



Sen. Ira I. Silverstein

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09600HB5407sam001

LRB096 17948 RPM 41108 a

1 AMENDMENT TO HOUSE BILL 5407

2 AMENDMENT NO. _____. Amend House Bill 5407 by replacing
3 everything after the enacting clause with the following:

4 "Section 5. The Illinois Insurance Code is amended by
5 renumbering and changing Section 356z.15, as added by Public
6 Act 96-180, and by adding Section 356z.19 as follows:

7 "(215 ILCS 5/356z.16)

8 Sec. 356z.16 ~~356z.15~~. Applicability of mandated benefits
9 to supplemental policies. Unless specified otherwise, the
10 following Sections of the Illinois Insurance Code do not apply
11 to short-term travel, disability income, long-term care,
12 accident only, or limited or specified disease policies: 356b,
13 356c, 356d, 356g, 356k, 356m, 356n, 356p, 356q, 356r, 356t,
14 356u, 356w, 356x, 356z.1, 356z.2, 356z.4, 356z.5, 356z.6,
15 356z.8, 356z.19, 367.2-5, and 367e.

16 (Source: P.A. 96-180, eff. 1-1-10; revised 10-21-09.)".

1 "(215 ILCS 5/356z.19 new)

2 Sec. 356z.19. Hearing aid coverage offer.

3 (a) As used in this Section:

4 "Audiological services" means those services medically
5 necessary pursuant to accepted professional medical or
6 audiological standards to assess, select, and adjust or fit
7 the hearing instrument to ensure optimal performance,
8 including, but not limited to, audiological exams,
9 replacement ear molds, and repairs to the hearing
10 instrument.

11 "Hearing aid" means any wearable, non-disposable
12 instrument or device designed to aid or compensate for
13 impaired human hearing in cases where functional ability
14 cannot be restored either medically or surgically and any
15 parts, attachments, or accessories for the instrument or
16 device, including an ear mold but excluding batteries and
17 cords.

18 (b) On or after the effective date of this Section, every
19 insurer that amends, delivers, issues, or renews group accident
20 and health policies providing coverage for hospital or medical
21 treatment or services on an expense-incurred basis shall offer,
22 for an additional premium and subject to the insurer's standard
23 of insurability, optional coverage for the reasonable and
24 necessary medical treatment for audiological services and
25 hearing aids. This coverage shall only apply to hearing aids

1 that are prescribed, filled, or dispensed by a licensed
2 audiologist or a licensed physician.

3 (c) Coverage provided under this Section may be subject to
4 all applicable copayments, coinsurance, deductibles, and
5 out-of-pocket limits, for up to \$2,500 per hearing aid per
6 insured's hearing impaired ear subject to the following
7 restrictions:

8 (1) for all insured individuals, hearing aids may be
9 replaced up to once every 36 months as prescribed and
10 dispensed by a licensed audiologist or licensed physician;

11 (2) for all insured individuals, hearing aids may be
12 replaced at any time upon accident, illness, or injury to
13 the insured as provided in the policy;

14 (3) for children up to 2 years of age, additional ear
15 molds may be replaced up to 4 times per year; and

16 (4) for all insured individuals, audiological services
17 shall be covered at all times when prescribed by a licensed
18 audiologist or licensed physician.

19 (d) The coverage required by this Section shall be subject
20 to other general exclusions and limitations of the policy,
21 including coordination of benefits, participating provider
22 requirements, restrictions on services provided by family or
23 household members, utilization review of health care services,
24 including review of medical necessity, case management,
25 experimental and investigational treatments, and other managed
26 care provisions.

1 (e) This Section does not prohibit a covered individual
2 from choosing a hearing aid that exceeds the covered amount
3 provided in the policy. If the covered individual chooses a
4 hearing aid that exceeds the amount specified in the policy,
5 then the covered individual is responsible for any difference
6 between the policy benefit and the cost of the hearing aid.
7 Prior to a covered individual selecting a hearing aid that
8 exceeds the covered amount in the policy, the provider of the
9 hearing aid shall provide a written estimate of the financial
10 liability of the covered individual."