

HEARING AID PLAN



Major Plan Features

- Covers eligible employees and their dependents.
- Up to \$450 per ear once every three calendar years towards the cost of a hearing aid including charges for its fitting upon the recommendation of a physician or otologists.

How To Use This Benefit

- Write or call the Fund Office to obtain a Hearing Aid Claim Form:
CSEA Employee Benefit Fund
P.O. Box 516
Latham, NY 12110-0516
1-800-EBF-CSEA • 518-782-1500
TDD# 1-800-532-3833
- Submit your completed form with your **paid bill** and a **copy of your doctor's prescription** to the Fund Office.
- The claim form will be subject to verification.
- The Fund will then send the **check to the member.**

Limitations And Exclusions

The Fund does not pay for:

- any repairs to hearing aids
- any non-durable equipment such as replacement batteries
- any appliances or expenses not recommended or approved by a physician or otologists.