

YOUR 2015 UMP CLASSIC PLAN SUMMARY FOR MEDICARE RETIREES



UMP website: www.hca.wa.gov/ump

Medical benefits

UMP Customer Service

1-888-849-3681

TTY: 711

Prescription drug benefits

WA State Rx Services

1-888-361-1611



	UMP Classic for Medicare retirees		What you should know
Cost-Sharing	Individual	Family	
Annual Deductible	Medical: \$250 Prescription drugs: \$100	\$750 maximum for medical (\$250 per person) \$300 maximum for prescription drugs (\$100 per person)	Unless stated otherwise, all benefits are subject to the deductible. Some expenses (including the inpatient and emergency room copays) do not count toward the deductible.
Annual Out-of-Pocket Limit	Medical: \$2,500 Prescription drugs: \$2,000	Medical \$5,000 Prescription drugs: No family maximum	Medical services and prescription drugs counted separately. Payments for out-of-network medical services do not count.

Services ¹	What you pay preferred providers ²	What you should know
Acupuncture	15%	Limited to 16 visits per calendar year.
Ambulance	20%	
Chemical Dependency Treatment	Inpatient copay ³ Outpatient/Professional: 15%	
Chiropractic Treatment	15%	Limited to 10 spinal and extremity manipulation visits per calendar year.
Diagnostic Tests, Laboratory and X-Rays	15%	
Durable Medical Equipment, Supplies and Prostheses	15%	Foot orthotics covered only for prevention of complications associated with diabetes.
Emergency Room	15% after \$75 copay	Professional charges are usually billed separately. Copay waived if admitted directly to a hospital or facility on an inpatient basis.
Hearing Aids	Plan pays up to \$800 every 3 calendar years.	Not subject to the deductible.
Hearing Exams (Routine)	0%	Not subject to the deductible.
Home Health Care	15%	See the <i>UMP Classic 2015 Certificate of Coverage</i> for services covered.
Hospice Care	0%	Respite care covered at 100% up to 14 visits per lifetime.
Hospital Services	Inpatient copay ³ Outpatient/Professional: 15%	Preauthorization is required for all elective inpatient admissions.
Massage Therapy	15%	Out-of-network massage therapists are not covered. Limited to 16 visits per calendar year.
Mental Health Treatment	Inpatient copay ³ Outpatient/Professional: 15%	
Naturopathic Physician Services	15%	
Office Visits	15%	
Prescription Drugs	Value Tier: 5% Tier 1: 10% Tier 2: 30% Tier 3: 50%	You don't pay a deductible for Value Tier or Tier 1 drugs. Prescription cost-limit per 30-day supply at network pharmacies: Value Tier=\$10; Tier 1=\$25; Tier 2=\$75; Tier 3=\$150 for specialty drugs only.
Preventive Care and Immunizations	0%	Preventive care and immunizations are not subject to the deductible.
Skilled Nursing Facility	Inpatient copay ³ Professional: 15%	Limited to 150 days per calendar year.
Therapy: Physical, Neurodevelopmental, Occupational and Speech	Inpatient copay ³ Outpatient/Professional: 15%	Inpatient: 60 days maximum per calendar year. Outpatient: 60 visits maximum per calendar year.
Tobacco Cessation	0%	Not subject to the deductible. Quit for Life Program only.
Vision Care Exam (Routine)	0%	Not subject to the deductible, one visit per calendar year. \$65 annual maximum on contact lens fitting fees.
Vision Hardware, Adult (Over Age 18)	Plan pays up to \$150 every 2 calendar years.	Not subject to the deductible.
Vision Hardware, Children (Age 18 and Under)	Eyeglasses (frames and lenses): 0% Contact lenses: 15%	One standard or deluxe frame with lenses per year. No limit for contact lenses.

¹ Percentages shown apply to the allowed amount, which is the fee accepted as payment in full by preferred providers.

² After UMP coordinates with Medicare, in most cases you will pay nothing.

³ Inpatient copay: \$200 per day up to \$600 per person per admission for facility charges. Professional services may be billed separately.

Highlights of the UMP Classic for Medicare retirees

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 chart on previous page.
- **Prescription drugs:** You pay the first \$100 for Tier 2 or Tier 3 (brand-name) drugs. You don't pay any deductible for Value Tier or Tier 1 drugs. The maximum prescription drug deductible for a family of three or more is \$300.

Copays

- **Emergency room copay:** \$75 per visit at preferred facilities. If you're admitted as an inpatient directly from the ER to the hospital, this copay is waived.
- **Inpatient copay:** \$200 per day, \$600 maximum per admission for facility charges at a preferred facility (hospitals; or a skilled nursing, mental health, or chemical dependency facility). Professional services (such as physicians and lab tests) are usually billed separately.

Prescription drugs

- There is a separate prescription drug deductible for Tier 2 and Tier 3 (brand-name) drugs. See the deductible section on this page for more information.
- You pay coinsurance based on the drug's tier level (from 5 to 50%); see chart on previous page
- There is a separate out-of-pocket limit for prescription drugs of \$2,000 per enrollee; there is no family maximum.

2015 monthly rates for Medicare retirees	
	UMP Classic
subscriber only	\$234.69
subscriber + spouse* (1 eligible)	\$806.95
subscriber + spouse* (2 eligible)	\$463.13
subscriber + children (2 eligible)	\$463.13
subscriber + child(ren)	\$663.89
full family (1 eligible)	\$1,236.15
full family (2 eligible)	\$892.33
full family (3 eligible)	\$691.57

*Or registered domestic partner

This material reflects information available at the time of its preparation. The contents are subject to change in response to further state or federal guidance regarding health care reform requirements.

This is a brief summary of benefits; it is not a certificate of coverage. All benefits must be medically necessary. Please refer to the *UMP Classic 2015 Certificate of Coverage* for a complete list of benefits, limitations and exclusions.

