




## **PREFERRED GOLD HMO-POS LIMITED HEARING SERVICES RIDER**

This Rider provides coverage for hearing services and products not covered under your Evidence of Coverage (your contract). Services or products must be provided, ordered, or prescribed by your physician. Unless changed by this Rider, the terms and conditions of your Evidence of Coverage (your contract) apply.

### **Benefits Covered**

1. The member is entitled to the hearing aid benefit if it is determined by a licensed audiologist that hearing problems or loss can be corrected by a hearing aid.
2. The member is entitled to \$600 for hearing aids every thirty-six (36) months. This \$600 benefit covers: purchase, repair, replacement molds and hearing aid assessment.
3. The amount you pay for hearing aids does not count toward your Maximum Out-of-Pocket Amount (the most you will have to pay out-of-pocket for covered medical services). See Chapter 4 of your Evidence of Coverage (your contract) for more information.

Coverage will end if your contract is terminated, the premium is not paid for this Rider, you leave the Group through which this Rider is issued, or the Group through which this Rider is issued discontinues purchasing this Rider.

  
President and Chief Executive Officer  
MVP Health Plan, Inc.