

Your 2019 benefits comparison:
UMP Classic and UMP Consumer-Directed
Health Plan (CDHP)
For employees and non-Medicare retirees



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 the 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 (COC). All benefits must be medically necessary to be covered. Please refer to the UMP certificates of coverage (available at hca.wa.gov/ump) for complete lists of benefits, limitations, and exclusions.

	UMP Classic	UMP CDHP	
Services ¹	What you pay preferred providers ²	What you pay preferred providers ²	What you should know
Ambulance	20%	20%	
Substance Use Disorder 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%	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%	
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 ³ 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 "Breast health screening tests" in the 2019 COC for other 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: Preventive 0%, Value Tier: 5%, Tier 1: 10% Subject to prescription drug deductible: Tier 2: 30%, Tier 3: 50%	No deductible: Preventive 0% 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 2019 certificate of coverage (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 2019 COC.
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%; or Contact lenses in lieu of eyeglasses	Eyeglasses (frames and lenses): 0%; or Contact lenses in lieu of eyeglasses	One standard frame with lenses per year or an annual supply of contact lenses.

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

²For out-of-network providers, in most cases you pay 40% plus any charges over the allowed amount.

³Inpatient 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
Deductible(s)	<p>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.</p> <p>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.</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>
Out-of-pocket limits	<p><i>Separate out-of-pocket limits for medical services and prescription drugs.</i></p> <p>Medical: \$2,000 per person, \$4,000 maximum for a family of three or more.</p> <p>Prescription drugs: \$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>
Prescription drugs	<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>
Health Savings Account (HSA)	<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 a total of \$700 per single subscriber or \$1,400 per family account to your UMP CDHP HSA, deposited monthly in equal amounts.</p>

2019 monthly rates for active state and higher-education employees

	UMP Classic	UMP CDHP
Employee only	\$107	\$25
Subscriber + spouse*	\$224	\$60
Subscriber + children	\$187	\$44
Subscriber, spouse/state-registered domestic partner, and children	\$304	\$79

Rates vary for K-12 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).

*Or state-registered domestic partner

2019 monthly rates for non-Medicare retirees

	UMP Classic	UMP CDHP
Subscriber only	\$674.85	\$600.54
Subscriber + spouse*	\$1,343.72	\$1,189.65
Subscriber + children	\$1,176.50	\$1,056.96
Subscriber, spouse/state-registered domestic partner, and children	\$1,845.38	\$1,587.74

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).

*Or state-registered domestic partner