

**UNITEDHEALTHCARE INSURANCE COMPANY**

(Herein called We, Our, Us and the Company)

450 Columbus Blvd.

P.O. Box 150450

Hartford, CT 06115-0450

# **UNITEDHEALTHCARE SENIOR SUPPLEMENT and SENIOR SECURITY Hearing Care Benefit Rider**

This Rider is issued as part of the Policy and any Certificate to which it is attached. This Rider is subject to all the terms and provisions of the Policy, except as stated below. In consideration of any additional Premium, We will provide the coverage described in this Rider.

## **BENEFITS**

The Company will pay a Hearing Care Benefit for Covered Expenses incurred by a Covered Person for Covered Services described in the Hearing Care Schedule of Benefits, subject to the Exclusions and Limitations described in this Rider, which do not exceed any applicable maximum shown in the Certificate of this Rider.

**Hearing Care Schedule of Benefits.** Benefits will not exceed the limits set forth below:

<b>Hearing Care Schedule of Benefits</b>	
Hearing Screening: Benefits limited to 1 examination per 12 months	Copayment: \$10 per visit
Hearing Aid: Benefits limited to 2 Hearing Aids per Benefit period	
Hearing Screening Maximum Benefit: \$80 per exam per Benefit period	
Hearing Aid Maximum Benefit: \$1,000 per 24-month period	

# Hearing Care Benefit Rider

## COVERED SERVICES

Covered Services are limited to those services that are:

1. for the care of a Hearing Impairment or loss; and
2. provided by a Physician, or licensed or certified therapist.

## HEARING CARE BENEFIT MAXIMUM

The Hearing Care Benefit Maximum per Covered Person for all Covered Expenses is the amount shown in the Hearing Care Benefit Schedule of Benefits. It applies separately to each Covered Person.

## DEFINITIONS

**Calendar Year** means January 1, 12:00 a.m. to December 31, 11:59 p.m. of the same year.

**Hearing Aid** means an electronic amplifying device designed to bring sound more effectively into the Covered Person's ear. A Hearing Aid consists of a microphone, amplifier, and receiver.

**Hearing Impairment** means a reduction in the ability to perceive sound and may range from slight to complete deafness.

**Hearing Screening** means an examination by a Physician, or licensed or certified therapist for Hearing Impairment.

**Plan Year** means any consecutive 12-month period beginning on the Effective Date shown in the Policy.

## EXCLUSIONS AND LIMITATIONS

Hearing Care Benefits are not payable for expenses excluded by the Certificate, unless provided for in this Benefit Rider, and for the following:

1. Care or treatment for a Hearing Impairment due to a functional nervous disorder;
2. Services or supplies covered in whole or in part under any other portion of the Policy or under any other medical expense benefits for hearing benefits provided by the Employer;
3. Medical or surgical treatment of Hearing Impairment;
4. Outpatient Prescription Drugs, or other medications to treat Hearing Impairment;
5. Any treatment or services caused by or arising out of the course of employment, or covered under any public liability insurance, including, but not limited to, Workers' Compensation programs;
6. Hearing Aids and Hearing Screenings prescribed by a Physician prior to the Covered Person's Effective Date under the Policy, or after the Covered Person's termination of coverage under the Policy;
7. Hearing Aids prescribed by a Physician while the Covered Person is covered under the Policy, but delivered to the Covered Person more than thirty (30) days after the Covered Person's termination of coverage under the Policy;
8. Hearing Aids and Hearing Screenings for which the Covered Person is not obligated to pay, or for which no charge would be made in the absence of Hearing Aid and/or Hearing Screening coverage under the Policy;

- 9. Hearing Aids and Hearing Screenings which are not Medically Necessary or not prescribed by a Physician;
- 10. Hearing Aids and Hearing Screenings that do not meet professionally accepted standards or practice, including Hearing Aids and Hearing Screenings which are for Experimental and/or Investigational treatment;
- 11. Hearing Aids and Hearing Screenings provided by any governmental agency or that are obtained by the Covered Person without cost;
- 12. Charges for the completion of any benefit request forms.

Payment of Hearing Care Benefits is subject to all of the terms of the Policy that are not inconsistent with these provisions, including, but not limited to, the Policy Exclusions and Limitations.

**EFFECTIVE DATE**

This Rider is effective on the Effective Date of the Group Health Insurance Policy and Certificate to which it is attached, and is subject to all the provisions, definitions, limitations and conditions of the Policy and Certificate. This Rider terminates at the same time as the Group Health Insurance Policy and Certificate. This Rider does not change, waive or extend any part of the Policy and Certificate other than as stated herein.

Signed on behalf of  
UnitedHealthcare Insurance Company.



Allen J. Sorbo, President

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## Questions?

**Call the toll-free pre-enrollment number**



**1-800-698-0822, 8 a.m. – 8 p.m. local time, 7 days a week.**

**TTY users, call 711.**

*Underwritten by UnitedHealthcare Insurance Company*

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