



Regence


Your 2024 UMP Classic summary for Medicare retirees

 Uniform
Medical Plan

Learn more at the UMP website: ump.regence.com/pebb



Medical benefits

UMP Customer Service
1-888-849-3681
TRS: 711

Prescription drug benefits

Washington State Rx Services
1-888-361-1611
TRS: 711

See the back of this document for details on deductibles and out-of-pocket limits. All benefits are subject to the medical deductible and coinsurance unless they are for covered preventive care services. You pay \$0 for covered preventive care visits and covered immunizations when you see a network provider. Read the “Preventive care” section in the UMP Classic Certificates of Coverage (COC) for more information. This material reflects information available at the time of printing. The contents are subject to change in response to further state or federal guidance regarding health care reform requirements. This is a summary of benefits; it is not a COC. All benefits must be medically necessary for the plan to cover them. To confirm up-to-date information please refer to the UMP Classic COC by visiting Forms and publications at hca.wa.gov/ump-pebb-coc for complete lists of benefits, limitations, and exclusions.

Services	What you pay preferred providers ^{1,2}	What you should know
Acupuncture	\$15	Limited to 24 visits per calendar year. If you pay for visits before you meet your deductible, those visits apply to the 24 visit limit.
Ambulance	20%	The plan does not cover ambulance services for personal or convenience purposes.
Chiropractic treatment	\$15	Limited to 24 spinal and extremity manipulation visits per calendar year, even when applied to the deductible. If you pay for visits before you meet your deductible, those visits apply to the 24 visit limit.
Diagnostic tests, laboratory, and x-rays	15%	Some services require preauthorization. See your plan’s certificate of coverage for more information.
Durable medical equipment	15%	Some supplies require preauthorization. See your plan’s certificate of coverage for details.
Emergency room	15% after \$75 copay	Professional services will be paid at the network rate. Emergency room copay is waived if you are admitted directly to a hospital or facility. The deductible, coinsurance and inpatient copay ² will apply.

1. Percentages shown apply to the allowed amount, which is the fee accepted as payment in full by preferred providers. After UMP coordinates with Medicare, in most cases you will pay nothing. See the UMP Classic COC for a definition of preferred provider.
 2. For out-of-network providers, in most cases you pay 40% plus any charges over the allowed amount.

Services	What you pay preferred providers ^{1,2}	What you should know
Hearing aids	\$0 for the purchase of a prescribed hearing aid up to a maximum of \$3,000 for each ear every three calendar years. Not subject to the deductible.	You pay any charges over the \$3,000 maximum for each ear for prescribed hearing aid(s).
Hearing exams (routine)	0%	Not subject to the deductible. One exam per calendar year. You must see a network provider for the plan to pay 100%.
Hospital services	Inpatient copay: ³ Outpatient/ Professional: 15%	Some hospital services may require preauthorization.
Massage therapy	\$15	Limited to 24 visits per calendar year. If you pay for visits before you meet your deductible, those visits apply to the 24 visit limit. There is no out-of-network massage benefit.
Mammograms	0% for preventive screening; 15% for diagnostic screening	Screening mammograms for members age 40 and older. See “Breast health screening tests” in the UMP Classic COC for other tests covered.
Mental health treatment	Inpatient copay: ³ Outpatient/ Professional: 15%	The plan covers inpatient and outpatient mental health services. Non-emergency inpatient services must be preauthorized by the plan. See “Behavioral Health” in the UMP Classic COC for more information.
Office visits	15%	Including naturopaths and primary care
Prescription drugs	No deductible: Preventive 0%, Value Tier: 5%, Tier 1: 10% Subject to prescription drug deductible: Tier 2: 30%	Prescription cost-limit (the most you pay) per 30-day supply at network pharmacies: Value Tier = \$10; Tier 1 = \$25; Tier 2 = \$75; Specialty = \$75 Specialty drugs are covered only when filled through Ardon Health. Specialty drugs have the same cost-shares as listed in this row depending on their tier. The most you will pay for covered insulins is \$35. Covered insulins are not subject to the prescription drug deductible.
Preventive care and covered immunizations	0%	You must see a network provider for the plan to pay 100%.
Skilled nursing facility	Inpatient copay: ³ Professional: 15%	Limited to 150 days per calendar year. Services require preauthorization.
Telemedicine (virtual care)	15%	Virtual care is a good option to consider when you need medical attention, but not emergency room or urgent care. Your plan includes Doctor on Demand, a service that gives you 24/7 access to virtual providers. To learn more, visit the Telemedicine (virtual care) webpage at ump.regence.com/pebb/benefits/telemedicine .
Substance use disorder treatment	Inpatient copay: ³ Outpatient/ Professional: 15%	The plan covers inpatient and outpatient substance use disorder treatment. Non-emergency inpatient services must be preauthorized by the plan. Inpatient professional services may be billed separately. See “Behavioral Health” in the UMP Classic COC for more information.

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2. For out-of-network providers, in most cases you pay 40% plus any charges over the allowed amount.
3. Inpatient copay: \$200 per day up to \$600 per member per admission for facility charges. Professional services may be billed separately.

Services	What you pay preferred providers ^{1,2}	What you should know
Surgery	Inpatient copay. ³ Outpatient/Professional: 15%	Inpatient admissions require preauthorization.
Therapy: Habilitative and Rehabilitative	Inpatient copay. ³ Outpatient/Professional: 15%	Habilitative and rehabilitative inpatient: 60 days combined maximum per calendar year. Habilitative and rehabilitative outpatient: 60 visits combined maximum per calendar year. See “ABA therapy” in the UMP Classic COC for limits on those services.
Urgent care	15%	Use urgent care centers when you need immediate care, can't get to your doctor, and don't need emergency care. It's more convenient and costs less than emergency room care.
Vision exam (routine)	\$0 of the allowed amount and the plan pays 100% of the allowed amount	Not subject to the deductible. You pay \$0 of the allowed amount when you see a VSP Choice network provider for one covered professional comprehensive routine eye examination with refraction or visual analysis per calendar year.
Vision hardware, adults (ages 19 and over)	\$0 of the allowed amount and the plan pays 100% of the allowed amount Plan covers standard lenses and allows up to \$150 for frames or contact lenses instead of lenses and frames	Not subject to the deductible. You pay \$0 of the allowed amount for one set of glass or plastic lenses and you pay \$0 of the allowed amount up to \$150 for one frame every two calendar years when you see a VSP Choice network provider. When you purchase a frame from Walmart®, Sam's Club®, or Costco® you will pay \$0 of the allowed amount up to \$80. If you choose contact lenses instead of lenses and frames the plan pays up to \$150 for elective contacts. You are responsible for paying a \$30 copay when you receive contact lens evaluation and fitting exam at the time of service when you see a VSP Choice network provider.
Vision hardware, children (under the age of 19)	\$0 of the allowed amount and the plan pays 100% of the allowed amount Plan covers standard lenses and one frame or contact lenses instead in lieu of lenses and frames	Not subject to the deductible. You pay \$0 of the allowed amount when you see a VSP Choice network provider once every calendar year for one set of glass or plastic lenses and you pay \$0 of the allowed amount for one frame every calendar year. If you choose contact lenses instead of lenses and frames you pay \$0 for elective contacts. You pay \$0 for contact lens evaluation and fitting exam when you see a VSP Choice network provider. Note: Walmart®, Sam's Club®, and Costco® are not VSP Choice network providers for vision hardware for dependents under the age of 19.

1. Percentages shown apply to the allowed amount, which is the fee accepted as payment in full by preferred providers. After UMP coordinates with Medicare, in most cases you will pay nothing. See the UMP Classic COC for a definition of preferred provider.

2. For out-of-network providers, in most cases you pay 40% plus any charges over the allowed amount.
3. Inpatient copay: \$200 per day up to \$600 per member per admission for facility charges. Professional services may be billed separately.

Highlights of UMP Classic for Medicare retirees

Copays

Emergency room copay: \$75 per visit at preferred facilities. If you're admitted as an inpatient directly from the ER to the hospital, the plan will waive this copay.

Inpatient copay: \$200 per day with a maximum of \$600 per member per admission up to the medical out-of-pocket limit for facility charges at a preferred facility (hospitals or a skilled nursing, mental health, or substance use disorder facility).

Professional services (such as physicians and lab tests) are usually billed separately.

Prescription drugs

In addition to the medical deductible, there is a prescription drug deductible for Tier 2 drugs. See the deductible section on this page for more information.

You pay coinsurance up to the cost-share limits based on the drug's tier level. See the table on the previous page for details.

Deductibles

Medical: You pay the first \$250 of medical services per person (up to \$750 for a family of three or more). You don't pay the medical deductible before receiving certain services. See the table on the previous page for examples. Read the "What you pay for medical services" section in the UMP Classic COC for more information on how deductibles work.

Prescription drugs: You pay the first \$100 for Tier 2 drugs, which includes most Specialty drugs. You don't pay any deductible for Preventive, Value Tier, Tier 1 drugs, or Tier 2 covered insulins. The maximum prescription drug deductible for a family of three or more is \$300.

Provider network

Seeing preferred providers will save you money.

To locate preferred providers, visit the Find a doctor webpage at ump.regence.com/pebb/finding-doctors or call UMP Customer Service at 1-888-849-3681 (TRS: 711).

2024 monthly premiums for Medicare retirees

	UMP Classic
Subscriber	\$532.94
Subscriber and spouse/state-registered domestic partner (1 eligible)	\$1,358.66
Subscriber and spouse/state-registered domestic partner (2 eligible)	\$1,059.92
Subscriber and child(ren) (1 eligible)	\$1,152.23
Subscriber and child(ren) (2 eligible)	\$1,059.92
Subscriber, spouse/state-registered domestic partner, and child(ren) (1 eligible)	\$1,977.95
Subscriber, spouse/state-registered domestic partner, and child(ren) (2 eligible)	\$1,679.21
Subscriber, spouse/state-registered domestic partner, and child(ren) (3 eligible)	\$1,586.90



Regence BlueShield serves select counties in the state of Washington and is an Independent Licensee of the Blue Cross and Blue Shield Association

Doctor On Demand is a separate company that provides telehealth services.



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