



Your health care, your choice

2023 CAPE/Blue Shield of California Lite and Classic Point of Service (POS) Plans*

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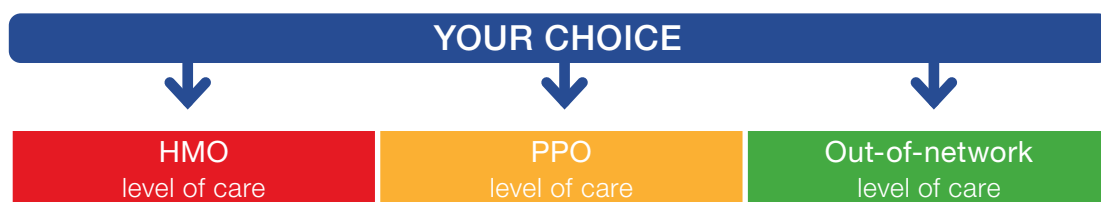
Who do I call if I have questions?

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 out-of-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 out-of-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 out-of-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

Out-of-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 an out-of-network hospital. You or your doctor must call for preauthorization (calendar-year deductible may apply).

Go to an out-of-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 service pharmacy: If you take covered maintenance drugs for long-term medical conditions or for chronic conditions such as diabetes, you can have a 90-day supply delivered through our mail service pharmacy. 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 on this page by selecting *Mail service prescription refills*.

Lite Point of Service Plan

Benefit summary

Effective January 1, 2023

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-participating 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	LEVEL I HMO plan providers ²	LEVEL II Participating providers ²	LEVEL III Non-participating providers ²
Calendar-year medical deductible ¹	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 Participating providers ²	LEVEL III Non-participating providers ²
PHYSICIAN SERVICES – OUTPATIENT			
• Physician and specialist office visits. Note: For Level I HMO plan providers, 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			
• 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			
• Outpatient surgery performed in a participating ambulatory surgery center (ASC)	\$75/surgery	20%	30% ³
• Outpatient surgery in a hospital	\$75/surgery	20%	30% ³
• Outpatient services for treatment of illness or injury and necessary supplies (except as described under "Rehabilitative Services")	No charge	20%	30% ³
HOSPITAL SERVICES AND STAY			
• Inpatient physician services	No charge	20%	30%
• Inpatient non-emergency facility services (semi-private room and board, medically necessary services and supplies, including subacute care)	No charge	20%	30% ⁴
• Inpatient medically necessary skilled nursing facility services including subacute care ⁵	No charge	20%	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 services	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			
• 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 Participating providers ²	LEVEL III Non-participating providers ²
MENTAL HEALTH AND SUBSTANCE USE DISORDER BENEFITS 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
OTHER			
Hospice			
• Routine home care, inpatient respite care, 24-hour continuous home care, general inpatient care	No charge	Not covered ⁷	Not covered ⁷
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 ^{8,9,10,11,12} (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		Services	Member copayment
• Calendar-year benefit maximum	Unlimited	• Acupuncture services	\$15
• Calendar-year deductible	None	• Chiropractic services	\$15
• Calendar-year chiropractic appliances benefit ¹³	\$50	• Services outside ASH provider network	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, 2023

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-participating 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	LEVEL I HMO plan providers ²	LEVEL II Participating providers ²	LEVEL III Non-participating providers ²
Calendar-year medical deductible ¹	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 Participating providers ²	LEVEL III Non-participating providers ²
PHYSICIAN SERVICES – OUTPATIENT			
• Physician and specialist office visits. Note: For Level I HMO plan providers, 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")	No charge	10%	30% ³
HOSPITAL SERVICES AND STAY			
• 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 services	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 Participating providers ²	LEVEL III Non-participating providers ²
MENTAL HEALTH AND SUBSTANCE USE DISORDER BENEFITS⁶		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
OTHER				
Hospice				
• Routine home care, inpatient respite care, 24-hour continuous home care, general inpatient care		No charge	Not covered ⁷	Not covered ⁷
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^{8,9,10,11,12} (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		Services		Member copayment
• Calendar-year benefit maximum	Unlimited	• Acupuncture services		\$10
• Calendar-year deductible	None	• Chiropractic services		\$10
• Calendar-year chiropractic appliances benefit ¹³	\$50	• Services outside ASH provider network		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 lifestyle platform which includes popular mental health apps such as Headspace and Ginger
- > Find information on programs and services including:
 - Teladoc, which gives you access to U.S. board-certified doctors and licensed mental health professionals by phone or video for a \$0 copay
 - Walk-in non-emergency care at CVS MinuteClinics® and Target Clinics across California through your Level II (PPO) benefits
 - The network retail pharmacy vaccine program, which allows you to get vaccines for the flu, shingles, and more at participating major chain pharmacies such as CVS, Walgreens, and others
 - LifeReferrals 24/7SM, which gives you access to a team of experienced professionals who can offer confidential support to help you with personal, family, and work issues at any time
- > Learn about the wellness discount programs¹ available to you along with the benefits included in your plan, such as:
 - Fitness memberships
 - Acupuncture services
 - Chiropractic services
 - Therapeutic massage services
 - Eye exams, frames, contact lenses, and LASIK surgery
- > Learn about your CAPE-sponsored benefits
 - View the CAPE Benefit Trust Brochure
 - Access plan documents, including the Summary of Benefits and more

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 (e.g., Family Practice), or search by doctor name or medical group.

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 (e.g., Family Practice), or search by doctor name or medical group.

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 covered maintenance drugs for long-term medical conditions or 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 short-term prescription refills 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• Allergies• Sinus problems• 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:</p> <ul style="list-style-type: none">• Are practicing primary care physicians, pediatricians, or family physicians• Have an average of 20 years of experience• Are board certified and licensed• Are 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.



Care Management Program

Get a dedicated care manager and health team – at no extra cost.

When your health care becomes complicated, you don't have to go it alone. With Care Management from Shield Support, you've got a team of nurses, health coaches, and other specialists by your side. They can give support, answer questions, and provide expert help – all at no additional cost to you.



How does it work?

Once enrolled, a care manager will be there for you when needed. They'll call you periodically to check in, and you can call them as well. Your doctor will continue to provide medical care, while your care manager can support you in between visits (or just when you need some extra help).

A care manager can:

- Help you understand your condition and treatment options
- Support you in managing your day-to-day health needs
- Work with you to meet your health goals so you can feel better sooner
- Coordinate your care with your doctor and healthcare team
- Help you navigate the healthcare system and access valuable resources

Although your care manager will be your main program contact, you and your doctor will always make the decisions about your treatment options. By working closely with your doctor and using the resources available in your community, your care manager can help you through a difficult time.



Who is eligible for Care Management?

Care Management can support members with a number of conditions and illnesses. These include cancer, heart disease, chronic conditions such as pain, diabetes, and arthritis, and more. In addition, this program can help members heal and recover following a hospital stay for a heart attack, stroke, surgery, or major injury.

Interested in learning more?

Give us a call at (877) 455-6777 to see if Care Management is right for you. We're available Monday through Friday from 8 a.m. to 5 p.m. Pacific time. Your medical history and information will be kept confidential.

Wellvolution

Support your mental health with two popular apps, Headspace and Ginger. These are available to you through Wellvolution®, our digital lifestyle platform.

Get mental health care – no matter where you are, when you need it, or what you're going through.



Headspace

Meditation and sleep made simple.

Headspace is the world's leading science-backed meditation app. You can use it to help reduce stress, increase resilience, and get a better night's rest.

Headspace includes:

- 1,000+ hours of exercises to help you live your whole day mindfully
- Over 500 guided meditations on topics like stress, self-esteem, and resilience
- Sleepcasts, music, and bedtime audio for restful nights



Ginger

On-demand mental health support day or night.

Ginger provides on-demand, confidential mental healthcare through coaching and self-guided activities. This app is available 24/7/365 and goes where your smartphone goes.

Ginger offers:

- Real-time behavioral health coaching within seconds
- In-app content including mental health tips and resources
- Video therapy and psychiatry sessions within days (available for a copay as stated in your health plan coverage)

As a CAPE/Blue Shield of California medical plan member, you and your covered dependents who are age 18 and older are eligible to participate in Wellvolution. Change your health, change your life. Visit **wellvolution.com** to get started today.

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

Find exciting ways to get fit.

Fitness Your Way®, available through Tivity Health®, gives you access to thousands of gyms¹ with no long-term contracts, plus virtual classes, for one low monthly membership fee.²

With Fitness Your Way, you can choose from the new program packages listed below.³ You pay a one-time enrollment fee of \$19 for all packages, with monthly membership fees² as shown below.



Digital Only (\$10 monthly) – Gives you access to third-party providers LES MILLS™ and BurnAlong⁴. LES MILLS offers exclusive on-demand workouts led by world-class instructors. Choose from full-body weight workouts, martial arts-inspired classes, new generation yoga, high-intensity classes, and more. BurnAlong offers thousands of workouts and live classes including cardio, bootcamps, barre, nutrition, yoga, and stress management.

Base tier (\$19 monthly) – Includes about 3,000 fitness locations nationwide that offer cardio and strength machines. Select locations also have small group fitness classes.

Core tier (\$29 monthly) – Includes more than 8,000 fitness locations nationwide that offer expanded group fitness classes, free weights, and resistance training. Select locations also have pools and saunas.

Power tier (\$39 monthly) – Includes more than 12,000 fitness locations nationwide that provide access to full-service clubs with amenities such as pools, saunas, group fitness classes, racquetball and basketball courts, and more.

As a CAPE/Blue Shield of California medical plan member, you and your covered dependents who are age 18 and older are eligible to participate in Fitness Your Way. Visit fitnessyourway.tivityhealth.com/bsc to enroll. Or call (888) 502-0867, Monday through Friday, 5 a.m. to 5 p.m. Pacific time.

1. Fitness locations are not owned or operated by Tivity Health, Inc. or its affiliates. Fitness Program membership entitles members to use 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. Fees quoted exclude applicable sales tax. For pricing information visit fitnessyourway.tivityhealth.com/bsc. Limitations apply. See Program Agreement for details.
3. New program packages and future enhancements not currently available are subject to change. Check website for updates to Program Agreement and availability of new program packages and future enhancements.
4. BurnAlong and LES MILLS are third-party providers and are not owned or operated by Tivity Health or its affiliates. Users must have Internet service to access the content. Internet service charges are the responsibility of the user.

Blue Shield of California is an independent member of the Blue Shield Association. Tivity Health discounts are not a covered benefit of Blue Shield health plans, and none of the terms or conditions of Blue Shield health plans apply. Tivity Health discounts are available to all members with a Blue Shield medical, dental, vision, or life insurance plan. The network of Tivity Health providers and facilities in this program are managed outside of Blue Shield of California. Blue Shield does not review the services provided by Tivity Health, nor does Blue Shield make any recommendations, representations, claims, or guarantees regarding the providers, their availability, fees, services, or products.

Tivity Health Services, LLC is an independent vendor that provides solutions to improve health and well-being. Fitness Your Way and Tivity Health are registered trademarks of Tivity Health, Inc. The Fitness Your Way logotype is a trademark of Tivity Health, Inc. © 2022 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, chronic pain, cancer, and others. Services include personalized health coaching, care plan development, provider coordination, and more.



Fitness Your Way – Get access to online classes, fitness programs, and participating gyms nationwide and in your area.



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



Maternity Program – This program is designed to give you digital and virtual support for your pregnancy and postpartum needs. You can also get support if you have experienced a pregnancy loss.



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



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



NurseHelp 24/7SM – 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 – Live 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 – Get lifestyle-based tools and support to lose weight, treat diabetes, support mental health, and more.

LifeReferrals 24/7 and NurseHelp 24/7 are service marks 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. These program services are not a covered benefit of Blue Shield health plans and none of the terms or conditions of Blue Shield health plans apply. Blue Shield reserves the right to terminate this program at any time without notice.

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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. The following do not count toward members' out-of-pocket maximum:
 - Any amounts members pay toward their deductible
 - Charges for services that are not covered
 - Charges over the allowed charges (Level I) or allowable amount (Level II and Level III)Members will continue to be responsible for these costs even after they reach their out-of-pocket maximum.
2. The member is responsible for the copayment in addition to any charges above the allowable amounts. The copayment percentage indicated is a percentage of allowable amounts. Participating providers accept Blue Shield's allowable amount as full payment for covered services. Non-participating providers can charge more than these amounts. When members use non-participating 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. The calendar-year deductible applies to the combined services of participating and non-participating 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-participating hospital is subject to a benefit maximum of \$600/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 in-patient hospital services received from a non-participating hospital is subject to a benefit maximum of \$600/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 up to 100 days per member, per benefit period, except when provided as part of a hospice program. All days count towards the limit, including days during any applicable deductible period and days in different skilled nursing facilities during the calendar year.
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-participating providers are administered by Blue Shield. There are no Level II providers for mental health and substance use disorder services, other than inpatient care in a hospital for medical acute detoxification.
7. Out-of-network hospice is not covered unless pre-authorized. When these services are pre-authorized, the member pays the Level I copayment.
8. Specialty drugs are drugs that require coordination of care, close monitoring, or extensive patient training for self-administration that cannot be met by a retail pharmacy, and that are available at a Network Specialty Pharmacy. Specialty drugs may also require special handling or manufacturing processes (such as

biotechnology), restriction to certain physicians or pharmacies, or reporting of certain clinical events to the FDA. Specialty drugs generally have a higher cost.

Specialty drugs are only available from a Network Specialty Pharmacy. A Network Specialty Pharmacy provides specialty drugs by mail or, at a member's request, will transfer the specialty drug to an associated retail store for pickup. A Network Specialty Pharmacy offers 24-hour clinical services, coordination of care with physicians, and reporting of certain clinical events associated with select drugs to the FDA. To be covered, most specialty drugs require prior authorization by Blue Shield.

9. If members select a brand drug when a generic drug equivalent is available, they are responsible for the difference between the cost to Blue Shield for the brand drug and its generic drug equivalent plus the formulary generic copayment or coinsurance. This difference in cost will not count towards any calendar-year pharmacy deductible, medical deductible, or the calendar-year out-of-pocket maximum. Please refer to the Evidence of Coverage and the plan contract for exact terms and conditions of coverage.
10. Select formulary and non-formulary drugs require prior authorization by Blue Shield for medical necessity, and when effective, lower-cost alternatives are available.
11. 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.
12. 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, members do not have to enroll in a Medicare prescription drug plan while they maintain this coverage. However, members should be aware that if they have a subsequent break in this coverage of 63 days or more any time after they were first eligible to enroll in a Medicare prescription drug plan, they could be subject to a late enrollment penalty in addition to their Part D premium.
13. Chiropractic appliances are covered up to a maximum of \$50 in a calendar year as authorized by ASH Plans. This maximum 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.

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.

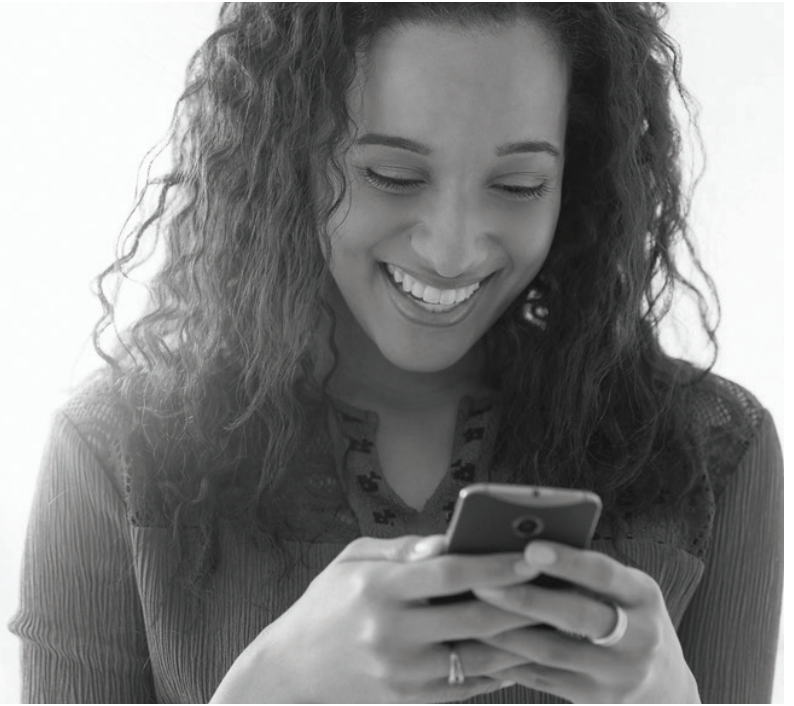
The networks of practitioners and facilities in the discount programs are managed by external program administrators, including any screening and credentialing of providers. Blue Shield does not review the services provided by discount program providers for medical necessity or efficacy, nor does Blue 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.