

FOR USE IN FILING TAXES FOR THE 2025 TAX YEAR

Line 1. Enter the monthly premium for the lowest cost bronze plan that covers everyone in your tax household who you list on your 2025 tax return (such as yourself, your spouse if filing jointly, and your dependents) and who can't be claimed as a dependent on someone else's tax return, who isn't eligible for employer coverage, and who doesn't qualify for another coverage exemption for the month. To find the lowest cost bronze plan, go to <https://healthsourceri.com/affordability-sheet/>. (If you are married and file a separate return, enter the monthly premium here and on line 12. Don't complete lines 2 through 11).

**Monthly Cost by Age for
the Lowest Cost Bronze Level Plan in 2025**

Age	Bronze
0-14	\$179
15	\$195
16	\$201
17	\$207
18	\$214
19	\$220
20	\$227
21	\$234
22	\$234
23	\$234
24	\$234
25	\$235
26	\$240
27	\$245
28	\$255
29	\$262
30	\$266
31	\$271
32	\$277
33	\$281
34	\$284
35	\$286
36	\$288
37	\$290
38	\$292
39	\$296

Age	Bronze
40	\$299
41	\$305
42	\$310
43	\$318
44	\$327
45	\$338
46	\$351
47	\$366
48	\$383
49	\$399
50	\$418
51	\$437
52	\$457
53	\$478
54	\$500
55	\$522
56	\$546
57	\$571
58	\$597
59	\$610
60	\$636
61	\$658
62	\$673
63	\$691
64+	\$703