

# Routine Hearing

\$0 exam / \$500 allowance

Routine Hearing Benefit Summary		
Hearing services	In-network	Out-of-network*
<b>Routine hearing exam</b> <ul style="list-style-type: none"><li>• 1 exam every calendar year</li></ul>	\$0 copayment	\$0 copayment
<b>Fitting/evaluation</b> <ul style="list-style-type: none"><li>• Up to 1 per year</li></ul>	Included with exam	Included with exam
<b>Hearing aids</b> <ul style="list-style-type: none"><li>• Combined in- and out-of-network maximum benefit coverage amount for both hearing aid(s) (all types) every 3 years</li><li>• (\$500 total combined in and out of network maximum annual benefit)</li></ul>	\$500 combined in- and out-of-network maximum benefit coverage amount	\$500 combined in- and out-of-network maximum benefit coverage amount

\*Benefits received out-of-network are subject to any in-network benefit maximums, limitations and/or exclusions.

Humana is a Medicare Advantage organization with a Medicare contract. Enrollment in any Humana plan depends on contract renewal.

