

# RETIREE PLAN SCHEDULE OF BENEFITS FOR COVERED INDIVIDUALS WHO ARE ENROLLED IN COMPREHENSIVE MEDICAL BENEFITS

All Benefits Effective January 1, 2024

## 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](http://www.epichearing.com)

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