



A nonprofit corporation and independent licensee  
of the Blue Cross and Blue Shield Association

## County of Oakland

**Group Number: 71852    Package Code(s): 040, 050**

**Division Code(s): 2000, 2100, 2200**

## Hearing Care Coverage

**Effective Date: 01/01/2025**

## Benefits-at-a-glance

This is intended as an easy-to-read summary and provides only a general overview of your benefits. It is not a contract. Additional limitations and exclusions may apply. Payment amounts are based on BCBSM's approved amount, less any applicable deductible and/or copay. If there is a discrepancy between this Benefits-at-a-Glance and any applicable plan document, the plan document will control.

BCBSM provides administrative claims services only. Your employer or plan sponsor is financially responsible for claims.

### Member's responsibility (deductible and coinsurance)

Benefits	Participating Provider	Non-Participating Provider
Deductible	\$1,650 per member \$3,300 per family	\$3,300 per member \$6,600 per family
Coinsurance	No Coinsurance	No Coinsurance

### Covered services

To be payable, hearing care benefits may be received from a participating or non-participating provider and in the order listed.

Benefits	Participating Provider	Non-Participating Provider
Frequency Limitation	Once every 36 months	
Audiometric Exam	Covered - 100% after deductible	Covered - 100% after deductible
Hearing Aid Evaluation	Covered - 100% after deductible	Covered - 100% after deductible
Hearing Aid	Covered - 100% after deductible	Covered - 100% after deductible
Hearing Aid Maximum \$2,000 per ear Total Hearing Aid Maximum \$3,000		
Member may be responsible for the difference in cost between our approved amount and the charge of the hearing aid.		
Hearing Aid Conformity Test	Covered - 100% after deductible	Covered - 100% after deductible

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