



# Washington State Rx Services nondiscrimination notice

**Washington State Rx Services (WSRxS) complies with applicable federal civil rights laws. We do not discriminate on the basis of race, color, national origin, age, disability or sex.**

WSRxS provides free, timely aids and services to people with disabilities to help them communicate with us effectively. These accommodations include sign language interpreters and written information in other formats.

If your primary language is not English, WSRxS also provides free, timely interpretation services and/or materials written in other languages.

**If you need any of the services listed above, contact:**

**WSRxS Customer Service,**  
1-888-361-1611 (TDD/TTY 711)

If you believe that WSRxS has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability or sex, you can file a written grievance by mailing or faxing it to:

Washington State Rx Services  
Attention: Appeal Unit  
PO Box 40168  
Portland, OR 97240-0168  
Fax: 1-866-923-0412

If you need assistance filing a grievance, please call Customer Service.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services Office for Civil Rights at [ocrportal.hhs.gov/ocr/portal/lobby.jsf](http://ocrportal.hhs.gov/ocr/portal/lobby.jsf), or by mail or phone to:

U.S. Department of Health and Human Services  
200 Independence Ave. SW, Room 509F  
HHH Building, Washington, DC 20201  
800-368-1019, 800-537-7697 (TDD).

Office for Civil Rights complaint forms are available at [hhs.gov/ocr/office/file/index.html](http://hhs.gov/ocr/office/file/index.html).

**WSRxS efforts to assure nondiscrimination are coordinated by:**

Tom Bikales, VP Legal Affairs  
601 SW Second Ave.  
Portland, OR 97204  
855-232-9111  
[compliance@modahealth.com](mailto:compliance@modahealth.com)

**ATENCIÓN:** Si habla español, hay disponibles servicios de ayuda con el idioma sin costo alguno para usted. Llame al 1-877-605-3229 (TTY: 711).

注意：如果您說中文，可得到免費語言幫助服務。請致電 1-877-605-3229 (聾啞人專用：711)

**CHÚ Ý:** Nếu bạn nói tiếng Việt, có dịch vụ hỗ trợ ngôn ngữ miễn phí cho bạn. Gọi 1-877-605-3229 (TTY: 711)

주의: 한국어로 무료 언어 지원 서비스를 이용하시려면 다음 연락처로 연락해주시기 바랍니다. 전화 1-877-605-3229 (TTY: 711)

**PAUNAWA:** Kung nagsasalita ka ng Tagalog, ang mga serbisyong tulong sa wika, ay walang bayad, at magagamit mo. Tumawag sa numerong 1-877-605-3229 (TTY: 711)

**ВНИМАНИЕ!** Если Вы говорите по-русски, воспользуйтесь бесплатной языковой поддержкой. Позвоните по тел. 1-877-605-3229 (текстовый телефон: 711).

تنبيه: إذا كنت تتحدث العربية، فهناك خدمات مساعدة لغوية متاحة لك مجاناً. اتصل برقم (الهاتف النصي: 711) 1-877-605-3229

**ATANSYON:** Si ou pale Kreyòl Ayisyen, nou ofri sèvis gratis pou ede w nan lang ou pale a. Rele nan 1-877-605-3229 (moun ki itilize sistèm TTY rele : 711)

**ATTENTION :** si vous êtes locuteurs francophones, le service d'assistance linguistique gratuit est disponible. Appelez au 1-877-605-3229 (TTY : 711)

**UWAGA:** Dla osób mówiących po polsku dostępna jest bezpłatna pomoc językowa. Zadzwoń: 1-877-605-3229 (obsługa TTY: 711)

**ATENÇÃO:** Caso fale português, estão disponíveis serviços gratuitos de ajuda linguística. Telefone para 1-877-605-3229 (TERMINAL: 711)

**ATTENZIONE:** Se parla italiano, sono disponibili per lei servizi gratuiti di assistenza linguistica. Chiamare il numero 1-877-605-3229 (TTY: 711)

注意：日本語をご希望の方には、日本語サービスを無料で提供しております。1-877-605-3229 (TTY、テレタイプライターをご利用の方は 711) までお電話ください。

**Achtung:** Falls Sie Deutsch sprechen, stehen Ihnen kostenlos Sprachassistentendienste zur Verfügung. Rufen sie 1-877-605-3229 (TTY: 711)

توجه: در صورتی که به فارسی صحبت می کنید، خدمات ترجمه به صورت رایگان برای شما موجود است. با 1-877-605-3229 تماس بگیرید. (TTY: 711)

**УВАГА!** Якщо ви говорите українською, для вас доступні безкоштовні консультації рідною мовою. Зателефонуйте 1-877-605-3229 (TTY: 711)

**ATENȚIE:** Dacă vorbiți limba română, vă punem la dispoziție servicii de asistență lingvistică în mod gratuit. Sunați la 1-877-605-3229 (TTY 711)

**THOV CEEB TOOM:** Yog hais tias koj hais lus Hmoob, muaj cov kev pab cuam txhais lus, pub dawb rau koj. Hu rau 1-877-605-3229 (TTY: 711)

โปรดทราบ: หากคุณพูดภาษาไทย คุณสามารถใช้บริการช่วยเหลือด้านภาษาได้ฟรี โทร 1-877-605-3229 (TTY: 711)

ត្រូវចងចាំ៖ បើអ្នកនិយាយភាសាខ្មែរ បើយ័ត្រូវការសេវាកម្មជំនួយផ្នែកភាសាដោយឥតគិតថ្លៃ គឺមានផ្តល់ជូនលោកអ្នក។ សូមទូរស័ព្ទទៅកាន់លេខ 1-877-605-3229 (TTY: 711)

**HUBACHIISA:** Yoo afaan Kshtik kan dubbattan ta'e tajaajiloonni gargaarsaa isiniif jira 1-877-605-3229 (TTY:711) tiin bilbilaa.

[www.hca.wa.gov/ump](http://www.hca.wa.gov/ump)



## What you need to know about the prescription drug benefit for UMP Plus

### WHO IS ELIGIBLE TO ENROLL IN THE UMP PLUS PLANS?

UMP Plus is available to PEBB benefits-eligible members who are:

- Employees
- Leave Without Pay members
- Retirees and their covered spouses or state-registered domestic partners not enrolled in Medicare Part A or Part B
- COBRA members and their covered spouses or state-registered domestic partners not enrolled in Medicare Part A or Part B

Members must live in **Grays Harbor, King, Kitsap, Pierce, Snohomish, Spokane, Thurston** or **Yakima** counties to be eligible to enroll in UMP Plus – Puget Sound High Value Network.

Members must live in **Grays Harbor, King, Kitsap, Pierce, Skagit, Snohomish** or **Thurston** counties to be eligible to enroll in UMP Plus – UW Medicine Accountable Care Network.



Washington State Rx  
Services Customer Service  
1-888-361-1611

[www.hca.wa.gov/ump](http://www.hca.wa.gov/ump)

## What you'll pay for covered prescription drugs

See the current UMP Plus Certificate of Coverage for your network to get details on your prescription drug benefit, which is the same for all UMP Plus networks.

Tier in the UMP Preferred Drug List	All network pharmacies (Retail, mail-order and specialty)	The most you'll pay per 30-day supply (Network pharmacies only)	Annual prescription drug out-of-pocket limit
<b>Value Tier</b>	5%	\$10	Separate out-of-pocket limit for prescription drugs  \$2,000 per person, no family max
<b>Tier 1</b> Select generics	10%	\$25	
<b>Tier 2</b> Preferred drugs	30%	\$75	
<b>Tier 3</b> Nonpreferred drugs	50%	Specialty drugs only: \$150	

*You do not pay a deductible for prescription drugs.*

Pharmacies are contracted through a different network than medical providers. Use the “Find drugs” link at [www.hca.wa.gov/ump](http://www.hca.wa.gov/ump) to find network retail pharmacies. If you use a non-network pharmacy, you will pay more and have to submit your own claims. Always confirm that a pharmacy affiliated with your UMP Plus network is also a UMP network pharmacy by using this tool, or by calling 1-888-361-1611.

### FREQUENTLY ASKED QUESTIONS

**Q. How can I save money on my maintenance medications?**

**A.** There are two ways you may be able to save money.

**Postal Prescription Services (PPS)**

**Mail-order pharmacy:** You can save on select brand-name drugs when you order from PPS, UMP’s mail-order pharmacy. Typically, you will receive your mail-order prescriptions within 7 to 10 days.

**Choice90 pharmacy:** If you purchase between an 84-day supply to 90-day supply, you may be able to save money by going to a Choice90 network pharmacy. Choice90

pharmacies include: **Bartell, Costco, CVS Pharmacy at Target, Fred Meyer, Haggen, Safeway, and Savon.** This is not a complete list of Choice90 pharmacies.

To compare prescription prices and for a complete listing of Choice90 pharmacies, go to [www.hca.wa.gov/ump/find-drugs](http://www.hca.wa.gov/ump/find-drugs) or call 1-888-361-1611.

**Q. How can I find out how much my drugs costs?**

**A.** Use the Prescription Price Check tool at [www.hca.wa.gov/ump/find-drugs](http://www.hca.wa.gov/ump/find-drugs) or call Washington State Rx Services at 1-888-361-1661.

### FREE VACCINES AT SELECT PHARMACIES!

If you use a network vaccination pharmacy, you can get many immunizations at no cost to you! These pharmacies are listed in orange on the next page. The plan covers vaccines according to the immunization schedules set by the Centers for Disease Control (CDC), including flu shots and other common vaccinations, such as whooping cough (pertussis), tetanus, shingles, cervical cancer and meningococcal. Please note UMP does not cover vaccines for travel or employment purposes.

Always show the pharmacist your UMP Plus ID card when receiving services.

## UMP Plus: Value tier drugs

The Value Tier drugs listed in the table below treat chronic conditions such as diabetes, high cholesterol, high blood pressure and depression. UMP Plus members pay 5% coinsurance for Value Tier drugs. The list is subject to change as new drugs become available. Be sure to check the list frequently for the most up-to-date information, or call Washington State Rx Services at 1-888-361-1611.

Health issue	Type of drug	Value tier drug	Tier 3 brand equivalent
<b>Heart, cholesterol, high blood pressure</b>	Ace-inhibitors	Enalapril <sup>1</sup>	Vasotec <sup>TM</sup>
		Lisinopril <sup>1</sup>	Zestril <sup>TM</sup>
	Angiotension receptor antagonist	Losartan potassium <sup>1</sup>	Cozaar <sup>TM</sup>
	Beta-blockers	Metoprolol Tartrate <sup>1</sup>	Lopressor <sup>TM</sup>
		Metoprolol Succinate <sup>1</sup>	Toprol XL <sup>TM</sup>
		Atenolol <sup>1</sup>	Tenormin <sup>TM</sup>
		Carvedilol <sup>1</sup>	Coreg <sup>TM</sup>
	Calcium channel blockers	Amlodipine <sup>1</sup>	Norvasc <sup>TM</sup>
	Diuretics	Hydrochlorothiazide <sup>1</sup>	Microzide <sup>TM</sup> , Ezide <sup>TM</sup>
		Chlorthalidone <sup>1</sup>	Thalitone <sup>TM</sup>
		Furosemide <sup>1</sup>	Lasix <sup>TM</sup>
		Spironolactone <sup>1</sup>	Aldactone <sup>TM</sup>
	Combination hypertensive	Losartan/HCTZ <sup>1</sup>	Hyzaar <sup>TM</sup>
		Bisoprolol/HCTZ <sup>1</sup>	Ziac <sup>TM</sup>
		Propranolol/HCTZ <sup>1</sup>	Inderide <sup>TM</sup>
		Enalapril/HCTZ <sup>1</sup>	Vaseretic <sup>TM</sup>
Lisinopril/HCTZ <sup>1</sup>		Zestoretic <sup>TM</sup>	
Cholesterol lowering agents	Simvastatin <sup>1</sup>	Zocor <sup>TM</sup>	
	Lovastatin <sup>1</sup>	Mevacor <sup>TM</sup>	
<b>Diabetes</b>	Glucose production inhibitors	Metformin <sup>1</sup>	Glucophage <sup>TM</sup>
		Metformin ER <sup>1</sup>	Glucophage XR <sup>TM</sup>
	Insulin release stimulants	Glimepiride <sup>1</sup>	Amaryl <sup>TM</sup>
		Glipizide <sup>1</sup>	Glucotrol <sup>TM</sup>
		Glipizide ER <sup>1</sup>	Glucotrol XL <sup>TM</sup>
		Glyburide <sup>1</sup>	DiaBeta <sup>TM</sup>
	Short acting insulins	Novolog Mix 70-30 Flex Pen <sup>TM 2</sup>	N/A
		Novolog Mix 70-30 <sup>TM 2</sup>	N/A
		Novolog Flexpen <sup>TM 2</sup>	N/A
		Novolog <sup>TM 2</sup>	N/A
		Novolin R <sup>TM 2</sup>	N/A
		Novolin N <sup>TM 2</sup>	N/A
	Long acting insulins	Novolin 70-30 <sup>TM 2</sup>	N/A
		Lantus <sup>TM 2</sup>	N/A
	Long acting insulins	Lantus Solostar <sup>TM 2</sup>	N/A
		Combination anti-diabetics	Glyburide/Metformin <sup>1</sup>
<b>Depression</b>	Selective serotonin reuptake inhibitors (SSRIs)	Citalopram <sup>1</sup>	Celexa <sup>TM</sup>
		Fluoxetine <sup>1</sup>	Prozac <sup>TM</sup>
		Sertraline <sup>1</sup>	Zoloft <sup>TM</sup>
	Tricyclic antidepressants	Amitriptyline <sup>1</sup>	Elavil <sup>TM</sup>

*This list is subject to change as new drugs become available.*

<sup>1</sup> Generic drug <sup>2</sup> Brand name drug

## Pharmacy network: national pharmacy chains

Not all network pharmacies are listed below. Check the status of a specific pharmacy at [www.hca.wa.gov/ump](http://www.hca.wa.gov/ump) or call 1-888-361-1611. Participating pharmacies in the chains listed in **orange** can provide vaccines to enrollees age 12 and over.

### A

ACME Pharmacy  
AHF Pharmacy  
**Albertson's, Inc.**  
Assured Pharmacy

### B

**Bartell Drug Co.**  
**Bi-Mart Corporation**  
**Brookshires Pharmacy**  
Broulims Pharmacy

### C

Community Health Care Pharmacy  
**Costco Pharmacies**  
**CVS Pharmacy, Inc.**

### D

**Dicks Pharmacy, Inc.**  
Dillon Pharmacy  
**Discount Drug Mart, Inc.**  
Drug Emporium

### E

**Eagle Pharmacy**  
Express Pharmacy

### F

**Family Pharmacy**  
Food City Pharmacy  
Fred Meyer Pharmacy  
**Fred's Pharmacy**  
Franciscan Pharmacy

### G

Geneva Woods Pharmacy  
**Genoa Healthcare Company, LLC**  
**Giant Eagle Pharmacy**  
Giant Pharmacy

### H

Haggen/TOP Pharmacy  
**Hannaford Food and Drug**  
Harris Teeter Pharmacy  
**Hi-School Pharmacy**  
**Hy-Vee Pharmacy**

### I

**Ingles Pharmacy**

### K

**Kmart Pharmacy**  
**Kroger Pharmacy**

### L

Lewis Family Drug  
Lucky Pharmacy

### M

**Medical Center Pharmacy**  
**Medicap Pharmacies, Inc.**  
**Medicine Shoppe Pharmacy**  
**Meijer Pharmacy**

### N

**Neighborhood Pharmacy**  
Nucara Pharmacy

### O

**Omnicare, Inc.**  
OSCO Pharmacy

### P

Pharmaca Integrative Pharmacy  
Pharmerica  
Price Chopper  
**Publix Pharmacy**

### Q

QFC (Quality Food Centers)  
**QOL Meds**

### R

Ridley's Pharmacy  
**Rite-Aid**  
Rosauers Pharmacy

### S

**Safeway Pharmacy**  
Sam's Pharmacy  
Savon Pharmacy  
**Shopko**  
**Shoprite Pharmacy**

### T

**The Medicine Shoppe Pharmacy**  
**The Drug Store**  
**CVS Pharmacy at Target**

### U

United Care Pharmacy

### V

Valley Drug  
**Village Pharmacy**

### W

**Wal-Mart Stores, Inc.**  
**White Cross Pharmacy**  
**Winn Dixie Pharmacy**

### Y

Yokes Pharmacy

### Mail order

PPS (Postal Prescription Services)

### Specialty drugs

Ardon Health Specialty Pharmacy