

Paramount Insurance Company			
Summary of Benefits			
Self Insured HMO			
WASHINGTON LOCAL SCHOOLS			
Group Number:	0310300001	Effective Date:	12/1/2020
Benefit Period:	Contract Year		
Dependent Child Limiting Age:	Dependent children are covered until the end of the month they turn age 26. Paramount believes this plan is a Large Group non-grandfathered health plan under the Patient Protection and Affordable Care Act.		

	Paramount HMO Network
Out-of-Pocket Copayment Limit:	\$1000 Single/\$2000 Family
Covered Services:	All Covered Services not listed below are covered in full.
Primary Care Physician Office Visits:	\$10 Copay per Office Visit.
Specialist Physician Office Visits:	\$15 Copay per Office Visit.
Inpatient Hospital:	Inpatient hospital services are subject to a \$150 copay per admission. Inpatient rehabilitation is covered up to 60 days.
Outpatient Surgical Facility:	Outpatient hospital or free-standing surgical facility services are subject to a \$100 copay.
Outpatient Physical/Occupational/Speech Therapy:	Physical/Occupational Therapy: \$10 Copay per Visit up to 30 visits. Speech Therapy: \$10 Copay per Visit up to 30 visits.
Emergency Room Facility:	\$150 Copay. Waived if admitted.
Urgent Care Facility:	\$15 Copay
Ambulance:	Emergency - \$25 per trip.
Skilled Nursing Facility Days:	Unlimited Days
Mental Illness/Substance Abuse:	Inpatient and Outpatient Mental Illness and Substance Abuse covered the same as any physical condition. Outpatient office visits subject to the Primary Care Physician Copayment/Coinsurance.
Durable Medical Equipment:	20% Coinsurance, subject to Medicare Part B guidelines.
Prosthetic Devices:	20% Coinsurance. Subject to Medicare Part B guidelines.
Infertility:	30% Coinsurance.
Contraception Services:	Covered, subject to applicable copayment.
Foot Orthotics Rider:	Covered for foot orthotics that do not meet Medicare criteria; subject to DME benefit limit.
Private Duty Nursing Rider:	Covered, if Medically Necessary.
Chiropractic Services Rider:	\$10 Copay per Visit up to 40 Visits.
Hearing Aid Rider:	Coverage not available.
Vision Hardware Rider:	Routine vision exam and vision hardware is not covered.
Additional Rider A:	Coverage not available.
Additional Rider B:	Coverage not available.
Additional Rider C:	Coverage not available.
Preventive Health Services:	Covered in full.

Prescription Drug Coverage		
WASHINGTON LOCAL SCHOOLS		
Drug Formulary :	Commercial Open	
Copay Type :	3-Tier	
DAW Status :	Generic Substitution Generic Drugs, when available, will be dispensed in place of a Brand Name Drug. If the Physician has specified "Dispense as Written" (DAW) for a Brand Name Drug, you will pay the highest Drug Copayment within your Copayment Arrangement listed below. If you request a Brand Name Drug and the Physician has not specified DAW, you will pay the difference between the Brand Name Drug price and the Generic Drug price, plus the highest Drug Copayment within your Copayment Arrangement listed below.	
Non-Participating Pharmacies :	Not Covered	
Maximum Out of Pocket :	\$1,000 per Contract Year for Prescription Drugs and Medical Combined per Member \$2,000 per Contract Year for Prescription Drugs and Medical Combined per Family	
	Retail Pharmacy	Mail Order Pharmacy
Day Supply :	30	90
Generic Copay :	\$5	\$10
Preferred Brand Copay :	\$10	\$20
Non-Preferred Brand Copay :	\$15	\$45
	Additional Benefits and Programs	
ACA Mandated Preventive Drugs :	\$0 copay. Preventive Drugs covered in accordance with PPACA mandates. This includes products from the following categories: aspirin, vitamins, smoking cessation medications, women's contraceptive medications and devices, vaccines and bowel preparations. These drugs are not subject to the deductible. This list is subject to change.	
HMO Specialty Drug Program :	20% Coinsurance up to a maximum of \$50 . Specialty drugs are available through a limited specialty network and not available through standard mail-order program.	