



Dependent Coverage

HMO Out-of-Area Coverage Program

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

GET STARTED

Two 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@promedica.org
 - 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 utilization management at 800-891-2520 (select "Out-of-Plan" option) to request prior authorization.

This program comes at no cost to you.

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

CONTINUED SERVICES ON OPPOSITE SIDE

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 when prior authorized 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. Examples of covered care: physical therapy following the initial treatment of and/or surgery for a knee injury. Specialist visits to manage asthma.</p>
ProMedica OnDemand	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 419-887-2520 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 about dependent coverage,
contact Member Services.



800-462-3589



paramount.memberservices@promedica.org



paramounthealthcare.com/livechat



Affiliate of ProMedica