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REFERENCE

CATEGORICAL FACTORS

FAMILY HEALTH PLUS AND FAMILY HEALTH PLUS PREMIUM ASSISTANCE PROGRAM

A full explanation of the use of Family Health Plus premium rates for adults, Medicaid Managed Care rates for children and Medicaid wrap-around service rates can be found in **CATEGORICAL FACTORS** FAMILY HEALTH PLUS AND FAMILY HEALTH PLUS PREMIUM ASSISTANCE PROGRAM. The following rates are effective April 1, 2008 through March 2009:

WESTERN		FHP Adults	Expanded Children
Counties	Monthly Managed Care Premiums 04/08- 3/29/09	\$317.31	\$181.14
	Cost of Wrap		
Erie	Vision	\$ 2.08	\$1.03
Genesee	DME	\$2.61	\$0.47
Monroe	ER Transportation	\$2.18	\$1.30
Niagara Orleans	Non-ER Transportation (\$0 for adults)	\$0.00	\$1.20
Wyoming	Dental	\$16.16	\$14.47
	Pharmacy	\$66.78	\$41.00

NORTHEAST		FHP Adults	Expanded Children
Counties	Monthly Managed Care Premiums 04/08- 3/29/09	\$330.08	\$181.97
	Cost of Wrap		
Albany	Vision	\$2.25	\$1.50
Fulton	DME	\$2.92	\$1.07
Montgomery	ER Transportation	\$1.23	\$1.44
Rensselaer Saratoga	Non-ER Transportation (\$0 for adults)	\$0.00	\$3.35
Schenectady	Dental	\$17.55	\$13.09
Warren Washington	Pharmacy	\$81.30	\$41.00

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REFERENCE

CATEGORICAL FACTORS

FAMILY HEALTH PLUS AND FAMILY HEALTH PLUS PREMIUM ASSISTANCE PROGRAM

MID- HUDSON		FHP Adults	Expanded Children
Counties	Monthly Managed Care Premiums 04/08- 3/29/09	\$377.88	\$212.96
	Cost of Wrap		
Dutchess	Vision	\$1.35	\$1.08
Orange	DME	\$1.31	\$0.63
Sullivan	ER Transportation	\$1.68	\$1.11
Ulster	Non-ER Transportation (\$0 for adults)	\$0.00	\$4.01
	Dental	\$17.30	\$14.21
	Pharmacy	\$92.41	\$41.00

UTICA		FHP Adults	Expanded Children
Counties	Monthly Managed Care Premiums 04/08- 3/29/09	\$367.85	\$183.49
	Cost of Wrap		
Clinton	Vision	\$1.92	\$1.15
Essex	DME	\$1.67	\$0.59
Franklin	ER Transportation	\$1.42	\$1.14
Hamilton Herkimer	Non-ER Transportation (\$0 for adults)	\$0.00	\$0.58
Jefferson	Dental	\$21.55	\$14.45
Lewis	Pharmacy	\$79.18	\$41.00
Oneida			
Oswego			
St. Lawrence			

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REFERENCE

CATEGORICAL FACTORS

FAMILY HEALTH PLUS AND FAMILY HEALTH PLUS PREMIUM ASSISTANCE PROGRAM

NORTHERN METRO			FHP Adults	Expanded Children
Counties		Monthly Managed Care Premiums 04/08- 3/29/09	\$337.23	\$194.22
	_	Cost of Wrap		
Putnam		Vision	\$1.46	\$1.37
Rockland		DME	\$1.04	\$0.67
Westchester		ER Transportation	\$0.82	\$0.68
		Non-ER Transportation (\$0 for adults)	\$0.00	\$2.54
		Dental	\$17.92	\$17.28
		Pharmacy	\$69.88	\$41.00

NYC		FHP Adults	Expanded Children
Counties	Monthly Managed Care Premiums 04/08- 3/29/09	\$255.10	\$177.35
	Cost of Wrap		
	Vision	\$1.14	\$0.80
	DME	\$0.59	\$0.51
	ER Transportation	\$0.34	\$0.47
	Non-ER Transportation (\$0 for adults)	\$0.00	\$0.28
	Dental	\$14.97	\$10.90
	Pharmacy	\$52.73	\$41.00