

ATTACHMENT 11

RATE

(JANUARY 1, 2023 TO
SEPTEMBER 30, 2023)

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 - 0044

Contrato Número