

**Age-Band Rates**

Rates effective from 01/01/2021 through 12/31/2021

Keystone HMO Platinum Preferred \$20/\$40/\$250  
 Keystone HMO Platinum Preferred  
 Pediatric/Adult Vision SML HMO/POS Stnd Med \$0

Region: 8

\* The non-tobacco use rate applies to tobacco users enrolled in a smoking cessation program.

Age Bands (In Years)	Non-Tobacco User	Tobacco User	Age Bands (In Years)	Non-Tobacco User	Tobacco User
0	\$384.58	\$384.58	33	\$602.26	\$707.65
01	\$384.58	\$384.58	34	\$610.30	\$717.10
02	\$384.58	\$384.58	35	\$614.32	\$721.83
03	\$384.58	\$384.58	36	\$618.35	\$726.56
04	\$384.58	\$384.58	37	\$622.37	\$731.28
05	\$384.58	\$384.58	38	\$626.39	\$736.01
06	\$384.58	\$384.58	39	\$634.43	\$745.46
07	\$384.58	\$384.58	40	\$642.48	\$787.03
08	\$384.58	\$384.58	41	\$654.54	\$801.81
09	\$384.58	\$384.58	42	\$666.10	\$815.98
10	\$384.58	\$384.58	43	\$682.19	\$835.68
11	\$384.58	\$384.58	44	\$702.30	\$860.32
12	\$384.58	\$384.58	45	\$725.93	\$889.26
13	\$384.58	\$384.58	46	\$754.08	\$923.75
14	\$384.58	\$384.58	47	\$785.75	\$962.55
15	\$418.77	\$418.77	48	\$821.95	\$1,006.89
16	\$431.84	\$431.84	49	\$857.64	\$1,050.61
17	\$444.91	\$444.91	50	\$897.86	\$1,234.55
18	\$458.98	\$458.98	51	\$937.57	\$1,289.16
19	\$473.06	\$473.06	52	\$981.31	\$1,349.30

20	\$487.64	\$487.64	53	\$1,025.55	\$1,410.13
21	\$502.72	\$565.56	54	\$1,073.31	\$1,475.80
22	\$502.72	\$565.56	55	\$1,121.07	\$1,541.47
23	\$502.72	\$565.56	56	\$1,172.85	\$1,612.66
24	\$502.72	\$565.56	57	\$1,225.13	\$1,684.55
25	\$504.73	\$567.82	58	\$1,280.93	\$1,761.28
26	\$514.79	\$579.13	59	\$1,308.58	\$1,799.30
27	\$526.85	\$592.71	60	\$1,364.38	\$1,876.03
28	\$546.46	\$614.76	61	\$1,412.64	\$1,942.38
29	\$562.54	\$632.86	62	\$1,444.31	\$1,985.93
30	\$570.59	\$670.44	63	\$1,484.03	\$2,040.54
31	\$582.65	\$684.62	64+	\$1,508.16	\$2,073.72
32	\$594.72	\$698.79			