

**Hearing Aid Services Rider**

**City of Riverside Custom HMO Hearing Aid Benefits  
Summary of Benefits**

This Summary of Benefits shows the amount you will pay for Covered Services under this Blue Shield of California hearing aid services Benefit.

**Benefits**

**Your Payment**

*Up to a \$4,000 maximum per Member in any 36-month period. Services are not subject to the Calendar Year Deductible.*

**When using any provider**

**Hearing Aid Services**

Hearing aid examinations for the appropriate type of hearing aid and/or for fittings, counseling and adjustments

Hearing aid device checks

Electroacoustic evaluations for hearing aids

Hearing aid instrument, monaural or binaural, including ear mold(s) and the initial battery and cords

All charges above \$4,000

Benefit Plans may be modified to ensure compliance with State and Federal Requirements.

## Introduction

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In addition to the Benefits listed in your Evidence of Coverage, your rider provides coverage for hearing aid services, as described in this supplement. These hearing aid services Benefits are separate from your health Plan, but the general provisions, limitations, and exclusions described in your Evidence of Coverage do apply.

Because Blue Shield does not maintain a network of contracted providers for these services, the Benefits covered under this supplement can be received from any provider and you may submit a claim to Blue Shield for reimbursement.

## Benefits

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Benefits are available for hearing aid services as shown on the Summary of Benefits. Services are limited to a maximum payment per Member in any period, are not subject to the Calendar Year Deductible.

Blue Shield will reimburse you for Covered Services up to the maximum shown on the Summary of Benefits.

## Submitting a Claim Form

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Blue Shield will pay Members directly for services rendered. Claims for payment must be submitted to Blue Shield within one year after the month services were provided. Blue Shield will notify the Member of its determination within 30 days after receipt of the claim.

To submit a claim for payment, send a copy of the itemized bill, along with a completed Blue Shield claim form to:

Blue Shield  
P.O. Box 272540  
Chico, CA 95927-2540

Claim forms are available online at [www.blueshieldca.com](http://www.blueshieldca.com) or Members may call Blue Shield Customer Service to obtain a form. At a minimum, each claim submission must contain the Subscriber's name, home address, group contract number, Subscriber number, a copy of the provider's bill showing the services rendered, dates of treatment and the patient's name.

Blue Shield provides an Explanation of Benefits to describe how the claim was processed and to inform the Member of any financial responsibility.

## Exclusions

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Benefits do not include:

- surgically implanted hearing devices;
- spare hearing aids;
- assisted listening devices or amplification devices;
- purchase of batteries or other equipment, except those covered under the terms of the initial hearing aid purchase;
- charges for a hearing aid that exceed specifications prescribed for correction of a hearing loss; or

- replacement parts for hearing aids, repair of hearing aids after the covered warranty period, and replacement of hearing aids more than once in any 36-month period.

See the Grievance Process portion of your EOC for information on filing a grievance, your right to seek assistance from the Department of Managed Health Care, and your rights to independent medical review.

Please be sure to retain this document. It is not a contract but is a part of your EOC.