx Coinsurance Maximum:			Plan HIOS ID:	11574IL0020025						
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:	11574	ļ.					
# Days (1-10):			AVC Version:	2025_1a						
Begin Primary Care Cost-Sharing After a Set Number of Visits?										
# Visits (1-10):										
Begin Primary Care Deductible/Coinsurance After a Set Number of										
Copays?										
# Copays (1-10):										
Output										
Calculate										
Status/Error Messages:	CSR Level of 94%	(100-150% FPL), (Calculation Succe	ssful.						
Actuarial Value:	94.16%									
Metal Tier:	Platinum									
	NOTE: Service-sp	ecific cost-sharin	g is applying for s	service(s) with fa	c/prof compon	ents, overridin	g outpatient inpu	ts for those ser	vice(s).	
Additional Notes:										
Calculation Time:	0.1094 seconds									
Final 2025 AV Calculator										

User Inputs for Plan Parameters	_									
Use Integrated Medical and Drug Deductible?	✓		HSA/HRA Options	S	Tie	red Network O	otion			
Apply Inpatient Copay per Day?		HSA/HRA Emplo	yer Contribution?		Tiered	Network Plan?	>			
Apply Skilled Nursing Facility Copay per Day?		Annual Contril	bution Amount:		1st 7	ier Utilization:	44%			
Use Separate MOOP for Medical and Drug Spending?		Annual Contin	oution Amount.		2nd 7	Tier Utilization:	56%			
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?										
Desired Metal Tier	Silver ▼			-						
		L Plan Benefit De	, -			2 Plan Benefit I				
	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)			\$500.00				\$500.00			
Coinsurance (%, Insurer's Cost Share)			50.00%				50.00%			
MOOP (\$)			\$9,100.00				\$9,100.00			
MOOP if Separate (\$)										
Click Here for Important Instructions		Tie	or 1			Ti	er 2		Tier 1	Tier 2
	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	Subject to	Coinsurance, if	Copay, if		es only after
Type of Benefit	Deductible?	Coinsurance?	different	separate		Coinsurance?	different	separate		tible?
Medical	✓ All	✓ All		33,000	✓ All	✓ All			☐ All	All
Emergency Room Services	>	V			~	V				
All Inpatient Hospital Services (inc. MH/SUD)	V	~			> >	✓				
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and										
X-rays)				\$50.00				\$50.00		
Specialist Visit				\$100.00				\$100.00		
Mental/Behavioral Health and Substance Use Disorder Outpatient								4-0.00		
Services				\$50.00				\$50.00		
Imaging (CT/PET Scans, MRIs)	>	~			<u>~</u>	✓				
Speech Therapy				\$100.00				\$100.00		
				\$100.00				\$100.00		
Occupational and Physical Therapy										
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services				\$50.00				\$50.00		
X-rays and Diagnostic Imaging				\$100.00				\$100.00		
Skilled Nursing Facility	V	V			V	~				
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	•	~			✓	✓				
Outpatient Surgery Physician/Surgical Services	~	V			~	V				
Drugs	✓ All	✓ All			✓ All	✓ All			□ All	All
Generics				\$3.00		– –		\$30.00		
Preferred Brand Drugs				\$100.00				\$100.00		
Non-Preferred Brand Drugs			*******************************	\$500.00				\$500.00		
Specialty Drugs (i.e. high-cost)				\$650.00				\$650.00		
Options for Additional Benefit Design Limits:			Plan Description	n:						
Set a Maximum on Specialty Rx Coinsurance Payments?			Name:	Silver Elite Save	r Plus Rx Copa	(Select)				
Specialty Rx Coinsurance Maximum:			Plan HIOS ID:	11574IL0020030	-00					
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:	11574						
# Days (1-10):			AVC Version:	2025_1a						
Begin Primary Care Cost-Sharing After a Set Number of Visits?										
# Visits (1-10):										
Begin Primary Care Deductible/Coinsurance After a Set Number of										
Copays?										
# Copays (1-10):										
Output Calculate										
	Calculation Susses	ccful								
Status/Error Messages: Actuarial Value:	Calculation Succes 70.10%	ssiui.								
Metal Tier:	Silver									
Additional Notes:										
Calculation Time: Final 2025 AV Calculator	0.1406 seconds									

User Inputs for Plan Parameters										
Use Integrated Medical and Drug Deductible?			HSA/HRA Options		Tie	red Network C	•			
Apply Inpatient Copay per Day?		HSA/HRA Emplo	yer Contribution?	? <u> </u>		Network Plan				
Apply Skilled Nursing Facility Copay per Day?		Annual Contril	oution Amount:			Γier Utilization				
Use Separate MOOP for Medical and Drug Spending?	_				2nd	Γier Utilization	: 56%			
Indicate if Plan Meets CSR or Expanded Bronze AV Standard? Desired Metal Tier										
besited Wetai Her		1 Plan Benefit De	esign		Tier	2 Plan Benefit	Design			
	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)			\$500.00				\$500.00			
Coinsurance (%, Insurer's Cost Share)			50.00%				50.00%			
MOOP (\$)			\$9,100.00				\$9,100.00			
MOOP if Separate (\$)			ı							
Click Here for Important Instructions		Tie	or 1			Т	ier 2		Tier 1	Tier 2
	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	Subject to	Coinsurance, if	Copay, if	Copay applie	
Type of Benefit	Deductible?	Coinsurance?	different	separate	_	Coinsurance?		separate	deduct	
Medical	✓ All	✓ All			✓ All	✓ All		•	☐ All	All
Emergency Room Services	Y	V			>	>				
All Inpatient Hospital Services (inc. MH/SUD)	V	V			V	~				
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and				\$50.00				\$50.00		
X-rays)										П
Specialist Visit Mental/Behavioral Health and Substance Use Disorder Outpatient		Ш		\$100.00				\$100.00		
Services				\$50.00				\$50.00		
Imaging (CT/PET Scans, MRIs)	V	V			~	~				
Speech Therapy				\$100.00				\$100.00		
				\$100.00				\$100.00		
Occupational and Physical Therapy										
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services				\$50.00				\$50.00		
X-rays and Diagnostic Imaging				\$100.00	▽	✓		\$100.00		
Skilled Nursing Facility										
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	~	~			✓	✓				
Outpatient Surgery Physician/Surgical Services	•	~			✓	~				
Drugs	✓ All	✓ All			✓ All	✓ All			☐ All	All
Generics				\$3.00				\$30.00		
Preferred Brand Drugs				\$100.00				\$100.00		
Non-Preferred Brand Drugs				\$500.00 \$650.00				\$500.00 \$650.00	П	
Specialty Drugs (i.e. high-cost) Options for Additional Benefit Design Limits:			Plan Description					\$650.00		
Set a Maximum on Specialty Rx Coinsurance Payments?		7	Name:	Silver Elite Save	er Plus Rx Cona	(Select)				
Specialty Rx Coinsurance Maximum:			Plan HIOS ID:	11574IL0020030		, (30.000)				
Set a Maximum Number of Days for Charging an IP Copay?		1	Issuer HIOS ID:	11574						
# Days (1-10):			AVC Version:	2025_1a						
Begin Primary Care Cost-Sharing After a Set Number of Visits?										
#Visits (1-10):		1								
Begin Primary Care Deductible/Coinsurance After a Set Number of Copays?										
# Copays (1-10):										
Output		J								
Calculate										
Status/Error Messages:	Calculation Succe	essful.								
Actuarial Value:	70.10%									
Metal Tier:	Silver									
Additional Notes:										
Calculation Time:	0.1094 seconds									
Final 2025 AV Calculator										

User Inputs for Plan Parameters	_									
Use Integrated Medical and Drug Deductible?	~		HSA/HRA Option	s	Tie	red Network O	ption			
Apply Inpatient Copay per Day?		HSA/HRA Emplo	yer Contribution	<u>~</u>	Tiered	Network Plan?	•			
Apply Skilled Nursing Facility Copay per Day?		Annual Contril	bution Amount:		1st 7	Γier Utilization:	44%			
Use Separate MOOP for Medical and Drug Spending?		Ailliuai Colliill	batton Amount.		2nd 7	Γier Utilization:	56%			
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?										
Desired Metal Tier				_						
		1 Plan Benefit De				2 Plan Benefit I	_			
	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)			\$500.00				\$500.00			
Coinsurance (%, Insurer's Cost Share)			50.00%	4			50.00%			
MOOP (\$)			\$9,100.00	_			\$9,100.00			
MOOP if Separate (\$)										
Click Here for Important Instructions		Tie	er 1			Ti	er 2		Tier 1	Tier 2
	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	Subject to	Coinsurance, if	Copay, if		es only after
Type of Benefit	Deductible?	Coinsurance?	different	separate		Coinsurance?	different	separate		ctible?
Medical	✓ All	✓ All		30 par 310	✓ All	✓ All			☐ All	All
Emergency Room Services	~	~			~	V				
All Inpatient Hospital Services (inc. MH/SUD)	V	~			> >	~				
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and										
X-rays)				\$50.00				\$50.00		
Specialist Visit				\$100.00				\$100.00		
Mental/Behavioral Health and Substance Use Disorder Outpatient				¢50.00				¢50.00		
Services				\$50.00		Ш		\$50.00		
Imaging (CT/PET Scans, MRIs)	>	v			V	~				
Speech Therapy				\$100.00				\$100.00		
				\$100.00				\$100.00		
Occupational and Physical Therapy										
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services				\$50.00		Щ		\$50.00		
X-rays and Diagnostic Imaging				\$100.00				\$100.00		
Skilled Nursing Facility	V	V			V	V				
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	~	•			~	~				
Outpatient Surgery Physician/Surgical Services	✓	V			~	V				
Drugs	✓ All	✓ All			✓ All	✓ All			□ All	All
Generics				\$3.00				\$30.00		T T
Preferred Brand Drugs				\$100.00				\$100.00		
Non-Preferred Brand Drugs				\$500.00				\$500.00		
Specialty Drugs (i.e. high-cost)				\$650.00				\$650.00		
Options for Additional Benefit Design Limits:			Plan Description	n:						
Set a Maximum on Specialty Rx Coinsurance Payments?			Name:	Silver Elite Save	r Plus Rx Copa	y (Select)				
Specialty Rx Coinsurance Maximum:			Plan HIOS ID:	11574IL0020030-	-03					
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:	11574						
# Days (1-10):			AVC Version:	2025_1a						
Begin Primary Care Cost-Sharing After a Set Number of Visits?										
# Visits (1-10):										
Begin Primary Care Deductible/Coinsurance After a Set Number of										
Copays?										
# Copays (1-10):										
Output										
Calculate										
Status/Error Messages:	Calculation Succe	sstul.								
Actuarial Value:	70.10%									
Metal Tier:	Silver									
Additional Notes:										
0.1.1.1.7	0.4000									
Calculation Time:	0.1328 seconds									
Final 2025 AV Calculator										

Use Integrated Medical and Drug Deductible?	<u>~</u>		HSA/HRA Option			red Network Op				
Apply Inpatient Copay per Day?		HSA/HRA Employ	er Contribution	? 🗆		Network Plan?	~			
Apply Skilled Nursing Facility Copay per Day?		Annual Contrib	ution Amount:			ier Utilization:	44%			
Use Separate MOOP for Medical and Drug Spending?					2nd 1	ier Utilization:	56%			
Indicate if Plan Meets CSR or Expanded Bronze AV Standard? Desired Metal Tier	Silver ▼									
Desired Metal Her		1 Plan Benefit De	cian		Tier	2 Plan Benefit D	esign			
	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)	THE GIEGO	2.08	\$500.00		Title directi	2.ug	\$500.00			
Coinsurance (%, Insurer's Cost Share)			50.00%				50.00%			
MOOP (\$)			\$7,250.00	1			\$7,250.00			
MOOP if Separate (\$)				 -						
			•		•					
Click Here for Important Instructions		Tie	r 1			Tie	r 2		Tier 1	Tier 2
Type of Benefit	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to		Coinsurance, if	Copay, if	Copay applies	-
	Deductible?	Coinsurance?	different	separate		Coinsurance?	different	separate	deductil	
Medical	✓ All	✓ All			✓ All	✓ All			☐ All	All
Emergency Room Services	Z				<u>></u>	<u> </u>				
All Inpatient Hospital Services (inc. MH/SUD)	V	V			V	V				
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and				\$45.00				\$45.00		
X-rays)				\$90.00				¢00.00		
Specialist Visit Mental/Behavioral Health and Substance Use Disorder Outpatient		Ш		\$90.00				\$90.00		
Services				\$45.00				\$45.00		
Imaging (CT/PET Scans, MRIs)	V	V			V	~				
Speech Therapy				\$100.00				\$100.00		
Occupational and Physical Therapy				\$100.00				\$100.00		
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services				\$50.00				\$50.00		
X-rays and Diagnostic Imaging				\$100.00				\$100.00		
Skilled Nursing Facility	V	V			V	✓				
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	✓	•			✓	V				
Outpatient Surgery Physician/Surgical Services	>	~			V	~				
Drugs	✓ All	✓ All			✓ All	✓ All			☐ All	☐ All
Generics				\$3.00				\$25.00		
Preferred Brand Drugs				\$100.00				\$100.00		
Non-Preferred Brand Drugs				\$500.00				\$500.00		
Specialty Drugs (i.e. high-cost)				\$650.00				\$650.00		
Options for Additional Benefit Design Limits:			Plan Description							
Set a Maximum on Specialty Rx Coinsurance Payments?			Name:	Silver Elite Save		CSR 250 (Select	t)			
Specialty Rx Coinsurance Maximum:			Plan HIOS ID:	11574IL0020030						
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:	11574	ŀ					
# Days (1-10): Begin Primary Care Cost-Sharing After a Set Number of Visits?			AVC Version:	2025_1a						
# Visits (1-10):										
Begin Primary Care Deductible/Coinsurance After a Set Number of										
Copays?										
# Copays (1-10):										
Output		!								
Calculate										
Status/Error Messages:	CSR Level of 73%	(200-250% FPL), C	alculation Succe	ssful.						
Actuarial Value:	73.08%									
Metal Tier:	Silver									
Additional Notes:										
Calculation Time:	0.1875 seconds									
Final 2025 AV Calculator										

User Inputs for Plan Parameters

User Inputs for Plan Parameters										
Use Integrated Medical and Drug Deductible?			HSA/HRA Option			red Network O				
Apply Inpatient Copay per Day?		HSA/HRA Emplo	yer Contribution	? 🗌		Network Plan?				
Apply Skilled Nursing Facility Copay per Day?		Annual Contril	oution Amount:			Tier Utilization:				
Use Separate MOOP for Medical and Drug Spending?		7 miradi correri	outroil 7 mileurit.		2nd 1	ier Utilization:	56%			
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?										
Desired Metal Tier				_						
		1 Plan Benefit De				2 Plan Benefit [
	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)			\$100.00				\$100.00			
Coinsurance (%, Insurer's Cost Share)			70.00%				70.00%			
MOOP (\$)			\$3,000.00				\$3,000.00			
MOOP if Separate (\$)										
Click Here for Important Instructions		Tie	er 1			Tie	er 2		Tier 1	Tier 2
Type of Benefit	Subject to	Subject to	Coinsurance, if	• • •	Subject to		Coinsurance, if	Copay, if	Copay applies	-
••	Deductible?	Coinsurance?	different	separate		Coinsurance?	different	separate	deducti	
Medical	✓ All ✓	✓ All			✓ All	✓ All			☐ All	All
Emergency Room Services					<u> </u>	∨				
All Inpatient Hospital Services (inc. MH/SUD)	V	V			>	<u>~</u>				
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and				\$15.00				\$15.00		
X-rays)				422.22				400.00		
Specialist Visit				\$30.00				\$30.00		
Mental/Behavioral Health and Substance Use Disorder Outpatient Services				\$15.00				\$15.00		
	V	<u> </u>			-	~				
Imaging (CT/PET Scans, MRIs) Speech Therapy				\$30.00				\$20.00		
эреент тетару				330.00				\$30.00		
Occupational and Physical Therapy				\$30.00				\$30.00		
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services			10070	\$20.00			10070	\$20.00		
X-rays and Diagnostic Imaging				\$50.00				\$50.00		
Skilled Nursing Facility	~	<u> </u>				_ _		φ50.00		
					•					_
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	✓	~			~	~				
Outpatient Surgery Physician/Surgical Services	V	~			>	~				
Drugs	✓ All	✓ All			✓ All	✓ All			☐ All	☐ All
Generics				\$3.00				\$20.00		
Preferred Brand Drugs				\$50.00				\$50.00		
Non-Preferred Brand Drugs				\$400.00				\$400.00		
Specialty Drugs (i.e. high-cost)				\$550.00				\$550.00		
Options for Additional Benefit Design Limits:		•	Plan Description	ո։						
Set a Maximum on Specialty Rx Coinsurance Payments?			Name:	Silver Elite Save		CSR 200 (Selec	ct)			
Specialty Rx Coinsurance Maximum:			Plan HIOS ID:	11574IL0020030						
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:	11574						
# Days (1-10):			AVC Version:	2025_1a						
Begin Primary Care Cost-Sharing After a Set Number of Visits?										
#Visits (1-10):										
Begin Primary Care Deductible/Coinsurance After a Set Number of										
Copays?										
# Copays (1-10):		l								
Output Calculate										
Status/Error Messages:	CSR Level of 87%	(150-200% EDI) 4	Calculation Succe	ceful						
	87.70%	(130-200% FFL), (Laiculation Succe	331UI.						
Metal Tier:	Gold									
ivictal fier.	Gold									
Additional Notes:										
Calculation Time:	0.1406 seconds									
Final 2025 AV Calculator										

User Inputs for Plan Parameters										
Use Integrated Medical and Drug Deductible?	~		HSA/HRA Options	3	Tie	red Network C	ption			
Apply Inpatient Copay per Day?		HSA/HRA Employ	yer Contribution?	· 🗆	Tiered	Network Plan	? •			
Apply Skilled Nursing Facility Copay per Day?		Annual Contrib	oution Amount:		1st T	ier Utilization	: 44%			
Use Separate MOOP for Medical and Drug Spending?		Allitual Colletti	oution Amount.		2nd T	ier Utilization	: 56%			
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	V									
Desired Metal Tier				=						
		1 Plan Benefit De				2 Plan Benefit				
	Medical	Drug	Combined	4	Medical	Drug	Combined			
Deductible (\$)			\$50.00				\$50.00			
Coinsurance (%, Insurer's Cost Share)			80.00%	4			80.00%			
MOOP (\$) MOOP if Separate (\$)			\$1,450.00	_			\$1,450.00			
MOOP II Separate (\$)										
Click Here for Important Instructions		Tie	r1			-	ier 2		Tier 1	Tier 2
CHECK FIETE FOR HISPORTANE HISTORICHIS	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	Subject to	Coinsurance, if	Copay, if	Copay applie	
Type of Benefit	Deductible?	Coinsurance?	different	separate	-	Coinsurance?	•	separate	deduct	
Medical	✓ All	✓ All	unicient	Se parate	✓ All	✓ All	umerene	se parate	☐ All	All
Emergency Room Services	<u> </u>	<u> </u>			V	V				
All Inpatient Hospital Services (inc. MH/SUD)	>	~			✓	~				
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and				40.00	_	_		40.00]	_
X-rays)				\$0.00				\$0.00		
Specialist Visit				\$10.00				\$10.00		
Mental/Behavioral Health and Substance Use Disorder Outpatient				\$0.00				\$0.00		
Services				, 0.00						
Imaging (CT/PET Scans, MRIs)	>	V			~	'				
Speech Therapy				\$10.00				\$10.00		
				\$10.00				\$10.00		
Occupational and Physical Therapy			4000/							
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services				\$10.00 \$10.00				\$10.00		
X-rays and Diagnostic Imaging Skilled Nursing Facility	<u> </u>	<u> </u>		\$10.00				\$10.00		
Skilled Naising Facility					-					
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	Y	~			~	~				
Outpatient Surgery Physician/Surgical Services	>	V			~	'				
Drugs	✓ All	✓ All			✓ All	✓ All			☐ All	All
Generics				\$0.00				\$5.00		
Preferred Brand Drugs				\$30.00				\$30.00		
Non-Preferred Brand Drugs				\$200.00				\$200.00		
Specialty Drugs (i.e. high-cost)				\$400.00				\$400.00		
Options for Additional Benefit Design Limits:			Plan Description	:						
Set a Maximum on Specialty Rx Coinsurance Payments?			Name:	Silver Elite Save		/ CSR 150 (Sele	ect)			
Specialty Rx Coinsurance Maximum:			Plan HIOS ID:	11574IL0020030						
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:	11574	1					
# Days (1-10):			AVC Version:	2025_1a						
Begin Primary Care Cost-Sharing After a Set Number of Visits? # Visits (1-10):										
Begin Primary Care Deductible/Coinsurance After a Set Number of										
Copays?										
# Copays (1-10):										
Output										
Calculate										
Status/Error Messages:	CSR Level of 94%	(100-150% FPL), (Calculation Succe	ssful.						
	94.18%	•								
Metal Tier:	Platinum									
Additional Notes:										
	0.1719 seconds									
Final 2025 AV Calculator										

User Inputs for Plan Parameters										
Use Integrated Medical and Drug Deductible?			HSA/HRA Options	s	Tie	red Network O	ption			
Apply Inpatient Copay per Day?		HSA/HRA Emplo	yer Contribution?	? 🗆	Tiered	Network Plan?				
Apply Skilled Nursing Facility Copay per Day?		Annual Contril	bution Amount:		1st 7	Tier Utilization:	:			
Use Separate MOOP for Medical and Drug Spending?		Allifual Colletin	oution Amount.		2nd 1	Tier Utilization:				
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?										
Desired Metal Tier				=						
		1 Plan Benefit De				2 Plan Benefit				
	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)			\$7,500.00							
Coinsurance (%, Insurer's Cost Share)			50.00%							
MOOP (\$)			\$9,200.00							
MOOP if Separate (\$)							I			
Click Here for Important Instructions		Tie	4			-	ier 2		Tier 1	Tier 2
Click Here for important instructions	Code to see a co			C 16	Cultivate			C 16		
Type of Benefit	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different		Subject to	Subject to Coinsurance?	Coinsurance, if different	Copay, if	Copay applie	
Medical	✓ All	✓ All	amerent	separate	✓ All	✓ All	different	separate	deduct	All
Emergency Room Services	▼ All	V			✓ All	V All				
All Inpatient Hospital Services (inc. MH/SUD)	V	<u>v</u>			Ž	<u>~</u>				
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and	<u> </u>									
X-rays)				\$50.00	✓	~				
Specialist Visit				\$100.00	~	V				
Mental/Behavioral Health and Substance Use Disorder Outpatient	***************************************									
Services				\$50.00	~	~				
Imaging (CT/PET Scans, MRIs)	V	v			~	7				
Speech Therapy				\$50.00	V	V				
Occupational and Physical Therapy				\$50.00	~	~				
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services	V	V			V	V				
X-rays and Diagnostic Imaging	>	~			~	'				
Skilled Nursing Facility	>	~			~	V				
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	V	V				V				
Outpatient racinty ree (e.g., Ambulatory Surgery Center)					,					
Outpatient Surgery Physician/Surgical Services	>	~			~	V				
Drugs	✓ All	✓ All			✓ All	✓ All			☐ All	All
Generics				\$25.00	>	'				
Preferred Brand Drugs	<u> </u>			\$50.00	V	V			V	
Non-Preferred Brand Drugs	<u> </u>			\$100.00	V	V			V	
Specialty Drugs (i.e. high-cost)	V			\$500.00	V	~			V	
Options for Additional Benefit Design Limits:		7	Plan Description							
Set a Maximum on Specialty Rx Coinsurance Payments?			Name:	Bronze Classic S		e)				
Specialty Rx Coinsurance Maximum:			Plan HIOS ID:	11574IL0010050						
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:	11574						
# Days (1-10):			AVC Version:	2025_1a						
Begin Primary Care Cost-Sharing After a Set Number of Visits? #Visits (1-10):										
Begin Primary Care Deductible/Coinsurance After a Set Number of		-								
Copays?										
# Copays (1-10):										
Output		<u>j</u>								
Calculate										
Status/Error Messages:	Expanded Bronze	e Standard (58% to	o 65%). Calculatio	on Successful						
Actuarial Value:	63.81%	10110010 (50/0 (1	- 15/0/, Carcaratio	Jacobssiai.						
Metal Tier:	Bronze									
metal nen		it-specific cost-sh	aring is applying	to x-rays in office	e settings.					
Additional Notes:		,	0	,						
Calculation Time:	0.3125 seconds									
Final 2025 AV Calculator										

User Inputs for Plan Parameters										
Use Integrated Medical and Drug Deductible?			HSA/HRA Options	s	Tie	red Network O	ption			
Apply Inpatient Copay per Day?		HSA/HRA Emplo	yer Contribution?	? 🗆	Tiered	Network Plan?				
Apply Skilled Nursing Facility Copay per Day?		Annual Contril	bution Amount:		1st -	Tier Utilization:	:			
Use Separate MOOP for Medical and Drug Spending?		Allifual Colletin	bation Amount.		2nd ⁻	Tier Utilization:				
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?										
Desired Metal Tier				_						
		1 Plan Benefit De				2 Plan Benefit				
	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)			\$7,500.00							
Coinsurance (%, Insurer's Cost Share)			50.00%							
MOOP (\$)			\$9,200.00							
MOOP if Separate (\$)							I			
Click Here for Important Instructions		Tie	-			_	ier 2		Tier 1	Tier 2
Click Here for important instructions	Cultinat to			C 16	Cultinate			C 16		
Type of Benefit	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different		Subject to	Subject to Coinsurance?	Coinsurance, if different	Copay, if	Copay applie	
Medical	✓ All	✓ All	amerent	separate	✓ All	✓ All	different	separate	deduct	All
Emergency Room Services	V AII	V			✓ All	V All				
All Inpatient Hospital Services (inc. MH/SUD)	V	<u>v</u>			<u>~</u>	<u>~</u>				
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and										
X-rays)				\$50.00	✓	~				
Specialist Visit				\$100.00	~	V				
Mental/Behavioral Health and Substance Use Disorder Outpatient	***************************************				-					
Services				\$50.00	✓	~				
Imaging (CT/PET Scans, MRIs)	V	v			~	7				
Speech Therapy				\$50.00	V	V				
Occupational and Physical Therapy				\$50.00	~	~				
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services	V	V			✓	V				
X-rays and Diagnostic Imaging	>	~			✓	'				
Skilled Nursing Facility	>	~			✓	V				
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	V	V			V	V				
Outpatient racinty ree (e.g., Ambulatory Surgery Center)										
Outpatient Surgery Physician/Surgical Services	V	~			~	V				
Drugs	✓ All	✓ All			✓ All	✓ All			☐ All	All
Generics				\$25.00	~	'				
Preferred Brand Drugs	<u> </u>			\$50.00	V	V			V	
Non-Preferred Brand Drugs	>			\$100.00	V	V			<u> </u>	
Specialty Drugs (i.e. high-cost)	V			\$500.00	V	~			>	
Options for Additional Benefit Design Limits:		7	Plan Description							
Set a Maximum on Specialty Rx Coinsurance Payments?			Name:	Bronze Classic S		e)				
Specialty Rx Coinsurance Maximum:			Plan HIOS ID:	11574IL0010050						
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:	11574						
# Days (1-10):			AVC Version:	2025_1a						
Begin Primary Care Cost-Sharing After a Set Number of Visits? #Visits (1-10):										
Begin Primary Care Deductible/Coinsurance After a Set Number of		-								
Copays?										
# Copays (1-10):										
Output # copays (1-10).		<u>j</u>								
Calculate										
Status/Error Messages:	Expanded Bronze	Standard (58% to	o 65%), Calculatio	on Successful						
Actuarial Value:	63.81%	10110010 (50/0 (1	- 15/5/, Calculation	Jacobssiai.						
Metal Tier:	Bronze									
***************************************		it-specific cost-sh	aring is applying	to x-ravs in office	e settings.					
Additional Notes:		,	0	,						
Calculation Time:	0.3594 seconds									
Final 2025 AV Calculator										

User Inputs for Plan Parameters										
Use Integrated Medical and Drug Deductible?	✓		HSA/HRA Options	s	Tie	red Network O	ption			
Apply Inpatient Copay per Day?		HSA/HRA Emplo	yer Contribution?	? 🗆	Tiered	Network Plan?				
Apply Skilled Nursing Facility Copay per Day?		Annual Contril	bution Amount:		1st ⁻	Tier Utilization:	:			
Use Separate MOOP for Medical and Drug Spending?		Annual Contin	oution Amount.		2nd ⁻	Tier Utilization:				
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?										
Desired Metal Tier				_						
		1 Plan Benefit De				2 Plan Benefit				
	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)			\$7,500.00							
Coinsurance (%, Insurer's Cost Share)			50.00%							
MOOP (\$)			\$9,200.00							
MOOP if Separate (\$)							I			
Click Here for Important Instructions		Tie				_	ier 2		Tier 1	Tier 2
Click Here for important instructions	Cultinate			C 16	Cultinate			C 16		
Type of Benefit	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different		Subject to	Subject to Coinsurance?	Coinsurance, if different	Copay, if	Copay applie	
Medical	✓ All	✓ All	amerent	separate	✓ All	✓ All	different	separate	deduct	All
Emergency Room Services	▼ All	V			✓ All	V All				
All Inpatient Hospital Services (inc. MH/SUD)	V	V			<u>~</u>	<u>~</u>				
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and		<u> </u>								
X-rays)				\$50.00	✓	~				
Specialist Visit				\$100.00	~	V				
Mental/Behavioral Health and Substance Use Disorder Outpatient	***************************************				-					
Services				\$50.00	✓	~				
Imaging (CT/PET Scans, MRIs)	~	V			~	7				
Speech Therapy				\$50.00	V	V				
Occupational and Physical Therapy				\$50.00	~	~				
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services	>	>			✓	V				
X-rays and Diagnostic Imaging	•	~			✓	'				
Skilled Nursing Facility	>	V			✓	V				
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	V	V			V	V				
Outpatient racinty ree (e.g., Ambulatory Surgery Center)										
Outpatient Surgery Physician/Surgical Services	Y	~			~	V				
Drugs	✓ All	✓ All			✓ All	✓ All			☐ All	All
Generics				\$25.00	~	'				
Preferred Brand Drugs	<u> </u>			\$50.00	V	V			V	
Non-Preferred Brand Drugs	>			\$100.00	V	V			<u> </u>	
Specialty Drugs (i.e. high-cost)	V			\$500.00	V	~			>	
Options for Additional Benefit Design Limits:		a	Plan Description							
Set a Maximum on Specialty Rx Coinsurance Payments?			Name:	Bronze Classic S		e)				
Specialty Rx Coinsurance Maximum:			Plan HIOS ID:	11574IL0010050						
Set a Maximum Number of Days for Charging an IP Copay?	Ш		Issuer HIOS ID:	11574						
# Days (1-10):		4	AVC Version:	2025_1a						
Begin Primary Care Cost-Sharing After a Set Number of Visits? #Visits (1-10):										
Begin Primary Care Deductible/Coinsurance After a Set Number of		1								
Copays?										
# Copays (1-10):										
Output		1								
Calculate										
Status/Error Messages:	Expanded Bronze	e Standard (58% to	o 65%). Calculatio	on Successful						
Actuarial Value:	63.81%	1000.0 (50/0 (- 15/0/, Carcaratio	Jacobssiai.						
Metal Tier:	Bronze									
metal nen		it-specific cost-sh	aring is applying	to x-rays in office	e settings.					
Additional Notes:			0	,						
Calculation Time:	0.3438 seconds									
Final 2025 AV Calculator										

User Inputs for Plan Parameters										
Use Integrated Medical and Drug Deductible?			HSA/HRA Options	s	Tie	red Network C	ption			
Apply Inpatient Copay per Day?		HSA/HRA Emplo	yer Contribution?	? 🗌	Tiered	Network Plan	? 🗆			
Apply Skilled Nursing Facility Copay per Day?		Annual Contril	bution Amount:		1st -	Γier Utilization	:			
Use Separate MOOP for Medical and Drug Spending?		Allifual Colletin	bation Amount.		2nd ⁻	Γier Utilization	:			
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?										
Desired Metal Tier				_						
		1 Plan Benefit De				2 Plan Benefit				
	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)			\$5,000.00							
Coinsurance (%, Insurer's Cost Share)			60.00%							
MOOP (\$)			\$8,000.00							
MOOP if Separate (\$)										
Click Here for Important Instructions		Tie	or 1			Т	ier 2		Tier 1	Tier 2
	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to		Coinsurance, if	Copay, if	Copay applies	
Type of Benefit	Deductible?	Coinsurance?	different	separate	-	Coinsurance?		separate	deducti	
Medical	✓ All	✓ All			✓ All	✓ All			☐ All	All
Emergency Room Services		~			<u> </u>	V				
All Inpatient Hospital Services (inc. MH/SUD)	<u> </u>	<u> </u>			~	~				
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and									_	
X-rays)				\$40.00	~	✓				
Specialist Visit				\$80.00	V	~				
Mental/Behavioral Health and Substance Use Disorder Outpatient				440.00	_	_				
Services				\$40.00	~	✓				
Imaging (CT/PET Scans, MRIs)	~	~			✓	✓				
Speech Therapy				\$40.00	>	~				
				\$40.00	✓	✓				П
Occupational and Physical Therapy				\$40.00		•				
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services	>	V			V	✓				
X-rays and Diagnostic Imaging	Y	~			V	▽				
Skilled Nursing Facility	V	V			>	~				
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	•	•			✓	✓				
Outpatient Surgery Physician/Surgical Services	V	V			~	V				
Drugs	✓ All	✓ All			✓ All	✓ All			☐ All	All
Generics				\$20.00	▼ Aii	<u> </u>				
Preferred Brand Drugs				\$40.00	<u> </u>	<u> </u>				
Non-Preferred Brand Drugs	7			\$80.00	_ 				<u> </u>	
Specialty Drugs (i.e. high-cost)	7	П		\$350.00		_ _			<u> </u>	
Options for Additional Benefit Design Limits:	_		Plan Description							
Set a Maximum on Specialty Rx Coinsurance Payments?		1	Name:	Silver Classic St	andard (Choice)				
Specialty Rx Coinsurance Maximum:			Plan HIOS ID:	11574IL0010052		•				
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:	11574						
# Days (1-10):			AVC Version:	2025 1a						
Begin Primary Care Cost-Sharing After a Set Number of Visits?				_						
# Visits (1-10):										
Begin Primary Care Deductible/Coinsurance After a Set Number of										
Copays?										
# Copays (1-10):										
Output		_								
Calculate										
Status/Error Messages:	Calculation Succe	essful.								
Actuarial Value:	70.01%									
Metal Tier:	Silver									
	NOTE: Office-vis	it-specific cost-sh	aring is applying	to x-rays in office	e settings.					
Additional Notes:										
Calculation Time:	0.0781 seconds									
Final 2025 AV Calculator										

User Inputs for Plan Parameters										
Use Integrated Medical and Drug Deductible?	>		HSA/HRA Option	s	Tie	red Network (Option			
Apply Inpatient Copay per Day?		HSA/HRA Emplo	yer Contribution	? 🗌	Tiered	Network Plan	? 🗌			
Apply Skilled Nursing Facility Copay per Day?		Annual Cantri	bution Amount		1st 7	ier Utilization	1:			
Use Separate MOOP for Medical and Drug Spending?		Annual Contri	bution Amount:		2nd 7	ier Utilization	:			
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?										
Desired Metal Tier										
	Tier	1 Plan Benefit De	esign		Tier	2 Plan Benefit	Design			
	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)		Ţ.	\$5,000.00			J				
Coinsurance (%, Insurer's Cost Share)			60.00%							
MOOP (\$)			\$8,000.00							
MOOP if Separate (\$)			+0,000.00	_1						
			_							
Click Here for Important Instructions		Tie	er 1			1	ier 2		Tier 1	Tier 2
	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to		Coinsurance, if	Copay, if	Copay applie	
Type of Benefit	Deductible?	Coinsurance?	different	separate	_	Coinsurance		separate	deduct	
Medical	✓ All	✓ All			✓ All	✓ All		·	☐ All	☐ All
Emergency Room Services	>	~			~	▽				
All Inpatient Hospital Services (inc. MH/SUD)	~	~			~	~				
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and	_	_							_	
X-rays)				\$40.00	✓	~				
Specialist Visit				\$80.00	~	~				
Mental/Behavioral Health and Substance Use Disorder Outpatient		***************************************								
Services				\$40.00	✓	~				
Imaging (CT/PET Scans, MRIs)	v	V			~	✓				
Speech Therapy				\$40.00	<u> </u>	~				
										······································
Occupational and Physical Therapy				\$40.00	~	~				
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services	~	<u> </u>	100/0	ψυ.σσ		<u> </u>	100/0	ψο.σσ		
X-rays and Diagnostic Imaging	<u> </u>	<u> </u>	***************************************			<u> </u>				
Skilled Nursing Facility	V					Z				Ä
					~					
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	✓	~			✓	~				
Outpatient Surgery Physician/Surgical Services	V	V			~	~				
Drugs	✓ All	✓ All			✓ All	✓ All			□ All	All
Generics				\$20.00	V	<u> </u>				
Preferred Brand Drugs				\$40.00						Ä
Non-Preferred Brand Drugs	~			\$80.00		_			<u> </u>	
Specialty Drugs (i.e. high-cost)	~			\$350.00		_			<u> </u>	Ä
Options for Additional Benefit Design Limits:			Plan Description							
Set a Maximum on Specialty Rx Coinsurance Payments?	П	1	Name:	Silver Classic St	tandard (Choice	1				
Specialty Rx Coinsurance Maximum:			Plan HIOS ID:	11574IL0010052		,				
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:	11574120010032						
# Days (1-10):			AVC Version:	2025_1a	•					
Begin Primary Care Cost-Sharing After a Set Number of Visits?			Ave version.	2025_10						
#Visits (1-10):										
Begin Primary Care Deductible/Coinsurance After a Set Number of	П									
Copays?										
# Copays (1-10):										
Output		1								
Calculate										
Status/Error Messages:	Calculation Succe	eeful								
Actuarial Value:	70.01%									
Metal Tier:	70.01% Silver									
WETAL HEL.	NOTE: Office-visi	t-specific cost sh	aring is applying	to v-rays in office	a cattings					
Additional Notes:	INGIL. OTTICE-VISI	a specific cost-si	idi ing is applyllig	Co x-rays in Office	c settings.					
Additional Notes:										
Calculation Time:	0.0938 seconds									
Final 2025 AV Calculator										

User Inputs for Plan Parameters										
Use Integrated Medical and Drug Deductible?	✓		HSA/HRA Option	s	Tie	red Network O	ption			
Apply Inpatient Copay per Day?		HSA/HRA Emplo	yer Contribution	? 🗌	Tiered	Network Plan?	· 🗆			
Apply Skilled Nursing Facility Copay per Day?		Annual Contril	bution Amount:		1st	Tier Utilization	:			
Use Separate MOOP for Medical and Drug Spending?		Allitual Colletin	button Amount.		2nd	Tier Utilization	:			
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?										
Desired Metal Tier	Silver ▼									
	Tier	1 Plan Benefit De	esign		Tier	2 Plan Benefit	Design			
	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)		j	\$5,000.00			ű				
Coinsurance (%, Insurer's Cost Share)			60.00%							
MOOP (\$)			\$8,000.00							
MOOP if Separate (\$)			, , , , , , , , ,							
			•							
Click Here for Important Instructions		Tie	r 1			Т	ier 2		Tier 1	Tier 2
	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	Subject to	Coinsurance, if	Copay, if	Copay applie	
Type of Benefit	Deductible?	Coinsurance?	different	separate		Coinsurance?		separate	deduct	
Medical	✓ All	✓ All	umerent	oc parace	✓ All	✓ All	uniterent	Separate	☐ All	☐ All
Emergency Room Services	✓	✓			~	✓				
All Inpatient Hospital Services (inc. MH/SUD)	✓	<u>.</u>			V	<u> </u>				
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and										
X-rays)				\$40.00	✓	✓				
Specialist Visit				\$80.00	V	~				
Mental/Behavioral Health and Substance Use Disorder Outpatient				\$60.00		(*)				
				\$40.00	✓	✓				
Services	✓	V				V				
Imaging (CT/PET Scans, MRIs)				440.00						
Speech Therapy				\$40.00	~	∨				
0 1 1 1 1 1				\$40.00	✓	✓				
Occupational and Physical Therapy			1000/	40.00				40.00		
Preventive Care/Screening/Immunization			100%	\$0.00	□ □		100%	\$0.00		
Laboratory Outpatient and Professional Services	<u> </u>	<u> </u>								
X-rays and Diagnostic Imaging	V	V		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	V	V				
Skilled Nursing Facility	V	V			V	~				
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	~	~			~	✓				
Outration Communication (Commission Commission Commissi	V	<u> </u>				V				
Outpatient Surgery Physician/Surgical Services	✓ All	✓ All				✓ All			□ All	All
Drugs	All	All		ć20.00	✓ All	✓ All				All
Generics				\$20.00 \$40.00	V	~				
Preferred Brand Drugs	<u> </u>					∨			✓ ✓	
Non-Preferred Brand Drugs				\$80.00		<u>~</u>			<u> </u>	
Specialty Drugs (i.e. high-cost)	•			\$350.00	V	<u> </u>			V	
Options for Additional Benefit Design Limits:		1	Plan Description							
Set a Maximum on Specialty Rx Coinsurance Payments?			Name:	Silver Classic St		2)				
Specialty Rx Coinsurance Maximum:			Plan HIOS ID:	11574IL0010052						
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:	11574	1					
# Days (1-10):			AVC Version:	2025_1a						
Begin Primary Care Cost-Sharing After a Set Number of Visits?										
# Visits (1-10):										
Begin Primary Care Deductible/Coinsurance After a Set Number of										
Copays?										
# Copays (1-10):]								
Output										
Calculate										
Status/Error Messages:	Calculation Succe	essful.								
Actuarial Value:	70.01%									
Metal Tier:	Silver									
	NOTE: Office-vis	it-specific cost-sh	aring is applying	to x-rays in office	e settings.					
Additional Notes:										
Calculation Time:	0.0625 seconds									
Final 2025 AV Calculator										

User Inputs for Plan Parameters										
Use Integrated Medical and Drug Deductible?	✓	I	HSA/HRA Options	s	Tie	red Network O	ption			
Apply Inpatient Copay per Day?		HSA/HRA Employ	yer Contribution?	? 🗌	Tiered	Network Plan?				
Apply Skilled Nursing Facility Copay per Day?		Annual Cantrib	oution Amount:		1st 7	Γier Utilization				
Use Separate MOOP for Medical and Drug Spending?		Annual Contrit	oution Amount:		2nd 1	Γier Utilization	:			
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	✓									
Desired Metal Tier										
	Tier	1 Plan Benefit De	esign		Tier	2 Plan Benefit	Design			
	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)		ű	\$3,000.00			Ţ.				
Coinsurance (%, Insurer's Cost Share)			60.00%							
MOOP (\$)			\$6,400.00			•				
MOOP if Separate (\$)			1.7							
			•				•			
Click Here for Important Instructions		Tie	r 1			Т	ier 2		Tier 1	Tier 2
	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to		Coinsurance, if	Copay, if	Copay applies	
Type of Benefit	Deductible?	Coinsurance?	different	separate		Coinsurance?		separate	deducti	-
Medical	✓ All	✓ All	unicient	oc parace	✓ All	✓ All	uniciciii	Separate	☐ All	All
Emergency Room Services	<u> </u>	<u> </u>			<u> </u>	<u> </u>				
All Inpatient Hospital Services (inc. MH/SUD)	<u> </u>	<u> </u>			V	V				
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and										
X-rays)				\$40.00	~	✓				
Specialist Visit				\$80.00	~	V				
Mental/Behavioral Health and Substance Use Disorder Outpatient				\$60.00						
Services				\$40.00	~	~				
	v	V			~	~				
Imaging (CT/PET Scans, MRIs)				Ć40.00						
Speech Therapy	Ш	Ш		\$40.00	y	<u> </u>				
Conventional and Dhysical Thorses				\$40.00	~	~				
Occupational and Physical Therapy			100%	\$0.00			1000/	¢0.00		
Preventive Care/Screening/Immunization	<u> </u>		100%	\$0.00	∠	✓	100%	\$0.00		
Laboratory Outpatient and Professional Services	<u>v</u>	<u>v</u>			Ž	✓				
X-rays and Diagnostic Imaging	<u> </u>	<u> </u>				✓		-		
Skilled Nursing Facility					<u> </u>	<u> </u>				
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	✓	✓			~	✓				
	V	V			~	V				
Outpatient Surgery Physician/Surgical Services										
Drugs	✓ All	✓ All		4	✓ All	✓ All			☐ All	All
Generics				\$20.00	<u> </u>	<u> </u>				
Preferred Brand Drugs	_ 			\$40.00	V	<u> </u>				
Non-Preferred Brand Drugs	<u> </u>			\$80.00	V	▽			▽	
Specialty Drugs (i.e. high-cost)	•	Ш		\$350.00	V	<u> </u>			~	
Options for Additional Benefit Design Limits:		1	Plan Description							
Set a Maximum on Specialty Rx Coinsurance Payments?			Name:	Silver Classic St		(Choice)				
Specialty Rx Coinsurance Maximum:			Plan HIOS ID:	11574IL0010052						
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:	11574	ļ.					
# Days (1-10):			AVC Version:	2025_1a						
Begin Primary Care Cost-Sharing After a Set Number of Visits?										
# Visits (1-10):										
Begin Primary Care Deductible/Coinsurance After a Set Number of										
Copays?										
# Copays (1-10):										
Output										
Calculate										
Status/Error Messages:		(200-250% FPL), (Calculation Succe	ssful.						
Actuarial Value:	73.09%									
Metal Tier:	Silver									
	NOTE: Office-vis	it-specific cost-sh	aring is applying	to x-rays in office	e settings.					
Additional Notes:										
Calculation Time:	0.0938 seconds									
Final 2025 AV Calculator										

User Inputs for Plan Parameters										
Use Integrated Medical and Drug Deductible?			HSA/HRA Options	S	Tie	red Network O	ption			
Apply Inpatient Copay per Day?		HSA/HRA Emplo	yer Contribution?		Tiered	Network Plan?	? 🗆			
Apply Skilled Nursing Facility Copay per Day?		Annual Cantuil	bution Amount:		1st -	Γier Utilization	:			
Use Separate MOOP for Medical and Drug Spending?		Annual Contril	oution Amount:		2nd ⁻	Γier Utilization	:			
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	✓									
Desired Metal Tier	Gold ▼									
		1 Plan Benefit De	esign		Tier	2 Plan Benefit	Design			
	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)		j	\$500.00			j				
Coinsurance (%, Insurer's Cost Share)			70.00%							
MOOP (\$)			\$3,000.00							
MOOP if Separate (\$)			, , , , , , , , ,	_						
			•			•	-			
Click Here for Important Instructions		Tie	r 1			Т	ier 2		Tier 1	Tier 2
	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	Subject to	Coinsurance, if	Copay, if	Copay applie	s only after
Type of Benefit	Deductible?	Coinsurance?	different	separate	_	Coinsurance?		separate	deduct	
Medical	✓ All	✓ All	uniciciii	se parace	✓ All	✓ All	uniciciii	Separate	☐ All	All
Emergency Room Services	✓	✓			✓	<u> </u>				
All Inpatient Hospital Services (inc. MH/SUD)	✓	<u> </u>			<u> </u>	<u> </u>				
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and										
				\$20.00	✓	✓				
X-rays)				\$40.00	~	~				
Specialist Visit		Ш		\$40.00		(*)				
Mental/Behavioral Health and Substance Use Disorder Outpatient				\$20.00	✓	✓				
Services	V	V			~	~				
Imaging (CT/PET Scans, MRIs)				422.22						
Speech Therapy				\$20.00	~	>				
				\$20.00	✓	✓				
Occupational and Physical Therapy										
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services	<u> </u>				V	V				
X-rays and Diagnostic Imaging	<u> </u>	<u> </u>			V	V				
Skilled Nursing Facility	V	V			~	V				
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	~	~			▽	~				
Outpatient Surgery Physician/Surgical Services	V	~			~	~				
Drugs	✓ All	✓ All			✓ All	✓ All			☐ All	All
Generics				\$10.00	~	V				
Preferred Brand Drugs				\$20.00	V	~				
Non-Preferred Brand Drugs	>		~~~~	\$60.00	~	▽			>	
Specialty Drugs (i.e. high-cost)	~			\$250.00	~	✓			V	
Options for Additional Benefit Design Limits:		_	Plan Description	n:						
Set a Maximum on Specialty Rx Coinsurance Payments?			Name:	Silver Classic St	andard CSR 200	(Choice)				
Specialty Rx Coinsurance Maximum:			Plan HIOS ID:	11574IL0010052	-05					
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:	11574	ı					
# Days (1-10):			AVC Version:	2025_1a						
Begin Primary Care Cost-Sharing After a Set Number of Visits?										
# Visits (1-10):										
Begin Primary Care Deductible/Coinsurance After a Set Number of										
Copays?										
# Copays (1-10):										
Output		-								
Calculate										
Status/Error Messages:	CSR Level of 87%	(150-200% FPL),	Calculation Succe	ssful.						
Actuarial Value:	87.33%	. "								
Metal Tier:	Gold									
		it-specific cost-sh	aring is applying	to x-rays in office	e settings.					
Additional Notes:			0	. ,	3					
Calculation Time:	0.0625 seconds									
Final 2025 AV Calculator	0.0023 Seconds									
rmai 2023 AV Calculatui										

User Inputs for Plan Parameters										
Use Integrated Medical and Drug Deductible?	✓		HSA/HRA Options	s	Tie	red Network O	ption			
Apply Inpatient Copay per Day?		HSA/HRA Emplo	yer Contribution?	? 🗆	Tiered	Network Plan?				
Apply Skilled Nursing Facility Copay per Day?		Annual Contril	bution Amount:		1st ⁻	Tier Utilization:	:			
Use Separate MOOP for Medical and Drug Spending?		Annual Contin	oution Amount.		2nd ⁻	Tier Utilization:				
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	✓									
Desired Metal Tier	Platinum ▼			_						
		1 Plan Benefit De				2 Plan Benefit				
	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)			\$0.00							
Coinsurance (%, Insurer's Cost Share)			75.00%							
MOOP (\$)			\$2,000.00							
MOOP if Separate (\$)			ı							
Click Here for Important Instructions		Tie	or 1			Ti	er 2		Tier 1	Tier 2
	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	Subject to	Coinsurance, if	Copay, if	Copay applie	
Type of Benefit	Deductible?	Coinsurance?	different	separate	_	Coinsurance?		separate	deduct	
Medical	✓ All	✓ All			✓ All	✓ All			☐ All	☐ All
Emergency Room Services		~			~	V				
All Inpatient Hospital Services (inc. MH/SUD)		V			~	v				
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and										
X-rays)				\$0.00	✓	~				
Specialist Visit				\$10.00	✓	V				
Mental/Behavioral Health and Substance Use Disorder Outpatient				¢0.00	_					
Services				\$0.00	✓	~				
Imaging (CT/PET Scans, MRIs)		~			✓	~				
Speech Therapy				\$0.00	~	~				
				\$0.00	✓	~				
Occupational and Physical Therapy										
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services					<u> </u>	<u> </u>				
X-rays and Diagnostic Imaging		<u> </u>			V	V				
Skilled Nursing Facility		V			~	V				
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)		~			✓	•				
Outpatient Surgery Physician/Surgical Services		V			✓	7				
Drugs	✓ All	✓ All			✓ All	✓ All			☐ All	All
Generics				\$0.00	~	V				
Preferred Brand Drugs				\$15.00	V	~				
Non-Preferred Brand Drugs				\$50.00	✓	V				
Specialty Drugs (i.e. high-cost)				\$150.00	✓	V				
Options for Additional Benefit Design Limits:			Plan Description	n:						
Set a Maximum on Specialty Rx Coinsurance Payments?			Name:	Silver Classic St	andard CSR 150	(Choice)				
Specialty Rx Coinsurance Maximum:			Plan HIOS ID:	11574IL0010052	!-06					
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:	11574	ı					
# Days (1-10):			AVC Version:	2025_1a						
Begin Primary Care Cost-Sharing After a Set Number of Visits?										
# Visits (1-10):										
Begin Primary Care Deductible/Coinsurance After a Set Number of	Ш									
Copays?										
# Copays (1-10):]								
Output Calculate										
	CSB Lovel of 040/	/100 1E00/ EDI \ /	Calculation Succe	ccful						
Status/Error Messages: Actuarial Value:	94.14%	(100-130% FPL), (carcuration succe	oorui.						
Metal Tier:	94.14% Platinum									
ivictal fici.		ecific cost-sharin	g is anniving for	service(s) with fa	c/prof compon	ents overridin	g outpatient input	ts for those se	rvice(s)	
Additional Notes:		.come cost-snallli	P 13 abbiling 101 s	.c. vicc(3) with Id	s, pror compon	cs, overnam	o outputient mpu	is for those ser	(3).	
Additional Notes.										
Calculation Time:	0.0469 seconds									
Final 2025 AV Calculator	5.5-103 Secorius									

User Inputs for Plan Parameters										
Use Integrated Medical and Drug Deductible?	✓		HSA/HRA Options	s	Tie	red Network O	ption			
Apply Inpatient Copay per Day?		HSA/HRA Employ	yer Contribution	? 🗌	Tiered	Network Plan?				
Apply Skilled Nursing Facility Copay per Day?					1st T	ier Utilization:				
Use Separate MOOP for Medical and Drug Spending?		Annual Contrib	oution Amount:		2nd T	ier Utilization:				
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?										
Desired Metal Tier				=						
		1 Plan Benefit De				2 Plan Benefit I				
	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)			\$1,500.00							
Coinsurance (%, Insurer's Cost Share)			75.00%							
MOOP (\$)			\$7,800.00							
MOOP if Separate (\$)										
Click Here for Important Instructions		Tie	1			T:	er 2		Tier 1	Tier 2
Click Here for important instructions	Subject to	Subject to	Coinsurance, if	Comou if	Subject to		Coinsurance, if	Conou if	Copay applie	
Type of Benefit	Deductible?	Coinsurance?	different	Copay, if separate		Coinsurance?	different	Copay, if separate	deduct	
Medical	✓ All	✓ All	unierent	separate	✓ All	✓ All	umerent	separate	☐ All	All
Emergency Room Services	V	<u> </u>			▽ ∧::	<u> </u>				
All Inpatient Hospital Services (inc. MH/SUD)	V	V			Ž	✓				
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and										
X-rays)				\$30.00	~	✓				
Specialist Visit				\$60.00	V	7				
Mental/Behavioral Health and Substance Use Disorder Outpatient	***************************************	***************************************								
Services				\$30.00	✓	✓				
Imaging (CT/PET Scans, MRIs)	V	V			V	✓				
Speech Therapy				\$30.00	V	V				
				¢20.00	~	~				
Occupational and Physical Therapy				\$30.00						
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services	•	~			>	✓				
X-rays and Diagnostic Imaging	•	~			V	✓				
Skilled Nursing Facility	V	~			V	✓				
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	✓	•			✓	V				
Outpatient Surgery Physician/Surgical Services	v	~			V	✓				
Drugs	✓ All	✓ All			✓ All	✓ All			☐ All	☐ All
Generics			-	\$15.00	V	V				
Preferred Brand Drugs				\$30.00	V	✓				
Non-Preferred Brand Drugs				\$60.00	V	✓				
Specialty Drugs (i.e. high-cost)				\$250.00	✓	✓				
Options for Additional Benefit Design Limits:			Plan Description	1:						
Set a Maximum on Specialty Rx Coinsurance Payments?			Name:	Gold Classic Sta	indard (Choice)					
Specialty Rx Coinsurance Maximum:			Plan HIOS ID:	11574IL0010053						
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:	11574	ļ					
# Days (1-10):			AVC Version:	2025_1a						
Begin Primary Care Cost-Sharing After a Set Number of Visits? #Visits (1-10):										
Begin Primary Care Deductible/Coinsurance After a Set Number of										
Copays?										
# Copays (1-10):										
Output										
Calculate										
Status/Error Messages:	Calculation Succe	ssful.								
Actuarial Value:	78.06%									
Metal Tier:	Gold									
	NOTE: Office-visi	t-specific cost-sh	aring is applying	to x-rays in office	e settings.					
Additional Notes:										
Calculation Time:	0.0625 seconds									
Final 2025 AV Calculator										

User Inputs for Plan Parameters										
Use Integrated Medical and Drug Deductible?	✓		HSA/HRA Options	s	Tie	red Network O	ption			
Apply Inpatient Copay per Day?		HSA/HRA Employ	yer Contribution	? 🗌	Tiered	Network Plan?				
Apply Skilled Nursing Facility Copay per Day?					1st T	ier Utilization:				
Use Separate MOOP for Medical and Drug Spending?		Annual Contrib	oution Amount:		2nd T	ier Utilization:				
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?										
Desired Metal Tier				=						
		1 Plan Benefit De				2 Plan Benefit I	_			
	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)			\$1,500.00							
Coinsurance (%, Insurer's Cost Share)			75.00%							
MOOP (\$)			\$7,800.00							
MOOP if Separate (\$)										
Click Here for Important Instructions		Tie	1			T:	er 2		Tier 1	Tier 2
Click Here for important instructions	Cultinata			C 16	Cultivate to			C 16		
Type of Benefit	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different		Subject to	Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applie deduct	
Medical	✓ All	✓ All	amerent	separate	✓ All	✓ All	amerent	separate	☐ All	All
Emergency Room Services	V	<u> </u>			▽ ∧::	<u> </u>				
All Inpatient Hospital Services (inc. MH/SUD)	V	V			Ž	✓				
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and										
X-rays)				\$30.00	~	✓				
Specialist Visit				\$60.00	V	7				
Mental/Behavioral Health and Substance Use Disorder Outpatient	***************************************	***************************************								
Services				\$30.00	~	✓				
Imaging (CT/PET Scans, MRIs)	V	v			V	~				
Speech Therapy				\$30.00	V	V				
				\$30.00	~	✓				
Occupational and Physical Therapy										
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services	~	V			>	✓				
X-rays and Diagnostic Imaging	~	~			>	✓				
Skilled Nursing Facility	V	V			>	~				
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	~	•			✓	✓				
Outpatient Surgery Physician/Surgical Services	✓	•			V	✓				
Drugs	✓ All	✓ All			✓ All	✓ All			☐ All	All
Generics				\$15.00	V	V				
Preferred Brand Drugs				\$30.00	V	v				
Non-Preferred Brand Drugs				\$60.00	~	✓				
Specialty Drugs (i.e. high-cost)				\$250.00	>	>				
Options for Additional Benefit Design Limits:			Plan Description	n:						
Set a Maximum on Specialty Rx Coinsurance Payments?			Name:	Gold Classic Sta						
Specialty Rx Coinsurance Maximum:			Plan HIOS ID:	11574IL0010053						
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:	11574						
# Days (1-10):			AVC Version:	2025_1a						
Begin Primary Care Cost-Sharing After a Set Number of Visits? #Visits (1-10):										
Begin Primary Care Deductible/Coinsurance After a Set Number of										
Copays?										
# Copays (1-10):										
Output										
Calculate										
Status/Error Messages:	Calculation Succe	ssful.								
Actuarial Value:	78.06%									
Metal Tier:	Gold									
	NOTE: Office-visi	t-specific cost-sh	aring is applying	to x-rays in office	e settings.					
Additional Notes:					-					
Calculation Time:	0.0781 seconds									
Final 2025 AV Calculator	2.37.02.30001103									

User Inputs for Plan Parameters										
Use Integrated Medical and Drug Deductible?	✓		HSA/HRA Option	s		red Network C				
Apply Inpatient Copay per Day?		HSA/HRA Emplo	yer Contribution	? 🗌	Tiered	Network Plan	? 🗆			
Apply Skilled Nursing Facility Copay per Day?		Annual Contri	bution Amount:		1st 7	ier Utilization	:			
Use Separate MOOP for Medical and Drug Spending?		Allitual Colletti	bution Amount.		2nd 1	ier Utilization	:			
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?										
Desired Metal Tier	Gold ▼									
	Tier	1 Plan Benefit De	esign		Tier	2 Plan Benefit	Design			
	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)			\$1,500.00							
Coinsurance (%, Insurer's Cost Share)			75.00%							
MOOP (\$)			\$7,800.00							
MOOP if Separate (\$)			\$7,000.00	_						
moor in separate (4)			-				-			
Click Here for Important Instructions		Tie	or 1			Т	ier 2		Tier 1	Tier 2
	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to		Coinsurance, if	Copay, if	Copay applies	
Type of Benefit	Deductible?	Coinsurance?	different	separate	-	Coinsurance?		separate	deducti	
Medical	✓ All	✓ All	direcent	3c parate	✓ All	✓ All	unicicii	Separate	☐ All	All
Emergency Room Services	V	V			▽	<u>✓</u>				
All Inpatient Hospital Services (inc. MH/SUD)	V	V			v v	✓				
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and						<u>~</u>				
				\$30.00	✓	▽				
X-rays)				450.00	~	~				
Specialist Visit				\$60.00						
Mental/Behavioral Health and Substance Use Disorder Outpatient				\$30.00	$\overline{\mathbf{v}}$	~				
Services					~					
Imaging (CT/PET Scans, MRIs)	V	V	***************************************							
Speech Therapy				\$30.00	~	<u> </u>				
				\$30.00	▽	✓				
Occupational and Physical Therapy										
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services	~	~			>	'				
X-rays and Diagnostic Imaging	>	~			✓	~				
Skilled Nursing Facility	>	✓			~	~				
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	•	~			✓	~				
Outpatient racinty ree (e.g., Ambulatory Surgery Center)										
Outpatient Surgery Physician/Surgical Services	>	~			>	>				
Drugs	✓ All	✓ All			✓ All	✓ All			☐ All	All
Generics				\$15.00	✓	v				
Preferred Brand Drugs				\$30.00	V	v				
Non-Preferred Brand Drugs				\$60.00	✓	✓				
Specialty Drugs (i.e. high-cost)				\$250.00	✓	✓				
Options for Additional Benefit Design Limits:			Plan Description	n:						
Set a Maximum on Specialty Rx Coinsurance Payments?		1	Name:	Gold Classic Sta	indard (Choice)					
Specialty Rx Coinsurance Maximum:			Plan HIOS ID:	11574IL0010053	-03					
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:	11574	1					
# Days (1-10):			AVC Version:	2025 1a						
Begin Primary Care Cost-Sharing After a Set Number of Visits?										
#Visits (1-10):										
Begin Primary Care Deductible/Coinsurance After a Set Number of	П									
Copays?										
# Copays (1-10):										
Output "Copays (1 10).		1								
Calculate										
Status/Error Messages:	Calculation Succe	essful								
Actuarial Value:	78.06%	:331 UI.								
Metal Tier:	Gold	ik anasifiasart -l-	anina ia anni. :	**						
	NOTE: Office-vis	it-specific cost-sr	iai iiig is appiying	to x-rays in office	e settings.					
Additional Notes:										
	0.0781 seconds									
Final 2025 AV Calculator										

User Inputs for Plan Parameters										
Use Integrated Medical and Drug Deductible?	✓		HSA/HRA Options	s	Tie	red Network O	ption			
Apply Inpatient Copay per Day?		HSA/HRA Emplo	yer Contribution?	? 🗆	Tiered	Network Plan?				
Apply Skilled Nursing Facility Copay per Day?		Annual Contril	bution Amount:		1st ⁻	Tier Utilization:				
Use Separate MOOP for Medical and Drug Spending?		Allifual Colletin	oution Amount.		2nd ⁻	Tier Utilization:				
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?										
Desired Metal Tier				_						
		1 Plan Benefit De				2 Plan Benefit				
	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)			\$7,500.00							
Coinsurance (%, Insurer's Cost Share)			50.00%							
MOOP (\$)			\$9,200.00							
MOOP if Separate (\$)										
Click Here for Important Instructions		Tie				_	er 2		Tier 1	Tier 2
Click Here for important instructions	Cultinate			C 16	Cultinate			C 16		
Type of Benefit	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different		Subject to	Subject to Coinsurance?	Coinsurance, if different	Copay, if	Copay applie	
Medical	✓ All	✓ All	amerent	separate	✓ All	✓ All	amerent	separate	deduct	All
Emergency Room Services	▼ All	V			✓ All	V All				
All Inpatient Hospital Services (inc. MH/SUD)	V	<u>v</u>			<u>~</u>	<u>~</u>				
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and										
X-rays)				\$50.00	✓	~				
Specialist Visit				\$100.00	~	V				
Mental/Behavioral Health and Substance Use Disorder Outpatient	***************************************				-					
Services				\$50.00	✓	~				
Imaging (CT/PET Scans, MRIs)	~	v			~	7				
Speech Therapy				\$50.00	V	V				
Occupational and Physical Therapy				\$50.00	~	~				
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services	>	V			✓	V				
X-rays and Diagnostic Imaging	•	~			✓	'				
Skilled Nursing Facility	>	~			✓	V				
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	V	V			V	V				
Outpatient racinty ree (e.g., Ambulatory Surgery Center)										
Outpatient Surgery Physician/Surgical Services	V	~			~	V				
Drugs	✓ All	✓ All			✓ All	✓ All			☐ All	All
Generics				\$25.00	~	'				
Preferred Brand Drugs	<u> </u>			\$50.00	V	V			V	
Non-Preferred Brand Drugs	>			\$100.00	V	V			<u> </u>	
Specialty Drugs (i.e. high-cost)	V			\$500.00	V	~			>	
Options for Additional Benefit Design Limits:		7	Plan Description							
Set a Maximum on Specialty Rx Coinsurance Payments?			Name:	Bronze Classic S		t)				
Specialty Rx Coinsurance Maximum:			Plan HIOS ID:	11574IL0020050						
Set a Maximum Number of Days for Charging an IP Copay?	Ш		Issuer HIOS ID:	11574						
# Days (1-10):			AVC Version:	2025_1a						
Begin Primary Care Cost-Sharing After a Set Number of Visits? #Visits (1-10):										
Begin Primary Care Deductible/Coinsurance After a Set Number of		-								
Copays?										
# Copays (1-10):										
Output		<u>j</u>								
Calculate										
Status/Error Messages:	Expanded Bronze	e Standard (58% to	o 65%). Calculatio	n Successful						
Actuarial Value:	63.81%	10110010 (50/0 (1	- 15/0/, Carcaratio	Jaccessiai.						
Metal Tier:	Bronze									
metal nen		it-specific cost-sh	aring is applying	to x-rays in office	e settings.					
Additional Notes:		,	0	,						
Calculation Time:	0.4375 seconds									
Final 2025 AV Calculator										

User Inputs for Plan Parameters										
Use Integrated Medical and Drug Deductible?	✓		HSA/HRA Option	s	Tie	red Network O	ption			
Apply Inpatient Copay per Day?		HSA/HRA Emplo	yer Contribution	? 🗌	Tiered	Network Plan?				
Apply Skilled Nursing Facility Copay per Day?		Annual Contril	bution Amount:		1st -	Tier Utilization:	:			
Use Separate MOOP for Medical and Drug Spending?		Allifual Colletin	bation Amount.		2nd ⁻	Tier Utilization:				
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?										
Desired Metal Tier				_						
		1 Plan Benefit De				2 Plan Benefit				
	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)			\$7,500.00							
Coinsurance (%, Insurer's Cost Share)			50.00%							
MOOP (\$)			\$9,200.00							
MOOP if Separate (\$)							I			
Click Here for Important Instructions		Tie				_	ier 2		Tier 1	Tier 2
Click Here for important instructions	Cultinate			C 16	Cultinate			C 16		
Type of Benefit	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different		Subject to	Subject to Coinsurance?	Coinsurance, if different	Copay, if	Copay applie	
Medical	✓ All	✓ All	amerent	separate	✓ All	✓ All	different	separate	deduct	All
Emergency Room Services	▼ All	V			✓ All	V All				
All Inpatient Hospital Services (inc. MH/SUD)	V	<u>v</u>			<u>~</u>	Ž				
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and										
X-rays)				\$50.00	✓	✓				
Specialist Visit				\$100.00	~	~				
Mental/Behavioral Health and Substance Use Disorder Outpatient	***************************************				-					
Services				\$50.00	✓	✓				
Imaging (CT/PET Scans, MRIs)	~	v			~	7				
Speech Therapy				\$50.00	V	y				
Occupational and Physical Therapy				\$50.00	~	~				
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services	>	V			✓	~				
X-rays and Diagnostic Imaging	•	~			✓	✓				
Skilled Nursing Facility	>	~			✓	✓				
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	V	V			V	v				
Outpatient racinty ree (e.g., Ambulatory Surgery Center)										
Outpatient Surgery Physician/Surgical Services	V	~			~	y				
Drugs	✓ All	✓ All			✓ All	✓ All			☐ All	All
Generics				\$25.00	~	∨				
Preferred Brand Drugs	<u> </u>			\$50.00	V	V			V	
Non-Preferred Brand Drugs	>			\$100.00	V	V			V	
Specialty Drugs (i.e. high-cost)	V			\$500.00	V	✓			•	
Options for Additional Benefit Design Limits:		7	Plan Description							
Set a Maximum on Specialty Rx Coinsurance Payments?			Name:	Bronze Classic S		it)				
Specialty Rx Coinsurance Maximum:			Plan HIOS ID:	11574IL0020050						
Set a Maximum Number of Days for Charging an IP Copay?	Ш		Issuer HIOS ID:	11574						
# Days (1-10):			AVC Version:	2025_1a						
Begin Primary Care Cost-Sharing After a Set Number of Visits? #Visits (1-10):										
Begin Primary Care Deductible/Coinsurance After a Set Number of		-								
Copays?										
# Copays (1-10):										
Output # copays (1-10).		<u>j</u>								
Calculate										
Status/Error Messages:	Expanded Bronze	e Standard (58% to	o 65%). Calculatio	on Successful						
Actuarial Value:	63.81%	10110010 (50/0 (1	- 15/0/, Culculation	5000055101.						
Metal Tier:	Bronze									
metal fresh		it-specific cost-sh	aring is applying	to x-rays in office	e settings.					
Additional Notes:		,	. orr./b	,						
Calculation Time:	0.4844 seconds									
Final 2025 AV Calculator										

User Inputs for Plan Parameters										
Use Integrated Medical and Drug Deductible?	✓		HSA/HRA Options	5	Tie	red Network C	Option			
Apply Inpatient Copay per Day?		HSA/HRA Emplo	yer Contribution?	· 🗆		Network Plan				
Apply Skilled Nursing Facility Copay per Day?		Annual Contril	bution Amount:			ier Utilization				
Use Separate MOOP for Medical and Drug Spending?	_				2nd 1	ier Utilization	:			
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?										
Desired Metal Tier		4.51 5 61.5		-						
		1 Plan Benefit De		_		2 Plan Benefit				
Deductible (\$)	Medical	Drug	\$7,500.00	_	Medical	Drug	Combined			
Coinsurance (%, Insurer's Cost Share)			50.00%							
MOOP (\$)			\$9,200.00							
MOOP if Separate (\$)			\$5,200.00	<u> </u>		T				
Woor in Separate (4)			•							
Click Here for Important Instructions		Tie	er 1			Т	ier 2		Tier 1	Tier 2
	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	Subject to	Coinsurance, if	Copay, if	Copay applie	
Type of Benefit	Deductible?	Coinsurance?	different	separate	-	Coinsurance?	•	separate	deduct	
Medical	✓ All	✓ All			✓ All	✓ All			☐ All	All
Emergency Room Services	~	~			~	V				
All Inpatient Hospital Services (inc. MH/SUD)	v	~			✓	V				
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and				\$50.00	~	v				
X-rays)				\$50.00						
Specialist Visit				\$100.00	∨	✓				
Mental/Behavioral Health and Substance Use Disorder Outpatient				\$50.00	~	V				
Services				Ψ30.00	~	<u>~</u>				
Imaging (CT/PET Scans, MRIs)	V	•								
Speech Therapy				\$50.00	✓	<u> </u>				
O				\$50.00	✓	✓				
Occupational and Physical Therapy	П		100%	\$0.00			100%	\$0.00		
Preventive Care/Screening/Immunization Laboratory Outpatient and Professional Services			100%	\$0.00			100%	\$0.00		
X-rays and Diagnostic Imaging	<u> </u>	<u> </u>			💆	✓				
Skilled Nursing Facility						Ž				H
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	~	~			~	✓				
Outpatient Surgery Physician/Surgical Services	V	V			~	✓				
Drugs	✓ All	✓ All			✓ All	✓ All			☐ All	All
Generics				\$25.00	V	V				
Preferred Brand Drugs	V			\$50.00	V	V			V	
Non-Preferred Brand Drugs	>			\$100.00	>	✓			~	
Specialty Drugs (i.e. high-cost)	>			\$500.00	>	~			>	
Options for Additional Benefit Design Limits:	_	1	Plan Description							
Set a Maximum on Specialty Rx Coinsurance Payments?	\sqcup		Name:	Bronze Classic S		t)				
Specialty Rx Coinsurance Maximum:			Plan HIOS ID:	11574IL0020050						
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:	11574						
# Days (1-10):			AVC Version:	2025_1a						
Begin Primary Care Cost-Sharing After a Set Number of Visits? #Visits (1-10):										
Begin Primary Care Deductible/Coinsurance After a Set Number of										
Copays?										
# Copays (1-10):										
Output		ı								
Calculate										
Status/Error Messages:	Expanded Bronze	Standard (58% to	o 65%), Calculatio	n Successful.						
Actuarial Value:	63.81%	•								
Metal Tier:	Bronze									
	NOTE: Office-visi	t-specific cost-sh	aring is applying	to x-rays in office	e settings.					
Additional Notes:										
Calculation Time:	0.4219 seconds									
Final 2025 AV Calculator										

User Inputs for Plan Parameters										
Use Integrated Medical and Drug Deductible?	✓		HSA/HRA Option	s		red Network C				
Apply Inpatient Copay per Day?		HSA/HRA Emplo	yer Contribution	? 🗌	Tiered	Network Plan	? 🗆			
Apply Skilled Nursing Facility Copay per Day?		Annual Contril	bution Amount:		1st 7	Γier Utilization	:			
Use Separate MOOP for Medical and Drug Spending?		Allitual Colltin	bution Amount.		2nd 1	Γier Utilization	:			
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?										
Desired Metal Tier	Silver ▼									
	Tier	1 Plan Benefit De	esign		Tier	2 Plan Benefit	Design			
	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)		Ţ.	\$5,000.00			Ţ.				
Coinsurance (%, Insurer's Cost Share)			60.00%							
MOOP (\$)			\$8,000.00							
MOOP if Separate (\$)			40,000.00	_1						
moor in separate (4)			-				-			
Click Here for Important Instructions		Tie	or 1			Т	ier 2		Tier 1	Tier 2
	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to		Coinsurance, if	Copay, if	Copay applies	
Type of Benefit	Deductible?	Coinsurance?	different	separate	-	Coinsurance?		separate	deducti	
Medical	✓ All	✓ All	direcent	3c parate	✓ All	✓ All	unicicii	Separate	☐ All	All
Emergency Room Services	V	<u> </u>			▽	<u>✓</u>				
All Inpatient Hospital Services (inc. MH/SUD)	V	<u>v</u>			v v	v				
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and						<u> </u>				
				\$40.00	✓	✓				
X-rays)				400.00	~	V				
Specialist Visit				\$80.00		<u>~</u>				
Mental/Behavioral Health and Substance Use Disorder Outpatient				\$40.00	$\overline{\mathbf{v}}$	▽				
Services					✓	✓				
Imaging (CT/PET Scans, MRIs)	V	_	***************************************							
Speech Therapy				\$40.00	~	<u> </u>				
				\$40.00	▽	✓				
Occupational and Physical Therapy										
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services	~	~			>	~				
X-rays and Diagnostic Imaging	>	~			✓	✓				
Skilled Nursing Facility	>	~			~	▽				
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	•	•			✓	✓				
Outpatient racinty ree (e.g., Ambulatory Surgery Center)										
Outpatient Surgery Physician/Surgical Services	>	~			>	>				
Drugs	✓ All	✓ All			✓ All	✓ All			☐ All	☐ All
Generics				\$20.00	✓	V				
Preferred Brand Drugs				\$40.00	V	V				
Non-Preferred Brand Drugs	>			\$80.00	✓	✓			~	
Specialty Drugs (i.e. high-cost)	>			\$350.00	✓	✓			~	
Options for Additional Benefit Design Limits:			Plan Description	n:						
Set a Maximum on Specialty Rx Coinsurance Payments?		1	Name:	Silver Classic St	andard (Select)	1				
Specialty Rx Coinsurance Maximum:			Plan HIOS ID:	11574IL0020052	-00					
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:	11574	ı					
# Days (1-10):			AVC Version:	2025 1a						
Begin Primary Care Cost-Sharing After a Set Number of Visits?										
#Visits (1-10):										
Begin Primary Care Deductible/Coinsurance After a Set Number of	П									
Copays?										
# Copays (1-10):										
Output "Copays (1 10).		9								
Calculate										
Status/Error Messages:	Calculation Succe	sectul								
Actuarial Value:	70.01%	: 331 UI.								
Metal Tier:	Silver	it annaifia anct -1-	anina ia anni. :	***						
	NOTE: Office-vis	it-specific cost-sh	iai iiig is appiying	to x-rays in office	e settings.					
Additional Notes:										
	0.0781 seconds									
Final 2025 AV Calculator										

User Inputs for Plan Parameters										
Use Integrated Medical and Drug Deductible?	✓		HSA/HRA Options	5	Tie	ed Network O	ption			
Apply Inpatient Copay per Day?		HSA/HRA Emplo	yer Contribution	? 🗆	Tiered	Network Plan?				
Apply Skilled Nursing Facility Copay per Day?					1st T	ier Utilization:				
Use Separate MOOP for Medical and Drug Spending?		Annual Contril	bution Amount:		2nd T	ier Utilization:				
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?										
Desired Metal Tier				=						
		1 Plan Benefit De				2 Plan Benefit I	Design			
	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)			\$5,000.00							
Coinsurance (%, Insurer's Cost Share)			60.00%							
MOOP (\$)			\$8,000.00							
MOOP if Separate (\$)										
Click Here for Important Instructions		Tie	1			T:	er 2		Tier 1	Tier 2
Click Here for important instructions	Subject to	Subject to	Coinsurance, if	Comer: if	Subject to		Coinsurance, if	Conou if	Copay applie	
Type of Benefit	Deductible?	Coinsurance?	different	Copay, if separate		Coinsurance?	different	Copay, if separate	deduct	
Medical	✓ All	✓ All	unierent	separate	✓ All	✓ All	unierent	separate	☐ All	All
Emergency Room Services	V	✓			∠ /	<u>✓</u>				
All Inpatient Hospital Services (inc. MH/SUD)	<u> </u>	<u> </u>			V	<u> </u>				
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and										
X-rays)				\$40.00	✓	✓				
Specialist Visit				\$80.00	V	v				
Mental/Behavioral Health and Substance Use Disorder Outpatient	***************************************	***************************************	******************************							
Services				\$40.00	~	✓				
Imaging (CT/PET Scans, MRIs)	>	~			~	✓				
Speech Therapy				\$40.00	>	~				
				\$40.00	~	V				
Occupational and Physical Therapy					_	—			_	_
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services	V	<u> </u>			V	V				
X-rays and Diagnostic Imaging	<u> </u>	<u> </u>			V	V				
Skilled Nursing Facility	V	~			V	V				
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	~	•			~	~				
Outpatient Surgery Physician/Surgical Services	~	~			V	~				
Drugs	✓ All	✓ All			✓ All	✓ All			☐ All	All
Generics				\$20.00	V	V				
Preferred Brand Drugs				\$40.00	V	v				
Non-Preferred Brand Drugs	V			\$80.00	~	✓			V	
Specialty Drugs (i.e. high-cost)	Y			\$350.00	>	>			>	
Options for Additional Benefit Design Limits:			Plan Description	n:						
Set a Maximum on Specialty Rx Coinsurance Payments?			Name:	Silver Classic St						
Specialty Rx Coinsurance Maximum:			Plan HIOS ID:	11574IL0020052						
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:	11574						
# Days (1-10):			AVC Version:	2025_1a						
Begin Primary Care Cost-Sharing After a Set Number of Visits?										
#Visits (1-10): Begin Primary Care Deductible/Coinsurance After a Set Number of										
Copays?										
# Copays (1-10):										
Output										
Calculate										
Status/Error Messages:	Calculation Succe	ssful.								
Actuarial Value:	70.01%									
Metal Tier:	Silver									
	NOTE: Office-visi	t-specific cost-sh	aring is applying	to x-rays in office	settings.					
Additional Notes:		•			-					
a 	0.0505									
Calculation Time:	0.0625 seconds									
Final 2025 AV Calculator										

User Inputs for Plan Parameters										
Use Integrated Medical and Drug Deductible?	✓		HSA/HRA Option	s	Tie	red Network O	ption			
Apply Inpatient Copay per Day?		HSA/HRA Emplo	yer Contribution	? 🗌	Tiered	Network Plan?	· 🗆			
Apply Skilled Nursing Facility Copay per Day?		A			1st T	Γier Utilization:	:			
Use Separate MOOP for Medical and Drug Spending?		Annual Contril	bution Amount:		2nd 7	Tier Utilization:	:			
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?										
Desired Metal Tier										
		1 Plan Benefit De	esign		Tier	2 Plan Benefit	Design			
	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)	11100110011		\$5,000.00							
Coinsurance (%, Insurer's Cost Share)			60.00%							
MOOP (\$)			\$8,000.00							
MOOP (\$)			\$8,000.00	_						
MOOP II Separate (\$)										
Click Here for Important Instructions		Tie	1			-	ier 2		Tier 1	Tier 2
Click Here for important instructions										
Type of Benefit	Subject to	Subject to	Coinsurance, if		Subject to	Subject to	Coinsurance, if	Copay, if		es only after
" '	Deductible?	Coinsurance?	different	separate		Coinsurance?	different	separate		tible?
Medical	✓ All	✓ All			✓ All	✓ All			☐ All	All
Emergency Room Services	<u> </u>	_			<u> </u>					
All Inpatient Hospital Services (inc. MH/SUD)	V	•			V	~				
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and				\$40.00	~	~				
X-rays)										
Specialist Visit				\$80.00	V	~				
Mental/Behavioral Health and Substance Use Disorder Outpatient				\$40.00	~	~				
Services				ŷ-10.00						
Imaging (CT/PET Scans, MRIs)	V	V			>	~				
Speech Therapy				\$40.00	>	~				
				¢40.00	~	v				П
Occupational and Physical Therapy		ш		\$40.00		•				
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services	V	v			~	~				
X-rays and Diagnostic Imaging	V	~	***************************************		V	V				
Skilled Nursing Facility	~	~			V	V				
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	~	✓			~	~				
Outpatient Surgery Physician/Surgical Services	V	V			~	~				
Drugs	✓ All	✓ All			✓ All	✓ All			☐ All	All
Generics				\$20.00	✓ All	V All				
Preferred Brand Drugs				\$40.00	Ž	<u>.</u>				
Non-Preferred Brand Drugs	<u> </u>			\$80.00		<u>. </u>				
	<u> </u>					<u>. </u>			<u> </u>	
Specialty Drugs (i.e. high-cost)	•	Ш		\$350.00	•	V			•	
Options for Additional Benefit Design Limits:		1	Plan Description							
Set a Maximum on Specialty Rx Coinsurance Payments?			Name:	Silver Classic St						
Specialty Rx Coinsurance Maximum:			Plan HIOS ID:	11574IL0020052						
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:	11574	ļ.					
# Days (1-10):			AVC Version:	2025_1a						
Begin Primary Care Cost-Sharing After a Set Number of Visits?										
# Visits (1-10):										
Begin Primary Care Deductible/Coinsurance After a Set Number of										
Copays?										
# Copays (1-10):										
Output										
Calculate										
Status/Error Messages:	Calculation Succe	essful.								
Actuarial Value:	70.01%									
Metal Tier:	Silver									
	NOTE: Office-vis	it-specific cost-sh	aring is applying	to x-rays in office	settings.					
Additional Notes:			0 1-1- 70	.,.	0-					
Calculation Time:	0.125 seconds									
Final 2025 AV Calculator	o. 125 seconds									
rinai 2025 AV Calculator										

User Inputs for Plan Parameters										
Use Integrated Medical and Drug Deductible?	~		HSA/HRA Option:	s	Tie	red Network O	ption			
Apply Inpatient Copay per Day?		HSA/HRA Employ	yer Contribution	? 🗌	Tiered	Network Plan?				
Apply Skilled Nursing Facility Copay per Day?		Annual Cantrib			1st	Tier Utilization:				
Use Separate MOOP for Medical and Drug Spending?		Annual Contril	oution Amount:		2nd ⁻	Γier Utilization:				
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	•									
Desired Metal Tier										
	Tier	r 1 Plan Benefit De	esign		Tier	2 Plan Benefit	Design			
	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)		, and the second	\$3,000.00			j				
Coinsurance (%, Insurer's Cost Share)			60.00%							
MOOP (\$)			\$6,400.00							
MOOP if Separate (\$)			70,100.00							
(1)			•							
Click Here for Important Instructions		Tie	r 1			Т	er 2		Tier 1	Tier 2
	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to		Coinsurance, if	Copay, if	Copay applie	
Type of Benefit	Deductible?	Coinsurance?	different	separate		Coinsurance?		separate	deduct	
Medical	✓ All	✓ All	different	Separate	✓ All	✓ All	different	Separate	☐ All	☐ All
Emergency Room Services	✓	<u> </u>			~	<u> </u>				
All Inpatient Hospital Services (inc. MH/SUD)	V	<u> </u>			~	<u>~</u>				
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and		<u> </u>								
				\$40.00	✓	~				
X-rays)				¢80.00	~	V				
Specialist Visit				\$80.00		<u> </u>			Ш	
Mental/Behavioral Health and Substance Use Disorder Outpatient				\$40.00	✓	~				
Services	~	~			✓	V				
Imaging (CT/PET Scans, MRIs)				4						
Speech Therapy				\$40.00	~	V				
				\$40.00	✓	~				
Occupational and Physical Therapy										
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services	<u> </u>	<u> </u>			V					
X-rays and Diagnostic Imaging	V	V			V	V				
Skilled Nursing Facility	V	V			V	V				
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	✓	~			▽	~				
Outpatient Surgery Physician/Surgical Services	V	V			~	V				
Drugs	✓ All	✓ All			✓ All	✓ All			☐ All	All
Generics				\$20.00	~	~				
Preferred Brand Drugs				\$40.00	~	V				
Non-Preferred Brand Drugs	V			\$80.00	~	'			V	
Specialty Drugs (i.e. high-cost)	V			\$350.00	~	~			V	
Options for Additional Benefit Design Limits:		=	Plan Description	ո։						
Set a Maximum on Specialty Rx Coinsurance Payments?			Name:	Silver Classic St	andard CSR 250	(Select)				
Specialty Rx Coinsurance Maximum:			Plan HIOS ID:	11574IL0020052	2-04					
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:	11574	ı					
# Days (1-10):	:		AVC Version:	2025_1a						
Begin Primary Care Cost-Sharing After a Set Number of Visits?										
# Visits (1-10):	:									
Begin Primary Care Deductible/Coinsurance After a Set Number of										
Copays?	•									
# Copays (1-10):										
Output		<u>-</u> '								
Calculate										
Status/Error Messages:	CSR Level of 73%	(200-250% FPL), (Calculation Succe	ssful.						
Actuarial Value:	73.09%									
Metal Tier:	Silver									
	NOTE: Office-vis	it-specific cost-sh	aring is applying	to x-rays in office	e settings.					
Additional Notes:			•		-					
•										
Calculation Time:	0.0781 seconds									
Final 2025 AV Calculator	2.27023000.103									

User Inputs for Plan Parameters										
Use Integrated Medical and Drug Deductible?	✓		HSA/HRA Options	s	Tie	red Network O	ption			
Apply Inpatient Copay per Day?		HSA/HRA Emplo	yer Contribution?	? 🗆	Tiered	Network Plan?				
Apply Skilled Nursing Facility Copay per Day?		Annual Contril	oution Amount:		1st 7	ier Utilization	:			
Use Separate MOOP for Medical and Drug Spending?		Annual Contin	oution Amount.		2nd 1	ier Utilization				
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?	_									
Desired Metal Tier	Gold ▼			_						
		1 Plan Benefit De				2 Plan Benefit				
	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)			\$500.00							
Coinsurance (%, Insurer's Cost Share)			70.00%							
MOOP (\$)			\$3,000.00							
MOOP if Separate (\$)										
Click Here for Important Instructions		Tie	vr 1			-	ier 2		Tier 1	Tier 2
Click Here for important instructions	Subject to	Subject to	Coinsurance, if	Comou if	Subject to	Subject to	Coinsurance, if	Camarr if	Copay applie	
Type of Benefit	Deductible?	Coinsurance?	different	Copay, if separate	-	Coinsurance?		Copay, if separate	deduct	
Medical	✓ All	✓ All	unierent	separate	✓ All	✓ All	umerent	separate	☐ All	All
Emergency Room Services	V	<u> </u>			▼ All	V				
All Inpatient Hospital Services (inc. MH/SUD)	V	<u> </u>			Ī	<u> </u>				
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and	<u> </u>	<u></u>								
X-rays)				\$20.00	✓	~				
Specialist Visit				\$40.00	~	V				
Mental/Behavioral Health and Substance Use Disorder Outpatient	***************************************									
Services				\$20.00	✓	~				
Imaging (CT/PET Scans, MRIs)	~	v			~	7				
Speech Therapy				\$20.00	V	<u> </u>				
Occupational and Physical Therapy				\$20.00	✓	~				
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services	•	•			V	~				
X-rays and Diagnostic Imaging	V	V			✓	~				
Skilled Nursing Facility	V	V			V	~				
	V	V			V	V				
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)					,					
Outpatient Surgery Physician/Surgical Services	>	V			>	y				
Drugs	✓ All	✓ All			✓ All	✓ All			☐ All	All
Generics				\$10.00	>	'				
Preferred Brand Drugs				\$20.00	>	'				
Non-Preferred Brand Drugs	>			\$60.00	V	~			>	
Specialty Drugs (i.e. high-cost)	V			\$250.00	V	~			V	
Options for Additional Benefit Design Limits:	_	1	Plan Description							
Set a Maximum on Specialty Rx Coinsurance Payments?			Name:	Silver Classic St		(Select)				
Specialty Rx Coinsurance Maximum:	_		Plan HIOS ID:	11574IL0020052						
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:	11574	ŀ					
# Days (1-10):			AVC Version:	2025_1a						
Begin Primary Care Cost-Sharing After a Set Number of Visits?										
#Visits (1-10):										
Begin Primary Care Deductible/Coinsurance After a Set Number of	Ш									
Copays?										
# Copays (1-10):]								
Output Calculate										
Status/Error Messages:	CSR Level of 970/	(150-200% EDI) 4	Calculation Succe	ccful						
Actuarial Value:	87.33%	(±30-20070 FFL), (Laiculation Succe	331UI.						
Metal Tier:	67.33% Gold									
ivietai iiei.		t-specific cost sh	aring is applying	to v-rays in office	settings					
Additional Notes:	NOTE. OTTICE-VIS	c specific cost-sii	armg is apprying	to A hays in office	. securigs.					
Additional NOTES.										
Calculation Time:	0.0781 seconds									
Final 2025 AV Calculator	0.0701 Seconds									

User Inputs for Plan Parameters										
Use Integrated Medical and Drug Deductible?			HSA/HRA Options	S	Tie	red Network O	ption			
Apply Inpatient Copay per Day?		HSA/HRA Emplo	yer Contribution?	? <u> </u>	Tiered	Network Plan?				
Apply Skilled Nursing Facility Copay per Day?		Annual Contril	bution Amount:		1st	Γier Utilization:	:			
Use Separate MOOP for Medical and Drug Spending?		Allifual Colletin	bation Amount.		2nd	Γier Utilization:				
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?										
Desired Metal Tier				=						
		1 Plan Benefit De				2 Plan Benefit				
	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)			\$0.00							
Coinsurance (%, Insurer's Cost Share)			75.00%							
MOOP (\$)			\$2,000.00							
MOOP if Separate (\$)										
Click Here for Important Instructions		Tie	or 1			T	er 2		Tier 1	Tier 2
	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	Subject to	Coinsurance, if	Copay, if	Copay applie	
Type of Benefit	Deductible?	Coinsurance?	different	separate	_	Coinsurance?		separate	deduct	
Medical	✓ All	✓ All			✓ All	✓ All			☐ All	☐ All
Emergency Room Services		~			~	V				
All Inpatient Hospital Services (inc. MH/SUD)		<u> </u>			~	V				
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and										
X-rays)				\$0.00	~	✓				
Specialist Visit				\$10.00	V	V				
Mental/Behavioral Health and Substance Use Disorder Outpatient				¢0.00						
Services				\$0.00	~	~				
Imaging (CT/PET Scans, MRIs)		V			V	v				
Speech Therapy				\$0.00	~	V				
				\$0.00	~	~				
Occupational and Physical Therapy										<u> </u>
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services					V	<u> </u>				
X-rays and Diagnostic Imaging		<u> </u>			V	V				
Skilled Nursing Facility		~			V	V				
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)		~			~	~				
Outpatient Surgery Physician/Surgical Services		V			~	~				
Drugs	✓ All	✓ All			✓ All	✓ All			☐ All	All
Generics				\$0.00	~	V				
Preferred Brand Drugs				\$15.00	~	V				
Non-Preferred Brand Drugs				\$50.00	~	V				
Specialty Drugs (i.e. high-cost)				\$150.00	✓	'				
Options for Additional Benefit Design Limits:			Plan Description	n:						
Set a Maximum on Specialty Rx Coinsurance Payments?			Name:	Silver Classic St	andard CSR 150	(Select)				
Specialty Rx Coinsurance Maximum:			Plan HIOS ID:	11574IL0020052	2-06					
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:	11574	1					
# Days (1-10):			AVC Version:	2025_1a						
Begin Primary Care Cost-Sharing After a Set Number of Visits?										
#Visits (1-10):										
Begin Primary Care Deductible/Coinsurance After a Set Number of										
Copays?										
# Copays (1-10):		J								
Output Calculate										
Status/Error Messages:	CSP Level of 0/10/	(100-150% EDI) (Calculation Succe	ccful						
Actuarial Value:	94.14%	(100-130% FFL), (carcuration succe	331 UI.						
Metal Tier:	Platinum									
Wetar rier.		ecific cost-sharin	ng is applying for s	ervice(s) with fa	c/prof compon	ents, overridin	g outpatient input	ts for those se	rvice(s).	
Additional Notes:			.o app.,g 101 -		, ₋ ,pon	, o · ciuiii	5 Patre par			
ridariona Hotes.										
Calculation Time:	0.0781 seconds									
Final 2025 AV Calculator	2.0702 30001103									

User Inputs for Plan Parameters										
Use Integrated Medical and Drug Deductible?	✓		HSA/HRA Option:	s	Tie	red Network O	ption			
Apply Inpatient Copay per Day?		HSA/HRA Employ	yer Contribution	? 🗌	Tiered	Network Plan?				
Apply Skilled Nursing Facility Copay per Day?		Annual Cantrib			1st	Tier Utilization:				
Use Separate MOOP for Medical and Drug Spending?		Annual Contril	oution Amount:		2nd	Γier Utilization:				
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?										
Desired Metal Tier										
	Tier	· 1 Plan Benefit De	esign		Tier	2 Plan Benefit	Design			
	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)		, i	\$1,500.00			, i				
Coinsurance (%, Insurer's Cost Share)			75.00%							
MOOP (\$)		•	\$7,800.00			·				
MOOP if Separate (\$)			. ,							
		•				•	•			
Click Here for Important Instructions		Tie	r 1			Ti	er 2		Tier 1	Tier 2
	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to		Coinsurance, if	Copay, if	Copay applie	
Type of Benefit	Deductible?	Coinsurance?	different	separate		Coinsurance?		separate	deduct	
Medical	✓ All	✓ All	uniciciii	oc parace	✓ All	✓ All	uniciciii	Separate	☐ All	☐ All
Emergency Room Services	<u> </u>	<u> </u>			v	<u> </u>				
All Inpatient Hospital Services (inc. MH/SUD)	V	<u> </u>			7	V				
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and										
X-rays)				\$30.00	~	~				
Specialist Visit				\$60.00	~	V				
Mental/Behavioral Health and Substance Use Disorder Outpatient				300.00	-					
Services				\$30.00	✓	✓				
Imaging (CT/PET Scans, MRIs)	✓	v			V	V				
				¢20.00						
Speech Therapy				\$30.00	~	<u>></u>				
Occupational and Physical Therapy				\$30.00	~	~				
			100%	\$0.00			100%	\$0.00		
Preventive Care/Screening/Immunization	<u> </u>	<u> </u>	100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services	<u> </u>	<u>v</u>				<u>~</u>				
X-rays and Diagnostic Imaging	V	<u> </u>				<u>~</u>				
Skilled Nursing Facility	<u> </u>				-	•			Ш	
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	~	~			✓	✓				
	V	V				V				
Outpatient Surgery Physician/Surgical Services	▼ All	✓ All			✓ All	✓ All			☐ All	All
Drugs	All			Ć4F 00	✓ All	✓ All				All
Generics				\$15.00		<u> </u>				
Preferred Brand Drugs				\$30.00		<u>~</u>				
Non-Preferred Brand Drugs				\$60.00		<u>~</u>				
Specialty Drugs (i.e. high-cost)		Ш		\$250.00	V	V			Ш	
Options for Additional Benefit Design Limits:		1	Plan Description							
Set a Maximum on Specialty Rx Coinsurance Payments?			Name:	Gold Classic Sta						
Specialty Rx Coinsurance Maximum:		1	Plan HIOS ID:	11574IL0020053						
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:	11574	1					
# Days (1-10):			AVC Version:	2025_1a						
Begin Primary Care Cost-Sharing After a Set Number of Visits?										
#Visits (1-10):										
Begin Primary Care Deductible/Coinsurance After a Set Number of										
Copays?										
# Copays (1-10):]								
Output										
Calculate										
Status/Error Messages:	Calculation Succe	esstul.								
Actuarial Value:	78.06%									
Metal Tier:	Gold	_								
	NOTE: Office-vis	it-specific cost-sh	aring is applying	to x-rays in office	e settings.					
Additional Notes:										
Calculation Time:	0.0781 seconds									
Final 2025 AV Calculator										

User Inputs for Plan Parameters										
Use Integrated Medical and Drug Deductible?	✓		HSA/HRA Options	s	Tie	red Network O	ption			
Apply Inpatient Copay per Day?		HSA/HRA Employ	yer Contribution?	? 🗌	Tiered	Network Plan?	? 🗆			
Apply Skilled Nursing Facility Copay per Day?		Annual Contrib	oution Amount:		1st 7	Γier Utilization	:			
Use Separate MOOP for Medical and Drug Spending?		Allitual Colletti	Julion Amount.		2nd 7	Tier Utilization	:			
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?										
Desired Metal Tier										
	Tier	1 Plan Benefit De	esign		Tier	2 Plan Benefit	Design			
	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)			\$1,500.00							
Coinsurance (%, Insurer's Cost Share)			75.00%							
MOOP (\$)			\$7,800.00							
MOOP if Separate (\$)				_						
			_		•					
<u>Click Here for Important Instructions</u>		Tie	r 1			Т	ier 2		Tier 1	Tier 2
Time of Reposit	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to	Subject to	Coinsurance, if	Copay, if	Copay applies	only after
Type of Benefit	Deductible?	Coinsurance?	different	separate		Coinsurance?	different	separate	deducti	ble?
Medical	✓ All	✓ All			✓ All	✓ All			☐ All	All
Emergency Room Services	>	~			~	~				
All Inpatient Hospital Services (inc. MH/SUD)	V	~			~	v				
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and				\$30.00	~	led.				
X-rays)				\$30.00		~				
Specialist Visit				\$60.00	✓	✓				
Mental/Behavioral Health and Substance Use Disorder Outpatient				\$30.00						
Services				\$30.00	~	~				
Imaging (CT/PET Scans, MRIs)	~	~			~	~				
Speech Therapy				\$30.00	~	<u>~</u>				
				¢20.00	~	~				
Occupational and Physical Therapy				\$30.00						
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services	~	~			V	V				
X-rays and Diagnostic Imaging	~	~			✓	✓				
Skilled Nursing Facility	~	~			~	✓				
Cutanations Familia, Family and Ambulaton Surgan, Contant	v	>			V	v				П
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)										
Outpatient Surgery Physician/Surgical Services	V	V			~	~				
Drugs	✓ All	✓ All			✓ All	✓ All			☐ All	☐ All
Generics				\$15.00	~	▽				
Preferred Brand Drugs				\$30.00	✓	▽				
Non-Preferred Brand Drugs				\$60.00	✓	▽				
Specialty Drugs (i.e. high-cost)				\$250.00	~	>				
Options for Additional Benefit Design Limits:			Plan Description	1:						
Set a Maximum on Specialty Rx Coinsurance Payments?			Name:	Gold Classic Sta						
Specialty Rx Coinsurance Maximum:			Plan HIOS ID:	11574IL0020053	3-01					
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:	11574	1					
# Days (1-10):			AVC Version:	2025_1a						
Begin Primary Care Cost-Sharing After a Set Number of Visits?										
# Visits (1-10):										
Begin Primary Care Deductible/Coinsurance After a Set Number of										
Copays?										
# Copays (1-10):										
Output										
Calculate										
Status/Error Messages:	Calculation Succe	essful.								
Actuarial Value:	78.06%									
Metal Tier:	Gold									
	NOTE: Office-visi	t-specific cost-sh	aring is applying	to x-rays in office	e settings.					
Additional Notes:										
Calculation Time:	0.0625 seconds									
Final 2025 AV Calculator										

User Inputs for Plan Parameters										
Use Integrated Medical and Drug Deductible?	✓		HSA/HRA Options	s	Tie	red Network O	ption			
Apply Inpatient Copay per Day?		HSA/HRA Employ	yer Contribution?	? 🗆	Tiered	Network Plan?				
Apply Skilled Nursing Facility Copay per Day?		Annual Cantrib	aution Amonumts		1st	Tier Utilization:				
Use Separate MOOP for Medical and Drug Spending?		Annual Contril	oution Amount:		2nd	Γier Utilization:				
Indicate if Plan Meets CSR or Expanded Bronze AV Standard?										
Desired Metal Tier										
	Tier	· 1 Plan Benefit De	esign		Tier	2 Plan Benefit	Design			
	Medical	Drug	Combined		Medical	Drug	Combined			
Deductible (\$)		, i	\$1,500.00			, i				
Coinsurance (%, Insurer's Cost Share)			75.00%							
MOOP (\$)		•	\$7,800.00			·				
MOOP if Separate (\$)			. , ,							
		•				•	•			
Click Here for Important Instructions		Tie	r 1			Ti	er 2		Tier 1	Tier 2
	Subject to	Subject to	Coinsurance, if	Copay, if	Subject to		Coinsurance, if	Copay, if	Copay applie	
Type of Benefit	Deductible?	Coinsurance?	different	separate		Coinsurance?		separate	deduct	
Medical	✓ All	✓ All	uniciciii	Je parace	✓ All	✓ All	uniciciii	Separate	☐ All	☐ All
Emergency Room Services	<u> </u>	<u> </u>			v	<u> </u>				
All Inpatient Hospital Services (inc. MH/SUD)	<u> </u>	<u> </u>			7	V				
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and										
X-rays)				\$30.00	✓	~				
Specialist Visit				\$60.00		V				
Mental/Behavioral Health and Substance Use Disorder Outpatient		Ш		\$60.00						
				\$30.00	✓	~				
Services	<u> </u>	V			~	V				
Imaging (CT/PET Scans, MRIs)				400.00						
Speech Therapy				\$30.00	~	>				
O				\$30.00	✓	✓				
Occupational and Physical Therapy			1000/	¢0.00			4000/	¢0.00		
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services	Y	V								
X-rays and Diagnostic Imaging						V				
Skilled Nursing Facility	V	V			V	~				
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	~	~			~	~				
	V	V				V				
Outpatient Surgery Physician/Surgical Services										
Drugs	✓ All	✓ All		4	✓ All	✓ All			☐ All	All
Generics				\$15.00	V	V				
Preferred Brand Drugs				\$30.00	<u> </u>					
Non-Preferred Brand Drugs				\$60.00	V	V				
Specialty Drugs (i.e. high-cost)				\$250.00	~	~			Ш	Ш
Options for Additional Benefit Design Limits:		7	Plan Description							
Set a Maximum on Specialty Rx Coinsurance Payments?			Name:	Gold Classic Sta						
Specialty Rx Coinsurance Maximum:			Plan HIOS ID:	11574IL0020053						
Set a Maximum Number of Days for Charging an IP Copay?			Issuer HIOS ID:	11574	1					
# Days (1-10):			AVC Version:	2025_1a						
Begin Primary Care Cost-Sharing After a Set Number of Visits?										
# Visits (1-10):										
Begin Primary Care Deductible/Coinsurance After a Set Number of										
Copays?										
# Copays (1-10):]								
Output										
Calculate										
Status/Error Messages:	Calculation Succe	essful.								
Actuarial Value:	78.06%									
Metal Tier:	Gold									
	NOTE: Office-vis	it-specific cost-sh	aring is applying	to x-rays in office	e settings.					
Additional Notes:										
Calculation Time:	0.0781 seconds									
Final 2025 AV Calculator										

Actuarial Memorandum



1. General Information

1a. Scope and Purpose

The purpose of this document, which is submitted in conjunction with the Part I Unified Rate Review Template (URRT), is to comply with the requirements of the Part III Actuarial Memorandum and to support the premium rates developed for Oscar Health Plan, Inc. (Oscar's) Affordable Care Act (ACA) products in the individual market, with an effective date of January 1, 2025.

This actuarial memorandum provides certain information related to the rate filing submission including support for the values entered into the URRT, which demonstrates compliance with the market rating rules and reasonableness of applicable rate increases. This information may not be appropriate for other purposes.

This information is intended for use by the Illinois Department of Insurance (IDOI), the Center for Consumer Information and Insurance Oversight (CCIIO), and their subcontractors to assist in the review of Oscar's individual market rate filing.

Future regulatory changes may affect the extent to which the rates presented herein are neither excessive nor deficient.

1b-c. Market, Company Information, and Policy Forms

Company Identifying Information

Company Legal Name: Oscar Health Plan, Inc.

State: Illinois
NAIC: 16337
HIOS Issuer ID: 11574
Market: Individual
Effective Date: January 1, 2025

Policy Forms: OSC-IL-IVL-EOC-2025-HIX, OSC-IL-IVL-EOC-2025

Company Contact Information

Primary Contact Name: David Brandler
Primary Contact Telephone Number: 845-709-4809

Primary Contact Email Address: dbrandler@hioscar.com

The products offered within this filing are all guaranteed issue (i.e. no medical underwriting) and guaranteed renewable as required under the ACA. This rate filing applies to non-grandfathered plans only that are open to new sales. Premiums will be charged on a monthly basis.

Oscar is offering two products, Choice under HIOS Product Code 11574IL001 and Select under HIOS Product Code 11574IL002.

1d. Description of Benefits

The benefit categories described below are based on the algorithm used by Milliman's *Health Cost Guidelines*TM (HCGs). The HCG grouper uses a combination of Diagnosis Related Groups (DRGs), Current Procedural Terminology Codes – Fourth Edition (CPT-4 Codes), Healthcare Common Procedural Coding System codes (HCPCS), and revenue codes to allocate detailed claims into roughly 60 benefit categories.

The utilization and unit cost data for rate development were assigned to benefit categories as shown in Worksheet 1, Section I of the URRT based on place and type of service using a detailed claim mapping algorithm, which can be summarized as follows:

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 surgical, emergency room, ancillary, observation and other services provided in an outpatient facility setting and billed by the facility.

Professional

Includes non-capitated primary care, specialty care, therapy, the professional component of laboratory and radiology, and other professional services, except for hospital based professionals whose payments are included in facility fees.

Other Medical

Includes non-capitated ambulance, home health care, durable medical equipment, prosthetics, supplies, vision exams, dental services and other services. The measurement units for utilization used in this category are a mix of visits, cases, and procedures.

Capitation

Includes the amount for any services that are provided on a capitated basis.

Prescription Drug

Includes drugs dispensed by a pharmacy. This amount is net of rebates received from drug manufacturers.

1e. Marketing Method

Oscar will market individual policies through the federally facilitated marketplace, direct sales channels and broker arrangements.

2. Proposed Rates

2a. History of Rate Adjustments

For plan year 2024, the proposed average rate change for renewing plans was For plan year 2025, the proposed average rate change for renewing plans is \(\times\)

2b. Effective Date of Requested Rate Increase

Rates will be effective January 1, 2025.



2c. Months of Rate Guarantee

Rates will be guaranteed for 12 months.

2d. SERFF Number of Prior Filing

OHIN-134107589

2e. Effective Date of Prior Filing

January 1, 2024

2f. Proposed Percentage Rate Change

Using in-force business as of March 2024, the proposed average rate change for renewing plans is ______%. This rate change is absent of rate changes due to attained age.

2g. Reason for Rate Change

Exhibit A summarizes the proposed rate increases by plan effective January 1, 2025. Rate increases vary by plan due to a combination of factors including shifts in benefit leveraging, cost-sharing modifications, and geographic rating factors. The significant factors driving the proposed rate change include the following:

Medical and Prescription Drug Inflation and Utilization Trends

The projected premium rates reflect the most recent emerging experience which was trended for anticipated changes due to medical and prescription drug inflation and utilization.

Administrative Expenses, Taxes and Fees, and Risk Margin

Changes to the overall premium level are needed because of required changes in federal and state taxes and fees. In addition, there are anticipated changes in both administrative expenses and targeted risk margin.

Prospective Benefit Changes

Plan benefits have been revised as a result of changes in the Center for Medicare and Medicaid Services (CMS) Actuarial Value Calculator and state requirements, as well as for strategic product considerations.

Anticipated Changes in the Average Morbidity of the Covered Population

Changes to the overall premium level are needed because of anticipated changes in the underlying morbidity of the projected marketplace.

COVID-19 Pandemic

Changes to the overall premium level are needed because of the expected costs attributed to the ongoing COVID-19 pandemic.

2h. Average Annual Premium

The current annual premium is . The projected annual premium for 2025 is

2i. Number of Policyholders and Covered Lives

There are policyholders and covered lives affected by the proposed rate increase.

2j. Projected loss ratio with and without proposed rate increase

The predicted loss ratio with the proposed increase is 80%. Without the proposed increase it would be 80%.

2k. Cumulative, future and lifetime loss ratios

The lifetime loss ratio in Illinois is \%.



3. Experience Period Premium and Claims

3a. Dates of Service for the Experience Period Used to Develop Rates

The dates of service for the experience period used to develop rates are January 1, 2023 through December 31, 2023, with claims paid through March 31, 2024.

3b. Date Through Which Claims Were Paid

Claims incurred in 2023 were paid through March 31, 2024.

3c. Estimated Allowed Claims During the Experience Period Used to Develop Rates

Allowed claims for the single risk pool during the experience period were approximately \$ M which includes an estimate for IBNR and is net of Pharmacy rebates.

3d. Method for Determining Allowed Claims

Allowed Claims include those processed through Oscar's claim system, and Claims processed outside of the claim system (e.g. pediatric dental, vision services, and mental health).

3e. Incurred but Not Paid Claims

Oscar's claim reserves consists of liabilities for both claims incurred but not reported ("IBNR") and reported but not yet processed through our systems that are determined by employing actuarial methods that are commonly used by health insurance actuaries. The completion factor development method is utilized for non-catastrophic claims (under \$250,000), supplemented by a projected per-member per-month (PMPM) claims methodology for generally the most recent two months. Projected PMPMs are developed from the Company's historical experience and adjusted for emerging experience data in the preceding months, which may include adjustments for known changes in estimates of recent hospital and drug utilization data, provider contracting changes, changes in benefit levels, changes in member cost sharing, changes in medical management processes, product mix, and workday seasonality. A seriatim methodology is utilized for single catastrophic claims (over \$250,000), supplemented by known open cases that are in various stages of review by Oscar's medical management team, or under bill audit review. A separate accrual process is also employed to develop reserves for exposure related to out-of-network and other provider disputed claims.

3f. Premium in Experience Period (Net of MLR Rebate)

Estimated premiums earned during the experience period are M. We do not expect to pay any MLR rebates.

4a-b. Adjustments to Allowed Claims During the Experience Period

Benefit Adjustment

The projected claims were adjusted to reflect the benefits for each of the products to be offered on and off the exchange.

Demographics and Morbidity

The starting claim experience was adjusted to reflect changes in the anticipated morbidity and demographics corresponding to Oscar's projected 2025 membership distribution.

Market Morbidity

The starting claim experience was additionally adjusted to reflect changes in the anticipated market morbidity from the base period to the projection period in response to the uncertainty inherent in the marketplace.



Network Adjustment

The projected claims were adjusted to reflect changes in the anticipated provider reimbursement levels and network configuration.

COVID-19 Pandemic

The starting claim experience was adjusted from the base period to the projection period to reflect the anticipated impact of the change in Covid-19 Vaccines and Pharmaceutical treatment costs. Future outbreaks, regulatory, legislative, or economic changes may affect the extent to which the rates presented herein are neither excessive nor deficient.

5. Projection Factors

5a. Changes to Benefits

Oscar applied an adjustment to account for the anticipated changes in the average utilization of services due to differences in average cost sharing requirements between the experience period and projection period. Plan behavior change factors were applied at the plan level using factors developed from Oscar's risk adjusted individual claim experience. The resulting allowed and net claim costs for each plan reflect differences due to cost sharing and the impact of plan behavior change only, and not due to health status.

5b. Trend Factors (Cost and Utilization)

Average cost trends were developed based on Oscar's anticipated reimbursement levels. Utilization trends were developed at the broad service category level: inpatient facility, outpatient facility, professional, other, and prescription drugs. Utilization trend assumptions were generally estimated using Milliman's HCG secular utilization trend levels, which are based on large data sets and are widely used by insurers and others to estimate expected claim costs and model healthcare utilization.

Table 1 provides the annualized trend assumptions that were used to adjust the allowed claims from the experience period to the projection period. The overall trend used to get from the experience period to the projection period is based on an unleveraged prospective annual trend of the second s

	Table 1							
Annual Trend Assumptions								
Benefit		Trend						
Category	Utilization	Unit Cost	Total					

The trend factors by benefit category are included in the "Year 1 Trend" and "Year 2 Trend" entries on Worksheet 1, Section II of the URRT.

5c. Projected Changes in the Demographics of the Population Insurance

An adjustment was included to account for the anticipated changes in demographic mix — in both age/gender and geography — between the experience period and the projection period.



A factor of is included in the "Demographic Shift" entry on Worksheet 1, Section II of the URRT.

5d. Projected Changes in the Morbidity of the Insured Population

The starting claim experience was adjusted to reflect changes in the anticipated morbidity corresponding to Oscar's projected demographic mix and membership distributions.

A second adjustment was included to reflect changes in the anticipated market morbidity in response to the uncertainty inherent in the marketplace. Specifically, Oscar anticipated changes to the market morbidity associated with the change in Illinois' enrollment for the projection period relative to the experience period, as well as the anticipated impact due to a proportion of Medicaid members enrolling in the ACA marketplace throughout 2023 and 2024.

These adjustments reflect the projected change in claim costs outside of the underlying demographics of the covered population and were also assumed when estimating the risk adjustment transfer for the projection period.

A combined factor of is included in the "Morbidity Adjustment" entry on Worksheet 1, Section II of the URRT.

5e. Other Projected Changes

Other Adjustments - Changes in Network

Oscar applied an adjustment of to account for anticipated changes in provider reimbursement levels between the experience period and projection period. The reimbursement changes are in response to modifications to Oscar's underlying contracts with its providers.

Other Adjustments – Prescription Drug Rebates

An adjustment of was included to account for the anticipated changes in the level of prescription drug rebates between the experience period and projection period.

Other Adjustments - Pooling Charge

An adjustment of was included to account for Oscar experiencing higher than expected shock claims during the experience period. In this context, a shock claim is defined as annual costs in excess of \$750,000 per individual claimant.

Other Adjustments – Impact of the COVID-19 Pandemic

Oscar included an adjustment of to account for the changes in expected COVID-19 healthcare costs for Vaccines and Pharmaceutical treatment from the experience period to the projection period.

A combined factor of is included in the "Other" entry on Worksheet 1, Section II of the URRT.

6. Credibility Manual Rate Adjustment

6a. Methodology Used to Develop the Credibility Manual Rate

Oscar's rate development, including the methodology described below, is based on generally accepted actuarial principles for community rated individual blocks of business. Since Oscar's base experience in Illinois is partially credible, a manual rate methodology was additionally developed for rating purposes as described in this section.

6b. Source and Appropriateness of the Experience Used to Develop the Credibility Manual Rate

Oscar started with individual claim experience from January 1, 2023 through December 31, 2023, with runout through March 31, 2024, as the manual rate basis in the projection. The starting claim experience is from Oscar's legal entity (Oscar Insurance Company of Florida; NAIC code 16374) offering in the Florida individual market.



In accordance with Actuarial Standards of Practice (ASOP) #25	 Credibility Procedures, Oscar's internal credibility
manual, determined from statistical relationships inherent in natior	nwide experience in the individual market, assigns ful
credibility at member months. Oscar's manual includes	member months and is considered fully
credible for purposes of developing claim projections.	

6c. Adjustments Made to Data Used to Develop the Credibility Manual Rate

Exhibit B summarizes the adjustment factors, as described in this section, used to project the manual rate claims on an allowed basis to the projection period.

Incurred But Not Reported

The starting claim experience represents Oscar's best estimate of claims incurred during the manual period. The estimate includes:

- Claims processed through Oscar's claim system,
- Claims processed outside of the claim system (e.g. pediatric dental and vision services), and
- Oscar's best estimate of IBNR.

See section 3e for a description of IBNR methodology.

• Trend Factors – Cost and Utilization

Average cost trends were developed based on Oscar's anticipated reimbursement levels. Utilization trends were developed at the broad service category level: inpatient facility, outpatient facility, professional, other, and prescription drugs. Utilization trend assumptions were generally estimated using Milliman's HCG secular utilization trend levels, which are based on large data sets and are widely used by insurers and others to estimate expected claim costs and model healthcare utilization.

Table 1 provides the annualized trend assumptions that were used to adjust the allowed claims from the manual period to the projection period. The overall trend used to get from the manual period to the projection period is based on an unleveraged prospective annual trend of

	Table 1						
Annual Trend Assumptions							
Benefit		Trend					
Category	Utilization	Unit Cost	Total				

• Plan Design Changes

Oscar applied an adjustment to account for the anticipated changes in the average utilization of services due to differences in average cost sharing requirements between the manual period and projection period. Plan behavior change factors were applied at the plan level using factors developed from Oscar's nationwide risk

adjusted individual claim experience. This experience study is intended to estimate the approximate plan behavior change impact included in the allowed claim cost experience by metal.

Starting with allowed claim costs effectively normalizes out the underlying differences across metal levels due to differences in cost sharing. Normalizing allowed claim costs by risk score is assumed to normalize out differences in the underlying morbidity, health status, and demographics. Since Oscar is aggregating nationwide data, the geographic factor is included to normalize out differences in unit cost levels and utilization patterns. The resulting relativity is then attributed to induced demand, which is then used to inform the application of the induced demand factors at the plan level. The resulting allowed and net claim costs for each plan reflect differences due to cost sharing and the impact of plan behavior change only, and not due to health status.

Each plan's induced demand factor was calculated based on the priced actuarial value of the plan to arrive at the raw IDF. The raw IDF was normalized by dividing by the average IDF over all plans. Table 2 provides the minimum, maximum and average induced demand factor by metal level for the most recent four years (Oscar entered the Individual market in 2022).

		ole 2 Demand Factors	
Metal Level	Minimum IDF	Maximum IDF	Average IDF ¹

¹Based on projected 2025 membership

A second adjustment was included to account for anticipated changes in underlying benefit coverage between the manual period and the projection period capturing inherent differences in EHBs, state mandated benefits, and eliminated benefits.

Please see Exhibit D (2 of 2) for a breakdown of the "AV and Cost Sharing" rating factor by plan into the "Induced Demand Factor" and other components.

• <u>Demographic Shift</u>

An adjustment was included to account for the anticipated changes in demographic mix — in age and gender — between the manual base period and the projection period.

• Changes in the Morbidity of the Covered Population

The starting claim experience was adjusted to reflect changes in the anticipated morbidity corresponding to Oscar's projected demographic mix and membership distributions.

A second adjustment was included to reflect changes in the anticipated market morbidity in response to the uncertainty inherent in the marketplace. Specifically, Oscar anticipated changes to the market morbidity associated with the change in Illinois' enrollment for the projection period relative to the experience period, as well as the anticipated impact due to a proportion of Medicaid members enrolling in the ACA marketplace throughout 2023 and 2024.

Lastly, an adjustment was made to account for the anticipated changes in market morbidity between the Florida and Illinois individual markets. To estimate the market morbidity impact, Oscar relied upon the completed regression results in The Wakely National Risk Adjustment Reporting Project (WNRAR) provided to Oscar to estimate the market wide plan liability risk score, allowable rating factor, actuarial value, and induced demand factor for the Florida and Illinois individual markets.

These adjustments reflect the projected change in claim costs outside of the underlying demographics of the covered population and were also utilized when estimating the risk adjustment transfer for the projection period.

Change in Network

Oscar applied an adjustment to account for anticipated changes in provider reimbursement levels between the manual period and projection period. The reimbursement changes are in response to modifications to Oscar's underlying contracts with its providers.

Prescription Drug Rebates

An adjustment was included to account for the anticipated changes in the level of prescription drug rebates between the manual period and projection period.

Pooling Charge

An adjustment was included to account for Oscar experiencing lower than expected shock claims during the manual period. In this context, a shock claim is defined as annual costs in excess of per individual claimant.

²Reflects filed 2024 induced demand factors and current period membership as of March 2024

³Reflects filed 2023 induced demand factors and 2023 membership as of March 2023

⁴Reflects filed 2022 induced demand factors and 2022 membership as of May 2022

• Impact of the COVID-19 Pandemic

Oscar included an adjustment of to account for the changes in expected COVID-19 healthcare costs for Vaccines and Pharmaceutical treatment from the experience period to the projection period.

6d. Inclusion of Capitation Payments in Developing the Credibility Manual Rate

There were minor physician capitation agreements included in the manual base experience. However, it accounts for an insignificant portion of the experience.

7. Credibility

7a. Credibility Methodology

In accordance with Actuarial Standards of Practice (ASOP) #25 — Credibility Procedures, Oscar's internal credibility manual, determined from statistical relationships inherent in nationwide experience in the individual market, assigns full credibility at member months. Furthermore, the base period experience was not used to develop the manual rate, so there is no double counting of base period experience.

7b. Credibility Level(s)

Oscar's experience includes member months and is considered credible for purposes of developing claim projections.

8. Covered Services

8a. Covered Services - Essential Health Benefits

Not applicable.

8b. Covered Services- State Mandated Benefits Which Are Not Essential Health Benefits

Non-Hyde amendment abortions are covered as a state-mandated benefit but are not EHBs and represent 0.2% of premium.

8c. Covered Services - Eliminated Benefits

Not applicable.

8d. Covered Services- Additional Mandated Supplementary Benefits

Not applicable.

8e. Covered Services - Changes in the Level of Covered Services

Not applicable.

8f. Covered Services - EHB Substitutions

Not applicable.

9. Credibility Adjusted Projected Claims

The Adjusted Trended EHB Allowed Claims PMPM of using a weight of weight of %, respectively.



10. Projected Index Rate

The index rate is defined as the EHB portion of projected allowed claims with respect to trend, benefit, and demographics and divided by all projected single risk pool lives. Oscar's projection period index rate for the 2025 plan year as shown in Worksheet 1, Section II of the URRT is \$\frac{1}{2}\frac{1}{2

11. Risk Transfer Payments

To estimate the risk adjustment PMPM, Oscar relied upon the results of the The Wakley National Risk Adjustment Reporting Project supplied to Oscar by Wakely to estimate the market wide plan liability risk score, allowable rating factor, actuarial value, and induced demand factor for the individual market. The statewide average premium estimates relied on results from the Interim Summary Report on Risk Adjustment for the 2023 Benefit Year published by CMS on March 17, 2024. Oscar's geographic cost factor was also adjusted based on the anticipated geographic mix for the 2025 plan year.

Oscar modeled two independent risk adjustment transfers to appropriately correspond with the risk profile of the members in the underlying experience and manual projections. For the risk adjustment transfer that corresponds to the experience projection, Oscar relied upon projected risk and rating factors that are specific to the experience period in the Illinois market. For the risk adjustment transfer that corresponds to the manual projection, Oscar crosswalked the market metrics — plan liability risk score, statewide average premium, and geographic cost factors — from the manual period (i.e. Florida market) to the projection period (i.e. Illinois market) while maintaining similar relative risk profiles by metal level. The two risk adjustment transfers were then blended by the same credibility weighting used to project allowed claims.

Additional adjustments were made to account for the anticipated changes in the Health and Human Services Hierarchical Condition Categories (HHS-HCC) risk adjustment coefficient changes from the 2023 plan year to the 2025 plan year, for both Oscar and the market. These adjustments were determined from the HHS Risk Weight Conversion Tool that was supplied to Oscar by Wakely.

Oscar also included an adjustment to account for the anticipated impact of the Risk Adjustment Data Validation (RADV) audit on the 2025 plan year. To estimate the RADV impact, Oscar relied on historical experience in the individual market, measured anticipated risk adjustment coding error rates inherent in the 2021 and 2022 plan years, and forecasted those error rates to the projection period. The RADV impact is estimated as a payment of \$200.

Lastly, Oscar considered the impact to the projected risk adjustment transfer for the addition of the high-cost risk pooling mechanism that was implemented starting with the 2018 plan year.

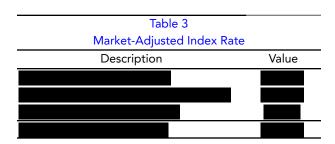
The projected risk adjustment transfer, net of the risk adjustment user fee and expressed on an allowed basis, is estimated as a payment of approximately \$ and is reflected in Worksheet 1, Section II of the URRT.

Any resulting risk adjustment transfer payments would be allocated proportionally across all plans in Oscar's individual market single risk pool.

Detailed quantitative support of the risk adjustment transfer projection is provided in Exhibit C.

12. Development of Market Adjusted Index Rate

The market-adjusted index rate is calculated as the sum of the projection period index rate, the impact of the risk adjustment program, and the projected exchange user fees. Table 3 details the projection period index rate, allowable market-wide modifiers as defined in 45 CFR Part 156, §156.80(d), and the resulting market-adjusted index rate.



The adjustments in the table above reflect all of the market-wide modifiers allowed in federal regulation and the average demographic characteristics of the single risk pool. Please note the allowable market-wide modifiers were adjusted to an allowed basis in the development of the market-adjusted index rate which is consistent with the basis of the projected index rate.

Reinsurance

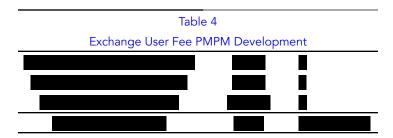
Not Applicable

Risk Adjustment

Described above.

Exchange User Fees

Oscar assumed that 60% of gross premiums will enroll through the exchange which translates to an estimated exchange user fee assessment of \$1000 PMPM. Development of this estimate is provided in Table 4.



The projected exchange user fee, expressed on an allowed basis, is estimated as a payment of approximately \$ and is reflected in Worksheet 1, Section II of the URRT.

13. Plan Level Adjusted Index Rate

Exhibit D summarizes the plan-adjusted index rates, which are determined by applying the allowable plan-level modifiers to the market-adjusted index rate.

The allowable modifiers as described in 45 CFR Part 156, §156.80(d)(2) are the following:

Actuarial Value and Cost-Sharing

Described below.



Plan's Provider Network and Delivery System Characteristics

In all rating areas, Oscar is offering plans with access to its Choice network. In oscar is also offering plans on its narrow Select network. The anticipated lower costs in the Select network are reflected in the provider network rating factor. There are no other anticipated plan-specific differences in the provider network or utilization management practices in Oscar's projected product suite.

Plan Benefits in Addition to the EHBs

Non-Hyde amendment abortions are covered as a state-mandated benefit but are not EHBs and represent % of premium.

Administrative Costs, Excluding Exchange User Fees

The net claims costs are adjusted to account for expected non-benefit expenses. Exhibit E summarizes the components of the administrative cost factor as shown in Worksheet 2, Section III of the URRT.

Expected Impact of the Specific Eligibility Categories for the Catastrophic Plan

A specific eligibility adjustment reflects the difference in expected demographics between the catastrophic plan and the non-catastrophic plans due to the unique eligibility requirements of the catastrophic plan (i.e. that only individuals under the age of 30 or eligible by reason of financial hardship can enroll). This adjustment reflects that costs vary by age and the cost of the population expected to enroll in the catastrophic plan is anticipated to be lower than non-catastrophic plans.

Oscar is proposing no change to the currently approved catastrophic eligibility adjustment.

14. Actuarial Values

14a. AV Metal Values

The AV metal values included in Worksheet 2, Section I of the URRT were based solely on the HHS actuarial value calculator.

14b. AV Pricing Values

Each plan's actuarial value and cost-sharing factor includes a benefit relativity adjustment and the expected impact of the plan's cost sharing amounts on the member's utilization of services. Oscar's internal benefit pricing model, which uses a single claim distribution for all plans, was used to estimate how members purchase services differently based on the level of plan-specific cost sharing. By utilizing a static claim distribution, the pricing model's adjustments assume the same demographic and risk characteristics for each plan priced and therefore exclude expected differences in the health status of members assumed to select each plan.

15. Paid to Allowed Ratio

The table below shows the development for the average projected paid to allowed ratio. The average projected allowed and incurred PMPM reflect the member month weighted average from Worksheet 2, Section IV of the URRT.

Table 5	
Average Paid to Allowed Factor	
Value	Definition

16. Non-Benefit Expenses Including Risk and Profit Margin

16a. Projected Non-Benefit Expenses, Risk and Profit

The net claims costs are adjusted to account for expected non-benefit expenses. Exhibit E summarizes the components of the administrative cost factor as shown in Worksheet 2, Section III of the URRT.

16b. Comparison of Current and Proposed Non-Benefit Expenses, Risk and Profit

Summary of Administrative Costs				
Description	2025		2024	
	PMPM	% of Premium	PMPM	% of Premium
_				

¹The targeted risk margin is net federal income taxes.

16c. Varying Non-Benefit Expenses By Plan

Oscar develops administrative expense allocation as a PMPM to be more appropriately aligned with the economics of the business. Variation in administrative load by plan is required such that the fixed administrative expenses are truly fixed regardless of the AV of each plan. Without variable administrative load, the fixed administrative expenses would be overstated for plans with high AVs and understated for plans with low AVs. The fixed admin expense is \$\frac{1}{2}\$ that's applied as a fixed dollar amount PMPM.

17. Adjusted Community Rating Factors

²The exchange user fee is excluded from the total retention estimate.

A composite calibration adjustment is applied uniformly to all plans. Detailed support of the calibration factor is provided in Exhibit F. The market-wide calibration factor is

17a. Age Factors

The age factors can be found in Exhibit F and are identical to those prescribed by CMS.

17b. Geographic Factors

Exhibit G provides a summary of the proposed geographic rating factors applied to the plan-adjusted index rates. The area factors used are reflective of differences in delivery costs (including unit cost and provider practice pattern differences) only, and do not reflect any difference in population morbidity.

17c. Tobacco Factors

The average tobacco rating factor used in the calibration process is

The tobacco factors by age were developed using a Milliman research report titled *Impact of Height, Weight, and Smoking on Medical Claim Costs*, which tabulates the medical claim costs by age for smokers and non-smokers using a government data source, the Medical Expenditure Panel Survey (MEPS). Smoker prevalence rates, which were utilized above to develop the tobacco calibration factor, were based on Oscar's empirical data, and are not anticipated to be substantially different in the projection period.

Oscar is proposing no change to the currently approved tobacco rating factors.

17d. Family Composition

The premium for family coverage is determined by summing the consumer adjusted premium rates for each individual member, provided at most three child dependents under age 21 are taken into account.

18. Rate Tables

18a. Development of Rate Tables

Oscar derives consumer-adjusted premium rates by calibrating the plan-adjusted index rate and applying the rating factors specified by 45 CFR Part 147, §147.102. Exhibit H includes the proposed rate manual and a sample rate calculation.

18b. Weighted Average Age

The approximate weighted average age based on the age curve calibration, rounded to a whole number, for the single risk pool is 39. The weighted average age curve calibration factor is

18c. Age Curve Calibration

In order to determine the calibration factor for age, the projected distribution of members by age was determined. The weighted average of the factors in the age curve was then calculated using this distribution. The average age was then determined by finding the age of a member that would have the closest factor to the weighted average age curve calibration factor. Prior to applying the allowed rating factors for age, geography and tobacco, the plan adjusted index rates need to be divided by the age curve calibration factor.

Additional support for this calibration can be found in Exhibit F.

18d. Geographic Calibration Factor

The average geographic rating factor is _____. In order to determine the geographic calibration factor the projected distribution of members by area was determined. The weighted average of the area factors was then calculated using this distribution.



19. Development of All Product Base Rates

All product base rates are developed from the market base rates with the same adjustments described above to adjust the Market Adjusted Index Rate to the Plan Adjusted Index Rate. The only difference is that the market base rate is equal to the Market Adjusted Index Rate divided by the age, geographic, and tobacco calibration factors, and the product base rate is equal to the Plan Adjusted Index Rate divided by the age, geographic, and tobacco calibration factors.

20. Risk Corridor Payments or Recoveries

Not applicable.

21. Company Financial Position

Oscar Health Plan, Inc. ("the Company") ended 2023 with capital and surplus of million, well above all regulatory requirements. In 2023, the Company maintained its sufficient capital position without any capital infusions from Parent. The Company had a net income of million.

22. Last Five Years' RBC

The Company has had RBC ratios well in excess of minimum regulatory requirements since 2019, the first year the entity filed financial statements:



23. Federal Medical Loss Ratio

23a. Projected Federal MLR

Oscar's projected loss ratio based on the federally-prescribed MLR methodology is ______. The numerator of the projected loss ratio contains claim costs and HCQI expenses net of receipts from the risk adjustment program and the denominator consists of total premiums net of premium taxes and regulatory fees. Note the MLR in this context does not capture all adjustments, including multi-year averaging, credibility, and deductible averaging.

A summary of each component included in the loss ratio projection is provided in Exhibit I.

23b. Explanation when the future loss ratio is not consistent with the federal rebate MLR Not applicable.

24. Reliance

In developing this rate filing, several internal departments were relied upon for information and assumption setting. This information includes, but is not limited to, Actuarial providing rating factors, claim trend projections, Financial Planning and Analysis providing non-benefit expenses, taxes and fees, and the Insurance Business providing product changes and membership projections. I have performed a limited review of this information and have deemed it to be reasonable.

25. Certifications of Compliance



I, am an Actuary for Oscar. I am a member of the American Academy of Actuaries and I meet the qualification standards of the Academy to render the actuarial opinion contained herein.

I hereby certify that the projected index rate is to the best of my knowledge and understanding:

- In compliance with all applicable state and federal statutes and regulations (45 CFR Part 156, §156.80(d)(2) and 45 CFR Part 147, §147.102),
- Developed in compliance with the applicable Actuarial Standards of Practice, including but not limited to:
 - o ASOP No. 5, Incurred Health and Disability Claims,
 - ASOP No. 8, Regulatory Filings for Health Benefits, Accident and Health Insurance, and Entities Providing Health Benefits,
 - o ASOP No. 12, Risk Classification,
 - o ASOP No. 23, Data Quality,
 - o ASOP No. 25, Credibility Procedures,
 - o ASOP No. 41, Actuarial Communications,
 - ASOP No. 42, Determining Health and Disability Liabilities Other than Liabilities for Incurred Claims,
 - ASOP No. 45, The Use of Health Status Based Risk Adjustment Methodologies, and
 - o ASOP No. 50, Determining Minimum Value and Actuarial Value Under the ACA.
- Reasonable in relation to the benefits provided and the population anticipated to be covered, and
- Neither excessive nor deficient.

I further certify that:

- The index rate and only the allowable modifiers as described in 45 CFR Part 156, §156.80(d)(1) and 45 CFR Part 156, §156.80(d)(2) were used to generate plan level rates,
- The geographic rating factors reflect only differences in the costs of delivery and do not include differences for population morbidity by geographic area, and
- The AV calculator was used to determine the AV metal values shown on Worksheet 2 of the Part I URRT for all plans.

URRT Methodology

The Part I URRT and Illinois ACA Rate Review Template do not demonstrate the process used by Oscar to develop proposed premium rates. It is representative of information required by federal and state regulation to be provided in support of the review of rate increases, for certification of qualified health plans for federally facilitated exchanges and for certification that the index rate is developed in accordance with federal regulations and used consistently and only adjusted by the allowable modifiers.

Plan Behavior Factors and CSR Loading



Mandated Plan behavior factors and CSR loads were applied in accordance with IDOI rate filing guidance. Actual plan behavior factors and CSR loads may differ from the methods prescribed, which may affect the extent to which the rates presented herein are neither excessive nor deficient.

COVID-19 Pandemic

The starting claim experience was adjusted from the experience period to the projection period to reflect the anticipated impact of items such as the change in the cost of Vaccines and pharmaceutical treatment. Unforeseen strains, causing severe outbreaks or changes to legislation, may affect the extent to which the rates presented herein are neither excessive nor deficient.

Medicaid Redetermination and the Public Health Emergency

Rates were developed in line with the current law, which at the time of this rate filing includes the end of Medicaid continuous coverage, followed by redetermination of Medicaid members, as well as the end of the Public Health Emergency. Future regulatory, legislative, and economic changes may affect the extent to which the rates presented herein are neither excessive nor deficient.



Exhibit A Summary of Proposed Rate Increases

Summary of Proposed Rate Increases					
Benefit Plan	HIOS ID	Members -	Plan-Adjusted Index Rate ¹		Rate
benefit Flan	HIO3 ID	Wembers -	2024	2025	Change
		<u> </u>			
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¹Represents the demographic mix of current membership by age and area distributions.

Exhibit B

Manual Rate Development

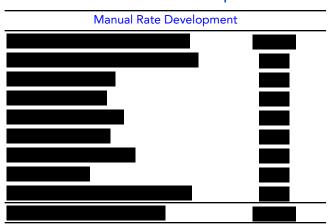
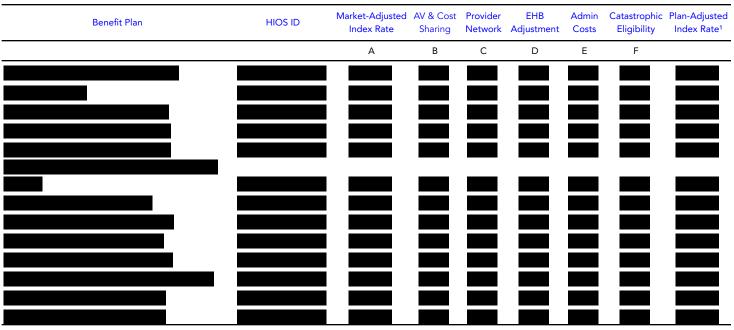


Exhibit C
Risk Adjustment Transfer Projection for the 2025 Plan Year

Description	Ris	k Pool	Definition
Description	Individual	Catastrophic	Definition
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¹Annualized over two plan years.

Exhibit D
Plan-Adjusted Index Rates (1 of 2)



 1 Plan-Adjusted Index Rate = A x B x C x D x E x F

Exhibit D
Plan-Adjusted Index Rates (2 of 2)

AV & Cost Sharing					
Benefit Plan	HIOS ID	Paid-to-Allowed Ratio	CSR Load	Induced Demand Factor	AV & Cos ¹ Sharing ¹
		А	В	С	

¹AV & Cost Sharing = A x B x C

Exhibit E

Administrative Cost Factor Components

Description	Allocation Category		
Description	PMPM	% of Premium	

¹The exchange user fee is not included in the total retention estimate.

Exhibit F
Calibration Development

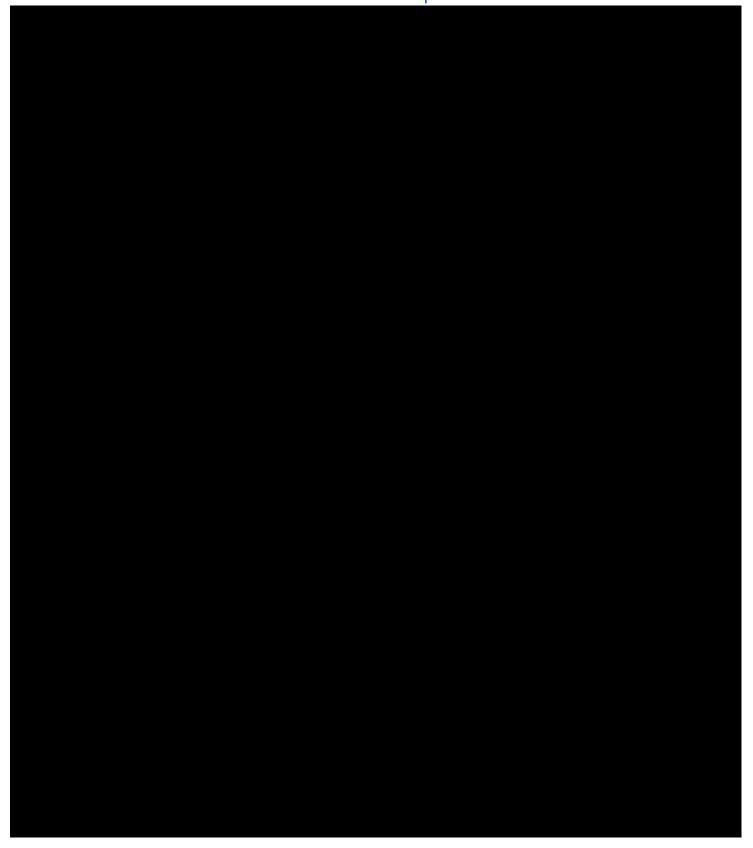
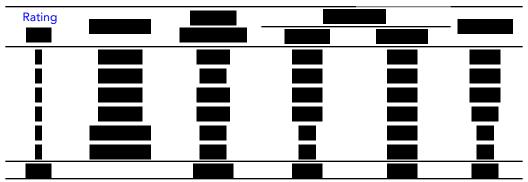




Exhibit G
Geographic Rating Factors



¹Membership distribution as of March 2024.

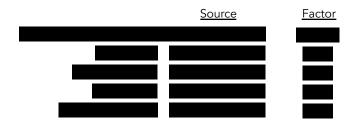
²The current factors were normalized with the current distribution for comparison purposes.

Exhibit H

Sample Rate Calculation

Sample Member Demographics

Bronze Classic Standard (Choice), 40 Year Old Smoker, Rating Area 1



Index Rate x Age Factor x Tobacco Factor x Area Factor / Calibration Factor

Exhibit I Projected Medical Loss Ratio

Projected Medical Loss Ratio (Federa

Description	Value	Definition
		!

Exhibit J

Distribution of Membership Across Metal

		·			
	Exchange	Membe	Membership		
Metal	Status	Distribution	Member Months		
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			Ť		
			Ī		

oscar

Oscar Health Plan, Inc. 75 Varick St, 5th floor New York, NY 10013 1-855-OSCAR-55 hioscar.com

June 11, 2024

Re: Illinois Rate Filing — Request for Trade Secret Classification

Oscar Health Plan, Inc. respectfully requests that the data included in the following documents be treated and classified by the Illinois Department of Insurance as trade secret information and exempt from public disclosure under Section 7(1)(g) of the Freedom of Information Act and other applicable law:

• Unified Rate Review Template

- Federal Rate Tables Template
- Actuarial Memorandum (unredacted)
- Actuarial Memorandum State Version (unredacted)
- Proposed Enrollment Template
- Experience Template
- IL Web Portal Submission Data
- SERFF Rate Review Detail
- Objection Correspondence

The information contained in these documents is not generally well known or readily available, and could provide value to other health plans at Oscar's expense. If competitors make subsequent business decisions in reaction to what they have learned, particularly in re-filing, Oscar could suffer economic harm. Keeping the documents mentioned above confidential will allow Oscar to compete fairly in the Illinois market.

David Brandler

David Brandler, FSA, MAAA Actuarial Manager dbrandler@hioscar.com