



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 a.m. to 8 p.m. pst, seven days a week, year-round.

New or innovative benefits added to 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">• A nationwide network of participating gym and community locations with group fitness classes and amenities at select locations – enroll in as many locations as you like;• Live online classes and workshops through SilverSneakers LIVE™ 7 days/week, morning, afternoon, and evening;• On-demand online workouts, wellness, and exercise program videos through SilverSneakers On-Demand™ 24 hours a day, 7 days a week;• Mobile app access to fitness programs, activity tracking, and your member ID through SilverSneakers GO™ 24 hours a day, 7 days a week; and• Community connection and wellbeing support in-person and virtually through SilverSneakers Community and Burnalong®.	\$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 either an in-home system or mobile device with GPS/WiFi and fall detection• Monthly monitoring• Necessary chargers and cords	\$0	All costs

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blueshieldca.com/medicaresupplement

Description	Your out-of-pocket costs (In-network provider)	Your out-of-pocket costs (Out-of-network provider)
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. 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 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), Gold (advanced-level), or Platinum (premium-level) technology hearing aid models
 - Silver technology level hearings aids:
 - Available in the behind-the-ear and receiver-in-the-ear hearing aid style only
 - Choice of virtual or in-person delivery
 - Gold technology level hearing aids:
 - Available in in-the-ear, in-the-canal, completely-in-canal, behind-the-ear, and receiver-in-the-ear hearing aid styles
 - Platinum technology level hearing aids:
 - Available in in-the-ear, in-the-canal, completely-in-canal, behind-the-ear, and receiver-in-the-ear hearing aid styles
 - All technology levels include:
 - One consultation
 - Up to three follow-up visits for hearing aid fitting, consultation, device check, and adjustment for no additional fee, within 12 months of purchase
 - Standard ear molds and impressions are available as needed
 - 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

**Gold
technology level**

\$699 per
hearing aid

**Platinum
technology level**

\$999 per
hearing aid

Description	Your out-of-pocket costs (In-network provider)	Your out-of-pocket costs (Out-of-network provider)
Vision services		
<p>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 and selecting <i>Find a doctor</i>.</p>		
Comprehensive eye exam once every 12 months	\$20 copay	All costs above \$50 allowance
Eyeglass frames 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 allowance Bifocal: All costs above \$60 allowance Trifocal: All costs above \$75 allowance Aphakic or lenticular monofocal or multifocal: All costs above \$104 allowance
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 allowance	Non-elective (hard or soft): All costs above \$200 allowance
<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 allowance	Elective (hard or soft): All costs above \$100 allowance
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.