

FOR USE IN FILING TAXES FOR THE 2020 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 2020

Age	Monthly Cost	Age	Monthly Cost
0-14	\$199	40	\$332
15	\$216	41	\$338
16	\$223	42	\$344
17	\$230	43	\$352
18	\$237	44	\$363
19	\$244	45	\$375
20	\$252	46	\$390
21	\$260	47	\$406
22	\$260	48	\$425
23	\$260	49	\$443
24	\$260	50	\$464
25	\$261	51	\$484
26	\$266	52	\$507
27	\$272	53	\$530
28	\$282	54	\$555
29	\$291	55	\$579
30	\$295	56	\$606
31	\$301	57	\$633
32	\$307	58	\$662
33	\$311	59	\$676
34	\$315	60	\$705
35	\$317	61	\$730
36	\$319	62	\$746
37	\$322	63	\$767
38	\$324	64+	\$779
39	\$328		