

POINT OF SERVICE (POS)

WHAT IS A POINT OF SERVICE HEALTH PLAN?

A Paramount POS plan is a unique form of health insurance that combines attributes from both health maintenance organization (HMO) and preferred provider organization (PPO) plans, offering more freedom of choice, while delivering affordability. Like our HMO plans, Paramount POS plans also have a network of physicians, hospitals and other medical providers, and require members to select a primary care physician (PCP) who will provide most of their care. But like a PPO, members can choose to go out of network for some of their medical needs.

WHY CHOOSE A PARAMOUNT POS PLAN?

Paramount point of service plans offer more freedom and choices than an HMO, particularly in access to providers. Yet our POS plans offer smaller deductibles for most care and lower copayments compared to PPO or CDHP plans, which makes them popular among members. And employers enjoy lower premiums since the plan is built on the HMO benefit and pricing structure.

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Affordability

As part of ProMedica, we receive aggressive provider discounts that can be passed along to our groups through lower premium pricing, which is especially beneficial for self-funded plans. As with all of our plans, preventive services are covered in full for our members. Paramount offers a wide range of benefit packages to best meet your specific needs and budget.

Personal Service

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



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