See the back page for details on your deductibles and out-of-pocket limits.

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 brief summary of benefits; it is not a certificate of coverage (COC). All benefits must be medically necessary to be covered. Please refer to the UMP certificates of coverage (available at hca.wa.gov/ump) for complete lists of benefits, limitations, and exclusions.

<table>
<thead>
<tr>
<th>Services¹</th>
<th>UMP Classic</th>
<th>UMP CDHP</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>What you pay preferred providers²</td>
<td>What you pay preferred providers²</td>
</tr>
<tr>
<td>Ambulance</td>
<td>20%</td>
<td>20%</td>
</tr>
<tr>
<td>Substance Use Disorder treatment</td>
<td>Inpatient copay³&lt;br&gt;Outpatient/professional: 15%</td>
<td>15%</td>
</tr>
<tr>
<td>Chiropractic treatment</td>
<td>15%</td>
<td>15%</td>
</tr>
<tr>
<td>Diagnostic tests, laboratory, and x-rays</td>
<td>15%</td>
<td>15%</td>
</tr>
<tr>
<td>Durable medical equipment, supplies, and prostheses</td>
<td>15%</td>
<td>15%</td>
</tr>
<tr>
<td>Emergency room</td>
<td>15% after $75 copay</td>
<td>15%</td>
</tr>
<tr>
<td>Home health care</td>
<td>15%</td>
<td>15%</td>
</tr>
<tr>
<td>Hospice care</td>
<td>0% (subject to medical deductible)</td>
<td>0% (subject to deductible)</td>
</tr>
<tr>
<td>Hospital services</td>
<td>Inpatient copay³&lt;br&gt;Outpatient/professional: 15%</td>
<td>15%</td>
</tr>
<tr>
<td>Mammograms</td>
<td>0% for preventive screening&lt;br&gt;15% for diagnostic screening</td>
<td>0% for preventive screening&lt;br&gt;15% for diagnostic screening</td>
</tr>
<tr>
<td>Mental health treatment</td>
<td>Inpatient copay³&lt;br&gt;Outpatient/professional: 15%</td>
<td>15%</td>
</tr>
<tr>
<td>Naturopathic/physician services</td>
<td>15%</td>
<td>15%</td>
</tr>
<tr>
<td>Obstetric and newborn care</td>
<td>Inpatient copay³&lt;br&gt;Outpatient/professional: 15%</td>
<td>15%</td>
</tr>
<tr>
<td>Office visits</td>
<td>15%</td>
<td>15%</td>
</tr>
<tr>
<td>Prescription drugs</td>
<td>No deductible: Preventive 0%, Value Tier: 5%, Tier 1: 10%, Tier 2: 30%, Tier 3: 50%&lt;br&gt;Subject to prescription drug deductible: Tier 2: 15%, Tier 3: 50%</td>
<td>No deductible: Preventive 0%&lt;br&gt;After meeting the deductible: 15%</td>
</tr>
<tr>
<td>Preventive care and immunizations</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Skilled nursing facility</td>
<td>Inpatient copay³&lt;br&gt;Professional: 15%</td>
<td>15%</td>
</tr>
<tr>
<td>Surgery</td>
<td>15%</td>
<td>15%</td>
</tr>
<tr>
<td>Therapy: physical, neurodevelopmental, occupational, and speech</td>
<td>Inpatient copay³&lt;br&gt;Outpatient/professional: 15%</td>
<td>15%</td>
</tr>
<tr>
<td>Tobacco cessation</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Vision care exam (routine)</td>
<td>0%</td>
<td>0%</td>
</tr>
<tr>
<td>Vision hardware, adult (over age 18)</td>
<td>Plan pays up to $150 every 2 calendar years</td>
<td>Plan pays up to $150 every 2 calendar years</td>
</tr>
<tr>
<td>Vision hardware, children (age 18 and under)</td>
<td>Eyeglasses (frames and lenses); 0% or Contact lenses in lieu of eyeglasses</td>
<td>Eyeglasses (frames and lenses); 0% or Contact lenses in lieu of eyeglasses</td>
</tr>
</tbody>
</table>

¹Percentages shown apply to the allowed amount, which is the fee accepted as payment in full by preferred providers.
²For out-of-network providers, in most cases you pay 40% plus any charges over the allowed amount.
³Inpatient copay: $200 per day, up to $600 per person per year, for facility charges. Professional services may be billed separately.
### Comparing UMP Classic and UMP CDHP

<table>
<thead>
<tr>
<th>Deductible(s)</th>
<th><strong>UMP Classic</strong></th>
<th><strong>UMP CDHP</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Medical</strong>: 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 chart on previous page.</td>
<td></td>
<td><strong>Under UMP CDHP, there is only one deductible for all services.</strong> For a one-person account, the deductible is $1,400. For an account of more than one person, the deductible is $2,800, which must be met before the plan covers any services subject to the deductible. You don't pay the deductible before receiving certain services; see chart on previous page.</td>
</tr>
<tr>
<td><strong>Prescription drugs</strong>: You pay the first $100 for Tier 2 or Tier 3 (brand-name) drugs. You don't pay any deductible for Value Tier or Tier 1 drugs. The maximum prescription drug deductible for a family of three or more is $300.</td>
<td></td>
<td><strong>Combined medical and prescription drug out-of-pocket limit:</strong> $4,200 for a single subscriber on an account; $8,400 for an account with more than one person. <strong>Note:</strong> No single member pays more than $6,850 for covered services from preferred providers.</td>
</tr>
</tbody>
</table>

| Out-of-pocket limits | **Separate out-of-pocket limits for medical services and prescription drugs.** **Medical**: $2,000 per person, $4,000 maximum for a family of three or more. **Prescription drugs**: $2,000 per person; no family maximum. | **Combined deductible for medical services and prescription drugs; once you meet this deductible, you pay 15% for all covered prescription drugs. Your drug costs do count toward your deductible and out-of-pocket limit. However, there is no cost-limit for individual prescriptions.** |

| Prescription drugs | Separate prescription drug deductible for Tier 2 and Tier 3 (brand-name drugs); see above. You pay coinsurance based on the drug’s tier level (from 5% to 50%); see chart on previous page. There are limits to your out-of-pocket cost per 30-day supply when buying preferred drugs at a network pharmacy (see chart on previous page). | |

| Health Savings Account (HSA) | Not available. (If you already have an HSA, you may keep it, but cannot contribute to it when you are not enrolled in a high-deductible health plan.) | **The Public Employees Benefits Board (PEB Board) contributes a total of $700 per single subscriber or $1,400 per family account to your UMP CDHP HSA, deposited monthly in equal amounts.** |

### 2019 monthly rates for active state and higher-education employees

<table>
<thead>
<tr>
<th></th>
<th><strong>UMP Classic</strong></th>
<th><strong>UMP CDHP</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Employee only</strong></td>
<td>$107</td>
<td>$25</td>
</tr>
<tr>
<td><strong>Subscriber + spouse</strong></td>
<td>$224</td>
<td>$60</td>
</tr>
<tr>
<td><strong>Subscriber + children</strong></td>
<td>$187</td>
<td>$44</td>
</tr>
<tr>
<td><strong>Subscriber, spouse/state-registered domestic partner, and children</strong></td>
<td>$304</td>
<td>$79</td>
</tr>
</tbody>
</table>

*Or state-registered domestic partner

### Rates vary for K-12 and PEBB Continuation Coverage members. Check with your personnel, payroll, or benefits office for more information. Monthly surcharges may apply for tobacco use ($25 per household) and for enrollment of a spouse or state-registered domestic partner who is otherwise eligible for a comparable employer-based group medical insurance ($50 per household).

### 2019 monthly rates for non-Medicare retirees

<table>
<thead>
<tr>
<th></th>
<th><strong>UMP Classic</strong></th>
<th><strong>UMP CDHP</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Subscriber only</strong></td>
<td>$674.85</td>
<td>$600.54</td>
</tr>
<tr>
<td><strong>Subscriber + spouse</strong></td>
<td>$1,343.72</td>
<td>$1,189.65</td>
</tr>
<tr>
<td><strong>Subscriber + children</strong></td>
<td>$1,176.50</td>
<td>$1,056.96</td>
</tr>
<tr>
<td>** Subscriber, spouse/state-registered domestic partner, and children**</td>
<td>$1,845.38</td>
<td>$1,587.74</td>
</tr>
</tbody>
</table>

*Or state-registered domestic partner

### Monthly surcharges may apply for tobacco use ($25 per household) and for enrollment of a spouse or state-registered domestic partner who is otherwise eligible for a comparable employer-based group medical insurance ($50 per household).