



## 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.

#### **ArrayRx**

Prescription drug benefits

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

Website Assistance: 1-877-277-7079

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

[costco.com/pharmacy/home-delivery](http://costco.com/pharmacy/home-delivery)

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](http://ardonhealth.com)

Monday – Friday: 8 a.m. – 7 p.m.

Saturday: 8 a.m. – noon



## 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 non-specialty 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, 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](https://hca.wa.gov/ump-pdl) or by calling ArrayRx. Most specialty drugs must be purchased through the plan's network specialty pharmacy, Ardon Health, unless you receive an exception.



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

	UMP ACHIEVE 1		UMP ACHIEVE 2	
<b>Prescription drug deductible</b>	\$250 per member <sup>1</sup> \$750 max for family of three or more <sup>1</sup>		\$100 per member <sup>1</sup> \$300 max for family of three or more <sup>1</sup>	
<b>Annual out-of-pocket limits</b>	\$2,000 per member, \$4,000 per family of two or more max <sup>3</sup>		\$2,000 per member, \$4,000 per family of two or more max <sup>3</sup>	
<b>Tier and description</b>	Non-Specialty Drugs <sup>4</sup>	Specialty Drugs <sup>8</sup>	Non-Specialty Drugs <sup>4</sup>	Specialty Drugs <sup>8</sup>
<b>Preventive<sup>5</sup></b>	No deductible No coinsurance	No deductible No coinsurance	No deductible No coinsurance	No deductible No coinsurance
<b>Value Tier</b> Specific high-value prescription drugs used to treat certain chronic conditions	No deductible <b>0-30 day supply:</b> 5% coinsurance up to \$10 <sup>6</sup>	No deductible <b>0-30 day supply:</b> 5% coinsurance up to \$10	No deductible <b>0-30 day supply:</b> 5% coinsurance up to \$10 <sup>6</sup>	No deductible <b>0-30 day supply:</b> 5% coinsurance up to \$10
<b>Tier 1</b> Select generic drugs	No deductible <b>0-30 day supply:</b> 10% coinsurance up to \$25 <sup>6</sup>	No deductible <b>0-30 day supply:</b> 10% coinsurance up to \$25	No deductible <b>0-30 day supply:</b> 10% coinsurance up to \$25 <sup>6</sup>	No deductible <b>0-30 day supply:</b> 10% coinsurance up to \$25
<b>Tier 2</b> Preferred drugs	Deductible applies <sup>7</sup> <b>0-30 day supply:</b> 30% coinsurance up to \$75 <sup>6</sup>	Deductible applies <b>0-30 day supply:</b> 30% coinsurance up to \$75	Deductible applies <sup>7</sup> <b>0-30 day supply:</b> 30% coinsurance up to \$75 <sup>6</sup>	Deductible applies <b>0-30 day supply:</b> 30% coinsurance up to \$75

<sup>1</sup> Separate deductible for medical services

<sup>2</sup> Combined medical and prescription drug out-of-pocket limit

<sup>3</sup> Separate out-of-pocket limits for medical services

<sup>4</sup> All network pharmacies (Retail and Mail-order)

<sup>5</sup> 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

	UMP HIGH DEDUCTIBLE	UMP PLUS	
<b>Prescription drug deductible</b>	\$1,650 subscriber <sup>2</sup> \$3,300 family <sup>2</sup>	\$0 <sup>1</sup>	
<b>Annual out-of-pocket limits</b>	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.	\$2,000 per member, \$4,000 per family of two or more max <sup>3</sup>	
<b>Tier and description</b>	All network pharmacies (Retail, mail order, and specialty)	Non-Specialty Drugs <sup>4</sup>	Specialty Drugs <sup>8</sup>
<b>Preventive<sup>5</sup></b>	No deductible No coinsurance	No deductible No coinsurance	No deductible No coinsurance
<b>Value Tier</b> Specific high-value prescription drugs used to treat certain chronic conditions	Deductible applies <sup>7</sup> 15% coinsurance (except insulins or certain other drugs as identified on the UMP PDL)	No deductible <b>0-30 day supply:</b> 5% coinsurance up to \$10 <sup>6</sup>	No deductible <b>0-30 day supply:</b> 5% coinsurance up to \$10
<b>Tier 1</b> Select generic drugs		No deductible <b>0-30 day supply:</b> 10% coinsurance up to \$25 <sup>6</sup>	No deductible <b>0-30 day supply:</b> 10% coinsurance up to \$25
<b>Tier 2</b> Preferred drugs		No deductible <b>0-30 day supply:</b> 30% coinsurance up to \$75 <sup>6</sup>	No deductible <b>0-30 day supply:</b> 30% coinsurance up to \$75

<sup>6</sup> A 60-day supply is available for twice the 30-day supply cost limit, and a 90-day supply is available for three times the 30-day supply cost limit

<sup>7</sup> Deductible does not apply to certain Tier 2 prescription drugs. Certain Tier 2 prescription drug coinsurance are capped at \$35 per 30-day supply.

<sup>8</sup> Available from Ardon Health, except when a drug can only be dispensed by certain pharmacies

## Frequently asked questions

### 1. Who administers the UMP Plans?

Uniform Medical Plan (UMP) is a self-insured health plan offered through the Health Care Authority's (HCA) School Employees Benefits Board (SEBB) Program.

The medical benefits are administered by Regence BlueShield, and the prescription drug benefits are administered by ArrayRx, formerly known as Washington State Rx Services (WSRxS).

### 2. What's changing in 2025?

- WSRxS has rebranded to ArrayRx. While the name has changed, ArrayRx still provides all of the same services that WSRxS has provided UMP members.
- The deductible amount is changing on SEBB High Deductible to \$1,650 for an individual plan and \$3,300 for a family plan.
- To view a list of anticipated changes to the UMP Preferred Drug List:
  - Visit [ump.regence.com/sebb/benefits/prescriptions](http://ump.regence.com/sebb/benefits/prescriptions).
  - Select "Find Forms" at the top of the page.
  - 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
  - Click the "Search" button.

The list is subject to change and does not contain every change to the UMP PDL. 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.

### 3. 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-2025](http://ump.regence.com/sebb/benefits/oe-2025) then select the plan you are interested in, and use the **Pharmacy Locator** under the "Prescription Drugs" section. Network pharmacies are subject to change.

### 4. 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-2025](http://ump.regence.com/sebb/benefits/oe-2025) and then select the plan you are interested in, and use the **Drug Price Check Estimator** under the "Prescription Drugs" section. The Drug Price Check Estimator is subject to change. For prescription drugs that are not tablets and capsules such as oral liquids, insulin, and inhalers, call ArrayRx for the most accurate price estimate.

### 5. How do I access 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](http://ump.regence.com/ump/signin). After you sign in, select "Coverage" and choose the "Pharmacy" tab. Then select "Access Benefits" then select "OK".

### 6. Will I get a new ID card?

All members will receive a new ID card for 2025.

### 7. How will UMP cover a prescription drug that I am currently taking?

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](http://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. Try to refill your prescription drug before January 1, 2025 to make sure you don't run out.

You can view a list of anticipated changes to the UMP PDL. To view this list, see the instructions outlined above in Question #2.

### 8. Who are UMP's mail order pharmacies and specialty pharmacy?

Costco Mail Order Pharmacy and Postal Prescription Services (PPS) are UMP's network mail order pharmacies. Ardon Health is UMP's network pharmacy for specialty prescription drugs.

### 9. 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 ArrayRx. ArrayRx will work with your prescribing provider to submit the required clinical information. If an exception is approved, you will pay the amounts listed below:

- a. UMP Achieve 1, UMP Achieve 2: Deductible applies, Tier 2 cost-share (30% of the allowed amount, up to \$75 per 30-day supply).
- b. UMP High Deductible: Deductible applies, 15% coinsurance.
- c. UMP Plus: No deductible, Tier 2 cost-share (30% of the allowed amount, up to \$75 per 30-day supply).

\*When a prescription drug is part of the step therapy program, you have to try certain drugs (Step 1) before the plan will cover the prescribed (Step 2) drug. When a prescription for a step therapy drug is submitted "out of order," meaning you have not first tried the Step 1 drug before submitting a prescription for a Step 2 drug, the plan will not cover your prescription. When this happens, your provider will need to prescribe the Step 1 drug for you.

### 10. 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. All residents in the states of Washington, Oregon, and Nevada are eligible for the 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.

Discount cards cannot be used along with your UMP prescription drug benefit. Always present your member ID card to the pharmacy first to see if your prescription drugs are covered by UMP.

To learn more, please visit [ArrayRxCard.com](http://ArrayRxCard.com).

### 11. 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 ArrayRx P&T Committee will make tier recommendations to HCA 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 ArrayRx and HCA.

### 12. 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.
- A drug is found to not be safe or effective for the treatment of a condition.

### 13. 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.

### 14. 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.

### 15. 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 up to two travel overrides per calendar year, including all travel within or outside the U.S. To request a travel override, call ArrayRx.

### 16. Where do I purchase a continuous glucose monitor (CGM)?

CGM supplies are only covered under the prescription drug benefit except for UMP members who have Medicare as their primary coverage. 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.

### 19. 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](http://hca.wa.gov/ump-forms-pubs). Print and mail the completed form to the address listed on the form.

## Free 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, flu, whooping cough (pertussis), tetanus, shingles, cervical cancer, meningococcal, and more. UMP does not cover travel vaccines or vaccines for employment purposes. For a list of covered vaccines check the UMP Preferred Drug List. Always show your UMP ID card to the pharmacy when receiving services.

Not all pharmacies offer vaccinations. Contact your local pharmacy to verify if they provide vaccinations.







