

## Summary of Benefits and Coverage

**The benefit plan year for ALL benefits begins March 1, 2020 and continues through February 28, 2021.**

The following information is not intended to be a detailed description of benefits; it is for general information purposes only. Please refer to the "Certificate of Coverage" or the "Plan Document" on the Lucas County Employee Benefit website for each respective health care plan if further clarification is needed. In the event of a conflict between this information and the "Certificate of Coverage" or the "Plan Document", the Certificate/Plan Document shall control.

**All non emergency care in the Paramount HMO and the Paramount PCMH plans MUST be delivered by network providers. It is the enrollee's responsibility to use physicians and other medical providers that participate in network.**

<p><b>Benefits</b></p>            <p><b>Plan Requirements</b></p>  <p><b>**A \$500 health plan deductible will be applied 3/1/21 to any employee who fails to have an annual physical by 12/31/20.</b></p>	<p><b>Paramount Patient Centered Medical Home (PCMH)</b> (10% Coinsurance applies to certain clinical, diagnostic and therapeutic procedures).</p>  <p><u>Employee:</u> Must complete an annual physical by 12/31/20. (Including routine blood tests as ordered by their physician).                  2. Employee must complete a Partnership Agreement with their physician and submit to Paramount by 12/31/20.                  3. When recommended as part of your Partnership Agreement, employee must participate in mandatory educational nutrition counseling sessions at least twice during the plan year.                  4. Employee must refrain from using tobacco or vape products or complete a smoking cessation program during the plan year.                  5. Any employee who does not meet all of the above requirements will not be eligible for this plan the following year.</p>	<p><b>Paramount HMO</b> (25% Coinsurance applies to certain clinical, diagnostic and therapeutic procedures).</p>  <p><u>Employee:</u> Must meet with their participating physician and complete an annual exam by 12/31/20.</p>	<p><b>Lucas County Plan thru FrontPath Network</b> (30% Coinsurance applies to certain clinical, diagnostic and therapeutic procedures delivered by network providers. 50% co-insurance applies to non emergency, non network services.)</p>  <p><u>Employee:</u> Must meet with their participating physician and complete an annual exam by 12/31/20.</p>
<p><b>Pre-Existing Condition</b></p>	<p>Not applicable</p>	<p>Not applicable</p>	<p>Not applicable</p>
<p><b>Out-Of-Pocket Maximum</b></p>	<p>\$1000 Single - \$2000 Family Co-Payments/Coinsurance for Infertility Services and Vision rebates, <u>do not</u> apply toward Out of Pocket maximums with the exception of pediatric vision expenses.</p>	<p>\$1500 Single - \$3000 Family Co-Payments/Coinsurance for Infertility Services and Vision rebates, <u>do not</u> apply toward Out of Pocket maximums with the exception of pediatric vision expenses.</p>	<p>\$2000 Single - \$4000 Family Co-payments will <u>not</u> accumulate toward satisfying these yearly maximums. There is NO out of pocket maximum for non emergency, non network services. Co-payments will continue to apply after out-of-pocket co-insurance maximum is met.</p>

**Certain Preventive Care will be covered in network at 100% with no co-pays. Preventive Care will include screenings, checkups, patient counseling to prevent illnesses, diseases or other health problems, including, but not limited to the following:**

Well Child Care	100% with no co-pay	100% with no co-pay	100% with no co-pay
Well Baby Care	100% with no co-pay	100% with no co-pay	100% with no co-pay
Routine Pap	100% with no co-pay	100% with no co-pay	100% with no co-pay
Mammograms	100% with no co-pay	100% with no co-pay	100% with no co-pay
Prostate Exams	100% with no co-pay	100% with no co-pay	100% with no co-pay
Immunizations	100% with no co-pay	100% with no co-pay	100% with no co-pay
Routine Preventive Services & Screenings	100% with no co-pay	100% with no co-pay	100% with no co-pay
Diagnostic Testing	100% with no co-pay	100% with no co-pay	100% with no co-pay
Certain Health Education	100% with no co-pay	100% with no co-pay	100% with no co-pay
Hearing Exam	100% with no co-pay	100% with no co-pay	100% with no co-pay

**The following benefits are subject to co-payments and/or co-insurance.**

Office Visits for (non preventive) Medical Problems	\$10 co-pay for office visit only with Pediatrician or PCP or IM. Remainder paid at 90%/10%.	\$10 co-pay for office visit only with Member's PCP. Remainder paid at 75%/25%.	\$10 co-pay for general practitioner office visit only. Remainder paid at 70%/30%.
Specialist Visit	\$15 co-pay for office visit only. Remainder paid at 90%/10%.	\$15 co-pay for office visit only. Remainder paid at 75%/25%.	\$15 co-pay for office visit only. Remainder paid at 70%/30%.
OB/GYN (other than for routine preventive services)	\$15 co-pay per visit with a plan physician. Remainder paid at 90%/10%.	\$15 co-pay per visit with a plan physician. Remainder paid at 75%/25%.	\$10 co-pay for office visit only. Remainder paid at 70%/30%.
Maternity Care	\$15 co-pay for initial visit. Prenatal office exams covered in full. Hospital delivery and ancillary services paid at 90%/10%.	\$15 co-pay for initial visit. Prenatal office exams covered in full. Hospital delivery and ancillary services paid at 75%/25%.	\$10 co-pay for initial visit. Prenatal/Postnatal office exams covered in full. Hospital delivery and ancillary services paid at 70%/30%.
Allergy Treatment	\$10 co-pay if performed by PCP, \$15 co-pay if performed by a Specialist. (\$25 co-pay per testing session).	\$10 co-pay with PCP, \$15 co-pay for Specialist. (\$25 co-pay per testing session).	<u>Testing</u> : Plan pays 70% up to \$1000. <u>Injection</u> : Employee pays 30%.
Infertility Diagnosis & Testing	10% coinsurance for diagnosis & testing for infertility. \$10 co-pay for PCP office visits, \$15 co-pay for Specialist's visits. Exclusions include but are not limited to: sterilization reversal, reproductive technologies such as IVE, GIFT, ZIFT, embryo transplant svcs, self-injectable infertility drugs.	25% coinsurance for diagnosis & testing for infertility. \$10 co-pay for PCP, \$15 co-pay for Specialist's visits. Exclusions include but are not limited to: sterilization reversal, reproductive technologies such as IVE, GIFT, ZIFT, embryo transplant svcs, self-injectable infertility drugs.	Employee pays 30% of diagnosis and testing. Excludes all reproductive technologies.
Sterilization Services, Vasectomy, Tubiligation	Paid at 90%/10%.	Paid at 75%/25%.	Paid at 70%/30%.
Vision Exams/ Hardware	Vision-\$15 co-pay for one <u>routine</u> vision exam every plan year. No PCP referral required. \$100 reimbursement every 24 months toward frames, lenses, additional exam or contact lenses, with a paid receipt.	Vision-\$15 co-pay for one <u>routine</u> vision exam every plan year. No PCP referral required. \$100 reimbursement every 24 months toward frames, lenses or contact lenses, with a paid receipt.	Vision - \$15 co-pay for one <u>routine</u> vision exam every plan year up to reasonable & customary. No referral required. \$100 reimbursement every 24 months for frames, lenses or contact lenses, or additional exam with a paid receipt.

<b>Benefits</b>	<b>Paramount Patient Centered Medical Home (PCMH)</b>	<b>Paramount HMO</b>	<b>Lucas County Plan thru the FrontPath Network</b>
Renal Dialysis	Paid at 90%/10%. Requires prior authorization. (Must enroll in Medicare Part A & B if eligible.)	Paid at 75%/25%. Requires prior authorization. (Must enroll in Medicare Part A & B if eligible.)	Paid at 70%/30%. Requires prior authorization. (Must enroll in Medicare Part A & B if eligible.)
Cardiac Rehabilitation	Paid at 90%/10%. May be paid at 100% through the Lucas County Wellness Program.	Paid at 75%/25%. May be paid at 100% through the Lucas County Wellness Program.	Paid at 70%/30%. May be paid at 100% through the Lucas County Wellness Program.
Chemotherapy & Radio-Therapy	Paid at 90%/10%. Requires prior authorization.	Paid at 75%/25%. Requires prior authorization.	Paid at 70%/30%. Requires prior authorization.
Outpatient Surgery	Paid at 90%/10%. Requires prior authorization.	Paid at 75%/25%. Requires prior authorization.	Paid at 70%/30%. Requires prior authorization.
Ambulance	Air/Ground - 10% coinsurance applies to emergency transportation.	Air/Ground - 25% coinsurance applies to emergency transportation.	Air/Ground - 30% coinsurance applies to emergency transportation.
Emergency Accident Care, Urgent Care Centers	<u>Emergency Room</u> - \$200 co-pay, waived if admitted within 24 hours. If admitted then 10% coinsurance. Any covered member who utilizes an urgent care facility or Promedica OnDemand first and is then sent to the emergency room by the urgent care facility may appeal the additional \$100 co-payment amount. If documentation of your urgent care visit is included with the appeal request, the additional \$100 co-pay will be waived for that visit.  <u>Urgent Care</u> - \$15 co-pay, waived if admitted. If admitted then 10% coinsurance.	<u>Emergency Room</u> - \$200 co-pay, waived if admitted within 24 hours. If admitted then 25% coinsurance. Any covered member who utilizes an urgent care facility or promedica on Demand first and is then sent to the emergency room by the urgent care facility may appeal the additional \$100 co-payment amount. If documentation of your urgent care visit is included with the appeal request, the additional \$100 co-pay will be waived for that visit.  <u>Urgent Care</u> - \$15 co-pay, waived if admitted. If admitted then 25% coinsurance.	<u>Emergency Room</u> - \$200 co-pay, waived if admitted within 48 hours. If admitted then 30% coinsurance. Any covered member who utilizes an urgent care facility or Telemed first and is then sent to the emergency room by the urgent care facility may appeal the additional \$100 co-payment amount. If documentation of your urgent care visit is included with the appeal request, the additional \$100 co-pay will be waived for that visit.  <u>Urgent Care</u> - \$15 co-pay per visit. If admitted then 30% coinsurance.
Mental Health (Outpatient)	\$15 co-pay for office visit only. Additional services paid at 90%.	\$15 co-pay for office visit only. Additional services paid at 75%.	\$15 co-pay for office visit only. Additional services paid at 70%.
Mental Health (Inpatient)	Paid at 90%/10%. Requires prior authorization	Paid at 75%/25%. Requires prior authorization	Paid at 70%/30%. Requires prior authorization
Outpatient Chemical Dependency, Substance Abuse	\$15 Co-pay per visit	\$15 Co-pay per visit	\$15 Co-pay per visit
Home Health Care	Paid at 90%/10%. Requires prior authorization.	Paid at 75%/25%. Requires prior authorization.	Paid at 70%/30%. Requires prior authorization.
Hospice Care	Paid at 90%/10%. Requires prior authorization. Bereavement counseling limited to 2 visits.	Paid at 75%/25%. Bereavement counseling available first 12 months after death of family member.	Paid at 70%/30%. Requires prior authorization. Bereavement counseling limited to 2 visits.
Chiropractic	\$20 Co-pay per visit.	\$20 Co-pay per visit.	Neuro/Muscular Manipulations – Plan pays 70%.

<b>Benefits</b>	<b>Paramount Patient Centered Medical Home (PCMH)</b>	<b>Paramount HMO</b>	<b>Lucas County Plan thru the FrontPath Network</b>
Room, Board & Ancillary Services in Semiprivate, Intensive Care or Coronary Unit	Paid at 90%/10%. Requires prior authorization.	Paid at 75%/25%. Requires prior authorization.	Paid at 70%/30%. Requires prior authorization.
Detoxification for Alcohol/Substance Abuse & Rehabilitation	Paid at 90%/10% for Detox. Requires prior authorization.	Paid at 75%/25% for Detox. Requires prior authorization.	Paid at 70%/30% for Detox. Requires prior authorization.
Inpatient, Chemical Dependency/Substance Abuse	Paid at 90%/10%. Requires prior authorization.	Paid at 75%/25%. Requires prior authorization.	Paid at 70%/30%. Requires prior authorization.
Physical/Occupational & Speech Therapy	\$25 Co-pay per visit. Limited to 30 visits per Plan Year for each service. Provided in an Outpatient setting or Specialist's Office.	\$25 Co-pay per Visit up to 30 Visits per Member for each service per Plan Year.	Employee pays 30%. Limited to 20 visits per Plan Year for each service. Additional visits with prior authorization. Provided in an Outpatient setting or Specialist's Office.
Physician Services in the Hospital, Includes Surgery & Anesthesia	Paid at 90%/10%.	Paid at 75%/25%.	Paid at 70%/30% unless otherwise specified in the Plan Document. Assistant Surgeon pays 20% surgical allowance.
Skilled Nursing Facility	Paid at 90%/10%, up to a maximum of 100 days per Member. Requires prior authorization.	Paid at 75%/25%, up to a maximum of 100 days per Member. Requires prior authorization.	Paid at 70%/30%. Requires prior authorization. Limited to 100 days per condition.
Durable Medical Equipment	Employee pays 10%. Requires prior authorization for items over \$1,500. Subject to Medicare Part B guidelines.	Employee pays 25%. Requires prior authorization for items over \$1,500. Subject to Medicare Part B guidelines.	Employee pays 30%. Requires prior authorization for items over \$1,500. Subject to Medicare Part B guidelines.
Prescription Drugs	All medications in excess of \$500 require prior authorization.	All medications in excess of \$500 require prior authorization.	All medications in excess of \$500 require prior authorization.

**Other Designated Services Requiring Prior Authorization:** All inpatient hospitalizations, all biopsies, all genetic testing, skilled nursing facility stays, outpatient surgeries (not performed at physicians office), chemotherapy/infusion therapy, renal dialysis, radiation therapy, human organ transplant evaluation and transplantation, home health services, hyperbaric oxygen treatment, respiratory therapy prior to first visit, durable medical equipment (\$1,500 purchase or rental), hospice care and blephero-plasty.

<b>Benefits</b>	<b>Paramount Patient Centered Medical Home (PCMH)</b>	<b>Paramount HMO</b>	<b>Lucas County Plan thru the FrontPath Network</b>
<p>Hospitals (Toledo area only listed. For complete listing of all in-network hospitals, please refer to appropriate provider directory or website).</p>	<p>Toledo, Toledo Children’s, Flower, St. Luke’s Hospital, Bay Park, UT Medical Center, Fulton County Health Center, Wood County Hospital.</p>	<p>Toledo, Toledo Children’s, Flower, St. Luke’s Hospital, Bay Park, UT Medical Center, Fulton County Health Center, Wood County Hospital.</p>	<p>Toledo, Toledo Children’s, Flower, UT Medical Center, St. Charles, St. Vincent’s Mercy, Mercy Children’s, Wood County, St. Luke’s Hospital, Bay Park, St. Anne Mercy, &amp; Fulton County Health Center.</p>
<p><b>Prescription Drug Coverage</b></p> <p>*All medications in excess of \$500 require prior authorization</p> <p>*Any specialty medication costing in excess of \$1,000 per script will be subject to medical management review and may be redirected for dispensing only through a specifically selected specialty pharmacy.</p> <p>*Mail order provides up to a 90-day supply for Tiers I &amp; II, with a <b>90-day supply co-pay</b>, and a 30-day supply of Tier III medications.</p>	<p>Through the Lucas County Prescription Drug Plan.</p> <p><b><u>Benefit level for Non-Drug Use Review Participants:</u></b>  TIER I: 20% co-pay for generic medication, with a minimum \$5 per script and a maximum of \$20 per script up to a 30-day supply retail.  TIER II: 20% co-pay with a minimum \$40 per script and a maximum \$100 per script for brand name medication up to a 30-day supply retail.  TIER III: 20% or \$40 (whichever is greater) co-pay with no cap up to a 30-day supply retail.</p> <p><b><u>Benefit Level for Drug Use Review Participants:</u></b> Tier I: Generic – 20% up to \$8 (up to a 90-day supply); Tier II: Brand-\$25 (up to 90- day supply); Tier III: 20% of the cost or \$40 whichever is greater– no cap (up to 30-day supply). Max. \$350 out of pocket co-pay on Tier II with enrollment in and compliance with Lucas County Prescription Drug Use Review Program. Max \$500 out of pocket co-pay on Tier III with enrollment in and compliance with the Lucas County Prescription Drug Use Review Program.  All Brand Name Proton Pump Inhibitors are excluded from coverage.  Step Therapy continues to apply.</p>	<p>Through the Lucas County Prescription Drug Plan.</p> <p><b><u>Benefit level for Non-Drug Use Review Participants:</u></b>  TIER I: 20% co-pay for generic medication, with a minimum \$5 per script and a maximum of \$20 per script up to a 30-day supply retail.  TIER II: 20% co-pay with a minimum \$40 per script and a maximum \$100 per script for brand name medication up to a 30-day supply retail.  TIER III: 20% or \$40 (whichever is greater) co-pay with no cap up to a 30-day supply retail.</p> <p><b><u>Benefit Level for Drug Use Review Participants:</u></b> Tier I: Generic – 20% up to \$8 (up to a 90-day supply); Tier II: Brand-\$25 (up to 90- day supply); Tier III: 20% of the cost or \$40 whichever is greater– no cap (up to 30-day supply). Max. \$350 out of pocket co-pay on Tier II with enrollment in and compliance with Lucas County Prescription Drug Use Review Program. Max \$500 out of pocket co-pay on Tier III with enrollment in and compliance with the Lucas County Prescription Drug Use Review Program.  All Brand Name Proton Pump Inhibitors are excluded from coverage.  Step Therapy continues to apply.</p>	<p>Through the Lucas County Prescription Drug Plan.</p> <p><b><u>Benefit level for Non-Drug Use Review Participants:</u></b>  TIER I: 20% co-pay for generic medication, with a minimum \$5 per script and a maximum of \$20 per script up to a 30-day supply retail.  TIER II: 20% co-pay with a minimum \$40 per script and a maximum \$100 per script for brand name medication up to a 30-day supply retail.  TIER III: 20% or \$40 (whichever is greater) co-pay with no cap up to a 30-day supply retail.</p> <p><b><u>Benefit Level for Drug Use Review Participants:</u></b> Tier I: Generic – 20% up to \$8 (up to a 90-day supply); Tier II: Brand-\$25 (up to 90- day supply); Tier III: 20% of the cost or \$40 whichever is greater– no cap (up to 30-day supply). Max. \$350 out of pocket co-pay on Tier II with enrollment in and compliance with Lucas County Prescription Drug Use Review Program. Max \$500 out of pocket co-pay on Tier III with enrollment in and compliance with the Lucas County Prescription Drug Use Review Program.  All Brand Name Proton Pump Inhibitors are excluded from coverage.  Step Therapy continues to apply.</p>

\*\* Treatments that are in progress for employees and dependents who are switching from one health plan to another, need to be coordinated with their new health plan for any dates of service on or after March 1, 2018. Some of the most common treatments needing coordination include, but are not limited to, scheduled surgery, maternity, mental health and substance abuse care. Employees can call Paramount Member Services at 419-887-2525 or toll free at 1-800-462-3589 for questions and assistance. Members enrolled in the Lucas County Health Plan through Frontpath may call NFP Benefit Alliance at 419-244-0135 for questions and assistance.

### **Notes:**

**Paramount Patient Centered Medical Home Plan-** This plan pays 90% of all contracted cost of covered services performed within the Paramount PCMH network. The employee pays 10% of the contracted cost of covered services performed within the network up to a yearly maximum out-of-pocket coinsurance of \$1000 maximum per individual or \$2000 maximum per family. Once you reach the out-of-pocket expense of \$1000 per individual or \$2000 per family, you will not be responsible to pay any more out-of-pocket expenses except for those applicable co-pays. Benefits are not paid for non-emergency elective medical services performed by non-participating network medical providers. The Paramount PCMH Plan requires use of plan providers except for Emergency Medical Conditions or student away at school conditions described below. Enrollees in the PCMH plan must meet with their participating physician, complete a physical exam and enter into a "Paramount PCMH Partnership Agreement " with their physician.

2) Referrals from a PCP to see plan Specialists are NOT required. Limited benefits renew each Contract/ PlanYear.

**Lucas County Plan through FrontPath-** This Plan pays 70% of the contracted cost of covered services performed within the FrontPath network. The employee pays 30% of the contracted cost of covered services performed within the FrontPath network up to a yearly maximum out-of-pocket coinsurance of \$2000 maximum per individual or \$4000 maximum per family. This means that the employee pays 30% of the contracted cost of covered services and the County pays 70% of the contracted cost of covered services up to the annual maximum(s). Once you reach the out-of-pocket coinsurance expense of \$2000 per individual or \$4000 per family, and you continue to use the FrontPath network, you will not be responsible to pay any more out-of-pocket coinsurance expenses, except for applicable co-pays. For enrollees in this plan who seek services outside of the FrontPath network, the Lucas County Plan will pay 50% up to the Usual Customary and Reasonable amount and the employee will pay 50% up to the Usual Customary and Reasonable amount. The \$2000 per individual and the \$4000 per family out-of-pocket coinsurance maximum(s) do not apply for services provided outside of the FrontPath participating network. Co-payments will continue to apply. Co-payments do not apply to coinsurance out-of-pocket maximums.

**Eligible dependents away at school may use the local Urgent Care Center or the College Infirmary for conditions including, but not limited to, colds, flu, ear infections, sprains or strains with the applicable \$10 office visit co-pay. All other non-emergency services and routine care must be performed in-network or the out-of-network charge of 50% will be applicable with no out of pocket maximum.**

**Paramount Health Care -** For those services that have a coinsurance associated with them, the Paramount Plan pays 75% of the contracted cost of covered services performed within the Paramount network. The employee pays 25% of the contracted cost of covered services performed within the network up to a yearly maximum out-of-pocket coinsurance of \$1500 maximum per individual or \$3000 maximum per family. Once you reach the out-of-pocket expense of \$1500 per individual or \$3000 per family, you will not be responsible to pay any more out-of-pocket expenses except for those applicable co-pays. Benefits are not paid for non-emergency elective medical services performed by non-participating network medical providers. Referrals from Paramount PCP to see plan Specialists are NO LONGER required.

**Paramount's Student Program** – Paramount's STUDENT 101 program will cover student care for Emergency, Urgent Care and for follow up services. If your child needs medical care away from home beyond Emergency services, simply contact Paramount's Utilization Management department at (800) 891-2520 and select the option for *Out of Plan and Student referrals* or visit their website at [www.paramounthealthcare.com](http://www.paramounthealthcare.com). Appropriate co-pays will apply, along with a 25% coinsurance for any diagnostic/lab services. For Emergency services, **notification to the member's PCP should take place within 72 hours following the visit.** Routine wellness care, such as physical exams must be scheduled with the Member's PCP in the Paramount service area.

Paramount Health Care requires use of plan providers except for Emergency Medical Conditions. Limited benefits renew each Contract/ PlanYear.

Treatments that are in progress for employees and dependents who are switching from one health plan to another, need to be coordinated with their new health plan for any dates of service on or after March 1, 2020. Some of the most common treatments needing coordination include, but are not limited to, scheduled surgery, maternity, mental health and substance abuse care. Employees can call Paramount Member Services at 419-887-2525 or toll free at 1-800-462-3589 for questions and assistance. Members enrolled in the Lucas County Health Plan through Frontpath may call NFP Benefit Alliance at 419-244-0135 for questions and assistance.