



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

County of Oakland

Group Number: 71852 Package Code(s): 020

Division Code(s): 1000, 1100, 1200

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 (coinsurance)

Benefits	Participating Provider	Non-Participating Provider
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%	Covered - 100%
Hearing Aid Evaluation	Covered - 100%	Covered - 100%
Hearing Aid	Covered - 100%	Covered - 100%
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%	Covered - 100%

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