

# YOUR 2016 UMP CLASSIC PLAN SUMMARY FOR MEDICARE RETIREES



**UMP website: [www.hca.wa.gov/ump](http://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



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

Services <sup>1</sup>	What you pay preferred providers <sup>2</sup>	What you should know
Ambulance	20%	
Chemical Dependency Treatment	Inpatient copay <sup>3</sup> Outpatient/Professional: 15%	Inpatient services must be preauthorized by the plan.
Chiropractic Treatment	15%	Limited to 10 spinal and extremity manipulation visits per calendar year, even when applied to the medical deductible..
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. Some supplies require preauthorization.
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 medical deductible.
Hearing Exams (Routine)	0%	Not subject to the medical deductible.
Home Health Care	15%	See the <i>UMP Classic 2016 Certificate of Coverage</i> for services covered.
Hospice Care	0% (subject to medical 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 <sup>3</sup> Outpatient/Professional: 15%	Preauthorization is required for all elective inpatient admissions.
Mammograms	Screening (Preventive): 0%, no deductible Diagnostic: 15%	Screening mammograms covered in full for women age 40 and older. See “Breast Health Screening Tests” in the <i>UMP Classic 2016 Certificate of Coverage</i> for supplementary tests covered.
Massage Therapy	15%	Out-of-network massage therapists are not covered. Limited to 16 visits per calendar year.
Mental Health Treatment	Inpatient copay <sup>3</sup> Outpatient/Professional: 15%	Inpatient services must be preauthorized by the plan.
Naturopathic Physician Services	15%	
Office Visits	15%	
Prescription Drugs	<b>No deductible:</b> Value Tier: 5%, Tier 1: 10% <b>Subject to prescription drug deductible:</b> Tier 2: 30%, Tier 3: 50%	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 medical deductible.
Skilled Nursing Facility	Inpatient copay <sup>3</sup> Professional: 15%	Limited to 150 days per calendar year. See the <i>UMP Classic 2016 Certificate of Coverage</i> for how limits work with Medicare.
Therapy: Physical, Neurodevelopmental, Occupational and Speech	Inpatient copay <sup>3</sup> Outpatient/Professional: 15%	Inpatient: 60 days maximum per calendar year. Outpatient: 60 visits maximum per calendar year.
Tobacco Cessation	0%	Not subject to the medical deductible; see limitations to types of drugs and nicotine replacement therapy covered in the <i>UMP Classic 2016 Certificate of Coverage</i> .
Vision Care Exam (Routine)	0%	Not subject to the medical 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.	Not subject to the medical deductible. See the <i>UMP Classic 2016 Certificate of Coverage</i> for vision hardware coverage for children age 18 and younger.

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

<sup>2</sup>After UMP coordinates with Medicare, in most cases you will pay nothing.

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

## Highlights of 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. Unless stated otherwise, the medical deductible applies to all medical services. Not all services count toward the medical deductible.
- **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.

### Out-of-pocket limits:

- **Medical:** \$2,500 per person, \$5,000 for families of three or more
- **Prescription drug:** \$2,000, no family maximum

2016 monthly rates for Medicare retirees	
	UMP Classic
subscriber only	\$267.89
subscriber + spouse* (1 eligible)	\$838.64
subscriber + spouse* (2 eligible)	\$529.75
subscriber + children (2 eligible)	\$529.75
subscriber + child(ren) (1 eligible)	\$695.95
full family (1 eligible)	\$1,266.70
full family (2 eligible)	\$957.81
full family (3 eligible)	\$791.61

\*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 2016 Certificate of Coverage* for a complete list of benefits, limitations and exclusions.

