

Uniform Medical Plan (UMP) Frequently Asked Questions for School Employees Benefits Board (SEBB) Members

Q. What's a premium?

A. It's the monthly fee that you pay to have health coverage. Premiums are usually deducted from your paycheck and don't apply to your deductible. These medical plan premiums and applicable premium surcharges automatically deducted from your paycheck are before taxes under the premium payment plan. You can request to have your premiums and premium surcharges deducted post-tax by submitting the Premium Payment Plan Election/Change form (available at hca.wa.gov/sebb-employee, under Forms & publications) to your employer's payroll or benefits office.

Q. What's the difference between a copay and coinsurance?

A. A copay is a set dollar amount you pay when you receive specific services, treatments or supplies, such as inpatient hospitalization or ER visits. Coinsurance is the percentage of the allowed amount that you pay the provider when the plan pays less than 100%. This includes most medical services and prescription drugs.

Q. What's a deductible?

A. That's a fixed dollar amount you pay each calendar year before the plan begins paying any amount for covered services. For example, if your deductible is \$1,000, you pay the first \$1,000 in medical charges out of your own pocket. Then your health plan begins paying a portion of covered services. Only covered expenses up to the allowed amount count toward your deductible. You don't have to meet your deductible before the plan pays the allowed amount for services covered under the preventive care benefit. For a list of covered preventive services, see healthcare.gov/preventive-care-benefits.

Medical services don't apply to your prescription drug deductible. Prescription drug purchases don't apply to your medical deductible. The medical and prescription drug deductibles are separate for UMP Achieve 1 and UMP Achieve 2. For UMP High Deductible, the medical and prescription drug deductible is one combined amount. UMP Plus has only a medical deductible.

To lower your UMP plan's deductible amount for the following year, you may participate in SmartHealth. To learn more, visit regence.com/ump/sebb/benefits/wellness.

Q. What does out-of-pocket (OOP) limit mean?

A. After you meet your annual deductible, you and your plan each pay part of the costs for services and care. Your OOP limit is the most you pay during a calendar year for covered services from preferred and participating providers (network providers for UMP Plus) or for covered prescription drugs

from network pharmacies. The OOP limit includes your deductible, coinsurance paid to network providers, and copays. After you meet your OOP limit for the year, the plan pays for covered services from preferred providers at 100% of the allowed amount.

Q. Are referrals needed for anything?

A. No. None of the UMP plans require you to get a referral from your primary care provider to see a specialist. However, your specialist may request a referral from your primary care provider as part of their internal process.

Q. How do I find out if my provider is a preferred or network provider?

A. You can find preferred or network providers by visiting regence.com/ump/sebb/finding-doctors, or you may call UMP Customer Service at 1-800-628-3481 (TRS: 711).

Q. Will my medications be covered and which pharmacies can I go to?

A. Washington State Rx Services (WSRxS) manages the UMP prescription drug benefit. All UMP plans cover the same drugs.

To find out if the UMP plans cover a specific medication or pharmacy, visit regence.com/ump/sebb/benefits/prescriptions or call WSRxS Customer Service at 1-888-361-1611 (TRS: 711).

Q. What if I have other medical insurance?

A. UMP uses a type of coordination of benefits called non-duplication of benefits. When UMP pays secondary to another group plan that covers you, UMP will pay only an amount needed to bring the total benefit up to the amount UMP would have paid if you did not have another plan.

The intent of this type of coordination of benefits is to maintain the level of benefits available through UMP. Non-duplication of benefits is not designed to pay your covered expenses in full.

For examples, please see your plan's certificate of coverage by visiting hca.wa.gov/ump-sebb-coc.

Q. Is massage therapy covered? If so, for how many visits?

A. Yes, massage therapy is covered as long as the massage is for a covered diagnosis and the provider is a preferred provider. Up to 16 massage visits per year are covered.

Other resources:

UMP benefits website: regence.com/ump/sebb

UMP Customer Service: 1-800-628-3481 (TRS: 711)

WA State Rx Services Customer Service: 1-888-361-1611 (TRS: 711)



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