

# 2025 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 [pershealth.com/new-member/philp-subsidies/](https://pershealth.com/new-member/philp-subsidies/).

Health Plan	Adult Rate*	Child Rate**
Kaiser Permanente Senior Advantage	\$290.09	\$233.25
Moda Health Medicare Supplement Plan	\$384.93	\$309.13
Providence Medicare Align Group Plan + Rx (HMO)	\$371.59	\$298.45
Providence Medicare Flex Group Plan + Rx (HMO-POS)	\$312.77	\$251.40
UnitedHealthcare Group Medicare Advantage (PPO)	\$292.90	\$235.50

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](https://pershealth.com). No additional premium (cost) for more than two children.