

# Tribal Technical Advisory Group

To the Centers for Medicare & Medicaid Services

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Submitted via [regulations.gov](http://regulations.gov)

January 22, 2014

Centers for Medicare and Medicaid Services  
Department of Health and Human Services  
Attention: CMS-2380-PN  
P.O. Box 8010  
Baltimore, MD 21244-8010

**RE: Comments on CMS-2380-PN; Basic Health Program Proposed Federal Funding Methodology for 2015**

I write on behalf of the Tribal Technical Advisory Group (TTAG) of the Centers for Medicare and Medicaid Services (CMS) regarding the notice titled “Basic Health Program: Proposed Federal Funding Methodology for Program Year 2015” (CMS-2380-PN) and published by CMS in the December 23, 2013, Federal Register. This notice requested comments on the proposed methodology for determining federal payments made to states electing to implement the Basic Health Program (BHP).

TTAG advises CMS on Indian health policy issues involving Medicare, Medicaid, the Children’s Health Insurance Program, and any other health care programs funded (in whole or part) by CMS. In particular, TTAG focuses on providing policy advice to CMS regarding improving the availability of health care services to American Indians and Alaska Natives (AI/ANs) under these Federal health care programs, including through providers operating under the health programs of the Indian Health Service (IHS), Indian Tribes, tribal organizations, and urban Indian organizations (referred to as I/T/Us or Indian health care providers).

We appreciate the opportunity to provide comments on the proposed methodology for determining federal payments to states for BHP. Specifically, these comments address the section of CMS-2380-PN titled “Adjustments for American Indians and Alaska Natives.” This section includes several adjustments to account for AI/ANs enrolled in QHPs through an American Health Benefit Exchange (Exchange or Marketplace) in calculating certain components of this methodology. We would like to express our appreciation for the attention paid to addressing the provisions in the ACA that are particular to American Indians and

Alaska Natives, and we applaud CMS for including these adjustments. We do believe, though, that the Agency can take additional steps to help ensure that states electing to implement BHP include in their BHP programs equivalent protections for AI/ANs as AI/ANs would receive through Exchange coverage.<sup>1</sup> We also are concerned that states that implement equivalent guarantees for AI/ANs through BHP as they would receive in an Exchange may not receive adequate resources from the Federal government to do so. These comments outline our specific recommendations to address these issues.

### Statutory Authority and Background

Section 1331 of the Affordable Care Act (ACA) requires the Secretary of the Department of Health and Human Services (HHS) to establish BHP, which provides states with the flexibility to operate a health insurance coverage program for low-income individuals otherwise eligible to purchase coverage through an Exchange. In states electing to implement BHP, this program will make subsidized health insurance coverage available for individuals who are younger than age 65; have household incomes between 133 percent and 200 percent of the federal poverty level (FPL); and do not otherwise qualify for Medicaid, the Children's Health Insurance Program (CHIP), or affordable employer-sponsored coverage. States can obtain federal funding for BHP based on the amount of premium tax credits (PTCs) and federally funded cost-sharing reductions (CSRs) that BHP enrollees would have received if they had enrolled in qualified health plans (QHPs) through Exchanges.

In the September 25, 2013, Federal Register, CMS published a proposed rule that would establish the Basic Health Program (CMS-2380-P). This proposed rule included requirements for state and federal administration of BHP, including provisions regarding eligibility and enrollment, benefits, cost-sharing requirements, and oversight activities, but it did not contain the specific information necessary to determine federal payments. CMS anticipated that the methodology for determining federal payments to be made to states for BHP would require data and assumptions reflecting the ongoing operations and experience of the program, as well as the operations of Exchanges. As a result, CMS-2380-P indicated that CMS would address the development and publication of this methodology, including any data sources, in a separate annual Payment Notice process (beginning with CMS-2380-PN).

According to section 1331(d)(3)(ii) of ACA, federal payments made to a state for BHP must occur based on an amount per BHP enrollee for each month of enrollment, although the payments could vary based on categories or classes of enrollees. As indicated in CMS-2380-PN, "Federal funding would be available for BHP based on the amount of [premium tax credits] PTC and [cost-sharing reductions] CSRs that BHP enrollees would

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<sup>1</sup> To the extent the AI/AN-specific benefits and protections can be made consistent across Exchange coverage, the BHP, and Medicaid, the easier the protections will be to implement. In addition, AI/ANs will be more likely to understand and receive the benefits and protections.

have received had they been enrolled in QHPs through Exchanges.” Payments to states would equate to 95 percent of what the federal government would have expended through an Exchange for PTCs and CSRs. Actual federal payments made to a state would depend on the actual enrollment in health insurance coverage through BHP. A state receiving approval to implement BHP will have to provide data showing quarterly enrollment corresponding to the federal BHP payment rate cells. In CMS-2380-PN, CMS indicated that the data submission requirements associated with this process will appear in a future notice.

#### AI/AN-specific Adjustments to the Federal Payment to a State for BHP

**COST-SHARING REDUCTION ADJUSTMENT:** The federal payments to a state for BHP, according to this BHP notice, will include a factor for the cost of the CSR reductions as well as an adjustment for an induced utilization factor (*i.e.*, an increase in services) resulting from patients having lower out-of-pocket costs. This is similar to how QHPs are compensated for CSRs provided in coverage offered through an Exchange. And the CSR-related methodology includes a specific adjustment pertaining to the enrollment of AI/ANs who are eligible for the Indian-specific cost-sharing reductions when offered coverage through an Exchange.

In essence, the state would be paid the same amount as the QHP to implement the zero cost-sharing provisions in the Marketplace for AI/AN. Because of this, the state should pass along to the AI/AN enrollee the same CSR as they would have had under the Marketplace. If the state does not create this special provision for AI/AN in a BHP, then the Federal government is essentially over-paying the state. We believe that the Federal government should make the CSR payment to the state conditional on a special zero cost-sharing provision for AI/AN in the BHP.

**PREMIUM TAX CREDIT ADJUSTMENT:** The proposed payment methodology acknowledges that certain AI/ANs are eligible for CSRs with any metal level plan, and as such, “we believe that eligible persons would be more likely to select a bronze level plan instead of a silver level plan.”<sup>2</sup> This is in contrast to the CSR provisions for the general population in which an individual must be enrolled in a silver plan through an Exchange to be eligible for CSRs. The AI/AN-specific adjustments also factor in that “American Indians and Alaska Natives are eligible to receive CSRs up to 100 percent of actuarial value”<sup>3</sup> as a result of enrollment in QHPs with a “zero cost-sharing plan variation” or a “limited cost-sharing plan variation”. To compensate for the higher CSRs for certain AI/ANs, the federal payment to a state for BHP would be adjusted accordingly, resulting in a higher payment to a state than without the AI/AN-specific adjustments.

**Recommendation: With one exception discussed below under “Reference Premium”, we support the proposed payment methodology to account for the CSRs in**

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<sup>2</sup> 78 Fed Reg 77405.

<sup>3</sup> 78 Fed Reg 77410.

**the PTC calculation in the ACA that are particular to American Indians and Alaska Natives as it appears that this methodology will result in an equivalent (or 95 percent) amount of resources available to a state for this purpose.**

**REFERENCE PREMIUM:** In the calculation for the CSR-related payment to a state, the payment formula is to use the second lowest cost silver plan. The notice indicates, “We believe it would not be reasonable at this point to estimate how BHP enrollees would have enrolled in different silver level QHPs.”<sup>4</sup> An adjustment to the formula is proposed for AI/AN enrollees. The notice states, “We propose that the adjusted reference premium for use in the CSR portion of the rate [for American Indians and Alaska Natives] would use the lowest cost bronze plan instead of the second lowest cost silver plan.”<sup>5</sup> Although AI/ANs may, as pointed out in the notice, select a bronze plan at any premium level and still secure the CSR protections, we believe using an assumption of enrollment in the lowest cost bronze is not likely to be accurate. And using the lowest cost bronze plan as the reference premium would have the effect of lowering the payments to a state for AI/AN enrollees, in comparison to using a plan with a higher premium.

We do agree that AI/ANs will, in the vast majority of cases, select bronze-level plans for coverage through an Exchange. And we do believe AI/AN will be cost-sensitive, choosing to enroll in a QHP that provides the highest value for the least (or no) premium. *In fact, we anticipate that AI/ANs will enroll in bronze-level QHPs that offer what appears to be the greatest package of benefits if there is no net premium cost to the enrollee, after accounting for the available tax credit.* For the vast majority of potential BHP enrollees who are AI/AN, the QHP with the greatest combination of benefits (e.g., covered services, provider network, etc.) that offers zero net premium to them (after applying PTCs) will not be the lowest cost bronze plan.<sup>6</sup> In fact, AI/ANs may need to enroll in a bronze-level plan that does not have the lowest premium in order to access Indian health care providers as in-network providers.

In Attachment A, a table is provided that identifies the premium contribution amounts required for individuals enrolling in the lowest cost bronze-level plan offered through an Exchange.<sup>7</sup> Positive numbers indicate the net amount the individual would be required to contribute, after accounting for the available PTC, to enroll in the lowest cost bronze-level plan. Negative numbers in the table indicate the excess PTC that would remain unexpended

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<sup>4</sup> 78 Fed Reg 77405.

<sup>5</sup> 78 Fed Reg 77409.

<sup>6</sup> In making this statement, we are assuming that at least some of the bronze-level QHPs that have premiums that are higher than the lowest cost bronze plan (and in particular are the plans that AI/ANs may choose) do offer a greater combination of benefits.

<sup>7</sup> The premiums are for QHPs offered in 2014 through the Federally-facilitated Exchange for residents of Anchorage, Alaska. The reference plan shown is the second lowest cost silver plan available.

if enrolled in the lowest cost bronze-level plan. Attachment A displays these figures for individuals at 105, 155, 200, 255, 305, 355 and 405 percent FPL.

As shown in Attachment A, if electing to enroll in the lowest cost bronze-level plan, an individual in a one-person household —

- For individuals at the 105 percent FPL at all ages, there would be no premium required, and there would be excess (i.e., unexpended) PTC funds ranging from \$119 to \$3,191.
- For those with household income at 155 percent FPL, there would be no premium contribution as well as unexpended PTCs for all ages except those ages 20 or under. (Those 20 and under would be required to contribute \$209 per year.)
- At 155 percent FPL, the average excess (or unexpended) PTCs for persons 20 to 64 years old would be \$965 and as much as \$2,551 in 2014.
- For individuals at 200 percent FPL, those 47 years old or younger would have zero premiums and unexpended PTCs averaging \$851 in 2014.

In households with two or more persons enrolling through an Exchange, the percentage of individuals with unexpended PTCs if enrolling in the lowest cost bronze-level plan would be even greater. And, the average amount of excess PTCs would be higher. The example of a two-person household enrolling through an Exchange is shown in Attachment B. As shown in Attachment B, if electing to enroll in the lowest cost bronze-level plan, two persons in a two-person household —

- For individuals at the 105 percent FPL at all ages, there would be no premium required, and there would be excess (i.e., unexpended) PTC funds ranging from \$1,057 to \$6,577, with an average unexpended PTC of \$3,352.
- For those with household income at 155 percent FPL, there would be no premium contribution for any age and unexpended PTCs averaging \$2,489 in 2014. At 155 percent FPL, the excess (or unexpended) PTCs would range from \$193 for a person 20 or younger to \$5,713 for a person 64 or older.
- For individuals at 200 percent FPL, those 28 years old or younger would have zero premiums and unexpended PTCs averaging \$1,642 in 2014. The amount of the excess premiums would range from \$102 for a 28 year old to \$1,642 for a person 64 or older.

Rather than not utilize the value of the excess PTCs, we anticipate AI/AN individuals and families will act rationally and apply the full value of the PTCs to maximize the value of the QHP selection while maintaining a zero enrollee premium contribution (net of the PTCs.)

If CSR funding formula is adjusted to account for the likelihood that AI/AN enrollees will elect to enroll in a bronze-level QHP that consumes the entire PTC available to the individual or family, the CSR-related payment to states will increase as compared to using an assumption of enrolling in the lowest cost bronze-level plan and more accurately reflect the cost to states of maintaining the ACA's AI/AN protections under BHP.

**Recommendation: We recommend that CMS modify the proposed funding formula to be used in determining the amount of the federal payment to states in order to account for the likelihood that AI/AN enrollees will elect to enroll in a bronze-level QHP that consumes the entire PTC available to the individual or family.**

**PREMIUM TAX CREDIT ADJUSTMENT:** With regard to calculating the amount of payment to a state under BHP for premium tax credits, CMS-2380-PN proposes a formula that would provide to a state 95 percent of the estimated PTC that would have been paid if a BHP enrollee had instead enrolled in a QHP through an Exchange. The premium of the second lowest cost silver plan would serve as the reference premium for calculating the amount of the premium tax credit.

For AI/AN enrollees, there does not appear to be an adjustment in the calculated value of the PTCs for purposes of determining the amount of the federal payment to states that elect to implement BHP. If we are not correct in this conclusion, we encourage CMS to adjust the PTC formula to account for the likelihood that AI/AN enrollees through an Exchange would expend the full value of the PTC available to them.

**Recommendation: To the extent there is an AI/AN-specific adjustment in the funding formula for PTC payments to states, we encourage CMS to ensure the PTC formula accounts for the likelihood that AI/AN enrollees through an Exchange would expend the full value of the PTC available to them.**

**APPLICATION OF AI/AN-SPECIFIC PROTECTIONS UNDER BHP:** On November 22, 2013, the TTAG submitted comments on CMS-2380-P, the proposed rule to establish BHP. In those comments, TTAG expressed a concern that, as proposed, the Basic Health Program was not guaranteeing that a state would implement its BHP in a way to ensure AI/ANs are not disadvantaged by the implementation of BHP in a state. Because of this, and to ensure that AI/ANs are not disadvantaged by the implementation of a Basic Health Program in a state, the TTAG recommended either –

(1) modification of proposed § 600.505 to incorporate a provision that protects AI/ANs from paying more than the cost of the premium for the applicable lowest cost bronze plan available to the AI/AN. The language added to § 600.505 might read –

The monthly premium imposed on an Indian enrollee does not exceed the monthly premium that the Indian enrollee would have

been required to pay had he or she enrolled in a plan with a premium equal to the premium of the applicable lowest cost bronze plan.

(2) adoption of a provision allowing AI/ANs to decline enrollment through the Basic Health Program and enroll in the individual market through an Exchange.

We believe the November 22, 2013, recommendations are consistent with the recommendations we are making here. We would like to supplement these prior recommendations with a recommendation that would require states, if a state elects to accept the additional amount of federal payments attributable to the ACA's Indian-specific benefits and protections, to ensure in their implementation of BHP that AI/ANs would receive under their BHP programs equivalent protections as AI/ANs would receive through Exchange coverage.

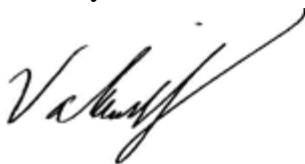
**Recommendation: Condition the receipt by a state of the payment adjustment to states for the ACA's AI/AN-specific benefits and protections on the state's agreement to ensure in its implementation of BHP that AI/ANs will receive under the BHP programs protections equivalent to those AI/ANs would receive through Exchange coverage.**

#### Conclusion

Thank you for the opportunity to provide these comments on the proposed methodology for determining federal payments made to states for BHP. We also appreciate the continuing effort by CMS to help ensure that states electing to implement BHP include in their programs the same protections for AI/ANs as they would receive in Exchanges. TTAG remains willing to assist CMS in these endeavors.

Please contact Jackie Engebretson at [JEngebretson@nihb.org](mailto:JEngebretson@nihb.org) if you have any questions on the issues addressed in these comments.

Sincerely,



Valerie Davidson  
Chair, TTAG

Cc: Dr. Yvette Roubideaux, Director, IHS  
Stacy Bohlen, Executive Director, NIHB  
Kitty Marx, Director of Tribal Affairs, CMS

ATTACHMENT A

Premium Contribution Amount for Lowest Cost Bronze Plan, Anchorage, Alaska, 2014									
								Household of: <b>1</b>	
	Reference Plan	Selected Plan							
	IF... BCBS Plus 2500 HSA, a Multi-State Plan (1)	Be Savvy (1) Bronze (lowest cost Moda) Plan Premium	Premium Contri- bution	Premium Contri- bution	Premium Contri- bution	Premium Contri- bution	Premium Contri- bution	Premium Contri- bution	Premium Contri- bution
			105% FPL	155% FPL	200% FPL	255% FPL	305% FPL	355% FPL	405% FPL
0-20	\$2,580	\$1,848	-\$119	\$209	\$1,076	\$1,848	\$1,848	\$1,848	\$1,848
21	\$4,068	\$2,904	-\$863	-\$223	\$644	\$1,835	\$2,904	\$2,904	\$2,904
22	\$4,068	\$2,904	-\$863	-\$223	\$644	\$1,835	\$2,904	\$2,904	\$2,904
23	\$4,068	\$2,904	-\$863	-\$223	\$644	\$1,835	\$2,904	\$2,904	\$2,904
24	\$4,068	\$2,904	-\$863	-\$223	\$644	\$1,835	\$2,904	\$2,904	\$2,904
25	\$4,092	\$2,916	-\$875	-\$235	\$632	\$1,823	\$2,916	\$2,916	\$2,916
26	\$4,164	\$2,976	-\$887	-\$247	\$620	\$1,811	\$2,970	\$2,976	\$2,976
27	\$4,260	\$3,048	-\$911	-\$271	\$596	\$1,787	\$2,946	\$3,048	\$3,048
28	\$4,428	\$3,156	-\$971	-\$331	\$536	\$1,727	\$2,886	\$3,156	\$3,156
29	\$4,560	\$3,252	-\$1,007	-\$367	\$500	\$1,691	\$2,850	\$3,252	\$3,252
30	\$4,620	\$3,300	-\$1,019	-\$379	\$488	\$1,679	\$2,838	\$3,300	\$3,300
31	\$4,716	\$3,372	-\$1,043	-\$403	\$464	\$1,655	\$2,814	\$3,372	\$3,372
32	\$4,812	\$3,444	-\$1,067	-\$427	\$440	\$1,631	\$2,790	\$3,444	\$3,444
33	\$4,872	\$3,480	-\$1,091	-\$451	\$416	\$1,607	\$2,766	\$3,448	\$3,480
34	\$4,944	\$3,528	-\$1,115	-\$475	\$392	\$1,583	\$2,742	\$3,424	\$3,528
35	\$4,968	\$3,552	-\$1,115	-\$475	\$392	\$1,583	\$2,742	\$3,424	\$3,552
36	\$5,004	\$3,576	-\$1,127	-\$487	\$380	\$1,571	\$2,730	\$3,412	\$3,576
37	\$5,040	\$3,600	-\$1,139	-\$499	\$368	\$1,559	\$2,718	\$3,400	\$3,600
38	\$5,076	\$3,624	-\$1,151	-\$511	\$356	\$1,547	\$2,706	\$3,388	\$3,624
39	\$5,136	\$3,672	-\$1,163	-\$523	\$344	\$1,535	\$2,694	\$3,376	\$3,672
40	\$5,196	\$3,720	-\$1,175	-\$535	\$332	\$1,523	\$2,682	\$3,364	\$3,720
41	\$5,304	\$3,792	-\$1,211	-\$571	\$296	\$1,487	\$2,646	\$3,328	\$3,792
42	\$5,388	\$3,852	-\$1,235	-\$595	\$272	\$1,463	\$2,622	\$3,304	\$3,852
43	\$5,520	\$3,948	-\$1,271	-\$631	\$236	\$1,427	\$2,586	\$3,268	\$3,948
44	\$5,688	\$4,068	-\$1,319	-\$679	\$188	\$1,379	\$2,538	\$3,220	\$4,068
45	\$5,880	\$4,200	-\$1,379	-\$739	\$128	\$1,319	\$2,478	\$3,160	\$4,200
46	\$6,108	\$4,368	-\$1,439	-\$799	\$68	\$1,259	\$2,418	\$3,100	\$4,368
47	\$6,360	\$4,548	-\$1,511	-\$871	-\$4	\$1,187	\$2,346	\$3,028	\$4,548
48	\$6,660	\$4,752	-\$1,607	-\$967	-\$100	\$1,091	\$2,250	\$2,932	\$4,752
49	\$6,948	\$4,956	-\$1,691	-\$1,051	-\$184	\$1,007	\$2,166	\$2,848	\$4,956
50	\$7,272	\$5,196	-\$1,775	-\$1,135	-\$268	\$923	\$2,082	\$2,764	\$5,196
51	\$7,596	\$5,424	-\$1,871	-\$1,231	-\$364	\$827	\$1,986	\$2,668	\$5,424
52	\$7,944	\$5,676	-\$1,967	-\$1,327	-\$460	\$731	\$1,890	\$2,572	\$5,676
53	\$8,304	\$5,928	-\$2,075	-\$1,435	-\$568	\$623	\$1,782	\$2,464	\$5,928
54	\$8,688	\$6,204	-\$2,183	-\$1,543	-\$676	\$515	\$1,674	\$2,356	\$6,204
55	\$9,072	\$6,480	-\$2,291	-\$1,651	-\$784	\$407	\$1,566	\$2,248	\$6,480
56	\$9,492	\$6,780	-\$2,411	-\$1,771	-\$904	\$287	\$1,446	\$2,128	\$6,780
57	\$9,924	\$7,092	-\$2,531	-\$1,891	-\$1,024	\$167	\$1,326	\$2,008	\$7,092
58	\$10,368	\$7,416	-\$2,651	-\$2,011	-\$1,144	\$47	\$1,206	\$1,888	\$7,416
59	\$10,596	\$7,572	-\$2,723	-\$2,083	-\$1,216	\$0	\$1,134	\$1,816	\$7,572
60	\$11,040	\$7,896	-\$2,843	-\$2,203	-\$1,336	\$0	\$1,014	\$1,696	\$7,896
61	\$11,436	\$8,172	-\$2,963	-\$2,323	-\$1,456	\$0	\$894	\$1,576	\$8,172
62	\$11,688	\$8,352	-\$3,035	-\$2,395	-\$1,528	\$0	\$822	\$1,504	\$8,352
63	\$12,012	\$8,580	-\$3,131	-\$2,491	-\$1,624	\$0	\$726	\$1,408	\$8,580
64+	\$12,204	\$8,712	-\$3,191	-\$2,551	-\$1,684	\$0	\$666	\$1,348	\$8,712



ATTACHMENT B

Premium Contribution Amount for Lowest Cost Bronze Plan, Anchorage, Alaska, 2014									Household size: 2
	Reference Plan	Selected Plan	Plan enrollees: 2						
	IF... BCBS Plus 2500 HSA, a Multi- State Plan (1)	Be Savvy Bronze (lowest cost Moda)	Premium Contri- bution	Premium Contri- bution	Premium Contri- bution	Premium Contri- bution	Premium Contri- bution	Premium Contri- bution	Premium Contri- bution
	2	Plan Premium(s)	105% FPL	155% FPL	200% FPL	255% FPL	305% FPL	355% FPL	405% FPL
0-20	\$5,160	\$3,696	-\$1,057	-\$193	\$978	\$2,586	\$3,696	\$3,696	\$3,696
21	\$8,136	\$5,808	-\$1,921	-\$1,057	\$114	\$1,722	\$3,287	\$4,208	\$5,808
22	\$8,136	\$5,808	-\$1,921	-\$1,057	\$114	\$1,722	\$3,287	\$4,208	\$5,808
23	\$8,136	\$5,808	-\$1,921	-\$1,057	\$114	\$1,722	\$3,287	\$4,208	\$5,808
24	\$8,136	\$5,808	-\$1,921	-\$1,057	\$114	\$1,722	\$3,287	\$4,208	\$5,808
25	\$8,184	\$5,832	-\$1,945	-\$1,081	\$90	\$1,698	\$3,263	\$4,184	\$5,832
26	\$8,328	\$5,952	-\$1,969	-\$1,105	\$66	\$1,674	\$3,239	\$4,160	\$5,952
27	\$8,520	\$6,096	-\$2,017	-\$1,153	\$18	\$1,626	\$3,191	\$4,112	\$6,096
28	\$8,856	\$6,312	-\$2,137	-\$1,273	-\$102	\$1,506	\$3,071	\$3,992	\$6,312
29	\$9,120	\$6,504	-\$2,209	-\$1,345	-\$174	\$1,434	\$2,999	\$3,920	\$6,504
30	\$9,240	\$6,600	-\$2,233	-\$1,369	-\$198	\$1,410	\$2,975	\$3,896	\$6,600
31	\$9,432	\$6,744	-\$2,281	-\$1,417	-\$246	\$1,362	\$2,927	\$3,848	\$6,744
32	\$9,624	\$6,888	-\$2,329	-\$1,465	-\$294	\$1,314	\$2,879	\$3,800	\$6,888
33	\$9,744	\$6,960	-\$2,377	-\$1,513	-\$342	\$1,266	\$2,831	\$3,752	\$6,960
34	\$9,888	\$7,056	-\$2,425	-\$1,561	-\$390	\$1,218	\$2,783	\$3,704	\$7,056
35	\$9,936	\$7,104	-\$2,425	-\$1,561	-\$390	\$1,218	\$2,783	\$3,704	\$7,104
36	\$10,008	\$7,152	-\$2,449	-\$1,585	-\$414	\$1,194	\$2,759	\$3,680	\$7,152
37	\$10,080	\$7,200	-\$2,473	-\$1,609	-\$438	\$1,170	\$2,735	\$3,656	\$7,200
38	\$10,152	\$7,248	-\$2,497	-\$1,633	-\$462	\$1,146	\$2,711	\$3,632	\$7,248
39	\$10,272	\$7,344	-\$2,521	-\$1,657	-\$486	\$1,122	\$2,687	\$3,608	\$7,344
40	\$10,392	\$7,440	-\$2,545	-\$1,681	-\$510	\$1,098	\$2,663	\$3,584	\$7,440
41	\$10,608	\$7,584	-\$2,617	-\$1,753	-\$582	\$1,026	\$2,591	\$3,512	\$7,584
42	\$10,776	\$7,704	-\$2,665	-\$1,801	-\$630	\$978	\$2,543	\$3,464	\$7,704
43	\$11,040	\$7,896	-\$2,737	-\$1,873	-\$702	\$906	\$2,471	\$3,392	\$7,896
44	\$11,376	\$8,136	-\$2,833	-\$1,969	-\$798	\$810	\$2,375	\$3,296	\$8,136
45	\$11,760	\$8,400	-\$2,953	-\$2,089	-\$918	\$690	\$2,255	\$3,176	\$8,400
46	\$12,216	\$8,736	-\$3,073	-\$2,209	-\$1,038	\$570	\$2,135	\$3,056	\$8,736
47	\$12,720	\$9,096	-\$3,217	-\$2,353	-\$1,182	\$426	\$1,991	\$2,912	\$9,096
48	\$13,320	\$9,504	-\$3,409	-\$2,545	-\$1,374	\$234	\$1,799	\$2,720	\$9,504
49	\$13,896	\$9,912	-\$3,577	-\$2,713	-\$1,542	\$66	\$1,631	\$2,552	\$9,912
50	\$14,544	\$10,392	-\$3,745	-\$2,881	-\$1,710	\$0	\$1,463	\$2,384	\$10,392
51	\$15,192	\$10,848	-\$3,937	-\$3,073	-\$1,902	\$0	\$1,271	\$2,192	\$10,848
52	\$15,888	\$11,352	-\$4,129	-\$3,265	-\$2,094	\$0	\$1,079	\$2,000	\$11,352
53	\$16,608	\$11,856	-\$4,345	-\$3,481	-\$2,310	\$0	\$863	\$1,784	\$11,856
54	\$17,376	\$12,408	-\$4,561	-\$3,697	-\$2,526	\$0	\$647	\$1,568	\$12,408
55	\$18,144	\$12,960	-\$4,777	-\$3,913	-\$2,742	\$0	\$431	\$1,352	\$12,960
56	\$18,984	\$13,560	-\$5,017	-\$4,153	-\$2,982	\$0	\$191	\$1,112	\$13,560
57	\$19,848	\$14,184	-\$5,257	-\$4,393	-\$3,222	\$0	\$0	\$872	\$14,184
58	\$20,736	\$14,832	-\$5,497	-\$4,633	-\$3,462	\$0	\$0	\$632	\$14,832
59	\$21,192	\$15,144	-\$5,641	-\$4,777	-\$3,606	\$0	\$0	\$488	\$15,144
60	\$22,080	\$15,792	-\$5,881	-\$5,017	-\$3,846	\$0	\$0	\$248	\$15,792
61	\$22,872	\$16,344	-\$6,121	-\$5,257	-\$4,086	\$0	\$0	\$8	\$16,344
62	\$23,376	\$16,704	-\$6,265	-\$5,401	-\$4,230	\$0	\$0	\$0	\$16,704
63	\$24,024	\$17,160	-\$6,457	-\$5,593	-\$4,422	\$0	\$0	\$0	\$17,160
64+	\$24,408	\$17,424	-\$6,577	-\$5,713	-\$4,542	\$0	\$0	\$0	\$17,424