

Age-Band Rates

Rates effective from 01/01/2026 through 12/31/2026

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	\$406.32	\$406.32	33	\$636.31	\$747.66
1	\$406.32	\$406.32	34	\$644.80	\$757.64
2	\$406.32	\$406.32	35	\$649.05	\$762.64
3	\$406.32	\$406.32	36	\$653.30	\$767.63
4	\$406.32	\$406.32	37	\$657.55	\$772.62
5	\$406.32	\$406.32	38	\$661.80	\$777.62
6	\$406.32	\$406.32	39	\$670.30	\$787.60
7	\$406.32	\$406.32	40	\$678.80	\$831.53
8	\$406.32	\$406.32	41	\$691.54	\$847.14
9	\$406.32	\$406.32	42	\$703.76	\$862.11
10	\$406.32	\$406.32	43	\$720.76	\$882.93
11	\$406.32	\$406.32	44	\$742.00	\$908.95
12	\$406.32	\$406.32	45	\$766.97	\$939.53
13	\$406.32	\$406.32	46	\$796.71	\$975.97
14	\$406.32	\$406.32	47	\$830.17	\$1,016.96
15	\$442.44	\$442.44	48	\$868.41	\$1,063.81
16	\$456.25	\$456.25	49	\$906.12	\$1,110.00
17	\$470.06	\$470.06	50	\$948.62	\$1,304.35
18	\$484.93	\$484.93	51	\$990.58	\$1,362.04
19	\$499.80	\$499.80	52	\$1,036.79	\$1,425.58
20	\$515.21	\$515.21	53	\$1,083.53	\$1,489.85
21	\$531.14	\$597.53	54	\$1,133.98	\$1,559.23
22	\$531.14	\$597.53	55	\$1,184.44	\$1,628.61

23	\$531.14	\$597.53	56	\$1,239.15	\$1,703.83
24	\$531.14	\$597.53	57	\$1,294.39	\$1,779.78
25	\$533.26	\$599.92	58	\$1,353.34	\$1,860.85
26	\$543.89	\$611.87	59	\$1,382.56	\$1,901.02
27	\$556.63	\$626.21	60	\$1,441.51	\$1,982.08
28	\$577.35	\$649.52	61	\$1,492.50	\$2,052.19
29	\$594.35	\$668.64	62	\$1,525.97	\$2,098.20
30	\$602.84	\$708.34	63	\$1,567.93	\$2,155.90
31	\$615.59	\$723.32	64+	\$1,593.42	\$2,190.95
32	\$628.34	\$738.30			