

YOUR HEARING AID REIMBURSEMENT BENEFIT

What Is The Hearing Aid Reimbursement Benefit?

The plan pays up to a maximum of \$300 towards the cost of a hearing aid. This benefit is provided no more than once in every two consecutive year period for each covered member and eligible dependent. You should check with your employer provided health plan to determine if hearing analysis, tests and evaluation are covered by their plan.

Covered Hearing Aid expenses include the charges that an individual is required to pay for hearing aid appliances, hearing analysis, tests or evaluations by a physician, otologist or audiologist. **Hearing analysis, tests and evaluation that do not result in the purchase of a hearing aid will not be covered by the Fund.** Covered expenses also include charges for the cost and installation of a Hearing Aid that was provided after the date of a written recommendation by a physician, otologist, or audiologist.

What Is Not Covered?

No benefits are provided for:

- Expenses not recommended or approved by a physician, otologist, or audiologist.
- Expenses for which benefits are payable under any Workers' Compensation law.
- Non-durable equipment, such as batteries.
- Special procedures or training such as lip reading courses, schooling or institutional expenses.
- Medical or surgical treatment of the ear or ears.
- Charges for services or supplies which are covered in whole or in part under any other benefit plan of the Fund.
- Repairs or adjustments of hearing aids.
- Hearing tests and evaluations that do not result in the purchase of a hearing aid appliance prescribed by a physician, otologist or audiologist.
- Services by a provider whose office is attached to certain hospitals within New York State.* (call the Fund Office for a list of such providers).

**under the provisions of the Health Care Reform Act 1997.*

How Do You Claim The Hearing Aid Benefit?

Follow these simple steps to receive the benefit:

- Obtain a Hearing Aid Benefit claim form from the Fund Office.
- Have the form completed at the time the services are rendered.

- Pay for the services or appliance.
 - Return the claim form to the Fund Office together with an itemized paid bill describing the services rendered the date services were provided and the appliance purchased, the amount charged and the name of the person who required the hearing appliance. The claim form must be submitted to the Fund Office within ninety (90) calendar days after the date the hearing appliance was purchased. Claims submitted beyond the ninety (90) calendar day limit will be denied.
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