



Hearing Coverage – Hearing Aids & Exams

Original Medicare does not cover routine hearing exams or hearing aids. A hearing benefit — whether through a Medicare Advantage plan or a standalone policy — can help with the high cost of hearing devices and related services.

Why Hearing Coverage Matters

- Hearing aids often cost thousands of dollars per pair and are rarely covered by Original Medicare.
- Untreated hearing loss can affect communication, safety, and quality of life.
- Many Medicare Advantage plans include some hearing benefits; standalone hearing policies also exist.
- Understanding the allowance, network, and replacement frequency helps you avoid surprises.

What's Typically Covered

- Hearing exam / evaluation (sometimes with a copay)
- Hearing aid allowance (a set dollar amount toward devices)
- Fitting and follow-up adjustments (varies by plan)
- Replacement frequency (often every 2–3 years)
- Some plans offer a network of preferred providers with better pricing
- Batteries or supplies may have limited coverage

Common Limits & Gaps

- Allowances may not cover the full cost of premium hearing aids
- You may still owe a significant amount out of pocket
- Replacement is usually limited to every 2 or 3 years
- Out-of-network providers often mean higher costs or no coverage
- Medical conditions affecting hearing may be handled under medical coverage, not the hearing benefit
- Always confirm the exact allowance and network before purchasing devices

Practical Tips

Ask about the hearing aid allowance amount, how often you can replace devices, and whether you must use a network provider. Comparing a few options can save significant money.

HOW HUGS CAN HELP

Hearing benefits vary widely by plan. We can help you understand what is included and how it fits with your overall coverage. At HUGS we have no greater joy than to hear that our clients are walking with confidence.