## Medica Hearing Aid Coverage

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| **ALL Medica Plans (with the exception of Medica Prime Solution® , Medica Group Prime SolutionSM, Medica Advantage Solution®, and Medica Group Advantage SolutionSM)** | Patients covered under plans with hearing aid benefits should **not** be billed up-front (except for any co-payment amount due)  
- Hearing aids are reimbursed per manufacturer’s invoice make/model number - submit with claim  
- All billing and reimbursement policies are based on AUC guidelines  
- Unbundle all services | **Questions?** For situations not covered within this document, contact:  
**Provider Service Center** phone number: **1-800-458-5512**  
**Hours of Service**  
Monday- Thursday from 8:30am-12pm; 1pm-5pm  
Friday from 9am-12pm; 1pm-5pm |
| **Medica Prime Solution Basic, Enhanced, Core, Premier, Focus, and Total** Medica Group Prime Solution and Group Advantage Solution Plans 1, 2, 3, 4, and 6. Medica Select Solution® Extended Basic | Medica Prime Solution, Medica Group Prime Solution, and Medica Group Advantage Solution have reimbursement benefits up to specified limits. |  
- Bill the member for Medica Prime Solution, Medica Group Prime Solution, and Medica Group Advantage Solution  
- Medica is the payer for Medica Select Solution Extended Basic  
- Authorization is not required |
| **Medica Advantage Solution® (HMO-POS) and Medica Advantage Solution® (PPO)** | Medica Advantage Solution (HMO-POS) and Medica Advantage Solution (PPO) have hearing aid coverage when received from an EPIC® Hearing provider only.  
- Benefit limited to Vista 610 or Vista 810 hearing aids, which come in various styles and colors. You must see an EPIC Hearing provider to use this benefit  
- Up to 3 hearing aid fittings-evaluations are included. You must see an EPIC Hearing provider.  
- Hearing aid purchase also includes:  
  - 45-day trial period  
  - 1-year free batteries programs (40 batteries per hearing aid, provided after trial period)  
  - 3-year manufacturer warranty including a onetime loss and damage warranty (after $400 deductible) |  
- EPIC Hearing customer service, contact: 1-866-956-5400 from 8:00 a.m. to 8:00 p.m. CT Monday – Friday (excluding national holidays); TTY users call 711  
- Provider must be part of the EPIC Hearing network  
- Authorization is not required |
| **Medica Choice Care® MSC**+ Medica AccessAbility Solution® | Hearing aids, molds, inserts, batteries, re-fittings, repairs  
Minnesota Department of Human Services (DHS) Guidelines |  
- Participating provider only or referral from participating provider  
- Eligible providers: Audiologists and Otolaryngologists  
- Note: Please refer to the DHS website  
- Updates are available from DHS by request |

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For Provider Use Only  
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Medica Commercial / Employer
Group Coverage

Including, but not limited to: Medica Choice®, Medica Choice® Passport, Medica Elect®, Altru & You with MedicaSM, VantagePlus with MedicaSM

| No coverage* | • Some self-insured plans may have coverage on a group-specific basis. Please verify benefits.
| * exceptions noted here for children and some groups | • Mandated Benefits 08/01/07 to current (for Fully-Insured Commercial and non-ERISA Self-Insured Commercial) will cover children ages 0-18 with hearing loss for any diagnosis
| | • If eligible, coverage is for one pair per ear every 3 years for members age 17 years and younger.

| Limited coverage – see comments | • MN: Covered only for members 18 years of age and younger for hearing loss that is not correctable by other covered procedures. Coverage is limited on all plans - please check the policy document for the member’s specific limit.
| | o Appliance: covered one pair per ear every 3 years (no age restrictions)
| No Coverage | o Solo, Symphony, Symphony for HSA: covered one pair per ear every 3 years for members age 17 years and younger.
| • IA, KS, ND, NE | • WI: Coverage only for members 17 years of age and younger who are certified deaf or hearing impaired if prescribed by a physician or licensed audiologist. Coverage is limited to one hearing aid per ear every three years.
| | • MO: Covered for:
| | o a newborn for initial amplification following a newborn hearing screening; or
| | o prescribed, filed and dispensed by a licensed audiologist for hearing loss. Coverage is limited to one hearing aid per ear every 48 months.
| | • OK: Covered when prescribed, filled and dispensed by a licensed audiologist for hearing loss. Coverage is limited to one hearing aid per ear every 48 months for in-network and out-of-network combined. Four additional ear molds are allowed for members up to 2 years of age.