

Age-Band Rates
Rates effective from 01/01/2023 through 12/31/2023

Keystone HMO Platinum Preferred \$10/\$20/\$200
Keystone HMO Platinum Preferred
Pediatric/Adult Vision SML HMO/POS Stnd Med \$0

Region: 8

Age Bands (In Years)	Non-Tobacco User	Tobacco User	Age Bands (In Years)	Non-Tobacco User	Tobacco User
0	\$412.33	\$412.33	33	\$645.71	\$758.71
01	\$412.33	\$412.33	34	\$654.33	\$768.84
02	\$412.33	\$412.33	35	\$658.65	\$773.91
03	\$412.33	\$412.33	36	\$662.96	\$778.98
04	\$412.33	\$412.33	37	\$667.27	\$784.04
05	\$412.33	\$412.33	38	\$671.58	\$789.11
06	\$412.33	\$412.33	39	\$680.21	\$799.24
07	\$412.33	\$412.33	40	\$688.83	\$843.82
08	\$412.33	\$412.33	41	\$701.76	\$859.66
09	\$412.33	\$412.33	42	\$714.16	\$874.85
10	\$412.33	\$412.33	43	\$731.41	\$895.98
11	\$412.33	\$412.33	44	\$752.97	\$922.39
12	\$412.33	\$412.33	45	\$778.30	\$953.42
13	\$412.33	\$412.33	46	\$808.49	\$990.39
14	\$412.33	\$412.33	47	\$842.44	\$1,031.99
15	\$448.98	\$448.98	48	\$881.25	\$1,079.53
16	\$462.99	\$462.99	49	\$919.52	\$1,126.41
17	\$477.01	\$477.01	50	\$962.64	\$1,323.62
18	\$492.10	\$492.10	51	\$1,005.22	\$1,382.17
19	\$507.19	\$507.19	52	\$1,052.11	\$1,446.65
20	\$522.82	\$522.82	53	\$1,099.54	\$1,511.87
21	\$538.99	\$606.36	54	\$1,150.74	\$1,582.27
22	\$538.99	\$606.36	55	\$1,201.95	\$1,652.68
23	\$538.99	\$606.36	56	\$1,257.46	\$1,729.01
24	\$538.99	\$606.36	57	\$1,313.52	\$1,806.09
25	\$541.15	\$608.79	58	\$1,373.35	\$1,888.35
26	\$551.93	\$620.92	59	\$1,402.99	\$1,929.11
27	\$564.86	\$635.47	60	\$1,462.82	\$2,011.38
28	\$585.88	\$659.12	61	\$1,514.56	\$2,082.52
29	\$603.13	\$678.52	62	\$1,548.52	\$2,129.21
30	\$611.75	\$718.81	63	\$1,591.10	\$2,187.76
31	\$624.69	\$734.01	64+	\$1,616.97	\$2,223.33
32	\$637.63	\$749.21			