Hudson City Schools

Hearing Aid Reimbursement Policy

Purpose

This policy establishes the process and standards for reimbursement of hearing aids and related services for eligible bargaining-unit employees and dependents covered under the Hudson City Schools Health Benefits Program. The policy is intended to ensure equitable treatment, fiscal responsibility, and consistent administration.

Eligibility

Hearing aid reimbursement is available to:

- Active bargaining-unit employees covered under an applicable Collective Bargaining Agreement (CBA)
- Eligible Employees and dependents enrolled in the Hudson City Schools Health Benefits Program
- Participants who are enrolled in benefits on the date services are incurred

Coverage is subject to the terms of the applicable CBA and Board-approved benefit provisions.

Covered Expenses

Reimbursable expenses may include:

- Hearing aids prescribed by a licensed audiologist, physician or hearing specialist
- Replacement hearing aids when medically necessary and within benefit frequency limits

All services must be supported by appropriate clinical documentation.

Benefit Limits

Reimbursement is subject to the following limitations:

- **Maximum Benefit:** Up to **1 hearing aid per ear, capped at $2,000 total payment**
- **Frequency:** Once every **two years**
- **Medical Necessity:** Required for all reimbursements

Reimbursement shall not exceed the actual out-of-pocket amount paid by the employee.

Exclusions

The following are not eligible for reimbursement:

- Hearing aids covered under the primary insurance offered through the COG
- Hearing aids purchased without a prescription
- Over-the-counter hearing devices, unless expressly approved by the Board
- Lost, stolen, or damaged hearing aids
- Batteries, extended warranties, service contracts, or optional upgrades
- Accessories not medically necessary
- Expenses incurred while the employee is not actively enrolled in benefits

Reimbursement Process

Employees seeking reimbursement must submit claims directly to Hudson City Schools at Kim Ciborek at ciborekk@hudson.k12.oh.us.

Required Documentation:

1. Completed Hearing Aid Reimbursement Claim Form
2. Itemized, paid receipt showing:
    - Provider name
    - Date of service
    - Description of device and related services
    - Proof of payment
3. Prescription or letter of medical necessity from a licensed provider

Submission Timeline:

- Claims must be submitted within 90 days of the date of purchase.

Review and Payment

- Claims will be reviewed by the District or its designated administrator for completeness and compliance with this policy
- Hudson City Schools reserves the right to request additional documentation
- Approved reimbursements will be paid directly to the employee through standard accounts-payable procedures
- Reimbursement payments are not pensionable earnings

Non-Precedent Clause

Approval of a reimbursement under this policy is based on the specific facts and documentation submitted and does not obligate Hudson City Schools to approve future requests that differ in timing, circumstances, or documentation.

Union and Administrative Authority

This policy is administered consistent with:

- Applicable Collective Bargaining Agreements
- Board-approved benefit provisions

Nothing in this policy alters collectively bargained benefits. In the event of a conflict, the CBA and Board action shall govern.

Effective Date

This policy is effective January 1, 2026 and applies to hearing aid expenses incurred on or after that date.

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Hearing Aid Reimbursement Claim Form

Employee Information

- **Employee Name:** _____
- **Employee ID (if applicable):** _____
- **Bargaining Unit:** _____
- **Phone Number:** _____
- **Email Address:** _____

Patient Information (if different from employee)

- **Patient Name:** _____
- **Relationship to Employee:** ☐ Self ☐ Spouse ☐ Dependent Child
- **Date of Birth:** _____

Hearing Aid Purchase Information

- **Provider Name:** _____
- **Provider Phone Number:** _____
- **Date of Purchase:** _____
- **Ear(s):** ☐ Left ☐ Right ☐ Both

Cost Summary

Description	**Amount**
Total Cost of Hearing Aid(s)	$_____
Amount Paid by Primary Insurance	$_____
Out-of-Pocket Amount Paid by Employee	$_____
Amount Requested from Hudson City Schools	$_____