



# 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. to 8 p.m. pst., 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>		
Exercise, education, and social activities with access to: <ul style="list-style-type: none"><li>• 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;</li><li>• Live online classes and workshops through SilverSneakers LIVE™ 7 days/week, morning, afternoon, and evening;</li><li>• On-demand online workouts, wellness and exercise program videos through SilverSneakers On-Demand™ 24 hours a day, 7 days a week;</li><li>• Mobile app access to fitness programs, activity tracking, and your member ID through SilverSneakers GO™ 24 hours a day, 7 days a week; and</li><li>• Community connection and wellbeing support in-person and virtually through SilverSneakers Community and Burnalong®.</li></ul>	\$0	All costs
<b>Acupuncture and chiropractic services</b>		
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> . Choose <i>Find a doctor</i> . Up to 20 visits per calendar year for acupuncture and chiropractic services combined.	\$0	All costs

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[blueshieldca.com/medicaresupplement](https://blueshieldca.com/medicaresupplement)

Description	Your out-of-pocket costs (In-network provider)	Your out-of-pocket costs (Out-of-network provider)
<b>Hearing aids services</b>		

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.

**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
  - 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
    - 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)
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## 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](https://blueshieldca.com) and selecting *Find a doctor*.

Comprehensive eye exam once every 12 months	\$20 copay	All costs above \$50 allowance
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 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"> <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 allowance	<b>Non-elective (hard or soft):</b> All costs above \$200 allowance
<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 allowance	<b>Elective (hard or soft):</b> All costs above \$100 allowance

Description	Your out-of-pocket costs (In-network provider)	Your out-of-pocket costs (Out-of-network provider)
<b>Teladoc Health</b>		
Physician consultation by phone or video through Teladoc Health	\$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.