

HEARING AID PLAN



Major Plan Features

- Covers eligible employees and their dependents.
- Reimburses 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 otologist.

How To Use This Benefit

- Obtain a Hearing Aid Claim Form from www.cseaebf.com, or you can call 800-323-2732, 518-782-1500 or TDD# 1-800-532-3833 to request a form.
- Submit your completed form with your **paid bill** and a **copy of your doctor's prescription** to:
CSEA Employee Benefit Fund
P.O. Box 516
Latham, NY 12110-0516
- The claim form will be subject to verification.
- The Fund will then send the **check to the member.**
- **All claims must be submitted by December 31st of the following year.**

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 otologist.