### HEALTH INSURANCE MARKETPLACE

Individual and Family Health Coverage





Marketplace Coverage

# THE AFFORDABLE CARE ACT

By now, you're probably familiar with the Affordable Care Act (ACA). We have a variety of plans to choose from, at a variety of costs. All our plans come with access to some of the most popular physicians in the area, including ProMedica physicians and hospitals.

Open enrollment ends January 15, 2024.





# OUR PLANS COME WITH SOME PRETTY

## GREAT PERKS.

- See a doctor anytime, anywhere with virtual doctor visits through ProMedica OnDemand. As a Paramount member, ProMedica OnDemand is a \$0 copay.
- Earn a \$50 Visa gift card wellness by taking care of yourself with our wellness incentive.

- Variety of plan options for any budget.
  - Get a free, no-obligation quote at GetParamount.com.
- An affiliation with ProMedica, so you will always have access to its facilities and physicians.
- Access to many other physicians, hospitals and facilities.
- Availability of a personal call center representative, which means you can talk to the same person every time you call us.
- Ask Paramount, our 24/7 nurse line.
- Instant message us with Live Chat.
- Preventive visits at a \$0 copay.
- Prescription drug coverage.
- No referrals required to see specialists.
- Go to your member portal account, myParamount.org, where you can access your ID card, find a physician, view your Explanation of Benefits and more, 24 hours a day, seven days a week.

# PARAMOUNT 2024 PLANS

Full plan benefits can be found at paramounthealthcare.com.

Depending on which northwest Ohio county you live in, you will have certain plans available to you

BENEFITS	PARAMOUNT GOLD STANDARD 1	PARAMOUNT PARAMOUNT PARAMOUNT PARAMOUNT GOLD SILVER SILVER EXPANDED BI STANDARD 1 STANDARD 2 STANDARD 1 STANDARD 1	PARAMOUNT SILVER STANDARD 1	PARAMOUNT SILVER STANDARD 2	PARAMOUNT EXPANDED BRONZE STANDARD 1	PARAMOUNT PARAMOUNT EXPANDED BRONZE EXPANDED BRONZE STANDARD 1 STANDARD 2
ООР Мах	\$8,700 Single/ \$17,400 Family		\$8,700 Single/ \$9,100 Single/ \$9,100 Single/ \$9,400 Single/ \$17,400 Family \$18,200 Family \$18,200 Family	\$9,100 Single/ \$18,200 Family \$18,800 Family	\$9,400 Single/ \$18,800 Family	\$9,400 Single/ \$18,800 Family
Deductible	\$1,500 Single/ \$3,000 Family	\$1,500 Single/ \$3,000 Family	\$5,900 Single/ \$11,800 Family	\$5,900 Single/ \$11,800 Family \$11,800 Family \$15,000 Family	\$7,500 Single/ \$15,000 Family	\$7,500 Single/ \$15,000 Family
PCP Visit	\$30	\$30	\$40	\$40	\$50	\$50
Specialist Visit	09\$	09\$	\$80	\$80	\$100	\$100
ER	25%	25%	40%	40%	20%	20%
IP Hosp	25%	25%	40%	40%	20%	20%
OP Hosp	25%	25%	40%	40%	20%	20%
Urgent Care	\$45	\$45	09\$	09\$	\$75	\$75
DME/PROST	25%	25%	40%	40%	20%	20%
Drug Coverage	>	>	>	>	>	>

BENEFITS PARAMOUNT PARAMOU	PARAMOUNT GOLD 1	PARAMOUNT GOLD 3	PARAMOUNT SILVER 1	PARAMOUNT SILVER 2	PARAMOUNT SILVER 4	PARAMOUNT SILVER 5	PARAMOUNT SILVER 6	PARAMOUNT BRONZE 1 HSA	PARAMOUNT BRONZE 2 HRA	PARAMOUNT BRONZE 3 HSA	PARAMOUNT BRONZE 4 HRA
OOP Max	\$6,500 Single/ \$13,000 Family	\$6,500 Single/ \$13,000 Family	\$6,500 Single/ \$6,500 Single/ \$9,000 Single/ \$13,000 Family \$13,000 Family \$18,000 Family	\$8,000 Single/ \$16,000 Family	\$8,500 Single/ \$17,000 Family	\$8,500 Single/ \$17,000 Family \$18,000 Family	\$8,000 Single/ \$16,000 Family	\$7,500 Single/ \$15,000 Family	\$9,450 Single/ \$18,900 Family	\$7,500 Single/ \$15,000 Family	\$9,450 Single/ \$18,900 Family
Deductible	\$2,000 Single/ \$4,000 Family	\$2,000 Single/ \$2,000 Single/ \$4,000 Single/ \$4,000 Family \$8,000 Family	\$4,000 Single/ \$8,000 Family	\$6,500 Single/ \$13,000 Family	\$7,000 Single/ \$14,000 Family	\$4,000 Single/ \$8,000 Family	\$6,500 Single/ \$13,000 Family	\$6,500 Single/ \$6,000 Single/ \$13,000 Family	\$9,450 Single/ \$18,900 Family	\$6,000 Single/ \$12,000 Family	\$9,450 Single/ \$18,900 Family
PCP Visit	\$15	\$15	\$20	\$25	\$35	\$20	\$25	\$35 copay after deductible	%0	\$35 copay after deductible	%0
Specialist Visit	\$55	\$55	\$75	\$70	\$75	\$75	\$70	20%	%0	20%	%0
ER	20%	20%	\$400 copay after deductible	\$400 copay after deductible	40%	\$400 copay after deductible	\$400 copay after deductible	20%	%0	20%	%0
IP Hosp	20%	20%	30%	30%	40%	30%	30%	20%	%0	20%	%0
OP Hosp	20%	20%	30%	30%	40%	30%	30%	20%	%0	20%	%0
Urgent Care	\$55	\$55	\$75	\$75	\$100	\$75	\$75	20%	%0	20%	%0
DME/PROST	20%	20%	30%	30%	40%	30%	30%	20%	%0	20%	%0
Drug Coverage	>	>	>	>	>	>	>	>	>	>	>

### IF YOU LIVE HERE,

YOU CAN ENJOY PARAMOUNT.



### **HOME OFFICE**

Another great benefit to being a Paramount member? We work where you live, which means you can come see us in person at our Maumee location, allowing us to answer your questions in person.



To find out if we service your ZIP code, visit **paramounthealthcare.com**.

Not all plans are available in all counties.

### WANT TO KNOW HOW

## YOU CAN BUY PARAMOUNT HEALTH INSURANCE MARKETPLACE PLANS?

It's easy.

Enroll online at paramounthealthcare.com or healthcare.gov. If you have questions, simply call us at 833-945-1655. Enrollment is also available through healthcare navigators. A list of navigator locations can be found at localhelp.healthcare.gov.

### LET'S SEE IF YOU'RE ELIGIBLE.

To be eligible for health coverage through the Health Insurance Marketplace, you:



- Must live in the U.S.
- Must be a U.S. citizen or national (or be lawfully present).
- Must not currently be incarcerated.
  - Eligible dependents must be under age 26.

If you have insurance through your employer, you can still buy insurance through the Health Insurance Marketplace if your premium contributions are more than 9.69% of your household income or if your current insurance pays less than 60% of the cost of covered benefits.

# SO, HOW MUCH IS THIS GOING TO COST ME?

Well, that depends on the plan you choose, how old you are, where you live, and your tobacco use. That said, you'll know how much you'll be paying and what your benefits are before you choose a plan.

You can even get a free quote at **paramounthealthcare.com** with no commitment to enroll.

## DO I QUALIFY

### **FOR ANY SAVINGS?**

Possibly. It all depends on your family income and family size. Reference the chart below. And if you still aren't sure, visit **healthcare.gov** to determine what assistance you may be eligible to receive.



2023 MARK	ETPLACE INCOME	ELIGIBILITY*	
FAMILY SIZE	64 & UNDER TOTAL AN PRE-TAX HOUSEHOLD		
1	Up to \$20,120	\$20,120 - \$36,450	
2	Up to \$27,214	\$27,214 - \$49,300	
3	Up to \$34,307	\$34,307 - \$62,150	
4	Up to \$41,400	\$41,400 - \$75,000	
5	Up to \$48,493	\$44,809-\$81,175	
6	Up to \$55,586	\$55,586 - \$100,700	
	Below 138%**	Below 250%**	
	Medicaid***	Marketplace plans with cost-share reductions and/ or premium tax credits	

		65 & OLDER
\$36,450 - \$58,320	\$58,320	П
\$49,300 - \$78,880	\$78,880	
\$62,150 - \$99,440	\$99,440	
\$75,000 - \$120,000	\$120,000	
\$87,850 - \$140,560	\$129,880	
\$100,700 - \$161,120	\$161,120	
Below 400%**	Above 400%**	
Û	Û	
Marketplace plans with premium tax credits	Marketplace plans	Paramount Elite Medicare

<sup>\*</sup>Based on income guidelines as of 01/2023.

<sup>\*\*</sup>Percentage is related to the federal poverty levels produced by the federal government.

<sup>\*\*\*</sup>Paramount Advantage doesn't determine eligibility. Please contact your local county Department of Job and Family Services.

# WHEN EXACTLY CAN | ENROLL?

- Open Enrollment runs November 1, 2023, through January 15, 2024.
- You must enroll by the 15th of the month to receive coverage starting on the 1st of the following month.
- You may also qualify for Special Enrollment Periods outside of Open Enrollment if you experience certain qualifying life events.



See what your price could be with a free, no-obligation quote!

### SIGN ME UP!

#### WHAT SHOULD I DO TO ENROLL?

All you need are a few simple things for each family member seeking health insurance. They are:



- Social Security number or document number for legal immigrants.
- Employer and income information, such as pay stubs or W-2 forms.
- If currently covered by health insurance, the policy number.
- If eligible for employer health insurance coverage (even if the coverage is through another person's job; for example, a spouse's or a parent's), information about the employer's health insurance plan (visit healthcare.gov for a full list of required information).

# GO TO paramounthealthcare.com TO SIGN UP.

# WANT TO KNOW MORE ABOUT PARAMOUNT HEALTH INSURANCE MARKETPLACE PLANS?

All you have to do is visit paramounthealthcare.com or call us at 833-945-1655.



### Marketplace Coverage

Affiliate of ProMedica

Paramount Insurance Company is a Qualified Health Plan issuer in the Health Insurance Marketplace and does not discriminate on the basis of race, color, national origin, disability, age, sex, gender identity, sexual orientation or health status in the administration of the plan, including enrollment and benefit determinations.

Paramount Insurance Company complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1-800-462-3589 (TTY: 1-888-740-5670).

注意:如果您使用繁體中文,您可以免費獲得語言援助服務。請致電 1-800-462-3589 (TTY:1-888-740-5670) 。

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1 008 264 9859 (رقم هاتف الصم والبكم: (1 888 704 0765).

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