

blue  of california



# your health care, your choice!

2020 CAPE/Blue Shield of California  
Lite and Classic Point of Service (POS) Plans\*

## what's inside

## pages

How does a POS plan work?	1-2
What benefits are included in each plan?	3-6
Get instant access to your plan information online	7
Find a provider	8
<b>*Redesigned* Wellvolution program</b>	9
<b>*New* Fitness Your Way program</b>	10
Teladoc: Talk to a doctor anytime 24/7/365	11
\$20,000 survivor benefit group term life insurance	12
Blue Shield programs and services	13

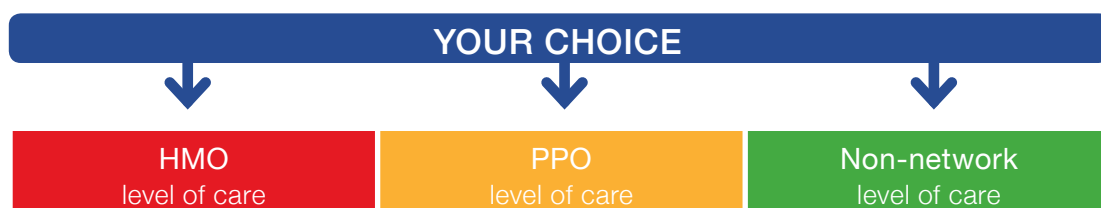
## who do I call if I have questions?

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



## How does a POS plan work?

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



### Plan features

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



### Choosing a doctor

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

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

## YOUR CHOICE

HMO  
level of care

PPO  
level of care

Non-network  
level of care



### Emergency care

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

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

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

### Urgent care

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

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

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



### Going to the hospital

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

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

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



### Mental health care

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

N/A

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



### Coverage outside California and abroad (See page 13 for info on the Travel Assistance Program for worldwide medical support.)

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

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



### Prescription drug coverage

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

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

## Lite Point of Service Plan

### Benefit summary

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

Effective January 1, 2020

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](https://blueshieldca.com/cape) and selecting *Health plan information*. **Important:** Non-preferred providers are reimbursed at the Blue Shield allowable amount. Members are responsible for any charges above this allowable amount, even when a \$0 copay is listed in the benefit summary.

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

Covered Services	Member Copayment		
	LEVEL I HMO plan providers <sup>2</sup>	LEVEL II Preferred providers <sup>2</sup>	LEVEL III Non-preferred providers <sup>2</sup>
<b>PHYSICIAN SERVICES – OUTPATIENT</b>			
<ul style="list-style-type: none"> <li>Physician and specialist office visits. <b>Note:</b> For network benefits provider level, a woman may self-refer to an OB/GYN or family practice physician in her PCP's medical group or IPA for OB/GYN services.</li> </ul>	\$10/visit	\$25/visit (not subject to the calendar-year deductible)	30%
<b>OUTPATIENT X-RAY, PATHOLOGY, AND LABORATORY</b>	No charge	20%	30%
<b>PREVENTIVE CARE</b>			
<ul style="list-style-type: none"> <li>Routine physical exam, vision and hearing screenings, and medically necessary immunizations according to age schedule. <b>Note:</b> 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.</li> </ul>	No charge	No charge (not subject to the calendar-year deductible)	No charge (not subject to the calendar-year deductible)
<b>OUTPATIENT SERVICES</b>			
<b>Non-emergency</b>			
<ul style="list-style-type: none"> <li>Outpatient surgery performed in a participating ambulatory surgery center (ASC)</li> </ul>	\$75/surgery	20%	30% <sup>3</sup>
<ul style="list-style-type: none"> <li>Outpatient surgery in hospital</li> </ul>	\$75/surgery	20%	30% <sup>3</sup>
<ul style="list-style-type: none"> <li>Outpatient services for treatment of illness or injury and necessary supplies (except as described under "Rehabilitation Services" and "Speech Therapy Benefits")</li> </ul>	No charge	20%	30% <sup>3</sup>
<b>HOSPITALIZATION SERVICES</b>			
<ul style="list-style-type: none"> <li>Inpatient physician services</li> </ul>	No charge	20%	30%
<ul style="list-style-type: none"> <li>Inpatient non-emergency facility services (semi-private room and board, medically necessary services and supplies, including subacute care)</li> </ul>	No charge	20%	30% <sup>4</sup>
<ul style="list-style-type: none"> <li>Inpatient medically necessary skilled nursing facility services including subacute care<sup>5</sup></li> </ul>	No charge	20%	30% <sup>4</sup>
<b>EMERGENCY HEALTH COVERAGE</b>			
<ul style="list-style-type: none"> <li>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)</li> </ul>	\$50/visit	\$50/visit (not subject to the calendar-year deductible)	\$50/visit (not subject to the calendar-year deductible)
<ul style="list-style-type: none"> <li>Emergency room physician visits</li> </ul>	No charge	No charge (not subject to the calendar-year deductible)	No charge (not subject to the calendar-year deductible)
<b>AMBULANCE SERVICES</b> (emergency or authorized transport)	\$50	20%	20%
<b>URGENT CARE CENTER SERVICES</b>			
<ul style="list-style-type: none"> <li>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.</li> </ul>	\$10/visit	\$25/visit	30%

Covered Services		Member Copayment		
		LEVEL I HMO plan providers <sup>2</sup>	LEVEL II Preferred providers <sup>2</sup>	LEVEL III Non-preferred providers <sup>2</sup>
MENTAL HEALTH SERVICES (PSYCHIATRIC) <sup>6</sup>		LEVEL I MHSA* participating providers <sup>2</sup>	LEVEL II Except for medical acute detoxification <sup>2</sup>	LEVEL III MHSA* non-participating providers <sup>2</sup>
• Inpatient hospital facility services		No charge	N/A	30% <sup>4</sup>
• Outpatient mental health services		\$10/visit	N/A	30%
• Residential care		No charge	N/A	30% <sup>4</sup>
HOME HEALTH SERVICES				
• Home healthcare agency services (up to 100 visits per calendar year)		\$10/visit	20%	Not covered <sup>7</sup>
OTHER				
Hospice				
• Routine home care, inpatient respite care, 24-hour continuous home care, general inpatient care		No charge	Not covered <sup>8</sup>	Not covered <sup>8</sup>
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 and respiratory 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	Not covered	Not covered
PRESCRIPTION DRUG COVERAGE <sup>9,10,11,12,13</sup> (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	No charge
DURABLE MEDICAL EQUIPMENT				
Breast Pump		No charge	No charge (not subject to the calendar-year deductible)	No charge (not subject to the calendar-year deductible)
Other Durable Medical Equipment		No charge	No charge (not subject to the calendar-year deductible)	No charge (not subject to the calendar-year deductible)
DIABETES CARE BENEFITS				
Devices, equipment and non-testing supplies		No charge	No charge (not subject to the calendar-year deductible)	No charge (not subject to the calendar-year deductible)
CHIROPRACTIC AND ACUPUNCTURE**				
Covered benefits		Covered services		Member copayment
• Calendar-year benefit maximum	Unlimited	• Acupuncture services		\$15
• Calendar-year deductible	None	• Chiropractic services		\$15
• Calendar-year chiropractic appliances benefit <sup>14,15</sup>	\$50	• Non-network coverage		Not covered

\* Mental Health Service Administrator.

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

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



## Classic Point of Service Plan

### Benefit summary

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

Effective January 1, 2020

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](https://blueshieldca.com/cape) and selecting *Health plan information*. **Important:** Non-preferred providers are reimbursed at the Blue Shield allowable amount. Members are responsible for any charges above this allowable amount, even when a \$0 copay is listed in the benefit summary.

DEDUCTIBLES <sup>1</sup>	LEVEL I HMO plan providers <sup>2</sup>	LEVEL II Preferred providers <sup>2</sup>	LEVEL III Non-preferred providers <sup>2</sup>
Calendar-year medical deductible	None	\$300 per individual/\$600 per family	
Calendar-year copayment maximum <sup>1</sup> (for many covered services)	\$1,500 per individual/ \$3,000 per family	\$4,000 per individual/ \$8,000 per family (combined – Level II and Level III)	\$6,000 per individual/ \$12,000 per family (combined – Level II and Level III)
LIFETIME MAXIMUMS	None	None	None
Covered Services	Member Copayment		
	LEVEL I HMO plan providers <sup>2</sup>	LEVEL II Preferred providers <sup>2</sup>	LEVEL III Non-preferred providers <sup>2</sup>
<b>PHYSICIAN SERVICES – OUTPATIENT</b>			
• Physician and specialist office visits. Note: For network benefits provider level, a woman may self-refer to an OB/GYN or family practice physician in her PCP's medical group or IPA for OB/GYN services.	\$10/visit	\$20/visit (not subject to the calendar-year deductible)	30%
<b>OUTPATIENT X-RAY, PATHOLOGY, AND LABORATORY</b>	No charge	10%	30%
<b>PREVENTIVE CARE</b>			
• 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)
<b>OUTPATIENT SERVICES</b>			
<b>Non-emergency</b>			
• Outpatient surgery performed in a participating ambulatory surgery center (ASC)	\$50/surgery	10%	30% <sup>3</sup>
• Outpatient surgery in hospital	\$50/surgery	10%	30% <sup>3</sup>
• Outpatient services for treatment of illness or injury and necessary supplies (except as described under "Rehabilitation Services" and "Speech Therapy Benefits")	No charge	10%	30% <sup>3</sup>
<b>HOSPITALIZATION SERVICES</b>			
• 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% <sup>4</sup>
• Inpatient medically necessary skilled nursing facility services including subacute care <sup>5</sup>	No charge	10%	30% <sup>4</sup>
<b>EMERGENCY HEALTH COVERAGE</b>			
• Emergency room services not resulting in admission (ER facility copay does not apply if the member is directly admitted to the hospital for inpatient services)	\$50/visit	\$50/visit (not subject to the calendar-year deductible)	\$50/visit (not subject to the calendar-year deductible)
• Emergency room physician visits	No charge	No charge (not subject to the calendar-year deductible)	No charge (not subject to the calendar-year deductible)
<b>AMBULANCE SERVICES</b> (emergency or authorized transport)	\$50	10%	10%
<b>URGENT CARE CENTER SERVICES</b>			
• 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	30%

Covered Services		Member Copayment		
		LEVEL I HMO plan providers <sup>2</sup>	LEVEL II Preferred providers <sup>2</sup>	LEVEL III Non-preferred providers <sup>2</sup>
MENTAL HEALTH SERVICES (PSYCHIATRIC) <sup>6</sup>		LEVEL I MHSA* participating providers <sup>2</sup>	LEVEL II Except for medical acute detoxification <sup>2</sup>	LEVEL III MHSA* non- participating providers <sup>2</sup>
• Inpatient hospital facility services		No charge	N/A	30% <sup>4</sup>
• Outpatient mental health services		\$10/visit	N/A	30%
• Residential care		No charge	N/A	30% <sup>4</sup>
HOME HEALTH SERVICES				
• Home healthcare agency services (up to 100 visits per calendar year)		\$10/visit	10%	Not covered <sup>7</sup>
OTHER				
Hospice				
• Routine home care, inpatient respite care, 24-hour continuous home care, general inpatient care		No charge	Not covered <sup>8</sup>	Not covered <sup>8</sup>
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, and respiratory 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	Not covered	Not covered
PRESCRIPTION DRUG COVERAGE <sup>9,10,11,12,13</sup> (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	No charge
DURABLE MEDICAL EQUIPMENT				
Breast Pump		No charge	No charge (not subject to the calendar-year deductible)	No charge (not subject to the calendar-year deductible)
Other Durable Medical Equipment		No charge	No charge (not subject to the calendar-year deductible)	No charge (not subject to the calendar-year deductible)
DIABETES CARE BENEFITS				
Devices, equipment and non-testing supplies		No charge	No charge (not subject to the calendar-year deductible)	No charge (not subject to the calendar-year deductible)
CHIROPRACTIC AND ACUPUNCTURE**				
Covered benefits		Covered services		Member copayment
• Calendar-year benefit maximum	Unlimited	• Acupuncture services		\$10
• Calendar-year deductible	None	• Chiropractic services		\$10
• Calendar-year chiropractic appliances benefit <sup>14,15</sup>	\$50	• Non-network coverage		Not covered

\* Mental Health Service Administrator.

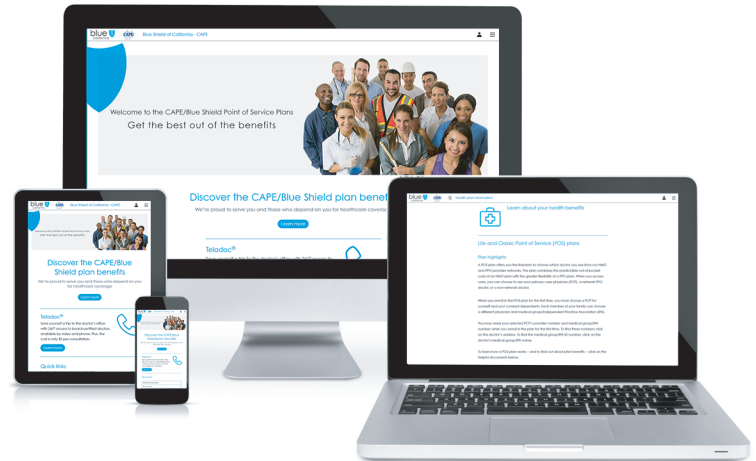
\*\* Chiropractic and Acupuncture benefits through American Specialty Health Plans of California, Inc. (ASH Plans).

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

# Get instant access to your plan information online!

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

Visit **[blueshieldca.com/cape](https://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 all-new digital platform for health and well-being
- > Find information on programs and services including:
  - In-person healthcare visits with Heal™ program doctors wherever you are – at home, in the office, or even a hotel
  - Prenatal support during pregnancy
  - Teladoc, which gives you 24/7 access to licensed doctors by phone or video to diagnose and treat many of your non-emergency medical conditions
  - NurseHelp 24/7 nurseline, and more
- > Learn about wellness discount programs<sup>1</sup> including:
  - Fitness memberships
  - Acupuncture
  - Chiropractic services
  - Therapeutic massage services
  - Eye exams, frames, contact lenses, and LASIK surgery
- > Find information on survivor life insurance
- > Learn about your CAPE-sponsored benefits



# Find a Blue Shield network doctor or pharmacy and search the Drug Formulary online

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



## Find a doctor in the POS network

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

- Go to **blueshieldca.com/cape**.
- Select *Find a doctor*.
- Select *Find providers in the Level I (HMO) Network*.
- Select *Primary Care Physician* to search for a network PCP.
- Enter your location.
- When asked to select your plan, choose HMO.
- Select the type of PCP you're looking for (Family Practice, General Practice, etc.).

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.

### 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**.

## For PPO Network (Level II) benefits:

- Go to **blueshieldca.com/cape**.
- Select *Find a doctor*.
- Select *Find providers in the Level II (PPO) Network*.
- Select *Doctors*.
- Enter your location.
- When asked to select your plan, choose PPO.
- Select the type of doctor you're looking for (Family Practice, General Practice, etc.).

## Get cost-saving pharmacy benefits

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

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

# Wellvolution

Your proven path  
to a healthier lifestyle



We've redesigned Wellvolution® to give you an all-new digital platform for health and well-being. It offers scientifically backed apps and programs to help you achieve your health goals – at no extra cost.

You choose the areas to focus on, and Wellvolution recommends apps or programs to help you meet your goals:



Prevent and  
reverse disease



Manage stress



Sleep better



Eat healthier



Move more



Ditch cigarettes

You and your covered dependents who are age 18 and older are eligible for this program.

## Get started with Wellvolution today!

- 1 Visit **wellvolution.com** to set up your new account (even if you've signed up before).
- 2 Answer a few questions about your health goals.
- 3 Discover the apps or programs that are right for you.

A digital platform for health and well-being

### Focus

Stay on track and progress  
along your proven path

### Support

Receive digital reminders,  
motivation, and engagement

### Results

All backed by real science  
for positive changes

# Fitness Your Way

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

This program is available through Tivity Health™. It gives you an affordable and convenient way to adopt a healthy lifestyle and remain committed to it. You and your covered dependents who are age 18 and older are eligible.



## Meet your goals

View your gym visits online to keep on track and stay motivated.



## On your time

Network includes more than 800 fitness locations in California and over 10,000 nationally.

- Finding locations is quick and easy: visit [fitnessyourway.tivityhealth.com/bsc](https://fitnessyourway.tivityhealth.com/bsc).
- Visit any participating location – anytime, anywhere – as often as you like.



## On your budget

\$25 initiation (one-time fee) and \$25 per month, per person.\*

## Enroll today in Fitness Your Way

- 1 Go to [fitnessyourway.tivityhealth.com/bsc](https://fitnessyourway.tivityhealth.com/bsc).
- 2 Click *Enroll*.
- 3 Complete the five easy steps to enrollment.

Or you can enroll over the phone at **(833) 283-8387**, Monday through Friday, 5 a.m. to 5 p.m. Pacific time.

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

Tivity Health and SilverSneakers are registered trademarks or trademarks of Tivity Health, Inc., and/or its subsidiaries and/or affiliates in the USA and/or other countries. © 2019 Tivity Health, Inc. All rights reserved.

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.

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.

# Blue Shield of California offers Teladoc



## Access to licensed doctors 24/7 by phone or video

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



### Use Teladoc

- If you're considering the ER or urgent care center for a non-emergency
- When on vacation, a business trip, or away from home
- For short-term prescription refills

### Get the care you need

Teladoc doctors can treat many medical conditions including:

- Cold and flu symptoms
- Allergies
- Bronchitis
- Respiratory infection
- Sinus problems
- Skin problems
- And more

### Meet the doctors

All Teladoc doctors:

- Are practicing primary care physicians, pediatricians, and family physicians
- Have an average of 20 years of experience
- Are board certified and licensed
- Are credentialed every three years

## Get started with Teladoc

### 1 Set up account

Visit [www.teladoc.com/bsc](http://www.teladoc.com/bsc), complete the required information, and click on *Set up account*. You can also call Teladoc at **1-800-Teladoc** (835-2362) for help.

### 2 Provide medical history

Your medical history provides Teladoc doctors with the information they need to make an accurate diagnosis.

**Web:** Log in to [www.teladoc.com/bsc](http://www.teladoc.com/bsc) and click *Update medical history*.

**Mobile:** Visit [www.teladoc.com/mobile](http://www.teladoc.com/mobile) to download the app. Log in, go to the menu icon on the top left, and click *Medical Info*.

**Phone:** Teladoc can help you complete your medical history over the phone. Call **1-800-Teladoc** (835-2362).

### 3 Request a consult

Once your account is set up, request a consult anytime you need care.

**Talk to a doctor  
anytime for a  
copay of \$5**

©2019 Teladoc, Inc. All rights reserved. Teladoc and the Teladoc logo are trademarks of Teladoc, Inc. and may not be used without written permission. Teladoc does not replace the primary care physician. Teladoc does not guarantee that a prescription will be written. Teladoc operates subject to state regulations and may not be available in certain states. Teladoc does not prescribe DEA-controlled substances, non-therapeutic drugs and certain other drugs that may be harmful because of their potential for abuse. Teladoc physicians reserve the right to deny care for potential misuse of services.

Blue Shield and the Shield symbol are registered trademarks of the BlueCross BlueShield Association, an association of independent Blue Cross and Blue Shield plans.

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.

# \$20,000 survivor benefit group term life insurance

## Coverage when you need it most

As a member of a CAPE/Blue Shield of California medical plan, you have survivor benefit group term life insurance with Blue Shield of California Life & Health Insurance Company included in your medical plan premium. This benefit not only offers you security, you'll also enjoy the convenience of a single point of contact for customer support from a source you can trust. In addition, the life insurance can be continued beyond the termination of your health plan through a conversion to an individual plan you pay for directly to Blue Shield.<sup>1</sup>

## Why is group term life insurance so important?

It's smart to prepare for the unexpected and know that your beneficiaries are provided with specific benefits that include protection in the event of a tragic loss. Here is information about how our coverage can meet your needs.

## Group term life insurance

**Your coverage.** Your CAPE survivor benefit group term life insurance amount is \$20,000.<sup>2</sup> The benefit will reduce to 65 percent of the original amount when you reach age 70, and will further reduce to 50 percent of the original amount at age 75. Coverage will terminate when you retire.

**Accelerated death benefit.** If you become terminally ill, you may elect an advanced payment of up to 50 percent of the death benefit.

## Who is eligible?

Your survivor benefit group term life insurance is available only to active County employees enrolled in a CAPE/Blue Shield of California medical plan who are working a minimum of 30 hours per week with no underwriting requirements. Spouse and dependent coverage is not available.

## Where to get more information

If you're interested in learning more about the survivor benefit group term life insurance, call your CAPE Benefit Trust Customer Service Team at (800) 487-3092. You can also go to [blueshieldca.com/cape](https://blueshieldca.com/cape) for more information.

## Waiver of Premium

Your survivor benefit group term life insurance that is included with your medical plan will be continued and paid for by CAPE for the first 12 months that you are on leave for a disabling medical condition. If you want to keep the life insurance after the 12 months, and you are still on leave for a disabling medical condition, you will need to apply for a Waiver of Premium.

**Important:** If you continue to be disabled or are totally disabled, you must apply for the Waiver of Premium before the end of the 12 months.

To start the waiver process, please contact your employer to complete the Waiver of Premium Claim Form. Your employer will submit your completed form to Blue Shield, which will review and determine your eligibility for the Waiver of Premium.

If you have questions about how to complete the Waiver of Premium Claim Form, please call Blue Shield Specialty Benefits Operations at (888) 800-2742, and press Option 3.

## DON'T FORGET YOUR BENEFICIARIES

**You must complete and return the enclosed beneficiary designation form if you want to designate a beneficiary to receive your \$20,000 survivor benefit group term life insurance proceeds. Submission instructions are on the form. If we don't receive your completed form, payment to the beneficiary may be delayed, and the proceeds will be paid out according to the schedule designated on the CAPE/Blue Shield of California policy. No need to submit a form if you already have and there are no changes. Your beneficiary(s) are responsible for submitting a claim.**

<sup>1</sup> An individual life policy, known as a conversion policy, may be purchased at a higher cost without evidence of insurability if all or part of anyone's life insurance terminates and that person has been covered continuously under the policy for at least five years. Please refer to the Group Life Insurance Policy for details regarding the conversion privilege.

<sup>2</sup> You should consult with a tax adviser to check if your combined pre-tax deducted personal and employer/CAPE paid life insurance is more than \$50,000 as it may affect your tax return.



# Blue Shield programs and services

Visit **[blueshieldca.com/cape](https://blueshieldca.com/cape)** to learn more.

**Fitness Your Way™** – Get healthy and feel good on your own terms with Fitness Your Way. This program gives you access to more than 800 fitness locations in California and more than 10,000 nationally for just \$25 per month.\*

**Heal** – Schedule in-person healthcare visits wherever you are – at home, in the office, or even a hotel.

**Note:** You must access a Heal provider through your Level II (PPO) benefits.

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

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

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

**NurseHelp 24/7<sup>SM</sup>** – Registered nurses are available to answer your health questions at any time.

**Prenatal Program** – Expectant mothers get 24/7 phone access to nurses and other support during pregnancy.

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

**Teladoc** – With Teladoc's around-the-clock phone and online video appointments, you can access board-certified doctors who are ready to treat many medical issues. You pay only \$5 each time you use Teladoc.

**Travel Assistance Program** – Get worldwide travel and medical assistance services, including lost document and luggage assistance, medical and dental referrals, and more.

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

**Wellvolution®** – We've redesigned Wellvolution to offer apps and programs to help you achieve your health goals – at no extra cost. You choose the areas to focus on:

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

Get started with Wellvolution today!

1. Visit **[wellvolution.com](https://wellvolution.com)** to set up your new account (even if you've signed up before).
2. Answer a few questions about your health goals.
3. Discover the apps or programs that are right for you.

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

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

LifeReferrals 24/7 and NurseHelp 24/7 are service marks, and Wellvolution is a registered trademark, of Blue Shield of California. Blue Shield and the Shield symbol are registered trademarks of the BlueCross BlueShield Association, an association of independent Blue Cross and Blue Shield plans.

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.



# Endnotes

## Summary of Benefits endnotes (pages 3 through 6)

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

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

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

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

## Wellness discount program endnote (page 7)

- 1 These discount program services are not a covered benefit of your Blue Shield of California, Blue Shield of California Life & Health Insurance Company (Blue Shield Life) or self-insured health plan, and none of the terms or conditions of the Blue Shield, Blue Shield Life or self-insured health plan apply.

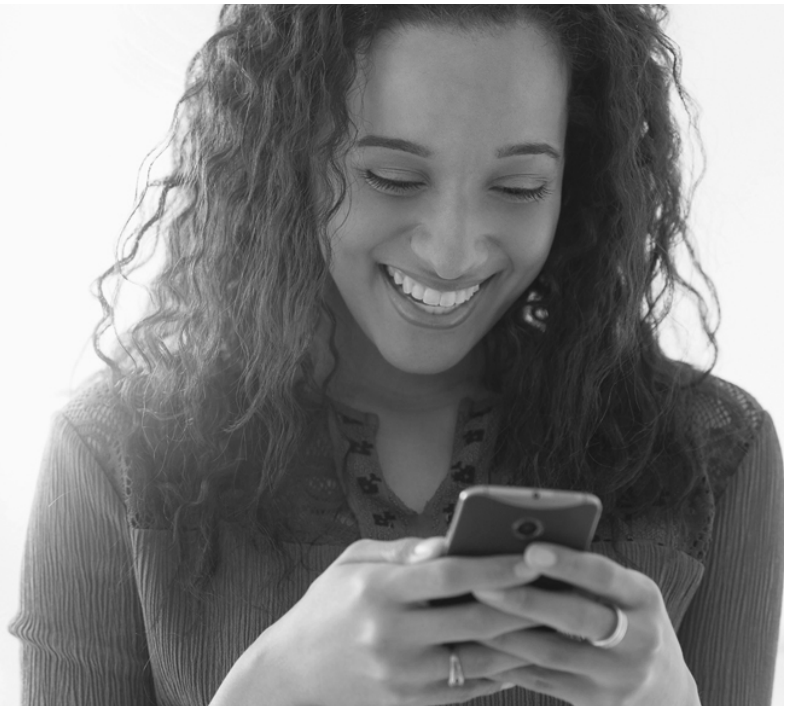
The networks of practitioners and facilities in the discount programs are managed by external program administrators, including any screening and credentialing of providers. Blue Shield does not review the services provided by discount program providers for medical necessity or efficacy, nor does Blue 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 or self-insured plan participants should access those covered services prior to using the discount program.

Members or self-insured plan participants 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, *Benefit Booklet* or *Certificate of Insurance/Policy*. 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](https://blueshieldca.com/cape)**.

Blue Shield of California complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex.

Blue Shield of California cumple con las leyes federales de derechos civiles aplicables y no discrimina por motivos de raza, color, nacionalidad, edad, discapacidad o sexo.

Blue Shield of California 遵守適用的聯邦民權法律規定，不因種族、膚色、民族血統、年齡、殘障或性別而歧視任何人。

\* 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.