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Humana
Medicare Mandatory
Supplemental Hearing
Benefit
D-SNP Plan

Humana Dual Fully Integrated (HMO D-SNP)

- The Humana Fully Integrated Dual Eligible Special Needs Plan (FIDE-SNP) became available Jan. 1, 2026.
- Illinois FIDE-SNPs are designed for Illinoisans who receive both Medicaid and Medicare benefits (dually eligible members).
- FIDE-SNPs simplify the delivery of Medicare and Medicaid benefits and coordinate member care with the member as the focus.

Benefits

Covered service	Member pays
<ul style="list-style-type: none">• Routine hearing exam (1 per year)	\$0
<ul style="list-style-type: none">• Hearing aid fitting/evaluation (1 per year)	\$0
<ul style="list-style-type: none">• Prescription hearing aids or over-the-counter (OTC) hearing aids (up to 1 per ear per year)	Any amount over \$750 per ear every year

- These benefits are offered on a calendar year basis. Any amount unused at the end of the year will expire.

Benefit exclusions

- Any fees for exams, tests, evaluations or any services more than the stated maximums
- Any expenses covered by Medicare or any other government program or insurance plan, or for which the member is not legally required to pay
- Services provided for clearance/consultation by a provider
- Any refitting fees for lost or damaged hearing aids
- Any fees for services rendered by an out-of-network hearing aid provider
 - In-network hearing aid providers reserve the right to service only devices purchased from in-network providers.
- Hearing aids and provider visits to service hearing aids (except as specifically described in the covered benefits), ear molds, hearing aid accessories, warranty claim fees and hearing aid batteries (beyond the covered limit)

Billing for services

- Providers must be registered and active in the provider IMPACT system.
- Providers must verify patient eligibility and coverage.
- Humana allows providers to submit claims in either paper or electronic format.
 - Paper claims should be mailed to: Humana P.O. Box 14359 Lexington, KY 40512-4359
 - Humana encourages providers to submit claims electronically via [Availity Essentials™](#): payer ID 61101
- Humana reimburses covered services according to the Medicare fee schedule.
- Providers should ensure all appropriate prior authorization is obtained before submitting a claim.
 - Claims must be submitted within 90 calendar days of the date of service or discharge for in-network providers and within 6 months of the date of service or discharge for out-of-network providers.

Member support and resources

- Find a provider for routine hearing services by visiting our [Find Care](#) webpage.
- Members can use this tool to identify in-network providers.
- Call Humana Fully Dual (HMO) D-SNP Provider Customer Service at 800-787-3311, Monday – Friday, 7 a.m. – 7 p.m. Central time, or reach out to your Humana Provider Relations Representative.
- For more information, refer to the [2026 Member Handbook](#).

Conclusion: understanding and applying FIDE-SNP hearing benefits

The hearing benefits under FIDE-SNP are to ensure members receive the right services at the right time. By understanding coverage, exclusions and provider access, providers can better support members in navigating their hearing care benefits effectively.