

# PERS Health Insurance Program

## Plan Year 2009

### Effective January 1, 2009 through December 31, 2009

These rates are presented to help you determine what your monthly premium will be. The monthly premiums shown here are after the contribution from the RHIPA. If you are eligible for this contribution, the rates shown on this page are what you would pay for your coverage. For more information on the RHIPA contribution and eligibility, call the PERS Health Insurance Program at 503-224-7377 or 800-768-7377, or access at [www.pershealth.com](http://www.pershealth.com).

#### State Retiree without Medicare

Qualifying Years of Service	ODS	Providence Health Plan	Kaiser Permanente	Clear Choice Health Plans
Less than 8 years	765.74	571.27	572.91	711.01
8 but less than 10 years	633.52	439.05	440.69	578.79
10 but less than 15 years	607.07	412.60	414.24	552.34
15 but less than 20 years	580.63	386.16	387.80	525.90
20 but less than 25 years	554.19	359.72	361.36	499.46
25 but less than 30 years	527.74	333.27	334.91	473.01
30 and more	501.30	306.83	308.47	446.57

#### State Retiree without Medicare; family without Medicare

Qualifying Years of Service	ODS	Providence Health Plan	Kaiser Permanente	Clear Choice Health Plans
Less than 8 years	1,398.21	1,172.05	1,143.82	1,474.70
8 but less than 10 years	1,265.99	1,039.83	1,011.60	1,342.48
10 but less than 15 years	1,239.54	1,013.38	985.15	1,316.03
15 but less than 20 years	1,213.10	986.94	958.71	1,289.59
20 but less than 25 years	1,186.66	960.50	932.27	1,263.15
25 but less than 30 years	1,160.21	934.05	905.82	1,236.70
30 and more	1,133.77	907.61	879.38	1,210.26

#### State Retiree without Medicare; family with Medicare

Qualifying Years of Service	ODS Supplement	ODS Advantage PPO	Providence Medicare Extra	Providence Medicare Choice	Kaiser Permanente	Clear Choice Health Plans
Less than 8 years	951.85	842.94	735.54	705.45	775.33	899.52
8 but less than 10 years	819.63	710.72	603.32	573.23	643.11	767.30
10 but less than 15 years	793.18	684.27	576.87	546.78	616.66	740.85
15 but less than 20 years	766.74	657.83	550.43	520.34	590.22	714.41
20 but less than 25 years	740.30	631.39	523.99	493.90	563.78	687.97
25 but less than 30 years	713.85	604.94	497.54	467.45	537.33	661.52
30 and more	687.41	578.50	471.10	441.01	510.89	635.08

\*Family includes spouse and/or dependents enrolled in the PERS plan.

# PERS Health Insurance Program

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## **RHIPA (State of Oregon Non-Medicare) Subsidy**

The Oregon Legislature has established the Retiree Health Insurance Premium Account (RHIPA) which pays a monthly contribution toward the cost for health care coverage for some state of Oregon retirees who are not eligible for Medicare. The following describes the eligibility requirements for an “eligible retired state employee” participating in a PERS-sponsored health insurance plan. An “eligible retired state employee” shall include the following:

1. A retiree who was a state employee at the time of retirement and who is not eligible for Medicare, and who:
  - a. Is receiving a PERS service or disability retirement allowance or benefit, and had eight or more years of qualifying service at the time of retirement, or
  - b. Is receiving a PERS disability retirement allowance computed as if the member had eight or more years of creditable service, and has attained the earliest service retirement age. Earliest Retirement Age means:
    1. Age 55 for members other than police officer and fire-fighter.
    2. Age 50 for police office and fire-fighter members.
    3. All members with 30 years of service regardless of age.
2. A surviving spouse or dependent of a deceased “eligible retired state employee” as described in section 1 of this rule, who is not eligible for Medicare, and who:
  - a. Is receiving a retirement allowance or benefits from PERS, or
  - b. Was covered under a PERS-sponsored health insurance plan at the time of the retiree’s death and the eligible retired state employee retired on or after September 29, 1991