



Welcome!

Hearing is an important asset that can be protected, treated and assisted through a program for hearing healthcare. Priority Health Hearing provides easy access to hearing health professionals – primarily physicians and audiologists – who can help you achieve your maximum hearing potential throughout your life.

We have an impressive network of Participating Providers throughout Michigan comprised of professional audiologists and otolaryngologists (ear, nose and throat [ENT] physicians).

When you get your hearing aids through a Participating Provider, you have access to all name brand hearing aid technology by top tier hearing aid manufacturers.

Enclosed are details that describe your specific benefits and how to use them. If you have any questions, please call our Customer Service department at 888.389.6648, Monday through Friday 9 a.m. to 8 p.m. EST, TTY users should call 711, or visit [prioritymedicare.com](http://prioritymedicare.com) and click on "Already a Member".

We look forward to serving you!

## **I. About Priority Health Hearing**

This Certificate is a contract between you and Priority Health. It describes your benefits and explains your rights and responsibilities. It also describes the rights and responsibilities of Priority Health. This Certificate sets the terms and conditions of the Coverage that you have purchased. This Certificate does not provide Coverage for medical services. It replaces and supersedes any hearing Certificate we might have issued in the past.

The terms "we," "us" and "our" refer to Priority Health. The terms "you," "your" and "yourself" refer to the Member. The term "Participating Provider" refers to the Physicians, Health Professionals and facilities that have contracted with Priority Health.

If you have any questions about Coverage, contact our Customer Service Department at:

Priority Health Hearing  
Customer Service Department  
1231 E. Beltline NE  
Grand Rapids, MI 49525

Or; call us at 888.389.6648, Monday through Friday from 9 a.m. to 8 p.m. EST, TTY users should call 711.

This Certificate was issued based on the information in your enrollment form, which has become part of this Certificate. If, to the best of your knowledge and belief, there is any misstatement in your enrollment form, you must let us know immediately about the incorrect or omitted information; otherwise, your Coverage may not be valid. If any information on your enrollment form is incorrect or incomplete, please contact our Customer Service Department using one of the methods above, within 10 days of receiving the Certificate.

## **II. Eligibility and enrollment**

You are eligible to elect the optional enhanced hearing benefits either at the time of initial enrollment into one of the Priority Health plans listed below or within two months of your initial effective date in that plan:

**PriorityMedicare Key<sup>SM</sup>** (HMO-POS), **PriorityMedicare Ideal<sup>SM</sup>** (PPO),  
**PriorityMedicare Value<sup>SM</sup>** (HMO-POS), **PriorityMedicare Merit<sup>SM</sup>** (PPO),  
**PriorityMedicare<sup>SM</sup>** (HMO-POS), and **PriorityMedicare Select<sup>SM</sup>** (PPO).

If Coverage is terminated during the calendar year, you may not re-enroll until the next annual election or special election period.

## **III. Effective date**

Your effective date is the first of the month following the month in which we receive your enrollment form. However, the Certificate Covers a benefit period that runs from January 1 through December 31 of each calendar year. For example, if you submit an enrollment form in March, you will be effective April 1. The number of months you are covered during the calendar year depends on your effective date.

#### IV. Hearing Benefits

**Benefit Year** – January 1 through December 31

**Waiting Period** – Not Applicable

Hearing Benefits*			
Services	In-Network Benefits	Out-of-Network Benefits	Frequency
Hearing Exam	\$0 copay	Up to \$25	Every 24 months
Hearing Aid	\$500 per ear (\$1,000 max)	\$300 per ear (\$600 max)	Every 60 months

\* In each service category listed in the Hearing Benefits chart above, you may use your In-Network Benefits or your Out-of-Network Benefits, but not both. For example, if you use your In-Network Benefit for a hearing exam, you may not use your Out-of-Network Benefit for another hearing exam in the same 24 month period. Additionally, there will be no remaining hearing aid balance should you use less than the maximum per ear or less than the maximum for two hearing aids in a 60-month period. The benefit is exhausted once you have received two hearing aids.

#### V. Definitions

##### **Benefit Period**

The period of time that runs from January 1 through December 31 of each calendar year.

##### **Claim**

A request for payment of benefits.

##### **Covered Services, Coverage, Cover or Covered**

Services and supplies for which this plan will pay all or part of the costs, as listed in your Coverage Schedule. When we say we will “Cover” a service or supply, that means we will treat the service or supply as a Covered Service.

##### **Eligible Person**

Any person qualified to receive benefits during the Benefit Period under the Plan.

##### **Effective Date**

The date when your coverage begins under the Plan.

##### **Member**

A person enrolled with us as an Eligible Person.

##### **Non-Covered or Excluded Services**

Hearing care services that this plan does not pay for or Cover.

##### **Non-Participating Provider**

Physicians, audiologists and hearing aid dispensers that have not signed a contract with Priority Health Medicare and are not part of their network.

**Participating Provider**

Licensed physicians, audiologists and hearing aid dispensers that have contracted with Priority Health Medicare to provide you with hearing services.

**Plan**

The hearing coverage established for the Eligible Person pursuant to the Certificate.

**Premium**

The total amount you pay for Coverage under this Plan.

**Priority Health**

The Michigan nonprofit corporation and licensed health maintenance organization providing benefits under this Policy.

**Priority Health Hearing**

The hearing coverage you purchased from Priority Health Medicare and described in the Certificate.

**Services**

The unique hearing services selected for coverage as described in the Coverage Schedule and subject to the terms of the Certificate.

**We, us or our**

Priority Health

**You, your or yourself**

The Eligible Person who is enrolled in this Plan.

**VI. Providers**

To find a Participating Provider, go to *priorityhealth.com* and use the “Find a Doctor” tool or call our Customer Service Department at 888.389.6648, Monday through Friday from 9 a.m. to 8 p.m. EST, TTY users should call 711.

**Using Participating Providers**

When making an appointment with the Provider of your choice, identify yourself as a Priority Health Hearing Member and provide your name and plan number, located on your Priority Health ID card. Confirm the Provider is a Participating Provider. While your ID card is not necessary to receive services, it is helpful to present your Priority Health ID card to identify your membership.

**Using Non-Participating Providers**

If you receive services from a Non-Participating Provider, you will pay for the full cost at the point of service. You will be reimbursed up to the maximums as outlined in the Coverage Schedule. For more information, see **Payments** below.

## **VII. Accessing your benefits**

To use your Plan, follow these steps:

- 1) Please read the enclosed Certificate so you are familiar with the benefits, payment mechanisms, and provisions of your Plan.
- 2) Find a Participating Provider by visiting *priorityhealth.com* and using the “Find a Doctor” tool or calling our Customer Service Department.
- 3) You may choose to see a Non-Participating Provider; however, your out-of-pocket cost could be higher.
- 4) Contact a Provider to schedule an appointment.

## **VIII. Payments**

### **Participating Provider payments**

1. You are responsible for incurred charges after plan allowances as outlined in the Hearing Coverage Schedule above.
2. The Participating Provider submits the claim on your behalf.
3. The Participating Provider will bill you for any charges in excess of your benefit coverage amount.

You are responsible for paying any applicable cost-share. You are also responsible for paying for any charges above the maximum benefit available under this plan for provider services, supplies or hearing aids.

### **Non-Participating Provider payments:**

1. You must pay for all services at the point of care and obtain all itemized receipts.
2. You must submit paid receipts to the Claims Department for reimbursement benefit coverage amounts as detailed in the Section IV, Hearing Benefits. We suggest you complete and sign an out-of-network claim form, attach your itemized receipts and send to:

Priority Health Hearing  
Attn: Claims  
1231 E. Beltline NE  
Grand Rapids, MI 49525

For your convenience, an out-of-network claim form is available at *prioritymedicare.com* or by calling Priority Health Hearing at 888.389.6648, TTY users should call 711. You can use this out-of-network claim form or simply write a letter and enclose your receipts.

## **IX. Termination of coverage**

Benefits will cease on the last day of the month in which you are terminated. You do not need to pay any monthly premiums after your termination date. If you paid a complete annual premium, you are entitled to a pro-rated refund for the remaining portion of the year. You will be refunded within 30 calendar days of receipt of your disenrollment. If coverage is terminated during the calendar year, you may not re-enroll until the next annual election or special election period. If you re-enroll in the future your benefit does not start over.

## **X. Additional limitations**

Our obligation for payment of Benefits ends on the effective date of your disenrollment from your Priority Health Medicare plan. This date is usually the first of the month following receipt of a valid, written request to disenroll that was accepted by our plan during a valid Medicare election period. We will make payment for Covered Services provided on or before the effective date of your disenrollment. You will be notified by Priority Health about this disenrollment date before and after it is confirmed by Centers for Medicare and Medicaid Services (CMS). Contact Priority Health Customer Service toll-free at 888.389.6648, TTY users should call 711; we're available seven days a week from 8 a.m. to 8 p.m.

Medicare claims must be filed no later than 12 months (or 1 full calendar year) after the date when the services were provided. If a claim isn't filed within this time limit, Medicare can't pay its share.

## **XI. Problem or concern**

What to do if you have a problem or concern?

Priority Health Medicare Advantage members should follow the process described in Chapter 9 of the Evidence of Coverage.