

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

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	\$224.26	\$224.26	33	\$351.19	\$412.65
01	\$224.26	\$224.26	34	\$355.88	\$418.16
02	\$224.26	\$224.26	35	\$358.23	\$420.92
03	\$224.26	\$224.26	36	\$360.57	\$423.68
04	\$224.26	\$224.26	37	\$362.92	\$426.43
05	\$224.26	\$224.26	38	\$365.26	\$429.19
06	\$224.26	\$224.26	39	\$369.96	\$434.70
07	\$224.26	\$224.26	40	\$374.65	\$458.94
08	\$224.26	\$224.26	41	\$381.68	\$467.56
09	\$224.26	\$224.26	42	\$388.42	\$475.82
10	\$224.26	\$224.26	43	\$397.80	\$487.31
11	\$224.26	\$224.26	44	\$409.53	\$501.67
12	\$224.26	\$224.26	45	\$423.31	\$518.55
13	\$224.26	\$224.26	46	\$439.73	\$538.66
14	\$224.26	\$224.26	47	\$458.19	\$561.29
15	\$244.19	\$244.19	48	\$479.30	\$587.14
16	\$251.82	\$251.82	49	\$500.11	\$612.64
17	\$259.44	\$259.44	50	\$523.57	\$719.90
18	\$267.65	\$267.65	51	\$546.72	\$751.75
19	\$275.85	\$275.85	52	\$572.23	\$786.81
20	\$284.36	\$284.36	53	\$598.03	\$822.29
21	\$293.15	\$329.79	54	\$625.88	\$860.58
22	\$293.15	\$329.79	55	\$653.72	\$898.87
23	\$293.15	\$329.79	56	\$683.92	\$940.39
24	\$293.15	\$329.79	57	\$714.41	\$982.31
25	\$294.32	\$331.11	58	\$746.95	\$1,027.05
26	\$300.19	\$337.71	59	\$763.07	\$1,049.22
27	\$307.22	\$345.62	60	\$795.61	\$1,093.96
28	\$318.65	\$358.49	61	\$823.75	\$1,132.66
29	\$328.03	\$369.04	62	\$842.22	\$1,158.05
30	\$332.73	\$390.95	63	\$865.38	\$1,189.90
31	\$339.76	\$399.22	64+	\$879.45	\$1,209.24
32	\$346.80	\$407.49			