

**Age-Band Rates**  
Rates effective from 10/01/2023 through 09/30/2024

Keystone HMO Silver Proactive  
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Pediatric/Adult Vision SML HMO/POS Stnd w/o Med Ded

Region: 8

Age Bands (In Years)	Non-Tobacco User	Tobacco User	Age Bands (In Years)	Non-Tobacco User	Tobacco User
0	\$234.50	\$234.50	33	\$367.23	\$431.50
01	\$234.50	\$234.50	34	\$372.14	\$437.26
02	\$234.50	\$234.50	35	\$374.59	\$440.15
03	\$234.50	\$234.50	36	\$377.04	\$443.03
04	\$234.50	\$234.50	37	\$379.50	\$445.91
05	\$234.50	\$234.50	38	\$381.95	\$448.79
06	\$234.50	\$234.50	39	\$386.85	\$454.55
07	\$234.50	\$234.50	40	\$391.76	\$479.90
08	\$234.50	\$234.50	41	\$399.12	\$488.92
09	\$234.50	\$234.50	42	\$406.17	\$497.55
10	\$234.50	\$234.50	43	\$415.97	\$509.57
11	\$234.50	\$234.50	44	\$428.24	\$524.59
12	\$234.50	\$234.50	45	\$442.64	\$542.24
13	\$234.50	\$234.50	46	\$459.81	\$563.27
14	\$234.50	\$234.50	47	\$479.12	\$586.92
15	\$255.35	\$255.35	48	\$501.19	\$613.96
16	\$263.32	\$263.32	49	\$522.96	\$640.62
17	\$271.29	\$271.29	50	\$547.48	\$752.79
18	\$279.87	\$279.87	51	\$571.70	\$786.08
19	\$288.45	\$288.45	52	\$598.37	\$822.75
20	\$297.34	\$297.34	53	\$625.34	\$859.84
21	\$306.54	\$344.86	54	\$654.46	\$899.89
22	\$306.54	\$344.86	55	\$683.58	\$939.93
23	\$306.54	\$344.86	56	\$715.16	\$983.34
24	\$306.54	\$344.86	57	\$747.04	\$1,027.18
25	\$307.77	\$346.24	58	\$781.06	\$1,073.96
26	\$313.90	\$353.13	59	\$797.92	\$1,097.14
27	\$321.25	\$361.41	60	\$831.95	\$1,143.93
28	\$333.21	\$374.86	61	\$861.38	\$1,184.39
29	\$343.02	\$385.90	62	\$880.69	\$1,210.95
30	\$347.92	\$408.81	63	\$904.91	\$1,244.25
31	\$355.28	\$417.45	64+	\$919.62	\$1,264.48
32	\$362.64	\$426.10			