



Welcome to the CAPE Benefit Trust 2022 Sponsored Benefits

A separate brochure with details on the CAPE/Blue Shield Lite and Classic Point of Service (POS) medical plans is enclosed - register for a virtual presentation at choosecape.com

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Who Do I Call If I Have Questions?

Call your dedicated CAPE **Benefit Trust Customer Service Team** at **(800) 487-3092**, or go to **choosecape.com**



Welcome Los Angeles County Choices eligible employees!

The CAPE Benefit Trust Board of Trustees knows that we've all been through unprecedented times, and we understand now more than ever the importance of having flexible, affordable health care for our members. To ensure that our members continue to have access to quality providers and benefit options, we start by offering medical plans that provide the flexibility of three levels of coverage for you and your covered dependents to choose from every time services are needed. We then negotiate the lowest possible rates without compromising benefits, and identify benefits not offered with other County plans to add to enhance our plans. We are pleased to present the **2022 CAPE/Blue Shield Lite and Classic Point of Service (POS) medical plans**. Both give you the advantages of two of the most popular plans for one affordable price—**HMO and PPO in-network and out-of-network coverage**—giving you and your covered dependents complete freedom to choose your doctor and/or hospital each time you need medical care. Please see highlights below of the plans we sponsor, including two voluntary benefits, and review the **enclosed brochures that give further details on the CAPE/Blue Shield of California Lite and Classic Point of Service medical plans**. We're sure you'll agree that these two plans offer you the most flexibility at very competitive rates. You must be an active member of your union and it must be a CCU member as of 7/31/21 to enroll. *

Value

- You get two plans in one—HMO and PPO—for one competitive price (see enclosed brochure and cover flier for details.)
- ***NEW ENHANCED*** Supplemental dental benefits through Ameritas included with both medical plans for you and your covered dependents.
- VSP full vision plan for you and your covered dependents providing yearly eye exams, frames, lenses, or contacts.
- Multiple Telemedicine options through Blue Shield.
- Unlimited chiropractic and acupuncture visits if medically necessary every calendar year for you and your covered family.
- \$20,000 of survivor life insurance is included with both plans through Symetra.
- Travel Assistance Program offers a broad range of worldwide travel and medical assistance services 24 hours a day/365 days a year for you and your CAPE/Blue Shield covered dependents.
- The CAPE Benefit Trust offers a **voluntary short term disability** plan through Reliance Standard that pays members a cash benefit during an absence from work due to a covered illness or injury (not workers' comp related) at a low monthly cost.
- You also have the opportunity to enroll in an **identity theft plan through LifeLock** at low group rates. The plans include reimbursement of lost funds due to fraudulent activity.

Quality

- Getting the right care at the right time is a big part of staying healthy. From preventative care to emergency care, the CAPE/Blue Shield POS plans cover a wide range of services to help you get the care you need when you need it.
- Your dedicated **CAPE Benefit Trust Customer Service Team** is available to assist you with every aspect of your CAPE Benefit Trust sponsored plans. Call **(800) 487-3092** with questions or issues you may have with any of the CAPE Benefit Trust plans.

Providers you know and deserve

- Broad choice and flexibility are yours when you want and need medical, dental, or vision care. It's always your decision which provider or hospital you, or your covered dependents, will access care through at any time.
- Blue Shield of California has one of the largest HMO and PPO provider networks to choose from in Southern California, Ameritas includes 98% of Delta Dental Premier providers and VSP has one of the most expansive vision networks.
- If you need assistance locating any of the above carriers' providers, see Blue Shield "Find a Provider" instructions in their enclosed brochure, and the instructions included on the dental and vision pages in this brochure. You can also call your **CAPE Benefits Customer Service Team at (800) 487-3092**, or visit Blue Shield's custom website for blueshieldca.com/cape

It's your health care, and your choice

We hope you'll agree that the **CAPE/Blue Shield of California Lite and Classic Point of Service plans** and the CAPE Benefit Trust voluntary benefits offer you more choices at very affordable rates!

Sincerely,

**CAPE Benefit Trust
Board of Trustees**

*These are limited plan summaries. Carriers' Evidence of Coverage take precedence over summaries in the enclosed brochures. For more information, or questions, call **(800) 487-3092** to request copies of these documents or visit blueshieldca.com/CAPE.

Reasons to choose a CAPE/Blue Shield POS plan

***NEW ENHANCED* dental benefits for you and your covered dependents included with both CAPE/Blue Shield medical plans**

- ✓ Affordable cost: Compare our rates to the county's other Choices plans (see enclosed flier)
- ✓ Flexibility of choosing HMO or PPO in and out-of-network benefits with one plan that gives you easy access to the right level of benefits for you and your family
- ✓ Participating pharmacy benefit (for up to a 30-day supply): \$5 generic, \$15 formulary brand name, and \$30 non-formulary brand-name prescription drug copayments
- ✓ Mail service prescriptions (for up to a 90-day supply): \$10 generic, \$30 formulary brand name, and \$60 non-formulary brand-name prescription drug copayments
- ✓ Preventive care, including adult and well-baby immunizations, covered under the HMO, PPO, and non-network benefit tiers at no additional cost
- ✓ Wellness and other programs and services to help you and your family stay healthy
- ✓ Alternative ways to access care: Telemedicine and mental health care by phone or web consultation for no copay, and more
- ✓ ***New Enhanced*** dental benefits - preventative, fillings, implants, and orthodontia coverage for you and your covered dependents included with both plans
- ✓ Unlimited chiropractic and acupuncture visits (if medically necessary) for you and your covered dependents included in our medical plans
- ✓ \$20,000 survivor group term life insurance to provide security for your survivor(s) is included. **Complete the enclosed beneficiary designation form in this brochure if you haven't submitted one already**
- ✓ Dedicated **CAPE Benefit Trust Customer Service Team** to assist you at **(800) 487-3092**
- ✓ Full vision plan through VSP every calendar year for you and your family with enhanced frame coverage
- ✓ Voluntary Reliance Standard **Short Term Disability plan**. **(Be sure to check to see if you're eligible for Guaranteed Issue—don't miss the deadline!)**
- ✓ **LifeLock Identity Theft plans** to protect you, or you and your family members, at low group rates





***NEW ENHANCED* - DENTAL BENEFITS THROUGH AMERITAS INCLUDED WHEN ENROLLED IN THE CAPE/BLEU SHIELD LITE OR CLASSIC MEDICAL PLAN
(NOT THROUGH BLUE SHIELD - DOES NOT REPLACE ANY OF LA COUNTY'S DENTAL PLANS)**

EFFECTIVE DATE: 1/1/2022

Dental Plan Benefits	
Type 1 – including: <ul style="list-style-type: none"> Routine Exam (1 per benefit period) Bitewing X-rays (1 per benefit period) Cleaning (1 per benefit period) Fluoride for Children 18 and under (1 per benefit period) 	25%
NEW Type 2 – including: <ul style="list-style-type: none"> Fillings – Silver OR White Root Canal (nonsurgical) Periodontal Cleaning and Scaling (nonsurgical) Simple Extractions 	25%
Type 3 – including: <ul style="list-style-type: none"> Implants 	60%
Dental Deductible	\$0/Calendar Year
INCREASED Dental Maximum (per person)	\$1,500 Per Calendar Year
Waiting Period	None

Orthodontia Plan Benefit - Adult and Child(ren) Coverage Including Invisalign

Plan Benefit	50%
*INCREASED Lifetime Maximum (per person)	\$2,500
Waiting Period	None

***NEW* Eye Care Reimbursement Plan (In addition to full VSP vision plan)**

Vision Maximum	\$100
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Dental Network Information

To find a provider, visit ameritas.com and select FIND A PROVIDER, then DENTAL. Enter your criteria to search by location or for a specific dentist or practice. California Residents: When prompted to select your network, choose the Ameritas Network found on your ID Card or contact Customer Connections at 800-487-5553 – BE SURE TO GIVE THEM THE INFORMATION ON YOUR SEPARATE AMERITAS ID CARD.

This document is a highlight of plan benefits provided by Ameritas Life Insurance Corp. as selected by your employer. It is not a certificate of insurance and does not include exclusions and limitations. For exclusions and limitations, or a complete list of covered procedures, contact your benefits administrator.



AMERITAS INFORMATION

We're Here to Help

This plan was designed specifically for the associates of **California Association of Professional Employees (CAPE)**. At Ameritas Group, we do more than provide coverage - we make sure there's always a friendly voice to explain your benefits, listen to your concerns, and answer your questions. Our customer relations associates will be pleased to assist you 5 a.m. to 10:00 p.m. (Pacific Time) Monday through Thursday, and 5 a.m. to 4:30 p.m. on Friday.

After your coverage goes into effect, you can speak to them by calling toll-free: 800-487-5553. For plan information any time, access our automated voice response system or go online to ameritas.com.

Pretreatment

While we don't require a pretreatment authorization form for any procedure, we recommend them for any dental work you consider expensive. As a smart consumer, it's best for you to know your share of the cost up front. Simply ask your dentist to submit the information for a pretreatment estimate to our customer relations department. We'll inform both you and your dentist of the exact amount your insurance will cover and the amount that you will be responsible for. That way, there won't be any surprises once the work has been completed.

Dental Cost Estimator

Ever wonder what a dental procedure usually costs? The answer can be found using the Ameritas group division's Dental Cost Estimator tool located in our Secure Member Account portal.

Members can search by ZIP Code for a specific dental procedure and see fee range estimates for out-of-network general dentists in that area. Of course, we always suggest that members partner with their dentists, so they know what's involved in any recommended treatment plan.

The estimator tool is powered by Go2Dental and uses FAIR Health data that is updated annually. Please note, cost estimates do not reflect discounted rates available through provider networks, and the estimator does not include orthodontic estimates at this time.

In addition, when members are in their Secure Member Account, they can:

- Go paperless with electronic Explanation of Benefits statements and reduce the clutter in their mailboxes
- View their certificate of insurance and specific plan benefits information
- Access value-added extras like the Rx discount ID card

Language Services

We recognize the importance of communicating with our growing number of multilingual customers. That is why we offer a language assistance program that gives you access to: Spanish-speaking claims contact center representatives, telephone interpretation services in a wide range of languages, online dental network provider search in Spanish and a variety of Spanish documents such as enrollment forms, claim forms and certificates of insurance.

A LOOK AT YOUR VSP VISION COVERAGE



SEE HEALTHY AND LIVE HAPPY WITH HELP FROM CAPE BENEFIT TRUST AND VSP-INCLUDED IN THE CAPE/BLEU SHIELD PLANS

As a VSP® member, you get personalized care from a VSP network doctor at low out-of-pocket costs.

VALUE AND SAVINGS YOU LOVE.

Save on eyewear and eye care when you see a VSP network doctor. Plus, take advantage of Exclusive Member Extras for additional savings.

PROVIDER CHOICES YOU WANT.

With an average of five VSP network doctors within six miles of you, it's easy to find a nearby in-network doctor. Plus, maximize your coverage with bonus offers and additional savings that are exclusive to Premier Program locations.



Like shopping online? Go to eyeconic.com and use your vision benefits to shop over 50 brands of contacts, eyeglasses, and sunglasses.

QUALITY VISION CARE YOU NEED.

You'll get great care from a VSP network doctor, including a WellVision Exam®—a comprehensive exam designed to detect eye and health conditions.

PROVIDER NETWORK:

VSP Choice

EFFECTIVE DATE:

01/01/22

Contact us:

(800) 877-7195 or vsp.com, or call your

Dedicated CAPE Dedicated Customer

Service Team (800) 487-3092

BENEFIT	DESCRIPTION	COPAY
YOUR COVERAGE WITH A VSP PROVIDER		
WELLVISION EXAM	<ul style="list-style-type: none">Focuses on your eyes and overall wellnessEvery calendar year	\$10
PRESCRIPTION GLASSES		\$10
FRAME	<ul style="list-style-type: none">\$130 allowance for a wide selection of frames\$150 allowance for featured frame brands20% savings on the amount over your allowance\$70 Costco® frame allowanceEvery calendar year	Included in Prescription Glasses
LENSES	<ul style="list-style-type: none">Single vision, lined bifocal, and lined trifocal lensesEvery calendar year	Included in Prescription Glasses
LENS ENHANCEMENTS	<ul style="list-style-type: none">Standard progressive lensesImpact-resistant lensesPremium progressive lensesCustom progressive lensesAverage savings of 30% on other lens enhancementsEvery calendar year	\$0 \$0 \$95 - \$105 \$150 - \$175
CONTACTS (INSTEAD OF GLASSES)	<ul style="list-style-type: none">\$120 allowance for contacts; copay does not applyContact lens exam (fitting and evaluation)Every calendar year	Up to \$60
DIABETIC EYECARE PLUS PROGRAM SM	<ul style="list-style-type: none">Retinal screening for members with diabetesAdditional exams and services for members with diabetic eye disease, glaucoma, or age-related macular degeneration. Limitations and coordination with your medical coverage may apply. Ask your VSP doctor details.As needed	\$0 \$20 per exam
EXTRA SAVINGS	Glasses and Sunglasses <ul style="list-style-type: none">Extra \$20 to spend on featured frame brands. Go to vsp.com/offers for details.20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP provider within 12 months of your last WellVision Exam. Routine Retinal Screening No more than a \$39 copay on routine retinal screening as an enhancement to a WellVision Exam Laser Vision Correction Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities	
YOUR COVERAGE WITH OUT-OF-NETWORK PROVIDERS		
Get the most out of your benefits and greater savings with a VSP network doctor. Call Member Services for out-of-network plan details.		
Exam.....	up to \$45	Lined Trifocal Lenses.....up to \$65
Frame	up to \$70	Progressive Lenses.....up to \$50
Single Vision Lenses	up to \$30	Contacts.....up to \$105
Lined Bifocal Lenses.....	up to \$50	

VSP guarantees coverage from VSP network providers only. Coverage information is subject to change. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail. Based on applicable laws, benefits may vary by location. In the state of Washington, VSP Vision Care, Inc., is the legal name of the corporation through which VSP does business.

Group Life Insurance

Basic Life

SUMMARY OF BENEFITS

Sponsored By: California Association of Professional Employees Benefit Trust
Effective Date: January 1, 2022
Policy Number: 01-020330-00

Eligibility

Los Angeles County Employees Enrolled in the CAPE Trust Sponsored
 CAPE/Blue Shield Medical Plans-Eligibility Determined by the County

Member Life Benefit

Amount \$20,000
 Guaranteed Issue \$20,000

Benefit Reduction Member

Original Benefit 65% at age 70
 Amount Reduced To 50% at age 75

Additional Benefit Details

Accelerated Death Benefit If a member has been diagnosed as terminally ill, Symetra Life Insurance Company may pay a portion of the death benefit in advance to the member. Please refer to your member certificate for additional information.

Conversion A conversion benefit is available that allows you to convert your group coverage to an individual policy if certain conditions apply. Please refer to your member certificate for additional information.

Waiver of Premium With proof of disability, Symetra Life Insurance Company will waive Life Insurance premiums for a member that becomes disabled. Certain restrictions apply. Please refer to your member certificate for additional information.

Value Added Services

Beneficiary Companion Support services for beneficiaries who have experienced a loss.

Travel Assist Travel assistance services for members and eligible dependents traveling more than 100 miles from home.

Identity Theft Protection Help is just a phone call away wherever members travel, including lost wallet protection, translation service and emergency cash.

BENEFICIARY DESIGNATION FORM INSERTED IN BACK

This summary provides only a brief description of the Life Insurance coverage insured by Symetra Life Insurance Company under the LGC-13000 8/06 series Group Life Insurance policy. For a complete description, including all definitions, exclusions, limitations, and reductions in coverage, as well as information on termination of benefits, please contact your benefit administrator or refer to the Group Insurance Certificate you will receive when you become insured. Coverage will be offered under Group Policy number 01-020330-00. All benefits are subject to the terms and conditions of the Group Policy. If there is a difference between the information in this summary and the information contained in the Group Insurance Certificate, the terms of the Group Insurance Certificate will prevail. The terms of coverage may change over time; always refer to your current Group Insurance Certificate for information regarding your insurance benefits.

Enrollment Opportunity Sponsored by the CAPE Benefit Trust

Voluntary Short Term Disability Insurance Plan through Reliance Standard, Rated A by A.M. Best

The CAPE Benefit Trust is pleased to offer CAPE/Blue Shield Lite & Classic members and CAPE Union members an opportunity to enroll in our Voluntary Short Term Disability Insurance plan. You must be a member of your CCU member union as of 7/31/21 to enroll, and you must remain in the plan a minimum of 12 months, or loss of active employment status with the County, whichever is less. If you cease being an active Blue Shield or CAPE union member for any reason, or you go on non-deduct payroll status, your plan will terminate. After 12 months, voluntary termination must be requested in writing. As a group plan, with low group rates, it is not portable or convertible. If approved by Reliance prior to the 20th of a month, your coverage will be effective the 1st of the following month; if approved after the 20th, it will be effective the 1st of the second month.

- **You are qualified for guaranteed issue enrollment (without medical underwriting) if you are a newly enrolled CAPE/Blue Shield plan member or Union member – application must be received within first 60 days of new eligibility date.**
- Current CAPE/Blue Shield medical plan members or Union members may also apply during your County Annual Enrollment period, but subject to medical underwriting by Reliance Standard (eligibility and effective date of coverage determination based upon underwriting approval).

A paycheck is a terrible thing to lose. Virtually everyone needs one every month to pay for things like food, shelter, transportation — necessities of life. No paycheck, and suddenly the cash flow reverses. **As County employees, you aren't eligible for the State short term disability plan.**

One Solution: Affordable Short Term Disability Insurance

The CAPE Benefit Trust has partnered with Reliance Standard Life Insurance Company to bring you Voluntary Short Term Disability Insurance.

Even though no one likes to think about getting sick or sustaining an injury, almost everyone makes sure to get medical insurance—just in case. But medical insurance is only designed to cover all or most of the healthcare costs an illness or injury brings—what happens to your paycheck if you can't work for a period of time and you've exhausted your paid time off? If your paycheck were to stop for a period of time, how would that affect you and your family? If you've never thought about the possibility, now is a good time.

It won't happen to me

Disability is more common than most people realize. In the last ten minutes alone, 498 Americans became disabled. An illness or accident will keep one in five workers out of work for at least a year before the age of 65, and one in seven employees can expect to be disabled for five years or more before retirement.

What is Short Term Disability?

Disability income protection insurance pays a benefit for a disability resulting from a covered injury or sickness. Benefits begin at the end of the elimination period and continue while you are disabled up to the maximum benefit duration.

What does "Voluntary" mean to you?

It means that it's your choice. Although voluntary insurance is paid for by you, the CAPE Benefit Trust has made it possible for you to obtain it with:

- Affordable group rates
- No medical questions or exam (available **only** during the above enrollment time frames)
- The convenience of payroll deduction

During the above enrollment periods only, CAPE/Blue Shield Lite & Classic members and CAPE union members can enroll in Reliance Standard's Short Term Disability plan that is based on 50% of your annual income, up to a maximum of \$1,000 per week. The benefit will be paid weekly after you have satisfied a consecutive 14-day waiting period. Should you remain disabled, the benefit will pay for up to 24 weeks for an accident or sickness-related disability. And, **it is paid in addition to any other sources of income, other than workers' compensation.** There are no other offsets. In addition:

- Maternity is covered as any other illness subject to pre-existing condition limitation*.
- After 12 months on the plan, all pre-existing conditions are covered*.
- Covers 50% of yearly earnings up to \$1,000 perweek.
- 14 consecutive day waiting period for accident and sickness-related disabilities.
- If you are out on an approved short-term disability six months or less, you may be able to reinstate your coverage only if you return to work on a full-time basis within the six months, request reinstatement from CAPE in writing and reinstate your deductions.

***Pre-existing condition:** Claims for any condition an insured sought treatment for, or was diagnosed with, in the 3 months prior to the policy effective date will be covered after 1 year, but not during the first year.

Enrollment is as easy as 1, 2, 3, 4!

- 1** Find your annual salary on the Semi-Monthly Short Term Disability Rates sheet (page 9), round down to the nearest \$1,000 and enter it under #5 on the inserted application
- 2** Find your weekly benefit next to your annual salary and enter it under #10 on the application (you can't elect a lower salary than your current salary).
- 3** Go across the top row – find your age band and next to your weekly benefit row you will find your semi-monthly deduction amount – enter it under #10 on the application.
- 4** Fill out #3-9 on the application. Enter your employee information on the deduction card at the bottom of the application, sign and date at the bottom and send it in. The application is inserted in this brochure and submission instructions are at the bottom of the application.

RELIANCE STANDARD

SEMI-MONTHLY SHORT TERM DISABILITY RATES**

Annual Salary	Weekly Benefit	Age 18-39	Age 40-59	Age 60-70
\$15,000	\$144	\$7.55	\$10.73	\$15.44
\$16,000	\$154	\$8.12	\$11.52	\$16.55
\$17,000	\$163	\$8.70	\$12.31	\$17.65
\$18,000	\$173	\$9.28	\$13.10	\$18.75
\$19,000	\$183	\$9.86	\$13.89	\$19.86
\$20,000	\$192	\$10.43	\$14.68	\$20.96
\$21,000	\$202	\$11.01	\$15.47	\$22.06
\$22,000	\$212	\$11.59	\$16.26	\$23.17
\$23,000	\$221	\$12.17	\$17.05	\$24.27
\$24,000	\$231	\$12.74	\$17.84	\$25.38
\$25,000	\$240	\$13.32	\$18.63	\$26.48
\$26,000	\$250	\$13.90	\$19.42	\$27.58
\$27,000	\$260	\$14.47	\$20.21	\$28.69
\$28,000	\$269	\$15.05	\$20.99	\$29.79
\$29,000	\$279	\$15.63	\$21.78	\$30.89
\$30,000	\$288	\$16.21	\$22.57	\$32.00
\$31,000	\$298	\$16.78	\$23.36	\$33.10
\$32,000	\$308	\$17.36	\$24.15	\$34.20
\$33,000	\$317	\$17.94	\$24.94	\$35.31
\$34,000	\$327	\$18.52	\$25.73	\$36.41
\$35,000	\$337	\$19.09	\$26.52	\$37.52
\$36,000	\$346	\$19.67	\$27.31	\$38.62
\$37,000	\$356	\$20.25	\$28.10	\$39.72
\$38,000	\$365	\$20.82	\$28.89	\$40.83
\$39,000	\$375	\$21.40	\$29.68	\$41.93
\$40,000	\$385	\$21.98	\$30.47	\$43.03
\$41,000	\$394	\$22.56	\$31.26	\$44.14
\$42,000	\$404	\$23.13	\$32.05	\$45.24
\$43,000	\$413	\$23.71	\$32.84	\$46.34
\$44,000	\$423	\$24.29	\$33.63	\$47.45
\$45,000	\$433	\$24.87	\$34.42	\$48.55
\$46,000	\$442	\$25.44	\$35.21	\$49.65
\$47,000	\$452	\$26.02	\$36.00	\$50.76
\$48,000	\$462	\$26.60	\$36.78	\$51.86
\$49,000	\$471	\$27.17	\$37.57	\$52.97
\$50,000	\$481	\$27.75	\$38.36	\$54.07
\$51,000	\$490	\$28.33	\$39.15	\$55.17
\$52,000	\$500	\$28.91	\$39.94	\$56.28
\$53,000	\$510	\$29.48	\$40.73	\$57.38
\$54,000	\$519	\$30.06	\$41.52	\$58.48
\$55,000	\$529	\$30.64	\$42.31	\$59.59
\$56,000	\$538	\$31.22	\$43.10	\$60.69
\$57,000	\$548	\$31.79	\$43.89	\$61.79
\$58,000	\$558	\$32.37	\$44.68	\$62.90
\$59,000	\$567	\$32.95	\$45.47	\$64.00
\$60,000	\$577	\$33.53	\$46.26	\$65.11
\$61,000	\$587	\$34.10	\$47.05	\$66.21
\$62,000	\$596	\$34.68	\$47.84	\$67.31

Annual Salary	Weekly Benefit	Age 18-39	Age 40-59	Age 60-70
\$63,000	\$606	\$35.26	\$48.63	\$68.42
\$64,000	\$615	\$35.83	\$49.42	\$69.52
\$65,000	\$625	\$36.41	\$50.21	\$70.62
\$66,000	\$635	\$36.99	\$51.00	\$71.73
\$67,000	\$644	\$37.57	\$51.79	\$72.83
\$68,000	\$654	\$38.14	\$52.58	\$73.93
\$69,000	\$663	\$38.72	\$53.36	\$75.04
\$70,000	\$673	\$39.30	\$54.15	\$76.14
\$71,000	\$683	\$39.88	\$54.94	\$77.25
\$72,000	\$692	\$40.45	\$55.73	\$78.35
\$73,000	\$702	\$41.03	\$56.52	\$79.45
\$74,000	\$712	\$41.61	\$57.31	\$80.56
\$75,000	\$721	\$42.18	\$58.10	\$81.66
\$76,000	\$731	\$42.76	\$58.89	\$82.76
\$77,000	\$740	\$43.34	\$59.68	\$83.87
\$78,000	\$750	\$43.92	\$60.47	\$84.97
\$79,000	\$760	\$44.49	\$61.26	\$86.07
\$80,000	\$769	\$45.07	\$62.05	\$87.18
\$81,000	\$779	\$45.65	\$62.84	\$88.28
\$82,000	\$788	\$46.23	\$63.63	\$89.39
\$83,000	\$798	\$46.80	\$64.42	\$90.49
\$84,000	\$808	\$47.38	\$65.21	\$91.59
\$85,000	\$817	\$47.96	\$66.00	\$92.70
\$86,000	\$827	\$48.53	\$66.79	\$93.80
\$87,000	\$837	\$49.11	\$67.58	\$94.90
\$88,000	\$846	\$49.69	\$68.37	\$96.01
\$89,000	\$856	\$50.27	\$69.16	\$97.11
\$90,000	\$865	\$50.84	\$69.94	\$98.21
\$91,000	\$875	\$51.42	\$70.73	\$99.32
\$92,000	\$885	\$52.00	\$71.52	\$100.42
\$93,000	\$894	\$52.58	\$72.31	\$101.53
\$94,000	\$904	\$53.15	\$73.10	\$102.63
\$95,000	\$913	\$53.73	\$73.89	\$103.73
\$96,000	\$923	\$54.31	\$74.68	\$104.84
\$97,000	\$933	\$54.88	\$75.47	\$105.94
\$98,000	\$942	\$55.46	\$76.26	\$107.04
\$99,000	\$952	\$56.04	\$77.05	\$108.15
\$100,000	\$962	\$56.62	\$77.84	\$109.25
\$101,000	\$971	\$57.19	\$78.63	\$110.35
\$102,000	\$981	\$57.77	\$79.42	\$111.46
\$103,000	\$990	\$58.35	\$80.21	\$112.56
\$104,000	\$1,000	\$58.93	\$81.00	\$113.67

* Round your salary down to the nearest thousand.

** Salaries, benefits, deductions will be frozen until next contract renewal.

An Essential Voluntary Member Benefit

Enroll Today for 1/1/22 Benefit Effective Date- Application inserted

*You must be a member of your CCU union to enroll.

SEMI-MONTHLY PLAN OPTIONS	LifeLock™ Standard	LifeLock Ultimate Plus™
Member Only [18 and over]	\$3.75	\$12.25
Member + Spouse/Domestic Partner	\$7.99	\$24.99
Member + Children*	\$6.93	\$17.56
Member + Family*	\$11.18	\$30.31

*The LifeLock Benefit Junior plan is for minors under the age of 18. LifeLock enrollment is limited to employees and their eligible dependents. Eligible dependents must live within the employee's household, or be financially dependent on employee. LifeLock services will only be provided after receipt and applicable verification of certain information about you and each family member. Please refer to employer group for the required information under your plan. In the event you do not complete the enrollment process for any family member, those individuals will not receive LifeLock services, but you will continue to be charged the full amount of the monthly membership selected until you cancel or modify your plan at your employer's next open enrollment period, which may be annually. Please note that we will NOT refund or credit you for any period of time during which we are unable to provide LifeLock services to any family member on your plan after your benefit effective date due to your failure to submit the information necessary to complete enrollment. If you do not complete the enrollment process for each family member, you may continue to pay more for LifeLock services than you otherwise would if you had selected a lower tier plan.

FEATURES	LifeLock™ Standard	LifeLock Ultimate Plus™
LifeLock Identity Alert™ System†	✓	✓
Lost Wallet Protection	✓	✓
USPS Address Change Verification	✓	✓
Dark Web Monitoring**	✓	✓
LifeLock Privacy Monitor™	✓	✓
Reduced Pre-Approved Credit Card Offers	✓	✓
Fictitious Identity Monitoring		✓
Court Records Scanning		✓
Data Breach Notifications		✓
Credit, Checking & Savings Account Activity Alerts†††		✓
Investment Account Activity Alerts†		✓
24/7 Live Member Support	✓	✓
U.S.-Based Identity Restoration Specialists	✓	✓
Stolen Funds Reimbursement*	Up to \$25,000	Up to \$1 Million
Coverage for Lawyers and Experts*	Up to \$1 Million	Up to \$1 Million
Personal Expense Compensation*	Up to \$25,000	Up to \$1 Million
Checking and Savings Account Application Alerts†		✓
Bank Account Takeover Alerts†		✓
Three-Bureau Credit Monitoring†		✓
Three-Bureau Annual Credit Reports & Credit Scores‡ The credit scores provided are VantageScore 3.0 credit scores based on data from Equifax, Experian and TransUnion respectively. Third parties use many different types of credit scores and are likely to use a different type of credit score to assess your creditworthiness.		✓
One-Bureau Monthly Credit Score Tracking† The credit score provided is a VantageScore 3.0 credit score based on Equifax data. Third parties use many different types of credit scores and are likely to use a different type of credit score to assess your creditworthiness.		✓
File-Sharing Network Searches		✓
Sex Offender Registry Reports		✓
Priority 24/7 Live Member Support		✓

*Indicates features included within the Million Dollar Protection™ Package†††

DID YOU KNOW?

Of identity theft victims who contacted the Identity Theft Resource Center in 2018:



42% noted that as a result of their identity theft incident they are in debt and

40% said that they could not pay their bills.¹



85% felt worried, angry and frustrated because of their identity theft¹ and

32% felt that the incident caused problems for them at their place of employment (either with their boss or coworkers).¹



No one can prevent all identity theft.

† We do not monitor all transactions at all businesses.

If your LifeLock plan includes credit reports, scores, and/or credit monitoring features ("Credit Features"), two requirements must be met to receive said features: (i) your identity must be successfully verified with Equifax, and (ii) Equifax must be able to locate your credit file and it must contain sufficient credit history information. IF EITHER OF THE FOREGOING REQUIREMENTS ARE NOT MET YOU WILL NOT RECEIVE CREDIT FEATURES FROM ANY BUREAU. If your plan also includes Credit Features from Experian and/or TransUnion, the above verification process must also be successfully completed with Experian and/or TransUnion, as applicable. If verification is successfully completed with Equifax, but not with Experian and/or TransUnion, as applicable, you will not receive Credit Features from such bureau(s) until the verification process is successfully completed and until then you will only receive Credit Features from Equifax. Any credit monitoring from Experian and TransUnion will take several days to begin after your successful LifeLock plan enrollment.

** These features are not enabled upon enrollment. Member must take action to activate this protection.

††† Reimbursement and Expense Compensation, each with limits of up to \$25,000 for Standard and Junior, up to \$100,000 for Advantage and up to \$1 million for Benefit Elite and Ultimate Plus. And up to \$1 million for coverage for lawyers and experts if needed, for all plans. Benefits provided by Master Policy issued by United Specialty Insurance Company (State National Insurance Company, Inc. for NY State members). Policy terms, conditions and exclusions at: LifeLock.com/legal.

1 - The Aftermath®: The Non-Economic Impacts of Identity Theft. Identity Theft Resource Center © 2018.

LifeLock and Norton by Symantec are now Norton LifeLock. Copyright © 2019 Symantec Corp. Symantec, the Symantec Logo, the Checkmark Logo, LifeLock, the LockMan Logo, LifeLock Advantage, LifeLock Ultimate Plus, LifeLock Junior, LifeLock Privacy Monitor, LifeLock Identity Alert and Million Dollar Protection are trademarks or registered trademarks of Symantec Corporation or its affiliates in the U.S. and other countries. Other names may be trademarks of their respective owners. Norton



Need assistance? We're here to help!

**Please call our Dedicated
CAPE Benefit Trust Customer Service Team at
(800) 487-3092**

For more information and complete benefit details, see the plans' Evidence of Coverage (EOC) or Summary of Benefits and Coverage (SBC) by going to the dedicated CAPE Trust website **blueshieldca.com/CAPE**.*

Go to **choosecape.com** to view an Annual Enrollment Video and Brochures

*Offered to Los Angeles County Choices' eligible employees only. Summaries and forms are included as a convenience and are not to be considered Evidence of Coverage, Certificates of Insurance or Summary Plan Descriptions or a guarantee of health plan coverage or benefits, or legal, financial or medical advice. All disputes, issues and inquiries regarding any of the carrier's benefits and services will be addressed by each respective carrier. All carriers' services and benefits will be subject to the terms and conditions of each carrier and each carrier is solely responsible for the provision of its benefits or services. In no event will the CAPE Benefit Trust, or any of their respective affiliates, subsidiaries, officers, directors, employees or agents, assume liability for any damage or injury, or for any loss incurred or sustained, as a result of any acts or omissions relating to any of the carriers' benefits or services, or as a result of information and statistics provided by the carriers. The CAPE Benefit Trust written agreement with each carrier should not be considered an inducement to purchase any benefits or services.

GROUP SHORT TERM DISABILITY ENROLLMENT FORM

Please print with ballpoint pen-make a copy of this application for your records. See the enclosed benefit summary for eligibility and enrollment rules. See below for instructions to submit your application.

All sections must be completed to ensure accurate processing.	(1) Policyholder: CAPE BENEFIT TRUST		(2) RSL Policy No. VPS325878	
	(3) Date of Hire	(4) Job Title	(5) Base Annual Salary*	
	*verified at time of claim			
	(6) Full Name Last, First: Home Address:			
	(7) Social Security Number		(8) Gender	(9) Date of Birth
Choose Only One- (10) or (11)	(10) Request for Group Insurance Coverage (Complete County deduction form below): <input type="checkbox"/> I request to purchase Group Disability Insurance Coverage based on 50% of my covered earnings up to a weekly max of \$1,000. This benefit is tax-free. Weekly Maximum Benefit: _____ (See enclosed rate chart - 14 day waiting period for sickness or accident) Semi-Monthly Premium is: _____ (See enclosed rate chart)			
	(11) Declination of Group Insurance Coverage <input type="checkbox"/> I have been offered and have declined to purchase the Group Disability Insurance Coverage. I understand that in the event I desire such insurance at a later date: (1) I will be required to furnish evidence of insurability at my own expense; and (2) Reliance Standard Life Insurance Company (RSL) will have the right to refuse my future request.			

ARE YOU CURRENTLY AN ACTIVE LA COUNTY EMPLOYEE: YES _____ NO _____

		DEDUCTION AGENCY NAME CALIFORNIA ASSOCIATION OF PROFESSIONAL EMPLOYEES										DEDUCTION CODE EU105															
EMPLOYEE NUMBER		DEPT. NO.	EMPLOYEE LAST NAME										FIRST NAME		MI												
DO NOT FILL IN THE SHADED AREA														NOT TO BE USED FOR COUNTY INSURANCE PLANS													
CHANGE INDIC.	DEDUCTION AMOUNT				DEDUCT %				I HEREBY AUTHORIZE THE AUDITOR OF THE COUNTY OF LOS ANGELES OR HIS AGENTS TO DEDUCT MONTHLY FROM SALARY EARNED BY ME IN ANY DEPARTMENT OR DISTRICT OF THE COUNTY OF LOS ANGELES, THE AMOUNT SHOWN HEREON AND TO PAY SAME TO: CALIFORNIA ASSOCIATION OF PROFESSIONAL EMPLOYEES IF ALL OR ANY PORTION OF THIS DEDUCTION AUTHORIZATION INCLUDES INSURANCE PREMIUMS AND/OR EMPLOYEE ORGANIZATION DUES, I ALSO AUTHORIZE THE AUDITOR TO ADJUST FROM TIME-TO-TIME THE AMOUNT OF THIS DEDUCTION AS MAY BE REQUIRED TO COMPLY WITH ADJUSTMENTS IN COUNTY SUBSIDY AMOUNTS OR IN PREMIUMS UNDER EXISTING CONTRACTS WITH SAID INSURANCE PLANS, OR TO COMPLY WITH DUES SCHEDULES DETERMINED BY SAID EMPLOYEE ORGANIZATIONS' GOVERNING BODY IN ACCORDANCE WITH SUCH ORGANIZATIONS' CONSTITUTION CHARTER, BYLAWS, OR OTHER APPLICABLE LEGAL REQUIREMENTS. THIS AUTHORIZATION CANCELS AND REPLACES ANY PREVIOUSLY SIGNED BY ME WITH THIS DEDUCTION AGENCY FOR THIS PURPOSE AND SHALL REMAIN IN EFFECT UNTIL CANCELLED BY ME BY WRITTEN NOTICE. I EXPRESSLY UNDERSTAND AND AGREE THAT THE AUDITOR, HIS AGENTS, OR THE COUNTY ACTING UNDER THIS AUTHORIZATION SHALL NOT BE LIABLE IN ANY MANNER FOR FAILURE OR DELAY IN MAKING THE DEDUCTIONS OR PAYMENTS HERE AUTHORIZED.																		
	OLD		NEW		OLD		NEW																				
NEW																											
REPL.																											
CANC.																											
STOP DATE		LIMIT AMOUNT																									
PAYROLL DEDUCTION AUTHORIZATION																											

I authorize my employer to deduct on an after tax basis from my salary or wages the necessary premium for the coverage requested above. The signature below also verifies the accuracy of the information contained on this form. I understand that the amount of my payroll deduction, benefit amount and annual salary will not change until the next policy renewal date, and that I must stay enrolled for 12 months, or as long as I am a County employee, whichever is less. Any person who knowingly and with intent to injure, defraud or deceive any insurer, files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a third-degree felony. **Questions? Call our dedicated customer service team at (800) 487-3092.**

SIGNATURE: _____

DATE: _____

E-MAIL ADDRESS: _____

PHONE: _____

DETACH THIS FORM AND YOU CAN MAIL, FAX, OR E-MAIL IT TO:

Mail to: Dexheimer-Erickson Corporation
350 S. Figueroa St., Ste. 950, Los Angeles, CA 90071

FAX to: (213) 225-5611
E-Mail to: d-e.clientservices@dex-erickson.com

LIFELOCK MEMBERSHIP ELECTION FORM



Please print with ballpoint pen-make a copy of this application for your records. See below for instructions to submit your application.

Your Information	Name:		Email:			
	DOB:	SSN#:	Gender:	Phone #:		
	Address:					
SEMI-MONTHLY RATES	Semi-monthly CAPE Member Deduction:		Benefit Elite Plan		Ultimate Plus	
	o Member (18+ Years Old)		\$ 3.75		\$12.25	
	o Member + Spouse/Domestic Partner		\$ 7.99		\$24.99	
	o Member + Children (Up to age 26)		\$ 6.93		\$17.56	
	o Member + Family		\$11.18		\$30.31	

Add dependent information below if you elected dependent coverage:

Name	DOB	Gender	SSN#

ARE YOU CURRENTLY AN ACTIVE LA COUNTY EMPLOYEE: YES _____ NO _____

		DEDUCTION AGENCY NAME CALIFORNIA ASSOCIATION OF PROFESSIONAL EMPLOYEES										DEDUCTION CODE EU105		
EMPLOYEE NUMBER		DEPT. NO.		EMPLOYEE LAST NAME								FIRST NAME		MI
DO NOT FILL IN THE SHADED AREA														
CHANGE INDIC.	DEDUCTION AMOUNT				DEDUCT %		<p>I HEREBY AUTHORIZE THE AUDITOR OF THE COUNTY OF LOS ANGELES OR HIS AGENTS TO DEDUCT MONTHLY FROM SALARY EARNED BY ME IN ANY DEPARTMENT OR DISTRICT OF THE COUNTY OF LOS ANGELES, THE AMOUNT SHOWN HEREON AND TO PAY SAME TO:</p> <p>CALIFORNIA ASSOCIATION OF PROFESSIONAL EMPLOYEES</p> <p>IF ALL OR ANY PORTION OF THIS DEDUCTION AUTHORIZATION INCLUDES INSURANCE PREMIUMS AND/OR EMPLOYEE ORGANIZATION DUES, I ALSO AUTHORIZE THE AUDITOR TO ADJUST FROM TIME-TO-TIME THE AMOUNT OF THIS DEDUCTION AS MAY BE REQUIRED TO COMPLY WITH ADJUSTMENTS IN COUNTY SUBSIDY AMOUNTS OR IN PREMIUMS UNDER EXISTING CONTRACTS WITH SAID INSURANCE PLANS, OR TO COMPLY WITH DUES SCHEDULES DETERMINED BY SAID EMPLOYEE ORGANIZATIONS' GOVERNING BODY IN ACCORDANCE WITH SUCH ORGANIZATIONS' CONSTITUTION CHARTER, BYLAWS, OR OTHER APPLICABLE LEGAL REQUIREMENTS.</p> <p>THIS AUTHORIZATION CANCELS AND REPLACES ANY PREVIOUSLY SIGNED BY ME WITH THIS DEDUCTION AGENCY FOR THIS PURPOSE AND SHALL REMAIN IN EFFECT UNTIL CANCELLED BY ME BY WRITTEN NOTICE. I EXPRESSLY UNDERSTAND AND AGREE THAT THE AUDITOR, HIS AGENTS, OR THE COUNTY ACTING UNDER THIS AUTHORIZATION SHALL NOT BE LIABLE IN ANY MANNER FOR FAILURE OR DELAY IN MAKING THE DEDUCTIONS OR PAYMENTS HERE AUTHORIZED.</p>							
		OLD	NEW		OLD	NEW								
NEW														
REPL.														
CANC.														
STOP DATE		LIMIT AMOUNT												
PAYROLL DEDUCTION AUTHORIZATION														

I authorize my employer to deduct on an after tax basis from my salary or wages the necessary premium for the coverage requested above. The signature below also verifies the accuracy of the information contained on this form. I understand that the amount of my payroll deduction, benefit amount and annual salary will not change until the next policy renewal date, and that I must stay enrolled for 12 months, or as long as I am a County employee, whichever is less. Any person who knowingly and with intent to injure, defraud or deceive any insurer, files a statement of claim or an application containing any false, incomplete or misleading information is guilty of a third degree felony. [Questions? Call our dedicated customer service team at \(800\) 487-3092.](#)

SIGNATURE: _____ DATE: _____

E-MAIL ADDRESS: _____ PHONE: _____

DETACH THIS FORM AND YOU CAN MAIL, FAX, OR E-MAIL IT TO:

Mail to: Dexheimer-Erickson Corporation
350 S. Figueroa St., Ste. 950, Los Angeles, CA 90071

FAX to: (213) 225-5611
E-Mail to: d-e.clientservices@dex-erickson.com