

304.17A-132 Coverage for hearing aids. (Effective January 1, 2027)

- (1) As used in this section:
 - (a) "Hearing aid":
 1. Means any wearable device designed for, offered for the purpose of, or represented as aiding persons with or compensating for, impaired hearing;
 2. Includes any parts, attachments, or accessories, including earmolds; and
 3. Does not include batteries and cords; and
 - (b) "Related services" means those services necessary to assess, select, and appropriately adjust or fit the hearing aid to ensure optimal performance.
- (2) A health benefit plan shall provide coverage, subject to all applicable copayments, coinsurance, deductibles, and out-of-pocket limits, for the full cost of one (1) hearing aid per hearing-impaired ear up to two thousand five hundred dollars (\$2,500) every thirty-six (36) months for hearing aids for insured individuals under eighteen (18) years of age and all related services which shall be prescribed by an audiologist licensed under KRS Chapter 334A and dispensed by an audiologist or hearing instrument specialist licensed under KRS Chapter 334.
- (3) An insured may choose a higher priced hearing aid and may pay the difference in cost above the two thousand five hundred dollar (\$2,500) limit as provided in this section without any financial or contractual penalty to the insured or to the provider of the hearing aid.
- (4) A health benefit plan shall not be required to pay a claim filed by its insured for payment of the cost of a hearing aid under the coverage required by this section if less than three (3) years prior to the date of the claim the insured filed a claim for payment of the cost of a hearing aid under the required coverage and the claim was paid by any health benefit plan.
- (5)
 - (a) An insurer or administrator that utilizes a network to provide hearing aids and related services under a health benefit plan shall ensure that the network is reasonably adequate and accessible with respect to the provision of hearing aids and related services required to be covered under this section.
 - (b) A reasonably adequate and accessible network, with respect to the provision of hearing aids and related services required to be covered under this section, shall at a minimum offer an adequate number of accessible audiologists in accordance with the requirements set forth for managed care plans in KRS 304.17A-515.

Effective: January 1, 2027

History: Amended 2026 Ky. Acts ch. 26, sec. 1, effective January 1, 2027. -- Created 2002 Ky. Acts ch. 106, sec. 1, effective July 15, 2002.

Legislative Research Commission Note (1/1/2027). 2026 Ky. Acts ch. 26, sec. 3, provides that the amendments to this statute in that Act apply to health benefit plans issued or renewed on or after January 1, 2027.