

PARAMOUNT INSURANCE COMPANY

Preferred Provider Organization (PPO)

WHAT IS A PREFERRED PROVIDER ORGANIZATION?

Paramount's preferred provider organization (PPO) plans are great for groups looking for a little more freedom of choice and flexibility for their employees, a larger network of healthcare providers for more access to their favorite providers, and free benefits and services, such as full coverage of preventive services. Paramount's PPO plans are available to groups of two or more people domiciled in Michigan, as well as to self-funded groups in Ohio.

WHY CHOOSE A PARAMOUNT PPO PLAN?

Paramount's PPO plans have quickly become some of our most popular plans, particularly because we partner with other PPO networks throughout Michigan, providing members more access to the physicians they want to see. Our PPO deductibles range from \$200 to \$2,000, so you are sure to find something that fits your group's medical and financial needs. But the keys to the popularity of our PPO plans are the levels of service, access and benefits provided.

We partner with other PPO networks throughout Michigan, which provides members more access to their providers of choice.

Complete Coverage for Preventive Services

Under a Paramount PPO plan, we offer a wide range of preventive services provided to members at no cost. Preventive services delivered through in-network, contracted providers have no coinsurance or copayment and are not subject to a deductible. Paramount's preventive services are Patient Protection and Affordable Care Act (PPACA) compliant and include, but are not limited to:

- Well-baby and well-child care
- Childhood and adult immunizations
- Physical exams
- Cytological screenings (Pap smears)
- Pediatric screenings
- Infectious and chronic disease screenings
- Allergy desensitization treatment
- Hearing screenings
- Colorectal screenings
- PSA screenings
- Mammography
- Vision screenings
- Women's preventive care

Covered Services*

Paramount PPO plans also include coverage (subject to deductible, copayment and/or coinsurance, if applicable) for a wide range of services including, but not limited to:

- Routine office visits
- Hospitalization and surgery
- Emergency care
- Maternity and newborn care
- Durable medical equipment and prosthetics
- Mental health and substance abuse
- Diagnostic testing
- Home health care and hospice

Condition Management

We provide disease and case management to members with chronic conditions who need additional assistance. This helps employees manage their conditions by actively participating in their ongoing care and keeping their health on track while providing cost control for employers.

Personal Service

As an employer, you'll have a dedicated account representative, membership representative and billing expert who know you and your plan. And employees can choose a personal call center representative they can work with.

More Access Through Our Provider Networks

Access to care is critical to your employees and their families. A Paramount PPO plan gives members more access to their favorite providers and other caregivers than other Paramount plans. Usually, no physician referrals are necessary.

Paramount's PPO plans are two-tiered plans. The first tier gives employees access to our Paramount Insurance Company network, Encore Health Network and CuraNet, a consortium of PPOs throughout Michigan. The second tier gives employees access to any other providers they wish to see.

Should you venture out of our defined PPO networks, our contract with the national network of Private Healthcare Systems (PHCS) Healthy Directions allows you to see PHCS contracted providers without paying full price or being balance-billed.

*Benefit exclusions and limitations may apply. You and/or your provider may be required to pre-certify or obtain prior authorization for coverage of certain services, such as non-emergency inpatient hospital care. Please refer to the Certificate of Coverage for a complete listing of services requiring preauthorization.