Value, quality, providers you know and deserve

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CAPE AFL-CIO California Association of Professional Employees BENEFIT TRUST

Your healthcare. Your choice.



2027 CAPE/Blue Shield of California
Lite and Classic Point of Service (POS) Plans

Offered to all Choices eligible employees

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

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.

		YOUR CHOICE		
		HMO level of care	**PPO level of care**	**Out-of-network level of care**
Plan features		• Lowest out-of-pocket cost, fixed copayments. • Highest level of benefits. • No deductible, no claim forms.	• Choose from our PPO provider network at a higher out-of-pocket cost. • Pay affordable copayments (calendar-year deductible may apply).	• 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.
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 if possible. Or, call the Customer Service number on the back of your ID card for help. Urgent care centers are an alternative when your doctor is not available.	Call a PPO doctor or go to a network urgent care center. Go to the *Find a doctor* section of **blueshieldca.com/cape** or call Blue Shield Customer Service 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 as soon as possible.	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	Find a provider at **blueshieldca.com/cape**. At the top of the page, select *Find a doctor* then choose *Doctors and hospitals*.	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 within the U.S. or a Blue Shield Global® Core provider outside the U.S. only for urgent or emergency care by going to the *Find a doctor* section of **blueshieldca.com/cape**.	Find a PPO BlueCard provider within the U.S. for covered services by going to the *Find a doctor* section of **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 grocery, discount, and drug stores. Show your Blue Shield member ID card at a network pharmacy to receive up to a 30-day supply of covered medications. Amazon Pharmacy home delivery: 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 Amazon Pharmacy. Specialty drugs: Specialty drugs are only available up to a 30-day supply from a network specialty pharmacy. To be covered, specialty drugs require prior authorization by Blue Shield. To learn more about your pharmacy benefits, find network pharmacies, or specialty drugs visit **blueshieldca.com/cape** and select *Health plans* then *Pharmacy benefits*. Or call Blue Shield Customer Service.		

Amazon Pharmacy is independent of Blue Shield of California and is contracted with Blue Shield to provide Home Delivery Pharmacy Services to Blue Shield members for their prescription medications. Members are responsible for their share of costs, as stated in their benefit plan details. Information about specific prescription drug benefits and drug benefit exclusions can be found in the member's plan documents. Members may call the customer service number on their Blue Shield member ID card if they have questions about their Blue Shield prescription drug coverage. Amazon and all related marks are trademarks of Amazon.com, Inc. or its affiliates.

Lite point of service plan

Benefit summary

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

Effective January 1, 2027

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 participating providers[2]	LEVEL II PPO 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 participating providers[2]	LEVEL II PPO 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 or your assigned medical group/IPA first for instructions if possible. Or call the Customer Service number on the back of your ID card for help.	$10/visit	$25/visit (not subject to the calendar-year deductible)	30%

Covered services	Member copayment		
	LEVEL I HMO participating providers[2]	LEVEL II PPO participating providers[2]	LEVEL III Non-participating providers[2]
Mental health and substance use disorder benefits		Except for medical acute detoxification[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[6]	Not covered[6]
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%
Fertility care	Diagnosis and treatment of infertility and fertility services in accordance with State of California requirements, including a maximum of three completed oocyte retrievals with unlimited embryo transfers are covered.		
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[7,8,9,10] (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	$20/prescription	$40/prescription
• Non-formulary brand-name drugs	$30/prescription	$60/prescription
• Specialty drugs	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[11]			
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	$50	• Services outside ASH provider network	Not covered

* Chiropractic and acupuncture benefits through American Specialty Health (ASH).

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, 2027

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 participating providers[2]	LEVEL II PPO 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 (for many covered services)[1]	$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 participating providers[2]	LEVEL II PPO 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 or your assigned medical group/IPA first for instructions if possible. Or call the Customer Service number on the back of your ID card for help.	$10/visit	$20/visit (not subject to the calendar-year deductible)	30%

Covered services	Member copayment		
	LEVEL I HMO participating providers[2]	LEVEL II PPO participating providers[2]	LEVEL III Non-participating providers[2]
Mental health and substance use disorder benefits		Except for medical acute detoxification[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	10%	Not covered
Other			
Hospice • Routine home care, inpatient respite care, 24-hour continuous home care, general inpatient care	No charge	Not covered[6]	Not covered[6]
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%
Fertility care	Diagnosis and treatment of infertility and fertility services in accordance with State of California requirements, including a maximum of three completed oocyte retrievals with unlimited embryo transfers are covered.		
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[7,8,9,10] (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	$20/prescription	$40/prescription
• Non-formulary brand-name drugs	$30/prescription	$60/prescription
• Specialty drugs	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[11]

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	$50	• Services outside ASH provider network	Not covered

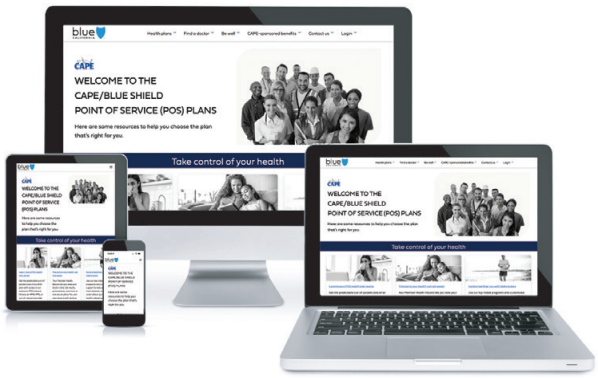
* Chiropractic and acupuncture benefits through American Specialty Health (ASH).

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. Scan the QR code or visit **blueshieldca.com/cape**. Additional resources can be found at **choosecape.com**.



- Find doctors, hospitals, specialists, and more – all with one simple tool.
- View or download your latest health plan documents.
- Learn about your pharmacy benefits.
- Check out Wellvolution®, our digital lifestyle platform, that has tools to help you lose weight, prevent diabetes, quit smoking, and more.
- Find information on programs and services:
  - Teladoc Health – Talk to U.S. board-certified doctors and licensed mental health professionals by phone or video for a $0 copay.
  - MinuteClinic® – Access walk-in healthcare from registered nurses every day at CVS through your Level II (PPO) benefits.
  - The network retail pharmacy vaccine program – Get vaccines for the flu, shingles, and more at participating major chain pharmacies such as CVS, Walgreens, and others.
- Explore the wellness discount programs[1] available to you along with the benefits included in your plan, such as:
  - Fitness memberships
  - Acupuncture and 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.

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 programs 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. Any disputes regarding Wellvolution may be subject to Blue Shield's grievance process described in the Grievance Process section of the Evidence of Coverage and Disclosure Form.

You may receive services from network providers on an in-person basis or via telehealth, if available. Contact your primary care provider, treating specialist, facility, or other health professional to learn whether telehealth is an option. Network telehealth and in-person services are subject to the same timeliness and geographic access standards. If your plan has out-of-network benefits, they are subject to your plan's cost-sharing obligations and balance billing protections.

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.

Find a doctor, pharmacy, or online drug formulary

Find a doctor in the POS network

For HMO network (Level I) benefits, first select a primary care physician (PCP):

- Go to **blueshieldca.com/cape**.
- Select *Find a doctor* then choose *Doctors and hospitals*.
- Under "Providers within California," click *HMO providers (Level I)*.
- Enter your location.
- Select the type of PCP you want (like family practice or internal medicine), or search by doctor's name or medical group.

To find the PCP's ID number, click on the doctor's name and then select *See ID's* under Licensing and "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 doctor* then choose *Doctors and hospitals*.
- Under "Providers within California," click *PPO providers (Level II)*.
- Enter your location.
- Select the type of PCP you want (like family practice or internal medicine), or search by doctor's name or medical group.



Questions? We can help.

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

Get cost-saving pharmacy benefits

Visit **blueshieldca.com/cape** and scroll to "Learn about your pharmacy benefits" to find a pharmacy, search our drug formulary, and learn about Amazon Pharmacy home delivery. 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 Amazon Pharmacy. For more information, go to **blueshieldca.com/cape** and select *Pharmacy benefits*. Or call Customer Service for further assistance at **(855) 256-9404** from 7 a.m. to 7 p.m. Pacific time, Monday through Friday.

Want to save money on your prescriptions?
With our Price Check My Rx tool, you can check prescription costs, shop around for lower prices, and see your options. Visit **blueshieldca.com/cape** to learn more.

Get the care you need, right when you need it

The Emergency room (ER) isn't your only option. Get access to care for less – often in minutes, not hours.

ER bills can be expensive. For non-emergency concerns, you can choose care options that offer quick support at lower costs. These services are included in your plan and can help you avoid unnecessary expenses.

Virtual care

Talk with your doctor by video or phone from anywhere. Call your doctor's office to ask if telehealth is available.

Teladoc Health

For a $0 copay, you can speak with a U.S. board-certified doctor who can write prescriptions[1] or a licensed mental health professional.

After you register, you can schedule a virtual care appointment at **blueshieldca.com/teladochealth** or by calling **(800) 835-2362 [TTY: (855) 636-1578]**.

NurseHelp 24/7℠

Not sure what type of care you need? A nurse can help you decide. Support is available 24 hours a day, seven days a week.

To talk to a nurse, visit us online at **blueshieldca.com/nursehelp** or call **(877) 304-0504 (TTY: 711)**.

Urgent care centers

Get treated for injuries, infections, and other non-emergency needs – typically with shorter wait times and lower out-of-pocket costs – without an appointment. Find an urgent care center in your network that's near you by visiting **blueshieldca.com/cape-fad**.

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

1 Refer to your prescription drug coverage for any out-of-pocket costs. If you do not have prescription drug coverage, you are responsible for the cost of the prescription drug. Teladoc Health does not prescribe DEA-controlled substances, non-therapeutic drugs, and certain other drugs which may be harmful because of their potential for abuse.

NurseHelp 24/7 is a service mark of Blue Shield of California. NurseHelp 24/7 is a healthcare advice line. Nurses do not provide medical services for treatment or diagnosis.

You may receive services from network providers on an in-person basis or via telehealth, if available. Contact your primary care provider, treating specialist, facility, or other health professional to learn whether telehealth is an option. Network telehealth and in-person services are subject to the same timeliness and geographic access standards. If your plan has out-of-network benefits, they are subject to your plan's cost-sharing obligations and balance billing protections.

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Prioritize your mental health

Access a variety of programs, services, and tools.

As a CAPE/Blue Shield of California medical plan member, you have access to the following mental health resources.

CredibleMind

This mental health website offers articles, podcasts, mental health assessments, and more.
blueshieldca.crediblemind.com

Wellvolution

You have access to premium health apps and programs.
wellvolution.com

Fitness and physical therapy

Whether you're looking to sleep better, reduce stress, lose weight, get fitness and physical therapy, or manage a health condition like heart disease or diabetes, you have access to premium health apps and programs.

Teladoc Health

With Teladoc Health, you can speak to a licensed mental health professional by phone or video at no extra cost. Appointments are available daily from 7 a.m. to 9 p.m. PT for members age 13 and older.
blueshieldca.com/teladochealth

Additional resources

- Mental health resources – Explore more of what Blue Shield coverage offers at **blueshieldca.com/mentalhealth**.
- LifeReferrals 24/7℠ – Personal, family, and work support whenever you need it at **(800) 985-2405 (TTY: 711)**.
- Emergency and crisis care – Call the National Suicide and Crisis Lifeline at **988** or visit **988lifeline.org**.



CredibleMind is independent of Blue Shield of California and is contracted by Blue Shield to deliver this mental well-being platform. 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.

LifeReferrals 24/7 is a service mark of Blue Shield of California. LifeReferrals 24/7 is offered by Blue Shield of California and Blue Shield of California Life & Health Insurance Company.

Blue Shield is not a mental health provider and does not provide mental and behavioral health services. Please contact your doctor if you need mental or behavioral health services. If you think you are experiencing a mental health emergency, please call 988.

You may receive services from network providers on an in-person basis or via telehealth, if available. Contact your primary care provider, treating specialist, facility, or other health professional to learn whether telehealth is an option. Network telehealth and in-person services are subject to the same timeliness and geographic access standards. If your plan has out-of-network benefits, they are subject to your plan's cost-sharing obligations and balance billing protections.

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.

Keep your health on track

Get preventive care to detect health issues early and Care Management for ongoing conditions.

Preventive care

Preventive care is critical. Your family's health could depend on it. Preventive care is key to detecting health issues such as cancer and diabetes early – when they're often easier to treat.

Your CAPE/Blue Shield medical plan covers your costs for preventive care visits.* During your visit, your doctor will determine what tests or health screenings are right for you based on factors such as your age, gender, health status, and family history. You can also see which immunizations and health screenings are right for you. Visit **blueshieldca.com/preventive**.

Care for ongoing conditions

When your health care becomes complicated, you're not alone. With Care Management, you've got a team of nurses, health coaches, and other specialists by your side – at no additional cost.

How does it work?
Once enrolled, a care manager will be there for you when needed. You can call your care manager from 8 a.m. – 5 p.m. Pacific time, Monday through Friday. They'll also call you periodically to check in.
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

Who is eligible for Care Management?
Care Management can support members with cancer, heart disease, chronic conditions such as diabetes and arthritis, and more. In addition, this program can help members recover following a hospital stay for a heart attack, stroke, surgery, or major injury.

To see if Care Management is right for you, call **(877) 455-6777 (TTY: 711)** from 8 a.m. to 5 p.m. Pacific time, Monday through Friday.

* Important: If you and your doctor discuss new medical concerns or a current illness, your doctor may consider the entire visit a medical treatment visit. In this case, your plan would not cover your appointment as preventive care. You would have to pay the plan's physician office copayment or coinsurance.

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.

Support your health goals with Wellvolution

Make healthy living fit your life and budget with premium health apps and programs

You have access to premium health apps and programs. Whether you're looking to lose weight, prevent diabetes, and quit smoking, these programs are designed to make it easy and convenient.

Start making changes

Take advantage of all of the tools available through Blue Shield at **wellvolution.com**. Need help? We're here to answer questions and assist with joining programs at **(866) 671-9644 (TTY: 711)**.

Find a program through Wellvolution®

1. Sign up or log in at **wellvolution.com**
2. Pick a health goal and take a short assessment
3. Get matched with a program that works for you, and you can start right away

Do it from home (or anywhere)
No need to travel – access your program with just a few clicks.

Flexible commitment
You can dedicate as much (or as little) time as you like.

Fits your schedule
Morning or night, you decide when it's time to focus on you.

No added cost
That's right – it's included with your Blue Shield plan.



You and your covered dependents who are age 18 and older are eligible to participate in Wellvolution. To learn more, visit **wellvolution.com**.

Blue Shield of California is not a healthcare provider and does not provide medical advice. Always consult with your physician or other qualified healthcare provider with any questions regarding a medical condition.

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Blue Shield programs and services

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

Care Management
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.

CredibleMind mental health resource hub
Find resources on everything from stress and anxiety to happiness and resilience.

Fitness Your Way®
Access network fitness centers and online classes on a budget you can live with.

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

Maternity support
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.

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

Non-emergency care at MinuteClinic
Access walk-in healthcare from registered nurses every day at CVS through your Level II (PPO) benefits.

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

Preventive care
Stay up to date on your annual exams, screenings, and immunizations.

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

Wellness discount programs
Live healthier with a wide range of discount programs. These include discounts for fitness club memberships, acupuncture, chiropractic services, therapeutic massage, eye exams, frames, contact lenses, and LASIK surgery.

Wellvolution
Get lifestyle-based tools and support to lose weight, prevent diabetes, quit smoking, and more.

NurseHelp 24/7 is a service mark of Blue Shield of California. NurseHelp 24/7 is a healthcare advice line. Nurses do not provide medical services for treatment or diagnosis.

Tivity Health, Inc. 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.

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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), 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. Services provided by a non-participating hospice agency are not covered except in certain circumstances where there are no participating hospice agencies in your area and services are prior authorized.

7. 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.

8. 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.

9. Some drugs, most specialty drugs, and prescriptions for drugs exceeding specific quantity limits require prior authorization to be covered.

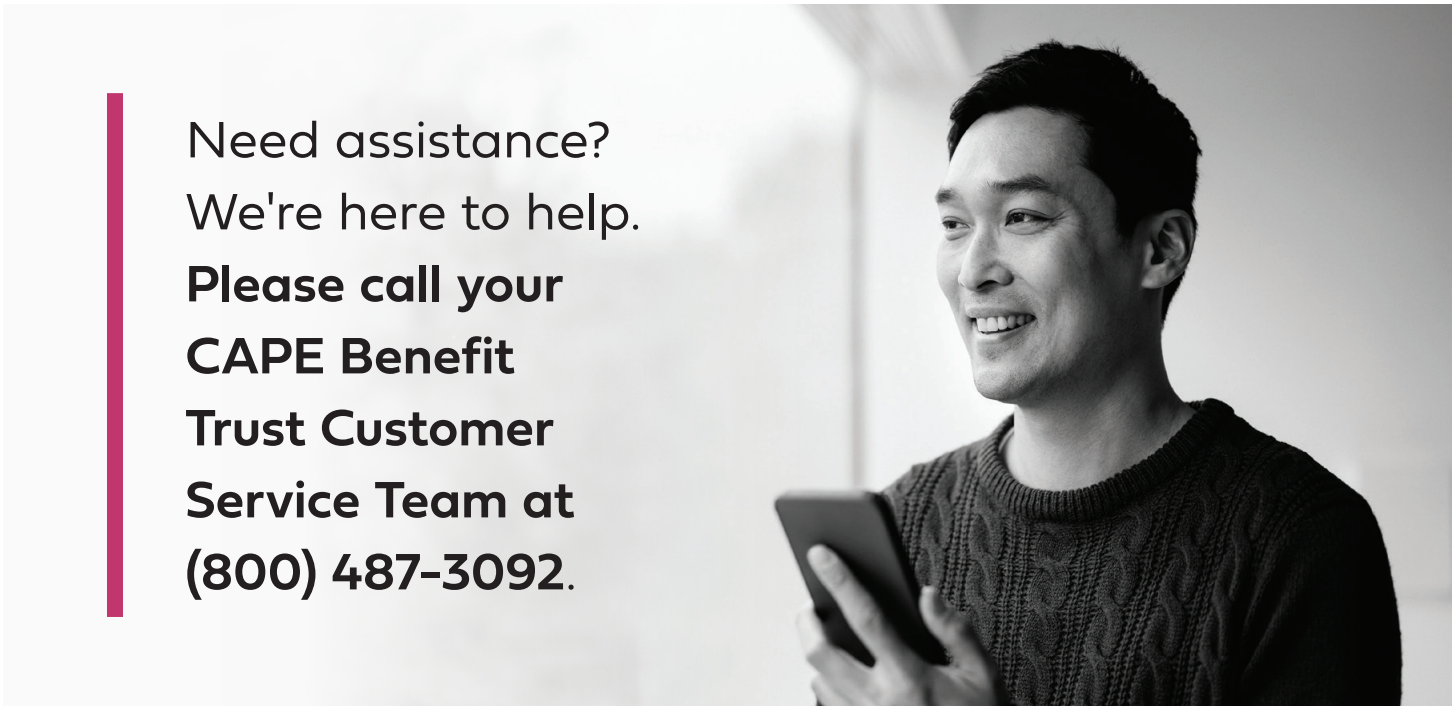
10. This prescription Drug coverage is on average equivalent to or better than the standard benefit set by the federal government for Medicare Part D (also called creditable coverage). Because this prescription Drug coverage is creditable, members do not have to enroll in Medicare Part D while they maintain this coverage; however, members should be aware that if they do not enroll in Medicare Part D within 63 days following termination of this coverage, members could be subject to Medicare Part D premium penalties.

11. All Covered Services, except for (1) the initial examination and treatment by an ASH Participating Provider; and (2) Emergency Services, must be determined as Medically Necessary by American Specialty Health (ASH). Unlimited visits per member, per calendar year. Services are not subject to the calendar year deductible and do count towards the calendar year out-of-pocket maximum. Benefits include initial examination, subsequent office visits, chiropractic supports and appliances, and more.

Wellness discount program endnote (page 7)

1. These discount program services are not covered benefits 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. See **blueshieldca.com/wellnessdiscounts** for the full disclaimer and trademark information.

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** or **choosecape.com**.

Language Assistance Notice
For assistance in English at no cost, call **(866) 346-7198**. Para obtener asistencia en Español sin cargo, llame al **(866) 346-7198**. 如果需要中文的免费帮助，请拨打这个号码 **(866) 346-7198**.

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The company complies with applicable state laws and federal civil rights laws and does not discriminate, exclude people, or treat them differently on the basis of race, color, national origin, ethnic group identification, medical condition, genetic information, ancestry, religion, sex, marital status, gender, gender identity, sexual orientation, age, mental disability, or physical disability. La compañía cumple con las leyes de derechos civiles federales y estatales aplicables, y no discrimina, ni excluye ni trata de manera diferente a las personas por su raza, color, país de origen, identificación con determinado grupo étnico, condición médica, información genética, ascendencia, religión, sexo, estado civil, género, identidad de género, orientación sexual, edad, ni discapacidad física ni mental. 本公司遵守適用的州法律和聯邦民權法律，並且不會以種族、膚色、原國籍、族群認同、醫療狀況、遺傳資訊、血統、宗教、性別、婚姻狀況、性別認同、性取向、年齡、精神殘疾或身體殘疾而進行歧視、排斥或區別對待他人。

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.