

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

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	\$221.58	\$221.58	33	\$347.00	\$407.73
01	\$221.58	\$221.58	34	\$351.64	\$413.17
02	\$221.58	\$221.58	35	\$353.95	\$415.89
03	\$221.58	\$221.58	36	\$356.27	\$418.62
04	\$221.58	\$221.58	37	\$358.59	\$421.34
05	\$221.58	\$221.58	38	\$360.90	\$424.06
06	\$221.58	\$221.58	39	\$365.54	\$429.51
07	\$221.58	\$221.58	40	\$370.17	\$453.46
08	\$221.58	\$221.58	41	\$377.12	\$461.98
09	\$221.58	\$221.58	42	\$383.79	\$470.14
10	\$221.58	\$221.58	43	\$393.06	\$481.49
11	\$221.58	\$221.58	44	\$404.64	\$495.69
12	\$221.58	\$221.58	45	\$418.25	\$512.36
13	\$221.58	\$221.58	46	\$434.48	\$532.23
14	\$221.58	\$221.58	47	\$452.72	\$554.59
15	\$241.28	\$241.28	48	\$473.58	\$580.13
16	\$248.81	\$248.81	49	\$494.14	\$605.33
17	\$256.34	\$256.34	50	\$517.31	\$711.31
18	\$264.45	\$264.45	51	\$540.20	\$742.77
19	\$272.56	\$272.56	52	\$565.40	\$777.42
20	\$280.96	\$280.96	53	\$590.89	\$812.47
21	\$289.65	\$325.86	54	\$618.40	\$850.30
22	\$289.65	\$325.86	55	\$645.92	\$888.14
23	\$289.65	\$325.86	56	\$675.75	\$929.16
24	\$289.65	\$325.86	57	\$705.88	\$970.58
25	\$290.81	\$327.16	58	\$738.03	\$1,014.79
26	\$296.60	\$333.68	59	\$753.96	\$1,036.69
27	\$303.55	\$341.50	60	\$786.11	\$1,080.90
28	\$314.85	\$354.21	61	\$813.92	\$1,119.14
29	\$324.12	\$364.63	62	\$832.16	\$1,144.23
30	\$328.75	\$386.28	63	\$855.05	\$1,175.69
31	\$335.70	\$394.45	64+	\$868.95	\$1,194.81
32	\$342.66	\$402.62			