



For Public Employees Benefits Board (PEBB) members

UMP Plan Comparisons

UMP Plus–UW Medicine Accountable Care Network (ACN)	UMP Plus–Puget Sound High Value Network (PSHVN)	UMP Classic	UMP Select	UMP Consumer- Directed Health Plan (CDHP)
Limited network: You may see providers in the UW Medicine ACN network or out-of-network providers, but seeing network providers will save you money.	Limited network: You may see providers in the PSHVN network or out-of-network providers, but seeing network providers will save you money.	Largest provider network You may see preferred, participating, or out-of-network providers. Seeing preferred providers will save you money.	Largest provider network You may see preferred, participating, or out-of-network providers. Seeing preferred providers will save you money.	Largest provider network You may see preferred, participating, or out-of-network providers. Seeing preferred providers will save you money.
Must live in King, Kitsap, Pierce, Skagit, Snohomish, Spokane, or Thurston County	Must live in Chelan, Douglas, King, Kitsap, Pierce, Snohomish, Thurston, or Yakima County	May live in any county	May live in any county	May live in any county

	Monthly premiums ¹							
	State and Higher Education Employees				Non-Medicare Retirees			
	UMP Plus ²	UMP Classic	UMP Select	UMP CDHP	UMP Plus	UMP Classic	UMP Select	UMP CDHP
Subscriber	\$72	\$105	\$37	\$25	\$658.79	\$691.72	\$623.50	\$618.52
Subscriber and spouse/state-registered domestic partner	\$154	\$220	\$84	\$60	\$1,312.02	\$1,377.86	\$1,241.43	\$1,226.31
Subscriber and children	\$126	\$184	\$65	\$44	\$1,148.71	\$1,206.32	\$1,086.95	\$1,088.95
Subscriber, spouse/state-registered domestic partner, and children	\$208	\$299	\$112	\$79	\$1,801.93	\$1,892.47	\$1,704.88	\$1,638.41

¹ Non-represented educational school district employees and employees who work for a city, county, port, etc. need to contact their payroll or benefits office to find their monthly premiums. Premiums for PEBB Continuation Coverage members can be found by visiting the Health Care Authority's (HCA) website at hca.wa.gov/erb. Monthly surcharges may also apply for tobacco use and spouse/state-registered domestic partner coverage. Visit HCA's website at hca.wa.gov/erb for details.

² Both UMP Plus networks have the same monthly premiums

Find out which providers serve each network

You can save money by seeing preferred (network for UMP Plus) 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) to find providers and see which plans they participate in.

Why are UMP Plus premiums lower than UMP Classic?

Accountable care networks like, UMP Plus, were created to promote high-quality care at a lower cost. UMP Plus providers 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.

Find more information about UMP plans

Keep reading to find out which UMP plan is right for you and your family. You can also find more information online by visiting the UMP website at ump.regence.com/pebb or by calling UMP Customer Service at 1-888-849-3681 (TRS: 711).

You must use providers in your chosen network for the plan to cover benefits at the network rate. 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 certificates of coverage (COCs) 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 COCs by visiting Forms and publications at hca.wa.gov/ump-pebb-coc for complete lists of benefits, limitations, and exclusions.

Services	UMP Plus: What you pay network providers ^{1,2}	UMP Classic What you pay preferred providers ^{1,3}	UMP Select: What you pay preferred providers ^{1,3}	UMP CDHP: What you pay preferred providers ^{1,3}	What else you should know
Acupuncture ⁴	15%	15%	20%	15%	Limited to 16 visits per calendar year.
Ambulance	20%	20%	20%	20%	The plan does not cover ambulance services for personal or convenience purposes.
Chiropractic treatment ⁴	15%	15%	20%	15%	Limited to 10 spinal and extremity manipulation visits per calendar year, even when applied to the deductible.
Diagnostic tests, laboratory, and x-rays ⁴	15%	15%	20%	15%	Some services may require preauthorization.
Durable medical equipment, supplies, and prostheses ⁴	15%	15%	20%	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	20% after \$75 copay	15%	Separate professional charges will also be paid at the network rate if your emergency room visit is determined to be a medical emergency. Emergency room copay waived if admitted directly to a hospital or facility. If admitted to a hospital, deductible, coinsurance, and inpatient copay ⁵ will apply.
Hearing aids	\$0 for the purchase of a hearing aid for each ear once every five calendar years. Not subject to the deductible.	\$0 for the purchase of a hearing aid for each ear once every five calendar years. Not subject to the deductible.	\$0 for the purchase of a hearing aid for each ear once every five calendar years. Not subject to the deductible.	\$0 for the purchase of a hearing aid for each ear once every five calendar years once you have met your 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
Hospital services	Inpatient copay ⁵ Outpatient/Professional: 15%	Inpatient copay ⁵ Outpatient/Professional: 15%	Inpatient copay ⁵ Outpatient/Professional: 20%	15%	Some hospital services may require preauthorization.
Mammograms	0% for preventive screening 15% for diagnostic screening	0% for preventive screening 15% for diagnostic screening	0% for preventive screening 20% for diagnostic screening	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 COCs for other tests covered.
Mental health treatment ⁴	Inpatient copay ⁵ Outpatient/professional: 15%	Inpatient copay ⁵ Outpatient/Professional: 15%	Inpatient copay ⁵ Outpatient/Professional: 20%	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 COCs for more information. Note: For behavioral health professional services, the plan pays 100% of the allowed amount when services are provided by a network provider.
Obstetric and newborn care	Inpatient copay ⁵ Outpatient/professional ⁴ : 15%	Inpatient copay ⁵ Outpatient/Professional: 15%	Inpatient copay ⁵ Outpatient/Professional: 20%	15%	UMP Plus only: Birth centers and licensed midwives within the service area are included in the network
Office visits, non-primary care	15%	15%	20%	15%	
Office visits including naturopaths and primary care	0% for PCP office visits (no deductible), 15% for related services	15%	20%	15%	UMP Plus only: You must see primary care providers (PCP) 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 Preventive - 0%, Value Tier - 5%, Tier 1 - 10%, Tier 2 - 30%,	No deductible: Preventive - 0%, Value Tier - 5%, Tier 1: 10% Subject to prescription drug deductible: Tier 2 - 30%	No deductible: Preventive - 0%, Value Tier - 5%, Tier 1: 10% Subject to prescription drug deductible: Tier 2 - 30%	No deductible: Preventive 0% All other prescription drugs (except covered insulins) after meeting deductible: 15%	Prescription cost-limit (the most you pay) per 30-day supply at network pharmacies (except UMP CDHP): 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. For all plans, covered insulins are not subject to the prescription drug deductible. For UMP CDHP, members pay based on a tier structure instead of paying 15%. See "What you pay for prescription drugs" in the 2021 UMP CDHP COC for more information.
Preventive care and immunizations	0%	0%	0%	0%	You must see a network provider for the plan to pay 100%.
Skilled nursing facility ⁴	Inpatient copay ⁵ . Professional: 15%	Inpatient copay ⁵ . Professional: 15%	Inpatient copay ⁵ . Professional: 20%	15%	Limited to 150 days per calendar year. Services require preauthorization.
Substance use disorder treatment ⁴	Inpatient copay ⁵ Outpatient/Professional: 15%	Inpatient copay ⁵ Outpatient/Professional: 15%	Inpatient copay ⁵ Professional: 20%	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 COCs for more information.
Surgery	Inpatient copay ⁵ . Outpatient/professional: 15%	Inpatient copay ⁵ . Outpatient/professional: 15%	Inpatient copay ⁵ . Outpatient/professional: 20%	15%	Inpatient admissions require preauthorization.

Therapy: physical, neurodevelopmental, occupational, and speech⁴	Inpatient copay ⁵ Outpatient/professional: 15%	Inpatient copay ⁵ Outpatient/Professional: 15%	Inpatient copay ⁵ Outpatient/Professional: 20%	15%	Inpatient: 60 visits combined maximum per calendar year. Outpatient: 60 visits combined maximum per calendar year. See "ABA therapy" in the 2021 UMP COCs for limits on those services. Preauthorization is required.
Urgent care	15%	15%	20%	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	\$0 of the allowed amount	\$0 of the allowed amount	\$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	\$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	\$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	\$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	\$0 of the allowed amount Plan covers standard lenses and one frame or contact lenses in lieu of lenses and frames	\$0 of the allowed amount Plan covers standard lenses and one frame or contact lenses in lieu of lenses and frames	\$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 network providers (UMP Plus) or preferred providers (UMP Classic, UMP Select, UMP CDHP). See the 2021 UMP Plus COC for a definition of network provider and see the UMP Classic, UMP Select, or UMP CDHP COC for a definition of preferred provider.

² For out-of-network providers, in most cases you pay 50% plus any charges over the allowed amount.

³ For out-of-network providers, in most cases you pay 40% plus any charges over the allowed amount.

⁴ UMP Plus: These services may be provided by support providers in the support network; see the 2021 UMP Plus COCs for a description of the support network.

⁵ Inpatient copay: \$200 per day up to \$600 per member per calendar year for facility charges. Professional services may be billed separately.

Comparing plan costs – sample only¹

	UMP Plus			UMP Classic			UMP Select			UMP CDHP		
	Subscriber	Subscriber & spouse/state-registered domestic partner	Subscriber, spouse/state-registered domestic partner, and children	Subscriber	Subscriber & spouse/state-registered domestic partner	Subscriber, spouse/state-registered domestic partner, and children	Subscriber	Subscriber & spouse/state-registered domestic partner	Subscriber, spouse/state-registered domestic partner, and children	Subscriber	Subscriber & spouse/state-registered domestic partner	Subscriber, spouse/state-registered domestic partner, and children
Monthly premiums	\$72 Annually: \$864	\$154 Annually: \$1,848	\$208 Annually: \$2,496	\$105 Annually: \$1,260	\$220 Annually: \$2,640	\$299 Annually: \$3,588	\$37 Annually: \$444	\$84 Annually: \$1,008	\$112 Annually: \$1,344	\$25 Annually: \$300	\$60 Annually: \$720	\$79 Annually: \$948
Deductible	Total: \$125	Total: \$250	Total: \$375	Total: \$250	Total: \$500	Total: \$750	Total: \$750	Total: \$1500	Total: \$2,250	Total: \$1,400	Total: \$2,800	Total: \$2,800
4 doctor visits (2 with primary care provider (PCP), 2 with specialty provider)¹	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	2 PCP visits: 20% of \$150, 2 specialty visits: 20% of \$250 Total: \$160	2 PCP visits: 20% of \$150, 2 specialty visits: 20% of \$250 Total: \$160	2 PCP visits: 20% of \$150, 2 specialty visits: 20% of \$250 Total: \$160	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 visit¹	\$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	\$75 copay and 20% of \$500 Total: \$175	\$75 copay and 20% of \$500 Total: \$175	\$75 copay and 20% of \$500 Total: \$175	\$75 copay and 15% of \$500 Total: \$150	\$75 copay and 15% of \$500 Total: \$150	\$75 copay and 15% of \$500 Total: \$150

¹These are examples. This is not a cost estimator. The examples assume you have paid your medical deductible and have not reached your out-of-pocket limit. The actual care you receive, and the cost of that care, will be different from these examples.

How much you pay with UMP plans

	UMP Plus	UMP Classic	UMP Select	UMP CDHP
Deductible(s)	<p>Medical: You pay the first \$125 of medical services per person (up to \$375 for a family of 3 or more). You don't pay the medical deductible before receiving certain services.</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 3 or more). You don't pay the medical deductible before receiving certain services.</p> <p>Prescription drugs: You pay the first \$100 for Tier 2 and 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 3 or more is \$300.</p>	<p>Medical: You pay the first \$750 of medical services per person (up to \$2,250 for a family of 3 or more). You don't pay the medical deductible before receiving certain services.</p> <p>Prescription drugs: You pay the first \$250 for Tier 2 and 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 3 or more is \$750.</p>	<p>Medical and prescription drugs: There is only one deductible for all services. You pay the first \$1400 for medical services and prescription drugs combined per person (up to \$2,800 for a family of 3 or more). You don't pay the deductible before receiving certain services.</p>
Out-of-pocket limits	<p>Medical: \$2,000 per member, \$4,000 maximum for a family of two or more</p> <p>Prescription drug: \$2,000 per member, \$4,000 maximum for a family of two or more per calendar year.</p>	<p>Medical: \$2,000 per member, \$4,000 maximum for a family of two or more</p> <p>Prescription drug: \$2,000 per member, \$4,000 maximum for a family of two or more per calendar year.</p>	<p>Medical: \$3,500 per member, \$7,000 maximum for a family of two or more</p> <p>Prescription drug: \$2,000 per member, \$4,000 maximum for a family of two or more per calendar year.</p>	<p>Combined medical and prescription drug: \$4,200 per member, \$8,400 maximum for a family of two or more. No single member in a family plan will pay more than \$7,000 for covered services from preferred providers.</p>
Prescription drugs	<p>You pay according to tiers (same tier structure and cost limits as UMP Classic and UMP Select); see previous page for coinsurance and cost-limit amounts.</p>	<p>You pay according to tiers; see previous page for coinsurance and cost-limit amounts.</p>	<p>You pay according to tiers; see previous page for coinsurance and cost-limit amounts</p>	<p>Combined deductible for medical services and prescription drugs. Once you meet this deductible, you pay 15% for all covered prescription drugs, except covered insulins. Covered insulins are not subject to the deductible, and you pay according to a tier structure. See "What you pay for prescription drugs" in the 2021 UMP CDHP COC for more information.</p> <p>There are no cost-limits for covered prescription drugs. Your drug costs do count toward your</p>

				deductible and out-of-pocket limit.
Health Savings Account (HSA)	Not available. If you have an HSA, you may keep it, but cannot contribute to it when you are not enrolled in a high-deductible health plan.	Not available. If you have an HSA, you may keep it, but cannot contribute to it when you are not enrolled in a high-deductible health plan.	Not available. If you have an HSA, you may keep it, but cannot contribute to it when you are not enrolled in a high-deductible health plan.	The State of Washington contributes the following to your HSA: \$700.08 for one person, and \$1,400.04 for more than one person enrolled in the plan, deposited in equal amounts over the calendar year.

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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Regence BlueShield
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