



## What SEBB members need to know about the prescription drug benefit for UMP Achieve 1, UMP Achieve 2, UMP High Deductible and UMP Plus

### Contact us with any questions

All times are listed in Pacific Time.

#### Washington State Rx Services (WSRxS)

Prescription drug benefits

Customer Service: 1-888-361-1611  
(TRS: 711)

Website Assistance: 1-877-277-7079

[ump.regence.com/sebb/benefits/prescriptions](http://ump.regence.com/sebb/benefits/prescriptions)

Monday – Friday: 7:30 a.m. to 5:30 p.m.  
Available outside these hours with limited services.

#### Postal Prescription Services

Network mail-order pharmacy  
1-800-552-6694

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

Monday – Friday: 6 a.m. – 6 p.m.  
Saturday: 9 a.m. – 2 p.m.

#### Costco Mail-Order Pharmacy

Network mail-order pharmacy  
1-800-607-6861

[costco.com/pharmacy/home-delivery](http://costco.com/pharmacy/home-delivery)

Monday – Friday: 5 a.m. – 7 p.m.  
Saturday: 9:30 a.m. – 2 p.m.

#### Ardon Health

Network specialty pharmacy  
1-855-425-4085

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

Monday – Friday: 8 a.m. – 7 p.m.  
Saturday: 8 a.m. – noon



Administered by moda  
HEALTH

Benefits described are for School Employees Benefits Board (SEBB) members.



## What you'll pay for covered prescription drugs

You pay a coinsurance for most prescription drugs, which is a percentage of the total cost of the prescription drug. Your coinsurance depends on the total cost of the drug, its tier on the UMP Preferred Drug List (PDL), and the day supply of the prescription. You may purchase up to a 90-day supply for most non-specialty prescription drugs. For the majority of specialty drugs, you may purchase up to a 30-day supply. Specialty drugs are high-cost injectable, infused, oral, or inhaled drugs or products that require special handling and storage. These are subject to additional rules. You can find out if a drug is a specialty drug by checking the UMP PDL by visiting forms and publications at [hca.wa.gov/ump-pdl](https://hca.wa.gov/ump-pdl) or by calling WSRxS. Most specialty drugs must be purchased through the plan's network specialty pharmacy, Ardon Health.

The following table shows how much you will pay for covered prescription drugs.

	UMP ACHIEVE 1		UMP ACHIEVE 2	
<b>Prescription drug deductible</b>	\$250 per member <sup>1</sup> \$750 max for family of three or more <sup>1</sup>		\$100 per member <sup>1</sup> \$300 max for family of three or more <sup>1</sup>	
<b>Annual out-of-pocket limits</b>	\$2,000 per member, \$4,000 per family of two or more max <sup>3</sup>		\$2,000 per member, \$4,000 per family of two or more max <sup>3</sup>	
<b>Tier and description</b>	Non-Specialty Drugs <sup>4</sup>	Specialty Drugs <sup>8</sup>	Non-Specialty Drugs <sup>4</sup>	Specialty Drugs <sup>8</sup>
<b>Preventive<sup>5</sup></b>	No deductible No coinsurance	No deductible No coinsurance	No deductible No coinsurance	No deductible No coinsurance
<b>Value Tier</b> Specific high-value prescription drugs used to treat certain chronic conditions	No deductible <b>0-30 day supply:</b> 5% coinsurance up to \$10 <sup>6</sup>	No deductible <b>0-30 day supply:</b> 5% coinsurance up to \$10	No deductible <b>0-30 day supply:</b> 5% coinsurance up to \$10 <sup>6</sup>	No deductible <b>0-30 day supply:</b> 5% coinsurance up to \$10
<b>Tier 1</b> Select generic drugs	No deductible <b>0-30 day supply:</b> 10% coinsurance up to \$25 <sup>6</sup>	No deductible <b>0-30 day supply:</b> 10% coinsurance up to \$25	No deductible <b>0-30 day supply:</b> 10% coinsurance up to \$25 <sup>6</sup>	No deductible <b>0-30 day supply:</b> 10% coinsurance up to \$25
<b>Tier 2</b> Preferred drugs	Deductible applies <sup>7</sup> <b>0-30 day supply:</b> 30% coinsurance up to \$75 <sup>6</sup>	Deductible applies <b>0-30 day supply:</b> 30% coinsurance up to \$75	Deductible applies <sup>7</sup> <b>0-30 day supply:</b> 30% coinsurance up to \$75 <sup>6</sup>	Deductible applies <b>0-30 day supply:</b> 30% coinsurance up to \$75

<sup>1</sup> Separate deductible for medical services

<sup>2</sup> Combined medical and prescription drug out-of-pocket limit

<sup>3</sup> Separate out-of-pocket limits for medical services

<sup>4</sup> All network pharmacies (Retail and Mail-order)

<sup>5</sup> Drugs required under the Patient Protection and Affordable Care Act recommended by the U.S. Preventive Services Task Force and the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention

	UMP HIGH DEDUCTIBLE	UMP PLUS	
<b>Prescription drug deductible</b>	\$1,600 subscriber <sup>2</sup> \$3,200 family <sup>2</sup>	\$0 <sup>1</sup>	
<b>Annual out-of-pocket limits</b>	One member covered: \$4,200 Two or more members covered: \$8,400 Once a member meets \$7,000 in covered out-of-pocket expenses annually, the plan will pay for covered services at 100% for that member.	\$2,000 per member, \$4,000 per family of two or more max <sup>3</sup>	
<b>Tier and description</b>	All network pharmacies (Retail, mail order, and specialty)	Non-Specialty Drugs <sup>4</sup>	Specialty Drugs <sup>8</sup>
<b>Preventive<sup>5</sup></b>	No deductible No coinsurance	No deductible No coinsurance	No deductible No coinsurance
<b>Value Tier</b> Specific high-value prescription drugs used to treat certain chronic conditions	Deductible applies <sup>7</sup> 15% coinsurance (except insulins or certain other drugs as identified on the UMP PDL)	No deductible <b>0-30 day supply:</b> 5% coinsurance up to \$10 <sup>6</sup>	No deductible <b>0-30 day supply:</b> 5% coinsurance up to \$10
<b>Tier 1</b> Select generic drugs		No deductible <b>0-30 day supply:</b> 10% coinsurance up to \$25 <sup>6</sup>	No deductible <b>0-30 day supply:</b> 10% coinsurance up to \$25
<b>Tier 2</b> Preferred drugs		No deductible <b>0-30 day supply:</b> 30% coinsurance up to \$75 <sup>6</sup>	No deductible <b>0-30 day supply:</b> 30% coinsurance up to \$75

<sup>6</sup> A 60-day supply is available for twice the 30-day supply cost limit, and a 90-day supply is available for three times the 30-day supply cost limit

<sup>7</sup> Deductible does not apply to covered insulins. Covered insulin coinsurance is capped at \$35 per 30-day supply.

<sup>8</sup> Available from Ardon Health, except when a drug can only be dispensed by certain pharmacies



## Frequently asked questions

### 1. Who administers the UMP Plans?

Uniform Medical Plan is a self-insured health plan offered through the Health Care Authority's (HCA) School Employees Benefits Board (SEBB) Program .

The medical benefits are administered by Regence BlueShield, and the prescription drug benefits are administered by Washington State Rx Services (WSRxS).

### 2. What's changing in 2024?

- The deductible amount is changing on SEBB High Deductible to \$1,600 for an individual plan and \$3,200 for a family plan.
- To view a list of anticipated changes to the UMP Preferred Drug List:
  - Visit [ump.regence.com/sebb/benefits/prescriptions](https://ump.regence.com/sebb/benefits/prescriptions).
  - Select "Find Forms" at the top of the page.
  - Click "Visit HCA's website to access UMP's forms & publications database".
  - Click "Forms & publications" at the top of the page.
  - Type "preferred drug list changes" into the search box
  - Click the "Search" button.

The list is subject to change and does not contain every change to the UMP PDL. It only contains changes that may negatively impact members, such as increasing a drug's cost or limiting the amount of drug available per refill.

### 3. How do I find a network pharmacy?

With UMP, you have access to over 52,000 network pharmacies. To check which pharmacies are available in our pharmacy network, visit the UMP SEBB Open Enrollment webpage at [ump.regence.com/sebb/benefits/oe-2024](https://ump.regence.com/sebb/benefits/oe-2024) and use the **Pharmacy Locator**. Network pharmacies are subject to change.

### 4. How can I find out how much my prescription drugs will cost?

To check how much your prescription drugs will cost, visit the UMP SEBB Open Enrollment webpage at [ump.regence.com/sebb/benefits/oe-2024](https://ump.regence.com/sebb/benefits/oe-2024) and use the Drug Price Check Tool. The Drug Price Check Tool is subject to change. For prescription drugs that are not tablets and capsules such as oral liquids, insulin, and inhalers, call WSRxS for the most accurate price estimate.

### 5. How do I access my pharmacy claims history?

If you are a current UMP member, you can view your UMP claims by signing into your Regence account at [ump.regence.com/ump/signin](https://ump.regence.com/ump/signin). After you sign in, select "Covered services" and choose the "Pharmacy" tab. Then select "Access Benefits" then select "OK".

If you have questions, please call WSRxS Customer Service at 1-888-361-1611 (TRS: 711).

### 6. Will I get a new ID card?

All members will receive a new ID card for 2024, except for UMP Plus –UW Medicine ACN members that are not new to the plan.

### 7. I'm considering enrolling in UMP and am currently taking a prescription drug. How will UMP cover this drug?

There may be changes in how your prescription drugs are covered under UMP. To get a general idea, use the UMP Preferred Drug List (PDL) by visiting forms and publications at [hca.wa.gov/ump-pdl](https://hca.wa.gov/ump-pdl) to find out if your prescription requires a preauthorization, has a quantity limit, is a step therapy\*, or is a specialty drug. The UMP PDL is subject to change. Try to refill your prescription drug before January 1, 2024 to make sure you don't run out.

You can view a list of anticipated changes to the UMP PDL.

### 8. Who is UMP's mail order pharmacy and specialty pharmacy?

Costco Mail Order Pharmacy and Postal Prescription Services (PPS) are UMP's network mail order pharmacies. Ardon Health is UMP's network pharmacy for specialty prescription drugs.

### 9. How can I save money on prescription drugs that I take every day?

Some ways you may be able to save money are:

**a. Postal Prescription Services (PPS) mail-order pharmacy and Costco Mail Order Pharmacy:** You may save on select brand-name drugs when you order from PPS or Costco Mail Order Pharmacy. Use of UMP's mail-order pharmacies are an option, but not required. For more information on mail order pharmacies, visit the Prescription Drug Coverage page at [ump.regence.com/sebb/benefits/prescriptions](https://ump.regence.com/sebb/benefits/prescriptions).

**b. Value Tier drugs:** If you are taking a drug to treat asthma, diabetes, high cholesterol, high blood pressure, or depression, talk with your provider to see if a Value Tier drug may be right for you. Members covered under the UMP Achieve 1, UMP Achieve 2, or UMP Plus plans pay a 5% coinsurance for Value Tier drugs at network pharmacies. For a complete listing of Value Tier drugs, see the UMP PDL on forms and publications at [hca.wa.gov/ump-pdl](https://hca.wa.gov/ump-pdl).

\*When a prescription drug is part of the step therapy program, you have to try certain drugs (Step 1) before the plan will cover the prescribed (Step 2) drug. When a prescription for a step therapy drug is submitted "out of order," meaning you have not first tried the Step 1 drug before submitting a prescription for a Step 2 drug, the plan will not cover your prescription. When this happens, your provider will need to prescribe the Step 1 drug for you.

### 10. I am taking a drug that's not covered by UMP. How can I request an exception?

If you are prescribed a noncovered drug, and you have tried all alternative drugs and none are found to be effective, or if the alternatives are found to be not medically appropriate, you or your prescribing provider can request an exception by calling WSRxS. WSRxS will work with your prescribing provider to submit the required clinical information. If an exception is approved, you will pay the amounts listed below:

- a. UMP Achieve 1, UMP Achieve 2: Deductible applies, Tier 2 cost-share (30% of the allowed amount, up to \$75 per 30-day supply).
- b. UMP High Deductible: Deductible applies, 15% coinsurance.
- c. UMP Plus: No deductible, Tier 2 cost-share (30% of the allowed amount, up to \$75 per 30-day supply).
- d. If a non-covered insulin is approved, the coinsurance will be capped at \$35 per 30-day supply. If an exception is not approved, the drug will not be covered by UMP.

### 11. If my prescription drug is not covered by UMP, are there programs that can help me pay for my prescription?

The ArrayRx Discount Card provides discounts for prescription drugs. All residents in the states of Washington, Oregon, and Nevada are eligible for the discount card, regardless of age or income. There is no membership fee to join. It only takes one minute to enroll. All FDA-approved prescriptions are eligible for discounts. Each person signs up and gets their own card.

To learn more, please visit [ArrayRxCard.com](https://www.arrayrx.com).

### 12. How are compounded drugs covered?

Compounded prescription drugs are the result of combining, mixing, or altering ingredients by a pharmacist in response to a physician's prescription to create a new drug tailored to the specialized medical needs of an individual member. Compounded prescription drugs are covered under Tier 2 (except for High Deductible) and require preauthorization. For High Deductible, compounds are covered like any other covered prescription drug, and require preauthorization.

### 13. Who decides coverage changes and what criteria are used?

As a state-sponsored health plan, UMP follows the Washington State Pharmacy & Therapeutics (P&T) Committee coverage recommendations. This committee consists of Washington State health care professionals, including physicians and pharmacists. Not all drug classes are reviewed by the Washington State P&T Committee. For these drug classes, the WSRxS P&T Committee will make tier recommendations to HCA for review and final determination of a drug's coverage level. The coverage criteria follow the Food and Drug Administration (FDA) guidelines and are reviewed and updated regularly by pharmacists from WSRxS and HCA.

### 14. Can prescription drugs change tiers, or can UMP stop covering a prescription drug mid-plan year?

Yes, common reasons may include, but are not limited to:

- a. A more cost-effective alternative is available to treat the same condition.
- b. A nonprescription alternative, including an over-the-counter alternative, becomes available.

### 15. Why do some drugs require a preauthorization?

Preauthorizations are in place to ensure the prescribed drugs are medically necessary, appropriate, safe, and cost effective for a condition, and UMP covers the condition that the drug treats. An authorization review can:

- a. Reduce risks for patients from taking a dosage that is either too high or too low to be effective for the condition being treated.
- b. Limit drug interactions.
- c. Identify when there is a need for an additional prescription drug to be taken with the prescribed drug to optimize outcomes.

### 16. Does having dual coverage pay for my prescription drugs in full?

It depends. UMP uses a type of coordination of benefits called nonduplication of benefits. When UMP pays second to another plan that covers you, we will pay only an amount needed to bring the total benefit up to the amount UMP would have paid if you did not have another plan. When UMP pays as the primary plan, your other plan will determine how much they will pay as secondary coverage.

### 17. I'm going on vacation and need to refill before I go, what can I do?

You may request a travel override up to two weeks before you leave. You may receive up to two travel overrides per calendar year, including all travel within or outside the U.S. To request a travel override, call WSRxS.

### 18. Where do I purchase a continuous glucose monitor (CGM)?

CGM supplies are only covered under the prescription drug benefit except for UMP members who have Medicare as their primary coverage. Members will need to access a network pharmacy in order to receive coverage for CGM supplies. CGMs purchased from Durable Medical Equipment

(DME) suppliers (including Byram) will not be covered. To find a network pharmacy, use the **Pharmacy Locator Tool** for UMP Achieve 1, UMP Achieve 2, UMP High Deductible, and UMP Plus.

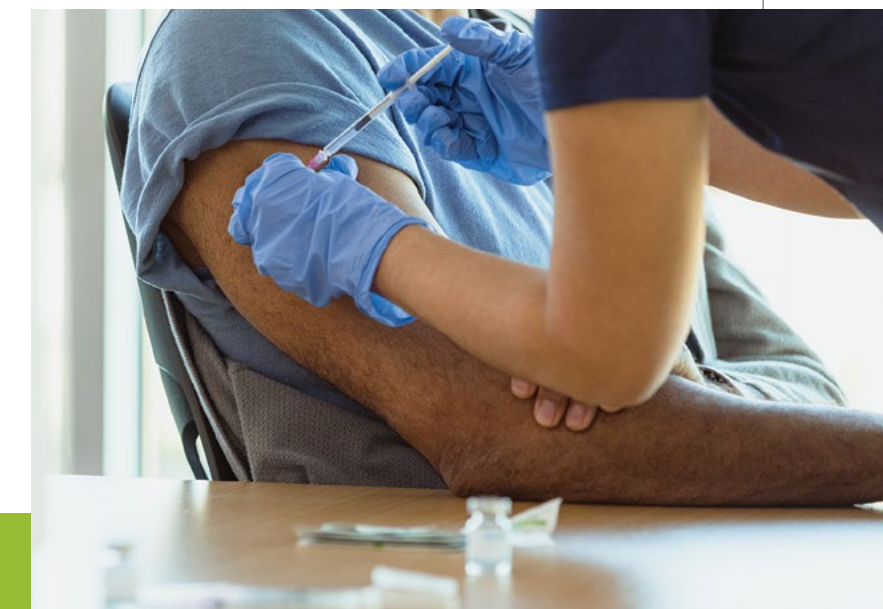
### 19. If I paid out of pocket and need to submit a claim, what do I do?

You will need to complete the "UMP (WSRxS) Prescription drug claim form", which you can get by visiting forms and publications at [hca.wa.gov/ump-forms-pubs](https://hca.wa.gov/ump-forms-pubs). Print and mail the completed form to the address listed on the form.

### Free vaccines at certain pharmacies!

Many vaccines are available at no cost to you if you use a network vaccination pharmacy. UMP covers vaccines according to the immunization schedules set by the Centers for Disease Control (CDC), including COVID, flu, whooping cough (pertussis), tetanus, shingles, cervical cancer, meningococcal, and more. UMP does not cover travel vaccines or vaccines for employment purposes. For a list of covered vaccines check the UMP Preferred Drug List. Always show your UMP ID card to the pharmacy when receiving services.

Not all pharmacies offer vaccinations. Contact your local pharmacy to verify if they provide vaccinations or use the **Pharmacy Locator Tool** and filter by "vaccinations".





# Nondiscrimination notice

**We follow federal civil rights laws. We do not discriminate based on race, religion, color, national origin, age, disability, gender identity, sex or sexual orientation.**

We provide free services to people with disabilities so that they can communicate with us. These include sign language interpreters and other forms of communication.

If your first language is not English, we will give you free interpretation services and/or materials in other languages.

**If you need any of the above, call:**  
1-888-361-1611 (TRS: 711)

**If you think we did not offer these services or discriminated, you can file a written complaint. Please mail or fax it to:**  
Washington State Rx Services  
Attention: Appeal Unit  
P.O. Box 40168  
Portland, OR 97240-0168  
Fax: 866-923-0412

**Scott White coordinates our nondiscrimination work:**  
Scott White,  
Compliance Officer  
601 SW Second Ave.  
Portland, OR 97204  
855-232-9111  
compliance@modahealth.com

**If you need help filing a complaint, please call Customer Service.**

You can also file a civil rights complaint with the U.S. Department of Health and Human Services Office for Civil Rights at [ocrportal.hhs.gov/ocr/portal/lobby.jsf](https://ocrportal.hhs.gov/ocr/portal/lobby.jsf), or by mail or phone:

U.S. Department of Health and Human Services  
200 Independence Ave. SW, Room 509F  
HHH Building, Washington, DC 20201  
800-368-1019, 800-537-7697 (TDD)

You can get Office for Civil Rights complaint forms at [hhs.gov/ocr/office/file/index.html](https://hhs.gov/ocr/office/file/index.html).

The Washington State Office of the Insurance Commissioner

Online complaint portal -  
<https://www.insurance.wa.gov/file-complaint-or-check-your-complaint-status>

800-562-6900, 360-586-0241 (TDD)

Complaint forms are available at <https://fortress.wa.gov/oic/onlineservices/cc/pub/complaintinformation.aspx>

ATENCIÓN: Si habla español, hay disponibles servicios de ayuda con el idioma sin costo alguno para usted. Llame al 1-877-605-3229 (TTY: 711).

CHÚ Ý: Nếu bạn nói tiếng Việt, có dịch vụ hỗ trợ ngôn ngữ miễn phí cho bạn. Gọi 1-877-605-3229 (TTY:711)

注意：如果您說中文，可得到免費語言幫助服務。請致電1-877-605-3229（聾啞人專用：711）

주의：한국어로 무료 언어 지원 서비스를 이용하시려면 다음 연락처로 연락해주시기 바랍니다. 전화 1-877-605-3229 (TTY: 711)

PAUNAWA: Kung nagsasalita ka ng Tagalog, ang mga serbisyong tulong sa wika, ay walang bayad, at magagamit mo. Tumawag sa numerong 1-877-605-3229 (TTY: 711)

تنبيه: إذا كنت تتحدث العربية، فهناك خدمات مساعدة لغوية متاحة لك مجانًا. اتصل برقم (الهاتف النصي: 711) 1-877-605-3229

بولتے ہیں تو سانی (URDU) توجہ دیں: اگر آپ اردو اےسے آتے ہیں تو آپ کے لیے بلا معاوضہ دستیاب ہے۔ پر کال کریں (711) 1-877-605-3229 (TTY: 711)

ВНИМАНИЕ! Если Вы говорите по-русски, воспользуйтесь бесплатной языковой поддержкой. Позвоните по тел. 1-877-605-3229 (текстовый телефон: 711).

ATTENTION : si vous êtes locuteurs francophones, le service d'assistance linguistique gratuit est disponible. Appelez au 1-877-605-3229 (TTY : 711)

توجہ: در صورتی کہ بہ فارسی صحبت می کنید، خدمات ترجمہ بہ صورت رایگان برای شما موجود است. با (711) 1-877-605-3229 تماس بگیرید.

ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपको भाषाई सहायता बिना कोई पैसा दिए उपलब्ध है। 1-877-605-3229 पर कॉल करें (TTY: 711)

Achtung: Falls Sie Deutsch sprechen, stehen Ihnen kostenlos Sprachassistentendienste zur Verfügung. Rufen sie 1-877-605-3229 (TTY: 711)

注意：日本語をご希望の方には、日本語サービスを無料で提供しております。1-877-605-3229（TTY、テレタイプライターをご利用の方は711）までお電話ください。

အထူးသတိ: ဤကိစ္စ (အမျိုးအနွယ် အမျိုးအနွယ်) အပေါ်မှာ ဤကိစ္စ (အမျိုးအနွယ်) အပေါ်မှာ မရှိပါ။ ဖုန်းနံပါတ် 1-877-605-3229 (TTY: 711) ကို ခေါ်ဆိုပါ။

ໂປດຊາບ: ຖ້າທ່ານເວົ້າພາສາລາວ, ການຊ່ວຍເຫຼືອ ດ້ານພາສາແມ່ນມີໃຫ້ທ່ານໂດຍບໍ່ເສັຍຄ່າ. ໂທ 1-877-605-3229 (TTY: 711)

УВАГА! Якщо ви говорите українською, для вас доступні безкоштовні консультації рідною мовою. Зателефонуйте 1-877-605-3229 (TTY: 711)

ATENȚIE: Dacă vorbiți limba română, vă punem la dispoziție serviciul de asistență lingvistică în mod gratuit. Sunați la 1-877-605-3229 (TTY 711)

THOV CEEB TOOM: Yog hais tias koj hais lus Hmoob, muaj cov kev pab cuam txhais lus, pub dawb rau koj. Hu rau 1-877-605-3229 (TTY: 711)

ត្រូវចងចាំ: បើអ្នកនិយាយភាសាខ្មែរ ហើយ ត្រូវការសេវាកម្មជំនួយផ្នែកភាសាដោយ ឥតគិតថ្លៃ គឺមានផ្តល់ជូនលោកអ្នក។ សូមទូរស័ព្ទ ទៅកាន់លេខ 1-877-605-3229 (TTY: 711)

HUBACHIISA: Yoo afaan Kshtik kan dubbattan ta'e tajaajiloonni gargaarsaa isiniif jira 1-877-605-3229 (TTY:711) tiin bilbilaa.

โปรดทราบ: หากคุณพูดภาษาไทย คุณสามารถใช้บริการช่วยเหลือด้านภาษาได้ฟรี โทร 1-877-605-3229 (TTY: 711)

FA'AUTAGIA: Afai e te tautala i le gagana Samoa, o loo avanoa fesoasoani tau gagana mo oe e le totogia. Vala'au i le 1-877-605-3229 (TTY: 711)

IPANGAG: Nu agsasaoka iti Ilocano, sidadaan ti tulong iti lengguahe para kenka nga awan bayadna. Umawag iti 1-877-605-3229 (TTY: 711)

UWAGA: Dla osób mówiących po polsku dostępna jest bezpłatna pomoc językowa. Zadzwoń: 1-877-605-3229 (obsługa TTY: 711)

