

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

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

Region: 8

Keystone DPOS Gold Preferred

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	\$340.36	\$340.36	33	\$533.01	\$626.29
01	\$340.36	\$340.36	34	\$540.13	\$634.66
02	\$340.36	\$340.36	35	\$543.69	\$638.84
03	\$340.36	\$340.36	36	\$547.25	\$643.02
04	\$340.36	\$340.36	37	\$550.81	\$647.20
05	\$340.36	\$340.36	38	\$554.37	\$651.39
06	\$340.36	\$340.36	39	\$561.49	\$659.75
07	\$340.36	\$340.36	40	\$568.61	\$696.54
08	\$340.36	\$340.36	41	\$579.29	\$709.63
09	\$340.36	\$340.36	42	\$589.52	\$722.16
10	\$340.36	\$340.36	43	\$603.76	\$739.60
11	\$340.36	\$340.36	44	\$621.55	\$761.40
12	\$340.36	\$340.36	45	\$642.46	\$787.02
13	\$340.36	\$340.36	46	\$667.38	\$817.54
14	\$340.36	\$340.36	47	\$695.41	\$851.88
15	\$370.62	\$370.62	48	\$727.44	\$891.12
16	\$382.19	\$382.19	49	\$759.03	\$929.82
17	\$393.75	\$393.75	50	\$794.63	\$1,092.61
18	\$406.21	\$406.21	51	\$829.78	\$1,140.94
19	\$418.67	\$418.67	52	\$868.48	\$1,194.17
20	\$431.57	\$431.57	53	\$907.64	\$1,248.00
21	\$444.92	\$500.54	54	\$949.90	\$1,306.12
22	\$444.92	\$500.54	55	\$992.17	\$1,364.24
23	\$444.92	\$500.54	56	\$1,038.00	\$1,427.25
24	\$444.92	\$500.54	57	\$1,084.27	\$1,490.87
25	\$446.70	\$502.54	58	\$1,133.66	\$1,558.78
26	\$455.60	\$512.55	59	\$1,158.13	\$1,592.42
27	\$466.28	\$524.56	60	\$1,207.51	\$1,660.33
28	\$483.63	\$544.08	61	\$1,250.23	\$1,719.06
29	\$497.87	\$560.10	62	\$1,278.26	\$1,757.60
30	\$504.98	\$593.36	63	\$1,313.40	\$1,805.93
31	\$515.66	\$605.90	64+	\$1,334.76	\$1,835.30
32	\$526.34	\$618.45			