

304.17A-132 Coverage for hearing aids.

- (1) As used in this section:
 - (a) "Hearing aid" means any wearable, nondisposable instrument or device designed to aid or compensate for impaired human hearing and any parts, attachments, or accessories, including earmolds, but excluding batteries and cords; and
 - (b) "Related services" means those services necessary to assess, select, and appropriately adjust or fit the hearing aid to ensure optimal performance.
- (2) A health benefit plan shall provide coverage, subject to all applicable copayments, coinsurance, deductibles, and out-of-pocket limits, for the full cost of one (1) hearing aid per hearing-impaired ear up to one thousand four hundred dollars (\$1,400) every thirty-six (36) months for hearing aids for insured individuals under eighteen (18) years of age and all related services which shall be prescribed by an audiologist licensed under KRS Chapter 334A and dispensed by an audiologist or hearing instrument specialist licensed under KRS Chapter 334. The insured may choose a higher priced hearing aid and may pay the difference in cost above the one thousand four hundred dollar (\$1,400) limit as provided in this section without any financial or contractual penalty to the insured or to the provider of the hearing aid.
- (3) A health benefit plan shall not be required to pay a claim filed by its insured for payment of the cost of a hearing aid under the coverage required by subsection (2) of this section if less than three (3) years prior to the date of the claim its insured filed a claim for payment of the cost of a hearing aid under the required coverage and the claim was paid by any health benefit plan.

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