

ATTACHMENT 11

RATE

**(JANUARY 1, 2023 TO
SEPTEMBER 30, 2023)**

ATTACHMENT 11

Administracion de Seguros de Salud January 1, 2023 to September 30, 2023 GHP (Vital) PMPM Premium Rates	
Rate Cell	PMPM
CHIP	\$149.60
Medicaid CHIP 0-18	\$139.15
Medicaid Adult 19+	\$261.97
Commonwealth Child 0-18	\$116.76
Commonwealth Adult 19+	\$259.35
Aged Blind Disabled Non-Dual	\$708.14
Dual Eligible Part A and Part B	\$363.05
Dual Eligible Part A Only	\$466.26
Foster Care/Domestic Abuse	\$349.16
Maternity Delivery Kick Payment	\$7,143.63
Correctional Facility Hospital Case Rate	\$10,706.11

**ADMINISTRACION DE
SEGUROS DE SALUD**

Nº 23 - 0047

Contrato Número

