Mayflower Municipal Health Group

Medex 2 Benefit for Hearing Aid Coverage

Here's what you need to know:

- Effective January 1, 2021, the Blue Cross Blue Shield Medex 2 plan has added a new benefit for hearing aid coverage.
- Benefit includes $2,000 for one hearing aid for each hearing-impaired ear per member every 36 months, including related services. (any copay, deductible and/or coinsurance not applicable)
- *Important:* In order for the hearing aid benefit to be covered, and to pay appropriately, the PROVIDER or the MEMBER must submit the claim directly to BCBSMA. If the claim is submitted to Medicare first, it will deny by both Medicare and Medex.
- The member can use Medicare covered providers or non Medicare Covered providers for their Hearing Aid Coverage. Ask your provider if they can file a claim directly with BCBSMA. If not, you may need to pay up front, and file a claim for reimbursement. The provider may ask the member to pay the entire charge at the time of the visit or at a later time. It is up to the member to pay the provider.
- To file a claim for reimbursement you must fill out a claim form, and attach original itemized bills that show the date you received the services, and mail the claim to Blue Cross Blue Shield (follow directions on the attached claim form).

If you any have questions about your reimbursement claim please contact Blue Cross Blue Shield member services at 1-800-782-3675.

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Medex® Subscriber Claim Form

Please read the instructions and print clearly in the required boxes.

Note: This should not be used to submit a drug claim if you are a direct-pay member. Instead, fill out a separate Medex Drug Claim Form.

For services rendered OUTSIDE OF THE U.S, visit **bcbsglobalcore.com**.

Medex Identification Number
(including alpha prefix)

Important: This can be found on your Medex ID card.

Instructions

- Submit a claim only when you are billed for services from a provider that does not directly submit a claim to the local Blue Cross Blue Shield plan.
- Use reverse side or another sheet of paper to include any additional information, if necessary.
- Please include proof of payment and itemized bill from provider.
- Please submit all receipts on an 8 x 11 sheet of paper.
- Keep a copy of all bills and claim forms submitted (originals will not be returned).
- Be sure to sign and date the completed form.

Please send claim form and all attachments to:

Blue Cross Blue Shield of Massachusetts
P.O. Box 986030
Boston, MA 02298
Fax: 617-246-8953

Part I			
First Name	Last Name	Middle Initial	Suffix
Street Address			
City _____		State _____	ZIP _____
Your gender ☐ Male ☐ Female	**Your complete date of birth:** (MM/DD/YY)	**Medicare Number**	

See Reverse: Please Date and Sign Your Name in the Space Provided

Part II

Total Number of Bills Attached: _____ Total Charges: $ _____

Claim Checklist

Please review this checklist before sending your claim to us. Incomplete forms may be returned to you.

- ☐ Have you listed your Medex Identification Number in the space provided?
- ☐ Have you attached all related Explanation of Benefits (EOB) or Health Plan Summary of Benefits forms you may have received previously for these services?
- ☐ Have you signed and dated the completed claim(s) form?
- ☐ Have you kept a copy of all receipts and EOB's?

Certification and Authorization

I authorize the release of any information to Blue Cross and Blue Shield about my examination and treatment. I certify that the information provided in the support of this claim is complete and correct and that I have not been previously reimbursed for these services.

Member's Signature _____ Date _____

Blue Cross Blue Shield of Massachusetts complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, sexual orientation, or gender identity.

ATTENTION: If you don't speak English, language assistance services, free of charge, are available to you. Call Member Service at the number on your ID card (TTY: **711**).

ATENCIÓN: Si habla español, tiene a su disposición servicios gratuitos de asistencia con el idioma. Llame al número de Servicio al Cliente que figura en su tarjeta de identificación (TTY: **711**).

ATENÇÃO: Se fala português, são-lhe disponibilizados gratuitamente serviços de assistência de idiomas. Telefone para os Serviços aos Membros, através do número no seu cartão ID (TTY: **711**).

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