



BENEFITS

National Employee Services Center

Ford Motor Company • PO Box 6214 • Dearborn, MI 48121

Ford Hourly Retirees Benefit Summary

In-Network Benefit Level:

- Standard hearing aid services provided by AudioNet America participating providers (In-Network providers) are covered in full. View the following hearing aid Schedule of Benefits for detailed hearing aid benefit coverage.

Out-of-Network Benefit Level:

- If you live **within** 25 miles of an AudioNet America participating provider, standard hearing aid services that are obtained from a Non-Network provider are **"not covered"**.
- If there is not an AudioNet America In-Network provider within 25 miles of your home, you must **contact SVS, Inc at 1-877-500-7370** prior to receiving services so special arrangements can be made.

Products/Upgrade Charges:

- The eligible member will receive the discounted price negotiated with the participating provider.

If you have additional questions, contact the SVS Customer Service Department at 1-877-500-7370

SCHEDULE OF BENEFITS

The schedule of benefits listed below is for AudioNet America Hearing Aid Program administered by SVS, Inc. effective July 1, 2008 for eligible hourly retirees, surviving spouses, and eligible dependents. AudioNet America Hearing Aid Program benefits will be payable as listed below:

<u>Service</u>	<u>Participating Provider</u>¹	<u>How often you can utilize the service</u>	<u>What does this mean to you</u>
Audiometric Examination	Covered In Full	Once every 36 months	Audiometric examinations tests must be performed by a physician or audiologist.
Hearing Aid Evaluation Test (including Conformity Evaluation)	Covered In Full	Once every 36 months per ear	Hearing aid evaluation tests must be performed by a physician or audiologist. Conformity Evaluation means, after a hearing aid is prescribed and fitted, one visit to the prescribing physician or audiologist by the covered person subsequent to obtaining the hearing aid for an evaluation of its performance and a determination of its conformity to the prescription.
Digital Hearing Aids (including acquisition costs and dispensing fees)	Mid-level standard digital hearing aids will be covered in full. (See Exhibit I)	Once every 36 months per ear	Hearing Aid means an electronic devise worn on the person for the purpose of amplifying sound and assisting the physiologic process of hearing and includes the following, if necessary: 1) a single hearing aid unit or binaural hearing aids if the person qualifies; 2) ear mold, necessary cords, tubing and connectors; 3) standard package of batteries; 4) earphone (often referred to as a receiver) or oscillator; and 5) two-year repair warranty and one year loss and damage warranty.
Replacement Ear Molds (for children up to age seven)	Covered In Full	No more than 4 replacement ear molds annually for children up to age 3. Not more than 2 replacement ear molds annually for children ages 3 – 7.	Children up to age 3 will be eligible for no more than 4 replacement ear molds annually. Children ages 3 – 7 are eligible for no more than 2 replacement ear molds annually.

For the initial hearing aid payable under this Plan, or for each occurrence for a person up to age 18, a medical examination of the ear must first be performed by a physician before the hearing aid payable by this coverage will be covered. The physician's examination is not a covered benefit under this program.

Coverage includes hearing aid evaluation test performed by a physician or audiologist which may include the trial and testing of various makes and models of hearing aids to determine which make and model will best compensate for the loss of hearing acuity but only when indicated by the most recent audiometric examination.

Coverage includes hearing aids of the following functional design: in-the-ear, behind-the-ear (including air conduction and bone conduction types), in-the-canal, completely-in-the canal and on-the-body, but only if (1) the hearing aid is prescribed based upon the most recent audiometric examination and most recent hearing aid evaluation test and (2) the hearing aid provided is the make and model prescribed by the physician or audiologist and is certified as such by the physician or audiologist.

In order for the charges for services and supplies described above to be payable as a hearing aid expense benefit, upon each occasion that a covered person receives such services and supplies the covered person must have an audiometric examination and obtain a medical examination of the ear by a physician (for an initial hearing aid or for each hearing aid if the person is under age 18), and such medical examination and audiometric examination must result in a determination that a hearing aid would compensate for the loss of hearing acuity. Charges for audiometric examinations, hearing aid evaluation tests or hearing aids will not be paid if the date of service is beyond six-months of the most recent medical examination of the ear. A prescription from the participating physician or audiologist is required when a hearing aid is purchased.

An audiogram is a covered service when done to measure the extent of hearing loss in terms of deciding the appropriateness of a hearing aid. In the case of audiometric tests performed in the evaluation of a medical or surgical condition in which the recommendation of a hearing aid would be inappropriate and not intended, such tests

Hearing aid coverage will pay the dealer's cost for the hearing aid, including binaural hearing aids for those eligible, plus fees for dispensing the hearing aid, including ear mold and follow-up visits within six (6) months of fitting if the hearing aid is prescribed in conjunction with the most recent audiometric exam and hearing aid evaluation test and is the make and model prescribed by the physician or audiologist. Applicable benefits will be covered in full only when obtained from a participating provider.

Out of Network Benefits:

Should an eligible enrollee live within 25 miles of a Network provider, a Network Provider must be utilized in order to receive the outlined "covered in full" benefits. If an eligible enrollee living within 25 miles of a Network provider chooses to receive hearing aid services and materials from a Non-Network provider, there is no out of network coverage.

Should an eligible enrollee live more than 25 miles from a Network provider, and choose to receive hearing aid services and materials from a Non-Network provider, they will be reimbursed at the In-Network Discounted Provider Fee Schedule level.

EXCLUSIONS:

Hearing aid benefit coverage will not include:

- Services and equipment obtained from Non-Network Providers exceeding the discounted (reimbursement) amount for hearing aid services that would have been paid if services(s) were obtained in-network;
- Audiometric examinations by an audiologist that are not ordered by a physician;
- Medical or surgical treatment;
- Drugs or other medication;
- Audiometric examinations, hearing aid evaluation tests and hearing aids provided under any applicable Worker's Compensation law;
- Audiometric examinations and hearing aid evaluation tests performed and hearing aids ordered (1) before the covered person becomes eligible for coverage; or (2) after termination of coverage;
- Hearing aids ordered while covered but delivered more than sixty days after termination of coverage;
- Charges for audiometric examinations, hearing aid evaluation tests and hearing aids for which no charge is made to the covered person or for which no charge would be made in the absence of Hearing Aid Program expense benefits coverage;
- Charges for audiometric examinations, hearing aid evaluation tests and hearing aids which are not necessary, according to professionally accepted standards of practice, and, in the case of an initial hearing aid or any hearing aid for a person under age 18, charges for hearing aid evaluation tests and hearing aids which are not recommended or approved by the physician;
- Charges for audiometric examinations, hearing aid evaluation tests and hearing aids that do not meet professionally accepted standards of practice, including charges for any such services or supplies that are experimental in nature;
- Charges for audiometric examinations, hearing aid evaluation tests and hearing aids received as a result of ear disease, defect or injury due to an act of war declared or undeclared;
- Charges for audiometric examinations, hearing aid evaluation tests and hearing aids provided by any governmental agency that are obtained by the covered person without cost by compliance with laws or regulations enacted by any federal, state, municipal, or other governmental body;
- Services or supplies provided in a United States government hospital not operated for the general public;
- Charges for any audiometric examinations, hearing aid evaluation tests and hearing aids to the extent benefits therefore are payable under any health care program supported in whole or in part by funds of the federal government or any state or political subdivision thereof;
- Replacement of hearing aids that are lost or broken unless at the time of such replacement the covered person is otherwise eligible under the frequency limitations set forth herein;
- Charges for the completion of any insurance forms;
- Replacement parts for and repairs of hearing aids, except replacement ear molds for children up to age seven;
- Charges incurred by person enrolled in alternative plans;
- Eyeglass-type hearing aids, to the extent the charge for such hearing aid exceeds the covered hearing aid expense for one hearing aid.

- Charges for failure to keep a scheduled visit with a provider;
- Charges for binaural or "spare" hearing aids, unless the covered person qualifies for a binaural hearing aid as referred to under the Schedule of Benefits above;
- Hearing aids that do not meet Food and Drug Administration (FDA) and Federal Trade Commission (FTC) requirements.