



# 2025 FIRST LOOK

 **PARAMOUNT**  
ELITE | MEDICARE PLANS

# CONFIDENTIALITY NOTICE

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This document contains confidential information intended for contracted brokers/agents only. Not intended for distribution. Plan benefits are pending government approval and are subject to change. Dissemination of 2025 Medicare offering before October 1, 2024 is prohibited.



**Questions?** Contact your Paramount account executive. Or email us at [paramountelite@medmutual.com](mailto:paramountelite@medmutual.com)



# WHO IS PARAMOUNT?

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# AWARDS AND ACCREDITATIONS



2024 Star Rating from CMS  
for Paramount Elite (HMO)  
Medicare Plans.



Named a top 2023 Medicare  
Advantage plan in Michigan and Ohio  
by U.S. News & World Report.





# BETTER TOGETHER

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“In 1994, Paramount Health Care introduced our Elite Medicare plans to our community. Thirty years later, we joined the Medical Mutual family of companies, and we are proud to offer more than 125 years of combined industry experience. Together with Medical Mutual, we look forward to continuing to deliver outstanding, local customer service and access to high-quality care while maintaining a steadfast commitment to the communities we serve. ”

Lori Johnston  
President, Paramount Health Care

# MEMBER-FOCUSED FEATURES

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## Personal Call Center Rep

At no cost, members can sign up for a personal call center rep and speak to the same person in Member Services every time they call us.



## CareSignal

No cost program for members to receive text messages and phone calls to check on certain health conditions.



## Live Chat

Quick, safe and secure way to reach Paramount with questions. It's available to members Monday – Friday, 8 a.m. – 5 p.m.



## Wellness Program

Customized program for members identified with chronic diseases such as diabetes, heart failure and others. The goal is to slow or reverse the progression of the disease.



**WHY  
PARAMOUNT?**

# READY TO SELL PROCESS

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## Contracting

- Once contracting paperwork is completed and sent to Paramount, a new vendor/broker number is created.
- Broker license and AHIP certificate is required.



## Compliance Wire

- Email sent to broker to complete Paramount Elite specific certification.



## Appointment

- That's it! Paramount will appoint broker and you are ready to sell.



# SIMPLIFYING YOUR PORTFOLIO

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Ascend allows you to **quote, compare, submit and manage** your enrollment applications!

Plan  
Comparison

Quick Quotes

Provider and  
Formulary  
Integration

Agent Portal

Dedicated  
Support Team

Electronic  
HRA

# DEDICATED SALES PARTNERS

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# 2025 PLANS AND REGIONS

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# HMO-POS PLAN DESIGNS BY MARKET

| STATE |                | COUNTIES  | Elite Enhanced HMO-POS | Elite Standard HMO-POS | Elite Prime HMO-POS | Elite Essential HMO-POS |
|-------|----------------|---|------------------------|------------------------|---------------------|-------------------------|
| Ohio  | Northwest Ohio | Adams, Crawford, Defiance, Erie, Fulton, Hardin, Henry, Huron, Lucas, Mercer, Ottawa, Paulding, Putnam, Sandusky, Seneca, Van Wert, Wayne, Williams, Wood, Wyandot. | ✓                      | ✓                      | ✓                   |                         |
|       | Northeast Ohio | Ashland, Cuyahoga, Geauga, Lake, Lorain, Medina, Portage, Summit, Wayne.  |                        | ✓                      |                     |                         |
|       | Southwest Ohio | Auglaize, Brown, Butler, Champaign, Clark, Clermont, Clinton, Darke, Fayette, Greene, Hamilton, Highland, Madison, Miami, Montgomery, Preble, Shelby, Warren.       |                        |                        |                     | ✓                       |



# HMO-POS PLAN DESIGNS BY MARKET (CONT'D)

| STATE    |                               | COUNTIES   | Elite<br>Enhanced<br>HMO-POS | Elite<br>Standard<br>HMO-POS | Elite<br>Prime<br>HMO-POS | Elite<br>Essential<br>HMO-POS |
|----------|-------------------------------|--|------------------------------|------------------------------|---------------------------|-------------------------------|
| Michigan | <i>Southeast<br/>Michigan</i> | Branch, Hillsdale,<br>Lenawee, Monroe,<br>Washtenaw. | ✓                            | ✓                            | ✓                         |                               |
| Kentucky | <i>Northern<br/>Kentucky</i>  | Boone, Campbell,<br>Kenton.                          |                              |                              |                           | ✓                             |
| Indiana  | <i>Northeast<br/>Indiana</i>  | Adams, Allen,<br>Dearborn, DeKalb,<br>Noble.         |                              | ✓                            |                           |                               |
|          | <i>Southeast<br/>Indiana</i>  | Dearborn, Franklin,<br>Ohio, Switzerland.            |                              |                              |                           | ✓                             |

# PPO PLAN DESIGNS BY MARKET

| STATE           |                           | COUNTIES  | Elite Preferred PPO | Elite Courage PPO |
|-----------------|---------------------------|---|---------------------|-------------------|
| <b>Ohio</b>     | <i>Northwest Ohio</i>     | Adams, Crawford, Erie, Fulton, Hardin, Huron, Lucas, Mercer, Ottawa, Paulding, Putnam, Sandusky, Seneca, Van Wert, Wayne, Williams, Wood, Wyandot.            | ✓                   | ✓                 |
|                 | <i>Northeast Ohio</i>     | Ashland, Cuyahoga, Geauga, Lake , Lorain, Medina, Portage, Summit, Wayne.   | ✓                   | ✓                 |
|                 | <i>Southwest Ohio</i>     | Auglaize, Brown, Butler, Champaign, Clark, Clermont, Clinton, Darke, Fayette, Greene, Hamilton, Highland, Madison, Miami, Montgomery, Preble, Shelby, Warren. | ✓                   | ✓                 |
| <b>Michigan</b> | <i>Southeast Michigan</i> | <b>New!</b> Branch, Hillsdale, Lenawee, Monroe, Washtenaw.  | ✓                   | ✓                 |
| <b>Kentucky</b> | <i>Northern Kentucky</i>  | <b>New!</b> Boone, Campbell, Kenton.  | ✓                   | ✓                 |
| <b>Indiana</b>  | <i>Northeast Indiana</i>  | <b>New!</b> Adams, Allen, Dearborn, DeKalb, Noble.  | ✓                   | ✓                 |
|                 | <i>Southeast Indiana</i>  | <b>New!</b> Dearborn, Franklin, Ohio, Switzerland.  | ✓                   | ✓                 |

# INVESTING IN OUR MOST COMPETITIVE PLANS

## Prioritizing Affordability

- **\$0 PPO** plan with a **\$0 deductible** available across our 47 Ohio counties and **New!** in Kentucky, Michigan and Indiana service areas for 2025!
- **Reduced** maximum out-of-pocket on our major plans
- **\$0 PPO MA-Only** plan with **\$50 Part B rebate** available across our 47 Ohio-counties and in Kentucky, Michigan and Indiana service areas
- **\$0 copays** on **every plan** for Tier 1 and Tier 2 drugs (30- and 90-day standard retail and mail order)

## Bettering Our Benefits

- **\$200 combined vision-wear allowance** with EyeMed. Vision network providers include Walmart, Lenscrafters and others
- **Up to a \$7,500** maximum dental plan allowance and ADA codes, including crowns and dentures

# 2025 HMO-POS PLANS

| Plan  | Elite Standard HMO-POS   | Elite Prime HMO-POS  | Elite Enhanced HMO-POS   | Elite Essential HMO-POS  |
|---|--|--|--|--|
| Premium                                     | \$0  | \$28   | \$72   | \$0  |
| Deductible                                  | \$0  | \$0  | \$0  | \$0  |
| Maximum Out-of-Pocket                       | \$3,500  | \$3,300  | \$3,100  | \$3,100  |
| PCP   | \$0  | \$0  | \$0  | \$0  |
| Specialist                                  | \$25   | \$20   | \$30   | \$35   |
| Urgent Care                                 | \$35   | \$35   | \$35   | \$35   |
| Emergency Care                              | \$140  | \$140  | \$140  | \$140  |
| Inpatient Hospital (per each hospital stay) | <ul style="list-style-type: none"><li>Days 1-5: \$325 copay per day</li><li>Days 6-90: \$0 copay per day</li></ul>     | <ul style="list-style-type: none"><li>Days 1-5: \$310 copay per day</li><li>Days 6-90: \$0 copay per day</li></ul>     | <ul style="list-style-type: none"><li>Days 1-5: \$225 copay per day</li><li>Days 6-90: \$0 copay per day</li></ul>     | <ul style="list-style-type: none"><li>Days 1-5: \$350 copay per day</li><li>Days 6-90: \$0 copay per day</li></ul>     |
| Skilled Nursing Facility *100 day limit     | <ul style="list-style-type: none"><li>Days 1-20: \$0 copay per day.</li><li>Days 21-100: \$186 copay per day</li></ul> | <ul style="list-style-type: none"><li>Days 1-20: \$0 copay per day.</li><li>Days 21-100: \$214 copay per day</li></ul> | <ul style="list-style-type: none"><li>Days 1-20: \$0 copay per day.</li><li>Days 21-100: \$214 copay per day</li></ul> | <ul style="list-style-type: none"><li>Days 1-20: \$0 copay per day.</li><li>Days 21-100: \$214 copay per day</li></ul> |
| Outpatient Lab Services                     | \$0 – \$5 copay per visit  | \$0 – \$5 copay per visit  | \$0 – \$5 copay per visit  | \$0 copay per visit  |
| Outpatient Diagnostic                       | \$20 copay per visit   | \$15 copay per visit   | \$10 copay per visit   | \$20 copay per visit   |



# 2025 HMO-POS PLANS (CONT'D)

| Plan    | Elite Standard HMO-POS   | Elite Prime HMO-POS   | Elite Enhanced HMO-POS  | Elite Essential HMO-POS   |
|---------|--|---|---|---|
| OTC     | \$150 quarterly (no rollover)  | \$155 quarterly (no rollover)   | <b>\$162</b> quarterly (no rollover)  | \$175 quarterly (no rollover)   |
| Rx      | <div>- \$0 Deductible</div> <div>- Retail 30 Days: \$0 / \$0/ \$45 / \$100 / 33%</div> <div>- Retail 90 Days: \$0 / \$0 / \$135 / \$300/ 33%</div> <div>- Mail 30 Days:\$0 / \$0 / \$45 / \$100</div> <div>- Mail 90 Days:\$0 / \$0 / \$90 / \$200</div> | <div>- \$0 Deductible</div> <div>- Retail 30 Days: \$0 / \$0/ \$45 / \$100/ 33%</div> <div>- Retail 90 Days: \$0 / \$0 / \$135 / \$300/ 33%</div> <div>- Mail 30 Days:\$0 / \$0 / \$45 / \$100</div> <div>- Mail 90 Days:\$0 / \$0 / \$90 / \$200</div> | <div>- \$0 Deductible</div> <div>- Retail 30 Days: \$0 / \$0/ \$42 / \$100/ 33%</div> <div>- Retail 90 Days: \$0 / \$0 / \$126 / \$300/ 33%</div> <div>- Mail 30 Days:\$0 / \$0 / \$42 / \$100</div> <div>- Mail 90 Days:\$0 / \$0 / \$84 / \$200</div> | <div>- \$0 Deductible</div> <div>- Retail 30 Days: \$0 / \$0 / \$45 / \$100 / 33%</div> <div>- Retail 90 Days: \$0 / \$0 / \$135 / \$300/ 33%</div> <div>- Mail 30 Days:\$0 / \$0 / \$45 / \$100</div> <div>- Mail 90 Days:\$0 / \$0 / \$90 / \$200</div> |
| Dental  | <div>- Annual Maximum:\$6,000</div> <div>- Deductible:\$0</div> <div>\$0 copay for preventive and comprehensive care</div>   | <div>Annual Maximum:\$6,500</div> <div>- Deductible: \$0</div> <div>\$0 copay for preventive and comprehensive care</div>   | <div>Annual Maximum:\$7,500</div> <div>- Deductible: \$0</div> <div>\$0 copay for preventive and comprehensive care</div>   | <div>Annual Maximum:\$7,500</div> <div>- Deductible: \$0</div> <div>\$0 copay for preventive and comprehensive care</div>   |
| Vision  | <div>- \$0 Copay on routine visits</div> <div>- \$200 Eyewear Allowance</div>  | <div>- \$0 Copay on routine visits</div> <div>- \$200 Eyewear Allowance</div>   | <div>- \$0 Copay on routine visits</div> <div>- \$200 Eyewear Allowance</div>   | <div>- \$0 Copay on routine visits</div> <div>- \$200 Eyewear Allowance</div>   |
| Hearing | <div>- \$0 copay on routine visits</div> <div>- \$35 copay on diagnostic visits</div> <div>- Hearing Aids up to \$500</div>  | <div>- \$0 deductible</div> <div>- \$35 copay on diagnostic visits</div> <div>- Hearing Aids up to \$500</div>  | <div>- \$0 deductible</div> <div>- \$35 copay on diagnostic visits</div> <div>- Hearing Aids up to \$500</div>  | <div>- \$0 deductible</div> <div>- \$35 copay on diagnostic visits</div> <div>- Hearing Aids up to \$675</div>  |

# 2025 PPO PLANS

| Plan  | Elite Preferred (PPO)<br>In-Network/Out-of-Network  | Elite Courage Med-Only (PPO)<br>In-Network/Out-of-Network  |
|---|---|--|
| <b>Premium</b>  | \$0   | \$0  |
| <b>Deductible</b>                                     | <b>\$0</b>  |  |
| <b>Part B Premium Rebate</b>                          | Not Covered   | \$50   |
| <b>Max. Out-of-Pocket</b>                             | <b>\$4,200 / \$5,700</b>  | <b>\$4,151 / \$8,950</b>   |
| <b>PCP</b>  | \$0 / <b>\$10</b> copay per visit   | \$0 copay per visit / 30% coinsurance  |
| <b>Specialist</b>                                     | <b>\$25 / 40%</b> copay per visit   | \$35 copay per visit/30% coinsurance   |
| <b>Urgent Care</b>                                    | \$35  | \$35   |
| <b>Emergency Care</b>                                 | \$125   | \$125  |
| <b>Inpatient Hospital<br/>*per each hospital stay</b> | <ul style="list-style-type: none"> <li>Days 1-5: \$360 copay per day (IN/OON)</li> <li>Days 6-90: \$0 copay for days 6-90 (IN/OON)</li> </ul>                       | <ul style="list-style-type: none"> <li>Days 1-5: \$300 copay per day</li> <li>Days 6-90: \$0 copay per day</li> <li>Out-of-network: 30% coinsurance.</li> </ul>                |
| <b>Skilled Nursing Facility<br/>*100 day limit</b>    | <ul style="list-style-type: none"> <li>Days 1-20: \$0 copay per day.</li> <li>Days 21-100: \$214 copay per day</li> <li>Out-of-network: 40% coinsurance.</li> </ul> | <ul style="list-style-type: none"> <li>Days 1-20: \$0 copay per day.</li> <li>Days 21-100: \$214 copay per day</li> <li>Out-of-network: 30% coinsurance.</li> <li>.</li> </ul> |
| <b>Outpatient Lab Services</b>                        | \$0-10 copay per visit (IN) /10% coinsurance (OON)  | \$0-5 copay per visit/30% coinsurance  |
| <b>Diagnostic Tests</b>                               | \$50 copay per visit/10% coinsurance  | \$10 copay per visit/30% coinsurance   |

# 2025 PPO PLANS (CONT'D)

| Plan           | Elite Preferred (PPO)<br>In-Network/Out-of-Network  | Elite Courage Med-Only (PPO)<br>In-Network/Out-of-Network  |
|----------------|---|--|
| <b>OTC</b>     | <b>\$175</b> quarterly (no rollover)  | \$150 quarterly (no rollover)  |
| <b>RX</b>      | -\$0 Deductible<br>-30 Day Retail: \$ 0 / \$0 / \$45 / \$100 / 33%<br>-90 Day Retail: \$0 / \$0 / \$135 / \$300 / 33%<br>-30 Day Mail: \$0 / \$0 / \$45 / \$100 / 33%<br>-90 Day Mail:\$ \$0 / \$0 / 90 / \$200 / 33% | Not Covered  |
| <b>Dental</b>  | Annual Maximum:\$7,500<br>-Deductible: \$0<br>\$0 copay for preventive and comprehensive care<br>30% OON  | Annual Maximum:\$2,500<br>-Deductible: \$0<br>\$0 copay for preventive and comprehensive care<br>No OON coverage |
| <b>Vision</b>  | -\$0 Copay on routine exams / 10% OON<br>-\$200 maximum reimbursement for eyewear   | -\$0 copay on routine exams / \$25- \$150 OON<br>-\$200 maximum reimbursement for eyewear                        |
| <b>Hearing</b> | -\$0 copay on routine exam<br>-\$30 on diagnostic exams<br>Hearing Aids up to \$675   | \$0 routine exam/ 50% OON<br>Hearing Aids up to \$675  |

# DENTAL BENEFITS

| 2025  | PARAMOUNT DENTAL PLAN BENEFITS   |
|---|--|
| Annual Maximum Plan Payment   | Up to \$7,500 for preventive and comprehensive dental services combined.   |
| Deductible  | \$0  |
| Embedded PPO Preventive Dental and Comprehensive Dental Benefits  | <b>Preventive Benefits with \$0 copay for:</b> <ul style="list-style-type: none"><li>• 2 periodic exams.</li><li>• 2 teeth cleanings.</li><li>• 2 fluoride treatments.</li><li>• 4 (one-set) dental bitewing X-rays per calendar year.</li></ul> |
| In-Network:<br>\$0 copay  | <b>Comprehensive Benefits with \$0 copay for:</b> <ul style="list-style-type: none"><li>• Fillings.</li><li>• Root canals.</li><li>• Crowns.</li><li>• Periodontal maintenance.</li><li>• Extractions.</li><li>• Dentures</li></ul>              |
| Out-of-Network:<br>30% coinsurance  |  |
| Dental Networks: <ul style="list-style-type: none"><li>• Paramount Dental.</li><li>• DenteMax.</li><li>• Connection Dental.</li></ul> | <ul style="list-style-type: none"><li>• <b>Implants: NOT Covered</b></li></ul>   |
| See Evidence of Coverage for additional details about endodontics, periodontics, prosthodontics and restorative coverage.             |  |





# PROVIDER NETWORK

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## Northeast Ohio

- Cleveland Clinic.
- MetroHealth.
- University Hospitals.
- Mercy Health – Lorain Hospital.

## Southwest Ohio & Northern Kentucky

- Mercy Health.
- Premier Health.
- St. Elizabeth Healthcare.
- The Christ Hospital.
- UC Health.
- And many more!

## Northwest Ohio & Southeast Michigan

- ProMedica.
- Mercy Health.
- The Toledo Clinic.
- The University of Toledo Medical Center.
- Wood County Hospital.

## Indiana

- Mercy Health.
- Parkview Health.
- Parkview Orthopedic Hospital North.
- St. Elizabeth Dearborn Hospital.

Visit [myparamount.org/provider-search](https://myparamount.org/provider-search) for a complete listing.



# SUPPLEMENTAL BENEFITS

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### Over-the-Counter Benefit

Members receive **up to \$175 allowance every calendar quarter\*** for over-the-counter (OTC) items through a mail-order catalog and/or retail.



### SilverSneakers®

No-cost fitness membership.



### Hearing Benefit

**\$0 copay for routine hearing exam** (one visit per year). Hearing aid benefit up to \$675 per year/per ear. All types (inner, outer, over) at \$0 copay.



### Meal Benefit

After an inpatient or skilled nursing facility stay, plan provides two meals a day for 14 days (maximum of four weeks per year).



### Non-Emergent Transportation

Members receive 24 one-way trips (taxi, rideshare or van) for \$0 copay.\*\*



### Wellness Incentive

**Earn up to \$80** on a refillable benefits card.



### Personal Emergency Response (PERS)

Not available on MA-Only plans.



### Virtual Doctor Visit

PCP and behavioral health virtual visits at same low copays as in-person visits.

\*Varies based on plan choice.

\*\*Not available on all plans



# THANK YOU!

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