Paramount Elite HMO (Medicare)

Paramount Health Care
Summary of Benefits

STRS-STATE TEACH RET SYS

Group Number:	0022920001	**Effective Date:**	1/1/2019
Benefit Period:	Contract Year		
Dependent Child Limiting Age:	Dependent children are covered until the end of the calendar year they turn age 26. Coverage for Dependent children may also be extended to the end of the calendar year they turn age 28 under the State of Ohio Dependent Eligibility Rule. Paramount believes this plan is a grandfathered health plan under the Patient Protection and Affordable Care Act.		

	Paramount HMO Network
Deductible:	$150 Single
Out-of-Pocket Copayment Limit:	$1,500 Single
Covered Services:	All Covered Services not listed below are subject to 4% Coinsurance.
Primary Care Physician Office Visits:	$15 Copay per Office Visit.
Specialist Physician Office Visits:	$25 Copay per Office Visit.
Inpatient Hospital:	4% Coinsurance, Subject to Deductible.
Outpatient Surgical Facility:	4% Coinsurance, Subject to Deductible.
Outpatient Physical/Occupational/Speech Therapy:	4% Coinsurance Subject to Deductible for physical, occupational, and speech language therapy visits. 4% Coinsurance Subject to Deductible for cardiac rehab/intensive cardiac rehab therapy visits. 4% Coinsurance Subject to Deductible for pulmonary rehab therapy visits.
Emergency Room Facility:	$75 Copay for each Medicare covered emergency room visit. Waived if admitted to the same hospital within one day for the same condition.
Urgent Care Facility:	$40 Copay for each Medicare covered urgently needed care visit.
Ambulance:	Emergency - Covered in Full
Skilled Nursing Facility Days:	Up to 100 days per Member.
Mental Illness/Substance Abuse:	Inpatient: 4% Coinsurance, Subject to Deductible. Outpatient: $25 Copay per Visit.
Durable Medical Equipment:	20% Coinsurance, subject to Medicare Part B guidelines.
Prosthetic Devices:	20% Coinsurance for each Medicare covered item subject to Part B guidelines.
Infertility:	Covered, subject to Medicare criteria.
Contraception Services:	Coverage not available.
Foot Orthotics Rider:	Not Covered unless meets Medicare Part B criteria.
Private Duty Nursing Rider:	Coverage not available.
Chiropractic Services Rider:	$25 Copay per Visit up to 20 Visits, 50% Coinsurance thereafter.
Hearing Aid Rider:	$500 toward the purchase of hearing aid(s) every 36 months (or every 3 calendar years under Paramount Elite).
Vision Hardware Rider:	Coverage not available.
Additional Rider A:	Covered for penile implant, subject to Medicare criteria.
Additional Rider B:	Coverage not available.
Additional Rider C:	Coverage not available.
Preventive Services:	Elite Medicare Preventive Screenings - Covered in Full