

REACTA HOT TOPICS

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Hearing Aids Update

REACTA was recently made aware of 2 members initially having their hearing aid claims denied.

We have had several conversions with Zenith reps and have verified that there have been no benefit changes regarding hearing aids.

We have also verified the plan benefit as listed in the Summary Plan Description (SPD) and the claims process, which is as follows:

In-Network Providers

You will need a prescription from your doctor, then locate an in-network hearing aid provider. They can be found online at Anthem.com or on the Sydney app. The provider will handle the claim process for you.

You would need to pay your calendar year deductible of \$100, then the Trust's medical benefits pay up to \$1000 per ear (\$2000 per pair) every 36 months. You would pay the rest.

For example: Your hearing aids cost \$2099. You have met your calendar year deductible, so the claim amount considered will be \$2000 and paid at 100%. You would be responsible for the balance of \$99.

Out-of-Network Providers

You will still need a prescription if you are using an out-of-network provider or purchasing an over-the-counter (OTC) hearing aid.

You would need to pay your calendar year deductible of \$200, plus 20% coinsurance. The Trust's medical benefits pay up to \$1000 per ear (\$2000 per pair) every 36 months. You would pay the rest.

For example: Your hearing aids cost \$1649. You have not met your calendar year deductible of \$200. The claim amount considered would be \$1449 and paid at 80% (\$1159). You would be responsible for the balance of \$490, (\$1649-\$1159=\$490)

To process an out-of-network claim, submit a member claim form, which can be found online at [Anthem.com](https://www.anthem.com), along with the doctor's prescription and the receipt for reimbursement. Over-the-counter hearing aid claims will be processed as out-of-network.

If you have further questions, call Zenith (888-243-2325) to confirm your eligibility/benefits/claims status