

Age-Band Rates
Rates effective from 01/01/2024 through 12/31/2024

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	\$198.82	\$198.82	33	\$311.36	\$365.85
01	\$198.82	\$198.82	34	\$315.52	\$370.73
02	\$198.82	\$198.82	35	\$317.60	\$373.18
03	\$198.82	\$198.82	36	\$319.68	\$375.62
04	\$198.82	\$198.82	37	\$321.76	\$378.06
05	\$198.82	\$198.82	38	\$323.84	\$380.51
06	\$198.82	\$198.82	39	\$327.99	\$385.39
07	\$198.82	\$198.82	40	\$332.15	\$406.89
08	\$198.82	\$198.82	41	\$338.39	\$414.53
09	\$198.82	\$198.82	42	\$344.37	\$421.85
10	\$198.82	\$198.82	43	\$352.68	\$432.04
11	\$198.82	\$198.82	44	\$363.08	\$444.77
12	\$198.82	\$198.82	45	\$375.30	\$459.74
13	\$198.82	\$198.82	46	\$389.85	\$477.57
14	\$198.82	\$198.82	47	\$406.22	\$497.62
15	\$216.50	\$216.50	48	\$424.94	\$520.55
16	\$223.25	\$223.25	49	\$443.39	\$543.15
17	\$230.01	\$230.01	50	\$464.18	\$638.25
18	\$237.29	\$237.29	51	\$484.71	\$666.48
19	\$244.57	\$244.57	52	\$507.32	\$697.57
20	\$252.10	\$252.10	53	\$530.20	\$729.02
21	\$259.90	\$292.39	54	\$554.89	\$762.97
22	\$259.90	\$292.39	55	\$579.58	\$796.92
23	\$259.90	\$292.39	56	\$606.35	\$833.73
24	\$259.90	\$292.39	57	\$633.38	\$870.89
25	\$260.94	\$293.56	58	\$662.23	\$910.56
26	\$266.14	\$299.40	59	\$676.52	\$930.21
27	\$272.38	\$306.42	60	\$705.37	\$969.88
28	\$282.51	\$317.83	61	\$730.32	\$1,004.19
29	\$290.83	\$327.18	62	\$746.69	\$1,026.70
30	\$294.99	\$346.61	63	\$767.22	\$1,054.93
31	\$301.22	\$353.94	64+	\$779.70	\$1,072.09
32	\$307.46	\$361.27			