

Your 2021 UMP Classic summary For Medicare retirees



Learn more at the UMP website: ump.regence.com/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. You pay \$0 for covered preventive care visits and covered immunizations when you see a network provider. Read the “Preventive care” section in the 2021 UMP Classic Certificates of Coverage (COC) for more information. 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 for the plan to cover them. To confirm up-to-date information please refer to the 2021 UMP Classic COC by visiting Forms and publications at hca.wa.gov/ump-pebb-coc for complete lists of benefits, limitations, and exclusions.

Services	What you pay preferred providers. ^{1,2}	What you should know
Acupuncture	15%	Limited to 16 visits per calendar year.
Ambulance	20%	The plan does not cover ambulance services for personal or convenience purposes.
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	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	You pay \$0 of the allowed amount once every five calendar years for one hearing aid per ear. Not subject to the deductible.	You may receive one Instrument Set or two Single Instruments in the 5-year benefit period. This includes required accessories, as well as rental and repair costs.
Hearing exams (routine)	0%	Not subject to the deductible. One exam per calendar year. You must see a network provider for the plan to pay 100%.
Hospital services	Inpatient copay. ³ Outpatient/professional: 15%	Some hospital services may require preauthorization.
Mammograms	0% for preventive screening 15% for diagnostic screening	Screening mammograms for members age 40 and older. See “Breast health screening tests” in the 2021 UMP Classic COC for other tests covered.
Mental health treatment	Inpatient copay. ³ Outpatient/professional: 15%	The plan covers inpatient and outpatient mental health services. Non-emergency inpatient services must be preauthorized by the plan. See “Behavioral Health” in the 2021 UMP Classic COC for more information.
Office visits	15%	Including naturopaths and primary care
Prescription drugs	No deductible: Preventive 0%, Value Tier: 5%, Tier 1: 10% Subject to prescription drug deductible: Tier 2: 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 Specialty drugs are covered only when filled through Ardon Health. Specialty drugs have the same cost-shares as listed in this row depending on their tier. Covered insulins are not subject to the prescription drug deductible.
Preventive care and covered immunizations	0%	You must see a network provider for the plan to pay 100%.
Skilled nursing facility	Inpatient copay. ³ Professional: 15%	Limited to 150 days per calendar year. Services require preauthorization.
Substance use disorder treatment	Inpatient copay. ³ Outpatient/professional: 15%	The plan covers inpatient and outpatient substance use disorder treatment. Non-emergency inpatient services must be preauthorized by the plan. Inpatient professional services may be billed separately. See “Behavioral Health” in the 2021 UMP Classic COC for more information.
Surgery	Inpatient copay. ³ Outpatient/professional: 15%	Inpatient admissions require preauthorization.
Therapy: physical, neurodevelopmental, occupational, and speech	Inpatient copay. ³ Outpatient/professional: 15%	Inpatient: 60 visits combined maximum per calendar year. Outpatient: 60 visits combined maximum per calendar year. See “ABA therapy” in the 2021 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 exam (routine)	\$0 of the allowed amount	Not subject to the deductible. You pay \$0 of the allowed amount when you see a VSP Choice network provider for one covered preventive eye exam with refraction or visual analysis per calendar year.
Vision hardware, adult (age 19 and over)	\$0 of the allowed amount Plan covers standard lenses and allows up to \$150 for frames or contact lenses in lieu of lenses and frames	Not subject to the deductible. You pay \$0 of the allowed amount for one set of glass or plastic lenses and up to \$150 for one frame every two calendar years when you see a VSP Choice network provider. If you choose contact lenses in lieu of lenses and frames the plan pays up to \$150 for elective contacts. You are responsible for paying a \$30 copay when you receive contact lens evaluation and fitting exam at the time of service when you see a VSP Choice network provider.
Vision hardware, children (under the age of 19)	\$0 of the allowed amount Plan covers standard lenses and one frame or contact lenses in lieu of lenses and frames	Not subject to the deductible. You pay \$0 of the allowed amount when you see a VSP Choice network provider once every calendar year for one set of glass or plastic lenses and you pay \$0 of the allowed amount for one frame every calendar year. If you choose contact lenses in lieu of lenses and frames you pay \$0 for elective contacts. You pay \$0 for contact lens evaluation and fitting exam when you see a VSP Choice network provider.

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. See the UMP Classic COC for a definition of preferred provider.

² For out-of-network providers, in most cases you pay 40% plus any charges over the allowed amount.

³ Inpatient copay: \$200 per day up to \$600 per member 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, the plan will waive this copay.
- **Inpatient copay:** \$200 per day, up to \$600 per member 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 for examples. Read the "What you pay for medical" services section in the 2021 UMP Classic COC for more information on how deductibles work.
- **Prescription drugs:** You pay the first \$100 for Tier 2 or Specialty drugs. You don't pay any deductible for Preventive, Value Tier, Tier 1 drugs, or Tier 2 covered insulins. 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 the Find a doctor webpage at ump.regence.com/pebb/finding-doctors or call UMP Customer Service at 1-888-849-3681 (TRS: 711).

2021 monthly premiums for Medicare retirees

	UMP Classic
Subscriber	\$336.30
Subscriber and spouse/state-registered domestic partner (1 eligible)	\$1,022.45
Subscriber and spouse/state-registered domestic partner (2 eligible)	\$667.04
Subscriber and child(ren) (1 eligible)	\$850.91
Subscriber and child(ren) (2 eligible)	\$667.04
Subscriber, spouse/state-registered domestic partner, and child(ren) (1 eligible)	\$1,537.06
Subscriber, spouse/state-registered domestic partner, and child(ren) (2 eligible)	\$1,181.65
Subscriber, spouse/state-registered domestic partner, and child(ren) (3 eligible)	\$997.77

Regence complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-888-344-6347 (TTY: 711). 注意：如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 1-888-344-6347 (TTY: 711).

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