New Hearing Aid Mandate, Effective January 1, 2020

Q: I have insurance and I need hearing aids. Does this new law mean my insurance will cover the cost now?

A: It depends on several factors:

**Type of Insurance**

The following types are required to provide the benefit:

- Fully funded major medical policies, including ACA coverage;
- Short-term limited duration policies

These types are exempt from all State health insurance benefit mandates:

- Medicare products, including Medicare Supplement and Medicare Advantage plans (federally exempted by Social Security/Medicare);
- Self-insured plans, except state or municipal governmental and multiple-employer welfare association (MEWA) plans;
- Plans other than comprehensive major medical or short-term limited duration: accidental injury; specified disease; hospital indemnity; dental; vision; disability income; long-term care; other limited benefit health insurance.

**Benefit Details, Deductibles, Cost, Networks, and Renewal Dates**

Coverage amount:

- Up to $3,000 per hearing aid for each hearing-impaired ear; and
- Available every 36 months.

Deductibles: You should be aware that you could still be responsible for all or part of the cost if you have not yet met your annual deductible at the time you purchase a hearing aid.

Cost: If you purchase a hearing aid that costs more than $3,000, you should assume you will need to pay the amount over the $3,000 out of your own pocket, even if you have met your deductible – unless your policy specifically provides a greater benefit.
Network: You could also be responsible for all or part of the cost if you use a provider who is not part of your plan’s network.

Renewal dates: If you have a group plan that is required to provide this benefit, but it renews later in the year, the benefit will not be included in your coverage until that time.

Q: I know I have hearing issues. Do I need to go to my primary care office before going to see a hearing specialist and getting a prescription for hearing aids?

A: Whether you are able to self-refer to a specialist and whether pre-authorization is required to purchase a hearing aid would depend on your policy contract. The insurance policy may require working with a third-party vendor like Amplifon. Check with your insurer and/or your employer’s benefits department.

Q: I have MaineCare. Is MaineCare going to start offering this benefit?

A: MaineCare is not impacted by the new law, but does cover hearing aids for MaineCare members over 21 who meet certain medical criteria. These eligible individuals may receive one hearing aid or one replacement pair every five years. More information about hearing aid coverage for adults can be found in Section 60 of the MaineCare Benefits Manual. MaineCare members who are under the age of 21 are eligible to receive a replacement hearing aid once per year as medically necessary and as identified and referenced in Section 94 of the MaineCare Benefits Manual. If you would like to talk with someone about benefits you may be entitled to through your MaineCare coverage, please contact MaineCare Member Services directly at 1-800-977-6740.

Q: I have coverage through the State of Maine, as an employee. When will the State employee plan start offering this benefit?

A: The State employee plan renews on July 1, 2020 and will begin to offer this new benefit at that time.