



2026 UMP Plan Comparisons

For Public Employees Benefits Board (PEBB) Program members

With the UMP Classic and Select plans and the Consumer-Directed Health Plan (CDHP), you have access to the largest provider network and may see preferred, participating or out-of-network providers. Seeing preferred providers will save you money.

Monthly premiums						
	State and Higher Education Employees			Non-Medicare Retirees		
	UMP Classic	UMP Select	UMP CDHP	UMP Classic	UMP Select	UMP CDHP
Subscriber	\$145	\$82	\$57	\$970.43	\$907.50	\$887.83
Subscriber and spouse/state-registered domestic partner	\$290	\$164	\$114	\$1,935.11	\$1,809.25	\$1,768.65
Subscriber and children	\$254	\$144	\$100	\$1,693.94	\$1,583.81	\$1,563.03
Subscriber, spouse/state-registered domestic partner, and children	\$399	\$226	\$157	\$2,658.62	\$2,485.56	\$2,385.52

Employees who work for a city, county, port, tribal government, water district, hospital 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/pebb-continuation. Monthly surcharges may also apply for tobacco use and spouse/state-registered domestic partner coverage.

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 or as otherwise noted. You pay \$0 for covered preventive care visits and covered immunizations when you see a network provider. Read the "Preventive care" section in the 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 UMP COCs by visiting forms and publications at hca.wa.gov/ump-pebb-coc for complete lists of benefits, limitations, and exclusions.

Services	UMP Classic: What you pay preferred providers ^{1,2}	UMP Select: What you pay preferred providers ^{1,2}	UMP CDHP: What you pay preferred providers ^{1,2}	What else you should know
Acupuncture	\$15, not subject to the deductible	\$15, not subject to the deductible	\$15	Limited to 24 visits per calendar year. UMP CDHP: After your deductible is met, you will pay a \$15 copay for preferred providers. All visits will apply to the 24-visit limit.
Ambulance	20%	20%	20%	The plan does not cover ambulance services for personal or convenience purposes.
Chiropractic treatment	\$15, not subject to the deductible	\$15, not subject to the deductible	\$15	Limited to 24 spinal and extremity manipulation visits per calendar year. UMP CDHP: After your deductible is met, you will pay a \$15 copay for preferred providers. All visits will apply to the 24-visit limit.
Diagnostic tests, laboratory, and x-rays	15%	20%	15%	Some services may require preauthorization.
Durable medical equipment, supplies, and prostheses	15%	20%	15%	Some supplies require preauthorization. See your plan's COC for details.
Emergency room	15% after \$75 copay	20% after \$75 copay	15%	Professional services will be paid at the network rate. Emergency room copay is waived if you are admitted directly to a hospital or facility; the inpatient copay ³ , deductible, and coinsurance will apply.
Hearing aids	\$0 of the allowed amount for one prescribed hearing aid per ear every 36 months. Not subject to the deductible.	\$0 of the allowed amount for one prescribed hearing aid per ear every 36 months. Not subject to the deductible.	\$0 of the allowed amount, after you meet your deductible, for one prescribed hearing aid per ear every 36 months.	You may be responsible for hearing aid charges exceeding the allowed amount.
Hearing exams (routine)	\$0, not subject to the deductible	\$0, not subject to the deductible	15%	Limited to one routine exam per calendar year. UMP Classic & UMP Select: You must see a network provider for the plan to pay 100% of the allowed amount.
Hospital services	Inpatient copay ³ Outpatient/ Professional: 15%	Inpatient copay ³ Outpatient/ Professional: 20%	15%	Some hospital services may require preauthorization.

1. Percentages shown apply to the allowed amount, which is the fee accepted as payment in full by preferred providers. See your plan's 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 calendar year for facility charges (except UMP CDHP). Professional services may be billed separately.

Services	UMP Classic: What you pay preferred providers ^{1,2}	UMP Select: What you pay preferred providers ^{1,2}	UMP CDHP: What you pay preferred providers ^{1,2}	What else you should know
Mammograms	0% for preventive screening; 0% for medically necessary diagnostic and supplemental breast exams. Not subject to the deductible.	0% for preventive screening; 0% for medically necessary diagnostic and supplemental breast exams. Not subject to the deductible.	0% for preventive screening; 0% for medically necessary diagnostic and supplemental breast exams. Not subject to the deductible.	Preventive screening mammograms for members age 40 and older and members under age 40 who are at increased risk for breast cancer. See "Mammogram and Digital Breast Tomosynthesis (DBT)" in the UMP COCs for more information.
Massage therapy	\$15, not subject to the deductible	\$15, not subject to the deductible	\$15	Limited to 24 visits per calendar year. The plan does not cover massage therapy from out-of-network providers. UMP CDHP: After your deductible is met, you will pay a \$15 copay for preferred providers. All visits will apply to the 24-visit limit.
Mental health treatment	Inpatient copay ³ Outpatient/ Professional: 15%	Inpatient copay ³ 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 UMP COCs for more information.
Obstetric and newborn care	Inpatient copay ³ Outpatient/ Professional: 15%	Inpatient copay ³ Outpatient/ Professional: 20%	15%	Birth centers and licensed midwives within the service area are included in the network.
Office visits (including specialty providers)	15%	20%	15%	
Prescription drugs	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%, Certain high value drugs, as listed on the UMP Preferred Drug List (PDL) - 15% 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 certain drugs (see PDL) you will only pay your plan's tier percentage up to \$35. For all plans, certain covered drugs (see PDL) are not subject to the prescription drug deductible. For UMP CDHP, members pay for certain covered drugs (see PDL) based on a tier structure instead of paying 15%. See "What you pay for prescription drugs" in the UMP CDHP COC for more information.

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Preventive care and immunizations	0%, not subject to the deductible	0%, not subject to the deductible	0%, not subject to the deductible	You must see a network provider for the plan to pay 100% of the allowed amount for covered preventive services.
Skilled nursing facility	Inpatient copay ³ Professional: 15%	Inpatient copay ³ Professional: 20%	15%	Limited to 150 days per calendar year. Services require preauthorization.
Substance use disorder treatment	Inpatient copay ³ Outpatient/ Professional: 15%	Inpatient copay ³ Outpatient/ 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 UMP COCs for more information.
Surgery	Inpatient copay ³ Outpatient/ Professional: 15%	Inpatient copay ³ Outpatient/ Professional: 20%	15%	Inpatient admissions require preauthorization.
Telemedicine (virtual care)	15%	20%	15%	Virtual care is a good option to consider when you need medical attention, but not emergency room care. Your plan includes Doctor On Demand, a service that offers virtual primary care and 24/7 access to on-demand urgent care and behavioral health services. To learn more, visit the Telemedicine (virtual care) web page at ump.regence.com/pebb/benefits/telemedicine .
Therapy: Habilitative and rehabilitative	Inpatient copay ³ Outpatient/ Professional: 15%	Inpatient copay ³ Outpatient/ Professional: 20%	15%	Habilitative and rehabilitative inpatient: 60 days combined maximum per calendar year. Habilitative and rehabilitative outpatient: 60 visits combined maximum per calendar year. See “ABA therapy” in the UMP COCs for limits on those services.
Urgent care	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.

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3. Inpatient copay: \$200 per day up to \$600 per member per calendar year for facility charges (except UMP CDHP). Professional services may be billed separately.

How much you pay with UMP plans

	UMP Classic	UMP Select	UMP CDHP
Deductible(s)	Medical: You pay the first \$250 of covered 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 drugs. You don't pay any deductible for Preventive, Value Tier, or Tier 1 drugs. The maximum prescription drug deductible for a family of three or more is \$300.	Medical: You pay the first \$750 of covered medical services per person (up to \$2,250 for a family of three or more). You don't pay the medical deductible before receiving certain services. 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 three or more is \$750.	Medical and prescription drugs: There is only one deductible for all covered services. You pay the first \$1,700 for medical services and prescription drugs combined per person (up to \$3,400 for a family of three or more). You don't pay the deductible before receiving certain services.
Out-of-pocket limit(s)	Medical: \$2,000 per member, \$4,000 maximum for a family of two or more Prescription drugs: \$2,000 per member, \$4,000 maximum for a family of two or more per calendar year.	Medical: \$3,500 per member, \$7,000 maximum for a family of two or more Prescription drugs: \$2,000 per member, \$4,000 maximum for a family of two or more per calendar year.	Medical and prescription drugs: There is only one out-of-pocket limit for all covered services. \$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.
Prescription drugs	You pay according to tiers; see previous pages for coinsurance and cost-limit amounts.	You pay according to tiers; see previous pages for coinsurance and cost-limit amounts	Combined deductible for medical services and prescription drugs. Once you meet this deductible, you pay 15% for covered prescription drugs, unless otherwise noted on the UMP Preferred Drug List. 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 UMP CDHP COC for more information. There are no cost-limits for covered prescription drugs. Your drug costs do count toward your 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.	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.

