



# Medicare Supplement Plan G 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 a.m. – 8 p.m., seven days a week, year-round.

## New or innovative benefits added to Medicare Supplement Plan G Extra

Description	Your out-of-pocket costs (In-network provider)	Your out-of-pocket costs (Out-of-network provider)
<b>Basic gym access through SilverSneakers® fitness program</b>		
<p>Exercise, education, and social activities with access to:</p> <ul style="list-style-type: none"> <li>• Thousands of fitness locations</li> <li>• Exercise equipment and SilverSneakers classes</li> <li>• Social events and activities</li> <li>• SilverSneakers FLEX™ classes such as yoga, Latin dance, and tai chi</li> <li>• Live and SilverSneakers On-Demand™ online workout videos</li> </ul>	\$0	All costs
<b>Acupuncture and chiropractic services</b>		
<p>Your acupuncture and chiropractic services benefits are administered by American Specialty Health Plans of California, Inc. (ASH Plans). The benefits covered under this plan must be received from ASH Participating Providers. ASH participating providers may be located through an online directory at <b>blueshieldca.com</b>. Click on <i>Find a doctor</i>. Up to 20 visits per calendar year for acupuncture and chiropractic services combined.</p>	\$0	All costs
<b>Hearing aids services</b>		
<p>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 <b>blueshieldca.com/HearingAids</b>. 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.</p>		

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Description	Your out-of-pocket costs (In-network provider)	Your out-of-pocket costs (Out-of-network provider)
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**Hearing aid benefits every year include:**

- One in-person routine hearing exam
- Hearing aid instrument:
  - Up to two hearing aids delivered in-person through a network hearing aid provider
  - Choice of private-labeled Silver (mid-level) or Gold (advanced-level) technology hearing aid models
  - Silver technology hearing aids:
    - Available in the behind-the-ear and receiver-in-the-ear hearing aid style only
  - Gold technology hearing aids:
    - Available in multiple styles:
    - Choice of virtual or in-person delivery
    - In-the-ear, in-the-canal, completely-in-canal, behind-the-ear, and receiver-in-the-ear hearing aid styles
    - Standard ear molds and impressions are available as needed
  - All technology levels include:
    - One consultation
    - Up to three follow-up visits for hearing aid fittings, consultations, device checks, and adjustments for no additional fee, within 12 months of purchase
    - Charging case for rechargeable battery models, or
    - A two-year supply of batteries per hearing aid; and
    - Three-year extended warranty

\$0

All costs

**Silver technology level**  
 \$449 per hearing aid  
 \$699 per hearing aid

**Vision services**

Vision benefits are provided by Vision Service Plan (VSP). This benefit offers one of the largest national networks of independent doctors located in retail, neighborhood, medical, and professional settings. You can lower any out-of-pocket costs by choosing network providers for covered services. Find participating providers by visiting our online directory at [blueshieldca.com](http://blueshieldca.com) and clicking on *Find a doctor*.

Comprehensive eye exam once every 12 months

\$20 copay

All costs above \$50

Eyeglass frames once every 24 months

All costs above \$100 allowance

All costs above \$40 allowance

Description	Your out-of-pocket costs (In-network provider)	Your out-of-pocket costs (Out-of-network provider)
<b>(continued from previous page)</b>		
Eyeglass lenses once every 12 months <ul style="list-style-type: none"> <li>• Single vision</li> <li>• Bifocal</li> <li>• Trifocal</li> <li>• Aphakic, lenticular monofocal, or multifocal</li> </ul>	\$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"> <li>• Non-elective (medically necessary) – Hard or soft – one pair</li> </ul>	<b>Non-elective (hard or soft):</b> \$25 copay and all costs above \$500	<b>Non-elective (hard or soft):</b> All costs above \$200
<ul style="list-style-type: none"> <li>• Elective (cosmetic/convenience) – Hard – one pair</li> <li>• Elective (cosmetic/convenience) – Soft – Up to a three- to six-month supply for each eye based on lenses selected</li> </ul>	<b>Elective:</b> \$25 copay and all costs above \$120	<b>Elective (hard or soft):</b> All costs above \$100
<b>Physician consultation by phone or video through Teladoc Health</b>	\$0 per consult	All costs
<b>Over-the-Counter items through CVS</b>		
Eligible over-the-counter (OTC) items are available through the OTC Items Catalog, at <a href="https://blueshieldca.com/medicareOTC">blueshieldca.com/medicareOTC</a> . Limitations may apply. Refer to the OTC Items Catalog for more information.  Up to two orders per quarter.	All costs above the \$100 allowance per quarter	All costs
<b>Total annual premium for new or innovative benefits only:</b>	\$300.00	\$300.00

You may receive services from providers on an in-person basis or via telehealth, if available. Contact your provider, treating specialist, facility, or other health professional to learn more. Telehealth and in-person services are subject to the same timeliness and geographic access standards. You are subject to your Medicare Supplement plan's cost-sharing obligations and balance billing protections.