

Table 1-2 Certified Capitation Rates Effective October 1, 2024 – September 30, 2025 (5/8/2025)

Rate Cell	North	Metro-North	East	Northeast	Southeast	San Juan	SouthWest	West
Medicaid Child 0-18	\$ 246.51	\$ 215.79	\$ 235.29	\$ 202.74	\$ 217.48	\$ 208.21	\$ 185.90	\$ 179.76
Medicaid Adult 19+	\$ 388.25	\$ 380.81	\$ 392.00	\$ 357.81	\$ 358.72	\$ 379.30	\$ 365.88	\$ 338.39
Aged Blind Disabled Non-Dual	\$ 862.45	\$ 889.85	\$ 963.37	\$ 741.27	\$ 859.37	\$ 834.60	\$ 886.66	\$ 796.87
CHIP	\$ 235.77	\$ 201.68	\$ 230.83	\$ 189.75	\$ 208.24	\$ 203.79	\$ 189.76	\$ 180.65
Commonwealth Child 0-18	\$ 408.96	\$ 374.64	\$ 396.42	\$ 360.08	\$ 376.54	\$ 366.18	\$ 341.26	\$ 334.41
Commonwealth Adult 19+	\$ 1,004.63	\$ 1,222.30	\$ 943.99	\$ 1,270.57	\$ 716.05	\$ 1,298.53	\$ 955.69	\$ 860.93
Dual Eligible Part A Only	\$ 591.33	\$ 658.78	\$ 657.91	\$ 609.11	\$ 619.33	\$ 664.12	\$ 672.08	\$ 546.21
Dual Eligible Part A and B	\$ 329.69	\$ 421.95	\$ 320.27	\$ 305.25	\$ 288.67	\$ 439.34	\$ 268.73	\$ 294.31
Foster Care/Domestic Abuse	\$ 632.58	\$ 632.58	\$ 632.58	\$ 632.58	\$ 632.58	\$ 632.58	\$ 632.58	\$ 632.58
Maternity/Newborn Kick Payment	\$ 9,117.80	\$ 9,117.80	\$ 9,117.80	\$ 9,117.80	\$ 9,117.80	\$ 9,117.80	\$ 9,117.80	\$ 9,117.80
Incarcerated Kick Payment	\$ 8,374.73	\$ 8,374.73	\$ 8,374.73	\$ 8,374.73	\$ 8,374.73	\$ 8,374.73	\$ 8,374.73	\$ 8,374.73

*[Handwritten signature]*

ADMINISTRACION DE SEGUROS DE SALUD

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Contrato Número