Accountable Care Program FAQs
10.26.15

Q. # on source document – for comm reference only	**Question**	**Answer**
1	**What is an Accountable Care Program (ACP)?**	An accountable care program (ACP) is a formal network of providers and different health systems working together to deliver more personalized, coordinated, and affordable care to members in the Public Employees Benefits Board (PEBB) Program. The ACPs emphasize shared decision making, preventive health care and ensuring that service experience and health outcomes are consistently high. The PEBB Program will offer two new Uniform Medical Plan (UMP) accountable care program options, administered by Regence BlueShield in 2016: • *UMP Plus - Puget Sound High Value Network*, and • *UMP Plus - UW Medicine Accountable Care Network*.
3	**Why is the Public Employees Benefits Board (PEBB) Program adding an ACP option?**	The ACP option is a continuation of the PEBB program's commitment to providing high quality medical benefits for PEBB members. This aligns with Washington's focus on "Paying for Value," a core strategy of the Healthier Washington initiative. You can learn more about the Healthier Washington initiative at www.hca.wa.gov/hw.
4	**What makes an ACP accountable?**	ACPs are accountable for improving the quality and coordination of care for people they serve by measuring specific indicators such as patient satisfaction and improved health outcomes. This information is then used to continuously improve services.
5	**How does an ACP reduce health care costs?**	ACP providers will be reimbursed based on their ability to deliver coordinated patient care to improve or maintain member health. When individuals are healthier and care is coordinated, the cost of care is lower and savings can be shared through reduced insurance premiums and cost-sharing (i.e. deductibles, coinsurance).
6	**How do ACPs better coordinate patient care?**	ACPs use a medical home model that supports closer coordination of patient care through improved access to integrated patient data and information sharing. This allows medical professionals to identify and treat underlying health problems before they become chronic conditions, enables more efficient scheduling, and improves communication with patients. This model of care is especially important for patients that see multiple specialists.

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7	**How do accountable care networks protect medical records?**	Stringent privacy regulations and procedures protect patient medical records. Only health care professionals directly involved in patient care have access to patient medical records. All state and federal privacy rules and regulations will be followed (i.e. HIPAA).
15	**What do you mean by improved customer satisfaction?**	The new UMP Plus networks have keen focus on customer and patient satisfaction. These Networks have dedicated call centers and websites to support PEBB members. The websites will contain specific information for PEBB members regarding the network providers, online messaging and appointment scheduling, extended hours, patient information portal, and contact information. The call centers will be able to assist with appointment scheduling, prescription refills, and other services. Additionally, the Networks will be emphasizing patient satisfaction surrounding provider visits, coordinated care, and shared decision making to better communicate and treat patients.
57	**What is UMP Plus?**	PEBB's accountable care program UMP Plus is a new type of medical plan that takes what PEBB members love about the Uniform Medical Plan and adds more. It raises the bar for patient experience, saves members money, and gives them access to a coordinated network of providers committed to the latest research-based medicine and best practices.
8	**Why did the HCA select these two UMP Plus options?**	The Puget Sound High Value Network and the UW Medicine Accountable Care Network were selected through a competitive bid process. Learn more: HCA's June 8, 2015 News Release.
2	**What is different about the UMP Plus networks from UMP Classic?**	PEBB members who select a UMP Plus Network can expect a greater emphasis on primary care access including preventive health care, a focus on a positive member experience, and more coordinated health care among network providers. Quality customer service will also include: dedicated websites, call centers, and people who can help you navigate the program; extended provider availability; and shared decision making with providers.
22	**What are the health care advantages of the UMP Plus networks?**	The networks provide coordinated care among physical, mental, and chemical dependency treatment providers. Network providers are committed to using best practices and research-based medicine to share decision-making with you.
9	**What are the financial advantages to selecting one of the UMP Plus networks?**	Members selecting a UMP Plus network can expect lower monthly premiums. Members can also expect lower annual deductibles, no prescription deductibles, and lower out-of-pocket costs when using network providers and no out-of-pocket costs when receiving care from primary care network providers.
64	**Why can't I enroll in UMP Plus if I have Medicare Part A and Part B?**	UMP Plus networks closely coordinate care to achieve significant cost savings. While UMP Plus plan subscribers can choose to go outside the plan's network, they will pay higher coinsurance rates when using non-network and out-of-network providers. Since Medicare law requires that providers be paid at in-network rates even if services are provided out-of-network or by non-network providers, the cost savings would not be realized. Therefore, Medicare Part A and Part B subscribers are not eligible for UMP Plus.

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20, 12	**Why is UMP Plus only available in the 5 counties? Will HCA be adding more network options in the future?**	UMP Plus is only available in the 5 county region because that is where the networks were established. HCA intends to expand geographic coverage in coming plan years.
62	**Who's eligible for the new ACP UMP Plus plan option?**	PEBB benefits-eligible members who live in King, Kitsap, Pierce, Snohomish, or Thurston counties, including: Employees, Leave without Pay members, Retirees and their covered spouse or registered domestic partners not enrolled in Medicare Part A and Part B, COBRA members and their covered spouse or registered domestic partners not enrolled in Medicare Part A and Part B.

General UMP Plus FAQs
10.26.15

Q. # on source document – for comm reference only	**Question**	**Answer**
57	**What is UMP Plus?**	PEBB's accountable care program UMP Plus is a new type of medical plan that takes what PEBB members love about the Uniform Medical Plan and adds more. It raises the bar for patient experience, saves members money, and gives them access to a coordinated network of providers committed to the latest research-based medicine and best practices.
65	**How does UMP Plus compare with UMP Classic?**	UMP Plus covers all of the same services as UMP Classic, such as no-cost preventive care when you see a network provider affiliated with your UMP Plus network. Prescription drugs are covered the same as under UMP Classic, except there is no deductible for brand-name (Tier 2 or Tier 3) drugs. UMP Plus offers: • Lower premiums. • Lower medical deductible. • No prescription drug deductible. • Lower out-of-pocket costs when using network providers. • No out-of-pocket costs when receiving care from primary care network providers. • Fast access to primary and specialty care. • Focus on wellness in primary care based on evidence-based guidelines for screenings and preventive care. • Coordinated care for chronic conditions – such as heart disease or diabetes – when multiple specialists are needed. Remember to choose the UMP Plus network that has the specific providers or facilities you want to use. The cost differences are available to you only when you use the providers in your UMP Plus network.
2	**What is different about the UMP Plus networks from UMP Classic?**	PEBB members who select a UMP Plus network can expect a greater emphasis on primary care access including preventive health care, a focus on a positive member experience, and more coordinated health care among network providers. Quality customer service will also include: dedicated websites, call centers, and people who can help you navigate the program; extended provider availability; and shared decision making with providers.
36	**What are the special services the UMP Plus networks are offering?**	A focus on positive member experiences is one of the hallmarks of the UMP Plus networks, including dedicated websites, welcome packets, and call centers. Office visits with primary care providers, including pediatricians, are covered at no-charge to members. Providers will engage in shared decision-making conversations, which will help you make a more informed decision about the health care you receive. Contact the specific network for more information: Puget Sound High-Value Network

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		PSHVN: 1-855-776-9503 UW Medicine Accountable Care Network UW Med ACN: 1-855-520-9500
58	**What are the UMP Plus networks? How do I find out more about them?**	Puget Sound High-Value Network PSHVN: 1-855-776-9503 UW Medicine Accountable Care Network UW Med ACN: 1-855-520-9500
8	**Why did the HCA select these two UMP Plus networks?**	The Puget Sound High Value Network and the UW Medicine Accountable Care Network were selected through a competitive bid process. Learn more at: June 8, 2015 News Release.
20	**Why is UMP Plus only available in King, Kitsap, Pierce, Snohomish and Thurston counties?**	UMP Plus is only available in the 5-county region because that is where the networks were established. HCA intends to expand geographic coverage in coming plan years.
22	**What are the health care advantages of the UMP Plus networks?**	The networks provide coordinated care among physical, mental, and chemical dependency treatment providers. Network providers are committed to using best practices and research-based medicine to share decision-making with you.
9	**What are the financial advantages to selecting one of the UMP Plus networks?**	Members selecting a UMP Plus network can expect lower monthly premiums. Members can also expect lower annual deductibles, no prescription deductibles, and lower out-of-pocket costs when using network providers and no out-of-pocket costs when receiving care from primary care network providers.
69	**What does UMP Plus cost?**	Members selecting a UMP Plus network can expect: • Lower monthly premiums (about 30% lower than UMP Classic for state agency and higher-education employees). • Lower annual deductibles ($125/person with a $375 family maximum). • No prescription deductibles. • Lower out-of-pocket costs when using network providers. • No out-of-pocket costs when receiving care from primary care network providers. Enrolled members can choose the provider they want to see but remember that the cost differences are available only when using the providers in your UMP Plus network. See http://www.hca.wa.gov/pebb for full information on premiums and surcharges.
56	**How will claims be paid and managed? Will Regence still have a role in managing claims**	Like UMP Classic and UMP CDHP, the UMP Plus network will partner with Regence BlueShield and Washington State Rx Services to administer the medical and prescription drug benefits.

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	issues?	
62	**Who is eligible for UMP Plus?**	PEBB benefits-eligible members who live in King, Kitsap, Pierce, Snohomish, or Thurston counties, including: • Employees. • Leave Without Pay members. • Retirees and their covered spouse or registered domestic partners not enrolled in Medicare Part A and Part B. • COBRA members and their covered spouse or registered domestic partners not enrolled in Medicare Part A and Part B.
10	**How do I know which UMP Plus network is right for me and my family?**	Choosing a medical plan for you and your family is an important decision. During Open Enrollment Nov. 1-30, you can attend a PEBB Benefits Fair for in-person answers to your questions. You can watch our three-minute video, check out our Member Tool Kit or talk to your employer's personnel/payroll office to learn more. Need more? HCA offers many online resources and publications at www.hca.wa.gov/pebb. Additionally, each UMP Plus network has dedicated websites and customer service representatives to help answer your questions: Puget Sound High-Value Network PSHVN: 1-855-776-9503 UW Medicine Accountable Care Network UW Med ACN: 1-855-520-9500
17	**How do I know who to call with my questions? How do I know which website to go to?**	For questions about your PEBB benefits, you can talk to your employer's personnel, payroll or benefits office. If you are a retiree or self-pay PEBB member, you can contact PEBB Benefits Services at 1-800-200-1004 or online at www.hca.wa.gov/pebb. If you have specific questions about the UMP Plus networks, such as questions about providers or facilities, contact the network for more information: Puget Sound High-Value Network PSHVN: 1-855-776-9503 UW Medicine Accountable Care Network UW Med ACN: 1-855-520-9500
61	**Is UMP Plus going to replace UMP Classic for PEBB members over time?**	It is not the intent of HCA to replace UMP Classic with UMP Plus. UMP Plus is an additional offering for PEBB members.

UMP Plus Eligibility FAQs

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Q. # on source document – for comm reference only	**ELIGIBILITY**	
	QUESTION	**ANSWER**
62	**Who's eligible for UMP Plus?**	PEBB benefits-eligible members who live in King, Kitsap, Pierce, Snohomish, or Thurston counties, including: • Employees. • Leave Without Pay members. • Retirees and their covered spouse or registered domestic partners not enrolled in Medicare Part A and Part B. • COBRA members and their covered spouse or registered domestic partners not enrolled in Medicare Part A and Part B.
45	**Do I have to live in one of the five counties to be eligible for the UMP Plus plan option? Am I eligible if I work in one of the five counties?**	You must live in one of the five counties: King, Kitsap, Pierce, Snohomish or Thurston counties to be eligible for one of the UMP Plus networks. You are not eligible if you only work in one of the five counties.
47	**My provider is in one of the UMP Plus networks. I live out of the network service area. Can I enroll in UMP Plus?**	No, you must live in one of the 5 counties in order to be eligible to enroll in UMP Plus.
32	**How does the UMP Plus network work if I have dependents that live outside of the 5-county Puget Sound region?**	Your dependents who reside outside of the Puget Sound area will be covered at an ER or Regence contracted Urgent Care clinic at the in-network level. For non-network services, the cost will be a 50% coinsurance. If your dependent uses a specialist that is out-of-network and not contracted with Regence, you will pay 50% coinsurance and any additional charges assessed by your provider (balance billing).
44	**Is this plan a good choice for me if I live out of the eligible area for extended periods of time? What about if my kid goes to college? What if I travel overseas?**	This may not be the best option for you to choose. Choosing a medical plan for you and your family is an important decision. During Open Enrollment Nov. 1-30, you can attend a PEBB Benefits Fair for in-person answers to your questions. You can watch our three-minute video, check out our Member Tool Kit or talk to your employer's personnel/payroll office to learn more. Need more? HCA offers many online resources and publications available on the PEBB website at www.hca.wa.gov/pebb.
16	**If I move out of the UMP Plus network's service area, does that create a special open enrollment event to change my plan?**	Yes, when PEBB member's move out of their plan's service area, they may select a new plan.
51	**I am enrolled in PEBB retiree insurance and am in Medicare Parts A & B. Can I enroll in UMP Plus?**	No.

UMP Plus Eligibility FAQs

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64	**Why can't I enroll in UMP Plus if I have Medicare Part A and Part B?**	UMP Plus networks closely coordinate care to achieve significant cost savings. While UMP Plus plan subscribers can choose to go outside the plan's network, they will pay higher coinsurance rates when using non-network and out-of-network providers. Since Medicare law requires that providers be paid at in-network rates even if services are provided out-of-network or by non-network providers, the cost savings would not be realized. Therefore, Medicare Part A and Part B subscribers are not eligible for UMP Plus.
63	**What happens if I select UMP Plus and I (or a family member) become eligible for Medicare Part A and Part B during the 2016 plan year?**	If you enroll in UMP Plus and become entitled to Medicare in 2016, you must choose a new medical plan. If a covered family member becomes entitled to Medicare, you must either choose a new medical plan or remove that family member from your account. Your family member will not qualify for COBRA or other continuation coverage through the PEBB Program.
52	**I am a retiree who is not age 65 and not eligible for Medicare Part A or B. May I enroll in UMP Plus?**	Yes, but a Medicare-eligible spouse or dependent may not enroll on your account.
46	**I am on LWOP. Do I qualify to enroll in a UMP Plus network?**	Yes, if you would otherwise qualify to enroll.
11	**Can I still enroll in a Health Savings Account (HSA), the Dependent Care Assistance Program (DCAP), or the Medical Flexible Savings Arrangement (FSA) if I select an UMP Plus plan?**	Members selecting one of the UMP Plus network plans may also choose to enroll in the Medical Flexible Spending Arrangement (FSA), and Dependent Care Assistance Program (DCAP). Health savings accounts (HSA) are only available to enrollees that select a consumer directed health care plan (CDHP).
33	**If I switch from UMP Classic, what will happen to my Medical FSA?**	If you switch from UMP Classic to a UMP Plus network, you may enroll in a Medical FSA. Remember that you must enroll each year in the Medical FSA and DCAP, and elect your new deductions. You can learn more about the Medical FSA at: http://www.hca.wa.gov/pebb and select Medical flexible spending arrangement.
34	**If I switch from CDHP, what will happen to my health savings account (HSA)?**	If you switch from a CDHP to one of the UMP Plus networks, you keep your HSA and can still use your funds for qualified medical expenses. However, you will not be able to contribute to your HSA in 2016, and you may be charged a monthly service fee if your account drops below $2,500. Learn more about your HSA options at: http://www.hca.wa.gov/pebb and select Consumer-directed health plan.
48	**If I enroll in a UMP Plus network, is the "NOT ME" diabetes prevention programs available to me?**	PEBB subscribers can participate in the NOT ME Diabetes Prevention Program. You can learn more about the NOT ME Diabetes Prevention program at:
49	**If I enroll in a UMP Plus network, is the "QUIT FOR LIFE" smoking cessation program available to me?**	PEBB subscribers can participate in the Quit for Life program. You can learn more about the Quit for Life program online at:

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50	**If I enroll in a UMP Plus network, am I eligible for the SmartHealth wellness program?**	PEBB subscribers who are not on Medicare Part A or B can participate in the SmartHealth Wellness Program. You can learn more about the SmartHealth Wellness Program online at:

UMP Plus Provider-Network FAQs

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Q. # on source document – for comm reference only	**UMP Plus Providers and Networks**	
	Question	**Answer**
31	**How does selecting a UMP Plus network affect which providers I can use?**	Enrolled members can choose the provider they want to see. However, coinsurance savings and additional services are applicable only when seeing a provider within the network.
23	**Do I have to choose a primary care provider?**	You will be encouraged to identify a preferred primary care network provider when enrolling to help improve coordination of care with other providers in the preferred network. However, there is no requirement to select a PCP. For more information about the advantages of selecting a PCP, check out: PEBB's For Your Benefit newsletters.
38	**How do I find out if my doctor is in the Puget Sound High Value Network or UW Medicine Accountable Care Network?**	Contact the network: Puget Sound High-Value Network PSHVN: 1-855-776-9503 UW Medicine Accountable Care Network UW Med ACN: 1-855-520-9500
41	**If my doctor isn't part of one of the UMP Plus networks, what are my options?**	You can learn about your options at www.hca.wa.gov/pebb. During Open Enrollment Nov. 1-30, you can attend a PEBB Benefits Fair for in-person answers to your questions. Watch your mail for the October For Your Benefit newsletter for more details about plan options and enrollment.
35	**What clinics and hospitals are part of the UMP Plus networks? Who are network providers? How do I find out?**	UMP Plus "network" providers and facilities include: • A primary care provider affiliated with the UMP Plus network. • A naturopath who provides primary care services and is contracted with Regence. • A specialty provider affiliated with the UMP Plus network. • An ancillary provider who is contracted with Regence. • A facility, such as a clinic or hospital affiliated with the UMP Plus network. Regence Network Providers must be within the UMP Plus Service Area which includes King, Kitsap, Pierce, Snohomish, and Thurston counties. Contact the UMP Plus networks for complete provider lists. • UMP Plus – Puget Sound High Value Network http://www.pugetsoundhighvaluenetwork.org/ 1-855-776-9503 • UMP Plus – UW Medicine Accountable Care Network http://aco.uwmedicine.org/umpplus/ 1-855-520-9500

UMP Plus Provider-Network FAQs

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76	**Which providers qualify as primary care network providers?**	Adult Medicine Gynecology General Pediatricians Family Practice Internal Medicine Preventive Medicine General Practice Naturopathic Physicians Women's Health Geriatrics Obstetricians Remember! The UMP Plus plans have separate provider networks. They are **not** interchangeable. When you enroll in one, the providers affiliated with the other plan are considered non-network providers, and will be paid as non-network (50% of the allowed).
40	**If I have a primary care doctor, can I assume my doctor is part of one of the UMP Plus plans if their offices are located in one of the listed plan hospitals or medical buildings?**	No. You need to check the provider lists for your selected plan to verify that your provider is a network provider. Contact the network for more information: Puget Sound High-Value Network PSHVN: 1-855-776-9503 UW Medicine Accountable Care Network UW Med ACN: 1-855-520-9500
39	**Does it matter if my doctor is in both Puget Sound High Value Network and UW Medicine Accountable Care Network?**	No. Doctors typically contract with multiple health plans. Members who stay within their selected plan's primary care network for office visits will have no out-of-pocket costs, pay 15% coinsurance for in-network specialists and 50% co-insurance when using a non-network provider that is contracted by Regence. If a member uses a provider that is both out-of-network and not contracted by Regence, the co-insurance will be 50% plus any balance billing assessed by the provider.
24	**Can my dependents have different PCPs within the Primary Care Network?**	Yes, your dependents can select different primary care providers within the Primary Care Network.
16	**If I move out of the network's service area, does it create a special enrollment event to change my plan?**	Yes. When PEBB members move out of their plan's service areas, they may select a new plan.

UMP Plus Provider-Network FAQs

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42	**Do I need to get preauthorization for any services?**	Like UMP Classic, some services under the UMP Plus networks require preauthorization. Beginning at open enrollment (November 1-30), you can review the plans' Certificates of Coverage (benefits books) to find out which services require preauthorization.
25	**Will I need to get a referral in order to see a provider in the Specialty Care Network?**	No, you do not need a referral from the plan to see a specialist for most services. However, you will save money by seeing primary care and specialty providers within the network. You will pay 15% coinsurance when you use network specialists, and a 50% coinsurance when you use a non-network provider that is contracted with Regence. If you use a specialist that is out-of-network and not contracted with Regence, you will pay 50% coinsurance and any additional charges assessed by your provider (balance billing).
54	**If I want to go to an out-of-network provider, do I have to get approval?**	If yes, from whom? If there is a time your network provider believes it's in your best interest to see a non-network provider, they can request a network waiver before services are performed. When your waiver is approved, you will pay the 15% coinsurance rate for the approved non-network provider. Like UMP Classic, UMP Plus subscribers can see any network provider they choose, including specialists, and pay 15% coinsurance.
60	**If I select UMP Plus, can I use both networks? Can I switch between networks?**	No. You must select either the Puget Sound High Value Network or the UW Medicine Accountable Care Network when you choose UMP Plus as your medical plan. You must have a special open enrollment event in order to make any changes to your selection for plan year 2016.
74	**What does in-network and out-of-network mean? What is the cost difference?**	Note: the chart below is included in the UMP Plus COCs: http://www.hca.wa.gov/ump/umpplus/Pages/coc.aspx

	Network Status	Provider Types	Payment
Network Providers	**Primary Care Network**	• Primary care providers, affiliated with the selected UMP Plus network. • Naturopathic physicians contracted with Regence.*	100% for primary care office visits, not subject to the medical deductible. *Services related to an office visit may be paid under the medical benefit if not covered as preventive).*
Network Providers	**Specialty Network**	• Providers affiliated with the UMP Plus plan who are not primary care providers. • Ancillary providers and services contracted with Regence.*	85%; *subject to the medical deductible (except for services covered as preventive).*
Network Providers	**Network Facilities**	Facilities (such as a clinic or hospital) that are affiliated with the UMP Plus network.	• **Inpatient facility charges:** Inpatient copay $200 per day, annual maximum $600 • **Professional services:** You pay 15% of the allowed amount.
Non-network		The following providers when contracted with Regence but ***not affiliated with*** the UMP Plus plan. • Providers who are not considered ancillary	50% -- *No balance billing.*

UMP Plus Provider-Network FAQs

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			service providers. • Facilities, such as hospitals or clinics.	
		Out-of-network	Providers, including facilities, that aren't contracted with Regence or affiliated with UW Medicine ACN.	50% -- *Provider may balance bill you.*

UMP Plus Benefits and Cost-Sharing FAQs

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Q. # on source document – for comm reference only	**BENEFITS AND COST-SHARING**	
69	**What does UMP Plus cost?**	Members selecting a UMP Plus network can expect: • Lower monthly premiums (about 30% lower than UMP Classic for state agency and higher-education employees). • Lower annual deductibles ($125/person with a $375 family maximum). • No prescription deductibles. • Lower out-of-pocket costs when using network providers. • No out-of-pocket costs when receiving care from primary care network providers. Enrolled members can choose the provider they want to see but remember that the cost differences are available only when using the providers in your UMP Plus network. See http://www.hca.wa.gov/pebb for full information on premiums and surcharges.
30	**What is coinsurance and what does it apply to?**	Coinsurance is the out-of-pocket cost a member pays for medical services and prescription drugs. It is a percentage of the allowed amount for most services you pay when the plan pays less than 100%. To see what coinsurance applies to for the UMP Plus networks, please see the Certificate of Coverage.
53	**With UMP Plus, will my prescription drug coverage be different than UMP Classic? Where do I go to find this out?**	With UMP Plus, you do not pay a separate deductible for prescription drugs (UMP Classic has a separate deductible for Tier 2 and Tier 3 drugs). Coinsurance ranging from 5% to 50% depending on the drug tier is identical to UMP Classic. Also, just like UMP Classic, your out-of-pocket maximum is $2,000 per person. Beginning at open enrollment, you can go online to review the plans' Certificates of Coverage (benefits books) for more details and check to see if a specific drug is covered.
72	**What do I pay for an office visit in my UMP Plus network?**	For primary care office visits at no cost to you, services must be provided by Primary Care Network providers affiliated with your UMP Plus network or Regence-affiliated naturopathic physicians. You will pay 15% coinsurance when you use network specialists, and a 50% coinsurance when you use a non-network provider that is contracted with Regence. If you use a specialist that is out-of-network and not contracted with Regence, you will pay 50% coinsurance and any additional charges assessed by your provider (balance billing).
55	**Which provider office visits qualify as no-cost primary care visits?**	Office visits, preventive care services, and immunizations provided by primary care network providers affiliated with your UMP Plus network or Regence-affiliated naturopathic physicians are covered in full; you pay nothing. Related services during an office visit may be subject to the deductible and coinsurance. For example, at a visit with your primary care network provider, tests are ordered. The office visit will be covered at no cost to you; tests not considered preventive are subject to the deductible and coinsurance.
73	**How do I get the primary care office visits at no cost?**	To receive full coverage for primary care office visits, you must see a primary care provider (PCP) affiliated with the UMP Plus network you selected, with the exception of Regence network naturopathic physicians. When you see a Primary Care Network provider for primary care services, you pay nothing for office visits. Related services that aren't

UMP Plus Benefits and Cost-Sharing FAQs

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		considered preventive may be subject to the medical deductible and coinsurance.
28	**What is my deductible and what does it apply to?**	The medical deductible amount is $125 per person, with a maximum of $375 for a family of three or more. You pay your provider the first $125 in charges, called a deductible. Once you have met your deductible, the plan begins to pay benefits for your care. Services that do not count towards your deductible include: out-of-pocket prescription costs, preventive care, immunizations, routine vision and hearing care, select contraceptive supplies and services, tobacco cessation services, and diabetes prevention and control programs. Other services may be exempt from the deductible, as well. You can reduce your deductible by earning a SmartHealth incentive. Learn more about deductibles and the Smart Health incentive online at www.hca.wa.gov/pebb.
71	**If I qualify for the SmartHealth wellness incentive, will my deductible go down?**	Yes. If the subscriber qualifies for a $125 SmartHealth wellness incentive in 2015, the subscriber's medical deductible is $0. The reduced deductible incentive applies only to the subscriber and is not transferable to any other family member.
27	**What services qualify as preventive?**	For a list of services covered as preventive, see the networks' Certificates of Coverage (benefits books) and www.healthcare.gov/what-are-my-preventive-care-benefits/adults. Note that recommendations added during the calendar year may not be covered as preventive until later years.
26	**Is there a limit on the 100% coverage of primary and preventive care?**	There is no limit to the number of appointments you and your family can have under the primary care office visits coverage benefit. To receive primary care office visits at no cost to you, services must be provided by Primary Care Network providers affiliated with your UMP Plus network or Regence-affiliated naturopathic physicians.
67	**What are my benefits if I have emergent or urgent care needs while on vacation and away from my UMP Plus network?**	When you travel, emergency and urgent care services are paid at 85% for covered services. You must use Regence urgent care facilities. If you receive primary or ancillary specialty care outside of the UMP Plus network, you'll pay 50% for covered services, and may be balance billed.
42	**Do I need to get preauthorization for any services?**	Like UMP Classic, some services under the UMP Plus networks require preauthorization. Beginning at open enrollment (November 1-30), you can review the plans' Certificates of Coverage (benefits books) to find out which services require preauthorization.
25	**Will I need to get a referral in order to see a provider in the Specialty Care Network?**	No, you do not need a referral from the plan to see a specialist for most services. However, you will save money by seeing primary care and specialty providers within the network. You will pay 15% coinsurance when you use network specialists, and a 50% coinsurance when you use a non-network provider that is contracted with Regence. If you use a specialist that is out-of-network and not contracted with Regence, you will pay 50% coinsurance and any additional charges assessed by your provider (balance billing).
74	**What does in-network and out-of-network mean? What is the cost difference?**	The chart below is included in the UMP Plus COCs: http://www.hca.wa.gov/ump/umpplus/Pages/coc.aspx **Network Status** / **Provider Types** / **Payment**

UMP Plus Benefits and Cost-Sharing FAQs

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		Network Providers	**Primary Care Network**	Primary care providers, affiliated with the selected UMP Plus network. Naturopathic physicians contracted with Regence.*	100% for primary care office visits, not subject to the medical deductible. Services related to an office visit may be paid under the medical benefit if not covered as preventive).
			Specialty Network	Providers affiliated with the UMP Plus plan who are not primary care providers. Ancillary providers and services contracted with Regence.*	85%; subject to the medical deductible (except for services covered as preventive).
			Network Facilities	Facilities (such as a clinic or hospital) that are affiliated with the UMP Plus network.	**Inpatient facility charges:** Inpatient copay $200 per day, annual maximum $600 **Professional services:** You pay 15% of the allowed amount.
		Non-network		The following providers when contracted with Regence but **not affiliated with** the UMP Plus plan. Providers who are not considered ancillary service providers. Facilities, such as hospitals or clinics.	50% -- No balance billing.
		Out-of-network		Providers, including facilities, that aren't contracted with Regence or affiliated with UW Medicine ACN.	50% -- Provider may balance bill you.
75	**When changing plans mid-year, is the accumulated amount for a deductible carried over or reset?**	See chart below. You may call your UMP Plus Network for more information on your specific circumstance:			

Original Plan	New Plan	Deductible
UMP Plus—PSHVN	Any Classic, Value, or CDHP Plan	Reset
UMP Plus—UW Medicine ACN	Any Classic, Value, or CDHP Plan	Reset
Any Classic, Value, or CDHP Plan	UMP Plus—PSHVN	Reset
Any Classic, Value, or CDHP Plan	UMP Plus—UW Medicine ACN	Reset
UMP Plus—PSHVN	UMP Plus—UW Medicine ACN	Reset
UMP Plus—UW Medicine ACN	UMP Plus—PSHVN	Reset
UMP Plus—PSHVN	UMP Classic Medicare	Carryover
UMP Plus—UW Medicine ACN	UMP Classic Medicare	Carryover

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			UMP Plus—PSHVN Wellness	UMP Classic Medicare	Carryover (but deductible increases to $250)
			UMP Plus—UW Medicine ACN Wellness	UMP Classic Medicare	Carryover (but deductible increases to $250)
			Group Health SoundChoice	UMP Plus—PSHVN	Reset
			Group Health SoundChoice	UMP Plus—UW Medicine ACN	Reset
			UMP Plus—PSHVN	Group Health SoundChoice	Reset
			UMP Plus—UW Medicine ACN	Group Health SoundChoice	Reset
56	**How will claims be paid and managed? Will Regence still have a role in managing claims issues?**	Like UMP Classic and UMP CDHP, the UMP Plus network will partner with Regence Blueshield and Washington State Rx Services to administer the medical and prescription drug benefits.			