



UMP Classic and UMP Plus: What's the difference?

Are you a PEBB-eligible employee, Continuation Coverage 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 2018.

¹ PSHVN only ² UW Medicine only

Why create UMP Plus?

Accountable Care Networks like UMP Plus were created to promote high-quality care at a lower cost. The Health Care Authority designed UMP Plus to help doctors meet those goals while allowing members to choose their own providers in the network.

Providers who join UMP Plus agree to be accountable for delivering and evaluating the quality of your care. When you receive preventive care and coordinated treatment, the overall cost of that care is lower. These cost savings help us keep your premium and deductible lower without limiting necessary care. That's why UMP Plus is able to offer lower premiums and medical deductible than UMP Classic while still offering the same high-quality care.

The UMP Plus premium will be about 40% lower than the UMP Classic premium in 2018. To find a complete list of premiums for 2018, visit www.hca.wa.gov/pebb.

How are UMP Classic and UMP Plus alike and different?

With both plans, preventive care is covered in full when you see a preferred provider (network provider for UMP Plus), even if you haven't met your deductible. You pay 15% coinsurance for most services from a preferred (network) provider, and with both plans, you pay more for services outside the network.

However, UMP Plus has no prescription drug deductible, and members get office visits with primary care providers at no cost. Services related to the visit, such as labs or x-rays, are paid at the network rate—you pay 15% coinsurance. UMP Plus also encourages your providers to communicate about your care, so you get the right care at the right time.

How does getting care work with UMP Plus?

With UMP Plus, you can coordinate services through your primary care provider, or, like UMP Classic, continue to self-refer. The choice is yours.

You have access to providers in the core network (providers in your UMP Plus network) and a support network (ancillary providers in the Regence network), all paid at the network level. Some examples of ancillary providers are mental health providers and facilities, physical therapists, anesthesiologists, and labs for diagnostic testing. For a complete list of these providers, see your network's *UMP Plus 2018 Certificate of Coverage*.

Where can I find more about these UMP plans?

Keep reading to find out whether UMP Plus or UMP Classic is right for you and your family. You can also find more information online at www.hca.wa.gov/ump or call Customer Service at 1-888-849-3681 (TRS: 711).

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. See the back of this document for details on deductibles and out-of-pocket limits.

Services	UMP Plus: 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%	Some services may require preauthorization.
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%	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.
Hospital services	Inpatient copay ⁴ Outpatient/professional: 15%	Inpatient copay ⁴ Outpatient/Professional: 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 UMP 2018 certificates of coverage (COC) under "Mammograms;" read "Breast health screening tests" for other 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. Naturopaths in the core or support network are considered network primary care 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 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 2018 COCs for limits on 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 COCs.
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 your network's UMP Plus 2018 Certificate of Coverage for a definition of network providers. See the UMP Classic 2018 Certificate of Coverage for definition of preferred providers.

³**UMP Plus:** These services may be provided by ancillary providers in the support network; see your network's UMP Plus 2018 Certificate of Coverage for a description of the support network.

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

Comparing sample costs for 2018: UMP Plus and UMP Classic

	UMP Plus			UMP Classic		
	Subscriber	Subscriber & spouse/state-registered domestic partner	Full family	Subscriber	Subscriber & spouse/state-registered domestic partner	Full family
Monthly premiums	\$45 Annually: \$540	\$100 Annually: \$1,200	\$134 Annually: \$1,608	\$102 Annually: \$1,224	\$214 Annually: \$2,568	\$291 Annually: \$3,492
Deductible	Total: \$125	Total: \$250	Total: \$375	Total: \$250	Total: \$500	Total: \$750
Four doctor visits (two with PCP, 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	\$890	\$1,675	\$2,208	\$1,744	\$3,338	\$4,512

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.

How much you pay with UMP Plus and UMP Classic

	UMP Plus	UMP Classic
Deductible(s)	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. No deductible for prescription drugs.	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. 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.
Out-of-pocket limits	Medical: \$2,000 per member, \$4,000 maximum for a family of two or more Prescription drug: \$2,000 per member, no family maximum	Medical: \$2,000 per member, \$4,000 maximum for a family of two or more Prescription drug: \$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 2018 monthly premiums	State and higher-education employees		Non-Medicare retirees	
	UMP Plus	UMP Classic	UMP Plus	UMP Classic
Subscriber only	\$45	\$102	\$600.56	\$657.86
Subscriber + spouse*	\$100	\$214	\$1,196.10	\$1,310.70
Subscriber + children	\$79	\$179	\$1,047.49	\$1,147.49
Full family	\$134	\$291	\$1,642.76	\$1,800.33

*Or state-registered domestic partner

Monthly premiums vary for K-12 and employer group employees; check with your personnel, payroll, or benefits office for details. Premiums for COBRA and PEBB Continuation Coverage members can be found at www.hca.wa.gov/pebb. Monthly surcharges may also apply for tobacco use and spouse/state-registered domestic partner coverage; see www.hca.wa.gov/pebb for details.