## **2023 MCJHIF Medical Rates Roosevelt Care Center (M.C.I.A.)**

		TRAD	CHOICE	CIGNA	AETNA	OXFORD PPO	OMNIA
	Single	14,648.16	10,411.08	12,060.00	10,263.48	12,451.68	7,808.28
Medical	Parent/Child	21,972.24	15,616.56	18,090.00	15,395.28	20,631.60	11,712.36
	Husband/Wife	32,225.88	22,904.28	26,532.00	22,579.80	27,127.08	17,178.24
	Family	42,479.64	30,192.00	34,974.00	29,764.32	35,552.88	22,644.00

## **2023 MCJHIF Prescription Rates Roosevelt Care Center (M.C.I.A)**

	Single	3,727.92
Prescription	Parent/Child	4,859.64
	Husband/Wife	8,477.04
	Family	9,091.32
<b>Delta Dental</b>	Single	261.84
	Parent/Child	569.52
	Husband/Wife	544.92
	Family	905.28
Healthplex	Single	296.04
	Two Party	591.96
	Family	997.56
FlagShip	Single	334.92
	Two Party	639.60
	Family	1,059.72