

# Medicare-Coordinating Plans Member Handbook

## Notification Member Handbook Changes

Effective January 1, 2016

## Commonwealth of Virginia Retiree Health Benefits Program

This notification and the Member Handbook constitute a full description of coverage in this plan. You may obtain the most current Medicare-Coordinating Plans Member Handbook and all changes from the Department of Human Resource Management Web site at [www.dhrm.virginia.gov](http://www.dhrm.virginia.gov).

Effective January 01, 2016, under the State Retiree Health Benefits Program, a Routine Hearing Benefit was added to the Medicare-Coordinating Plans (Advantage 65 Plans and Medicare Supplemental/Option II Plans). This benefit is administered by Anthem Blue Cross Blue Shield.

### **I. ROUTINE HEARING SERVICES**

1. The following changes apply to the Advantage 65 and Medicare Supplemental/Option II Plans:

Page	Section	Revision
5	Coverage Chart	Added Routine Hearing Benefits
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24	Exclusions	Remove hearing aids

2. Summary of Routine Hearing Benefits Coverage:

#### **Services Which Are Eligible for Reimbursement**

- 1) Routine hearing examination.
- 2) Hearing aids and other related hearing aid services and supplies except disposable hearing aids. Examples of covered supplies necessary for the use of the hearing aid include ear molds, ear buds (not required for all hearing aids), filter and batteries.

#### **Conditions for Reimbursement**

- 1) Hearing services must be:
  - billed for by a Provider in private practice such as an audiologist or doctor of medicine;
  - services which the Provider is licensed to render; and

- submitted with a routine hearing diagnosis or the service will be considered under the Medical benefit.

2) Hearing tests and hearing aids do not have to be provided from an in-network Provider. Services are considered at the same benefit level regardless of Provider network status. However, you may be held responsible for any amounts above the Allowable Charge up to the Provider's charge.

### **Special Limits**

- 1) Routine hearing exam is available once every 48 months.
- 2) Hearing aids and other related hearing aid services and supplies are available once every 48-months.
- 3) The 48-month count starts the month you purchase your hearing aid(s) or related hearing services.
- 4) Reimbursement is limited to \$1,200 for the hearing aid and first set of batteries.
- 5) Services required by your employer as a condition of employment or rendered through a Medical department, clinic, or other similar services provided or maintained by the employer are excluded.
- 6) Disposable hearing aids, even if by prescription, are excluded.

### **Reimbursement**

The Claim Administrator pays the remaining Allowable Charge up to \$1200 minus your Copayment for the routine hearing examination.

### **Copayment:**

You pay routine hearing examination copayment of \$40

You pay the remaining cost for hearing aids and other hearing supplies after the Health Plan's Reimbursement of \$1,200.

## **II. Dental/Vision Services Insert**

1. For those participants enrolled in the optional Dental/Vision benefit under the Advantage 65 and Medicare Supplemental Option II Plans, Anthem Blue Cross and Blue Shield will be the Dental Claims Administrator. All references to Delta Dental should be changed to Anthem Blue Cross and Blue Shield.