

Summary of Audiology-Related Benefits in State Benchmark Plans

(Click on each state for more information)

~Academy members are encouraged to call health plans directly to confirm audiology benefits~

Alabama **Plan name: BCBS of AL- 320 Plan, PPO**

Hearing Aids Not covered

Diagnostic tests Covered, no quantitative limit

**Habilitative services included in benchmark plan, habilitative services not defined by state

Alaska **Plan name: BCBS of AK- Alaska Heritage Select Envoy, PPO**

Hearing Aids Not covered

Diagnostic tests Covered, no quantitative limit

Covered inpatient diagnostic services furnished and billed by inpatient facility

Covered outpatient diagnostic services billed by outpatient facility or emergency room and received in combination with other hospital or emergency room services

*State requires newborn hearing screening benefit

**Habilitative services included in benchmark plan, habilitative services not defined by state

American Samoa **Plan name: Blue Cross and Blue Shield Service Benefit Plan, Standard Option**

Hearing Aids Covered, limited to \$1,250 per ear per calendar year for children; \$1,250 per ear per 36-month period for adults

Diagnostic tests Covered, no quantitative limit

Arizona **Plan name: State of Arizona Self-Insured Plan (Administered by United), EPO**

Hearing Aids 1 hearing aid per ear per year

Diagnostic tests Covered, no quantitative limit

**Benchmark plan does not include habilitative services, habilitative services not defined by state

Arkansas **Plan name: HMO Partners Open Access POS**

Hearing Aids Not covered

Diagnostic tests Covered, no quantitative limit

Cochlear Implants Covered, Limited to \$35,000 per covered member, per lifetime

**Benchmark plan does not include habilitative services, habilitative services defined by state as:

Services provided in order for a person to attain and maintain a skill or function that was never learned or acquired and is due to a disabling condition. Coverage of Habilitative Services: Subject to permissible terms, conditions, exclusions and limitations, health benefit plans, when required to provide essential health benefits, shall provide coverage for physical, occupational and speech therapies, developmental services and durable medical equipment for developmental delay, developmental disability, developmental speech or language disorder, developmental coordination disorder and mixed developmental disorder.

California **Plan name: Kaiser- Small Group, HMO**

Hearing Aids Not covered

Diagnostic tests Covered, no quantitative limit

**Benchmark plan includes habilitative services, habilitative services defined by state as: Medically necessary health care services and health care devices that assist an individual in partially or fully acquiring or improving skills and functioning and that are necessary to address a health condition, to the maximum extent practical. These services address the skills and abilities needed for functioning in interaction with an individual's environment. Examples of health care services that are not habilitative services include, but are not limited to, respite care, day care, recreational care, residential treatment, social services, custodial care, or education services of any kind, including, but not limited to, vocational training. Habilitative services shall be covered under the same terms and conditions applied to rehabilitative services under the policy.

Colorado **Plan name: Kaiser- Ded/CO HMO 1200D**

Hearing Aids Covered to age 19, no quantitative limit

Diagnostic tests Covered, no quantitative limit

Audiology, hearing tests Not covered

*State requires benefit for hearing aids for children

**Benchmark plan does not include habilitative services, habilitative services defined by state as: Services that help a person retain, learn, or improve skills and functioning for daily living that are offered in parity with, and in addition to, any rehabilitative services offered in Colorado's EHB benchmark plan. Parity in this context means of like type and substantially equivalent in scope, amount, and duration." Defining habilitative benefits in this manner provides habilitative benefits on par with those currently offered in rehabilitation and reflects current utilization in the rehabilitative arena.

Connecticut **Plan name: ConnectiCare, HMO**

Hearing Aids Covered to age 12, no quantitative limit

Diagnostic tests Covered, no quantitative limit

*State requires benefit for hearing aids for children

** Benchmark plan does not include habilitative services, habilitative services not defined by state

Delaware **Plan name: Highmark (BCBS of DE)- Simply Blue, EPO**

Hearing Aids Covered to age 24, \$1,000 per individual hearing aid, per ear, every three (3) years for children less than 24 years of age

Diagnostic tests Covered, no quantitative limit

*State requires benefit for hearing aids

**Benchmark plan does not include habilitative services, habilitative services defined by state as: Delaware will require that coverage for habilitative services be on parity with those for rehabilitative services as outlined in the state's Essential Health Benefit benchmark.

District of Columbia **Plan name: Group Hospitalization and Medical Services (CareFirst BCBS)-
BluePreferred, PPO**

Hearing Aids Not covered
Diagnostic tests Covered, no quantitative limit

*State requires habilitative services benefit for children

** Benchmark plan includes habilitative services, habilitative services not defined

Florida **Plan name: BCBS of FL- BlueOptions, PPO**

Hearing Aids Not covered
Diagnostic tests Covered, no quantitative limit
Cochlear implants Covered, no quantitative limit

**Benchmark plan does not include habilitative services, habilitative services not defined by state

Georgia **Plan name: BCBS of GA- HMO Urgent Care 60 Copay**

Hearing aids, hearing devices and related or routine examinations and services Not covered
Diagnostic tests Covered, no quantitative limit
Vestibular rehabilitation Not covered

** Benchmark plan includes habilitative services, habilitative services not defined by state

Guam **Plan name: Blue Cross Blue Shield, Standard Option**

Hearing Aids Covered, limited to \$1,250 per ear per calendar year for children; \$1,250 per ear per 36-
month period for adults
Diagnostic tests Covered, no quantitative limit
Hearing exams related to illness or injury Covered, no quantitative limit

** Benchmark plan includes habilitative services, habilitative services not defined

Hawaii **Plan name: Hawaii Medical Service Association (BCBS)- Preferred Provider
Plan 2010, PPO**

Hearing Aids Covered, limited to 1 Hearing aid per ear every 60 months. Fitting adjustment,
repair and batteries are not covered.
Diagnostic tests Covered, no quantitative limit (includes routine hearing exams)

**Benchmark plan does not include habilitative services, habilitative services not defined

Idaho **Plan name: Blue Cross of ID- Preferred Blue, PPO**

Hearing Aids Not covered
Diagnostic tests Covered, no quantitative limit

** Benchmark plan includes habilitative services, habilitative services not defined by state

Illinois **Plan name: BCBS of IL- BlueAdvantage Entrepreneur, PPO**

Hearing Aids Bone anchored hearing aids (osseointegrated auditory implants), covered
Diagnostic tests Covered, no quantitative limit
Examinations for the prescription or fitting of hearing aids are excluded, except for one inpatient

hearing screening for a newborn

Habilitative services for persons with a Congenital, Genetic, or Early Acquired Disorder provided by audiologists covered with no quantitative limit for medically necessary services when diagnosed by a physician as a Congenital, Genetic, or Early Acquired Disorder

*State requires habilitative services benefit for children under the age of 19

**Benchmark plan does not include habilitative services, habilitative services not defined

Indiana

Plan name: Anthem (BCBS)- Blue Access, PPO

Hearing aids, fittings and exams for hearing aids Not covered

Diagnostic tests Covered, no quantitative limit

** Benchmark plan includes habilitative services, habilitative services not defined by state

Iowa

Plan name: Wellmark (BCBS)- Alliance Select, PPO

Hearing Aids Not covered

Diagnostic tests Covered, no quantitative limit

Hearing exams Covered only in cases of illness or injury

** Benchmark plan includes habilitative services, habilitative services not defined by state

Kansas

Plan name: BCBS of KS- Comprehensive Major Medical, PPO

Hearing Aids Not covered

Diagnostic tests Covered, no quantitative limit

**Benchmark plan does not include habilitative services, habilitative services defined by state as: The EHB plan has well-defined rehabilitative services and using the parity approach will ensure greater consistency among issuers.

Kentucky

Plan name: Anthem (BCBS) PPO

Hearing Aids Covered, 1 per hearing impaired ear every 36 months up to age 18

Diagnostic tests Covered, no quantitative limit

Fittings and exams for hearing aids Covered up to age 18

*State requires coverage of hearing aids and related services

** Benchmark plan includes habilitative services, habilitative services not defined by state

Louisiana

Plan name: BCBS of LA- GroupCare, PPO

Hearing Aids Covered for ages 17 and under. Limited to 1 hearing aid, per ear, in a 36 month period. Plan will pay up to our Allowable Charge for this Benefit but may increase Allowable Charge if the manufacturer's cost to the Provider exceeds the Allowable Charge. In no event will the plan pay more than \$1,400.00 per hearing aid, per ear, in a 36 month period. If the Member purchases a hearing aid that costs more than \$1,400.00, the Member is responsible for all amounts above \$1,400.00. This Benefit is not subject to Coinsurance or Deductible Amounts.

Diagnostic tests Covered, no quantitative limit

Examinations for the prescribing or fitting of hearing aids Not covered

Interpreter Expenses for the Hearing Impaired Covered when performed by a qualified interpreter/transliterater when the Member needs such services in connection with medical treatment or diagnostic Consultations performed by a Physician or Allied Health Professional, if the services are required because of the Member's hearing impairment or his failure to understand or otherwise communicate in spoken language. Services rendered by a family Member are not covered.

*State requires coverage of hearing aids for minors

** Benchmark plan includes habilitative services, habilitative services not defined by state

Maine Plan name: Anthem (BCBS of ME), Blue Choice, PPO

Hearing Aids Covered, 1 hearing aid per affected ear per 3 years for ages 18 and under

Diagnostic tests Covered, no quantitative limit

*State requires coverage of hearing aids

** Benchmark plan includes habilitative services, habilitative services not defined by state

Maryland Plan name: CareFirst (BCBS)- HMO HSA Open Access

Hearing Aids Covered, for minor children, 1 per each hearing impaired ear every 36 months

Diagnostic tests Covered, no quantitative limit

*State requires coverage of hearing aids for children

** Benchmark plan includes habilitative services, habilitative services defined as: Habilitative benefits in the State's EHB benchmark require plans to cover habilitative services benefits for members age 19 and above in parity with benefits covered for rehabilitative services.

Massachusetts Plan name: BCBS of MA- HMO Blue

Hearing Aids Not covered

Diagnostic tests Covered, no quantitative limit

Outpatient Rehabilitation Services Covered, no limit for autism, home health care, and speech/hearing disorders

Outpatient Physical and Occupational Therapy Covered, no limit for autism, home health care, and speech/hearing disorders

*State requires coverage of hearing aids, outpatient rehabilitation services for speech, hearing, and language disorders

** Benchmark plan includes habilitative services, habilitative services not defined by state

Michigan Plan name: Priority Health, HMO

Hearing Aids Not covered

Diagnostic tests Covered, no quantitative limit

**Benchmark plan does not include habilitative services, habilitative services defined by state as: 'Health care services that help a person keep, learn or improve skills and functioning for daily living. Examples include therapy for a child who isn't walking or talking at the expected age. These services may include physical and occupational therapy, speech-language pathology and other services for

people with disabilities.’ The Commissioner has determined that habilitative services encompasses many types of services, including but not limited to applied behavioral analysis (ABA) for the treatment of autism spectrum disorder. ABA is defined by Michigan law as “the design, implementation and evaluation of environmental modifications, using behavioral stimuli and consequences, to produce significant improvement in human behavior, including the use of direct observation, measurement, and functional analysis of the relationship between environment and behavior.

Minnesota **Plan name: Health Partners- Small Group Product, PPO**

Hearing Aids State mandate coverage only; must be 18 years or younger and have hearing loss that is not corrected by other covered procedures

Diagnostic tests Covered, no quantitative limit

*State requires coverage of hearing aids

** Benchmark plan includes habilitative services, habilitative services not defined by state

Mississippi **Plan name: BCBS- Network Blue, PPO**

Hearing Aids Not covered

Diagnostic Tests Covered, no quantitative limit

Hearing Exams Not covered with the exception of childrens’ wellness exams

** Benchmark plan includes habilitative services, habilitative services not defined by state

Missouri **Plan name: Healthy Alliance (BCBS)- Blue Access Choice PPO**

Hearing Aids Covered, along with fittings and exams only for newborns

Diagnostic Tests Covered, no quantitative limit

*State requires coverage of Medically necessary speech and language therapy, occupational therapy, physical therapy, and assistive technology devices for children from birth to age three who are identified by the Part C early intervention system under the Individuals with Disabilities Education Act

** Benchmark plan includes habilitative services, habilitative services not defined by state

Montana **Plan name: BCBS of MT- Blue Dimensions, PPO**

Hearing Aids Not covered

Diagnostic Tests Covered, no quantitative limit

Cochlear Implants Covered when medically necessary

Applied Behavioral Analysis (ABA) for Autism Spectrum Disorders provided by an audiologist up to \$50,000 for members 0 through 8 years of age and up to \$20,000 for ABA services for members 9 through 18 years of age. Not covered: Custodial care, diagnostic admissions, maintenance, nonmedical self-help or vocational educational therapy, social or cultural rehabilitation, learning and developmental disabilities and visual, speech or auditory disordered because of leaning and developmental disabilities.

** Benchmark plan includes habilitative services, habilitative services not defined by state

Nebraska **Plan name: BCBS of NE- Blue Pride PPO**

Hearing Aids Not covered

Diagnostic Tests Covered, no quantitative limit, includes hearing exams

Cochlear Implants Covered

** Benchmark plan includes habilitative services, habilitative services not defined by state

Nevada

Plan name: Health Plan of Nevada (United)- POS C-XV-500-HCR

Hearing Aids Covered, limited to \$5,000 per member, per calendar year. Limited to a single purchase.

Repairs and replacement limited to once every 3 years.

Diagnostic Tests Covered, no quantitative limit

**Benchmark plan does not include habilitative services, habilitative services defined by state as: Nevada will require habilitative services to be offered at parity with rehabilitative services.

New Hampshire

Plan name: Anthem (BCBS)- Matthew Thornton Blue, HMO

Hearing Aids Covered for Members who are 18 years old or younger. One hearing aid per ear each time a hearing aid prescription changes.

Diagnostic Tests Covered, no quantitative limit

*State requires coverage of hearing aids

** Benchmark plan includes habilitative services, habilitative services not defined by state

New Jersey

Plan name: Horizon (BCBS)- HMO Access

Hearing Aids Covered for members 15 years old and younger. One per hearing-impaired ear every 24-months. The hearing aid must be recommended or prescribed by a licensed physician or audiologist.

Diagnostic Tests Covered, no quantitative limit

*State requires coverage of hearing aids for children age 15 or younger

** Benchmark plan includes habilitative services, habilitative services not defined by state

New Mexico

Plan name: Lovelace- Classic, PPO

Hearing Aids Covered for dependent children only

Diagnostic Tests Covered, no quantitative limit

*State requires coverage of hearing aids for children

** Benchmark plan includes habilitative services, habilitative services not defined by state

New York

Plan name: Oxford, EPO

Hearing Aids \$1,500/year. Limited to a single purchase (including repair/replacement) every three years. Bone anchored hearing aids are excluded except when either of the following applies: For Covered Persons with craniofacial anomalies whose abnormal or absent ear canals preclude the use of a wearable hearing aid. For Covered Persons with hearing loss of sufficient severity that it would not be adequately remedied by a wearable hearing aid. Repairs and/or replacement for a bone anchored hearing aid for Covered Persons who meet the above coverage criteria, other than for malfunctions.

Diagnostic Tests Covered, no quantitative limit

**Benchmark plan does not include habilitative services, habilitative services defined by state as: New York will set habilitative services at modified parity with rehabilitative services. The intent is to set the habilitative benefit at parity with the rehabilitative benefit in the outpatient setting only. Further, in

New York's Base Benchmark Plan, the rehabilitative services benefit is covered only if the services are provided on a post-hospitalization or post-surgical basis. By setting habilitative services at parity with rehabilitative services, New York will require the same types of services and the same number of covered days for both benefits, but New York does not consider the post-hospitalization and post-surgical requirements for rehabilitative services to be requirements for habilitative services.

North Carolina **Plan name: BCBS of NC- Blue Options, PPO**

Hearing Aids Covered for members under age 22, one hearing aid per hearing impaired ear, and replacement hearing aids. Once every 36 months. \$2500 per hearing impaired ear every 36 months.

Diagnostic Tests Covered, no quantitative limit

Cochlear Implants Covered

*State requires coverage of hearing aids under age 22

**Benchmark plan does not include habilitative services, habilitative services not defined by state

North Dakota **Plan name: Sanford Health, HMO**

Hearing Aids Not covered

Diagnostic Tests Covered, no quantitative limit, includes hearing exams

**Benchmark plan does not include habilitative services, habilitative services not defined by state

North Mariana Islands **Plan name: Blue Cross and Blue Shield Service Benefit Plan, Standard Option**

Hearing Aids Covered, Limited to \$1,250 per ear per calendar year for children; \$1,250 per ear per 36-month period for adults.

Diagnostic Tests Covered, no quantitative limit

Cochlear Implants Covered

Hearing Exams Covered, when related to illness or injury

**Benchmark plan includes habilitative services, habilitative services not defined

Ohio **Plan name: Community Insurance Company (Anthem BCBS)- Blue Access, PPO**

Hearing aids, fittings and exams for hearing aids Not covered

Diagnostic Tests Covered, no quantitative limit

**Benchmark plan does not include habilitative services, habilitative services defined by state as: Shall be determined by the individual plans and must include, but shall not be limited to, Habilitative Services to children (0 to 21) with a medical diagnosis of Autism Spectrum disorder which at a minimum shall include: (1) Out-Patient Physical Rehabilitation Services including (a) Speech and Language therapy and/or Occupational therapy, performed by a licensed therapists, 20 visits per year of each service; and (b) Clinical Therapeutic Intervention defined as therapies supported by empirical evidence, which include but are not limited to Applied Behavioral Analysis, provided by or under the supervision of a professional who is licensed, certified, or registered by an appropriate agency of this state to perform the services in accordance with a treatment plan, 20 hours per week; (2) Mental/Behavioral Health Outpatient Services performed by a licensed Psychologist, Psychiatrist, or Physician to provide consultation, assessment, development and oversight of treatment plans, 30 visits per year total.

Oklahoma **Plan name: BCBS of OK- BlueOptions, PPO**

Hearing Aids Covered one per ear every 48 months for subscribers up to age 18

Diagnostic Tests Covered, no quantitative limit

*State requires coverage of Audiological Exams and Hearing Aids for Children

**Benchmark plan includes habilitative services, habilitative services not defined by state

Oregon **Plan name: PacificSource- Preferred CoDeduct Value, PPO**

Hearing Aids As part of the durable medical equipment benefit, hearing aids are covered for members 18 years of age and younger, or 25 years of age and younger if the member is enrolled in a secondary school or an accredited educational institution. Coverage is limited to a maximum benefit of \$4,000 every 48 months. The benefit amount shall be adjusted on January 1 of each year to reflect the U.S. City Average Consumer Price Index in accordance with ORS 743A.141.

Diagnostic Tests Covered, no quantitative limit

*State requires coverage of Hearing aids for children and dependents (18 and under; 19-26 only if enrolled in accredited higher education)

**Benchmark plan does not include habilitative services, habilitative services defined by state as: For purposes of the essential health benefits benchmark plan for the State of Oregon, and subject to carrier-specific requirements; including eligibility, medical necessity, preauthorization, provider credentialing/accreditation standards, etc.; the provisions of the EHB Benchmark Plan relating to rehabilitation medical services define the coverage requirements for habilitation medical services when such services are medically necessary for the maintenance, learning, or improving skills and function for daily living.

Pennsylvania **Plan name: Aetna, POS**

Hearing Aids Not covered

Diagnostic Tests Covered, no quantitative limit

**Benchmark plan does not include habilitative services, habilitative services not defined by state

Puerto Rico **Plan name: Óptimo Plus (Plan de Salud PG-OP 2008)**

Hearing Aids Not covered

Diagnostic Tests Covered, no quantitative limit

**Benchmark plan includes habilitative services, habilitative services not defined

Rhode Island **Plan name: BCBS of RI- Vantage Blue PPO**

Hearing Aids Covered, For an eligible person age 19 and over, coverage is limited to the maximum benefit of \$700 per ear, per 3 year period, per member. Coverage for an eligible person under the age of 19 is limited to the maximum benefit of \$1500 per ear, per 3 year period, per member.

Diagnostic Tests Covered, no quantitative limit

*State requires coverage of hearing aids

**Benchmark plan does not include habilitative services, habilitative services defined by state as:

Habilitative services must be comprehensive and measured as per member per month cost of rehabilitation services covered under the plan. Issuer will be required to attach filing as an Exhibit that identifies the habilitative services covered by the plan; includes an actuarial memorandum estimating the per member per month cost of the habilitative and rehabilitative services covered; and, includes in the actuarial memo the calculation and analysis used to develop the identified cost. All should happen no later than 90 days after the end of each calendar year. Issuer must also file with OHIC an actuarial memo, using the best available claims data and compare such claims and expense experience with the approved rate factor.

South Carolina **Plan name: BCBS of SC- Business Blue Complete, PPO**

Hearing Aids	Not covered
Diagnostic Tests	Covered, no quantitative limit
Cochlear Implants	Covered

**Benchmark plan does not include habilitative services, habilitative services not defined by state

South Dakota **Plan name: Wellmark (BCBS)- Blue Select, PPO**

Hearing Aids	Not covered
Diagnostic Tests	Covered, no quantitative limit

**Benchmark plan includes habilitative services, habilitative services not defined

Tennessee **Plan name: BCBS of TN, PPO**

Hearing Aids	Covered for members under age 18, \$1000 per year every 3 years
Diagnostic Tests	Covered, no quantitative limit

*State requires coverage of hearing aids for children under age 18

**Benchmark plan includes habilitative services, habilitative services not defined by state

Texas **Plan name: BCBS of TX- BestChoice, PPO**

Hearing Aids	Covered, \$1000 per 36 months
Diagnostic Tests	Covered, no quantitative limit

**Benchmark plan includes habilitative services, habilitative services not defined by state

Utah **Plan name: Utah Basic Plus State Employee Plan, HMO**

Hearing Aids	Not covered
Diagnostic Tests	Covered, no quantitative limit

**Benchmark plan includes habilitative services, habilitative services not defined by state

Vermont **Plan name: The Vermont Health Plan (BCBS of VT) - BlueCare, HMO**

Hearing Aids	Not covered
Diagnostic Tests	Covered, no quantitative limit

**Benchmark plan does not include habilitative services, habilitative services not defined by state

Virgin Islands **Plan name: Blue Cross and Blue Shield Service Benefit Plan, Standard Option**

Hearing Aids Covered, limited to \$1,250 per ear per calendar year for children; \$1,250 per ear per 36-month period for adults

Diagnostic Tests Covered, no quantitative limit

Cochlear Implants Covered

Hearing Exams Covered, when related to illness or injury

**Benchmark plan includes habilitative services, habilitative services not defined

Virginia **Plan name: Anthem (BCBS)- KeyCare, PPO**

Hearing Aids/fittings and exams for hearing aids Not Covered

Diagnostic Tests Covered, no quantitative limit

Early Intervention Services Covered, including assistive technology services and devices up to age 3

*State requires coverage of early intervention services

**Benchmark plan includes habilitative services, habilitative services not defined by state

Washington **Plan name: Blue Shield- Regence Innova, PPO**

Hearing Aids Not covered

Diagnostic Tests Covered, no quantitative limit

Cochlear Implants Covered

**Benchmark plan includes habilitative services, habilitative services not defined by state

West Virginia **Plan name: Highmark (BCBS of WV)- Super Blue Plus 2000, PPO**

Hearing Aids Not covered

Diagnostic Tests Covered, no quantitative limit

**Benchmark plan does not include habilitative services, habilitative services not defined by state

Wisconsin **Plan name: United- Choice Plus, POS**

Hearing Aids Covered for Members over age 18, limited to \$2500 per year. Limited to a single purchase (including repair and replacement) every three years. Enrolled Dependent children under age 18, 1 hearing aid per ear, every three years. Bone Anchored Hearing Aids excluded except when either of the following applies: For Covered Persons with craniofacial anomalies whose abnormal or absent ear canals preclude the use of a wearable hearing aid; For Covered Persons with hearing loss of sufficient severity that it would not be adequately remedied by a wearable hearing aid; Repairs and/or replacement for a bone anchored hearing aid for Covered Persons who meet the above coverage criteria, other than for malfunctions.

Diagnostic Tests Covered, no quantitative limit

Cochlear Implants Covered

*State requires coverage of cochlear implants

**Benchmark plan does not include habilitative services, habilitative services not defined by state

Wyoming **Plan name: BCBS of WY- Blue Choice Business, PPO**

Hearing Aids Not covered

Diagnostic Tests Covered, no quantitative limit

Cochlear Implants Covered if approved through Case Management

Hearing Exams Covered for medical diagnosis when appropriate and necessary

**Benchmark plan does not include habilitative services, habilitative services not defined by state