



What you need to know about the prescription drug benefit for UMP Classic, UMP Plus, and UMP CDHP

WHO IS ELIGIBLE TO ENROLL IN THE UMP PLUS PLANS?

UMP Plus is available to PEBB benefits-eligible members who are one of the following:

- Active employees and their covered dependents.
- Continuation Coverage members and their dependents.
- Active employees and their covered spouses who are enrolled in Medicare Part A and Part B.*
- Retirees and their covered dependents not enrolled in Medicare Part A or Part B.
- COBRA members and their covered dependents not enrolled in Medicare Part A or Part B.

Members must live in **Grays Harbor, King, Kitsap, Pierce, Snohomish, Spokane, Thurston, or Yakima** counties to be eligible to enroll in UMP Plus — Puget Sound High Value Network.

Members must live in **Grays Harbor, King, Kitsap, Pierce, Skagit, Snohomish, or Thurston** counties to be eligible to enroll in UMP Plus — UW Medicine Accountable Care Network.

**Due to federal Medicare regulations, employees' state-registered domestic partners who are enrolled in Medicare are not eligible for UMP Plus.*

CONTACT US WITH ANY QUESTIONS.

All times are listed as Pacific.

Washington State Rx Services
(prescription drug benefits)

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

www.hca.wa.gov/ump/find-drugs

24 hours a day, 7 days a week

Postal Prescription Services
(mail-order pharmacy)

1-800-552-6694

www.ppsrx.com

Monday–Friday: 6 a.m.–6 p.m.

Saturday: 9 a.m.–2 p.m.

Ardon Health
(specialty pharmacy)

1-855-425-4085

www.ardonhealth.com

Monday–Friday: 8 a.m.–7 p.m.

Saturday: 8 a.m.–noon



www.hca.wa.gov/ump

What you'll pay for covered prescription drugs

You pay your coinsurance for all covered prescription drugs, which is a percentage of the drug's cost. You may get up to a 90-day supply for most drugs, except for specialty drugs. Specialty drugs are limited to a 30-day supply and must be purchased through the plan's network specialty pharmacy, Ardon Health.

	UMP CLASSIC		UMP PLUS		UMP CDHP
Prescription Deductible	\$100 individual \$300 maximum for family of three or more <i>Separate deductible for medical services</i>		\$0 <i>Separate deductible for medical services</i>		\$1,400 single subscriber \$2,800 family account <i>Combined medical and prescription drugs deductible</i>
Annual out-of-pocket limits	\$2,000 per person, no family max; separate out-of-pocket limits for medical services		\$2,000 per person, no family max; separate out-of-pocket limits for medical services		\$4,200 single subscriber \$8,400 family max for family account/ \$6,850 for single member <i>Combined medical and prescription drugs out-of-pocket limit</i>
Tier	All network pharmacies (retail and mail-order)	Prescription cost-limit per 30-day supply (network pharmacies only)	All network pharmacies (retail and mail-order)	Prescription cost-limit per 30-day supply (network pharmacies only)	All network pharmacies (retail and mail-order)
Preventive	0% coinsurance No deductible	\$0	0% coinsurance No deductible	0%	0% coinsurance No deductible
Value Tier	5% coinsurance No deductible	\$10	5% coinsurance No deductible	\$10	15% coinsurance Deductible applies
Tier 1 Select generic drugs	10% coinsurance No deductible	\$25	10% coinsurance No deductible	\$25	
Tier 2 Preferred drugs	30% coinsurance Deductible applies	\$75	30% coinsurance No deductible	\$75	
Tier 3 Nonpreferred drugs	50% coinsurance Deductible applies	Specialty drugs only: \$150 No limit for non-specialty drugs	50% coinsurance No deductible	Specialty drugs only: \$150 No limit for non-specialty drugs	



UMP Classic and UMP Plus: Value Tier drugs

The Value Tier drugs listed in the table below treat chronic conditions such as diabetes, high cholesterol, high blood pressure and depression. UMP Classic and UMP Plus members pay 5 percent coinsurance for Value Tier drugs at network pharmacies. The list is subject to change as new drugs become available.

Health issue	Type of drug	Value Tier drug	Tier 3 brand equivalent
Heart, cholesterol, high blood pressure	Ace-inhibitors	Enalapril ¹	Vasotec™
		Lisinopril ¹	Zestril™
	Angiotension receptor antagonist	Losartan potassium ¹	Cozaar™
	Beta-blockers	Metoprolol Tartrate ¹	Lopressor™
		Metoprolol Succinate ¹	Toprol XL™
		Atenolol ¹	Tenormin™
		Carvedilol ¹	Coreg™
	Calcium channel blockers	Amlodipine ¹	Norvasc™
	Diuretics	Hydrochlorothiazide ¹	Microzide™, Ezide™
		Chlorthalidone ¹	Thalitone™
		Furosemide ¹	Lasix™
		Spironolactone ¹	Aldactone™
	Combination hypertensive	Losartan/HCTZ ¹	Hyzaar™
		Bisoprolol/HCTZ ¹	Ziac™
		Propranolol/HCTZ ¹	Inderide™
		Enalapril/HCTZ ¹	Vaseretic™
		Lisinopril/HCTZ ¹	Zestoretic™
	Cholesterol lowering agents	Simvastatin ¹	Zocor™
		Lovastatin ¹	Mevacor™

¹ Generic drug ² Brand name drug

For the most up-to-date information call Washington State Rx Services or visit www.hca.wa.gov/ump/find-drugs and select “Ump Drug List: Value Tier Drugs” at the bottom of the page.

Note: UMP CDHP members pay 15 percent coinsurance for all drugs not considered preventive at network pharmacies after meeting their deductible, including the drugs listed below.

Health issue	Type of drug	Value Tier drug	Tier 3 brand equivalent
Diabetes	Glucose production inhibitors	Metformin ¹	Glucophage™
		Metformin ER ¹	Glucophage XR™
	Insulin release stimulants	Glimepiride ¹	Amaryl™
		Glipizide ¹	Glucotrol™
		Glipizide ER ¹	Glucotrol XL™
		Glyburide ¹	DiaBeta™
	Short-acting insulins	Novolog Mix 70-30 Flex Pen™ ²	N/A
		Novolog Mix 70-30™ ²	N/A
		Novolog Flexpen™ ²	N/A
		Novolog™ ²	N/A
		Novolin R™ ²	N/A
		Novolin N™ ²	N/A
		Novolin 70-30™ ²	N/A
	Long acting insulins	Lantus™ ²	N/A
		Lantus Solostar™ ²	N/A
	Combination anti-diabetics	Glyburide/Metformin ¹	Glucovance™
Depression	Selective serotonin Reuptake inhibitors (SSRIs)	Citalopram ¹	Celexa™
		Fluoxetine ¹	Prozac™
		Sertraline ¹	Zoloft™
	Tricyclic antidepressants	Amitriptyline ¹	Elavil™

¹ Generic drug ² Brand name drug

Frequently asked questions:

1. How can I find a network pharmacy?

Visit www.hca.wa.gov/ump/find-drugs or call Washington State Rx Services to find network pharmacies. Pharmacies are contracted through a different network than medical providers. If you use a non-network pharmacy, you will pay more and have to submit your own claims.

2. How can I save money on medications that I take regularly?

There are two ways you may be able to save money.

Postal Prescription Services (PPS) mail-order pharmacy: You can save on select brand-name drugs when you order from PPS, UMP’s mail-order pharmacy. Typically, you will receive your mail-order prescriptions within seven to 10 days.

Choice90Rx network pharmacy: If you purchase between an 84-day supply to a 90-day supply, you may be able to save money by going to a Choice90Rx network pharmacy. Some Choice90Rx network pharmacies are Bartell, Costco, CVS Pharmacy at Target, Fred Meyer, Haggen, Safeway and Savon. To compare drug prices and see a complete listing of Choice90Rx network pharmacies, visit www.hca.wa.gov/ump/find-drugs or call Washington State Rx Services.

3. How can I find out how much my drug costs?

Use the prescription price check tool at www.hca.wa.gov/ump/find-drugs or call Washington State Rx Services.

4. What is changing for 2018?

There are no changes to the deductible, coinsurance, annual out-of-pocket limits or cost-limit per 30-day supply. To view a list of anticipated changes to the UMP Preferred Drug List visit www.hca.wa.gov/ump, select “Forms & publications” in the blue bar at the top of the page, and type “UMP: preferred drug list” into the search box or call Washington State Rx Services. The list is updated monthly and 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 medication available per refill.

5. If my drug is not covered by the Uniform Medical Plan, are their programs that offer discounts?

Use the Washington Prescription Drug Discount Card for drugs not covered by your plan. To learn more about the Washington Prescription Drug Program visit www.hca.wa.gov/about-hca/prescription-drug-program or call Washington State Rx Services.

FREE VACCINES AT SELECT PHARMACIES!

If you use a network vaccination pharmacy, you can get many immunizations at no cost to you! These pharmacies are listed in green on the next page. The plan 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 vaccines for travel or employment purposes.

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

Pharmacy network: national pharmacy chains

Not all network pharmacies are listed below and the list of network pharmacies is subject to change. To find UMP network pharmacies or to check the status of a specific pharmacy, visit www.hca.wa.gov/ump/find-drugs or call Washington State Rx Services. Participating pharmacies in the chains listed in **green** can provide vaccines to members age 12 and over.

A

ACME Pharmacy
AHF Pharmacy
Albertson’s, Inc.
Assured Pharmacy

B

Bartell Drug Co.
Bi-Mart Corporation
Brookshires Pharmacy
Broulims Pharmacy

C

Community Health Care Pharmacy
Costco Pharmacies
CVS Pharmacy, Inc.

D

Dicks Pharmacy, Inc.
Dillon Pharmacy
Discount Drug Mart, Inc.
Drug Emporium

E

Eagle Pharmacy
Express Pharmacy

F

Family Pharmacy
Food City Pharmacy
Fred Meyer Pharmacy
Fred’s Pharmacy
Franciscan Pharmacy

G

Geneva Woods Pharmacy
Genoa Healthcare Company, LLC
Giant Eagle Pharmacy
Giant Pharmacy

H

Haggen / TOP Pharmacy
Hannaford Food and Drug
Harris Teeter Pharmacy
Hi-School Pharmacy
Hy-Vee Pharmacy

I

Ingles Pharmacy

K

Kmart Pharmacy
Kroger Pharmacy

L

Lewis Family Drug
Lucky Pharmacy

M

Medical Center Pharmacy
Medicap Pharmacies, Inc.
Medicine Shoppe Pharmacy
Meijer Pharmacy

N

Neighborhood Pharmacy
Nucara Pharmacy

O

Omnicare, Inc.
OSCO Pharmacy

P

Pharmaca Integrative Pharmacy
Pharmerica
Price Chopper
Publix Pharmacy

Q

QFC (Quality Food Centers)
QOL Meds

R

Ridley’s Pharmacy
Rite-Aid
Rosauers Pharmacy

S

Safeway Pharmacy
Sam’s Pharmacy
Savon Pharmacy
Shopko
Shoprite Pharmacy

T

The Medicine Shoppe Pharmacy
The Drug Store
CVS Pharmacy at Target

U

United Care Pharmacy

V

Valley Drug
Village Pharmacy

W

Walmart Stores, Inc.
White Cross Pharmacy
Winn Dixie Pharmacy

Y

Yokes Pharmacy

Mail order

PPS (Postal Prescription Services)

Specialty drugs

Ardon Health Specialty

Washington State Rx Services nondiscrimination notice

Washington State Rx Services (WSRxS) complies with applicable federal civil rights laws. We do not discriminate on the basis of race, color, national origin, age, disability or sex.

WSRxS provides free, timely aids and services to people with disabilities to help them communicate with us effectively. These accommodations include sign language interpreters and written information in other formats.

If your primary language is not English, WSRxS also provides free, timely interpretation services and/or materials written in other languages.

If you need any of the services listed above, contact:

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

If you believe that WSRxS has failed to provide these services or discriminated in another way on the basis of race, color, national origin, disability or sex, you can file a written grievance by mailing or faxing it to:

Washington State Rx Services
Attention: Appeal Unit
PO Box 40168
Portland, OR 97240-0168
Fax: 1-866-923-0412

If you need assistance filing a grievance, 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 to:

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).

Office for Civil Rights complaint forms are available at hhs.gov/ocr/office/file/index.html.

WSRxS efforts to assure nondiscrimination are coordinated by:

Tom Bikales, VP Legal Affairs
601 SW Second Ave.
Portland, OR 97204
855-232-9111
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 (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：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)

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 serbisyonang tulon sa wika, ay walang bayad, at magagamit mo. Tumawag sa numerong 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: 711).

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

ATANSYON: Si ou pale Kreyòl Ayisyen, nou ofri sèvis gratis pou ede w nan lang ou pale a. Rele nan 1-888-361-1611 (moun ki itilize sistèm TRS rele : 711)

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

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

ATENÇÃO: Caso fale português, estão disponíveis serviços gratuitos de ajuda linguística. Telefone para 1-888-361-1611 (TERMINAL: 711)

ATTENZIONE: Se parla italiano, sono disponibili per lei servizi gratuiti di assistenza linguistica. Chiamare il numero 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をご利用の方は 711) までお電話ください。

Achtung: Falls Sie Deutsch sprechen, stehen Ihnen kostenlos Sprachassistentendienste zur Verfügung. Rufen sie 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 1-888-361-1611 (TRS: 711) تماس بگیرید.

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)

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

ត្រូវចងចាំ៖ បើអ្នកនិយាយភាសាខ្មែរ ហើយត្រូវការសេវាកម្មជំនួយផ្នែកភាសាដោយឥតគិតថ្លៃ គឺមានផ្តល់ជូនលោកអ្នក។ 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.

www.hca.wa.gov/ump