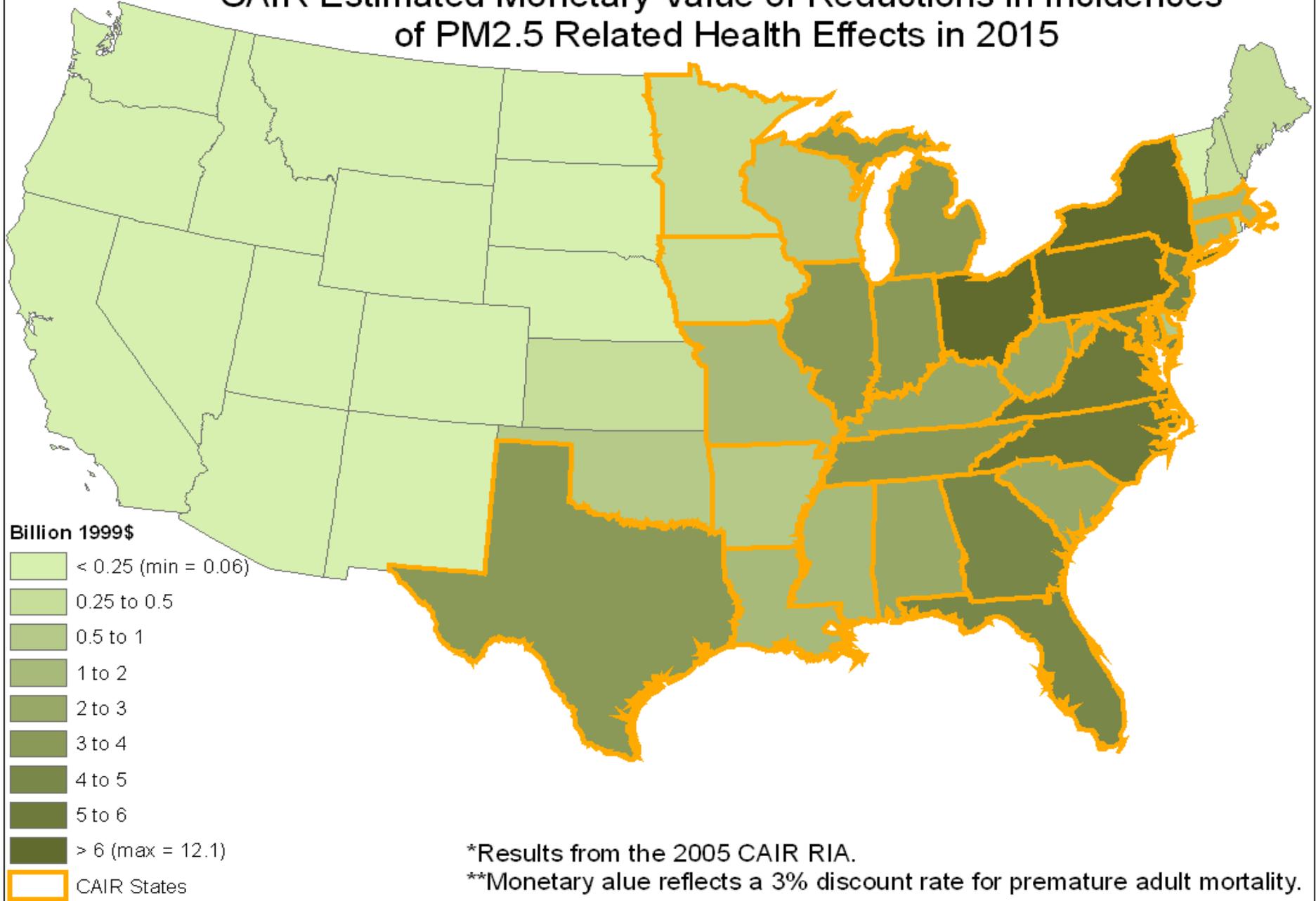


# CAIR Estimated Monetary Value of Reductions in Incidences of PM2.5 Related Health Effects in 2015



| State                   | 2010  |                                       |                   |                             | 2015  |                                       |                   |                             |
|-------------------------|---|---------------------------------------|-------------------|-----------------------------|---|---------------------------------------|-------------------|-----------------------------|
|                         | Incidences of<br>Premature Adult<br>Mortality Avoided | Valuation of Health Benefits (1999\$) |                   | Total Health<br>Based Value | Incidences of<br>Premature Adult<br>Mortality Avoided | Valuation of Health Benefits (1999\$) |                   | Total Health<br>Based Value |
|                         | Premature Adult<br>Mortality Avoided                  | Premature Adult<br>Mortality Avoided  | Morbidity Avoided | Total Health<br>Based Value | Premature Adult<br>Mortality Avoided                  | Premature Adult<br>Mortality Avoided  | Morbidity Avoided | Total Health<br>Based Value |
| <b>CAIR Region</b>      |   |                                       |                   |                             |   |                                       |                   |                             |
| Alabama                 | 280   | \$1,500,000,000                       | \$90,600,000      | \$1,590,000,000             | 430   | \$2,380,000,000                       | \$135,000,000     | \$2,520,000,000             |
| Arkansas                | 110   | \$567,000,000                         | \$32,900,000      | \$602,000,000               | 140   | \$775,000,000                         | \$43,100,000      | \$820,000,000               |
| Connecticut             | 170   | \$910,000,000                         | \$68,300,000      | \$980,000,000               | 210   | \$1,170,000,000                       | \$84,300,000      | \$1,260,000,000             |
| Delaware                | 91  | \$481,000,000                         | \$32,800,000      | \$515,000,000               | 120   | \$645,000,000                         | \$42,100,000      | \$689,000,000               |
| District of<br>Columbia | 64  | \$339,000,000                         | \$25,300,000      | \$366,000,000               | 80  | \$444,000,000                         | \$30,900,000      | \$476,000,000               |
| Florida                 | 460   | \$2,460,000,000                       | \$152,000,000     | \$2,620,000,000             | 760   | \$4,220,000,000                       | \$246,000,000     | \$4,470,000,000             |
| Georgia                 | 420   | \$2,240,000,000                       | \$167,000,000     | \$2,420,000,000             | 700   | \$3,880,000,000                       | \$272,000,000     | \$4,160,000,000             |
| Illinois                | 500   | \$2,640,000,000                       | \$192,000,000     | \$2,840,000,000             | 620   | \$3,430,000,000                       | \$239,000,000     | \$3,680,000,000             |
| Indiana                 | 440   | \$2,310,000,000                       | \$165,000,000     | \$2,490,000,000             | 530   | \$2,920,000,000                       | \$199,000,000     | \$3,130,000,000             |
| Iowa                    | 64  | \$342,000,000                         | \$23,900,000      | \$366,000,000               | 83  | \$460,000,000                         | \$31,200,000      | \$492,000,000               |
| Kentucky                | 380   | \$2,020,000,000                       | \$128,000,000     | \$2,160,000,000             | 500   | \$2,760,000,000                       | \$165,000,000     | \$2,930,000,000             |
| Louisiana               | 150   | \$771,000,000                         | \$48,000,000      | \$821,000,000               | 210   | \$1,170,000,000                       | \$68,700,000      | \$1,240,000,000             |
| Maryland                | 640   | \$3,390,000,000                       | \$242,000,000     | \$3,640,000,000             | 810   | \$4,530,000,000                       | \$304,000,000     | \$4,850,000,000             |
| Massachusetts           | 230   | \$1,200,000,000                       | \$91,900,000      | \$1,290,000,000             | 270   | \$1,530,000,000                       | \$112,000,000     | \$1,640,000,000             |
| Michigan                | 500   | \$2,650,000,000                       | \$197,000,000     | \$2,860,000,000             | 620   | \$3,430,000,000                       | \$243,000,000     | \$3,680,000,000             |
| Minnesota               | 58  | \$306,000,000                         | \$25,500,000      | \$333,000,000               | 72  | \$400,000,000                         | \$32,200,000      | \$433,000,000               |
| Mississippi             | 130   | \$665,000,000                         | \$39,400,000      | \$707,000,000               | 180   | \$1,010,000,000                       | \$56,900,000      | \$1,070,000,000             |
| Missouri                | 200   | \$1,070,000,000                       | \$71,000,000      | \$1,150,000,000             | 260   | \$1,470,000,000                       | \$94,500,000      | \$1,570,000,000             |
| New Jersey              | 670   | \$3,530,000,000                       | \$261,000,000     | \$3,800,000,000             | 830   | \$4,600,000,000                       | \$324,000,000     | \$4,940,000,000             |
| New York                | 1,200   | \$6,380,000,000                       | \$487,000,000     | \$6,880,000,000             | 1,500   | \$8,080,000,000                       | \$590,000,000     | \$8,680,000,000             |
| North Carolina          | 610   | \$3,220,000,000                       | \$216,000,000     | \$3,450,000,000             | 860   | \$4,780,000,000                       | \$301,000,000     | \$5,100,000,000             |
| Ohio                    | 1,200   | \$6,390,000,000                       | \$435,000,000     | \$6,840,000,000             | 1,500   | \$8,080,000,000                       | \$527,000,000     | \$8,630,000,000             |
| Pennsylvania            | 1,700   | \$8,860,000,000                       | \$577,000,000     | \$9,500,000,000             | 2,100   | \$11,400,000,000                      | \$712,000,000     | \$12,100,000,000            |
| South Carolina          | 280   | \$1,490,000,000                       | \$95,000,000      | \$1,590,000,000             | 440   | \$2,470,000,000                       | \$146,000,000     | \$2,620,000,000             |
| Tennessee               | 410   | \$2,180,000,000                       | \$136,000,000     | \$2,320,000,000             | 590   | \$3,260,000,000                       | \$192,000,000     | \$3,470,000,000             |
| Texas                   | 380   | \$2,020,000,000                       | \$158,000,000     | \$2,190,000,000             | 650   | \$3,620,000,000                       | \$269,000,000     | \$3,910,000,000             |
| Virginia                | 690   | \$3,670,000,000                       | \$268,000,000     | \$3,950,000,000             | 900   | \$4,990,000,000                       | \$340,000,000     | \$5,350,000,000             |
| West Virginia           | 290   | \$1,520,000,000                       | \$85,200,000      | \$1,600,000,000             | 350   | \$1,960,000,000                       | \$103,000,000     | \$2,070,000,000             |
| Wisconsin               | 120   | \$660,000,000                         | \$50,000,000      | \$712,000,000               | 160   | \$894,000,000                         | \$65,300,000      | \$960,000,000               |
| <b>Non-CAIR Region</b>  |   |                                       |                   |                             |   |                                       |                   |                             |
| Arizona                 | 5   | \$28,400,000                          | \$2,080,000       | \$30,600,000                | 10  | \$52,800,000                          | \$3,570,000       | \$56,500,000                |
| California              | 6   | \$29,300,000                          | \$2,420,000       | \$31,800,000                | 9   | \$51,400,000                          | \$3,970,000       | \$55,500,000                |
| Colorado                | 2   | \$9,800,000                           | \$824,000         | \$10,600,000                | 3   | \$15,200,000                          | \$1,220,000       | \$16,500,000                |
| Idaho                   | 0   | \$339,000                             | \$30,200          | \$370,000                   | 0   | \$153,000                             | \$11,300          | \$165,000                   |
| Kansas                  | 42  | \$221,000,000                         | \$15,900,000      | \$238,000,000               | 54  | \$299,000,000                         | \$20,900,000      | \$321,000,000               |
| Maine                   | 34  | \$181,000,000                         | \$13,000,000      | \$194,000,000               | 42  | \$235,000,000                         | \$16,100,000      | \$251,000,000               |
| Montana                 | 0   | \$1,010,000                           | \$58,900          | \$1,070,000                 | 0   | \$1,360,000                           | \$81,700          | \$1,440,000                 |

|                       |               |                         |                        |                         |               |                         |                        |                         |
|-----------------------|---------------|-------------------------|------------------------|-------------------------|---------------|-------------------------|------------------------|-------------------------|
| Nebraska              | 18            | \$95,000,000            | \$7,030,000            | \$102,000,000           | 22            | \$123,000,000           | \$8,890,000            | \$133,000,000           |
| Nevada                | 0             | \$1,180,000             | \$80,900               | \$1,270,000             | 1             | \$4,630,000             | \$303,000              | \$4,950,000             |
| New Hampshire         | 39            | \$206,000,000           | \$16,300,000           | \$223,000,000           | 49            | \$271,000,000           | \$20,600,000           | \$292,000,000           |
| New Mexico            | 3             | \$13,700,000            | \$976,000              | \$14,800,000            | 4             | \$22,200,000            | \$1,470,000            | \$23,800,000            |
| North Dakota          | 3             | \$16,700,000            | \$1,140,000            | \$17,800,000            | 3             | \$13,700,000            | \$902,000              | \$14,600,000            |
| Oklahoma              | 73            | \$387,000,000           | \$23,400,000           | \$412,000,000           | 110           | \$596,000,000           | \$34,400,000           | \$632,000,000           |
| Oregon                | 0             | \$1,320,000             | \$74,200               | \$1,390,000             | 0             | \$58,200                | \$4,370                | \$62,700                |
| Rhode Island          | 43            | \$226,000,000           | \$16,700,000           | \$243,000,000           | 52            | \$288,000,000           | \$20,500,000           | \$308,000,000           |
| South Dakota          | 5             | \$28,900,000            | \$2,130,000            | \$31,100,000            | 6             | \$33,200,000            | \$2,410,000            | \$35,700,000            |
| Utah                  | 0             | \$1,040,000             | \$104,000              | \$1,150,000             | 0             | \$2,420,000             | \$210,000              | \$2,640,000             |
| Vermont               | 23            | \$123,000,000           | \$9,360,000            | \$132,000,000           | 29            | \$164,000,000           | \$11,800,000           | \$176,000,000           |
| Washington            | 0             | \$1,250,000             | \$54,800               | \$1,310,000             | 0             | \$704,000               | \$65,000               | \$771,000               |
| Wyoming               | 0             | \$898,000               | \$64,500               | \$960,000               | 0             | \$1,060,000             | \$67,000               | \$1,130,000             |
| <b>National Total</b> | <b>13,000</b> | <b>\$67,400,000,000</b> | <b>\$4,670,000,000</b> | <b>\$72,000,000,000</b> | <b>17,000</b> | <b>\$93,000,000,000</b> | <b>\$6,120,000,000</b> | <b>\$99,000,000,000</b> |

PM2.5 related health benefits are presented from state level BenMAP results used in the development of the Clean Air Interstate Rule Regulatory Impact Analysis (RIA) published in March of 2005 (<http://www.epa.gov/cair/pdfs/finaltech08.pdf>).

The health benefits presented are a result of improvements in ambient PM2.5 concentration and do not include health benefits from decreases in ground-level ozone concentrations or welfare benefits from increased visibility or reductions in acid rain.

National totals may not precisely sum to those in the RIA because of the difference between national and state-level aggregation within BenMAP.

Valuation of premature adult mortality at 7% discount does not match the RIA due to an error in the discount rate used in the RIA.

The health effect incidence and valuation functions used in this analysis are the state of the science methods used in March of 2005. EPA has updated several key assumptions used in calculating health impacts since this time.

Valuation of acute myocardial infarction incidences avoided uses a 3% discount rate.

Valuation of premature adult mortality avoided uses a 3% discount rate.

## National

|  | 2010               |                  | 2015               |                  |
|--|--------------------|------------------|--------------------|------------------|
|  | Incidences Avoided | Value (1999\$)   | Incidences Avoided | Value (1999\$)   |
| Mortality, Adult                       | 13,000             |                  | 17,000             |                  |
| 3% Discount Rate                       |                    | \$67,400,000,000 |                    | \$93,000,000,000 |
| 7% Discount Rate                       |                    | \$60,700,000,000 |                    | \$84,000,000,000 |
| Mortality, Infant                      | 29                 | \$168,000,000    | 36                 | \$222,000,000    |
| Chronic Bronchitis                     | 6,900              | \$2,540,000,000  | 8,700              | \$3,390,000,000  |
| Acute Myocardial Infarction            | 17,000             | \$1,420,000,000  | 22,000             | \$1,850,000,000  |
| Hospital Admissions, Respiratory       | 4,400              | \$32,200,000     | 5,500              | \$42,000,000     |
| Hospital Admissions, Cardiovascular    | 3,800              | \$81,600,000     | 5,000              | \$106,000,000    |
| Emergency Room Visits, Respiratory     | 10,000             | \$2,800,000      | 13,000             | \$3,480,000      |
| Acute Bronchitis                       | 16,000             | \$5,480,000      | 20,000             | \$6,760,000      |
| Lower Respiratory Symptoms             | 190,000            | \$2,860,000      | 230,000            | \$3,530,000      |
| Upper Respiratory Symptoms             | 150,000            | \$3,460,000      | 180,000            | \$4,270,000      |
| Asthma Exacerbation                    | 240,000            | \$10,100,000     | 290,000            | \$12,200,000     |
| Work Loss Days                         | 1,400,000          | \$180,000,000    | 1,700,000          | \$219,000,000    |
| Minor restricted-activity days (MRADs) | 8,100,000          | \$395,000,000    | 9,900,000          | \$482,000,000    |
| <b>Total Value</b>                     |                    |                  |                    |                  |
| 3% Adult Mortality Discount            |                    | \$72,200,000,000 |                    | \$99,300,000,000 |
| 7% Adult Mortality Discount            |                    | \$65,500,000,000 |                    | \$90,300,000,000 |

PM2.5 related health benefits are presented from state level BenMAP results used in the development of the Clean Air Interstate Rule Regulatory Impact Analysis (RIA) published in March of 2005 (<http://www.epa.gov/cair/pdfs/finaltech08.pdf>).

The health benefits presented are a result of improvements in ambient PM2.5 concentration and do not include health benefits from decreases in ground-level ozone concentrations or welfare benefits from increased visibility or reductions in acid rain.

National totals may not precisely sum to those in the RIA because of the difference between national and state-level aggregation within BenMAP.

Valuation of premature adult mortality at 7% discount does not match the RIA due to an error in the discount rate used in the RIA.

The health effect incidence and valuation functions used in this analysis are the state of the science methods used in March of 2005. EPA has updated several key assumptions used in calculating health impacts since this time.

Valuation of acute myocardial infarction incidences avoided uses a 3% discount rate.

## CAIR Region

|  | 2010               |                  | 2015               |                  |
|--|--------------------|------------------|--------------------|------------------|
|  | Incidences Avoided | Value (1999\$)   | Incidences Avoided | Value (1999\$)   |
| Mortality, Adult                       | 12,000             |                  | 16,000             |                  |
| 3% Discount Rate                       |                    | \$65,800,000,000 |                    | \$91,000,000,000 |
| 7% Discount Rate                       |                    | \$59,300,000,000 |                    | \$82,000,000,000 |
| Mortality, Infant                      | 28                 | \$165,000,000    | 35                 | \$217,000,000    |
| Chronic Bronchitis                     | 6,800              | \$2,480,000,000  | 8,500              | \$3,310,000,000  |
| Acute Myocardial Infarction            | 17,000             | \$1,390,000,000  | 22,000             | \$1,800,000,000  |
| Hospital Admissions, Respiratory       | 4,300              | \$31,400,000     | 5,400              | \$41,000,000     |
| Hospital Admissions, Cardiovascular    | 3,800              | \$79,700,000     | 4,900              | \$104,000,000    |
| Emergency Room Visits, Respiratory     | 10,000             | \$2,750,000      | 12,000             | \$3,400,000      |
| Acute Bronchitis                       | 16,000             | \$5,350,000      | 19,000             | \$6,600,000      |
| Lower Respiratory Symptoms             | 190,000            | \$2,790,000      | 230,000            | \$3,440,000      |
| Upper Respiratory Symptoms             | 140,000            | \$3,380,000      | 180,000            | \$4,170,000      |
| Asthma Exacerbation                    | 240,000            | \$9,840,000      | 290,000            | \$11,900,000     |
| Work Loss Days                         | 1,300,000          | \$176,000,000    | 1,600,000          | \$214,000,000    |
| Minor restricted-activity days (MRADs) | 7,900,000          | \$385,000,000    | 9,600,000          | \$471,000,000    |
| <b>Total Value</b>                     |                    |                  |                    |                  |
| 3% Adult Mortality Discount            |                    | \$70,500,000,000 |                    | \$97,200,000,000 |
| 7% Adult Mortality Discount            |                    | \$64,000,000,000 |                    | \$88,200,000,000 |

PM2.5 related health benefits are presented from state level BenMAP results used in the development of the Clean Air Interstate Rule Regulatory Impact Analysis (RIA) published in March of 2005 (<http://www.epa.gov/cair/pdfs/finaltech08.pdf>).

The health benefits presented are a result of improvements in ambient PM2.5 concentration and do not include health benefits from decreases in ground-level ozone concentrations or welfare benefits from increased visibility or reductions in acid rain.

National totals may not precisely sum to those in the RIA because of the difference between national and state-level aggregation within BenMAP.

Valuation of premature adult mortality at 7% discount does not match the RIA due to an error in the discount rate used in the RIA.

The health effect incidence and valuation functions used in this analysis are the state of the science methods used in March of 2005. EPA has updated several key assumptions used in calculating health impacts since this time.

Valuation of acute myocardial infarction incidences avoided uses a 3% discount rate.

Non-CAIR Region

|  | 2010               |                 | 2015               |                 |
|--|--------------------|-----------------|--------------------|-----------------|
|  | Incidences Avoided | Value (1999\$)  | Incidences Avoided | Value (1999\$)  |
| Mortality, Adult                       | 300                |                 | 390                |                 |
| 3% Discount Rate                       |                    | \$1,570,000,000 |                    | \$2,170,000,000 |
| 7% Discount Rate                       |                    | \$1,420,000,000 |                    | \$1,960,000,000 |
| Mortality, Infant                      | 1                  | \$3,530,000     | 1                  | \$4,790,000     |
| Chronic Bronchitis                     | 160                | \$59,600,000    | 210                | \$80,200,000    |
| Acute Myocardial Infarction            | 430                | \$35,900,000    | 570                | \$47,100,000    |
| Hospital Admissions, Respiratory       | 110                | \$764,000       | 130                | \$999,000       |
| Hospital Admissions, Cardiovascular    | 92                 | \$1,940,000     | 120                | \$2,520,000     |
| Emergency Room Visits, Respiratory     | 210                | \$57,200        | 260                | \$71,200        |
| Acute Bronchitis                       | 370                | \$129,000       | 470                | \$160,000       |
| Lower Respiratory Symptoms             | 4,400              | \$66,900        | 5,500              | \$83,500        |
| Upper Respiratory Symptoms             | 3,400              | \$80,300        | 4,200              | \$100,000       |
| Asthma Exacerbation                    | 5,600              | \$233,000       | 6,900              | \$286,000       |
| Work Loss Days                         | 31,000             | \$3,840,000     | 38,000             | \$4,700,000     |
| Minor restricted-activity days (MRADs) | 190,000            | \$9,190,000     | 230,000            | \$11,200,000    |
| <b>Total Value</b>                     |                    |                 |                    |                 |
| 3% Adult Mortality Discount            |                    | \$1,690,000,000 |                    | \$2,320,000,000 |
| 7% Adult Mortality Discount            |                    | \$1,540,000,000 |                    | \$2,110,000,000 |

PM2.5 related health benefits are presented from state level BenMAP results used in the development of the Clean Air Interstate Rule Regulatory Impact Analysis (RIA) published in March of 2005 (<http://www.epa.gov/cair/pdfs/finaltech08.pdf>).

The health benefits presented are a result of improvements in ambient PM2.5 concentration and do not include health benefits from decreases in ground-level ozone concentrations or welfare benefits from increased visibility or reductions in acid rain.

National totals may not precisely sum to those in the RIA because of the difference between national and state-level aggregation within BenMAP.

Valuation of premature adult mortality at 7% discount does not match the RIA due to an error in the discount rate used in the RIA.

The health effect incidence and valuation functions used in this analysis are the state of the science methods used in March of 2005. EPA has updated several key assumptions used in calculating health impacts since this time.

Valuation of acute myocardial infarction incidences avoided uses a 3% discount rate.

## Alabama

|  | 2010               |                 | 2015               |                 |
|--|--------------------|-----------------|--------------------|-----------------|
|  | Incidences Avoided | Value (1999\$)  | Incidences Avoided | Value (1999\$)  |
| Mortality, Adult                       | 280                |                 | 430                |                 |
| 3% Discount Rate                       |                    | \$1,500,000,000 |                    | \$2,380,000,000 |
| 7% Discount Rate                       |                    | \$1,350,000,000 |                    | \$2,140,000,000 |
| Mortality, Infant                      | 1                  | \$4,740,000     | 1                  | \$7,010,000     |
| Chronic Bronchitis                     | 140                | \$51,700,000    | 200                | \$78,600,000    |
| Acute Myocardial Infarction            | 310                | \$25,100,000    | 460                | \$37,700,000    |
| Hospital Admissions, Respiratory       | 78                 | \$613,000       | 110                | \$925,000       |
| Hospital Admissions, Cardiovascular    | 78                 | \$1,640,000     | 120                | \$2,450,000     |
| Emergency Room Visits, Respiratory     | 220                | \$60,400        | 310                | \$84,800        |
| Acute Bronchitis                       | 330                | \$112,000       | 460                | \$157,000       |
| Lower Respiratory Symptoms             | 3,900              | \$58,700        | 5,400              | \$82,100        |
| Upper Respiratory Symptoms             | 3,000              | \$70,800        | 4,200              | \$99,300        |
| Asthma Exacerbation                    | 4,900              | \$203,000       | 6,800              | \$281,000       |
| Work Loss Days                         | 27,000             | \$3,080,000     | 37,000             | \$4,260,000     |
| Minor restricted-activity days (MRADs) | 160,000            | \$7,850,000     | 220,000            | \$10,900,000    |
| <b>Total Value</b>                     |                    |                 |                    |                 |
| 3% Adult Mortality Discount            |                    | \$1,600,000,000 |                    | \$2,520,000,000 |
| 7% Adult Mortality Discount            |                    | \$1,450,000,000 |                    | \$2,280,000,000 |

PM2.5 related health benefits are presented from state level BenMAP results used in the development of the Clean Air Interstate Rule Regulatory Impact Analysis (RIA) published in March of 2005 (<http://www.epa.gov/cair/pdfs/finaltech08.pdf>).

The health benefits presented are a result of improvements in ambient PM2.5 concentration and do not include health benefits from decreases in ground-level ozone concentrations or welfare benefits from increased visibility or reductions in acid rain.

National totals may not precisely sum to those in the RIA because of the difference between national and state-level aggregation within BenMAP.

Valuation of premature adult mortality at 7% discount does not match the RIA due to an error in the discount rate used in the RIA.

The health effect incidence and valuation functions used in this analysis are the state of the science methods used in March of 2005. EPA has updated several key assumptions used in calculating health impacts since this time.

Valuation of acute myocardial infarction incidences avoided uses a 3% discount rate.

## Arkansas

|  | 2010               |                | 2015               |                |
|--|--------------------|----------------|--------------------|----------------|
|  | Incidences Avoided | Value (1999\$) | Incidences Avoided | Value (1999\$) |
| Mortality, Adult                       | 110                |                | 140                |                |
| 3% Discount Rate                       |                    | \$567,000,000  |                    | \$775,000,000  |
| 7% Discount Rate                       |                    | \$511,000,000  |                    | \$698,000,000  |
| Mortality, Infant                      | 0                  | \$1,850,000    | 0                  | \$2,450,000    |
| Chronic Bronchitis                     | 51                 | \$18,700,000   | 64                 | \$25,000,000   |
| Acute Myocardial Infarction            | 110                | \$9,330,000    | 150                | \$12,100,000   |
| Hospital Admissions, Respiratory       | 29                 | \$230,000      | 37                 | \$301,000      |
| Hospital Admissions, Cardiovascular    | 29                 | \$604,000      | 37                 | \$776,000      |
| Emergency Room Visits, Respiratory     | 83                 | \$22,900       | 100                | \$28,500       |
| Acute Bronchitis                       | 120                | \$42,900       | 150                | \$52,800       |
| Lower Respiratory Symptoms             | 1,500              | \$22,400       | 1,800              | \$27,500       |
| Upper Respiratory Symptoms             | 1,100              | \$26,900       | 1,400              | \$33,100       |
| Asthma Exacerbation                    | 1,900              | \$77,300       | 2,300              | \$94,700       |
| Work Loss Days                         | 9,700              | \$1,000,000    | 12,000             | \$1,220,000    |
| Minor restricted-activity days (MRADs) | 58,000             | \$2,830,000    | 71,000             | \$3,450,000    |
| <b>Total Value</b>                     |                    |                |                    |                |
| 3% Adult Mortality Discount            |                    | \$602,000,000  |                    | \$821,000,000  |
| 7% Adult Mortality Discount            |                    | \$546,000,000  |                    | \$744,000,000  |

PM2.5 related health benefits are presented from state level BenMAP results used in the development of the Clean Air Interstate Rule Regulatory Impact Analysis (RIA) published in March of 2005 (<http://www.epa.gov/cair/pdfs/finaltech08.pdf>).

The health benefits presented are a result of improvements in ambient PM2.5 concentration and do not include health benefits from decreases in ground-level ozone concentrations or welfare benefits from increased visibility or reductions in acid rain.

National totals may not precisely sum to those in the RIA because of the difference between national and state-level aggregation within BenMAP.

Valuation of premature adult mortality at 7% discount does not match the RIA due to an error in the discount rate used in the RIA.

The health effect incidence and valuation functions used in this analysis are the state of the science methods used in March of 2005. EPA has updated several key assumptions used in calculating health impacts since this time.

Valuation of acute myocardial infarction incidences avoided uses a 3% discount rate.

Connecticut

|  | 2010               |                | 2015               |                 |
|--|--------------------|----------------|--------------------|-----------------|
|  | Incidences Avoided | Value (1999\$) | Incidences Avoided | Value (1999\$)  |
| Mortality, Adult                       | 170                |                | 210                |                 |
| 3% Discount Rate                       |                    | \$910,000,000  |                    | \$1,170,000,000 |
| 7% Discount Rate                       |                    | \$820,000,000  |                    | \$1,060,000,000 |
| Mortality, Infant                      | 0                  | \$1,580,000    | 0                  | \$1,950,000     |
| Chronic Bronchitis                     | 94                 | \$34,500,000   | 110                | \$43,100,000    |
| Acute Myocardial Infarction            | 290                | \$23,600,000   | 350                | \$29,200,000    |
| Hospital Admissions, Respiratory       | 72                 | \$498,000      | 85                 | \$606,000       |
| Hospital Admissions, Cardiovascular    | 60                 | \$1,280,000    | 74                 | \$1,580,000     |
| Emergency Room Visits, Respiratory     | 91                 | \$25,100       | 110                | \$28,900        |
| Acute Bronchitis                       | 220                | \$75,100       | 250                | \$86,600        |
| Lower Respiratory Symptoms             | 2,600              | \$39,200       | 3,000              | \$45,100        |
| Upper Respiratory Symptoms             | 2,000              | \$47,200       | 2,300              | \$54,400        |
| Asthma Exacerbation                    | 3,300              | \$139,000      | 3,800              | \$157,000       |
| Work Loss Days                         | 18,000             | \$2,900,000    | 21,000             | \$3,340,000     |
| Minor restricted-activity days (MRADs) | 110,000            | \$5,290,000    | 120,000            | \$6,100,000     |
| <b>Total Value</b>                     |                    |                |                    |                 |
| 3% Adult Mortality Discount            |                    | \$980,000,000  |                    | \$1,260,000,000 |
| 7% Adult Mortality Discount            |                    | \$890,000,000  |                    | \$1,150,000,000 |

PM2.5 related health benefits are presented from state level BenMAP results used in the development of the Clean Air Interstate Rule Regulatory Impact Analysis (RIA) published in March of 2005 (<http://www.epa.gov/cair/pdfs/finaltech08.pdf>).

The health benefits presented are a result of improvements in ambient PM2.5 concentration and do not include health benefits from decreases in ground-level ozone concentrations or welfare benefits from increased visibility or reductions in acid rain.

National totals may not precisely sum to those in the RIA because of the difference between national and state-level aggregation within BenMAP.

Valuation of premature adult mortality at 7% discount does not match the RIA due to an error in the discount rate used in the RIA.

The health effect incidence and valuation functions used in this analysis are the state of the science methods used in March of 2005. EPA has updated several key assumptions used in calculating health impacts since this time.

Valuation of acute myocardial infarction incidences avoided uses a 3% discount rate.

District of Columbia

|  | 2010               |                | 2015               |                |
|--|--------------------|----------------|--------------------|----------------|
|  | Incidences Avoided | Value (1999\$) | Incidences Avoided | Value (1999\$) |
| Mortality, Adult                       | 64                 |                | 80                 |                |
| 3% Discount Rate                       |                    | \$339,000,000  |                    | \$444,000,000  |
| 7% Discount Rate                       |                    | \$305,000,000  |                    | \$400,000,000  |
| Mortality, Infant                      | 0                  | \$996,000      | 0                  | \$1,200,000    |
| Chronic Bronchitis                     | 39                 | \$14,400,000   | 46                 | \$17,900,000   |
| Acute Myocardial Infarction            | 79                 | \$6,480,000    | 97                 | \$7,970,000    |
| Hospital Admissions, Respiratory       | 21                 | \$161,000      | 25                 | \$199,000      |
| Hospital Admissions, Cardiovascular    | 21                 | \$442,000      | 25                 | \$542,000      |
| Emergency Room Visits, Respiratory     | 56                 | \$15,500       | 64                 | \$17,600       |
| Acute Bronchitis                       | 77                 | \$26,600       | 89                 | \$30,500       |
| Lower Respiratory Symptoms             | 920                | \$13,900       | 1,100              | \$15,900       |
| Upper Respiratory Symptoms             | 710                | \$16,800       | 810                | \$19,400       |
| Asthma Exacerbation                    | 1,200              | \$50,100       | 1,400              | \$56,000       |
| Work Loss Days                         | 8,100              | \$1,380,000    | 9,200              | \$1,560,000    |
| Minor restricted-activity days (MRADs) | 48,000             | \$2,340,000    | 55,000             | \$2,670,000    |
| <b>Total Value</b>                     |                    |                |                    |                |
| 3% Adult Mortality Discount            |                    | \$365,000,000  |                    | \$476,000,000  |
| 7% Adult Mortality Discount            |                    | \$331,000,000  |                    | \$432,000,000  |

PM2.5 related health benefits are presented from state level BenMAP results used in the development of the Clean Air Interstate Rule Regulatory Impact Analysis (RIA) published in March of 2005 (<http://www.epa.gov/cair/pdfs/finaltech08.pdf>).

The health benefits presented are a result of improvements in ambient PM2.5 concentration and do not include health benefits from decreases in ground-level ozone concentrations or welfare benefits from increased visibility or reductions in acid rain.

National totals may not precisely sum to those in the RIA because of the difference between national and state-level aggregation within BenMAP.

Valuation of premature adult mortality at 7% discount does not match the RIA due to an error in the discount rate used in the RIA.

The health effect incidence and valuation functions used in this analysis are the state of the science methods used in March of 2005. EPA has updated several key assumptions used in calculating health impacts since this time.

Valuation of acute myocardial infarction incidences avoided uses a 3% discount rate.

Delaware

|  | 2010               |                | 2015               |                |
|--|--------------------|----------------|--------------------|----------------|
|  | Incidences Avoided | Value (1999\$) | Incidences Avoided | Value (1999\$) |
| Mortality, Adult                       | 91                 |                | 120                |                |
| 3% Discount Rate                       |                    | \$481,000,000  |                    | \$645,000,000  |
| 7% Discount Rate                       |                    | \$433,000,000  |                    | \$581,000,000  |
| Mortality, Infant                      | 0                  | \$1,260,000    | 0                  | \$1,580,000    |
| Chronic Bronchitis                     | 50                 | \$18,400,000   | 62                 | \$24,000,000   |
| Acute Myocardial Infarction            | 110                | \$9,270,000    | 140                | \$11,900,000   |
| Hospital Admissions, Respiratory       | 30                 | \$223,000      | 37                 | \$285,000      |
| Hospital Admissions, Cardiovascular    | 28                 | \$590,000      | 35                 | \$755,000      |
| Emergency Room Visits, Respiratory     | 74                 | \$20,500       | 89                 | \$24,400       |
| Acute Bronchitis                       | 110                | \$39,600       | 140                | \$47,400       |
| Lower Respiratory Symptoms             | 1,400              | \$20,700       | 1,600              | \$24,800       |
| Upper Respiratory Symptoms             | 1,100              | \$25,100       | 1,300              | \$30,200       |
| Asthma Exacerbation                    | 1,700              | \$72,300       | 2,100              | \$85,100       |
| Work Loss Days                         | 9,700              | \$1,320,000    | 12,000             | \$1,570,000    |
| Minor restricted-activity days (MRADs) | 58,000             | \$2,840,000    | 69,000             | \$3,390,000    |
| <b>Total Value</b>                     |                    |                |                    |                |
| 3% Adult Mortality Discount            |                    | \$515,000,000  |                    | \$689,000,000  |
| 7% Adult Mortality Discount            |                    | \$467,000,000  |                    | \$625,000,000  |

PM2.5 related health benefits are presented from state level BenMAP results used in the development of the Clean Air Interstate Rule Regulatory Impact Analysis (RIA) published in March of 2005 (<http://www.epa.gov/cair/pdfs/finaltech08.pdf>).

The health benefits presented are a result of improvements in ambient PM2.5 concentration and do not include health benefits from decreases in ground-level ozone concentrations or welfare benefits from increased visibility or reductions in acid rain.

National totals may not precisely sum to those in the RIA because of the difference between national and state-level aggregation within BenMAP.

Valuation of premature adult mortality at 7% discount does not match the RIA due to an error in the discount rate used in the RIA.

The health effect incidence and valuation functions used in this analysis are the state of the science methods used in March of 2005. EPA has updated several key assumptions used in calculating health impacts since this time.

Valuation of acute myocardial infarction incidences avoided uses a 3% discount rate.

Florida

|  | 2010               |                 | 2015               |                 |
|--|--------------------|-----------------|--------------------|-----------------|
|  | Incidences Avoided | Value (1999\$)  | Incidences Avoided | Value (1999\$)  |
| Mortality, Adult                       | 460                |                 | 760                |                 |
| 3% Discount Rate                       |                    | \$2,460,000,000 |                    | \$4,220,000,000 |
| 7% Discount Rate                       |                    | \$2,220,000,000 |                    | \$3,800,000,000 |
| Mortality, Infant                      | 1                  | \$5,050,000     | 1                  | \$8,350,000     |
| Chronic Bronchitis                     | 230                | \$84,500,000    | 360                | \$140,000,000   |
| Acute Myocardial Infarction            | 570                | \$45,300,000    | 910                | \$72,900,000    |
| Hospital Admissions, Respiratory       | 130                | \$1,120,000     | 200                | \$1,810,000     |
| Hospital Admissions, Cardiovascular    | 140                | \$2,950,000     | 230                | \$4,740,000     |
| Emergency Room Visits, Respiratory     | 320                | \$87,600        | 480                | \$132,000       |
| Acute Bronchitis                       | 470                | \$163,000       | 710                | \$245,000       |
| Lower Respiratory Symptoms             | 5,600              | \$85,100        | 8,500              | \$128,000       |
| Upper Respiratory Symptoms             | 4,300              | \$102,000       | 6,400              | \$153,000       |
| Asthma Exacerbation                    | 7,300              | \$301,000       | 11,000             | \$445,000       |
| Work Loss Days                         | 42,000             | \$4,830,000     | 63,000             | \$7,310,000     |
| Minor restricted-activity days (MRADs) | 250,000            | \$12,200,000    | 380,000            | \$18,400,000    |
| <b>Total Value</b>                     |                    |                 |                    |                 |
| 3% Adult Mortality Discount            |                    | \$2,620,000,000 |                    | \$4,470,000,000 |
| 7% Adult Mortality Discount            |                    | \$2,380,000,000 |                    | \$4,050,000,000 |

PM2.5 related health benefits are presented from state level BenMAP results used in the development of the Clean Air Interstate Rule Regulatory Impact Analysis (RIA) published in March of 2005 (<http://www.epa.gov/cair/pdfs/finaltech08.pdf>).

The health benefits presented are a result of improvements in ambient PM2.5 concentration and do not include health benefits from decreases in ground-level ozone concentrations or welfare benefits from increased visibility or reductions in acid rain.

National totals may not precisely sum to those in the RIA because of the difference between national and state-level aggregation within BenMAP.

Valuation of premature adult mortality at 7% discount does not match the RIA due to an error in the discount rate used in the RIA.

The health effect incidence and valuation functions used in this analysis are the state of the science methods used in March of 2005. EPA has updated several key assumptions used in calculating health impacts since this time.

Valuation of acute myocardial infarction incidences avoided uses a 3% discount rate.

Georgia

|  | 2010               |                 | 2015               |                 |
|--|--------------------|-----------------|--------------------|-----------------|
|  | Incidences Avoided | Value (1999\$)  | Incidences Avoided | Value (1999\$)  |
| Mortality, Adult                       | 420                |                 | 700                |                 |
| 3% Discount Rate                       |                    | \$2,240,000,000 |                    | \$3,870,000,000 |
| 7% Discount Rate                       |                    | \$2,020,000,000 |                    | \$3,490,000,000 |
| Mortality, Infant                      | 1                  | \$8,060,000     | 2                  | \$13,000,000    |
| Chronic Bronchitis                     | 270                | \$97,700,000    | 420                | \$161,000,000   |
| Acute Myocardial Infarction            | 490                | \$41,400,000    | 800                | \$67,200,000    |
| Hospital Admissions, Respiratory       | 140                | \$1,030,000     | 230                | \$1,690,000     |
| Hospital Admissions, Cardiovascular    | 130                | \$2,770,000     | 210                | \$4,470,000     |
| Emergency Room Visits, Respiratory     | 470                | \$130,000       | 730                | \$201,000       |
| Acute Bronchitis                       | 700                | \$240,000       | 1,100              | \$367,000       |
| Lower Respiratory Symptoms             | 8,300              | \$125,000       | 13,000             | \$192,000       |
| Upper Respiratory Symptoms             | 6,300              | \$151,000       | 9,700              | \$232,000       |
| Asthma Exacerbation                    | 10,000             | \$431,000       | 16,000             | \$658,000       |
| Work Loss Days                         | 56,000             | \$7,200,000     | 85,000             | \$11,000,000    |
| Minor restricted-activity days (MRADs) | 330,000            | \$16,100,000    | 500,000            | \$24,400,000    |
| <b>Total Value</b>                     |                    |                 |                    |                 |
| 3% Adult Mortality Discount            |                    | \$2,420,000,000 |                    | \$4,150,000,000 |
| 7% Adult Mortality Discount            |                    | \$2,200,000,000 |                    | \$3,770,000,000 |

PM2.5 related health benefits are presented from state level BenMAP results used in the development of the Clean Air Interstate Rule Regulatory Impact Analysis (RIA) published in March of 2005 (<http://www.epa.gov/cair/pdfs/finaltech08.pdf>).

The health benefits presented are a result of improvements in ambient PM2.5 concentration and do not include health benefits from decreases in ground-level ozone concentrations or welfare benefits from increased visibility or reductions in acid rain.

National totals may not precisely sum to those in the RIA because of the difference between national and state-level aggregation within BenMAP.

Valuation of premature adult mortality at 7% discount does not match the RIA due to an error in the discount rate used in the RIA.

The health effect incidence and valuation functions used in this analysis are the state of the science methods used in March of 2005. EPA has updated several key assumptions used in calculating health impacts since this time.

Valuation of acute myocardial infarction incidences avoided uses a 3% discount rate.

Iowa

|  | 2010               |                | 2015               |                |
|--|--------------------|----------------|--------------------|----------------|
|  | Incidences Avoided | Value (1999\$) | Incidences Avoided | Value (1999\$) |
| Mortality, Adult                       | 64                 |                | 83                 |                |
| 3% Discount Rate                       |                    | \$342,000,000  |                    | \$460,000,000  |
| 7% Discount Rate                       |                    | \$308,000,000  |                    | \$414,000,000  |
| Mortality, Infant                      | 0                  | \$676,000      | 0                  | \$887,000      |
| Chronic Bronchitis                     | 35                 | \$12,700,000   | 43                 | \$16,900,000   |
| Acute Myocardial Infarction            | 95                 | \$7,810,000    | 120                | \$10,200,000   |
| Hospital Admissions, Respiratory       | 21                 | \$169,000      | 27                 | \$221,000      |
| Hospital Admissions, Cardiovascular    | 19                 | \$393,000      | 24                 | \$506,000      |
| Emergency Room Visits, Respiratory     | 63                 | \$17,400       | 77                 | \$21,300       |
| Acute Bronchitis                       | 79                 | \$27,300       | 97                 | \$33,300       |
| Lower Respiratory Symptoms             | 950                | \$14,200       | 1,100              | \$17,300       |
| Upper Respiratory Symptoms             | 720                | \$17,100       | 870                | \$20,800       |
| Asthma Exacerbation                    | 1,200              | \$49,700       | 1,400              | \$59,800       |
| Work Loss Days                         | 6,600              | \$770,000      | 7,900              | \$933,000      |
| Minor restricted-activity days (MRADs) | 39,000             | \$1,920,000    | 47,000             | \$2,320,000    |
| <b>Total Value</b>                     |                    |                |                    |                |
| 3% Adult Mortality Discount            |                    | \$367,000,000  |                    | \$492,000,000  |
| 7% Adult Mortality Discount            |                    | \$333,000,000  |                    | \$446,000,000  |

PM2.5 related health benefits are presented from state level BenMAP results used in the development of the Clean Air Interstate Rule Regulatory Impact Analysis (RIA) published in March of 2005 (<http://www.epa.gov/cair/pdfs/finaltech08.pdf>).

The health benefits presented are a result of improvements in ambient PM2.5 concentration and do not include health benefits from decreases in ground-level ozone concentrations or welfare benefits from increased visibility or reductions in acid rain.

National totals may not precisely sum to those in the RIA because of the difference between national and state-level aggregation within BenMAP.

Valuation of premature adult mortality at 7% discount does not match the RIA due to an error in the discount rate used in the RIA.

The health effect incidence and valuation functions used in this analysis are the state of the science methods used in March of 2005. EPA has updated several key assumptions used in calculating health impacts since this time.

Valuation of acute myocardial infarction incidences avoided uses a 3% discount rate.

Illinois

|  | 2010               |                 | 2015               |                 |
|--|--------------------|-----------------|--------------------|-----------------|
|  | Incidences Avoided | Value (1999\$)  | Incidences Avoided | Value (1999\$)  |
| Mortality, Adult                       | 500                |                 | 620                |                 |
| 3% Discount Rate                       |                    | \$2,640,000,000 |                    | \$3,430,000,000 |
| 7% Discount Rate                       |                    | \$2,380,000,000 |                    | \$3,090,000,000 |
| Mortality, Infant                      | 1                  | \$8,210,000     | 2                  | \$10,200,000    |
| Chronic Bronchitis                     | 280                | \$104,000,000   | 340                | \$131,000,000   |
| Acute Myocardial Infarction            | 700                | \$58,300,000    | 870                | \$72,900,000    |
| Hospital Admissions, Respiratory       | 170                | \$1,310,000     | 210                | \$1,620,000     |
| Hospital Admissions, Cardiovascular    | 140                | \$2,960,000     | 170                | \$3,670,000     |
| Emergency Room Visits, Respiratory     | 560                | \$155,000       | 650                | \$179,000       |
| Acute Bronchitis                       | 700                | \$240,000       | 810                | \$278,000       |
| Lower Respiratory Symptoms             | 8,300              | \$125,000       | 9,600              | \$145,000       |
| Upper Respiratory Symptoms             | 6,300              | \$151,000       | 7,300              | \$175,000       |
| Asthma Exacerbation                    | 11,000             | \$441,000       | 12,000             | \$500,000       |
| Work Loss Days                         | 56,000             | \$7,950,000     | 66,000             | \$9,270,000     |
| Minor restricted-activity days (MRADs) | 340,000            | \$16,400,000    | 390,000            | \$19,100,000    |
| <b>Total Value</b>                     |                    |                 |                    |                 |
| 3% Adult Mortality Discount            |                    | \$2,840,000,000 |                    | \$3,680,000,000 |
| 7% Adult Mortality Discount            |                    | \$2,580,000,000 |                    | \$3,340,000,000 |

PM2.5 related health benefits are presented from state level BenMAP results used in the development of the Clean Air Interstate Rule Regulatory Impact Analysis (RIA) published in March of 2005 (<http://www.epa.gov/cair/pdfs/finaltech08.pdf>).

The health benefits presented are a result of improvements in ambient PM2.5 concentration and do not include health benefits from decreases in ground-level ozone concentrations or welfare benefits from increased visibility or reductions in acid rain.

National totals may not precisely sum to those in the RIA because of the difference between national and state-level aggregation within BenMAP.

Valuation of premature adult mortality at 7% discount does not match the RIA due to an error in the discount rate used in the RIA.

The health effect incidence and valuation functions used in this analysis are the state of the science methods used in March of 2005. EPA has updated several key assumptions used in calculating health impacts since this time.

Valuation of acute myocardial infarction incidences avoided uses a 3% discount rate.

Indiana

|  | 2010               |                 | 2015               |                 |
|--|--------------------|-----------------|--------------------|-----------------|
|  | Incidences Avoided | Value (1999\$)  | Incidences Avoided | Value (1999\$)  |
| Mortality, Adult                       | 440                |                 | 530                |                 |
| 3% Discount Rate                       |                    | \$2,310,000,000 |                    | \$2,920,000,000 |
| 7% Discount Rate                       |                    | \$2,080,000,000 |                    | \$2,630,000,000 |
| Mortality, Infant                      | 1                  | \$7,010,000     | 1                  | \$8,480,000     |
| Chronic Bronchitis                     | 240                | \$89,500,000    | 280                | \$110,000,000   |
| Acute Myocardial Infarction            | 600                | \$50,300,000    | 730                | \$61,000,000    |
| Hospital Admissions, Respiratory       | 150                | \$1,130,000     | 180                | \$1,370,000     |
| Hospital Admissions, Cardiovascular    | 120                | \$2,530,000     | 140                | \$3,050,000     |
| Emergency Room Visits, Respiratory     | 490                | \$133,000       | 550                | \$151,000       |
| Acute Bronchitis                       | 600                | \$206,000       | 680                | \$233,000       |
| Lower Respiratory Symptoms             | 7,200              | \$108,000       | 8,100              | \$121,000       |
| Upper Respiratory Symptoms             | 5,500              | \$131,000       | 6,200              | \$147,000       |
| Asthma Exacerbation                    | 9,100              | \$378,000       | 10,000             | \$421,000       |
| Work Loss Days                         | 48,000             | \$6,150,000     | 54,000             | \$6,900,000     |
| Minor restricted-activity days (MRADs) | 290,000            | \$14,100,000    | 320,000            | \$15,800,000    |
| <b>Total Value</b>                     |                    |                 |                    |                 |
| 3% Adult Mortality Discount            |                    | \$2,480,000,000 |                    | \$3,130,000,000 |
| 7% Adult Mortality Discount            |                    | \$2,250,000,000 |                    | \$2,840,000,000 |

PM2.5 related health benefits are presented from state level BenMAP results used in the development of the Clean Air Interstate Rule Regulatory Impact Analysis (RIA) published in March of 2005 (<http://www.epa.gov/cair/pdfs/finaltech08.pdf>).

The health benefits presented are a result of improvements in ambient PM2.5 concentration and do not include health benefits from decreases in ground-level ozone concentrations or welfare benefits from increased visibility or reductions in acid rain.

National totals may not precisely sum to those in the RIA because of the difference between national and state-level aggregation within BenMAP.

Valuation of premature adult mortality at 7% discount does not match the RIA due to an error in the discount rate used in the RIA.

The health effect incidence and valuation functions used in this analysis are the state of the science methods used in March of 2005. EPA has updated several key assumptions used in calculating health impacts since this time.

Valuation of acute myocardial infarction incidences avoided uses a 3% discount rate.

Kentucky

|  | 2010               |                 | 2015               |                 |
|--|--------------------|-----------------|--------------------|-----------------|
|  | Incidences Avoided | Value (1999\$)  | Incidences Avoided | Value (1999\$)  |
| Mortality, Adult                       | 380                |                 | 500                |                 |
| 3% Discount Rate                       |                    | \$2,020,000,000 |                    | \$2,760,000,000 |
| 7% Discount Rate                       |                    | \$1,820,000,000 |                    | \$2,480,000,000 |
| Mortality, Infant                      | 1                  | \$5,260,000     | 1                  | \$6,770,000     |
| Chronic Bronchitis                     | 200                | \$73,100,000    | 250                | \$95,500,000    |
| Acute Myocardial Infarction            | 430                | \$35,500,000    | 550                | \$45,700,000    |
| Hospital Admissions, Respiratory       | 110                | \$858,000       | 140                | \$1,110,000     |
| Hospital Admissions, Cardiovascular    | 110                | \$2,260,000     | 140                | \$2,870,000     |
| Emergency Room Visits, Respiratory     | 310                | \$86,400        | 380                | \$104,000       |
| Acute Bronchitis                       | 450                | \$155,000       | 540                | \$186,000       |
| Lower Respiratory Symptoms             | 5,400              | \$80,700        | 6,400              | \$97,000        |
| Upper Respiratory Symptoms             | 4,100              | \$97,900        | 4,900              | \$118,000       |
| Asthma Exacerbation                    | 6,800              | \$282,000       | 8,100              | \$335,000       |
| Work Loss Days                         | 39,000             | \$4,400,000     | 46,000             | \$5,220,000     |
| Minor restricted-activity days (MRADs) | 230,000            | \$11,300,000    | 270,000            | \$13,400,000    |
| <b>Total Value</b>                     |                    |                 |                    |                 |
| 3% Adult Mortality Discount            |                    | \$2,150,000,000 |                    | \$2,930,000,000 |
| 7% Adult Mortality Discount            |                    | \$1,950,000,000 |                    | \$2,650,000,000 |

PM2.5 related health benefits are presented from state level BenMAP results used in the development of the Clean Air Interstate Rule Regulatory Impact Analysis (RIA) published in March of 2005 (<http://www.epa.gov/cair/pdfs/finaltech08.pdf>).

The health benefits presented are a result of improvements in ambient PM2.5 concentration and do not include health benefits from decreases in ground-level ozone concentrations or welfare benefits from increased visibility or reductions in acid rain.

National totals may not precisely sum to those in the RIA because of the difference between national and state-level aggregation within BenMAP.

Valuation of premature adult mortality at 7% discount does not match the RIA due to an error in the discount rate used in the RIA.

The health effect incidence and valuation functions used in this analysis are the state of the science methods used in March of 2005. EPA has updated several key assumptions used in calculating health impacts since this time.

Valuation of acute myocardial infarction incidences avoided uses a 3% discount rate.

## Louisiana

|  | 2010               |                | 2015               |                 |
|--|--------------------|----------------|--------------------|-----------------|
|  | Incidences Avoided | Value (1999\$) | Incidences Avoided | Value (1999\$)  |
| Mortality, Adult                       | 150                |                | 210                |                 |
| 3% Discount Rate                       |                    | \$771,000,000  |                    | \$1,170,000,000 |
| 7% Discount Rate                       |                    | \$694,000,000  |                    | \$1,060,000,000 |
| Mortality, Infant                      | 0                  | \$2,630,000    | 1                  | \$3,710,000     |
| Chronic Bronchitis                     | 75                 | \$27,500,000   | 100                | \$40,100,000    |
| Acute Myocardial Infarction            | 160                | \$13,100,000   | 230                | \$18,700,000    |
| Hospital Admissions, Respiratory       | 42                 | \$321,000      | 59                 | \$462,000       |
| Hospital Admissions, Cardiovascular    | 40                 | \$847,000      | 57                 | \$1,200,000     |
| Emergency Room Visits, Respiratory     | 130                | \$35,100       | 170                | \$46,800        |
| Acute Bronchitis                       | 190                | \$65,700       | 250                | \$87,500        |
| Lower Respiratory Symptoms             | 2,300              | \$34,200       | 3,000              | \$45,600        |
| Upper Respiratory Symptoms             | 1,700              | \$41,200       | 2,300              | \$54,800        |
| Asthma Exacerbation                    | 2,900              | \$118,000      | 3,700              | \$155,000       |
| Work Loss Days                         | 15,000             | \$1,670,000    | 20,000             | \$2,210,000     |
| Minor restricted-activity days (MRADs) | 88,000             | \$4,300,000    | 120,000            | \$5,680,000     |
| <b>Total Value</b>                     |                    |                |                    |                 |
| 3% Adult Mortality Discount            |                    | \$822,000,000  |                    | \$1,240,000,000 |
| 7% Adult Mortality Discount            |                    | \$745,000,000  |                    | \$1,130,000,000 |

PM2.5 related health benefits are presented from state level BenMAP results used in the development of the Clean Air Interstate Rule Regulatory Impact Analysis (RIA) published in March of 2005 (<http://www.epa.gov/cair/pdfs/finaltech08.pdf>).

The health benefits presented are a result of improvements in ambient PM2.5 concentration and do not include health benefits from decreases in ground-level ozone concentrations or welfare benefits from increased visibility or reductions in acid rain.

National totals may not precisely sum to those in the RIA because of the difference between national and state-level aggregation within BenMAP.

Valuation of premature adult mortality at 7% discount does not match the RIA due to an error in the discount rate used in the RIA.

The health effect incidence and valuation functions used in this analysis are the state of the science methods used in March of 2005. EPA has updated several key assumptions used in calculating health impacts since this time.

Valuation of acute myocardial infarction incidences avoided uses a 3% discount rate.

Massachusetts

|  | 2010               |                 | 2015               |                 |
|--|--------------------|-----------------|--------------------|-----------------|
|  | Incidences Avoided | Value (1999\$)  | Incidences Avoided | Value (1999\$)  |
| Mortality, Adult                       | 230                |                 | 270                |                 |
| 3% Discount Rate                       |                    | \$1,200,000,000 |                    | \$1,530,000,000 |
| 7% Discount Rate                       |                    | \$1,080,000,000 |                    | \$1,380,000,000 |
| Mortality, Infant                      | 0                  | \$1,510,000     | 0                  | \$1,830,000     |
| Chronic Bronchitis                     | 130                | \$46,700,000    | 150                | \$57,900,000    |
| Acute Myocardial Infarction            | 380                | \$31,400,000    | 470                | \$38,700,000    |
| Hospital Admissions, Respiratory       | 95                 | \$656,000       | 110                | \$796,000       |
| Hospital Admissions, Cardiovascular    | 79                 | \$1,680,000     | 97                 | \$2,050,000     |
| Emergency Room Visits, Respiratory     | 120                | \$32,000        | 130                | \$36,800        |
| Acute Bronchitis                       | 280                | \$95,300        | 320                | \$110,000       |
| Lower Respiratory Symptoms             | 3,300              | \$49,600        | 3,800              | \$57,400        |
| Upper Respiratory Symptoms             | 2,500              | \$59,600        | 2,900              | \$69,000        |
| Asthma Exacerbation                    | 4,300              | \$177,000       | 4,800              | \$200,000       |
| Work Loss Days                         | 25,000             | \$3,780,000     | 28,000             | \$4,270,000     |
| Minor restricted-activity days (MRADs) | 150,000            | \$7,280,000     | 170,000            | \$8,260,000     |
| <b>Total Value</b>                     |                    |                 |                    |                 |
| 3% Adult Mortality Discount            |                    | \$1,290,000,000 |                    | \$1,640,000,000 |
| 7% Adult Mortality Discount            |                    | \$1,170,000,000 |                    | \$1,490,000,000 |

PM2.5 related health benefits are presented from state level BenMAP results used in the development of the Clean Air Interstate Rule Regulatory Impact Analysis (RIA) published in March of 2005 (<http://www.epa.gov/cair/pdfs/finaltech08.pdf>).

The health benefits presented are a result of improvements in ambient PM2.5 concentration and do not include health benefits from decreases in ground-level ozone concentrations or welfare benefits from increased visibility or reductions in acid rain.

National totals may not precisely sum to those in the RIA because of the difference between national and state-level aggregation within BenMAP.

Valuation of premature adult mortality at 7% discount does not match the RIA due to an error in the discount rate used in the RIA.

The health effect incidence and valuation functions used in this analysis are the state of the science methods used in March of 2005. EPA has updated several key assumptions used in calculating health impacts since this time.

Valuation of acute myocardial infarction incidences avoided uses a 3% discount rate.

Maryland

|  | 2010               |                 | 2015               |                 |
|--|--------------------|-----------------|--------------------|-----------------|
|  | Incidences Avoided | Value (1999\$)  | Incidences Avoided | Value (1999\$)  |
| Mortality, Adult                       | 640                |                 | 810                |                 |
| 3% Discount Rate                       |                    | \$3,390,000,000 |                    | \$4,530,000,000 |
| 7% Discount Rate                       |                    | \$3,060,000,000 |                    | \$4,080,000,000 |
| Mortality, Infant                      | 2                  | \$8,880,000     | 2                  | \$11,000,000    |
| Chronic Bronchitis                     | 380                | \$138,000,000   | 450                | \$176,000,000   |
| Acute Myocardial Infarction            | 770                | \$63,600,000    | 970                | \$80,200,000    |
| Hospital Admissions, Respiratory       | 210                | \$1,570,000     | 250                | \$1,980,000     |
| Hospital Admissions, Cardiovascular    | 200                | \$4,280,000     | 250                | \$5,370,000     |
| Emergency Room Visits, Respiratory     | 580                | \$161,000       | 680                | \$188,000       |
| Acute Bronchitis                       | 840                | \$289,000       | 990                | \$340,000       |
| Lower Respiratory Symptoms             | 10,000             | \$151,000       | 12,000             | \$178,000       |
| Upper Respiratory Symptoms             | 7,700              | \$184,000       | 9,100              | \$217,000       |
| Asthma Exacerbation                    | 13,000             | \$534,000       | 15,000             | \$614,000       |
| Work Loss Days                         | 75,000             | \$11,500,000    | 88,000             | \$13,500,000    |
| Minor restricted-activity days (MRADs) | 450,000            | \$21,900,000    | 520,000            | \$25,700,000    |
| <b>Total Value</b>                     |                    |                 |                    |                 |
| 3% Adult Mortality Discount            |                    | \$3,640,000,000 |                    | \$4,850,000,000 |
| 7% Adult Mortality Discount            |                    | \$3,310,000,000 |                    | \$4,400,000,000 |

PM2.5 related health benefits are presented from state level BenMAP results used in the development of the Clean Air Interstate Rule Regulatory Impact Analysis (RIA) published in March of 2005 (<http://www.epa.gov/cair/pdfs/finaltech08.pdf>).

The health benefits presented are a result of improvements in ambient PM2.5 concentration and do not include health benefits from decreases in ground-level ozone concentrations or welfare benefits from increased visibility or reductions in acid rain.

National totals may not precisely sum to those in the RIA because of the difference between national and state-level aggregation within BenMAP.

Valuation of premature adult mortality at 7% discount does not match the RIA due to an error in the discount rate used in the RIA.

The health effect incidence and valuation functions used in this analysis are the state of the science methods used in March of 2005. EPA has updated several key assumptions used in calculating health impacts since this time.

Valuation of acute myocardial infarction incidences avoided uses a 3% discount rate.

Michigan

|  | 2010               |                 | 2015               |                 |
|--|--------------------|-----------------|--------------------|-----------------|
|  | Incidences Avoided | Value (1999\$)  | Incidences Avoided | Value (1999\$)  |
| Mortality, Adult                       | 500                |                 | 620                |                 |
| 3% Discount Rate                       |                    | \$2,650,000,000 |                    | \$3,430,000,000 |
| 7% Discount Rate                       |                    | \$2,390,000,000 |                    | \$3,090,000,000 |
| Mortality, Infant                      | 1                  | \$8,170,000     | 2                  | \$9,890,000     |
| Chronic Bronchitis                     | 290                | \$107,000,000   | 340                | \$133,000,000   |
| Acute Myocardial Infarction            | 720                | \$59,800,000    | 880                | \$74,100,000    |
| Hospital Admissions, Respiratory       | 180                | \$1,330,000     | 210                | \$1,640,000     |
| Hospital Admissions, Cardiovascular    | 140                | \$2,990,000     | 170                | \$3,690,000     |
| Emergency Room Visits, Respiratory     | 560                | \$154,000       | 640                | \$176,000       |
| Acute Bronchitis                       | 680                | \$236,000       | 790                | \$271,000       |
| Lower Respiratory Symptoms             | 8,200              | \$123,000       | 9,400              | \$141,000       |
| Upper Respiratory Symptoms             | 6,200              | \$148,000       | 7,100              | \$170,000       |
| Asthma Exacerbation                    | 10,000             | \$429,000       | 12,000             | \$482,000       |
| Work Loss Days                         | 58,000             | \$8,560,000     | 66,000             | \$9,720,000     |
| Minor restricted-activity days (MRADs) | 340,000            | \$16,800,000    | 390,000            | \$19,100,000    |
| <b>Total Value</b>                     |                    |                 |                    |                 |
| 3% Adult Mortality Discount            |                    | \$2,860,000,000 |                    | \$3,680,000,000 |
| 7% Adult Mortality Discount            |                    | \$2,600,000,000 |                    | \$3,340,000,000 |

PM2.5 related health benefits are presented from state level BenMAP results used in the development of the Clean Air Interstate Rule Regulatory Impact Analysis (RIA) published in March of 2005 (<http://www.epa.gov/cair/pdfs/finaltech08.pdf>).

The health benefits presented are a result of improvements in ambient PM2.5 concentration and do not include health benefits from decreases in ground-level ozone concentrations or welfare benefits from increased visibility or reductions in acid rain.

National totals may not precisely sum to those in the RIA because of the difference between national and state-level aggregation within BenMAP.

Valuation of premature adult mortality at 7% discount does not match the RIA due to an error in the discount rate used in the RIA.

The health effect incidence and valuation functions used in this analysis are the state of the science methods used in March of 2005. EPA has updated several key assumptions used in calculating health impacts since this time.

Valuation of acute myocardial infarction incidences avoided uses a 3% discount rate.

Minnesota

|  | 2010               |                | 2015               |                |
|--|--------------------|----------------|--------------------|----------------|
|  | Incidences Avoided | Value (1999\$) | Incidences Avoided | Value (1999\$) |
| Mortality, Adult                       | 58                 |                | 72                 |                |
| 3% Discount Rate                       |                    | \$306,000,000  |                    | \$400,000,000  |
| 7% Discount Rate                       |                    | \$276,000,000  |                    | \$360,000,000  |
| Mortality, Infant                      | 0                  | \$811,000      | 0                  | \$1,020,000    |
| Chronic Bronchitis                     | 38                 | \$13,900,000   | 46                 | \$17,700,000   |
| Acute Myocardial Infarction            | 93                 | \$7,740,000    | 120                | \$9,780,000    |
| Hospital Admissions, Respiratory       | 23                 | \$171,000      | 28                 | \$216,000      |
| Hospital Admissions, Cardiovascular    | 18                 | \$388,000      | 23                 | \$483,000      |
| Emergency Room Visits, Respiratory     | 72                 | \$19,900       | 85                 | \$23,300       |
| Acute Bronchitis                       | 91                 | \$31,300       | 110                | \$36,800       |
| Lower Respiratory Symptoms             | 1,100              | \$16,300       | 1,300              | \$19,100       |
| Upper Respiratory Symptoms             | 820                | \$19,500       | 960                | \$22,800       |
| Asthma Exacerbation                    | 1,400              | \$56,000       | 1,600              | \$64,700       |
| Work Loss Days                         | 7,600              | \$1,050,000    | 8,800              | \$1,220,000    |
| Minor restricted-activity days (MRADs) | 45,000             | \$2,200,000    | 52,000             | \$2,550,000    |
| <b>Total Value</b>                     |                    |                |                    |                |
| 3% Adult Mortality Discount            |                    | \$332,000,000  |                    | \$433,000,000  |
| 7% Adult Mortality Discount            |                    | \$302,000,000  |                    | \$393,000,000  |

PM2.5 related health benefits are presented from state level BenMAP results used in the development of the Clean Air Interstate Rule Regulatory Impact Analysis (RIA) published in March of 2005 (<http://www.epa.gov/cair/pdfs/finaltech08.pdf>).

The health benefits presented are a result of improvements in ambient PM2.5 concentration and do not include health benefits from decreases in ground-level ozone concentrations or welfare benefits from increased visibility or reductions in acid rain.

National totals may not precisely sum to those in the RIA because of the difference between national and state-level aggregation within BenMAP.

Valuation of premature adult mortality at 7% discount does not match the RIA due to an error in the discount rate used in the RIA.

The health effect incidence and valuation functions used in this analysis are the state of the science methods used in March of 2005. EPA has updated several key assumptions used in calculating health impacts since this time.

Valuation of acute myocardial infarction incidences avoided uses a 3% discount rate.

Missouri

|  | 2010               |                 | 2015               |                 |
|--|--------------------|-----------------|--------------------|-----------------|
|  | Incidences Avoided | Value (1999\$)  | Incidences Avoided | Value (1999\$)  |
| Mortality, Adult                       | 200                |                 | 260                |                 |
| 3% Discount Rate                       |                    | \$1,070,000,000 |                    | \$1,470,000,000 |
| 7% Discount Rate                       |                    | \$970,000,000   |                    | \$1,330,000,000 |
| Mortality, Infant                      | 1                  | \$2,740,000     | 1                  | \$3,630,000     |
| Chronic Bronchitis                     | 100                | \$38,300,000    | 130                | \$51,800,000    |
| Acute Myocardial Infarction            | 270                | \$22,400,000    | 360                | \$29,800,000    |
| Hospital Admissions, Respiratory       | 64                 | \$493,000       | 83                 | \$653,000       |
| Hospital Admissions, Cardiovascular    | 53                 | \$1,120,000     | 70                 | \$1,470,000     |
| Emergency Room Visits, Respiratory     | 200                | \$54,000        | 240                | \$67,200        |
| Acute Bronchitis                       | 250                | \$85,100        | 310                | \$106,000       |
| Lower Respiratory Symptoms             | 2,900              | \$44,300        | 3,700              | \$55,100        |
| Upper Respiratory Symptoms             | 2,200              | \$53,300        | 2,800              | \$66,300        |
| Asthma Exacerbation                    | 3,700              | \$154,000       | 4,500              | \$188,000       |
| Work Loss Days                         | 20,000             | \$2,450,000     | 25,000             | \$3,030,000     |
| Minor restricted-activity days (MRADs) | 120,000            | \$5,880,000     | 150,000            | \$7,280,000     |
| <b>Total Value</b>                     |                    |                 |                    |                 |
| 3% Adult Mortality Discount            |                    | \$1,140,000,000 |                    | \$1,570,000,000 |
| 7% Adult Mortality Discount            |                    | \$1,044,000,000 |                    | \$1,430,000,000 |

PM2.5 related health benefits are presented from state level BenMAP results used in the development of the Clean Air Interstate Rule Regulatory Impact Analysis (RIA) published in March of 2005 (<http://www.epa.gov/cair/pdfs/finaltech08.pdf>).

The health benefits presented are a result of improvements in ambient PM2.5 concentration and do not include health benefits from decreases in ground-level ozone concentrations or welfare benefits from increased visibility or reductions in acid rain.

National totals may not precisely sum to those in the RIA because of the difference between national and state-level aggregation within BenMAP.

Valuation of premature adult mortality at 7% discount does not match the RIA due to an error in the discount rate used in the RIA.

The health effect incidence and valuation functions used in this analysis are the state of the science methods used in March of 2005. EPA has updated several key assumptions used in calculating health impacts since this time.

Valuation of acute myocardial infarction incidences avoided uses a 3% discount rate.

## Mississippi

|  | 2010               |                | 2015               |                 |
|--|--------------------|----------------|--------------------|-----------------|
|  | Incidences Avoided | Value (1999\$) | Incidences Avoided | Value (1999\$)  |
| Mortality, Adult                       | 130                |                | 180                |                 |
| 3% Discount Rate                       |                    | \$665,000,000  |                    | \$1,010,000,000 |
| 7% Discount Rate                       |                    | \$599,000,000  |                    | \$910,000,000   |
| Mortality, Infant                      | 1                  | \$2,650,000    | 1                  | \$3,750,000     |
| Chronic Bronchitis                     | 62                 | \$22,600,000   | 86                 | \$33,300,000    |
| Acute Myocardial Infarction            | 130                | \$10,700,000   | 190                | \$15,400,000    |
| Hospital Admissions, Respiratory       | 35                 | \$265,000      | 49                 | \$382,000       |
| Hospital Admissions, Cardiovascular    | 33                 | \$703,000      | 48                 | \$1,000,000     |
| Emergency Room Visits, Respiratory     | 110                | \$30,100       | 150                | \$40,800        |
| Acute Bronchitis                       | 160                | \$56,100       | 220                | \$75,700        |
| Lower Respiratory Symptoms             | 1,900              | \$29,300       | 2,600              | \$39,500        |
| Upper Respiratory Symptoms             | 1,500              | \$35,200       | 2,000              | \$47,600        |
| Asthma Exacerbation                    | 2,500              | \$102,000      | 3,300              | \$136,000       |
| Work Loss Days                         | 12,000             | \$1,280,000    | 16,000             | \$1,710,000     |
| Minor restricted-activity days (MRADs) | 73,000             | \$3,550,000    | 97,000             | \$4,770,000     |
| <b>Total Value</b>                     |                    |                |                    |                 |
| 3% Adult Mortality Discount            |                    | \$707,000,000  |                    | \$1,070,000,000 |
| 7% Adult Mortality Discount            |                    | \$641,000,000  |                    | \$971,000,000   |

PM2.5 related health benefits are presented from state level BenMAP results used in the development of the Clean Air Interstate Rule Regulatory Impact Analysis (RIA) published in March of 2005 (<http://www.epa.gov/cair/pdfs/finaltech08.pdf>).

The health benefits presented are a result of improvements in ambient PM2.5 concentration and do not include health benefits from decreases in ground-level ozone concentrations or welfare benefits from increased visibility or reductions in acid rain.

National totals may not precisely sum to those in the RIA because of the difference between national and state-level aggregation within BenMAP.

Valuation of premature adult mortality at 7% discount does not match the RIA due to an error in the discount rate used in the RIA.

The health effect incidence and valuation functions used in this analysis are the state of the science methods used in March of 2005. EPA has updated several key assumptions used in calculating health impacts since this time.

Valuation of acute myocardial infarction incidences avoided uses a 3% discount rate.

North Carolina

|  | 2010               |                 | 2015               |                 |
|--|--------------------|-----------------|--------------------|-----------------|
|  | Incidences Avoided | Value (1999\$)  | Incidences Avoided | Value (1999\$)  |
| Mortality, Adult                       | 610                |                 | 860                |                 |
| 3% Discount Rate                       |                    | \$3,220,000,000 |                    | \$4,780,000,000 |
| 7% Discount Rate                       |                    | \$2,900,000,000 |                    | \$4,310,000,000 |
| Mortality, Infant                      | 2                  | \$9,690,000     | 2                  | \$13,500,000    |
| Chronic Bronchitis                     | 340                | \$124,000,000   | 450                | \$175,000,000   |
| Acute Myocardial Infarction            | 710                | \$58,000,000    | 980                | \$80,600,000    |
| Hospital Admissions, Respiratory       | 190                | \$1,440,000     | 260                | \$2,020,000     |
| Hospital Admissions, Cardiovascular    | 180                | \$3,830,000     | 250                | \$5,310,000     |
| Emergency Room Visits, Respiratory     | 560                | \$153,000       | 730                | \$202,000       |
| Acute Bronchitis                       | 810                | \$279,000       | 1,100              | \$365,000       |
| Lower Respiratory Symptoms             | 9,700              | \$145,000       | 13,000             | \$190,000       |
| Upper Respiratory Symptoms             | 7,400              | \$176,000       | 9,700              | \$231,000       |
| Asthma Exacerbation                    | 12,000             | \$513,000       | 16,000             | \$668,000       |
| Work Loss Days                         | 68,000             | \$8,010,000     | 88,000             | \$10,400,000    |
| Minor restricted-activity days (MRADs) | 400,000            | \$19,700,000    | 530,000            | \$25,700,000    |
| <b>Total Value</b>                     |                    |                 |                    |                 |
| 3% Adult Mortality Discount            |                    | \$3,450,000,000 |                    | \$5,090,000,000 |
| 7% Adult Mortality Discount            |                    | \$3,130,000,000 |                    | \$4,620,000,000 |

PM2.5 related health benefits are presented from state level BenMAP results used in the development of the Clean Air Interstate Rule Regulatory Impact Analysis (RIA) published in March of 2005 (<http://www.epa.gov/cair/pdfs/finaltech08.pdf>).

The health benefits presented are a result of improvements in ambient PM2.5 concentration and do not include health benefits from decreases in ground-level ozone concentrations or welfare benefits from increased visibility or reductions in acid rain.

National totals may not precisely sum to those in the RIA because of the difference between national and state-level aggregation within BenMAP.

Valuation of premature adult mortality at 7% discount does not match the RIA due to an error in the discount rate used in the RIA.

The health effect incidence and valuation functions used in this analysis are the state of the science methods used in March of 2005. EPA has updated several key assumptions used in calculating health impacts since this time.

Valuation of acute myocardial infarction incidences avoided uses a 3% discount rate.

New Jersey

|  | 2010               |                 | 2015               |                 |
|--|--------------------|-----------------|--------------------|-----------------|
|  | Incidences Avoided | Value (1999\$)  | Incidences Avoided | Value (1999\$)  |
| Mortality, Adult                       | 670                |                 | 830                |                 |
| 3% Discount Rate                       |                    | \$3,530,000,000 |                    | \$4,600,000,000 |
| 7% Discount Rate                       |                    | \$3,180,000,000 |                    | \$4,150,000,000 |
| Mortality, Infant                      | 1                  | \$7,070,000     | 1                  | \$8,650,000     |
| Chronic Bronchitis                     | 360                | \$133,000,000   | 430                | \$168,000,000   |
| Acute Myocardial Infarction            | 1,100              | \$87,600,000    | 1,300              | \$110,000,000   |
| Hospital Admissions, Respiratory       | 270                | \$1,880,000     | 330                | \$2,300,000     |
| Hospital Admissions, Cardiovascular    | 220                | \$4,750,000     | 280                | \$5,910,000     |
| Emergency Room Visits, Respiratory     | 360                | \$97,700        | 410                | \$113,000       |
| Acute Bronchitis                       | 840                | \$290,000       | 980                | \$336,000       |
| Lower Respiratory Symptoms             | 10,000             | \$151,000       | 12,000             | \$176,000       |
| Upper Respiratory Symptoms             | 7,700              | \$184,000       | 8,900              | \$213,000       |
| Asthma Exacerbation                    | 13,000             | \$531,000       | 15,000             | \$603,000       |
| Work Loss Days                         | 70,000             | \$11,200,000    | 81,000             | \$13,000,000    |
| Minor restricted-activity days (MRADs) | 420,000            | \$20,500,000    | 490,000            | \$23,800,000    |
| <b>Total Value</b>                     |                    |                 |                    |                 |
| 3% Adult Mortality Discount            |                    | \$3,800,000,000 |                    | \$4,930,000,000 |
| 7% Adult Mortality Discount            |                    | \$3,450,000,000 |                    | \$4,480,000,000 |

PM2.5 related health benefits are presented from state level BenMAP results used in the development of the Clean Air Interstate Rule Regulatory Impact Analysis (RIA) published in March of 2005 (<http://www.epa.gov/cair/pdfs/finaltech08.pdf>).

The health benefits presented are a result of improvements in ambient PM2.5 concentration and do not include health benefits from decreases in ground-level ozone concentrations or welfare benefits from increased visibility or reductions in acid rain.

National totals may not precisely sum to those in the RIA because of the difference between national and state-level aggregation within BenMAP.

Valuation of premature adult mortality at 7% discount does not match the RIA due to an error in the discount rate used in the RIA.

The health effect incidence and valuation functions used in this analysis are the state of the science methods used in March of 2005. EPA has updated several key assumptions used in calculating health impacts since this time.

Valuation of acute myocardial infarction incidences avoided uses a 3% discount rate.

New York

|  | 2010               |                 | 2015               |                 |
|--|--------------------|-----------------|--------------------|-----------------|
|  | Incidences Avoided | Value (1999\$)  | Incidences Avoided | Value (1999\$)  |
| Mortality, Adult                       | 1,200              |                 | 1,500              |                 |
| 3% Discount Rate                       |                    | \$6,380,000,000 |                    | \$8,080,000,000 |
| 7% Discount Rate                       |                    | \$5,740,000,000 |                    | \$7,270,000,000 |
| Mortality, Infant                      | 2                  | \$12,900,000    | 3                  | \$15,400,000    |
| Chronic Bronchitis                     | 680                | \$250,000,000   | 790                | \$307,000,000   |
| Acute Myocardial Infarction            | 2,000              | \$164,000,000   | 2,400              | \$200,000,000   |
| Hospital Admissions, Respiratory       | 510                | \$3,490,000     | 600                | \$4,180,000     |
| Hospital Admissions, Cardiovascular    | 410                | \$8,800,000     | 500                | \$10,600,000    |
| Emergency Room Visits, Respiratory     | 660                | \$181,000       | 740                | \$203,000       |
| Acute Bronchitis                       | 1,500              | \$533,000       | 1,800              | \$606,000       |
| Lower Respiratory Symptoms             | 18,000             | \$278,000       | 21,000             | \$317,000       |
| Upper Respiratory Symptoms             | 14,000             | \$337,000       | 16,000             | \$383,000       |
| Asthma Exacerbation                    | 24,000             | \$997,000       | 27,000             | \$1,100,000     |
| Work Loss Days                         | 130,000            | \$19,500,000    | 150,000            | \$22,100,000    |
| Minor restricted-activity days (MRADs) | 800,000            | \$39,000,000    | 900,000            | \$44,100,000    |
| <b>Total Value</b>                     |                    |                 |                    |                 |
| 3% Adult Mortality Discount            |                    | \$6,880,000,000 |                    | \$8,690,000,000 |
| 7% Adult Mortality Discount            |                    | \$6,240,000,000 |                    | \$7,880,000,000 |

PM2.5 related health benefits are presented from state level BenMAP results used in the development of the Clean Air Interstate Rule Regulatory Impact Analysis (RIA) published in March of 2005 (<http://www.epa.gov/cair/pdfs/finaltech08.pdf>).

The health benefits presented are a result of improvements in ambient PM2.5 concentration and do not include health benefits from decreases in ground-level ozone concentrations or welfare benefits from increased visibility or reductions in acid rain.

National totals may not precisely sum to those in the RIA because of the difference between national and state-level aggregation within BenMAP.

Valuation of premature adult mortality at 7% discount does not match the RIA due to an error in the discount rate used in the RIA.

The health effect incidence and valuation functions used in this analysis are the state of the science methods used in March of 2005. EPA has updated several key assumptions used in calculating health impacts since this time.

Valuation of acute myocardial infarction incidences avoided uses a 3% discount rate.

## Ohio

|  | 2010               |                 | 2015               |                 |
|--|--------------------|-----------------|--------------------|-----------------|
|  | Incidences Avoided | Value (1999\$)  | Incidences Avoided | Value (1999\$)  |
| Mortality, Adult                       | 1,200              |                 | 1,500              |                 |
| 3% Discount Rate                       |                    | \$6,390,000,000 |                    | \$8,080,000,000 |
| 7% Discount Rate                       |                    | \$5,760,000,000 |                    | \$7,280,000,000 |
| Mortality, Infant                      | 3                  | \$16,600,000    | 3                  | \$20,100,000    |
| Chronic Bronchitis                     | 640                | \$235,000,000   | 740                | \$290,000,000   |
| Acute Myocardial Infarction            | 1,600              | \$135,000,000   | 2,000              | \$163,000,000   |
| Hospital Admissions, Respiratory       | 390                | \$3,020,000     | 460                | \$3,650,000     |
| Hospital Admissions, Cardiovascular    | 320                | \$6,850,000     | 390                | \$8,260,000     |
| Emergency Room Visits, Respiratory     | 1,200              | \$331,000       | 1,400              | \$376,000       |
| Acute Bronchitis                       | 1,500              | \$507,000       | 1,700              | \$575,000       |
| Lower Respiratory Symptoms             | 18,000             | \$265,000       | 20,000             | \$300,000       |
| Upper Respiratory Symptoms             | 14,000             | \$322,000       | 15,000             | \$365,000       |
| Asthma Exacerbation                    | 22,000             | \$930,000       | 25,000             | \$1,040,000     |
| Work Loss Days                         | 120,000            | \$16,200,000    | 140,000            | \$18,200,000    |
| Minor restricted-activity days (MRADs) | 740,000            | \$36,400,000    | 840,000            | \$40,900,000    |
| <b>Total Value</b>                     |                    |                 |                    |                 |
| 3% Adult Mortality Discount            |                    | \$6,840,000,000 |                    | \$8,630,000,000 |
| 7% Adult Mortality Discount            |                    | \$6,210,000,000 |                    | \$7,830,000,000 |

PM2.5 related health benefits are presented from state level BenMAP results used in the development of the Clean Air Interstate Rule Regulatory Impact Analysis (RIA) published in March of 2005 (<http://www.epa.gov/cair/pdfs/finaltech08.pdf>).

The health benefits presented are a result of improvements in ambient PM2.5 concentration and do not include health benefits from decreases in ground-level ozone concentrations or welfare benefits from increased visibility or reductions in acid rain.

National totals may not precisely sum to those in the RIA because of the difference between national and state-level aggregation within BenMAP.

Valuation of premature adult mortality at 7% discount does not match the RIA due to an error in the discount rate used in the RIA.

The health effect incidence and valuation functions used in this analysis are the state of the science methods used in March of 2005. EPA has updated several key assumptions used in calculating health impacts since this time.

Valuation of acute myocardial infarction incidences avoided uses a 3% discount rate.

Pennsylvania

|  | 2010               |                 | 2015               |                  |
|--|--------------------|-----------------|--------------------|------------------|
|  | Incidences Avoided | Value (1999\$)  | Incidences Avoided | Value (1999\$)   |
| Mortality, Adult                       | 1,700              |                 | 2,100              |                  |
| 3% Discount Rate                       |                    | \$8,860,000,000 |                    | \$11,400,000,000 |
| 7% Discount Rate                       |                    | \$7,980,000,000 |                    | \$10,300,000,000 |
| Mortality, Infant                      | 3                  | \$15,200,000    | 3                  | \$18,600,000     |
| Chronic Bronchitis                     | 800                | \$292,000,000   | 940                | \$365,000,000    |
| Acute Myocardial Infarction            | 2,500              | \$205,000,000   | 3,100              | \$254,000,000    |
| Hospital Admissions, Respiratory       | 600                | \$4,270,000     | 710                | \$5,200,000      |
| Hospital Admissions, Cardiovascular    | 530                | \$11,100,000    | 650                | \$13,700,000     |
| Emergency Room Visits, Respiratory     | 720                | \$197,000       | 820                | \$226,000        |
| Acute Bronchitis                       | 1,600              | \$561,000       | 1,900              | \$649,000        |
| Lower Respiratory Symptoms             | 19,000             | \$294,000       | 23,000             | \$340,000        |
| Upper Respiratory Symptoms             | 15,000             | \$358,000       | 17,000             | \$414,000        |
| Asthma Exacerbation                    | 26,000             | \$1,060,000     | 29,000             | \$1,190,000      |
| Work Loss Days                         | 150,000            | \$19,200,000    | 170,000            | \$22,000,000     |
| Minor restricted-activity days (MRADs) | 890,000            | \$43,600,000    | 1,000,000          | \$49,700,000     |
| <b>Total Value</b>                     |                    |                 |                    |                  |
| 3% Adult Mortality Discount            |                    | \$9,450,000,000 |                    | \$12,100,000,000 |
| 7% Adult Mortality Discount            |                    | \$8,570,000,000 |                    | \$11,000,000,000 |

PM2.5 related health benefits are presented from state level BenMAP results used in the development of the Clean Air Interstate Rule Regulatory Impact Analysis (RIA) published in March of 2005 (<http://www.epa.gov/cair/pdfs/finaltech08.pdf>).

The health benefits presented are a result of improvements in ambient PM2.5 concentration and do not include health benefits from decreases in ground-level ozone concentrations or welfare benefits from increased visibility or reductions in acid rain.

National totals may not precisely sum to those in the RIA because of the difference between national and state-level aggregation within BenMAP.

Valuation of premature adult mortality at 7% discount does not match the RIA due to an error in the discount rate used in the RIA.

The health effect incidence and valuation functions used in this analysis are the state of the science methods used in March of 2005. EPA has updated several key assumptions used in calculating health impacts since this time.

Valuation of acute myocardial infarction incidences avoided uses a 3% discount rate.

South Carolina

|  | 2010               |                 | 2015               |                 |
|--|--------------------|-----------------|--------------------|-----------------|
|  | Incidences Avoided | Value (1999\$)  | Incidences Avoided | Value (1999\$)  |
| Mortality, Adult                       | 280                |                 | 440                |                 |
| 3% Discount Rate                       |                    | \$1,490,000,000 |                    | \$2,470,000,000 |
| 7% Discount Rate                       |                    | \$1,340,000,000 |                    | \$2,220,000,000 |
| Mortality, Infant                      | 1                  | \$3,930,000     | 1                  | \$5,870,000     |
| Chronic Bronchitis                     | 150                | \$54,300,000    | 220                | \$84,600,000    |
| Acute Myocardial Infarction            | 320                | \$26,200,000    | 490                | \$40,400,000    |
| Hospital Admissions, Respiratory       | 82                 | \$635,000       | 120                | \$989,000       |
| Hospital Admissions, Cardiovascular    | 81                 | \$1,710,000     | 120                | \$2,630,000     |
| Emergency Room Visits, Respiratory     | 230                | \$62,700        | 330                | \$89,600        |
| Acute Bronchitis                       | 330                | \$114,000       | 470                | \$163,000       |
| Lower Respiratory Symptoms             | 3,900              | \$59,300        | 5,600              | \$85,000        |
| Upper Respiratory Symptoms             | 3,000              | \$71,500        | 4,300              | \$103,000       |
| Asthma Exacerbation                    | 5,000              | \$209,000       | 7,100              | \$293,000       |
| Work Loss Days                         | 29,000             | \$3,260,000     | 40,000             | \$4,600,000     |
| Minor restricted-activity days (MRADs) | 170,000            | \$8,380,000     | 240,000            | \$11,800,000    |
| <b>Total Value</b>                     |                    |                 |                    |                 |
| 3% Adult Mortality Discount            |                    | \$1,590,000,000 |                    | \$2,620,000,000 |
| 7% Adult Mortality Discount            |                    | \$1,440,000,000 |                    | \$2,370,000,000 |

PM2.5 related health benefits are presented from state level BenMAP results used in the development of the Clean Air Interstate Rule Regulatory Impact Analysis (RIA) published in March of 2005 (<http://www.epa.gov/cair/pdfs/finaltech08.pdf>).

The health benefits presented are a result of improvements in ambient PM2.5 concentration and do not include health benefits from decreases in ground-level ozone concentrations or welfare benefits from increased visibility or reductions in acid rain.

National totals may not precisely sum to those in the RIA because of the difference between national and state-level aggregation within BenMAP.

Valuation of premature adult mortality at 7% discount does not match the RIA due to an error in the discount rate used in the RIA.

The health effect incidence and valuation functions used in this analysis are the state of the science methods used in March of 2005. EPA has updated several key assumptions used in calculating health impacts since this time.

Valuation of acute myocardial infarction incidences avoided uses a 3% discount rate.

Tennessee

|  | 2010               |                 | 2015               |                 |
|--|--------------------|-----------------|--------------------|-----------------|
|  | Incidences Avoided | Value (1999\$)  | Incidences Avoided | Value (1999\$)  |
| Mortality, Adult                       | 410                |                 | 590                |                 |
| 3% Discount Rate                       |                    | \$2,180,000,000 |                    | \$3,260,000,000 |
| 7% Discount Rate                       |                    | \$1,960,000,000 |                    | \$2,940,000,000 |
| Mortality, Infant                      | 1                  | \$5,940,000     | 1                  | \$8,240,000     |
| Chronic Bronchitis                     | 210                | \$78,100,000    | 290                | \$112,000,000   |
| Acute Myocardial Infarction            | 450                | \$37,500,000    | 640                | \$52,900,000    |
| Hospital Admissions, Respiratory       | 120                | \$911,000       | 160                | \$1,300,000     |
| Hospital Admissions, Cardiovascular    | 120                | \$2,450,000     | 160                | \$3,430,000     |
| Emergency Room Visits, Respiratory     | 330                | \$90,700        | 440                | \$120,000       |
| Acute Bronchitis                       | 490                | \$168,000       | 640                | \$221,000       |
| Lower Respiratory Symptoms             | 5,800              | \$87,500        | 7,600              | \$115,000       |
| Upper Respiratory Symptoms             | 4,400              | \$106,000       | 5,900              | \$140,000       |
| Asthma Exacerbation                    | 7,300              | \$304,000       | 9,600              | \$398,000       |
| Work Loss Days                         | 41,000             | \$4,750,000     | 54,000             | \$6,180,000     |
| Minor restricted-activity days (MRADs) | 250,000            | \$12,000,000    | 320,000            | \$15,700,000    |
| <b>Total Value</b>                     |                    |                 |                    |                 |
| 3% Adult Mortality Discount            |                    | \$2,320,000,000 |                    | \$3,460,000,000 |
| 7% Adult Mortality Discount            |                    | \$2,100,000,000 |                    | \$3,140,000,000 |

PM2.5 related health benefits are presented from state level BenMAP results used in the development of the Clean Air Interstate Rule Regulatory Impact Analysis (RIA) published in March of 2005 (<http://www.epa.gov/cair/pdfs/finaltech08.pdf>).

The health benefits presented are a result of improvements in ambient PM2.5 concentration and do not include health benefits from decreases in ground-level ozone concentrations or welfare benefits from increased visibility or reductions in acid rain.

National totals may not precisely sum to those in the RIA because of the difference between national and state-level aggregation within BenMAP.

Valuation of premature adult mortality at 7% discount does not match the RIA due to an error in the discount rate used in the RIA.

The health effect incidence and valuation functions used in this analysis are the state of the science methods used in March of 2005. EPA has updated several key assumptions used in calculating health impacts since this time.

Valuation of acute myocardial infarction incidences avoided uses a 3% discount rate.

## Texas

|  | 2010               |                 | 2015               |                 |
|--|--------------------|-----------------|--------------------|-----------------|
|  | Incidences Avoided | Value (1999\$)  | Incidences Avoided | Value (1999\$)  |
| Mortality, Adult                       | 380                |                 | 650                |                 |
| 3% Discount Rate                       |                    | \$2,020,000,000 |                    | \$3,620,000,000 |
| 7% Discount Rate                       |                    | \$1,820,000,000 |                    | \$3,260,000,000 |
| Mortality, Infant                      | 1                  | \$7,560,000     | 2                  | \$12,900,000    |
| Chronic Bronchitis                     | 250                | \$91,700,000    | 410                | \$159,000,000   |
| Acute Myocardial Infarction            | 480                | \$40,000,000    | 810                | \$67,900,000    |
| Hospital Admissions, Respiratory       | 140                | \$1,000,000     | 230                | \$1,710,000     |
| Hospital Admissions, Cardiovascular    | 120                | \$2,630,000     | 210                | \$4,400,000     |
| Emergency Room Visits, Respiratory     | 470                | \$130,000       | 750                | \$206,000       |
| Acute Bronchitis                       | 710                | \$244,000       | 1,100              | \$383,000       |
| Lower Respiratory Symptoms             | 8,400              | \$127,000       | 13,000             | \$199,000       |
| Upper Respiratory Symptoms             | 6,400              | \$153,000       | 10,000             | \$240,000       |
| Asthma Exacerbation                    | 11,000             | \$436,000       | 16,000             | \$682,000       |
| Work Loss Days                         | 52,000             | \$6,650,000     | 84,000             | \$10,700,000    |
| Minor restricted-activity days (MRADs) | 310,000            | \$15,100,000    | 490,000            | \$24,100,000    |
| <b>Total Value</b>                     |                    |                 |                    |                 |
| 3% Adult Mortality Discount            |                    | \$2,190,000,000 |                    | \$3,900,000,000 |
| 7% Adult Mortality Discount            |                    | \$1,990,000,000 |                    | \$3,540,000,000 |

PM2.5 related health benefits are presented from state level BenMAP results used in the development of the Clean Air Interstate Rule Regulatory Impact Analysis (RIA) published in March of 2005 (<http://www.epa.gov/cair/pdfs/finaltech08.pdf>).

The health benefits presented are a result of improvements in ambient PM2.5 concentration and do not include health benefits from decreases in ground-level ozone concentrations or welfare benefits from increased visibility or reductions in acid rain.

National totals may not precisely sum to those in the RIA because of the difference between national and state-level aggregation within BenMAP.

Valuation of premature adult mortality at 7% discount does not match the RIA due to an error in the discount rate used in the RIA.

The health effect incidence and valuation functions used in this analysis are the state of the science methods used in March of 2005. EPA has updated several key assumptions used in calculating health impacts since this time.

Valuation of acute myocardial infarction incidences avoided uses a 3% discount rate.

Virginia

|  | 2010               |                 | 2015               |                 |
|--|--------------------|-----------------|--------------------|-----------------|
|  | Incidences Avoided | Value (1999\$)  | Incidences Avoided | Value (1999\$)  |
| Mortality, Adult                       | 690                |                 | 900                |                 |
| 3% Discount Rate                       |                    | \$3,670,000,000 |                    | \$4,990,000,000 |
| 7% Discount Rate                       |                    | \$3,310,000,000 |                    | \$4,500,000,000 |
| Mortality, Infant                      | 2                  | \$9,300,000     | 2                  | \$11,800,000    |
| Chronic Bronchitis                     | 420                | \$154,000,000   | 510                | \$199,000,000   |
| Acute Myocardial Infarction            | 840                | \$69,600,000    | 1,100              | \$88,500,000    |
| Hospital Admissions, Respiratory       | 230                | \$1,720,000     | 280                | \$2,210,000     |
| Hospital Admissions, Cardiovascular    | 220                | \$4,660,000     | 280                | \$5,880,000     |
| Emergency Room Visits, Respiratory     | 660                | \$182,000       | 790                | \$217,000       |
| Acute Bronchitis                       | 950                | \$327,000       | 1,100              | \$391,000       |
| Lower Respiratory Symptoms             | 11,000             | \$171,000       | 14,000             | \$204,000       |
| Upper Respiratory Symptoms             | 8,700              | \$208,000       | 10,000             | \$249,000       |
| Asthma Exacerbation                    | 15,000             | \$602,000       | 17,000             | \$706,000       |
| Work Loss Days                         | 84,000             | \$11,900,000    | 99,000             | \$14,000,000    |
| Minor restricted-activity days (MRADs) | 500,000            | \$24,500,000    | 590,000            | \$28,900,000    |
| <b>Total Value</b>                     |                    |                 |                    |                 |
| 3% Adult Mortality Discount            |                    | \$3,950,000,000 |                    | \$5,340,000,000 |
| 7% Adult Mortality Discount            |                    | \$3,590,000,000 |                    | \$4,850,000,000 |

PM2.5 related health benefits are presented from state level BenMAP results used in the development of the Clean Air Interstate Rule Regulatory Impact Analysis (RIA) published in March of 2005 (<http://www.epa.gov/cair/pdfs/finaltech08.pdf>).

The health benefits presented are a result of improvements in ambient PM2.5 concentration and do not include health benefits from decreases in ground-level ozone concentrations or welfare benefits from increased visibility or reductions in acid rain.

National totals may not precisely sum to those in the RIA because of the difference between national and state-level aggregation within BenMAP.

Valuation of premature adult mortality at 7% discount does not match the RIA due to an error in the discount rate used in the RIA.

The health effect incidence and valuation functions used in this analysis are the state of the science methods used in March of 2005. EPA has updated several key assumptions used in calculating health impacts since this time.

Valuation of acute myocardial infarction incidences avoided uses a 3% discount rate.

Wisconsin

|  | 2010               |                | 2015               |                |
|--|--------------------|----------------|--------------------|----------------|
|  | Incidences Avoided | Value (1999\$) | Incidences Avoided | Value (1999\$) |
| Mortality, Adult                       | 120                |                | 160                |                |
| 3% Discount Rate                       |                    | \$660,000,000  |                    | \$894,000,000  |
| 7% Discount Rate                       |                    | \$595,000,000  |                    | \$805,000,000  |
| Mortality, Infant                      | 0                  | \$1,590,000    | 0                  | \$2,040,000    |
| Chronic Bronchitis                     | 74                 | \$27,000,000   | 92                 | \$35,800,000   |
| Acute Myocardial Infarction            | 190                | \$15,600,000   | 240                | \$20,400,000   |
| Hospital Admissions, Respiratory       | 44                 | \$340,000      | 56                 | \$443,000      |
| Hospital Admissions, Cardiovascular    | 37                 | \$782,000      | 48                 | \$1,010,000    |
| Emergency Room Visits, Respiratory     | 130                | \$36,800       | 160                | \$44,600       |
| Acute Bronchitis                       | 170                | \$57,800       | 200                | \$70,300       |
| Lower Respiratory Symptoms             | 2,000              | \$30,100       | 2,400              | \$36,600       |
| Upper Respiratory Symptoms             | 1,500              | \$36,100       | 1,800              | \$43,900       |
| Asthma Exacerbation                    | 2,500              | \$104,000      | 3,000              | \$124,000      |
| Work Loss Days                         | 14,000             | \$1,870,000    | 17,000             | \$2,250,000    |
| Minor restricted-activity days (MRADs) | 86,000             | \$4,200,000    | 100,000            | \$5,040,000    |
| <b>Total Value</b>                     |                    |                |                    |                |
| 3% Adult Mortality Discount            |                    | \$712,000,000  |                    | \$961,000,000  |
| 7% Adult Mortality Discount            |                    | \$647,000,000  |                    | \$872,000,000  |

PM2.5 related health benefits are presented from state level BenMAP results used in the development of the Clean Air Interstate Rule Regulatory Impact Analysis (RIA) published in March of 2005 (<http://www.epa.gov/cair/pdfs/finaltech08.pdf>).

The health benefits presented are a result of improvements in ambient PM2.5 concentration and do not include health benefits from decreases in ground-level ozone concentrations or welfare benefits from increased visibility or reductions in acid rain.

National totals may not precisely sum to those in the RIA because of the difference between national and state-level aggregation within BenMAP.

Valuation of premature adult mortality at 7% discount does not match the RIA due to an error in the discount rate used in the RIA.

The health effect incidence and valuation functions used in this analysis are the state of the science methods used in March of 2005. EPA has updated several key assumptions used in calculating health impacts since this time.

Valuation of acute myocardial infarction incidences avoided uses a 3% discount rate.

Wisconsin

|  | 2010               |                | 2015               |                |
|--|--------------------|----------------|--------------------|----------------|
|  | Incidences Avoided | Value (1999\$) | Incidences Avoided | Value (1999\$) |
| Mortality, Adult                       | 120                |                | 160                |                |
| 3% Discount Rate                       |                    | \$660,000,000  |                    | \$894,000,000  |
| 7% Discount Rate                       |                    | \$595,000,000  |                    | \$805,000,000  |
| Mortality, Infant                      | 0                  | \$1,590,000    | 0                  | \$2,040,000    |
| Chronic Bronchitis                     | 74                 | \$27,000,000   | 92                 | \$35,800,000   |
| Acute Myocardial Infarction            | 190                | \$15,600,000   | 240                | \$20,400,000   |
| Hospital Admissions, Respiratory       | 44                 | \$340,000      | 56                 | \$443,000      |
| Hospital Admissions, Cardiovascular    | 37                 | \$782,000      | 48                 | \$1,010,000    |
| Emergency Room Visits, Respiratory     | 130                | \$36,800       | 160                | \$44,600       |
| Acute Bronchitis                       | 170                | \$57,800       | 200                | \$70,300       |
| Lower Respiratory Symptoms             | 2,000              | \$30,100       | 2,400              | \$36,600       |
| Upper Respiratory Symptoms             | 1,500              | \$36,100       | 1,800              | \$43,900       |
| Asthma Exacerbation                    | 2,500              | \$104,000      | 3,000              | \$124,000      |
| Work Loss Days                         | 14,000             | \$1,870,000    | 17,000             | \$2,250,000    |
| Minor restricted-activity days (MRADs) | 86,000             | \$4,200,000    | 100,000            | \$5,040,000    |
| <b>Total Value</b>                     |                    |                |                    |                |
| 3% Adult Mortality Discount            |                    | \$712,000,000  |                    | \$961,000,000  |
| 7% Adult Mortality Discount            |                    | \$647,000,000  |                    | \$872,000,000  |

PM2.5 related health benefits are presented from state level BenMAP results used in the development of the Clean Air Interstate Rule Regulatory Impact Analysis (RIA) published in March of 2005 (<http://www.epa.gov/cair/pdfs/finaltech08.pdf>).

The health benefits presented are a result of improvements in ambient PM2.5 concentration and do not include health benefits from decreases in ground-level ozone concentrations or welfare benefits from increased visibility or reductions in acid rain.

National totals may not precisely sum to those in the RIA because of the difference between national and state-level aggregation within BenMAP.

Valuation of premature adult mortality at 7% discount does not match the RIA due to an error in the discount rate used in the RIA.

The health effect incidence and valuation functions used in this analysis are the state of the science methods used in March of 2005. EPA has updated several key assumptions used in calculating health impacts since this time.

Valuation of acute myocardial infarction incidences avoided uses a 3% discount rate.

West Virginia

|  | 2010               |                 | 2015               |                 |
|--|--------------------|-----------------|--------------------|-----------------|
|  | Incidences Avoided | Value (1999\$)  | Incidences Avoided | Value (1999\$)  |
| Mortality, Adult                       | 290                |                 | 350                |                 |
| 3% Discount Rate                       |                    | \$1,520,000,000 |                    | \$1,960,000,000 |
| 7% Discount Rate                       |                    | \$1,360,000,000 |                    | \$1,760,000,000 |
| Mortality, Infant                      | 1                  | \$2,920,000     | 1                  | \$3,590,000     |
| Chronic Bronchitis                     | 130                | \$47,700,000    | 150                | \$59,000,000    |
| Acute Myocardial Infarction            | 310                | \$25,400,000    | 380                | \$30,800,000    |
| Hospital Admissions, Respiratory       | 74                 | \$603,000       | 87                 | \$742,000       |
| Hospital Admissions, Cardiovascular    | 76                 | \$1,610,000     | 92                 | \$1,940,000     |
| Emergency Room Visits, Respiratory     | 170                | \$46,900        | 190                | \$53,300        |
| Acute Bronchitis                       | 250                | \$84,400        | 280                | \$95,400        |
| Lower Respiratory Symptoms             | 2,900              | \$44,300        | 3,300              | \$50,000        |
| Upper Respiratory Symptoms             | 2,300              | \$54,100        | 2,600              | \$61,200        |
| Asthma Exacerbation                    | 3,800              | \$158,000       | 4,200              | \$175,000       |
| Work Loss Days                         | 24,000             | \$2,540,000     | 26,000             | \$2,840,000     |
| Minor restricted-activity days (MRADs) | 140,000            | \$6,920,000     | 160,000            | \$7,730,000     |
| <b>Total Value</b>                     |                    |                 |                    |                 |
| 3% Adult Mortality Discount            |                    | \$1,610,000,000 |                    | \$2,070,000,000 |
| 7% Adult Mortality Discount            |                    | \$1,450,000,000 |                    | \$1,870,000,000 |

PM2.5 related health benefits are presented from state level BenMAP results used in the development of the Clean Air Interstate Rule Regulatory Impact Analysis (RIA) published in March of 2005 (<http://www.epa.gov/cair/pdfs/finaltech08.pdf>).

The health benefits presented are a result of improvements in ambient PM2.5 concentration and do not include health benefits from decreases in ground-level ozone concentrations or welfare benefits from increased visibility or reductions in acid rain.

National totals may not precisely sum to those in the RIA because of the difference between national and state-level aggregation within BenMAP.

Valuation of premature adult mortality at 7% discount does not match the RIA due to an error in the discount rate used in the RIA.

The health effect incidence and valuation functions used in this analysis are the state of the science methods used in March of 2005. EPA has updated several key assumptions used in calculating health impacts since this time.

Valuation of acute myocardial infarction incidences avoided uses a 3% discount rate.