



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

### Contact us with any questions

All times are listed in Pacific Time.

#### Washington State Rx Services (WSRxS)

(prescription drug benefits)

**1-888-361-1611 (TRS: 711)**

[regence.com/ump/sebb/benefits/prescriptions](http://regence.com/ump/sebb/benefits/prescriptions)

24 hours a day, 7 days a week

#### Postal Prescription Services

(network mail-order pharmacy)

**1-800-552-6694**

[ppsrx.com](http://ppsrx.com)

Monday – Friday: 6 a.m. – 6 p.m.

Saturday: 9 a.m. – 2 p.m.

#### Ardon Health

(network specialty pharmacy)

**1-855-425-4085**

[ardonhealth.com](http://ardonhealth.com)

Monday – Friday: 8 a.m. – 7 p.m.

Saturday: 8 a.m. – noon



Administered by **moda**  
HEALTH

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

## Who is eligible to enroll in the UMP plans?

For information about eligibility and enrollment in the UMP plans, please visit [hca.wa.gov/erb](http://hca.wa.gov/erb).

## Which pharmacies are network pharmacies?

This is a list of some network pharmacies and is subject to change. To find more network pharmacies, visit [regence.com/ump/sebb/benefits/prescriptions](http://regence.com/ump/sebb/benefits/prescriptions) under “Prescription drug coverage and cost” or call WSRxS. Network pharmacies listed in **green** have licensed pharmacists on-staff who can administer select vaccines to members ages 12 and older. Call the pharmacy first to make sure a licensed pharmacist will be available when you go to get the vaccine.

### **B**

**Bartell’s Drug\***  
**Bi-Mart Pharmacy\***

### **C**

**Costco Pharmacy \***  
**CVS Pharmacy\***

### **F**

**Fred Meyer Pharmacy\***

### **G**

Geneva Woods Pharmacy  
**Genoa Healthcare**

### **H**

Haggen Pharmacy\*  
Health Point Pharmacy  
**Hi-School Pharmacy\***

### **M**

Multicare Pharmacy\*

### **O**

**Omnicare, Inc.\***  
Option Care\*

### **P**

Pacific Medical Center  
Pharmacy  
Pharmaca Integrative  
Pharmacy Pharmacia  
Propac Payless  
Providence

### **Q**

**QFC (Quality Food  
Centers)\***

### **R**

**Rite-Aid Pharmacy\***

### **S**

**Safeway Pharmacy\***  
Sav-On Pharmacy\*  
Sea Mar Community  
Health Center\*

### **U**

Unify Community Health\*  
University of Washington  
Medical Center Ambulatory

### **V**

Valley Drug\*  
**Village Pharmacy\***

### **W**

**Walmart Pharmacy\***

### **Y**

Yokes Pharmacy\*

### **Mail order**

PPS (Postal Prescription  
Services)

### **Specialty drugs**

Ardon Health

## What you’ll pay for covered prescription drugs

You pay a coinsurance for all covered 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 get up to a 90-day supply for most drugs, except for specialty drugs. 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 at [regence.com/ump/sebb/benefits/prescriptions](http://regence.com/ump/sebb/benefits/prescriptions), or by calling WSRxS at 1-888-361-1611 (TRS: 711). Specialty drugs are limited to up to a 30-day supply, and must be purchased through the plan’s network specialty pharmacy, Ardon Health, 1-855-425-4085. The following table shows what you will pay.

\* Denotes a Choice90Rx pharmacy.



	UMP ACHIEVE 1		UMP ACHIEVE 2	
<b>Prescription drug deductible</b>	\$250 individual \$750 maximum for family of three or more <i>Separate deductible for medical services</i>		\$100 individual \$300 maximum for family of three or more <i>Separate deductible for medical services</i>	
<b>Annual out-of-pocket limits</b>	\$2,000 per person, \$4,000 per family max. <i>Separate out-of-pocket limits for medical services</i>		\$2,000 per person, \$4,000 per family max. <i>Separate out-of-pocket limits for medical services</i>	
<b>Tier and description</b>	<b>Non-Specialty Drugs: All network pharmacies</b> (Retail & mail-order)	Specialty Drugs Available from Ardon Health, except when a drug can only be dispensed by certain pharmacies	<b>Non-Specialty Drugs: All network pharmacies</b> (Retail & mail order)	Specialty Drugs Available from Ardon Health, except when a drug can only be dispensed by certain pharmacies
<b>Preventive</b>	No deductible 0% coinsurance	Not applicable	No deductible 0% coinsurance	Not applicable
<b>Value Tier</b>	No deductible <b>0-30 day supply:</b> 5% coinsurance or \$10* <b>31-60 day supply:</b> 5% coinsurance or \$20* <b>61-90 day supply:</b> 5% coinsurance or \$30*	Not applicable	No deductible <b>0-30 day supply:</b> 5% coinsurance or \$10* <b>31-60 day supply:</b> 5% coinsurance or \$20* <b>61-90 day supply:</b> 5% coinsurance or \$30*	Not applicable
<b>Tier 1</b> Select generic drugs	No deductible <b>0-30 day supply:</b> 10% coinsurance or \$25* <b>31-60 day supply:</b> 10% coinsurance or \$50* <b>61-90 day supply:</b> 10% coinsurance or \$75*	No deductible <b>0-30 day supply:</b> 10% coinsurance or \$25*	No deductible <b>0-30 day supply:</b> 10% coinsurance or \$25* <b>31-60 day supply:</b> 10% coinsurance or \$50* <b>61-90 day supply:</b> 10% coinsurance or \$75*	No deductible <b>0-30 day supply:</b> 10% coinsurance or \$25*
<b>Tier 2</b> Preferred drugs	Deductible applies <b>0-30 day supply:</b> 30% coinsurance or \$75* <b>31-60 day supply:</b> 30% coinsurance or \$150* <b>61-90 day supply:</b> 30% coinsurance or \$225*	Deductible applies <b>0-30 day supply:</b> 30% coinsurance or \$75*	Deductible applies <b>0-30 day supply:</b> 30% coinsurance or \$75* <b>31-60 day supply:</b> 30% coinsurance or \$150* <b>61-90 day supply:</b> 30% coinsurance or \$225*	Deductible applies <b>0-30 day supply:</b> 30% coinsurance or \$75*

\*whichever is less.

	<b>UMP PLUS</b>		<b>UMP HIGH DEDUCTIBLE</b>
<b>Prescription drug deductible</b>	\$0 <i>Separate deductible for medical services</i>		\$1,400 subscriber \$2,800 family account <i>Combined medical and prescription drug deductible</i>
<b>Annual out-of-pocket limits</b>	\$2,000 per person, \$4,000 per family max <i>Separate out-of-pocket limits for medical services</i>		One person covered: \$4,200 Two or more people covered: \$8,400. Once a member meets \$6,900 in covered out-of-pocket expenses annually, the plan will pay for covered services at 100 percent for that member. <i>Combined medical and prescription drug out-of-pocket limit</i>
<b>Tier and description</b>	<b>Non-Specialty Drugs: All network pharmacies</b> (Retail & mail order)	Specialty drugs available from Ardon Health, except when a drug can only be dispensed by certain pharmacies	<b>All network pharmacies</b> (Retail, mail order, and specialty)
<b>Preventive</b>	No deductible 0% coinsurance	Not applicable	No deductible 0% coinsurance
<b>Value Tier</b>	No deductible <b>0-30 day supply:</b> 5% coinsurance or \$10* <b>31-60 day supply:</b> 5% coinsurance or \$20* <b>61-90 day supply:</b> 5% coinsurance or \$30*	Not applicable	
<b>Tier 1</b> Select generic drugs	No deductible <b>0-30 day supply:</b> 10% coinsurance or \$25* <b>31-60 day supply:</b> 10% coinsurance or \$50* <b>61-90 day supply:</b> 10% coinsurance or \$75*	No deductible <b>0-30 day supply:</b> 10% coinsurance or \$25*	Deductible applies 15% coinsurance
<b>Tier 2</b> Preferred drugs	No deductible <b>0-30 day supply:</b> 30% coinsurance or \$75* <b>31-60 day supply:</b> 30% coinsurance or \$150* <b>61-90 day supply:</b> 30% coinsurance or \$225*	No deductible <b>0-30 day supply:</b> 30% coinsurance or \$75*	

## Frequently asked questions

### 1. How can I find a UMP network pharmacy?

Visit [regence.com/ump/sebb/benefits/prescriptions](http://regence.com/ump/sebb/benefits/prescriptions) under “Network pharmacies” or call WSRxS to find UMP network pharmacies. Pharmacies are part of a different network than medical providers. If you use a non-network pharmacy, you will pay more and have to submit your own prescription drug claim forms for reimbursement.

### 2. Why can't I use a Walgreens pharmacy to fill my prescriptions?

Walgreens is a non-network pharmacy. You can still use a Walgreens pharmacy, but you may pay more and will have to submit your own prescription drug claim forms for reimbursement.

### 3. 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:**

You may save on select brand-name drugs when you order from PPS, UMP's only covered mail order pharmacy. Use of PPS mail order is an option, but not required if you prefer to use a retail pharmacy.

#### **Choice90Rx network pharmacies:**

If you purchase between an 84/90-day supply of a prescription drug, you may be able to save money by going to a Choice90Rx network pharmacy. Some of these Choice90Rx network pharmacies are noted on page 2 with an asterisk [\*] next to the pharmacy name.

**Value Tier drugs:** If you are taking a drug to treat diabetes, high cholesterol, high blood pressure or depression, talk with your doctor to see if a Value Tier drug may be right for you. Members covered under the UMP Achieve 1, UMP Achieve 2 and UMP Plus plans pay a five percent (5%) coinsurance for Value Tier drugs at network pharmacies. For a complete listing of Value Tier drugs, please visit the UMP website at [regence.com/ump/sebb/benefits/prescriptions](http://regence.com/ump/sebb/benefits/prescriptions) under “Prescription drug coverage and cost”.



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

Use the prescription price check tool by visiting the UMP website at [regence.com/ump/sebb/benefits/prescriptions](http://regence.com/ump/sebb/benefits/prescriptions) under “Prescription drug coverage and cost”.

#### 5. I am taking a drug that’s no longer covered by UMP starting in 2020. How can I request an exception?

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

- **UMP Achieve 1, UMP Achieve 2:** Deductible applies, Tier 2 cost-share (30 percent of the allowed amount, \$75 maximum payment per 30-day supply).
- **UMP Plus:** No deductible, Tier 2 cost-share (30 percent of the allowed amount, \$75 maximum payment per 30-day supply).
- **UMP High Deductible:** Deductible applies, 15 percent coinsurance

If an exception is not approved, the drug will not be covered by UMP. See question 9 below for ways to save on prescriptions drugs that are noncovered by UMP.

#### 6. Who decides tier changes and what criteria is used?

As a state-sponsored health plan, UMP follows tier recommendations made by the Washington State Pharmacy & Therapeutics (P&T) Committee, which 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 Washington State Rx Services’ P&T Committee will make tier recommendations to UMP for review and final determination of a drug’s tier level. The coverage criteria follows the Food and Drug Administration’s (FDA) guidelines and is reviewed and updated regularly by pharmacists from WSRxS and the Health Care Authority.

#### 7. Why do some drugs require an authorization?

Authorizations are in place to ensure the prescribed drugs are medically necessary, appropriate, safe, and cost effective for a condition, and that the condition is covered by UMP. An authorization review can:

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

## **8. I'm currently taking a prescription drug, how will this be covered by UMP?**

There may be changes in how your prescription drugs are covered under UMP. Use the Preferred Drug List at [regence.com/ump/sebb/benefits/prescriptions](http://regence.com/ump/sebb/benefits/prescriptions) under "Prescription drug coverage and cost" to find out if your prescription requires a preauthorization, has a quantity limit, is a step therapy, or is a specialty drug.

Preauthorization for non-specialty drugs will be 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 2020. We will work with you and your prescriber to obtain the necessary information to complete the review of the specialty drug, and begin the specialty pharmacy enrollment process. If possible, try to refill your prescription prior to January 1, 2020.

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

The Washington and Oregon Prescription Drug Programs (WPDP and OPDP) Discount Card provides discounts for prescription drugs not covered by your plan. All Washington State and Oregon residents are eligible for a discount card, regardless of age or income. To learn more about the WPDP and OPDP Discount Cards, please visit:

- **Washington state residents:**  
[www.hca.wa.gov/pdp](http://www.hca.wa.gov/pdp)
- **Oregon state residents:**  
[www.opdp.org](http://www.opdp.org)

Or call WSRxS.

## **10. 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.



## Free Vaccines at Select Pharmacies!

Many vaccines are available at no cost to you if you use a network vaccination pharmacy. These participating pharmacies are listed in green on page 2. UMP covers vaccines according to the immunization schedules set by the Centers for Disease Control (CDC), including flu shots and other common vaccinations, such as whooping cough (pertussis), tetanus, shingles, cervical cancer and meningococcal. Please note UMP does not cover travel vaccines or vaccines for employment purposes.

Always show your UMP ID card to the pharmacist when receiving services.



## Washington State Rx Services does not discriminate

**Washington State Rx Services follows 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 (TDD/TTY 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

**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](http://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](http://hhs.gov/ocr/office/file/index.html).

**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](mailto:compliance@modahealth.com)



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

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

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

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

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

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

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

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

Achtung: Falls Sie Deutsch sprechen, stehen Ihnen kostenlos Sprachassistenzen zur Verfügung. Rufen sie 1-888-361-1611 (TTY: 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 (TTY、テレタイプライターをご利用の方は711)までお電話ください。

અગત્યનું: જો તમે (ભાષાંતર કરેલ ભાષા અહીં દર્શાવે) બોલો છો તો તે ભાષામાં તમારે માટે વિના મૂલ્યે સહાય ઉપલબ્ધ છે. 1-888-361-1611 (TTY: 711) પર કોલ કરો

ໂປດຊາບ: ຖ້າທ່ານເວົ້າພາສາລາວ, ການຊ່ວຍເຫຼືອດ້ານພາສາແມ່ນມີໃຫ້ທ່ານໂດຍບໍ່ເສັຍຄ່າ. ໂທ 1-888-361-1611 (TTY: 711)

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

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

ត្រូវចងចាំ: បើអ្នកនិយាយភាសាខ្មែរ ហើយត្រូវការសេវាកម្មជំនួយផ្នែកភាសាដោយឥតគិតថ្លៃ គឺមានផ្តល់ជូនលោកអ្នក។ សូមទូរស័ព្ទទៅកាន់លេខ 1-888-361-1611 (TTY: 711)

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

โปรดทราบ: หากคุณพูดภาษาไทย คุณจะสามารถใช้บริการช่วยเหลือด้านภาษาได้ฟรี โทร 1-888-361-1611 (TTY: 711)

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

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

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

