

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

Keystone HMO Bronze Essential \$7,500/\$70/\$140/\$700 Region: 8  
Keystone HMO Bronze Essential  
Pediatric/Adult Vision SML HMO/POS Stnd w/o Med Ded

Age Bands (In Years)	Non-Tobacco User	Tobacco User	Age Bands (In Years)	Non-Tobacco User	Tobacco User
0	\$194.59	\$194.59	33	\$304.74	\$358.06
01	\$194.59	\$194.59	34	\$308.81	\$362.85
02	\$194.59	\$194.59	35	\$310.84	\$365.24
03	\$194.59	\$194.59	36	\$312.88	\$367.63
04	\$194.59	\$194.59	37	\$314.91	\$370.02
05	\$194.59	\$194.59	38	\$316.95	\$372.41
06	\$194.59	\$194.59	39	\$321.01	\$377.19
07	\$194.59	\$194.59	40	\$325.08	\$398.23
08	\$194.59	\$194.59	41	\$331.19	\$405.71
09	\$194.59	\$194.59	42	\$337.04	\$412.87
10	\$194.59	\$194.59	43	\$345.18	\$422.85
11	\$194.59	\$194.59	44	\$355.35	\$435.31
12	\$194.59	\$194.59	45	\$367.31	\$449.96
13	\$194.59	\$194.59	46	\$381.56	\$467.40
14	\$194.59	\$194.59	47	\$397.58	\$487.04
15	\$211.89	\$211.89	48	\$415.89	\$509.47
16	\$218.50	\$218.50	49	\$433.96	\$531.60
17	\$225.12	\$225.12	50	\$454.30	\$624.67
18	\$232.24	\$232.24	51	\$474.40	\$652.30
19	\$239.36	\$239.36	52	\$496.53	\$682.73
20	\$246.74	\$246.74	53	\$518.91	\$713.51
21	\$254.37	\$286.17	54	\$543.08	\$746.73
22	\$254.37	\$286.17	55	\$567.25	\$779.96
23	\$254.37	\$286.17	56	\$593.45	\$815.99
24	\$254.37	\$286.17	57	\$619.90	\$852.36
25	\$255.39	\$287.31	58	\$648.13	\$891.19
26	\$260.47	\$293.03	59	\$662.13	\$910.42
27	\$266.58	\$299.90	60	\$690.36	\$949.25
28	\$276.50	\$311.06	61	\$714.78	\$982.82
29	\$284.64	\$320.22	62	\$730.81	\$1,004.86
30	\$288.71	\$339.23	63	\$750.90	\$1,032.49
31	\$294.81	\$346.41	64+	\$763.11	\$1,049.28
32	\$300.92	\$353.58			