

FOR USE IN FILING TAXES FOR THE 2025 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 these 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 these 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 2025**

Age	Monthly Cost
0-14	\$254
15	\$277
16	\$285
17	\$294
18	\$303
19	\$313
20	\$322
21	\$332
22	\$332
23	\$332
24	\$332
25	\$334
26	\$340
27	\$348
28	\$361
29	\$372
30	\$377
31	\$385
32	\$393
33	\$398
34	\$403
35	\$406
36	\$409
37	\$411
38	\$414
39	\$419

Age	Monthly Cost
40	\$425
41	\$433
42	\$440
43	\$451
44	\$464
45	\$480
46	\$499
47	\$519
48	\$543
49	\$567
50	\$594
51	\$620
52	\$649
53	\$678
54	\$710
55	\$741
56	\$775
57	\$810
58	\$847
59	\$865
60	\$902
61	\$934
62	\$955
63	\$981
64+	\$997