

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**), 8am – 5:30pm, Monday – Friday, excluding holidays.

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)
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
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. Participating providers may be located through a directory at blueshieldca.com/medPlanExtras . 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.		
Hearing aid examinations for the appropriate type of hearing aid (once every 12 months)	\$0	All Costs

SilverSneakers is a registered trademark of Tivity Health, Inc. © 2020 Tivity Health, Inc. All rights reserved.

Description	Your out-of-pocket costs (In-network provider)	Your out-of-pocket costs (Out-of-network provider)
(continuous from previous page)		

Hearing aid services every 12 months include:

- Hearing aid instrument
 - Choice of the private-labeled Basic (mid-level) or Reserve (premium-level) technology hearing aid models
 - Up to two hearing aids per 12 months in the following styles:
 - In the ear
 - In the canal
 - Completely-in canal
 - Behind-the-ear; or
 - Receiver-in-the-ear
 - All technology levels include:
 - One consultation
 - Two-year supply of batteries per hearing aid; and
 - Three-year extended warranty.
 - Basic technology level hearing aids include:
 - One behind-the-ear hearing aid delivered directly to your home
 - Follow-up care provided by Epic online, telephonically, or by video chat for no additional fee; and
 - Follow-up care in-person appointments, which are subject to an additional fee per visit
 - Reserve technology level hearing aids include:
 - One hearing aid delivered in-person
 - Up to three follow-up visits in-person for hearing aid fitting, consultation, device check, and adjustment within the first year for no additional fee; and
 - Ear impressions and molds

Basic Technology Level
 \$449 per hearing aid plus \$50 per visit for optional in- person appointments

Reserve Technology Level
 \$699 per hearing aid

All Costs

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. Click on *Find a doctor*.

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
Physician Consultation by Phone or Video Through Teladoc	\$0 per consult	All Costs
Over-the-Counter items through CVS		
Eligible over-the-counter (OTC) items are available through the mail- order catalog, at blueshieldca.com/medicareOTC .	All costs above \$100 one – time use per quarter allowance	All Costs
Total annual premium for new or innovative benefits only:	\$240.00	\$240.00