

## De-listing of Hearing Tests in Ontario

**OHIP discontinued coverage for hearing aid evaluation or re-evaluation and/or tinnitus masker fitting or refitting.** OHIP determined these procedures are within the discipline of audiology and supervision by a physician is not required. At the same time, coverage for hearing tests was limited only to tests performed by a qualified physician, either an otolaryngologist (Ear Nose and Throat Specialist) or neurologist. The physician may then assign the actual testing to an audiologist who is a member of the College of Audiologists and Speech-Language Pathologists of Ontario and employed by a public hospital. OHIP maintains there was no change in this coverage, and this is simply a rewording of the coverage to ensure billings are appropriate.

### What Does this Really Mean?



In much of the province, examinations continue to be available to employees through channels that are covered by OHIP through Ear, Nose and Throat specialists. The limited availability of these specialists will result in waiting periods and reduced availability of covered services in remote areas. Hearing tests are available without the involvement of a physician, with an average cost of about \$75.00.

The most significant impact of the changes in the covered services is removal of coverage for assessment and reassessment of hearing aids. Children with hearing difficulties require reassessment of their equipment as they grow. One parent estimated the annual cost at \$600, excluding the cost of the hearing aids, batteries and accessories.

The Assistive Devices Program (ADP) covers \$500 per hearing aid and will allow a replacement every three years, provided the original is no longer working and cannot be repaired. New hearing aids will also be eligible when there is a change in medical condition or when hearing changes. In order to qualify for assistance for a first hearing aid or for a hearing aid for a child whose hearing loss is not stabilized, ADP requires the involvement of an otolaryngologist before the cost is eligible.

# As a Plan Sponsor, What Does this Mean to Me?

Typically, group plans provide coverage for hearing aids only, no testing or batteries, with limits of about \$500 in five years. This is generally the plan design for both active and retired employees. With this type of coverage, there would be no change to the claims submitted under the plan. However, coverage may be inadequate for some of your plan members.

Under the current coverage, hearing impaired individuals will not have coverage for services of an audiologist. Our review indicates this could result in significant expenses in the case of a hearing impaired child. Children require periodic assessments of hearing aids as they grow. Growth of a child can change the child's requirements as well as the fit of the appliance.

"Sponsors could expect an increase of about 1% of the Health premium."

## What Could We Do?

In order to cover the gap left by OHIP, plan sponsors could add coverage for audiology to the plan, with limits similar to vision care. As children require additional visits, coverage could be provided for one visit to an audiologist per year, while adults' frequency could be lower, perhaps dovetailing with the hearing aid frequency of once per five years.

## What is the Cost Impact of a Change?

We anticipate the cost impact would be insignificant, as only a small portion of the population will need these services. Insurers have indicated that to add this coverage to a fully pooled, insured plan, sponsors could expect an increase of about 1% of the Health premium. With a large ASO plan, we would expect these services could be added with an insignificant increase in claims.

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