



UAW-GM Hourly Active HEARING AID COVERAGE

Summary of Benefits

All services require preauthorization. Providers seeking authorization or members with questions or who are seeking Network Providers in their area should call SVS at (866) 614-7874 or click www.audionetamerica.com.

| <u>Service</u> | <u>Obtained at a Participating Provider</u> | <u>Frequency</u> |
|-----------------------------|--|-------------------------------|
| | Participating Provider means a physician or audiologist who participates in the AudioNet America Hearing Aid Program administered by SVS. | |
| Audiometric Examination | Covered in Full | Once every 36 months |
| Hearing Aid Evaluation Test | Covered in Full | Once every 36 months per ear. |
| Conformity Evaluation | Covered in Full | Once every 36 months per ear. |
| Digital Hearing Aids | <p>Mid-level standard digital hearing aids will be covered in full for either a monaural or binaural benefit.</p> <p>Mid-High Level standard digital hearing aids will be covered in full for either a monaural or binaural benefit.</p> <p>Advanced Level standard digital hearing aids will be covered in full for a monaural benefit, or with a \$490 member copay for a binaural benefit.</p> <p>Flagship Level standard digital hearing aids will be covered in full for a monaural benefit, or with a \$790 member copay for a binaural benefit.</p> | Every 36 months. |



| <u>Service (cont)</u> | <u>Obtained at a Participating Provider (cont)</u> | <u>Frequency (cont)</u> |
|--|--|---|
| | Participating Provider means a physician or audiologist who participates in the AudioNet America Hearing Aid Program administered by SVS. | |
| Dispensing Fee | Covered in Full | Once every 36 months per ear |
| Replacement Ear Molds (for children up to age seven) | Up to 4 replacement ear molds annually are covered in full for children up to age 3. Up to 2 replacement ear molds annually are covered in full for children ages 3-7. Additional molds are charged to enrollee. | 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. Any additional molds are not covered by plan. |
| Ear Molds (Enrollees over age 7) | First is covered in full. Additional molds are charged to enrollee. | First is included with initial hearing aid. Any additional molds are not covered by plan. |
| Accessories | Not Covered | |
| Maintenance / Fittings / Follow-Up visits | Covered in Full within first 6 months | |

Out of Network Benefits:

If an eligible enrollee lives within 25 miles of a Network provider, a Network Provider must be utilized in order to receive coverage. If an eligible enrollee lives within 25 miles of a Network provider and receives hearing aid services and materials from a Non-Network provider, there is no coverage. If an eligible enrollee lives more than 25 miles from the closest In-Network provider, and receives hearing aid services and materials from a Non-Network provider, they will be reimbursed at the In-Network Discounted Provider Fee Schedule level.

**This is a summary of the benefits available; there are certain exclusions and limitations.
For more details, call SVS at (866) 614-7874, or click www.audionetamerica.com.**