2026 Medicare Rates

PERS HEALTH INSURANCE PROGRAM
Public Employees Retirement System

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 pershealth.com/new-member/phip-subsidies/.

Health Plan	Adult rate*	Child Rate**
Kaiser Permanente Senior Advantage	$291.04	$234.20
Moda Health Medicare Supplement Plan	$409.06	$328.62
Providence Medicare Align Group Plan + Rx (HMO)	$372.54	$299.40
Providence Medicare Flex Group Plan + Rx (HMO-POS)	$340.69	$273.92
UnitedHealthcare Group Medicare Advantage (PPO)	$310.69	$249.92

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 at the number listed in the back of this guide or visit https://sos.oregon.gov/archives/.

Non-Medicare rates are available on page 46. To calculate your premium rates, use the Rate Calculation Worksheet on page 47.

* Per member, per month adult rate includes retiree, spouse and dependent domestic partner.

** Per member, per month child rate includes dependent child regardless of age. Eligibility requirements apply for dependents over the age of 26, to view dependent eligibility refer to pershealth.com. No additional premium (cost) for more than two children.