

# YOUR 2017 PLAN COMPARISON FOR EMPLOYEES AND NON-MEDICARE RETIREES

UMP CLASSIC and UMP CONSUMER-DIRECTED HEALTH PLAN



**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

TDD: 1-800-433-6313



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

	Classic	CDHP	
Services <sup>1</sup>	What you pay preferred providers <sup>2</sup>	What you pay preferred providers <sup>2</sup>	What you should know
Ambulance	20%	20%	
Chemical Dependency Treatment	Inpatient copay <sup>3</sup> 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 2017 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 <sup>3</sup> Outpatient/Professional: 15%	15%	Preauthorization is required for all elective inpatient admissions.
Mammograms	15%	15%	Screening mammograms for women age 40 and older; see the 2017 Certificate of Coverage (COC) for coverage details. See "Breast Health Screening Tests" in the 2017 COC for supplementary tests covered.
Mental Health Treatment	Inpatient copay <sup>3</sup> Outpatient/Professional: 15%	15%	Inpatient services must be preauthorized by the plan.
Naturopathic Physician Services	15%	15%	
Obstetric and Newborn Care	Inpatient copay <sup>3</sup> Outpatient/Professional: 15%	15%	
Office Visits	15%	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%	<b>After meeting the deductible: 15%</b>	
Preventive Care and Immunizations	0%	0%	Preventive care and immunizations are not subject to the deductible.
Skilled Nursing Facility	Inpatient copay <sup>3</sup> 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 <sup>3</sup> Outpatient/Professional: 15%	15%	Inpatient: 60 days maximum per calendar year. Outpatient: 60 visits maximum per calendar year. See "ABA Therapy" in the 2017 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 2017 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%	One standard or deluxe frame with lenses per year. No limit for contact lenses.

<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>For out-of-network providers, in most cases you pay 40% plus any charges over the allowed amount.

<sup>3</sup>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
<b>Deductible(s)</b>	<p><b>Medical:</b> 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.</p> <p><b>Prescription drugs:</b> 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.</p>	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.
<b>Out-of-pocket limits</b>	<p><i>Separate out-of-pocket limits for medical services and prescription drugs.</i></p> <p><b>Medical:</b> \$2,000 per person, \$4,000 maximum for a family of three or more.</p> <p><b>Prescription drugs:</b> \$2,000 per person; no family maximum.</p>	<p><i>Combined medical and prescription drug out-of-pocket limit:</i> \$4,200 for a single subscriber on an account; \$8,400 for an account with more than one person.</p> <p>NOTE: No single member pays more than \$6,850 for covered services from preferred providers.</p>
<b>Prescription drugs</b>	<p>Separate prescription drug deductible for Tier 2 and Tier 3 (brand-name drugs); see above.</p> <p>You pay coinsurance based on the drug's tier level (from 5% to 50%); see chart on previous page.</p> <p>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).</p>	<p>Combined deductible for medical services and prescription drugs; once you meet this deductible, you pay 15% for all covered prescription drugs.</p> <p>Your drug costs do count toward your deductible and out-of-pocket limit. However, there is no cost-limit for individual prescriptions.</p>
<b>Health Savings Account</b>	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.*

## 2017 monthly rates for active state and higher-education employees

	UMP Classic	UMP CDHP
<b>Employee only</b>	\$94	\$25
<b>Subscriber + spouse*</b>	\$198	\$60
<b>Subscriber + children</b>	\$165	\$44
<b>Full family</b>	\$269	\$79

\*Or state-registered domestic partner

*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.*

## 2017 monthly rates for non-Medicare retirees

	UMP Classic	UMP CDHP
<b>Subscriber only</b>	\$623.65	\$562.91
<b>Subscriber + spouse*</b>	\$1,242.58	\$1,114.60
<b>Subscriber + children</b>	\$1,087.85	\$991.26
<b>Full family</b>	\$1,706.78	\$1,484.62

*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 state-registered domestic partner