Dear Teachers' Retirement System of Kentucky Member,

Although routine hearing exams and hearing aids are not covered by original Medicare, your UnitedHealthcare® plan provides coverage for these services in addition to your medical coverage. You have access to a 100% covered diagnostic hearing and balance evaluation once each plan year and a $500 allowance for hearing aids once every three plan years.

$500

allowance per three calendar years

Convenient Ordering Through UnitedHealthcare Hearing

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'll have access to:

Name-brand and private-labeled hearing aids at significant savings.

Choose from hundreds of name-brand and private-labeled hearing aids from major manufacturers including Beltone™, Oticon, Phonak, ReSound, Signia, Starkey®, Unitron™ and Widex® and more at savings of up to 80 percent off industry prices.[1]

More than 5,000 credentialed hearing provider locations.

Access the largest nationwide network[2] of credentialed hearing professionals that provide hearing tests, hearing aid evaluations and follow-up support.

Convenient ordering and claims processing.

Order hearing aids in person through a UnitedHealthcare Hearing provider or have them delivered right to your home in 5-10 business days. All claims relating to your order will be processed by UnitedHealthcare Hearing with **no need for reimbursement forms**—it's quick and hassle-free.[3]

Call UnitedHealthcare Hearing at 1-855-523-9355 or visit UHCHearing.com to learn more.

[1] Compared to industry average on a pair of hearing aids. Consumer Reports, 2017.
[2] 2019 UnitedHealthcare Internal Data.
[3] Hearing aids must be ordered through UnitedHealthcare Hearing.
*Other hearing exam providers are available in our network.

UnitedHealthcare®

Hearing Aid Allowance Reimbursement Through Other Hearing Providers

When purchasing hearing aids through a provider other than UnitedHealthcare Hearing, a reimbursement request will need to be submitted to UnitedHealthcare. Reimbursement requests may take up to 60 days to process and must use the following steps.

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

2 Make sure the itemized receipt includes:

- 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 Proof 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 Submit by mail to the following address:

Mail the itemized receipt(s) to:

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.

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

Plans are insured through UnitedHealthcare Insurance Company or one of its affiliated companies, a Medicare Advantage organization with a Medicare contract. Enrollment in the plan depends on the plan's contract approval 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.

ATENCIÓN: si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al, 1-844-518-5877 (TTY: 711). 注意：如果您使用繁體中文，您可 以免費獲得語言援助服務。請致電 1-844-518-5877 (TTY: 711).

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Hearing Aid and Eyewear Allowance Reimbursement Form

You can use this form to ask us to pay you back for covered hearing aids and eyewear.

- 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 your name, address and phone number

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.

Where did you get your hearing aids or eyewear?

Name of doctor or facility ____

Address ____

City ______________________________ State ______ ZIP ______________

Please include a copy of your receipt

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

Details about your frames or lenses

- Are you submitting for a routine eyewear reimbursement? ☐ Yes ☐ No
- Are you submitting for a cataract benefit? ☐ Yes ☐ No

If submitting for a cataract benefit, what was the date of the surgery: ____________________

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.

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.