

Uniform Medical Conversion Plans

For Benefits Available Beginning January 1, 2009

Summary of Uniform Medical Conversion Plans (UMCP I and UMCP II)

This letter provides a brief summary of the benefits offered by Uniform Medical Plan's (UMP) conversion plans, Uniform Medical Conversion Plan I (UMCP I) and Uniform Medical Conversion Plan II (UMCP II). Please note that this is intended only as a summary; see the plan benefits books for coverage details.

Both UMCP I and UMCP II cover many of the same benefits as the Uniform Medical Plan (UMP).

However, these plans do not cover benefits such as eyeglasses, routine eye exams, routine hearing exams and hearing aids, and preventive care. UMCP II also does not cover outpatient prescription drugs. There is no limit to your out-of-pocket expenses for the year. **The percentages shown in the chart assume you see a UMP network provider.** If you see a non-network provider, most covered services are paid at 60 percent of the UMP allowed amount. You would owe the provider the remaining 40 percent coinsurance, plus any amount more than the UMP allowed amount.

Enrollee cost-sharing	UMCP I	UMCP II
Annual Medical Deductible (January 1 to December 31)	\$500/individual \$1,500/family	\$1,000/individual \$3,000/family
Annual Prescription Drug Deductible —does not apply to Tier 1 drugs (January 1 to December 31)	\$200/individual \$600/family	Not applicable
Lifetime Maximum Plan Payment (per enrollee)	\$100,000	\$250,000

Covered services	Plan payment under UMCP I	Plan payment under UMCP II
Chemical Dependency —\$14,500 maximum plan payment per consecutive 24 calendar month period	80%	80%
Emergency Room (copay waived if admitted directly to hospital as inpatient)	80% after \$75 copay/visit	80% after \$75 copay/visit
Hospice Care (preauthorized)—6-month maximum • Respite Care—\$5,000 maximum	100%	100%
Hospital, Inpatient and Outpatient (facility charges)	80%	80%
Mental Health • Inpatient: Must be preauthorized by UMP • Outpatient: 20 visits maximum per year	80% 80%	80% 80%
Obstetric and Newborn Care	80% up to \$1,000 plan payment per pregnancy	80% up to \$750 plan payment per pregnancy
Office, Clinic, and Hospital Visits	80%	80%
Physical, Occupational, and Speech Therapy • Inpatient: 60 days maximum per year for all therapies combined • Outpatient: 60 visits maximum per year for all therapies combined	80% 80%	80% 80%

Covered services	Plan payment under UMCP I	Plan payment under UMCP II
Prescription Drugs —Up to a 90-day supply Coverage is determined by the drug's status on the <i>UMP Preferred Drug List</i> . You must pay the annual prescription drug deductible for Tier 2 and Tier 3 drugs before UMCP I provides coverage.		Not covered
Retail pharmacies		
Tier 1: Generic drugs, injectable insulin, most disposable diabetic supplies, and most specialty drugs* <i>Not subject to the prescription drug deductible</i>	90% (Enrollee coinsurance is 10%)	
Tier 2: Preferred brand-name drugs	50% (Enrollee coinsurance is 50%)	
Tier 3: Nonpreferred brand-name drugs, some specialty drugs, and compounded drugs**	50% (Enrollee coinsurance is 50%)	
Mail-order pharmacy		
Tier 1: Generic drugs, injectable insulin, most disposable diabetic supplies, and most specialty drugs* <i>Not subject to the prescription drug deductible</i>	\$40 enrollee copay***	
Tier 2: Preferred brand-name drugs	\$175 enrollee copay***	
Tier 3: Nonpreferred brand-name drugs, some specialty drugs, and compounded drugs**	50% (Enrollee coinsurance is 50%)	

*Specialty drugs are limited to a 30-day supply per prescription or refill, as well as other restrictions. Brand-name specialty drugs with a generic equivalent are covered under Tier 3.

**All Tier 3 drugs require preauthorization.

***If the actual price of the medication is less than the standard copay, you pay the cost of the drug.

Uniform Medical Conversion Plans' Monthly Rates

Effective January 1, 2009

Enrolled Members	UMCP I	UMCP II
Subscriber Only*	\$1,187.11	\$ 895.07
Subscriber & Spouse or Qualified Domestic Partner	2,368.13	1,784.05
Subscriber & Child(ren)	2,072.88	1,561.81
Entire Family	3,253.90	2,450.79

*In the case of divorce, the spouse enrolling in a conversion plan pays the subscriber rate.

Rates change on an annual basis, but are subject to change at any time upon notice from the Health Care Authority.

When the subscriber will not be covered, use the following rules to determine the monthly rate:

1. If only the spouse or qualified domestic partner is covered, the spouse or qualified domestic partner is considered the subscriber.
2. If only the child or children are covered, the first child will be considered the subscriber (with the others considered covered children).

Only UMP enrollees are eligible to enroll in these plans. To enroll in UMCP I or UMCP II or for more information, contact:

Washington State Health Care Authority
P.O. Box 42684
Olympia, WA 98504-2684
1-800-200-1004 (360-412-4200 in Olympia)

You must apply for conversion coverage and pay the first month's premium within 31 days from the date your UMP coverage ends.