2025 PHIP Medicare Plan Comparison

Benefit Description	Medicare Advantage Plans						Supplement Plan
	Kaiser Permanente Senior Advantage	Providence — Medicare Align Group Plan + Rx	lign Providence — Medicare		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:
Calendar Year Deductible	None	None	None		None		\$240 per individual ¹
Calendar Year Medical Out-of-Pocket Maximum	\$1,000 per individual	\$1,500 per individual	\$3,000 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
Inpatient Care Inpatient Hospital Care Skilled Nursing Facility	\$200 copay per admit Covered in full	\$100 copay/day; \$500 max. per admit Covered in full	\$125 copay/day; \$500 max. per admit Covered in full ³	20%	\$100 copay/day; \$300 max. per admit \$0 copay per day up to 100 days	\$100 copay/day; \$300 max. per admit Covered in full per day up to 100 days	Covered in full Covered in full 4
Outpatient Care Physician Office Visits Specialist Office Visits Outpatient Surgery Ambulance (air-ground) Emergency Services Urgent Care DME ⁵ Lab Test X-ray	\$15 copay \$15 copay \$15 copay \$50 copay \$50 copay \$15 copay 20% Covered in full Covered in full	\$15 copay \$20 copay \$75 copay \$50 copay \$50 copay \$25 copay 20% Covered in full 10%	\$20 copay \$25 copay \$150 copay \$50 copay \$65 copay \$25 copay 20% Covered in full 10%	\$30 copay \$35 copay 20% \$50 copay \$65 copay \$25 copay 20% 20% 20%	\$15 copay \$20 copay \$125 copay \$50 copay \$65 copay \$20 copay 20% \$0 copay 10%	\$15 copay \$20 copay \$125 copay \$50 copay \$65 copay \$20 copay 20% \$0 copay 10%	Covered in full
Prescription Drugs ⁶	This is a Medicare Part D prescription drug plan included with all Medicare medical plans				This is a Medicare Part D prescription drug plan ————————————————————————————————————		
Out-of-Pocket Maximum	\$2,000 per member				\$2,000 per member		
Tier 1 Tier 2 Tier 3 Tier 4 Tier 5 Tier 6 ⁷	Up to an \$8 copay Up to a \$15 copay 40% to \$250 max 40% to \$250 max 40% to \$250 max \$0 cost share				Up to an \$8 copay Up to a \$15 copay 40% to \$250 max 40% to \$250 max 40% to \$250 max \$0 cost share		
Rates ⁸ (per member, per month) Adult Child	\$290.09 \$233.25	\$371.59 \$298.45 \$251.40		\$292.90 \$235.50		\$384.93 \$309.13	

¹ 2024 Part B Deductible. 2025 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.

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.

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.