

**IMPORTANT: Changes to Medicare & Medicaid hearing coverage**

Recently, most dual-coverage members transitioned to **HMO D-SNP (Dual Special Needs Plan)** programs. While these plans may look the same on your insurance card, the way they handle hearing care has changed. Specifically:

- **Restricted Providers:** Plans from **Aetna, Humana, Wellcare, and Molina** now require you to use their specific third-party vendors (such as TruHearing or Nations Hearing) for hearing health care.
- **Added Steps for Care:** You can no longer call a provider of your choice and schedule your own appointment. With a third-party vendor you must call them first and they schedule the appointment with one of their retail providers, adding another step to make using insurance more complicated, and more expensive.
- **Provider Limits:** Because of these changes, ABHF is not a TruHearing or Nations Hearing provider for these specific plans, and we can no longer provide care under their insurance terms.

We encourage you to check your plan today to see if you have been enrolled in a D-SNP. In our next email, we will show you why "covered" by insurance doesn't always mean "lower cost" for you.

## D-SNP vs. ABHF Private Pay: Cost & Care Comparison

This table illustrates the difference between the "Insurance Model" used by **Aetna, Humana, Wellcare, and Molina** versus the "Direct Care Model" at ABHF.

Feature	New D-SNP Plans (Managed by Vendors)	ABHF Private Pay Option
<b>Provider Choice</b>	Restricted to vendor-only networks (TruHearing, NationsHearing).	<b>Full Choice:</b> Stay with your trusted ABHF clinical team.
<b>Care Approach</b>	<b>Reactive:</b> Patient must self-initiate all care with vendor	<b>Proactive:</b> ABHF coordinates your care, testing, and maintenance automatically.
<b>Financial Cost</b>	High deductibles (often <b>\$250–\$600+</b> ) plus copays per device.	<b>Transparent:</b> Single flat rate that is often <b>less</b> than insurance out-of-pocket costs.
<b>Technology</b>	Often restricted to "entry-level" or older technology tiers.	<b>Latest Tech:</b> Access to all premium technology tiers and features.
<b>Repair Policy</b>	Requires shipping devices to third-party centers; long wait times.	<b>Onsite Service:</b> Rapid, local repairs and adjustments at your facility or clinic.

## Patient Decision Guide: Should You Choose D-SNP or Private Pay?

Use this guide to determine which path best protects your hearing health and your budget.

### 1. Check Your Insurance Card

If your card lists **Aetna, Humana, Wellcare, or Molina** and includes the text "**D-SNP**" or "**HMO D-SNP**," your current provider (ABHF) is not a hearing aid vendor.

### 2. Identify Your Priorities

- **Do you value continuity of care?** If you want to keep the same doctor who knows your history, **Private Pay** is the only way to stay with ABHF.
- **Are you worried about "hidden" fees?** Insurance companies often use "fixed prices" that still require you to pay hundreds out of pocket. **Private Pay** offers one clear price with no surprises.
- **Do you have an LTSS plan?** Remember: LTSS plans (Long-Term Services and Supports) do **not** cover hearing aids or tests; your D-SNP is the primary payer.

### 3. Weigh the Risks of the "Reactive" Model

Under the new D-SNP rules, **You (or your family)** must call the insurance vendor yourself. If you prefer a "worry-free" experience where your facility and ABHF handle everything, the **Private Pay** option is for you..

**Expert Tip:** Before signing up for a hearing aid through an insurance vendor, ask for the **Total Out-of-Pocket Cost** (Deductible + Copay + Fitting Fee). Compare that number to our private-pay rates—most patients find they save money and get better technology with us.

## Family Checklist: Managing the Transition to D-SNP Hearing Care

As the new Medicare and Medicaid changes take full effect, we want to make sure you have the tools to make the best decision for your health. Use this checklist to ensure you don't lose access to essential hearing services.

### Step 1: Identify the Plan

- ☐ **Check the Insurance Card:** Look for the carrier names **Aetna, Humana, Wellcare (Meridian), or Molina.**
- ☐ **Confirm D-SNP Status:** Does the card say "**HMO D-SNP**" or "**FIDE SNP**"?
- ☐ **Verify "Integrated" Benefits:** If you or your loved one was previously on an "MMAI" plan, they have likely been automatically transitioned to one of these new D-SNP plans.

### Step 2: Evaluate the Care Requirements

- ☐ **Do you have D-SNP? You or your loved one** must now call the insurance vendor (TruHearing or NationsHearing) to request a hearing test at one of their retail providers, adding another step to make using insurance more complicated, and more expensive.
- ☐ **Do you value continuity of care?** If you want to keep the same doctor who knows you and your history D-SNP is not the plan for you..

### Step 3: Analyze the Hidden Costs

- ☐ **Inquire about the Deductible:** Many D-SNP plans have a **Part B deductible** (estimated at **\$283 for 2026**) that must be paid before hearing aid benefits begin.
- ☐ **Ask about Copays:** Are there per-device copays or "fitting fees" not covered by the plan?.
- ☐ **Compare with ABHF Private Pay:** Request a quote for ABHF's **Private Pay** option. In many cases, our flat rate is lower than the combined insurance deductible and copays.

### Step 4: Understand Your Rights

- ☐ **Right to Choice:** Residents have the legal right to choose their own doctor at their own expense (Private Pay).
- ☐ **Right to Opt Out:** You can opt out of the D-SNP hearing benefit by March 31st, 2026, and return to Medicare/Medicaid and be able to choose a provider of your choice.
- ☐ **LTSS Clarification:** If your loved one has an **LTSS (Long-Term Services and Supports)** plan, be aware that it **does not cover hearing aids**; coverage is controlled strictly by the D-SNP carrier.