

**MACOMB COUNTY RETIREE
EFFECTIVE: 1-1-18
HEARING AID COVERAGE
Summary of Benefits**

All services require preauthorization. Providers seeking authorization or members with questions who are seeking Participating Providers in their area should call AudioNet America at (586)519-0082 or click www.audionetamerica.com

<u>Service</u>	<u>Obtained at a Participating Provider</u> Participating Provider means a physician or audiologist who participates in the AudioNet America Hearing Aid Program.	<u>Frequency</u>
Audiometric Examination	"Covered in Full"	Once every 36 months
Hearing Aid Evaluation Test	"Covered in Full" per ear	Once every 36 months
Conformity Evaluation	"Covered in Full" per ear	Once every 36 months
Digital Hearing Aids	Hearing aids listed on the approved product list are available with the following cost sharing requirement: Mid-Level standard digital hearing aids will be covered with a \$100 monaural member co-payment and a \$150 binaural member co-payment. Mid-High Level standard digital hearing aids will be covered with a \$350 monaural member co-payment and a \$650 binaural member co-payment. Advanced Level standard digital hearing aids will be covered with a \$600 monaural member co-payment and a \$1,150 binaural member co-payment. Flagship Level standard digital hearing aids will be covered with a \$750 monaural member co-payment and a \$1,450 binaural member co-payment.	Once every 36 months
Dispensing Fee	"Covered in Full" per ear	Once every 36 months
Replacement Ear Molds (for children up to age 7)	Up to four (4) replacement ear molds annually are "covered in full" for children up to age 3. Up to two (2) replacement ear molds annually are "covered in full" for children ages 3-7. Additional molds are charged to member.	No more than four (4) replacement ear molds annually for children up to age 3. Not more than two (2) replacement ear molds annually for children ages 3-7. Any additional molds are not covered by the Plan and are charged to the member.
Ear Molds (members over age 7)	First is "Covered in Full". Additional molds are charged to member.	First is included with initial hearing aid. Any additional molds are not covered.
Accessories	"Not Covered"	
Maintenance / Fittings / Follow-Up Visits	"Covered in Full" for the first 6 months, \$20 copay/visit for the next 30 months thereafter	

Out of Network Benefits:

If an eligible member lives within 25 miles of a Participating Provider, a Participating Provider must be utilized in order to receive coverage. If an eligible member lives within 25 miles of a Participating Provider and receives hearing aid services and materials from a Non-Participating provider, there is no coverage. If an eligible member lives more than 25 miles from the closest In-Network Provider, the member will be reimbursed at the In-Network Provider fee level. However, members must contact AudioNet prior to seeking service with a Non-Participating provider in order to qualify for reimbursement.

**This is a summary of the benefits available; there are certain exclusions and limitations.
For more details, call AudioNet America at (586)519-0082, or click www.audionetamerica.com.**