

2023 Medicare Rates



Medical and Prescription Drug Monthly Premium Rate Comparison

The monthly premiums shown below are WITHOUT the \$60 RHIA premium subsidy contribution.

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 <i>(per member, per month)</i>	Child Rate* <i>(per member, per month)</i>
Kaiser Permanente Senior Advantage	\$246.13	\$197.90
Moda Health Medicare Supplement Plan	\$337.38	\$270.90
PacificSource Medicare Essentials RX 803	\$257.59	\$207.07
Providence Medicare Align Group Plan + Rx (HMO)	\$267.60	\$215.08
Providence Medicare Flex Group Plan + Rx (HMO-POS)	\$223.68	\$179.94
UnitedHealthcare Group Medicare Advantage (PPO)	\$242.49	\$194.99

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