See back page for details on your deductibles and out-of-pocket limits.

	UMP Classic	UMP Consumer-Directed Health Plan (CDHP)	
Services[1]	**What you pay preferred providers[2]**	**What you pay preferred providers[2]**	**What you should know**
Ambulance	20%	20%	
Chemical Dependency Treatment	Inpatient copay[3] Outpatient/Professional: 15%	15%	Inpatient services must be preauthorized by the plan.
Chiropractic Treatment	15%	15%	Limited to 10 spinal and extremity manipulation visits per calendar year, even when applied to the deductible.
Diagnostic Tests, Laboratory and X-Rays	15%	15%	
Durable Medical Equipment, Supplies and Prostheses	15%	15%	Foot orthotics covered only for prevention of complications associated with diabetes. Some supplies require preauthorization.
Emergency Room	15% after $75 copay	15%	Professional charges are usually billed separately. UMP Classic copay waived if admitted directly to a hospital or facility on an inpatient basis.
Home Health Care	15%	15%	See the 2016 Certificate of Coverage for services covered.
Hospice Care	0% (subject to medical deductible)	0% (subject to deductible)	Respite care covered at 100% up to 14 visits per lifetime. End-of-life counseling covered in full in conjunction with hospice.
Hospital Services	Inpatient copay[3] Outpatient/Professional: 15%	15%	Preauthorization is required for all elective inpatient admissions.
Mammograms	Screening (Preventive): 0%, no deductible Diagnostic:15%	Screening (Preventive): 0%, no deductible Diagnostic:15%	Screening mammograms for women age 40 and older; see the 2016 Certificate of Coverage (COC) for coverage details. See "Breast Health Screening Tests" in the 2016 COC for supplementary tests covered.
Mental Health Treatment	Inpatient copay[3] Outpatient/Professional: 15%	15%	Inpatient services must be preauthorized by the plan.
Naturopathic Physician Services	15%	15%	
Obstetric and Newborn Care	Inpatient copay[3] Outpatient/Professional: 15%	15%	
Office Visits	15%	15%	
Prescription Drugs	**No deductible:** Value Tier: 5%, Tier 1: 10% **Subject to prescription drug deductible:** Tier 2: 30%, Tier 3: 50%	**After meeting the deductible:** 15%	
Preventive Care and Immunizations	0%	0%	Preventive care and immunizations are not subject to the deductible.
Skilled Nursing Facility	Inpatient copay[3] Professional: 15%	15%	Limited to 150 days per calendar year.
Surgery	15%	15%	Inpatient admissions require preauthorization.
Therapy: Physical, Neurodevelopmental, Occupational and Speech	Inpatient copay[3] Outpatient/Professional: 15%	15%	Inpatient: 60 days maximum per calendar year. Outpatient: 60 visits maximum per calendar year. See "ABA Therapy" in the 2016 COC for those services.
Tobacco Cessation	0%	0%	Not subject to the deductible; see limitations to types of drugs and nicotine replacement therapy covered in the 2016 Certificate of Coverage...
Vision Care Exam (Routine)	0%	0%	Not subject to the deductible, one visit per calendar year. $65 annual maximum on contact lens fitting fees; you pay any amount over that
Vision Hardware, Adult (Over Age 18)	Plan pays up to $150 every 2 calendar years	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%	Eyeglasses (frames and lenses): 0% Contact lenses: 15%	Not subject to the deductible. 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]For out-of-network providers, in most cases you pay 40% plus any charges over the allowed amount.

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

Comparing UMP Classic and UMP Consumer-Directed Health Plan

	UMP Classic	UMP CDHP
Deductible(s)	**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.	Under UMP CDHP, there is only one deductible for all services. For a one-person account, the deductible is $1,400. For an account of more than one person, the deductible is $2,800, which must be met before the plan covers any services subject to the deductible. You don't pay the deductible before receiving certain services; see chart on previous page.
Out-of-pocket limits	*Separate out-of-pocket limits for medical services and prescription drugs.* **Medical:** $2,000 per person, $4,000 maximum for a family of three or more. **Prescription drugs:** $2,000 per person; no family maximum.	*Combined medical and prescription drug out-of-pocket limit:* $4,200 for a single subscriber on an account; $8,400 for an account with more than one person. NOTE: No single member pays more than $6,850 for covered services from preferred providers.
Prescription drugs	Separate prescription drug deductible for Tier 2 and Tier 3 (brand-name drugs); see above. You pay coinsurance based on the drug's tier level (from 5% to 50%); see chart on previous page. There are limits to your out-of-pocket cost per 30-day supply when buying preferred drugs at a network pharmacy (see chart on previous page).	Combined deductible for medical services and prescription drugs; once you meet this deductible, you pay 15% for all covered prescription drugs. Your drug costs do count toward your deductible and out-of-pocket limit. However, there is no cost-limit for ndividual prescriptions.
Health Savings Account	Not available. (If you already have an HSA, you may keep it, but cannot contribute to it when you are not enrolled in a high-deductible health plan.)	PEBB contributes $700 per single subscriber or $1,400 per family account to your UMP CDHP Health Savings Account (HSA), deposited monthly in equal amounts.

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 Certificate of Coverage for a complete list of benefits, limitations and exclusions.

2016 monthly rates for active state and higher-education employees

	UMP Classic	UMP CDHP
Employee only	$84	$21
Employee + spouse*	$178	$52
Employee + children	$147	$37
Full family	$241	$68

Rates vary for K-12, COBRA, and LWOP PEBB members. Check with your benefits office. Monthly surcharges of $25 per household for tobacco use, and $50 for enrollment of a spouse who is otherwise eligible for a comparable employer-based group medical insurance.*

**Or registered domestic partner*

2016 monthly rates for non-Medicare retirees

	UMP Classic	UMP CDHP
Subscriber only	$576.78	$522.47
Subscriber + spouse*	$1,147.53	$1,033.62
Subscriber + children	$1,004.84	$920.42
Full family	$1,575.59	$1,373.24

Monthly surcharges of $25 per household for tobacco use, and $50 for enrollment of a spouse who is otherwise eligible for a comparable employer-based group medical insurance.*

**Or registered domestic partner*

Uniform Medical Plan