

FOR USE IN FILING TAXES FOR THE 2021 TAX YEAR

Line 10. Enter the monthly premium for the second lowest cost silver plan premium that covers everyone in your tax household, who you list on your 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 minimum essential coverage (other than individual market coverage), and who doesn't qualify for another coverage exemption for the month. If one or more members of your tax household meet this criteria, find the second lowest cost silver plan for those members at <https://healthsourceri.com/affordability-sheet/>. If no one in your tax household meets this criteria (for example, everyone in your tax household is eligible for Medicaid or qualifies for a coverage exemption), enter -0-

Monthly Cost by Age for
the Second Lowest Cost Silver Level Plan in 2021

Age	Monthly Cost
0-14	\$209
15	\$228
16	\$235
17	\$242
18	\$250
19	\$257
20	\$265
21	\$273
22	\$273
23	\$273
24	\$273
25	\$274
26	\$280
27	\$286
28	\$297
29	\$306
30	\$310
31	\$317
32	\$323
33	\$327
34	\$332
35	\$334
36	\$336
37	\$338
38	\$341
39	\$345
40	\$349
41	\$356
42	\$362
43	\$371
44	\$382
45	\$395
46	\$410
47	\$427
48	\$447
49	\$466
50	\$488
51	\$510
52	\$534
53	\$558
54	\$584
55	\$610
56	\$638
57	\$666
58	\$696
59	\$711
60	\$742
61	\$768
62	\$785
63	\$807
64+	\$820