

ATTACHMENT 11

PMPM Premium Payments

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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

EMR
No

ADMINISTRACION DE
SEGUROS DE SALUD

Nº 23 - 0046A

Contrato Número