



2021 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://pershealth.com/new-member/philp-subsidies/>

Health Plan	Adult Rate	Child Rate*
	(per member, per month)	(per member, per month)
Moda Health Medicare Supplement Plan	\$313.17	\$251.53
Kaiser Permanente Senior Advantage	\$239.38	\$192.50
PacificSource Medicare Essentials RX 803	\$264.41	\$212.53
Providence Medicare Align Group Plan + Rx (HMO)	\$278.19	\$223.53
Providence Medicare Flex Group Plan + Rx (HMO-POS)	\$241.33	\$194.06
UnitedHealthcare Group Medicare Advantage (PPO)	\$252.29	\$202.83

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 or visit <http://sos.oregon.gov/archives>.

Adult Rate Definition:	Child Rate Definition:
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.