



# 2024 UMP Plan Comparisons

For Public Employees Benefits Board (PEBB) Program members



	UMP Plus—UW Medicine Accountable Care Network (ACN)	UMP Plus—Puget Sound High Value Network (PSHVN)	UMP Classic	UMP Select	UMP Consumer-Directed Health Plan (CDHP)
<b>Network</b>	Limited network: You may see providers in the UW Medicine ACN network or out-of-network providers, but seeing network providers will save you money.	Limited network: You may see providers in the PSHVN network or out-of-network providers, but seeing network providers will save you money.	Largest provider network: You may see preferred, participating, or out-of-network providers. Seeing preferred providers will save you money.	Largest provider network: You may see preferred, participating, or out-of-network providers. Seeing preferred providers will save you money.	Largest provider network: You may see preferred, participating, or out-of-network providers. Seeing preferred providers will save you money.
<b>Residence requirements</b>	Must live in Benton, Franklin, King, Pierce, Skagit, Snohomish, Spokane, or Thurston County	Must live in Chelan, Douglas, King, Kitsap, Pierce, Snohomish, or Yakima County	May live in any county	May live in any county	May live in any county

Monthly premiums	State and Higher Education Employees				Non-Medicare Retirees			
	UMP Plus <sup>2</sup>	UMP Classic	UMP Select	UMP CDHP	UMP Plus <sup>2</sup>	UMP Classic	UMP Select	UMP CDHP
Subscriber	\$109	\$124	\$59	\$35	\$816.50	\$831.68	\$766.61	\$747.79
Subscriber and spouse/state-registered domestic partner	\$218	\$248	\$118	\$70	\$1,627.04	\$1,657.40	\$1,527.27	\$1,488.26
Subscriber and children	\$191	\$217	\$103	\$61	\$1,424.41	\$1,450.97	\$1,337.10	\$1,317.73
Subscriber, spouse/state-registered domestic partner, and children	\$300	\$341	\$162	\$96	\$2,234.95	\$2,276.69	\$2,097.76	\$1,999.87

<sup>1</sup> Employees who work for a city, county, port, tribal government, water district, hospital etc., need to contact their payroll or benefits office to find their monthly premiums. Premiums for PEBB Continuation Coverage members can be found by visiting the Health Care Authority's (HCA) website at [hca.wa.gov/pebb-continuation](http://hca.wa.gov/pebb-continuation). Monthly surcharges may also apply for tobacco use and spouse/state-registered domestic partner coverage.

<sup>2</sup> Both UMP Plus networks have the same monthly premiums

## Why are UMP Plus premiums lower than UMP Classic?

Accountable care networks, like UMP Plus, were created to promote high-quality care at a lower cost. UMP Plus providers agree to be accountable for delivering and evaluating the quality of your care. When you receive preventive care and coordinated treatment, the overall cost of that care is lower. These cost savings help us keep your premium and deductible lower without limiting necessary care.

## Find more information about UMP plans

Keep reading to find out which UMP plan is right for you and your family. You can also find more information online by visiting the UMP website at [ump.regence.com/pebb](http://ump.regence.com/pebb) or by calling UMP Customer Service at 1-888-849-3681 (TRS: 711).

You must use providers in your chosen network for the plan to cover benefits at the network rate. 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 certificates of coverage (COCs) 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 COCs by visiting Forms and publications at [hca.wa.gov/ump-pebb-coc](http://hca.wa.gov/ump-pebb-coc) for complete lists of benefits, limitations, and exclusions.

Services	UMP Plus: What you pay network providers <sup>1,2</sup>	UMP Classic: What you pay preferred providers <sup>1,3</sup>	UMP Select: What you pay preferred providers <sup>1,3</sup>	UMP CDHP: What you pay preferred providers <sup>1,3</sup>	What else you should know
Acupuncture <sup>4</sup>	\$15	\$15	\$15	\$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. UMP CDHP members will pay a \$15 copay when seeing a preferred provider after you meet your deductible.
Ambulance	20%	20%	20%	20%	The plan does not cover ambulance services for personal or convenience purposes.
Chiropractic treatment <sup>4</sup>	\$15	\$15	\$15	\$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. UMP CDHP members will pay a \$15 copay when seeing a preferred provider after you meet your deductible.
Diagnostic tests, laboratory, and x-rays <sup>4</sup>	15%	15%	20%	15%	Some services may require preauthorization.
Durable medical equipment, supplies, and prostheses <sup>4</sup>	15%	15%	20%	15%	Some supplies require preauthorization. See your plan's COC for details.
Emergency room	15% after \$75 copay	15% after \$75 copay	20% after \$75 copay	15%	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 <sup>5</sup> will apply.
Hearing aids	\$0 for prescribed hearing aids up to a maximum of \$3,000 for each ear every three calendar years. Not subject to the deductible.	\$0 for prescribed hearing aids up to a maximum of \$3,000 for each ear every three calendar years. Not subject to the deductible.	\$0 for prescribed hearing aids up to a maximum of \$3,000 for each ear every three calendar years. Not subject to the deductible.	\$0 for prescribed hearing aids up to a maximum of \$3,000 for each ear every three calendar years after you meet your deductible.	You pay any charges over the \$3,000 maximum for each ear for prescribed hearing aid(s).
Hospital services	Inpatient copay <sup>5</sup> Outpatient/Professional: 15%	Inpatient copay <sup>5</sup> Outpatient/Professional: 15%	Inpatient copay <sup>5</sup> Outpatient/Professional: 20%	15%	Some hospital services may require preauthorization.

1. Percentages shown apply to the allowed amount, which is the fee accepted as payment in full by network providers (UMP Plus) or preferred providers (UMP Classic, UMP Select, UMP CDHP). See the UMP Plus COC for a definition of network provider and see the UMP Classic, UMP Select, or UMP CDHP COC for a definition of preferred provider.  
2. For out-of-network providers, in most cases you pay 50% plus any charges over the allowed amount.  
3. For out-of-network providers, in most cases you pay 40% plus any charges over the allowed amount.

4. UMP Plus: These services may be provided by support providers in the support network; see the UMP Plus COCs for a description of the support network.  
5. Inpatient copay: \$200 per day up to \$600 per member per calendar year for facility charges. Professional services may be billed separately.

Services	UMP Plus: What you pay network providers <sup>1,2</sup>	UMP Classic: What you pay preferred providers <sup>1,3</sup>	UMP Select: What you pay preferred providers <sup>1,3</sup>	UMP CDHP: What you pay preferred providers <sup>1,3</sup>	What else you should know
Mammograms	0% for preventive screening; 15% for diagnostic screening	0% for preventive screening; 15% for diagnostic screening	0% for preventive screening; 20% for diagnostic screening	0% for preventive screening; 15% for diagnostic screening	Screening mammograms for members age 40 and older. See “Breast health screening tests” in the UMP COCs for other tests covered.
Massage therapy	\$15	\$15	\$15	\$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. The plan does not cover massage therapy for out-of-network providers. If you are enrolled in UMP CDHP, you will pay a \$15 copay for preferred providers after you meet your deductible.
Mental health treatment <sup>4</sup>	Inpatient copay <sup>5</sup> Outpatient/Professional: 15%	Inpatient copay <sup>5</sup> Outpatient/Professional: 15%	Inpatient copay <sup>5</sup> Outpatient/Professional: 20%	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 COCs for more information.
Obstetric and newborn care	Inpatient copay <sup>5</sup> Outpatient/Professional <sup>4</sup> : 15%	Inpatient copay <sup>5</sup> Outpatient/Professional <sup>4</sup> : 15%	Inpatient copay <sup>5</sup> Outpatient/Professional <sup>4</sup> : 20%	15%	<b>UMP Plus only:</b> Birth centers and licensed midwives within the service area are included in the network.
Office visits	0% for PCP office visits (no deductible), 15% for related services	15%	20%	15%	<b>UMP Plus only:</b> You must see primary care providers (PCP) in your plan’s network to receive primary care office visits at no cost. Naturopaths in the core or support network are considered network primary care providers.
Office visits with specialty providers	15%	15%	20%	15%	
Prescription drugs	<b>No prescription drug deductible</b> Preventive - 0%, Value Tier - 0%, Tier 1 - 10%, Tier 2 - 30%,	<b>No deductible:</b> Preventive - 0%, Value Tier - 5%, Tier 1 - 10%  <b>Subject to prescription drug deductible:</b> Tier 2 - 30%	<b>No deductible:</b> Preventive - 0%, Value Tier - 5%, Tier 1 - 10%  <b>Subject to prescription drug deductible:</b> Tier 2 - 30%	<b>No deductible:</b> Preventive - 0% Certain high value drugs, as listed on the UMP preferred drug list – 15%  <b>All other prescription drugs (except covered insulins) after meeting deductible:</b> 15%	<b>Prescription cost-limit (the most you pay) per 30-day supply at network pharmacies (except UMP CDHP):</b> 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. For all plans, covered insulins are not subject to the prescription drug deductible. For UMP CDHP, members pay for covered insulins based on a tier structure instead of paying 15%. See “What you pay for prescription drugs” in the UMP CDHP COC for more information.
Preventive care and immunizations	0%	0%	0%	0%	You must see a network provider for the plan to pay 100% of the allowed amount for covered preventive services.
Skilled nursing facility <sup>4</sup>	Inpatient copay <sup>5</sup> Professional: 15%	Inpatient copay <sup>5</sup> Professional: 15%	Inpatient copay <sup>5</sup> Professional: 20%	15%	Limited to 150 days per calendar year. Services require preauthorization.
Substance use disorder treatment <sup>4</sup>	Inpatient copay <sup>5</sup> Outpatient/Professional: 15%	Inpatient copay <sup>5</sup> Outpatient/Professional: 15%	Inpatient copay <sup>5</sup> Outpatient/Professional: 20%	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 COCs for more information.

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2. For out-of-network providers, in most cases you pay 50% plus any charges over the allowed amount.  
3. For out-of-network providers, in most cases you pay 40% plus any charges over the allowed amount.

4. UMP Plus: These services may be provided by support providers in the support network; see the UMP Plus COCs for a description of the support network.  
5. Inpatient copay: \$200 per day up to \$600 per member per calendar year for facility charges. Professional services may be billed separately.

Services	UMP Plus: What you pay network providers <sup>1,2</sup>	UMP Classic: What you pay preferred providers <sup>1,3</sup>	UMP Select: What you pay preferred providers <sup>1,3</sup>	UMP CDHP: What you pay preferred providers <sup>1,3</sup>	What else you should know
<b>Surgery</b>	Inpatient copay <sup>5</sup> Outpatient/Professional: 15%	Inpatient copay <sup>5</sup> Outpatient/Professional: 15%	Inpatient copay <sup>5</sup> Outpatient/Professional: 20%	15%	Inpatient admissions require preauthorization.
<b>Telemedicine (virtual care)</b>	15%	15%	20%	15%	Virtual care is a good option to consider when you need medical attention, but not emergency room or urgent care. UMP Classic, UMP Select, and UMP CDHP plans include Doctor on Demand, a service that gives you 24/7 access to virtual providers. To learn more, visit the Telemedicine (virtual care) webpage at <a href="http://ump.regence.com/pebb/benefits/telemedicine">ump.regence.com/pebb/benefits/telemedicine</a> .
<b>Therapy: Habilitative and Rehabilitative<sup>4</sup></b>	Inpatient copay <sup>5</sup> Outpatient/Professional: 15%	Inpatient copay <sup>5</sup> Outpatient/Professional: 15%	Inpatient copay <sup>5</sup> Outpatient/Professional: 20%	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 COCs for limits on those services.
<b>Urgent care</b>	15%	15%	20%	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.
<b>Vision exam (routine)</b>	\$0 of the allowed amount and the plan pays 100% of the allowed amount.	\$0 of the allowed amount and the plan pays 100% of the allowed amount.	\$0 of the allowed amount and the plan pays 100% of the allowed amount.	\$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.
<b>Vision hardware, adult (ages 19 and over)</b>	\$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.	\$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.	\$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.	\$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.
<b>Vision hardware, children (under the age of 19)</b>	\$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 of lenses and frames.	\$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 of lenses and frames.	\$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 of lenses and frames.	\$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 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.

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2. For out-of-network providers, in most cases you pay 50% plus any charges over the allowed amount.

3. For out-of-network providers, in most cases you pay 40% plus any charges over the allowed amount.

4. UMP Plus: These services may be provided by support providers in the support network; see the UMP Plus COCs for a description of the support network.

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How much you pay with UMP plans

	UMP Plus	UMP Classic	UMP Select	UMP CDHP
<b>Deductible(s)</b>	<b>Medical:</b> You pay the first <b>\$125</b> of medical services per person (up to \$375 for a family of 3 or more). You don't pay the medical deductible before receiving certain services.	<b>Medical:</b> You pay the first <b>\$250</b> of medical services per person (up to \$750 for a family of 3 or more). You don't pay the medical deductible before receiving certain services.	<b>Medical:</b> You pay the first <b>\$750</b> of medical services per person (up to \$2,250 for a family of 3 or more). You don't pay the medical deductible before receiving certain services.	<b>Medical and prescription drugs:</b> There is only one deductible for all services. You pay the first \$1,600 for medical services and prescription drugs combined per person (up to \$3,200 for a family of 3 or more). You don't pay the deductible before receiving certain services.
	No deductible for prescription drugs.	<b>Prescription drugs:</b> You pay the first \$100 for Tier 2 drugs. You don't pay any deductible for Preventive, Value Tier, or Tier 1 drugs. The maximum prescription drug deductible for a family of 3 or more is \$300.	<b>Prescription drugs:</b> You pay the first \$250 for Tier 2 and Specialty drugs. You don't pay any deductible for Preventive, Value Tier, or Tier 1 drugs. The maximum prescription drug deductible for a family of 3 or more is \$750.	
<b>Out-of-pocket limits</b>	<b>Medical:</b> \$2,000 per member, \$4,000 maximum for a family of two or more <b>Prescription drug:</b> \$2,000 per member, \$4,000 maximum for a family of two or more per calendar year.	<b>Medical:</b> \$2,000 per member, \$4,000 maximum for a family of two or more <b>Prescription drug:</b> \$2,000 per member, \$4,000 maximum for a family of two or more per calendar year.	<b>Medical:</b> \$3,500 per member, \$7,000 maximum for a family of two or more <b>Prescription drug:</b> \$2,000 per member, \$4,000 maximum for a family of two or more per calendar year.	Combined medical and prescription drug: \$4,200 per member, \$8,400 maximum for a family of two or more. No single member in a family plan will pay more than \$7,000 for covered services from preferred providers.
<b>Prescription drugs</b>	You pay according to tiers (same tier structure and cost limits as UMP Classic and UMP Select); see previous page for coinsurance and cost-limit amounts.	You pay according to tiers; see previous page for coinsurance and cost-limit amounts.	You pay according to tiers; see previous page for coinsurance and cost-limit amounts	Combined deductible for medical services and prescription drugs. Once you meet this deductible, you pay 15% for covered prescription drugs, unless otherwise noted on the UMP preferred drug list. Covered insulins are not subject to the deductible, and you pay according to a tier structure. See "What you pay for prescription drugs" in the UMP CDHP COC for more information. There are no cost-limits for covered prescription drugs. Your drug costs do count toward your deductible and out-of-pocket limit.
<b>Health Savings Account (HSA)</b>	Not available. If you have an HSA, you may keep it, but cannot contribute to it when you are not enrolled in a high-deductible health plan.	Not available. If you have an HSA, you may keep it, but cannot contribute to it when you are not enrolled in a high-deductible health plan.	Not available. If you have an HSA, you may keep it, but cannot contribute to it when you are not enrolled in a high-deductible health plan.	The State of Washington contributes the following to your HSA: \$700.08 for one person, and \$1,400.04 for more than one person enrolled in the plan, deposited in equal amounts over the calendar year.



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

REG-WA-665045-23/09-PEBB Plus  
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