



your health care, your choice!

2022 CAPE/Blue Shield of California Lite and Classic Point of Service (POS) Plans*

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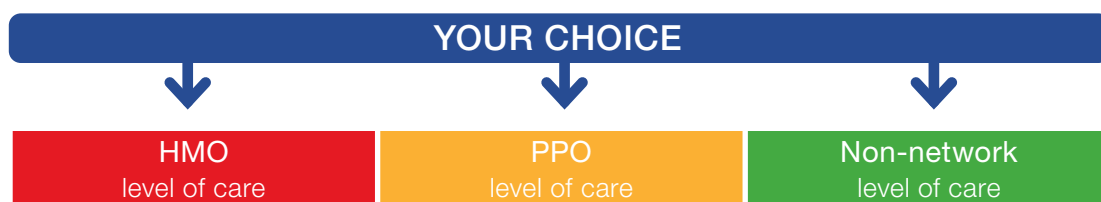
who do I call if I have questions?

Call your CAPE Benefit Trust Customer Service Team at **(800) 487-3092** or go to **blueshieldca.com/cape**.



How does a POS plan work?

Your CAPE/Blue Shield of California POS plans combine the predictable out-of-pocket costs of an HMO plan with access to our extensive PPO network. You can choose an HMO, PPO, or non-network provider each time you access care. You do not need a referral from your HMO primary care physician (PCP) to access care under your PPO (Level II) or non-network (Level III) benefits.



Plan features

<ul style="list-style-type: none"> • Lowest out-of-pocket cost, fixed copayments. • Highest level of benefits. • No deductible, no claim forms. 	<ul style="list-style-type: none"> • Choose from our PPO provider network at a higher out-of-pocket cost. • Pay affordable copayments (calendar-year deductible may apply). 	<ul style="list-style-type: none"> • See any provider, pay for services, and submit claims to Blue Shield. • After you meet your calendar-year deductible, pay a portion of the costs and any costs over the allowable amount.
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Choosing a doctor

To find an HMO network or PPO network provider, please see the instructions on page 8 of this brochure.	Preventive care	No charge. See your PCP.	No charge. See any PPO network physician.	No charge. See any non-network physician.
	Primary care	Choose a PCP who will provide and coordinate your medical care.	Select a PPO network physician, and make an appointment (calendar-year deductible may apply).	See any doctor, pay for services, and submit the claim to Blue Shield. After you meet your deductible, pay a portion of the costs and any costs over the allowable amount.
	Specialist care	Get a referral from your PCP, and make an appointment with the specialist.	Select any PPO network specialist, and make an appointment (calendar-year deductible may apply).	See any specialist, pay for services, and submit the claim to Blue Shield. After you meet your deductible, pay a portion of the costs and any costs over the allowable amount.

See pages 3 through 6 for CAPE/Blue Shield of California Lite and Classic POS plan benefit summaries.

YOUR CHOICE

HMO
level of care

PPO
level of care

Non-network
level of care



Emergency care

Go to the nearest emergency room. There is no copayment if admitted to the hospital.

Go to the nearest emergency room. There is no copayment if admitted to the hospital.

Go to the nearest emergency room. There is no copayment if admitted to the hospital.

Urgent care

Call your PCP or your assigned medical group/IPA first for instructions. Urgent care centers are an alternative when your doctor is not available. Call Blue Shield Member Services for help.

Call a PPO doctor, or go to a network urgent care center. Go to the *Find a provider* section of [blueshieldca.com/cape](https://www.blueshieldca.com/cape) or call Blue Shield Member Services for help.

See any provider, pay for services, and submit the claim to Blue Shield. After you meet your deductible, pay a portion of the costs and any costs over the allowable amount.



Going to the hospital

Your PCP may admit you. Tell Blue Shield if you are admitted.

Go to a PPO hospital, and pay less than at a non-network hospital. You or your doctor must call for preauthorization (calendar-year deductible may apply).

Go to a non-network hospital and submit your claim to Blue Shield. After you meet your deductible, pay a portion of the costs and any costs over the allowable amount.



Mental health care

Call the mental health service administrator (MHSA) at (877) 263-9952. Go to [blueshieldca.com/cape](https://www.blueshieldca.com/cape) to find a provider.

N/A

See any provider, pay for services, and submit your claim to Blue Shield. After you meet your deductible, pay a portion of the costs and any costs over the allowable amount.



Coverage outside California and abroad

Find an HMO BlueCard® provider by calling (800) 810-BLUE or going to the *Find a provider* section of [blueshieldca.com/cape](https://www.blueshieldca.com/cape).

Find a PPO BlueCard provider by calling (800) 810-BLUE or going to the *Find a provider* section of [blueshieldca.com/cape](https://www.blueshieldca.com/cape).

See any provider, pay for services, and submit your claim to Blue Shield. After you meet your deductible, pay a portion of the costs and any costs over the allowable amount.



Prescription drug coverage

Retail pharmacies: Blue Shield's pharmacy network includes major drugstore chains and independent pharmacies. Show your Blue Shield member ID card at a network pharmacy to receive up to a 30-day supply of covered medications. To find a pharmacy, visit [blueshieldca.com/cape](https://www.blueshieldca.com/cape), and select *Pharmacy benefits*. Or, call Blue Shield Member Services.

Mail-order pharmacy: If you take a drug for a chronic condition such as diabetes, you may be able to get your prescriptions by mail. To learn more, go to [blueshieldca.com/cape](https://www.blueshieldca.com/cape), and select *Pharmacy benefits*. Then click *Mail service prescriptions*. You can also order refills via the *Pharmacy benefits* section of [blueshieldca.com/cape](https://www.blueshieldca.com/cape).

Lite Point of Service Plan

Benefit summary

Effective January 1, 2022

The major difference between the Lite and Classic POS medical plans is in the Level II (PPO in-network) benefits.

For complete benefit details, see the plan's *Evidence of Coverage (EOC)* or *Summary of Benefits and Coverage (SBC)* by going to blueshieldca.com/cape and selecting *Plan information*. **Important:** Non-preferred providers are reimbursed at the Blue Shield allowable amount. Members are responsible for any charges above this allowable amount, even when a \$0 copay is listed in the benefit summary.

DEDUCTIBLES ¹	LEVEL I HMO plan providers ²	LEVEL II Preferred providers ²	LEVEL III Non-preferred providers ²
Calendar-year medical deductible	None	\$400 per individual / \$800 per family	
Calendar-year copayment maximum ¹ (for many covered services)	\$1,500 per individual/ \$3,000 per family	\$4,000 per individual/ \$8,000 per family	\$6,000 per individual/ \$12,000 per family
LIFETIME MAXIMUMS	None	None	None

Covered Services	Member Copayment		
	LEVEL I HMO plan providers ²	LEVEL II Preferred providers ²	LEVEL III Non-preferred providers ²
PHYSICIAN SERVICES – OUTPATIENT			
<ul style="list-style-type: none"> Physician and specialist office visits. Note: For network benefits provider level, a woman may self-refer to an OB/GYN or family practice physician in her PCP's medical group or IPA for OB/GYN services. 	\$10/visit	\$25/visit (not subject to the calendar-year deductible)	30%
OUTPATIENT X-RAY, PATHOLOGY, AND LABORATORY	No charge	20%	30%
PREVENTIVE CARE			
<ul style="list-style-type: none"> Routine physical exam, vision and hearing screenings, and medically necessary immunizations according to age schedule. Note: A woman may self-refer to an OB/GYN or family practice physician in her PCP's medical group or IPA for annual gynecological exams. 	No charge	No charge (not subject to the calendar-year deductible)	No charge (not subject to the calendar-year deductible)
OUTPATIENT SERVICES			
Non-emergency			
<ul style="list-style-type: none"> Outpatient surgery performed in a participating ambulatory surgery center (ASC) 	\$75/surgery	20%	30% ³
<ul style="list-style-type: none"> Outpatient surgery in a hospital 	\$75/surgery	20%	30% ³
<ul style="list-style-type: none"> Outpatient services for treatment of illness or injury and necessary supplies (except as described under "Rehabilitative Services" and "Speech Therapy Benefits") 	No charge	20%	30% ³
HOSPITALIZATION SERVICES			
<ul style="list-style-type: none"> Inpatient physician services 	No charge	20%	30%
<ul style="list-style-type: none"> Inpatient non-emergency facility services (semi-private room and board, medically necessary services and supplies, including subacute care) 	No charge	20%	30% ⁴
<ul style="list-style-type: none"> Inpatient medically necessary skilled nursing facility services including subacute care⁵ 	No charge	20%	30% ⁴
EMERGENCY HEALTH COVERAGE			
<ul style="list-style-type: none"> Emergency room services not resulting in admission (ER facility copay does not apply if the member is directly admitted to the hospital for inpatient services) 	\$50/visit	\$50/visit (not subject to the calendar-year deductible)	\$50/visit (not subject to the calendar-year deductible)
<ul style="list-style-type: none"> Emergency room physician visits 	No charge	No charge (not subject to the calendar-year deductible)	No charge (not subject to the calendar-year deductible)
AMBULANCE SERVICES (emergency or authorized transport)	\$50	20%	20%
URGENT CARE CENTER SERVICES			
<ul style="list-style-type: none"> Call your PCP first for instructions, if possible. Or, call your assigned medical group/IPA or the Member Services number on the back of your ID card for instructions and information on the closest affiliated urgent care center. 	\$10/visit	\$25/visit (not subject to the calendar-year deductible)	30%

Covered Services		Member Copayment		
		LEVEL I HMO plan providers ²	LEVEL II Preferred providers ²	LEVEL III Non-preferred providers ²
MENTAL HEALTH SERVICES (PSYCHIATRIC) ⁶		LEVEL I MHSA* participating providers ²	LEVEL II Except for medical acute detoxification ²	LEVEL III MHSA* non-participating providers ²
• Inpatient hospital facility services		No charge	N/A	30% ⁴
• Outpatient mental health services		\$10/visit	N/A	30%
• Residential care		No charge	N/A	30% ⁴
HOME HEALTH SERVICES				
• Home healthcare agency services (up to 100 visits per calendar year)		\$10/visit	20%	Not covered ⁷
OTHER				
Hospice				
• Routine home care, inpatient respite care, 24-hour continuous home care, general inpatient care		No charge	Not covered ⁸	Not covered ⁸
Pregnancy and maternity care				
• Prenatal and postnatal physician office visits (for inpatient hospital services, see “Hospitalization Services”)		No charge	\$25/visit (not subject to the calendar-year deductible)	30%
Rehabilitative therapy services (physical, occupational, respiratory, and speech therapy), subject to medical necessity				
• In an office location (copayment or coinsurance listed applies to all places of services, including professional and facility settings)		\$10/visit	20%	30%
Hearing-aid services				
• Hearing aid (plan payment maximum \$1,000 per member, every 24 months)		No charge	No charge	No charge
PRESCRIPTION DRUG COVERAGE ^{9,10,11,12,13,14} (includes oral contraceptives, diaphragms, and covered diabetic drugs and testing supplies)		Participating pharmacy (for up to a 30-day supply)		Mail service prescriptions (for up to a 90-day supply)
• Diabetic testing supplies		\$0/prescription		\$0/prescription
• Generic drugs		\$5/prescription		\$10/prescription
• Formulary brand-name drugs		\$15/prescription		\$30/prescription
• Non-formulary brand-name drugs		\$30/prescription		\$60/prescription
• Home self-administered injectable medications (available at specialty pharmacy network only); may require authorization		20% (up to \$100 copayment maximum per prescription)		Not covered
PROSTHETICS/ORTHOTICS				
Prosthetic equipment and devices (separate office visit copay may apply)		No charge	No charge (not subject to the calendar-year deductible)	No charge (not subject to the calendar-year deductible)
Orthotic equipment and devices (separate office visit copay may apply)		No charge	No charge (not subject to the calendar-year deductible)	No charge (not subject to the calendar-year deductible)
DURABLE MEDICAL EQUIPMENT				
Breast pump		No charge	No charge (not subject to the calendar-year deductible)	No charge (not subject to the calendar-year deductible)
Other durable medical equipment		No charge	No charge (not subject to the calendar-year deductible)	No charge (not subject to the calendar-year deductible)
DIABETES CARE BENEFITS				
Devices, equipment and non-testing supplies		No charge	No charge (not subject to the calendar-year deductible)	No charge (not subject to the calendar-year deductible)
CHIROPRACTIC AND ACUPUNCTURE**				
Covered benefits		Covered services		Member copayment
• Calendar-year benefit maximum	Unlimited	• Acupuncture services		\$15
• Calendar-year deductible	None	• Chiropractic services		\$15
• Calendar-year chiropractic appliances benefit ^{15,16}	\$50	• Non-network coverage		Not covered

* Mental Health Service Administrator.

** Chiropractic and Acupuncture benefits through American Specialty Health Plans of California, Inc. (ASH Plans).

Please refer to the endnotes on page 14 for all pertinent benefit and program notations.

Classic Point of Service Plan

Benefit summary

Effective January 1, 2022

The major difference between the Lite and Classic POS medical plans is in the Level II (PPO in-network) benefits.

For complete benefit details, see the plan's *Evidence of Coverage (EOC)* or *Summary of Benefits and Coverage (SBC)* by going to blueshieldca.com/cape and selecting *Plan information*. **Important:** Non-preferred providers are reimbursed at the Blue Shield allowable amount. Members are responsible for any charges above this allowable amount, even when a \$0 copay is listed in the benefit summary.

DEDUCTIBLES ¹	LEVEL I HMO plan providers ²	LEVEL II Preferred providers ²	LEVEL III Non-preferred providers ²
Calendar-year medical deductible	None	\$300 per individual/\$600 per family	
Calendar-year copayment maximum ¹ (for many covered services)	\$1,500 per individual/ \$3,000 per family	\$4,000 per individual/ \$8,000 per family	\$6,000 per individual/ \$12,000 per family
LIFETIME MAXIMUMS	None	None	None

Covered Services	Member Copayment		
	LEVEL I HMO plan providers ²	LEVEL II Preferred providers ²	LEVEL III Non-preferred providers ²
PHYSICIAN SERVICES – OUTPATIENT			
• Physician and specialist office visits. Note: For network benefits provider level, a woman may self-refer to an OB/GYN or family practice physician in her PCP's medical group or IPA for OB/GYN services.	\$10/visit	\$20/visit (not subject to the calendar-year deductible)	30%
OUTPATIENT X-RAY, PATHOLOGY, AND LABORATORY	No charge	10%	30%
PREVENTIVE CARE			
• Routine physical exam, hearing and vision screenings, and medically necessary immunizations according to age schedule. Note: A woman may self-refer to an OB/GYN or family practice physician in her PCP's medical group or IPA for annual gynecological exams.	No charge	No charge (not subject to the calendar-year deductible)	No charge (not subject to the calendar-year deductible)
OUTPATIENT SERVICES			
Non-emergency			
• Outpatient surgery performed in a participating ambulatory surgery center (ASC)	\$50/surgery	10%	30% ³
• Outpatient surgery in a hospital	\$50/surgery	10%	30% ³
• Outpatient services for treatment of illness or injury and necessary supplies (except as described under "Rehabilitative Services" and "Speech Therapy Benefits")	No charge	10%	30% ³
HOSPITALIZATION SERVICES			
• Inpatient physician services	No charge	10%	30%
• Inpatient non-emergency facility services (semi-private room and board, medically necessary services and supplies, including subacute care)	No charge	10%	30% ⁴
• Inpatient medically necessary skilled nursing facility services including subacute care ⁵	No charge	10%	30% ⁴
EMERGENCY HEALTH COVERAGE			
• Emergency room services not resulting in admission (ER facility copay does not apply if the member is directly admitted to the hospital for inpatient services)	\$50/visit	\$50/visit (not subject to the calendar-year deductible)	\$50/visit (not subject to the calendar-year deductible)
• Emergency room physician visits	No charge	No charge (not subject to the calendar-year deductible)	No charge (not subject to the calendar-year deductible)
AMBULANCE SERVICES (emergency or authorized transport)	\$50	10%	10%
URGENT CARE CENTER SERVICES			
• Call your PCP first for instructions, if possible. Or, call your assigned medical group/IPA or the Member Services number on the back of your ID card for instructions and information on the closest affiliated urgent care center.	\$10/visit	\$20/visit (not subject to the calendar-year deductible)	30%

Covered Services		Member Copayment		
		LEVEL I HMO plan providers ²	LEVEL II Preferred providers ²	LEVEL III Non-preferred providers ²
MENTAL HEALTH SERVICES (PSYCHIATRIC)⁶		LEVEL I MHSA* participating providers²	LEVEL II Except for medical acute detoxification²	LEVEL III MHSA* non-participating providers²
• Inpatient hospital facility services		No charge	N/A	30% ⁴
• Outpatient mental health services		\$10/visit	N/A	30%
• Residential care		No charge	N/A	30% ⁴
HOME HEALTH SERVICES				
• Home healthcare agency services (up to 100 visits per calendar year)		\$10/visit	10%	Not covered ⁷
OTHER				
Hospice				
• Routine home care, inpatient respite care, 24-hour continuous home care, general inpatient care		No charge	Not covered ⁸	Not covered ⁸
Pregnancy and maternity care				
• Prenatal and postnatal physician office visits (for inpatient hospital services, see "Hospitalization Services")		No charge	\$20 (not subject to the calendar-year deductible)	30%
Rehabilitative therapy services (physical, occupational, respiratory, and speech therapy), subject to medical necessity				
• In an office location (copayment or coinsurance listed applies to all places of services, including professional and facility settings)		\$10/visit	10%	30%
Hearing-aid services				
• Hearing aid (plan payment maximum \$1,000 per member, every 24 months)		No charge	No charge	No charge
PRESCRIPTION DRUG COVERAGE^{9,10,11,12,13,14} (includes oral contraceptives, diaphragms, and covered diabetic drugs and testing supplies)		Participating pharmacy (for up to a 30-day supply)	Mail service prescriptions (for up to a 90-day supply)	
• Diabetic testing supplies		\$0/prescription	\$0/prescription	
• Generic drugs		\$5/prescription	\$10/prescription	
• Formulary brand-name drugs		\$15/prescription	\$30/prescription	
• Non-formulary brand-name drugs		\$30/prescription	\$60/prescription	
• Home self-administered injectable medications (available at specialty pharmacy network only); may require authorization		20% (up to \$100 copayment maximum per prescription)	Not covered	
PROSTHETICS/ORTHOTICS				
Prosthetic equipment and devices (separate office visit copay may apply)		No charge	No charge (not subject to the calendar-year deductible)	No charge (not subject to the calendar-year deductible)
Orthotic equipment and devices (separate office visit copay may apply)		No charge	No charge (not subject to the calendar-year deductible)	No charge (not subject to the calendar-year deductible)
DURABLE MEDICAL EQUIPMENT				
Breast pump		No charge	No charge (not subject to the calendar-year deductible)	No charge (not subject to the calendar-year deductible)
Other durable medical equipment		No charge	No charge (not subject to the calendar-year deductible)	No charge (not subject to the calendar-year deductible)
DIABETES CARE BENEFITS				
Devices, equipment and non-testing supplies		No charge	No charge (not subject to the calendar-year deductible)	No charge (not subject to the calendar-year deductible)
CHIROPRACTIC AND ACUPUNCTURE**				
Covered benefits		Covered services	Member copayment	
• Calendar-year benefit maximum	Unlimited	• Acupuncture services	\$10	
• Calendar-year deductible	None	• Chiropractic services	\$10	
• Calendar-year chiropractic appliances benefit ^{15,16}	\$50	• Non-network coverage	Not covered	

* Mental Health Service Administrator.

** Chiropractic and Acupuncture benefits through American Specialty Health Plans of California, Inc. (ASH Plans).

Please refer to the endnotes on page 14 for all pertinent benefit and program notations.

Get instant access to your plan information online

No more searching for paper documents and health plan information. Find everything you need in one place, customized just for you!

Visit **blueshieldca.com/cape**



- > Find doctors, hospitals, specialists, and more – all with one simple tool
- > View or download your latest health plan documents
- > Learn about your pharmacy benefits
- > Learn about Wellvolution®, our digital platform for health and well-being
- > Find information on programs and services including:
 - Teladoc, which gives you access to board-certified doctors and licensed mental health professionals by phone or video for a \$0 copay
 - NurseHelp 24/7SM, which allows you to talk to a registered nurse by phone or online chat anytime
- > Learn about wellness discount programs¹ including:
 - Fitness memberships
 - Acupuncture
 - Chiropractic services
 - Therapeutic massage services
 - Eye exams, frames, contact lenses, and LASIK surgery
- > Learn about your CAPE-sponsored benefits

Find a Blue Shield network doctor or pharmacy and search the drug formulary online

Visit **blueshieldca.com/cape**, day or night, to access the helpful resources below.

Find a doctor in the POS network

For HMO Network (Level I) benefits, you need to first select a primary care physician (PCP):

- Go to **blueshieldca.com/cape**.
- Select *Find a provider* and then *Learn more*.
- Select *Find providers in the Level I (HMO) Network*.
- Select *Primary Care Physician* to search for a network PCP.
- Enter your location.
- Select the type of PCP you're looking for (Family Practice, General Practice, etc.), or search by doctor name.

Note: To find the PCP's ID number, click on the doctor's name and then select *View details* under "Primary Care Physician ID." You will need this ID number when selecting a PCP.

For PPO Network (Level II) benefits:

- Go to **blueshieldca.com/cape**.
- Select *Find a provider* and then *Learn more*.
- Select *Find providers in the Level II (PPO) Network*.
- Select *Doctors & Specialists*.
- Enter your location.
- Select the type of doctor you're looking for (Family Practice, General Practice, etc.), or search by doctor name.

Get cost-saving pharmacy benefits

Visit **blueshieldca.com/cape** and select *Pharmacy benefits* to find a pharmacy, search our drug formulary, and learn about prescriptions by mail. Our Plus Drug Formulary is a list of preferred brand-name and generic drugs. You may save money if your medication is a preferred prescription drug.

If you take stabilized doses of covered medications for chronic conditions such as diabetes, you can have a 90-day supply delivered through our mail service pharmacy. Shipping is free, and you may save on your copay. For more information, go to **blueshieldca.com/cape**. Select *Pharmacy benefits*, and then click *Mail service prescriptions*.



Questions? We can help.

If you don't have online access and would like to request a printed copy of a directory, please call CAPE Benefit Trust Customer Service at **(800) 487-3092**. For more benefit information, go to **blueshieldca.com/cape**.



Talk to a board-certified doctor or licensed mental health professional by phone or video for a \$0 copay

As a CAPE/Blue Shield of California medical plan member, you have access to Teladoc's national network of U.S. board-certified physicians. Whenever you need care, Teladoc® medical doctors are available 24/7 by phone or video.

You can also speak to licensed mental health professionals who can help you manage addiction, depression, stress, anxiety, grief, domestic abuse, and more. Mental health appointments are available from 7 a.m. to 9 p.m. local time, seven days a week. This service is available to members age 13 and older.

Use Teladoc	Get the care you need	Meet the doctors and mental health professionals
<ul style="list-style-type: none">• If you're considering the ER or urgent care center for a non-emergency• When you need medical advice during off hours or late at night• When on vacation, a business trip, or away from home• For prescriptions when medically necessary• If you need support for your mental well-being	<p>Teladoc doctors can treat many medical conditions including:</p> <ul style="list-style-type: none">• Cold and flu symptoms• Skin conditions• Stomach aches• And more <p>Teladoc mental health professionals can help you manage conditions including:</p> <ul style="list-style-type: none">• Depression• Addiction• Grief• And more	<p>All Teladoc doctors are:</p> <ul style="list-style-type: none">• Practicing primary care physicians, pediatricians, and family physicians• Board certified and licensed• Credentialed every three years <p>Mental health professionals include licensed psychiatrists, psychologists, counselors, therapists, and clinical social workers.</p>

To schedule an appointment

Medical consults: Visit blueshieldca.com/teladoc to register or log in. Request a consultation any time you need care.

Mental health consults: Visit blueshieldca.com/teladoc to register or log in and answer a few questions about your needs. Then, request your appointment. Note: Mental health appointments must be scheduled in advance.

You can also visit teladoc.com/mobile to download the app, or call **1-800-Teladoc** (835-2362) for help.

Talk to a doctor or mental health professional for a \$0 copay

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The CAPE Benefit Trust and its Trustees have no fiduciary responsibility or liability for services or care provided by outside vendors contracted with Blue Shield.



LifeReferrals 24/7

Experts to help you meet life's challenges

Everyone can use a hand sometimes. LifeReferrals 24/7SM offers convenient and confidential support to help you meet life's challenges. A simple phone call connects you with a team of experienced professionals ready to help you with a wide range of personal, family, and work issues.

LifeReferrals 24/7 is available 24/7/365 for no copayment or extra cost. You will be guided to the appropriate service based on your needs:

Personal counseling

For matters like relationship problems, stress, and grief, you can request phone or video sessions with licensed therapists.

Three counseling sessions are included in any six-month period.

Legal assistance

Request consultations for legal matters such as trusts, wills, divorce, child custody, landlord and tenant issues, consumer disputes, and personal injury.*

- You're eligible for one consultation up to 60 minutes in duration per separate issue, per year on the phone or in person with an attorney or mediator.
- Receive a preferred discount rate of 25% or greater off the hourly fee, based on the types of services you use, after the first consult.
- Online tools and educational resources are available, including sample legal forms and templates on a variety of topics.

Financial coaching

Request consultations with financial professionals for topics such as tax preparation, college and retirement planning, budgeting, debt and credit, and loans and mortgages.

- You're eligible for two 30-minute telephone consultations per separate issue, per year.
- Discounted fees apply if you elect to continue working with a financial coach beyond the initial consultations.
- Online tools and educational resources are available, including easy-to-use calculators for home and personal financing, investments, and retirement.

Identity theft resolution

- You're eligible for a 60-minute telephone consultation with a highly trained Fraud Resolution SpecialistTM (FRS). An FRS can help restore identity and credit, dispute fraudulent debts, and prevent future identity theft instances.
- Free ID Theft Emergency Response KitSM.

Referrals to community resources[†]

A specialist can provide useful information and referrals to a wide range of resources including:

- Parenting resources
- Child and elder care
- Meal programs
- Transportation help
- Lifelong learning

CAPE/Blue Shield of California medical plan members and anyone in their household are eligible to use this service. Call LifeReferrals 24/7 toll-free, anytime, at **(800) 985-2405**. Or, visit **lifereferrals.com** and enter the access code: bsc.

* Legal consults involving disputes with your employer (or other work-related issues) are excluded.

† Any costs associated with using the community resources are the responsibility of the member.

Wellvolution

Get help in achieving your health goals and support for your mental and emotional well-being

Wellvolution®, our digital platform for health and well-being, offers over 50 tested apps and programs to help you achieve your health goals – at no extra cost.

You choose the areas to focus on. These can include eating healthier, sleeping better, exercising more, managing stress, quitting smoking, and preventing and reversing disease.

With Wellvolution, you can view fitness and cooking videos and over 350 healthy recipes. You can also access nutritional programs to help you lose weight with one-on-one coaching, meal planning, activity trackers, and workout classes. Programs include Betr Health, Brook+, MonjWell, PlateJoy, and others.

Wellvolution also includes the following apps – and more – to help support your mental and emotional well-being:



Insight Timer

Build a daily meditation practice to help calm your mind, relax your body, and sleep better with Insight Timer. This app offers the world's largest collection of free guided meditations and talks led by top meditation and mindfulness experts.



Relax Melodies

Relax Melodies can help you quiet your mind and regain control over insomnia, night-time anxiety, and more. Choose your favorite sounds and music from a vast library to create your own soothing mix to help you sleep better.



Sanvello

Find the strategies and resources you need to help reduce stress, anxiety, and depression using cognitive behavioral therapy, mindfulness meditation, relaxation techniques, and mood and health tracking. Get access to psychologist-designed tools, a robust peer-supported community, and more.



Yoga for Beginners

Yoga is a great way to relax and melt the stress away. Yoga for Beginners is the perfect app for getting started. It offers beginner-friendly workouts that are easy to learn and perform.

You and your covered dependents who are age 18 and older are eligible to participate in Wellvolution. Log in or sign up today at **wellvolution.com**.

The CAPE Benefit Trust and its Trustees have no fiduciary responsibility or liability for services or care provided by outside vendors contracted with Blue Shield.

Fitness Your Way

Fitness Your Way™ offers you the flexibility to work out at any participating network fitness location – on a budget you can live with.

This program is available through Tivity Health®. It gives you an affordable and convenient way to adopt a healthy lifestyle and remain committed to it.

With Fitness Your Way, you can:



Access a network of thousands of gyms nationwide.¹ To find a network fitness location near you, visit **fitnessyourway.tivityhealth.com/bsc**.



Enjoy the flexibility of working out wherever you are with 24/7 access to on-demand videos – from strength training to meditation.



Participate in live virtual classes led by wellness professionals.



Explore programs offered by BurnAlong, a health and wellness platform partner.

All of this is included in your Fitness Your Way membership for just \$25 per month² and a low one-time enrollment fee of \$25.

You and your covered dependents who are age 18 and older are eligible to participate in Fitness Your Way. To enroll, go to **fitnessyourway.tivityhealth.com/bsc**. Or, call **888-502-0867**, Monday through Friday, 5 a.m. to 5 p.m. Pacific time.

¹ Fitness Your Way is available through Tivity Health, Inc.® Fitness locations are not owned or operated by Tivity Health, Inc. or its affiliates. Fitness Your Way membership entitles a member to use of the fitness location facilities and amenities available to the holder of a basic membership at the fitness locations. Facilities and amenities vary by location.

² Taxes may apply.

Tivity Health, Inc. is an independent vendor that provides solutions to improve health and well-being. Fitness Your Way and Tivity Health are trademarks or registered trademarks of Tivity Health, Inc. Tivity Health is solely responsible for the service provided above. All other brand names, product names, registered trademarks, or trademarks belong to their respective holders. © 2021 Tivity Health, Inc. All rights reserved.

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Blue Shield programs and services

Visit **blueshieldca.com/cape** to learn more.

Care Management Program from Shield Support – Get support managing your health needs for conditions such as diabetes, depression, chronic pain, cancer, and others. Services include personalized health coaching, care plan development, provider coordination, and more.

Fitness Your Way™ – Get access to more than 10,000 fitness centers nationwide for just \$25 per month.*

LifeReferrals 24/7 – Experienced professionals are ready to help you with personal, family, and work issues at any time.

Maternity Program – This program offers personal attention and resources to help you before you get pregnant, during your pregnancy, and after your baby is born.

MinuteClinic® – Get virtual or walk-in non-emergency healthcare at CVS and Target Clinics across California through your Level II (PPO) benefits.

Network retail pharmacy vaccine program – Get vaccines, including those for the flu, shingles, and more, at our participating network of retail pharmacies.

NurseHelp 24/7 – Registered nurses are available to answer your health questions at any time.

Teladoc – Access Teladoc's board-certified doctors and licensed mental health professionals by phone or video. You pay a \$0 copay each time you use Teladoc.

Wellness discount programs – Get help saving money and living healthier with a wide range of discount programs. These include discounts for fitness club memberships; acupuncture, chiropractic services, and therapeutic massage; and eye exams, frames, contact lenses, and LASIK surgery.

Wellvolution – Wellvolution is our digital platform for health and well-being. It offers over 50 tested apps and programs to help you achieve your health goals – at no extra cost. You choose the areas to focus on:

- Prevent and reverse disease
- Exercise more
- Sleep better
- Eat healthier
- Manage stress
- Quit smoking

Visit **wellvolution.com** to learn more.

* Taxes may apply. Individuals must be at least 18 years old to purchase a membership.

LifeReferrals 24/7 is a service mark of Blue Shield of California. Wellvolution is a registered trademark of Blue Shield of California. Wellvolution and all associated digital and in-person health programs, services, and offerings are managed by Solera, Inc., a health company committed to changing lives by guiding people to better health in their communities.

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Endnotes

Summary of Benefits endnotes (pages 3 through 6)

These notes apply to the benefit summaries for the CAPE/Blue Shield of California Lite and Classic Point of Service Plans on pages 3 through 6. For a detailed description of coverage benefits and limitations, please refer to the *Evidence of Coverage and Disclosure (EOC&D)* form for the Lite or Classic POS plan.

- 1 Deductible and copayments marked with a (1) do not accrue to the calendar-year copayment maximum. Copayments and charges for services not accruing to the member's calendar-year copayment maximum continue to be the member's responsibility after the calendar-year copayment maximum is reached.
- 2 Member is responsible for copayment in addition to any charges above allowable amounts. The copayment percentage indicated is a percentage of allowable amounts. Preferred Providers accept Blue Shield's allowable amount as full payment for covered services. Non-Preferred Providers can charge more than these amounts. When members use Non-Preferred Providers, they must pay the applicable copayment plus any amount that exceeds Blue Shield's allowable amount. Charges above the allowable amount do not count toward the calendar-year deductible or copayment maximum. Calendar-year deductible applies to the combined services of Preferred and Non-Preferred Providers.
No Surprises Act Exception: Under federal law (the No Surprises Act) effective January 1, 2022, members who receive emergency services from an out-of-network provider or facility, or who receive certain services from an out-of-network provider at an in-network hospital or ambulatory surgery center, are only required to pay the in-network benefit cost-sharing amount (copayment/coinsurance) and deductible for these services. In addition, any out-of-pocket costs for these services must accumulate toward the member's in-network deductible and out-of-pocket maximum, and the out-of-network provider or facility is prohibited from balance billing the member for amounts in excess of the member's in-network cost sharing. Existing balance billing protections under California law will also continue to apply.
- 3 The maximum allowed charge for non-emergency surgery and services performed in a non-participating Ambulatory Surgery Center or outpatient unit of a Non-Preferred Hospital is \$600 per day. Members are responsible for 30 percent of this \$600 per day, plus all charges in excess of \$600.
- 4 The maximum allowed charge for non-emergency hospital services received from a Non-Preferred Hospital is \$600 per day. Members are responsible for 30 percent of this \$600 per day, plus all charges in excess of \$600.
- 5 Skilled nursing services are limited to 100 preauthorized days during a calendar year except when received through a hospice program provided by a participating hospice agency. This 100 preauthorized day maximum on skilled nursing services is a combined maximum between SNF in a hospital unit and skilled nursing facilities.
- 6 Mental health and substance use disorder services are accessed through Blue Shield's Mental Health Service Administrator (MHSA) - utilizing Blue Shield's MHSA Participating (Level I) and Non-Participating (Level III) providers. Only mental health and substance use disorder services rendered by Blue Shield MHSA contracted providers are administered by the Blue Shield MHSA. Mental health and substance use disorder services rendered by Non-Preferred Providers are administered by Blue Shield. There are no Level II providers for mental health and substance use disorder services, other than for medical acute detoxification. For a listing of Severe Mental Illnesses, including Serious Emotional Disturbances of a Child, and other benefit details, please refer to the *Evidence of Coverage* or Plan Contract.
- 7 Services from Non-Preferred Providers for home health care and home infusion services are not covered unless prior authorized. When these services are prior authorized, the member's copayment or coinsurance will be calculated at the Preferred Provider level, based upon the agreed upon rate between Blue Shield and the agency.
- 8 Out-of-network hospice is not covered unless pre-authorized. When these services are pre-authorized, the member pays the Level I copayment.
- 9 Specialty Drugs are specific drugs used to treat complex or chronic conditions which usually require close monitoring such as multiple sclerosis, hepatitis, rheumatoid arthritis, cancers, and other conditions that are difficult to treat with traditional therapies. Specialty Drugs are listed in the Blue Shield Outpatient Drug Formulary. Specialty Drugs may be self-administered in the home by injection by the patient or family member (subcutaneously or intramuscularly), by inhalation, orally, or topically. Infused or Intravenous (IV) medications are not included as Specialty Drugs. These drugs may also require special handling and special

manufacturing processes, and may have limited prescribing or limited pharmacy availability. Specialty Drugs must be considered safe for self-administration by Blue Shield's Pharmacy & Therapeutics Committee, be obtained from a Blue Shield Specialty Pharmacy, and may require prior authorization for medical necessity by Blue Shield.

- 10 Copayments and charges for these covered services are not included in the calculation of the member's medical calendar-year copayment maximum and continue to be the member's responsibility after the calendar-year copayment maximum is reached. Please refer to the *Evidence of Coverage* and the Plan Contract for exact terms and conditions of coverage. Please note that if you switch from another plan, your prescription drug deductible credit from the previous plan during the calendar year, if applicable, will not carry forward to the new plan.
- 11 If the member requests a brand-name drug and a generic drug equivalent is available, the member is responsible for paying the generic drug copayment plus the difference in cost to Blue Shield between the brand-name drug and its generic drug equivalent.
- 12 Specialty drugs are covered only when dispensed by select pharmacies in the Specialty Pharmacy Network unless medically necessary for a covered emergency.
- 13 Select formulary and non-formulary drugs require prior authorization by Blue Shield for medical necessity, and when effective, lower-cost alternatives are available.
- 14 When using a drug manufacturer coupon card or other drug discount, only the amount members pay for their prescriptions will be applied towards their deductible and out-of-pocket maximum. The portion of the member's copayment or coinsurance paid for by the manufacturer's assistance or other drug discount will not be applied towards the member's deductible or out-of-pocket maximum.
- 15 Chiropractic appliances are covered up to a maximum of \$50 in a calendar year as authorized by ASH Plans.
- 16 As authorized by ASH Plans, this allowance is applied toward the purchase of items determined necessary such as supports, collars, pillows, heel lifts, ice packs, cushions, orthotics, rib belts, and home traction units.

Note: This plan's prescription drug coverage is on average equivalent to or better than the standard benefit set by the federal government for Medicare Part D (also called creditable coverage). Because this plan's prescription drug coverage is creditable, you do not have to enroll in a Medicare prescription drug plan while you maintain this coverage. However, you should be aware that if you have a subsequent break in this coverage of 63 days or more anytime after you were first eligible to enroll in a Medicare prescription drug plan, you could be subject to a late enrollment penalty in addition to your Part D premium.

Wellness discount program endnote (page 7)

- 1 These discount program services are not a covered benefit of your Blue Shield of California health plan, and none of the terms or conditions of the Blue Shield health plan apply.

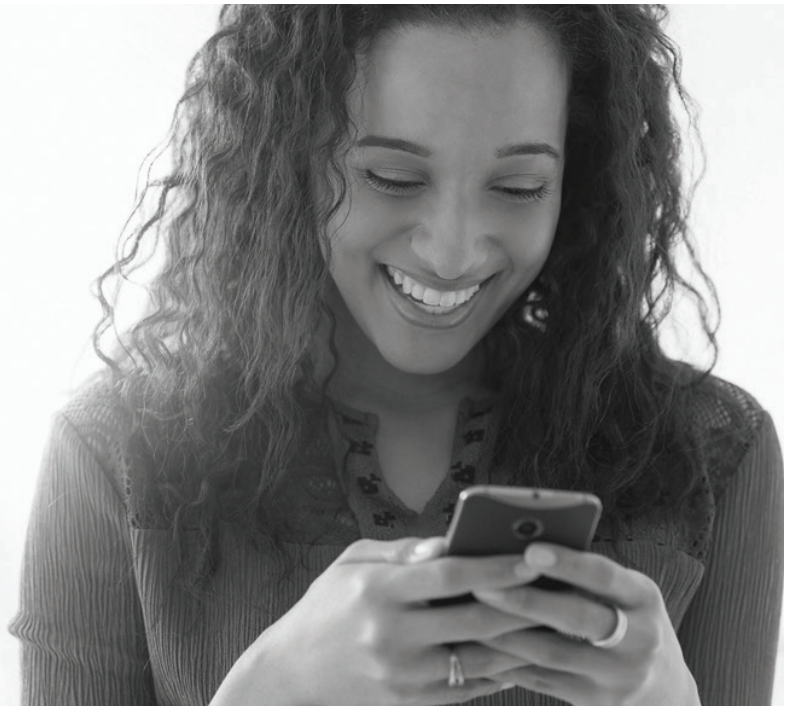
The networks of practitioners and facilities in the discount programs are managed by external program administrators, including any screening and credentialing of providers. Blue Shield does not review the services provided by discount program providers for medical necessity or efficacy, nor does Blue Shield make any recommendations, presentations, claims or guarantees regarding the practitioners, their availability, fees, services or products.

Some services offered through the discount program may already be included as part of the Blue Shield plan covered benefits. Members should access those covered services prior to using the discount program.

Members who are not satisfied with products or services received from the discount program may use the grievance process described in their *Evidence of Coverage and Disclosure (EOC&D)* form. Blue Shield reserves the right to terminate this program at any time without notice.

The CAPE Benefit Trust and its Trustees have no fiduciary responsibility or liability for services or care provided by outside vendors contracted with Blue Shield, or for services rendered by contracted or non-contracted providers.

Need assistance? We're here to help. Please call your **CAPE Benefit Trust Customer Service Team at (800) 487-3092.**



For complete benefit details, see the plan's *Evidence of Coverage* (EOC) or *Summary of Benefits and Coverage* (SBC) by going to **blueshieldca.com/cape**.

Blue Shield of California complies with applicable state laws and federal civil rights laws, and does not discriminate on the basis of race, color, national origin, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age, or disability.

Blue Shield of California cumple con las leyes estatales y las leyes federales de derechos civiles vigentes, y no discrimina por motivos de raza, color, país de origen, ascendencia, religión, sexo, estado civil, género, identidad de género, orientación sexual, edad ni discapacidad.

Blue Shield of California 遵循適用的州法律和聯邦公民權利法律，並且不以種族、膚色、原國籍、血統、宗教、性別、婚姻狀況、性別認同、性取向、年齡或殘障為由而進行歧視。

* 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 carriers' 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.