FREQUENTLY ASKED QUESTIONS

Where is the closest provider or location to my home?

AudioNet America has contracted with over 4,500 of the most experienced Hearing Aid Providers in the industry. Click here to go to Locate Provider and enter your zip code to find the provider nearest you. You may also call SVS at 1-866-614-7874.

Do I receive a Member ID Card?

NO. Identify yourself to your provider as a UAW-GM Hourly Employee administered under the AudioNet America Hearing Aid Program. Your provider will contact us to obtain the prior authorization necessary for reimbursement.

What is the benefit dollar amount for each hearing aid?

In the Hearing Aid Carve-Out Program there is no defined “dollar amount” per hearing aid. The standard digital hearing aid(s) negotiated within this contract is “Covered in Full”, with the goal of providing each UAW-GM Hourly employee a quality product with no out-of-pocket costs. The selling price of a hearing aid varies from Manufacturer to Manufacturer as well as from Provider to Provider. To ensure the best value and offering for UAW-GM Hourly employees, AudioNet America has negotiated pricing on a national level with all of our providers and manufacturers. Click here to get a list of Products/Upgrades costs of hearing aids that are covered under this program. In addition, should you decide to be fitted with a hearing aid above a “mid-level standard digital,” AudioNet has negotiated pricing for additional approved hearing aid upgrades. You may discuss the features, benefits and chargeable options with your provider.

What types of hearing aids are covered?

Mid-Level Standard Digital Hearing Aids in various styles and models outlined on the Approved Product Grid are “Covered in Full.” Upgrades to mid-level standard digital hearing aids are also outlined in the Product Grid/Upgrade Cost section. If you choose an upgraded product, you will pay out of pocket between $250 and $650 per ear.

Why can’t I go to the same location that I have always gone for my hearing aids?
The AudioNet America Hearing Aid program has contracted with providers to ensure that quality and cost standards are consistent across the program. The program was specifically designed to meet the contract requirements and member needs. Only audiologists and ENTS are providers in the network. Although dispensers can provide some hearing aid services, an ENT/Audiologist can perform all hearing aid services at one location and monitor your condition for medical-related needs. Providers that are interested in joining the AudioNet America Network may click here for more information.

**What is the warranty on my hearing aid?**

There is a two year repair warranty including two years of loss and damage (L&D) coverage. L&D coverage allows for a one-time replacement of a lost or irreparably damaged hearing aid.

**Can I return my aids if I don’t like them?**

The return policy for the AudioNet America program is:

- Patients may return hearing aids within 45 days from the date of dispensing.

- Payment amounts, if any, made by the patient toward the purchase of hearing aids must be refunded to the patient, less provider’s return fee per hearing aid (plus custom ear mold charge and/or manufacturer’s restocking fee, if any). The patient is ultimately responsible for return and restocking fees. Notwithstanding this return policy, providers must comply with state laws.

**Are batteries covered under the program?**

Your Hearing Aid purchase will include one pack of batteries and a 24-month warranty per hearing aid.

**Why do I need to upgrade my hearing aid?**

The standard covered hearing device is appropriate for most members with average communication needs. Certain members may benefit from or prefer more advanced technology features with added benefits, convenience and performance. In order to provide a complete range of products and technologies, upgrade categories were identified and categorized by price. To learn more about hearing aid technologies and which products will work best for your hearing situation and your lifestyle, talk with your participating AudioNet America provider.

**If I have any Member/Claim issues, who should I call?**

Call your SVS Claims Management at 1-866-614-7874. Or you can send your claim/comments to:

SVS Claims Management
140 Macomb Pl.
Mt. Clemens, MI 48043
What do I do if my claim for benefits is denied?

Although it is not required, we suggest that you call SVS at 1-866-614-7874 and discuss your concerns with a SVS Member Services Representative. Most issues can be resolved or fully explained by a Member Services Representative.

If your claim is denied in whole or part, SVS Claims Management has been designated by GM as the Claims Review Fiduciary to conduct the initial review of appeals regarding eligibility of claims for covered services. If your claim is denied in whole or in part, you will receive an Explanation of Benefits (EOB) describing the reason for the denial and the amounts at issue. Following receipt of an EOB, you may file a written appeal with SVS within 190 days of the date of denial. SVS must then respond in writing within 60 days of receipt of the. If your claim remains denied in whole or in part after this process, you have the right to bring a civil action under section 502(a) of the Employee Retirement Income Security Act (ERISA) of 1974, as amended. Also, you or your authorized representatives have the right to use the GM Voluntary Review Process. Please mail your appeal and a copy of all previous correspondence within 60 days of the original appeal response letter to: GM Benefits & Services Center, P.O. Box 770003, Cincinnati, OH 45277-1060. In addition, you are entitled to receive, upon request and free of charge, reasonable access to and copies of all documents, records and other information relevant to your claim.