**SAMPLE LETTER**

**(NAME & SURNAME)**

**(CITY, STATE, ZIP)**

**(DATE)**

**INQUIRY ABOUT HEARING AID COVERAGE FOR OTC HEARING AIDS**

Dear (RECIPIENT’S NAME OR HEALTH BENEFIT TEAM),

I am reaching out to inquire about the coverage for hearing aids under my current health benefit plan, as I would like to purchase over-the-counter (OTC) hearing aids to address my hearing needs. I believe/am of the opinion that this option is both affordable and will be effective for my level of hearing loss.

While reviewing the hearing benefits in my health plan, I noticed that my coverage includes “hearing aids”. However, it is unclear whether OTC hearing aids qualify for reimbursement. As you may know, the U.S. Food and Drug Administration (FDA) has approved OTC hearing aids under the Over-the-Counter Hearing Aids Act as a viable option for adults with mild-to-moderate hearing loss.

The inclusion of OTC hearing aids as part of my hearing benefits would benefit not only me but the thousands of members who also suffer from mild to moderate hearing loss. These devices enhance accessibility and allow individuals to address their hearing needs sooner, helping to prevent the negative health impacts associated with untreated hearing loss.

Would your organization consider extending my hearing benefit to include OTC hearing aids? Expanding coverage to include these OTC hearing aids would be a valuable enhancement, reflecting a forward-thinking approach to health care for members like myself.

Thank you for considering this request. If needed, I would be happy to provide any additional information or documentation regarding my OTC hearing aid selection. I look forward to your response.

Sincerely,  
[Consumer’s/Member’s Name]  
[Consumer’s/Member’s Contact Information]