



Are you eligible to enroll in UMP Plus?

Are you a PEBB-eligible employee, Leave Without Pay member, or non-Medicare retiree or COBRA member?

If yes: Keep going!
If no: You aren't eligible.

Do you live in Grays Harbor, King, Kitsap, Pierce, Skagit², Snohomish, Spokane¹, Thurston, or Yakima¹ counties?

If yes: You are eligible!
If no: Sorry, not eligible for 2017.

¹ PSHVN only ² UW Medicine only

What Is UMP Plus?

UMP Plus is a medical plan option offered through two networks—Puget Sound High Value Network (PSHVN) and UW Medicine Accountable Care Network (UW Medicine). This plan covers the same benefits as UMP Classic but offers lower costs and additional services.

UMP Plus is available to PEBB-eligible employees, Leave Without Pay members, and non-Medicare retirees and COBRA members in select counties in Washington State (above). Like UMP Classic, UMP Plus will be administered by Regence BlueShield (for medical benefits) and Washington State Rx Services (for prescription drug benefits).

You pay less and get more with UMP Plus

Compared with UMP Classic, UMP Plus offers lower costs and more services and conveniences.

With UMP Plus, you'll pay less:

- ♦ Lower premiums.
- ♦ Lower medical deductible (additionally, subscribers who qualified for the \$125 SmartHealth wellness incentive for 2017 will have no medical deductible for themselves).
- ♦ No prescription drug deductible.
- ♦ No-cost primary care office visits.

And get more:

- ♦ A coordinated network of primary care, specialty, mental health, and chemical dependency providers committed to using the latest research-based medicine and best practices.
- ♦ A 24/7 nurse advice line.
- ♦ One centralized number for scheduling appointments within the network.
- ♦ Wellness and prevention programs.

What are the benefits of seeing UMP Plus network providers?

You can coordinate services through your primary care provider in the network, or, like UMP Classic, continue to self-refer for care. The choice is yours.

You can receive ancillary services from some providers outside of your UMP Plus network that are paid at the network level. Some examples are mental health providers and facilities, physical therapists, anesthesiologists, labs for diagnostic testing, skilled nursing care facilities, and urgent care facilities. For a complete list, see your network's *UMP Plus 2017 Certificate of Coverage* or go to www.hca.wa.gov/ump.

Where can I find more about UMP Plus?

Keep reading to find out whether UMP Plus is right for you and your family. You can also find more information online at www.hca.wa.gov/ump.

UMP Website: www.hca.wa.gov/ump

Puget Sound High Value Network
www.pugetsoundhighvaluenetwork.org
1-855-776-9503

UMP Customer Service: 1-888-849-3681

UW Medicine Accountable Care Network
www.uwmedicine.org/umpplus
1-855-520-9500

UMP Plus offers the same benefits through your choice of the **Puget Sound High Value Network** or the **UW Medicine Accountable Care Network**.

You must use providers in your chosen network to receive network-level benefits (except for ancillary providers; see page 1). See the back of this document for details on deductibles and out-of-pocket limits.

Services	UMP Plus Plans: What you pay ¹ network ² providers	UMP Classic: What you pay ¹ preferred ² providers	What you should know
Ambulance	20%	20%	
Chemical Dependency Treatment ³	Inpatient copay ⁴ Outpatient/Professional: 15%	Inpatient copay ⁴ Outpatient/Professional: 15%	Inpatient services must be preauthorized by the plan.
Chiropractic Treatment ³	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 ³	15%	15%	
Durable Medical Equipment, Supplies, and Prostheses ³	15%	15%	Foot orthotics covered only for prevention of complications associated with diabetes. Some supplies require preauthorization.
Emergency Room	15% after \$75 copay	15% after \$75 copay	Professional charges are usually billed separately. Inpatient copay ⁴ waived if admitted directly to a hospital or facility.
Home Health Care ³	15%	15%	
Hospice Care ³	0%	0%	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 ⁴ Outpatient/Professional: 15%	Inpatient copay ⁴ Outpatient/Professional: 15%	Preauthorization is required for all elective inpatient admissions.
Mammograms	Screening (Preventive): 0% Diagnostic: 15%	Screening (Preventive): 0% Diagnostic: 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 ³	Inpatient copay ⁴ Outpatient/Professional: 15%	Inpatient copay ⁴ Outpatient/Professional: 15%	Inpatient services must be preauthorized by the plan.
Naturopathic Physician Services	0% for office visits (no deductible), 15% for related services (subject to deductible)	15% (subject to medical deductible)	UMP Plus: You may see Regence network naturopathic physicians as primary care network providers.
Obstetric and Newborn Care	Inpatient copay ⁴ Outpatient/Professional: 15% <i>Birth centers and licensed midwives are ancillary providers.³</i>	Inpatient copay ⁴ Outpatient/Professional: 15%	
Office Visits, Non-Primary Care	15%	15%	
Office Visits, Primary Care	0% for office visits (no deductible) 15% for related services (subject to deductible)	15% (subject to medical deductible)	UMP Plus only: Must see primary care providers in your plan's network to receive primary care office visits at no cost. Exception: Regence network naturopaths are considered primary care network providers.
Prescription Drugs	No prescription drug deductible Value Tier: 5% Tier 1: 10% Tier 2: 30% Tier 3: 50%	\$100 prescription drug deductible for Tier 2 and Tier 3 drugs Value Tier: 5% Tier 1: 10% Tier 2: 30% Tier 3: 50%	Prescription cost-limit (the most you pay) per 30-day supply: Value Tier \$10, Tier 1 \$25, Tier 2 \$75; Tier 3 \$150 for specialty drugs only, no cost limit for non-specialty drugs.
Preventive Care and Immunizations	0%	0%	Preventive care and immunizations are not subject to the deductible. UMP Plus only: Must see a provider in your UMP Plus plan's network to be covered in full.
Skilled Nursing Facility ³	Inpatient copay ⁴ Professional: 15%	Inpatient copay ⁴ Professional: 15%	Limited to 150 days per calendar year.
Surgery	Inpatient copay ⁴ Outpatient/Professional: 15%	Inpatient copay ⁴ Outpatient/Professional: 15%	Inpatient admissions require preauthorization.
Therapy: Physical, Neurodevelopmental, Occupational, and Speech ³	Inpatient copay ⁴ Outpatient/Professional: 15%	Inpatient copay ⁴ Outpatient/Professional: 15%	Inpatient: 60 days maximum per calendar year. Outpatient: 60 visits maximum per calendar year. See "ABA Therapy" in the 2017 Certificate of Coverage for limits on those services.
Tobacco Cessation	0%	0%	No deductible; see limitations to types of drugs and nicotine replacement therapy covered in the <i>2017 Certificate of Coverage</i> .
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 two calendar years	Plan pays up to \$150 every two calendar years	Not subject to the deductible.
Vision Hardware, Children (Ages 18 and Under)	Eyeglasses (frames and lenses): \$0 Contact lenses: 15%	Eyeglasses (frames and lenses): \$0 Contact lenses: 15%	Not subject to the deductible. One pair of standard or deluxe frames with lenses per year. No limit for number of contact lenses.

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

²See the UMP Plus 2017 Certificate of Coverage for a definition of network providers. See the UMP Classic 2017 Certificate of Coverage for definition of preferred providers.

³**UMP Plus:** These services may be provided by ancillary providers; see page 1 for a description.

⁴Inpatient copay: \$200 per day up to \$600 per person per year for facility charges. Professional services may be billed separately.

Comparing Costs: UMP Plus and UMP Classic Examples

	UMP Plus			UMP Classic		
	Subscriber	Subscriber & Spouse/State-Registered Domestic Partner	Full Family	Subscriber	Subscriber & Spouse/State-Registered Domestic Partner	Full Family
Monthly premiums	\$66 Annually: \$792	\$142 Annually: \$1,704	\$192 Annually: \$2,304	\$94 Annually: \$1,128	\$198 Annually: \$2,376	\$269 Annually: \$3,228
Deductible	Total: \$125	Total: \$250	Total: \$375	Total: \$250	Total: \$500	Total: \$750
Four doctor visits (two with primary care provider, two with specialty provider)	2 PCP visits: 0% of \$150, 2 specialty visits: 15% of \$250 Total: \$75	2 PCP visits: 0% of \$150, 2 specialty visits: 15% of \$250 Total: \$75	2 PCP visits: 0% of \$150, 2 specialty visits: 15% of \$250 Total: \$75	2 PCP visits: 15% of \$150, 2 specialty visits: 15% of \$250 Total: \$120	2 PCP visits: 15% of \$150, 2 specialty visits: 15% of \$250 Total: \$120	2 PCP visits: 15% of \$150, 2 specialty visits: 15% of \$250 Total: \$120
Emergency room visit	\$75 copay and 15% of \$500 Total: \$150	\$75 copay and 15% of \$500 Total: \$150	\$75 copay and 15% of \$500 Total: \$150	\$75 copay and 15% of \$500 Total: \$150	\$75 copay and 15% of \$500 Total: \$150	\$75 copay and 15% of \$500 Total: \$150
Annual total	\$1,142	\$2,179	\$2,904	\$1,648	\$3,146	\$4,248

Note: This is not a cost estimator. Do not use these examples to estimate your actual costs under these plans. The actual care you receive, and the cost of that care, will be different from these examples.

Comparing the UMP Plus Plans to UMP Classic

	UMP Plus	UMP Classic
Deductible(s)	<p>Medical: You pay the first \$125 of medical services per person (up to \$375 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>No deductible for prescription drugs.</p>	<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 and 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>
Medical out-of-pocket limit	\$2,000 per member, \$4,000 maximum for a family of two or more	\$2,000 per member, \$4,000 maximum for a family of two or more
Prescription drug out-of-pocket limit	\$2,000 per member, no family maximum	\$2,000 per member, no family maximum
Prescription drugs	You pay according to tiers (same tier structure and cost limits as UMP Classic); see previous page for coinsurance amounts.	You pay according to tiers; see previous page for coinsurance amounts.

This material reflects information available at the time of printing.

This is a brief summary of benefits; it is not a certificate of coverage. All services and treatments provided must be medically necessary to receive coverage. Please refer to the applicable UMP Certificate of Coverage for a complete list of benefits, limitations, and exclusions.

Both UMP Plus networks have the same monthly premiums.

Comparing 2017 monthly premiums	State and higher-education employees		Non-Medicare retirees	
	UMP Plus	UMP Classic	UMP Plus	UMP Classic
Subscriber only	\$66	\$94	\$595.49	\$623.65
Subscriber + spouse*	\$142	\$198	\$1,186.26	\$1,242.58
Subscriber + children	\$116	\$165	\$1,038.57	\$1,087.85
Full family	\$192	\$269	\$1,629.34	\$1,706.78

*Or state-registered domestic partner

Monthly premiums vary for K-12 and employer group employees; check with your personnel, payroll, or benefits office for information. Premiums for COBRA and Leave Without Pay members can be found at www.hca.wa.gov/public-employee-benefits. Monthly surcharges may also apply for tobacco use and spouse/state-registered domestic partner coverage; see www.hca.wa.gov/public-employee-benefits for details.