

Uniform Medical Conversion Plans

For Benefits Available Beginning January 1, 2010

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— <i>does not apply to Tier 1 drugs</i> (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 | 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 lifetime maximum | 100% | 100% |
| Hospital, Inpatient and Outpatient (facility charges) | 80% | 80% |
| Mental Health • Inpatient: Must be preauthorized by UMP • Outpatient | 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% |

(continued on back)

| Covered services | Plan payment under UMCP I | Plan payment under UMCP II |
|---|---|----------------------------|
| Prescription Drugs—Up to a 90-day supply Covered as designated on the current <i>Preferred Drug List</i> . <i>You pay the annual prescription drug deductible for Tier 2 and Tier 3 drugs before UMCP I provides coverage.</i> | | Not covered |
| Retail pharmacies | | |
| Tier 1: Generic 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 and compounded drugs | 50% (Enrollee coinsurance is 50%) | |
| Mail-order pharmacy | | |
| Tier 1: Generic 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 and compounded drugs | 50% (Enrollee coinsurance is 50%) | |
| Specialty drug pharmacy, BioScrip Limited to a 30-day supply per prescription or refill <i>Specialty drugs are available only through BioScrip</i> | <i>Specialty drugs are covered under the tier designated in the current Preferred Drug List</i> | |

*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, 2010

| Enrolled Members | UMCP I | UMCP II |
|---|------------|-----------|
| Subscriber Only* | \$1,222.79 | \$ 922.02 |
| Subscriber & Spouse or Washington State-registered Domestic Partner | 2,439.14 | 1,837.60 |
| Subscriber & Child(ren) | 2,135.05 | 1,608.71 |
| Entire Family | 3,351.40 | 2,524.29 |

*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 domestic partner is covered, the spouse or 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.