

**UAW Retiree Medical Benefits Trust
TruHearing Hearing Program
Summary of Benefits**

Item/Service	Description/Frequency	Your Cost Share*
Hearing Exam	Once every 36 months	\$0
Hearing Aid Evaluation Test	Once every 36 months for each ear	\$0
Conformity Evaluation	Once every 36 months for each ear	\$0
Covered Hearing Aids (including dispensing fee)	Mid-level Mid-High Level Advanced Level Flagship Level	\$0 per hearing aid \$250 per hearing aid \$500 per hearing aid \$650 per hearing aid
Initial Ear Molds (Children up to age 7)	Covered with purchase of hearing aid styles that require ear molds	\$0
Initial Ear Molds (Enrollees over age 7)	Covered with purchase of hearing aid styles that require ear molds	\$0
Replacement Ear Molds (Children up to age 7)	Children up to age 3: up to 4 replacement ear molds each year Children ages 3-7: up to 2 replacement ear molds each year	\$0; cost of additional ear molds is your responsibility
Replacement Ear Molds (Enrollees over age 7)	Not covered.	Full cost of additional ear molds
Initial Hearing Aid Fitting	Initial fitting and programming of purchased hearing aid	\$0
Follow-Up Visits	Provider visits after initial hearing aid fitting	First 6 months: \$0 After 6 months: \$20 per visit
Batteries	48 batteries included with purchase of each non-rechargeable hearing aid	\$0
45-Day Hearing Aid Trial Period	Hearing aid may be returned or exchanged for 45 days following initial hearing aid fitting	\$0 (additional charges may apply if hearing aid is exchanged for a more expensive hearing aid)
Warranty and Replacement Devices	3-year warranty for loss and damage due to defects in the hearing aid (available once per hearing aid; loss and damage due to wear and tear are excluded)	\$225 deductible

*When using a provider in TruHearing's network. If you live more than 25 miles from the closest TruHearing Provider, contact TruHearing for direction on how to see a provider outside of TruHearing's network. Additionally, you may have access to mobile providers in TruHearing's network.

Exclusions

The following items and services are not covered under your plan benefits:

- Services and equipment obtained from out of network providers exceeding the discounted (reimbursement) amount for hearing aid services that would have been paid if service(s) were obtained in-network
- Medical or surgical treatment
- Drugs or other medication
- Audiometric examinations, hearing aid evaluation tests and hearing aids provided under any applicable Workers' Compensation Law
- Audiometric examinations and hearing aid evaluation tests performed and hearing aids ordered (1) before the covered person becomes eligible for coverage; or (2) after termination of coverage
- Hearing aids ordered while covered but delivered more than 60 days after termination of coverage
- Charges for audiometric examinations, hearing aid evaluation tests and hearing aids for which no charge is made to the covered person or for which no charge would be made in the absence of Hearing Aid Program expense benefits coverage
- Charges for audiometric examinations, hearing aid evaluation tests and hearing aids which are not necessary, according to professionally accepted standards of practice, and, in the case of an initial hearing aid or any hearing aid for a person under age 18, charges for hearing aid evaluation tests and hearing aids which are not recommended or approved by the physician
- Charges for audiometric examinations, hearing aid evaluation tests and hearing aids that do not meet professionally accepted standards of practice, including charges for any such services or supplies that are experimental in nature
- Charges for audiometric examinations, hearing aid evaluation tests and hearing aids received as a result of ear disease, defect or injury due to an act of war declared or undeclared
- Charges for audiometric examinations, hearing aid evaluation tests and hearing aids provided by any governmental agency that are obtained by the covered person without cost by compliance with laws or regulations enacted by any federal, state, municipal, or other governmental body
- Services or supplies provided in a United States government hospital not operated for the General Public
- Charges for any audiometric examinations, hearing aid evaluation tests and hearing aids to the extent benefits, therefore, are payable under any health care program supported in whole or in part by funds of the federal government or any state or political subdivision thereof
- Replacement of hearing aids that are lost or broken unless at the time of such replacement the covered person is otherwise eligible for a warranty replacement or new hearing aids
- Charges for the completion of any insurance forms
- Replacement parts for and repairs of hearing aids, except replacement ear molds for children up to age 7
- Charges incurred by a person enrolled in alternative plans
- Eyeglass-type hearing aids, to the extent the charge for such hearing aid exceeds the covered hearing aid expense for 1 hearing aid
- Charges for failure to keep a scheduled visit with a provider
- Charges for binaural or "spare" hearing aids unless the covered person qualifies for a binaural hearing aid as referred to under the Schedule of Benefits
- Hearing aids that do not meet Food and Drug Administration (FDA) and Federal Trade Commission (FTC) requirements