Oregon PERS
2020 Medicare Benefit/Rate Comparison

	Supplement Plan	Medicare Advantage Plans						
	Moda Health Medicare Supplement Plan	Kaiser Permanente Senior Advantage	PacificSource Medicare Essentials RX 803	Providence – Medicare Flex Group Plan + Rx		Providence – Medicare Align Group Plan + Rx	UnitedHealthcare Group Medicare Advantage (PPO)	
				In-Network	Out-of-Network		In-Network	Out-of-Network [1]
Eligible Providers	Any licensed Medicare Provider	Kaiser Permanente and The Portland Clinic Physicians and Hospitals	Plan Physicians and Hospitals	Plan Physicians and Hospitals	Any licensed Medicare Provider	Plan Physicians and Hospitals	Medicare Advantage Network Providers	Any licensed Medicare Provider
	MEMBER pays:	MEMBER pays:	MEMBER pays:	MEMBER pays:		MEMBER pays:	MEMBER pays:	
Calendar Year Deductible	$185 per individual [2]	None	None	None		None	None	
Calendar Year Medical Out-of-Pocket Maximum	None	$1,000 per individual	$3,400 per individual	$3,000 per individual		$1,500 per individual	$2,500 per individual	
Inpatient Care ▪ Inpatient Hospital Care ▪ Skilled Nursing Facility	▪ Covered in full ▪ Covered in full [3]	▪ $200 copay per admit ▪ Covered in full	▪ $125 copay/day; $500 max. per admit ▪ Covered in full	▪ $125 copay/day; $500 max. per admit ▪ Covered in full [4]	▪ 20% ▪ 20%	▪ $100 copay/day; $500 max. per admit ▪ Covered in full	▪ $100 copay/day; $300 max. per admit ▪ $0 copay [3]	▪ $100 copay/day; $300 max. per admit ▪ $0 copay [3]
Outpatient Care ▪ Physician Office Visits ▪ Specialist Office Visits ▪ Outpatient Surgery ▪ Ambulance ▪ Emergency Services ▪ Urgent Care ▪ DME ▪ Lab Test ▪ X-ray ▪ Diagnostic Imaging (CT/MRI/PET) ▪ OT/PT/ST Therapies [5]	▪ Covered in full ▪ Covered in full ▪ Covered in full ▪ Covered in full ▪ Covered in full ▪ Covered in full ▪ Covered in full ▪ Covered in full ▪ Covered in full ▪ Covered in full ▪ Covered in full	▪ $15 copay ▪ $15 copay ▪ $15 copay ▪ $50 copay ▪ $50 copay ▪ $15 copay ▪ 20% [6] ▪ Covered in full ▪ Covered in full ▪ Covered in full ▪ Covered in full	▪ $15 copay ▪ $20 copay ▪ $125 copay ▪ $50 copay ▪ $50 copay ▪ $20 copay ▪ 20% [6] ▪ Covered in full ▪ 10% ▪ 10% ▪ $20 copay	▪ $20 copay ▪ $25 copay [7] ▪ $150 copay ▪ $50 copay (one-way) ▪ $65 copay ▪ $25 copay ▪ 20% [6] ▪ Covered in full ▪ 10% ▪ 10% ▪ $25 copay	▪ $30 copay ▪ $35 copay ▪ 20% ▪ $50 copay (one-way) ▪ $65 copay ▪ $25 copay ▪ 20% [6] ▪ 20% ▪ 20% ▪ 20% ▪ $35 copay	▪ $15 copay ▪ $20 copay ▪ $75 copay ▪ $50 copay (one-way) ▪ $50 copay ▪ $25 copay ▪ 20% [6] ▪ Covered in full ▪ 10% ▪ 10% ▪ $20 copay	▪ $15 copay ▪ $20 copay ▪ $125 copay ▪ $50 copay (one-way) ▪ $65 copay ▪ $20 copay ▪ 20% [6] ▪ $0 copay ▪ 10% ▪ 10% ▪ $20 copay	▪ $15 copay ▪ $20 copay ▪ $125 copay ▪ $50 copay (one-way) ▪ $65 copay ▪ $20 copay ▪ 20% [6] ▪ $0 copay ▪ 10% ▪ 10% ▪ $20 copay
Preventive Care [8] ▪ Annual Wellness Exam ▪ Women's Preventive ▪ Prostate Cancer Screening ▪ Immunizations	▪ Covered in full ▪ Covered in full ▪ Covered in full ▪ Covered in full	▪ Covered in full ▪ Covered in full ▪ Covered in full ▪ Covered in full	▪ Covered in full ▪ Covered in full ▪ Covered in full ▪ Covered in full	▪ Covered in full ▪ Covered in full ▪ Covered in full ▪ Covered in full	▪ Covered in full ▪ Covered in full ▪ Covered in full ▪ Covered in full	▪ Covered in full ▪ Covered in full ▪ Covered in full ▪ Covered in full	▪ $0 copay ▪ $0 copay ▪ $0 copay ▪ $0 copay	▪ $0 copay ▪ $0 copay ▪ $0 copay ▪ $0 copay
Other Services ▪ Chiropractic Care [9] ▪ Routine Hearing Exam ▪ Hearing Hardware (aids) ▪ Vision Routine Eye Exam ▪ Vision Hardware	▪ Covered in full ▪ $45 copay [10] ▪ $699 or $999 options [10] ▪ Discounts available, contact Moda Health	▪ $15 copay ▪ $15 copay ▪ $200 allowance/ear, $400/year ▪ $15 copay ▪ $100 credit every 2 calendar years for lenses, frames and/or contacts	▪ $15 copay ▪ $45 copay [10] ▪ $699 or $999 options [10] ▪ $15 copay ▪ $100 credit every 2 calendar years for lenses, frames and/or contacts	▪ $20 copay ▪ $45 copay [10] ▪ $699 or $999 options [10] ▪ $20 copay [11] ▪ $100 credit every 2 years for lenses, frames or contacts [11]	▪ $35 copay ▪ Not covered ▪ Not covered ▪ $20 copay [11] ▪ $100 credit every 2 years for lenses, frames or contacts [11]	▪ $20 copay ▪ $45 copay [10] ▪ $699 or $999 options [10] ▪ $15 copay [11] ▪ $100 credit every 2 years for lenses, frames or contacts [11]	▪ $20 copay ▪ $2,400 allowance [12] ▪ $2,400 allowance [12] ▪ $20 copay ▪ $100 credit every 24 months for frames and contacts	▪ $20 copay ▪ $2,400 allowance [12] ▪ $2,400 allowance [12] ▪ $20 copay ▪ $100 credit every 24 months for frames and contacts
Prescription Drugs		THIS IS A MEDICARE PART D PRESCRIPTION DRUG PLAN that is included with all Medicare medical plans						
Brand and Generic	40% of charge up to a $250 maximum per prescription for a 31-day supply	40% of charge up to a $250 maximum per prescription for a 30-day supply	40% of charge up to a $250 maximum per prescription for a 31-day supply	40% of charge up to a $250 maximum per prescription for a 31-day supply			40% of charge up to a $250 maximum per prescription for a 31-day supply	
Calendar Year Pharmacy Out-of-Pocket Maximum	$6,350 per member	$6,350 per member	$6,350 per member	$6,350 per member			$6,350 per member	
Rates (per member, per month) [13] ▪ Adult ▪ Child	▪ $314.01 ▪ $252.21	▪ $249.33 ▪ $200.46	▪ $264.70 ▪ $212.76	▪ $247.89 ▪ $202.32		▪ $292.46 ▪ $237.97	▪ $300.10 ▪ $241.08	

This is a summary of benefits only, for general comparison. Any errors or omissions are purely unintentional. Should any discrepancies be found between this comparison and the health plan document, the information in the health plan document shall prevail.

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[1] Out-of-network Medicare providers are paid up to the Medicare limiting charge.
[2] 2019 Part B deductible; 2020 Part B deductible was not available at this time.
[3] Coverage applies to a Medicare certified facility for up to a 100 days/Medicare benefit period.
[4] Days 1-20 are covered in full; days 21-100 member pays a $50 copay per day.
[5] Outpatient Rehab: OT= Occupational Therapy, PT= Physical Therapy, ST= Speech Therapy
[6] Applies to Medicare approved supplies/equipment only and may require Pre-Authorization. Some diabetic supplies are covered in full.
[7] If no referral is in place when seeing an In-network specialist, $35 copay applies.
[8] Medicare covered services only.
[9] Medicare covered chiropractic services only.
[10] Must use TruHearing providers. One exam and two aid's per calendar year.
[11] Any licensed provider.
[12] Allowance is shared between in and out-of-network. Combined ear allowance.
[13] Apply the adult rate to the PERS retiree, Spouse and Dependent Domestic Partner. Apply the Child rate to a dependent child regardless of their age. (No additional premium (cost) for more than one child).