

**RETIREE PLAN SCHEDULE OF BENEFITS FOR COVERED INDIVIDUALS
NOT MEDICARE-ELIGIBLE
AND ENROLLED IN COMPREHENSIVE MEDICAL BENEFITS**

All Benefits Effective January 1, 2022

HEARING BENEFITS

***Plan's Preferred Contracted Network Provider for Hearing Aids:**



EPIC
HEARING HEALTHCARE

EPIC Hearing Healthcare
 (866) 956-5400
 Monday – Friday: 8:00 a.m. to 8:00 p.m.
www.epichearing.com

		BCBSIL PPO In-Network Provider % Amount Paid by Plan	BCBSIL Out-of-Network Provider % Amount Paid by Plan	EPIC Hearing Healthcare* % Amount Paid by Plan
HEARING EVALUATION/EXAM		100% up to \$150 Maximum per covered individual once every two consecutive calendar years (except as required by the Affordable Care Act under the Wellness and Preventive Care benefit)		
HEARING AID INSTRUMENT <i>Calendar year deductible does not apply</i>	Retiree, spouse, & dependent children ages 19 and older	100% up to \$5,000 Maximum per covered individual once every five (5) consecutive calendar years		
	Dependent children through age 18	100% up to \$1,500 Maximum per covered individual once every three (3) consecutive calendar years		