

Your 2020 benefits comparison:
UMP Achieve 1, UMP Achieve 2, and UMP High Deductible
Plan Comparisons
For School Employees Benefits Board (SEBB) members



Learn more at our new website: regence.com/ump/sebb

Medical benefits
UMP Customer Service
1-800-628-3481
TRS: 711

Prescription drug benefits
Washington State Rx Services
1-888-361-1611
TRS: 711



You must use providers in your chosen network to receive network-level benefits. 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. Covered preventive care visits and covered immunizations are paid in full and are not subject to the deductible when you see a provider in your plan's network as described under "Preventive care" in the 2020 UMP certificates of coverage (COCs). 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 to be covered. To confirm up-to-date information, please refer to the 2020 UMP COCs available at hca.wa.gov/ump-sebb-coc for complete lists of benefits, limitations, and exclusions.

Services	UMP Achieve 1: What you pay preferred providers ¹	UMP Achieve 2: What you pay preferred providers ¹	UMP High Deductible: What you pay preferred providers ¹	What else you should know
Acupuncture	20%	15%	15%	Limited to 16 visits per calendar year.
Ambulance	20%	20%	20%	Ambulance services for personal or convenience purposes are not covered.
Chiropractic treatment	20%	15%	15%	Limited to 16 spinal and extremity manipulation visits per calendar year, even when applied to the deductible.
Diagnostic tests, laboratory, and x-rays	20%	15%	15%	Some services may require preauthorization.
Durable medical equipment, supplies, and prostheses	20%	15%	15%	Foot orthotics covered only for prevention of complications associated with diabetes. Some supplies require preauthorization.
Emergency room	20% after \$75 copay	15% after \$75 copay	15%	Professional charges (e.g., provider and labs) are usually billed separately. Emergency room copay waived if admitted directly to a hospital or facility. If admitted to a hospital, deductible, coinsurance and inpatient copay ² will apply.
Hospital services	Inpatient copay ² Outpatient/Professional: 20%	Inpatient copay ² Outpatient/Professional: 15%	15%	Some hospital services may require preauthorization.
Mammograms	0% for preventive screening 20% for diagnostic screening	0% for preventive screening 15% for diagnostic screening	0% for preventive screening 15% for diagnostic screening	Screening mammograms for women age 40 and older. See "Breast health screening tests" in the 2020 UMP COCs for other tests covered.
Mental health treatment	Inpatient copay ² Outpatient/Professional: 20%	Inpatient copay ² Outpatient/Professional: 15%	15%	The plan covers inpatient and outpatient mental health services. Inpatient services must be preauthorized by the plan.
Obstetric and newborn care	Inpatient copay ² Outpatient/Professional: 20%	Inpatient copay ² Outpatient/Professional: 15%	15%	
Office visits including naturopaths and primary care	20%	15%	15%	
Prescription drugs	No deductible: Preventive - 0%, Value Tier - 5%, Tier 1 - 10% Subject to prescription drug deductible: Tier 2 - 30%, Specialty - 30%	No deductible: Preventive - 0%, Value Tier - 5%, Tier 1 - 10% Subject to prescription drug deductible: Tier 2 - 30%, Specialty - 30%	No deductible: Preventive - 0% All other prescription drugs after meeting deductible - 15%	Prescription cost-limit (the most you pay) per 30-day supply at network pharmacies (except UMP High Deductible): Value Tier \$10, Tier 1 \$25, Tier 2 \$75; Specialty \$75.
Preventive care and immunizations	0%	0%	0%	You must see a provider in your plan's network to be covered in full.
Skilled nursing facility	Inpatient copay ² Professional: 20%	Inpatient copay ² Professional: 15%	15%	Limited to 150 days per calendar year. Services require preauthorization.
Substance use disorder treatment	Inpatient copay ² Outpatient/Professional: 20%	Inpatient copay ² Outpatient/Professional: 15%	15%	Non-emergency inpatient services must be preauthorized by the plan. Inpatient professional services may be billed separately.
Surgery	Inpatient copay ² Outpatient/Professional: 20%	Inpatient copay ² Outpatient/Professional: 15%	15%	Inpatient admissions require preauthorization.
Therapy: physical, neurodevelopmental, occupational, and speech	Inpatient copay ² Outpatient/Professional: 20%	Inpatient copay ² Outpatient/Professional: 15%	15%	Inpatient: 80 days combined maximum per calendar year. Outpatient: 80 visits combined maximum per calendar year. See "ABA therapy" in the 2020 UMP COCs for limits on those services. Preauthorization is required.
Urgent care	20%	15%	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.

¹ Percentages shown apply to the allowed amount, which is the fee accepted as payment in full by providers. See the 2020 UMP COCs for a definition of preferred providers. For out-of-network providers, in most cases you pay 40% plus any charges over the allowed amount.

² Inpatient copay: \$200 per day up to \$600 per person per calendar year for facility charges. Professional services may be billed separately.

How much you pay with UMP Plans

	UMP Achieve 1	UMP Achieve 2	UMP High Deductible
Deductible(s)	Medical: You pay the first \$750 of medical services per member (up to \$2,250 for a family of 3 or more). You don't pay the medical deductible before receiving certain services.	Medical: You pay the first \$250 of medical services per person (up to \$750 for a family of 3 or more). You don't pay the medical deductible before receiving certain services.	Medical and prescription drugs: There is only one deductible for all services. You pay the first \$1,400 for medical services and prescription drugs as a single subscriber. If you enroll one or more dependents, you pay \$2800. You don't pay the 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 3 or more is \$750.	Prescription drugs: You pay the first \$100 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 3 or more is \$300.	
Out-of-pocket limits	Medical: \$3,500 per member, \$7,000 maximum for a family of 2 or more Prescription drug: \$2,000 per member, \$4,000 maximum for a family of 2 or more per calendar year.	Medical: \$2,000 per member, \$4,000 maximum for a family of 2 or more Prescription drug: \$2,000 per member, \$4,000 maximum for a family of 2 or more per calendar year.	Combined medical and prescription drug: \$4,200 per member, \$8,400 maximum for a family of 2 or more. No single member in a family plan will pay more than \$6,900 for covered services from preferred providers.
Prescription drugs	You pay according to tiers; see previous page for coinsurance amounts.	You pay according to tiers; see previous page for coinsurance amounts	Combined deductible for medical services and prescription drugs. Once you meet this deductible, you pay 15% for all covered prescription drugs. There are no cost-limits for covered prescription drugs. Your drug costs do count toward your deductible and out-of-pocket limit.
Provider network	You may see preferred, participating, or out-of-network providers. Seeing preferred providers will save you money. To find providers, visit regence.com/ump/sebb and select Find a Doctor or call UMP Customer Service at 1-800-628-3481 (TRS: 711).	You may see preferred, participating, or out-of-network providers. Seeing preferred providers will save you money. To find providers, visit regence.com/ump/sebb and select Find a Doctor or call UMP Customer Service at 1-800-628-3481 (TRS: 711).	You may see preferred, participating, or out-of-network providers. Seeing preferred providers will save you money. To find providers, visit regence.com/ump/sebb and select Find a Doctor or call UMP Customer Service at 1-800-628-3481 (TRS: 711)
Health Savings Account (HSA)	Not available. If you have an HSA, you may keep it, but can't 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 can't contribute to it when you are not enrolled in a high-deductible health plan.	SEBB contributes the following to your HSA: \$375.00 for one person and \$750.00 for more than one person enrolled in the plan deposited in equal amounts over the calendar year.

2020 monthly premiums

	UMP Achieve 1	UMP Achieve 2	UMP High Deductible
Subscriber	\$ 33	\$ 98	\$ 25
Subscriber and spouse/state registered domestic partner	\$ 66	\$ 196	\$ 50
Subscriber and children	\$ 58	\$ 172	\$ 44
Subscriber, spouse/state registered domestic partner and children	\$ 99	\$ 294	\$ 75

Premiums for SEBB Continuation Coverage members can be found at hca.wa.gov/erb. Monthly surcharges may also apply for tobacco use and spouse/state-registered domestic partner coverage. Visit hca.wa.gov/erb for details.