

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

Keystone HMO Gold Preferred \$40/\$80/\$650

Region: 8

Keystone HMO Gold 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	\$325.16	\$325.16	33	\$509.21	\$598.32
01	\$325.16	\$325.16	34	\$516.01	\$606.31
02	\$325.16	\$325.16	35	\$519.41	\$610.31
03	\$325.16	\$325.16	36	\$522.81	\$614.30
04	\$325.16	\$325.16	37	\$526.21	\$618.30
05	\$325.16	\$325.16	38	\$529.61	\$622.29
06	\$325.16	\$325.16	39	\$536.41	\$630.29
07	\$325.16	\$325.16	40	\$543.21	\$665.44
08	\$325.16	\$325.16	41	\$553.42	\$677.93
09	\$325.16	\$325.16	42	\$563.19	\$689.91
10	\$325.16	\$325.16	43	\$576.79	\$706.57
11	\$325.16	\$325.16	44	\$593.79	\$727.40
12	\$325.16	\$325.16	45	\$613.77	\$751.87
13	\$325.16	\$325.16	46	\$637.58	\$781.03
14	\$325.16	\$325.16	47	\$664.35	\$813.83
15	\$354.07	\$354.07	48	\$694.96	\$851.32
16	\$365.12	\$365.12	49	\$725.14	\$888.29
17	\$376.17	\$376.17	50	\$759.14	\$1,043.82
18	\$388.07	\$388.07	51	\$792.72	\$1,089.99
19	\$399.97	\$399.97	52	\$829.70	\$1,140.83
20	\$412.30	\$412.30	53	\$867.10	\$1,192.27
21	\$425.05	\$478.18	54	\$907.48	\$1,247.79
22	\$425.05	\$478.18	55	\$947.86	\$1,303.31
23	\$425.05	\$478.18	56	\$991.64	\$1,363.51
24	\$425.05	\$478.18	57	\$1,035.85	\$1,424.29
25	\$426.75	\$480.09	58	\$1,083.03	\$1,489.16
26	\$435.25	\$489.66	59	\$1,106.41	\$1,521.31
27	\$445.45	\$501.13	60	\$1,153.59	\$1,586.18
28	\$462.03	\$519.78	61	\$1,194.39	\$1,642.29
29	\$475.63	\$535.08	62	\$1,221.17	\$1,679.11
30	\$482.43	\$566.86	63	\$1,254.75	\$1,725.28
31	\$492.63	\$578.84	64+	\$1,275.15	\$1,753.33
32	\$502.83	\$590.83			