

§4255. Coverage for hearing aids**(REALLOCATED FROM TITLE 24-A, SECTION 4253)**

1. Hearing aid; definition. For purposes of this section, "hearing aid" means a nonexperimental, wearable instrument or device designed for the ear and offered for the purpose of aiding or compensating for impaired human hearing, excluding batteries and cords and other assistive listening devices, including, but not limited to, frequency modulation systems.

[PL 2007, c. 695, Pt. A, §30 (RAL).]

2. Required coverage. All health maintenance organization individual and group health insurance contracts must provide coverage for the purchase of a hearing aid for each hearing-impaired ear for an individual covered under the policy, contract or certificate in accordance with the following requirements.

A. The hearing loss must be documented by a physician or audiologist licensed pursuant to Title 32, chapter 137. [PL 2015, c. 494, Pt. A, §30 (AMD).]

B. The hearing aid must be purchased in accordance with federal and state laws, regulations and rules for the sale and dispensing of hearing aids. [PL 2019, c. 418, §5 (AMD).]

C. The policy, contract or certificate may limit coverage to \$3,000 per hearing aid for each hearing-impaired ear every 36 months. [PL 2019, c. 418, §5 (AMD).]

[PL 2019, c. 418, §5 (AMD).]

3. Application of coverage.

[PL 2019, c. 418, §6 (RP).]

4. Limits; coinsurance; deductibles. Except as otherwise provided in this section, any contract that provides coverage for services under this section may contain provisions for maximum benefits and coinsurance and reasonable limitations, deductibles and exclusions to the extent that these provisions are not inconsistent with the requirements of this section.

[PL 2007, c. 695, Pt. A, §30 (RAL).]

SECTION HISTORY

PL 2007, c. 695, Pt. A, §30 (RAL). PL 2015, c. 494, Pt. A, §30 (AMD). PL 2019, c. 418, §§5, 6 (AMD).

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