

Medicare Supplement Plan F Extra

Notice of New or Innovative Benefits

The purpose of this form is to notify consumers of the availability of Medicare Supplement plans offered for sale by Blue Shield of California, which, in addition to the standardized coverage offered by the plan, include new or innovative benefits. For additional details, please contact **(800) 248-2341 (TTY; 711)**, 8:00 a.m. – 8:00 p.m., 7 days a week, year round.

New or Innovative Benefits Added To Medicare Supplement Plan Medicare Supplement Plan F Extra

Description	Your out of pocket costs (In network provider)	Your out of pocket costs (Out of network provider)
Basic Gym Access Through SilverSneakers® Fitness Program		
Exercise, education and social activities with access to: <ul style="list-style-type: none"> • Thousands of fitness locations. • Exercise equipment and SilverSneakers classes. • Social events and activities. • SilverSneakers FLEX™ classes such as yoga, Latin dance, and tai chi. • Live and SilverSneakers On-Demand™ online workout videos. 	\$0	All Costs
Personal Emergency Response System (PERS)		
PERS benefits are provided by Lifestation. <ul style="list-style-type: none"> • One personal emergency response system. • Choice of an in-home system or mobile device with GPS/WiFi and fall detection. • Monthly monitoring. • Necessary chargers and cords. 	\$0	All Costs
Hearing Aids Services		

Hearing aid services benefits are provided by EPIC Hearing Healthcare (EPIC). This benefit is designed for you to use EPIC network providers. EPIC Participating Providers are listed at blueshieldca.com/medicare/providerdirectory. If you choose to use out-of-network providers, those services will not be covered. This benefit is separate from diagnostic hearing examinations and related charges as covered by Medicare.

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Description	Your out of pocket costs (In network provider)	Your out of pocket costs (Out of network provider)
(continuous from previous page)		
Comprehensive eye exam once every 12 months	\$20 copay	All costs above \$50
Eyeglass frame once every 24 months	All costs above \$100 allowance	All costs above \$40 allowance
Eyeglass lenses once every 12 months <ul style="list-style-type: none"> • Single vision • Bifocal • Trifocal • Aphakic, lenticular monofocal, or multifocal 	\$25 copay	Single vision: All costs above \$43 Bifocal: All costs above \$60 Trifocal: All costs above \$75 Aphakic or lenticular monofocal or multifocal: All costs above \$104
Contact lenses (instead of eyeglass lenses) once every 12 months <ul style="list-style-type: none"> • Non-elective (medically necessary) – Hard or Soft – one pair 	Non-elective (hard or soft): \$25 copay and all costs above \$500	Non-elective (hard or soft): All costs above \$200
<ul style="list-style-type: none"> • Elective (cosmetic/convenience) – Hard – one pair • Elective (cosmetic/convenience) – Soft – Up to a three- to six-month supply for each eye based on lenses selected 	Elective: \$25 copay and all costs above \$120	Elective (hard or soft): All costs above \$100
Total annual premium for new or innovative benefits only:	\$144.00	\$144.00

* Plan F Extra is only available to applicants who attained age 65 before January 1, 2020, or first became eligible for Medicare benefits due to disability before January 1, 2020.