

**REFERENCE/DESK AIDS
CATEGORICAL FACTORS**

**FAMILY HEALTH PLUS AND FAMILY HEALTH PLUS PREMIUM ASSISTANCE
PROGRAM**

NORTHERN METRO		FHP Adults		Expanded Children	
		4/08-3/09	1/01/10	4/08-3/09	1/01/10
Counties	Monthly Managed Care Premiums	\$337.23	\$436.46	\$194.22	\$211.57
	Cost of Wrap				
Putnam Rockland Westchester	Vision	\$1.46	\$1.61	\$1.37	\$1.52
	DME	\$1.04	\$1.10	\$0.67	\$0.70
	ER Transportation	\$0.82	\$0.88	\$0.68	\$0.92
	Non-ER Transportation (\$0 for adults)	\$0.00	\$0.00	\$2.54	\$2.74
	Dental	\$17.92	\$19.59	\$17.28	\$18.17
	Pharmacy	\$69.88	\$155.00	\$41.00	\$46.47

NYC		FHP Adults		Expanded Children	
		4/08-3/09	1/01/10	4/08-3/09	1/01/10
Counties	Monthly Managed Care Premiums	\$255.10	\$371.65	\$177.35	\$197.01
	Cost of Wrap				
	Vision	\$1.14	\$1.28	\$0.80	\$0.92
	DME	\$0.59	\$0.68	\$0.51	\$0.58
	ER Transportation	\$0.34	\$0.43	\$0.47	\$0.61
	Non-ER Transportation (\$0 for adults)	\$0.00	\$0.00	\$0.28	\$0.33
	Dental	\$14.97	\$15.82	\$10.90	\$11.73
	Pharmacy	\$52.73	\$155.00	\$41.00	\$46.47

LONG ISLAND		FHP Adults		Expanded Children	
		4/08-3/09	1/01/10	4/08-3/09	1/01/10
Counties	Monthly Managed Care Premiums	\$295.36	\$412.48	\$189.14	\$208.76
	Cost of Wrap				
Nassau Suffolk	Vision	\$1.17	\$1.26	\$0.82	\$0.88
	DME	\$0.91	\$0.94	\$0.66	\$0.68
	ER Transportation	\$0.29	\$0.31	\$0.55	\$0.82
	Non-ER Transportation (\$0 for adults)	\$0.00	\$0.00	\$1.79	\$2.20
	Dental	\$17.25	\$19.11	\$15.07	\$16.56
	Pharmacy	\$50.06	\$155.00	\$41.00	\$46.47