



Dependent Coverage

HMO OUT-OF-AREA COVERAGE PROGRAM

This program expands coverage for your dependents while they are outside of Paramount's service area.* We strive to offer dependent access to care when they need it, wherever they are.

Get Started

Three easy steps to enroll:

1. Complete the HIPAA authorization form.
To download, go to:
paramounthealthcare.com/HIPAAForm
2. Return completed HIPAA form to Paramount
via one of the following:

Mail: P.O. Box 497 | Toledo, Ohio 43697

Email: paramount.memberservices@medmutual.com

Fax: 419-887-2047

FIND AN OUT-OF-AREA PROVIDER

Paramount works with First Health to offer members access to providers nationwide. First Health is one of the largest provider networks in the United States – with more than 710,000 providers at over 1.5-million locations.

Visit paramounthealthcare.com and use the First Health provider search tool to find a provider near you.

Prior Authorization

Before receiving non-emergency care, with the exception of care provided at an urgent care, you or your dependent should call Member Services at 800-462-3589 to request prior authorization.

This program is offered at no additional cost to you.

The named policy holder and any applicable dependents are eligible for this program.

Coverage

For medical emergencies, call 911.

Care Service	Coverage Description
Emergency Room Visits	Covered for emergency medical conditions such as the loss of consciousness, inability to breathe, uncontrolled bleeding, fractures, burns and convulsions. No prior authorization required. Subject to emergency room facility copayment/coinsurance
Urgent Care Visits	Covered for unexpected illness or injury requiring medical attention soon after it appears but is not permanently disabling or life threatening. No prior authorization required. Subject to urgent care copayment/coinsurance.
Visits at a Physician Office	Covered with prior authorization by Paramount prior to the date of service. Subject to applicable physician office visit copayment.
Follow-up Care	<p>Out-of-plan specialist visits are covered with prior authorization prior to the date of service. Subject to applicable copayment/coinsurance.</p> <p>Includes care after surgery, illness and care for chronic medical conditions.</p> <p>Examples of covered care: Physical therapy following the initial treatment of and/or surgery for a knee injury, specialist visits to manage asthma.</p>
Telehealth Services	No prior authorization required. Subject to applicable office visit copayment/coinsurance.
Prescription Drugs	<p>CVS/Caremark, a nationwide network, administers drug coverage for Paramount members. Contact the Pharmacy Help Desk at 419-887-2525 to identify participating pharmacy locations. Subject to applicable copayment, deductible or coinsurance.</p> <p>Drug rider required.</p>

Covered services subject to deductibles, copayments/coinsurance and benefit limits where applicable.

** For information on Paramount's service area, please contact Member Services at 800-462-3589.*

Contact Us

For questions around dependent coverage, contact Member Services.

Phone: 800-462-3589

Email: paramount.memberservices@promedica.org

Live Chat: paramounthealthcare.com/livechat