



What PEBB members need to know about the prescription drug benefit for UMP Classic, UMP Plus, and UMP CDHP

Contact us with any questions

All times are listed in Pacific Time.

Washington State Rx Services (WSRxS)

(prescription drug benefits)

1-888-361-1611 (TRS: 711)

regence.com/ump/pebb/benefits/prescriptions

24 hours a day, 7 days a week

Postal Prescription Services

(network mail-order pharmacy)

1-800-552-6694

ppsrx.com

Monday – Friday: 6 a.m. – 6 p.m.

Saturday: 9 a.m. – 2 p.m.

Ardon Health

(network specialty pharmacy)

1-855-425-4085

ardonhealth.com

Monday – Friday: 8 a.m. – 7 p.m.

Saturday: 8 a.m. – noon



Administered by



Benefits described are for Public Employees Benefits Board (PEBB) members.

Who is eligible to enroll in the UMP plans?

For information about eligibility and enrollment in the UMP plans, please visit hca.wa.gov/erb.

Which pharmacies are network pharmacies?

This is a list of some network pharmacies and is subject to change. To find more network pharmacies, visit regence.com/ump/pebb/benefits/prescriptions under “Prescription drug coverage and cost” or call WSRxS. Network pharmacies listed in **green** have licensed pharmacists on-staff who can administer select vaccines to members ages 12 and older. Call the pharmacy first to make sure a licensed pharmacist will be available when you go to get the vaccine.

B

Bartell’s Drug*
Bi-Mart Pharmacy*

C

Costco Pharmacy*
CVS Pharmacy*

F

Fred Meyer Pharmacy*

G

Geneva Woods Pharmacy
Genoa Healthcare

H

Haggen Pharmacy*
Health Point Pharmacy
Hi-School Pharmacy*

M

Multicare Pharmacy*

O

Omnicare, Inc.*
Option Care*

P

Pacific Medical Center
Pharmacy
Pharmaca Integrative
Pharmacy Pharmerica
Propac Payless
Providence

Q

**QFC (Quality Food
Centers)***

R

Rite-Aid Pharmacy*

S

Safeway Pharmacy*
Sav-On Pharmacy*
Sea Mar Community
Health Center*

U

Unify Community Health*
University of Washington
Medical Center Ambulatory

V

Valley Drug*
Village Pharmacy*

W

Walmart Pharmacy*

Y

Yokes Pharmacy*

Mail order

PPS (Postal Prescription
Services)

Specialty drugs

Ardon Health

* Denotes a Choice90Rx pharmacy.

What you’ll pay for covered prescription drugs

You pay a coinsurance for all covered prescription drugs, which is a percentage of the total cost of the prescription drug. Your coinsurance depends on the total cost of the drug, its tier on the UMP Preferred Drug List (PDL), and the day supply of the prescription. You may get up to a 90-day supply for most drugs, except for specialty drugs. Specialty drugs are high-cost injectable, infused, oral, or inhaled drugs or products that require special handling and storage. These are subject to additional rules. You can find out if a drug is a specialty drug by checking the UMP PDL at regence.com/ump/pebb/benefits/prescriptions, or by calling WSRxS at 1-888-361-1611 (TRS: 711). Specialty drugs are limited to up to a 30-day supply, and must be purchased through the plan’s network specialty pharmacy, Ardon Health, 1-855-425-4085. The following table shows what you will pay.



	UMP CLASSIC		UMP PLUS	
Prescription drug deductible	\$100 individual \$300 maximum for family of three or more <i>Separate deductible for medical services</i>		\$0 <i>Separate deductible for medical services</i>	
Annual out-of-pocket limits	\$2,000 per person, \$4,000 per family max. <i>Separate out-of-pocket limits for medical services</i>		\$2,000 per person, \$4,000 per family max <i>Separate out-of-pocket limits for medical services</i>	
Tier and description	Non-Specialty Drugs: All network pharmacies (Retail & mail order)	Specialty Drugs Available from Ardon Health, except when a drug can only be dispensed by certain pharmacies	Non-Specialty Drugs: All network pharmacies (Retail & mail order)	Specialty drugs available from Ardon Health, except when a drug can only be dispensed by certain pharmacies
Preventive	No deductible 0% coinsurance	Not applicable	No deductible 0% coinsurance	Not applicable
Value Tier	No deductible 0-30 day supply: 5% coinsurance or \$10* 31-60 day supply: 5% coinsurance or \$20* 61-90 day supply: 5% coinsurance or \$30*	Not applicable	No deductible 0-30 day supply: 5% coinsurance or \$10* 31-60 day supply: 5% coinsurance or \$20* 61-90 day supply: 5% coinsurance or \$30*	Not applicable
Tier 1 Select generic drugs	No deductible 0-30 day supply: 10% coinsurance or \$25* 31-60 day supply: 10% coinsurance or \$50* 61-90 day supply: 10% coinsurance or \$75*	No deductible 0-30 day supply: 10% coinsurance or \$25*	No deductible 0-30 day supply: 10% coinsurance or \$25* 31-60 day supply: 10% coinsurance or \$50* 61-90 day supply: 10% coinsurance or \$75*	No deductible 0-30 day supply: 10% coinsurance or \$25*
Tier 2 Preferred drugs	Deductible applies 0-30 day supply: 30% coinsurance or \$75* 31-60 day supply: 30% coinsurance or \$150* 61-90 day supply: 30% coinsurance or \$225*	Deductible applies 0-30 day supply: 30% coinsurance or \$75*	No deductible 0-30 day supply: 30% coinsurance or \$75* 31-60 day supply: 30% coinsurance or \$150* 61-90 day supply: 30% coinsurance or \$225*	No deductible 0-30 day supply: 30% coinsurance or \$75*

*whichever is less.

UMP CDHP

Prescription drug deductible	\$1,400 subscriber \$2,800 family account <i>Combined medical and prescription drug deductible</i>
Annual out-of-pocket limits	One person covered: \$4,200 Two or more people covered: \$8,400. Once a member meets \$6,900 in covered out-of-pocket expenses annually, the plan will pay for covered services at 100 percent for that member. <i>Combined medical and prescription drug out-of-pocket limit</i>
Tier and description	All network pharmacies (Retail, mail order, and specialty)
Preventive	No deductible 0% coinsurance
Value Tier	
Tier 1 Select generic drugs	Deductible applies 15% coinsurance
Tier 2 Preferred drugs	

Frequently asked questions

1. What's changing for 2020?

Tier 3 (nonpreferred) prescription drugs are no longer covered.

2. Why is this change being made?

Nonpreferred prescription drugs are drugs that have been reviewed by groups of medical professionals (known as Pharmacy and Therapeutics committees) and recommended to be placed in Tier 3 of the Uniform Medical Plan (UMP) Preferred Drug List (PDL). These prescription drugs have been determined to be lower value than preferred alternatives or have uncertainty in their safety or effectiveness. Nonpreferred prescription drugs often cost significantly more than preferred alternatives.

UMP will no longer cover nonpreferred prescription drugs, now called noncovered prescription drugs, unless they are medically necessary and the preferred alternatives are ineffective or are not appropriate. UMP is doing this to direct members and their healthcare providers to the highest value, most affordable prescription drugs first, while still allowing access to noncovered prescription drugs at affordable cost-shares when appropriate.

3. Who decided to make this change and what was the reasoning?

UMP is adjusting to an ever-evolving world of pharmaceuticals. As drug costs continue to escalate, UMP has been researching ways to protect members from rising costs, reduce volatility for member premiums, and achieve this without removing access to medically necessary drugs. This change is the

result of studying many different strategies. This change was presented to, and adopted by, the Public Employees Benefits (PEB) Board in 2019.

4. How will I know if my prescription drug will no longer be covered?

If you are currently taking a drug that is no longer covered by UMP, WSRxS will send you a letter, which will include guidance on what to do next. The letter will include a list of alternative drugs for you and your provider to consider for treatment of your condition. The alternative drugs will be similar in their effectiveness and may reduce your cost. Once a new covered drug has been selected, your provider will give you a new prescription.

5. How can I continue to receive coverage for my prescription drug?

In order to receive coverage of a noncovered prescription drug, you must have tried all of the preferred alternatives and found none to be effective or your provider must demonstrate that the alternatives are not medically appropriate.

For noncovered prescription drugs with generic alternatives, this includes use of five versions of generics. Your prescribing provider must submit clinical documentation of the above scenarios for UMP to grant an exception request.

An exception request for noncovered drugs can be initiated over the phone by calling Washington State Rx Services at 1-888-361-1611 (TRS: 711) or electronically via the CoverMyMeds platform, a tool prescribing providers can use to submit prior authorization and formulary exception requests. If UMP approves an exception request, you will pay the amounts listed below:

- **UMP Classic:**
Deductible applies, Tier 2 cost-share (30 percent of the allowed amount, \$75 maximum payment per 30-day supply).
- **UMP Plus:**
No deductible, Tier 2 cost-share (30 percent of the allowed amount, \$75 maximum payment per 30-day supply).
- **UMP CDHP:**
Deductible applies, 15 percent coinsurance

If an exception request is not approved, UMP will not cover the drug. See question 19 for ways to save on prescription drugs that UMP does not cover.

6. How does UMP know if switching out the prescription drug I currently take with the one that's on the UMP PDL will work for my diagnosis?

The UMP PDL contains prescription drugs that have been clinically proven to be similar in safety and efficacy when compared to the noncovered alternatives. We would recommend discussing the prescription drugs on the UMP PDL as potential options with your provider.

7. My doctor prescribed this prescription drug. Why do you think you know better than my doctor?

It is possible that your doctor is not aware of all prescription drug options available to treat your diagnosis. The committee involved in making these decisions includes doctors and pharmacists who work collaboratively to discuss the prescription drugs available for each diagnosis.

8. Why is the prescription drug covered for my relative but not for me?

A noncovered prescription drug is only covered for members whose exception request was approved. UMP may have approved an exception request for your relative. Exceptions are evaluated on a case-by-case basis. No two cases or patients are the same. See question 5 for more information about exception requests for noncovered drugs.

9. What are my other options for pharmacy coverage?

PEBB offers a variety of plan options. You can learn more about those plans by visiting hca.wa.gov/erb.

10. How do I get in contact with someone on the committee that made the decision to make Tier 3 (nonpreferred) drugs noncovered?

To contact the Public Employees Benefits (PEB) Board, email board@hca.wa.gov. You can also write to the PEB Board at:

**Washington State
Health Care Authority**
Public Employees Benefits Board
P.O. Box 42713
Olympia, WA 98504-2713

11. Why is UMP limiting which drugs I can take when I pay so much in premiums?

UMP is updating its PDL in an effort to reduce the impact of rising prescription drug costs on your premiums. Your monthly premium cost is calculated by looking at several factors. One factor is the total number and cost of all prescriptions UMP pays. If UMP is paying for many high cost prescriptions,

your premium cost could be affected. Reducing the use of lower value, more expensive prescription drugs will help with future premiums.

12. How can I find a UMP network pharmacy?

Visit regence.com/ump/pebb/benefits/prescriptions under “Network pharmacies” or call WSRxS to find UMP network pharmacies. Pharmacies are part of a different network than medical providers. If you use a non-network pharmacy, you will pay more and have to submit your own prescription drug claim forms for reimbursement.

13. Why can't I use a Walgreens pharmacy to fill my prescriptions?

Walgreens is a non-network pharmacy. You can still use a Walgreens pharmacy, but you may pay more and will have to submit your own prescription drug claim forms for reimbursement.

14. How can I save money on prescription drugs that I take every day?

Some ways you may be able to save money are:

Postal Prescription Services (PPS) mail-order pharmacy: You may save on select brand-name drugs when you order from PPS, UMP's only covered mail order pharmacy. Use of PPS mail order is an option, but not required if you prefer to use a retail pharmacy.

Choice90Rx network pharmacies: If you purchase between an 84/90-day supply of a prescription drug, you may be able to save money by going to a Choice90Rx network pharmacy. Some of these Choice90Rx network pharmacies are noted on page 2 with an asterisk [*] next to the pharmacy name.

Value Tier drugs: If you are taking a drug to treat diabetes, high cholesterol, high blood pressure or depression, talk with your doctor to see if a Value Tier drug may be right for you. Members covered under the UMP Classic and UMP Plus plans pay a five percent (5%) coinsurance for Value Tier drugs at network pharmacies. For a complete listing of Value Tier drugs, please visit the UMP website at regence.com/ump/pebb/benefits/prescriptions under “Prescription drug coverage and cost”.

15. How can I find out how much my prescription drugs will cost?

Use the prescription price check tool by visiting the UMP website at regence.com/ump/pebb/benefits/prescriptions under “Prescription drug coverage and cost”.

16. Who decides tier changes and what criteria is used?

As a state-sponsored health plan, UMP follows tier recommendations made by the Washington State Pharmacy & Therapeutics (P&T) Committee, which consists of Washington State health care professionals, including physicians and pharmacists. Not all drug classes are reviewed by the Washington State P&T Committee. For these drug classes, the Washington State Rx Services' P&T Committee will make tier recommendations to UMP for review and final determination of a drug's tier level. The coverage criteria follows the Food and Drug Administration's (FDA) guidelines and is reviewed and updated regularly by pharmacists from WSRxS and the Health Care Authority.

17. Why do some drugs require an authorization?

Authorizations are in place to ensure the prescribed drugs are medically necessary, appropriate, safe, and cost effective for a condition, and that the condition is covered by UMP. An authorization review can:

- a. Reduce risks for patients from taking a dosage that is either too high or too low to be effective for the indication being treated;
- b. Limit drug interactions; and/or
- c. Identify when there is a need for an additional prescription drug to be taken with the prescribed drug to optimize outcomes and more.

18. I will be enrolling in UMP for the first time in 2020. How will UMP cover a drug that I'm currently taking?

There may be changes in how your prescription drugs are covered under UMP. Use the PDL at regence.com/ump/pebb/benefits/prescriptions under "Prescription drug coverage and cost" to find out if your prescription requires a preauthorization, has a quantity limit, is a step therapy, or is a specialty drug.

Preauthorization for non-specialty drugs will be waived for the first 90 days you are enrolled in UMP. If you are taking a specialty drug, call WSRxS to request a preauthorization in 2020. We will work

with you and your provider to obtain the necessary information to complete the review of the specialty drug, and begin the specialty pharmacy enrollment process. If possible, try to refill your prescription prior to January 1, 2020.

19. If my prescription drug is not covered by UMP, are there programs that can help me pay for my prescriptions?

The Washington and Oregon Prescription Drug Programs (WPDP and OPDP) Discount Card provides discounts for prescription drugs not covered by your plan. All Washington State and Oregon residents are eligible for a discount card, regardless of age or income. To learn more about the WPDP and OPDP Discount Cards, please visit:

- **Washington state residents:**
www.hca.wa.gov/pdp
- **Oregon state residents:**
www.opdp.org

Or call WSRxS.

20. I'm going on vacation and need to refill before I go, what can I do?

You may request a travel override up to two weeks before you leave. You may receive no more than two travel overrides per calendar year, including all travel within or outside the U.S. To request a travel override, call WSRxS.

Free Vaccines at Select Pharmacies!

Many vaccines are available at no cost to you if you use a network vaccination pharmacy. These participating pharmacies are listed in green on page 2. UMP covers vaccines according to the immunization schedules set by the Centers for Disease Control (CDC), including flu shots and other common vaccinations, such as whooping cough (pertussis), tetanus, shingles, cervical cancer, and meningococcal. Please note UMP does not cover travel vaccines or vaccines for employment purposes.

Always show your UMP ID card to the pharmacist when receiving services.

Nondiscrimination notice

We follow federal civil rights laws. We do not discriminate based on race, color, national origin, age, disability, gender identity, sex or sexual orientation.

We provide free services to people with disabilities so that they can communicate with us. These include sign language interpreters and other forms of communication.

If your first language is not English, we will give you free interpretation services and/or materials in other languages.

If you need any of the above, call Customer Service at:

1-888-361-1611 (TDD/TTY 711)

If you think we did not offer these services or discriminated, you can file a written complaint. Please mail or fax it to:

Washington State Rx Services
Attention: Appeal Unit
PO Box 40168
Portland, OR 97240-0168
Fax: 1-866-923-0412

If you need help filing a complaint, please call Customer Service.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services Office for Civil Rights at ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone:

U.S. Department of Health
and Human Services
200 Independence Ave. SW, Room 509F
HHH Building, Washington, DC 20201
800-368-1019, 800-537-7697 (TDD)

You can get Office for Civil Rights complaint forms at hhs.gov/ocr/office/file/index.html.

Dave Nessler-Cass coordinates our nondiscrimination work:

Dave Nessler-Cass,
Chief Compliance Officer
601 SW Second Ave.
Portland, OR 97204
855-232-9111
compliance@modahealth.com

ATENCIÓN: Si habla español, hay disponibles servicios de ayuda con el idioma sin costo alguno para usted. Llame al 1-888-361-1611 (TTY: 711).

CHÚ Ý: Nếu bạn nói tiếng Việt, có dịch vụ hỗ trợ ngôn ngữ miễn phí cho bạn. Gọi 1-888-361-1611 (TTY:711)

注意：如果您說中文，可得到免費語言幫助服務。請致電 1-888-361-1611 (聾啞人專用：711)

주의: 한국어로 무료 언어 지원 서비스를 이용하시려면 다음 연락처로 연락해주시기 바랍니다. 전화 1-888-361-1611 (TTY: 711)

PAUNAWA: Kung nagsasalita ka ng Tagalog, ang mga serbisyong tulong sa wika, ay walang bayad, at magagamit mo. Tumawag sa numerong 1-888-361-1611 (TTY: 711)

تنبيه: إذا كنت تتحدث العربية، فهناك خدمات مساعدة لغوية متاحة لك مجاناً. اتصل برقم (الهاتف النصي: 711) 1-888-361-1611

بولتے ہیں تو سانی (URDU) توجہ دیں: اگر آپ اردو اہانت آپ کے لیے بلا معاوضہ دستیاب ہے۔ پر کال کریں 1-888-361-1611 (TTY: 711)

ВНИМАНИЕ! Если Вы говорите по-русски, воспользуйтесь бесплатной языковой поддержкой. Позвоните по тел. 1-888-361-1611 (текстовый телефон: 711).

ATTENTION : si vous êtes locuteurs francophones, le service d'assistance linguistique gratuit est disponible. Appelez au 1-888-361-1611 (TTY : 711)

توجہ: در صورتی کہ بہ فارسی صحبت می کنید، خدمات ترجمہ بہ صورت رایگان برای شما موجود است. یا تماس بگیرید. (TTY: 711) 1-888-361-1611

ध्यान दें: यदि आप हिंदी बोलते हैं, तो आपको भाषाई सहायता बिना कोई पैसा दिए उपलब्ध है। 1-888-361-1611 पर कॉल करें (TTY: 711)

Achtung: Falls Sie Deutsch sprechen, stehen Ihnen kostenlos Sprachassistenzen zur Verfügung. Rufen sie 1-888-361-1611 (TTY: 711)

注意:日本語をご希望の方には、日本語サービスを無料で提供しております。1-888-361-1611 (TTY、テレタイプライターをご利用の方は711)までお電話ください。

અગત્યનું: જો તમે (ભાષાંતર કરેલ ભાષા અહીં દર્શાવે) બોલો છો તો તે ભાષામાં તમારે માટે વિના મૂલ્યે સહાય ઉપલબ્ધ છે. 1-888-361-1611 (TTY: 711) પર કોલ કરો

ໄປດຊາບ: ຖ້າທ່ານເວົ້າພາສາລາວ, ການຊ່ວຍເຫຼືອດ້ານພາສາແມ່ນມີໃຫ້ທ່ານໂດຍບໍ່ເສັຍຄ່າ. ໂທ 1-888-361-1611 (TTY: 711)

УВАГА! Якщо ви говорите українською, для вас доступні безкоштовні консультації рідною мовою. Зателефонуйте 1-888-361-1611 (TTY: 711)

ATENȚIE: Dacă vorbiți limba română, vă punem la dispoziție serviciul de asistentă lingvistică în mod gratuit. Sunați la 1-888-361-1611 (TTY 711)

THOV CEEB TOOM: Yog hais tias koj hais lus Hmoob, muaj cov kev pab cuam txhais lus, pub dawb rau koj. Hu rau 1-888-361-1611 (TTY: 711)

ត្រូវចងចាំ៖ បើអ្នកនិយាយភាសាខ្មែរ ហើយត្រូវការសេវាកម្មជំនួយផ្នែកភាសាដោយឥតគិតថ្លៃ គឺមានផ្តល់ជូនលោកអ្នក។ សូមទូរស័ព្ទទៅកាន់លេខ 1-888-361-1611 (TTY: 711)

HUBACHIISA: Yoo afaan Kshtik kan dubbattan ta'e tajaajiloonni gargaarsaa isiniif jira 1-888-361-1611 (TTY:711) tiin bilbilaa.

โปรดทราบ: หากคุณพูดภาษาไทย คุณสามารถใช้บริการช่วยเหลือด้านภาษาได้ฟรี โทร 1-888-361-1611 (TTY: 711)

FA'AUTAGIA: Afai e te tautala i le gagana Samoa, o loo avanoa fesoasoani tau gagana mo oe e le totofia. Vala'au i le 1-888-361-1611 (TTY: 711)

IPANGAG: Nu agsasaoka iti Ilocano, sidadaan ti tulong iti lengguahe para kenka nga awan bayadna. Umawag iti 1-888-361-1611 (TTY: 711)

UWAGA: Dla osób mówiących po polsku dostępna jest bezpłatna pomoc językowa. Zadzwoń: 1-888-361-1611 (obsługa TTY: 711)



