

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: /

Filing at a Glance

Company: Oscar Health Plan, Inc.
Product Name: Oscar IL 2025 Individual Rates
State: Illinois
TOI: HOrg021 Individual Health Organizations - Health Maintenance (HMO)
Sub-TOI: HOrg021.005D 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: HOrg021 Individual Health Organizations - Health Maintenance (HMO)/HOrg021.005D 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: HOrg021 Individual Health Organizations - Health Maintenance (HMO)
 State Sub-TOI: HOrg021.005D 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: 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: /

Filing Fees

State Fees

Fee Required? No
 Retaliatory? No
 Fee Explanation:
 Per Company: Yes

Company	Amount	Date Processed	Transaction #
Oscar Health Plan, Inc.	\$50.00	06/05/2024 02:58 PM	287824757
EFT Total	\$50.00		

SERFF Tracking #:

OHIN-134107589

State Tracking #:

Company Tracking #:

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:	Written Premium for this Program:	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%

SERFF Tracking #:

OHIN-134107589

State Tracking #:

Company Tracking #:

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/Rule Schedule

Item No.	Schedule Item Status	Document Name	Affected Form Numbers (Separated with commas)	Rate Action	Rate Action Information	Attachments
1		Rate Tables		New		2025_ILIND_RateTableTemplate_V3_20240603.xls, 2025_ILIND_RateTableTemplate_V3_20240603.xml,

SERFF Tracking #:

OHIN-134107589

State Tracking #:

Company Tracking #:

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:

/

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 required. To validate press Validate button or Ctrl + Shift + I. To finalize, press Finalize button or Ctrl + Shift + F.				
		If you are in a community rating state, select Family-Tier Rates under Rating Method and fill in all columns.				
		If you are not in a community rating state, select Age-Based Rates under Rating Method and provide an Individual Rate for every age band.				
		If Tobacco is Tobacco User/Non-Tobacco User, you must give a rate for Tobacco Use and Non-Tobacco Use.				
		To add a new sheet, press the Add Sheet button, or Ctrl + Shift + H. All plans must have the same dates on a sheet.				
HIOS Issuer ID*		11574				
Rate Effective Date*		1/1/2025				
Rate Expiration Date*		12/31/2025				
Rating Method*		Age-Based Rates				
Plan ID*	Rating Area ID*	Tobacco*	Age*	Individual Rate*	Individual Tobacco Rate*	
Required: Enter the 14-character Plan ID	Required: Select the Rating Area ID	Required: Select if Tobacco use of subscriber is used to determine if a person is eligible for a rate from a plan	Required: Select the age of a subscriber eligible for the rate	Required: Enter the rate of an Individual Non-Tobacco or No Preference enrollee on a plan	Required: Enter the rate of an Individual tobacco enrollee on a plan	
11574IL0010050	Rating Area 1	Tobacco User/Non-Tobacco User	0-14	245.59	245.59	
11574IL0010050	Rating Area 1	Tobacco User/Non-Tobacco User	15	267.42	267.42	
11574IL0010050	Rating Area 1	Tobacco User/Non-Tobacco User	16	275.77	275.77	
11574IL0010050	Rating Area 1	Tobacco User/Non-Tobacco User	17	284.12	284.12	
11574IL0010050	Rating Area 1	Tobacco User/Non-Tobacco User	18	293.10	293.10	
11574IL0010050	Rating Area 1	Tobacco User/Non-Tobacco User	19	302.09	302.09	
11574IL0010050	Rating Area 1	Tobacco User/Non-Tobacco User	20	311.40	311.40	
11574IL0010050	Rating Area 1	Tobacco User/Non-Tobacco User	21	321.04	321.04	
11574IL0010050	Rating Area 1	Tobacco User/Non-Tobacco User	22	321.04	321.04	
11574IL0010050	Rating Area 1	Tobacco User/Non-Tobacco User	23	321.04	321.04	
11574IL0010050	Rating Area 1	Tobacco User/Non-Tobacco User	24	321.04	321.04	
11574IL0010050	Rating Area 1	Tobacco User/Non-Tobacco User	25	322.32	338.43	
11574IL0010050	Rating Area 1	Tobacco User/Non-Tobacco User	26	328.74	345.18	
11574IL0010050	Rating Area 1	Tobacco User/Non-Tobacco User	27	336.44	353.27	
11574IL0010050	Rating Area 1	Tobacco User/Non-Tobacco User	28	348.96	366.41	
11574IL0010050	Rating Area 1	Tobacco User/Non-Tobacco User	29	359.24	377.20	
11574IL0010050	Rating Area 1	Tobacco User/Non-Tobacco User	30	364.37	382.59	
11574IL0010050	Rating Area 1	Tobacco User/Non-Tobacco User	31	372.08	390.68	
11574IL0010050	Rating Area 1	Tobacco User/Non-Tobacco User	32	379.78	398.77	
11574IL0010050	Rating Area 1	Tobacco User/Non-Tobacco User	33	384.60	403.83	
11574IL0010050	Rating Area 1	Tobacco User/Non-Tobacco User	34	389.74	409.22	
11574IL0010050	Rating Area 1	Tobacco User/Non-Tobacco User	35	392.30	427.61	
11574IL0010050	Rating Area 1	Tobacco User/Non-Tobacco User	36	394.87	430.41	
11574IL0010050	Rating Area 1	Tobacco User/Non-Tobacco User	37	397.44	433.21	
11574IL0010050	Rating Area 1	Tobacco User/Non-Tobacco User	38	400.01	436.01	
11574IL0010050	Rating Area 1	Tobacco User/Non-Tobacco User	39	405.14	441.61	
11574IL0010050	Rating Area 1	Tobacco User/Non-Tobacco User	40	410.28	447.21	
11574IL0010050	Rating Area 1	Tobacco User/Non-Tobacco User	41	417.99	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	Rating Area 1	Tobacco User/Non-Tobacco User	44	448.48	488.85	
11574IL0010050	Rating Area 1	Tobacco User/Non-Tobacco User	45	463.57	505.29	
11574IL0010050	Rating Area 1	Tobacco User/Non-Tobacco User	46	481.55	524.89	
11574IL0010050	Rating Area 1	Tobacco User/Non-Tobacco User	47	501.78	546.94	
11574IL0010050	Rating Area 1	Tobacco User/Non-Tobacco User	48	524.89	572.13	
11574IL0010050	Rating Area 1	Tobacco User/Non-Tobacco User	49	547.68	596.98	
11574IL0010050	Rating Area 1	Tobacco User/Non-Tobacco User	50	573.37	624.97	
11574IL0010050	Rating Area 1	Tobacco User/Non-Tobacco User	51	598.73	652.61	
11574IL0010050	Rating Area 1	Tobacco User/Non-Tobacco User	52	626.66	683.06	
11574IL0010050	Rating Area 1	Tobacco User/Non-Tobacco User	53	654.91	713.85	

11574IL0010050	Rating Area 1	Tobacco User/Non-Tobacco User	54	685.41	747.09
11574IL0010050	Rating Area 1	Tobacco User/Non-Tobacco User	55	715.91	805.39
11574IL0010050	Rating Area 1	Tobacco User/Non-Tobacco User	56	748.97	842.59
11574IL0010050	Rating Area 1	Tobacco User/Non-Tobacco User	57	782.36	880.15
11574IL0010050	Rating Area 1	Tobacco User/Non-Tobacco User	58	817.99	920.24
11574IL0010050	Rating Area 1	Tobacco User/Non-Tobacco User	59	835.65	940.11
11574IL0010050	Rating Area 1	Tobacco User/Non-Tobacco User	60	871.29	980.20
11574IL0010050	Rating Area 1	Tobacco User/Non-Tobacco User	61	902.11	1014.87
11574IL0010050	Rating Area 1	Tobacco User/Non-Tobacco User	62	922.33	1037.62
11574IL0010050	Rating Area 1	Tobacco User/Non-Tobacco User	63	947.69	1066.15
11574IL0010050	Rating Area 1	Tobacco User/Non-Tobacco User	64 and over	963.10	1083.49
11574IL0010011	Rating Area 1	Tobacco User/Non-Tobacco User	0-14	211.53	211.53
11574IL0010011	Rating Area 1	Tobacco User/Non-Tobacco User	15	230.34	230.34
11574IL0010011	Rating Area 1	Tobacco User/Non-Tobacco User	16	237.52	237.52
11574IL0010011	Rating Area 1	Tobacco User/Non-Tobacco User	17	244.71	244.71
11574IL0010011	Rating Area 1	Tobacco User/Non-Tobacco User	18	252.46	252.46
11574IL0010011	Rating Area 1	Tobacco User/Non-Tobacco User	19	260.20	260.20
11574IL0010011	Rating Area 1	Tobacco User/Non-Tobacco User	20	268.22	268.22
11574IL0010011	Rating Area 1	Tobacco User/Non-Tobacco User	21	276.52	276.52
11574IL0010011	Rating Area 1	Tobacco User/Non-Tobacco User	22	276.52	276.52
11574IL0010011	Rating Area 1	Tobacco User/Non-Tobacco User	23	276.52	276.52
11574IL0010011	Rating Area 1	Tobacco User/Non-Tobacco User	24	276.52	276.52
11574IL0010011	Rating Area 1	Tobacco User/Non-Tobacco User	25	277.62	291.50
11574IL0010011	Rating Area 1	Tobacco User/Non-Tobacco User	26	283.15	297.31
11574IL0010011	Rating Area 1	Tobacco User/Non-Tobacco User	27	289.79	304.28
11574IL0010011	Rating Area 1	Tobacco User/Non-Tobacco User	28	300.57	315.60
11574IL0010011	Rating Area 1	Tobacco User/Non-Tobacco User	29	309.42	324.89
11574IL0010011	Rating Area 1	Tobacco User/Non-Tobacco User	30	313.84	329.53
11574IL0010011	Rating Area 1	Tobacco User/Non-Tobacco User	31	320.48	336.50
11574IL0010011	Rating Area 1	Tobacco User/Non-Tobacco User	32	327.12	343.47
11574IL0010011	Rating Area 1	Tobacco User/Non-Tobacco User	33	331.26	347.83
11574IL0010011	Rating Area 1	Tobacco User/Non-Tobacco User	34	335.69	352.47
11574IL0010011	Rating Area 1	Tobacco User/Non-Tobacco User	35	337.90	368.31
11574IL0010011	Rating Area 1	Tobacco User/Non-Tobacco User	36	340.11	370.72
11574IL0010011	Rating Area 1	Tobacco User/Non-Tobacco User	37	342.32	373.13
11574IL0010011	Rating Area 1	Tobacco User/Non-Tobacco User	38	344.54	375.54
11574IL0010011	Rating Area 1	Tobacco User/Non-Tobacco User	39	348.96	380.37
11574IL0010011	Rating Area 1	Tobacco User/Non-Tobacco User	40	353.38	385.19
11574IL0010011	Rating Area 1	Tobacco User/Non-Tobacco User	41	360.02	392.42
11574IL0010011	Rating Area 1	Tobacco User/Non-Tobacco User	42	366.38	399.35
11574IL0010011	Rating Area 1	Tobacco User/Non-Tobacco User	43	375.23	409.00
11574IL0010011	Rating Area 1	Tobacco User/Non-Tobacco User	44	386.29	421.06
11574IL0010011	Rating Area 1	Tobacco User/Non-Tobacco User	45	399.29	435.22
11574IL0010011	Rating Area 1	Tobacco User/Non-Tobacco User	46	414.77	452.10
11574IL0010011	Rating Area 1	Tobacco User/Non-Tobacco User	47	432.19	471.09
11574IL0010011	Rating Area 1	Tobacco User/Non-Tobacco User	48	452.10	492.79
11574IL0010011	Rating Area 1	Tobacco User/Non-Tobacco User	49	471.73	514.19
11574IL0010011	Rating Area 1	Tobacco User/Non-Tobacco User	50	493.85	538.30
11574IL0010011	Rating Area 1	Tobacco User/Non-Tobacco User	51	515.70	562.11
11574IL0010011	Rating Area 1	Tobacco User/Non-Tobacco User	52	539.75	588.33
11574IL0010011	Rating Area 1	Tobacco User/Non-Tobacco User	53	564.09	614.86
11574IL0010011	Rating Area 1	Tobacco User/Non-Tobacco User	54	590.36	643.49
11574IL0010011	Rating Area 1	Tobacco User/Non-Tobacco User	55	616.62	693.70
11574IL0010011	Rating Area 1	Tobacco User/Non-Tobacco User	56	645.11	725.74
11574IL0010011	Rating Area 1	Tobacco User/Non-Tobacco User	57	673.86	758.10
11574IL0010011	Rating Area 1	Tobacco User/Non-Tobacco User	58	704.56	792.63
11574IL0010011	Rating Area 1	Tobacco User/Non-Tobacco User	59	719.76	809.73
11574IL0010011	Rating Area 1	Tobacco User/Non-Tobacco User	60	750.46	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

11574IL0010052	Rating Area 1	Tobacco User/Non-Tobacco User	19	374.30	374.30
11574IL0010052	Rating Area 1	Tobacco User/Non-Tobacco User	20	385.83	385.83
11574IL0010052	Rating Area 1	Tobacco User/Non-Tobacco User	21	397.77	397.77
11574IL0010052	Rating Area 1	Tobacco User/Non-Tobacco User	22	397.77	397.77
11574IL0010052	Rating Area 1	Tobacco User/Non-Tobacco User	23	397.77	397.77
11574IL0010052	Rating Area 1	Tobacco User/Non-Tobacco User	24	397.77	397.77
11574IL0010052	Rating Area 1	Tobacco User/Non-Tobacco User	25	399.35	419.32
11574IL0010052	Rating Area 1	Tobacco User/Non-Tobacco User	26	407.31	427.67
11574IL0010052	Rating Area 1	Tobacco User/Non-Tobacco User	27	416.86	437.70
11574IL0010052	Rating Area 1	Tobacco User/Non-Tobacco User	28	432.37	453.99
11574IL0010052	Rating Area 1	Tobacco User/Non-Tobacco User	29	445.10	467.35
11574IL0010052	Rating Area 1	Tobacco User/Non-Tobacco User	30	451.46	474.03
11574IL0010052	Rating Area 1	Tobacco User/Non-Tobacco User	31	461.01	484.06
11574IL0010052	Rating Area 1	Tobacco User/Non-Tobacco User	32	470.55	494.08
11574IL0010052	Rating Area 1	Tobacco User/Non-Tobacco User	33	476.52	500.35
11574IL0010052	Rating Area 1	Tobacco User/Non-Tobacco User	34	482.88	507.03
11574IL0010052	Rating Area 1	Tobacco User/Non-Tobacco User	35	486.07	529.81
11574IL0010052	Rating Area 1	Tobacco User/Non-Tobacco User	36	489.25	533.28
11574IL0010052	Rating Area 1	Tobacco User/Non-Tobacco User	37	492.43	536.75
11574IL0010052	Rating Area 1	Tobacco User/Non-Tobacco User	38	495.61	540.22
11574IL0010052	Rating Area 1	Tobacco User/Non-Tobacco User	39	501.98	547.15
11574IL0010052	Rating Area 1	Tobacco User/Non-Tobacco User	40	508.34	554.09
11574IL0010052	Rating Area 1	Tobacco User/Non-Tobacco User	41	517.89	564.50
11574IL0010052	Rating Area 1	Tobacco User/Non-Tobacco User	42	527.04	574.47
11574IL0010052	Rating Area 1	Tobacco User/Non-Tobacco User	43	539.76	588.34
11574IL0010052	Rating Area 1	Tobacco User/Non-Tobacco User	44	555.68	605.69
11574IL0010052	Rating Area 1	Tobacco User/Non-Tobacco User	45	574.37	626.06
11574IL0010052	Rating Area 1	Tobacco User/Non-Tobacco User	46	596.64	650.34
11574IL0010052	Rating Area 1	Tobacco User/Non-Tobacco User	47	621.70	677.66
11574IL0010052	Rating Area 1	Tobacco User/Non-Tobacco User	48	650.34	708.87
11574IL0010052	Rating Area 1	Tobacco User/Non-Tobacco User	49	678.58	739.66
11574IL0010052	Rating Area 1	Tobacco User/Non-Tobacco User	50	710.40	774.34
11574IL0010052	Rating Area 1	Tobacco User/Non-Tobacco User	51	741.83	808.59
11574IL0010052	Rating Area 1	Tobacco User/Non-Tobacco User	52	776.43	846.31
11574IL0010052	Rating Area 1	Tobacco User/Non-Tobacco User	53	811.44	884.47
11574IL0010052	Rating Area 1	Tobacco User/Non-Tobacco User	54	849.22	925.65
11574IL0010052	Rating Area 1	Tobacco User/Non-Tobacco User	55	887.01	997.89
11574IL0010052	Rating Area 1	Tobacco User/Non-Tobacco User	56	927.98	1043.98
11574IL0010052	Rating Area 1	Tobacco User/Non-Tobacco User	57	969.35	1090.52
11574IL0010052	Rating Area 1	Tobacco User/Non-Tobacco User	58	1013.50	1140.19
11574IL0010052	Rating Area 1	Tobacco User/Non-Tobacco User	59	1035.38	1164.80
11574IL0010052	Rating Area 1	Tobacco User/Non-Tobacco User	60	1079.53	1214.47
11574IL0010052	Rating Area 1	Tobacco User/Non-Tobacco User	61	1117.71	1257.43
11574IL0010052	Rating Area 1	Tobacco User/Non-Tobacco User	62	1142.77	1285.62
11574IL0010052	Rating Area 1	Tobacco User/Non-Tobacco User	63	1174.20	1320.97
11574IL0010052	Rating Area 1	Tobacco User/Non-Tobacco User	64 and over	1193.29	1342.45
11574IL0020021	Rating Area 1	Tobacco User/Non-Tobacco User	0-14	237.53	237.53
11574IL0020021	Rating Area 1	Tobacco User/Non-Tobacco User	15	258.65	258.65
11574IL0020021	Rating Area 1	Tobacco User/Non-Tobacco User	16	266.72	266.72
11574IL0020021	Rating Area 1	Tobacco User/Non-Tobacco User	17	274.79	274.79
11574IL0020021	Rating Area 1	Tobacco User/Non-Tobacco User	18	283.49	283.49
11574IL0020021	Rating Area 1	Tobacco User/Non-Tobacco User	19	292.18	292.18
11574IL0020021	Rating Area 1	Tobacco User/Non-Tobacco User	20	301.19	301.19
11574IL0020021	Rating Area 1	Tobacco User/Non-Tobacco User	21	310.51	310.51
11574IL0020021	Rating Area 1	Tobacco User/Non-Tobacco User	22	310.51	310.51
11574IL0020021	Rating Area 1	Tobacco User/Non-Tobacco User	23	310.51	310.51
11574IL0020021	Rating Area 1	Tobacco User/Non-Tobacco User	24	310.51	310.51
11574IL0020021	Rating Area 1	Tobacco User/Non-Tobacco User	25	311.74	327.33
11574IL0020021	Rating Area 1	Tobacco User/Non-Tobacco User	26	317.95	333.85

11574IL0020021	Rating Area 1	Tobacco User/Non-Tobacco User	27	325.40	341.67
11574IL0020021	Rating Area 1	Tobacco User/Non-Tobacco User	28	337.51	354.39
11574IL0020021	Rating Area 1	Tobacco User/Non-Tobacco User	29	347.45	364.82
11574IL0020021	Rating Area 1	Tobacco User/Non-Tobacco User	30	352.42	370.04
11574IL0020021	Rating Area 1	Tobacco User/Non-Tobacco User	31	359.87	377.86
11574IL0020021	Rating Area 1	Tobacco User/Non-Tobacco User	32	367.32	385.69
11574IL0020021	Rating Area 1	Tobacco User/Non-Tobacco User	33	371.98	390.58
11574IL0020021	Rating Area 1	Tobacco User/Non-Tobacco User	34	376.95	395.79
11574IL0020021	Rating Area 1	Tobacco User/Non-Tobacco User	35	379.43	413.58
11574IL0020021	Rating Area 1	Tobacco User/Non-Tobacco User	36	381.92	416.29
11574IL0020021	Rating Area 1	Tobacco User/Non-Tobacco User	37	384.40	419.00
11574IL0020021	Rating Area 1	Tobacco User/Non-Tobacco User	38	386.88	421.70
11574IL0020021	Rating Area 1	Tobacco User/Non-Tobacco User	39	391.85	427.12
11574IL0020021	Rating Area 1	Tobacco User/Non-Tobacco User	40	396.82	432.53
11574IL0020021	Rating Area 1	Tobacco User/Non-Tobacco User	41	404.27	440.66
11574IL0020021	Rating Area 1	Tobacco User/Non-Tobacco User	42	411.41	448.44
11574IL0020021	Rating Area 1	Tobacco User/Non-Tobacco User	43	421.35	459.27
11574IL0020021	Rating Area 1	Tobacco User/Non-Tobacco User	44	433.77	472.81
11574IL0020021	Rating Area 1	Tobacco User/Non-Tobacco User	45	448.36	488.71
11574IL0020021	Rating Area 1	Tobacco User/Non-Tobacco User	46	465.75	507.67
11574IL0020021	Rating Area 1	Tobacco User/Non-Tobacco User	47	485.31	528.99
11574IL0020021	Rating Area 1	Tobacco User/Non-Tobacco User	48	507.67	553.36
11574IL0020021	Rating Area 1	Tobacco User/Non-Tobacco User	49	529.71	577.39
11574IL0020021	Rating Area 1	Tobacco User/Non-Tobacco User	50	554.55	604.46
11574IL0020021	Rating Area 1	Tobacco User/Non-Tobacco User	51	579.08	631.20
11574IL0020021	Rating Area 1	Tobacco User/Non-Tobacco User	52	606.10	660.65
11574IL0020021	Rating Area 1	Tobacco User/Non-Tobacco User	53	633.42	690.43
11574IL0020021	Rating Area 1	Tobacco User/Non-Tobacco User	54	662.92	722.58
11574IL0020021	Rating Area 1	Tobacco User/Non-Tobacco User	55	692.42	778.97
11574IL0020021	Rating Area 1	Tobacco User/Non-Tobacco User	56	724.40	814.95
11574IL0020021	Rating Area 1	Tobacco User/Non-Tobacco User	57	756.69	851.28
11574IL0020021	Rating Area 1	Tobacco User/Non-Tobacco User	58	791.15	890.05
11574IL0020021	Rating Area 1	Tobacco User/Non-Tobacco User	59	808.23	909.26
11574IL0020021	Rating Area 1	Tobacco User/Non-Tobacco User	60	842.70	948.03
11574IL0020021	Rating Area 1	Tobacco User/Non-Tobacco User	61	872.51	981.57
11574IL0020021	Rating Area 1	Tobacco User/Non-Tobacco User	62	892.07	1003.58
11574IL0020021	Rating Area 1	Tobacco User/Non-Tobacco User	63	916.60	1031.17
11574IL0020021	Rating Area 1	Tobacco User/Non-Tobacco User	64 and over	931.50	1047.94
11574IL0020024	Rating Area 1	Tobacco User/Non-Tobacco User	0-14	236.52	236.52
11574IL0020024	Rating Area 1	Tobacco User/Non-Tobacco User	15	257.54	257.54
11574IL0020024	Rating Area 1	Tobacco User/Non-Tobacco User	16	265.58	265.58
11574IL0020024	Rating Area 1	Tobacco User/Non-Tobacco User	17	273.62	273.62
11574IL0020024	Rating Area 1	Tobacco User/Non-Tobacco User	18	282.27	282.27
11574IL0020024	Rating Area 1	Tobacco User/Non-Tobacco User	19	290.93	290.93
11574IL0020024	Rating Area 1	Tobacco User/Non-Tobacco User	20	299.90	299.90
11574IL0020024	Rating Area 1	Tobacco User/Non-Tobacco User	21	309.18	309.18
11574IL0020024	Rating Area 1	Tobacco User/Non-Tobacco User	22	309.18	309.18
11574IL0020024	Rating Area 1	Tobacco User/Non-Tobacco User	23	309.18	309.18
11574IL0020024	Rating Area 1	Tobacco User/Non-Tobacco User	24	309.18	309.18
11574IL0020024	Rating Area 1	Tobacco User/Non-Tobacco User	25	310.41	325.93
11574IL0020024	Rating Area 1	Tobacco User/Non-Tobacco User	26	316.59	332.42
11574IL0020024	Rating Area 1	Tobacco User/Non-Tobacco User	27	324.01	340.21
11574IL0020024	Rating Area 1	Tobacco User/Non-Tobacco User	28	336.07	352.87
11574IL0020024	Rating Area 1	Tobacco User/Non-Tobacco User	29	345.96	363.26
11574IL0020024	Rating Area 1	Tobacco User/Non-Tobacco User	30	350.91	368.45
11574IL0020024	Rating Area 1	Tobacco User/Non-Tobacco User	31	358.33	376.25
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
11574IL0020024	Rating Area 1	Tobacco User/Non-Tobacco User	34	375.33	394.10

11574IL0020024	Rating Area 1	Tobacco User/Non-Tobacco User	35	377.81	411.81
11574IL0020024	Rating Area 1	Tobacco User/Non-Tobacco User	36	380.28	414.50
11574IL0020024	Rating Area 1	Tobacco User/Non-Tobacco User	37	382.75	417.20
11574IL0020024	Rating Area 1	Tobacco User/Non-Tobacco User	38	385.23	419.90
11574IL0020024	Rating Area 1	Tobacco User/Non-Tobacco User	39	390.17	425.29
11574IL0020024	Rating Area 1	Tobacco User/Non-Tobacco User	40	395.12	430.68
11574IL0020024	Rating Area 1	Tobacco User/Non-Tobacco User	41	402.54	438.77
11574IL0020024	Rating Area 1	Tobacco User/Non-Tobacco User	42	409.65	446.52
11574IL0020024	Rating Area 1	Tobacco User/Non-Tobacco User	43	419.54	457.30
11574IL0020024	Rating Area 1	Tobacco User/Non-Tobacco User	44	431.91	470.78
11574IL0020024	Rating Area 1	Tobacco User/Non-Tobacco User	45	446.44	486.62
11574IL0020024	Rating Area 1	Tobacco User/Non-Tobacco User	46	463.76	505.49
11574IL0020024	Rating Area 1	Tobacco User/Non-Tobacco User	47	483.23	526.72
11574IL0020024	Rating Area 1	Tobacco User/Non-Tobacco User	48	505.49	550.99
11574IL0020024	Rating Area 1	Tobacco User/Non-Tobacco User	49	527.44	574.92
11574IL0020024	Rating Area 1	Tobacco User/Non-Tobacco User	50	552.18	601.87
11574IL0020024	Rating Area 1	Tobacco User/Non-Tobacco User	51	576.60	628.50
11574IL0020024	Rating Area 1	Tobacco User/Non-Tobacco User	52	603.50	657.82
11574IL0020024	Rating Area 1	Tobacco User/Non-Tobacco User	53	630.71	687.47
11574IL0020024	Rating Area 1	Tobacco User/Non-Tobacco User	54	660.08	719.49
11574IL0020024	Rating Area 1	Tobacco User/Non-Tobacco User	55	689.45	775.63
11574IL0020024	Rating Area 1	Tobacco User/Non-Tobacco User	56	721.29	811.46
11574IL0020024	Rating Area 1	Tobacco User/Non-Tobacco User	57	753.45	847.63
11574IL0020024	Rating Area 1	Tobacco User/Non-Tobacco User	58	787.77	886.24
11574IL0020024	Rating Area 1	Tobacco User/Non-Tobacco User	59	804.77	905.37
11574IL0020024	Rating Area 1	Tobacco User/Non-Tobacco User	60	839.09	943.97
11574IL0020024	Rating Area 1	Tobacco User/Non-Tobacco User	61	868.77	977.37
11574IL0020024	Rating Area 1	Tobacco User/Non-Tobacco User	62	888.25	999.28
11574IL0020024	Rating Area 1	Tobacco User/Non-Tobacco User	63	912.67	1026.76
11574IL0020024	Rating Area 1	Tobacco User/Non-Tobacco User	64 and over	927.51	1043.45
11574IL0020050	Rating Area 1	Tobacco User/Non-Tobacco User	0-14	232.54	232.54
11574IL0020050	Rating Area 1	Tobacco User/Non-Tobacco User	15	253.21	253.21
11574IL0020050	Rating Area 1	Tobacco User/Non-Tobacco User	16	261.12	261.12
11574IL0020050	Rating Area 1	Tobacco User/Non-Tobacco User	17	269.02	269.02
11574IL0020050	Rating Area 1	Tobacco User/Non-Tobacco User	18	277.53	277.53
11574IL0020050	Rating Area 1	Tobacco User/Non-Tobacco User	19	286.04	286.04
11574IL0020050	Rating Area 1	Tobacco User/Non-Tobacco User	20	294.86	294.86
11574IL0020050	Rating Area 1	Tobacco User/Non-Tobacco User	21	303.99	303.99
11574IL0020050	Rating Area 1	Tobacco User/Non-Tobacco User	22	303.99	303.99
11574IL0020050	Rating Area 1	Tobacco User/Non-Tobacco User	23	303.99	303.99
11574IL0020050	Rating Area 1	Tobacco User/Non-Tobacco User	24	303.99	303.99
11574IL0020050	Rating Area 1	Tobacco User/Non-Tobacco User	25	305.19	320.45
11574IL0020050	Rating Area 1	Tobacco User/Non-Tobacco User	26	311.27	326.84
11574IL0020050	Rating Area 1	Tobacco User/Non-Tobacco User	27	318.57	334.50
11574IL0020050	Rating Area 1	Tobacco User/Non-Tobacco User	28	330.42	346.95
11574IL0020050	Rating Area 1	Tobacco User/Non-Tobacco User	29	340.15	357.16
11574IL0020050	Rating Area 1	Tobacco User/Non-Tobacco User	30	345.02	362.27
11574IL0020050	Rating Area 1	Tobacco User/Non-Tobacco User	31	352.31	369.93
11574IL0020050	Rating Area 1	Tobacco User/Non-Tobacco User	32	359.61	377.59
11574IL0020050	Rating Area 1	Tobacco User/Non-Tobacco User	33	364.17	382.37
11574IL0020050	Rating Area 1	Tobacco User/Non-Tobacco User	34	369.03	387.48
11574IL0020050	Rating Area 1	Tobacco User/Non-Tobacco User	35	371.46	404.89
11574IL0020050	Rating Area 1	Tobacco User/Non-Tobacco User	36	373.89	407.54
11574IL0020050	Rating Area 1	Tobacco User/Non-Tobacco User	37	376.33	410.19
11574IL0020050	Rating Area 1	Tobacco User/Non-Tobacco User	38	378.76	412.85
11574IL0020050	Rating Area 1	Tobacco User/Non-Tobacco User	39	383.62	418.15
11574IL0020050	Rating Area 1	Tobacco User/Non-Tobacco User	40	388.48	423.45
11574IL0020050	Rating Area 1	Tobacco User/Non-Tobacco User	41	395.78	431.40
11574IL0020050	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	Rating 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	Tobacco User/Non-Tobacco User	63	897.34	1009.51
11574IL0020050	Rating Area 1	Tobacco User/Non-Tobacco User	64 and over	911.94	1025.93
11574IL0020053	Rating Area 1	Tobacco User/Non-Tobacco User	0-14	306.33	306.33
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
11574IL0020053	Rating Area 1	Tobacco User/Non-Tobacco User	47	625.87	682.19
11574IL0020053	Rating Area 1	Tobacco User/Non-Tobacco User	48	654.70	713.62
11574IL0020053	Rating Area 1	Tobacco User/Non-Tobacco User	49	683.13	744.61
11574IL0020053	Rating Area 1	Tobacco User/Non-Tobacco User	50	715.16	779.52

11574IL0020053	Rating Area 1	Tobacco User/Non-Tobacco User	51	746.79	814.01
11574IL0020053	Rating Area 1	Tobacco User/Non-Tobacco User	52	781.63	851.98
11574IL0020053	Rating Area 1	Tobacco User/Non-Tobacco User	53	816.87	890.39
11574IL0020053	Rating Area 1	Tobacco User/Non-Tobacco User	54	854.91	931.85
11574IL0020053	Rating Area 1	Tobacco User/Non-Tobacco User	55	892.95	1004.57
11574IL0020053	Rating Area 1	Tobacco User/Non-Tobacco User	56	934.19	1050.97
11574IL0020053	Rating Area 1	Tobacco User/Non-Tobacco User	57	975.84	1097.82
11574IL0020053	Rating Area 1	Tobacco User/Non-Tobacco User	58	1020.28	1147.82
11574IL0020053	Rating Area 1	Tobacco User/Non-Tobacco User	59	1042.31	1172.60
11574IL0020053	Rating Area 1	Tobacco User/Non-Tobacco User	60	1086.76	1222.60
11574IL0020053	Rating Area 1	Tobacco User/Non-Tobacco User	61	1125.20	1265.85
11574IL0020053	Rating Area 1	Tobacco User/Non-Tobacco User	62	1150.42	1294.23
11574IL0020053	Rating Area 1	Tobacco User/Non-Tobacco User	63	1182.06	1329.81
11574IL0020053	Rating Area 1	Tobacco User/Non-Tobacco User	64 and over	1201.28	1351.44
11574IL0020025	Rating Area 1	Tobacco User/Non-Tobacco User	0-14	286.53	286.53
11574IL0020025	Rating Area 1	Tobacco User/Non-Tobacco User	15	312.00	312.00
11574IL0020025	Rating Area 1	Tobacco User/Non-Tobacco User	16	321.73	321.73
11574IL0020025	Rating Area 1	Tobacco User/Non-Tobacco User	17	331.47	331.47
11574IL0020025	Rating Area 1	Tobacco User/Non-Tobacco User	18	341.96	341.96
11574IL0020025	Rating Area 1	Tobacco User/Non-Tobacco User	19	352.45	352.45
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	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	394.84
11574IL0020025	Rating Area 1	Tobacco User/Non-Tobacco User	26	383.53	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	427.49
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	32	443.09	465.24
11574IL0020025	Rating Area 1	Tobacco User/Non-Tobacco User	33	448.70	471.14
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	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	38	466.68	508.68
11574IL0020025	Rating Area 1	Tobacco User/Non-Tobacco User	39	472.68	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	41	487.66	531.55
11574IL0020025	Rating Area 1	Tobacco User/Non-Tobacco User	42	496.27	540.94
11574IL0020025	Rating Area 1	Tobacco User/Non-Tobacco User	43	508.26	554.00
11574IL0020025	Rating Area 1	Tobacco User/Non-Tobacco User	44	523.24	570.33
11574IL0020025	Rating Area 1	Tobacco User/Non-Tobacco User	45	540.84	589.52
11574IL0020025	Rating Area 1	Tobacco User/Non-Tobacco User	46	561.82	612.38
11574IL0020025	Rating Area 1	Tobacco User/Non-Tobacco User	47	585.41	638.10
11574IL0020025	Rating Area 1	Tobacco User/Non-Tobacco User	48	612.38	667.49
11574IL0020025	Rating Area 1	Tobacco User/Non-Tobacco User	49	638.97	696.48
11574IL0020025	Rating Area 1	Tobacco User/Non-Tobacco User	50	668.94	729.14
11574IL0020025	Rating Area 1	Tobacco User/Non-Tobacco User	51	698.53	761.39
11574IL0020025	Rating Area 1	Tobacco User/Non-Tobacco User	52	731.11	796.91
11574IL0020025	Rating Area 1	Tobacco User/Non-Tobacco User	53	764.07	832.84
11574IL0020025	Rating Area 1	Tobacco User/Non-Tobacco User	54	799.65	871.62
11574IL0020025	Rating Area 1	Tobacco User/Non-Tobacco User	55	835.23	939.64
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	58	954.34	1073.63

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	513.82
11574IL0020030	Rating Area 1	Tobacco User/Non-Tobacco User	37	474.46	517.16
11574IL0020030	Rating Area 1	Tobacco User/Non-Tobacco User	38	477.52	520.50
11574IL0020030	Rating Area 1	Tobacco User/Non-Tobacco User	39	483.66	527.19
11574IL0020030	Rating Area 1	Tobacco User/Non-Tobacco User	40	489.79	533.87
11574IL0020030	Rating Area 1	Tobacco User/Non-Tobacco User	41	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	323.01
11574IL0020052	Rating Area 1	Tobacco User/Non-Tobacco User	17	332.78	332.78
11574IL0020052	Rating Area 1	Tobacco User/Non-Tobacco User	18	343.31	343.31
11574IL0020052	Rating Area 1	Tobacco User/Non-Tobacco User	19	353.84	353.84
11574IL0020052	Rating Area 1	Tobacco User/Non-Tobacco User	20	364.74	364.74
11574IL0020052	Rating Area 1	Tobacco User/Non-Tobacco User	21	376.03	376.03
11574IL0020052	Rating Area 1	Tobacco User/Non-Tobacco User	22	376.03	376.03
11574IL0020052	Rating Area 1	Tobacco User/Non-Tobacco User	23	376.03	376.03
11574IL0020052	Rating Area 1	Tobacco User/Non-Tobacco User	24	376.03	376.03
11574IL0020052	Rating Area 1	Tobacco User/Non-Tobacco User	25	377.53	396.41
11574IL0020052	Rating Area 1	Tobacco User/Non-Tobacco User	26	385.05	404.30
11574IL0020052	Rating Area 1	Tobacco User/Non-Tobacco User	27	394.07	413.78
11574IL0020052	Rating Area 1	Tobacco User/Non-Tobacco User	28	408.74	429.18
11574IL0020052	Rating Area 1	Tobacco User/Non-Tobacco User	29	420.77	441.81
11574IL0020052	Rating Area 1	Tobacco User/Non-Tobacco User	30	426.79	448.13
11574IL0020052	Rating Area 1	Tobacco User/Non-Tobacco User	31	435.81	457.60
11574IL0020052	Rating Area 1	Tobacco User/Non-Tobacco User	32	444.84	467.08
11574IL0020052	Rating Area 1	Tobacco User/Non-Tobacco User	33	450.48	473.00
11574IL0020052	Rating Area 1	Tobacco User/Non-Tobacco User	34	456.49	479.32
11574IL0020052	Rating Area 1	Tobacco User/Non-Tobacco User	35	459.50	500.86
11574IL0020052	Rating Area 1	Tobacco User/Non-Tobacco User	36	462.51	504.14
11574IL0020052	Rating Area 1	Tobacco User/Non-Tobacco User	37	465.52	507.42
11574IL0020052	Rating Area 1	Tobacco User/Non-Tobacco User	38	468.53	510.69
11574IL0020052	Rating Area 1	Tobacco User/Non-Tobacco User	39	474.54	517.25
11574IL0020052	Rating Area 1	Tobacco User/Non-Tobacco User	40	480.56	523.81
11574IL0020052	Rating Area 1	Tobacco User/Non-Tobacco User	41	489.58	533.65
11574IL0020052	Rating Area 1	Tobacco User/Non-Tobacco User	42	498.23	543.07
11574IL0020052	Rating Area 1	Tobacco User/Non-Tobacco User	43	510.27	556.19
11574IL0020052	Rating Area 1	Tobacco User/Non-Tobacco User	44	525.31	572.58
11574IL0020052	Rating Area 1	Tobacco User/Non-Tobacco User	45	542.98	591.85
11574IL0020052	Rating Area 1	Tobacco User/Non-Tobacco User	46	564.04	614.80
11574IL0020052	Rating Area 1	Tobacco User/Non-Tobacco User	47	587.73	640.62
11574IL0020052	Rating Area 1	Tobacco User/Non-Tobacco User	48	614.80	670.13
11574IL0020052	Rating Area 1	Tobacco User/Non-Tobacco User	49	641.50	699.23
11574IL0020052	Rating Area 1	Tobacco User/Non-Tobacco User	50	671.58	732.02
11574IL0020052	Rating Area 1	Tobacco User/Non-Tobacco User	51	701.29	764.40
11574IL0020052	Rating Area 1	Tobacco User/Non-Tobacco User	52	734.00	800.06
11574IL0020052	Rating Area 1	Tobacco User/Non-Tobacco User	53	767.09	836.13
11574IL0020052	Rating Area 1	Tobacco User/Non-Tobacco User	54	802.81	875.07
11574IL0020052	Rating Area 1	Tobacco User/Non-Tobacco User	55	838.54	943.35
11574IL0020052	Rating Area 1	Tobacco User/Non-Tobacco User	56	877.27	986.92
11574IL0020052	Rating Area 1	Tobacco User/Non-Tobacco User	57	916.37	1030.92
11574IL0020052	Rating Area 1	Tobacco User/Non-Tobacco User	58	958.11	1077.87
11574IL0020052	Rating Area 1	Tobacco User/Non-Tobacco User	59	978.79	1101.14
11574IL0020052	Rating Area 1	Tobacco User/Non-Tobacco User	60	1020.53	1148.10
11574IL0020052	Rating Area 1	Tobacco User/Non-Tobacco User	61	1056.63	1188.71
11574IL0020052	Rating Area 1	Tobacco User/Non-Tobacco User	62	1080.32	1215.36
11574IL0020052	Rating Area 1	Tobacco User/Non-Tobacco User	63	1110.02	1248.78
11574IL0020052	Rating Area 1	Tobacco User/Non-Tobacco User	64 and over	1128.07	1269.08
11574IL0020060	Rating Area 1	Tobacco User/Non-Tobacco User	0-14	288.97	288.97
11574IL0020060	Rating Area 1	Tobacco User/Non-Tobacco User	15	314.65	314.65
11574IL0020060	Rating Area 1	Tobacco User/Non-Tobacco User	16	324.47	324.47
11574IL0020060	Rating Area 1	Tobacco User/Non-Tobacco User	17	334.30	334.30
11574IL0020060	Rating Area 1	Tobacco User/Non-Tobacco User	18	344.87	344.87
11574IL0020060	Rating Area 1	Tobacco User/Non-Tobacco User	19	355.45	355.45
11574IL0020060	Rating Area 1	Tobacco User/Non-Tobacco User	20	366.40	366.40
11574IL0020060	Rating Area 1	Tobacco User/Non-Tobacco User	21	377.74	377.74
11574IL0020060	Rating Area 1	Tobacco User/Non-Tobacco User	22	377.74	377.74
11574IL0020060	Rating Area 1	Tobacco User/Non-Tobacco User	23	377.74	377.74

11574IL0020060	Rating Area 1	Tobacco User/Non-Tobacco User	24	377.74	377.74
11574IL0020060	Rating Area 1	Tobacco User/Non-Tobacco User	25	379.25	398.21
11574IL0020060	Rating Area 1	Tobacco User/Non-Tobacco User	26	386.80	406.14
11574IL0020060	Rating Area 1	Tobacco User/Non-Tobacco User	27	395.87	415.66
11574IL0020060	Rating Area 1	Tobacco User/Non-Tobacco User	28	410.60	431.13
11574IL0020060	Rating Area 1	Tobacco User/Non-Tobacco User	29	422.69	443.82
11574IL0020060	Rating Area 1	Tobacco User/Non-Tobacco User	30	428.73	450.17
11574IL0020060	Rating Area 1	Tobacco User/Non-Tobacco User	31	437.79	459.68
11574IL0020060	Rating Area 1	Tobacco User/Non-Tobacco User	32	446.86	469.20
11574IL0020060	Rating Area 1	Tobacco User/Non-Tobacco User	33	452.53	475.15
11574IL0020060	Rating Area 1	Tobacco User/Non-Tobacco User	34	458.57	481.50
11574IL0020060	Rating Area 1	Tobacco User/Non-Tobacco User	35	461.59	503.14
11574IL0020060	Rating Area 1	Tobacco User/Non-Tobacco User	36	464.61	506.43
11574IL0020060	Rating Area 1	Tobacco User/Non-Tobacco User	37	467.64	509.72
11574IL0020060	Rating Area 1	Tobacco User/Non-Tobacco User	38	470.66	513.02
11574IL0020060	Rating Area 1	Tobacco User/Non-Tobacco User	39	476.70	519.60
11574IL0020060	Rating Area 1	Tobacco User/Non-Tobacco User	40	482.74	526.19
11574IL0020060	Rating Area 1	Tobacco User/Non-Tobacco User	41	491.81	536.07
11574IL0020060	Rating Area 1	Tobacco User/Non-Tobacco User	42	500.50	545.54
11574IL0020060	Rating Area 1	Tobacco User/Non-Tobacco User	43	512.59	558.72
11574IL0020060	Rating Area 1	Tobacco User/Non-Tobacco User	44	527.70	575.19
11574IL0020060	Rating Area 1	Tobacco User/Non-Tobacco User	45	545.45	594.54
11574IL0020060	Rating Area 1	Tobacco User/Non-Tobacco User	46	566.60	617.60
11574IL0020060	Rating Area 1	Tobacco User/Non-Tobacco User	47	590.40	643.54
11574IL0020060	Rating Area 1	Tobacco User/Non-Tobacco User	48	617.60	673.18
11574IL0020060	Rating Area 1	Tobacco User/Non-Tobacco User	49	644.42	702.41
11574IL0020060	Rating Area 1	Tobacco User/Non-Tobacco User	50	674.63	735.35
11574IL0020060	Rating Area 1	Tobacco User/Non-Tobacco User	51	704.48	767.88
11574IL0020060	Rating Area 1	Tobacco User/Non-Tobacco User	52	737.34	803.70
11574IL0020060	Rating Area 1	Tobacco User/Non-Tobacco User	53	770.58	839.93
11574IL0020060	Rating Area 1	Tobacco User/Non-Tobacco User	54	806.46	879.05
11574IL0020060	Rating Area 1	Tobacco User/Non-Tobacco User	55	842.35	947.64
11574IL0020060	Rating Area 1	Tobacco User/Non-Tobacco User	56	881.26	991.41
11574IL0020060	Rating Area 1	Tobacco User/Non-Tobacco User	57	920.54	1035.61
11574IL0020060	Rating Area 1	Tobacco User/Non-Tobacco User	58	962.47	1082.78
11574IL0020060	Rating Area 1	Tobacco User/Non-Tobacco User	59	983.24	1106.15
11574IL0020060	Rating Area 1	Tobacco User/Non-Tobacco User	60	1025.17	1153.32
11574IL0020060	Rating Area 1	Tobacco User/Non-Tobacco User	61	1061.43	1194.11
11574IL0020060	Rating Area 1	Tobacco User/Non-Tobacco User	62	1085.23	1220.89
11574IL0020060	Rating Area 1	Tobacco User/Non-Tobacco User	63	1115.07	1254.46
11574IL0020060	Rating Area 1	Tobacco User/Non-Tobacco User	64 and over	1133.20	1274.85
11574IL0010050	Rating Area 2	Tobacco User/Non-Tobacco User	0-14	239.20	239.20
11574IL0010050	Rating Area 2	Tobacco User/Non-Tobacco User	15	260.46	260.46
11574IL0010050	Rating Area 2	Tobacco User/Non-Tobacco User	16	268.59	268.59
11574IL0010050	Rating Area 2	Tobacco User/Non-Tobacco User	17	276.72	276.72
11574IL0010050	Rating Area 2	Tobacco User/Non-Tobacco User	18	285.48	285.48
11574IL0010050	Rating Area 2	Tobacco User/Non-Tobacco User	19	294.23	294.23
11574IL0010050	Rating Area 2	Tobacco User/Non-Tobacco User	20	303.30	303.30
11574IL0010050	Rating Area 2	Tobacco User/Non-Tobacco User	21	312.69	312.69
11574IL0010050	Rating Area 2	Tobacco User/Non-Tobacco User	22	312.69	312.69
11574IL0010050	Rating Area 2	Tobacco User/Non-Tobacco User	23	312.69	312.69
11574IL0010050	Rating Area 2	Tobacco User/Non-Tobacco User	24	312.69	312.69
11574IL0010050	Rating Area 2	Tobacco User/Non-Tobacco User	25	313.93	329.63
11574IL0010050	Rating Area 2	Tobacco User/Non-Tobacco User	26	320.18	336.19
11574IL0010050	Rating Area 2	Tobacco User/Non-Tobacco User	27	327.69	344.07
11574IL0010050	Rating Area 2	Tobacco User/Non-Tobacco User	28	339.88	356.88
11574IL0010050	Rating Area 2	Tobacco User/Non-Tobacco User	29	349.89	367.38
11574IL0010050	Rating Area 2	Tobacco User/Non-Tobacco User	30	354.89	372.64
11574IL0010050	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
11574IL0010050	Rating Area 2	Tobacco User/Non-Tobacco User	38	389.60	424.66
11574IL0010050	Rating Area 2	Tobacco User/Non-Tobacco User	39	394.60	430.12
11574IL0010050	Rating Area 2	Tobacco User/Non-Tobacco User	40	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
11574IL0010050	Rating Area 2	Tobacco User/Non-Tobacco User	49	533.43	581.44
11574IL0010050	Rating Area 2	Tobacco User/Non-Tobacco User	50	558.45	608.71
11574IL0010050	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
11574IL0010050	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
11574IL0010050	Rating Area 2	Tobacco User/Non-Tobacco User	64 and over	938.04	1055.30
11574IL0010011	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
11574IL0010011	Rating Area 2	Tobacco User/Non-Tobacco User	23	269.33	269.33
11574IL0010011	Rating Area 2	Tobacco User/Non-Tobacco User	24	269.33	269.33
11574IL0010011	Rating Area 2	Tobacco User/Non-Tobacco User	25	270.40	283.92
11574IL0010011	Rating Area 2	Tobacco User/Non-Tobacco User	26	275.78	289.57
11574IL0010011	Rating Area 2	Tobacco User/Non-Tobacco User	27	282.25	296.36
11574IL0010011	Rating Area 2	Tobacco User/Non-Tobacco User	28	292.75	307.39
11574IL0010011	Rating Area 2	Tobacco User/Non-Tobacco User	29	301.37	316.44
11574IL0010011	Rating Area 2	Tobacco User/Non-Tobacco User	30	305.68	320.96
11574IL0010011	Rating Area 2	Tobacco User/Non-Tobacco User	31	312.14	327.75
11574IL0010011	Rating Area 2	Tobacco User/Non-Tobacco User	32	318.60	334.53
11574IL0010011	Rating Area 2	Tobacco User/Non-Tobacco User	33	322.64	338.78
11574IL0010011	Rating Area 2	Tobacco User/Non-Tobacco User	34	326.95	343.30
11574IL0010011	Rating Area 2	Tobacco User/Non-Tobacco User	35	329.11	358.73
11574IL0010011	Rating Area 2	Tobacco User/Non-Tobacco User	36	331.26	361.07
11574IL0010011	Rating Area 2	Tobacco User/Non-Tobacco User	37	333.42	363.42
11574IL0010011	Rating Area 2	Tobacco User/Non-Tobacco User	38	335.57	365.77
11574IL0010011	Rating Area 2	Tobacco User/Non-Tobacco User	39	339.88	370.47

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
11574IL0010011	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	44	576.58	628.47
11574IL0010053	Rating Area 2	Tobacco User/Non-Tobacco User	45	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	47	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	435.50	457.27
11574IL0010045	Rating Area 2	Tobacco User/Non-Tobacco User	30	441.73	463.81
11574IL0010045	Rating Area 2	Tobacco User/Non-Tobacco User	31	451.07	473.62
11574IL0010045	Rating Area 2	Tobacco User/Non-Tobacco User	32	460.41	483.43
11574IL0010045	Rating Area 2	Tobacco User/Non-Tobacco User	33	466.25	489.56
11574IL0010045	Rating Area 2	Tobacco User/Non-Tobacco User	34	472.47	496.10
11574IL0010045	Rating Area 2	Tobacco User/Non-Tobacco User	35	475.59	518.39
11574IL0010045	Rating Area 2	Tobacco User/Non-Tobacco User	36	478.70	521.78
11574IL0010045	Rating Area 2	Tobacco User/Non-Tobacco User	37	481.81	525.18
11574IL0010045	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	Tobacco User/Non-Tobacco User	57	948.45	1067.00
11574IL0010045	Rating Area 2	Tobacco User/Non-Tobacco User	58	991.65	1115.60
11574IL0010045	Rating Area 2	Tobacco User/Non-Tobacco User	59	1013.05	1139.68
11574IL0010045	Rating Area 2	Tobacco User/Non-Tobacco User	60	1056.25	1188.28
11574IL0010045	Rating Area 2	Tobacco User/Non-Tobacco User	61	1093.61	1230.32
11574IL0010045	Rating Area 2	Tobacco User/Non-Tobacco User	62	1118.13	1257.90
11574IL0010045	Rating Area 2	Tobacco User/Non-Tobacco User	63	1148.88	1292.49
11574IL0010045	Rating Area 2	Tobacco User/Non-Tobacco User	64 and over	1167.56	1313.51
11574IL0010052	Rating Area 2	Tobacco User/Non-Tobacco User	0-14	296.37	296.37
11574IL0010052	Rating Area 2	Tobacco User/Non-Tobacco User	15	322.71	322.71
11574IL0010052	Rating Area 2	Tobacco User/Non-Tobacco User	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	Tobacco User/Non-Tobacco User	19	364.56	364.56
11574IL0010052	Rating Area 2	Tobacco User/Non-Tobacco User	20	375.79	375.79
11574IL0010052	Rating Area 2	Tobacco User/Non-Tobacco User	21	387.42	387.42
11574IL0010052	Rating Area 2	Tobacco User/Non-Tobacco User	22	387.42	387.42
11574IL0010052	Rating Area 2	Tobacco User/Non-Tobacco User	23	387.42	387.42
11574IL0010052	Rating Area 2	Tobacco User/Non-Tobacco User	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	Tobacco User/Non-Tobacco User	30	439.71	461.70
11574IL0010052	Rating Area 2	Tobacco User/Non-Tobacco User	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	Tobacco User/Non-Tobacco User	41	504.41	549.81
11574IL0010052	Rating Area 2	Tobacco User/Non-Tobacco User	42	513.32	559.52
11574IL0010052	Rating Area 2	Tobacco User/Non-Tobacco User	43	525.72	573.03
11574IL0010052	Rating Area 2	Tobacco User/Non-Tobacco User	44	541.22	589.93
11574IL0010052	Rating Area 2	Tobacco User/Non-Tobacco User	45	559.42	609.77
11574IL0010052	Rating Area 2	Tobacco User/Non-Tobacco User	46	581.12	633.42
11574IL0010052	Rating Area 2	Tobacco User/Non-Tobacco User	47	605.53	660.02
11574IL0010052	Rating Area 2	Tobacco User/Non-Tobacco User	48	633.42	690.43
11574IL0010052	Rating Area 2	Tobacco User/Non-Tobacco User	49	660.93	720.41
11574IL0010052	Rating Area 2	Tobacco User/Non-Tobacco User	50	691.92	754.19
11574IL0010052	Rating Area 2	Tobacco User/Non-Tobacco User	51	722.53	787.55
11574IL0010052	Rating Area 2	Tobacco User/Non-Tobacco User	52	756.23	824.29
11574IL0010052	Rating Area 2	Tobacco User/Non-Tobacco User	53	790.32	861.45
11574IL0010052	Rating Area 2	Tobacco User/Non-Tobacco User	54	827.13	901.57
11574IL0010052	Rating Area 2	Tobacco User/Non-Tobacco User	55	863.93	971.92
11574IL0010052	Rating Area 2	Tobacco User/Non-Tobacco User	56	903.83	1016.81
11574IL0010052	Rating Area 2	Tobacco User/Non-Tobacco User	57	944.13	1062.14
11574IL0010052	Rating Area 2	Tobacco User/Non-Tobacco User	58	987.13	1110.52
11574IL0010052	Rating Area 2	Tobacco User/Non-Tobacco User	59	1008.44	1134.49
11574IL0010052	Rating Area 2	Tobacco User/Non-Tobacco User	60	1051.44	1182.87
11574IL0010052	Rating Area 2	Tobacco User/Non-Tobacco User	61	1088.63	1224.71
11574IL0010052	Rating Area 2	Tobacco User/Non-Tobacco User	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
11574IL0010011	Rating Area 3	Tobacco User/Non-Tobacco User	16	217.61	217.61
11574IL0010011	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	238.38	238.38
11574IL0010011	Rating Area 3	Tobacco User/Non-Tobacco User	20	245.73	245.73

11574IL0010011	Rating Area 3	Tobacco User/Non-Tobacco User	21	253.34	253.34
11574IL0010011	Rating Area 3	Tobacco User/Non-Tobacco User	22	253.34	253.34
11574IL0010011	Rating Area 3	Tobacco User/Non-Tobacco User	23	253.34	253.34
11574IL0010011	Rating Area 3	Tobacco User/Non-Tobacco User	24	253.34	253.34
11574IL0010011	Rating Area 3	Tobacco User/Non-Tobacco User	25	254.34	267.06
11574IL0010011	Rating Area 3	Tobacco User/Non-Tobacco User	26	259.41	272.38
11574IL0010011	Rating Area 3	Tobacco User/Non-Tobacco User	27	265.49	278.77
11574IL0010011	Rating Area 3	Tobacco User/Non-Tobacco User	28	275.37	289.14
11574IL0010011	Rating Area 3	Tobacco User/Non-Tobacco User	29	283.48	297.65
11574IL0010011	Rating Area 3	Tobacco User/Non-Tobacco User	30	287.53	301.91
11574IL0010011	Rating Area 3	Tobacco User/Non-Tobacco User	31	293.61	308.29
11574IL0010011	Rating Area 3	Tobacco User/Non-Tobacco User	32	299.69	314.68
11574IL0010011	Rating Area 3	Tobacco User/Non-Tobacco User	33	303.49	318.67
11574IL0010011	Rating Area 3	Tobacco User/Non-Tobacco User	34	307.54	322.92
11574IL0010011	Rating Area 3	Tobacco User/Non-Tobacco User	35	309.57	337.43
11574IL0010011	Rating Area 3	Tobacco User/Non-Tobacco User	36	311.60	339.64
11574IL0010011	Rating Area 3	Tobacco User/Non-Tobacco User	37	313.62	341.85
11574IL0010011	Rating Area 3	Tobacco User/Non-Tobacco User	38	315.65	344.06
11574IL0010011	Rating Area 3	Tobacco User/Non-Tobacco User	39	319.70	348.48
11574IL0010011	Rating Area 3	Tobacco User/Non-Tobacco User	40	323.76	352.90
11574IL0010011	Rating Area 3	Tobacco User/Non-Tobacco User	41	329.84	359.52
11574IL0010011	Rating Area 3	Tobacco User/Non-Tobacco User	42	335.66	365.87
11574IL0010011	Rating Area 3	Tobacco User/Non-Tobacco User	43	343.77	374.71
11574IL0010011	Rating Area 3	Tobacco User/Non-Tobacco User	44	353.90	385.75
11574IL0010011	Rating Area 3	Tobacco User/Non-Tobacco User	45	365.81	398.73
11574IL0010011	Rating Area 3	Tobacco User/Non-Tobacco User	46	380.00	414.20
11574IL0010011	Rating Area 3	Tobacco User/Non-Tobacco User	47	395.96	431.59
11574IL0010011	Rating Area 3	Tobacco User/Non-Tobacco User	48	414.20	451.47
11574IL0010011	Rating Area 3	Tobacco User/Non-Tobacco User	49	432.18	471.08
11574IL0010011	Rating Area 3	Tobacco User/Non-Tobacco User	50	452.45	493.17
11574IL0010011	Rating Area 3	Tobacco User/Non-Tobacco User	51	472.46	514.98
11574IL0010011	Rating Area 3	Tobacco User/Non-Tobacco User	52	494.50	539.01
11574IL0010011	Rating Area 3	Tobacco User/Non-Tobacco User	53	516.80	563.31
11574IL0010011	Rating Area 3	Tobacco User/Non-Tobacco User	54	540.86	589.54
11574IL0010011	Rating Area 3	Tobacco User/Non-Tobacco User	55	564.93	635.54
11574IL0010011	Rating Area 3	Tobacco User/Non-Tobacco User	56	591.02	664.90
11574IL0010011	Rating Area 3	Tobacco User/Non-Tobacco User	57	617.37	694.54
11574IL0010011	Rating Area 3	Tobacco User/Non-Tobacco User	58	645.49	726.17
11574IL0010011	Rating Area 3	Tobacco User/Non-Tobacco User	59	659.42	741.85
11574IL0010011	Rating Area 3	Tobacco User/Non-Tobacco User	60	687.54	773.48
11574IL0010011	Rating Area 3	Tobacco User/Non-Tobacco User	61	711.86	800.84
11574IL0010011	Rating Area 3	Tobacco User/Non-Tobacco User	62	727.82	818.80
11574IL0010011	Rating Area 3	Tobacco User/Non-Tobacco User	63	747.83	841.31
11574IL0010011	Rating Area 3	Tobacco User/Non-Tobacco User	64 and over	759.99	854.99
11574IL0010053	Rating Area 3	Tobacco User/Non-Tobacco User	0-14	296.99	296.99
11574IL0010053	Rating Area 3	Tobacco User/Non-Tobacco User	15	323.39	323.39
11574IL0010053	Rating Area 3	Tobacco User/Non-Tobacco User	16	333.48	333.48
11574IL0010053	Rating Area 3	Tobacco User/Non-Tobacco User	17	343.58	343.58
11574IL0010053	Rating Area 3	Tobacco User/Non-Tobacco User	18	354.45	354.45
11574IL0010053	Rating Area 3	Tobacco User/Non-Tobacco User	19	365.32	365.32
11574IL0010053	Rating Area 3	Tobacco User/Non-Tobacco User	20	376.58	376.58
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	409.27
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
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
11574IL0010053	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	Rating 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
11574IL0010053	Rating Area 3	Tobacco User/Non-Tobacco User	53	791.98	863.25
11574IL0010053	Rating Area 3	Tobacco User/Non-Tobacco User	54	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
11574IL0010045	Rating Area 3	Tobacco User/Non-Tobacco User	21	366.09	366.09
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
11574IL0010045	Rating Area 3	Tobacco User/Non-Tobacco User	35	447.35	487.62
11574IL0010045	Rating Area 3	Tobacco User/Non-Tobacco User	36	450.28	490.81

11574IL0010045	Rating Area 3	Tobacco User/Non-Tobacco User	37	453.21	494.00
11574IL0010045	Rating Area 3	Tobacco User/Non-Tobacco User	38	456.14	497.19
11574IL0010045	Rating Area 3	Tobacco User/Non-Tobacco User	39	462.00	503.58
11574IL0010045	Rating Area 3	Tobacco User/Non-Tobacco User	40	467.86	509.96
11574IL0010045	Rating Area 3	Tobacco User/Non-Tobacco User	41	476.64	519.54
11574IL0010045	Rating Area 3	Tobacco User/Non-Tobacco User	42	485.06	528.72
11574IL0010045	Rating Area 3	Tobacco User/Non-Tobacco User	43	496.78	541.49
11574IL0010045	Rating Area 3	Tobacco User/Non-Tobacco User	44	511.42	557.45
11574IL0010045	Rating Area 3	Tobacco User/Non-Tobacco User	45	528.63	576.20
11574IL0010045	Rating Area 3	Tobacco User/Non-Tobacco User	46	549.13	598.55
11574IL0010045	Rating Area 3	Tobacco User/Non-Tobacco User	47	572.19	623.69
11574IL0010045	Rating Area 3	Tobacco User/Non-Tobacco User	48	598.55	652.42
11574IL0010045	Rating Area 3	Tobacco User/Non-Tobacco User	49	624.54	680.75
11574IL0010045	Rating Area 3	Tobacco User/Non-Tobacco User	50	653.83	712.67
11574IL0010045	Rating Area 3	Tobacco User/Non-Tobacco User	51	682.75	744.19
11574IL0010045	Rating Area 3	Tobacco User/Non-Tobacco User	52	714.60	778.91
11574IL0010045	Rating Area 3	Tobacco User/Non-Tobacco User	53	746.81	814.02
11574IL0010045	Rating Area 3	Tobacco User/Non-Tobacco User	54	781.59	851.93
11574IL0010045	Rating Area 3	Tobacco User/Non-Tobacco User	55	816.37	918.41
11574IL0010045	Rating Area 3	Tobacco User/Non-Tobacco User	56	854.07	960.83
11574IL0010045	Rating Area 3	Tobacco User/Non-Tobacco User	57	892.15	1003.66
11574IL0010045	Rating Area 3	Tobacco User/Non-Tobacco User	58	932.78	1049.38
11574IL0010045	Rating Area 3	Tobacco User/Non-Tobacco User	59	952.92	1072.03
11574IL0010045	Rating Area 3	Tobacco User/Non-Tobacco User	60	993.55	1117.75
11574IL0010045	Rating Area 3	Tobacco User/Non-Tobacco User	61	1028.70	1157.28
11574IL0010045	Rating Area 3	Tobacco User/Non-Tobacco User	62	1051.76	1183.23
11574IL0010045	Rating Area 3	Tobacco User/Non-Tobacco User	63	1080.68	1215.76
11574IL0010045	Rating Area 3	Tobacco User/Non-Tobacco User	64 and over	1098.25	1235.53
11574IL0010052	Rating Area 3	Tobacco User/Non-Tobacco User	0-14	278.78	278.78
11574IL0010052	Rating Area 3	Tobacco User/Non-Tobacco User	15	303.56	303.56
11574IL0010052	Rating Area 3	Tobacco User/Non-Tobacco User	16	313.03	313.03
11574IL0010052	Rating Area 3	Tobacco User/Non-Tobacco User	17	322.51	322.51
11574IL0010052	Rating Area 3	Tobacco User/Non-Tobacco User	18	332.71	332.71
11574IL0010052	Rating Area 3	Tobacco User/Non-Tobacco User	19	342.91	342.91
11574IL0010052	Rating Area 3	Tobacco User/Non-Tobacco User	20	353.48	353.48
11574IL0010052	Rating Area 3	Tobacco User/Non-Tobacco User	21	364.43	364.43
11574IL0010052	Rating Area 3	Tobacco User/Non-Tobacco User	22	364.43	364.43
11574IL0010052	Rating Area 3	Tobacco User/Non-Tobacco User	23	364.43	364.43
11574IL0010052	Rating Area 3	Tobacco User/Non-Tobacco User	24	364.43	364.43
11574IL0010052	Rating Area 3	Tobacco User/Non-Tobacco User	25	365.87	384.17
11574IL0010052	Rating Area 3	Tobacco User/Non-Tobacco User	26	373.16	391.82
11574IL0010052	Rating Area 3	Tobacco User/Non-Tobacco User	27	381.91	401.00
11574IL0010052	Rating Area 3	Tobacco User/Non-Tobacco User	28	396.12	415.93
11574IL0010052	Rating Area 3	Tobacco User/Non-Tobacco User	29	407.78	428.17
11574IL0010052	Rating Area 3	Tobacco User/Non-Tobacco User	30	413.61	434.29
11574IL0010052	Rating Area 3	Tobacco User/Non-Tobacco User	31	422.36	443.48
11574IL0010052	Rating Area 3	Tobacco User/Non-Tobacco User	32	431.10	452.66
11574IL0010052	Rating Area 3	Tobacco User/Non-Tobacco User	33	436.57	458.40
11574IL0010052	Rating Area 3	Tobacco User/Non-Tobacco User	34	442.40	464.52
11574IL0010052	Rating Area 3	Tobacco User/Non-Tobacco User	35	445.32	485.39
11574IL0010052	Rating Area 3	Tobacco User/Non-Tobacco User	36	448.23	488.57
11574IL0010052	Rating Area 3	Tobacco User/Non-Tobacco User	37	451.15	491.75
11574IL0010052	Rating Area 3	Tobacco User/Non-Tobacco User	38	454.06	494.93
11574IL0010052	Rating Area 3	Tobacco User/Non-Tobacco User	39	459.89	501.28
11574IL0010052	Rating Area 3	Tobacco User/Non-Tobacco User	40	465.72	507.64
11574IL0010052	Rating Area 3	Tobacco User/Non-Tobacco User	41	474.47	517.17
11574IL0010052	Rating Area 3	Tobacco User/Non-Tobacco User	42	482.85	526.31
11574IL0010052	Rating Area 3	Tobacco User/Non-Tobacco User	43	494.51	539.02
11574IL0010052	Rating Area 3	Tobacco User/Non-Tobacco User	44	509.09	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
11574IL0010052	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	281.08	295.13
11574IL0010050	Rating Area 4	Tobacco User/Non-Tobacco User	27	287.67	302.05
11574IL0010050	Rating Area 4	Tobacco User/Non-Tobacco User	28	298.37	313.29
11574IL0010050	Rating Area 4	Tobacco User/Non-Tobacco User	29	307.15	322.51
11574IL0010050	Rating Area 4	Tobacco User/Non-Tobacco User	30	311.55	327.12
11574IL0010050	Rating Area 4	Tobacco User/Non-Tobacco User	31	318.13	334.04
11574IL0010050	Rating Area 4	Tobacco User/Non-Tobacco User	32	324.72	340.96
11574IL0010050	Rating Area 4	Tobacco User/Non-Tobacco User	33	328.84	345.28
11574IL0010050	Rating Area 4	Tobacco User/Non-Tobacco User	34	333.23	349.89
11574IL0010050	Rating Area 4	Tobacco User/Non-Tobacco User	35	335.43	365.61
11574IL0010050	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
11574IL0010050	Rating Area 4	Tobacco User/Non-Tobacco User	40	350.80	382.37
11574IL0010050	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
11574IL0010050	Rating Area 4	Tobacco User/Non-Tobacco User	63	810.29	911.58
11574IL0010050	Rating Area 4	Tobacco User/Non-Tobacco User	64 and over	823.47	926.40
11574IL0010011	Rating Area 4	Tobacco User/Non-Tobacco User	0-14	180.86	180.86
11574IL0010011	Rating Area 4	Tobacco User/Non-Tobacco User	15	196.94	196.94
11574IL0010011	Rating Area 4	Tobacco User/Non-Tobacco User	16	203.09	203.09
11574IL0010011	Rating Area 4	Tobacco User/Non-Tobacco User	17	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
11574IL0010011	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
11574IL0010011	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

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	Tobacco User/Non-Tobacco User	20	351.44	351.44
11574IL0010053	Rating Area 4	Tobacco User/Non-Tobacco User	21	362.32	362.32
11574IL0010053	Rating Area 4	Tobacco User/Non-Tobacco User	22	362.32	362.32
11574IL0010053	Rating Area 4	Tobacco User/Non-Tobacco User	23	362.32	362.32
11574IL0010053	Rating Area 4	Tobacco User/Non-Tobacco User	24	362.32	362.32
11574IL0010053	Rating Area 4	Tobacco User/Non-Tobacco User	25	363.76	381.95
11574IL0010053	Rating Area 4	Tobacco User/Non-Tobacco User	26	371.01	389.56
11574IL0010053	Rating Area 4	Tobacco User/Non-Tobacco User	27	379.71	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
11574IL0010052	Rating Area 4	Tobacco User/Non-Tobacco User	19	320.03	320.03
11574IL0010052	Rating Area 4	Tobacco User/Non-Tobacco User	20	329.89	329.89
11574IL0010052	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	Tobacco User/Non-Tobacco User	23	340.10	340.10
11574IL0010052	Rating Area 4	Tobacco User/Non-Tobacco User	24	340.10	340.10
11574IL0010052	Rating Area 4	Tobacco User/Non-Tobacco User	25	341.46	358.53

11574IL0010052	Rating Area 4	Tobacco User/Non-Tobacco User	26	348.26	365.67
11574IL0010052	Rating Area 4	Tobacco User/Non-Tobacco User	27	356.42	374.24
11574IL0010052	Rating Area 4	Tobacco User/Non-Tobacco User	28	369.68	388.17
11574IL0010052	Rating Area 4	Tobacco User/Non-Tobacco User	29	380.57	399.59
11574IL0010052	Rating Area 4	Tobacco User/Non-Tobacco User	30	386.01	405.31
11574IL0010052	Rating Area 4	Tobacco User/Non-Tobacco User	31	394.17	413.88
11574IL0010052	Rating Area 4	Tobacco User/Non-Tobacco User	32	402.33	422.45
11574IL0010052	Rating Area 4	Tobacco User/Non-Tobacco User	33	407.43	427.81
11574IL0010052	Rating Area 4	Tobacco User/Non-Tobacco User	34	412.87	433.52
11574IL0010052	Rating Area 4	Tobacco User/Non-Tobacco User	35	415.60	453.00
11574IL0010052	Rating Area 4	Tobacco User/Non-Tobacco User	36	418.32	455.96
11574IL0010052	Rating Area 4	Tobacco User/Non-Tobacco User	37	421.04	458.93
11574IL0010052	Rating Area 4	Tobacco User/Non-Tobacco User	38	423.76	461.90
11574IL0010052	Rating Area 4	Tobacco User/Non-Tobacco User	39	429.20	467.83
11574IL0010052	Rating Area 4	Tobacco User/Non-Tobacco User	40	434.64	473.76
11574IL0010052	Rating Area 4	Tobacco User/Non-Tobacco User	41	442.80	482.66
11574IL0010052	Rating Area 4	Tobacco User/Non-Tobacco User	42	450.63	491.18
11574IL0010052	Rating Area 4	Tobacco User/Non-Tobacco User	43	461.51	503.04
11574IL0010052	Rating Area 4	Tobacco User/Non-Tobacco User	44	475.11	517.87
11574IL0010052	Rating Area 4	Tobacco User/Non-Tobacco User	45	491.10	535.30
11574IL0010052	Rating Area 4	Tobacco User/Non-Tobacco User	46	510.14	556.05
11574IL0010052	Rating Area 4	Tobacco User/Non-Tobacco User	47	531.57	579.41
11574IL0010052	Rating Area 4	Tobacco User/Non-Tobacco User	48	556.05	606.10
11574IL0010052	Rating Area 4	Tobacco User/Non-Tobacco User	49	580.20	632.42
11574IL0010052	Rating Area 4	Tobacco User/Non-Tobacco User	50	607.41	662.08
11574IL0010052	Rating Area 4	Tobacco User/Non-Tobacco User	51	634.28	691.36
11574IL0010052	Rating Area 4	Tobacco User/Non-Tobacco User	52	663.86	723.61
11574IL0010052	Rating Area 4	Tobacco User/Non-Tobacco User	53	693.79	756.23
11574IL0010052	Rating Area 4	Tobacco User/Non-Tobacco User	54	726.10	791.45
11574IL0010052	Rating Area 4	Tobacco User/Non-Tobacco User	55	758.41	853.21
11574IL0010052	Rating Area 4	Tobacco User/Non-Tobacco User	56	793.44	892.62
11574IL0010052	Rating Area 4	Tobacco User/Non-Tobacco User	57	828.81	932.41
11574IL0010052	Rating Area 4	Tobacco User/Non-Tobacco User	58	866.56	974.88
11574IL0010052	Rating Area 4	Tobacco User/Non-Tobacco User	59	885.27	995.92
11574IL0010052	Rating Area 4	Tobacco User/Non-Tobacco User	60	923.02	1038.39
11574IL0010052	Rating Area 4	Tobacco User/Non-Tobacco User	61	955.67	1075.12
11574IL0010052	Rating Area 4	Tobacco User/Non-Tobacco User	62	977.09	1099.23
11574IL0010052	Rating Area 4	Tobacco User/Non-Tobacco User	63	1003.96	1129.45
11574IL0010052	Rating Area 4	Tobacco User/Non-Tobacco User	64 and over	1020.28	1147.82
11574IL0010050	Rating Area 5	Tobacco User/Non-Tobacco User	0-14	278.94	278.94
11574IL0010050	Rating Area 5	Tobacco User/Non-Tobacco User	15	303.73	303.73
11574IL0010050	Rating Area 5	Tobacco User/Non-Tobacco User	16	313.21	313.21
11574IL0010050	Rating Area 5	Tobacco User/Non-Tobacco User	17	322.69	322.69
11574IL0010050	Rating Area 5	Tobacco User/Non-Tobacco User	18	332.90	332.90
11574IL0010050	Rating Area 5	Tobacco User/Non-Tobacco User	19	343.11	343.11
11574IL0010050	Rating Area 5	Tobacco User/Non-Tobacco User	20	353.69	353.69
11574IL0010050	Rating Area 5	Tobacco User/Non-Tobacco User	21	364.64	364.64
11574IL0010050	Rating Area 5	Tobacco User/Non-Tobacco User	22	364.64	364.64
11574IL0010050	Rating Area 5	Tobacco User/Non-Tobacco User	23	364.64	364.64
11574IL0010050	Rating Area 5	Tobacco User/Non-Tobacco User	24	364.64	364.64
11574IL0010050	Rating Area 5	Tobacco User/Non-Tobacco User	25	366.08	384.39
11574IL0010050	Rating Area 5	Tobacco User/Non-Tobacco User	26	373.38	392.05
11574IL0010050	Rating Area 5	Tobacco User/Non-Tobacco User	27	382.13	401.23
11574IL0010050	Rating Area 5	Tobacco User/Non-Tobacco User	28	396.35	416.17
11574IL0010050	Rating Area 5	Tobacco User/Non-Tobacco User	29	408.02	428.42
11574IL0010050	Rating Area 5	Tobacco User/Non-Tobacco User	30	413.85	434.54
11574IL0010050	Rating Area 5	Tobacco User/Non-Tobacco User	31	422.60	443.73
11574IL0010050	Rating Area 5	Tobacco User/Non-Tobacco User	32	431.35	452.92
11574IL0010050	Rating Area 5	Tobacco User/Non-Tobacco User	33	436.82	458.66

11574IL0010050	Rating Area 5	Tobacco User/Non-Tobacco User	34	442.66	464.79
11574IL0010050	Rating Area 5	Tobacco User/Non-Tobacco User	35	445.57	485.67
11574IL0010050	Rating Area 5	Tobacco User/Non-Tobacco User	36	448.49	488.85
11574IL0010050	Rating Area 5	Tobacco User/Non-Tobacco User	37	451.41	492.03
11574IL0010050	Rating Area 5	Tobacco User/Non-Tobacco User	38	454.32	495.21
11574IL0010050	Rating Area 5	Tobacco User/Non-Tobacco User	39	460.16	501.57
11574IL0010050	Rating Area 5	Tobacco User/Non-Tobacco User	40	465.99	507.93
11574IL0010050	Rating Area 5	Tobacco User/Non-Tobacco User	41	474.74	517.47
11574IL0010050	Rating Area 5	Tobacco User/Non-Tobacco User	42	483.13	526.61
11574IL0010050	Rating Area 5	Tobacco User/Non-Tobacco User	43	494.80	539.33
11574IL0010050	Rating Area 5	Tobacco User/Non-Tobacco User	44	509.38	555.23
11574IL0010050	Rating Area 5	Tobacco User/Non-Tobacco User	45	526.52	573.91
11574IL0010050	Rating Area 5	Tobacco User/Non-Tobacco User	46	546.94	596.16
11574IL0010050	Rating Area 5	Tobacco User/Non-Tobacco User	47	569.91	621.20
11574IL0010050	Rating Area 5	Tobacco User/Non-Tobacco User	48	596.16	649.82
11574IL0010050	Rating Area 5	Tobacco User/Non-Tobacco User	49	622.05	678.04
11574IL0010050	Rating Area 5	Tobacco User/Non-Tobacco User	50	651.22	709.83
11574IL0010050	Rating Area 5	Tobacco User/Non-Tobacco User	51	680.03	741.23
11574IL0010050	Rating Area 5	Tobacco User/Non-Tobacco User	52	711.75	775.81
11574IL0010050	Rating Area 5	Tobacco User/Non-Tobacco User	53	743.84	810.78
11574IL0010050	Rating Area 5	Tobacco User/Non-Tobacco User	54	778.48	848.54
11574IL0010050	Rating Area 5	Tobacco User/Non-Tobacco User	55	813.12	914.75
11574IL0010050	Rating Area 5	Tobacco User/Non-Tobacco User	56	850.67	957.01
11574IL0010050	Rating Area 5	Tobacco User/Non-Tobacco User	57	888.59	999.67
11574IL0010050	Rating Area 5	Tobacco User/Non-Tobacco User	58	929.07	1045.20
11574IL0010050	Rating Area 5	Tobacco User/Non-Tobacco User	59	949.12	1067.76
11574IL0010050	Rating Area 5	Tobacco User/Non-Tobacco User	60	989.59	1113.29
11574IL0010050	Rating Area 5	Tobacco User/Non-Tobacco User	61	1024.60	1152.67
11574IL0010050	Rating Area 5	Tobacco User/Non-Tobacco User	62	1047.57	1178.52
11574IL0010050	Rating Area 5	Tobacco User/Non-Tobacco User	63	1076.38	1210.92
11574IL0010050	Rating Area 5	Tobacco User/Non-Tobacco User	64 and over	1093.88	1230.61
11574IL0010011	Rating Area 5	Tobacco User/Non-Tobacco User	0-14	240.26	240.26
11574IL0010011	Rating Area 5	Tobacco User/Non-Tobacco User	15	261.61	261.61
11574IL0010011	Rating Area 5	Tobacco User/Non-Tobacco User	16	269.78	269.78
11574IL0010011	Rating Area 5	Tobacco User/Non-Tobacco User	17	277.94	277.94
11574IL0010011	Rating Area 5	Tobacco User/Non-Tobacco User	18	286.74	286.74
11574IL0010011	Rating Area 5	Tobacco User/Non-Tobacco User	19	295.53	295.53
11574IL0010011	Rating Area 5	Tobacco User/Non-Tobacco User	20	304.64	304.64
11574IL0010011	Rating Area 5	Tobacco User/Non-Tobacco User	21	314.07	314.07
11574IL0010011	Rating Area 5	Tobacco User/Non-Tobacco User	22	314.07	314.07
11574IL0010011	Rating Area 5	Tobacco User/Non-Tobacco User	23	314.07	314.07
11574IL0010011	Rating Area 5	Tobacco User/Non-Tobacco User	24	314.07	314.07
11574IL0010011	Rating Area 5	Tobacco User/Non-Tobacco User	25	315.32	331.08
11574IL0010011	Rating Area 5	Tobacco User/Non-Tobacco User	26	321.60	337.68
11574IL0010011	Rating Area 5	Tobacco User/Non-Tobacco User	27	329.13	345.59
11574IL0010011	Rating Area 5	Tobacco User/Non-Tobacco User	28	341.38	358.45
11574IL0010011	Rating Area 5	Tobacco User/Non-Tobacco User	29	351.43	369.00
11574IL0010011	Rating Area 5	Tobacco User/Non-Tobacco User	30	356.46	374.28
11574IL0010011	Rating Area 5	Tobacco User/Non-Tobacco User	31	364.00	382.20
11574IL0010011	Rating Area 5	Tobacco User/Non-Tobacco User	32	371.53	390.11
11574IL0010011	Rating Area 5	Tobacco User/Non-Tobacco User	33	376.24	395.06
11574IL0010011	Rating Area 5	Tobacco User/Non-Tobacco User	34	381.27	400.33
11574IL0010011	Rating Area 5	Tobacco User/Non-Tobacco User	35	383.78	418.32
11574IL0010011	Rating Area 5	Tobacco User/Non-Tobacco User	36	386.29	421.06
11574IL0010011	Rating Area 5	Tobacco User/Non-Tobacco User	37	388.81	423.80
11574IL0010011	Rating Area 5	Tobacco User/Non-Tobacco User	38	391.32	426.54
11574IL0010011	Rating Area 5	Tobacco User/Non-Tobacco User	39	396.34	432.01
11574IL0010011	Rating Area 5	Tobacco User/Non-Tobacco User	40	401.37	437.49
11574IL0010011	Rating Area 5	Tobacco User/Non-Tobacco User	41	408.91	445.71

11574IL0010011	Rating Area 5	Tobacco User/Non-Tobacco User	42	416.13	453.58
11574IL0010011	Rating Area 5	Tobacco User/Non-Tobacco User	43	426.18	464.54
11574IL0010011	Rating Area 5	Tobacco User/Non-Tobacco User	44	438.74	478.23
11574IL0010011	Rating Area 5	Tobacco User/Non-Tobacco User	45	453.50	494.32
11574IL0010011	Rating Area 5	Tobacco User/Non-Tobacco User	46	471.09	513.49
11574IL0010011	Rating Area 5	Tobacco User/Non-Tobacco User	47	490.88	535.05
11574IL0010011	Rating Area 5	Tobacco User/Non-Tobacco User	48	513.49	559.70
11574IL0010011	Rating Area 5	Tobacco User/Non-Tobacco User	49	535.79	584.01
11574IL0010011	Rating Area 5	Tobacco User/Non-Tobacco User	50	560.91	611.39
11574IL0010011	Rating Area 5	Tobacco User/Non-Tobacco User	51	585.72	638.44
11574IL0010011	Rating Area 5	Tobacco User/Non-Tobacco User	52	613.04	668.22
11574IL0010011	Rating Area 5	Tobacco User/Non-Tobacco User	53	640.68	698.34
11574IL0010011	Rating Area 5	Tobacco User/Non-Tobacco User	54	670.52	730.86
11574IL0010011	Rating Area 5	Tobacco User/Non-Tobacco User	55	700.35	787.90
11574IL0010011	Rating Area 5	Tobacco User/Non-Tobacco User	56	732.70	824.29
11574IL0010011	Rating Area 5	Tobacco User/Non-Tobacco User	57	765.36	861.03
11574IL0010011	Rating Area 5	Tobacco User/Non-Tobacco User	58	800.22	900.25
11574IL0010011	Rating Area 5	Tobacco User/Non-Tobacco User	59	817.50	919.68
11574IL0010011	Rating Area 5	Tobacco User/Non-Tobacco User	60	852.36	958.90
11574IL0010011	Rating Area 5	Tobacco User/Non-Tobacco User	61	882.51	992.82
11574IL0010011	Rating Area 5	Tobacco User/Non-Tobacco User	62	902.29	1015.08
11574IL0010011	Rating Area 5	Tobacco User/Non-Tobacco User	63	927.10	1042.99
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	0-14	368.19	368.19
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
11574IL0010053	Rating Area 5	Tobacco User/Non-Tobacco User	17	425.94	425.94
11574IL0010053	Rating Area 5	Tobacco User/Non-Tobacco User	18	439.42	439.42
11574IL0010053	Rating Area 5	Tobacco User/Non-Tobacco User	19	452.89	452.89
11574IL0010053	Rating Area 5	Tobacco User/Non-Tobacco User	20	466.85	466.85
11574IL0010053	Rating Area 5	Tobacco User/Non-Tobacco User	21	481.30	481.30
11574IL0010053	Rating Area 5	Tobacco User/Non-Tobacco User	22	481.30	481.30
11574IL0010053	Rating Area 5	Tobacco User/Non-Tobacco User	23	481.30	481.30
11574IL0010053	Rating Area 5	Tobacco User/Non-Tobacco User	24	481.30	481.30
11574IL0010053	Rating Area 5	Tobacco User/Non-Tobacco User	25	483.21	507.38
11574IL0010053	Rating Area 5	Tobacco User/Non-Tobacco User	26	492.84	517.48
11574IL0010053	Rating Area 5	Tobacco User/Non-Tobacco User	27	504.39	529.61
11574IL0010053	Rating Area 5	Tobacco User/Non-Tobacco User	28	523.16	549.32
11574IL0010053	Rating Area 5	Tobacco User/Non-Tobacco User	29	538.56	565.49
11574IL0010053	Rating Area 5	Tobacco User/Non-Tobacco User	30	546.26	573.58
11574IL0010053	Rating Area 5	Tobacco User/Non-Tobacco User	31	557.81	585.71
11574IL0010053	Rating Area 5	Tobacco User/Non-Tobacco User	32	569.37	597.83
11574IL0010053	Rating Area 5	Tobacco User/Non-Tobacco User	33	576.58	605.41
11574IL0010053	Rating Area 5	Tobacco User/Non-Tobacco User	34	584.29	613.50
11574IL0010053	Rating Area 5	Tobacco User/Non-Tobacco User	35	588.14	641.07
11574IL0010053	Rating Area 5	Tobacco User/Non-Tobacco User	36	591.99	645.26
11574IL0010053	Rating Area 5	Tobacco User/Non-Tobacco User	37	595.84	649.46
11574IL0010053	Rating Area 5	Tobacco User/Non-Tobacco User	38	599.69	653.66
11574IL0010053	Rating Area 5	Tobacco User/Non-Tobacco User	39	607.39	662.05
11574IL0010053	Rating Area 5	Tobacco User/Non-Tobacco User	40	615.09	670.45
11574IL0010053	Rating Area 5	Tobacco User/Non-Tobacco User	41	626.64	683.04
11574IL0010053	Rating Area 5	Tobacco User/Non-Tobacco User	42	637.71	695.10
11574IL0010053	Rating Area 5	Tobacco User/Non-Tobacco User	43	653.11	711.89
11574IL0010053	Rating Area 5	Tobacco User/Non-Tobacco User	44	672.36	732.87
11574IL0010053	Rating Area 5	Tobacco User/Non-Tobacco User	45	694.98	757.53
11574IL0010053	Rating Area 5	Tobacco User/Non-Tobacco User	46	721.93	786.91
11574IL0010053	Rating Area 5	Tobacco User/Non-Tobacco User	47	752.26	819.96
11574IL0010053	Rating Area 5	Tobacco User/Non-Tobacco User	48	786.91	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	Rating Area 5	Tobacco User/Non-Tobacco User	15	376.33	376.33
11574IL0010052	Rating Area 5	Tobacco User/Non-Tobacco User	16	388.07	388.07
11574IL0010052	Rating Area 5	Tobacco User/Non-Tobacco User	17	399.82	399.82
11574IL0010052	Rating Area 5	Tobacco User/Non-Tobacco User	18	412.47	412.47
11574IL0010052	Rating Area 5	Tobacco User/Non-Tobacco User	19	425.12	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
11574IL0010052	Rating Area 5	Tobacco User/Non-Tobacco User	50	806.87	879.49
11574IL0010052	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
11574IL0010052	Rating Area 5	Tobacco User/Non-Tobacco User	53	921.62	1004.56
11574IL0010052	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	Tobacco User/Non-Tobacco User	56	1053.99	1185.74
11574IL0010052	Rating Area 5	Tobacco User/Non-Tobacco User	57	1100.97	1238.59

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

11574IL0010011	Rating Area 6	Tobacco User/Non-Tobacco User	15	253.66	253.66
11574IL0010011	Rating Area 6	Tobacco User/Non-Tobacco User	16	261.58	261.58
11574IL0010011	Rating Area 6	Tobacco User/Non-Tobacco User	17	269.50	269.50
11574IL0010011	Rating Area 6	Tobacco User/Non-Tobacco User	18	278.03	278.03
11574IL0010011	Rating Area 6	Tobacco User/Non-Tobacco User	19	286.55	286.55
11574IL0010011	Rating Area 6	Tobacco User/Non-Tobacco User	20	295.38	295.38
11574IL0010011	Rating Area 6	Tobacco User/Non-Tobacco User	21	304.53	304.53
11574IL0010011	Rating Area 6	Tobacco User/Non-Tobacco User	22	304.53	304.53
11574IL0010011	Rating Area 6	Tobacco User/Non-Tobacco User	23	304.53	304.53
11574IL0010011	Rating Area 6	Tobacco User/Non-Tobacco User	24	304.53	304.53
11574IL0010011	Rating Area 6	Tobacco User/Non-Tobacco User	25	305.74	321.02
11574IL0010011	Rating Area 6	Tobacco User/Non-Tobacco User	26	311.83	327.42
11574IL0010011	Rating Area 6	Tobacco User/Non-Tobacco User	27	319.14	335.09
11574IL0010011	Rating Area 6	Tobacco User/Non-Tobacco User	28	331.01	347.56
11574IL0010011	Rating Area 6	Tobacco User/Non-Tobacco User	29	340.76	357.79
11574IL0010011	Rating Area 6	Tobacco User/Non-Tobacco User	30	345.63	362.91
11574IL0010011	Rating Area 6	Tobacco User/Non-Tobacco User	31	352.94	370.58
11574IL0010011	Rating Area 6	Tobacco User/Non-Tobacco User	32	360.25	378.26
11574IL0010011	Rating Area 6	Tobacco User/Non-Tobacco User	33	364.81	383.05
11574IL0010011	Rating Area 6	Tobacco User/Non-Tobacco User	34	369.69	388.17
11574IL0010011	Rating Area 6	Tobacco User/Non-Tobacco User	35	372.12	405.61
11574IL0010011	Rating Area 6	Tobacco User/Non-Tobacco User	36	374.56	408.27
11574IL0010011	Rating Area 6	Tobacco User/Non-Tobacco User	37	376.99	410.92
11574IL0010011	Rating Area 6	Tobacco User/Non-Tobacco User	38	379.43	413.58
11574IL0010011	Rating Area 6	Tobacco User/Non-Tobacco User	39	384.30	418.89
11574IL0010011	Rating Area 6	Tobacco User/Non-Tobacco User	40	389.17	424.20
11574IL0010011	Rating Area 6	Tobacco User/Non-Tobacco User	41	396.48	432.17
11574IL0010011	Rating Area 6	Tobacco User/Non-Tobacco User	42	403.49	439.80
11574IL0010011	Rating Area 6	Tobacco User/Non-Tobacco User	43	413.23	450.42
11574IL0010011	Rating Area 6	Tobacco User/Non-Tobacco User	44	425.41	463.70
11574IL0010011	Rating Area 6	Tobacco User/Non-Tobacco User	45	439.72	479.30
11574IL0010011	Rating Area 6	Tobacco User/Non-Tobacco User	46	456.78	497.89
11574IL0010011	Rating Area 6	Tobacco User/Non-Tobacco User	47	475.96	518.80
11574IL0010011	Rating Area 6	Tobacco User/Non-Tobacco User	48	497.89	542.70
11574IL0010011	Rating Area 6	Tobacco User/Non-Tobacco User	49	519.51	566.26
11574IL0010011	Rating Area 6	Tobacco User/Non-Tobacco User	50	543.87	592.82
11574IL0010011	Rating Area 6	Tobacco User/Non-Tobacco User	51	567.93	619.04
11574IL0010011	Rating Area 6	Tobacco User/Non-Tobacco User	52	594.42	647.92
11574IL0010011	Rating Area 6	Tobacco User/Non-Tobacco User	53	621.22	677.13
11574IL0010011	Rating Area 6	Tobacco User/Non-Tobacco User	54	650.15	708.66
11574IL0010011	Rating Area 6	Tobacco User/Non-Tobacco User	55	679.08	763.96
11574IL0010011	Rating Area 6	Tobacco User/Non-Tobacco User	56	710.44	799.25
11574IL0010011	Rating Area 6	Tobacco User/Non-Tobacco User	57	742.11	834.88
11574IL0010011	Rating Area 6	Tobacco User/Non-Tobacco User	58	775.91	872.90
11574IL0010011	Rating Area 6	Tobacco User/Non-Tobacco User	59	792.66	891.74
11574IL0010011	Rating Area 6	Tobacco User/Non-Tobacco User	60	826.46	929.77
11574IL0010011	Rating Area 6	Tobacco User/Non-Tobacco User	61	855.70	962.66
11574IL0010011	Rating Area 6	Tobacco User/Non-Tobacco User	62	874.88	984.24
11574IL0010011	Rating Area 6	Tobacco User/Non-Tobacco User	63	898.94	1011.31
11574IL0010011	Rating Area 6	Tobacco User/Non-Tobacco User	64 and over	913.56	1027.75
11574IL0010053	Rating Area 6	Tobacco User/Non-Tobacco User	0-14	357.00	357.00
11574IL0010053	Rating Area 6	Tobacco User/Non-Tobacco User	15	388.73	388.73
11574IL0010053	Rating Area 6	Tobacco User/Non-Tobacco User	16	400.87	400.87
11574IL0010053	Rating Area 6	Tobacco User/Non-Tobacco User	17	413.00	413.00
11574IL0010053	Rating Area 6	Tobacco User/Non-Tobacco User	18	426.07	426.07
11574IL0010053	Rating Area 6	Tobacco User/Non-Tobacco User	19	439.13	439.13
11574IL0010053	Rating Area 6	Tobacco User/Non-Tobacco User	20	452.67	452.67
11574IL0010053	Rating Area 6	Tobacco User/Non-Tobacco User	21	466.68	466.68
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
11574IL0010053	Rating Area 6	Tobacco User/Non-Tobacco User	24	466.68	466.68
11574IL0010053	Rating Area 6	Tobacco User/Non-Tobacco User	25	468.53	491.96
11574IL0010053	Rating Area 6	Tobacco User/Non-Tobacco User	26	477.87	501.76
11574IL0010053	Rating Area 6	Tobacco User/Non-Tobacco User	27	489.07	513.52
11574IL0010053	Rating Area 6	Tobacco User/Non-Tobacco User	28	507.27	532.63
11574IL0010053	Rating Area 6	Tobacco User/Non-Tobacco User	29	522.20	548.31
11574IL0010053	Rating Area 6	Tobacco User/Non-Tobacco User	30	529.67	556.15
11574IL0010053	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
11574IL0010053	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
11574IL0010053	Rating Area 6	Tobacco User/Non-Tobacco User	36	574.00	625.66
11574IL0010053	Rating Area 6	Tobacco User/Non-Tobacco User	37	577.73	629.73
11574IL0010053	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
11574IL0010053	Rating Area 6	Tobacco User/Non-Tobacco User	40	596.40	650.08
11574IL0010053	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	43	633.27	690.26
11574IL0010053	Rating Area 6	Tobacco User/Non-Tobacco User	44	651.93	710.61
11574IL0010053	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
11574IL0010052	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	Tobacco User/Non-Tobacco User	25	439.80	461.79
11574IL0010052	Rating Area 6	Tobacco User/Non-Tobacco User	26	448.56	470.99
11574IL0010052	Rating Area 6	Tobacco User/Non-Tobacco User	27	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
11574IL0010052	Rating Area 6	Tobacco User/Non-Tobacco User	30	497.18	522.04

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

SERFF Tracking #:

OHIN-134107589

State Tracking #:

Company Tracking #:

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:

/

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:

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

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 (CCIO), 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:	[REDACTED]
Primary Contact Telephone Number:	[REDACTED]
Primary Contact Email Address:	[REDACTED]

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)

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

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 [REDACTED] % 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 █%.

Benefit Category	Trend		
	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 [REDACTED] 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 [REDACTED] 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).

Metal Level	Minimum IDF	Maximum IDF	Average IDF ¹
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]



2024 Historical Induced Demand Factors ²			
Metal Level	Minimum IDF	Maximum IDF	Average IDF
████	████	████	████
████	████	████	████
████	████	████	████
████████	████	████	████

2023 Historical Induced Demand Factors ³			
Metal Level	Minimum IDF	Maximum IDF	Average IDF
████	████	████	████
████	████	████	████
████	████	████	████
████████	████	████	████

2022 Historical Induced Demand Factors ⁴			
Metal Level	Minimum IDF	Maximum IDF	Average IDF
████	████	████	████
████	████	████	████
████	████	████	████
████████	████	████	████

¹Based on projected 2025 membership

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

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 █████ 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

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 [REDACTED] 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 [REDACTED] 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 [REDACTED] 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 [REDACTED] member months. Oscar’s manual includes [REDACTED] 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 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 [REDACTED] %.

Table 3
Annual Trend Assumptions

Benefit Category	Trend		Total
	Utilization	Unit Cost	
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

A factor of [REDACTED] 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 [REDACTED] is included in the “Manual EHB Allowed Claims PMPM” 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 age and gender — between the manual base period and the projection period.



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

- 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.

A factor of [REDACTED] 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 \$ [REDACTED] per individual claimant.

A factor of [REDACTED] 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 [REDACTED] 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 [REDACTED] member months. Oscar’s experience includes [REDACTED] member months and is considered [REDACTED] 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 [REDACTED]. 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 [REDACTED] is blended with the Manual EHB Allowed Claims PMPM of \$ [REDACTED] using a weight of [REDACTED] respectively. Oscar’s resulting projection period index rate for the 2025 plan year as shown in Worksheet 1, Section II of the URRT is [REDACTED].

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.

Table 4 Market-Adjusted Index Rate	
Description	Value
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]

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 [REDACTED] 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 \$ [REDACTED] 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 [REDACTED] % of gross premiums will enroll through the exchange which translates to an estimated exchange user fee assessment of \$ [REDACTED] PMPM. Development of this estimate is provided in Table 5.

Table 5
Exchange User Fee PMPM Development

[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]



The projected exchange user fee, expressed on an allowed basis, is estimated as a payment of approximately \$ [REDACTED] 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 [REDACTED].

Age Curve Calibration

The average age factor used in the calibration process is [REDACTED] 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 [REDACTED].

Geographic Factor Calibration

The average geographic rating factor is [REDACTED]. 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 [REDACTED] 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 [REDACTED].

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

Oscar's projected loss ratio based on the federally-prescribed MLR methodology is [REDACTED]%. 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.

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:
 - 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*,
 - ASOP No. 12, *Risk Classification*,
 - ASOP No. 23, *Data Quality*,
 - ASOP No. 25, *Credibility Procedures*,
 - ASOP No. 26, *Compliance with Statutory and Regulatory Requirements for the Actuarial Certification of Small Employer Health Benefit Plans*,
 - 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



- 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.

[REDACTED]



Exhibit A

Summary of Proposed Rate Increases

Summary of Proposed Rate Increases

	Plan-Adjusted Index Rate ¹	Rate
Bronze Cla		
Secure (Ch		
Gold Class		
Silver Simp		
Silver Class		
Bronze Cla		
(Select)		
Bronze Cla		
Bronze Cla		
Gold Class		
Silver Simp		
Silver Elite		
Silver Class		
Silver Simp		
Total		

¹Represents



Exhibit B

Manual Rate Development

Manual Rate Development

[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]



Exhibit C

Risk Adjustment Transfer Projection for the 2025 Plan Year

Description	Risk Pool		Definition
	Individual	Catastrophic	
██████████	██	██	█
██████████	██	██	█
██████████	██	██	█
██████████	██	██	█
██	██	██	█
██████████████████████████████████████	██	██	█
██	██	██	██████████
██████████████████████████████████████	██	██	█
██████████	██	██	██
██████████████████████████████████████	██	██	█
██	██	██	█
██████████████████████████████████████	██	██	█
██	██	██	█
██████████	██████████	██████████	██████████
██████████████████████████████████████	██████████	██████████	█
██████████	██████████	██████████	██

¹Annualized over two plan years.



Exhibit D

Plan-Adjusted Index Rates (1 of 2)

Benefit Plan	HIOS ID	Market-Adjusted Index Rate	AV & Cost Sharing	Provider Network	EHB Adjustment	Admin Costs	Catastrophic Eligibility	Plan-Adjusted Index Rate ¹
		A	B	C	D	E	F	
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

¹Plan-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 & Cost Sharing ¹
		A	B	C	
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

¹AV & Cost Sharing = A x B x C



Exhibit E

Administrative Cost Factor Components

Description	Allocation Category	
	PMPM	% of Premium
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]

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



Exhibit F

Calibration Development

Table 1

Age	Member Distribution ¹	Age Factor ²
-----	----------------------------------	-------------------------

Table 2

Rating Area	Member Distribution	Area Factor
-------------	---------------------	-------------

Table 3

Age	Member Distribution		Tobacco Factor
	Smoker	Non-Smoker	

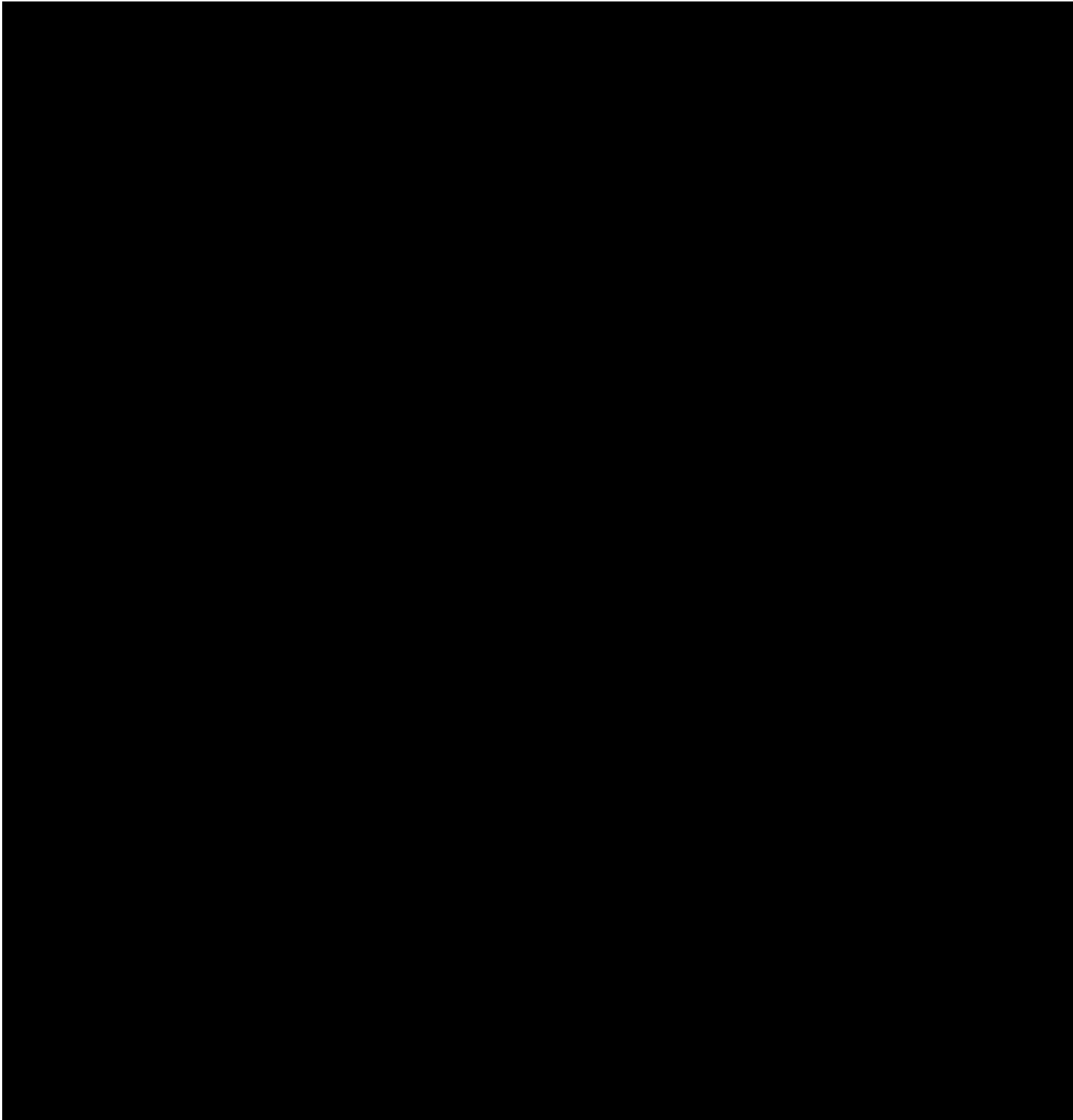


Exhibit G

Geographic Rating Factors

Rating Area	Description	Member Distribution ¹	Area Factor		% Change
			Current ²	Proposed	
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

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

	Source	Factor
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]

[REDACTED]

[REDACTED] Rate x Age Factor x Tobacco Factor x Area Factor / Calibration Factor

=\$447.21



Exhibit I

Projected Medical Loss Ratio

Projected Medical Loss Ratio (Federally-Prescribed)

Description	Value	Definition
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]



Exhibit J

Distribution of Membership Across Metal

Metal	Exchange Status	Membership	
		Distribution	Member Months
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]



[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]



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:

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

Product Name:

Oscar IL 2025 Individual Rates

Project Name/Number:

/

Supporting Document Schedules

Satisfied - Item:	Review Requirement Checklist
Comments:	
Attachment(s):	healthpremiumratereviewchecklist_20240605 (1).pdf
Item Status:	
Status 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:	
Attachment(s):	IL AV Screenshots.pdf
Item Status:	
Status Date:	

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 #:

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: /

Item Status:	
Status Date:	

Satisfied - Item:	Service Area Template
Comments:	
Attachment(s):	PY25_IL_SA_V1.1.xml 1e5591a2-fa85-4211-9454-94ea02e428c6_fbc07b1b-a432-49da-b959-4a5e2956a00a-7509@niem.gov.xls
Item Status:	
Status Date:	

Satisfied - Item:	Actuarial Memorandum - State Version
Comments:	
Attachment(s):	2025_IL_Actuarial_Memorandum_20240529 State Version.pdf 2025_IL_Actuarial_Memorandum_20240529 State Version_Redacted.pdf
Item Status:	
Status Date:	

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:	/		

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 Level 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**

Please save your completed 2024 Plans & Benefits Template and Service Area Template to a folder on your harddrive and then select the button below to import the data.
- Create "2025 Crosswalk Tab"**

Select the button below to create the 2025 Crosswalk Tab based upon your entry.
- Validate Data**

Select the button below to validate information entered into all tabs. **Warning** : Depending on data size, validation may take several minutes.
- Finalize Template**

Select the button below to export data to XML file.

2024 HIOS Plan ID (Standard Component)	Service Area ID	Service Area Name	2024 State	County Name	Partial County	Service Area Zip Code(s)	Network ID
11574IL0010005	ILS001	Oscar Chicago Choice No		Cook - 17031	No		ILN001
11574IL0010005	ILS001	Oscar Chicago Choice No		DuPage - 17043	No		ILN001
11574IL0010005	ILS001	Oscar Chicago Choice No		Lake - 17097	No		ILN001
11574IL0010005	ILS001	Oscar Chicago Choice No		Will - 17197	No		ILN001
11574IL0010003	ILS003	Oscar Chicago Choice No		DuPage - 17043	No		ILN001
11574IL0010003	ILS003	Oscar Chicago Choice No		Lake - 17097	No		ILN001
11574IL0010003	ILS003	Oscar Chicago Choice No		Will - 17197	No		ILN001
11574IL0010021	ILS003	Oscar Chicago Choice No		DuPage - 17043	No		ILN001
11574IL0010021	ILS003	Oscar Chicago Choice No		Lake - 17097	No		ILN001
11574IL0010021	ILS003	Oscar Chicago Choice No		Will - 17197	No		ILN001
11574IL0010045	ILS003	Oscar Chicago Choice No		DuPage - 17043	No		ILN001
11574IL0010045	ILS003	Oscar Chicago Choice No		Lake - 17097	No		ILN001
11574IL0010045	ILS003	Oscar Chicago Choice No		Will - 17197	No		ILN001
11574IL0010053	ILS001	Oscar Chicago Choice No		Cook - 17031	No		ILN001
11574IL0010053	ILS001	Oscar Chicago Choice No		DuPage - 17043	No		ILN001
11574IL0010053	ILS001	Oscar Chicago Choice No		Lake - 17097	No		ILN001
11574IL0010053	ILS001	Oscar Chicago Choice No		Will - 17197	No		ILN001
11574IL0020005	ILS002	Oscar Chicago Select No		Cook - 17031	No		ILN002
11574IL0010011	ILS001	Oscar Chicago Choice No		Cook - 17031	No		ILN001
11574IL0010011	ILS001	Oscar Chicago Choice No		DuPage - 17043	No		ILN001
11574IL0010011	ILS001	Oscar Chicago Choice No		Lake - 17097	No		ILN001
11574IL0010011	ILS001	Oscar Chicago Choice No		Will - 17197	No		ILN001
11574IL0010025	ILS001	Oscar Chicago Choice No		Cook - 17031	No		ILN001
11574IL0010025	ILS001	Oscar Chicago Choice No		DuPage - 17043	No		ILN001
11574IL0010025	ILS001	Oscar Chicago Choice No		Lake - 17097	No		ILN001
11574IL0010025	ILS001	Oscar Chicago Choice No		Will - 17197	No		ILN001
11574IL0020052	ILS002	Oscar Chicago Select No		Cook - 17031	No		ILN002
11574IL0010052	ILS001	Oscar Chicago Choice No		Cook - 17031	No		ILN001
11574IL0010052	ILS001	Oscar Chicago Choice No		DuPage - 17043	No		ILN001
11574IL0010052	ILS001	Oscar Chicago Choice No		Lake - 17097	No		ILN001
11574IL0010052	ILS001	Oscar Chicago Choice No		Will - 17197	No		ILN001
11574IL0010024	ILS003	Oscar Chicago Choice No		DuPage - 17043	No		ILN001
11574IL0010024	ILS003	Oscar Chicago Choice No		Lake - 17097	No		ILN001
11574IL0010024	ILS003	Oscar Chicago Choice No		Will - 17197	No		ILN001
11574IL0010030	ILS001	Oscar Chicago Choice No		Cook - 17031	No		ILN001
11574IL0010030	ILS001	Oscar Chicago Choice No		DuPage - 17043	No		ILN001
11574IL0010030	ILS001	Oscar Chicago Choice No		Lake - 17097	No		ILN001
11574IL0010030	ILS001	Oscar Chicago Choice No		Will - 17197	No		ILN001
11574IL0020053	ILS002	Oscar Chicago Select No		Cook - 17031	No		ILN002
11574IL0020024	ILS002	Oscar Chicago Select No		Cook - 17031	No		ILN002
11574IL0020021	ILS002	Oscar Chicago Select No		Cook - 17031	No		ILN002
11574IL0020050	ILS002	Oscar Chicago Select No		Cook - 17031	No		ILN002
11574IL0020030	ILS002	Oscar Chicago Select No		Cook - 17031	No		ILN002
11574IL0010006	ILS003	Oscar Chicago Choice No		DuPage - 17043	No		ILN001
11574IL0010006	ILS003	Oscar Chicago Choice No		Lake - 17097	No		ILN001
11574IL0010006	ILS003	Oscar Chicago Choice No		Will - 17197	No		ILN001
11574IL0010050	ILS001	Oscar Chicago Choice No		Cook - 17031	No		ILN001
11574IL0010050	ILS001	Oscar Chicago Choice No		DuPage - 17043	No		ILN001
11574IL0010050	ILS001	Oscar Chicago Choice No		Lake - 17097	No		ILN001
11574IL0010050	ILS001	Oscar Chicago Choice No		Will - 17197	No		ILN001
11574IL0020025	ILS002	Oscar Chicago Select 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 + F
 Click Create Service Area IDs button (or Ctrl + Shift + R) to Create Service Area IDs based on your state
 Service Area IDs will populate in the drop-down box in Service Area ID column
 For each row, enter one County for that Service Area ID (unless the Service Area covers entire state)

HIOS Issuer ID:*	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?
ILS001	Oscar Chicago Choice	No	Carroll - 17015	No
ILS001	Oscar Chicago Choice	No	Cook - 17031	No
ILS001	Oscar Chicago Choice	No	DuPage - 17043	No
ILS001	Oscar Chicago Choice	No	Henry - 17073	No
ILS001	Oscar Chicago Choice	No	Jo Daviess - 17085	No
ILS001	Oscar Chicago Choice	No	Kendall - 17093	No
ILS001	Oscar Chicago Choice	No	Lake - 17097	No
ILS001	Oscar Chicago Choice	No	Mercer - 17131	No
ILS001	Oscar Chicago Choice	No	Rock Island - 17161	No
ILS001	Oscar Chicago Choice	No	Whiteside - 17195	No
ILS001	Oscar Chicago Choice	No	Will - 17197	No
ILS003	Oscar Chicago Choice Lite	No	DuPage - 17043	No
ILS003	Oscar Chicago Choice Lite	No	Lake - 17097	No
ILS003	Oscar Chicago Choice Lite	No	Will - 17197	No
ILS002	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

Health Premium Rates

Line(s) of Insurance

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

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

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

COMPANY REQUIREMENTS	REFERENCE	DESCRIPTION OF REVIEW STANDARDS REQUIREMENTS	LOCATION OF STANDARD IN FILING
Actuarial Memorandum		<p>The Actuarial Memorandum is required and is to contain the complete justification for the submitted rates, including background information and an explanation of the rationale for the requested rate action, as well as other relevant information. The small group or individual Actuarial Memorandum requirements checklist must be completed for each filing.</p> <p>Small Group Checklist: http://www2.illinois.gov/sites/Insurance/Companies/documents/RateReviewChecklistSmallGroup.pdf</p> <p>Individual Checklist: http://www2.illinois.gov/sites/Insurance/Companies/documents/RateReviewChecklistIndividual.pdf</p>	SERFF "Supporting Documentation"
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 SERFF must be complete and accurate. DOI does not require all of this data for rate review but HHS reviews the data contained in this section for accuracy.	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?		<ol style="list-style-type: none"> 1. Federal Unified Rate Review Template 2. Rate Data Collection Form 3. Actuarial Memorandum 4. Actuarial Certification 	Supporting Documentation

User Inputs for Plan Parameters

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

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	<input type="checkbox"/>	Tiered Network Plan?	<input checked="" type="checkbox"/>
Annual Contribution Amount:		1st Tier Utilization:	44%
		2nd Tier Utilization:	56%

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		\$5,900.00
Coinsurance (% Insurer's Cost Share)		50.00%
MOOP (\$)		\$8,550.00
MOOP if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		\$5,900.00
Coinsurance (% Insurer's Cost Share)		50.00%
MOOP (\$)		\$8,550.00
MOOP if Separate (\$)		

[Click Here for Important Instructions](#)

Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

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

Plan Description:

Name: Silver Simple Diabetes (Choice)
Plan HIOS ID: 11574IL0010045-00
Issuer HIOS ID: 11574
AVC Version: 2025_1a

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

70.74%

Silver

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

Additional Notes:

Calculation Time:

0.0938 seconds

Final 2025 AV Calculator

User Inputs for Plan Parameters

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

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	<input type="checkbox"/>	Tiered Network Plan?	<input checked="" type="checkbox"/>
Annual Contribution Amount:		1st Tier Utilization:	44%
		2nd Tier Utilization:	56%

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
		\$5,900.00
		50.00%
		\$8,550.00

Tier 2 Plan Benefit Design		
Medical	Drug	Combined
		\$5,900.00
		50.00%
		\$8,550.00

[Click Here for Important Instructions](#)

Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

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

Plan Description:

Name: Silver Simple Diabetes (Choice)
Plan HIOS ID: 11574IL0010045-01
Issuer HIOS ID: 11574
AVC Version: 2025_1a

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

70.74%

Silver

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

Additional Notes:

Calculation Time:

Final 2025 AV Calculator

0.1562 seconds

User Inputs for Plan Parameters

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

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	<input type="checkbox"/>	Tiered Network Plan?	<input checked="" type="checkbox"/>
Annual Contribution Amount:		1st Tier Utilization:	44%
		2nd Tier Utilization:	56%

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		\$5,900.00
Coinsurance (% Insurer's Cost Share)		50.00%
MOOP (\$)		\$8,550.00
MOOP if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		\$5,900.00
Coinsurance (% Insurer's Cost Share)		50.00%
MOOP (\$)		\$8,550.00
MOOP if Separate (\$)		

[Click Here for Important Instructions](#)

Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

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

Plan Description:

Name: Silver Simple Diabetes (Choice)
Plan HIOS ID: 11574IL0010045-03
Issuer HIOS ID: 11574
AVC Version: 2025_1a

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

70.74%

Silver

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

Additional Notes:

Calculation Time:

0.1328 seconds

Final 2025 AV Calculator

User Inputs for Plan Parameters

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

Desired Metal Tier Silver

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	<input type="checkbox"/>	Tiered Network Plan?	<input checked="" type="checkbox"/>
Annual Contribution Amount:		1st Tier Utilization:	44%
		2nd Tier Utilization:	56%

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		\$4,000.00
Coinsurance (% Insurer's Cost Share)		50.00%
MOOP (\$)		\$7,250.00
MOOP if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		\$4,000.00
Coinsurance (% Insurer's Cost Share)		50.00%
MOOP (\$)		\$7,250.00
MOOP if Separate (\$)		

[Click Here for Important Instructions](#)

Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

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

Plan Description:

Name: Silver Simple Diabetes CSR 250 (Choice)
Plan HIOS ID: 11574IL0010045-04
Issuer HIOS ID: 11574
AVC Version: 2025_1a

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Final 2025 AV Calculator

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

73.84%

Silver

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

0.1562 seconds

User Inputs for Plan Parameters

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

Desired Metal Tier Gold

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	<input type="checkbox"/>	Tiered Network Plan?	<input checked="" type="checkbox"/>
Annual Contribution Amount:		1st Tier Utilization:	44%
		2nd Tier Utilization:	56%

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
		\$800.00
		70.00%
		\$2,800.00

Tier 2 Plan Benefit Design		
Medical	Drug	Combined
		\$800.00
		70.00%
		\$2,800.00

[Click Here for Important Instructions](#)

Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

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

Plan Description:

Name: Silver Simple Diabetes CSR 200 (Choice)
Plan HIOS ID: 11574IL0010045-05
Issuer HIOS ID: 11574
AVC Version: 2025_1a

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

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

87.53%

Gold

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

Additional Notes:

Calculation Time:

Final 2025 AV Calculator

0.1484 seconds

User Inputs for Plan Parameters

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

Desired Metal Tier Platinum

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	<input type="checkbox"/>	Tiered Network Plan?	<input checked="" type="checkbox"/>
Annual Contribution Amount:		1st Tier Utilization:	44%
		2nd Tier Utilization:	56%

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		\$0.00
Coinsurance (% Insurer's Cost Share)		70.00%
MOOP (\$)		\$1,420.00
MOOP if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		\$0.00
Coinsurance (% Insurer's Cost Share)		70.00%
MOOP (\$)		\$1,420.00
MOOP if Separate (\$)		

[Click Here for Important Instructions](#)

Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

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

Plan Description:

Name: Silver Simple Diabetes CSR 150 (Choice)
Plan HIOS ID: 11574IL0010045-06
Issuer HIOS ID: 11574
AVC Version: 2025_1a

Output

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Final 2025 AV Calculator

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

94.17%

Platinum

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

0.1328 seconds

User Inputs for Plan Parameters

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

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	<input type="checkbox"/>	Tiered Network Plan?	<input checked="" type="checkbox"/>
Annual Contribution Amount:		1st Tier Utilization:	44%
		2nd Tier Utilization:	56%

Desired Metal Tier Silver

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
		\$5,900.00
		50.00%
		\$8,550.00

Tier 2 Plan Benefit Design		
Medical	Drug	Combined
		\$5,900.00
		50.00%
		\$8,550.00

[Click Here for Important Instructions](#)

Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

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

Plan Description:

Name: Silver Simple Diabetes (Select)
Plan HIOS ID: 11574IL0020060-00
Issuer HIOS ID: 11574
AVC Version: 2025_1a

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

70.74%

Silver

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

Additional Notes:

Calculation Time:

0.1719 seconds

Final 2025 AV Calculator

User Inputs for Plan Parameters

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

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	<input type="checkbox"/>	Tiered Network Plan?	<input checked="" type="checkbox"/>
Annual Contribution Amount:		1st Tier Utilization:	44%
		2nd Tier Utilization:	56%

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		\$5,900.00
Coinsurance (% Insurer's Cost Share)		50.00%
MOOP (\$)		\$8,550.00
MOOP if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		\$5,900.00
Coinsurance (% Insurer's Cost Share)		50.00%
MOOP (\$)		\$8,550.00
MOOP if Separate (\$)		

[Click Here for Important Instructions](#)

Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

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

Plan Description:

Name: Silver Simple Diabetes (Select)
Plan HIOS ID: 11574IL0020060-01
Issuer HIOS ID: 11574
AVC Version: 2025_1a

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

70.74%

Silver

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

Additional Notes:

Calculation Time:

Final 2025 AV Calculator

0.1562 seconds

User Inputs for Plan Parameters

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

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	<input type="checkbox"/>	Tiered Network Plan?	<input checked="" type="checkbox"/>
Annual Contribution Amount:		1st Tier Utilization:	44%
		2nd Tier Utilization:	56%

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
		\$5,900.00
		50.00%
		\$8,550.00

Tier 2 Plan Benefit Design		
Medical	Drug	Combined
		\$5,900.00
		50.00%
		\$8,550.00

[Click Here for Important Instructions](#)

Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input type="checkbox"/>	<input type="checkbox"/>		\$65.00	<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

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

Plan Description:

Name: Silver Simple Diabetes (Select)
Plan HIOS ID: 11574IL0020060-03
Issuer HIOS ID: 11574
AVC Version: 2025_1a

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

70.74%

Silver

NOTE: Office-visit-specific cost-sharing 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?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate MOOP for Medical and Drug Spending?
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	<input type="checkbox"/>	Tiered Network Plan?	<input checked="" type="checkbox"/>
Annual Contribution Amount:		1st Tier Utilization:	44%
		2nd Tier Utilization:	56%

Desired Metal Tier Silver

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		\$4,000.00
Coinsurance (% Insurer's Cost Share)		50.00%
MOOP (\$)		\$7,250.00
MOOP if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		\$4,000.00
Coinsurance (% Insurer's Cost Share)		50.00%
MOOP (\$)		\$7,250.00
MOOP if Separate (\$)		

[Click Here for Important Instructions](#)

Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

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

Plan Description:

Name: Silver Simple Diabetes CSR 250 (Select)
Plan HIOS ID: 11574IL0020060-04
Issuer HIOS ID: 11574
AVC Version: 2025_1a

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Final 2025 AV Calculator

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

73.84%

Silver

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

0.1562 seconds

User Inputs for Plan Parameters

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

Desired Metal Tier Gold

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	<input type="checkbox"/>	Tiered Network Plan?	<input checked="" type="checkbox"/>
Annual Contribution Amount:		1st Tier Utilization:	44%
		2nd Tier Utilization:	56%

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
		\$800.00
		70.00%
		\$2,800.00

Tier 2 Plan Benefit Design		
Medical	Drug	Combined
		\$800.00
		70.00%
		\$2,800.00

[Click Here for Important Instructions](#)

Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

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

Plan Description:

Name: Silver Simple Diabetes CSR 200 (Select)
Plan HIOS ID: 11574IL0020060-05
Issuer HIOS ID: 11574
AVC Version: 2025_1a

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Final 2025 AV Calculator

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

87.53%

Gold

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

0.125 seconds

User Inputs for Plan Parameters

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

Desired Metal Tier Platinum

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	<input type="checkbox"/>	Tiered Network Plan?	<input checked="" type="checkbox"/>
Annual Contribution Amount:		1st Tier Utilization:	44%
		2nd Tier Utilization:	56%

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
		\$0.00
		70.00%
		\$1,420.00

Tier 2 Plan Benefit Design		
Medical	Drug	Combined
		\$0.00
		70.00%
		\$1,420.00

[Click Here for Important Instructions](#)

Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input type="checkbox"/>	<input checked="" type="checkbox"/>	50%		<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

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

Plan Description:

Name: Silver Simple Diabetes CSR 150 (Select)
Plan HIOS ID: 11574IL0020060-06
Issuer HIOS ID: 11574
AVC Version: 2025_1a

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Final 2025 AV Calculator

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

94.17%

Platinum

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

0.1094 seconds

User Inputs for Plan Parameters

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

Desired Metal Tier Bronze

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	<input type="checkbox"/>	Tiered Network Plan?	<input checked="" type="checkbox"/>
Annual Contribution Amount:		1st Tier Utilization:	44%
		2nd Tier Utilization:	56%

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
		\$8,500.00
		50.00%
		\$9,100.00

Tier 2 Plan Benefit Design		
Medical	Drug	Combined
		\$8,500.00
		50.00%
		\$9,100.00

[Click Here for Important Instructions](#)

Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$3.00	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$650.00	<input type="checkbox"/>	<input type="checkbox"/>		\$650.00	<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input type="checkbox"/>		\$750.00	<input type="checkbox"/>	<input type="checkbox"/>		\$750.00	<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

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

Plan Description:

Name: Bronze Classic PCP Saver Plus Rx Copay (Select)
Plan HIOS ID: 11574IL0020021-00
Issuer HIOS ID: 11574
AVC Version: 2025_1a

Output

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Final 2025 AV Calculator

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

62.93%

Bronze

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

0.75 seconds

User Inputs for Plan Parameters

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

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	<input type="checkbox"/>	Tiered Network Plan?	<input checked="" type="checkbox"/>
Annual Contribution Amount:		1st Tier Utilization:	44%
		2nd Tier Utilization:	56%

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		\$8,500.00
Coinsurance (% , Insurer's Cost Share)		50.00%
MOOP (\$)		\$9,100.00
MOOP if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		\$8,500.00
Coinsurance (% , Insurer's Cost Share)		50.00%
MOOP (\$)		\$9,100.00
MOOP if Separate (\$)		

[Click Here for Important Instructions](#)

Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$3.00	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$650.00	<input type="checkbox"/>	<input type="checkbox"/>		\$650.00	<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input type="checkbox"/>		\$750.00	<input type="checkbox"/>	<input type="checkbox"/>		\$750.00	<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

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

Plan Description:

Name: Bronze Classic PCP Saver Plus Rx Copay (Select)
Plan HIOS ID: 11574IL0020021-01
Issuer HIOS ID: 11574
AVC Version: 2025_1a

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Final 2025 AV Calculator

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

62.93%

Bronze

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

0.7969 seconds

User Inputs for Plan Parameters

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

Desired Metal Tier Bronze

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	<input type="checkbox"/>	Tiered Network Plan?	<input checked="" type="checkbox"/>
Annual Contribution Amount:		1st Tier Utilization:	44%
		2nd Tier Utilization:	56%

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		\$8,500.00
Coinsurance (% Insurer's Cost Share)		50.00%
MOOP (\$)		\$9,100.00
MOOP if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		\$8,500.00
Coinsurance (% Insurer's Cost Share)		50.00%
MOOP (\$)		\$9,100.00
MOOP if Separate (\$)		

[Click Here for Important Instructions](#)

Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input type="checkbox"/>	<input type="checkbox"/>		\$75.00	<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$3.00	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$650.00	<input type="checkbox"/>	<input type="checkbox"/>		\$650.00	<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input type="checkbox"/>		\$750.00	<input type="checkbox"/>	<input type="checkbox"/>		\$750.00	<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

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

Plan Description:

Name: Bronze Classic PCP Saver Plus Rx Copay (Select)
Plan HIOS ID: 11574IL0020021-03
Issuer HIOS ID: 11574
AVC Version: 2025_1a

Output

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Final 2025 AV Calculator

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

62.93%

Bronze

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

0.5625 seconds

User Inputs for Plan Parameters

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

Desired Metal Tier Bronze

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	<input type="checkbox"/>	Tiered Network Plan?	<input checked="" type="checkbox"/>
Annual Contribution Amount:		1st Tier Utilization:	44%
		2nd Tier Utilization:	56%

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
		\$4,700.00
		50.00%
		\$9,100.00

Tier 2 Plan Benefit Design		
Medical	Drug	Combined
		\$4,700.00
		50.00%
		\$9,100.00

[Click Here for Important Instructions](#)

Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$125.00	<input type="checkbox"/>	<input type="checkbox"/>		\$125.00	<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$125.00	<input type="checkbox"/>	<input type="checkbox"/>		\$125.00	<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$125.00	<input type="checkbox"/>	<input type="checkbox"/>		\$125.00	<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$3.00	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

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

Plan Description:

Name: Bronze Classic 4700 (Select)
Plan HIOS ID: 11574IL0020024-00
Issuer HIOS ID: 11574
AVC Version: 2025_1a

Output

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Final 2025 AV Calculator

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

63.25%

Bronze

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

0.3906 seconds

User Inputs for Plan Parameters

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

Desired Metal Tier Bronze

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	<input type="checkbox"/>	Tiered Network Plan?	<input checked="" type="checkbox"/>
Annual Contribution Amount:		1st Tier Utilization:	44%
		2nd Tier Utilization:	56%

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
		\$4,700.00
		50.00%
		\$9,100.00

Tier 2 Plan Benefit Design		
Medical	Drug	Combined
		\$4,700.00
		50.00%
		\$9,100.00

[Click Here for Important Instructions](#)

Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$125.00	<input type="checkbox"/>	<input type="checkbox"/>		\$125.00	<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$125.00	<input type="checkbox"/>	<input type="checkbox"/>		\$125.00	<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$125.00	<input type="checkbox"/>	<input type="checkbox"/>		\$125.00	<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$3.00	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

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

Plan Description:

Name: Bronze Classic 4700 (Select)
Plan HIOS ID: 11574IL0020024-01
Issuer HIOS ID: 11574
AVC Version: 2025_1a

Output

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Final 2025 AV Calculator

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

63.25%

Bronze

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

0.5625 seconds

User Inputs for Plan Parameters

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

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	<input type="checkbox"/>	Tiered Network Plan?	<input checked="" type="checkbox"/>
Annual Contribution Amount:		1st Tier Utilization:	44%
		2nd Tier Utilization:	56%

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
		\$4,700.00
		50.00%
		\$9,100.00

Tier 2 Plan Benefit Design		
Medical	Drug	Combined
		\$4,700.00
		50.00%
		\$9,100.00

[Click Here for Important Instructions](#)

Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$125.00	<input type="checkbox"/>	<input type="checkbox"/>		\$125.00	<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$125.00	<input type="checkbox"/>	<input type="checkbox"/>		\$125.00	<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$125.00	<input type="checkbox"/>	<input type="checkbox"/>		\$125.00	<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$3.00	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

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

Plan Description:

Name: Bronze Classic 4700 (Select)
Plan HIOS ID: 11574IL0020024-03
Issuer HIOS ID: 11574
AVC Version: 2025_1a

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Final 2025 AV Calculator

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

63.25%

Bronze

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

0.4844 seconds

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?

Apply Inpatient Copay per Day?

Apply Skilled Nursing Facility Copay per Day?

Use Separate MOOP for Medical and Drug Spending?

Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

Desired Metal Tier Silver

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	<input type="checkbox"/>	Tiered Network Plan?	<input checked="" type="checkbox"/>
Annual Contribution Amount:		1st Tier Utilization:	44%
		2nd Tier Utilization:	56%

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
		\$5,500.00
		60.00%
		\$8,600.00

Tier 2 Plan Benefit Design		
Medical	Drug	Combined
		\$5,500.00
		60.00%
		\$8,600.00

[Click Here for Important Instructions](#)

Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$3.00	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

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

Plan Description:

Name: Silver Simple PCP Saver (Select)
Plan HIOS ID: 11574IL0020025-00
Issuer HIOS ID: 11574
AVC Version: 2025_1a

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

70.19%

Silver

NOTE: Office-visit-specific cost-sharing 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?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate MOOP for Medical and Drug Spending?
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard?
- Desired Metal Tier: Silver

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	<input type="checkbox"/>	Tiered Network Plan?	<input checked="" type="checkbox"/>
Annual Contribution Amount:		1st Tier Utilization:	44%
		2nd Tier Utilization:	56%

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
		\$5,500.00
		60.00%
		\$8,600.00

Tier 2 Plan Benefit Design		
Medical	Drug	Combined
		\$5,500.00
		60.00%
		\$8,600.00

[Click Here for Important Instructions](#)

Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$3.00	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

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

Plan Description:

Name: Silver Simple PCP Saver (Select)
Plan HIOS ID: 11574IL0020025-01
Issuer HIOS ID: 11574
AVC Version: 2025_1a

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

70.19%

Silver

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

Additional Notes:

Calculation Time:

0.2812 seconds

Final 2025 AV Calculator

User Inputs for Plan Parameters

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

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	<input type="checkbox"/>	Tiered Network Plan?	<input checked="" type="checkbox"/>
Annual Contribution Amount:		1st Tier Utilization:	44%
		2nd Tier Utilization:	56%

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
		\$5,500.00
		60.00%
		\$8,600.00

Tier 2 Plan Benefit Design		
Medical	Drug	Combined
		\$5,500.00
		60.00%
		\$8,600.00

[Click Here for Important Instructions](#)

Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$3.00	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

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

Plan Description:

Name: Silver Simple PCP Saver (Select)
Plan HIOS ID: 11574IL0020025-03
Issuer HIOS ID: 11574
AVC Version: 2025_1a

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

70.19%

Silver

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

Additional Notes:

Calculation Time:

0.0938 seconds

Final 2025 AV Calculator

User Inputs for Plan Parameters

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

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	<input type="checkbox"/>	Tiered Network Plan?	<input checked="" type="checkbox"/>
Annual Contribution Amount:		1st Tier Utilization:	44%
		2nd Tier Utilization:	56%

Desired Metal Tier Silver

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		\$4,750.00
Coinsurance (% , Insurer's Cost Share)		60.00%
MOOP (\$)		\$7,000.00
MOOP if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		\$4,750.00
Coinsurance (% , Insurer's Cost Share)		60.00%
MOOP (\$)		\$7,000.00
MOOP if Separate (\$)		

[Click Here for Important Instructions](#)

Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input type="checkbox"/>	<input type="checkbox"/>		\$70.00	<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$3.00	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

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

Plan Description:

Name: Silver Simple PCP Saver CSR 250 (Select)
Plan HIOS ID: 11574IL0020025-04
Issuer HIOS ID: 11574
AVC Version: 2025_1a

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

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

73.08%

Silver

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

Additional Notes:

Calculation Time:

0.1094 seconds

Final 2025 AV Calculator

User Inputs for Plan Parameters

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

Desired Metal Tier Gold

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	<input type="checkbox"/>	Tiered Network Plan?	<input checked="" type="checkbox"/>
Annual Contribution Amount:		1st Tier Utilization:	44%
		2nd Tier Utilization:	56%

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
		\$600.00
		60.00%
		\$3,000.00

Tier 2 Plan Benefit Design		
Medical	Drug	Combined
		\$600.00
		60.00%
		\$3,000.00

[Click Here for Important Instructions](#)

Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input type="checkbox"/>	<input type="checkbox"/>		\$35.00	<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$3.00	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

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

Plan Description:

Name: Silver Simple PCP Saver CSR 200 (Select)
Plan HIOS ID: 11574IL0020025-05
Issuer HIOS ID: 11574
AVC Version: 2025_1a

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Final 2025 AV Calculator

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

87.21%

Gold

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

0.2031 seconds

User Inputs for Plan Parameters

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

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	<input type="checkbox"/>	Tiered Network Plan?	<input checked="" type="checkbox"/>
Annual Contribution Amount:		1st Tier Utilization:	44%
		2nd Tier Utilization:	56%

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
		\$0.00
		80.00%
		\$1,850.00

Tier 2 Plan Benefit Design		
Medical	Drug	Combined
		\$0.00
		80.00%
		\$1,850.00

[Click Here for Important Instructions](#)

Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

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

Plan Description:

Name: Silver Simple PCP Saver CSR 150 (Select)
Plan HIOS ID: 11574IL0020025-06
Issuer HIOS ID: 11574
AVC Version: 2025_1a

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Final 2025 AV Calculator

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

94.16%

Platinum

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

0.1094 seconds

User Inputs for Plan Parameters

Use Integrated Medical and Drug Deductible?

Apply Inpatient Copay per Day?

Apply Skilled Nursing Facility Copay per Day?

Use Separate MOOP for Medical and Drug Spending?

Indicate if Plan Meets CSR or Expanded Bronze AV Standard?

Desired Metal Tier Silver

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	<input type="checkbox"/>	Tiered Network Plan?	<input checked="" type="checkbox"/>
Annual Contribution Amount:		1st Tier Utilization:	44%
		2nd Tier Utilization:	56%

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
		\$500.00
		50.00%
		\$9,100.00

Tier 2 Plan Benefit Design		
Medical	Drug	Combined
		\$500.00
		50.00%
		\$9,100.00

[Click Here for Important Instructions](#)

Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$3.00	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input type="checkbox"/>		\$650.00	<input type="checkbox"/>	<input type="checkbox"/>		\$650.00	<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

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

Plan Description:

Name: Silver Elite Saver Plus Rx Copay (Select)
Plan HIOS ID: 11574IL0020030-00
Issuer HIOS ID: 11574
AVC Version: 2025_1a

Output

Calculate

Status/Error Messages:

Calculation Successful.

Actuarial Value:

70.10%

Metal Tier:

Silver

Additional Notes:

Calculation Time:

0.1406 seconds

Final 2025 AV Calculator

User Inputs for Plan Parameters

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

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	<input type="checkbox"/>	Tiered Network Plan?	<input checked="" type="checkbox"/>
Annual Contribution Amount:		1st Tier Utilization:	44%
		2nd Tier Utilization:	56%

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

Tier 2 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		\$500.00
Coinsurance (% Insurer's Cost Share)		50.00%
MOOP (\$)		\$9,100.00
MOOP if Separate (\$)		

[Click Here for Important Instructions](#)

Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$3.00	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input type="checkbox"/>		\$650.00	<input type="checkbox"/>	<input type="checkbox"/>		\$650.00	<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

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

Plan Description:

Name: Silver Elite Saver Plus Rx Copay (Select)
Plan HIOS ID: 11574IL0020030-01
Issuer HIOS ID: 11574
AVC Version: 2025_1a

Output

Calculate

Status/Error Messages: Calculation Successful.
 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?
- Apply Inpatient Copay per Day?
- Apply Skilled Nursing Facility Copay per Day?
- Use Separate MOOP for Medical and Drug Spending?
- Indicate if Plan Meets CSR or Expanded Bronze AV Standard?
- Desired Metal Tier: Silver

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	<input type="checkbox"/>	Tiered Network Plan?	<input checked="" type="checkbox"/>
Annual Contribution Amount:		1st Tier Utilization:	44%
		2nd Tier Utilization:	56%

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

Tier 2 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		\$500.00
Coinsurance (% Insurer's Cost Share)		50.00%
MOOP (\$)		\$9,100.00
MOOP if Separate (\$)		

[Click Here for Important Instructions](#)

Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$3.00	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input type="checkbox"/>		\$650.00	<input type="checkbox"/>	<input type="checkbox"/>		\$650.00	<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

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

Plan Description:

Name: Silver Elite Saver Plus Rx Copay (Select)
Plan HIOS ID: 11574IL0020030-03
Issuer HIOS ID: 11574
AVC Version: 2025_1a

Output

Calculate

Status/Error Messages: Calculation Successful.
 Actuarial Value: 70.10%
 Metal Tier: Silver

Additional Notes:

Calculation Time: 0.1328 seconds

Final 2025 AV Calculator

User Inputs for Plan Parameters

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

Desired Metal Tier Silver

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	<input type="checkbox"/>	Tiered Network Plan?	<input checked="" type="checkbox"/>
Annual Contribution Amount:		1st Tier Utilization:	44%
		2nd Tier Utilization:	56%

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		\$500.00
Coinsurance (% Insurer's Cost Share)		50.00%
MOOP (\$)		\$7,250.00
MOOP if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		\$500.00
Coinsurance (% Insurer's Cost Share)		50.00%
MOOP (\$)		\$7,250.00
MOOP if Separate (\$)		

[Click Here for Important Instructions](#)

Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$90.00	<input type="checkbox"/>	<input type="checkbox"/>		\$90.00	<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input type="checkbox"/>	<input type="checkbox"/>		\$45.00	<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$3.00	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input type="checkbox"/>		\$650.00	<input type="checkbox"/>	<input type="checkbox"/>		\$650.00	<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

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

Plan Description:

Name: Silver Elite Saver Plus Rx Copay CSR 250 (Select)
Plan HIOS ID: 11574IL0020030-04
Issuer HIOS ID: 11574
AVC Version: 2025_1a

Output

Calculate

Status/Error Messages: CSR Level of 73% (200-250% FPL), Calculation Successful.
 Actuarial Value: 73.08%
 Metal Tier: Silver

Additional Notes:

Calculation Time: 0.1875 seconds

Final 2025 AV Calculator

User Inputs for Plan Parameters

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

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	<input type="checkbox"/>	Tiered Network Plan?	<input checked="" type="checkbox"/>
Annual Contribution Amount:		1st Tier Utilization:	44%
		2nd Tier Utilization:	56%

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		\$100.00
Coinsurance (% , Insurer's Cost Share)		70.00%
MOOP (\$)		\$3,000.00
MOOP if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		\$100.00
Coinsurance (% , Insurer's Cost Share)		70.00%
MOOP (\$)		\$3,000.00
MOOP if Separate (\$)		

[Click Here for Important Instructions](#)

Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$3.00	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$400.00	<input type="checkbox"/>	<input type="checkbox"/>		\$400.00	<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input type="checkbox"/>		\$550.00	<input type="checkbox"/>	<input type="checkbox"/>		\$550.00	<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

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

Plan Description:

Name: Silver Elite Saver Plus Rx Copay CSR 200 (Select)
Plan HIOS ID: 11574IL0020030-05
Issuer HIOS ID: 11574
AVC Version: 2025_1a

Output

Calculate

Status/Error Messages:

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

Actuarial Value:

87.70%

Metal Tier:

Gold

Additional Notes:

Calculation Time:

0.1406 seconds

Final 2025 AV Calculator

User Inputs for Plan Parameters

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

Desired Metal Tier Platinum

HSA/HRA Options		Tiered Network Option	
HSA/HRA Employer Contribution?	<input type="checkbox"/>	Tiered Network Plan?	<input checked="" type="checkbox"/>
Annual Contribution Amount:		1st Tier Utilization:	44%
		2nd Tier Utilization:	56%

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
		\$50.00
		80.00%
		\$1,450.00

Tier 2 Plan Benefit Design		
Medical	Drug	Combined
		\$50.00
		80.00%
		\$1,450.00

[Click Here for Important Instructions](#)

Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input type="checkbox"/>	<input type="checkbox"/>		\$5.00	<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input type="checkbox"/>	<input type="checkbox"/>		\$200.00	<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input type="checkbox"/>		\$400.00	<input type="checkbox"/>	<input type="checkbox"/>		\$400.00	<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

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

Plan Description:

Name: Silver Elite Saver Plus Rx Copay CSR 150 (Select)
Plan HIOS ID: 11574IL0020030-06
Issuer HIOS ID: 11574
AVC Version: 2025_1a

Output

Status/Error Messages:

Actuarial Value:

Metal Tier:

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

94.18%

Platinum

Additional Notes:

Calculation Time:

Final 2025 AV Calculator

0.1719 seconds

User Inputs for Plan Parameters

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

Desired Metal Tier Bronze

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

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
		\$7,500.00
		50.00%
		\$9,200.00

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

[Click Here for Important Instructions](#)

Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

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

Plan Description:

Name: Bronze Classic Standard (Choice)
Plan HIOS ID: 11574IL0010050-00
Issuer HIOS ID: 11574
AVC Version: 2025_1a

Output

Status/Error Messages:

Actuarial Value:

Metal Tier:

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

63.81%

Bronze

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

Additional Notes:

Calculation Time:

Final 2025 AV Calculator

0.3125 seconds

User Inputs for Plan Parameters

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

Desired Metal Tier Bronze

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

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
		\$7,500.00
		50.00%
		\$9,200.00

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

[Click Here for Important Instructions](#)

Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

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

Plan Description:

Name: Bronze Classic Standard (Choice)
Plan HIOS ID: 11574IL0010050-01
Issuer HIOS ID: 11574
AVC Version: 2025_1a

Output

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Final 2025 AV Calculator

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

63.81%

Bronze

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

0.3594 seconds

User Inputs for Plan Parameters

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

Desired Metal Tier Bronze

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

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
		\$7,500.00
		50.00%
		\$9,200.00

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

[Click Here for Important Instructions](#)

Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

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

Plan Description:

Name: Bronze Classic Standard (Choice)
Plan HIOS ID: 11574IL0010050-03
Issuer HIOS ID: 11574
AVC Version: 2025_1a

Output

Status/Error Messages:

Actuarial Value:

Metal Tier:

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

63.81%

Bronze

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

Additional Notes:

Calculation Time:

Final 2025 AV Calculator

0.3438 seconds

User Inputs for Plan Parameters

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

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

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		\$5,000.00
Coinsurance (% , Insurer's Cost Share)		60.00%
MOOP (\$)		\$8,000.00
MOOP if Separate (\$)		

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

[Click Here for Important Instructions](#)

Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$350.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

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

Plan Description:

Name: Silver Classic Standard (Choice)
Plan HIOS ID: 11574IL0010052-00
Issuer HIOS ID: 11574
AVC Version: 2025_1a

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

70.01%

Silver

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

Additional Notes:

Calculation Time:

0.0781 seconds

Final 2025 AV Calculator

User Inputs for Plan Parameters

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

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

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		\$5,000.00
Coinsurance (% , Insurer's Cost Share)		60.00%
MOOP (\$)		\$8,000.00
MOOP if Separate (\$)		

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

[Click Here for Important Instructions](#)

Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$350.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

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

Plan Description:

Name: Silver Classic Standard (Choice)
Plan HIOS ID: 11574IL0010052-01
Issuer HIOS ID: 11574
AVC Version: 2025_1a

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

70.01%

Silver

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

Additional Notes:

Calculation Time:

0.0938 seconds

Final 2025 AV Calculator

User Inputs for Plan Parameters

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

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

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		\$5,000.00
Coinsurance (% , Insurer's Cost Share)		60.00%
MOOP (\$)		\$8,000.00
MOOP if Separate (\$)		

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

[Click Here for Important Instructions](#)

Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$350.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

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

Plan Description:

Name: Silver Classic Standard (Choice)
Plan HIOS ID: 11574IL0010052-03
Issuer HIOS ID: 11574
AVC Version: 2025_1a

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

70.01%

Silver

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

Additional Notes:

Calculation Time:

0.0625 seconds

Final 2025 AV Calculator

User Inputs for Plan Parameters

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

Desired Metal Tier Silver

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

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
		\$3,000.00
		60.00%
		\$6,400.00

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

[Click Here for Important Instructions](#)

Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$350.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

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

Plan Description:

Name: Silver Classic Standard CSR 250 (Choice)
Plan HIOS ID: 11574IL0010052-04
Issuer HIOS ID: 11574
AVC Version: 2025_1a

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

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

73.09%

Silver

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

Additional Notes:

Calculation Time:

0.0938 seconds

Final 2025 AV Calculator

User Inputs for Plan Parameters

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

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

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
		\$500.00
		70.00%
		\$3,000.00

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

[Click Here for Important Instructions](#)

Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

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

Plan Description:

Name: Silver Classic Standard CSR 200 (Choice)
Plan HIOS ID: 11574IL0010052-05
Issuer HIOS ID: 11574
AVC Version: 2025_1a

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

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

87.33%

Gold

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

Additional Notes:

Calculation Time:

0.0625 seconds

Final 2025 AV Calculator

User Inputs for Plan Parameters

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

Desired Metal Tier Platinum

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

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
		\$0.00
		75.00%
		\$2,000.00

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

[Click Here for Important Instructions](#)

Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

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

Plan Description:

Name: Silver Classic Standard CSR 150 (Choice)
Plan HIOS ID: 11574IL0010052-06
Issuer HIOS ID: 11574
AVC Version: 2025_1a

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Final 2025 AV Calculator

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

94.14%

Platinum

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

0.0469 seconds

User Inputs for Plan Parameters

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

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

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		\$1,500.00
Coinsurance (% Insurer's Cost Share)		75.00%
MOOP (\$)		\$7,800.00
MOOP if Separate (\$)		

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

[Click Here for Important Instructions](#)

Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

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

Plan Description:

Name: Gold Classic Standard (Choice)
Plan HIOS ID: 11574IL0010053-00
Issuer HIOS ID: 11574
AVC Version: 2025_1a

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

78.06%

Gold

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

Additional Notes:

Calculation Time:

0.0625 seconds

Final 2025 AV Calculator

User Inputs for Plan Parameters

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

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

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		\$1,500.00
Coinsurance (% , Insurer's Cost Share)		75.00%
MOOP (\$)		\$7,800.00
MOOP if Separate (\$)		

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

[Click Here for Important Instructions](#)

Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

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

Plan Description:

Name: Gold Classic Standard (Choice)
Plan HIOS ID: 11574IL0010053-01
Issuer HIOS ID: 11574
AVC Version: 2025_1a

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

78.06%

Gold

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

Additional Notes:

Calculation Time:

0.0781 seconds

Final 2025 AV Calculator

User Inputs for Plan Parameters

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

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

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		\$1,500.00
Coinsurance (% Insurer's Cost Share)		75.00%
MOOP (\$)		\$7,800.00
MOOP if Separate (\$)		

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

[Click Here for Important Instructions](#)

Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

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

Plan Description:

Name: Gold Classic Standard (Choice)
Plan HIOS ID: 11574IL0010053-03
Issuer HIOS ID: 11574
AVC Version: 2025_1a

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

78.06%

Gold

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

Additional Notes:

Calculation Time:

0.0781 seconds

Final 2025 AV Calculator

User Inputs for Plan Parameters

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

Desired Metal Tier Bronze

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

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
		\$7,500.00
		50.00%
		\$9,200.00

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

[Click Here for Important Instructions](#)

Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

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

Plan Description:

Name: Bronze Classic Standard (Select)
Plan HIOS ID: 11574IL0020050-00
Issuer HIOS ID: 11574
AVC Version: 2025_1a

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

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

63.81%

Bronze

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

Additional Notes:

Calculation Time:

Final 2025 AV Calculator

0.4375 seconds

User Inputs for Plan Parameters

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

Desired Metal Tier Bronze

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

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
		\$7,500.00
		50.00%
		\$9,200.00

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

[Click Here for Important Instructions](#)

Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

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

Plan Description:

Name: Bronze Classic Standard (Select)
Plan HIOS ID: 11574IL0020050-01
Issuer HIOS ID: 11574
AVC Version: 2025_1a

Output

Status/Error Messages:

Actuarial Value:

Metal Tier:

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

63.81%

Bronze

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

Additional Notes:

Calculation Time:

Final 2025 AV Calculator

0.4844 seconds

User Inputs for Plan Parameters

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

Desired Metal Tier Bronze

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

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
		\$7,500.00
		50.00%
		\$9,200.00

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

[Click Here for Important Instructions](#)

Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$25.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$100.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$500.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

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

Plan Description:

Name: Bronze Classic Standard (Select)
Plan HIOS ID: 11574IL0020050-03
Issuer HIOS ID: 11574
AVC Version: 2025_1a

Output

Status/Error Messages:

Actuarial Value:

Metal Tier:

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

63.81%

Bronze

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

Additional Notes:

Calculation Time:

Final 2025 AV Calculator

0.4219 seconds

User Inputs for Plan Parameters

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

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

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		\$5,000.00
Coinsurance (% , Insurer's Cost Share)		60.00%
MOOP (\$)		\$8,000.00
MOOP if Separate (\$)		

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

[Click Here for Important Instructions](#)

Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$350.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

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

Plan Description:

Name: Silver Classic Standard (Select)
Plan HIOS ID: 11574IL0020052-00
Issuer HIOS ID: 11574
AVC Version: 2025_1a

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

70.01%

Silver

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

Additional Notes:

Calculation Time:

0.0781 seconds

Final 2025 AV Calculator

User Inputs for Plan Parameters

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

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

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		\$5,000.00
Coinsurance (% , Insurer's Cost Share)		60.00%
MOOP (\$)		\$8,000.00
MOOP if Separate (\$)		

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

[Click Here for Important Instructions](#)

Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$350.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

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

Plan Description:

Name: Silver Classic Standard (Select)
Plan HIOS ID: 11574IL0020052-01
Issuer HIOS ID: 11574
AVC Version: 2025_1a

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

70.01%

Silver

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

Additional Notes:

Calculation Time:

0.0625 seconds

Final 2025 AV Calculator

User Inputs for Plan Parameters

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

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

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		\$5,000.00
Coinsurance (% , Insurer's Cost Share)		60.00%
MOOP (\$)		\$8,000.00
MOOP if Separate (\$)		

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

[Click Here for Important Instructions](#)

Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$350.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

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

Plan Description:

Name: Silver Classic Standard (Select)
Plan HIOS ID: 11574IL0020052-03
Issuer HIOS ID: 11574
AVC Version: 2025_1a

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

70.01%

Silver

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

Additional Notes:

Calculation Time:

0.125 seconds

Final 2025 AV Calculator

User Inputs for Plan Parameters

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

Desired Metal Tier Silver

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

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
		\$3,000.00
		60.00%
		\$6,400.00

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

[Click Here for Important Instructions](#)

Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$80.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$350.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

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

Plan Description:

Name: Silver Classic Standard CSR 250 (Select)
Plan HIOS ID: 11574IL0020052-04
Issuer HIOS ID: 11574
AVC Version: 2025_1a

Output

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Final 2025 AV Calculator

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

73.09%

Silver

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

0.0781 seconds

User Inputs for Plan Parameters

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

Desired Metal Tier Gold

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

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
		\$500.00
		70.00%
		\$3,000.00

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

[Click Here for Important Instructions](#)

Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$40.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$20.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input checked="" type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

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

Plan Description:

Name: Silver Classic Standard CSR 200 (Select)
Plan HIOS ID: 11574IL0020052-05
Issuer HIOS ID: 11574
AVC Version: 2025_1a

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

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

87.33%

Gold

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

Additional Notes:

Calculation Time:

Final 2025 AV Calculator

0.0781 seconds

User Inputs for Plan Parameters

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

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

Desired Metal Tier Platinum

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
		\$0.00
		75.00%
		\$2,000.00

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

[Click Here for Important Instructions](#)

Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$10.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$0.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$50.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input type="checkbox"/>		\$150.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

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

Plan Description:

Name: Silver Classic Standard CSR 150 (Select)
Plan HIOS ID: 11574IL0020052-06
Issuer HIOS ID: 11574
AVC Version: 2025_1a

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Additional Notes:

Calculation Time:

Final 2025 AV Calculator

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

94.14%

Platinum

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

0.0781 seconds

User Inputs for Plan Parameters

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

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

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		\$1,500.00
Coinsurance (% Insurer's Cost Share)		75.00%
MOOP (\$)		\$7,800.00
MOOP if Separate (\$)		

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

[Click Here for Important Instructions](#)

Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

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

Plan Description:

Name: Gold Classic Standard (Select)
Plan HIOS ID: 11574IL0020053-00
Issuer HIOS ID: 11574
AVC Version: 2025_1a

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

78.06%

Gold

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

Additional Notes:

Calculation Time:

0.0781 seconds

Final 2025 AV Calculator

User Inputs for Plan Parameters

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

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

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		\$1,500.00
Coinsurance (% Insurer's Cost Share)		75.00%
MOOP (\$)		\$7,800.00
MOOP if Separate (\$)		

Tier 2 Plan Benefit Design		
Medical	Drug	Combined

[Click Here for Important Instructions](#)

Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

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

Plan Description:

Name: Gold Classic Standard (Select)
Plan HIOS ID: 11574IL0020053-01
Issuer HIOS ID: 11574
AVC Version: 2025_1a

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

78.06%

Gold

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

Additional Notes:

Calculation Time:

0.0625 seconds

Final 2025 AV Calculator

User Inputs for Plan Parameters

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

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

Tier 1 Plan Benefit Design		
Medical	Drug	Combined
Deductible (\$)		\$1,500.00
Coinsurance (% Insurer's Cost Share)		75.00%
MOOP (\$)		\$7,800.00
MOOP if Separate (\$)		

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

[Click Here for Important Instructions](#)

Type of Benefit	Tier 1				Tier 2				Tier 1	Tier 2
	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Subject to Deductible?	Subject to Coinsurance?	Coinsurance, if different	Copay, if separate	Copay applies only after deductible?	Copay applies only after deductible?
Medical	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Emergency Room Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
All Inpatient Hospital Services (inc. MH/SUD)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Primary Care Visit to Treat an Injury or Illness (exc. Preventive, and X-rays)	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialist Visit	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Mental/Behavioral Health and Substance Use Disorder Outpatient Services	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Imaging (CT/PET Scans, MRIs)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Speech Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Occupational and Physical Therapy	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preventive Care/Screening/Immunization			100%	\$0.00			100%	\$0.00		
Laboratory Outpatient and Professional Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
X-rays and Diagnostic Imaging	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Skilled Nursing Facility	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Facility Fee (e.g., Ambulatory Surgery Center)	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Outpatient Surgery Physician/Surgical Services	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Drugs	<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input checked="" type="checkbox"/> All	<input checked="" type="checkbox"/> All			<input type="checkbox"/> All	<input type="checkbox"/> All
Generics	<input type="checkbox"/>	<input type="checkbox"/>		\$15.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$30.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Non-Preferred Brand Drugs	<input type="checkbox"/>	<input type="checkbox"/>		\$60.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>
Specialty Drugs (i.e. high-cost)	<input type="checkbox"/>	<input type="checkbox"/>		\$250.00	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>

Options for Additional Benefit Design Limits:

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

Plan Description:

Name: Gold Classic Standard (Select)
Plan HIOS ID: 11574IL0020053-03
Issuer HIOS ID: 11574
AVC Version: 2025_1a

Output

Calculate

Status/Error Messages:

Actuarial Value:

Metal Tier:

Calculation Successful.

78.06%

Gold

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

Additional Notes:

Calculation Time:

0.0781 seconds

Final 2025 AV Calculator

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 (CCIO), 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™* (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 [REDACTED]. For plan year 2025, the proposed average rate change for renewing plans is [REDACTED] %

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 [REDACTED]%. 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 [REDACTED]. The projected annual premium for 2025 is [REDACTED].

2i. Number of Policyholders and Covered Lives

There are [REDACTED] policyholders and [REDACTED] 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 [REDACTED]%. Without the proposed increase it would be [REDACTED]%.

2k. Cumulative, future and lifetime loss ratios

The lifetime loss ratio in Illinois is [REDACTED]%.



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 \$ [REDACTED] 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 [REDACTED] 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 [REDACTED] %.

Table 1
Annual Trend Assumptions

Benefit Category	Trend		
	Utilization	Unit Cost	Total
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

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 [REDACTED] 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 [REDACTED] 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 [REDACTED] 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 [REDACTED] 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 [REDACTED] 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 [REDACTED] 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 [REDACTED] 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 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.

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 Category	Trend		
	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).

Table 2
20245 Induced Demand Factors

Metal Level	Minimum IDF	Maximum IDF	Average IDF ¹
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]			
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]			
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]			
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

¹Based on projected 2025 membership



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

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.

- Demographic Shift

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.



- Impact of the COVID-19 Pandemic
Oscar included an adjustment of [REDACTED] 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 [REDACTED] 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 [REDACTED] member months and is considered [REDACTED] 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 \$ [REDACTED] is blended with the Manual EHB Allowed Claims PMPM of [REDACTED] using a weight of [REDACTED]%, 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 \$ [REDACTED].

11. Risk Transfer Payments

To estimate the risk adjustment PMPM, Oscar relied upon the results of the The Wakely 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 \$ [REDACTED] 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 \$ [REDACTED] 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.

Description	Value
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]

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 [REDACTED]% of gross premiums will enroll through the exchange which translates to an estimated exchange user fee assessment of \$[REDACTED] PMPM. Development of this estimate is provided in Table 4.

[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]

The projected exchange user fee, expressed on an allowed basis, is estimated as a payment of approximately \$[REDACTED] 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 [REDACTED], 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 [REDACTED] % 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
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]



--	--	--	--	--	--

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

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 \$█ that's applied as a fixed dollar amount PMPM.

17. Adjusted Community Rating Factors



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 [REDACTED].

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 [REDACTED].

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 [REDACTED].

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 [REDACTED]. 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 [REDACTED] 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 \$[REDACTED] 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:

[REDACTED]

23. Federal Medical Loss Ratio

23a. Projected Federal MLR

Oscar's projected loss ratio based on the federally-prescribed MLR methodology is [REDACTED]. 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, [REDACTED] 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:
 - 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*,
 - ASOP No. 12, *Risk Classification*,
 - ASOP No. 23, *Data Quality*,
 - ASOP No. 25, *Credibility Procedures*,
 - 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
 - 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.

[Redacted]

[Redacted]

[Redacted]

[Redacted] of Actuaries

May 24, 2023



Exhibit A

Summary of Proposed Rate Increases

Summary of Proposed Rate Increases					
Benefit Plan	HIOS ID	Members	Plan-Adjusted Index Rate ¹		Rate Change
			2024	2025	
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

¹Represents the demographic mix of current membership by age and area distributions.



Exhibit B

Manual Rate Development

Manual Rate Development

[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]



Exhibit C

Risk Adjustment Transfer Projection for the 2025 Plan Year

Description	Risk Pool		Definition
	Individual	Catastrophic	
██████████	██	██	█
██████████	██	██	█
██████████	██	██	█
██████████	██	██	█
██	██	██	█
██████████████████████████████████	██	██	█
██	██	██	██████████
██████████████████████████████	██	██	█
██████████	██	██	██
██████████████████████████████	██	██	█
██	██	██	█
██████████████████████████████████	██	██	█
██	██	██	█
██████████	██████████	██████████	██████████
██████████████████████████████	██████████	██████████	█
██████████	██████████	██████████	██

¹Annualized over two plan years.



Exhibit D

Plan-Adjusted Index Rates (1 of 2)

Benefit Plan	HIOS ID	Market-Adjusted Index Rate	AV & Cost Sharing	Provider Network	EHB Adjustment	Admin Costs	Catastrophic Eligibility	Plan-Adjusted Index Rate ¹
		A	B	C	D	E	F	
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]

¹Plan-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 & Cost Sharing ¹
		A	B	C	
████████████████████	██████████	████	████	████	████
██████████	██████████	████	████	████	████
████████████████████	██████████	████	████	████	████
████████████████████	██████████	████	████	████	████
████████████████████	██████████	████	████	████	████
████████████████████	██████████	████	████	████	████
██████████	██████████	████	████	████	████
████████████████████	██████████	████	████	████	████
████████████████████	██████████	████	████	████	████
████████████████████	██████████	████	████	████	████
████████████████████	██████████	████	████	████	████
████████████████████	██████████	████	████	████	████
████████████████████	██████████	████	████	████	████
████████████████████	██████████	████	████	████	████
████████████████████	██████████	████	████	████	████
████████████████████	██████████	████	████	████	████

¹AV & Cost Sharing = A x B x C



Exhibit E

Administrative Cost Factor Components

Description	Allocation Category	
	PMPM	% of Premium
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]

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



Exhibit F
Calibration Development

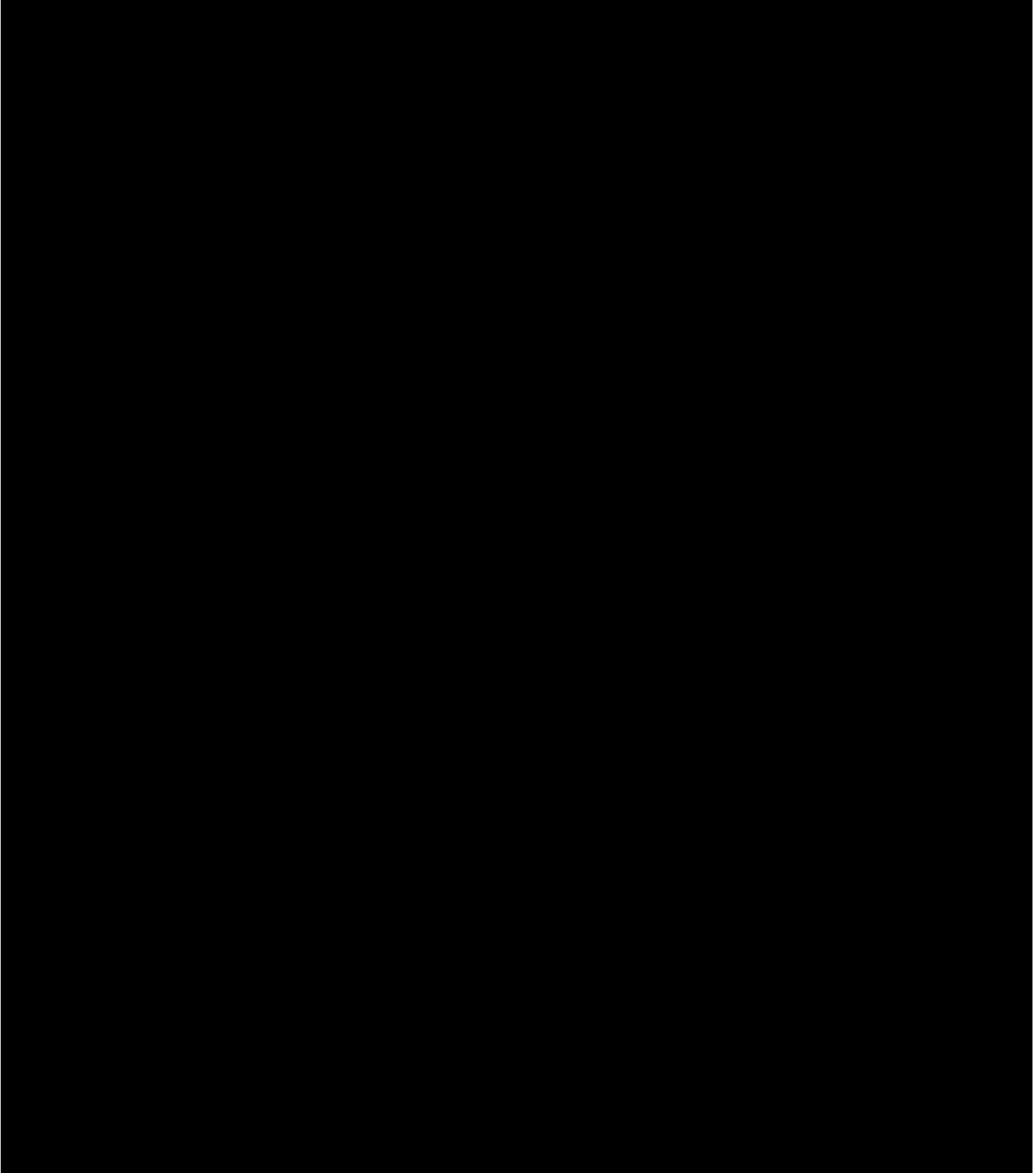


Exhibit H

Sample Rate Calculation

Sample Member Demographics

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

	Source	Factor
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]

[REDACTED]

[REDACTED] Index Rate x Age Factor x Tobacco Factor x Area Factor / Calibration Factor

[REDACTED]



Exhibit I

Projected Medical Loss Ratio

Projected Medical Loss Ratio (Federally-Prescribed)

Description	Value	Definition
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]



Exhibit J

Distribution of Membership Across Metal

Metal	Exchange Status	Membership	
		Distribution	Member Months
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]
[REDACTED]	[REDACTED]	[REDACTED]	[REDACTED]





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