



What SEBB members need to know about the prescription drug benefit for UMP Achieve 1, UMP Achieve 2, UMP High Deductible, and UMP Plus

Contact us with any questions

All times are listed in Pacific Time.

Washington State Rx Services (WSRxS)

Prescription drug benefits

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

Website Assistance: 1-877-277-7079

ump.regence.com/sebb/benefits/prescriptions

Monday – Friday: 7:30 a.m. to 5:30 p.m.
Available outside these hours with limited services.

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.

Costco Mail-Order Pharmacy

Network mail-order pharmacy

1-800-607-6861

pharmacy.costco.com

Monday – Friday: 5 a.m. – 7 p.m.

Saturday: 9:30 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 moda
HEALTH

Benefits described are for School Employees Benefits Board (SEBB) members.



What you'll pay for covered prescription drugs

You pay a coinsurance for most 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 purchase up to a 90-day supply for most prescription drugs. For the majority of specialty drugs, you may purchase up to a 30-day supply. 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 by visiting forms and publications at hca.wa.gov/ump-pdl or by calling WSRxS. Most specialty drugs must be purchased through the plan's network specialty pharmacy, Ardon Health.

The following table shows how much you will pay for covered prescription drugs.

	UMP ACHIEVE 1		UMP ACHIEVE 2	
Prescription drug deductible	\$250 per member \$750 max for family of three or more <i>Separate deductible for medical services</i>		\$100 per member \$300 max for family of three or more <i>Separate deductible for medical services</i>	
Annual out-of-pocket limits	\$2,000 per member, \$4,000 per family of two or more max. <i>Separate out-of-pocket limits for medical services</i>		\$2,000 per member, \$4,000 per family of two or more 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 No coinsurance	No deductible No coinsurance	No deductible No coinsurance	No deductible No coinsurance
Value Tier Specific high-value prescription drugs used to treat certain chronic conditions	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*	No deductible 0-30 day supply: 5% coinsurance or \$10*	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*	No deductible 0-30 day supply: 5% coinsurance or \$10*
Tier 1 Primarily low-cost generic prescription 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 brand-name prescription drugs and high-cost generic prescription 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*	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*

* Whichever is less.

** Deductible does not apply to covered insulins. Covered insulin coinsurance is capped at \$35 per 30-day supply.

	UMP HIGH DEDUCTIBLE	UMP PLUS	
Prescription drug deductible	\$1,500 subscriber \$3,000 family <i>Combined medical and prescription drug deductible</i>	\$0 <i>Separate deductible for medical services</i>	
Annual out-of-pocket limits	One member covered: \$4,200 Two or more members covered: \$8,400. Once a member meets \$7,000 in covered out-of-pocket expenses annually, the plan will pay for covered services at 100% for that member. <i>Combined medical and prescription drug out-of-pocket limit</i>	\$2,000 per member, \$4,000 per family of two or more max. <i>Separate out-of-pocket limits for medical services</i>	
Tier and description	All network pharmacies (Retail, mail order, and specialty)	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 No coinsurance	No deductible No coinsurance	No deductible No coinsurance
Value Tier Specific high-value prescription drugs used to treat certain chronic conditions		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*	No deductible 0-30 day supply: 5% coinsurance or \$10*
Tier 1 Primarily low-cost generic prescription drugs	Deductible applies ** 15% coinsurance (except insulins or certain other drugs as identified on the UMP PDL)	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 brand-name prescription drugs and high-cost generic prescription drugs		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*

*** Drugs required under the Patient Protection and Affordable Care Act recommended by the U.S. Preventive Services Task Force and the Advisory Committee on Immunization Practices of the Centers for Disease Control and Prevention

Frequently asked questions

1. Who is eligible to enroll in the UMP plans?

For information about eligibility and enrollment in the UMP plans, please visit the Health Care Authority (HCA) website at hca.wa.gov/erb.

2. Who administers the UMP Plans?

Uniform Medical Plan is a self-insured health plan offered through the HCA's School Employees Benefits Board (SEBB) Program. The medical benefits are administered by Regence BlueShield, and the prescription drug benefits are administered by Washington State Rx Services (WSRxS).

3. What's changing in 2023?

- Costco Mail Order Pharmacy will be available as a second mail order pharmacy option in addition to Postal Prescription Services (PPS). UMP members do not need to be Costco members to use their mail-order service. See the front page of this brochure for contact information.
- The most you'll pay for Tier 2 covered insulins will be \$35 for a 30-day supply.
- The deductible amount is changing on SEBB High-Deductible to \$1,500 for an individual plan and \$3,000 for a family plan.
- To view a list of anticipated changes to the UMP Preferred Drug List visit <https://ump.regence.com/sebb/benefits/prescriptions>, select "Find Forms" at the top of the page, then click "Visit HCA's website to access UMP's forms & publications database". Click "Forms & publications" at the top of the page. Type "preferred drug list changes" into the search box and click the "Search" button. The list is updated monthly and is subject to change. It does not contain every anticipated change to the UMP Preferred Drug List. It only contains changes that may negatively impact members, such as increasing a drug's cost or limiting the amount of drug available per refill.

4. How do I find a network pharmacy?

With UMP, you have access to over 52,000 network pharmacies. To check which pharmacies are available in our pharmacy network, visit the UMP SEBB Open Enrollment webpage at ump.regence.com/sebb/benefits/oe-2023 and use the Pharmacy Locator. Network pharmacies are subject to change.

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

To check how much your prescription drugs will cost, visit the UMP SEBB Open Enrollment webpage at ump.regence.com/sebb/benefits/oe-2023 and use the Drug Price Check Tool. The Drug Price Check Tool is subject to change.

6. How do I access to my pharmacy claims history?

If you are a current UMP member, you can view your UMP claims by signing into your Regence account at ump.regence.com/ump/signin. After you sign in, select "Covered services" and choose the "Pharmacy" tab. Then select "Access Benefits" then select "OK".

If you have questions, please call WSRxS Customer Service at 1-888-361-1611 (TRS: 711).

7. Will I get a new ID card?

A new member ID card will be mailed to members who changed their UMP Plan in 2023.

8. I'm considering enrolling in UMP and am currently taking a prescription drug. How will UMP cover this drug?

There may be changes in how your prescription drugs are covered under UMP. To get a general idea, use the UMP Preferred Drug List (PDL) by visiting forms and publications at hca.wa.gov/ump-pdl to find out if your prescription requires a preauthorization, has a quantity limit, is a step therapy, or is a specialty drug. The UMP PDL is subject to change.

Preauthorization for non-specialty drugs is 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 2023. We will work with you and your prescribing provider to get information to complete the review of the specialty drug and begin the specialty pharmacy enrollment process. In case there is a delay in processing your prescription, try to refill your prescription before January 1, 2023, to make sure you don't run out.

Additionally, you can view a list of anticipated changes to the UMP Preferred Drug List. Visit <https://ump.regence.com/sebb/benefits/prescriptions>, select "Find Forms" at the top of the page, then click "Visit HCA's website to access UMP's forms & publications database". Click "Forms & publications" at the top of the page. Type "preferred drug list changes" into the search box and click the "Search" button. The list is updated monthly and is subject to change. It does not contain every anticipated change to the UMP Preferred Drug List. It only contains changes that may negatively impact members, such as increasing a drug's cost or limiting the amount of drug available per refill.

9. What if I use a specialty or mail-order pharmacy?

Your specialty pharmacy, Ardon Health will remain the same. Costco Mail Order Pharmacy will be added as a second mail-order option for 2023 in addition to the current mail order pharmacy, Postal Prescription Services (PPS).

10. 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 and Costco Mail Order Pharmacy:** You may save on select brand-name drugs when you order from PPS, UMP's mail-order pharmacy or Costco Mail Order Pharmacy. Use of UMP's mail-order pharmacies are an option, but not required, if you prefer to use a retail pharmacy. For more information on mail order pharmacies, visit the Prescription Drug Coverage page at <https://ump.regence.com/sebb/benefits/prescriptions>.
- **Value Tier drugs:** If you are taking a drug to treat diabetes, high cholesterol, high blood pressure, or depression, talk with your provider to see if a Value Tier drug may be right for you. Members covered under the UMP Classic, UMP Select, or UMP Plus plans pay a 5% coinsurance for Value Tier drugs at network pharmacies. For a complete listing of Value Tier drugs, see the UMP PDL on forms and publications at hca.wa.gov/ump-pdl.

11. I am taking a drug that's not covered by UMP. How can I request an exception?

If you are prescribed a noncovered drug, and you have tried all alternative drugs and none are found to be effective, or if the alternatives are found to be not medically appropriate, you or your prescribing provider can request an exception by calling WSRxS. WSRxS will work with your prescribing provider to submit the required clinical information. If an exception is approved, you will pay the amounts listed below:

- UMP Classic, UMP Select: Deductible applies, Tier 2 cost-share (30% of the allowed amount, up to \$75 per 30-day supply).
- UMP CDHP: Deductible applies, 15% coinsurance.
- UMP Plus: No deductible, Tier 2 cost-share (30% of the allowed amount, up to \$75 per 30-day supply).
- If a non-covered insulin is approved, the coinsurance will be capped at \$35 per 30-day supply. If an exception is not approved, the drug will not be covered by UMP.

See the next question if the prescription drug is not covered.

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

The ArrayRx Discount Card provides discounts for prescription drugs not covered by your plan. All Washington State, Oregon, and Nevada residents are eligible for a discount card, regardless of age or income. There is no membership fee to join. It only takes one minute to enroll. All FDA-approved prescriptions are eligible for discounts. Each person signs up and gets their own card.

To learn more, please visit <https://www.hca.wa.gov/about-hca/prescription-drug-program/partners>

13. How are compounded drugs covered?

Compounded drugs require preauthorization. If the plan approves the preauthorization, compounded prescription drugs are covered under Tier 2. This applies to all UMP plans except for UMP CDHP, where it is covered the same as any other covered prescription drug. For more information, read your plan's certificate of coverage by visiting forms and publications at [hca.wa.gov/ump-sebb-coc](https://www.hca.wa.gov/ump-sebb-coc).

14. Who decides coverage changes and what criteria are used?

As a state-sponsored health plan, UMP follows the Washington State Pharmacy & Therapeutics (P&T) Committee coverage recommendations. This committee 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 WSRxS P&T Committee will make tier recommendations to UMP for review and final determination of a drug's coverage level. The coverage criteria follow the Food and Drug Administration (FDA) guidelines and are reviewed and updated regularly by pharmacists from WSRxS and HCA.

15. Can prescription drugs change tiers, or can UMP stop covering a prescription drug mid-plan year?

Yes, common reasons may include, but are not limited to:

- A more cost-effective alternative is available to treat the same condition.
- A nonprescription alternative, including an over-the-counter alternative, becomes available.

16. Why do some drugs require a preauthorization?

Preauthorizations are in place to ensure the prescribed drugs are medically necessary, appropriate, safe, and cost effective for a condition, and UMP covers the condition that the drug treats. An authorization review can:

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

17. Does having dual coverage pay for my prescription drugs in full?

It depends. UMP uses a type of coordination of benefits called nonduplication of benefits. When UMP pays second to another plan that covers you, we 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. When UMP pays as the primary plan, your other plan will determine how much they will pay as secondary coverage.

18. 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.

19. Where do I purchase a continuous glucose meter (CGM)?

CGM supplies are only covered under the prescription drug benefit except for UMP members who have Medicare primary. Members will need to access a network pharmacy in order to receive coverage for CGM supplies. CGMs purchased from Durable

Medical Equipment (DME) suppliers (including Byram) will not be covered. To find a network pharmacy, use the Pharmacy Locator Tool for UMP Achieve 1, UMP Achieve 2, UMP High Deductible, and UMP Plus.

20. If I paid out of pocket and need to submit a claim, what do I do?

You will need to complete the "UMP (WSRxS) Prescription drug claim form", which you can get by visiting forms and publications at [hca.wa.gov/ump-forms-pubs](https://www.hca.wa.gov/ump-forms-pubs). Print and mail the completed form to the address listed on the form.

Free vaccines, including COVID vaccines, at certain Pharmacies!

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

Always show your UMP ID card to the pharmacy 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 (TRS: 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

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

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.



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

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

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

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

بولتے ہیں تو لسانی (URDU) توحب دیں: اگر آپ اردو اعانت آپ کے لیے بلا معاوضہ دستیاب ہے۔ پر کال کریں 1-888-361-1611 (TRS: 711)

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

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

توجه: در صورتی که به فارسی صحبت می کنید، خدمات ترجمه به صورت رایگان برای شما موجود است. با تماس بگیرید. (TRS: 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 (TRS: 711)

Achtung: Falls Sie Deutsch sprechen, stehen Ihnen kostenlos Sprachassistentendienste zur Verfügung. Rufen sie 1-888-361-1611 (TRS: 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 (TRS:、テレタイプライター)電話ください。

အကူအညီ: ဤကိစ္စ (အမျိုးအစားနှင့် အမျိုးအမည် အခြေအနေအထား) ဝါဒကို ဤကိစ္စ အမျိုးအမည်အား မှားယွင်းစွာ မှားယွင်းစွာ ဖြစ်ပေါ်စေပါသည်။ 1-888-361-1611 (TRS: 711) ပြန်လည်ခေါ်ဆိုပါ။

ໂປດຊາວ: ຖ້າທ່ານເວົ້າພາສາລາວ, ການຊ່ວຍເຫຼືອດ້ານພາສາແມ່ນມີໃຫ້ທ່ານໂດຍບໍ່ເສັຍຄ່າ. ໂທ 1-888-361-1611 (TRS: 711)

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

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

ត្រូវចងចាំ: បើអ្នកនិយាយភាសាខ្មែរ ហើយត្រូវការសេវាកម្មជំនួយផ្នែកភាសាដោយឥតគិតថ្លៃ លើកិច្ចការផ្តល់ជូនលោកអ្នក សូមទូរស័ព្ទទៅកាន់លេខ 1-888-361-1611 (TRS: 711)

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

โปรดทราบ: หากคุณพูดภาษาไทย คุณสามารรถใช้บริการช่วยเหลือด้านภาษาได้ฟรี โทร 1-888-361-1611 (TRS: 711)

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

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

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

