

Your 2020 benefits comparison:
UMP Classic and UMP Consumer-Directed
Health Plan (CDHP)
For Public Employees Benefits Board (PEBB) employees
and non-Medicare retirees



Learn more at our new website: regence.com/ump/pebb

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

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



You must use providers in your chosen network to receive network-level benefits. See the back of this document for details on deductibles and out-of-pocket limits. All benefits are subject to the medical deductible and coinsurance unless they are for covered preventive care services. Covered preventive care visits and covered immunizations are paid in full and are not subject to the deductible when you see a provider in your plan's network as described under "Preventive care" in the 2020 UMP certificates of coverage (COCs). 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 summary of benefits; it is not a COC. All benefits must be medically necessary to be covered. To confirm up-to-date information, please refer to the 2020 UMP COCs available at hca.wa.gov/ump-pebb-coc for complete lists of benefits, limitations, and exclusions.

Services	UMP Classic ¹	UMP CDHP ¹	What you should know
	What you pay preferred providers	What you pay preferred providers	
Acupuncture	15%	15%	Limited to 16 visits per calendar year.
Ambulance	20%	20%	Ambulance services for personal or convenience purposes are not covered.
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 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 (e.g., provider and labs) are usually billed separately. Emergency room copay waived if admitted directly to a hospital or facility. If admitted to a hospital, deductible, coinsurance and inpatient copay ² will apply.
Hospital services	Inpatient copay. ² Outpatient/professional services: 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 2020 UMP COCs for other tests covered.
Mental health treatment	Inpatient copay. ² Outpatient/professional services: 15%	15%	The plan covers inpatient and outpatient mental health services. Inpatient services must be preauthorized by the plan.
Obstetric and newborn care	Inpatient copay. ² Outpatient/professional services: 15%	15%	
Office visits including naturopaths and primary care	15%	15%	
Prescription drugs	No deductible: Preventive 0%, Value Tier: 5%, Tier 1: 10% Subject to prescription drug deductible: Tier 2: 30%, Specialty - 30%	No deductible: Preventive 0% After meeting the deductible: 15%	Prescription cost-limit (the most you pay) per 30-day supply at network pharmacies (except for CDHP plan): Value tier \$10, Tier 1 \$25, Tier 2 \$75, Specialty \$75
Preventive care and covered immunizations	0%	0%	You must see a provider in your plan's network to be covered in full.
Skilled nursing facility	Inpatient copay. ² Outpatient/professional: 15%	15%	Limited to 150 days per calendar year. Services require preauthorization.
Substance Use Disorder treatment	Inpatient copay. ² Outpatient/professional services: 15%	15%	Non-emergency inpatient services must be preauthorized by the plan. Inpatient professional services may be billed separately.
Surgery	Inpatient copay. ² Outpatient/professional services: 15%	15%	Inpatient admissions require preauthorization.
Therapy: physical, neurodevelopmental, occupational, and speech	Inpatient copay. ² Outpatient/professional services: 15%	15%	Inpatient: 60 days combined maximum per calendar year. Outpatient: 60 visits combined maximum per calendar year. See "ABA therapy" in the 2020 UMP COCs for limits on those services. Preauthorization is required.
Urgent Care	15%	15%	Use urgent care centers when you need immediate care, can't get to your doctor, and don't need emergency care. It's more convenient and costs less than emergency room care.
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	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	Not subject to deductible up to the allowed amount. One pair of standard frames with lenses per year or an annual supply of contact lenses in lieu of frames and lenses.

¹ Percentages shown apply to the allowed amount, which is the fee accepted as payment in full by preferred providers. See the 2020 UMP COCs for a definition of preferred providers. For out-of-network providers, in most cases, you pay 40% plus any charges over the allowed amount.

² Inpatient copay: \$200 per day, up to \$600 per person per calendar 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.</p> <p>Prescription drugs: You pay the first \$100 for Tier 2 and Specialty drugs. You don't pay any deductible for Preventive, Value Tier, or Tier 1 drugs. The maximum prescription drug deductible for a family of three or more is \$300.</p>	<p>Medical and prescription drugs: There is only one deductible for all services. You pay the first \$1,400 for medical services and prescription drugs combined per person (up to \$2,800 for a family of 3 or more). You don't pay the deductible before receiving certain services.</p>
Health Savings Account (HSA)	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 the following to your HSA: \$700.08 for one person, and \$1,400.04 for more than one person enrolled in the plan, deposited in equal amounts over the calendar year.
Out-of-pocket limits	<p>Medical: \$2,000 per member, \$4,000 maximum for a family of two or more.</p> <p>Prescription drugs: \$2,000 per member; \$4,000 for a family of two or more per calendar year.</p>	<p>Combined medical and prescription drug: \$4,200 per member, \$8,400 maximum for a family of two or more. No single member in a family plan will pay more than \$6,900 for covered services from preferred providers.</p>
Prescription drugs	You pay according to tiers. See previous page for coinsurance and cost-limit amounts.	Combined deductible for medical services and prescription drugs. Once you meet this deductible, you pay 15% for all covered prescription drugs. There are no cost limits for covered prescription drugs. Your drug costs do count toward your deductible and out-of-pocket limit.
Provider network	You may see preferred, participating, or out-of-network providers. Seeing preferred providers will save you money. To find providers, visit regence.com/ump/pebb and select Find a Doctor or call UMP Customer Service at 1-888-849-3681 (TRS: 711).	You may see preferred, participating, or out-of-network providers. Seeing preferred providers will save you money. To find providers, visit regence.com/ump/pebb and select Find a Doctor or call UMP Customer Service at 1-888-849-3681 (TRS: 711).

2020 monthly rates for state and higher-education employees

	UMP Classic	UMP CDHP
Subscriber	\$ 104	\$ 25
Subscriber and spouse/state-registered domestic partner	\$ 218	\$ 60
Subscriber and children	\$ 182	\$ 44
Subscriber, spouse/state-registered domestic partner, and children	\$ 296	\$ 79

Non-represented educational school district employees and employees who work for a city, county, port, etc. need to contact their personnel, payroll, or benefits office to find their monthly premiums. Premiums for PEBB Continuation Coverage members can be found at hca.wa.gov/erb. Monthly surcharges may also apply for tobacco use and spouse/state-registered domestic partner coverage. Visit hca.wa.gov/erb for details.

2020 monthly rates for non-Medicare retirees

	UMP Classic	UMP CDHP
Subscriber only	\$ 679.72	\$ 608.35
Subscriber and spouse/state-registered domestic partner	\$ 1,354.37	\$ 1,206.48
Subscriber and children	\$ 1185.71	\$ 1071.53
Subscriber, spouse/state-registered domestic partner, and children	\$ 1,860.37	\$ 1,611.34