

PSSU LOCAL UNIT HEALTH AND WELFARE FUND

HEARING AID REIMBURSEMENT BENEFIT

BENEFIT SUMMARY

The hearing aid benefit plan offers you and your eligible dependent(s) the opportunity to apply for a hearing aid reimbursement.

HEARING AID BENEFIT

- Benefit reimbursement will be 80% of cost up to a maximum of \$2,000/ear
- Benefit is limited to one hearing aid per ear per 36-month period (1,095 days)
- Allowance for a hearing aid includes coverage for a hearing aid evaluation test performed by a physician/audiologist or licensed dealer/fitter
- Order date is used to determine the date of service

APPLICATION FOR HEARING AID REIMBURSEMENT

- A PSSU Local Unit Health and Welfare Fund Hearing Aid Benefit Reimbursement Application must be completed in its entirety and returned to the Fund office
- The form is located on the Fund's website at www.pssuhwfund.org or you may contact the Fund office at 1-888-243-1524 or 717-234-1524 to request a form be sent to you
- Itemized statements and paid receipts showing the purchase of the hearing aid(s) and/or the charges for the hearing aid evaluation test, including dates of service and/or purchase must be submitted along with the claim
- Claims for reimbursement under this benefit must be submitted (postmarked) to the PSSU Local Unit Health and Welfare Fund within six (6) months of the date of service

PLAN EXCLUSIONS/LIMITATIONS

- Drugs or medications prescribed in conjunction with the hearing aid
- Replacement parts or batteries
- Any service for which coverage is available through a group medical plan covering the member
- Replacement or repair of hearing aids that are lost or broken, unless at the time of replacement, 36 months (1,095 days) have elapsed since services were last rendered
- Charges billed for the completion of insurance forms

TO REQUEST A CLAIM FORM CONTACT THE FUND OFFICE AT 1-888-243-1524 or 717-234-1524 OR YOU MAY OBTAIN A FORM ON THE FUND'S WEBSITE at www.pssuhwfund.org.