



# Experience the beauty of sound

United  
Healthcare  
Hearing



Dear Teachers' Retirement System of Kentucky member,

Although routine hearing exams and hearing aids are not covered by Original Medicare, your UnitedHealthcare medical plan provides access to a 100% covered diagnostic hearing and balance evaluation once each plan year and a \$500 allowance through UnitedHealthcare Hearing for hearing aids once every three plan years.<sup>1</sup> Also with UnitedHealthcare Hearing, you can get a routine hearing test and hearing aids.

If purchasing hearing aids through UnitedHealthcare Hearing, you'll receive professional nationwide support and convenient ordering options with no reimbursement forms needed, so you can focus on improving your hearing without the hassle.

## With UnitedHealthcare Hearing, you have access to:



### A large nationwide network

Choose from more than 7,000 credentialed hearing professionals for your hearing tests, hearing aid evaluations and follow-up support.<sup>2</sup>



### More choices than before

Find what fits your needs and lifestyle. Choose from Relate™, our private-labeled hearing aid, or from a broad selection of name-brand options.



### Convenient ordering and claims processing

All claims relating to your order will be processed by UnitedHealthcare Hearing with no need to submit a reimbursement form — it's designed to be quick and hassle-free.<sup>3</sup>

## Plus, savings that stack up

# \$500

allowance for hearing aids  
per 3 calendar years

---

# 50-80%

discount off standard  
industry prices with  
UnitedHealthcare Hearing<sup>4</sup>

Although your hearing aid benefit is flexible and you can go to a hearing provider outside of the UnitedHealthcare Hearing network to obtain hearing aids, in order to take advantage of the savings, support and convenience of no claim forms, please remember to contact UnitedHealthcare Hearing first.



Call UnitedHealthcare Hearing at **1-866-445-2071**, TTY **711**, 8 a.m.–8 p.m. CT, Monday–Friday, or visit **[UHChearing.com/Retiree](https://www.uhc.com/hearing)** to begin the process or learn more.

# If you have hearing loss, you're not alone

It's estimated that 1 out of 3 people over age 65 has some degree of loss.<sup>5</sup> Treating it early may help you improve your emotional, physical and overall well-being. Why wait? You can get a hearing test and hearing aids as part of your 2022 UnitedHealthcare® Group Medicare Advantage (PPO) plan.

## Make the most of your hearing aid benefit

You have access to all that UnitedHealthcare Hearing has to offer to help treat hearing loss and hear life to the fullest.



**Choose** from 2,000+ hearing aid models and styles from the industry's top brands, at significant savings



**Get** virtual care with hearing aids delivered directly to your door or in-person care at 7,000+ hearing providers nationwide – both with support every step of the way



**Experience** innovative technology, including Relate, UnitedHealthcare Hearing's private-labeled hearing aid brand, featuring:

- Recharging capabilities
- Simultaneous connection to 2 Bluetooth® devices
- Tap control
- A smartphone app



# Discover more hearing aid choices

With UnitedHealthcare Hearing, you have the power to choose the hearing aids that fit you best as well as how you receive your care and support. You have two options and both are hassle-free with no claims or paperwork:

# 1

## **Right2You virtual care/ direct delivery**

Allows you to meet with a licensed hearing professional for virtual follow-up visits, remote hearing aid adjustments and more.

# 2

## **In-person care**

Provides nearly unlimited hearing aid choices available through a local hearing provider near you.

## Right2You<sup>6</sup>

### Models/styles



Relate rechargeable behind-the-ear (BTE) and receiver-in-canal (RIC) models



Phonak rechargeable RIC models

### Features



Recharging capabilities, remote adjustments, connection to 2 Bluetooth devices simultaneously, tap control, enhanced smartphone app

### Support

- 70-day trial period
- 3-year extended warranty covers repair and 1-time loss/damage replacement<sup>7</sup>
- 3 follow-up virtual visits included at no cost<sup>8</sup>

## In-person care

### Models/styles



2,000+ models in multiple styles

### Features

Signia

Oticon

Starkey



Most advanced technology available for superior sound quality

### Support

- 45-day trial period
- 3-year extended warranty covers repair and 1-time loss/damage replacement<sup>7</sup>
- 3 follow-up visits included at no cost<sup>8</sup>

## Explore your options today



To start using your hearing aid benefit, visit [UHChearing.com/Retiree](https://UHChearing.com/Retiree). You can even take an online hearing test to determine if you have hearing loss.



Or, call **1-866-445-2071**, TTY **711**, 8 a.m.–8 p.m. CT, Monday–Friday.

# Purchased through a different hearing provider?

If you access your benefit through another hearing provider, follow the instructions below to submit a request for reimbursement.

**1 Get a copy of your itemized receipt(s) from the provider**

**2 Make sure the itemized receipt(s) include:**

- The provider’s name, address and phone number
- Your name
- Date of purchase
- The amount you paid (or “paid in full”) if the total amount has already been paid

Proof of payment must show the amount the patient paid. Valid proofs of payment include:

- Receipts
- Invoices
- Provider statements
- Other written documentation obtained from provider’s office indicating patient payment was made

**3 Complete the attached reimbursement form**

**4 Mail all documents to the following address:**

UnitedHealthcare  
P.O. Box 31362  
Salt Lake City, UT 84131-0362

Before mailing, make a copy of the documentation for your own record. We must receive the itemized receipt from you or your provider within 365 days after the date of purchase.

**5 UnitedHealthcare will process your reimbursement based on your coverage**

Once completed, an Explanation of Benefits (EOB) will be mailed to you.



**Questions? Call Customer Service.**

Call **1-844-518-5877**, TTY **711**, 8 a.m.–8 p.m. CT, Monday–Friday.

# Hearing aid allowance reimbursement form

Use this form to ask us to pay you back for covered hearing aids. Check your plan materials for coverage details. Fill out a separate form for each member and each doctor or facility.

## Member information

Full name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone number ( \_\_\_\_\_ ) \_\_\_\_\_  Male  Female

Date of birth \_\_\_\_\_

Member ID number \_\_\_\_\_ Member group number \_\_\_\_\_

### If you are completing this form for the member, please provide the information below:

Full name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

Phone number ( \_\_\_\_\_ ) \_\_\_\_\_

What is your relationship to the member?  Spouse or partner  Relative  Attorney

Estate representative  Other \_\_\_\_\_

**Include paperwork showing you have the legal right to act for the member** (such as Power of Attorney or Medicare's Appointment of Representative Form). You can find the Appointment of Representative Form on the plan's website or you can call Customer Service and ask for the form to be sent to you.

## Hearing aids information

### Where did you get your hearing aids?

Name of doctor or facility \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

## Purchase information

Please include a copy of the receipt for your purchase of hearing aids.

Make sure the receipt includes the date of purchase and the total amount paid. Fill out this chart to tell us what you paid. If you need more room, you can use a separate piece of paper.

Date of service	Name of item	Number of items	Amount you paid
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

When I sign above, I am stating that the information on this form is correct to the best of my knowledge. I understand that if I put information on this form that I know is not true, I could face fines and prison under federal law.

If I sign for the member, it means I have the legal right under state law to sign. I can show written proof of this right if Medicare asks for it.

### Questions? We're here to help.

Call the toll-free Customer Service number on the back of your member ID card.

<sup>1</sup>Please refer to your Evidence of Coverage details on your benefit coverage.

<sup>2</sup>2020 UnitedHealthcare Internal data. Network size varies by market.

<sup>3</sup>Hearing aids must be ordered through UnitedHealthcare Hearing.

<sup>4</sup>Based on suggested manufacturer pricing.

<sup>5</sup>Center for Hearing and Communication. Statistics and facts about hearing loss. [chchearing.org/facts-about-hearing-loss/](https://chchearing.org/facts-about-hearing-loss/). Accessed July 2020.

<sup>6</sup>In-person visit to a local hearing provider may be required.

<sup>7</sup>One-time professional fee may apply.

<sup>8</sup>Hearing aids purchased in the Silver technology level receive 1 follow-up visit.

Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract and a Medicare-approved Part D sponsor. Enrollment in the plan depends on the plan's contract renewal with Medicare.

Other hearing exam providers are available in our network. Your plan includes benefits for hearing aid coverage outside of the UnitedHealthcare Hearing network. See plan for details.

UnitedHealthcare Insurance Company complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex.

All trademarks are the property of their respective owners.

© 2022 United HealthCare Services, Inc. All Rights Reserved.

H2001\_SPRJ70647\_020922\_M

SPRJ70647