

ATTACHMENT 11

PMPM Premium Payments

Administracion de Seguros de Salud January 1, 2023 to September 30, 2023 GHP (Vital) PMPM Premium Rates	
Rate Cell	PMPM
CHIP	\$149.75
Medicaid CHIP 0-18	\$139.29
Medicaid Adult 19+	\$262.26
Commonwealth Child 0-18	\$116.89
Commonwealth Adult 19+	\$259.63
Aged Blind Disabled Non-Dual	\$708.80
Dual Eligible Part A and Part B	\$363.17
Dual Eligible Part A Only	\$466.77
Foster Care/Domestic Abuse	\$349.76
Maternity Delivery Kick Payment	\$7,151.01
Correctional Facility Hospital Case Rate	\$10,706.11

ADMINISTRACION DE
SEGUROS DE SALUD

Nº 23 - 0045A

Contrato Número

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