

# 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>		
Exercise, education and social activities with access to: <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

### 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/HearingAids](https://blueshieldca.com/HearingAids). 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>		
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://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>	\$288.00	\$288.00