

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

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	\$410.84	\$410.84	33	\$643.37	\$755.96
01	\$410.84	\$410.84	34	\$651.97	\$766.06
02	\$410.84	\$410.84	35	\$656.26	\$771.11
03	\$410.84	\$410.84	36	\$660.56	\$776.16
04	\$410.84	\$410.84	37	\$664.86	\$781.21
05	\$410.84	\$410.84	38	\$669.15	\$786.25
06	\$410.84	\$410.84	39	\$677.74	\$796.35
07	\$410.84	\$410.84	40	\$686.34	\$840.76
08	\$410.84	\$410.84	41	\$699.23	\$856.55
09	\$410.84	\$410.84	42	\$711.58	\$871.68
10	\$410.84	\$410.84	43	\$728.76	\$892.74
11	\$410.84	\$410.84	44	\$750.24	\$919.05
12	\$410.84	\$410.84	45	\$775.49	\$949.97
13	\$410.84	\$410.84	46	\$805.56	\$986.81
14	\$410.84	\$410.84	47	\$839.39	\$1,028.26
15	\$447.35	\$447.35	48	\$878.06	\$1,075.62
16	\$461.32	\$461.32	49	\$916.19	\$1,122.33
17	\$475.28	\$475.28	50	\$959.15	\$1,318.84
18	\$490.32	\$490.32	51	\$1,001.58	\$1,377.17
19	\$505.35	\$505.35	52	\$1,048.30	\$1,441.42
20	\$520.93	\$520.93	53	\$1,095.56	\$1,506.40
21	\$537.04	\$604.17	54	\$1,146.58	\$1,576.55
22	\$537.04	\$604.17	55	\$1,197.60	\$1,646.70
23	\$537.04	\$604.17	56	\$1,252.91	\$1,722.76
24	\$537.04	\$604.17	57	\$1,308.77	\$1,799.55
25	\$539.19	\$606.59	58	\$1,368.38	\$1,881.52
26	\$549.93	\$618.67	59	\$1,397.92	\$1,922.13
27	\$562.82	\$633.17	60	\$1,457.53	\$2,004.10
28	\$583.76	\$656.73	61	\$1,509.08	\$2,074.99
29	\$600.95	\$676.07	62	\$1,542.92	\$2,121.51
30	\$609.54	\$716.21	63	\$1,585.34	\$2,179.85
31	\$622.43	\$731.35	64+	\$1,611.12	\$2,215.29
32	\$635.32	\$746.50			