



THE MIGHTY HEARING BENEFIT

The potential to drive improved member health and
lower cost for Medicare Advantage plans



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PART ONE

INTRODUCTION

A hearing benefit, done right, can be a mighty force for good.

It's one of the biggest conundrums in the Medicare Advantage marketplace: how to remain fiscally viable covering the continually escalating cost of medical care, while satisfying consumer demand for more supplemental benefits. Both of these trends represent a substantial added financial challenge for health insurance organizations.

Today, more than ever before, plan administrators must judiciously determine the right mix of supplemental benefits and coverages. But achieving sustainable success also requires a careful evaluation of each benefit — especially how well it supports the organization's core objectives, including initiatives to improve member health.

Hearing benefits have become an increasingly popular part of the mix in Medicare Advantage plans. However, these benefits are not created equally, and plan administrators must be aware that the choice of a hearing benefit and a hearing health care partner plays a crucial role in elevating overall member health and in delivering a strong return on investment for the health insurer.





This white paper is intended to provide a clearer understanding of:

- **WHY** hearing health is so interconnected with overall health, including hearing loss comorbidities that have a life-altering impact on member health and well-being, as well as on per-member-per-month (PMPM) costs
- **HOW** the right hearing benefit ultimately contributes to healthier members, along with lower PMPM costs
- **WHICH** criteria to use in selecting a hearing benefit that helps achieve the goals of both the member and the health plan

Above all, our goal is to convey a simple, yet profound, truth: A hearing benefit, done right, can be a mighty force for good.



PART TWO

THE LIFE-ALTERING, COSTLY KEY COMORBIDITIES OF HEARING LOSS

The connection between hearing health and overall health has become clearer.

These three health conditions can be devastating to individuals and particularly costly for Medicare Advantage plans to cover:

- **CLINICAL DEPRESSION** — affecting an estimated 6-10% of adults aged 65 and olderⁱ with the total U.S. economic burden of major depressive disorder estimated at approximately \$382 billion annuallyⁱⁱ
- **DEMENTIA** — affecting about 1 in 9 people age 65 and older with health and long-term care costs projected to reach \$384 billion in 2025 and nearly \$1 trillion in 2050ⁱⁱⁱ
- **INJURY-CAUSING FALLS** — experienced by one in four individuals over age 65 with total health care costs for fall-related injuries estimated at roughly \$80 billion annually and projected to exceed \$100 million by 2030^{iv}



CONNECTING THE DOTS

All of these health conditions feature a common trait: Hearing loss is the most common comorbidity — a condition experienced by one in three people between the ages of 65 and 74 and nearly half of those older than 75.^v

The connection between hearing health and overall health has become clearer with a growing body of research. Specifically, studies indicate that people age 60 or older with hearing loss are 47% more likely than their normal-hearing peers to experience symptoms of depression;^{vi} that hearing loss is estimated to be a risk factor in up to 32% of U.S. dementia cases;^{vii} and that hearing loss is associated with approximately 51% greater odds of falling compared to someone with normal hearing.^{viii}

Social isolation and loneliness

Less obvious comorbidities of hearing loss are social isolation and loneliness. While it might be tempting to label these as “emotional issues,” the evidence strongly suggests otherwise. Social isolation and loneliness are widely regarded as significant social determinants of health, the social and economic conditions that influence health risks and outcomes.

Various research projects show a distinct pathway from hearing loss to social isolation. The reason: People with hearing loss have so much trouble following conversations in noisy situations that they often withdraw from social occasions, such as family events, and become socially isolated.

Social isolation, in turn, is a risk factor for cognitive decline and dementia, depression, heart disease and stroke. Public health evidence indicates that persistent loneliness is linked with approximately 25–35% higher risk of premature death, a scale of mortality impact that public health authorities have likened to the health risks of smoking up to 15 cigarettes per day.^{ix}

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PART THREE

ADDRESSING THE HIGH COST OF UNTREATED HEARING LOSS

The economic impacts of hearing loss are staggering.

Considered in totality, the economic impacts of hearing loss are staggering — even more so when the loss goes untreated. According to a Johns Hopkins study, individuals with untreated hearing loss incurred, on average, 46% higher total health care costs — or \$22,434 per patient— versus their normal-hearing peers over the course of a decade, *with health plans covering \$20,403 of this amount.*^x

What prevents so many people from treating hearing loss and enriching their lives and bolster their health? One of the biggest barriers is cost.^{xi} Consumers spend an average of \$6,500 on a pair of hearing devices,^{xii} plus potentially several hundred dollars more for batteries and professional services. These costs are unpalatable or even prohibitive for a sizable percentage of Americans, many of whom are on fixed incomes.



Original Medicare does not cover hearing aids and related expenses, creating an opportunity for Medicare Advantage plans.

By substantially reducing the cost of hearing aids and related services, a hearing benefit can incentivize Medicare Advantage plan members to seek treatment for their hearing loss.^{xiii} With better hearing, individuals once again experience sounds that are important to them, ranging from the conversations and music that enrich life, to alarms, sirens and other alerts that help keep them safe.

In addition, improved hearing ability may lead to a number of positive health outcomes, including improvements in cognitive ability, balance, and mental health along with the possibility of a more active social life.

For Medicare Advantage plans, the bottom-line benefit is clear: Healthier members equate to reduced payouts for medical care.

“ Improved hearing ability may lead to a number of positive outcomes, including improvements in cognitive ability, mental health and balance, along with the possibility of a more active social life.

Key differentiators add up to real differences

To be clear, not every hearing benefit delivers maximum impact for Medicare Advantage plan members. A close examination of various hearing benefits reveals distinct, meaningful differences that can substantially affect the member experience and satisfaction, ultimately determining the benefit's value to the Medicare Advantage plan.





For example, many hearing benefits offer a hearing aid formulary (which functions much like a drug formulary). The differences here can be vast: One benefit's hearing aid formulary may be limited to one manufacturer and a couple of technology tiers, limiting the ability of participating hearing health care providers to find a solution to their patients' unique needs and preferences.

By contrast, another benefit provides a comprehensive formulary, featuring dozens of models from all major brands. This empowers the provider to precisely tailor a solution to each patient, who will be more likely to consistently wear the devices and have an overall positive experience.



PART FOUR

A DECISION GUIDE FOR PLAN ADMINISTRATORS

The right partner combines hearing health and administrative expertise.

A well-designed, proficiently managed hearing benefit with strong clinical oversight and utilization management requires a major commitment and smart decision-making by Medicare Advantage plan leadership.

One of the first questions that may need to be addressed: Who handles the design, implementation and administration of the hearing benefit — a company specializing in hearing benefits administration or an in-house team? Several criteria can help guide this determination, including:

- Experience in navigating the unique complexities of hearing health care delivery
- Expertise in identifying and managing individuals with hearing loss within the member population



- Expertise in designing a benefit that effectively addresses hearing loss comorbidities
- Ability to develop a high-quality network of hearing health care providers
- Negotiating power to achieve meaningful cost savings on hearing aids from a broad range of manufacturers
- Availability of resources to create a hearing benefit in a timely, cost-effective manner and in alignment with health plan objectives

Based on an analysis of these and other criteria, many Medicare Advantage plans choose to partner with a proven hearing benefits administrator. Almost invariably, they find that this partner not only removes a sizable burden from their internal staff, but it results in a robust hearing benefit that meets or exceeds the expectations of the organization and its members.

For Medicare Advantage plans that choose an outsource model, the next major step is selecting a hearing health care partner. Following are recommended criteria, encompassing several key areas, to help guide the evaluation and decision process.



Quality standards for provider network

First and foremost, look for a hearing health care partner that places member needs and satisfaction at the center of everything they do. This includes a demonstrated strong commitment to upholding the highest evidence-based standards in hearing health care. One of the most telling indicators of partner excellence is its hearing health care provider network.

Following are crucial criteria for gauging the quality of the network:

- **Provider education programs** that emphasize a whole-patient approach to hearing health care; **examples:** an onboarding module that explains the links between hearing loss and other health conditions, which drives the need to obtain a thorough health and medication history for every member, and a provider portal that delivers ongoing education on clinical best practices
- **Care management**, ensuring that members are receiving the right level of care, at the right time, from the right provider, based on their overall health and individual needs; **example:** patient care advocates are trained to determine the most appropriate type of provider (i.e., hearing instrument dispenser or audiologist) to meet individual member needs
- **Clinical criteria reviews** for hearing aid fittings, performed by audiologists using evidence-based clinical best practices; **examples:** verification that the member's hearing loss or speech recognition meets certain established thresholds or that the individual has a documented increased risk for injury-causing falls
- **A utilization management program**, including prior authorization or pre-service determination, if required by the health plan, to ensure that a member's degree and type of hearing loss warrant hearing aids and that the recommended hearing aid is medically necessary
- **Mandatory provider credentialing and recredentialing** by a nationally recognized, independent nonprofit organization, such as the National Committee for Quality Assurance (NCQA)
- **Compliance with CMS network adequacy requirements** for number of provider locations, as well as the distance and time needed by beneficiaries to access those locations

Having
a strong
provider
network
is key for
hearing
health
partners.



How many of the following leading hearing aid brands do you offer in your formulary?

PHONAK

unitron™



REXTON

 **Miracle-Ear®**

WIDEX



ReSound GN

Formulary size and fitting autonomy

The partner's product formulary, encompassing hearing aid brands, models and options, should be large enough to meet the unique hearing needs and personal preferences of each member. Equally important, network providers should enjoy complete freedom to fit any product from the formulary, as long as it satisfies member needs and medical necessity requirements.

An extensive formulary, offered without bias, offers a number of key advantages over a limited selection of brands, products and technology options:

- Improved ability to fit hearing aids to the member's precise needs and preferences, which motivates patients to wear their devices consistently
- A better experience for members and higher long-term satisfaction with their hearing solutions
- A reduced risk of costly comorbidities, including depression, dementia and injury-causing falls, associated with not wearing hearing aids (i.e., the hearing loss is essentially untreated)
- Providers who are committed to dispensing from the formulary versus attempting a "workaround" because they feel constrained by their product choices
- An enhanced ability to attract additional qualified providers to the network

Here's one more important consideration related to the product formulary: **How are providers reimbursed for their hearing aid fittings?** Some hearing health care partners base reimbursement levels on the selected technology — that is, a higher payout for more advanced devices and less for economy models. A better approach is to reimburse providers uniformly across the entire product formulary; this helps ensure that they will consistently address each member's needs and preferences, and that all fittings comply with medical necessity criteria.



Pricing structure and transparency

Hearing aid prices aren't just prohibitive for many consumers, but they tend to vary widely across the marketplace. Making comparisons is difficult due to a lack of pricing transparency, specifically, what's included, or not included, with the cost of a device (see "total cost of ownership" discussion below).

Be very attentive to how potential hearing health care partners price their hearing aids. Do they provide clear-cut pricing across the entire product formulary? Are these prices available to everyone?

In addition, dig into a member's total cost of ownership. Some hearing health care partners offer seemingly attractive product pricing. However, the use of hearing aids requires additional products and services that can substantially drive up total cost of ownership. By themselves, essential services, such as adjustments, reprogramming and cleanings, can total several hundred dollars over the life of the hearing aids. Ideally, the partner's prices will include these services, along with a product warranty and batteries or a charger to power the devices.

Affordable, predictable pricing plays an important role in member satisfaction with hearing aids and the overall hearing health care experience.

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PART FIVE

KEY TAKEAWAYS

The decision to add or replace a hearing benefit demands careful consideration.

A growing body of evidence reveals how tightly hearing health is connected to physical and mental health. More specifically, hearing loss can significantly increase the risk of devastating and costly health conditions, including depression, dementia and injury-causing falls. Also increasingly evident is the value of a high-quality hearing benefit to Medicare Advantage plans and members in addressing these comorbidities.

The decision to add or replace a hearing benefit demands careful consideration of several key questions, starting with:

- Do we possess sufficient expertise, resources and commitment to design, implement and manage a high-quality hearing benefit?
- Would our organization and members be better served by finding a hearing health care partner to help us design and administer the benefit?



Once the organization determines that a partnership makes sense, the next step is to choose the right partner, based on several criteria:

1. How committed are partner candidates to a network of hearing health care providers that demonstrate the highest care standards? **Key indicators include:**

a. Provider education programs that emphasize a whole-patient approach to hearing health care

b. Standardized clinical protocols focused on individual needs and overall health

c. Audiological medical necessity reviews for hearing aid fittings

d. A utilization management program to effectively control costs

e. Mandatory provider credentialing and recredentialing

f. Compliance with CMS adequacy requirements for network locations

2. Does the hearing aid formulary offer a sufficient number of options to meet the hearing and lifestyle needs of every member?

3. Are providers reimbursed uniformly across all products, without regard to the technology level?

4. Are hearing aid prices clearly stated and available to everyone?

5. Are essential items, such as follow-up care, product warranty and batteries or chargers included in the hearing aid prices?

Consider how a hearing benefit administrator offers its expertise to achieve high quality provider networks, high member satisfaction, and low cost of care.



PART SIX

ABOUT AMPLIFON HEARING HEALTH CARE

We are committed to serving the best interests of our partners and members.

Amplifon Hearing Health Care makes it easy for Medicare Advantage plans to provide high-quality, affordable hearing health care to their members. We do this by partnering to deliver turnkey products and services that are simple to implement and administer; customizable to meet the unique needs of each health plan; and designed to add value by improving health, reducing medical expense, and delivering an exceptional member experience.

Amplifon's dedication to quality and service excellence means Medicare Advantage plan members have access to a large, quality nationwide network of more than **8,800 locations**, supported by 6,000+ fully contracted and NCQA-credentialed providers, hundreds of hearing aid models with the latest technology from all major brands, guided support from our knowledgeable team of hearing care advocates and a comprehensive service package.

As an independently owned and operated hearing benefits administrator, we are committed to serving the best interests of our partners and members.

For more information, visit amplifonusa.com/our-solutions/health-plans



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