PERS Health Insurance Program

2022 Medicare Benefit/Rate Comparison

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

	Supplement Plan	Medicare Advantage Plans						
	Moda Health Medicare 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)	
				In-Network	Out-of-Network		In-Network	Out-of-Network [1]
Eligible Providers	Any licensed Medicare Provider	Kaiser Permanente, PeaceHealth and The Portland Clinic	Plan Physicians and Hospitals	Plan Physicians and Hospitals	Any licensed Medicare Provider	Plan Physicians and Hospitals	Medicare Advantage Network Providers	Any licensed Medicare Provider
	MEMBER pays:	MEMBER pays:	MEMBER pays:	MEMBER pays:		MEMBER pays:	MEMBER pays:	
Calendar Year Deductible	$203 per individual [2]	None	None	None		None	None	
Calendar Year Medical Out-of-Pocket Maximum	N/A	$1,000 per individual	$3,400 per individual	$3,000 per individual		$1,500 per individual	$2,500 per individual	
Preventive Care [3]	▪ Covered in full	▪ Covered in full	▪ Covered in full	▪ Covered in full		▪ Covered in full	▪ Covered in full	
Inpatient Care								
▪ Inpatient Hospital Care	▪ Covered in full	▪ $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
▪ Skilled Nursing Facility	▪ Covered in full [4]	▪ Covered in full	▪ Covered in full	▪ Covered in full [5]	▪ 20%	▪ Covered in full	▪ $0 copay [4]	▪ $0 copay [4]
Outpatient Care								
▪ Physician Office Visits	▪ Covered in full	▪ $15 copay	▪ $15 copay	▪ $20 copay	▪ $30 copay	▪ $15 copay	▪ $15 copay	▪ $15 copay
▪ Specialist Office Visits	▪ Covered in full	▪ $15 copay	▪ $20 copay	▪ $25 copay [8]	▪ $35 copay	▪ $20 copay	▪ $20 copay	▪ $20 copay
▪ Outpatient Surgery	▪ Covered in full	▪ $15 copay	▪ $125 copay	▪ $150 copay	▪ 20%	▪ $75 copay	▪ $125 copay	▪ $125 copay
▪ Ambulance (air/ground)	▪ Covered in full	▪ $50 copay	▪ $50 copay	▪ $50 copay	▪ $50 copay	▪ $50 copay	▪ $50 copay	▪ $50 copay
▪ Emergency Services	▪ Covered in full	▪ $50 copay	▪ $50 copay	▪ $65 copay	▪ $65 copay	▪ $50 copay	▪ $65 copay	▪ $65 copay
▪ Urgent Care	▪ Covered in full	▪ $15 copay	▪ $20 copay	▪ $25 copay	▪ $25 copay	▪ $25 copay	▪ $20 copay	▪ $20 copay
▪ DME	▪ Covered in full	▪ 20% [7]	▪ 20% [7]	▪ 20% [7]	▪ 20% [7]	▪ 20% [7]	▪ 20% [7]	▪ 20% [7]
▪ Lab Test	▪ Covered in full	▪ Covered in full	▪ Covered in full	▪ Covered in full	▪ 20%	▪ Covered in full	▪ $0 copay	▪ $0 copay
▪ X-ray	▪ Covered in full	▪ Covered in full	▪ 10%	▪ 10%	▪ 20%	▪ 10%	▪ 10%	▪ 10%
▪ Diagnostic Imaging (CT/MRI/PET)	▪ Covered in full	▪ Covered in full	▪ 10%	▪ 10%	▪ 20%	▪ 10%	▪ 10%	▪ 10%
▪ OT/PT/ST Therapies [6]	▪ Covered in full	▪ Covered in full	▪ $20 copay	▪ $25 copay	▪ $35 copay	▪ $20 copay	▪ $20 copay	▪ $20 copay
Other Services								
▪ Chiropractic Care [9]	▪ Covered in full	▪ $15 copay	▪ $15 copay	▪ $20 copay	▪ $35 copay	▪ $20 copay	▪ $20 copay	▪ $20 copay
▪ Acupuncture	▪ Covered in full [9]	▪ $15 copay [12]	▪ $15 copay [12]	▪ $25 copay [12]	▪ $35 copay [12]	▪ $20 copay [12]	▪ $20 copay [12]	▪ $20 copay [12]
▪ Routine Hearing Exam	▪ Covered in full [10]	▪ Covered in full	▪ Covered in full [10]	▪ Covered in full [10]	▪ Not covered	▪ Covered in full [10]	▪ $0 copay	▪ $0 copay
▪ Hearing Hardware (aids)	▪ $399 or $699 options [10]	▪ $400 allowance/ear, $800/year	▪ $399 or $699 options [10]	▪ $399 or $699 options [10]	▪ Not covered	▪ $399 or $699 options [10]	▪ $2,400 allowance [14]	▪ Not Covered
▪ Vision Routine Eye Exam	▪ $15 copay	▪ $15 copay	▪ $15 copay	▪ $20 copay [13]	▪ $20 copay [13]	▪ $15 copay [13]	▪ $20 copay	▪ $20 copay
▪ Vision Hardware (lenses, frames and/or contacts)	▪ $200 allowance every 2 calendar years [11]	▪ $200 credit every 2 calendar years	▪ $200 credit every 2 calendar years	▪ $200 credit every 2 years [13]	▪ $200 credit every 2 years [13]	▪ $200 credit every 2 years [13]	▪ $200 allowance every 24 months	▪ $200 allowance every 24 month
Prescription Drugs [15]		THIS IS A MEDICARE PART D PRESCRIPTION DRUG PLAN that is included with all Medicare medical plans						
▪ Tier 1	▪ Up to an $8 copay per 31-day supply	▪ Up to an $8 copay per 30-day supply	▪ Up to an $8 copay per 31-day supply	▪ Up to an $8 copay per 31-day supply		▪ Up to an $8 copay per 31-day supply	▪ Up to an $8 copay per 31-day supply	
▪ Tier 2	▪ Up to a $15 copay per 31-day supply	▪ Up to a $15 copay per 30-day supply	▪ Up to a $15 copay per 31-day supply	▪ Up to a $15 copay per 31-day supply		▪ Up to a $15 copay per 31-day supply	▪ Up to a $15 copay per 31-day supply	
▪ Tier 3	▪ 40% to $250 max/script/31-day	▪ 40% to $250 max/script/30-days	▪ 40% to $250 max/script/31-day	▪ 40% to $250 max/script/31-day		▪ 40% to $250 max/script/31-day	▪ 40% to $250 max/script/31-day	
▪ Tier 4	▪ 40% to $250 max/script/31-day	▪ 40% to $250 max/script/30-days	▪ 40% to $250 max/script/31-day	▪ 40% to $250 max/script/31-day		▪ 40% to $250 max/script/31-day	▪ 40% to $250 max/script/31-day	
▪ Tier 5	▪ 40% to $250 max/script/31-day	▪ 40% to $250 max/script/30-days	▪ 40% to $250 max/script/31-day	▪ 40% to $250 max/script/31-day		▪ 40% to $250 max/script/31-day	▪ 40% to $250 max/script/31-day	
▪ Tier 6	▪ $0 cost share	▪ $0 cost share	▪ $0 cost share	▪ $0 cost share		▪ $0 cost share	▪ N/A	
Calendar Year Pharmacy Out-of-Pocket Maximum	$7,050 per member	$7,050 per member	$7,050 per member	$7,050 per member		$7,050 per member	$7,050 per member	
Rates (per member, per month) [16]								
▪ Adult	▪ $324.78	▪ $246.13	▪ $252.54	▪ $232.20		▪ $267.34	▪ $252.29	
▪ Child	▪ $260.83	▪ $197.90	▪ $203.03	▪ $186.75		▪ $214.87	▪ $202.83	

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[1] Out-of-network Medicare providers are paid up to the Medicare limiting charge.
[2] 2021 Part B deductible; 2022 Part B deductible is not available at this time.
[3] Medicare covered services only.
[4] Coverage applies to a Medicare certified facility for up to a 100 days/Medicare benefit period.
[5] Days 1-20 are covered in full; days 21-100 member pays a $50 copay per day.
[6] Outpatient Rehab: OT= Occupational Therapy, PT= Physical Therapy, ST= Speech Therapy
[7] Applies to Medicare approved supplies/equipment only and may require Pre-Authorization. Some diabetic supplies are covered in full.
[8] If no referral is in place when seeing an In-network specialist, $35 copay applies.
[9] Medicare covered services only.
[10] Must use TruHearing providers. One routine hearing exam and one aid per ear per calendar year.
[11] To receive the VSP benefit as listed, use VSP Advantage providers. For out-of-network reimbursement amounts, refer to the member handbook.
[12] Acupuncture for chronic low back pain per Medicare guidelines; up to 12 visits in 90 days are covered. Specific medical criteria must be met. Physician referral may be required.
[13] Any licensed Medicare provider.
[14] Combined ear allowance for hearing aids.
[15] See Health Plan EOC for more details on each pharmacy tier. EOC may contain expanded language.
[16] Apply the adult rate to the PERS retiree, Spouse and Dependent Domestic Partner. Apply the Child rate to a dependent child regardless of their age. No additional premium (cost) for more than two children.