



## 2021 NON-MEDICARE RATES

### Medical and Prescription Drug Monthly Premium Rate Comparison

*The monthly premiums shown below are **WITHOUT** the RHIPA premium subsidy contribution.*

*The RHIPA premium subsidy contribution can only be applied once per account.*

*More information on the RHIPA premium subsidy contribution eligibility is located on our website at*

*<https://pershealth.com/new-member/hip-subsidies/>*

Health Plan	Adult Rate <small>(per member, per month)</small>	Child Rate* <small>(per member, per month)</small>
Kaiser Permanente Core Value Plan	\$955.47	\$290.14
United Healthcare Core Value Plan	\$1,156.49	\$350.45
Kaiser Permanente Qualified HDHP	\$573.30	\$175.49
United Healthcare Qualified HDHP	\$833.56	\$253.57

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>.

<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.