

# **ANNUAL NOTICE OF CHANGES**

## **FOR 2025**

### **Paramount Elite Courage (PPO) H5232-002**

Offered by Paramount Insurance Co.

YOUR EVIDENCE OF COVERAGE (EOC)  
AND OTHER PLAN DOCUMENTS ARE  
AVAILABLE **ONLINE**

---

September 2024

Dear Paramount Elite Member,

As a member of Paramount Elite (HMO/PPO), you are able to obtain your **2025** Paramount Elite member materials in several different ways.

**If you have a question about covered benefits and/or drugs or need help finding a network provider and/or pharmacy:**

- **Call** Member Services at 833-554-2335 (TTY 711). Hours are Monday through Friday, 8 a.m. to 8 p.m. October 1 to March 31, you may call 8 a.m. to 8 p.m. seven days a week. **Or,**
- **Visit [paramounthealthcare.com/medicareplans](https://paramounthealthcare.com/medicareplans)** to access all of our online documents. Electronic documents will be available by October 15, 2024.
  - Comprehensive Formulary
  - Evidence of Coverage (EOC)
  - Hearing Aid Provider Directory
  - Dental Provider Directory
  - Vision Hardware Provider Directory
  - Pharmacy Directory
  - Online Provider Directory
  - Over-the-Counter (OTC) Catalog

If you would like a copy of the Formulary, Evidence of Coverage, Hearing Aid Provider Directory, Dental Provider Directory, Vision Hardware Provider Directory, Pharmacy Directory, and/or Over-the-Counter Catalog **mailed to you**, you may email [paramount.memberservices@medmutual.com](mailto:paramount.memberservices@medmutual.com) or call the number above.

Thank you for choosing to be a part of the Paramount Elite family.

Paramount Elite



## ***Paramount Elite Courage (Local PPO) offered by Paramount Elite Medicare Plans***

# **Annual Notice of Changes for 2025**

You are currently enrolled as a member of *Paramount Elite Courage*. Next year, there will be changes to the plan's costs and benefits. ***Please see page 6 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.**

---

### **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.

Y0121\_P\_CD1852\_2025\_M

## 2. COMPARE: Learn about other plan choices

- ☐ Check coverage and costs of plans in your area. Use the Medicare Plan Finder at the [www.medicare.gov/plan-compare](http://www.medicare.gov/plan-compare) website or review the list in the back of your *Medicare & You 2025* handbook. For additional support, contact your State Health Insurance Assistance Program (SHIP) to speak with a trained counselor.
- ☐ 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, 2024, you will stay in *Paramount Elite Courage*.
- To change to a **different plan**, you can switch plans between October 15 and December 7. Your new coverage will start on **January 1, 2025**. This will end your enrollment with *Paramount Elite Courage*.
- If you recently moved into or currently live in 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. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for two full months after the month you move out.

## Additional Resources

- Please contact our Member Services number at (833) 554-2335 for additional information. (TTY users should call 711.) Hours are 8 a.m. and 8 p.m. Monday through Friday. From October 1 to March 31, we are available 8 a.m. to 8 p.m. seven days per week. This call is free.
- 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 Courage**

- **Paramount Elite Medicare Plans include HMO and PPO plans each with a Medicare contract.** *Enrollment in Paramount Elite Medicare Plans depends on contract renewal.*
  - When this document says “we,” “us,” or “our,” it means Paramount Insurance Co. When it says “plan” or “our plan,” it means *Paramount Elite Courage*.
  - This plan does not include Medicare Part D prescription drug coverage and you cannot be enrolled in a separate Medicare Part D prescription drug plan and this plan at the same time. Note: If you do not have Medicare prescription drug coverage, or creditable prescription drug coverage (as good as Medicare’s), you may have to pay a late enrollment penalty if you enroll in Medicare prescription drug coverage in the future.
-

## ***Annual Notice of Changes for 2025***

### **Table of Contents**

<b>Summary of Important Costs for 2025.....</b>	<b>7</b>
<b>SECTION 1 Changes to Benefits and Costs for Next Year.....</b>	<b>9</b>
Section 1.1 – Changes to the Monthly Premium.....	9
Section 1.2 – Changes to Your Maximum Out-of-Pocket Amounts.....	9
Section 1.3 – Changes to the Provider Network.....	10
Section 1.4 – Changes to Benefits and Costs for Medical Services.....	10
<b>SECTION 2 Administrative Changes.....</b>	<b>15</b>
<b>SECTION 3 Deciding Which Plan to Choose.....</b>	<b>17</b>
Section 3.1 – If you want to stay in <i>Paramount Elite Courage</i> .....	17
Section 3.2 – If you want to change plans.....	17
<b>SECTION 4 Deadline for Changing Plans.....</b>	<b>18</b>
<b>SECTION 5 Programs That Offer Free Counseling about Medicare.....</b>	<b>18</b>
<b>SECTION 6 Programs That Help Pay for Prescription Drugs.....</b>	<b>20</b>
<b>SECTION 7 Questions?.....</b>	<b>20</b>
Section 7.1 – Getting Help from <i>Paramount Elite Courage</i> .....	20
Section 7.2 – Getting Help from Medicare.....	21

## Summary of Important Costs for 2025

The table below compares the 2024 costs and 2025 costs for *Paramount Elite Courage* in several important areas. **Please note this is only a summary of costs.**

Cost	2024 (this year)	2025 (next year)
<b>Monthly plan premium</b> (See Section 1.1 for details.)	\$0	\$0
<b>Maximum out-of-pocket amounts</b> This is the <u>most</u> you will pay out of pocket for your covered Part A and Part B services. (See Section 1.2 for details.)	From network providers: \$5,900 From in-network and out-of-network providers combined: \$8,950	From network providers: \$4,151 From in-network and out-of-network providers combined: \$8,950
<b>Doctor office visits</b>	<b>In-Network</b> Primary care visits: \$0 Copay per visit Specialist visits: \$35 Copay per visit <b>Out-of-Network</b> Primary care visits: 30% Coinsurance per visit Specialist visits: 30% Coinsurance per visit	<b>In-Network</b> Primary care visits: \$0 Copay per visit Specialist visits: \$35 Copay per visit <b>Out-of-Network</b> Primary care visits: 30% Coinsurance per visit Specialist visits: 30% Coinsurance per visit
<b>Inpatient hospital stays</b>	<b>In-Network</b> \$300 Copay per day for	<b>In-Network</b> \$300 Copay per day for

Y0121\_P\_CD1852\_2025\_M

Cost		
	2024 (this year)	2025 (next year)
	days 1-5.	days 1-5.
	\$0 Copay per day for days 6-90.	\$0 Copay per day for days 6-90.
	<b>Out-of-Network</b>	<b>Out-of-Network</b>
	30% Coinsurance per day for days 1-90.	30% Coinsurance per day for days 1-90.

Y0121\_P\_CD1852\_2025\_M



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

### Section 1.1 – Changes to the Monthly Premium

Cost	2024 (this year)	2025 (next year)
<b>Monthly premium</b>	\$0	\$0
(You must also continue to pay your Medicare Part B premium.)		
<b>Part B premium Rebate</b>	\$50	\$50

### Section 1.2 – Changes to Your Maximum Out-of-Pocket Amounts

Medicare requires all health plans to limit how much you pay out of pocket for the year. These limits are called the maximum out-of-pocket amounts. Once you reach this amount, you generally pay nothing for covered Part A and Part B services for the rest of the year.

Cost	2024 (this year)	2025 (next year)
<b>In-network maximum out-of-pocket amount</b>	\$5,900	\$4,151
<p>Your costs for covered medical services (such as copays) from network providers count toward your in-network maximum out-of-pocket amount.</p>		
<p>Once you have paid \$4,151 out of pocket for covered Part A and Part B services from network providers, you will pay nothing for your covered Part A and Part B services from network providers for the rest of the calendar year.</p>		

Cost	2024 (this year)	2025 (next year)
<b>Combined maximum out-of-pocket amount</b> Your costs for covered medical services (such as copays) from in-network and out-of-network providers count toward your combined maximum out-of-pocket amount.	\$8,950	\$8,950  Once you have paid \$8,950 out of pocket for covered Part A and Part B services, you will pay nothing for your covered Part A and Part B services from in-network or out-of-network providers for the rest of the calendar year.

### Section 1.3 – Changes to the Provider Network

Updated directories are also located on our website at [paramounthealthcare.com/medicareplans](https://paramounthealthcare.com/medicareplans). You may also call Member Services for updated provider information or to ask us to mail you a Provider Directory, which we will mail within three business days.

For a plan that has changes in its provider network There are changes to our network of providers for next year. **Please review the 2025 Provider Directory** ([paramounthealthcare.com/medicareplans](https://paramounthealthcare.com/medicareplans)) **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	2024 (this year)	2025 (next year)
<b>Ambulance Services</b>	<b>In-Network and Out-Of-Network:</b>	<b>In-Network and Out-Of-Network:</b>

Y0121\_P\_CD1852\_2025\_M

Cost	2024 (this year)	2025 (next year)
<b>Worldwide Emergency Transportation</b>	You pay a \$90 Copay for each one-way trip.	You pay a \$125 Copay for each one-way trip.
<b>Bathroom Safety Devices</b>	<b>In-Network and Out-of-Network:</b> You pay a \$0 Copay for covered bathroom safety devices.	This service is not covered.
<b>Diabetes Self-Management Training, Diabetic Services and Supplies</b>  <b>Medicare-covered Diabetic Therapeutic Shoes or Inserts</b>	<b>Out-of-Network:</b> You pay 0% minimum - 20% maximum of the total cost for Medicare-covered diabetic therapeutic shoes or inserts.	<b>Out-of-Network:</b> You pay 0% of the total cost for Medicare-covered diabetic therapeutic shoes or inserts.
<b>Durable Medical Equipment (DME) and Related Supplies</b>  <b>Medicare-covered Medical Supplies</b>	<b>Out-of-Network:</b> You pay 20% of the total cost for Medicare-covered medical supplies.	<b>Out-of-Network:</b> You pay 50% of the total cost for Medicare-covered medical supplies.
<b>Emergency Care</b>  <b>Emergency Room Visit</b>  <b>Worldwide Emergency Coverage</b>	<b>In-Network and Out-Of-Network:</b> You pay a \$90 Copay for each emergency room visit.  You pay a \$90 Copay for each	<b>In-Network and Out-Of-Network:</b> You pay a \$125 Copay for each emergency room visit.  You pay a \$125 Copay for

Y0121\_P\_CD1852\_2025\_M

Cost	2024 (this year)	2025 (next year)
	worldwide emergency room visit.	each worldwide emergency room visit.
<b>Hearing Services</b> <b>Fitting/Evaluation for Hearing Aid</b>	<b>Out-of-Network</b> You pay a \$0 Copay for each hearing aid Fitting Evaluation visit.	<b>Out-of-Network</b> You pay 50% of the total cost for each hearing aid Fitting Evaluation visit.
<b>Inpatient Hospital Care</b> <b>Inpatient Acute Additional Days</b>	<b>In-Network:</b> You pay a \$300 Copay per day for days 1-5. You pay a \$0 Copay per day for days 6 and thereafter.  There is no limit for inpatient services in an inpatient hospital care.	<b>In-Network:</b> You pay a \$300 Copay per day for days 1-5. You pay a \$0 Copay per day for days 6-90.  There is a 90-day limit per benefit period.
<b>Inpatient Services in a Psychiatric Hospital</b> <b>Psychiatric Additional Days</b>	<b>In-Network:</b> You pay a \$300 Copay per day for days 1-5 You pay a \$0 Copay per day for days 6 and thereafter.  There is no lifetime limit for inpatient services in a psychiatric hospital.	<b>In-Network:</b> You pay a \$300 Copay per day for days 1-5 You pay a \$0 Copay per day for days 6 - 90.  There is a 190-day lifetime limit for inpatient services in a psychiatric hospital.

Y0121\_P\_CD1852\_2025\_M

Cost	2024 (this year)	2025 (next year)
<b>Medicare-covered Zero Dollar Preventive Services</b>	<b>Out-of-Network:</b> You pay 10% of the total cost for Medicare-covered zero dollar preventive services.	<b>Out-of-Network:</b> You pay 0% of the total cost for Medicare-covered zero dollar preventive services.
<b>Physician/Practitioner Services, including Doctor's Office Visits</b>	<b>Out-of-Network:</b> You pay a \$0 Copay for each Virtual PCP visit.	<b>Out-of-Network:</b> You pay 30% of the total cost for each Virtual PCP visit.
<b>Remote Access Technologies</b>	You pay a \$35 Copay for each virtual behavioral health visit.	You pay 30% of the total cost for each virtual behavioral health visit.
<b>Prosthetic Devices and Related Supplies</b>	<b>Out-of-Network:</b> You pay 20% of the total cost for Medicare-covered prosthetic devices.	<b>Out-of-Network:</b> You pay 50% of the total cost for Medicare-covered prosthetic devices.
<b>Medicare-covered Prosthetic Devices</b>		
<b>Services to Treat Kidney Disease</b>	<b>Out-of-Network:</b> You pay 10% of the total cost for Medicare-covered kidney disease services.	<b>Out-of-Network:</b> You pay 30% of the total cost for Medicare-covered kidney disease services.
<b>Medicare-covered Kidney Disease Services</b>		

Y0121\_P\_CD1852\_2025\_M

Cost	2024 (this year)	2025 (next year)
<b>Skilled Nursing Facility (SNF) Care</b>  <b>Skilled Nursing Facility (SNF) Medicare-covered stay</b>	<b>In-Network:</b> You pay a \$0 Copay per day for days 1-20. You pay a \$196 Copay per day for days 21-100.	<b>In-Network:</b> You pay a \$0 Copay per day for days 1-20. You pay a \$214 Copay per day for days 21-100.
<b>Urgently Needed Services</b>  <b>Worldwide Urgent Coverage</b>	<b>In-Network and Out-Of-Network:</b> You pay a \$90 Copay for each worldwide urgently needed care visit.	<b>In-Network and Out-Of-Network:</b> You pay a \$125 Copay for each worldwide urgently needed care visit.
<b>Vision Care</b>  <b>Eye Exam - Routine Eye Exam</b>  <b>Medicare covered Eyewear</b>	<b>Out-of-Network:</b> You pay a \$30 Copay for each covered routine eye exam.  You pay a \$25 minimum - \$150 maximum Copay for Medicare-covered eyewear.	<b>Out-of-Network:</b> You pay any amount over the \$30 maximum annual reimbursement for each covered routine eye exam.  You pay any amount over the following maximum annual reimbursements: -\$25 for eyeglass plastic lenses -\$100 for contact lenses -\$150 for eyeglass frames

Y0121\_P\_CD1852\_2025\_M

## SECTION 2 Administrative Changes

Cost	2024 (this year)	2025 (next year)
Geographic/Service Area	<p>Service Area consists of the following Counties:</p> <p>OH: Adams, Allen, Ashland, Auglaize, Brown, Butler, Champaign, Clark, Clermont, Clinton, Crawford, Cuyahoga, Darke, Defiance, Erie, Fayette, Fulton, Geauga, Greene, Hamilton, Hardin, Henry, Huron, Lake, Lorain, Lucas, Madison, Medina, Mercer, Miami, Montgomery, Ottawa, Paulding, Portage, Preble, Putnam, Sandusky, Seneca, Shelby, Summit, VanWert, Warren, Wayne, Williams, Wood, and Wyandot</p>	<p>Service Area consists of the following Counties:</p> <p>IN: Adams, Allen, DeKalb, Dearborn, Franklin, Noble, Ohio, and Switzerland</p> <p>KY: Boone, Campbell, and Kenton</p> <p>MI: Branch, Hillsdale, Lenawee, Monroe, and Washtenaw</p> <p>OH: Adams, Allen, Ashland, Auglaize, Brown, Butler, Champaign, Clark, Clermont, Clinton, Crawford, Cuyahoga, Darke, Defiance, Erie, Fayette, Fulton, Geauga, Greene, Hamilton, Hardin, Henry, Highland, Huron, Lake, Lorain, Lucas, Madison, Medina, Mercer, Miami, Montgomery, Ottawa, Paulding, Portage, Preble, Putnam, Sandusky, Seneca, Shelby, Summit, Van Wert, Warren, Wayne, Williams, Wood, and Wyandot</p>
Member Services Contact Information (Phone Number)	<p><b>Local:</b> 567-585-9888</p> <p><b>Toll Free:</b> 833-554-2335</p>	<p><b>Local:</b> 567-585-9888</p> <p><b>Toll Free:</b> 833-554-2335</p>

Y0121\_P\_CD1852\_2025\_M

Cost	2024 (this year)	2025 (next year)
	TTY: 888-740-5670	TTY: 711

Y0121\_P\_CD1852\_2025\_M



## SECTION 3 Deciding Which Plan to Choose

### Section 3.1 – If you want to stay in *Paramount Elite Courage*

**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 Courage.

### Section 3.2 – If you want to change plans

We hope to keep you as a member next year but if you want to change plans for 2025 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, there may be 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 2025* handbook, call your State Health Insurance Assistance Program (see Section 4), or call Medicare (see Section 8.2).

As a reminder, Paramount Insurance Co 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 Courage*.
  - To **change to Original Medicare with a prescription drug plan**, enroll in the new drug plan. You will automatically be disenrolled from *Paramount Elite Courage*.
- 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 4 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, 2025.

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

In certain situations, changes are also allowed at other times of the year. Example 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, 2025, 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, 2025.

If you recently moved into or currently live in 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. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for two full months after the month you move out.

## SECTION 5 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 Kentucky, the SHIP is called **Kentucky State Health Insurance Program (KSHIIP)**.
- In Michigan, the State Health Insurance Assistance Program is called **Michigan Medicare Assistance Program (MMAP, Inc.)**.

- In Indiana, the SHIP is called State Health Insurance Assistance Program (SHIP).

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.

Method	Ohio Members – Ohio Senior Health Insurance Information Program (OSHIIP)
<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>

Method	Kentucky Members – Kentucky State Health Insurance Information Program (KSHIIP)
<b>CALL</b>	<b>1-877-293-7447 (option #2)</b> toll-free
<b>WRITE</b>	Cabinet for Health and Family Services 275 E. Main St. 3E-E Frankfort, KY 40601
<b>WEBSITE</b>	<a href="https://chfs.ky.gov/agencies/dail/Pages/ship.aspx">https://chfs.ky.gov/agencies/dail/Pages/ship.aspx</a>

Method	Michigan Members – Michigan Medicare Assistance Program (MMAP, Inc.)
<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>

Method	Indiana Members- State Health Insurance Assistance Program (SHIP)
CALL	1-800-452-4800 toll-free
WRITE	State Health Insurance Assistance Program 311 W. Washington St., Indianapolis, IN 46204
WEBSITE	<a href="http://www.medicare.in.gov">www.medicare.in.gov</a>

## SECTION 6 Programs That Help Pay for Prescription Drugs

You may qualify for help paying for prescription drugs. Below we list different kinds of help:

- **“Extra Help” from Medicare.** People with limited incomes may qualify for “Extra Help” to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs including monthly prescription drug premiums, annual deductibles, and coinsurance. Additionally, those who qualify will not have a late enrollment penalty. To see if you qualify, call:
  - 1-800-MEDICARE (1-800-633-4227). TTY users should call 1-877-486-2048, 24 hours a day, 7 days a week;
  - The Social Security Office at 1-800-772-1213 between 8 am and 7 pm, Monday through Friday for a representative. Automated messages are available 24 hours a day. TTY users should call, 1-800-325-0778; or
  - Your State Medicaid Office.

## SECTION 7 Questions?

### Section 7.1 – Getting Help from *Paramount Elite Courage*

Questions? We’re here to help. Please call Member Services at (833) 554-2335. (TTY only, call 711.) 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 2025 *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 2025. For details, look in the 2025 *Evidence of Coverage* for *Paramount Elite Courage*. 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](https://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](https://paramounthealthcare.com/medicareplans). As a reminder, our website has the most up-to-date information about our provider network (*Provider Directory*).

---

## **Section 7.2 – Getting Help from Medicare**

---

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](https://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](https://www.medicare.gov/plan-compare).

### **Read *Medicare & You 2025***

Read the *Medicare & You 2025* handbook. Every fall, this document 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 pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. Upang makakuha ng tagasaling-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.



**Korean:** 당사는 의료 보험 또는 약품 보험에 관한 질문에 답해 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.

**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.

**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.

**Portuguese:** 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 Non-Discrimination: Discrimination is Against the Law**

Paramount complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin (including limited English proficiency and primary language), sex (consistent with the scope of sex discrimination described at 45 CFR § 92.101(a)(2)), age, or disability.

Paramount Provides (free of charge and in a timely manner):

- Reasonable modifications and appropriate auxiliary aids and services for people with disabilities to communicate effectively with us, such as:
  - Qualified interpreters for individuals with disabilities.
  - Information in alternate formats (large print, audio, accessible electronic formats, other formats).
- Language assistance services for people whose primary language is not English, which may include:
  - Qualified oral interpreters.
  - Electronic and written translated documents.

If you need these services, please contact Member Services at 1-833-554-2335 (TTY 711). We are available from 8:00 a.m. to 8:00 p.m. EST, Monday through Friday. From October 1<sup>st</sup> through March 31<sup>st</sup>, we are available 8:00 a.m. to 8:00 p.m. EST seven (7) days per week.

If you believe that Paramount has failed to provide these services or discriminated on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with our Civil Rights Coordinator (also called our Section 1557 Coordinator). Our Civil Rights Coordinator can help you with our grievance procedure.

Contact our **Civil Rights Coordinator** at:

- **Mail:** Paramount Civil Rights Coordinator, PO Box 928, Toledo, OH 43697
- **Phone:** 1-833-554-2335 (TTY 711)
- **E-mail:** [paramount.memberservices@medmutual.com](mailto:paramount.memberservices@medmutual.com)
- **Fax:** 419-887-2047

You may file a grievance in-person at 650 Beaver Creek Circle, Suite 100, Maumee, OH 43537

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights.

- **Online:** Use the Office for Civil Rights Complaint Portal at: <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>. For more information on filing a complaint, go to <http://www.hhs.gov/ocr/office/file/index.html>.
- **Mail:** U.S. Department of Health and Human Services, 200 Independence Avenue SW., Room 509F, HHH Building, Washington, D.C. 20201
- **Phone:** 1-800-368-1019, 800-537-7697 (TDD)

An electronic copy of this notice is available on our website: [www.paramounthealthcare.com/medicareplans](http://www.paramounthealthcare.com/medicareplans)



