

# ACA impact illustrations Individual and group medical Illinois

Prepared for and at the request of: **Center Forward** 

Prepared by:

Margaret A. Chance, FSA, MAAA

James T. O'Connor, FSA, MAAA

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71 S. Wacker Drive 31<sup>st</sup> Floor Chicago, IL 60606 (312) 726-0677 www.milliman.com

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# EXECUTIVE SUMMARY

As part of the Patient Protection and Affordable Care Act (ACA), a series of provisions applicable to individual and group comprehensive medical insurance plans, effective January 1, 2014, will potentially have significant impact on current premium rates. Major changes include:

- Minimum benefit coverage (i.e., essential health benefits).
- Maximum and specified levels of member cost sharing, or metallic tiers.
- Premium rating restrictions regarding gender, variation by age, and health status.
- Guaranteed issue requirements without preexisting condition limitations in the individual market.
- Federal premium subsidies (prepaid tax credits) for low-income individuals purchasing coverage on individual exchanges.
- ACA-related taxes and fees.

Center Forward engaged Milliman to conduct a study regarding the estimated impact of these provisions on people in select states. This report provides the results of our analysis in the state of Illinois.

ACA provisions include minimum benefit coverage and specified levels of member cost sharing, or metallic tiers. Our analysis includes bronze and silver plans, which equate to an insurance plan covering about 60% and 70% of medical costs, respectively. The minimum cost-sharing requirement is bronze coverage.

The primary purpose of this analysis is to educate interested parties about the types of changes people may see to their healthcare premium rates, given the ACA provisions. The results provide an overview of the potential impact across varying age, gender, income, and health status levels, to help the reader have a better understanding of the scope of these variations.

These values do not include additional increases that would normally occur and are due to general medical cost inflation and attained age increases. These changes are typically 5% to 9% per year and would be additional to those identified in this report.

Key observations from our study in Illinois include:

### Individual Market

- Individual market pre-subsidy premiums in and out of the exchanges are anticipated to increase significantly compared to current plans. Average increases are anticipated to be 20% to 60%, but could be more or less, depending on a person's current plan and the one to which they are switching.
- Today's individual policyholders tend to select plans with leaner benefits and higher member cost sharing compared to the minimum requirements under ACA. The anticipated impact of upgrading to an ACAqualified plan is a premium increase of about 10% to 25%.
  - People currently insured in plans exceeding the minimum cost-sharing requirements are likely to will see less of an increase, which is due to the benefit requirements only.
  - People who switch to plans that have less choice in participating network providers, more managed care features, or do not cover out-of-network services (except for emergency care) may also be able to lower their premium increases.
  - With the availability of premium subsidies and cost-sharing reduction (CSR) plans, some individuals may choose to purchase coverage above the minimum requirements under ACA.

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- A significant driver of increased premiums in 2014 is the anticipated overall more costly health status of the individual market. This issue has been widely discussed around the health insurance industry, with assumptions ranging from 20% to well in excess of 50%. Our analysis indicates an estimated value of 35% to 40% in the state of Illinois for healthcare coverage purchased both inside and outside of exchanges.
- The change in allowable rating characteristics results in significant variation in premium rate changes for people with varying demographics and health status. For example, moving from a sample plan that is currently leaner than ACA requirements to the minimum allowable (i.e., Bronze level), a healthy 27 year old male will face increases as much as 137% and a healthy 27 year old female up to 81%. In comparison, a 57 year old healthy male will face an increase of 47% and an unhealthy 57 year old male will see a decrease of 2% (see Figure 3).
- The impact of federal premium subsidies (prepaid tax credits) is anticipated to be quite significant, with subsidies of 50% to 100% available for many eligible individuals if they purchase coverage on the exchange.
  - About 47% of persons either currently uninsured or covered in the individual market will be eligible for these subsidies.
  - These subsidies will not completely offset premium increases for many individuals, particularly younger persons with higher subsidy-eligible incomes. For example, a healthy 37-year old male at 275% of poverty level changing to a Bronze plan from one that that is leaner than minimum ACA requirements would still see a 33% increase over his current rate; a female with the same characteristics would still see a 6% rate increase. Comparably, healthy 57-year old males and females would see a 69% and 62% reduction over their current rates, respectively.

### **Small Group Market**

- Average small group premiums are anticipated to increase 6% to 11% for plans offered either in or out of the exchange, which is due to the changes in rating for health status and ACA-related taxes and fees.
- The anticipated small group rate changes that are due to ACA provisions may motivate healthier groups to consider leaving the small group fully insured market and opting for self-funding arrangements or subsidizing employees to purchase in the individual market in 2014 and later. We estimate that 10% to 35% of members would be in these groups. As a result of the adverse selection, the migration of these groups out of the insured small group market results in higher average costs for those groups that remain, and thereby higher anticipated rate increases.
- The impact of the removal of health status rating and ACA-related fees results in a fair amount of variation on a group-by-group basis. About 30% of small group members are anticipated to have an average rate change of 20% or more for these components, while about 11% of members would have a rate decrease of 10% or more.
- Small group plans are generally fairly comprehensive and meet ACA benefit and cost-sharing requirements. To the extent that small groups need to upgrade plan benefits for ACA minimum requirements, these increases will be additional to those indicated in this analysis.
- Our study did not include an analysis of the impact on small group plans that the ACA limitations on setting premium rates based upon group size and the group's demographic makeup will have. These changes will result in additional increases for some groups and decreases for other groups. For example, groups primarily comprised of young single males could see substantial rate increases, while groups with an older average age of covered employees will benefit from these new requirements.

# **REPORT QUALIFICATIONS**

There are several points of context that are important when considering the results presented in the report.

- Our analysis focused on items that explicitly impact premiums because of the 2014 ACA provisions. It does not include premium increases in 2014 that would be additional to those illustrated, such as general medical cost inflation and attained age increases.
- Our analysis is a snapshot of the current individual and small group markets based upon data and information representing a significant market share in Illinois. We have illustrated only two plan designs from which to measure the impact of ACA. However, there are a variety of health plans sold by different insurers, which will differ from those we used. The impact of ACA may be more or less pronounced on people currently covered by these other plans than is illustrated in this report.
- Similarly, the plans modeled to be available in 2014 are illustrative. There will likely be many possible
  plans from which people will be able to choose. While all of them are required to have actuarial
  values that meet the ACA metallic levels, as determined by the Centers for Medicare and Medicaid
  Services (CMS) actuarial value calculator, some plan features and provisions will vary. In particular,
  plans will differ in terms of the makeup of their healthcare provider networks and the prescription
  drug formularies they use. They could result in greater or lesser premium levels than those
  illustrated.
- Today's individual policyholders tend to select much higher cost-sharing plans, with popular plans having deductibles of \$5,000 to \$10,000 and out-of-pocket maximums of \$5,000 or more. As such, we included illustrations for the potential impact on people covered under these types of higher costsharing plans, the result of which is fairly sizeable increases to premium. It should be clear that, unless they are in grandfathered plans, these people would not have the option of staying in a comparable plan to mitigate the rate impact seen in these cases. Those plans will simply not be available under ACA requirements.
- This paper looks only at the impact of ACA on premium rates. The new law also provides costsharing reductions (CSR) to people meeting specific qualifications, which may reduce the out-ofpocket costs an individual must pay in addition to the premium.
- Our illustrations are focused on the impact to an individual and not to a family. We included one example of the impact to a sample family in our analysis, but the results could vary. In general, this is because families are to be rated in 2014 and later on a per member basis and not as a family unit, as they currently are. Other variations could occur that would be due to the mix of persons in the family unit (i.e., age, gender, single- vs. two-parent household).
- Underlying our analysis is an assumption as to the level of migration of uninsured people and employees of employer groups into the individual market during 2014, which insurers must make in setting their 2014 premium rates. If an insurer assumes greater or lesser migration than we assumed, its premium rates may differ.
- Our analysis does not include the Medicare-eligible population, nor any anticipated impact of the health insurer fee to insurers providing Medicare Advantage coverage. Any reference to the "older" population throughout the report refers to non-Medicare-eligible persons only.

- Our analysis assumes the healthcare delivery system in place today. The U.S. healthcare system is constantly evolving and responding to changes that are due to economic influences, regulatory changes (such as ACA), political actions, technological and pharmaceutical innovations, and business considerations. While we do not anticipate dramatic changes in the healthcare delivery system over the next year, the impact to local markets could vary from these results because of such changes (e.g., consolidation of hospital systems or vertical integration of providers).
- The premium rate changes illustrated throughout the report are based upon movement from a 2013 plan to a 2014 plan with an identical participating provider network, prescription drug formulary, managed care provisions, and out-of-network coverage. We recognize that, in order to provide more affordable premium rates, many insurers will introduce new plans with less choice of participating providers, reduced out-of-network coverage, and tighter managed care requirements.
- We have assumed that Illinois will accept and implement the expansion of Medicaid offered through ACA to each state. However, our analysis does not consider the impact of other funding changes that the federal or state governments might make to other healthcare financing programs such as Medicare or ACA.
- This analysis requires assumptions as to future unknown events. As such, another person conducting a similar analysis could have different results, which would be due to the assumptions he or she might choose. However, we believe that, directionally, results will be similar for most knowledgeable actuaries conducting such studies.
- It is important to note that the actual premiums charged in 2014 will not depend on the estimates in this report, or even on actual 2014 costs. Instead, 2014 premiums will be based on the premium rates each insurer submits to and gets approved (where required) by its regulator. As a result, 2014 individual premiums will depend significantly on how insurers expect costs to change under ACA. Also, some insurers may strategically price to gain market share, while others may add margin to account for uncertainty or their belief that the ACA risk mitigation programs will not satisfactorily address the risks inherent in the new rules.
- The views, comments, and analyses presented in this report are those of the authors and do not represent the opinions or conclusions of Milliman, Inc.

# INTRODUCTION

As part of the Patient Protection and Affordable Care Act (ACA), there are a series of provisions applicable to individual and group comprehensive medical insurance plans to be implemented effective January 1, 2014, including changes to:

- Minimum benefit and cost-sharing requirements
- Allowable premium rating and underwriting characteristics
- New taxes and fees

Some of the new provisions are anticipated to impact the market as a whole, and therefore rate levels on average. Other provisions will result in a variety of impacts across rating cells (i.e., age, gender, health status, income level, current health plan coverage); in some cases, the differences are likely to be significant. The primary purpose of this analysis is to educate interested parties about the types of changes people may see to their premium rates, given the ACA provisions.

Center Forward engaged Milliman to assist it with estimating the premium impact related to the 2014 ACA rating provisions on individual and small group market premium rates in selected geographic areas. This report provides the results of our analysis in the state of Illinois. The table in Figure 1 summarizes major changes in ACA provisions reviewed as part of this analysis.

	Figure 1 Comparison of Current and 2014 Rating Characteristics Illinois												
		Benefits/Rating	_										
Characteristic	Individual	Small Group	2014 Rating Change										
Covered Benefits	Comprehensive, w/ limitations (e.g., maternity excluded)	Generally comprehensive. Supplemental benefits generally optional.	Essential health benefits (EHB), including some supplemental benefits (e.g., pediatric dental and vision)										
Member Cost Sharing	Generally higher levels (popular plans w/ \$2,000 to \$10,000 deductibles)	Increasing in recent years, but less than individual.	Minimum actuarial value of 60% (i.e., health plan must pay at least 60% of charges for covered EHB services; the member pays no more the 40%)* Maximum OOP based on HSA/HDHP allowable limits (\$6,250 in 2013)										
	No restrictions.	No restrictions. Many	Maximum 3 to 1 differential by ago (adults)										
Attained Age	Most insurers use single-year age bands	insurers use 5-year age bands.	Maximum 3-to-1 differential by age (adults). Single age band for children and for ages 64+ Single-year age bands for ages 21-63.										
Gender	Rating by gender	Rating by gender	Unisex rates										
Health Status Rating	Allowed w/ declines	Allowed w/ limitations (+/- 25%). Guaranteed issue.	Not allowed, guaranteed issue.										
Household Income (% of federal poverty level)	No federal subsidies	No federal subsidies, except a 35% limited tax deduction for some small groups.	Persons meeting income level and other requirements will be eligible for premium subsidies through the individual market exchange.										
ACA Taxes and Fees	N/A	N/A	Exchange fees, insurer fee, Research Trust Fund.										
Transitional Reinsurance Program	N/A	N/A	Applicable to both markets Individual and group plans pay an estimated fee of \$5.25 PMPM. Only individual market plans are eligible for benefits.										

\* For small group, there is a maximum deductible requirement of \$2,000. However, this is allowed to vary for bronze plans.

For the individual market analysis, Center Forward solicited major insurers for data regarding current benefits and premium rates for popular individual plans sold in the state of Illinois, as determined by each insurer based on recent sales. We selected two current plans from the participating insurers, one with an estimated actuarial value (AV) that exceeds 2014 benefit minimums (i.e., AV greater than 60%), and one that does not. We then compared the premium impact of moving to a sample 2014 silver and bronze plan for each of these plans. The 2014 sample plans illustrated were designed based on the Illinois benchmark plan for essential health benefits (EHB). We reviewed the premium impact of the changes to the 2014 benefit plans in aggregate, as well as for various pricing cells segmented by age, gender, health status, and income level pricing cells.

Though similar rating provisions are applicable in 2014 for the small group market, there is anticipated to be less impact in the average increases, as well as variability of increases, compared to that anticipated for the individual market. Primary drivers mitigating the potential rate changes include:

- Small group health insurance plans are generally fairly comprehensive and include most of the EHB requirements.
- Small groups are subject to guaranteed issue under current small group regulations.
- Premium rates by group reflect a mix of age and gender, so their total premium would have less variation, which is due to requirements of unisex rates and 3-to-1 age band restrictions, although these regulatory changes may have more impact on smaller groups.

Given these factors, the focus of our small group analysis was limited to the impact of prohibiting rating using the health status or claims experience of a group, as well as anticipated ACA taxes and fees. Premium subsidies are not included because they are only available in the individual market. While ACA offers federal income tax incentives, they are only available for a two-year period to a limited number of groups based upon number of employees and average salaries. We have not considered their impact. For the small group analysis, Center Forward solicited major insurers for data regarding information on the health status distribution of their book of business, as a proxy for measuring the impact to the statewide market.

Additional commentary regarding the impact of ACA taxes and fees on large group business, including those applicable to self-funded groups, is included as part of this report.

This report also includes a summary of the results, methodology, and assumptions used in the analysis.

# SUMMARY OF RESULTS: INDIVIDUAL MARKET

ACA provisions going into effect in January 2014 are anticipated to have a significant impact on premium rates in the individual comprehensive medical insurance market for many persons. Influences on premium rates in aggregate include:

- Richer benefit packages
- The inclusion of previously uninsured and uninsurable individuals into the marketplace, which is due to the ACA individual mandate and guaranteed issue provisions
- Members of the Illinois Comprehensive Health Insurance Plan (CHIP) and the federal Pre-Existing Condition Insurance Plan (PCIP) coming into the general market
- The ability of currently insured persons to upgrade coverage without underwriting approval upon renewal in 2014
- The requirement to use a single risk pool for all individual business, coupled with the inability to use substandard premium, durational rating, and separate closed block pricing
- The adverse selection related to whether currently insured persons persist until their 2014 renewal date or opt for a new ACA plan prior to renewal
- The introduction of various taxes and fees to cover ACA provisions

To some extent the impact of morbidity changes is anticipated to be offset through the ACA transitional reinsurance program, but the overall result is still significant. Managed competition may also make available health plans priced lower than they might otherwise be, which is due to health insurers and HMOs wanting to be price competitive on the exchange.

For our analysis we looked at two popular benefit plans sold in the state of Illinois from commercial insurers and estimated the premium rate impact of moving to 2014 plans in the silver and bronze metallic plan tiers. Anticipated changes were reviewed in aggregate by plan and for sample pricing cells. Plan 1 is a popular plan that already exceeds the 2014 minimum 60% actuarial value (AV) requirements (i.e., its AV is 60%). Plan 2 is a popular plan with a current actuarial value less than 60% (i.e., its AV is 47%). Sample metallic tier plans were designed to meet the EHB requirements in Illinois. Additional details on the 2013 and 2014 benefit plans are provided later in the report.

Our analysis focused on items that explicitly impact premiums because of the 2014 ACA provisions, and assumed that the state of Illinois continues with its stated plan of expanding Medicaid per ACA. Our analysis does not include premium increases in 2014 that would be additional to those illustrated, such as general medical cost inflation and attained age increases. We have assumed rating based on the average Illinois market and with no adjustments for tobacco use.

### Aggregate premium impacts

The first step of our analysis was to estimate the impact of ACA provisions that affect premiums in aggregate (i.e., at the plan level). The table in Figure 2 summarizes the estimated impact of various ACA provisions, in aggregate, for each 2013 benefit plan moving to sample silver and bronze plans. The cumulative total of these items reflects the increase to average rate levels across all persons insured under the given plan, prior to the impact of federal premium subsidies for lower-income individuals.

Figure 2 Individual Medical Summary of Aggregate Rate Changes From 2013 to 2014*												
	2013 I	Plan 1	2013	Plan 2								
ACA Provision	to Bronze	to Silver	to Bronze	to Silver								
Benefit Changes (EHB and Min AV)	-6%	14%	21%	47%								
Risk Pool Composition/Adverse Selection	38%	38%	38%	38%								
Pent-up Demand from Previously Uninsured	2%	2%	2%	2%								
Net Impact of Federal Reinsurance and Fees	-13%	-11%	-13%	-11%								
ACA Taxes and Fees	5%	5%	5%	5%								
Aggregate Impact of ACA Changes	21%	50%	56%	94%								

\* Rate impact reflects best estimate results from our analysis.

As illustrated, the overall impact of ACA provisions on various plans will be quite high. These changes are primarily driven by the impact of the market moving to guaranteed issue, as well as the benefit changes. With respect to the benefit changes, while there are some benefits not typically covered by individual plans currently (e.g., maternity), the larger impact from this line item is the value of the cost sharing, as individuals in today's market tend to have much higher cost-sharing levels than is typically seen in group business.

For purposes of this analysis, we made global assumptions regarding the impact of certain items such as the addition of the previously uninsured and uninsurable, and the overall health status of the individual comprehensive medical insurance market (i.e., risk pool composition/adverse selection and pent-up demand in Figure 2 above). The anticipated impact of the ACA provisions on the overall health status of the individual market has been widely discussed around the industry, with varying but directionally consistent results. Based on results from industry studies and from working with various insurers in the market, we have seen assumptions regarding this impact ranging from 20% to 100%. Our analysis estimates this value to be 35% to 40% in the state of Illinois. The impact of these items will ultimately vary by plan, depending on the insurer's portfolio and current risk profile.

Additional items that may impact rates that are due to insurer's plan specifics include:

- Shift in overall anticipated claim costs that is due to a shift in the age/gender distribution of business (increase or decrease)
- Higher or lower impact of the removal of medical underwriting and related rating structure, depending on the stringency of an insurer's current practices
- Current vs. proposed provider network arrangements, including the use of narrower and tiered network arrangements
- An insurer's competitive positioning strategies

### Premium changes by pricing cells

While overall individual rate levels are estimated to have an average rate impact as shown in Figure 2 above, the introduction of limitations on allowable rating characteristics, and the amount they may vary, will result in varying impacts for individuals in a given rate "cell" (i.e., age, gender, health status, etc.). In some cases there will be significant variation to what they are paying today.

To illustrate this variation, the table in Figure 3 provides the estimated impact for sample pricing cells reflecting variations in age, gender, and health status. Note that the illustrated changes are before the impact of federal premium subsidies for lower-income individuals.

Figure 3 Individual Medical Sample Rate Impact by Pricing Cell 2013 Plan 1 2013 Plan 2												
	2013 P			-								
ACA Provisions	to Bronze	to Silver	to Bronze	to Silver								
Age 27, Healthy Male	65%	106%	137%	197%								
Age 27, Healthy Female	2%	28%	81%	126%								
Age 27, Unhealthy Male	10%	38%	58%	98%								
Age 27, Unhealthy Female	-32%	-15%	21%	51%								
Age 57, Healthy Male	35%	69%	47%	84%								
Age 57, Healthy Female	45%	81%	76%	120%								
Age 57, Unhealthy Male	-10%	13%	-2%	23%								
Age 57, Unhealthy Female	-3%	21%	17%	47%								
Average Rate Change	21%	50%	56%	94%								
Minimum Rate Change	-32%	-15%	-2%	23%								
Maximum Rate Change	65%	106%	137%	197%								

As illustrated, there is a significant variation by pricing cell in impact of moving to 2014 premium rates. It should be noted that the differences between moving to a bronze plan versus a silver plan are reflective of the pricing benefit values for each plan and not the CMS calculator actuarial values (see Figure 6 for a comparison of these values). These variations illustrate the significant amount of subsidization of the older and less healthy population by younger and healthier people, compared to what is in place today. The impact of subsidization by age will generally have less impact on females compared to males, because current age slopes for females tend to be much flatter.

The impact of subsidization by age will generally have less impact on females compared to males, since current age slopes for females tend to be much flatter. In some cases, as is seen in the sample Plan 1, the current female slope is actually flatter than the required HHS curve. While this is not common in most plans, the impact of medical underwriting and competitive rate positioning may have this result. In these cases, older females will actually see a much higher rate increase than younger females (e.g., 81% compared to 28% for a healthy female moving from Plan 1 to a silver plan, respectively). Given the general understanding around the anticipated direction of rate changes due to the new age curve, insurers will need to tailor their communication accordingly in cases like this.

Attachment A provides expanded results to those shown above, with illustrated changes by age (27, 37, 47, 57, 62), gender, and health status (100%, 125%, and 150% of the base level).

### Impact of premium subsidies

For low-income people who are eligible, exchanges offer subsidies through the federal government to reduce both monthly premiums and member cost sharing. Premium subsidies are available to eligible people with incomes less than 400% of the federal poverty level (FPL) who do not qualify for Medicare, Medicaid, or have access to qualified affordable employer-sponsored insurance. Out-of-pocket cost-sharing reduction (CSR) subsidies are available to eligible people with incomes up to 250% FPL who purchase a silver plan on the exchange. These subsidies are anticipated to significantly improve the affordability of insurance for those who qualify, particularly as we observe a sizeable increase in overall rate levels.

For purposes of our analysis, we focused on the impact of the premium subsidy only, compared to what eligible people would be paying in 2014 without subsidies. The table in Figure 4 illustrates the average rate change from the 2013 Plan 1 to a silver plan under various income levels for sample rate cells.

Figure 4 Individual Medical Sample Impact of Premium Rate Changes After Subsidy 2013 Plan 1 to Silver												
Healthy Male – 27 Unhealthy Female - 57												
FPL levels	Rate Change From 2013	% of 2014 Rate Subsidized	Rate Change From 2013	% of 2014 Rate Subsidized								
140%	-70%	85%	-92%	94%								
175%	-43%	73%	-86%	88%								
225%	2%	51%	-74%	79%								
275%	52%	26%	-62%	68%								
350%	106%	0%	-47%	56%								
500%	106%	0%	21%	0%								

Attachment A includes an expansion of the sample pricing cells shown above, with illustrated values for varying income levels by age, gender, and health status.

We note that the amount of premium subsidy that individuals receive is to be calculated based on the silver plan, the second-lowest-cost plan in the market. For purposes of this analysis, we assumed that the sample silver plan in each case was reflective of this benchmark. In actuality, the rate changes would vary, depending on where the given plan is priced relative to other silver plans. That being said, insurers with silver plan rates closer to the second-lowest silver plan are likely to get a greater proportion of individuals eligible for premium subsidy, because those individuals will be able to minimize their out-of-pocket premium cost.

The second-lowest silver plan may be a newly introduced plan with narrower provider networks, increased managed care requirements, stricter prescription drug formularies, and/or reduced or eliminated out-ofnetwork benefits (none of which affects a plan's AV). These plans are likely to be priced lower than the silver plan we have modeled, but with a trade-off to individuals of the freedom of choice that is typically available in today's individual market health plans. An unfortunate result of this market competition from a consumer's perspective who wishes to purchase a plan with a broad provider network will be higher out-of-pocket premiums if one of these narrow network, lower-priced plans is the second-lowest-priced silver plan. For such a consumer, the subsidies will be lower than those indicated in Figure 4 and Attachment A. For those purchasing the lowest-priced silver plan or a bronze plan, the percentage of the premium rate being subsidized through the federal income tax credits will be greater than those illustrated above, as can be seen in the illustrations presented in Attachment A.

### **Case studies**

The table in Figure 5 provides a breakdown of the impact of various ACA provisions on sample pricing cells for a change from the 2013 Plan 1 to the silver plan, with and without federal premium subsidies.

Buildup of P	Figure : Individual M ate Changes for	edical	ng Colle	
	ate changes for	2013 Plan		
	Age Healthy	27	Age Unhealthy	
-	Annual		Annual	
Component	Premium	Change	Premium	Change
Current Premium	\$1,863		\$7,404	
No Rating for Health Status	\$2,049	10%	\$5,429	-27%
Age/Gender	\$2,569	25%	\$6,032	11%
Benefit Changes	\$2,933	14%	\$6,888	14%
Risk Pool Composition/Adverse Selection	\$4,050	38%	\$9,510	38%
Pent-up Demand	\$4,149	2%	\$9,742	2%
Exchange Fee	\$4,236	2%	\$9,947	2%
Insurers Fee (ACA §9010)	\$4,342	2%	\$10,196	2%
Reinsurance Claims Impact	\$3,781	-13%	\$8,879	-13%
Reinsurance Pay-In	\$3,844	2%	\$8,942	1%
Research Fee	\$3,846	0%	\$8,944	0%
Total Rate Change		106%		21%
Premium After Subsidy				
140% FPL	\$560	-70%	\$560	-92%
175% FPL	\$1,056	-43%	\$1,056	-86%
225% FPL	\$1,892	2%	\$1,892	-74%
275% FPL	\$2,828	52%	\$2,828	-62%
350% FPL	\$3,846	106%	\$3,897	-47%
500% FPL	\$3,846	106%	\$8,944	21%

### Summary of sample plan benefits

The table in Figure 6 provides a high-level summary of the primary cost-sharing provisions for each of the sample 2013 and 2014 plans used in our analysis. Information on the 2013 benefit plans was based on information provided by participating insurers. Sample 2014 plans were developed based on Illinois' benchmark EHB plans.

Figure 6 Individual Medical Summary of Modeled Benefit Plans												
	Sample 2	013 Plans	Sample 2	014 Plans								
Plan Benefits	Plan Option 1	Plan Option 2	Silver	Bronze								
CMS Actuarial Value*	n/a	n/a	71%	59%								
Pricing Benefit Value**	60%	47%	62%	52%								
Individual Deductible	\$2,500	\$5,000	\$2,500	\$4,000								
Family Deductible	2x Individual	2x Individual	3x Individual	3x Individual								
Plan Coinsurance	80%	70%	80%	60%								
Out-of-Pocket Max (after deductible)	\$2,500	\$5,000	\$2,500	\$2,500								
Inpatient Hospital	Ded+Coins	Ded+Coins	Ded+Coins	Ded+Coins								
Office Visit Copay: PCP/SCP	\$40/\$50	\$35/\$35	\$30/\$30	Ded+Coins								
Emergency Room/ Urgent Care	\$350 + Ded+Coins/ \$50	\$100 (illness) + Ded+Coins/ Ded+Coins	Ded+Coins/ \$30	Ded+Coins/ Ded+Coins								
Preventive	100% Covered	100% Covered	100% Covered	100% Covered								
Maternity	Excluded	Excluded	Included	Included								
MH/SA	Excluded	Excluded	Included	Included								
Prescription Drugs***	\$500/\$15/\$35/\$65	\$500/\$15/\$35/\$65	Ded+Coins	Ded+Coins								

Values are determined based on the CMS actuarial value calculator. Current plans were not modeled using this calculator given the benefit limitations reflective of 2014 plans (e.g., limitations on out-of-pocket maximum).

\*\* Pricing benefit values reflect estimated AVs based on in-network cost-sharing value determined using the Milliman Health Cost Guidelines™ modeled claim costs. These values reflect the relative value of the plan considering not only cost sharing, but also provider network, drug formulary, managed care impacts on pricing, and benefit richness utilization demand. Note that this is the estimate of cost sharing for covered benefits and does not adjust for any noncovered EHB benefits (e.g., maternity in 2013). \*\*\* Ded/Generic/Form Brand/Non-Form Brand. Specified Rx deductibles apply only to brand drugs.

# SUMMARY OF RESULTS: SMALL GROUP

ACA provisions going into effect in January 2014 are anticipated to have a less significant impact on the average premium level in the small group insurance market, which is primarily due to the fact that there are already underwriting and rating restrictions in place through small group rating regulations that are comparable to some of the ACA provisions. Differences between ACA provisions and current small group regulations include:

- Some additional benefits will be added through the EHB requirement, though current small group plans are generally comprehensive already.
- The use of single-year age bands and unisex rating with a compressed 3-to-1 age slope will have some impact on members within a group. However, given that groups generally reflect a mix of age and gender, the impact to the group's premium in total will be less varied than what will occur in the individual market. This may be less so for mini-groups (groups with fewer than 10 employees).
- Small group plans are currently guaranteed issue, though insurers are allowed to rate for health status. The ability to rate is limited to ±25% for industry in the state of Illinois. However, in 2014 this rating variation will no longer be allowed.
- Small group plans are currently allowed to be rated based on administrative cost differences related to group size, which is not allowed under ACA.
- The introduction of various taxes and fees to cover ACA provisions.
- Considerations by small employers to either subsidize employees to purchase in the individual market or to move to a self-funded arrangement in 2014, which are due to ACA-related changes.

For purposes of our analysis, we focused on the impact of the removal of health status rating on small group premiums, as well as on new ACA taxes and fees. The premium impact for ACA allowable rating related to demographic mix and group size is very specific to the characteristics of each group and is expected to be quite varied, making it impractical to reasonably illustrate in a report like this. Center Forward solicited major insurers for data regarding information on the health status ratings for their small group books of business, and this data was compiled to use as a measure for the general impact in the Illinois small group market.

Our analysis does not include the impact of items such as medical cost trend (e.g., 5% to 9%), which would be applicable with or without ACA changes, nor does it include the impact of the removal of other rating characteristics, such as group size, which may be applicable.

The table in Figure 7 provides a summary by rating tier of anticipated rate changes for small group plans in 2014 that are due to the changes in rating for health status and ACA-related taxes and fees. Rating tiers for each insurer were normalized to a 1.00 level as the lowest rate available.

Figure 7 Average Rate Impact to Small Groups by Underwriting/Experience Rating Tier Comparison of 2014 to 2013 Rates*												
Rating Tier**	Member Distribution	Premium Distribution	Removal of Health Status	ACA Taxes and Fees	Total							
1.000 – 1.049	13%	11%	27%	4%	33%							
1.050 – 1.099	8%	8%	21%	4%	26%							
1.100 – 1.149	8%	8%	16%	4%	21%							
1.150 – 1.199	8%	8%	11%	4%	16%							
1.200 – 1.249	5%	6%	7%	4%	11%							
1.250 – 1.299	5%	5%	2%	4%	7%							
1.300 – 1.349	4%	4%	-1%	4%	3%							
1.350 – 1.399	3%	4%	-5%	4%	-1%							
1.400 – 1.449	2%	3%	-8%	4%	-5%							
1.450 – 1.499	2%	2%	-12%	4%	-8%							
1.500 – 1.549	2%	2%	-14%	4%	-11%							
1.550 – 1.599	2%	2%	-17%	4%	-14%							
1.600 - 1.649	2%	2%	-20%	4%	-16%							
1.650 – 1.699	5%	7%	-22%	4%	-19%							
Shift From Fully Insured	30%	27%	n/a	n/a	n/a							
Total	100%	100%	5%	4%	10%							

\* Values do not include additional impacts for unisex rating, 3-to-1 age slope limits, and the elimination of factors such as group size. They are reflective of our best estimate values.

\*\* Rating tier distributions were provided by ranges, as illustrated. We assume that for the highest tier range, these values reflect a maximum value allowable in Illinois based on a combination of the +/-25% limitations on health status rating.

Illinois currently has an allowable range for health status rating of +/- 25%, which is fairly comparable to several states with rate limitations. Compared to states with more restrictive allowable ranges to rate for health status, there is a wider range of potential rate changes on a group-by-group basis due to the removal of the rating factor.

Given the sizeable anticipated increases for healthier groups, there is an expectation that a portion of them will be inclined to leave the fully insured small group market and look into alternative arrangements such as self-funding or terminating the group coverage and sending their employees to the individual market (perhaps with a subsidy). Given the size of anticipated increases and the current distribution of business, we estimate 10% to 35% of members will utilize these options, which will impact the overall health status of the remaining book by about 2% to 7%. To the extent this migration does not occur, these members will receive the higher rate increases indicated in Figure 7.

Small group plans generally meet minimum ACA benefit and cost-sharing requirements, so the average impact from these requirements is anticipated to be marginal. Some small groups will need an upgrade in benefit coverage, which is due to member cost-sharing requirements, in which case additional increases would be applicable. ACA benefit requirements that may impact a greater number of small groups include:

- To the extent that small groups do not currently provide benefit options with the minimum pediatric dental and vision requirement, they will need to upgrade coverage to include this benefit. This may increase premium rates an additional 1% to 3% from the values indicated in Figure 7.
- Analyses regarding the impact to expected costs for the ACA requirement that all copays, including for prescription drugs, accumulate in meeting the out-of-pocket maximum limitation have been varied. Estimates of the rate impact for this range from 0% to 5%, which would be in addition to the values indicated in Figure 7.

Illinois also currently allows companies to vary small group premium rates based on administrative cost differences related to group size, which will not be allowed under ACA. Depending on the current mix of business that a company has for these criteria, and whether or not they use this allowable factor, will result in a variation of impact on a group by group basis. An employer group currently receiving these maximum loads will benefit from their elimination, while a group without these loads would need to have its rate increased to make up for the revenue lost from the elimination of these rating factors.

# ACA PROVISIONS IMPACTING LARGE GROUP

While ACA does not impose specified rating restrictions on large group business, as is required for the individual and small group markets, there are certain taxes and fees that will be assessed to large group insurers and self-funded groups that are anticipated to impact premium rates in 2014:

- The ACA §9010 insurer fee is assessed on all insurers with comprehensive medical business as well as Medicare Advantage and Medicaid managed care organization (MCO) plans. The fee is assessed based on the total premium volume in these lines of business. For large insurers we anticipate the premium impact to be 2% to 3% of premium. For smaller plans, there will less of an impact based on the deduction of premium amounts under \$50 million. Certain nonprofit insurers will also pay less. The fee is expected to pass through to the employers through a premium adjustment. This fee is not applicable to self-funded plans.
- The individual market transitional reinsurance program is to be funded through payments by all members with comprehensive medical coverage. The estimated fee is \$5.25 per member per month (PMPM), based on calendar-year 2014 covered members, and is anticipated to be worth about 1% of premium. This fee is applicable to self-funded groups through their third-party administrators, though retirees covered under the group plans who are Medicare-eligible are not included in the assessment.
- Section 6301 of ACA imposes a fee in 2013 of \$2 per member per year on insurers on behalf of the Patient-Centered Outcomes Research Trust Fund. This fee became effective in 2012, but was only \$1 for that year. The fee is applicable to all large group business, including self-funded plans. The overall impact to premium is anticipated to be marginal.

The aggregate impact of these ACA fees is anticipated to be about 3% to 4% of premium for fully insured large group business, depending on the size of the insurer (which is due to the application of the ACA insurer fee). For self-funded plans, the estimated impact is approximately 1% of premium.

Large groups predominately provide comprehensive health benefit coverage that would meet ACA minimum benefit and cost-sharing requirements. As such, we did not include it as an additional component of our impact analysis. However, to the extent that an upgrade to coverage is needed, additional increases would apply.

# METHODOLOGY AND ASSUMPTIONS

### Individual analysis

The following summarizes key components of the methodology and assumptions used in preparing our analysis of the impact of ACA provisions in the individual insurance market.

- To determine the sample 2013 plans used for our analysis, we received information from participating insurers on their most popular benefit plans sold in the state of Illinois (based on recent sales data). From this set of benefit plans, we selected two plans that we believed to be representative of commonly sold plans in the state of Illinois. One plan was selected that exceeds the threshold for minimum actuarial value (i.e., AV greater than 60%) and one that had an actuarial value of less than 60%.
- Illustrated 2013 premiums are reflective of the average premium for each of the given plans in the state of Illinois. Average state rates were calculated as a weighted average of each plan's January 2013 rates by geographic area, weighted using area distributions from the Milliman Health Cost Guidelines<sup>™</sup>, 2012 edition (HCGs), as opposed to the specific insurer's distribution. This distribution is likely more representative of the population distribution for each of the markets.
- We designed sample 2014 benefit plans based on the benchmark essential health benefit (EHB) plan for the state of Illinois, as well as the actuarial value requirements for the silver and bronze metallic tiers. Actuarial values were determined using the CMS calculator. These values are 59% for the modeled bronze plan and 71% for the silver plan. We assumed the same provider network, prescription drug formulary, and managed care provisions as those used for the sample 2013 plans.
- Claim costs for each of the sample 2013 and 2014 plans were modeled using the managed care
  rating model from the HCGs. The value of the benefit changes to each of the selected 2013 plans
  was determined based on the benefit relativities of the 2014 plan to that plan. Claim costs are
  reflective of:
  - $\circ\,$  Typical utilization and average billed charges for these services provided in the state of Illinois
  - o Average provider discounts in the state of Illinois for in-network services
  - Mix of in- and out-of-network services consistent with that generally seen in the individual market
  - Mix of business by age/gender and geographic area based on the standard labor population presented in the HCGs
- Additional aggregate adjustments were applied to the benefit adjusted rates to reflect consideration for the following:
  - The morbidity impact of the anticipated risk pool composition and adverse selection in the individual market. Estimates were developed based on population and self-reported health census data, as well as other information based on working with individual market insurers.
  - Increased claim activity that is due to pent-up demand from the currently uninsured population.
  - The impact of reimbursements from the ACA reinsurance program, as applicable. Expected reimbursements for the federal reinsurance program were estimated based on claim probability distributions from the HCGs.
  - We have assumed that the impact on premium of any reimbursements from or payments to the risk corridor and risk adjustment programs will net to zero.

- Additional premium was added to account for applicable ACA taxes and fees:
  - The impact of the ACA §9010 insurer fee was developed based on anticipated premium volumes for larger insurers. For smaller plans, there will be less of an impact based on the deduction of premium amounts under \$50 million.
  - The impact of the exchange fee was developed assuming 60% exchange participation. This assumption was based on our experience working with insurers in the individual market and various industry resources, as well as our simulation modeling.
- Based on the methodology used, the resulting 2014 metallic tier premiums are reflective of premium rates that would be developed for the given insurer, as opposed to an average plan across all insurers. In this respect, insurer-specific items, such as average risk pool, benefit mix, network discounts, etc., are implicit in the developed 2014 rate.
- It is assumed that current 2013 plans reflect pricing for a target loss ratio designed to meet federal medical loss ratio (MLR) requirements, and that no adjustments are needed to the projected 2014 premiums to account for this provision.

### Small group analysis

The following summarizes key components of the methodology and assumptions used in preparing our analysis of the impact of ACA provisions in the small group insurance market.

- We received information from participating insurers on their distributions of small group business by health status rating tier. Based on this distribution, we determined the average health rate load and adjusted premium rates for each tier to be at that level.
- We compiled data by tier from all participating insurers to determine a distribution across all plans, to be indicative of average expectations across the state.
- Additional morbidity adjustments were applied in aggregate to reflect consideration for the following:
  - The potential impact of healthier groups opting for alternative arrangements, such as selffunding or subsidization for employees to purchase coverage in the individual market
- Additional premium adjustments to account for applicable ACA taxes and fees:
  - The impact of the ACA §9010 insurer fee was developed based on anticipated premium volumes for larger insurers. For smaller plans, there will be less of an impact based on the deduction of premium amounts under \$50 million.
  - The impact of the exchange fee was developed assuming 10% exchange participation. This assumption is much lower for small group compared to individual, reflecting lower anticipated participation by small groups in the Small Business Health Options Program (SHOP). This assumption was based on our experience working with insurers in the small group market and various industry resources.
- Our study did not include an analysis of the impact on small group plans that the ACA limitations on setting premium rates based upon group size and the group's demographic makeup will have. These changes will result in additional increases for some groups and decreases for other groups. Some of these changes could be quite significant, especially when compounded with the changes that were included in the study. The variation in premium rate impact from employer group to group, based on the specific characteristics of each group, its current benefit plan, and its location, is expected to be quite wide, making it impractical to reasonably illustrate in a report like this. However, such wide variation of impact may introduce notable disruption in the small group market with regard to employers' health plans.

## **RELIANCE AND LIMITATIONS**

This analysis was prepared for Center Forward to provide illustrations regarding the potential impact of certain provisions of the Patient Protection and Affordable Care Act (ACA) on current premium rates in the state of Illinois. The analysis is not intended for other purposes.

In performing this analysis, we relied on the benefit and rate information provided for each plan from insurers that contributed to this study. We have not audited or verified this data and other information. If the underlying data or information is inaccurate or incomplete, the results of our analysis may likewise be inaccurate or incomplete.

We performed a limited review of the data used directly in our analysis for reasonableness and consistency and have not found material defects in the data. If there are material defects in the data, it is possible that they would be uncovered by a detailed, systematic review and comparison of the data to search for data values that are questionable or for relationships that are materially inconsistent. Such a review was beyond the scope of our assignment.

Differences between our estimates and actual amounts depend on the extent to which future experience conforms to the assumptions made for this analysis. It is highly likely that actual experience will not conform exactly to the assumptions used in this analysis. Actual amounts will differ from projected amounts to the extent that actual experience deviates from expected experience.

Values were not normalized to account for the impact of influences that may be insurer-specific, including items such as provider network arrangements, distribution of business, risk pools, and market strategies. Assumptions used were intended to be reflective of the average market in the state of Illinois.

This report was prepared by Milliman exclusively for the use or benefit of Center Forward for a specific and limited purpose. Center Forward may distribute this report to interested parties. Any third-party recipient of this report who desires professional guidance should not rely upon Milliman's report, but should engage qualified professionals for advice appropriate to its own specific needs. Milliman does not intend to benefit or create a legal duty to any third party recipient of its work.

Guidelines issued by the American Academy of Actuaries require actuaries to include their professional qualifications in actuarial communications. We, Margaret Chance and Jim O'Connor, are consulting actuaries for Milliman, Inc. We are members of the American Academy of Actuaries, and we meet the qualification standards of the American Academy of Actuaries to render the actuarial analysis contained herein.

This report is subject to the conditions agreed to in the engagement letter and consulting services agreement between Milliman and Center Forward, both dated December 19, 2012.

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				Pre-2014 Health Status	Income % of	Anr	Annual Premium Rates		Change fror	n Pre-2014**	Maximum Federal Premium	I after Subsidy		Change from Pre-2014 after Subsidy			14 Rate idized
Count	Location	Age	Gender	Load	FPL	Pre-2014 Rate	Bronze Plan	Silver Plan	Bronze Plan	Silver Plan	Subsidy	Bronze Plan	Silver Plan	Bronze Plan	Silver Plan	Bronze Plan	Silver Plan
1	Illinois	27	Male	100%	140%	\$1,863	\$3,075	\$3,846	65%	106%	\$3,286	\$0	\$560	-100%	-70%	100%	85%
2	Illinois	27	Male	100%	175%	\$1,863	\$3,075	\$3,846	65%	106%	\$2,790	\$285	\$1,056	-85%	-43%	91%	73%
3	Illinois	27	Male	100%	225%	\$1,863	\$3,075	\$3,846	65%	106%	\$1,954	\$1,120	\$1,892	-40%	2%	64%	51%
4	Illinois	27	Male	100%	275%	\$1,863	\$3,075	\$3,846	65%	106%	\$1,018	\$2,056	\$2,828	10%	52%	33%	26%
5	Illinois	27	Male	100%	350%	\$1,863	\$3,075	\$3,846	65%	106%	\$0	\$3,075	\$3,846	65%	106%	0%	0%
6	Illinois	27	Male	100%	500%	\$1,863	\$3,075	\$3,846	65%	106%	\$0	\$3,075	\$3,846	65%	106%	0%	0%
7	Illinois	27	Male	125%	140%	\$2,328	\$3,075	\$3,846	32%	65%	\$3,286	\$0	\$560	-100%	-76%	100%	85%
8	Illinois	27	Male	125%	175%	\$2,328	\$3,075	\$3,846	32%	65%	\$2,790	\$285	\$1,056	-88%	-55%	91%	73%
9	Illinois	27	Male	125%	225%	\$2,328	\$3,075	\$3,846	32%	65%	\$1,954	\$1,120	\$1,892	-52%	-19%	64%	51%
10	Illinois	27	Male	125%	275%	\$2,328	\$3,075	\$3,846	32%	65%	\$1,018	\$2,056	\$2,828	-12%	21%	33%	26%
11	Illinois	27	Male	125%	350%	\$2,328	\$3,075	\$3,846	32%	65%	\$0	\$3,075	\$3,846	32%	65%	0%	0%
12	Illinois	27	Male	125%	500%	\$2,328	\$3,075	\$3,846	32%	65%	\$0	\$3,075	\$3,846	32%	65%	0%	0%
13	Illinois	27	Male	150%	140%	\$2,794	\$3,075	\$3,846	10%	38%	\$3,286	\$0	\$560	-100%	-80%	100%	85%
14	Illinois	27	Male	150%	175%	\$2,794	\$3,075	\$3,846	10%	38%	\$2,790	\$285	\$1,056	-90%	-62%	91%	73%
15	Illinois	27	Male	150%	225%	\$2,794	\$3,075	\$3,846	10%	38%	\$1,954	\$1,120	\$1,892	-60%	-32%	64%	51%
16	Illinois	27	Male	150%	275%	\$2,794	\$3,075	\$3,846	10%	38%	\$1,018	\$2,056	\$2,828	-26%	1%	33%	26%
17	Illinois	27	Male	150%	350%	\$2,794	\$3,075	\$3,846	10%	38%	\$0	\$3,075	\$3,846	10%	38%	0%	0%
18	Illinois	27	Male	150%	500%	\$2,794	\$3,075	\$3,846	10%	38%	\$0	\$3,075	\$3,846	10%	38%	0%	0%
19	Illinois	27	Female	100%	140%	\$3,014	\$3,075	\$3,846	2%	28%	\$3,286	\$0	\$560	-100%	-81%	100%	85%
20	Illinois	27	Female	100%	175%	\$3,014	\$3,075	\$3,846	2%	28%	\$2,790	\$285	\$1,056	-91%	-65%	91%	73%
21	Illinois	27	Female	100%	225%	\$3,014	\$3,075	\$3,846	2%	28%	\$1,954	\$1,120	\$1,892	-63%	-37%	64%	51%
22	Illinois	27	Female	100%	275%	\$3,014	\$3,075	\$3,846	2%	28%	\$1,018	\$2,056	\$2,828	-32%	-6%	33%	26%
23	Illinois	27	Female	100%	350%	\$3,014	\$3,075	\$3,846	2%	28%	\$0	\$3,075	\$3,846	2%	28%	0%	0%
24	Illinois	27	Female	100%	500%	\$3,014	\$3,075	\$3,846	2%	28%	\$0	\$3,075	\$3,846	2%	28%	0%	0%
25	Illinois	27	Female	125%	140%	\$3,767	\$3,075	\$3,846	-18%	2%	\$3,286	\$0	\$560	-100%	-85%	100%	85%
26	Illinois	27	Female	125%	175%	\$3,767	\$3,075	\$3,846	-18%	2%	\$2,790	\$285	\$1,056	-92%	-72%	91%	73%
27	Illinois	27	Female	125%	225%	\$3,767	\$3,075	\$3,846	-18%	2%	\$1,954	\$1,120	\$1,892	-70%	-50%	64%	51%
28	Illinois	27	Female	125%	275%	\$3,767	\$3,075	\$3,846	-18%	2%	\$1,018	\$2,056	\$2,828	-45%	-25%	33%	26%
29	Illinois	27	Female	125%	350%	\$3,767	\$3,075	\$3,846	-18%	2%	\$0	\$3,075	\$3,846	-18%	2%	0%	0%
30	Illinois	27	Female	125%	500%	\$3,767	\$3,075	\$3,846	-18%	2%	\$0	\$3,075	\$3,846	-18%	2%	0%	0%
31	Illinois	27	Female	150%	140%	\$4,521	\$3,075	\$3,846	-32%	-15%	\$3,286	\$0	\$560	-100%	-88%	100%	85%
32	Illinois	27	Female	150%	175%	\$4,521	\$3,075	\$3,846	-32%	-15%	\$2,790	\$285	\$1,056	-94%	-77%	91%	73%
33	Illinois	27	Female	150%	225%	\$4,521	\$3,075	\$3,846	-32%	-15%	\$1,954	\$1,120	\$1,892	-75%	-58%	64%	51%
34	Illinois	27	Female	150%	275%	\$4,521	\$3,075	\$3,846	-32%	-15%	\$1,018	\$2,056	\$2,828	-55%	-37%	33%	26%
35	Illinois	27	Female	150%	350%	\$4,521	\$3,075	\$3,846	-32%	-15%	\$0	\$3,075	\$3,846	-32%	-15%	0%	0%
36	Illinois	27	Female	150%	500%	\$4,521	\$3,075	\$3,846	-32%	-15%	\$0	\$3,075	\$3,846	-32%	-15%	0%	0%

				Pre-2014 Health Status	Income % of	Anr	Annual Premium Rates		Change fror	n Pre-2014**	Maximum Federal Premium	al after Subsidy		Change from Pre-2014 after Subsidy			14 Rate idized
Count	Location	Age	Gender	Load	FPL	Pre-2014 Rate	Bronze Plan	Silver Plan	Bronze Plan	Silver Plan	Subsidy	Bronze Plan	Silver Plan	Bronze Plan	Silver Plan	Bronze Plan	Silver Plan
37	Illinois	37	Male	100%	140%	\$2,231	\$3,632	\$4,544	63%	104%	\$3,984	\$0	\$560	-100%	-75%	100%	88%
38	Illinois	37	Male	100%	175%	\$2,231	\$3,632	\$4,544	63%	104%	\$3,487	\$145	\$1,056	-94%	-53%	96%	77%
39	Illinois	37	Male	100%	225%	\$2,231	\$3,632	\$4,544	63%	104%	\$2,652	\$980	\$1,892	-56%	-15%	73%	58%
40	Illinois	37	Male	100%	275%	\$2,231	\$3,632	\$4,544	63%	104%	\$1,715	\$1,917	\$2,828	-14%	27%	47%	38%
41	Illinois	37	Male	100%	350%	\$2,231	\$3,632	\$4,544	63%	104%	\$647	\$2,985	\$3,897	34%	75%	18%	14%
42	Illinois	37	Male	100%	500%	\$2,231	\$3,632	\$4,544	63%	104%	\$0	\$3,632	\$4,544	63%	104%	0%	0%
43	Illinois	37	Male	125%	140%	\$2,788	\$3,632	\$4,544	30%	63%	\$3,984	\$0	\$560	-100%	-80%	100%	88%
44	Illinois	37	Male	125%	175%	\$2,788	\$3,632	\$4,544	30%	63%	\$3,487	\$145	\$1,056	-95%	-62%	96%	77%
45	Illinois	37	Male	125%	225%	\$2,788	\$3,632	\$4,544	30%	63%	\$2,652	\$980	\$1,892	-65%	-32%	73%	58%
46	Illinois	37	Male	125%	275%	\$2,788	\$3,632	\$4,544	30%	63%	\$1,715	\$1,917	\$2,828	-31%	1%	47%	38%
47	Illinois	37	Male	125%	350%	\$2,788	\$3,632	\$4,544	30%	63%	\$647	\$2,985	\$3,897	7%	40%	18%	14%
48	Illinois	37	Male	125%	500%	\$2,788	\$3,632	\$4,544	30%	63%	\$0	\$3,632	\$4,544	30%	63%	0%	0%
49	Illinois	37	Male	150%	140%	\$3,346	\$3,632	\$4,544	9%	36%	\$3,984	\$0	\$560	-100%	-83%	100%	88%
50	Illinois	37	Male	150%	175%	\$3,346	\$3,632	\$4,544	9%	36%	\$3,487	\$145	\$1,056	-96%	-68%	96%	77%
51	Illinois	37	Male	150%	225%	\$3,346	\$3,632	\$4,544	9%	36%	\$2,652	\$980	\$1,892	-71%	-43%	73%	58%
52	Illinois	37	Male	150%	275%	\$3,346	\$3,632	\$4,544	9%	36%	\$1,715	\$1,917	\$2,828	-43%	-15%	47%	38%
53	Illinois	37	Male	150%	350%	\$3,346	\$3,632	\$4,544	9%	36%	\$647	\$2,985	\$3,897	-11%	16%	18%	14%
54	Illinois	37	Male	150%	500%	\$3,346	\$3,632	\$4,544	9%	36%	\$0	\$3,632	\$4,544	9%	36%	0%	0%
55	Illinois	37	Female	100%	140%	\$3,393	\$3,632	\$4,544	7%	34%	\$3,984	\$0	\$560	-100%	-84%	100%	88%
56	Illinois	37	Female	100%	175%	\$3,393	\$3,632	\$4,544	7%	34%	\$3,487	\$145	\$1,056	-96%	-69%	96%	77%
57	Illinois	37	Female	100%	225%	\$3,393	\$3,632	\$4,544	7%	34%	\$2,652	\$980	\$1,892	-71%	-44%	73%	58%
58	Illinois	37	Female	100%	275%	\$3,393	\$3,632	\$4,544	7%	34%	\$1,715	\$1,917	\$2,828	-44%	-17%	47%	38%
59	Illinois	37	Female	100%	350%	\$3,393	\$3,632	\$4,544	7%	34%	\$647	\$2,985	\$3,897	-12%	15%	18%	14%
60	Illinois	37	Female	100%	500%	\$3,393	\$3,632	\$4,544	7%	34%	\$0	\$3,632	\$4,544	7%	34%	0%	0%
61	Illinois	37	Female	125%	140%	\$4,242	\$3,632	\$4,544	-14%	7%	\$3,984	\$0	\$560	-100%	-87%	100%	88%
62	Illinois	37	Female	125%	175%	\$4,242	\$3,632	\$4,544	-14%	7%	\$3,487	\$145	\$1,056	-97%	-75%	96%	77%
63	Illinois	37	Female	125%	225%	\$4,242	\$3,632	\$4,544	-14%	7%	\$2,652	\$980	\$1,892	-77%	-55%	73%	58%
64	Illinois	37	Female	125%	275%	\$4,242	\$3,632	\$4,544	-14%	7%	\$1,715	\$1,917	\$2,828	-55%	-33%	47%	38%
65	Illinois	37	Female	125%	350%	\$4,242	\$3,632	\$4,544	-14%	7%	\$647	\$2,985	\$3,897	-30%	-8%	18%	14%
66	Illinois	37	Female	125%	500%	\$4,242	\$3,632	\$4,544	-14%	7%	\$0	\$3,632	\$4,544	-14%	7%	0%	0%
67	Illinois	37	Female	150%	140%	\$5,090	\$3,632	\$4,544	-29%	-11%	\$3,984	\$0	\$560	-100%	-89%	100%	88%
68	Illinois	37	Female	150%	175%	\$5,090	\$3,632	\$4,544	-29%	-11%	\$3,487	\$145	\$1,056	-97%	-79%	96%	77%
69	Illinois	37	Female	150%	225%	\$5,090	\$3,632	\$4,544	-29%	-11%	\$2,652	\$980	\$1,892	-81%	-63%	73%	58%
70	Illinois	37	Female	150%	275%	\$5,090	\$3,632	\$4,544	-29%	-11%	\$1,715	\$1,917	\$2,828	-62%	-44%	47%	38%
71	Illinois	37	Female	150%	350%	\$5,090	\$3,632	\$4,544	-29%	-11%	\$647	\$2,985	\$3,897	-41%	-23%	18%	14%
72	Illinois	37	Female	150%	500%	\$5,090	\$3,632	\$4,544	-29%	-11%	\$0	\$3,632	\$4,544	-29%	-11%	0%	0%

				Pre-2014 Health Status	Income % of	Ann	Annual Premium Rates		Change from	n Pre-2014**	Maximum Federal Premium	Premium Rate after Subsidy		Change from Pre-2014 after Subsidy			14 Rate idized
Count	Location	Age	Gender	Load	FPL	Pre-2014 Rate	Bronze Plan	Silver Plan	Bronze Plan	Silver Plan	Subsidy	Bronze Plan	Silver Plan	Bronze Plan	Silver Plan	Bronze Plan	Silver Plan
73	Illinois	47	Male	100%	140%	\$3,215	\$4,585	\$5,736	43%	78%	\$5,177	\$0	\$560	-100%	-83%	100%	90%
74	Illinois	47	Male	100%	175%	\$3,215	\$4,585	\$5,736	43%	78%	\$4,680	\$0	\$1,056	-100%	-67%	100%	82%
75	Illinois	47	Male	100%	225%	\$3,215	\$4,585	\$5,736	43%	78%	\$3,844	\$741	\$1,892	-77%	-41%	84%	67%
76	Illinois	47	Male	100%	275%	\$3,215	\$4,585	\$5,736	43%	78%	\$2,908	\$1,677	\$2,828	-48%	-12%	63%	51%
77	Illinois	47	Male	100%	350%	\$3,215	\$4,585	\$5,736	43%	78%	\$1,839	\$2,746	\$3,897	-15%	21%	40%	32%
78	Illinois	47	Male	100%	500%	\$3,215	\$4,585	\$5,736	43%	78%	\$0	\$4,585	\$5,736	43%	78%	0%	0%
79	Illinois	47	Male	125%	140%	\$4,019	\$4,585	\$5,736	14%	43%	\$5,177	\$0	\$560	-100%	-86%	100%	90%
80	Illinois	47	Male	125%	175%	\$4,019	\$4,585	\$5,736	14%	43%	\$4,680	\$0	\$1,056	-100%	-74%	100%	82%
81	Illinois	47	Male	125%	225%	\$4,019	\$4,585	\$5,736	14%	43%	\$3,844	\$741	\$1,892	-82%	-53%	84%	67%
82	Illinois	47	Male	125%	275%	\$4,019	\$4,585	\$5,736	14%	43%	\$2,908	\$1,677	\$2,828	-58%	-30%	63%	51%
83	Illinois	47	Male	125%	350%	\$4,019	\$4,585	\$5,736	14%	43%	\$1,839	\$2,746	\$3,897	-32%	-3%	40%	32%
84	Illinois	47	Male	125%	500%	\$4,019	\$4,585	\$5,736	14%	43%	\$0	\$4,585	\$5,736	14%	43%	0%	0%
85	Illinois	47	Male	150%	140%	\$4,823	\$4,585	\$5,736	-5%	19%	\$5,177	\$0	\$560	-100%	-88%	100%	90%
86	Illinois	47	Male	150%	175%	\$4,823	\$4,585	\$5,736	-5%	19%	\$4,680	\$0	\$1,056	-100%	-78%	100%	82%
87	Illinois	47	Male	150%	225%	\$4,823	\$4,585	\$5,736	-5%	19%	\$3,844	\$741	\$1,892	-85%	-61%	84%	67%
88	Illinois	47	Male	150%	275%	\$4,823	\$4,585	\$5,736	-5%	19%	\$2,908	\$1,677	\$2,828	-65%	-41%	63%	51%
89	Illinois	47	Male	150%	350%	\$4,823	\$4,585	\$5,736	-5%	19%	\$1,839	\$2,746	\$3,897	-43%	-19%	40%	32%
90	Illinois	47	Male	150%	500%	\$4,823	\$4,585	\$5,736	-5%	19%	\$0	\$4,585	\$5,736	-5%	19%	0%	0%
91	Illinois	47	Female	100%	140%	\$4,129	\$4,585	\$5,736	11%	39%	\$5,177	\$0	\$560	-100%	-86%	100%	90%
92	Illinois	47	Female	100%	175%	\$4,129	\$4,585	\$5,736	11%	39%	\$4,680	\$0	\$1,056	-100%	-74%	100%	82%
93	Illinois	47	Female	100%	225%	\$4,129	\$4,585	\$5,736	11%	39%	\$3,844	\$741	\$1,892	-82%	-54%	84%	67%
94	Illinois	47	Female	100%	275%	\$4,129	\$4,585	\$5,736	11%	39%	\$2,908	\$1,677	\$2,828	-59%	-32%	63%	51%
95	Illinois	47	Female	100%	350%	\$4,129	\$4,585	\$5,736	11%	39%	\$1,839	\$2,746	\$3,897	-33%	-6%	40%	32%
96	Illinois	47	Female	100%	500%	\$4,129	\$4,585	\$5,736	11%	39%	\$0	\$4,585	\$5,736	11%	39%	0%	0%
97	Illinois	47	Female	125%	140%	\$5,161	\$4,585	\$5,736	-11%	11%	\$5,177	\$0	\$560	-100%	-89%	100%	90%
98	Illinois	47	Female	125%	175%	\$5,161	\$4,585	\$5,736	-11%	11%	\$4,680	\$0	\$1,056	-100%	-80%	100%	82%
99	Illinois	47	Female	125%	225%	\$5,161	\$4,585	\$5,736	-11%	11%	\$3,844	\$741	\$1,892	-86%	-63%	84%	67%
100	Illinois	47	Female	125%	275%	\$5,161	\$4,585	\$5,736	-11%	11%	\$2,908	\$1,677	\$2,828	-68%	-45%	63%	51%
101	Illinois	47	Female	125%	350%	\$5,161	\$4,585	\$5,736	-11%	11%	\$1,839	\$2,746	\$3,897	-47%	-24%	40%	32%
102	Illinois	47	Female	125%	500%	\$5,161	\$4,585	\$5,736	-11%	11%	\$0	\$4,585	\$5,736	-11%	11%	0%	0%
103	Illinois	47	Female	150%	140%	\$6,193	\$4,585	\$5,736	-26%	-7%	\$5,177	\$0	\$560	-100%	-91%	100%	90%
104	Illinois	47	Female	150%	175%	\$6,193	\$4,585	\$5,736	-26%	-7%	\$4,680	\$0	\$1,056	-100%	-83%	100%	82%
105	Illinois	47	Female	150%	225%	\$6,193	\$4,585	\$5,736	-26%	-7%	\$3,844	\$741	\$1,892	-88%	-69%	84%	67%
106	Illinois	47	Female	150%	275%	\$6,193	\$4,585	\$5,736	-26%	-7%	\$2,908	\$1,677	\$2,828	-73%	-54%	63%	51%
107	Illinois	47	Female	150%	350%	\$6,193	\$4,585	\$5,736	-26%	-7%	\$1,839	\$2,746	\$3,897	-56%	-37%	40%	32%
108	Illinois	47	Female	150%	500%	\$6,193	\$4,585	\$5,736	-26%	-7%	\$0	\$4,585	\$5,736	-26%	-7%	0%	0%

				Pre-2014 Health Status	Income % of	Anı	nual Premium R	ates	Change fror	n Pre-2014**	Maximum Federal Premium	Premiu after S	m Rate ubsidy	Change froi after Si		% of 20 Subsi	
Count	Location	Age	Gender	Load	FPL	Pre-2014 Rate	Bronze Plan	Silver Plan	Bronze Plan	Silver Plan	Subsidy	Bronze Plan	Silver Plan	Bronze Plan	Silver Plan	Bronze Plan	Silver Plan
109	Illinois	57	Male	100%	140%	\$5,280	\$7,149	\$8,944	35%	69%	\$8,384	\$0	\$560	-100%	-89%	100%	94%
110	Illinois	57	Male	100%	175%	\$5,280	\$7,149	\$8,944	35%	69%	\$7,888	\$0	\$1,056	-100%	-80%	100%	88%
111	Illinois	57	Male	100%	225%	\$5,280	\$7,149	\$8,944	35%	69%	\$7,052	\$98	\$1,892	-98%	-64%	99%	79%
112	Illinois	57	Male	100%	275%	\$5,280	\$7,149	\$8,944	35%	69%	\$6,116	\$1,034	\$2,828	-80%	-46%	86%	68%
113	Illinois	57	Male	100%	350%	\$5,280	\$7,149	\$8,944	35%	69%	\$5,047	\$2,102	\$3,897	-60%	-26%	71%	56%
114	Illinois	57	Male	100%	500%	\$5,280	\$7,149	\$8,944	35%	69%	\$0	\$7,149	\$8,944	35%	69%	0%	0%
115	Illinois	57	Male	125%	140%	\$6,600	\$7,149	\$8,944	8%	36%	\$8,384	\$0	\$560	-100%	-92%	100%	94%
116	Illinois	57	Male	125%	175%	\$6,600	\$7,149	\$8,944	8%	36%	\$7,888	\$0	\$1,056	-100%	-84%	100%	88%
117	Illinois	57	Male	125%	225%	\$6,600	\$7,149	\$8,944	8%	36%	\$7,052	\$98	\$1,892	-99%	-71%	99%	79%
118	Illinois	57	Male	125%	275%	\$6,600	\$7,149	\$8,944	8%	36%	\$6,116	\$1,034	\$2,828	-84%	-57%	86%	68%
119	Illinois	57	Male	125%	350%	\$6,600	\$7,149	\$8,944	8%	36%	\$5,047	\$2,102	\$3,897	-68%	-41%	71%	56%
120	Illinois	57	Male	125%	500%	\$6,600	\$7,149	\$8,944	8%	36%	\$0	\$7,149	\$8,944	8%	36%	0%	0%
121	Illinois	57	Male	150%	140%	\$7,920	\$7,149	\$8,944	-10%	13%	\$8,384	\$0	\$560	-100%	-93%	100%	94%
122	Illinois	57	Male	150%	175%	\$7,920	\$7,149	\$8,944	-10%	13%	\$7,888	\$0	\$1,056	-100%	-87%	100%	88%
123	Illinois	57	Male	150%	225%	\$7,920	\$7,149	\$8,944	-10%	13%	\$7,052	\$98	\$1,892	-99%	-76%	99%	79%
124	Illinois	57	Male	150%	275%	\$7,920	\$7,149	\$8,944	-10%	13%	\$6,116	\$1,034	\$2,828	-87%	-64%	86%	68%
125	Illinois	57	Male	150%	350%	\$7,920	\$7,149	\$8,944	-10%	13%	\$5,047	\$2,102	\$3,897	-73%	-51%	71%	56%
126	Illinois	57	Male	150%	500%	\$7,920	\$7,149	\$8,944	-10%	13%	\$0	\$7,149	\$8,944	-10%	13%	0%	0%
127	Illinois	57	Female	100%	140%	\$4,936	\$7,149	\$8,944	45%	81%	\$8,384	\$0	\$560	-100%	-89%	100%	94%
128	Illinois	57	Female	100%	175%	\$4,936	\$7,149	\$8,944	45%	81%	\$7,888	\$0	\$1,056	-100%	-79%	100%	88%
129	Illinois	57	Female	100%	225%	\$4,936	\$7,149	\$8,944	45%	81%	\$7,052	\$98	\$1,892	-98%	-62%	99%	79%
130	Illinois	57	Female	100%	275%	\$4,936	\$7,149	\$8,944	45%	81%	\$6,116	\$1,034	\$2,828	-79%	-43%	86%	68%
131	Illinois	57	Female	100%	350%	\$4,936	\$7,149	\$8,944	45%	81%	\$5,047	\$2,102	\$3,897	-57%	-21%	71%	56%
132	Illinois	57	Female	100%	500%	\$4,936	\$7,149	\$8,944	45%	81%	\$0	\$7,149	\$8,944	45%	81%	0%	0%
133	Illinois	57	Female	125%	140%	\$6,170	\$7,149	\$8,944	16%	45%	\$8,384	\$0	\$560	-100%	-91%	100%	94%
134	Illinois	57	Female	125%	175%	\$6,170	\$7,149	\$8,944	16%	45%	\$7,888	\$0	\$1,056	-100%	-83%	100%	88%
135	Illinois	57	Female	125%	225%	\$6,170	\$7,149	\$8,944	16%	45%	\$7,052	\$98	\$1,892	-98%	-69%	99%	79%
136	Illinois	57	Female	125%	275%	\$6,170	\$7,149	\$8,944	16%	45%	\$6,116	\$1,034	\$2,828	-83%	-54%	86%	68%
137	Illinois	57	Female	125%	350%	\$6,170	\$7,149	\$8,944	16%	45%	\$5,047	\$2,102	\$3,897	-66%	-37%	71%	56%
138	Illinois	57	Female	125%	500%	\$6,170	\$7,149	\$8,944	16%	45%	\$0	\$7,149	\$8,944	16%	45%	0%	0%
139	Illinois	57	Female	150%	140%	\$7,404	\$7,149	\$8,944	-3%	21%	\$8,384	\$0	\$560	-100%	-92%	100%	94%
140	Illinois	57	Female	150%	175%	\$7,404	\$7,149	\$8,944	-3%	21%	\$7,888	\$0	\$1,056	-100%	-86%	100%	88%
141	Illinois	57	Female	150%	225%	\$7,404	\$7,149	\$8,944	-3%	21%	\$7,052	\$98	\$1,892	-99%	-74%	99%	79%
142	Illinois	57	Female	150%	275%	\$7,404	\$7,149	\$8,944	-3%	21%	\$6,116	\$1,034	\$2,828	-86%	-62%	86%	68%
143	Illinois	57	Female	150%	350%	\$7,404	\$7,149	\$8,944	-3%	21%	\$5,047	\$2,102	\$3,897	-72%	-47%	71%	56%
144	Illinois	57	Female	150%	500%	\$7,404	\$7,149	\$8,944	-3%	21%	\$0	\$7,149	\$8,944	-3%	21%	0%	0%

				Pre-2014 Health Status	Income % of	Anr	nual Premium Ra	ates	Change fror	n Pre-2014**	Maximum Federal Premium	Premiu after S	m Rate ubsidy	Change froi after Si		% of 20 Subsi	
Count	Location	Age	Gender	Load	FPL	Pre-2014 Rate	Bronze Plan	Silver Plan	Bronze Plan	Silver Plan	Subsidy	Bronze Plan	Silver Plan	Bronze Plan	Silver Plan	Bronze Plan	Silver Plan
145	Illinois	62	Male	100%	140%	\$7,321	\$8,429	\$10,544	15%	44%	\$9,984	\$0	\$560	-100%	-92%	100%	95%
146	Illinois	62	Male	100%	175%	\$7,321	\$8,429	\$10,544	15%	44%	\$9,488	\$0	\$1,056	-100%	-86%	100%	90%
147	Illinois	62	Male	100%	225%	\$7,321	\$8,429	\$10,544	15%	44%	\$8,652	\$0	\$1,892	-100%	-74%	100%	82%
148	Illinois	62	Male	100%	275%	\$7,321	\$8,429	\$10,544	15%	44%	\$7,716	\$713	\$2,828	-90%	-61%	92%	73%
149	Illinois	62	Male	100%	350%	\$7,321	\$8,429	\$10,544	15%	44%	\$6,647	\$1,781	\$3,897	-76%	-47%	79%	63%
150	Illinois	62	Male	100%	500%	\$7,321	\$8,429	\$10,544	15%	44%	\$0	\$8,429	\$10,544	15%	44%	0%	0%
151	Illinois	62	Male	125%	140%	\$9,151	\$8,429	\$10,544	-8%	15%	\$9,984	\$0	\$560	-100%	-94%	100%	95%
152	Illinois	62	Male	125%	175%	\$9,151	\$8,429	\$10,544	-8%	15%	\$9,488	\$0	\$1,056	-100%	-88%	100%	90%
153	Illinois	62	Male	125%	225%	\$9,151	\$8,429	\$10,544	-8%	15%	\$8,652	\$0	\$1,892	-100%	-79%	100%	82%
154	Illinois	62	Male	125%	275%	\$9,151	\$8,429	\$10,544	-8%	15%	\$7,716	\$713	\$2,828	-92%	-69%	92%	73%
155	Illinois	62	Male	125%	350%	\$9,151	\$8,429	\$10,544	-8%	15%	\$6,647	\$1,781	\$3,897	-81%	-57%	79%	63%
156	Illinois	62	Male	125%	500%	\$9,151	\$8,429	\$10,544	-8%	15%	\$0	\$8,429	\$10,544	-8%	15%	0%	0%
157	Illinois	62	Male	150%	140%	\$10,981	\$8,429	\$10,544	-23%	-4%	\$9,984	\$0	\$560	-100%	-95%	100%	95%
158	Illinois	62	Male	150%	175%	\$10,981	\$8,429	\$10,544	-23%	-4%	\$9,488	\$0	\$1,056	-100%	-90%	100%	90%
159	Illinois	62	Male	150%	225%	\$10,981	\$8,429	\$10,544	-23%	-4%	\$8,652	\$0	\$1,892	-100%	-83%	100%	82%
160	Illinois	62	Male	150%	275%	\$10,981	\$8,429	\$10,544	-23%	-4%	\$7,716	\$713	\$2,828	-94%	-74%	92%	73%
161	Illinois	62	Male	150%	350%	\$10,981	\$8,429	\$10,544	-23%	-4%	\$6,647	\$1,781	\$3,897	-84%	-65%	79%	63%
162	Illinois	62	Male	150%	500%	\$10,981	\$8,429	\$10,544	-23%	-4%	\$0	\$8,429	\$10,544	-23%	-4%	0%	0%
163	Illinois	62	Female	100%	140%	\$5,648	\$8,429	\$10,544	49%	87%	\$9,984	\$0	\$560	-100%	-90%	100%	95%
164	Illinois	62	Female	100%	175%	\$5,648	\$8,429	\$10,544	49%	87%	\$9,488	\$0	\$1,056	-100%	-81%	100%	90%
165	Illinois	62	Female	100%	225%	\$5,648	\$8,429	\$10,544	49%	87%	\$8,652	\$0	\$1,892	-100%	-66%	100%	82%
166	Illinois	62	Female	100%	275%	\$5,648	\$8,429	\$10,544	49%	87%	\$7,716	\$713	\$2,828	-87%	-50%	92%	73%
167	Illinois	62	Female	100%	350%	\$5,648	\$8,429	\$10,544	49%	87%	\$6,647	\$1,781	\$3,897	-68%	-31%	79%	63%
168	Illinois	62	Female	100%	500%	\$5,648	\$8,429	\$10,544	49%	87%	\$0	\$8,429	\$10,544	49%	87%	0%	0%
169	Illinois	62	Female	125%	140%	\$7,060	\$8,429	\$10,544	19%	49%	\$9,984	\$0	\$560	-100%	-92%	100%	95%
170	Illinois	62	Female	125%	175%	\$7,060	\$8,429	\$10,544	19%	49%	\$9,488	\$0	\$1,056	-100%	-85%	100%	90%
171	Illinois	62	Female	125%	225%	\$7,060	\$8,429	\$10,544	19%	49%	\$8,652	\$0	\$1,892	-100%	-73%	100%	82%
172	Illinois	62	Female	125%	275%	\$7,060	\$8,429	\$10,544	19%	49%	\$7,716	\$713	\$2,828	-90%	-60%	92%	73%
173	Illinois	62	Female	125%	350%	\$7,060	\$8,429	\$10,544	19%	49%	\$6,647	\$1,781	\$3,897	-75%	-45%	79%	63%
174	Illinois	62	Female	125%	500%	\$7,060	\$8,429	\$10,544	19%	49%	\$0	\$8,429	\$10,544	19%	49%	0%	0%
175	Illinois	62	Female	150%	140%	\$8,472	\$8,429	\$10,544	-1%	24%	\$9,984	\$0	\$560	-100%	-93%	100%	95%
176	Illinois	62	Female	150%	175%	\$8,472	\$8,429	\$10,544	-1%	24%	\$9,488	\$0	\$1,056	-100%	-88%	100%	90%
177	Illinois	62	Female	150%	225%	\$8,472	\$8,429	\$10,544	-1%	24%	\$8,652	\$0	\$1,892	-100%	-78%	100%	82%
178	Illinois	62	Female	150%	275%	\$8,472	\$8,429	\$10,544	-1%	24%	\$7,716	\$713	\$2,828	-92%	-67%	92%	73%
179	Illinois	62	Female	150%	350%	\$8,472	\$8,429	\$10,544	-1%	24%	\$6,647	\$1,781	\$3,897	-79%	-54%	79%	63%
180	Illinois	62	Female	150%	500%	\$8,472	\$8,429	\$10,544	-1%	24%	\$0	\$8,429	\$10,544	-1%	24%	0%	0%

				Pre-2014 Health Status	Income % of	Ann	ual Premium R	ates	Change fror	n Pre-2014**	Maximum Federal Premium	Premiu after S		Change from after S			14 Rate idized
Count	Location	Age	Gender	Load	FPL	Pre-2014 Rate	Bronze Plan	Silver Plan	Bronze Plan	Silver Plan	Subsidy	Bronze Plan	Silver Plan	Bronze Plan	Silver Plan	Bronze Plan	Silver Plan
181	Illinois	*	Family	100%	140%	\$8,661	\$10,990	\$13,748	27%	59%	\$12,601	\$0	\$1,147	-100%	-87%	100%	92%
182	Illinois	*	Family	100%	175%	\$8,661	\$10,990	\$13,748	27%	59%	\$11,583	\$0	\$2,165	-100%	-75%	100%	84%
183	Illinois	*	Family	100%	225%	\$8,661	\$10,990	\$13,748	27%	59%	\$9,870	\$1,119	\$3,878	-87%	-55%	90%	72%
184	Illinois	*	Family	100%	275%	\$8,661	\$10,990	\$13,748	27%	59%	\$7,951	\$3,038	\$5,797	-65%	-33%	72%	58%
185	Illinois	*	Family	100%	350%	\$8,661	\$10,990	\$13,748	27%	59%	\$5,761	\$5,229	\$7,987	-40%	-8%	52%	42%
186	Illinois	*	Family	100%	500%	\$8,661	\$10,990	\$13,748	27%	59%	\$0	\$10,990	\$13,748	27%	59%	0%	0%
187	Illinois	*	Family	125%	140%	\$10,827	\$10,990	\$13,748	2%	27%	\$12,601	\$0	\$1,147	-100%	-89%	100%	92%
188	Illinois	*	Family	125%	175%	\$10,827	\$10,990	\$13,748	2%	27%	\$11,583	\$0	\$2,165	-100%	-80%	100%	84%
189	Illinois	*	Family	125%	225%	\$10,827	\$10,990	\$13,748	2%	27%	\$9,870	\$1,119	\$3,878	-90%	-64%	90%	72%
190	Illinois	*	Family	125%	275%	\$10,827	\$10,990	\$13,748	2%	27%	\$7,951	\$3,038	\$5,797	-72%	-46%	72%	58%
191	Illinois	*	Family	125%	350%	\$10,827	\$10,990	\$13,748	2%	27%	\$5,761	\$5,229	\$7,987	-52%	-26%	52%	42%
192	Illinois	*	Family	125%	500%	\$10,827	\$10,990	\$13,748	2%	27%	\$0	\$10,990	\$13,748	2%	27%	0%	0%
193	Illinois	*	Family	150%	140%	\$12,992	\$10,990	\$13,748	-15%	6%	\$12,601	\$0	\$1,147	-100%	-91%	100%	92%
194	Illinois	*	Family	150%	175%	\$12,992	\$10,990	\$13,748	-15%	6%	\$11,583	\$0	\$2,165	-100%	-83%	100%	84%
195	Illinois	*	Family	150%	225%	\$12,992	\$10,990	\$13,748	-15%	6%	\$9,870	\$1,119	\$3,878	-91%	-70%	90%	72%
196	Illinois	*	Family	150%	275%	\$12,992	\$10,990	\$13,748	-15%	6%	\$7,951	\$3,038	\$5,797	-77%	-55%	72%	58%
197	Illinois	*	Family	150%	350%	\$12,992	\$10,990	\$13,748	-15%	6%	\$5,761	\$5,229	\$7,987	-60%	-39%	52%	42%
198	Illinois	*	Family	150%	500%	\$12,992	\$10,990	\$13,748	-15%	6%	\$0	\$10,990	\$13,748	-15%	6%	0%	0%

\*Family consists of 37 year old Male, 37 year old Female, and two children age 12

\*\* Silver and Bronze plans are developed relative to the pre-2013 plan and premium rates for the given insurer.

				Pre-2014 Health Status	Income % of	f		Change fror	m Pre-2014**	Maximum Federal Premium	Premium Rate after Subsidy		Change fro after S	m Pre-2014 ubsidy	% of 20 Subsi	14 Rate idized	
Count	Location	Age	Gender	Load	FPL	Pre-2014 Rate	Bronze Plan	Silver Plan	Bronze Plan	Silver Plan	Subsidy	Bronze Plan	Silver Plan	Bronze Plan	Silver Plan	Bronze Plan	Silver Plan
1	Illinois	27	Male	100%	140%	\$1,106	\$2,621	\$3,279	137%	197%	\$2,719	\$0	\$560	-100%	-49%	100%	83%
2	Illinois	27	Male	100%	175%	\$1,106	\$2,621	\$3,279	137%	197%	\$2,223	\$398	\$1,056	-64%	-4%	85%	68%
3	Illinois	27	Male	100%	225%	\$1,106	\$2,621	\$3,279	137%	197%	\$1,387	\$1,234	\$1,892	12%	71%	53%	42%
4	Illinois	27	Male	100%	275%	\$1,106	\$2,621	\$3,279	137%	197%	\$451	\$2,170	\$2,828	96%	156%	17%	14%
5	Illinois	27	Male	100%	350%	\$1,106	\$2,621	\$3,279	137%	197%	\$0	\$2,621	\$3,279	137%	197%	0%	0%
6	Illinois	27	Male	100%	500%	\$1,106	\$2,621	\$3,279	137%	197%	\$0	\$2,621	\$3,279	137%	197%	0%	0%
7	Illinois	27	Male	125%	140%	\$1,382	\$2,621	\$3,279	90%	137%	\$2,719	\$0	\$560	-100%	-60%	100%	83%
8	Illinois	27	Male	125%	175%	\$1,382	\$2,621	\$3,279	90%	137%	\$2,223	\$398	\$1,056	-71%	-24%	85%	68%
9	Illinois	27	Male	125%	225%	\$1,382	\$2,621	\$3,279	90%	137%	\$1,387	\$1,234	\$1,892	-11%	37%	53%	42%
10	Illinois	27	Male	125%	275%	\$1,382	\$2,621	\$3,279	90%	137%	\$451	\$2,170	\$2,828	57%	105%	17%	14%
11	Illinois	27	Male	125%	350%	\$1,382	\$2,621	\$3,279	90%	137%	\$0	\$2,621	\$3,279	90%	137%	0%	0%
12	Illinois	27	Male	125%	500%	\$1,382	\$2,621	\$3,279	90%	137%	\$0	\$2,621	\$3,279	90%	137%	0%	0%
13	Illinois	27	Male	150%	140%	\$1,659	\$2,621	\$3,279	58%	98%	\$2,719	\$0	\$560	-100%	-66%	100%	83%
14	Illinois	27	Male	150%	175%	\$1,659	\$2,621	\$3,279	58%	98%	\$2,223	\$398	\$1,056	-76%	-36%	85%	68%
15	Illinois	27	Male	150%	225%	\$1,659	\$2,621	\$3,279	58%	98%	\$1,387	\$1,234	\$1,892	-26%	14%	53%	42%
16	Illinois	27	Male	150%	275%	\$1,659	\$2,621	\$3,279	58%	98%	\$451	\$2,170	\$2,828	31%	71%	17%	14%
17	Illinois	27	Male	150%	350%	\$1,659	\$2,621	\$3,279	58%	98%	\$0	\$2,621	\$3,279	58%	98%	0%	0%
18	Illinois	27	Male	150%	500%	\$1,659	\$2,621	\$3,279	58%	98%	\$0	\$2,621	\$3,279	58%	98%	0%	0%
19	Illinois	27	Female	100%	140%	\$1,449	\$2,621	\$3,279	81%	126%	\$2,719	\$0	\$560	-100%	-61%	100%	83%
20	Illinois	27	Female	100%	175%	\$1,449	\$2,621	\$3,279	81%	126%	\$2,223	\$398	\$1,056	-72%	-27%	85%	68%
21	Illinois	27	Female	100%	225%	\$1,449	\$2,621	\$3,279	81%	126%	\$1,387	\$1,234	\$1,892	-15%	31%	53%	42%
22	Illinois	27	Female	100%	275%	\$1,449	\$2,621	\$3,279	81%	126%	\$451	\$2,170	\$2,828	50%	95%	17%	14%
23	Illinois	27	Female	100%	350%	\$1,449	\$2,621	\$3,279	81%	126%	\$0	\$2,621	\$3,279	81%	126%	0%	0%
24	Illinois	27	Female	100%	500%	\$1,449	\$2,621	\$3,279	81%	126%	\$0	\$2,621	\$3,279	81%	126%	0%	0%
25	Illinois	27	Female	125%	140%	\$1,811	\$2,621	\$3,279	45%	81%	\$2,719	\$0	\$560	-100%	-69%	100%	83%
26	Illinois	27	Female	125%	175%	\$1,811	\$2,621	\$3,279	45%	81%	\$2,223	\$398	\$1,056	-78%	-42%	85%	68%
27	Illinois	27	Female	125%	225%	\$1,811	\$2,621	\$3,279	45%	81%	\$1,387	\$1,234	\$1,892	-32%	4%	53%	42%
28	Illinois	27	Female	125%	275%	\$1,811	\$2,621	\$3,279	45%	81%	\$451	\$2,170	\$2,828	20%	56%	17%	14%
29	Illinois	27	Female	125%	350%	\$1,811	\$2,621	\$3,279	45%	81%	\$0	\$2,621	\$3,279	45%	81%	0%	0%
30	Illinois	27	Female	125%	500%	\$1,811	\$2,621	\$3,279	45%	81%	\$0	\$2,621	\$3,279	45%	81%	0%	0%
31	Illinois	27	Female	150%	140%	\$2,173	\$2,621	\$3,279	21%	51%	\$2,719	\$0	\$560	-100%	-74%	100%	83%
32	Illinois	27	Female	150%	175%	\$2,173	\$2,621	\$3,279	21%	51%	\$2,223	\$398	\$1,056	-82%	-51%	85%	68%
33	Illinois	27	Female	150%	225%	\$2,173	\$2,621	\$3,279	21%	51%	\$1,387	\$1,234	\$1,892	-43%	-13%	53%	42%
34	Illinois	27	Female	150%	275%	\$2,173	\$2,621	\$3,279	21%	51%	\$451	\$2,170	\$2,828	0%	30%	17%	14%
35	Illinois	27	Female	150%	350%	\$2,173	\$2,621	\$3,279	21%	51%	\$0	\$2,621	\$3,279	21%	51%	0%	0%
36	Illinois	27	Female	150%	500%	\$2,173	\$2,621	\$3,279	21%	51%	\$0	\$2,621	\$3,279	21%	51%	0%	0%

				Pre-2014 Health Status	Income % of			ates	Change from	n Pre-2014**	Maximum Federal Premium	ıl after Subsidy n			m Pre-2014 ubsidy		14 Rate idized
Count	Location	Age	Gender	Load	FPL	Pre-2014 Rate	Bronze Plan	Silver Plan	Bronze Plan	Silver Plan	Subsidy	Bronze Plan	Silver Plan	Bronze Plan	Silver Plan	Bronze Plan	Silver Plan
37	Illinois	37	Male	100%	140%	\$1,543	\$3,097	\$3,874	101%	151%	\$3,314	\$0	\$560	-100%	-64%	100%	86%
38	Illinois	37	Male	100%	175%	\$1,543	\$3,097	\$3,874	101%	151%	\$2,817	\$279	\$1,056	-82%	-32%	91%	73%
39	Illinois	37	Male	100%	225%	\$1,543	\$3,097	\$3,874	101%	151%	\$1,982	\$1,115	\$1,892	-28%	23%	64%	51%
40	Illinois	37	Male	100%	275%	\$1,543	\$3,097	\$3,874	101%	151%	\$1,045	\$2,051	\$2,828	33%	83%	34%	27%
41	Illinois	37	Male	100%	350%	\$1,543	\$3,097	\$3,874	101%	151%	\$0	\$3,097	\$3,874	101%	151%	0%	0%
42	Illinois	37	Male	100%	500%	\$1,543	\$3,097	\$3,874	101%	151%	\$0	\$3,097	\$3,874	101%	151%	0%	0%
43	Illinois	37	Male	125%	140%	\$1,929	\$3,097	\$3,874	61%	101%	\$3,314	\$0	\$560	-100%	-71%	100%	86%
44	Illinois	37	Male	125%	175%	\$1,929	\$3,097	\$3,874	61%	101%	\$2,817	\$279	\$1,056	-86%	-45%	91%	73%
45	Illinois	37	Male	125%	225%	\$1,929	\$3,097	\$3,874	61%	101%	\$1,982	\$1,115	\$1,892	-42%	-2%	64%	51%
46	Illinois	37	Male	125%	275%	\$1,929	\$3,097	\$3,874	61%	101%	\$1,045	\$2,051	\$2,828	6%	47%	34%	27%
47	Illinois	37	Male	125%	350%	\$1,929	\$3,097	\$3,874	61%	101%	\$0	\$3,097	\$3,874	61%	101%	0%	0%
48	Illinois	37	Male	125%	500%	\$1,929	\$3,097	\$3,874	61%	101%	\$0	\$3,097	\$3,874	61%	101%	0%	0%
49	Illinois	37	Male	150%	140%	\$2,315	\$3,097	\$3,874	34%	67%	\$3,314	\$0	\$560	-100%	-76%	100%	86%
50	Illinois	37	Male	150%	175%	\$2,315	\$3,097	\$3,874	34%	67%	\$2,817	\$279	\$1,056	-88%	-54%	91%	73%
51	Illinois	37	Male	150%	225%	\$2,315	\$3,097	\$3,874	34%	67%	\$1,982	\$1,115	\$1,892	-52%	-18%	64%	51%
52	Illinois	37	Male	150%	275%	\$2,315	\$3,097	\$3,874	34%	67%	\$1,045	\$2,051	\$2,828	-11%	22%	34%	27%
53	Illinois	37	Male	150%	350%	\$2,315	\$3,097	\$3,874	34%	67%	\$0	\$3,097	\$3,874	34%	67%	0%	0%
54	Illinois	37	Male	150%	500%	\$2,315	\$3,097	\$3,874	34%	67%	\$0	\$3,097	\$3,874	34%	67%	0%	0%
55	Illinois	37	Female	100%	140%	\$1,926	\$3,097	\$3,874	61%	101%	\$3,314	\$0	\$560	-100%	-71%	100%	86%
56	Illinois	37	Female	100%	175%	\$1,926	\$3,097	\$3,874	61%	101%	\$2,817	\$279	\$1,056	-86%	-45%	91%	73%
57	Illinois	37	Female	100%	225%	\$1,926	\$3,097	\$3,874	61%	101%	\$1,982	\$1,115	\$1,892	-42%	-2%	64%	51%
58	Illinois	37	Female	100%	275%	\$1,926	\$3,097	\$3,874	61%	101%	\$1,045	\$2,051	\$2,828	6%	47%	34%	27%
59	Illinois	37	Female	100%	350%	\$1,926	\$3,097	\$3,874	61%	101%	\$0	\$3,097	\$3,874	61%	101%	0%	0%
60	Illinois	37	Female	100%	500%	\$1,926	\$3,097	\$3,874	61%	101%	\$0	\$3,097	\$3,874	61%	101%	0%	0%
61	Illinois	37	Female	125%	140%	\$2,408	\$3,097	\$3,874	29%	61%	\$3,314	\$0	\$560	-100%	-77%	100%	86%
62	Illinois	37	Female	125%	175%	\$2,408	\$3,097	\$3,874	29%	61%	\$2,817	\$279	\$1,056	-88%	-56%	91%	73%
63	Illinois	37	Female	125%	225%	\$2,408	\$3,097	\$3,874	29%	61%	\$1,982	\$1,115	\$1,892	-54%	-21%	64%	51%
64	Illinois	37	Female	125%	275%	\$2,408	\$3,097	\$3,874	29%	61%	\$1,045	\$2,051	\$2,828	-15%	17%	34%	27%
65	Illinois	37	Female	125%	350%	\$2,408	\$3,097	\$3,874	29%	61%	\$0	\$3,097	\$3,874	29%	61%	0%	0%
66	Illinois	37	Female	125%	500%	\$2,408	\$3,097	\$3,874	29%	61%	\$0	\$3,097	\$3,874	29%	61%	0%	0%
67	Illinois	37	Female	150%	140%	\$2,889	\$3,097	\$3,874	7%	34%	\$3,314	\$0	\$560	-100%	-81%	100%	86%
68	Illinois	37	Female	150%	175%	\$2,889	\$3,097	\$3,874	7%	34%	\$2,817	\$279	\$1,056	-90%	-63%	91%	73%
69	Illinois	37	Female	150%	225%	\$2,889	\$3,097	\$3,874	7%	34%	\$1,982	\$1,115	\$1,892	-61%	-35%	64%	51%
70	Illinois	37	Female	150%	275%	\$2,889	\$3,097	\$3,874	7%	34%	\$1,045	\$2,051	\$2,828	-29%	-2%	34%	27%
71	Illinois	37	Female	150%	350%	\$2,889	\$3,097	\$3,874	7%	34%	\$0	\$3,097	\$3,874	7%	34%	0%	0%
72	Illinois	37	Female	150%	500%	\$2,889	\$3,097	\$3,874	7%	34%	\$0	\$3,097	\$3,874	7%	34%	0%	0%

				Pre-2014 Health Status	Income % of	f Pre-2014 Rate Bronze Plan Silver Plan Bro		Change from	n Pre-2014**	Premium		Change from Pre-2014 after Subsidy			14 Rate idized		
Count	Location	Age	Gender	Load	FPL	Pre-2014 Rate	Bronze Plan	Silver Plan	Bronze Plan	Silver Plan	Subsidy	Bronze Plan	Silver Plan	Bronze Plan	Silver Plan	Bronze Plan	Silver Plan
73	Illinois	47	Male	100%	140%	\$2,379	\$3,909	\$4,891	64%	106%	\$4,331	\$0	\$560	-100%	-76%	100%	89%
74	Illinois	47	Male	100%	175%	\$2,379	\$3,909	\$4,891	64%	106%	\$3,834	\$75	\$1,056	-97%	-56%	98%	78%
75	Illinois	47	Male	100%	225%	\$2,379	\$3,909	\$4,891	64%	106%	\$2,998	\$911	\$1,892	-62%	-20%	77%	61%
76	Illinois	47	Male	100%	275%	\$2,379	\$3,909	\$4,891	64%	106%	\$2,062	\$1,847	\$2,828	-22%	19%	53%	42%
77	Illinois	47	Male	100%	350%	\$2,379	\$3,909	\$4,891	64%	106%	\$994	\$2,916	\$3,897	23%	64%	25%	20%
78	Illinois	47	Male	100%	500%	\$2,379	\$3,909	\$4,891	64%	106%	\$0	\$3,909	\$4,891	64%	106%	0%	0%
79	Illinois	47	Male	125%	140%	\$2,974	\$3,909	\$4,891	31%	64%	\$4,331	\$0	\$560	-100%	-81%	100%	89%
80	Illinois	47	Male	125%	175%	\$2,974	\$3,909	\$4,891	31%	64%	\$3,834	\$75	\$1,056	-97%	-64%	98%	78%
81	Illinois	47	Male	125%	225%	\$2,974	\$3,909	\$4,891	31%	64%	\$2,998	\$911	\$1,892	-69%	-36%	77%	61%
82	Illinois	47	Male	125%	275%	\$2,974	\$3,909	\$4,891	31%	64%	\$2,062	\$1,847	\$2,828	-38%	-5%	53%	42%
83	Illinois	47	Male	125%	350%	\$2,974	\$3,909	\$4,891	31%	64%	\$994	\$2,916	\$3,897	-2%	31%	25%	20%
84	Illinois	47	Male	125%	500%	\$2,974	\$3,909	\$4,891	31%	64%	\$0	\$3,909	\$4,891	31%	64%	0%	0%
85	Illinois	47	Male	150%	140%	\$3,569	\$3,909	\$4,891	10%	37%	\$4,331	\$0	\$560	-100%	-84%	100%	89%
86	Illinois	47	Male	150%	175%	\$3,569	\$3,909	\$4,891	10%	37%	\$3,834	\$75	\$1,056	-98%	-70%	98%	78%
87	Illinois	47	Male	150%	225%	\$3,569	\$3,909	\$4,891	10%	37%	\$2,998	\$911	\$1,892	-74%	-47%	77%	61%
88	Illinois	47	Male	150%	275%	\$3,569	\$3,909	\$4,891	10%	37%	\$2,062	\$1,847	\$2,828	-48%	-21%	53%	42%
89	Illinois	47	Male	150%	350%	\$3,569	\$3,909	\$4,891	10%	37%	\$994	\$2,916	\$3,897	-18%	9%	25%	20%
90	Illinois	47	Male	150%	500%	\$3,569	\$3,909	\$4,891	10%	37%	\$0	\$3,909	\$4,891	10%	37%	0%	0%
91	Illinois	47	Female	100%	140%	\$2,549	\$3,909	\$4,891	53%	92%	\$4,331	\$0	\$560	-100%	-78%	100%	89%
92	Illinois	47	Female	100%	175%	\$2,549	\$3,909	\$4,891	53%	92%	\$3,834	\$75	\$1,056	-97%	-59%	98%	78%
93	Illinois	47	Female	100%	225%	\$2,549	\$3,909	\$4,891	53%	92%	\$2,998	\$911	\$1,892	-64%	-26%	77%	61%
94	Illinois	47	Female	100%	275%	\$2,549	\$3,909	\$4,891	53%	92%	\$2,062	\$1,847	\$2,828	-28%	11%	53%	42%
95	Illinois	47	Female	100%	350%	\$2,549	\$3,909	\$4,891	53%	92%	\$994	\$2,916	\$3,897	14%	53%	25%	20%
96	Illinois	47	Female	100%	500%	\$2,549	\$3,909	\$4,891	53%	92%	\$0	\$3,909	\$4,891	53%	92%	0%	0%
97	Illinois	47	Female	125%	140%	\$3,186	\$3,909	\$4,891	23%	54%	\$4,331	\$0	\$560	-100%	-82%	100%	89%
98	Illinois	47	Female	125%	175%	\$3,186	\$3,909	\$4,891	23%	54%	\$3,834	\$75	\$1,056	-98%	-67%	98%	78%
99	Illinois	47	Female	125%	225%	\$3,186	\$3,909	\$4,891	23%	54%	\$2,998	\$911	\$1,892	-71%	-41%	77%	61%
100	Illinois	47	Female	125%	275%	\$3,186	\$3,909	\$4,891	23%	54%	\$2,062	\$1,847	\$2,828	-42%	-11%	53%	42%
101	Illinois	47	Female	125%	350%	\$3,186	\$3,909	\$4,891	23%	54%	\$994	\$2,916	\$3,897	-8%	22%	25%	20%
102	Illinois	47	Female	125%	500%	\$3,186	\$3,909	\$4,891	23%	54%	\$0	\$3,909	\$4,891	23%	54%	0%	0%
103	Illinois	47	Female	150%	140%	\$3,823	\$3,909	\$4,891	2%	28%	\$4,331	\$0	\$560	-100%	-85%	100%	89%
104	Illinois	47	Female	150%	175%	\$3,823	\$3,909	\$4,891	2%	28%	\$3,834	\$75	\$1,056	-98%	-72%	98%	78%
105	Illinois	47	Female	150%	225%	\$3,823	\$3,909	\$4,891	2%	28%	\$2,998	\$911	\$1,892	-76%	-51%	77%	61%
106	Illinois	47	Female	150%	275%	\$3,823	\$3,909	\$4,891	2%	28%	\$2,062	\$1,847	\$2,828	-52%	-26%	53%	42%
107	Illinois	47	Female	150%	350%	\$3,823	\$3,909	\$4,891	2%	28%	\$994	\$2,916	\$3,897	-24%	2%	25%	20%
108	Illinois	47	Female	150%	500%	\$3,823	\$3,909	\$4,891	2%	28%	\$0	\$3,909	\$4,891	2%	28%	0%	0%

				Pre-2014 Health Status	Income % of	Anı	nual Premium R	ates	Change fror	n Pre-2014**	Maximum Federal Premium	Premiu after S	m Rate ubsidy	Change from after St		% of 20 Subsi	
Count	Location	Age	Gender	Load	FPL	Pre-2014 Rate	Bronze Plan	Silver Plan	Bronze Plan	Silver Plan	Subsidy	Bronze Plan	Silver Plan	Bronze Plan	Silver Plan	Bronze Plan	Silver Plan
109	Illinois	57	Male	100%	140%	\$4,144	\$6,095	\$7,625	47%	84%	\$7,065	\$0	\$560	-100%	-86%	100%	93%
110	Illinois	57	Male	100%	175%	\$4,144	\$6,095	\$7,625	47%	84%	\$6,569	\$0	\$1,056	-100%	-75%	100%	86%
111	Illinois	57	Male	100%	225%	\$4,144	\$6,095	\$7,625	47%	84%	\$5,733	\$362	\$1,892	-91%	-54%	94%	75%
112	Illinois	57	Male	100%	275%	\$4,144	\$6,095	\$7,625	47%	84%	\$4,797	\$1,298	\$2,828	-69%	-32%	79%	63%
113	Illinois	57	Male	100%	350%	\$4,144	\$6,095	\$7,625	47%	84%	\$3,728	\$2,367	\$3,897	-43%	-6%	61%	49%
114	Illinois	57	Male	100%	500%	\$4,144	\$6,095	\$7,625	47%	84%	\$0	\$6,095	\$7,625	47%	84%	0%	0%
115	Illinois	57	Male	125%	140%	\$5,180	\$6,095	\$7,625	18%	47%	\$7,065	\$0	\$560	-100%	-89%	100%	93%
116	Illinois	57	Male	125%	175%	\$5,180	\$6,095	\$7,625	18%	47%	\$6,569	\$0	\$1,056	-100%	-80%	100%	86%
117	Illinois	57	Male	125%	225%	\$5,180	\$6,095	\$7,625	18%	47%	\$5,733	\$362	\$1,892	-93%	-63%	94%	75%
118	Illinois	57	Male	125%	275%	\$5,180	\$6,095	\$7,625	18%	47%	\$4,797	\$1,298	\$2,828	-75%	-45%	79%	63%
119	Illinois	57	Male	125%	350%	\$5,180	\$6,095	\$7,625	18%	47%	\$3,728	\$2,367	\$3,897	-54%	-25%	61%	49%
120	Illinois	57	Male	125%	500%	\$5,180	\$6,095	\$7,625	18%	47%	\$0	\$6,095	\$7,625	18%	47%	0%	0%
121	Illinois	57	Male	150%	140%	\$6,216	\$6,095	\$7,625	-2%	23%	\$7,065	\$0	\$560	-100%	-91%	100%	93%
122	Illinois	57	Male	150%	175%	\$6,216	\$6,095	\$7,625	-2%	23%	\$6,569	\$0	\$1,056	-100%	-83%	100%	86%
123	Illinois	57	Male	150%	225%	\$6,216	\$6,095	\$7,625	-2%	23%	\$5,733	\$362	\$1,892	-94%	-70%	94%	75%
124	Illinois	57	Male	150%	275%	\$6,216	\$6,095	\$7,625	-2%	23%	\$4,797	\$1,298	\$2,828	-79%	-55%	79%	63%
125	Illinois	57	Male	150%	350%	\$6,216	\$6,095	\$7,625	-2%	23%	\$3,728	\$2,367	\$3,897	-62%	-37%	61%	49%
126	Illinois	57	Male	150%	500%	\$6,216	\$6,095	\$7,625	-2%	23%	\$0	\$6,095	\$7,625	-2%	23%	0%	0%
127	Illinois	57	Female	100%	140%	\$3,461	\$6,095	\$7,625	76%	120%	\$7,065	\$0	\$560	-100%	-84%	100%	93%
128	Illinois	57	Female	100%	175%	\$3,461	\$6,095	\$7,625	76%	120%	\$6,569	\$0	\$1,056	-100%	-69%	100%	86%
129	Illinois	57	Female	100%	225%	\$3,461	\$6,095	\$7,625	76%	120%	\$5,733	\$362	\$1,892	-90%	-45%	94%	75%
130	Illinois	57	Female	100%	275%	\$3,461	\$6,095	\$7,625	76%	120%	\$4,797	\$1,298	\$2,828	-62%	-18%	79%	63%
131	Illinois	57	Female	100%	350%	\$3,461	\$6,095	\$7,625	76%	120%	\$3,728	\$2,367	\$3,897	-32%	13%	61%	49%
132	Illinois	57	Female	100%	500%	\$3,461	\$6,095	\$7,625	76%	120%	\$0	\$6,095	\$7,625	76%	120%	0%	0%
133	Illinois	57	Female	125%	140%	\$4,326	\$6,095	\$7,625	41%	76%	\$7,065	\$0	\$560	-100%	-87%	100%	93%
134	Illinois	57	Female	125%	175%	\$4,326	\$6,095	\$7,625	41%	76%	\$6,569	\$0	\$1,056	-100%	-76%	100%	86%
135	Illinois	57	Female	125%	225%	\$4,326	\$6,095	\$7,625	41%	76%	\$5,733	\$362	\$1,892	-92%	-56%	94%	75%
136	Illinois	57	Female	125%	275%	\$4,326	\$6,095	\$7,625	41%	76%	\$4,797	\$1,298	\$2,828	-70%	-35%	79%	63%
137	Illinois	57	Female	125%	350%	\$4,326	\$6,095	\$7,625	41%	76%	\$3,728	\$2,367	\$3,897	-45%	-10%	61%	49%
138	Illinois	57	Female	125%	500%	\$4,326	\$6,095	\$7,625	41%	76%	\$0	\$6,095	\$7,625	41%	76%	0%	0%
139	Illinois	57	Female	150%	140%	\$5,191	\$6,095	\$7,625	17%	47%	\$7,065	\$0	\$560	-100%	-89%	100%	93%
140	Illinois	57	Female	150%	175%	\$5,191	\$6,095	\$7,625	17%	47%	\$6,569	\$0	\$1,056	-100%	-80%	100%	86%
141	Illinois	57	Female	150%	225%	\$5,191	\$6,095	\$7,625	17%	47%	\$5,733	\$362	\$1,892	-93%	-64%	94%	75%
142	Illinois	57	Female	150%	275%	\$5,191	\$6,095	\$7,625	17%	47%	\$4,797	\$1,298	\$2,828	-75%	-46%	79%	63%
143	Illinois	57	Female	150%	350%	\$5,191	\$6,095	\$7,625	17%	47%	\$3,728	\$2,367	\$3,897	-54%	-25%	61%	49%
144	Illinois	57	Female	150%	500%	\$5,191	\$6,095	\$7,625	17%	47%	\$0	\$6,095	\$7,625	17%	47%	0%	0%

				Pre-2014 Health Status	Income % of	An	nual Premium R	ates	Change from	n Pre-2014**	Maximum Federal Premium	Premiu after S		Change fro after S	m Pre-2014 ubsidy	% of 20 Subsi	14 Rate idized
Count	Location	Age	Gender	Load	FPL	Pre-2014 Rate	e Bronze Plan	Silver Plan	Bronze Plan	Silver Plan	Subsidy	Bronze Plan	Silver Plan	Bronze Plan	Silver Plan	Bronze Plan	Silver Plan
145	Illinois	62	Male	100%	140%	\$4,669	\$7,186	\$8,989	54%	93%	\$8,430	\$0	\$560	-100%	-88%	100%	94%
146	Illinois	62	Male	100%	175%	\$4,669	\$7,186	\$8,989	54%	93%	\$7,933	\$0	\$1,056	-100%	-77%	100%	88%
147	Illinois	62	Male	100%	225%	\$4,669	\$7,186	\$8,989	54%	93%	\$7,097	\$89	\$1,892	-98%	-59%	99%	79%
148	Illinois	62	Male	100%	275%	\$4,669	\$7,186	\$8,989	54%	93%	\$6,161	\$1,025	\$2,828	-78%	-39%	86%	69%
149	Illinois	62	Male	100%	350%	\$4,669	\$7,186	\$8,989	54%	93%	\$5,093	\$2,093	\$3,897	-55%	-17%	71%	57%
150	Illinois	62	Male	100%	500%	\$4,669	\$7,186	\$8,989	54%	93%	\$0	\$7,186	\$8,989	54%	93%	0%	0%
151	Illinois	62	Male	125%	140%	\$5,837	\$7,186	\$8,989	23%	54%	\$8,430	\$0	\$560	-100%	-90%	100%	94%
152	Illinois	62	Male	125%	175%	\$5,837	\$7,186	\$8,989	23%	54%	\$7,933	\$0	\$1,056	-100%	-82%	100%	88%
153	Illinois	62	Male	125%	225%	\$5,837	\$7,186	\$8,989	23%	54%	\$7,097	\$89	\$1,892	-98%	-68%	99%	79%
154	Illinois	62	Male	125%	275%	\$5,837	\$7,186	\$8,989	23%	54%	\$6,161	\$1,025	\$2,828	-82%	-52%	86%	69%
155	Illinois	62	Male	125%	350%	\$5,837	\$7,186	\$8,989	23%	54%	\$5,093	\$2,093	\$3,897	-64%	-33%	71%	57%
156	Illinois	62	Male	125%	500%	\$5,837	\$7,186	\$8,989	23%	54%	\$0	\$7,186	\$8,989	23%	54%	0%	0%
157	Illinois	62	Male	150%	140%	\$7,004	\$7,186	\$8,989	3%	28%	\$8,430	\$0	\$560	-100%	-92%	100%	94%
158	Illinois	62	Male	150%	175%	\$7,004	\$7,186	\$8,989	3%	28%	\$7,933	\$0	\$1,056	-100%	-85%	100%	88%
159	Illinois	62	Male	150%	225%	\$7,004	\$7,186	\$8,989	3%	28%	\$7,097	\$89	\$1,892	-99%	-73%	99%	79%
160	Illinois	62	Male	150%	275%	\$7,004	\$7,186	\$8,989	3%	28%	\$6,161	\$1,025	\$2,828	-85%	-60%	86%	69%
161	Illinois	62	Male	150%	350%	\$7,004	\$7,186	\$8,989	3%	28%	\$5,093	\$2,093	\$3,897	-70%	-44%	71%	57%
162	Illinois	62	Male	150%	500%	\$7,004	\$7,186	\$8,989	3%	28%	\$0	\$7,186	\$8,989	3%	28%	0%	0%
163	Illinois	62	Female	100%	140%	\$3,541	\$7,186	\$8,989	103%	154%	\$8,430	\$0	\$560	-100%	-84%	100%	94%
164	Illinois	62	Female	100%	175%	\$3,541	\$7,186	\$8,989	103%	154%	\$7,933	\$0	\$1,056	-100%	-70%	100%	88%
165	Illinois	62	Female	100%	225%	\$3,541	\$7,186	\$8,989	103%	154%	\$7,097	\$89	\$1,892	-97%	-47%	99%	79%
166	Illinois	62	Female	100%	275%	\$3,541	\$7,186	\$8,989	103%	154%	\$6,161	\$1,025	\$2,828	-71%	-20%	86%	69%
167	Illinois	62	Female	100%	350%	\$3,541	\$7,186	\$8,989	103%	154%	\$5,093	\$2,093	\$3,897	-41%	10%	71%	57%
168	Illinois	62	Female	100%	500%	\$3,541	\$7,186	\$8,989	103%	154%	\$0	\$7,186	\$8,989	103%	154%	0%	0%
169	Illinois	62	Female	125%	140%	\$4,427	\$7,186	\$8,989	62%	103%	\$8,430	\$0	\$560	-100%	-87%	100%	94%
170	Illinois	62	Female	125%	175%	\$4,427	\$7,186	\$8,989	62%	103%	\$7,933	\$0	\$1,056	-100%	-76%	100%	88%
171	Illinois	62	Female	125%	225%	\$4,427	\$7,186	\$8,989	62%	103%	\$7,097	\$89	\$1,892	-98%	-57%	99%	79%
172	Illinois	62	Female	125%	275%	\$4,427	\$7,186	\$8,989	62%	103%	\$6,161	\$1,025	\$2,828	-77%	-36%	86%	69%
173	Illinois	62	Female	125%	350%	\$4,427	\$7,186	\$8,989	62%	103%	\$5,093	\$2,093	\$3,897	-53%	-12%	71%	57%
174	Illinois	62	Female	125%	500%	\$4,427	\$7,186	\$8,989	62%	103%	\$0	\$7,186	\$8,989	62%	103%	0%	0%
175	Illinois	62	Female	150%	140%	\$5,312	\$7,186	\$8,989	35%	69%	\$8,430	\$0	\$560	-100%	-89%	100%	94%
176	Illinois	62	Female	150%	175%	\$5,312	\$7,186	\$8,989	35%	69%	\$7,933	\$0	\$1,056	-100%	-80%	100%	88%
177	Illinois	62	Female	150%	225%	\$5,312	\$7,186	\$8,989	35%	69%	\$7,097	\$89	\$1,892	-98%	-64%	99%	79%
178	Illinois	62	Female	150%	275%	\$5,312	\$7,186	\$8,989	35%	69%	\$6,161	\$1,025	\$2,828	-81%	-47%	86%	69%
179	Illinois	62	Female	150%	350%	\$5,312	\$7,186	\$8,989	35%	69%	\$5,093	\$2,093	\$3,897	-61%	-27%	71%	57%
180	Illinois	62	Female	150%	500%	\$5,312	\$7,186	\$8,989	35%	69%	\$0	\$7,186	\$8,989	35%	69%	0%	0%

				Pre-2014 Health Status Income % of		Ann	ual Premium R	ates	Change fror	n Pre-2014**	Maximum Federal Premium	Premiu after S	m Rate ubsidy	Change from after S			14 Rate idized
Count	Location	Age	Gender	Load	FPL	Pre-2014 Rate	Bronze Plan	Silver Plan	Bronze Plan	Silver Plan	Subsidy	Bronze Plan	Silver Plan	Bronze Plan	Silver Plan	Bronze Plan	Silver Plan
181	Illinois	*	Family	100%	140%	\$5,578	\$9,370	\$11,721	68%	110%	\$10,574	\$0	\$1,147	-100%	-79%	100%	90%
182	Illinois	*	Family	100%	175%	\$5,578	\$9,370	\$11,721	68%	110%	\$9,556	\$0	\$2,165	-100%	-61%	100%	82%
183	Illinois	*	Family	100%	225%	\$5,578	\$9,370	\$11,721	68%	110%	\$7,843	\$1,527	\$3,878	-73%	-30%	84%	67%
184	Illinois	•	Family	100%	275%	\$5,578	\$9,370	\$11,721	68%	110%	\$5,924	\$3,445	\$5,797	-38%	4%	63%	51%
185	Illinois	•	Family	100%	350%	\$5,578	\$9,370	\$11,721	68%	110%	\$3,734	\$5,636	\$7,987	1%	43%	40%	32%
186	Illinois	*	Family	100%	500%	\$5,578	\$9,370	\$11,721	68%	110%	\$0	\$9,370	\$11,721	68%	110%	0%	0%
187	Illinois	*	Family	125%	140%	\$6,973	\$9,370	\$11,721	34%	68%	\$10,574	\$0	\$1,147	-100%	-84%	100%	90%
188	Illinois	*	Family	125%	175%	\$6,973	\$9,370	\$11,721	34%	68%	\$9,556	\$0	\$2,165	-100%	-69%	100%	82%
189	Illinois	•	Family	125%	225%	\$6,973	\$9,370	\$11,721	34%	68%	\$7,843	\$1,527	\$3,878	-78%	-44%	84%	67%
190	Illinois	*	Family	125%	275%	\$6,973	\$9,370	\$11,721	34%	68%	\$5,924	\$3,445	\$5,797	-51%	-17%	63%	51%
191	Illinois	•	Family	125%	350%	\$6,973	\$9,370	\$11,721	34%	68%	\$3,734	\$5,636	\$7,987	-19%	15%	40%	32%
192	Illinois	*	Family	125%	500%	\$6,973	\$9,370	\$11,721	34%	68%	\$0	\$9,370	\$11,721	34%	68%	0%	0%
193	Illinois	*	Family	150%	140%	\$8,367	\$9,370	\$11,721	12%	40%	\$10,574	\$0	\$1,147	-100%	-86%	100%	90%
194	Illinois	*	Family	150%	175%	\$8,367	\$9,370	\$11,721	12%	40%	\$9,556	\$0	\$2,165	-100%	-74%	100%	82%
195	Illinois	•	Family	150%	225%	\$8,367	\$9,370	\$11,721	12%	40%	\$7,843	\$1,527	\$3,878	-82%	-54%	84%	67%
196	Illinois	•	Family	150%	275%	\$8,367	\$9,370	\$11,721	12%	40%	\$5,924	\$3,445	\$5,797	-59%	-31%	63%	51%
197	Illinois	•	Family	150%	350%	\$8,367	\$9,370	\$11,721	12%	40%	\$3,734	\$5,636	\$7,987	-33%	-5%	40%	32%
198	Illinois	•	Family	150%	500%	\$8,367	\$9,370	\$11,721	12%	40%	\$0	\$9,370	\$11,721	12%	40%	0%	0%

\*Family consists of 37 year old Male, 37 year old Female, and two children age 12

\*\* Silver and Bronze plans are developed relative to the pre-2013 plan and premium rates for the given insurer.