

PERS Health Insurance Program (PHIP)

# 2025 New Enrollment Guide



The PERS Health Insurance Program (PHIP) offers group healthcare coverage for all retirees, their spouses and dependents who meet eligibility requirements. When planning your retirement, review all health coverage options available through your employer or your spouse's employer to determine the best health coverage for you.

### Health plan information

As a PERS retiree, you, your spouse and dependents may be eligible for the PERS Health Insurance Program (PHIP). Specifically designed for PERS retirees, PHIP offers both Medicare and non-Medicare health plans. These plans come with prescription drug coverage. Dental coverage is also available if you enroll in medical coverage. To participate in PHIP, your primary residence (not mailing address) must be within the United States and the health plan's service area. For details about each health plan's service area visit [pershealth.com](http://pershealth.com).

OPSRP disability benefit recipients are not eligible for PHIP until they are an eligible retiree under ORS 238.305, 238.315, 238.195, or 238A.400

### Medicare health plan options

PHIP offers Supplement, HMO, HMO-POS and PPO plans for Medicare retirees. All Medicare-eligible members, spouses and dependents must be enrolled in both Part A and Part B of Medicare. If you turn down Part B when you are first eligible and request to enroll at a later date, Medicare may penalize you. If you stop paying your Part B premium, and lose Part B coverage, you will not be able to continue on any of the PHIP Medicare health plans. Spouse and/or dependent's Medicare coverage must be the same as the eligible retiree if enrolled in a Medicare plan.

### Non-Medicare health plan options

PHIP offers a traditional HMO and PPO plan. We also offer two HSA (Health Savings Account) qualified High Deductible Health Plans (HDHP). You can use our HDHP with an HSA. Spouse and/or dependent's non-Medicare coverage must be the same as the eligible retiree if enrolled in a non-Medicare plan.

If you have other health insurance coverage, you will not qualify for an HDHP with an HSA. Other health insurance coverage includes Medicare, military health or other health insurance plans. You also will not qualify if another person claims you as a dependent on their tax return. Once enrolled in a HDHP you will never be able to change to a PHIP Core Value Plan (HMO or PPO plan).

### Health savings account (HSA) basics

You must be enrolled in an HDHP to have an HSA account. An HSA belongs to you and you are responsible for setting one up through a financial institution. You can use it to pay for medical, pharmacy, dental and vision expenses that have been qualified by the IRS. You fund the HSA by making contributions to the account, up to the annual contribution limits set by the IRS. Additionally, you can carry a balance on your HSA year after year. Check with your bank or credit union to see if they offer this option. HSA contributions are post-tax and cannot be directly deposited from your PERS pension benefit.

If you are 55 or older, you may be able to make an additional annual catch-up contribution. You can keep the account and the money in it if you change plans or qualify for Medicare.

## HSA and Medicare

You will not be able to contribute to your HSA once you qualify for Medicare. However, you may be able to cover some IRS-qualified expenses with HSA funds. These include Medicare premiums and long-term care.

Please contact a tax advisor for specific rules about HSAs.

## Dental plan options

You can enroll in one of our dental plans only if you are enrolled in one of our medical plans. You can enroll in a dental plan under the same enrollment opportunities as the PHIP medical plan. Any dependent's dental coverage must be the same as the eligible retiree. You can enroll in either dental plan regardless of the medical plan you choose. However, for Kaiser Permanente dental, you must live in the Kaiser Permanente dental plan service area.

## Exclusions and limitations

All available contracted health and dental plans have some limitations and exclusions. You can find an explanation of the limitations and exclusions in the Evidence of Coverage (EOC) for the specific health or dental plan at [pershealth.com](http://pershealth.com) under the benefits link. Note: For Medicare Supplement members, refer to the Medicare & You handbook for plan benefits, limits and exclusions.

## Health insurance program enrollment opportunities

Based on OAR 459-035-0070 here are your enrollment opportunities for both medical and dental plans. You must enroll during one of these time periods. If you do not, you will lose your opportunity to enroll in PHIP. You must enroll:

- Within 90 days of your PERS effective retirement date
- Within 90 days of your of initial Medicare eligibility date, whether due to age or disability
- Within 30 days of losing employer-sponsored group coverage

## Surviving spouses and dependents

If a surviving spouse or dependent child is not enrolled at the time of a PERS retiree's death, the spouse or dependent child may enroll within 90 days of the date of death or by meeting other enrollment opportunities. In the event of remarriage, PHIP coverage cannot be extended to the new spouse.

## Annual premium rate

Premium rates are contracted annually and change on January 1 of each year. Different rate combinations apply, depending on you and your dependents' Medicare and/or subsidy contribution eligibility.

## Premium payments

You can pay your monthly premium by:

- Automatic deduction from your PERS pension
- Automatic withdrawal from your checking or savings account

Only one payment option is allowed per PHIP account.

## Travel benefits

All contracted health plans offered include a travel benefit. To find out about coverage for travel outside the United States, please visit [pershealth.com](http://pershealth.com).

## PERS premium subsidy contributions

Applies only to Tier One or Tier Two retirees; OPSRP retirees are not eligible for a PERS premium subsidy.

### Retirement Health Insurance Account (RHIA) (Medicare)

Oregon Revised Statute (ORS) 238.420 established a trust fund called the Retirement Health Insurance Account (RHIA).

RHIA pays a \$60 monthly contribution toward the cost of PHIP healthcare coverage for eligible PERS retirees who had eight or more years of qualifying service and are enrolled in a PHIP Medicare plan.

### Retiree Health Insurance Premium Account (RHIPA) (non-Medicare)

Oregon Revised Statute (ORS) 238.415 established a trust fund called the Retiree Health Insurance Premium Account (RHIPA).

RHIPA pays a monthly contribution toward the cost of healthcare coverage for eligible state of Oregon retirees who are not eligible for Medicare.

This contribution applies only to PERS retirees who retire directly from a state agency with eight or more years of qualifying service under a state agency; and whose PERS-effective retirement date is the first of the month following termination from state employment.

These premium contributions are applied automatically, if you are eligible.

For more information about PERS premium subsidy contributions, please visit [pershealth.com](http://pershealth.com) or contact PHIP customer service at the number provided on the Resource page at the end of this brochure.

Additional documents may be required for eligibility and enrollment. Visit [pershealth.com](http://pershealth.com) or call PHIP customer service at the number provided on the Resource page at the end of this brochure.



# 2025 PHIP Medicare Plan Comparison

Benefit Description	Medicare Advantage Plans			
	Kaiser Permanente Senior Advantage	Providence — Medicare Align Group Plan + Rx	Providence — Medicare Flex Group Plan + Rx	
			In-Network	Out-of-Network
	Member pays:	Member pays:	Member pays:	
Calendar Year Deductible	None	None	None	
Calendar Year Medical Out-of-Pocket Maximum	\$1,000 per individual	\$1,500 per individual	\$3,000 per individual	
<b>Preventive Care<sup>2</sup></b>	Covered in full	Covered in full	Covered in full	Covered in full
<b>Inpatient Care</b>				
Inpatient Hospital Care	\$200 copay per admit	\$100 copay/day; \$500 max. per admit	\$125 copay/day; \$500 max. per admit	20%
Skilled Nursing Facility	Covered in full	Covered in full	Covered in full <sup>3</sup>	20%
<b>Outpatient Care</b>				
Physician Office Visits	\$15 copay	\$15 copay	\$20 copay	\$30 copay
Specialist Office Visits	\$15 copay	\$20 copay	\$25 copay	\$35 copay
Outpatient Surgery	\$15 copay	\$75 copay	\$150 copay	20%
Ambulance (air-ground)	\$50 copay	\$50 copay	\$50 copay	\$50 copay
Emergency Services	\$50 copay	\$50 copay	\$65 copay	\$65 copay
Urgent Care	\$15 copay	\$25 copay	\$25 copay	\$25 copay
DME <sup>5</sup>	20%	20%	20%	20%
Lab Test	Covered in full	Covered in full	Covered in full	20%
X-ray	Covered in full	10%	10%	20%
<b>Prescription Drugs<sup>6</sup></b>	← This is a Medicare Part D prescription drug plan included with all Medicare medical plans →			
Out-of-Pocket Maximum	← \$2,000 per member →			
Tier 1	Up to an \$8 copay			
Tier 2	Up to a \$15 copay			
Tier 3	40% to \$250 max			
Tier 4	40% to \$250 max			
Tier 5	40% to \$250 max			
Tier 6 <sup>7</sup>	\$0 cost share			
<b>Rates<sup>8</sup></b> (per member, per month)				
Adult	\$290.09	\$371.59	\$312.77	
Child	\$233.25	\$298.45	\$251.40	

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.

UnitedHealthcare Group Medicare Advantage (PPO)		Supplement Plan
In-Network	Out-of-Network	Moda Health Medicare Supplement plan
<b>Member pays:</b>		<b>Member pays:</b>
None		\$240 per individual <sup>1</sup>
\$2,500 per individual		None
Covered in full	Covered in full	Covered in full
\$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 <sup>4</sup>
\$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 Covered in full Covered in full Covered in full Covered in full Covered in full Covered in full Covered in full Covered in full
<p style="text-align: center;">← This is a Medicare Part D prescription drug plan included with all Medicare medical plans →</p> <p style="text-align: center;">← \$2,000 per member →</p>		
		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
\$292.90 \$235.50		\$384.93 \$309.13

- <sup>1</sup> 2024 Part B Deductible. 2025 Part B Deductible is not available at this time.
- <sup>2</sup> Medicare-covered services only.
- <sup>3</sup> Days 1-20 are covered in full; days 21-100 member pays a \$50 copay per day
- <sup>4</sup> Coverage applies to a Medicare-certified facility for up to a 100 days/ Medicare benefit period
- <sup>5</sup> Applies to Medicare-approved supplies/equipment only and may require pre-authorization. Some diabetic supplies are covered in full.
- <sup>6</sup> Kaiser Permanente is limited to a 30-day supply; all other plans are for a 31-day supply.
- <sup>7</sup> Providence Medicare Advantage Plans and UnitedHealthcare do not have a pharmacy Tier 6.
- <sup>8</sup> 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.

# 2025 PHIP Non-Medicare Plan Comparison

## Core Value Plans

Benefit Description	Kaiser Permanente	UnitedHealthcare Select Plus	
		In-Network	Out-of-Network
	<b>Member Pays:</b>	<b>Member Pays:</b>	
Calendar Year Deductible	None	\$1,000 per individual / \$2,000 per family	
Calendar Year Medical Out-of-Pocket Maximum	\$2,000 per individual \$4,000 per family (2 or more)	\$6,350 + \$1,000 deductible = \$7,350/individual \$12,700 + \$2,000 deductible = \$14,700/family	
<b>Preventive Care</b>	Covered in full per ACA guidelines	Covered in full per ACA guidelines	40% after deductible per ACA guidelines
<b>Inpatient Care</b>			
Inpatient Hospital Care	\$200 copay/day; \$1,000 max per admit	20% after deductible	40% after deductible
Skilled Nursing Facility	Covered in full	20% after deductible	40% after deductible
<b>Outpatient Care</b>			
Physician Office Visits <sup>1</sup>	\$30 copay	\$20 copay, no deductible	40% after deductible
Specialist Office Visits	\$40 copay	\$20 copay, no deductible	40% after deductible
Outpatient Surgery	\$200 copay	20% after deductible	40% after deductible
Ambulance (Air-Ground)	\$100 copay	20% after deductible	20% after deductible
Emergency Services	\$200 copay	\$200 copay, then 20%, no deductible	\$200 copay, then 20%, no deductible
Urgent Care	\$30 copay	\$20 copay, no deductible	40% after deductible
DME	20%	20% after deductible	40% after deductible
Lab Tests	\$30 copay <sup>2</sup>	20%, no deductible	40% after deductible
X-ray	\$30 copay	20%, no deductible	40% after deductible
<b>Prescription Drugs</b>		Combined with medical	
Calendar Year Pharmacy Out-of-Pocket Maximum	\$5,000 per member		
Tier 1	Up to an \$8 copay /30-day supply	Brand: 40%, no deductible Generic: 40%, no deductible Specialty: 40%, no deductible	
Tier 2	Up to a \$15 copay /30-day supply		
Tier 3	40% to \$250 max /30-day supply		
Tier 4	40% to \$250 max /30-day supply		
Tier 5	40% to \$250 max /30-day supply		
Tier 6	\$0 cost share		
<b>Rates<sup>3</sup> (per member, per month)</b>			
Adult	\$1,187.10	\$1,502.63	
Child	\$360.26	\$454.92	

<sup>1</sup> One annual preventative primary care visit per year at \$0. First three primary care or primary care-related visits per year at \$5 per visit. This includes any combination of in-person or virtual care.

<sup>2</sup> Certain diagnosis-based screening and lab tests available at \$0 cost-share per IRS guidelines.

<sup>3</sup> 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 RHIPA premium subsidy contribution.

Acupuncture and spinal manipulation are included in the medical coverage. You can find information about both on pershealth.com.



# 2025 PHIP Non-Medicare Plan Comparison

## HDHP Plans\*

Benefit Description	Kaiser Permanente	UnitedHealthcare	
		In-Network	Out-of-Network
	<b>Member Pays:</b>	<b>Member Pays:</b>	
Calendar Year Deductible/ Pharmacy Deductible	\$3,000 per individual If enrolled as a family, a total of \$6,000 for all members combined <sup>1</sup>	\$3,000 per individual If enrolled as a family, a total of \$6,000 for all members combined <sup>1</sup>	
Calendar Year Medical/ Pharmacy Out-of-Pocket Maximum	\$6,650 per individual \$13,300 per family (2 or more)	\$6,650 per individual \$13,300 per family (2 or more)	
<b>Preventive Care</b>	Covered in full	Covered in full	40% after deductible
<b>Inpatient Care</b>			
Inpatient Hospital Care	20% after deductible	20% after deductible	40% after deductible
Skilled Nursing Facility	20% after deductible	20% after deductible	40% after deductible
<b>Outpatient Care</b>			
Physician Office Visits <sup>2</sup>	20% after deductible	20% after deductible	40% after deductible
Specialist Office Visits	20% after deductible	20% after deductible	40% after deductible
Outpatient Surgery	20% after deductible	20% after deductible	40% after deductible
Ambulance (Air-Ground)	20% after deductible	20% after deductible	20% after deductible
Emergency Services	20% after deductible	20% after deductible	20% after deductible
Urgent Care	20% after deductible	20% after deductible	40% after deductible
DME	20% after deductible <sup>4</sup>	20% after deductible	40% after deductible
Lab Tests	20% after deductible <sup>5</sup>	20% after deductible	40% after deductible
X-ray	20% after deductible	20% after deductible	40% after deductible
<b>Prescription Drugs</b>			
Brand/Generic/Specialty	20% after deductible	20% after deductible	
<b>Rates<sup>3</sup> (per member, per month)</b>			
Adult	\$708.89	\$1083.65	
Child	\$216.78	\$329.23	

<sup>1</sup>A family has to meet the entire family deductible before covered expenses are paid at the plan coinsurance level for any of the family members.

<sup>2</sup>One annual preventive primary care visit per year at \$0. First three primary care or primary care-related visits per year at \$5 per visit. This includes any combination of in-person or virtual care

<sup>3</sup>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 RHIPA premium subsidy contribution.

<sup>4</sup>Certain DME are covered prior to deductible per IRS guidelines.

<sup>5</sup>Certain labs are covered at \$0 cost share and prior to deductible per IRS guidelines.

\*Once enrolled in the qualified HDHP, you cannot switch to a Core Value plan at any time in the future.

Acupuncture and spinal manipulations are included in the medical coverage. You can find information about both 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 the health plan document, please refer to the information in the online health plan document.



# 2025 PHIP Dental Plan Comparison

Medicare and non-Medicare members can enroll in either dental plan regardless of their medical plan selection. For Kaiser Permanente Dental, you must live in the Kaiser dental service area. For details about each health plan's service area visit [pershealth.com](http://pershealth.com).

Benefit Description	Kaiser Permanente	Delta Dental Plan of Oregon
Providers/Network	Kaiser Permanente Dental Associates	Delta Dental Premier, PPO and non-Participating Dental Providers <sup>1</sup>
	<b>Member Pays:</b>	<b>Member Pays:</b>
Calendar Year Deductible	None	\$25 per individual <sup>2</sup>
Calendar Year Benefit Maximum (Plan Pays)	\$1,750 per individual <sup>3</sup>	\$1,750 per individual <sup>3</sup>
<b>Preventive care</b>		
Exams/Cleanings/ Diagnostics	Limit of two cleanings per calendar year \$10 copay per visit <sup>3</sup>	Available twice in a calendar year  Covered in full <sup>2,3,5</sup>
<b>Basic services</b>		
Restorative/Oral Surgery/ Endodontic-Periodontic	\$10 copay, then 20%	20% after deductible <sup>4</sup>
<b>Major services</b>		
Crowns/Cast Restorations/ Dentures/Bridge Work/ Implants	\$10 copay, then 50%	50% after deductible <sup>4</sup>
Out-of-Area Coverage	Kaiser Permanente allows a benefit of up to \$100 of reimbursement on an approved out-of-area emergency claim	Worldwide for emergency services only
<b>Rates<sup>6</sup> (per member, per month)</b>		
Adult	\$70.74	\$72.96
Child	\$28.66	\$29.55

This is a summary of benefits only, for general comparison. Any errors or omissions are purely unintentional. Should any discrepancies be found between this outline and the health plan document, the information in the health plan document shall prevail.

<sup>1</sup> The amounts payable for services of a non-participating provider are limited to the amount in the PPO Fee Schedule. The non-participating provider may balance bill.

<sup>2</sup> Deductible waived on preventive services.

<sup>3</sup> Charges for preventive services do not apply to the calendar year benefit maximum.

<sup>4</sup> There is a 12-month waiting period for basic and major services following enrollment unless member has had continuous dental coverage for the previous 12 months immediately preceding PHIP dental enrollment.

<sup>5</sup> Additional cleanings may be covered through the Oral Health, Total Health program or Health through Oral Wellness program. Contact customer service for additional details.

<sup>6</sup> Apply the adult rate to the PERS retiree; spouse; and dependent domestic partner. Apply the child rate to a dependent child regardless of age. No additional premium (cost) for more than two children.

# Resources

## Getting Assistance With Your PHIP Plan

For general eligibility and enrollment questions you can contact PHIP in the following ways:

### Online

[pershealth.com](http://pershealth.com)

### By Phone

In Portland: (503) 224-7377

Toll-free: (800) 768-7377

TTY: 711

Monday through Friday, 7:30 a.m. to 5:30 p.m.

### By Mail

PERS Health Insurance Program

P.O. Box 40187

Portland, OR 97240-0187

### By Fax

In Portland: (503) 765-3452

Toll-free: (888) 393-2943

### In Person

Call PHIP to schedule an appointment.

## Additional Member Resources

### Centers for Medicare and Medicaid Services (CMS)

Toll-free: (800) 633-4227

TTY: (877) 486-2048

[medicare.gov](http://medicare.gov)

### Social Security Administration (SSA)

Toll-free: (800) 772-1213

TTY: (800) 325-0778

[ssa.gov](http://ssa.gov)

### PERS Pension Office

*Pension questions only*

### Online

[oregon.gov/pers](http://oregon.gov/pers)

### By Phone

Toll-free: (888) 320-7377

TTY: (503) 603-7766

Monday through Friday, 8:30 a.m. to 5:00 p.m.

### By Mail

P.O. Box 23700

Tigard, OR 97281-3700



# Contacting Your Health Plan

For questions on plan benefits, limitations and exclusions, deductibles (if applicable) refer to the health plan's EOC or benefit handbook. You can obtain either by contacting the health plan directly or from [pershealth.com](http://pershealth.com). **Note: For Medicare Supplement members, refer to the Medicare & You handbook for plan benefits, limits and exclusions.**

## Medical

### **Kaiser Foundation Health Plan of the NW (Medicare and non-Medicare)**

In Portland: (503) 813-2000

Toll-free: (800) 813-2000

TTY: 711

Medicare Members: (877) 221-8221

[my.kp.org/pers](http://my.kp.org/pers)

### **Moda Health Plan, Inc.**

Toll-free: (800) 962-1533

TTY: 711

[modahealth.com/pers](http://modahealth.com/pers)

### **Providence Medicare Advantage Plans**

Prospective members:

In Portland: (503) 574-8403

Toll-free: (855) 210-1587

TTY: 711

Enrolled Medicare members:

In Portland: (503) 574-8000

Toll-free: (800) 603-2340

TTY: 711

[providencehealthassurance.com/PHIP](http://providencehealthassurance.com/PHIP)

### **UnitedHealthcare (Medicare and non-Medicare)**

#### **Medicare plan:**

Toll-free: (844) 884-1850

TTY: 711

[uhc.com/pers](http://uhc.com/pers)

#### **Non-Medicare plans:**

Toll-free: (844) 554-5498

TTY: 711

[uhc.com/pers](http://uhc.com/pers)

Contact information for Pharmacy and Dental are located on the following page.

# Contacting Your Health Plan (cont.)

## Pharmacy

### **Kaiser Foundation Health Plan of the NW**

#### **(Medicare and non-Medicare)**

Mail-order pharmacy:  
Toll-free: (800) 548-9809  
TTY: 711  
[my.kp.org/pers](http://my.kp.org/pers)

### **Moda Health Plan, Inc.**

Toll-free: (888) 786-7509  
TTY: 711  
[modahealth.com/pers](http://modahealth.com/pers)

### **Providence Medicare Advantage Plans**

In-Portland: (503) 574-7400  
Toll-free: (877) 216-3644  
TTY: 711  
[providencehealthassurance.com/PHIP](http://providencehealthassurance.com/PHIP)

### **UnitedHealthcare**

#### **(Medicare and non-Medicare)**

##### **Medicare plan:**

Toll-free: (844) 884-1850  
TTY: 711  
[uhc.com/pers](http://uhc.com/pers)

##### **Non-Medicare plans:**

Toll-free: (844) 554-5498  
TTY: 711  
[uhc.com/pers](http://uhc.com/pers)

## Dental

### **Kaiser Foundation Health Plan of the NW**

In Portland: (503) 813-2000  
Toll-free: (800) 813-2000  
TTY: 711  
[my.kp.org/pers](http://my.kp.org/pers)

### **Delta Dental of Oregon**

Toll-free: (844) 827-7379  
TTY: 711  
[modahealth.com/persPharmacy](http://modahealth.com/persPharmacy)



P.O. Box 40187  
Portland, OR 97240-0187  
Toll-free: (800) 768-7377  
**[pershealth.com](http://pershealth.com)**