



Welcome!

Hearing is an important asset that can be protected, treated and assisted through a program for hearing health care. 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.

Priority Health provides easy access to hearing professionals through our partner, TruHearing. TruHearing has an impressive network of Participating Providers, comprised of professional audiologists and hearing instrument specialists, throughout Michigan and nationwide.

When you get your hearing aids through TruHearing, you have access to TruHearing-branded Advanced and Premium technology hearing aids, which are available in a variety of styles and colors.

Enclosed are details that describe your specific benefits and how to use them. If you have any questions, please call TruHearing at 855.205.6382, Monday through Friday 8 a.m. to 8 p.m., TTY users should call 711. For assistance on Saturday or Sunday, call Priority Health Medicare at 888.389.6648 (TTY users should call 711), from 8 a.m. – 8 p.m.

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 as part of the network leased from TruHearing to provide you with discounts when using a TruHearing provider. The hearing benefit, Priority Health Hearing, is serviced by TruHearing.

If you have any questions about Coverage, contact TruHearing at:

TruHearing, Inc.
12936 Frontrunner Blvd #100
Draper, UT 84020

Or; call TruHearing at 855.205.6382, Monday through Friday from 8 a.m. to 8 p.m., TTY users should call 711. For assistance on Saturday or Sunday, call Priority Health Medicare at 888.389.6648 (TTY users should call 711), from 8 a.m. – 8 p.m.

II. Eligibility

Members enrolled in PriorityMedicare (Employer HMO-POS) – Michigan Public School Employees Retirement System have hearing benefits included in their Medicare Advantage plan.

III. Effective date

January 1, 2019 through December 31, 2019.

IV. Hearing Benefits

Benefit Year – January 1 through December 31

Waiting Period – Not Applicable

| Services | In-Network Benefits | Frequency |
|--|---|---|
| Hearing Exam (routine) | \$0 copay | Every 24 months (based on a calendar year) |
| Hearing Aids Limited to the TruHearing-branded Advanced and Premium hearing aids, which come in various styles and colors. You must see a TruHearing provider to use this benefit. Call 855.205.6382 to schedule an appointment. | \$499 copay per hearing aid for Advanced Aids \$799 copay per hearing aid for Premium Aids | Up to two TruHearing-branded hearing aids every year (one per ear per year, based on a calendar year) |

Hearing aid purchases include:

- 3 provider visits within first year of hearing aid purchase
- 45 day trial period
- 3 year extended warranty
- 48 batteries per aid
- No return fees

The following are non-Covered services:

- Ear molds
- Hearing aid accessories
- Additional provider visits
- Extra batteries
- Hearing aids that are not the TruHearing-branded Advanced or Premium hearing aids
- Loss & damage warranty claims
- Replacements

Costs associated with excluded items are the responsibility of the member and not covered by the plan.

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 are not part of the TruHearing network. Services from non-participating providers are not covered and are not reimbursable.

Participating Provider

Licensed physicians, audiologists and hearing aid dispensers that have contracted with Priority Health as part of the network leased from TruHearing to provide you with discounts when using a TruHearing provider.

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. Priority Health Hearing is administered by TruHearing.

Services

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

TruHearing

TruHearing administers the hearing benefit Covered under the Certificate.

We, us or our
Priority Health

You, your or yourself
The Eligible Person who is enrolled in this Plan.

VI. Providers

Using Participating Providers

We have a network of Participating Providers who have contracted with TruHearing to provide you with your hearing benefits. To locate a Participating Provider near you, call Priority Health Hearing at 855.205.6382 (TTY: 711), Monday through Friday from 8 a.m. to 8 p.m. For assistance on Saturday or Sunday, call Priority Health Medicare at 888.389.6648 (TTY users should call 711), from 8 a.m. – 8 p.m.

A TruHearing consultant will verify your coverage and help you to set up a hearing exam with an in-network hearing provider. If hearing loss is discovered, your audiologist or hearing instrument specialist will help you choose the appropriate hearing aids for your hearing loss.

Using Non-Participating Providers

If you receive services from a Non-Participating Provider, you will pay for the full cost of the service. You will NOT be reimbursed. Services from Non-Participating Providers are excluded services.

VII. Accessing your benefits

To use your Plan benefits, follow these steps:

- 1) Please read this Certificate so you are familiar with the benefits, payment mechanisms and provisions of your Plan.
- 2) Call TruHearing at 855.205.6382 (TTY: 711), Monday through Friday from 8 a.m. to 8 p.m. A hearing consultant will assist you in verifying your benefit, finding a local provider and setting up your appointment.

If you choose to see a Non-Participating Provider, your hearing benefits as described in Section IV will not apply and you will pay for the full cost of any services received.

VIII. Payments

Participating Provider payments

You are responsible for copayments for exams and hearing aids as outlined in the Hearing Coverage Schedule above.

You are responsible for paying any applicable cost-share that is not covered in the current described benefit. You are also responsible for paying for any charges above the maximum benefit available under this plan for provider services, supplies or hearing aids.

IX. Termination of coverage

Benefits will cease on the last day of the month in which you are terminated.

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.

Priority Health has HMO-POS and PPO plans with a Medicare contract. Enrollment in Priority Health Medicare depends on contract renewal. Priority Health complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex. ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 1.888.389.6648 (TTY: 711).

ملحوظة: إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 1.888.389.6648 (رقم هاتف الصم والبكم: 711).