

**EFFECTIVE January 1, 2020**  
**National Elevator Industry Health Benefit Plan (NEIHBP)**  
**HEARING AID COVERAGE**  
**Summary of Benefits**



**All services require preauthorization. Providers seeking authorization or members with questions who are seeking Network Providers in their area should call AudioNet America at (855) 800-7147 or click [www.audionetamerica.com](http://www.audionetamerica.com)**

<b>Service</b>	<b><u>Obtained at a Participating Provider</u></b> Participating Provider means a physician or audiologist who participates in the AudioNet America Hearing Aid Program.	<b>Frequency</b>
Audiometric Examination	Covered in Full	Once every 36 months for adults and/or once every 12 months for dependent children
Hearing Aid Evaluation Test	Covered in Full	Once every 36 months for adults and/or once every 12 months for dependent children
Conformity Evaluation	Covered in Full	Once every 36 months for adults and/or once every 12 months for dependent children
Digital Hearing Aids	Hearing aids listed on the approved product list are available with the following cost sharing requirement. <b>Mid-Level</b> standard digital hearing aids will be <b>covered in full</b> . <b>Mid-High Level</b> standard digital hearing aids will be covered with a \$250/ear member co-payment, <b>payable by the Plan</b> . <b>Advanced Level</b> standard digital hearing aids will be covered with a \$500/ear member co-payment, <b>payable by the Plan</b> . <b>Flagship Level</b> standard digital hearing aids will be covered with a \$650/ear member co-payment, <b>payable by the Plan</b> .	Once every 36 months for adults and/or once every 12 months for dependent children  Three-year repair warranty and three-year loss and damage warranty (one-time replacement)
Dispensing Fee	Covered in Full	Once every 36 months for adults and/or once every 12 months for dependent children
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. Any additional molds are not covered by the Plan.
Ear Molds (members over age 7)	Covered in Full	First set is included with initial hearing aid. Any additional molds are not covered by the Plan.
Batteries	AudioNet Direct, under separate Rider	48 batteries per ear/annually, up to 36 months.
Follow-Up Visits	Covered in Full for first (6) months. Thereafter, for the next 30 months, \$20 copay/visit.	First 6 months are covered in full. Thereafter, for the next 30 months, \$20 copay/visit.

**Out of Network Benefits:** If an eligible member lives within 25 miles of a Network provider, a Network provider must be utilized in order to receive coverage. If an eligible member 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 member 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 AudioNet America at (855) 800-7147, or click [www.audionetamerica.com](http://www.audionetamerica.com)**