

# Executive Summary

## Purpose and Scope of this Document

The United States Office of Personnel Management has been asked by Congress to study the feasibility of offering additional hearing benefits for Federal employees, retirees, and their dependents. Hearing benefits, including screening, testing for hearing impairment, and treatment, including hearing aids.

This report provides supporting research to determine the feasibility of offering additional hearing benefits and covers the following scope:

- A description of hearing benefits currently available under the Federal Employees Health Benefits (FEHB) Program
- A description of hearing benefits offered by FEHB carriers as a supplemental or affinity product
- A description of specific hearing benefits that could be offered in addition to those currently available to FEHB enrollees
- A description of the specific classes of individuals to whom those additional benefits could be made available
- A description and assessment of the various contracting arrangements by which the Federal Government could make those additional benefits available
- The estimated cost of those additional benefits
- A description of how those additional benefits could be made available through the FEHB, supplemental plans outside the FEHB, or any other hearing coverage delivery method
- An analysis of the advantages and disadvantages associated with those different delivery methods

## Methods Used

To develop an understanding of the clinical process used in the screening, diagnosis and treatment of hearing impairment we received presentations and research from the American-Speech-Language-Hearing Association, the Hearing Industries Association, the American Academy of Otolaryngology, the International Hearing Society, and the Department of Veterans Affairs.

Hearing benefits available under FEHB were gathered through the assistance of OPM staff, a benefit design report prepared by the American-Speech-Language-Hearing Association and interviews with participating insurance vendors. A detailed description of benefits currently available under FEHB is located in Appendix A: "A Description of Hearing Benefits Currently Available under FEHB."

An assessment of contracting methods available was developed through discussions with current FEHB insurance vendors, an Aon survey of voluntary benefit insurance carriers on their hearing benefit offerings and research provided by Aon Consulting's Research and Technical Resources Group.

Aon Consulting evaluated the expected cost of providing hearing related benefits both as an additional benefit covered under FEHB and as a voluntary benefit. Cost estimates were developed using Aon's medical plan pricing model, AonMed, the demographics of the covered FEHB population and the benefit provisions of the Blue Cross and Blue Shield Standard Option for the 2005 calendar year.

## Results

We developed five plan design options for consideration. We also included pricing information for the first four options.

## **Option I**

A minimum coverage standard for diagnostic evaluation by a qualified hearing health professional for both Fee for Service and HMO plans offered to FEHB participants. The benefit period would be every two years, and would cover children and adults with a dollar limit of \$100 per exam. The projected cost increase to the medical plan is \$0.127 per member per month (PMPM) for active employees and \$0.414 PMPM for retirees.

## **Option II**

In addition to the benefits offered in Option I, provide a minimum coverage standard for a hearing aid benefit with a \$1,000 dollar maximum and three year purchase period limit for hearing aids for children under the age of 22. The projected cost increase to the medical plan is \$0.153 PMPM for active employees. The cost increase for retirees would be the same as Option I.

## **Option III**

Expand the hearing aid benefit offered in Option II to include adults 22 years of age and older. The projected cost increase to the medical plan is \$0.644 PMPM for active employees and \$2.127 PMPM for retirees.

## **Option IV**

Same as Option III but offered as an elective benefit during open season with the entire premium covered by the employee or retiree. Due to anti-selection concerns, the design would need to include an enrollment period commitment or step-up benefit schedule. A step-up benefit means enrollees get better benefits the longer they stay in the plan (e.g. 50% payment for year one; 65% payment for year two, etc). The willingness of insurance carriers to offer such a product is uncertain. Our cost estimates range from \$15 to \$28 PMPM or approximately \$300 to \$600 per enrollee per year.

## **Option V**

Offer an elective hearing benefit, possibly bundled with elective vision benefits. However, this is not a commonly bundled package, and no known vendors currently offer this product.

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# Introduction

Aon Consulting is pleased to present to the United States Office of Personnel Management (US OPM) information to assist in responding to a request made by the House Government Reform Committee and the Senate Committee on Governmental Affairs for a study regarding the feasibility of enhancing hearing benefits for federal employees, dependents, and retirees.

The following study provides:

- An assessment of the hearing benefits currently available to Federal employees, retirees and their dependents under FEHB plans, as well as benefits available through other programs such as Medicare, TRICARE and veterans benefits;
- A review of the availability and design of hearing benefits typically offered in the private sector; and,
- Hearing benefit designs that might be offered to employees, retirees and their dependents under the FEHB Program and cost projections for these models.

We would like to acknowledge the assistance of the American Speech-Language-Hearing Association, the Hearing Industries Association, the American Academy of Otolaryngology, the International Hearing Society and Dr. Lucille Beck of the Department of Veterans Affairs for their contributions to this study.

## *Statistics on Hearing Loss*

- An estimated 49 million children and adults in the United States suffer from communication disorders (or 1 in 6). These communication disorders include speech, language, and hearing disorders.<sup>1</sup>
- Approximately 1 in 1,000 newborns is profoundly deaf with another 2-3 out of 1,000 babies born with partial hearing loss; making hearing loss the number one congenital birth defect in America.<sup>2 3</sup>

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<sup>1</sup> American Speech-Language-Hearing Association, "Briefing Document Feasibility Study on Enhanced Hearing Benefits Under the Federal Employee Health Benefit Program, April 25, 2005."

<sup>2</sup> National Center on Hearing Assessment and Management. <http://www.infantheating.org/research/summary/prevalence.html>

<sup>3</sup> Centers for Disease Control and Prevention. National Center for Birth Defects and Developmental Disabilities, Early Hearing Detection and Intervention Program. <http://www.cdc.gov/ncbddd/ehdi/default.htm>

## Glossary of Terms

### **1. Types of Hearing Loss:**

- a. Conductive Hearing Loss: Conductive hearing loss results from a problem with the conduction of sound from the outer ear (part that you see) to the inner ear (where the nerve is located). This can result from wax buildup, ear infections, trauma to the ear, or any other problem with the eardrum or bones that conduct sound through the middle ear. Those with this type of loss have a problem with volume rather than understanding ability.
- b. Sensorineural Hearing Loss: Sensorineural hearing loss involves some sort of deterioration of the inner ear or the hearing nerve. The aging process, noise-exposure, some cancer treatments, illness, and other degenerative processes could cause this loss. This type of hearing loss sometimes impairs understanding ability and causes those with the loss to be sensitive to loud sounds.
- c. Mixed Hearing Loss: Mixed hearing losses contain some conductive elements and some sensorineural elements.

**2. Hearing Screening:** Hearing screening tests provide a quick and cost effective way to separate people into two groups: a pass group and a fail group. Those who pass hearing screening are presumed to have no hearing loss. Those who fail are in need of an in-depth evaluation by a professional. A number of different professionals may be involved in testing and treatment of hearing loss:

- an ear, nose and throat (ENT) specialist, also called an otolaryngologist
- an audiological physician (doctor specializing in hearing problems)
- an audiologist (a specialist in the testing of hearing and fitting of hearing aids)
- a hearing instrument specialist

Hearing screening occurs from birth throughout the adult years when requested, when conditions occur that increase risk for hearing loss, or when mandated by state and local laws or practices. It is recommended that all hearing screening programs be conducted under the supervision of a specialized professional.

**3. Hearing Testing:** Hearing testing includes: 1) a test of the lowest sound you can hear; 2) a test of how well you can hear speech in noisy and quiet surroundings; 3) a test of how well you tolerate noise (loud sound); and 4) a test of your hearing with the hearing aid on and with the hearing aid off.

### **4. Hearing Aid Devices:**

- a. Hearing aid device: A hearing aid is an electronic, battery-operated device that amplifies and changes sound to allow for improved communication. Hearing aids receive sound through a microphone, which then converts the sound waves to electrical signals. The amplifier increases the loudness of the signals and then sends the sound to the ear through a speaker. There are several types of hearing aids. Each type offers different advantages, depending on its design, levels of amplification, and size. The inside mechanisms of hearing aids vary among devices, even if they are the same style. Three types of circuitry, or electronics, are used: Analog/Adjustable, Analog/Programmable, and Digital/Programmable.

- b. Assistive Listening Device (ALD): Assistive listening devices include a large variety of devices designed to improve audibility in specific listening situations. Some are designed to be used with hearing aids or cochlear implants, while others are designed to be used alone. While there are a wide variety of microphones, pickups, headphones, earphones, etc. that comprise assistive listening devices, they all have the same goal: to emphasize the ONE signal that you are interested in. Assistive listening devices improve your ability to hear because they make the desired sound stand out from the background noise. There are two basic types of assistive listening devices, those intended for personal use and those intended for use while in a group setting.
- c. Earmold: An earmold is a specially molded piece of Lucite or vinyl material that is attached to a hearing aid to conduct sound into the ear.
- d. Cochlear implant speech processor: An electronic device surgically implanted under the skin behind the ear to stimulate nerve endings in the inner ear (cochlea) in order to receive and process sound and speech. Cochlear implants compensate for damaged or non-working parts of the inner ear. When hearing is functioning normally, complicated parts of the inner ear convert sound waves in the air into electrical impulses. These impulses are then sent to the brain, where a hearing person recognizes them as sound. A cochlear implant works in a similar manner. It electronically finds useful sounds and then sends them to the brain. Hearing through an implant may sound different from normal hearing and training is necessary to allow the patient to interpret the sounds generated by the implant. Implants allow many people to communicate fully with oral communication both in person and over the phone. In the United States, about 13,000 adults have cochlear implants and nearly 10,000 children have received them.<sup>4</sup>

## 5. Hearing Benefit Providers

a. Audiologists: An audiologist is a hearing health professional who identifies and measures hearing loss and will perform a hearing test to assess the type and degree of loss. Audiologists have the minimum of a master's degree in hearing sciences. Audiologists are educated in hearing, hearing aids, the balance system and some neurological testing. Audiologists pass a state examination to be licensed to fit hearing instruments in that state. Audiologists are trained to fit manufacturer's hearing instruments and their programming software.

b. Hearing Instrument Specialists: Hearing instrument specialists test hearing and fit hearing aids. Hearing instrument specialists pass a state examination to be licensed to fit hearing instruments in that state. Hearing instrument specialists are trained to fit manufacturer's hearing instruments and their programming software. Hearing instrument specialists act as an apprentice to a professional while taking several courses on hearing loss and hearing instruments through a national board.

c. Physicians: General physicians include both medical doctors and doctors of osteopathy. Physicians routinely check a patient's ears and determine if the hearing loss is medically

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<sup>4</sup> National Institute on Deafness and Other Communication Disorders <http://www.nidcd.nih.gov/health/hearing/coch.asp>

treatable. The physician may refer the patient to an otolaryngologist or audiologist. An otolaryngologist is a physician who specializes in ear, nose, and throat disorders, and will investigate the cause of the hearing loss.

## **1) A description of hearing benefits currently available under the Federal Employees Health Benefits (FEHB) Program**

The hearing benefits currently available under FEHB Program vary from plan to plan. In general the health plans provide some coverage for diagnosis and assessment for hearing loss due to illness or injury. Several HMO plans provide coverage for a routine exam every 24 months for adults and children as part of the preventive care package or well child benefit. In addition, coverage for hearing devices for children are included in several HMOs based on compliance with benefits coverage mandated in certain States.

In general the FEHB benefits:

- Offer treatment for hearing loss as a result of accident or illness;
- Provide some coverage for screenings for adults;
- Provide some coverage for cochlear implants as a prosthetic and/or surgical procedure;
- Provide for reimbursement of hearing-related expenses through pre-tax salary reduction using the Health Care Flexible Spending Account; and
- Provide for some coverage for children in HMO plans in compliance with the State mandated benefit (approximately 5% of FEHB enrollment).
- Do not provide coverage for adult hearing aids and assistive listening devices.

To summarize the general benefits available under the FEHB Program, Aon Consulting reviewed hearing benefits available in the six fee-for-service plans offered nationwide, which include twelve separate benefit plan options. These plans included:

- Blue Cross and Blue Shield Service Benefit Plan (2 options)
- Mail Handlers Benefit Plan (3 options)
- GEHA Benefit Plan (2 options)
- NALC Health Benefit Plan (1 option)
- American Postal Workers Union Health Plan (2 options)
- Postmasters Benefit Plan (2 options)

These plans together cover approximately 72% of the active and retired employees enrolled in FEHB. A summary of hearing benefits in these plans is described below.

### **Diagnostic Hearing Assessment and Rehabilitation**

- Currently, four of the six nationwide fee-for-service (FFS) plans available to all federal employees provide coverage of diagnostic hearing assessment services when necessitated by accident or injury.
- Two FFS plans cover routine hearing exams as recommended by the American Academy of Pediatrics for children.

### **Hearing Devices**

- Three nationwide plans indicate that they cover hearing devices when necessitated by accident or injury.

### **Cochlear Implants**

- Five of the six nationwide FFS plans indicated that cochlear implants are covered.
- Two plans cover cochlear implants as a prosthetic device.
- Two cover cochlear implants under a hospital and surgical benefit. Under a hospital and surgical benefit, the plans cover from 70-75% of the cost of the cochlear implant device.

Detailed information on the hearing benefits currently available from select FEHB carriers can be found in Appendix A.

## 2) A description of affinity or supplemental hearing benefits offered by FEHB carriers

The following table summarizes the hearing benefits offered by FEHB carriers as a) Non-FEHB benefits available to Plan members, and b) additional benefits the carrier offers in the marketplace outside of those offered in the FEHB Program.

Carrier	Name of FEHB Health Plan and Enrollment Code	Contact Information	Description of Hearing Benefits Offered
<p><b>Aetna</b> Open Access 920B Harvest Drive Mail Stop U40A Blue Bell, PA 19422</p>	<p>HMO High and Basic (JN1, JN2, JN4, JN5)</p>	<p><a href="http://www.aetna.com">www.aetna.com</a> 1-800-537-9384</p>	<p><b>a) Non-FEHB:</b> None</p> <p><b>b) Other hearing benefit plans offered by Aetna:</b> The Aetna Advantage PPO Product offers a limited hearing aid benefit. The Aetna Products (Aetna HMO 15, Aetna HMO 20, and Aetna Open Access HMO 10) can include a hearing aid benefit limited to \$200 per hearing aid every 36 months. The Aetna Medicare Advantage Plans offer a limited hearing aid benefit of up to \$500 every 36 months.</p> <p>In Arizona, the Arizona HearCare Network has been providing hearing services for Aetna since 1996. Arizona HearCare Network is composed of Certified Clinical Audiologists, joined together by the commitment to provide accurate and efficient diagnostic hearing evaluations to all members of Aetna. While most benefit plans do not have a hearing aid benefit, the HearCare Network has negotiated discounts that Aetna members receive, including:</p> <ul style="list-style-type: none"> <li>• Hearing Evaluation: <ul style="list-style-type: none"> <li>○ Physician-referred: members pay plan co-payment.</li> <li>○ Self-referred: members pay only \$40 for a comprehensive hearing evaluation.</li> </ul> </li> <li>• Thirty percent discount on usual and customary charges for all standard hearing aids.</li> <li>• Twenty-five percent discount on usual and customary charges for digital, programmable and completely in-canal devices.</li> </ul>

Carrier	Name of FEHB Health Plan and Enrollment Code	Contact Information	Description of Hearing Benefits Offered
			<ul style="list-style-type: none"> <li>• Unlimited office visits for the first three months after fitting aids.</li> <li>• Thirty percent discount on repairs.</li> </ul>
<b>Blue Cross and Blue Shield</b> Service Benefit Plan 1310 G Street, NW, Suite 900 Washington, DC 20005	PPO Standard and Basic (104, 015, 111, 112)	<a href="http://www.fepblue.org">www.fepblue.org</a>	<p>a) <b>Non-FEHB:</b> None</p> <p>b) <b>Other hearing benefit plans offered by BCBS:</b> CareFirst BCBS does offer its members the Options Discount Program that includes discounts on hearing care services and hearing aids.</p> <p>A hearing benefit is considered a non-standard benefit. It is added only to groups who specifically request it. For example, a new self-insured group of approximately 1,000 lives is adding a hearing benefit for its retiree segment only that covers: hearing aids (including hearing exam) 100% in network/ 70% out of network after deductible with a calendar year max of \$10,000 and one per ear or a pair of hearing aids.</p>
Government Employees Hospital Association, Inc. Benefit Plan ( <b>GEHA</b> ) P.O. Box 4665 Independence, Missouri 64051-4665	PPO Standard and High (311, 312, 314, 315, 341, 342)	<a href="http://www.geha.com">www.geha.com</a> 1-800-821-6136	<p>a) <b>Non-FEHB:</b> Free to all GEHA health plan members, CONNECTION Hearing offers cost savings at participating Miracle-Ear locations nationwide. The program provides a free hearing evaluation, a 20% discount off the retail price of hearing aids, the Miracle-Ear Hearing Care Guarantee, a 30-day satisfaction refund guarantee, free unlimited follow-up visits, and free annual checkups for hearing aids. Program benefits are available to GEHA health plan members and their families, including parents and grandparents. To participate call (877) 674-3594 for a Miracle-Ear managed care program location.</p> <p>b) <b>Other hearing benefit plans offered by GEHA:</b> None</p>
Group Health Inc. ( <b>GHI</b> ) Health Plan 441 Ninth Ave., New York, NY 10001	High and Standard (801, 802, 804, 805)	<a href="http://www.ghi.com">www.ghi.com</a> 212-501-4444	<p>a) <b>Non-FEHB:</b> None</p> <p>b) <b>Other hearing benefit plans offered by GHI:</b> GHI offers a hearing product as a rider for the experience rated groups (51+ eligible members). The rider is a reimbursement amount ranging from \$200 up to \$1,000. The</p>

Carrier	Name of FEHB Health Plan and Enrollment Code	Contact Information	Description of Hearing Benefits Offered
			<p>group can also chose the time frame for the reimbursement, 2 to 7 years. GHI does not currently offer a stand alone Hearing Product on a fully insured basis.</p> <p>GHI includes a hearing discount program through “Good Health Incentives.” This program is part of all commercial fully insured lines of business.</p>
<p><b>Kaiser</b> Foundation Health Plan of the Mid-Atlantic States, Inc. 2101 East Jefferson Street Rockville, MD 20852</p>	<p>HMO Mid Atlantic/High and Standard (E31, E32, E34, E35)</p>	<p><a href="http://www.kaiserpermanente.org">www.kaiserpermanente.org</a> 301-468-6000</p>	<p><b>a) Non-FEHB:</b> None</p> <p><b>b) Other hearing benefit plans offered by Kaiser:</b> For Kaiser Permanente of the Mid-Atlantic States, the hearing exams are embedded within the plan in all jurisdictions. With regard to the hearing aid benefit, they follow the Maryland required benefits for hearing (see page 79). For Virginia and DC groups, clients can choose to purchase a hearing aid rider that has various benefit levels available.</p>
<p><b>Keystone</b> Health Plan East, Inc. 1901 Market Street Philadelphia, PA 19103</p>	<p>HMO (ED1, ED2)</p>	<p><a href="http://www.ibx.com/fep">www.ibx.com/fep</a> 1/800-227-3114</p>	<p><b>a) Non-FEHB:</b> None</p> <p><b>b) Other hearing benefit plans offered by Keystone:</b> Currently, hearing screenings are a standard benefit for everyone and would be subject to the PCP co-pay. If a problem is discovered and the patient is referred to a specialist, the specialist co-pay would apply. Hearing aids are a standard exclusion; however, there are a couple of self-insured groups who have added coverage for this. It is added on a group specific basis (not a rider) and typically has a dollar maximum for a specified time period (e.g., \$600 max every 3 years).</p> <p>Keystone HMO Plus offer coverage for hearing screenings, and one hearing aid evaluation and one hearing aid each in a 36-month period at 100%</p> <p>AmeriHealth HMO Plus offers coverage for hearing screenings, and one hearing aid evaluation and one hearing aid each in a 36-</p>

Carrier	Name of FEHB Health Plan and Enrollment Code	Contact Information	Description of Hearing Benefits Offered
			month period at 100%. This is standard for both of these plans. Neither plan currently has a network of hearing aid providers.
<b>Mail Handlers</b> Benefit Plan P. O. Box 24503 Tucson, AZ 85734	PPO-High and Standard (451, 452, 454, 455, 481, 482)	<a href="http://www.mhbp.com">www.mhbp.com</a> 1-800-410-7778	<p><b>a) Non-FEHB:</b> HearPO is a hearing care and hearing aid discount program that provides FEHBP enrollees and eligible family members with savings from specific manufacturers. Benefits include: access to a large number of hearing aid choices starting as low as \$549 per aid, analog and digital products, savings on all styles of hearing instruments, access to more than 1,300 HearPO credentialed locations across the United States, discounts on hearing aid repairs, a 60-day trial period, comprehensive follow-up services at no charge for one year, testing performed by licensed hearing care professionals. The HearPO network is comprised exclusively of licensed audiologists and Board Certified hearing instrument specialists. To contact call 1-888-432-7464.</p> <p><b>b) Other hearing benefit plans offered by Mail Handlers:</b> None</p>
<b>PacifiCare</b> of California 5995 Plaza Drive Cypress, CA 90630	HMO (CY1, CY2)	<a href="http://www.pacificare.com">www.pacificare.com</a> 1-800-531-3341	<p><b>a) Non-FEHB:</b> None</p> <p><b>b) Other hearing benefit plans offered by PacifiCare:</b> Offers a hearing benefit that is imbedded in the medical plan offered to retirees that purchase the Secure Horizons Group Retiree Medicare Advantage Plan. The standard hearing aid benefits currently offered in this plan are the choice between (1) \$300 allowance every 2 years, or (2) \$500 allowance every 2 years. This includes a routine hearing exam performed by a licensed audiologist subject to the medical plan office visit copayment. PacifiCare is administering some custom hearing benefits as well. Additionally, PacifiCare does have contracts with hearing aid vendors to provide up to 35% discount on hearing aids for all Secure Horizon Group Retiree Medicare Advantage Plan members, regardless of whether or not their former</p>

<b>Carrier</b>	<b>Name of FEHB Health Plan and Enrollment Code</b>	<b>Contact Information</b>	<b>Description of Hearing Benefits Offered</b>
			employer offers an allowance.

## **Benefits that may be available to FEHB participants through other Government Health Programs.**

### **Department of Veterans Affairs**

Eligibility for health care from the Veterans Affairs (VA) is dependent upon a number of variables, which include the nature of a veteran's discharge from military service (e.g., honorable, other than honorable, dishonorable), length of service, VA adjudicated disabilities (commonly referred to as service-connected disabilities), income level, and available VA resources among others. Eligible veterans have access to both comprehensive diagnostic and treatment hearing services as well as hearing devices. A veteran's eligibility for hearing aids is based on the formula, "Any auditory threshold at 500, 1000, 1500, 2000, 3000, or 4000Hz that is 40dB HL or greater; or at three of the above-mentioned frequencies the threshold level is 26dB HL or greater; or speech recognition scores are less than 94%".

### **TRICARE**

TRICARE is the DoD's managed health care program for active duty military, active duty service families, retirees and their families, and other beneficiaries. Under TRICARE, there are generally three options for health care:

- TRICARE Prime, an HMO-Type option
- TRICARE Extra, a preferred provider option
- TRICARE Standard, a fee-for-service option.

Beginning Sept. 1, 2005, active duty family members (ADFM), who meet specific hearing-loss requirements, are eligible to receive hearing aids including services and supplies as a TRICARE benefit. This benefit is extended to ADFMs as part of the National Defense Authorization Act (NDAA) for Fiscal Year (FY) 2002. Previously, hearing aids and services were only available to those beneficiaries who were in DoD's Program for Persons with Disabilities (PPPWD).

The FY 2002 NDAA provision allows for coverage of a hearing aid to ADFMs diagnosed with a "profound" hearing loss. With the assistance of service physicians and audiologists from both the Department of the Defense and Veterans Affairs, TRICARE established separate hearing-level thresholds for adults and children. The criteria for an adult ADFM to qualify for hearing aids and services are:

- 40 decibel (dB) hearing loss (HL) or greater in one or both ears when tested at one of the following frequencies; 500, 1,000, 1,500, 2,000, 3,000 or 4,000Hz; or
- 26dB HL or greater in one or both ears at any three or more of those frequencies (mentioned previously); or
- A speech recognition score less than 94 percent

The criterion for children of active duty service members to qualify for hearing aids and services is:

- 26dB HL or greater hearing threshold level in one or both ears when tested in one of the following frequency ranges; 500, 1,000, 2,000, 3,000 or 4,000Hz

Eligible TRICARE beneficiaries receive all medically necessary and appropriate services and supplies, including hearing examinations administered by authorized providers that are required in connection with this benefit.

### **Medicare**

Medicare is a nationwide program that provides health insurance to people age 65 or older, people entitled to Social Security disability payments for 2 years or more, and people with end-stage renal disease, regardless of income. The program was enacted July 30, 1965, as Title XVIII, Health Insurance for the Aged of the Social Security Act, and became effective on July 1, 1966. Medicare covers acute care services and generally does not cover nursing homes or prescription drugs. However, prescription drug coverage will begin in 2006.

Concerning hearing benefits, diagnostic testing (including hearing and balance assessment services) performed by a qualified audiologist is covered as “other diagnostic tests” when a physician orders such testing for the purpose of obtaining additional information necessary for his/her evaluation of the need for or appropriate type of medical or surgical treatment of a hearing deficit or other medical problem. Section 1862 (a)(7) of the Social Security Act specifically excludes coverage of hearing aids.

### **Early Hearing Detection and Intervention (EHDI) Laws**

Children of Federal employees may have Early Detection and Intervention available depending on their state of residence. Currently, 42 states (plus the District of Columbia) have Early Hearing Detection and Intervention laws or voluntary compliance programs that screen the hearing of more than 85% of newborns (thirty-eight states have laws and four states have voluntary programs).

### **Medicaid**

Federal law requires that children in low-income families under the age of 21 be provided services including hearing services on a comprehensive basis, unrelated to any state limitations established for services to adults. In 1997, Congress also passed legislation to cover services to children in low-income families even though the family’s income did not qualify for Medicaid eligibility. The legislation established the State Children’s Health Insurance Program (SCHIP).

In addition to being eligible for Medicaid services offered under a state Medicaid program, children under the age of 21 are entitled to services under the mandatory Federal Medicaid Benefit, Early and Periodic Screening, Diagnosis, and Treatment (EPSDT) Program. One of the required EPSDT services is hearing services, which are defined as “...diagnosis and treatment for defects in hearing, including hearing aids.”

A 2003 study, conducted by Dusing, Skinner and Mayer, of the unmet need for therapy services, assistive devices, and related services among children with special health care needs, reported that the comprehensive coverage of assistive devices (hearing aids) by Medicaid increases access to these services

for its enrollees whereas children covered by private insurance often have varying coverage for hearing assessment and treatment services.<sup>5</sup>

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<sup>5</sup> Dusing SC, Skinner AC, Mayer M. (2004, September/October). Unmet need for therapy services, assistive devices, and related services: Data from the national survey of children with special health care needs. *Ambulatory Pediatrics*. 4(4), 448-455.

### **3) A description of specific hearing benefits that could be offered in addition to those currently available to FEHB enrollees**

#### **General Assumptions**

- The most frequently used hearing aids have an average cost of approximately \$1,500 per device per ear according to the Milliman, Inc. actuarial study conducted for the American Speech-Language-Hearing Association.
- Two hearing aid devices are required in 67%-75% of fittings.
- Average cost of a speech/hearing evaluation is between \$75 and \$125.
- Cost of device assessment, fitting and follow-up maintenance is included in price of the device.
- Shelf life of a device is 5-6 years.

#### **Option I**

Provide a minimum coverage standard for diagnostic evaluation by a qualified professional for both Fee for Service and HMO plans offered to FEHB participants. The benefit period would be every two years, cover children and adults with a benefit limit of \$100 per exam. No referral is required. Vendors would be encouraged to develop or to expand their PPO networks to include reasonable access to hearing professionals at a discounted fee.

- Provides for clarity and consistency of hearing benefits on a program-wide basis.
- Promotes hearing health;
- May allow for direct access to audiologists;
- Ensures children and adults have benefits coverage for appropriate diagnostic evaluations by licensed hearing professionals.
- Relatively low cost.

#### **Option II**

In addition to Option I, provide a minimum coverage standard for a hearing aid benefit with dollar and purchase period limit for hearing aids for children under the age of 22. Covered devices would include hearing aids, assistive listening devices, ear molds, cochlear implant speech processors and training. The maximum payable benefit per hearing aid would be \$1,000, assuming the average cost of a hearing aid is \$1,500. Coverage would include fitting, the device itself and follow-up adjustments. The benefit purchase

period would be every three years. Vendors would be encouraged to develop discount arrangements with manufacturers to ensure favorable pricing. An audiologist may be used to perform the initial diagnosis and assessment of hearing loss. The cost of hearing aid evaluation, fitting and follow up is typically bundled in the cost of the device.

- Provides clarity and consistency of hearing benefits on a program-wide basis.
- Promotes hearing health in children;
- Mandated at some level of coverage by many states;
- Typically related to congenital problem, disease or accident which may be covered in some form under FEHB plans already;
- Due to the ability of enrollees to change FEHB plans annually, the three year limitation may be unenforceable.

### **Option III**

In addition to Options I and II, provide a hearing aid benefit with dollar and purchase period limit for hearing aids for adults 22 years of age and over as a group benefit. Vendors would be encouraged to develop discount arrangements with manufacturers to ensure favorable pricing from manufacturers.

- Most comprehensive coverage option;
- Most expensive alternative because of the large number of retirees covered under FEHB;
- Due to the ability of enrollees to change FEHB plans annually, the three year limitation may be unenforceable.

### **Option IV**

Same as Option III but offered as an elective benefit during open season with the entire premium covered by the employee or retiree. The maximum payable benefit per hearing aid device would be \$1,000. Coverage would include fitting, the device itself and follow-up adjustments. The benefit purchase period would be every three years. To reduce the effects of anti-selection, a three-year enrollment commitment (“lock-in”) may be incorporated into the design of the benefit. As an alternative, the voluntary hearing program could be designed to include a step-up benefit schedule that would provide limited benefits in the first year and increase in each year that the participant is enrolled. However, Aon Consulting has not seen such a hearing plan design in the insurance marketplace. Also, because of the relatively undeveloped market for hearing aid benefits, the availability of vendors willing to underwrite and administer this benefit as a carve-out is unknown.

### **Option V**

Offer an elective hearing benefit, possibly bundled with elective vision and dental benefits, although this is not a commonly bundled benefits package. We are aware of only one vendor which bundled vision and hearing benefits, but later discontinued the product.

- Links with OPM's current elective vision and dental initiative;
- Provides communication synergies;
- May increase number of interested qualified vendors due to higher premium and greater distribution of risk among enrollees who may have a need for one benefit but not another and allows for a potentially larger pool of enrollees to share the risk.
- Qualified vendor may have no experience with administering and underwriting hearing benefits.

### **Other Options**

Benefit limits and co-pays for exams and hearing aid devices can be varied. As part of our cost projections we will calculate alternative dollar maximums and benefit purchase periods.

FEHB hearing benefits could be designed to include minimum hearing loss standards such as the DOD plan. This approach would add administrative complexity and employee communication challenges.

#### **4) A description of the specific classes of individuals to whom those additional benefits could be made available**

FEHB is currently available to the following classes of employees. The specific classes of individuals to whom the additional benefits could be made available are listed below.

- Employees
- Dependents
  - Spouse
  - Children
- Retirees (prior to age 65)
- Retirees (age 65 and over)

In evaluating hearing benefits, OPM should take into account that about 45% of FEHB participants are retirees. The prevalence of hearing loss is higher in older populations. From a cost management perspective, OPM may want to limit the benefit for hearing aids to children under the age of 22.

## 5) A description and assessment of the various contracting arrangements by which the Federal Government could make additional benefits available

Enhanced hearing benefits could be offered using the following contracting arrangements:

- A minimum standard required of all health plan vendors making an offer to participants in the FEHB Program;

### Method Assessment

- Least complicated arrangement for OPM to administer
  - Uses existing health plan vendors eliminating the need for a separate hearing vendor procurement
  - Requires vendors to offer and administer a non-standard plan design
  - More conducive to an incremental approach of enhancing benefits
- A separate group health benefit offered as an elective benefit with the entire cost paid by FEHB Program participants;

### Method Assessment

- Creates a distinctive benefit
  - Requires a new procurement
  - Underdeveloped market may limit the number of qualified interested vendors willing to assume the underwriting risk
  - Limitations such as waiting periods and enrollment time commitments may limit participation in the benefit
  - The limited target population and predictability of benefit need may cause unacceptable anti-selection
  - High cost could limit enrollment
- A separate group health benefit offered as an elective benefit with the cost paid by FEHB Program participants with a government contribution;

### Method Assessment

- Creates a distinctive benefit
- Requires a new procurement
- Underdeveloped market may limit the number of qualified interested vendors willing to assume the underwriting risk
- Limitations such as waiting periods and enrollment time commitments may limit participation in the benefit
- The limited target population and predictability of benefit need may cause unacceptable anti-selection

- Would come with an added government cost
- A discount card arrangement providing enrolled members medical services and hearing aids at a reduced price;

Method Assessment

- Requires a new procurement
- Less expensive to enrollees than an elective benefit
- Does not provide insurance
- Requires careful oversight to ensure that enrollees receive actual savings
- Already available to enrollees as a non-FEHB benefit

## 6) The estimated cost of additional benefits

Aon Consulting evaluated the expected cost of providing hearing related benefits both as an additional benefit covered under FEHB and if provided on an elective, voluntary basis. Cost estimates were developed using Aon's medical plan pricing model, AonMed, the demographics of the covered FEHB population and the benefit provisions of Blue Cross and Blue Shield Standard Option for the 2005 calendar year. It was assumed that hearing benefits under FEHB would be subject to the same plan cost sharing (copayments, coinsurance, deductible and out-of-pocket maximums) as other covered benefits and subject to the dollar limitations outlined in Section 3 and listed below. Hearing benefits offered on a voluntary basis were assumed to have no deductibles or copayments but were subject to the limitations outlined in Section 3 and listed below.

Based on the population demographics, it is estimated that 10% of active employees and their spouses, 2% of covered children, and 25% of retirees and their spouses covered in FEHB plans have a hearing impairment that may require hearing services.<sup>6</sup> These statistics were used to help establish the assumptions for enrollment in a voluntary hearing benefit program.

### Assumptions:

- Cost does not reflect any reduction for employee contributions. Data presented is the total cost to add the benefit.
- Data on the cost of current hearing coverage in FEHB was limited. No reduction was made in the cost estimates for FEHB current coverage, which it is assumed would be primary.
- Estimated annual dollar cost is based on 2005 average expected FEHB premiums (\$8,244 for actives and \$7,440 for retirees)
- Assumed that there would be a provider network with discounted fees for hearing aids and providers
- Estimated number of covered members was developed using standard actuarial assumptions applied to the enrollee data by age and gender
- The voluntary hearing benefit was assumed to have a family coverage option

### **Option I**

Provide a minimum coverage standard for diagnostic evaluation by a qualified professional for both Fee for Service and HMO plans offered to FEHB participants. An audiologist was used as a proxy for the professional. The benefit period would be every two years, cover children and adults with a benefit limit of \$100 per exam. No referral is required. Vendors would be encouraged to develop provider networks or to expand their PPO networks to include reasonable access to qualified hearing health professionals at a discounted fee.

The average claim would be approximately \$70 assuming coinsurance and deductibles.

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<sup>6</sup> Based on statistics from the National Center for Health Statistics

	<b>Annual Dollar Cost</b>	<b>PMPM</b>	<b>% of Total Cost</b>
<b>Actives Employees</b>	\$ 7,945,837	0.127	0.04%
<b>Retired Employees</b>	\$14,044,635	0.414	0.10%
<b>Combined</b>	\$21,990,472	0.228	0.07%

## Option II

In addition to Option I, provide a minimum coverage standard for a hearing aid benefit with dollar and purchase period limit for hearing aids to children under the age of 22. Covered devices will include hearing aids, assistive listening devices, ear molds, cochlear implant speech processors and training. The maximum payable benefit per hearing aid will be \$1,000. Coverage will include fitting, the device itself and follow-up adjustments. The benefit purchase period is every three years. Vendors will be encouraged to develop discount arrangements with manufacturers to ensure favorable pricing. An audiologist would perform the initial diagnosis and assessment of hearing loss. The cost of hearing aid evaluation, fitting and follow up is typically bundled in the cost of the device.

	<b>Annual Dollar Cost</b>	<b>PMPM</b>	<b>% of Total Cost</b>
<b>Actives Employees</b>	\$ 9,563,383	0.153	0.05%
<b>Retired Employees</b>	\$14,044,635	0.414	0.10%
<b>Combined</b>	\$23,608,018	0.245	0.07%

Assuming an average claim cost for two hearing aids and testing of \$3,100 (2 x \$1,500 per hearing aid plus \$100 for the hearing test), the proposed benefits under FEHB would reimburse the claimant an estimated payment averaging \$1,470, or 47% of the total cost. If the claimant had already met their deductible and out-of-pocket maximum, the maximum payment would be \$2,100, or 68% of the total cost.

## Option III

In addition to Option I and II, provide a hearing aid benefit with dollar and purchase period limit for hearing aids to adults 22 years of age and over that would be subsidized as a group benefit. Vendors would be encouraged to develop discount arrangements with manufacturers to ensure favorable pricing from manufacturers.

	<b>Annual Dollar Cost</b>	<b>PMPM</b>	<b>% of Total Cost</b>
<b>Actives Employees</b>	\$ 40,296,746	0.644	0.22%
<b>Retired Employees</b>	\$ 72,198,202	2.127	0.53%
<b>Combined</b>	\$112,494,948	0.245	0.35%

The same average claim assumptions as described in Option II would extend to adults 22 years and over.

#### **Option IV**

Same as Option III, but offered as an elective benefit during open season with the entire premium or premium equivalent covered by the employee or retiree. The maximum payable benefit per hearing aid device would be \$1,000. Coverage would include fitting, the device itself and follow-up adjustments. The benefit purchase period is every three years. To reduce the effects of anti-selection, a three-year enrollment commitment should be considered to be incorporated into the design of the benefit. As an alternative, the voluntary hearing program could be designed to include a step-up benefit schedule that would provide limited benefits in the first year and increase in each year that the participant is enrolled.

Due to the highly selective nature of the need for hearing aids, and the lack of any commercial insurance products available for price benchmarking, the range of estimates for this plan vary widely based on different adverse selection models.

An average claim, assuming no co-insurance, deductibles or co-pays would be approximately \$2,100 for two hearing aids and testing.

Costs could be expected to range from \$15 to \$28 PMPM.

#### **Option V**

We did not price this option for the following reasons:

- Limited actuarial data available on combined vision and dental utilization.
- Not currently a viable option in the marketplace. There is currently no product available.

## **7) A description of how additional benefits could be made available through the FEHBP, supplemental plans outside of the FEHBP, or any hearing coverage delivery method**

We examined several approaches to offering additional hearing benefits to Federal employees:

1. A minimum standard required of all health plan vendors making an offer to participants in FEHB.
2. As a voluntary benefit offered at open enrollment. (Employee pay-all)
3. As a voluntary benefit offered at open enrollment. (Government contribution)
4. A Discount Card. (Discount cards provide enrolled members medical services at a reduced price. Many include discounts for hearing aids.)
5. Pre-tax salary reduction using the Health Care Flexible Spending Account. (As noted in Section 1 this benefit is currently available to active FEHB participants.)

## 8) An analysis of the advantages and disadvantages associated with those different delivery methods

1. A minimum standard required of all health plan vendors making an offer to participants in FEHB

### Advantages

- Least complicated arrangement for OPM to administer
- Uses existing health plan vendors, eliminating the need for a separate hearing vendor procurement
- More conducive to an incremental approach of enhancing benefits

### Disadvantages

- Projected increase in the total cost of health premiums between \$22 million and \$112 million for the first year depending on the level of benefit offered
- Applies an insurance financing approach (cost of care is shared by both users and non-users) to a relatively low cost and predictable expense
- Requires vendors to offer and administer a non-standard, plan that they do not currently offer. Some vendors may object to the additional programming requirements needed to implement this change.
- Requires health plan vendors to expand the types and numbers of network providers and administration of benefits (e.g. direct access to a new class of providers)
- Depending on level of coverage selected, expands hearing benefits beyond what is typically offered by other employers

2. As voluntary benefit offered at open enrollment (Employee pay-all)

### Advantages

- Creates a distinctive benefit
- Does not increase the cost of the medical plan for the government
- Additional benefit cost charged to only those who want the benefit
- Expands menu of voluntary benefit offerings available to Federal enrollees.

### Disadvantages

- Underdeveloped market may limit the number of qualified interested insurance vendors willing to assume the underwriting risk
- Insurance vendors will most likely require a design with phased in benefit levels or waiting periods to reduce adverse selection exposure
- Given the premium cost and benefit limitations, FEHB Program participants may view self-financing as more financially prudent

- Requires a separate procurement

3. As voluntary benefit offered at open enrollment (Government contribution)

**Advantages**

- Creates a distinctive benefit
- Additional benefit cost charged to only those who want the benefit
- Expands and enhances the attractiveness of the voluntary benefit offering

**Disadvantages**

- Underdeveloped market may limit the number of qualified interested insurance vendors willing to assume the underwriting risk
- Insurance vendors will most likely require a design with phased in benefit levels or waiting periods to reduce adverse selection exposure
- Given the premium cost and benefit limitations, the government contribution would need to be substantial in order to attract enrollment. Requires a separate procurement

4. A Discount Card

**Advantages**

- Does not increase the cost of the medical plan
- Harnesses the collective purchasing power of FEHB Program participants
- Can be used in conjunction with the Flexible Spending Account
- Established products are offered by most major healthcare vendors

**Disadvantages**

- Provides no insurance

5. Pre-tax salary reduction using the Health Care Flexible Spending Account

**Advantages**

- Uses an existing benefit
- Consistent with the approach typically used by other employers
- No additional cost to OPM
- Self-financing considered the most efficient approach to predictable, lower cost health expenses
- Can be offered in conjunction with a discount card

**Disadvantages**

- Not currently offered to retirees
- Provides no insurance

# **Appendix A**

## **Description of Hearing Benefits Currently Available Under FEHB Program**

**2005 National FEHB Plans: Coverage for Audiology Services**

INSURANCE PLAN	PLAN TYPE	PROVIDER	COVERAGE FOR AUDIOLOGY SERVICES						PROVIDER ACCESSIBILITY		
			Coverage	Deductible (\$)	Out of Pocket	Coverage of Hearing Aids	Coverage of Cochlear Implants	Coverage of Other Hearing Testing / Services	Direct Access to Providers	Provider Qualifications	
APWU	Fee for service with a PPO	Preferred	90% of plan allowance	\$275 individual \$550 family	10% of plan allowance	Hearing aids, testing and examinations for them are not covered	Cochlear implant devices covered as prosthetic devices at 90% of plan allowance.	Audiologist to diagnose a hearing problem	Direct access to audiologists	State license required	
		Non-Preferred	70% of plan allowance	\$500 individual \$1000 family	30% of plan allowance plus any difference between allowance and the billed amount	Hearing aids, testing and examinations for them are not covered	Cochlear implant devices covered as prosthetic devices at 70% of plan allowance and any difference between allowance and billed amount of plan allowance.	Audiologist to diagnose a hearing problem	Direct access to audiologists	State license required	
	Consumer-driven with a PPO (in-network preventive care covered in full, Personal Care Accounts [PCA] for non-preventive care)	Preferred	85% of plan allowance (only after Personal Care Account has been exhausted and Member Responsibility met)	No deductible PCAs cover: \$1200 individual \$2400 Family Member Responsibility is: \$600 individual \$1200 family	15% of plan allowance (only after Personal Care Account has been exhausted and Member Responsibility met)	Hearing aids, testing and examinations for them are not covered	Cochlear implant devices covered as prosthetic devices at 85% of plan allowance (only after Personal Care Account has been exhausted and Member Responsibility met)	Basic Personal Care Accounts (PCA) cover the same services covered under the Traditional Health Coverage  Audiologist to diagnose a hearing problem  Routine hearing tests covered at ages 4, 5, 6, 8, 10, 12, 15, 18 (100% covered if in-network)	Direct access to audiologists	State license required	
		Non-Preferred	60% of plan allowance (only after Personal Care Account has been exhausted and Member Responsibility met)	No deductible PCAs cover: \$1200 individual \$2400 Family Member Responsibility is: \$600 individual \$1200 family	40% of plan allowance plus any difference between allowance and the billed amount (only after Personal Care Account has been exhausted and Member Responsibility met)	Hearing aids, testing and examinations for them are not covered	Cochlear implant devices covered as prosthetic devices at 60% of plan allowance and any difference between allowance and billed amount of plan allowance	Basic Personal Care Accounts (PCA) cover the same services covered under the Traditional Health Coverage  Audiologist to diagnose a hearing problem  Routine hearing tests covered at ages 4, 5, 6, 8, 10, 12, 15, 18 (100% covered if in-network)	Direct access to audiologists	State license required	
	Blue Cross Blue Shield – Basic	Fee for service with a PPO	Preferred	Charges covered in full, less \$20 co-pay	No deductible	\$20 co-payment per visit	No coverage. Implanted bone conduction hearing aids are not covered.	Hospital and surgery benefits are paid for cochlear implants at 70% of plan allowance.	Coverage only when due to accident/injury. Routine hearing tests are not covered except as recommended by the American Academy of Pediatrics (AAP). Testing and examinations for the prescription or fitting of hearing aids are not covered.	Direct access to audiologists	License, certification, or registration required for audiologists

**2005 National FEHB Plans: Coverage for Audiology Services**

INSURANCE PLAN	PLAN TYPE	PROVIDER	COVERAGE FOR AUDIOLOGY SERVICES						PROVIDER ACCESSIBILITY	
			Coverage	Deductible (\$)	Out of Pocket	Coverage of Hearing Aids	Coverage of Cochlear Implants	Coverage of Other Hearing Testing / Services	Direct Access to Providers	Provider Qualifications
Blue Cross Blue Shield – Basic (con't)		Preferred Specialist	Charges covered in full, less \$30 co-pay	No deductible	\$30 co-payment per visit	No coverage. Implanted bone conduction hearing aids are not covered.	Not applicable.	Coverage only when due to accident/injury. Routine hearing tests are not covered except as recommended by the American Academy of Pediatrics (AAP). Testing and examinations for the prescription or fitting of hearing aids are not covered.	Direct access to audiologists	License, certification, or registration required for audiologists
		Non-Participating	No coverage	Not applicable	100% of charges	No coverage. Implanted bone conduction hearing aids are not covered.	No coverage for cochlear implants.	Not applicable	Direct access to audiologists; but not applicable as there is no coverage	License, certification, or registration required for audiologists
Blue Cross Blue Shield - Standard	Fee for service with PPO	Preferred	90% of plan allowance	\$250 individual \$500 family	10% of plan allowance	No coverage. Implanted bone conduction hearing aids are not covered.	Hospital and surgery benefits are paid for cochlear implants at 90% of plan allowance.	Coverage only when due to accident/injury. Routine hearing tests are not covered except as recommended by the American Academy of Pediatrics (AAP). Testing and examinations for the prescription or fitting of hearing aids are not covered.	Direct access to audiologists	License, certification, or registration required for audiologists
		Participating	75% of plan allowance	\$250 individual \$500 family	25% of plan allowance	No coverage. Implanted bone conduction hearing aids are not covered.	Hospital and surgery benefits are paid for cochlear implants at 75% of plan allowance.	Coverage only when due to accident/injury. Routine hearing tests are not covered except as recommended by the American Academy of Pediatrics (AAP). Testing and examinations for the prescription or fitting of hearing aids are not covered.	Direct access to audiologists	License, certification, or registration required for audiologists
		Non-Participating	75% of plan allowance	\$250 individual \$500 family	25% of plan allowance plus any difference between allowance and the billed amount	No coverage. Implanted bone conduction hearing aids are not covered.	Hospital and surgery benefits are paid for cochlear implants at 75% of plan allowance plus any difference between allowance and billed amount	Coverage only when due to accident/injury. Routine hearing tests are not covered except as recommended by the American Academy of Pediatrics (AAP). Testing and examinations for the prescription or fitting of hearing aids are not covered.	Direct access to audiologists	License, certification, or registration required for audiologists

**2005 National FEHB Plans: Coverage for Audiology Services**

INSURANCE PLAN	PLAN TYPE	PROVIDER	COVERAGE FOR AUDIOLOGY SERVICES						PROVIDER ACCESSIBILITY	
			Coverage	Deductible (\$)	Out of Pocket	Coverage of Hearing Aids	Coverage of Cochlear Implants	Coverage of Other Hearing Testing / Services	Direct Access to Providers	Provider Qualifications
<b>GEHA – Standard</b>	Fee for service with a PPO	Preferred	85% of plan allowance	\$450 individual \$900 family	15% of plan allowance	No coverage	Cochlear implants are covered as a prosthetic device at 85% of plan allowance.	Diagnostic hearing tests only when performed by an MD, DO, or audiologist. Testing and examinations for the purpose of a hearing aid are not covered.	Direct access to audiologists	State license required
		Non-Preferred	65% of plan allowance	\$450 individual \$900 family	35% of plan allowance plus any difference between allowance and the billed amount	No coverage	Cochlear implants are covered as a prosthetic device at 65% of plan allowance.	Diagnostic hearing tests only when performed by an MD, DO, or audiologist. Testing and examinations for the purpose of a hearing aid are not covered.	Direct access to audiologists	State license required
<b>GEHA – High</b>	Fee for service with a PPO	Preferred	90% of plan allowance	\$350 Individual \$700 Family	10% of plan allowance	No coverage	Cochlear implants are covered as a prosthetic device at 90% of plan allowance.	Diagnostic hearing tests only when performed by an MD, DO, or audiologist. Testing and examinations for the purpose of a hearing aid are not covered.	Direct access to audiologists	State license required
		Non-Preferred	75% of plan allowance	\$350 Individual \$700 Family	25% of plan allowance plus any difference between allowance and the billed amount	No coverage	Cochlear implants are covered as a prosthetic device at 75% of plan allowance.	Diagnostic hearing tests only when performed by an MD, DO, or audiologist. Testing and examinations for the purpose of a hearing aid are not covered.	Direct access to audiologists	State license required
<b>GEHA – High Deductible Health Plan</b>	Consumer option with a PPO (in-network preventive care covered in full, Health Savings Account (HSA) or Health Reimbursement Arrangement (HRA) for non-preventive care)	Preferred	85% of plan allowance	\$1,100 individual \$2,200 family	15% of plan allowance	No coverage	Cochlear implants are covered as a prosthetic device at 85% of plan allowance	Diagnostic hearing tests only when performed by an MD, DO, or audiologist. Testing and examinations for the purpose of a hearing aid are not covered.	Direct access to audiologists	State license required
		Non-Preferred	70% of plan allowance	\$1,100 individual \$2,200 family	30% of plan allowance plus any difference between allowance and the billed amount	No coverage	Cochlear implants are covered as a prosthetic device at 70% of plan allowance plus the difference between allowance and billed amount	Diagnostic hearing tests only when performed by an MD, DO, or audiologist. Testing and examinations for the purpose of a hearing aid are not covered.	Direct access to audiologists	State license required
<b>Mail Handlers – Standard</b>	Fee for service with a PPO	Preferred	90% of plan allowance	\$300 individual \$600 family	10% of plan allowance	\$200 for one hearing aid per ear. Must obtain w/in 120 days of accident. The calendar year deductible applies.	Cochlear implants are not covered.	Only non-routine hearing testing is covered. Hearing services covered only when due to accidental injury.	Direct access to audiologists	State license required
<b>Mail Handlers – Standard (con't)</b>		Non-Preferred	70% of plan allowance	\$350 individual \$900 family	30% of plan allowance plus any difference between allowance and the billed amount	\$200 for one hearing aid per ear. Must obtain w/in 120 days of accident. The calendar year deductible applies.	Cochlear implants are not covered.	Only non-routine hearing testing is covered. Hearing services covered only when due to accidental injury.	Direct access to audiologists	State license required

**2005 National FEHB Plans: Coverage for Audiology Services**

INSURANCE PLAN	PLAN TYPE	PROVIDER	COVERAGE FOR AUDIOLOGY SERVICES						PROVIDER ACCESSIBILITY	
			Coverage	Deductible (\$)	Out of Pocket	Coverage of Hearing Aids	Coverage of Cochlear Implants	Coverage of Other Hearing Testing / Services	Direct Access to Providers	Provider Qualifications
Mail Handlers – High	Fee for service with a PPO	Preferred	90% of plan allowance	\$250 individual \$750 family	10% of plan allowance	\$200 for one hearing aid per ear. Must obtain w/in 120 days of accident. The calendar year deductible applies.	Cochlear implants are not covered.	Only non-routine hearing testing is covered. Hearing services covered only when due to accidental injury.	Direct access to audiologists	State license required
		Non-Preferred	70% of plan allowance	\$300 individual \$900 family	30% of plan allowance plus any difference between allowance and billed amount	\$200 for one hearing aid per ear. Must obtain w/in 120 days of accident. The calendar year deductible applies.	Cochlear implants are not covered.	Only non-routine hearing testing is covered. Hearing services covered only when due to accidental injury.	Direct access to audiologists	State license required
Mail Handlers – High Deductible Health Plan	Consumer option with a PPO (in-network preventive care covered in full, Health Savings Account (HSA) or Health Reimbursement Arrangement (HRA) for non-preventive care)	Preferred	100% less co-payment and/or deductible (only after HSA or HRA funds have been exhausted)	HSA only (after HSA fund has been exhausted): \$250 individual \$750 family	\$15 co-payment when HSA or HRA funds have been exhausted and annual deductible (HSA) or Member Responsibility (HRA) has been met	\$200 for one hearing aid per ear. Must obtain w/in 120 days of accident.	Cochlear implants are not covered.	Only non-routine hearing testing is covered. Hearing services covered only when due to accidental injury.	Only non-routine hearing testing is covered. Hearing services covered only when due to accidental injury.	State license required
		Non-Preferred	100% less co-payment and/or deductible (only after HSA or HRA funds have been exhausted)	HSA only (after HSA fund has been exhausted): \$300 individual \$900 family	40% of plan allowance plus any difference between allowance and the billed amount when HSA or HRA funds have been exhausted and annual deductible (HSA) or Member Responsibility (HRA) has been met	\$200 for one hearing aid per ear. Must obtain w/in 120 days of accident.	Cochlear implants are not covered.	Only non-routine hearing testing is covered. Hearing services covered only when due to accidental injury.	Direct access to audiologists	State license required
HearPO		Non-FEHB benefit available to plan members – hearing care and hearing aid discount program provides savings from manufacturers (GN, ReSound, Siemens, Unitron, Phonak, Rexton, Electone)								
NALC	Fee for service with a PPO	Preferred	85% of plan allowance	\$250 individual \$500 family	15% of plan allowance	Hearing aids are not covered except when necessitated by accidental injury	Cochlear implants are paid as hospital benefits at 85% of the plan allowance.	Hearing testing for covered diagnosis such as otitis media and mastoiditis. Routine hearing testing is not covered.	No direct access to audiologists	State license required
		Non-Preferred	70% of plan allowance	\$300 individual \$600 family	30% of plan allowance plus any difference between allowance and billed amount	Hearing aids are not covered except when necessitated by accidental injury	Cochlear implants are paid as hospital benefits at 70% of plan allowance plus the difference between allowance and billed amount.	Hearing testing for covered diagnosis such as otitis media and mastoiditis. Routine hearing testing is not covered.	No direct access to audiologists	State license required
PBP – Standard	Fee for service with a PPO	Preferred	70% of plan allowance	\$250 individual \$600 family	30% of plan allowance plus any difference between the allowance and billed amount	Hearing aids, exams and tests and adjustments to hearing devices only when necessitated by accidental injury or surgery. Must be obtained w/in 120 days of the surgery or injury.	Cochlear implants are covered at 70% of the plan allowance plus the difference between allowance and billed amount.	Routine hearing tests not covered. Only when due to accidental injury or surgery.	No direct access to audiologists	State license required

**2005 National FEHB Plans: Coverage for Audiology Services**

INSURANCE PLAN	PLAN TYPE	PROVIDER	COVERAGE FOR AUDIOLOGY SERVICES					PROVIDER ACCESSIBILITY		
			Coverage	Deductible (\$)	Out of Pocket	Coverage of Hearing Aids	Coverage of Cochlear Implants	Coverage of Other Hearing Testing / Services	Direct Access to Providers	Provider Qualifications
		Non-Preferred	70% of plan allowance	\$600 individual \$1200 family	30% of plan allowance plus any difference between the allowance and billed amount	Hearing aids, exams and tests and adjustments to hearing devices only when necessitated by accidental injury or surgery. Must be obtained w/in 120 days of the surgery or injury.	Cochlear implants are covered at 70% of the plan allowance plus the difference between allowance and billed amount.	Routine hearing tests not covered. Only when due to accidental injury or surgery.	No direct access to audiologists	State license required
PBP – High	Fee for service with a PPO	Preferred	75% of plan allowance	\$200 individual \$500 family	25% of plan allowance plus any difference between allowance and the billed amount	Hearing aids, exams and tests and adjustments to hearing devices only when necessitated by accidental injury or surgery. Must be obtained w/in 120 days of the surgery or injury.	Cochlear implants are covered at 75% of the plan allowance plus the difference between allowance and billed amount.	Routine hearing tests not covered. Only when due to accidental injury or surgery.	No direct access to audiologists	State license required
		Non-Preferred	75% of plan allowance	\$500 individual \$1000 family	25% of plan allowance plus any difference between allowance and the billed amount	Hearing aids, exams and tests and adjustments to hearing devices only when necessitated by accidental injury or surgery. Must be obtained w/in 120 days of the surgery or injury.	Cochlear implants are covered at 75% of the plan allowance plus the difference between allowance and billed amount.	Routine hearing tests not covered. Only when due to accidental injury or surgery.	No direct access to audiologists	State license required

**2005 State FEHB Plans: Coverage for Audiology Services – Washington, DC**

INSURANCE PLAN	PLAN TYPE	PROVIDER	COVERAGE FOR AUDIOLOGY SERVICES						PROVIDER ACCESSIBILITY	
			Coverage	Deductible (\$)	Out of Pocket	Coverage of Hearing Aids	Coverage of Cochlear Implants	Coverage of Other Hearing Testing / Services	Direct Access to Audiologists	Audiologist Qualifications
<b>Aetna HealthFund – Consumer Driven Plan Option</b>	IPP (in-network preventive care covered in full, Medical Fund & deductible for out-of-network and non-preventive care)	In-Network	85% of plan allowance (only after Medical Fund has been exhausted and deductible met)	\$1000 individual \$2000 family	15 % of plan allowance (only after Medical Fund has been exhausted and deductible met)	Hearing aids, testing, and examinations for them are not covered	Cochlear implant devices covered as prosthetic devices at 85% of plan allowance (only after Medical Fund has been exhausted and deductible met)	1 routine exam every 24 months for adults and children (covered as preventive care)	Direct access to audiologists	Credentialed according to national standards
		Out-of-Network	60% of plan allowance (only after Medical Fund has been exhausted and deductible met)	\$1000 individual \$2000 family	40% of plan allowance and difference between allowance and billed amount (only after Medical Fund has been exhausted and deductible met)	Hearing aids, testing, and examinations for them are not covered	Cochlear implant devices covered as prosthetic devices at 60% of plan allowance, difference between allowance and billed amount must be met by consumer (only after Medical Fund has been exhausted and deductible met)	1 routine exam every 24 months for adults and children (covered as preventive care up to Medical Fund balance)	Direct access to audiologists	Credentialed according to national standards
<b>Aetna HealthFund – High Deductible Health Plan Option</b>	IPP (in-network preventive care covered in full, Health Savings Account (HSA) or Health Reimbursement Arrangement (HRA) for non-preventive care)	In-network	90% of plan allowance (only after HSA or HRA funds have been exhausted and deductible met)	\$2500 individual \$5000 family	10% of plan allowance (only after HSA or HRA funds have been exhausted and deductible met)	Hearing aids, testing, and examinations for them are not covered	Cochlear implant devices covered as prosthetic devices at 90% of plan allowance (only after HSA or HRA funds have been exhausted and deductible met)	1 routine exam every 24 months for adults and children (covered as preventive care)	Direct access to audiologists	Credentialed according to national standards
		Out-of-network	70% of plan allowance (only after HSA or HRA funds have been exhausted and deductible met)	\$2500 individual \$5000 family	30% of plan allowance and difference between allowance and billed amount (only after HSA or HRA funds have been exhausted and deductible met)	Hearing aids, testing, and examinations for them are not covered	Cochlear implant devices covered as prosthetic devices at 70% of plan allowance, difference between allowance and billed amount must be met by consumer (only after HSA or HRA funds have been exhausted and deductible met)	1 routine exam every 24 months for adults and children (must pay all charges until deductible is satisfied, then 30% of plan allowance and any difference between allowance and billed amount. May also elect to use HSA account to pay bill)	Direct access to audiologists	Credentialed according to national standards
<b>Aetna Open Access High Option</b>	"Open Access" HMO (can go directly to any network specialist for covered services without a referral from primary care physician [PCPI])	Primary Care Physician (PCP)		None	\$15 per visit	For children up to age 18 - hearing aids, testing, fitting, and the examination for them (all charges \$1400/ear/every 36-month period)	Cochlear implants covered in full as prosthetic device	Ear examinations through the age of 17 to determine the need for hearing correction. (Preventive care)  Hearing services covered for audiological testing and medically necessary treatment for hearing problems  All other hearing test not medically necessary not covered	Direct access to audiologists	Credentialed according to national standards

**2005 State FEHB Plans: Coverage for Audiology Services – Washington, DC**

INSURANCE PLAN	PLAN TYPE	PROVIDER	COVERAGE FOR AUDIOLOGY SERVICES						PROVIDER ACCESSIBILITY	
			Coverage	Deductible (\$)	Out of Pocket	Coverage of Hearing Aids	Coverage of Cochlear Implants	Coverage of Other Hearing Testing / Services	Direct Access to Audiologists	Audiologist Qualifications
<b>Aetna Open Access High Option (con't)</b>		Specialist		None	\$20 per visit	For children up to age 18 - hearing aids, testing, fitting, and the examination for them (all charges \$1400/ear/every 36-month period)	Cochlear implants covered in full as prosthetic device	Ear examinations through the age of 17 to determine the need for hearing correction. (Preventive care)  Hearing services covered for audiological testing and medically necessary treatment for hearing problems  All other hearing test not medically necessary not covered	Direct access to audiologists	Credentialed according to national standards
<b>Aetna Open Access Basic Option</b>	"Open Access" HMO (can go directly to any network specialist for covered services without a referral from primary care physician)	Primary Care Physician (PCP)		None	\$20 per visit	For children up to age 18 - hearing aids, testing, fitting, and the examination for them (all charges \$1400/ear/every 36-month period)	Cochlear implants covered in full as prosthetic device	Ear examinations through the age of 17 to determine the need for hearing correction. (Preventive care)  Hearing services covered for audiological testing and medically necessary treatment for hearing problems  All other hearing test not medically necessary not covered	Direct access to audiologists	Credentialed according to national standards
		Specialist		None	\$30 per visit	For children up to age 18 - hearing aids, testing, fitting, and the examination for them (all charges \$1400/ear/every 36-month period)	Cochlear implants covered in full as prosthetic device	Ear examinations through the age of 17 to determine the need for hearing correction. (Preventive care)  Hearing services covered for audiological testing and medically necessary treatment for hearing problems  All other hearing test not medically necessary not covered	Direct access to audiologists	Credentialed according to national standards
<b>Care First Blue Choice</b>	HMO	Primary Care Physician (PCP)		None	\$20 per visit	Hearing aids, testing, and examinations for them are not covered	Cochlear implants covered in full as prosthetic device	Ear exams through age 17 to determine the need for hearing correction (Preventive care)  Adult hearing tests covered only if referred by a PCP	Must be referred by primary care physician	Credentialed according to national standards

**2005 State FEHB Plans: Coverage for Audiology Services – Washington, DC**

INSURANCE PLAN	PLAN TYPE	PROVIDER	COVERAGE FOR AUDIOLOGY SERVICES						PROVIDER ACCESSIBILITY	
			Coverage	Deductible (\$)	Out of Pocket	Coverage of Hearing Aids	Coverage of Cochlear Implants	Coverage of Other Hearing Testing / Services	Direct Access to Audiologists	Audiologist Qualifications
		Specialist		None	\$30 per visit	Hearing aids, testing, and examinations for them are not covered	Cochlear implant covered in full as prosthetic device	Ear exams through age 17 to determine the need for hearing correction (Preventive care)  Adult hearing tests covered only if referred by a PCP	Must be referred by primary care physician	Credentialed according to national standards
Kaiser Permanente High Option	HMO	Primary Care Physician (PCP)		None	\$10 per visit (nothing for children birth - 4 yrs)	Hearing aids covered for children under age 18 (all charges in excess of \$1400 covered for each hearing impaired ear every 36 months)  Hearing aids, tests to determine their effectiveness, and examinations for them not covered for 18 yrs and over	Cochlear implants covered in full as prosthetic device	Children - Ear exams to determine the need for hearing correction (Preventive care)  All other hearing tests not covered	Must be referred by primary care physician	No information on required qualifications could be found in the plan brochure
		Specialist		None	\$20 per visit	Hearing aids covered for children under age 18 (all charges in excess of \$1400 covered for each hearing impaired ear every 36 months)  Hearing aids, tests to determine their effectiveness, and examinations for them not covered for 18 yrs and over	Cochlear implants covered in full as prosthetic device	Children - Ear exams to determine the need for hearing correction (Preventive care)  All other hearing tests not covered	Must be referred by primary care physician	No information on required qualifications could be found in the plan brochure
Kaiser Permanente Standard Option	HMO	Primary Care Physician (PCP)		None	\$30 per visit (nothing for children birth - 4 yrs)	Hearing aids covered for children under age 18 (all charges in excess of \$1400 covered for each hearing impaired ear every 36 months)  Hearing aids, tests to determine their effectiveness, and examinations for them not covered for 18 yrs and over	Cochlear implants covered in full as prosthetic device	Children - Ear exams to determine the need for hearing correction (Preventive care)  All other hearing tests not covered	Must be referred by primary care physician	No information on required qualifications could be found in the plan brochure

**2005 State FEHB Plans: Coverage for Audiology Services – Washington, DC**

INSURANCE PLAN	PLAN TYPE	PROVIDER	COVERAGE FOR AUDIOLOGY SERVICES						PROVIDER ACCESSIBILITY	
			Coverage	Deductible (\$)	Out of Pocket	Coverage of Hearing Aids	Coverage of Cochlear Implants	Coverage of Other Hearing Testing / Services	Direct Access to Audiologists	Audiologist Qualifications
		Specialist		None	\$30 per visit	Hearing aids covered for children under age 18 (all charges in excess of \$1400 covered for each hearing impaired ear every 36 months)  Hearing aids, tests to determine their effectiveness, and examinations for them not covered for 18 yrs and over	Cochlear implants covered in full as prosthetic device	Children - Ear exams to determine the need for hearing correction (Preventive care)  All other hearing tests not covered	Must be referred by primary care physician	No information on required qualifications could be found in the plan brochure
<b>MD – Individual Practice Association</b>	HMO	Primary Care Physician (PCP)		None	\$10 per visit	Hearing aid examinations for children under 19; hearing aids covered under Durable Medical Equipment. (50% of charges up to \$1,400 per ear every 36 months)  Hearing aids for individuals 19 and over not covered	Cochlear implants covered as prosthetic device at 50% of charges	Ear exams to determine the need for hearing correction (Preventive care, children up to age of 22)  Hearing testing covered	Must be referred by primary care physician	Credentialed in accordance with the standards set by the National Committee for Quality Assurance (NCQA).
		Specialist		None	\$20 per visit	Hearing aid examinations for children under 19; hearing aids covered under Durable Medical Equipment. (50% of charges up to \$1,400 per ear every 36 months)  Hearing aids for individuals 19 and over not covered	Cochlear implants covered as prosthetic device at 50% of charges	Ear exams to determine the need for hearing correction (Preventive care, children up to age of 22)  Hearing testing covered	Must be referred by primary care physician	Credentialed in accordance with the standards set by the National Committee for Quality Assurance (NCQA).

**2005 State FEHB Plans: Coverage for Audiology Services – Maryland**

INSURANCE PLAN	PLAN TYPE	PROVIDER	COVERAGE FOR AUDIOLOGY SERVICES						PROVIDER ACCESSIBILITY	
			Coverage	Deductible (\$)	Out of Pocket	Coverage of Hearing Aids	Coverage of Cochlear Implants	Coverage of Other Hearing Testing / Services	Direct Access to Audiologists	Audiologist Qualifications

**2005 State FEHB Plans: Coverage for Audiology Services – Maryland**

INSURANCE PLAN	PLAN TYPE	PROVIDER	COVERAGE FOR AUDIOLOGY SERVICES						PROVIDER ACCESSIBILITY	
			Coverage	Deductible (\$)	Out of Pocket	Coverage of Hearing Aids	Coverage of Cochlear Implants	Coverage of Other Hearing Testing / Services	Direct Access to Audiologists	Audiologist Qualifications
<b>Aetna HealthFund – Consumer Driven Health Plan Option</b>	IPP (in-network preventive care covered in full, Medical Fund & deductible for out-of-network and non-preventive care)	In-network	85% of plan allowance (only after Medical Fund has been exhausted and deductible met)	\$1000 individual \$2000 family	15% of plan allowance (only after Medical Fund has been exhausted and deductible met)	Hearing aids, testing, and examinations for them are not covered	Cochlear implant devices covered as prosthetic devices at 85% of plan allowance (only after Medical Fund has been exhausted and deductible met)	1 routine exam every 24 months for adults and children (covered as preventive care)	Direct access to audiologists	State licensed
		Out-of-network	60% of plan allowance (only after Medical Fund has been exhausted and deductible met)	\$1000 individual \$2000 family	40% of plan allowance and difference between allowance and billed amount (only after Medical Fund has been exhausted and deductible met)	Hearing aids, testing, and examinations for them are not covered	Cochlear implant devices covered as prosthetic devices at 60% of plan allowance, difference between allowance and billed amount must be met by consumer (only after Medical Fund has been exhausted and deductible met)	1 routine exam every 24 months for adults and children (covered as preventive care up to Medical Fund balance)	Direct access to audiologists	State licensed
<b>Aetna HealthFund – High Deductible Health Plan Option</b>	IPP (in-network preventive care covered in full, Health Savings Account (HSA) or Health Reimbursement Arrangement (HRA) for non-preventive care)	In-network	90% of plan allowance (only after HSA or HRA funds have been exhausted and deductible met)	\$2500 individual \$5000 family	10% of plan allowance (only after HSA or HRA funds have been exhausted and deductible met)	Hearing aids, testing, and examinations for them are not covered	Cochlear implant devices covered as prosthetic devices at 90% of plan allowance (only after HSA or HRA funds have been exhausted and deductible met)	1 routine exam every 24 months for adults and children (covered as preventive care)	Direct access to audiologists	State licensed
		Out-of-network	70% of plan allowance (only after HSA or HRA funds have been exhausted and deductible met)	\$2500 individual \$5000 family	30% of plan allowance and difference between allowance and billed amount (only after HSA or HRA funds have been exhausted and deductible met)	Hearing aids, testing, and examinations for them are not covered	Cochlear implant devices covered as prosthetic devices at 70% of plan allowance, difference between allowance and billed amount must be met by consumer (only after HSA or HRA funds have been exhausted and deductible met)	1 routine exam every 24 months for adults and children (must pay all charges until deductible is satisfied, then 30% of plan allowance and any difference between allowance and billed amount. May also elect to use HSA account to pay bill)	Direct access to audiologists	State licensed
<b>Aetna Open Access High Option</b>	"Open Access" HMO (can go directly to any network specialist for covered services without a referral from primary care physician [PCP])	Primary Care Physician (PCP)	100% less co-pay and/or deductible	None	\$15 per visit	For children up to age 18 - hearing aids, testing, fitting, and the examination for them (all charges \$1400/ear/every 36-month period) <b>Voluntary compliance with state mandate</b>	Cochlear implants covered in full as prosthetic device	Ear examinations through the age of 17 to determine the need for hearing correction. (Preventive care)Hearing services covered for audiological testing and medically necessary treatment for hearing problemsAll other hearing test not medically necessary not covered	Direct access to audiologists	State licensed

**2005 State FEHB Plans: Coverage for Audiology Services – Maryland**

INSURANCE PLAN	PLAN TYPE	PROVIDER	COVERAGE FOR AUDIOLOGY SERVICES						PROVIDER ACCESSIBILITY	
			Coverage	Deductible (\$)	Out of Pocket	Coverage of Hearing Aids	Coverage of Cochlear Implants	Coverage of Other Hearing Testing / Services	Direct Access to Audiologists	Audiologist Qualifications
<b>Aetna Open Access High Option (con't)</b>		Specialist	100% less co-pay and/or deductible	None	\$20 per visit	For children up to age 18 - hearing aids, testing, fitting, and the examination for them (all charges \$1400/ear/every 36-month period) <b>Voluntary compliance with state mandate</b>	Cochlear implants covered in full as prosthetic device	Ear examinations through the age of 17 to determine the need for hearing correction. (Preventive care)  Hearing services covered for audiological testing and medically necessary treatment for hearing problems  All other hearing test not medically necessary not covered	Direct access to audiologists	State licensed
<b>Aetna Open Access Basic Option</b>	"Open Access" HMO (can go directly to any network specialist for covered services without a referral from primary care physician)	Primary Care Physician (PCP)	100% less co-pay and/or deductible	None	\$20 per visit	For children up to age 18 - hearing aids, testing, fitting, and the examination for them (all charges \$1400/ear/every 36-month period) <b>Voluntary compliance with state mandate</b>	Cochlear implants covered in full as prosthetic device	Ear examinations through the age of 17 to determine the need for hearing correction. (Preventive care)  Hearing services covered for audiological testing and medically necessary treatment for hearing problems  All other hearing test not medically necessary not covered	Direct access to audiologists	State licensed
		Specialist	100% less co-pay and/or deductible	None	\$30 per visit	For children up to age 18 - hearing aids, testing, fitting, and the examination for them (all charges \$1400/ear/every 36-month period) <b>Voluntary compliance with state mandate</b>	Cochlear implants covered in full as prosthetic device	Ear examinations through the age of 17 to determine the need for hearing correction. (Preventive care)  Hearing services covered for audiological testing and medically necessary treatment for hearing problems  All other hearing test not medically necessary not covered	Direct access to audiologists	State licensed
<b>Care First Blue Choice</b>	HMO	Primary Care Physician (PCP)	100% less co-pay and/or deductible	None	\$20 per visit	Hearing aids, testing, and examinations for them are not covered	Cochlear implants covered in full as prosthetic device	Ear exams through age 17 to determine the need for hearing correction (Preventive care)  Adult hearing tests covered only if referred by a PCP	Must be referred by primary care physician	Credentialed according to national standards

**2005 State FEHB Plans: Coverage for Audiology Services – Maryland**

INSURANCE PLAN	PLAN TYPE	PROVIDER	COVERAGE FOR AUDIOLOGY SERVICES						PROVIDER ACCESSIBILITY	
			Coverage	Deductible (\$)	Out of Pocket	Coverage of Hearing Aids	Coverage of Cochlear Implants	Coverage of Other Hearing Testing / Services	Direct Access to Audiologists	Audiologist Qualifications
	Specialist	100% less co-pay and/or deductible	None	\$30 per visit	Hearing aids, testing, and examinations for them are not covered	Cochlear implant covered in full as prosthetic device	Ear exams through age 17 to determine the need for hearing correction (Preventive care)  Adult hearing tests covered only if referred by a PCP	Must be referred by primary care physician	Credentialed according to national standards	Specialist
Coventry Health Care of Delaware High Option	Individual Practice HMO	Primary Care Physician (PCP)	100% less co-pay and/or deductible	None	\$10 per visit	First hearing aid & testing only when necessitated by accidental injury. Hearing aids for minors require pre-certification. Hearing aids for minor children only up to a maximum Plan benefit of \$1,400 per hearing aid per every 36 months when a hearing aid is prescribed fitted and dispensed by a licensed audiologist. (15% out of pocket) <b>Voluntary compliance with state mandate</b>	Cochlear implants covered as hospital benefit (100% in-patient, 90% out-patient).	Ear exams through age 17 to determine the need for hearing correction (Preventive care)  All other hearing tests not necessitated by accidental injury not covered	Direct access to audiologists	State licensed
		Specialist	100% less co-pay and/or deductible	None	\$20 per visit	First hearing aid & testing only when necessitated by accidental injury. Hearing aids for minors require pre-certification. Hearing aids for minor children up to a maximum Plan benefit of \$1,400 per hearing aid per every 36 months when a hearing aid is prescribed fitted and dispensed by a licensed audiologist. (20% out of pocket) <b>Voluntary compliance with state mandate</b>	Cochlear implants covered as hospital benefit (100% in-patient, 90% out-patient).	Ear exams through age 17 to determine the need for hearing correction (Preventive care)  All other hearing tests not necessitated by accidental injury not covered	Direct access to audiologists	State licensed

**2005 State FEHB Plans: Coverage for Audiology Services – Maryland**

INSURANCE PLAN	PLAN TYPE	PROVIDER	COVERAGE FOR AUDIOLOGY SERVICES						PROVIDER ACCESSIBILITY	
			Coverage	Deductible (\$)	Out of Pocket	Coverage of Hearing Aids	Coverage of Cochlear Implants	Coverage of Other Hearing Testing / Services	Direct Access to Audiologists	Audiologist Qualifications
<b>Coventry Health Care of Delaware High Deductible Health Plan Option</b>	Individual Practice Plan (IPP) (in-network preventive care covered in full, Health Savings Account (HSA) or Health Reimbursement Arrangement (HRA) for non-preventive care)	Primary Care Physician (PCP)	85% of plan allowance (only after HSA or HRA funds have been exhausted and deductible met)	1,050 individual 2,100 family	15% of plan allowance (only after HSA or HRA funds have been exhausted and deductible met)	First hearing aid & testing only when necessitated by accidental injury. Hearing aids for minors require pre-certification Hearing aids for minor children only up to a maximum Plan benefit of \$1,400 per hearing aid per every 36 months when a hearing aid is prescribed fitted and dispensed by a licensed audiologist. (20% out of pocket) <b>Voluntary compliance with state mandate</b>	Cochlear implants covered at 85% of plan allowance	Hearing loss screening for newborns provided by the Hospital before discharge covered in full (preventive care)  Ear exams through age 17 to determine the need for hearing correction covered in full (preventive care)	Direct access to audiologists	State licensed
		Specialist	85% of plan allowance (only after HSA or HRA funds have been exhausted and deductible met)	\$1,050 individual \$2,100 family	15% of plan allowance (only after HSA or HRA funds have been exhausted and deductible met)	First hearing aid & testing only when necessitated by accidental injury.  Hearing aids for minors require pre-certification  Hearing aids for minor children only up to a maximum Plan benefit of \$1,400 per hearing aid per every 36 months when a hearing aid is prescribed fitted and dispensed by a licensed audiologist. (15% out of pocket)	Cochlear implants covered at 85% of plan allowance	Hearing loss screening for newborns provided by the Hospital before discharge (preventive care)  Ear exams through age 17 to determine the need for hearing correction (preventive care)	Direct access to audiologists	State licensed
<b>Kaiser Permanente High Option</b>	HMO	Primary Care Physician (PCP)	100% less co-pay and/or deductible	None	\$10 per visit (nothing for children birth - 4 yrs)	Hearing aids covered for children under 18 (charges in excess of \$1400 for each impaired ear every 36 months) <b>Voluntary compliance with state mandate</b>  Hearing aids, tests to determine their effectiveness, and examinations for them not covered for 18 yrs and over	Cochlear implants covered in full as prosthetic device	Children - Ear exams to determine the need for hearing correction (Preventive care)  All other hearing tests not covered	Must be referred by primary care physician	No information on required qualifications could be found in the plan brochure

**2005 State FEHB Plans: Coverage for Audiology Services – Maryland**

INSURANCE PLAN	PLAN TYPE	PROVIDER	COVERAGE FOR AUDIOLOGY SERVICES						PROVIDER ACCESSIBILITY	
			Coverage	Deductible (\$)	Out of Pocket	Coverage of Hearing Aids	Coverage of Cochlear Implants	Coverage of Other Hearing Testing / Services	Direct Access to Audiologists	Audiologist Qualifications
		Specialist	100% less co-pay and/or deductible	None	\$20 per visit	Hearing aids covered for children under 18 (charges in excess of \$1400 for each hearing impaired ear every 36 months) <b>Voluntary compliance with state mandate</b>  Hearing aids, tests to determine their effectiveness, and examinations for them not covered for 18 yrs and over	Cochlear implants covered in full as prosthetic device	Children - Ear exams to determine the need for hearing correction (Preventive care)  All other hearing tests not covered	Must be referred by primary care physician	No information on required qualifications could be found in the plan brochure
<b>Kaiser Permanente Standard Option</b>	HMO	Primary Care Physician (PCP)	100% less co-pay and/or deductible	None	\$30 per visit (nothing for children birth - 4 yrs)	Hearing aids covered for children under 18 (charges in excess of \$1400 for each impaired ear every 36 months) <b>Voluntary compliance with state mandate</b>  Hearing aids, tests to determine their effectiveness, and examinations for them not covered for 18 yrs and over	Cochlear implants covered in full as prosthetic device	Children - Ear exams to determine the need for hearing correction (Preventive care)  All other hearing tests not covered	Must be referred by primary care physician	No information on required qualifications could be found in the plan brochure
<b>Kaiser Permanente Standard Option (con't)</b>		Specialist	100% less co-pay and/or deductible	None	\$30 per visit	Hearing aids covered for children under 18 (charges in excess of \$1400 for each impaired ear every 36 months) <b>Voluntary compliance with state mandate</b>  Hearing aids, tests to determine their effectiveness, and examinations for them not covered for 18 yrs and over	Cochlear implants covered in full as prosthetic device	Children - Ear exams to determine the need for hearing correction (Preventive care)  All other hearing tests not covered	Must be referred by primary care physician	No information on required qualifications could be found in the plan brochure

**2005 State FEHB Plans: Coverage for Audiology Services – Maryland**

INSURANCE PLAN	PLAN TYPE	PROVIDER	COVERAGE FOR AUDIOLOGY SERVICES						PROVIDER ACCESSIBILITY	
			Coverage	Deductible (\$)	Out of Pocket	Coverage of Hearing Aids	Coverage of Cochlear Implants	Coverage of Other Hearing Testing / Services	Direct Access to Audiologists	Audiologist Qualifications
MD-Individual Practice Association	HMO	Primary Care Physician (PCP)	100% less co-pay and/or deductible	None	\$10 per visit	Hearing aid examinations for children under 19; hearing aids covered under Durable Medical Equipment. (50% of charges up to \$1,400 per ear every 36 months) <b>Voluntary compliance with state mandate</b>  Hearing aids for individuals 19 and over not covered	Cochlear implants covered as prosthetic device at 50% of charges	Ear exams to determine the need for hearing correction (Preventive care, children up to age of 22)  Hearing testing covered	Must be referred by primary care physician	State licensed
		Specialist	100% less co-pay and/or deductible	None	\$20 per visit	Hearing aid examinations for children under 19; hearing aids covered under Durable Medical Equipment. (50% of charges up to \$1,400 per ear every 36 months) <b>Voluntary compliance with state mandate</b>  Hearing aids for individuals 19 and over not covered	Cochlear implants covered as prosthetic device at 50% of charges	Ear exams to determine the need for hearing correction (Preventive care, children up to age of 22)  Hearing testing covered	Must be referred by primary care physician	State licensed

**2005 State FEHB Plans: Coverage for Audiology Services – Virginia**

INSURANCE PLAN	PLAN TYPE	PROVIDER	COVERAGE FOR AUDIOLOGY SERVICES						PROVIDER ACCESSIBILITY	
			Coverage	Deductible (\$)	Out of Pocket	Coverage of Hearing Aids	Coverage of Cochlear Implants	Coverage of Other Hearing Testing / Services	Direct Access to Audiologists	Audiologist Qualifications
<b>Aetna HealthFund - Consumer Driven Health Plan Option</b>	IPP (in-network preventive care covered in full, Medical Fund & deductible for out-of-network and non-preventive care)	In-network	85% of plan allowance (only after Medical Fund has been exhausted and deductible met)	\$1000 individual \$2000 family	15 % of plan allowance (only after Medical Fund has been exhausted and deductible met)	Hearing aids, testing, and examinations for them are not covered	Cochlear implant devices covered as prosthetic devices at 85% of plan allowance (only after Medical Fund has been exhausted and deductible met)	1 routine exam every 24 months for adults and children (covered as preventive care)	Direct access to audiologists	State licensed
		Out-of-network	60% of plan allowance (only after Medical Fund has been exhausted and deductible met)	\$1000 individual \$2000 family	40% of plan allowance and difference between allowance and billed amount (only after Medical Fund has been exhausted and deductible met)	Hearing aids, testing, and examinations for them are not covered	Cochlear implant devices covered as prosthetic devices at 60% of plan allowance, difference between allowance and billed amount must be met by consumer (only after Medical Fund has been exhausted and deductible met)	1 routine exam every 24 months for adults and children (covered as preventive care up to Medical Fund balance)	Direct access to audiologists	State licensed
<b>Aetna HealthFund - High Deductible Health Plan Option</b>	IPP (in-network preventive care covered in full, Health Savings Account (HSA) or Health Reimbursement Arrangement (HRA) for non-preventive care)	In-network	90% of plan allowance (only after HSA or HRA funds have been exhausted and deductible met)	\$2500 individual \$5000 family	10% of plan allowance (only after HSA or HRA funds have been exhausted and deductible met)	Hearing aids, testing, and examinations for them are not covered	Cochlear implant devices covered as prosthetic devices at 90% of plan allowance (only after HSA or HRA funds have been exhausted and deductible met)	1 routine exam every 24 months for adults and children (covered as preventive care)	Direct access to audiologists	State licensed
		Out-of-network	70% of plan allowance (only after HSA or HRA funds have been exhausted and deductible met)	\$2500 individual \$5000 family	30% of plan allowance and difference between allowance and billed amount (only after HSA or HRA funds have been exhausted and deductible met)	Hearing aids, testing, and examinations for them are not covered	Cochlear implant devices covered as prosthetic devices at 70% of plan allowance, difference between allowance and billed amount must be met by consumer (only after HSA or HRA funds have been exhausted and deductible met)	1 routine exam every 24 months for adults and children (must pay all charges until deductible is satisfied, then 30% of plan allowance and any difference between allowance and billed amount. May also elect to use HSA account to pay bill)	Direct access to audiologists	State licensed
<b>Aetna Open Access Basic Option</b>	"Open Access" HMO (can go directly to any network specialist for covered services without a referral from primary care physician)	Primary Care Physician (PCP)	100% less co-pay and/or deductible	None	\$20 per visit	For children up to age 18 - hearing aids, testing, fitting, and the examination for them (all charges \$1400/ear/every 36-month period)	Cochlear implants covered in full as prosthetic device	Ear examinations through the age of 17 to determine the need for hearing correction. (Preventive care)  Hearing services covered for audiological testing and medically necessary treatment for hearing problems  All other hearing test not medically necessary not covered	Direct access to audiologists	State licensed

**2005 State FEHB Plans: Coverage for Audiology Services – Virginia**

INSURANCE PLAN	PLAN TYPE	PROVIDER	COVERAGE FOR AUDIOLOGY SERVICES						PROVIDER ACCESSIBILITY	
			Coverage	Deductible (\$)	Out of Pocket	Coverage of Hearing Aids	Coverage of Cochlear Implants	Coverage of Other Hearing Testing / Services	Direct Access to Audiologists	Audiologist Qualifications
<b>Aetna Open Access Basic Option (con't)</b>		Specialist	100% less co-pay and/or deductible	None	\$30 per visit	For children up to age 18 - hearing aids, testing, fitting, and the examination for them (all charges \$1400/ear/every 36-month period)	Cochlear implants covered in full as prosthetic device	Ear examinations through the age of 17 to determine the need for hearing correction. (Preventive care)  Hearing services covered for audiological testing and medically necessary treatment for hearing problems  All other hearing test not medically necessary not covered	Direct access to audiologists	State licensed
<b>Care First Blue Choice</b>	HMO	Primary Care Physician (PCP)	100% less co-pay and/or deductible	None	\$20 per visit	Hearing aids, testing, and examinations for them are not covered	Cochlear implants covered in full as prosthetic device	Ear exams through age 17 to determine the need for hearing correction (Preventive care)  Adult hearing tests covered only if referred by a PCP	Must be referred by primary care physician	Credentialed according to national standards
		Specialist	100% less co-pay and/or deductible	None	\$30 per visit	Hearing aids, testing, and examinations for them are not covered	Cochlear implant covered in full as prosthetic device	Ear exams through age 17 to determine the need for hearing correction (Preventive care)  Adult hearing tests covered only if referred by a PCP	Must be referred by primary care physician	Credentialed according to national standards
<b>Kaiser Permanente High Option</b>	HMO	Primary Care Physician (PCP)	100% less co-pay and/or deductible	None	\$10 per visit (nothing for children birth - 4 yrs)	Hearing aids covered for children under age 18 (all charges in excess of \$1400 covered for each hearing impaired ear every 36 months)  Hearing aids, tests to determine their effectiveness, and examinations for them not covered for 18 yrs and over	Cochlear implants covered in full as prosthetic device	Children - Ear exams to determine the need for hearing correction (Preventive care)  All other hearing tests not covered	Must be referred by primary care physician	No information on required qualifications could be found in the plan brochure

**2005 State FEHB Plans: Coverage for Audiology Services – Virginia**

INSURANCE PLAN	PLAN TYPE	PROVIDER	COVERAGE FOR AUDIOLOGY SERVICES						PROVIDER ACCESSIBILITY	
			Coverage	Deductible (\$)	Out of Pocket	Coverage of Hearing Aids	Coverage of Cochlear Implants	Coverage of Other Hearing Testing / Services	Direct Access to Audiologists	Audiologist Qualifications
<b>Kaiser Permanente High Option (con't)</b>		Specialist	100% less co-pay and/or deductible	None	\$20 per visit	Hearing aids covered for children under age 18 (all charges in excess of \$1400 covered for each hearing impaired ear every 36 months)  Hearing aids, tests to determine their effectiveness, and examinations for them not covered for 18 yrs and over	Cochlear implants covered in full as prosthetic device	Children - Ear exams to determine the need for hearing correction (Preventive care)  All other hearing tests not covered	Must be referred by primary care physician	No information on required qualifications could be found in the plan brochure
<b>Kaiser Permanente Standard Option</b>	HMO	Primary Care Physician (PCP)	100% less co-pay and/or deductible	None	\$30 per visit (nothing for children birth - 4 yrs)	Hearing aids covered for children under age 18 (all charges in excess of \$1400 covered for each hearing impaired ear every 36 months)  Hearing aids, tests to determine their effectiveness, and examinations for them not covered for 18 yrs and over	Cochlear implants covered in full as prosthetic device	Children - Ear exams to determine the need for hearing correction (Preventive care)  All other hearing tests not covered	Must be referred by primary care physician	No information on required qualifications could be found in the plan brochure
		Specialist	100% less co-pay and/or deductible	None	\$30 per visit	Hearing aids covered for children under age 18 (all charges in excess of \$1400 covered for each hearing impaired ear every 36 months)  Hearing aids, tests to determine their effectiveness, and examinations for them not covered for 18 yrs and over	Cochlear implants covered in full as prosthetic device	Children - Ear exams to determine the need for hearing correction (Preventive care)  All other hearing tests not covered	Must be referred by primary care physician	No information on required qualifications could be found in the plan brochure
<b>MD-Individual Practice Association</b>	HMO	Primary Care Physician (PCP)	100% less co-pay and/or deductible	None	\$10 per visit	Hearing aid examinations for children under 19; hearing aids covered under Durable Medical Equipment. (50% of charges up to \$1,400 per ear every 36 months)  Hearing aids for individuals 19 and over not covered	Cochlear implants covered as prosthetic device at 50% of charges	Ear exams to determine the need for hearing correction (Preventive care, children up to age of 22)  Hearing testing covered	Must be referred by primary care physician	State licensed

**2005 State FEHB Plans: Coverage for Audiology Services – Virginia**

INSURANCE PLAN	PLAN TYPE	PROVIDER	COVERAGE FOR AUDIOLOGY SERVICES						PROVIDER ACCESSIBILITY	
			Coverage	Deductible (\$)	Out of Pocket	Coverage of Hearing Aids	Coverage of Cochlear Implants	Coverage of Other Hearing Testing / Services	Direct Access to Audiologists	Audiologist Qualifications
<b>MD-Individual Practice Association (con't)</b>		Specialist	100% less co-pay and/or deductible	None	\$20 per visit	Hearing aid examinations for children under 19; hearing aids covered under Durable Medical Equipment. (50% of charges up to \$1,400 per ear every 36 months)  Hearing aids for individuals 19 and over not covered	Cochlear implants covered as prosthetic device at 50% of charges	Ear exams to determine the need for hearing correction (Preventive care, children up to age of 22)  Hearing testing covered	Must be referred by primary care physician	State licensed
<b>Optima Health Plan</b>	HMO	Primary Care Physician (PCP)	100% less co-pay and/or deductible	None	\$10	First hearing aid and testing only when necessitated by accidental injury  All other hearing aids, testing and examinations for them not covered	Cochlear implant covered as a hospital service (in patient - \$250, out-patient \$100)	Ear exams through age 17 to determine the need for hearing correction (Preventive care)	Must be referred by primary care physician	
		Specialist	100% less co-pay and/or deductible	None	\$20 per visit	First hearing aid and testing only when necessitated by accidental injury  All other hearing aids, testing and examinations for them not covered	Cochlear implant covered as a hospital service (in patient - \$250, out-patient \$100)	Ear exams through age 17 to determine the need for hearing correction (Preventive care)	Must be referred by primary care physician	Credentialed according to national standards
<b>Piedmont Community HealthCare</b>	HMO (with point of service product - allows receipt of covered services w/out referral or from out-of-network provider)	In-network or in-plan	100% less co-pay and/or deductible	\$500 individual \$1000 family	\$25 per visit	First hearing aid and testing only when necessitated by accidental injury  All other hearing aids, testing and examinations for them not covered	Cochlear implants covered as hospital service at 80% of allowable charges after deductible	Ear exams through age 17 to determine the need for hearing correction (preventive care)  All other hearing testing not covered	Must be referred by primary care physician	Credentialed according to national standards
		Out-of-network or out-of-plan	100% less co-pay and/or deductible	\$1,500 individual \$3000 family	\$25 per visit	First hearing aid and testing only when necessitated by accidental injury  All other hearing aids, testing and examinations for them not covered	Cochlear implants covered as hospital service at 70% of allowable charges after deductible	Ear exams through age 17 to determine the need for hearing correction (preventive care)  All other hearing testing not covered	Direct access to audiologists	Credentialed according to national standards

**2005 State FEHB Plans: Coverage for Audiology Services – West Virginia**

INSURANCE PLAN	PLAN TYPE	PROVIDER	COVERAGE FOR AUDIOLOGY SERVICES						PROVIDER ACCESSIBILITY	
			Coverage	Deductible (\$)	Out of Pocket	Coverage of Hearing Aids	Coverage of Cochlear Implants	Coverage of Other Hearing Testing / Services	Direct Access to Audiologists	Audiologist Qualifications
Health Plan of the Upper Ohio Valley	HMO	Primary Care Physician (PCP)		\$250 individual \$750 family	\$10 per visit	Hearing aids are limited to one hearing aid per lifetime (covered at 70% of allowance for hearing aids)  Replacement or repair of hearing aids and batteries for them	Cochlear implant covered as hospital benefit (\$250 in-patient, Nothing out-patient)	Ear exams through age 17 to determine the need for hearing correction (preventive care, no deductible)  Hearing exams are limited to one per calendar year to determine the need for hearing correction  All other hearing testing not covered	Must be referred by primary care physician	Credentialed according to National standards
		Specialist		\$250 individual \$750 family	\$20 per visit	Hearing aids are limited to one hearing aid per lifetime (covered at 70% of allowance for hearing aids)  Replacement or repair of hearing aids and batteries for them	Cochlear implant covered as hospital benefit (\$250 in-patient, Nothing out-patient)	Ear exams through age 17 to determine the need for hearing correction (preventive care, no deductible)  Hearing exams are limited to one per calendar year to determine the need for hearing correction  All other hearing testing not covered	Must be referred by primary care physician	Credentialed according to National standards

**2005 State FEHB Plans: Coverage for Audiology Services – Connecticut**

INSURANCE PLAN	PLAN TYPE	PROVIDER	COVERAGE FOR AUDIOLOGY SERVICES						PROVIDER ACCESSIBILITY	
			Coverage	Deductible (\$)	Out of Pocket	Coverage of Hearing Aids	Coverage of Cochlear Implants	Coverage of Other Hearing Testing / Services	Direct Access to Audiologists	Audiologist Qualifications
<b>Aetna HealthFund - Consumer Driven Health Plan Option</b>	IPP (in-network preventive care covered in full, Medical Fund & deductible for out-of-network and non-preventive care)	In-network	85% of plan allowance (only after Medical Fund has been exhausted and deductible met)	\$1000 individual \$2000 family	15 % of plan allowance (only after Medical Fund has been exhausted and deductible met)	Hearing aids, testing, and examinations for them are not covered	Cochlear implant devices covered as prosthetic devices at 85% of plan allowance (only after Medical Fund has been exhausted and deductible met)	1 routine exam every 24 months for adults and children (covered as preventive care)	Direct access to audiologists	State licensed
		Out-of-network	60% of plan allowance (only after Medical Fund has been exhausted and deductible met)	\$1000 individual \$2000 family	40% of plan allowance and difference between allowance and billed amount (only after Medical Fund has been exhausted and deductible met)	Hearing aids, testing, and examinations for them are not covered	Cochlear implant devices covered as prosthetic devices at 60% of plan allowance, difference between allowance and billed amount must be met by consumer (only after Medical Fund has been exhausted and deductible met)	1 routine exam every 24 months for adults and children (covered as preventive care up to Medical Fund balance)	Direct access to audiologists	State licensed
<b>Aetna HealthFund - High Deductible Health Plan Option</b>	IPP (in-network preventive care covered in full, Health Savings Account (HSA) or Health Reimbursement Arrangement (HRA) for non-preventive care)	In-network	90% of plan allowance (only after HSA or HRA funds have been exhausted and deductible met)	\$2500 individual \$5000 family	10% of plan allowance (only after HSA or HRA funds have been exhausted and deductible met)	Hearing aids, testing, and examinations for them are not covered	Cochlear implant devices covered as prosthetic devices at 90% of plan allowance (only after HSA or HRA funds have been exhausted and deductible met)	1 routine exam every 24 months for adults and children (covered as preventive care)	Direct access to audiologists	State licensed
		Out-of-network	70% of plan allowance (only after HSA or HRA funds have been exhausted and deductible met)	\$2500 individual \$5000 family	30% of plan allowance and difference between allowance and billed amount (only after HSA or HRA funds have been exhausted and deductible met)	Hearing aids, testing, and examinations for them are not covered	Cochlear implant devices covered as prosthetic devices at 70% of plan allowance, difference between allowance and billed amount must be met by consumer (only after HSA or HRA funds have been exhausted and deductible met)	1 routine exam every 24 months for adults and children (must pay all charges until deductible is satisfied, then 30% of plan allowance and any difference between allowance and billed amount. May also elect to use HSA account to pay bill)	Direct access to audiologists	State licensed
<b>ConnectiCare</b>	HMO	Primary Care Physician (PCP)	100% less co-pay and/or deductible	None	\$15 per visit	First hearing aid and testing only when necessitated by accidental injury  All other hearing aids, testing and examinations for them not covered	Cochlear implant covered in full as a hospital benefit (Insertion of device is \$50 per/day in-patient, \$50 per visit out-patient)	Ear exams through age 17 to determine the need for hearing correction (preventive care)  All other hearing tests not covered	Must be referred by primary care physician	Credentialed according to national standards

**2005 State FEHB Plans: Coverage for Audiology Services – Connecticut**

INSURANCE PLAN	PLAN TYPE	PROVIDER	COVERAGE FOR AUDIOLOGY SERVICES						PROVIDER ACCESSIBILITY	
			Coverage	Deductible (\$)	Out of Pocket	Coverage of Hearing Aids	Coverage of Cochlear Implants	Coverage of Other Hearing Testing / Services	Direct Access to Audiologists	Audiologist Qualifications
ConnectiCare (con't)		Specialist	100% less co-pay and/or deductible	None	\$20 per visit	First hearing aid and testing only when necessitated by accidental injury  All other hearing aids, testing and examinations for them not covered	Cochlear implant covered in full as a hospital benefit (Insertion of device is \$50 per/day in-patient, \$50 per visit out-patient)	Ear exams through age 17 to determine the need for hearing correction (preventive care)  All other hearing tests not covered	Must be referred by primary care physician	Credentialed according to national standards

**2005 State FEHB Plans: Coverage for Audiology Services – Kentucky**

INSURANCE PLAN	PLAN TYPE	PROVIDER	COVERAGE FOR AUDIOLOGY SERVICES						PROVIDER ACCESSIBILITY	
			Coverage	Deductible (\$)	Out of Pocket	Coverage of Hearing Aids	Coverage of Cochlear Implants	Coverage of Other Hearing Testing / Services	Direct Access to Audiologists	Audiologist Qualifications
Aetna	"Open Access" HMO (can go directly to any network specialist for covered services without a referral from primary care physician [PCP])	Primary Care Physician (PCP)	100% less co-pay and/or deductible	None	\$20 per visit	Hearing aids, testing, and examinations for them are not covered	Cochlear implants covered in full as prosthetic device	Ear exams through age 17 to determine the need for hearing correction (preventive care)  Covered for audiological testing and medically necessary treatment for hearing problems	Direct access to audiologists	State licensed
		Specialist	100% less co-pay and/or deductible	None	\$30 per visit	Hearing aids, testing, and examinations for them are not covered	Cochlear implants covered in full as prosthetic device	Ear exams through age 17 to determine the need for hearing correction (preventive care)  Covered for audiological testing and medically necessary treatment for hearing problems	Direct access to audiologists	State licensed
Aetna HealthFund - Consumer Driven Health Plan Option	Individual Practice Plan (IPP) (in-network preventive care covered in full, Medical Fund & deductible for out-of-network and non-preventive care)	In-network	85% of plan allowance (only after Medical Fund has been exhausted and deductible met)	\$1000 individual \$2000 family	15 % of plan allowance (only after Medical Fund has been exhausted and deductible met)	Hearing aids, testing, and examinations for them are not covered	Cochlear implant devices covered as prosthetic devices at 85% of plan allowance (only after Medical Fund has been exhausted and deductible met)	1 routine exam every 24 months for adults and children (covered as preventive care)	Direct access to audiologists	State licensed
		Out-of-network	60% of plan allowance (only after Medical Fund has been exhausted and deductible met)	\$1000 individual \$2000 family	40% of plan allowance and difference between allowance and billed amount (only after Medical Fund has been exhausted and deductible met)	Hearing aids, testing, and examinations for them are not covered	Cochlear implant devices covered as prosthetic devices at 60% of plan allowance, difference between allowance and billed amount must be met by consumer (only after Medical Fund has been exhausted and deductible met)	1 routine exam every 24 months for adults and children (covered as preventive care up to Medical Fund balance)	Direct access to audiologists	State licensed
Aetna HealthFund - High Deductible Health Plan Option	IPP (in-network preventive care covered in full, Health Savings Account (HSA) or Health Reimbursement Arrangement (HRA) for non-preventive care)	In-network	90% of plan allowance (only after HSA or HRA funds have been exhausted and deductible met)	\$2500 individual \$5000 family	10% of plan allowance (only after HSA or HRA funds have been exhausted and deductible met)	Hearing aids, testing, and examinations for them are not covered	Cochlear implant devices covered as prosthetic devices at 90% of plan allowance (only after HSA or HRA funds have been exhausted and deductible met)	1 routine exam every 24 months for adults and children (covered as preventive care)	Direct access to audiologists	State licensed

**2005 State FEHB Plans: Coverage for Audiology Services – Kentucky**

INSURANCE PLAN	PLAN TYPE	PROVIDER	COVERAGE FOR AUDIOLOGY SERVICES						PROVIDER ACCESSIBILITY	
			Coverage	Deductible (\$)	Out of Pocket	Coverage of Hearing Aids	Coverage of Cochlear Implants	Coverage of Other Hearing Testing / Services	Direct Access to Audiologists	Audiologist Qualifications
<b>Aetna HealthFund - High Deductible Health Plan Option (con't)</b>		Out-of-network	70% of plan allowance (only after HSA or HRA funds have been exhausted and deductible met)	\$2500 individual \$5000 family	30% of plan allowance and difference between allowance and billed amount (only after HSA or HRA funds have been exhausted and deductible met)	Hearing aids, testing, and examinations for them are not covered	Cochlear implant devices covered as prosthetic devices at 70% of plan allowance, difference between allowance and billed amount must be met by consumer (only after HSA or HRA funds have been exhausted and deductible met)	1 routine exam every 24 months for adults and children (must pay all charges until deductible is satisfied, then 30% of plan allowance and any difference between allowance and billed amount. May also elect to use HSA account to pay bill)	Direct access to audiologists	State licensed
<b>Humana CoverageFirst</b>	Individual Practice Plan (IPP) (in-network preventive care covered with co-payment, \$500 benefit allowance & deductible for out-of-network and non-preventive care)	In-network	100% less co-pay and/or deductible	\$1000 individual \$2000 family	\$20 per visit to Primary Care Physician (PCP)  \$30 per visit to specialist	First hearing aid and testing covered in full (after deductible is satisfied) only when necessitated by accidental injury  All other hearing aids, testing and examinations for them not covered	Cochlear implants covered in full after deductible is satisfied as a prosthetic device	Ear exams through age 17 to determine the need for hearing correction (preventive care)  All other hearing testing not covered	Direct access to audiologists	Credentialed according to national standards
		Out-of-network	100% less co-pay and/or deductible	\$3000 individual \$6000 family	30% after deductible	First hearing aid and testing covered at 70% (after deductible is satisfied) only when necessitated by accidental injury  All other hearing aids, testing and examinations for them not covered	Cochlear implants covered in full after deductible is satisfied as a prosthetic device	Ear exams through age 17 to determine the need for hearing correction (preventive care)  All other hearing testing not covered	Direct access to audiologists	Credentialed according to national standards
<b>Humana Health Plan</b>	HMO	Primary Care Physician (PCP)	100% less co-pay and/or deductible	None	\$15 per visit	Hearing aids for children under 18 with \$1400 benefit allowance per hearing impaired ear every 36 months. <b>Voluntary compliance w/state mandate</b>  All other hearing aids, testing and examinations for them, except as shown above	Cochlear implants covered in full as prosthetic device	Ear exams through age 17 to determine the need for hearing correction (preventive care)	Must be referred by primary care physician	Credentialed according to national standards

**2005 State FEHB Plans: Coverage for Audiology Services – Kentucky**

INSURANCE PLAN	PLAN TYPE	PROVIDER	COVERAGE FOR AUDIOLOGY SERVICES						PROVIDER ACCESSIBILITY	
			Coverage	Deductible (\$)	Out of Pocket	Coverage of Hearing Aids	Coverage of Cochlear Implants	Coverage of Other Hearing Testing / Services	Direct Access to Audiologists	Audiologist Qualifications
<b>Humana Health Plan (con't)</b>		Specialist	100% less co-pay and/or deductible	None	\$25 per visit	Hearing aids for children under 18 with \$1400 benefit allowance per hearing impaired ear every 36 months. <b>Voluntary compliance w/state mandate</b>  All other hearing aids, testing and examinations for them, except as shown above	Cochlear implants covered in full as prosthetic device	Ear exams through age 17 to determine the need for hearing correction (preventive care)	Must be referred by primary care physician	Credentialed according to national standards
<b>United Health Care of Ohio High Option</b>	HMO	Primary Care Physician (PCP)	100% less co-pay and/or deductible	None	\$15 per visit	First hearing aid and testing only when necessitated by accidental injury  All other hearing aids, testing and examinations for them not covered	Cochlear implants are not covered.	Ear exams through age 17 to determine the need for hearing correction (preventive care)	Direct access to audiologists	Credentialed according to national standards
		Specialist	100% less co-pay and/or deductible	None	\$15 per visit	First hearing aid and testing only when necessitated by accidental injury  All other hearing aids, testing and examinations for them not covered	Cochlear implants are not covered.	Ear exams through age 17 to determine the need for hearing correction (preventive care)	Direct access to audiologists	Credentialed according to national standards
<b>United Health Care of Ohio Standard Option</b>	HMO (with point of service product - allows receipt of covered services w/out referral or from out-of-network provider)	In-network	100% less co-pay and/or deductible	None	\$20 per visit	First hearing aid and testing only when necessitated by accidental injury  All other hearing aids, testing and examinations for them not covered	Cochlear implants are not covered.	Ear exams through age 17 to determine the need for hearing correction (preventive care)  All other hearing testing not covered	Direct access to audiologists	Credentialed according to national standards
		Out-of-network	70% of charges after deductible is satisfied	\$500 individual \$1000 family	30% of charges after deductible is satisfied	First hearing aid and testing only when necessitated by accidental injury  All other hearing aids, testing and examinations for them not covered	Cochlear implants are not covered.	Ear exams through age 17 to determine the need for hearing correction (preventive care)  All other hearing testing not covered	Direct access to audiologists	Credentialed according to national standards

**2005 State FEHB Plans: Coverage for Audiology Services – Louisiana**

INSURANCE PLAN	PLAN TYPE	PROVIDER	COVERAGE FOR AUDIOLOGY SERVICES						PROVIDER ACCESSIBILITY	
			Coverage	Deductible (\$)	Out of Pocket	Coverage of Hearing Aids	Coverage of Cochlear Implants	Coverage of Other Hearing Testing / Services	Direct Access to Audiologists	Audiologist Qualifications
<b>Coventry Health Care Louisiana High Option</b>	HMO	Primary Care Physician (PCP)	100% less co-pay and/or deductible	None	\$15 per visit	Hearing aids, testing and examinations for them not covered	Covered as prosthetic device up to the maximum allowance of \$1,000 per calendar year  \$15 out of pocket per visit for insertion of device	Ear exams through age 17 to determine the need for hearing correction (preventive care)  All other hearing testing not covered	Direct access to audiologists	Credentialed according to national standards
		Specialist	100% less co-pay and/or deductible	None	\$15 per visit	Hearing aids, testing and examinations for them not covered	Covered as prosthetic device up to the maximum allowance of \$1,000 per calendar year  \$15 out of pocket per visit for insertion of device	Ear exams through age 17 to determine the need for hearing correction (preventive care)  All other hearing testing not covered	Direct access to audiologists	Credentialed according to national standards
<b>Coventry Health Care Louisiana High Deductible Health Plan</b>	Individual Practice Plan (IPP) (in-network preventive not subject to deductible, Health Savings Account (HSA) or Health Reimbursement Arrangement (HRA) can be used to pay deductibles or out of pocket costs)	In-network	80% of plan allowance	\$1050 individual \$2100 family	20% of plan allowance only after deductible is met	Hearing aids, testing and examinations for them not covered	Cochlear implants covered as prosthetic device at 80% of plan allowance after deductible is met	Ear exams through age 17 to determine the need for hearing correction (preventive care)  All other hearing testing not covered	Direct access to audiologists	Credentialed according to national standards
		Out-of-network	70% of plan allowance	\$2000 individual \$4000 individual	30% of plan allowance and any difference between allowance and billed amount only after deductible is met	Hearing aids, testing and examinations for them not covered	Cochlear implants covered as prosthetic device at 70% of plan allowance after deductible is met	Ear exams through age 17 to determine the need for hearing correction (preventive care)  All other hearing testing not covered	Direct access to audiologists	Credentialed according to national standards
<b>Humana CoverageFirst</b>	Individual Practice Plan (IPP) (in-network preventive care covered with co-payment, \$500 benefit allowance & deductible for out-of-network and non-preventive care)	In-network	100% less co-pay and/or deductible	\$1000 individual \$2000 family	\$20 per visit to Primary Care Physician (PCP)  \$30 per visit to specialist	First hearing aid and testing covered in full (after deductible is satisfied) only when necessitated by accidental injury  All other hearing aids, testing and examinations for them not covered	Cochlear implants covered in full after deductible is satisfied as a prosthetic device	Ear exams through age 17 to determine the need for hearing correction (preventive care)  All other hearing testing not covered	Direct access to audiologists	Credentialed according to national standards

**2005 State FEHB Plans: Coverage for Audiology Services – Louisiana**

INSURANCE PLAN	PLAN TYPE	PROVIDER	COVERAGE FOR AUDIOLOGY SERVICES						PROVIDER ACCESSIBILITY	
			Coverage	Deductible (\$)	Out of Pocket	Coverage of Hearing Aids	Coverage of Cochlear Implants	Coverage of Other Hearing Testing / Services	Direct Access to Audiologists	Audiologist Qualifications
Humana CoverageFirst (con't)		Out-of-network	70% less deductible	\$3000 individual \$6000 family	30% after deductible	First hearing aid and testing covered at 70% (after deductible is satisfied) only when necessitated by accidental injury  All other hearing aids, testing and examinations for them not covered	Cochlear implants covered in full after deductible is satisfied as a prosthetic device	Ear exams through age 17 to determine the need for hearing correction (preventive care)  All other hearing testing not covered	Direct access to audiologists	Credentialed according to national standards
Vantage Health Plan	HMO	Primary Care Physician (PCP)	100% less co-pay and/or deductible	None	\$15 per visit	First hearing aid and testing only when necessitated by accidental injury  All other hearing aids, testing and examinations for them not covered	One cochlear implant per member per lifetime covered at 60% of plan allowance	Ear exams through age 17 to determine the need for hearing correction (preventive care)  All other hearing testing not covered	Audiologists must be referred by primary care physician	Credentialed according to national standards
		Specialist	100% less co-pay and/or deductible	None	\$15 per visit	First hearing aid and testing only when necessitated by accidental injury  All other hearing aids, testing and examinations for them not covered	One cochlear implant per member per lifetime covered at 60% of plan allowance	Ear exams through age 17 to determine the need for hearing correction (preventive care)  All other hearing testing not covered	Audiologists must be referred by primary care physician	Credentialed according to national standards

**2005 State FEHB Plans: Coverage for Audiology Services – Minnesota**

INSURANCE PLAN	PLAN TYPE	PROVIDER	COVERAGE FOR AUDIOLOGY SERVICES						PROVIDER ACCESSIBILITY	
			Coverage	Deductible (\$)	Out of Pocket	Coverage of Hearing Aids	Coverage of Cochlear Implants	Coverage of Other Hearing Testing / Services	Direct Access to Audiologists	Audiologist Qualifications
Avera Health Plans	HMO (with point of service product - allows receipt of covered services w/out referral from out-of-network provider)	In-network Primary Care Physician (PCP)	100% less co-pay and/or deductible	\$500 individual \$1000 family	\$10 per visit	Hearing aids, testing and examinations for them not covered	Cochlear implants covered as prosthetic device at 80% of charges, after deductible	Ear exams through age 17 to determine the need for hearing correction (preventive care)  All other hearing testing not covered	Direct access to audiologists	Credentialed according to national standards
		In-network Specialist	100% less co-pay and/or deductible	\$500 individual \$1000 family	\$15 per visit	Hearing aids, testing and examinations for them not covered	Cochlear implants covered as prosthetic device at 80% of charges, after deductible	Ear exams through age 17 to determine the need for hearing correction (preventive care)  All other hearing testing not covered	Direct access to audiologists	Credentialed according to national standards
		Out-of-network	100% less co-pay and/or deductible	\$500 individual \$1000 family	All charges	Hearing aids, testing and examinations for them not covered	Cochlear implants covered as prosthetic device at 60% of charges, after deductible	Ear exams through age 17 to determine the need for hearing correction (preventive care)  All other hearing testing not covered	Direct access to audiologists	Credentialed according to national standards
HealthPartners Classic Plan	HMO	Primary Care Physician (PCP)	100% less co-pay and/or deductible	None	20% of charges	First hearing aid and testing covered in full only when necessitated by accidental injury Hearing aids for members age 18 and younger who have hearing loss due to functional congenital malformation of the ears that is not correctable by other covered procedures. Coverage of one hearing aid for each ear every three years at 80% of cost. <b>Voluntary compliance w/state mandate</b>  All other hearing aids, testing and examinations for them not covered	Cochlear implants covered as hospital benefit (\$100 inpatient, \$15 per visit outpatient)	Routine hearing exams for adults and children (through age 17) covered in full (preventive care)  All other hearing testing not covered	Must be referred by primary care physician	Credentialed according to national standards

**2005 State FEHB Plans: Coverage for Audiology Services – Minnesota**

INSURANCE PLAN	PLAN TYPE	PROVIDER	COVERAGE FOR AUDIOLOGY SERVICES						PROVIDER ACCESSIBILITY	
			Coverage	Deductible (\$)	Out of Pocket	Coverage of Hearing Aids	Coverage of Cochlear Implants	Coverage of Other Hearing Testing / Services	Direct Access to Audiologists	Audiologist Qualifications
<b>HealthPartners Classic Plan</b> <i>continued</i>		Specialist	100% less co-pay and/or deductible	None	20% of charges	First hearing aid and testing covered in full only when necessitated by accidental injury Hearing aids for members age 18 and younger who have hearing loss due to functional congenital malformation of the ears that is not correctable by other covered procedures. Coverage is one hearing aid for each ear every three years at 80% of cost. <b>Voluntary compliance w/state mandate.</b>  All other hearing aids, testing and examinations for them not covered	Cochlear implants covered as hospital benefit (\$100 inpatient, \$15 per visit outpatient)	Routine hearing exams for adults and children (through age 17) covered in full (preventive care)  All other hearing testing not covered	Must be referred by primary care physician	Credentialed according to national standards
<b>HealthPartners Open Access Deductible</b>	"Open Access" HMO (can go directly to any network specialist for covered services without a referral from primary care physician [PCP])	Primary Care Physician (PCP)	100% less co-pay and/or deductible	\$250 individual \$500 family	20% of charges	First hearing aid and testing covered in full only when necessitated by accidental injury Hearing aids for members age 18 and younger who have hearing loss due to functional congenital malformation of the ears that is not correctable by other covered procedures. Coverage is one hearing aid for each ear every three years at 80% of cost. <b>Voluntary compliance w/state mandate.</b>  All other hearing aids, testing and examination for them not covered	Cochlear implants covered as hospital benefit (\$100 inpatient after deductible, 10% of outpatient charges up to \$1500 allowance, after deductible)	Routine hearing exams for adults and children (through age 17) covered in full (preventive care)  All other hearing testing not covered	Direct access to audiologists	Credentialed according to national standards

2005 State FEHB Plans: Coverage for Audiology Services – Minnesota

INSURANCE PLAN	PLAN TYPE	PROVIDER	COVERAGE FOR AUDIOLOGY SERVICES					PROVIDER ACCESSIBILITY		
			Coverage	Deductible (\$)	Out of Pocket	Coverage of Hearing Aids	Coverage of Cochlear Implants	Coverage of Other Hearing Testing / Services	Direct Access to Audiologists	Audiologist Qualifications
HealthPartners Open Access Deductible <i>continued</i>	Specialist	100% less co-pay and/or deductible	\$250 individual \$500 family	20% of charges	First hearing aid and testing covered in full only when necessitated by accidental injury Hearing aids for members age 18 and younger who have hearing loss due to functional congenital malformation of the ears that is not correctable by other covered procedures. Coverage is one hearing aid for each ear every three years at 80% of cost. <b>Voluntary compliance w/state mandate.</b>  All other hearing aids, testing and examinations for them not covered	Cochlear implants covered as hospital benefit (\$100 inpatient after deductible, 10% of outpatient charges up to \$1500 allowance, after deductible)	Routine hearing exams for adults and children (through age 17) covered in full (preventive care)  All other hearing testing not covered	Direct access to audiologists	Credentialed according to national standards	Specialist
HealthPartners Primary Clinic Plan	HMO	Primary Care Physician (PCP)	80% of charges	None	20% of charges	First hearing aid and testing covered in full only when necessitated by accidental injury Hearing aids for members age 18 and younger who have hearing loss due to functional congenital malformation of the ears that is not correctable by other covered procedures. Coverage is limited to one hearing aid for each ear every three years at 80% of cost. <b>Voluntary compliance w/state mandate.</b>  All other hearing aids, testing and examinations for them not covered	Cochlear implants covered as hospital benefit (\$200 inpatient, \$20 outpatient)	Routine hearing exams for adults and children (through age 17) covered in full (preventive care)  All other hearing testing not covered	Direct access to audiologists	Credentialed according to national standards

2005 State FEHB Plans: Coverage for Audiology Services – Minnesota

INSURANCE PLAN	PLAN TYPE	PROVIDER	COVERAGE FOR AUDIOLOGY SERVICES						PROVIDER ACCESSIBILITY	
			Coverage	Deductible (\$)	Out of Pocket	Coverage of Hearing Aids	Coverage of Cochlear Implants	Coverage of Other Hearing Testing / Services	Direct Access to Audiologists	Audiologist Qualifications
HealthPartners Primary Clinic Plan <i>continued</i>		Specialist	80% of charges	None	20% of charges	First hearing aid and testing covered in full only when necessitated by accidental injury Hearing aids for members age 18 and younger who have hearing loss due to functional congenital malformation of the ears that is not correctable by other covered procedures. Coverage is one hearing aid for each ear every three years at 80% of cost. <b>Voluntary compliance w/state mandate.</b>  All other hearing aids, testing and examinations for them not covered	Cochlear implants covered as hospital benefit (\$200 inpatient, \$20 outpatient)	Routine hearing exams for adults and children (through age 17) covered in full (preventive care)  All other hearing testing not covered	Direct access to audiologists	Credentialed according to national standards

**2005 State FEHB Plans: Coverage for Audiology Services – Missouri**

INSURANCE PLAN	PLAN TYPE	PROVIDER	COVERAGE FOR AUDIOLOGY SERVICES						PROVIDER ACCESSIBILITY	
			Coverage	Deductible (\$)	Out of Pocket	Coverage of Hearing Aids	Coverage of Cochlear Implants	Coverage of Other Hearing Testing / Services	Direct Access to Audiologists	Audiologist Qualifications
<b>Aetna</b>	"Open Access" HMO (can go directly to any network specialist for covered services without a referral from primary care physician [PCP])	Primary Care Physician (PCP)	100% less co-pay and/or deductible	None	\$20 per visit	Hearing aids, testing, and examinations for them are not covered	Cochlear implants covered in full as prosthetic device	Ear exams through age 17 to determine the need for hearing correction (preventive care)  Covered for audiological testing and medically necessary treatment for hearing problems	Direct access to audiologists	State licensed
		Specialist	100% less co-pay and/or deductible	None	\$30 per visit	Hearing aids, testing, and examinations for them are not covered	Cochlear implants covered in full as prosthetic device	Ear exams through age 17 to determine the need for hearing correction (preventive care)  Covered for audiological testing and medically necessary treatment for hearing problems	Direct access to audiologists	State licensed
<b>Aetna HealthFund - Consumer Driven Health Plan Option</b>	Individual Practice Plan (IPP) (in-network preventive care covered in full, Medical Fund & deductible for out-of-network and non-preventive care)	In-network	85% of plan allowance (only after Medical Fund has been exhausted and deductible met)	\$1000 individual \$2000 family	15% of plan allowance (only after Medical Fund has been exhausted and deductible met)	Hearing aids, testing, and examinations for them are not covered	Cochlear implant devices covered as prosthetic devices at 85% of plan allowance (only after Medical Fund has been exhausted and deductible met)	1 routine exam every 24 months for adults and children (covered as preventive care)	Direct access to audiologists	State licensed
		Out-of-network	60% of plan allowance (only after Medical Fund has been exhausted and deductible met)	\$1000 individual \$2000 family	40% of plan allowance and difference between allowance and billed amount (only after Medical Fund has been exhausted and deductible met)	Hearing aids, testing, and examinations for them are not covered	Cochlear implant devices covered as prosthetic devices at 60% of plan allowance, difference between allowance and billed amount must be met by consumer (only after Medical Fund has been exhausted and deductible met)	1 routine exam every 24 months for adults and children (covered as preventive care up to Medical Fund balance)	Direct access to audiologists	State licensed
<b>Aetna HealthFund - High Deductible Health Plan Option</b>	IPP (in-network preventive care covered in full, Health Savings Account (HSA) or Health Reimbursement Arrangement (HRA) for non-preventive care)	In-network	90% of plan allowance (only after HSA or HRA funds have been exhausted and deductible met)	2500 individual 5000 family	10% of plan allowance (only after HSA or HRA funds have been exhausted and deductible met)	Hearing aids, testing, and examinations for them are not covered	Cochlear implant devices covered as prosthetic devices at 90% of plan allowance (only after HSA or HRA funds have been exhausted and deductible met)	1 routine exam every 24 months for adults and children (covered as preventive care)	Direct access to audiologists	State licensed

**2005 State FEHB Plans: Coverage for Audiology Services – Missouri**

INSURANCE PLAN	PLAN TYPE	PROVIDER	COVERAGE FOR AUDIOLOGY SERVICES						PROVIDER ACCESSIBILITY	
			Coverage	Deductible (\$)	Out of Pocket	Coverage of Hearing Aids	Coverage of Cochlear Implants	Coverage of Other Hearing Testing / Services	Direct Access to Audiologists	Audiologist Qualifications
<b>Aetna HealthFund - High Deductible Health Plan Option (con't)</b>		Out-of-network	70% of plan allowance (only after HSA or HRA funds have been exhausted and deductible met)	\$2500 individual \$5000 family	30% of plan allowance and difference between allowance and billed amount (only after HSA or HRA funds have been exhausted and deductible met)	Hearing aids, testing, and examinations for them are not covered	Cochlear implant devices covered as prosthetic devices at 70% of plan allowance, difference between allowance and billed amount must be met by consumer (only after HSA or HRA funds have been exhausted and deductible met)	1 routine exam every 24 months for adults and children (must pay all charges until deductible is satisfied, then 30% of plan allowance and any difference between allowance and billed amount. May also elect to use HSA account to pay bill)	Direct access to audiologists	State licensed
<b>BlueCross BlueShield of Missouri BlueCHOICE</b>	Individual Practice Plan (IPP) HMO	Primary Care Physician (PCP)	100% less co-pay	None	\$10 per visit	Hearing aids, testing, and examinations for them are not covered	Cochlear implants covered in full as prosthetic device	Ear exams for children to determine the need for hearing correction (preventive care)  Newborn hearing screening, rescreening and initial amplification  Routine hearing tests	Audiologists must be referred by primary care physician	Credentialed according to national standards
		Specialist	100% less co-pay	None	\$10 per visit	Hearing aids, testing, and examinations for them are not covered	Cochlear implants covered in full as prosthetic device	Ear exams for children to determine the need for hearing correction (preventive care)  Newborn hearing screening, rescreening and initial amplification  Routine hearing tests	Audiologists must be referred by primary care physician	Credentialed according to national standards
<b>Community Health Plan</b>	HMO	Primary Care Physician (PCP)	100% less co-pay and/or deductible	None	\$15 per visit	First hearing aid and testing only when necessitated by accidental injury  All other hearing aids, testing and examinations for them not covered	Cochlear implants covered as hospital benefit (\$100 outpatient, \$100/day up to 4 days per inpatient admission) Could not determine device benefit coverage from plan brochure	Ear exams through age 17 to determine the need for hearing correction (preventive care)  All other hearing testing not covered	Audiologists must be referred by primary care physician	Credentialed according to national standards
		Specialist	100% less co-pay and/or deductible	None	\$30 per visit	First hearing aid and testing only when necessitated by accidental injury  All other hearing aids, testing and examinations for them not covered	Cochlear implants covered as hospital benefit (\$100 outpatient, \$100/day up to 4 days per inpatient admission) Could not determine device benefit coverage from plan brochure	Ear exams through age 17 to determine the need for hearing correction (preventive care)  All other hearing testing not covered	Must be referred by primary care physician	Credentialed according to national standards

**2005 State FEHB Plans: Coverage for Audiology Services – Missouri**

INSURANCE PLAN	PLAN TYPE	PROVIDER	COVERAGE FOR AUDIOLOGY SERVICES						PROVIDER ACCESSIBILITY	
			Coverage	Deductible (\$)	Out of Pocket	Coverage of Hearing Aids	Coverage of Cochlear Implants	Coverage of Other Hearing Testing / Services	Direct Access to Audiologists	Audiologist Qualifications
<b>Coventry Health Care of Kansas (Kansas City area) Standard Option</b>	HMO	Primary Care Physician (PCP)	100% less co-pay and/or deductible	None	\$20 per visit	First hearing aid and testing only when necessitated by accidental injury  All other hearing aids, testing and examinations for them not covered	Cochlear implants covered as prosthetic device at 80% of plan allowance	Ear exams through age 17 to determine the need for hearing correction (preventive care)  All other hearing testing not covered	Audiologists must be referred by primary care physician	Credentialed according to national standards
		Specialist	100% less co-pay and/or deductible	None	\$35 per visit	First hearing aid and testing only when necessitated by accidental injury  All other hearing aids, testing and examinations for them not covered	Cochlear implants covered as prosthetic device at 80% of plan allowance	Ear exams through age 17 to determine the need for hearing correction (preventive care)  All other hearing testing not covered	Must be referred by primary care physician	Credentialed according to national standards
<b>Coventry Health Care of Kansas (Kansas City Area) High Option</b>	HMO	Primary Care Physician (PCP)	100% less co-pay and/or deductible	None	\$15 per visit	First hearing aid and testing only when necessitated by accidental injury  All other hearing aids, testing and examinations for them not covered	Cochlear implants covered as prosthetic device at 80% of plan allowance	Ear exams through age 17 to determine the need for hearing correction (Preventive care)  All other hearing testing not covered	Must be referred by primary care physician	Credentialed according to national standards
		Specialist	100% less co-pay and/or deductible	None	\$30 per visit	First hearing aid and testing only when necessitated by accidental injury  All other hearing aids, testing and examinations for them not covered	Cochlear implants covered as prosthetic device at 80% of plan allowance	Ear exams through age 17 to determine the need for hearing correction (Preventive care)  All other hearing tests not necessitated by accidental injury not covered	Must be referred by primary care physician	Credentialed according to national standards
<b>Coventry Health Care of Kansas (Kansas City area) High Deductible Health Plan Option</b>	Individual Practice Plan (IPP) (in-network preventive care covered in full, Health Savings Account (HSA) or Health Reimbursement Arrangement (HRA) for non-preventive care)	Primary Care Physician (PCP)	100% less co-pay and/or deductible	1,050 individual 2,100 family	\$20 per visit	First hearing aid & testing only when necessitated by accidental injury.  All other hearing aids, testing and examinations for them not covered	Cochlear implants covered at 20% of plan allowance (after deductible is satisfied)	1 routine hearing exam every 24 months for children through age 22 (preventive care)  All other hearing testing not covered	Direct access to audiologists	Credentialed according to national standards

**2005 State FEHB Plans: Coverage for Audiology Services – Missouri**

INSURANCE PLAN	PLAN TYPE	PROVIDER	COVERAGE FOR AUDIOLOGY SERVICES						PROVIDER ACCESSIBILITY	
			Coverage	Deductible (\$)	Out of Pocket	Coverage of Hearing Aids	Coverage of Cochlear Implants	Coverage of Other Hearing Testing / Services	Direct Access to Audiologists	Audiologist Qualifications
<b>Coventry Health Care of Kansas (Kansas City area) High Deductible Health Plan Option (con't)</b>		Specialist	100% less co-pay and/or deductible	1,050 individual 2,100 family	\$35 per visit	First hearing aid & testing only when necessitated by accidental injury.  All other hearing aids, testing and examinations for them not covered	Cochlear implants covered at 80% of plan allowance (after deductible is satisfied)	1 routine hearing exam every 24 months for children through age 22 (preventive care)  All other hearing testing not covered	Direct access to audiologists	Credentialed according to national standards
<b>Group Health Plan High Option</b>	Individual Practice Plan (IPP) HMO	Primary Care Physician (PCP)	100% less co-pay and/or deductible	None	\$10 per visit	First hearing aid and testing only when necessitated by accidental injury  All other hearing aids, testing and examinations for them not covered	Cochlear implants covered at 80% of plan allowance	Ear exams through age 17 to determine the need for hearing correction (preventive care)  All other hearing testing not covered	Direct access to audiologists	State licensed
		Specialist	100% less co-pay and/or deductible	None	\$20 per visit	First hearing aid and testing only when necessitated by accidental injury  All other hearing aids, testing and examinations for them not covered	Cochlear implants covered at 80% of plan allowance	Ear exams through age 17 to determine the need for hearing correction (preventive care)  All other hearing testing not covered	Direct access to audiologists	State licensed
<b>Group Health Plan High Deductible Health Plan Option</b>	Individual Practice Plan (IPP) (in-network preventive care not subject to deductible, Health Savings Account (HSA) or Health Reimbursement Arrangement (HRA) can be used to pay deductibles or out of pocket costs)	In-network	100% less co-pay and/or deductible	\$1500 individual \$2500 family	\$15 per visit	First hearing aid and testing only when necessitated by accidental injury (covered at 90% of plan allowance, after deductible)	Cochlear implants covered as prosthetic device at 90% of plan allowance	1 routine hearing exam for children every 24 months (preventive care)  All other hearing testing not covered	Direct access to audiologists	State licensed
		Out-of-network	100% less co-pay and/or deductible	\$3000 individual \$5000 family	30% of covered expenses after deductible	First hearing aid and testing only when necessitated by accidental injury (covered at 70% of plan allowance)	Cochlear implants covered as prosthetic device at 70% of plan allowance	1 routine hearing exam every 24 months for children through age 22 (preventive care)  All other hearing testing not covered	Direct access to audiologists	State licensed
<b>Humana CoverageFirst</b>	Individual Practice Plan (IPP) (in-network preventive care covered with co-payment, \$500 benefit allowance & deductible for out-of-network and non-preventive care)	In-network	100% less co-pay and/or deductible	\$1000 individual \$2000 family	\$20 per visit to Primary Care Physician (PCP)  \$30 per visit to specialist	First hearing aid and testing covered in full (after deductible is satisfied) only when necessitated by accidental injury  All other hearing aids, testing and examinations for them not covered	Cochlear implants covered in full (after deductible is satisfied) as a prosthetic device	Ear exams through age 17 to determine the need for hearing correction (preventive care)  All other hearing testing not covered	Direct access to audiologists	Credentialed according to national standards

**2005 State FEHB Plans: Coverage for Audiology Services – Missouri**

INSURANCE PLAN	PLAN TYPE	PROVIDER	COVERAGE FOR AUDIOLOGY SERVICES						PROVIDER ACCESSIBILITY	
			Coverage	Deductible (\$)	Out of Pocket	Coverage of Hearing Aids	Coverage of Cochlear Implants	Coverage of Other Hearing Testing / Services	Direct Access to Audiologists	Audiologist Qualifications
Humana CoverageFirst (con't)		Out-of-network	100% less co-pay and/or deductible	\$3000 individual \$6000 family	30% after deductible	First hearing aid and testing covered at 70% (after deductible is satisfied) only when necessitated by accidental injury  All other hearing aids, testing and examinations for them not covered	Cochlear implants covered in full (after deductible is satisfied) as a prosthetic device	Ear exams through age 17 to determine the need for hearing correction (preventive care)  All other hearing testing not covered	Direct access to audiologists	Credentialed according to national standards
Humana Health Plan Standard Option	HMO	Primary Care Physician (PCP)	100% less co-pay and/or deductible	None	\$15 per visit	Hearing aids, testing, and examinations for them are not covered	Cochlear implants are not covered	Ear exams through age 17 to determine the need for hearing correction (preventive care)  Hearing tests, including audiograms are covered	Audiologists must be referred by primary care physician	Credentialed according to national standards
		Specialist	100% less co-pay and/or deductible	None	\$25 per visit	Hearing aids, testing, and examinations for them are not covered	Cochlear implants are not covered	Ear exams through age 17 to determine the need for hearing correction (preventive care)  Hearing tests, including audiograms are covered	Audiologists must be referred by primary care physician	Credentialed according to national standards
Humana Health Plan High Option	HMO	Primary Care Physician (PCP)	100% less co-pay and/or deductible	None	\$10 per visit	Hearing aids, testing, and examinations for them are not covered	Cochlear implants are not covered	Ear exams through age 17 to determine the need for hearing correction (preventive care)  Hearing tests, including audiograms are covered	Audiologists must be referred by primary care physician	Credentialed according to national standards
		Specialist	100% less co-pay and/or deductible	None	\$20 per visit	Hearing aids, testing, and examinations for them are not covered	Cochlear implants are not covered	Ear exams through age 17 to determine the need for hearing correction  Hearing tests, including audiograms are covered	Audiologists must be referred by primary care physician	Credentialed according to national standards
Mercy Health Plans/Premier Health Plans	HMO	Primary Care Physician (PCP)	100% less co-pay and/or deductible	None	\$10 per visit	First hearing aid and testing only when necessitated by accidental injury  All other hearing aids, testing and examinations for them not covered	Cochlear implants covered as prosthetic device at 80% of charges	Routine hearing screening for adults (preventive care)  Ear exams through age 17 to determine the need for hearing correction (preventive care)	Audiologists must be referred by primary care physician	Credentialed according to national standards

**2005 State FEHB Plans: Coverage for Audiology Services – Missouri**

INSURANCE PLAN	PLAN TYPE	PROVIDER	COVERAGE FOR AUDIOLOGY SERVICES						PROVIDER ACCESSIBILITY	
			Coverage	Deductible (\$)	Out of Pocket	Coverage of Hearing Aids	Coverage of Cochlear Implants	Coverage of Other Hearing Testing / Services	Direct Access to Audiologists	Audiologist Qualifications
Mercy Health Plans/Premier Health Plans (con't)		Specialist	100% less co-pay and/or deductible	None	\$20 per visit	First hearing aid and testing only when necessitated by accidental injury  All other hearing aids, testing and examinations for them not covered	Cochlear implants covered as prosthetic device at 80% of charges	Routine hearing screening for adults (preventive care)  Ear exams through age 17 to determine the need for hearing correction (preventive care)	Audiologists must be referred by primary care physician	Credentialed according to national standards

**2005 State FEHB Plans: Coverage for Audiology Services – Oklahoma**

INSURANCE PLAN	PLAN TYPE	PROVIDER	COVERAGE FOR AUDIOLOGY SERVICES						PROVIDER ACCESSIBILITY	
			Coverage	Deductible (\$)	Out of Pocket	Coverage of Hearing Aids	Coverage of Cochlear Implants	Coverage of Other Hearing Testing / Services	Direct Access to Audiologists	Audiologist Qualifications
Aetna	"Open Access" HMO (can go directly to any network specialist for covered services without a referral from primary care physician [PCP])	Primary Care Physician (PCP)	100% less co-pay and/or deductible	None	\$20 per visit	Hearing aids, testing, and examinations for them are not covered	Cochlear implants covered in full as prosthetic device	Ear exams through age 17 to determine the need for hearing correction (preventive care)  Covered for audiological testing and medically necessary treatment for hearing problems	Direct access to audiologists	State licensed
		Specialist	100% less co-pay and/or deductible	None	\$30 per visit	Hearing aids, testing, and examinations for them are not covered	Cochlear implants covered in full as prosthetic device	Ear exams through age 17 to determine the need for hearing correction (preventive care)  Covered for audiological testing and medically necessary treatment for hearing problems	Direct access to audiologists	State licensed
Aetna HealthFund - Consumer Driven Health Plan Option	Individual Practice Plan (IPP) (in-network preventive care covered in full, Medical Fund & deductible for out-of-network and non-preventive care)	In-network	85% of plan allowance (only after Medical Fund has been exhausted and deductible met)	1000 individual 2000 family	15 % of plan allowance (only after Medical Fund has been exhausted and deductible met)	Hearing aids, testing, and examinations for them are not covered	Cochlear implant devices covered as prosthetic devices at 85% of plan allowance (only after Medical Fund has been exhausted and deductible met)	1 routine exam every 24 months for adults and children (covered as preventive care)	Direct access to audiologists	State licensed
		Out-of-network	60% of plan allowance (only after Medical Fund has been exhausted and deductible met)	1000 individual 2000 family	40% of plan allowance and difference between allowance and billed amount (only after Medical Fund has been exhausted and deductible met)	Hearing aids, testing, and examinations for them are not covered	Cochlear implant devices covered as prosthetic devices at 60% of plan allowance, difference between allowance and billed amount must be met by consumer (only after Medical Fund has been exhausted and deductible met)	1 routine exam every 24 months for adults and children (covered as preventive care up to Medical Fund balance)	Direct access to audiologists	State licensed
Aetna HealthFund - High Deductible Health Plan Option	IPP (in-network preventive care covered in full, Health Savings Account (HSA) or Health Reimbursement Arrangement (HRA) for non-preventive care)	In-network	90% of plan allowance (only after HSA or HRA funds have been exhausted and deductible met)	2500 individual 5000 family	10% of plan allowance (only after HSA or HRA funds have been exhausted and deductible met)	Hearing aids, testing, and examinations for them are not covered	Cochlear implant devices covered as prosthetic devices at 90% of plan allowance (only after HSA or HRA funds have been exhausted and deductible met)	1 routine exam every 24 months for adults and children (covered as preventive care)	Direct access to audiologists	State licensed

**2005 State FEHB Plans: Coverage for Audiology Services – Oklahoma**

INSURANCE PLAN	PLAN TYPE	PROVIDER	COVERAGE FOR AUDIOLOGY SERVICES						PROVIDER ACCESSIBILITY	
			Coverage	Deductible (\$)	Out of Pocket	Coverage of Hearing Aids	Coverage of Cochlear Implants	Coverage of Other Hearing Testing / Services	Direct Access to Audiologists	Audiologist Qualifications
<b>Aetna HealthFund - High Deductible Health Plan Option (con't)</b>		Out-of-network	70% of plan allowance (only after HSA or HRA funds have been exhausted and deductible met)	2500 individual 5000 family	30% of plan allowance and difference between allowance and billed amount (only after HSA or HRA funds have been exhausted and deductible met)	Hearing aids, testing, and examinations for them are not covered	Cochlear implant devices covered as prosthetic devices at 70% of plan allowance, difference between allowance and billed amount must be met by consumer (only after HSA or HRA funds have been exhausted and deductible met)	1 routine exam every 24 months for adults and children (must pay all charges until deductible is satisfied, then 30% of plan allowance and any difference between allowance and billed amount. May also elect to use HSA account to pay bill)	Direct access to audiologists	State licensed
<b>GlobalHealth</b>	HMO	Primary Care Physician (PCP)	100% less co-pay and/or deductible	None	\$15 per visit	Necessary hearing aids for children under 18 covered in full. Hearing aids for children under the age of 18 are limited to one (1) hearing aid per ear every forty-eight (48) months, unless medically necessary. For member up to age two, four additional ear molds may be obtained per year. <b>Voluntary compliance with state mandate</b>  All other hearing aids, testing and examinations for them are not covered	Cochlear implants covered as hospital benefits (\$250/day with a max of 3 days inpatient, \$200 per visit outpatient)	Ear exams through age 17 to determine the need for hearing correction (preventive care)  All other hearing testing not covered	Must be referred by primary care physician	Credentialed according to national standards
		Specialist	100% less co-pay and/or deductible	None	\$25 per visit	Necessary hearing aids for children under 18 covered in full. Hearing aids for children under the age of 18 are limited to one (1) hearing aid per ear every forty-eight (48) months, unless medically necessary. For member up to age two, four additional ear molds may be obtained per year. <b>Voluntary compliance with state mandate</b>  All other hearing aids, testing and examinations for them are not covered	Cochlear implants covered as hospital benefits (\$250/day with a max of 3 days inpatient, \$200 per visit outpatient)	Ear exams through age 17 to determine the need for hearing correction (preventive care)  All other hearing testing not covered	Must be referred by primary care physician	Credentialed according to national standards

**2005 State FEHB Plans: Coverage for Audiology Services – Oklahoma**

INSURANCE PLAN	PLAN TYPE	PROVIDER	COVERAGE FOR AUDIOLOGY SERVICES						PROVIDER ACCESSIBILITY	
			Coverage	Deductible (\$)	Out of Pocket	Coverage of Hearing Aids	Coverage of Cochlear Implants	Coverage of Other Hearing Testing / Services	Direct Access to Audiologists	Audiologist Qualifications
PacifiCare Southwest Region	HMO	Primary Care Physician (PCP)		None	\$20 per visit	First hearing aid and testing only when necessitated by accidental injury. All other hearing aids, testing and examinations for them not covered.	Cochlear implants covered in full as prosthetic device.	Ear exams for children to determine the need for hearing correction (preventive care). All other hearing testing not covered.	Must be referred by primary care physician.	Credentialed according to national standards.
		Specialist		None	\$40 per visit	First hearing aid and testing only when necessitated by accidental injury.  All other hearing aids, testing and examinations for them not covered.	Cochlear implants covered in full as prosthetic device.	Ear exams for children to determine the need for hearing correction (preventive care).  All other hearing testing not covered.	Must be referred by primary care physician.	Credentialed according to national standards.

# **Appendix B**

## **Other Hearing Plans Offered in the Marketplace**

# Other hearing plans offered in the marketplace

## Description of Hearing Benefits Available Under Private Sector Health Plans

Hearing benefits available in the private sector are similar to those available under the FEHB plan.

- For self-funded and partially self-funded plans (typically employers with more than 500 covered employees), the coverage and limitations generally mirror those in the FFS FEHB plans. Most health plans cover:
  - a. Preventive health services (also known as well visits) for children but, do not specifically state whether hearing services are included;
  - b. Newborn hearing screening prior to discharge from the hospital; and
  - c. Placement of cochlear implants in adults and children with severe sensorineural hearing loss.

As was found with the six nationwide FFS FEHB plans, non-FEHB benefits are also lacking in their coverage of recommended periodic hearing assessments for both the pediatric and adult populations, audiologic rehabilitation, and devices.

- Fully insured plans (typically employers with less than 500 covered employees) are required to comply with state mandated benefits. Existing laws in seven states require that health benefit plans in their states pay for hearing aids for children. Requirements vary state by state for:
  - d. Ages covered;
  - e. Amount of coverage;
  - f. Benefit period;
  - g. Provider qualifications; and
  - h. Type of hearing loss.

No states require a similar benefit for adults.

According to the 2004/2005 Watson Wyatt Survey Report on employee benefits, among the 132 employers responding, 23% of employers offered some type of hearing coverage. Of the 23% only 3% offered a separate hearing plan. With most employers the only benefit available was pre-tax expense through the Flexible Spending Account.

Discount cards provide enrolled members medical services at a reduced price. Many include discounts for hearing aids. A number of hearing discount cards are available for hearing related benefits.

The following table summarizes responses received from other major carriers, who do not currently participate in the FEHB program, concerning hearing benefits offered.

**Hearing Plans Currently Offered by Other Major Carriers**

Carrier	Name of Health Plan	Contact Information	Description of Hearing Benefits Currently Offered
<p>CIGNA Healthcare</p>		<p>Tom Banet Group Sales CIGNA 301-636-1245</p> <p>Kitty Umberfield Benefits Mgmt. &amp; Development CIGNA 860-226-6725</p>	<p>As a standard, CIGNA does not cover routine hearing exams and/or hearing aids. However, under the managed care plans, the initial hearing screening is covered under the preventive care benefit to members under age 17 when performed by the PCP, but other than that, routine exams are not covered.</p> <p>Although CIGNA does not cover these services as a standard, CIGNA does provide access to hearing exam/hearing aid services at a discount through CIGNA’s Healthy Rewards program. This program offers savings of up to 40% on hearing tests and up to 62% on hearing aids, with a 60-day trial period and money back guarantee. Screenings are free and there is no charge for follow-up visits for one year.</p> <p>As a result of CIGNA’s standard benefit exclusion, CIGNA does not actively contract with network providers to cover these services. Exceptions to cover these services have been made, but need to be reviewed and approved by the Screening Board. Depending on the products are involved with an account exception, the Screening Board would caution Sales that due to the lack of contracted providers, services would likely only be available on an out-of-network basis. There are no plans at this time to include coverage for routine hearing exams and/or hearing aids as a standard covered expense.</p>
<p>The Guardian</p>		<p>Chris Morton Group Sales Guardian 301-960-2034</p>	<p>Currently offers hearing benefits under ASHA’s self-insured plan. These benefits are not commonly sold. Significant negotiation was done between ASHA, sales, underwriting and claims administration to put this benefit in place. Any new group requests for hearing benefits would be reviewed on a case-by-case basis by underwriting and strategic benefits units.</p>

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Great-West Healthcare		Matt Kenyon Regional Mgr. Great-West Healthcare 703-388-5103	No hearing benefits offered in medical plans.
United Healthcare	Choice, Choice Plus, Options PPO	Laden Fontaine Dir., Acct. Mgmt. UnitedHealthcare 703-762-1467	Researching response with product and compliance areas. Currently the Choice POS, Choice Plus POS and Options PPO plan designs exclude coverage for hearing aids and the fitting charges for hearing aids.
UniCare		Birgitta Dewell Sr. Group Sales Rep. UniCare 703-916-1144	Do not offer hearing coverage in UniCare medical plans. Offer discounts on hearing aids through HealthyExtensions program with Beltone and Newport Audiology Centers in the western United States. Both programs offer hearing screenings at no charge. Discount benefit offered is 15% savings from Beltone and 30% savings from Newport Audiology Centers on hearing aids for the whole family including parents and grandparents.

## **Benefits Available to State Employees**

Several state governments offer expanded coverage for hearing aids to their employees.

*California* – California state employees are eligible for coverage in the amount of \$1,000 every three years. Employees must be employed by the state for longer than six months and work 20 hours or more each week.

*Maryland* – Hearing Examinations and Hearing Aids, including benefits for hearing aids for minor children (ages 0-18) as required by Maryland State law (e.g. PPO in-network coverage is 100% after \$15.00 for exam; 100% for Basic Model Hearing aid. 1 exam and hearing aid per ear every 3 years for each employee and dependent.)

*Missouri* – The plan provides for two bi-lateral hearing aids every two years. Annual hearing testing is covered with \$10.00 co-pay.

## Elective Benefits

The products and market for an elective hearing benefit have not been developed by the insurance industry. A survey of elective benefit carriers generated the following results.

Insurance Carrier	Offer a Hearing Benefit?	Ever Requested?	Under Development?	Feasibility?
<b>AIG</b>	Offered a hearing benefit as an added benefit to a supplemental voluntary benefit. Carrier declined to disclose specific plan design.	N/R	No	No
<b>Century Healthcare</b>	Hearing discount that also covers yearly hearing tests.	Never on a stand-alone basis	N/R	N/R
<b>Davis Vision</b>	Not currently offered, several years ago a benefit was included in select vision plans. Plan details attached.	Yes	No	No
<b>Trustmark</b>	No	No	No	No
<b>UNUM/Provident</b>	No	No	No	No
<b>MetLife</b>	No	No	No	No
<b>All State</b>	No	No	No	No
<b>Reliance Standard</b>	No	No	No	No
<b>USNOW</b>	No	N/R	N/R	N/R
<b>AETNA</b>	Loss of hearing is covered under Aetna's AD&D benefit offering. If a person were to lose their hearing (in both ears) the person would be entitled to 50% of their principal sum. Aetna also has a hearing expense benefit as part of their standard ASC and fully insured comprehensive medical, QPOS and HMO benefit offerings.			
<b>ING</b>	N/R	N/R	N/R	N/R
<b>Spectera</b>	N/R	N/R	N/R	N/R
<b>Liberty Mutual</b>	N/R	N/R	N/R	N/R
<b>Prudential</b>	N/R	N/R	N/R	N/R
<b>Aon Elective Benefit Practice</b>	Knows of no carriers that offer this benefit.	N/R	N/R	N/R

N/R – No Response