



**PENNSYLVANIA STATE SYSTEM OF HIGHER EDUCATION
MANAGEMENT BENEFITS PROGRAM
HEARING AID BENEFITS**

Benefit	Coverage
<p>The following hearing aid services are covered when provided by a doctor or when prescribed by a doctor and provided by an audiologist or hearing aid dealer/fitter:</p>	
<ul style="list-style-type: none"> • Hearing aid evaluation tests (to determine the type and make of hearing aid to best correct a hearing problem) 	<p>Payment for all covered hearing aid services is made on the basis of 100 percent of the Usual, Customary and Reasonable Allowance or the amount charged, whichever is less, up to \$350 per 36-month period.</p> <p>Highmark Blue Shield payments are made directly to Participating Doctors. For services of Non-Participating Providers, Highmark Blue Shield makes payment on the same basis, directly to the member.</p>
<ul style="list-style-type: none"> • Purchase of the following types of hearing aids: <ul style="list-style-type: none"> ○ In the ear ○ Behind the ear, including air and bone conduction types ○ On the body ○ Eyeglass type hearing aids, which are covered and payable in the same manner as behind the ear hearing aids 	
<ul style="list-style-type: none"> • Necessary repairs and maintenance (except the replacement of cords and batteries only) when provided after the expiration of the warranty 	
Limitations	
<ul style="list-style-type: none"> • Payment for a hearing aid is limited to one hearing aid in any 36-month period. • A maximum amount of \$350 can be allowed per 36-month period for hearing aid evaluation tests, hearing aid purchase and necessary repairs for maintenance. • Certificate of Medical Necessity form completed by a Physician must accompany all claims submitted for hearing aids and hearing and evaluation tests. • The hearing aid evaluation test and/or hearing aid must be provided within six (6) months of an audiometric examination. • Replacement of lost or stolen hearing aids is not covered. 	

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This exhibit provides only general information. More detailed information about benefits and eligibility are contained in the Plan Document. If there is a difference between this summary and the Plan Document, the Plan Document will govern.