

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

Keystone HMO Platinum Preferred \$20/\$40/\$250      Region: 8  
 Keystone HMO Platinum Preferred  
 Pediatric/Adult Vision SML HMO/POS Stnd Med \$0

Age Bands (In Years)	Non-Tobacco User	Tobacco User	Age Bands (In Years)	Non-Tobacco User	Tobacco User
0	\$399.63	\$399.63	33	\$625.82	\$735.34
01	\$399.63	\$399.63	34	\$634.18	\$745.16
02	\$399.63	\$399.63	35	\$638.36	\$750.07
03	\$399.63	\$399.63	36	\$642.54	\$754.98
04	\$399.63	\$399.63	37	\$646.72	\$759.89
05	\$399.63	\$399.63	38	\$650.90	\$764.81
06	\$399.63	\$399.63	39	\$659.26	\$774.63
07	\$399.63	\$399.63	40	\$667.61	\$817.83
08	\$399.63	\$399.63	41	\$680.15	\$833.19
09	\$399.63	\$399.63	42	\$692.17	\$847.90
10	\$399.63	\$399.63	43	\$708.88	\$868.38
11	\$399.63	\$399.63	44	\$729.78	\$893.98
12	\$399.63	\$399.63	45	\$754.33	\$924.06
13	\$399.63	\$399.63	46	\$783.59	\$959.89
14	\$399.63	\$399.63	47	\$816.50	\$1,000.21
15	\$435.15	\$435.15	48	\$854.11	\$1,046.28
16	\$448.73	\$448.73	49	\$891.20	\$1,091.72
17	\$462.32	\$462.32	50	\$932.99	\$1,282.86
18	\$476.94	\$476.94	51	\$974.26	\$1,339.60
19	\$491.57	\$491.57	52	\$1,019.71	\$1,402.09
20	\$506.72	\$506.72	53	\$1,065.68	\$1,465.30
21	\$522.39	\$587.69	54	\$1,115.30	\$1,533.54
22	\$522.39	\$587.69	55	\$1,164.93	\$1,601.78
23	\$522.39	\$587.69	56	\$1,218.74	\$1,675.76
24	\$522.39	\$587.69	57	\$1,273.06	\$1,750.46
25	\$524.48	\$590.04	58	\$1,331.05	\$1,830.19
26	\$534.93	\$601.79	59	\$1,359.78	\$1,869.70
27	\$547.46	\$615.90	60	\$1,417.77	\$1,949.43
28	\$567.84	\$638.82	61	\$1,467.92	\$2,018.38
29	\$584.55	\$657.62	62	\$1,500.83	\$2,063.64
30	\$592.91	\$696.67	63	\$1,542.10	\$2,120.38
31	\$605.45	\$711.40	64+	\$1,567.17	\$2,154.86
32	\$617.99	\$726.14			