

Paramount Elite Summary of Benefits 2023

STRS-STATE TEACH RET SYS

Group Number:	Paramount Elite	Effective Date:	1/1/2023
Benefit Period:	Contract Year		

	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 Visit (In Person/Virtual):	\$15 Copay per Visit (no Deductible).
Specialist Physician Visit (In Person/Virtual):	\$25 Copay per Visit (no Deductible).
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
Prosthetic Devices:	20% Coinsurance
Contraception Services:	Coverage not available.
Private Duty Nursing:	Coverage not available.
Chiropractic Services:	\$25 Copay per Visit up to 20 Visits, 50% Coinsurance thereafter.
Hearing Aids:	\$500 allowance per year, per ear through Nations Hearing Provider Network.
Vision Hardware:	Coverage not available.
Preventive Services:	Medicare Preventive Screenings - Covered in Full