

**HEARING AID BENEFIT**  
A Supplemental Summary Plan Description

**ELIGIBILITY**

All persons with ILWU-PMA Welfare Plan eligibility are eligible for the Hearing Aid Benefit.

**BENEFITS**

A Hearing Aid Program benefit is payable after certification by a licensed medical or osteopathic doctor that an eligible person has a hearing loss that may be lessened by the use of a hearing aid.

Effective July 1, 2008 the benefit is 90% of the expenses incurred in connection with the purchase of a hearing aid, up to a maximum of \$3,000.00 (\$6,000.00 if a hearing aid is required for both ears). This benefit amount is adjusted periodically in accordance with Welfare Plan Maintenance of Benefits provisions. Included in the benefit are the cost of the hearing aid, the cost of batteries and other ancillary equipment provided at the time the hearing aid is purchased, the doctor's hearing examination charges if such charges are not otherwise covered and the cost of service or repairs to the hearing aid. In general, a Hearing Aid Program Benefit is payable only once in a three year period. A hearing aid purchased for either ear will be covered provided at least three years have elapsed since a prior claim. Any unused portion of the benefit may not be carried forward to a future benefit period.

**LIMITATIONS**

No benefit is provided for service or repairs to, or batteries or ancillary equipment purchased for a hearing aid purchased before July 1, 1978.

No benefit is provided under the Hearing Aid Program for a doctor's hearing examination unless a hearing aid is purchased.

No benefit is provided for expenses that the claimant is not required to pay, such as expenses covered under Workers' Compensation.

The benefit cannot be assigned to any person or organization including physicians or hearing aid dispensers.

Oregon Kaiser eligibles **must** obtain their hearing aid at Kaiser; no benefit is provided for a hearing aid purchased elsewhere.

**HOW TO CLAIM BENEFITS**

An ILWU-PMA Welfare Plan Hearing Aid claim form should be submitted to the Benefit Plans office. Claim forms can be obtained at the Locals, from the Benefit Plans office or at [www.benefitplans.org](http://www.benefitplans.org).

Part I is completed by the claimant (eligible Longshoremen or survivor). The doctor completes Part II, and the licensed dispenser or seller of the hearing aid completes Part III. If the claim includes expenses for a doctor's hearing examination, see the instructions below.

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Claims received by the 10th of a month are paid by the end of the month. Payment, including payment of dependent claims, is issued to the eligible Longshoreman or survivor. The address for claims and correspondence is:

ILWU-PMA Benefit Plans Office  
1188 Franklin Street, Suite 101  
San Francisco, CA 94109

### **Doctor's Hearing Examination Charges:**

#### **ILWU-PMA Coastwise Indemnity Plan Eligibles:**

Claimants with hospital-medical-surgical coverage under the Coastwise Indemnity Plan should first submit a separate medical claim to their health plan for reimbursement of the doctor's hearing examination charges. If the medical claim is denied or is not paid in full, a claim for the unpaid amount may be submitted as part of the Hearing Aid claim. Attach to the Hearing Aid claim form a copy of the doctor's bill together with evidence of the medical claim payment or denial.

#### **Kaiser and Group Health Cooperative Eligibles:**

Claimants enrolled under these HMO plans may obtain a doctor's examination at no charge through their health plan. If an HMO plan member chooses not to use his/her health plan for the hearing examination, a claim for an examination obtained elsewhere can be submitted with the Hearing Aid claim. Attach a copy of the doctor's bill to the Hearing Aid claim form. The cost of such an examination will be included in the calculation of any Hearing Aid Program benefit that is paid. As noted under Limitations, no Hearing Aid Program benefit is payable for a doctor's examination unless a hearing aid is purchased.

#### **Information for Oregon Kaiser eligibles only:**

Oregon Kaiser provides a hearing aid benefit which is integrated with the ILWU-PMA Welfare Plan Hearing Aid Program. Oregon Kaiser eligibles must obtain their hearing aid from Oregon Kaiser. The Oregon Kaiser benefit provides a \$1,500.00 credit for each hearing aid per ear every three years. The ILWU-PMA Welfare Plan will cover 90% of the cost up to a maximum of \$3,000.00 per ear (maximum of \$6,000.00 if a hearing aid is required for both ears) less the amount covered by Oregon Kaiser. *Note: Oregon Kaiser eligibles must submit an ILWU-PMA Welfare Plan Hearing Aid claim form to the Benefit Plans office.*

### **CLAIMS REVIEW PROCEDURE**

Requests for review of a denied Hearing Aid Claim should be submitted to the Benefit Plans office. The Claims Review Procedure is described completely in your Welfare Plan Summary Plan Description.

***The Information in this booklet is subject to and does not change the provisions of the ILWU-PMA Welfare Plan Agreement or the provisions of the Welfare Plan Summary Plan Description.***