



Blue Shield Individual Medicare Advantage Prescription Drug Plans
(IMAPD) and Blue Shield Medicare Supplement Plans
2025 Hearing Aid Benefit
Frequently Asked Questions
October 2024

THIS DOCUMENT IS TO BE USED AS A TOOL ONLY TO VERBALLY ANSWER QUESTIONS FROM PROSPECTIVE ENROLLEES OR CURRENT MEMBERS. THIS DOCUMENT CANNOT BE GIVEN TO EITHER PROSPECTIVE ENROLLEES OR CURRENT MEMBERS.

A hearing aid benefit is included in the following plans effective January 1, 2025:

Plan Name/Type	Service Area	Hearing Aid Benefit - EPIC	Hearing Aid Benefit – Allowance w/Member Reimbursement	Hearing Aid Benefit – Allowance on Flex Card New for 2025
HMO				
Blue Shield 65 Plus (HMO) - H0504-015	Los Angeles, Orange	X		
Blue Shield 65 Plus (HMO) - H0504-028	San Diego	X		
Blue Shield 65 Plus (HMO) - H0504-039	San Luis Obispo, Santa Barbara	X		
Blue Shield 65 Plus Choice Plan (HMO) - H0504-040	San Bernardino, Riverside	X		
Blue Shield Inspire (HMO) - H0504-041	Alameda, San Mateo	X		
Blue Shield Inspire (HMO) - H0504-043	Los Angeles, Orange	X		
Duals Special Needs (HMO D-SNP)				

Plan Name/Type	Service Area	Hearing Aid Benefit - EPIC	Hearing Aid Benefit – Allowance w/Member Reimbursement	Hearing Aid Benefit – Allowance on Flex Card New for 2025
Blue Shield TotalDual Plan (HMO D-SNP) - H2819-001	Los Angeles, San Diego			X
Blue Shield TotalDual Plan (HMO D-SNP) - H2819-003	Orange, San Bernardino		X	
Blue Shield Inspire (HMO D-SNP) - H2819-002	San Joaquin, Stanislaus, Merced		X	
PPO				
Blue Shield Select (PPO) - H4937-001	Alameda		X	
Blue Shield Select (PPO) - H4937-002	Orange, San Diego		X	
Medicare Supplement				
Medicare Supplement Plan F Extra	Statewide	X		
Medicare Supplement Plan G Extra	Statewide	X		

1. What does the Hearing Aid benefit cover?

See the chart below for hearing aid benefits offered to Medicare members.

EPIC Hearing Aid Benefit
Must use an EPIC network provider. Coverage is not provided for services rendered by non-network providers.
One in-person routine hearing exam per year.
Up to two hearing aids per year delivered in-person through a network hearing aid provider.
Choice of private-labeled Silver (mid-level) or Gold (advanced-level) technology hearing aid models

All technology levels include: <ul style="list-style-type: none"> ○ one consultation and follow-up visits ○ charging case for rechargeable battery models or a two-year supply of batteries per hearing aid ○ three-year extended warranty 	
Silver Level	Gold Level
\$449 copayment per device	\$699 copayment per device
Available in behind-the-ear and receiver-in-the-ear hearing aid styles only	Available in-the-ear, in-the-canal, completely-in-canal, behind-the-ear, and receiver-in-the-ear hearing aid styles
Follow-up visits for hearing aid fitting, consultation, device check, and adjustment for no additional fee within 12 months of purchase	Follow-up visits for hearing aid fitting, consultation, device check, and adjustment for no additional fee within 12 months of purchase
Medicare Advantage: 2 visits Medicare Supplement: 3 visits (see table above to see which Medicare Advantage and Medicare Supplement plans include the EPIC hearing aid benefit)	Medicare Advantage: 2 visits Medicare Supplement: 3 visits (see table above to see which Medicare Advantage and Medicare Supplement plans include the EPIC hearing aid benefit)
12 channels	20 channels
2 programs	4 programs
2 lifestyle listening environments	6 lifestyle listening environments
Wireless connectivity	Wireless connectivity
Bluetooth capability	Bluetooth capability
4 colors	Up to 4 colors (depending on the hearing aid style)
	Standard ear molds and impressions are available as needed
Hearing Aid Benefit – Allowance with Member Reimbursement	
Members may go to a hearing aid provider of their choice to obtain a hearing aid.	
Up to two hearing aids and two hearing aid fitting and evaluations (applies to both ears combined (see EOC/Member Handbook for plan-specific allowance/timeframe)	
Hearing Aid Benefit – Allowance on Flex Card New for 2025	
Services may be obtained by using the Flex Card at any hearing aid location that accepts Visa®. This includes online purchases.	
Yearly allowance for up to two hearing aids and two hearing aid fittings and evaluations (applies to both ears combined).	

If the Healthy Benefits+ Card doesn't work at the time of payment, the member should contact Solutran (Optum) Customer Service directly at 1-855-572-6341 (TTY: 711). If the member calls Blue Shield Customer Service, they will be warm transferred to Solutran Customer Service.

- The member will be requested to provide their member ID number, store name/location, etc. and Solutran will aim to rectify issue right away. If the issue is resolved, the member may proceed with using the card to purchase covered hearing aid services.
- If the issue is not resolved, the member is advised to not use another method of payment and leave hearing aids behind. Members will not be reimbursed if they use another method of payment. Members may request a replacement card from Solutran Customer Service directly at 1-855-572-6341 (TTY: 711), 8 a.m. to 8 p.m., local time, Sunday through Saturday, October 1st through March 31st, and Monday through Friday, April 1st through September 30th.

2. Does the hearing aid benefit have a waiting period?

No, there is no waiting period.

3. Is an authorization required to access the hearing aid benefit?

No, an authorization is not required.

4. Can a hearing aid provider be located using Find a Doctor?

No. For plans with the EPIC hearing aid benefit only, a provider directory is available online at [Blueshieldca.com/HearingAids](https://blueshieldca.com/HearingAids). You may also contact EPIC for the most up-to-date provider listing. For plans with the Hearing Aid Allowance benefit, the member may go to a hearing aid provider of their choice.

5. Are members required to have separate ID cards to obtain a hearing aid?

No. For plans with the EPIC Hearing Aid benefit only, members must show their Blue Shield member ID card. For plans with the Hearing Aid Allowance benefit, members do not need to show their Blue Shield ID card to obtain covered services.

6. Are the over-the-counter hearing aids covered?

No, over-the-counter hearing aids are not covered by any of the hearing aid benefits included with our Medicare Advantage and Medicare Supplement plans.

7. How does a member access the hearing aid benefit?

EPIC Hearing Aid Benefit:

- The member registers with EPIC, either by calling them at (888) 370-8949 or visiting their website at [Blueshieldca.com/HearingAids](https://blueshieldca.com/HearingAids). Members will be asked to provide their name, date of birth, and phone number. Other information such as the member's address, and member ID number are optional.
- EPIC will work with the member to find an EPIC hearing aid provider nearby and will send a referral form to the member and the provider.
- The member can then make an appointment with the provider for a routine hearing exam/evaluation.
- The provider will work with the member to determine the member's hearing aid needs and collect the applicable copayment.
- The provider will order the device(s), which will generally be available in seven to ten business days. Once the devices arrive, the provider will fit the member with the hearing aid(s).
- There is a 60-day trial period which begins the day the member receives the hearing aid(s). During the trial period, the member may consult with the provider as needed. If a member is not satisfied, the member may return the hearing aid(s) directly to the provider.
- If the member chooses to return the hearing aids within the 60-day trial period, EPIC will refund the copayment amount minus a deduction of \$175 for professional services rendered which includes testing, fitting, and evaluation.
- EPIC will ship a two-year supply of batteries to the member, following the 60-day trial period (if the hearing aid is not rechargeable).
- Hearing aids include a three-year repair warranty. During this warranty period, EPIC will help coordinate any repairs with the service provider and the manufacturer.

Hearing Aid Benefit – Allowance with Member Reimbursement:

- Payment is made directly to the provider.
- The member must submit the hearing aid receipts to Blue Shield for reimbursement. Members can complete a Claim form (optional, not required) to include with the receipt. With a Blue Shield online account, a Claim form is available under Member Forms at blueshieldca.com or one can be requested by calling Customer Service at the number on the back of the member's ID card.
- Mail documentation (including receipt) to:
Blue Shield of California
Medicare Customer Service

P.O. Box 927
Woodland Hills, CA 91367

- Once the request for reimbursement is received by the Claims department, it takes 30 days to process the claim, and checks are sent out to members at the end of each month. It could take up to two months for a member to receive a reimbursement check.

8. For the Hearing Aid Allowance Benefit – Member Reimbursement, how is the hearing aid allowance benefit covered when a member who has a Blue Shield Medicare Advantage plan and a Medi-Cal Managed Care Plan (two separate)?

Medicare Advantage (MA) is the primary payer – the member would first obtain the hearing aid benefit through the MA plan. Should the member still need additional coverage from Medi-Cal, the provider would bill the member's Medi-Cal Managed Care Plan for the services covered by Medi-Cal. Medi-Cal requires prior authorization for the purchase or trial period rental of hearing aids, and for hearing aid repairs which exceed a cost of \$25 per repair service. Either the member's Medi-Cal Managed Care Plan, or their medical group would provide prior authorization for the Medi-Cal hearing aids or services. The member should refer to their plan's Medi-Cal EOC for coverage provided for hearing aids.

9. For the Hearing Aid Benefit – Allowance on Flex Card:

- Members will receive a welcome letter from the benefit administrator with their personalized benefit card, Healthy Benefits +.
- The Healthy Benefits+ card is a spending card with the member's benefit allowance pre-loaded onto the card to help pay for covered hearing aid services.
- Members will receive a yearly allowance of \$1,500 for up to two hearing aids and two hearing aid fittings and evaluations (applies to both ears combined).
- Payment is made using the Healthy Benefits + card to a hearing aid provider that accepts Visa®.
- The Healthy Benefits+ card will not cover any amount over \$1,500 per year.
- Please also note the \$1,500 does not rollover into the next year, and it cannot be combined with any other allowance amount on the Healthy Benefits+ card.
- Members should contact the customer service number on their ID card should they have additional questions about hearing aid coverage.