

1 deny, reduce, limit, or delay specific, medically necessary, and appro-
2 priate services covered by the health care policy.

3 (2) No health care provider shall require an insured to make additional
4 payments for covered services under a policy subject to subsection (1) of
5 this section, other than specified deductibles, copayments or coinsurance
6 once a provider has agreed in writing to accept the insurer's reimbursement
7 rate to provide a covered service.

8 (3) An insurer that offers a health benefit plan shall, as a condition
9 of doing business in this state, provide coverage for the cost of a medically
10 necessary hearing aid or cochlear implant and related services and supplies
11 for a covered person who is eighteen (18) years of age or younger.

12 (a) For purposes of this subsection:

13 (i) "Cochlear implant" means a device surgically implanted in an
14 individual's cochlea to stimulate it to cause hearing.

15 (ii) "Covered person" and "health benefit plan" shall have the
16 same meanings as provided in section 41-5903, Idaho Code.

17 (iii) "Hearing aid" shall have the same meaning as provided in sec-
18 tion 54-2903, Idaho Code.

19 (b) Coverage required under this subsection must include:

20 (i) Fitting and dispensing services and the provision of ear
21 molds as necessary to maintain optimal fit of hearing aids;

22 (ii) Any treatment related to hearing aids and cochlear implants,
23 including coverage for habilitation and rehabilitation as neces-
24 sary for educational gain; and

25 (iii) For a cochlear implant, an external speech processor and
26 controller with necessary components replacement every three (3)
27 years.

28 (c) Coverage required under this subsection is limited to:

29 (i) One (1) hearing aid for each ear every three (3) years; and

30 (ii) One (1) cochlear implant for each ear with internal replace-
31 ment as medically or audiologically necessary.

32 (d) Except as otherwise provided in this subsection, coverage required
33 under this subsection may not be less favorable than coverage for phys-
34 ical illness generally under the plan and must be subject to durational
35 limits and coinsurance factors no less favorable than coverage provided
36 for physical illness generally under the plan.

37 (e) Coverage required under this subsection is subject to any provi-
38 sion that applies generally to coverage provided for durable medical
39 equipment benefits under the plan, including provisions relating to
40 deductibles, coinsurance or prior authorization.