

2023 Non-Medicare Rates



Medical and Prescription Drug Monthly Premium Rate Comparison

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

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 <i>(per member, per month)</i>	Child Rate* <i>(per member, per month)</i>
Kaiser Permanente Core Value Plan	\$985.09	\$299.03
United Healthcare Core Value Plan	\$1,372.18	\$415.15
Kaiser Permanente Qualified HDHP	\$591.09	\$180.83
United Healthcare Qualified HDHP	\$989.46	\$300.34

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