

# 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)**, 8:00 a.m. – 8:00 p.m., 7 days a week, year round.

### New or Innovative Benefits Added To Medicare Supplement Plan Medicare Supplement Plan 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 Find a doctor. Up to 20 visits per calendar year for acupuncture and chiropractic services combined.</p>	\$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)
<b>(continuous from previous page)</b>		
<b>Hearing aid benefits every year include:</b> <ul style="list-style-type: none"> <li>• One in-person routine hearing exam</li> <li>• Hearing aid instrument           <ul style="list-style-type: none"> <li>◦ Up to two hearing aids delivered in-person through a network hearing aid provider.</li> <li>◦ Choice of private-labeled Silver (mid-level) or Gold (premium-level) technology hearing aid models</li> <li>◦ Silver technology hearings aids:               <ul style="list-style-type: none"> <li>- Available in behind-the-ear and receiver-in-the-ear hearing aid styles only</li> </ul> </li> <li>◦ Gold technology hearing aids:               <ul style="list-style-type: none"> <li>- Available in multiple styles:                   <ul style="list-style-type: none"> <li>- in-the-ear,</li> <li>- in-the-canal, completely-in-canal, behind-the-ear, and receiver-in-the-ear hearing aid styles</li> </ul> </li> <li>- Standard ear molds and impressions are available as needed</li> </ul> </li> <li>◦ All technology levels include:               <ul style="list-style-type: none"> <li>- One consultation</li> <li>- Up to three follow-up visits for hearing aid fitting, consultation, device check, and adjustment for no additional fee within 12 months of purchase</li> <li>-</li> <li>- Charging case for rechargeable battery models, or</li> <li>- A two-year supply of batteries per hearing aid; and</li> <li>- Three-year extended warranty</li> </ul> </li> </ul> </li> </ul>	<p>\$0</p>  <p><b>Silver Technology Level</b></p> <p>\$449 per hearing aid</p> <p><b>Gold Technology Level</b></p> <p>\$699 per hearing aid</p>	<p>All Costs</p>             <p>All Costs</p>

## 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. Participating providers may be located through an online directory at [blueshieldca.com](http://blueshieldca.com).

Click on *Find a doctor*.

Description	Your out-of-pocket costs (In-network provider)	Your out-of-pocket costs (Out-of-network provider)
<b>(continuous from previous page)</b>		
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"> <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</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://www.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