

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

Keystone HMO Gold Preferred \$40/\$80/\$650  
Keystone HMO Gold 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	\$316.44	\$316.44	33	\$495.55	\$582.27
01	\$316.44	\$316.44	34	\$502.17	\$590.05
02	\$316.44	\$316.44	35	\$505.48	\$593.94
03	\$316.44	\$316.44	36	\$508.79	\$597.83
04	\$316.44	\$316.44	37	\$512.10	\$601.72
05	\$316.44	\$316.44	38	\$515.41	\$605.60
06	\$316.44	\$316.44	39	\$522.03	\$613.38
07	\$316.44	\$316.44	40	\$528.64	\$647.59
08	\$316.44	\$316.44	41	\$538.57	\$659.75
09	\$316.44	\$316.44	42	\$548.09	\$671.41
10	\$316.44	\$316.44	43	\$561.32	\$687.62
11	\$316.44	\$316.44	44	\$577.87	\$707.89
12	\$316.44	\$316.44	45	\$597.31	\$731.71
13	\$316.44	\$316.44	46	\$620.48	\$760.08
14	\$316.44	\$316.44	47	\$646.53	\$792.01
15	\$344.57	\$344.57	48	\$676.32	\$828.49
16	\$355.33	\$355.33	49	\$705.69	\$864.47
17	\$366.08	\$366.08	50	\$738.78	\$1,015.82
18	\$377.66	\$377.66	51	\$771.46	\$1,060.75
19	\$389.24	\$389.24	52	\$807.44	\$1,110.24
20	\$401.24	\$401.24	53	\$843.85	\$1,160.29
21	\$413.65	\$465.36	54	\$883.14	\$1,214.32
22	\$413.65	\$465.36	55	\$922.44	\$1,268.35
23	\$413.65	\$465.36	56	\$965.05	\$1,326.94
24	\$413.65	\$465.36	57	\$1,008.07	\$1,386.09
25	\$415.30	\$467.22	58	\$1,053.98	\$1,449.22
26	\$423.58	\$476.52	59	\$1,076.73	\$1,480.51
27	\$433.51	\$487.69	60	\$1,122.65	\$1,543.64
28	\$449.64	\$505.84	61	\$1,162.36	\$1,598.24
29	\$462.87	\$520.73	62	\$1,188.42	\$1,634.07
30	\$469.49	\$551.65	63	\$1,221.09	\$1,679.01
31	\$479.42	\$563.32	64+	\$1,240.95	\$1,706.31
32	\$489.35	\$574.98			