

2024 PHIP Medicare Plan Comparison

Benefit Description	Medicare Advantage Plans							Supplement Plan
	Kaiser Permanente Senior Advantage	PacificSource Medicare Essentials RX 803	Providence — Medicare Flex Group Plan + Rx		Providence — Medicare Align Group Plan + Rx	UnitedHealthcare Group Medicare Advantage (PPO)		Moda Health Medicare Supplement plan
			In-Network	Out-of-Network		In-Network	Out-of-Network	
	Member pays:	Member pays:	Member pays:		Member pays:	Member pays:		Member pays:
Calendar Year Deductible	None	None	None		None	None		\$226 per individual ¹
Calendar Year Medical Out-of-Pocket Maximum	\$1,000 per individual	\$3,400 per individual	\$3,000 per individual		\$1,500 per individual	\$2,500 per individual		None
Preventive Care ²	Covered in full	Covered in full	Covered in full	Covered in full	Covered in full	Covered in full	Covered in full	Covered in full
Inpatient Care								
Inpatient Hospital Care	\$200 copay per admit	\$125 copay/day; \$500 max. per admit	\$125 copay/day; \$500 max. per admit	20%	\$100 copay/day; \$500 max. per admit	\$100 copay/day; \$300 max. per admit	\$100 copay/day; \$300 max. per admit	Covered in full
Skilled Nursing Facility	Covered in full	Covered in full	Covered in full ³	20%	Covered in full	\$0 copay per day up to 100 days	Covered in full per day up to 100 days	Covered in full ⁴
Outpatient Care								
Physician Office Visits	\$15 copay	\$15 copay	\$20 copay	\$30 copay	\$15 copay	\$15 copay	\$15 copay	Covered in full
Specialist Office Visits	\$15 copay	\$20 copay	\$25 copay	\$35 copay	\$20 copay	\$20 copay	\$20 copay	Covered in full
Outpatient Surgery	\$15 copay	\$125 copay	\$150 copay	20%	\$75 copay	\$125 copay	\$125 copay	Covered in full
Ambulance (air-ground)	\$50 copay	\$50 copay	\$50 copay	\$50 copay	\$50 copay	\$50 copay	\$50 copay	Covered in full
Emergency Services	\$50 copay	\$50 copay	\$65 copay	\$65 copay	\$50 copay	\$65 copay	\$65 copay	Covered in full
Urgent Care	\$15 copay	\$20 copay	\$25 copay	\$25 copay	\$25 copay	\$20 copay	\$20 copay	Covered in full
DME ⁵	20%	20%	20%	20%	20%	20%	20%	Covered in full
Lab Test	Covered in full	Covered in full	Covered in full	20%	Covered in full	\$0 copay	\$0 copay	Covered in full
X-ray	Covered in full	10%	10%	20%	10%	10%	10%	Covered in full
Prescription Drugs⁶	← This is a Medicare Part D prescription drug plan included with all Medicare medical plans →				← This is a Medicare Part D prescription drug plan included with all Medicare medical plans →			
Out-of-Pocket Maximum	← \$5,000 per member →				← \$5,000 per member →			
Tier 1	Up to an \$8 copay				Up to an \$8 copay			
Tier 2	Up to a \$15 copay				Up to a \$15 copay			
Tier 3	40% to \$250 max				40% to \$250 max			
Tier 4	40% to \$250 max				40% to \$250 max			
Tier 5	40% to \$250 max				40% to \$250 max			
Tier 6 ⁷	\$0 cost share				\$0 cost share			
Rates⁸ (per member, per month)								
Adult	\$273.55	\$273.56	\$224.58		\$319.85	\$273.57		\$338.28
Child	\$220.02	\$220.03	\$180.84		\$257.06	\$220.04		\$271.80

¹ 2023 Part B Deductible. 2024 Part B Deductible is not available at this time.

² Medicare-covered services only.

³ Days 1-20 are covered in full; days 21-100 member pays a \$50 copay per day

⁴ Coverage applies to a Medicare-certified facility for up to a 100 days/Medicare benefit period

⁵ Applies to Medicare-approved supplies/equipment only and may require pre-authorization. Some diabetic supplies are covered in full.

⁶ Kaiser Permanente is limited to a 30-day supply; all other plans are for a 31-day supply.

⁷ Providence Medicare Advantage Plans and UnitedHealthcare do not have a pharmacy Tier 6.

⁸ Apply the adult rate to the PERS retiree; spouse; and dependent domestic partner. Apply the child rate to a dependent child regardless of age. There is no additional premium (cost) for more than two children. Monthly rates shown do not include the RHIA premium subsidy contribution.

This is a summary of benefits that you can use to compare plans. If you find any differences between this outline and health plan documents, please refer to the information in the online health plan documents.

All plan deductibles/out-of-pocket maximums operate on a calendar year basis which begins on January 1 and ends on December 31.

Acupuncture, chiropractic, hearing and vision benefits are included in the medical coverage; coverage varies by plan. You can find more information on pershealth.com.