

**Your 2018 benefits comparison:**  
**UMP Classic and UMP Consumer-Directed**  
**Health Plan (CDHP)**  
For employees and non-Medicare retirees



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

**Medical benefits**

UMP Customer Service  
1-888-849-3681  
TRS: 711

**Prescription drug benefits**

Washington State Rx Services  
1-888-361-1611  
TRS: 711



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

This material reflects information available at the time of printing. 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 to be covered. Please refer to the UMP certificates of coverage for complete lists of benefits, limitations, and exclusions.

	UMP Classic	UMP 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%	Some services may require preauthorization.
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 2018 certificates of coverage for services covered.
Hospice care	0% (subject to medical deductible)	0% (subject to deductible)	Hospice care covered for terminally ill members for up to six months. Respite care covered at 100% up to 14 visits per lifetime. End-of-life counseling covered in full in conjunction with hospice up to 30 visits.
Hospital services	Inpatient copay <sup>3</sup> Outpatient/professional: 15%	15%	Some hospital services may require preauthorization.
Mammograms	0% for preventive screening 15% for diagnostic screening	0% for preventive screening 15% for diagnostic screening	Screening mammograms for women age 40 and older; see the 2018 certificate of coverage (COC) for coverage details. See "Breast health screening tests" in the 2018 COC for other 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> Preventive 0%, Value Tier: 5%, Tier 1: 10% <b>Subject to prescription drug deductible:</b> Tier 2: 30%, Tier 3: 50%	<b>No deductible:</b> Preventive 0% <b>After meeting the deductible:</b> 15%	
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 2018 certificate of coverage 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 2018 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 CDHP

	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>	<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.</p>
<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><b>Note:</b> 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 (HSA)</b>	<p>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.)</p>	<p>The Public Employees Benefits Board (PEB Board) contributes \$700 per single subscriber or \$1,400 per family account to your UMP CDHP HSA, deposited monthly in equal amounts.</p>

### 2018 monthly rates for active state and higher-education employees

	UMP Classic	UMP CDHP
Employee only	\$102	\$25
Subscriber + spouse*	\$214	\$60
Subscriber + children	\$179	\$44
Full family	\$291	\$79

\*Or ~~state~~-registered domestic partner

Rates vary for K-12, COBRA, and PEBB Continuation Coverage members. Check with your personnel, payroll, or benefits office for more information.

Monthly surcharges may apply for tobacco use (\$25 per household) and for enrollment of a spouse or state-registered domestic partner who is otherwise eligible for a comparable employer-based group medical insurance (\$50 per household).

### 2018 monthly rates for non-Medicare retirees

	UMP Classic	UMP CDHP
Subscriber only	\$657.86	\$588.91
Subscriber + spouse*	\$1,310.70	\$1,166.83
Subscriber + children	\$1,147.49	\$1,036.93
Full family	\$1,800.33	\$1,556.52

\*Or ~~state~~-registered domestic partner

Monthly surcharges may apply for tobacco use (\$25 per household) and for enrollment of a spouse or state-registered domestic partner who is otherwise eligible for a comparable employer-based group medical insurance (\$50 per household).