



## ***Paramount Elite State Teachers Retirement System of Ohio – Medicare Eligible (HMO) offered by Paramount Care, Inc.***

### **Annual Notice of Changes for 2023**

You are currently enrolled as a member of Paramount Elite - Enhanced Medical Only (Employer HMO). Next year, there will be changes to the plan's costs and benefits. ***Please see page 5 for a Summary of Important Costs, including Premium.***

This document tells about the changes to your plan. To get more information about costs, benefits, or rules please review the *Evidence of Coverage*, which is located on our website at [paramounthealthcare.com/medicareplans](http://paramounthealthcare.com/medicareplans). You may also call Member Services to ask us to mail you an *Evidence of Coverage*.

- **You have from October 15 until December 7 to make changes to your Medicare coverage for next year.**

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#### **What to do now**

##### **1. ASK:** Which changes apply to you

- Check the changes to our benefits and costs to see if they affect you.
  - Review the changes to Medical care costs (doctor, hospital).
  - Think about how much you will spend on premiums, deductibles, and cost sharing.
- Check to see if your primary care doctors, specialists, hospitals and other providers, will be in our network next year.
- Think about whether you are happy with our plan.

## 2. COMPARE: Learn about other plan choices

- Check coverage and costs of plans in your area. Use the Medicare Plan Finder at [www.medicare.gov/plan-compare](http://www.medicare.gov/plan-compare) website or review the list in the back of your *Medicare & You 2023* handbook.
- Once you narrow your choice to a preferred plan, confirm your costs and coverage on the plan's website.

## 3. CHOOSE: Decide whether you want to change your plan

- If you don't join another plan by December 7, 2022, you will stay in Paramount Elite - Enhanced Medical Only.
- To change to a **different plan**, you can switch plans between October 15 and December 7. Your new coverage will start on **January 1, 2023**. This will end your enrollment with Paramount Elite -Enhanced Medical Only.
- If you recently moved into, currently live in, or just moved out of an institution (like a skilled nursing facility or long-term care hospital), you can switch plans or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time.

### Additional Resources

- Please contact our Member Services number at 1-833-554-2335 for additional information. (TTY users should call 1-888-740-5670.) Hours are Monday through Friday, 8:00 a.m. to 8:00 p.m. October 1 to March 31, you may call 8:00 a.m. to 8:00 p.m., 7 days a week.
- This document may be available in other alternate formats such as braille and large print.
- **Coverage under this Plan qualifies as Qualifying Health Coverage (QHC)** and satisfies the Patient Protection and Affordable Care Act's (ACA) individual shared responsibility requirement. Please visit the Internal Revenue Service (IRS) website at [www.irs.gov/Affordable-Care-Act/Individuals-and-Families](http://www.irs.gov/Affordable-Care-Act/Individuals-and-Families) for more information.

### About Paramount Elite- Enhanced Medical Only

- **Paramount Elite -Enhanced Medical Only is an Employer HMO plan with a Medicare contract.** *Enrollment in Paramount Elite -Enhanced Medical Only depends on contract renewal.*
- When this document says “we,” “us,” or “our,” it means Paramount Care, Inc. When it says “plan” or “our plan,” it means Paramount Elite- Enhanced Medical Only (HMO).

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## Summary of Important Costs for 2023

The table below compares the 2022 costs and 2023 costs for Paramount Elite -Enhanced Medical Only in several important areas. **Please note this is only a summary of costs.**

Cost	2022 (this year)	2023 (next year)
<b>Monthly plan premium</b>	Your coverage is provided through a contract with your current or former employer or former union. Please contact the employer's or union's benefits administrator for information about your plan premium.	
<b>Maximum out-of-pocket amount</b> This is the <u>most</u> you will pay out-of-pocket for your covered Part A and Part B services. (See Section 2.2 for details.)	<b>\$1,500 Single</b>	<b>\$1,500 Single</b>
<b>Doctor office visits</b>	Primary care visits: <b>\$15</b> copay per visit. Specialist visits: <b>\$25</b> copay per visit. <b>(no deductible)</b>	Primary care visits: <b>\$15</b> copay per visit. Specialist visits: <b>\$25</b> copay per visit. <b>(no deductible)</b>
<b>Inpatient hospital stays</b>	4% Coinsurance <b>(subject to deductible)</b>	4% Coinsurance <b>(subject to deductible)</b>

**SECTION 1 Changes to Benefits and Costs for Next Year**

**Section 1.1 – Changes to the Monthly Premium**

Cost	2022 (this year)	2023 (next year)
<p><b>Monthly premium</b> (You must also continue to pay your Medicare Part B premium.)</p>		<p>Your coverage is provided through a contract with your current or former employer or former union. Please contact the employer’s or union’s benefits administrator for information about your plan premium.</p>

**Section 1.2 – Changes to Your Maximum Out-of-Pocket Amount**

Medicare requires all health plans to limit how much you pay “out-of-pocket” for the year. This limit is called the “maximum out-of-pocket amount.” Once you reach this amount, you generally pay nothing for covered Part A and Part B services for the rest of the year. We are not changing the maximum out-of-pocket amount next year.

Cost	2022 (this year)	2023 (next year)
<p><b>Maximum out-of-pocket amount</b> Your costs for covered medical services (such as copays) count toward your maximum out-of-pocket amount. Your plan premium and your costs for prescription drugs do not count toward your maximum out-of-pocket amount.</p>	<p><b>\$1,500 Single</b></p>	<p><b>\$1,500 Single</b>  Once you have paid <b>\$1,500 (Single)</b> out-of-pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services for the rest of the calendar year.</p>

### Section 1.3 – Changes to the Provider Network

Updated directories are also located on our website at [paramounthealthcare.com/medicareplans](http://paramounthealthcare.com/medicareplans). You may also call Member Services for updated provider and/or pharmacy information or to ask us to mail you a directory.

There are changes to our network of providers for next year. **Please review the 2023 Provider Directory to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network.**

It is important that you know that we may make changes to the hospitals, doctors and specialists (providers) that are part of your plan during the year. If a mid-year change in our providers affects you, please contact Member Services so we may assist.

### Section 1.4 – Changes to Benefits and Costs for Medical Services

We are making changes to costs and benefits for certain medical services next year. The information below describes these changes.

Cost	2022 (this year)	2023 (next year)
<p><b>Hearing Services</b> (Non-Medicare-covered)</p>	<p><b>In-Network:</b> Benefit provided through <b>TruHearing.</b></p> <p><b>Hearing Aids:</b> \$500 rebate every 36 months.</p>	<p><b>In-Network:</b> Benefit provided through <b>NationsHearing.</b></p> <p><b>Hearing Aids:</b> You are covered up to a maximum coverage of <b>\$500</b> per each ear per calendar year from NationsHearing.</p> <p><b>Hearing Aid Fitting/Evaluation Visit:</b> You pay <b>\$0 copay</b> for up to one Hearing Aid Fitting/Evaluation visit every year.</p>

Cost	2022 (this year)	2023 (next year)
		<p><b>Routine Hearing Exam:</b> You pay <b>\$0 copay</b> for up to one supplemental non-Medicare-covered routine hearing exam every year.</p> <p><b>Follow-up Visits:</b> You pay <b>\$0 copay</b> for up to <b>three</b> follow-up visits within first year of initial fitting date.</p> <p>For more information about this benefit, please contact NationsHearing by phone at <b>877-204-1721 (TTY:711)</b> or on the web at <a href="https://nationshearing.com/paramount">nationshearing.com/paramount</a> for more information or to schedule an appointment.</p>

**SECTION 2 Deciding Which Plan to Choose**

**Section 2.1 – If you want to stay in Paramount Elite- Enhanced Medical Only**

**To stay in our plan, you don’t need to do anything.** If you do not sign up for a different plan or change to Original Medicare by December 7, you will automatically be enrolled in our Paramount Elite Enhanced Medical Only.

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## Section 2.2 – If you want to change plans

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We hope to keep you as a member next year but if you want to change plans for 2023 follow these steps:

### Step 1: Learn about and compare your choices

- You can join a different Medicare health plan,
- *OR--* You can change to Original Medicare. If you change to Original Medicare, you will need to decide whether to join a Medicare drug plan. If you do not enroll in a Medicare drug plan, please see Section 1.1 regarding a potential Part D late enrollment penalty.

To learn more about Original Medicare and the different types of Medicare plans, use the Medicare Plan Finder ([www.medicare.gov/plan-compare](http://www.medicare.gov/plan-compare)), read the *Medicare & You 2023* handbook, call your State Health Insurance Assistance Program (see Section 5), or call Medicare (see Section 7.2).

As a reminder, Paramount Care, Inc. offers other Medicare health plans. These other plans may differ in coverage, monthly premiums, and cost sharing amounts.

### Step 2: Change your coverage

- To **change to a different Medicare health plan**, enroll in the new plan. You will automatically be disenrolled from Paramount Elite- Enhanced Medical Only.
- To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from Paramount Elite -Enhanced Medical Only.
- To **change to Original Medicare without a prescription drug plan**, you must either:
  - Send us a written request to disenroll. Contact Member Services if you need more information on how to do so.
  - – *or* – Contact **Medicare**, at 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week, and ask to be disenrolled. TTY users should call 1-877-486-2048.

### **SECTION 3      Deadline for Changing Plans**

If you want to change to a different plan or to Original Medicare for next year, you can do it from **October 15 until December 7**. The change will take effect on January 1, 2023.

#### **Are there other times of the year to make a change?**

In certain situations, changes are also allowed at other times of the year. Examples include people with Medicaid, those who get “Extra Help” paying for their drugs, those who have or are leaving employer coverage, and those who move out of the service area.

If you enrolled in a Medicare Advantage plan for January 1, 2023, and don’t like your plan choice, you can switch to another Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without Medicare prescription drug coverage) between January 1 and March 31, 2023.

If you recently moved into, currently live in, or just moved out of an institution (like a skilled nursing facility or long-term care hospital), you can change your Medicare coverage **at any time**. You can change to any other Medicare health plan (either with or without Medicare prescription drug coverage) or switch to Original Medicare (either with or without a separate Medicare prescription drug plan) at any time.

### **SECTION 4      Programs That Offer Free Counseling about Medicare**

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state. Below is a list of the State Health Insurance Assistance Programs in each state we serve:

- In Ohio, the SHIP is called **Ohio Senior Health Insurance Information Program (OSHIIP)**.
- In Michigan, the SHIP is called **Michigan Medicare Assistance Program (MMAAP, Inc.)**.

It is a state program that gets money from the Federal government to give **free** local health insurance counseling to people with Medicare. The State Health Insurance Assistance Program (SHIP) counselors can help you with your Medicare questions or problems. They can help you understand your Medicare plan choices and answer questions about switching plans. You can call your State Health Insurance Assistance Program (SHIP) at the numbers below. You can learn more about your State Health Insurance Assistance Program (SHIP) by visiting their website below.

<b>Method</b>	<b>Ohio Members – Ohio Senior Health Insurance Information Program (OSHIIP)</b>
<b>CALL</b>	<b>1-800-686-1578</b> toll-free
<b>WRITE</b>	Ohio Dept. of Insurance 50 W. Town St., Suite 300, Columbus, OH 43215
<b>WEBSITE</b>	<a href="http://www.insurance.ohio.gov">www.insurance.ohio.gov</a>
<b>Method</b>	<b>Michigan Members – Michigan Medicare Assistance Program (MMAP, Inc.)</b>
<b>CALL</b>	<b>1-800-803-7174</b> toll-free
<b>WRITE</b>	MMAP, Inc. 6105 W. St. Joseph Hwy., Suite 204, Lansing, MI 48917
<b>WEBSITE</b>	<a href="http://www.mmapinc.org/">www.mmapinc.org/</a>

## SECTION 5 Questions?

### Section 5.1 – Getting Help from Paramount Elite -Enhanced Medical Only

Questions? We're here to help. Please call Member Services at 567-585-9888 or toll-free 1-833-554-2335. (TTY only, call 1-888-740-5670). We are available for phone calls 8:00 a.m. to 8:00 p.m., Monday through Friday. From October 1 to March 31, we are available 8:00 a.m. to 8:00 p.m., 7 days per week. Calls to these numbers are free.

#### **Read your 2023 Evidence of Coverage (it has details about next year's benefits and costs)**

This *Annual Notice of Changes* gives you a summary of changes in your benefits and costs for 2023. For details, look in the *2023 Evidence of Coverage* for Paramount Elite -Enhanced Medical Only (HMO). The *Evidence of Coverage* is the legal, detailed description of your plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. A copy of the *Evidence of Coverage* is located on our website at [paramounthealthcare.com/medicareplans](http://paramounthealthcare.com/medicareplans). You may also call Member Services to ask us to mail you an *Evidence of Coverage*.

#### **Visit our Website**

You can also visit our website at [paramounthealthcare.com/medicareplans](http://paramounthealthcare.com/medicareplans). As a reminder, our website has the most up-to-date information about our provider network (*Provider Directory*) and our list of covered drugs (Formulary/Drug List).

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## Section 5.2 – Getting Help from Medicare

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To get information directly from Medicare:

### **Call 1-800-MEDICARE (1-800-633-4227)**

You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

### **Visit the Medicare Website**

Visit the Medicare website ([www.medicare.gov](http://www.medicare.gov)). It has information about cost, coverage, and quality Star Ratings to help you compare Medicare health plans in your area. To view the information about plans, go to [www.medicare.gov/plan-compare](http://www.medicare.gov/plan-compare).

### **Read *Medicare & You 2023***

Read the *Medicare & You 2023* handbook. Every fall, this booklet is mailed to people with Medicare. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. If you don't have a copy of this document, you can get it at the Medicare website (<https://www.medicare.gov/Pubs/pdf/10050-medicare-and-you.pdf>) or by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

## Multi-Language Insert

### Multi-Language Interpreter Services



**English:** We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-833-554-2335. Someone who speaks English/Language can help you. This is a free service.

**Spanish:** Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-833-554-2335. Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

**Chinese Mandarin:** 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-833-554-2335。我们的中文工作人员很乐意帮助您。这是一项免费服务。

**Chinese Cantonese:** 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-833-554-2335。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

**Tagalog:** Mayroon kaming libreng serbisyo sa pagsasalang-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasalang-wika, tawagan lamang kami sa 1-833-554-2335. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

**French:** Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-833-554-2335. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

**Vietnamese:** Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-833-554-2335 sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

**German:** Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-833-554-2335. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

**Arabic:** إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على مترجم فوري، ليس عليك سوى الاتصال بنا على 1-833-554-2335. سيقوم شخص ما يتحدث العربية بمساعدتك. هذه خدمة مجانية.

**Korean:** 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-833-554-2335 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

**Russian:** Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-833-554-2335. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

**Hindi:** हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-833-554-2335 पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

**Italian:** È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-833-554-2335. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

**Português:** Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-833-554-2335. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

**French Creole:** Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-833-554-2335. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

**Polish:** Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-833-554-2335. Ta usługa jest bezpłatna.

**Japanese:** 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-833-554-2335にお電話ください。日本語を話す人者が支援いたします。これは無料のサービスです。

**Notice of Nondiscrimination and Accessibility: Discrimination is Against the Law**

Paramount Elite (HMO/PPO) complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. Paramount Elite does not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

Paramount Elite provides:

- Free aids and services to people with disabilities to communicate effectively with us, such as:
  - Qualified sign language interpreters
  - Written information in other formats (large print, audio, accessible electronic formats, other formats)
  
- Free language services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact Paramount Elite Member Services at 1-833-554-2335, for TTY users, 1-888-740-5670, 8:00 a.m. to 8:00 p.m., Monday through Friday. From October 1 through March 31, we are available 8:00 a.m. to 8:00 p.m. seven days per week.

If you believe that Paramount Elite has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance. You can file a grievance in person or by phone, mail, fax, or email.

	Paramount Elite 300 Madison Avenue, Suite 270 Toledo, OH 43604
Alternate in Person Delivery Address:	650 Beaver Creek, Suite 100 Maumee, OH 43537
	Toll Free: 1-833-554-2335 Phone: 567-585-9888 TTY: 1-888-740-5670 Fax: 419-887-2047 Email: <a href="mailto:Paramount.MemberServices@ProMedica.org">Paramount.MemberServices@ProMedica.org</a>

If you need help filing a grievance, Member Services is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services,  
200 Independence Avenue SW  
Room 509F, HHH Building  
Washington, DC 20201  
1-800-368-1019, 1-800-537-7697 (TDD)

Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.



2022 Paramount Care, Inc.