



2020 MEDICARE RATES

Medical and Prescription Drug Monthly Premium Rate Comparison

*The monthly premiums shown below are **WITHOUT** the \$60 RHIA premium subsidy contribution.
The RHIA premium subsidy contribution can only be applied once per account.*

*More information on the RHIA premium subsidy contribution eligibility is located on our website at
<https://www.pershealth.com/new-member/philp-subsidies/>*

Health Plan	Adult Rate <small>(per member, per month)</small>	Child Rate* <small>(per member, per month)</small>
Moda Health Medicare Supplement Plan	\$314.01	\$252.21
Kaiser Permanente Senior Advantage	\$249.33	\$200.46
PacificSource Medicare Essentials RX 803	\$264.70	\$212.76
Providence Medicare Align Group Plan + Rx (HMO)	\$292.46	\$237.97
Providence Medicare Flex Group Plan + Rx (HMO-POS)	\$247.89	\$202.32
UnitedHealthcare Group Medicare Advantage (PPO)	\$300.10	\$241.08

Oregon Administrative Rules (OAR): 459-035-001(1) and 459-035-0020 describe PERS Health Insurance Program (PHIP) eligibility requirements. If you have questions about your eligibility, or if you would like a copy of the complete OAR eligibility rules, please call PHIP at the number listed in the back of this guide or visit <http://sos.oregon.gov/archives>.

<u>Adult Rate Definition:</u>	<u>Child Rate Definition:</u>
Retiree; or Spouse; or Dependent Domestic Partner	A dependent child regardless of age

*No additional premium (cost) for more than two children

To calculate your premium rates, use the Rate Calculation Worksheet.