



STATE OF WASHINGTON
 WASHINGTON STATE HEALTH CARE AUTHORITY
 REQUEST FOR PROPOSAL (RFP)
 NO. K1807

AMENDMENT No. 2

1. Section 1.2 Background

The portion of Table 1.2.1 describing UMP Plus is deleted and replaced with the following:

UMP Plus								
Premiums	Deductibles	Out-of-Pocket Limits	Provider Networks	Network Reimbursement	Out-of-Network Reimbursement	Prescription Drugs	Facility/Hospital Charges	Special
Mid-range of UMP Plans	\$125 per person, \$375 family maximum for three (3) or more (lowest of UMP Plans) No deductible for prescription drugs	Medical: \$2,000/\$4,000 family maximum (same as UMP Classic) Prescription drugs: \$2,000 per person, no family maximum	More complex than the network for UMP Classic and UMP CDHP. Networks are specific to UW and PSHVN providers except for ancillary services (currently UMP TPA network).	In-network primary care providers: Plan pays 100% for primary care office visits; not subject to the deductible. Specialty Network: 85% of allowed amount, Member pays	Providers outside both the UMP Plus and Regence networks: Member pays 50% of the allowed amount, plus any amount billed by the provider over the allowed amount.	Identical to UMP Classic Based on tier system; for most generic drugs, the Member doesn't pay the prescription drug deductible.	For preferred facilities: Member pays \$200 per Day, up to \$600 annually for inpatient facility charges. Professional providers bill separately from the facility, and are paid according to	UMP Plus: Plan rules don't allow Medicare-primary Members to be enrolled in UMP Plus. Coordinated Care by high-quality provider

		(same as UMP Classic)	<p>Primary Care and Specialty providers must be in the Member's UMP Plus network to be covered at the network rate.</p> <p>ACN Ancillary Providers in the UMP Plus Service Area are covered as network for both UMP Plus networks</p> <p>Emergency and urgent care: May use Regence network providers and receive network-level reimbursement.</p> <p>Certain services are considered exceptions; providers outside the UMP Plus or Regence networks may be paid at the network rate.</p>	15%. Subject to the deductible.		Member pays more for certain high-cost and brand-name drugs.	<p>the provider's network status</p> <p>Emergency care for an in network hospital: Member pays 15% of the allowed amount and a \$75 copay.</p> <p>Emergency care for an out of network hospital: Services will be paid at the in network rate; plus any amount billed by the provider over the allowed amount.</p>	<p>networks to improve patient outcomes, reduce cost, and enhance patient satisfaction.</p> <p>May participate in medical flexible spending arrangement under the PEBB.</p>
--	--	-----------------------	---	---------------------------------	--	--	--	---

All other terms and conditions of the RFP remain in full force and effect. Capitalized terms not defined in this amendment have the meaning provided in the RFP.