

# University of Toledo - Paramount Employer Select 95/85/70 (No PCP Required)



	Tier 1 (UT & Tier 1 Facilities**)	Tier 2 (Paramount Network and First Health Network outside of the Paramount Service Area)	Tier 3 (Non-Network) (may be balanced bill)
†PA - Prior Authorization Required See Member Handbook for full Prior Authorization Requirements			
Embedded Deductible		61 - Dependent children are covered until the end of the year they turn age 26.	
Single	\$150	\$300	\$1,000
Single+1	\$300	\$600	\$2,000
Family	\$300	\$600	\$2,000
Coinsurance	95% after ded.	85% after ded.	70% after ded.
Maximum Out of Pocket			
Single	\$1,250	\$2,500	\$4,000
Single+1	\$2,500	\$5,000	\$8,000
Family	\$2,500	\$5,000	\$8,000
Deductible/OOP satisfaction	Tier 1 ded & OOP max satisfies Tier 1 & 2	Tier 2 ded & OP max satisfies Tier 1 & 2 only	Tier 3 ded & OOP max satisfies Tier 1, 2 & 3
Physician/Office Services			
Preventive Health Services	Covered in Full, Not Subject to Deductible	Covered in Full, Not Subject to Deductible	70% after ded.
Office Visit	\$15 copay per visit	\$25 copay per visit	70% after ded.
Specialist Visit	\$30 copay per visit	\$40 copay per visit	70% after ded.
Podiatry Services	\$30 copay per visit	\$40 copay per visit	70% after ded.
Routine Vision Exam	\$15 copay, once per calendar year	\$25 copay, once per calendar year	Not Covered
Allergy Testing	\$30 copay per visit	\$40 copay per visit	70% after ded.
OB/GYN Visits	\$30 copay per visit	\$40 copay per visit	70% after ded.
Annual GYN Visit	\$30 copay per visit	\$40 copay per visit	70% after ded.
Chiropractic Services, 35 visits per member, per year	\$15 copay	\$25 copay	Not Covered
Infertility Services	70% up to \$15,000 per calendar year	70% after ded., up to \$15,000 per calendar year	Not Covered
Diagnostics			
Diagnostic Test (x-ray, lab)	95% after ded.	85% after ded.	70% after ded.
Imaging (CT/PET scans, MRI's) †PA	95% after ded.	85% after ded.	70% after ded.
Maternity Care			
Pre & Post Natal	\$30 copay (first visit)	\$40 copay (first visit)	70% after ded.
Delivery	95% after ded.	85% after ded.	70% after ded.
Hospital Services			
Inpatient †PA	95% after ded.	\$100 copay per admission then 85% after ded.	\$250 copay per admission then 70% after ded.
Outpatient	95% after ded.	85% after ded.	70% after ded.
Emergency Room Facility	\$200 copay per visit (waived if admitted)	\$200 copay per visit (waived if admitted)	\$200 copay per visit (waived if admitted)
Urgent Care	N/A	\$50 copay per visit	\$50 copay per visit
On Demand Virtual Care	\$15 copay	Not covered	Not Covered
Durable Medical Equipment (subject to Medicare Part B) †PA	95% after ded.	85% after ded.	70% after ded.
Foot Orthotics (subject to Medicare Part B Guidelines) †PA	N/A	85% after ded.	70% after ded.
Prosthetic Devices †PA	N/A	85% after ded.	70% after ded.
Human Organ Transplant †PA	95% after ded.	85% after ded.	Not Covered
Ambulance			
Emergency Use	N/A	85% after Tier 2 ded.	
Outpatient Surgical Facility Services			
Including Outpatient Surgery Facility Charge	95% after ded.	85% after ded.	70% after ded.
Therapy Services			
Inpatient Rehabilitation †PA			
up to 60 days per member per calendar year	95% after ded.	85% after ded.	70% after ded.
Outpatient Physical/Occupational/Speech Therapy			
up to 15 visits per member, per calendar year, per category	95% after ded.	85% after ded.	70% after ded.
Skilled Nursing Facility			
100 day limit per member per calendar year †PA	95% after ded.	85% after ded.	70% after ded.
Hospice/Home Health Care			
In Lieu of Hospitalization †PA	N/A	85% after ded.	70% after ded.
Mental Health			
Inpatient	95% after ded.	85% after ded.	70% after ded.
Outpatient	\$15 copay per visit	\$25 copay per visit	70% after ded.
Substance Abuse			
Inpatient	95% after ded.	85% after ded.	70% after ded.
Outpatient	\$15 copay per visit	\$25 copay per visit	70% after ded.

Tier 1 providers: UTM (all services where available) & ProMedica owned and operated Hospitals for Inpatient Services and Outpatient Surgeries Only

Defiance Regional Medical Center

Flower Hospital.

Fostoria Community Hospital

Lima Memorial Hospital

The Toledo Hospital

Toledo Children's Hospital

Bay Park Community Hospital

Memorial Hospital Fremont

The Tier 1 listings could change on a monthly basis; therefore we encourage you and your family members to view these listings via the web at <http://hr.utoledo.edu>

Monroe Regional Hospital