

Elite FAQs

When can I enroll in a Medicare plan?

Please remember that the federal government has established certain times when you can leave a plan and/or join a new plan. Members may enroll in a Medicare Advantage (MA) during the annual enrollment period between October 15 and December 7, or when you turn 65.

There are exceptions that may allow you to enroll in a Medicare Advantage plan outside of these periods. Please contact Member Services toll-free at 1-800-462-3589 (TTY 1-888-740-5670) Monday - Friday from 8 a.m. to 8 p.m.

From October 1 to February 14, we are available 8 a.m. to 8 p.m., seven days a week. Or visit us at 1901 Indian Wood Circle, Maumee, OH if you have any questions or need help to see if you are eligible to enroll.

You may also call 1-800-MEDICARE (1-800-633-4227) for more information. TTY users should call 1-877-486-2048. You can call this number 24 hours a day, seven days a week. Or visit www.medicare.gov on the web.

Can I choose my doctors?

Paramount Elite has formed a network of doctors, specialists and hospitals. With Paramount Elite there are no referrals required for network doctors, specialists, and hospitals. You must use plan providers except in emergency or urgent care situations or for out-of-area renal dialysis. If you obtain routine care from out-of-network providers neither Medicare nor Paramount Elite will be responsible for the costs.

Is my Primary Care Provider in your network?

Most likely your Primary Care Provider is in our vast network. We have approximately 600 Primary Care Providers in our northwest Ohio / southeast Michigan service area. We have approximately 450 Primary Care Providers in our northeast Ohio service area. For the most up-to-date provider directory make sure to visit www.paramounthealthcare.com/findaprovider.

Is my Specialist in your network?

There is a good chance that your Specialist is participating in our network. We have approximately 2,100 participating Specialists in our northwest Ohio / southeast Michigan service area. We have approximately 2,100 participating Specialists in our northeast Ohio service area.

For the most up-to-date provider directory make sure to visit www.paramounthealthcare.com/findaprovider.

Do I need referrals to see a specialist?

No, you do not need referrals to see any of our participating specialists. As a Paramount member you can see any one of our in-network participating specialists with no referral.

What happens if I go to a doctor who's not in your network?

If you obtain routine care from out-of-network providers neither Medicare nor Paramount Elite will be responsible for the costs. You must pay for these services yourself.

What Hospitals are in your network?

We have over 20 participating Hospitals in our northwest Ohio / southeast Michigan service area including ProMedica Toledo Hospital, St. Luke's, The University of Toledo Medical Center, Wood County Hospital, Fulton County Health Center, ProMedica Monroe Regional Hospital and many more. For a complete listing of participating Hospitals make sure to visit www.paramounthealthcare.com/findaprovider. We have approximately 10 hospitals in our northeast Ohio service area including The Cleveland Clinic Foundation, Lakewood Hospital Medina General Hospital and many more. For the most up-to-date provider directory make sure to visit www.paramounthealthcare.com/findaprovider.

How do I find out if my medications are covered?

Finding out if your medications are covered is as easy as checking our formulary. Our formulary can be found on our website at www.paramounthealthcare.com/medicareplans. Just choose the plan that you are interested in; Elite Enhanced Medical & Drug or Standard Medical & Drug and then choose the formulary and search for your medication. Our Pharmacy Benefit Management (PBM) Company is CVS Caremark.

What are my protections in this plan?

All Medicare Advantage Plans agree to stay in the program for a full calendar year at a time. Plan benefits and cost-sharing may change from calendar year to calendar year. Each year,

plans can decide whether to continue to participate with Medicare Advantage. A plan may continue in its entire service area (geographic area where the plan accepts members) or choose to continue only in certain areas. Also, Medicare may decide to end a contract with a plan. Even if your Medicare Advantage Plan leaves the program, you will not lose Medicare coverage. If a plan decides not to continue for an additional calendar year, it must send you a letter at least 90 days before your coverage will end. The letter will explain your options for Medicare coverage in your area.

Can I travel if I have Paramount Elite?

Absolutely. Paramount Elite covers you when you are traveling domestically. When you are out of our service area of (Lucas, Fulton, Ottawa, Wood, Defiance, Williams, Henry, Erie, Sandusky, Allen, Lake, Lorain, Medina, Cuyahoga counties in Ohio and Monroe and Lenawee counties in Michigan) you are covered for emergency and urgent care services. Should you be admitted through the ER while out of our service area, your benefits work just like they do here. Additionally, you are always covered for your prescription drugs at one of our participating pharmacies in our coast-to-coast CVS Caremark pharmacy network.

How much does Paramount Elite Cost?

Paramount Elite has three plans to choose from with premiums that range from \$0 per month to \$85 per month. Our Standard Medical & Drug plan will be a \$0 per month premium for 2018. Our Enhanced Medical Only plan (that is primarily designed for Veterans who will have VA Drug coverage) will cost \$46 per month for 2018. Our Enhanced Medical & Drug plan will have a premium of \$85 per month for 2018.

What does your Dental Plan cover and how much does it cost?

We have partnered with Delta Dental to offer our Optional Supplemental Benefit with an additional premium of \$18.70 per month for 2018. The plan covers the following services:

- Oral Exam (Up to 2 per calendar year) Covered at 100%
- Cleaning (up to 2 per calendar year) Covered at 100%
- Preventive Bitewing X-Rays (Limited to 2 per calendar year) Covered at 100%
- Full mouth X-Ray (Limited to once every 3 years) Covered at 100%
- Emergency Palliative Treatment – to temporarily relieve pain Covered at 100%
- Brush Biopsy – to detect oral cancer Covered at 100%