

UnitedHealthcare Hearing quote request

Thank you for your interest in UnitedHealthcare Hearing. Please complete the fields below and email the PDF to sales@EPICHearing.com. A member of our team will follow up with you within 2 business days.

Group name*

Requested effective date*

Company state*

Company zip code*

Contact name*

Contact email*

Phone number*

Preferred plan type (see chart for options)*

Business type or SIC code

NOTE: If requesting a Fully Insured proposal, please include a census with eligible members' zip codes and dates of birth in Excel format. Attach the file along with this PDF to the email.

Number of eligible plan participants

Member type

Current hearing benefits

Current hearing carrier

*Indicates required field.

Plan type	Description	Cost to plan sponsor
Fully Insured (voluntary or employer paid)	Coverage for hearing aids and exams with benefit allowances ranging from \$200-\$1,000 per ear	\$
ASO	Group-sponsored coverage including benefit allowances of your choice	\$-\$\$\$
Copay (PMPM)	ASO benefit paired with a PMPM fee with access to low-priced formulary	\$-\$\$\$
Discount only	Access to discounted pricing formulary, saving members up to 50% off MSRP	\$

PMPM = Per member per month

