

**Paramount Elite
Summary of Benefits 2022
For Enrollees With Medicare**

Benefit Category	Amended Benefit Description
Premium	Please refer to your benefits administrator for your premium schedule.
Deductible	\$150
Ambulance Services	You pay a \$0 copay for each (one-way) Medicare covered ambulance service.
Dental Services	Routine preventive dental care not covered
Emergency Care	You pay a \$75 copay for each Medicare covered emergency room visit: you do not pay this amount if you are admitted to the same hospital within one day for the same condition.
Hearing Services	You pay a \$25 copay for each Medicare-covered diagnostic hearing exam.
Inpatient hospital care	You pay a 4% coinsurance after your plan deductible
Inpatient mental health care	For <i>each</i> Medicare-covered inpatient hospital stay (inpatient hospital admission) in a network hospital you pay a 4% coinsurance after your plan deductible.
Inpatient services covered during a non-covered inpatient stay	<p>You pay:</p> <p>\$15 copay for each primary care physician visit for Medicare-covered services.</p> <p>\$25 copay for each physician specialist visit for Medicare-covered services.</p> <p>4% coinsurance after your plan deductible for each Medicare-covered therapy visit</p> <p>4% coinsurance after your plan deductible for Medicare-covered lab services</p>

4% coinsurance after your plan deductible for Medicare-covered diagnostic procedures and tests.

4% coinsurance after your plan deductible for Medicare-covered X-rays

4% coinsurance after your plan deductible for Medicare-covered diagnostic radiology services (not including X-rays).

Outpatient diagnostic tests and therapeutic services and supplies

You pay:

4% coinsurance after your plan deductible for Medicare-covered lab services.

4% coinsurance after your plan deductible for Medicare-covered diagnostic procedures and tests.

4% coinsurance after your plan deductible for Medicare-covered X-rays.

4% coinsurance after your plan deductible for Medicare-covered diagnostic radiology services (not including X-rays).

If the doctor provides you services in addition to outpatient diagnostic procedures, tests, therapeutic radiology, and lab services, a separate cost sharing of \$15 (primary care physician) to \$25 (physician specialist) may apply.

Outpatient hospital services

You pay:

\$75 copay for Medicare-covered emergency room visits.

4% coinsurance after your plan deductible for each Medicare-covered outpatient hospital facility visit

4% coinsurance after your plan deductible for Medicare-covered lab services

4% coinsurance after your plan deductible for Medicare-covered diagnostic procedures and tests

	<p>4% coinsurance after your plan deductible for Medicare-covered X-rays</p> <p>4% coinsurance after your plan deductible for Medicare-covered diagnostic radiology services (not including X-rays).</p> <p>\$25 copay for Medicare-covered partial hospitalization program services.</p> <p>\$0 copay for each Medicare-covered therapy visit.</p>
Outpatient mental health care	<p>You pay a \$25 copay for each Medicare-covered individual or group therapy visit.</p> <p>You pay a \$25 copay for each Medicare-covered individual or group therapy visit with a psychiatrist.</p>
Outpatient rehabilitation services	You pay a 4% coinsurance after your plan deductible for each Medicare-covered physical, occupational and speech and language therapy visit.
Outpatient substance abuse services	You pay a \$25 copay for each Medicare-covered individual or group therapy visit.
Outpatient surgery, including services provided at hospital outpatient facilities and ambulatory surgical centers	You pay a 4% coinsurance after your plan deductible for each Medicare-covered visit to an ambulatory surgical center or outpatient hospital facility.
Partial hospitalization services	You pay a \$25 copay for Medicare-covered partial hospitalization services.
Physician/Practitioner services including doctor office visits	<p>You pay a \$15 copay for each primary care physician visit for Medicare-covered services.</p> <p>You pay a \$25 copay for each physician specialist visit for Medicare-covered services.</p> <p>You pay a 4% coinsurance after your plan deductible to \$25 (specialist) copay for Medicare-covered dental services.</p>
Podiatry services	You pay a \$25 copay for each Medicare-covered visit.

Skilled nursing facility (SNF) care	You pay a \$0 copay each day for days 1-20 and \$75 copay each day for days 21-100 for a Medicare-covered stay .
Urgently needed care	You pay a \$40 copay for each Medicare-covered urgently needed care visit.
Virtual Provider Visit	Coverage available through Promedica on Demand with a PCP copay.
Worldwide Coverage	There is no copay for emergency outside the United States. Please note that emergency care, urgent care and ambulance services outside the United States are covered up to a combined maximum of \$25,000.
Hearing Aid Coverage	You are covered for up to two TruHearing branded hearing aids (one per ear) every year. You pay \$699 copay (TruHearing Advanced Hearing Aid) or \$999 copay (TruHearing Premium Hearing Aid) per each aid.