

Rate Cell	Contract Year 2023
Medicaid Child 0-18	\$ 167.59
Medicaid Adult 19+	\$ 270.60
Aged Blind Disabled Non-Dual	\$ 695.74
CHIP	\$ 158.93
Commonwealth Child 0-18	\$ 174.63
Commonwealth Adult 19+	\$ 304.10
Dual Eligible Part A Only	\$ 504.80
Dual Eligible Part A and B	\$ 293.72
Foster Care/Domestic Abuse	\$ 348.85
Maternity Kick Payment	\$ 8,137.82
Incarcerated Kick Payment	\$ 6,909.35

ADMINISTRACION DE
SEGUROS DE SALUD

23 - 00045^H

Contrato Número