

Your 2020 UMP Classic summary For 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



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 Classic Certificates of Coverage (COC). 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 Classic COC (available at hca.wa.gov/ump-pebb-coc) for complete lists of benefits, limitations, and exclusions.

Services	What you pay preferred providers ¹	What you should know
Acupuncture	15%	Limited to 16 visits per calendar year.
Ambulance	20%	Ambulance services for personal or convenience purposes are not covered.
Chiropractic treatment	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%	Some services require preauthorization.
Durable medical equipment, supplies, and prostheses	15%	Foot orthotics covered only for prevention of complications associated with diabetes. Some supplies require preauthorization.
Emergency room	15% after \$75 copay	Professional charges (e.g., providers and lab) 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.
Hearing aids	Plan pays up to \$800 every 3 calendar years.	Not subject to the deductible. The maximum benefit of \$800 applies no matter where you buy your hearing aids and supplies
Hearing exams (routine)	0%	Not subject to the deductible. One exam per calendar year.
Hospital services	Inpatient copay. ² Outpatient/professional: 15%	Some hospital services may require preauthorization.
Mammograms	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 Classic COC for other tests covered.
Mental health treatment	Inpatient copay. ² Outpatient/professional: 15%	The plan covers inpatient and outpatient mental health services. Inpatient services must be preauthorized by the plan.
Office visits including naturopaths and primary care	15%	
Prescription drugs	No deductible: Preventive 0%, Value Tier: 5%, Tier 1: 10% Subject to prescription drug deductible: Tier 2: 30%, Specialty: 30%	Prescription cost-limit (the most you pay) per 30-day supply at network pharmacies: Value Tier = \$10; Tier 1 = \$25; Tier 2 = \$75; Specialty = \$75
Preventive care and covered immunizations	0%	You must see a provider in your plan's network to be covered in full.
Skilled nursing facility	Inpatient copay. ² Professional: 15%	Limited to 150 days per calendar year. Services require preauthorization.
Substance use disorder treatment	Inpatient copay. ² Outpatient/professional: 15%	Non-emergency inpatient services must be preauthorized. Inpatient professional services may be billed separately.
Surgery	Inpatient copay. ² Outpatient/professional: 15%	Inpatient admissions require preauthorization.
Therapy: physical, neurodevelopmental, occupational, and speech	Inpatient copay. ² Outpatient/professional: 15%	Inpatient: 60 days combined maximum per calendar year. Outpatient: 60 visits combined maximum per calendar year. See "ABA therapy" in the 2020 UMP Classic COC for limits on those services. Preauthorization is required. .
Urgent care	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%	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. Not subject to the deductible.
Vision hardware, children (age 18 and under)	Eyeglasses (frames and lenses): \$0; or contact lenses in lieu of eyeglasses	Not subject to the deductible up to the allowed amount. One standard frame with lenses per year or an annual supply of contact lenses in lieu of eyeglasses.

¹ Percentages shown apply to the allowed amount, which is the fee accepted as payment in full by preferred providers. After UMP coordinates with Medicare, in most cases you will pay nothing.

² Inpatient copay: \$200 per day up to \$600 per person per admission for facility charges. Professional services may be billed separately.

Highlights of UMP Classic for Medicare retirees

Copays

- **Emergency room copay:** \$75 per visit at preferred facilities. If you're admitted as an inpatient directly from the ER to the hospital, this copay is waived.
- **Inpatient copay:** \$200 per day, \$600 maximum per admission for facility charges at a preferred facility (hospitals or a skilled nursing, mental health, or substance use disorder facility). Professional services (such as physicians and lab tests) are usually billed separately.

Deductibles

- **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 the table on the previous page. Unless stated otherwise, the medical deductible applies to all medical services. Not all services count toward the medical deductible.
- **Prescription drugs:** You pay the first \$100 for Tier 2 or 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.

Prescription drugs

- In addition to the medical deductible, there is a prescription drug deductible for Tier 2 and Specialty drugs. See the deductible section on this page for more information.
- You pay coinsurance up to the cost-share limits based on the drug's tier level; see the table on the previous page for details.

Provider network

Seeing preferred providers will save you money. To locate preferred providers, visit regence.com/ump/pebb and select Find a Doctor or call UMP Customer Service at 1-888-849-3681

2020 monthly premiums for Medicare retirees	
	UMP Classic
Subscriber	\$320.54
Subscriber and spouse/state-registered domestic partner (1 eligible)	\$995.20
Subscriber and spouse/state-registered domestic partner (2 eligible)	\$636.02
Subscriber and child(ren) (1 eligible)	\$826.53
Subscriber and child(ren) (2 eligible)	\$636.02
Subscriber, spouse/state-registered domestic partner, and child(ren) (1 eligible)	\$1,501.19
Subscriber, spouse/state-registered domestic partner, and child(ren) (2 eligible)	\$1,142.01
Subscriber, spouse/state-registered domestic partner, and child(ren) (3 eligible)	\$951.50