



Los Angeles County's Annual Enrollment Will Be Here Soon!
Why should you consider choosing a CAPE/Blue Shield Point of Service Plan?

Go to choosecape.com to register for a presentation of our 2022 plans and a chance for Door Prizes!

There are good reasons for choosing a CAPE Benefit Trust sponsored **CAPE/Blue Shield Lite or Classic Point of Service medical plan***. Our plans are the most flexible including HMO, PPO, and Out-of-Network coverage for one price, in one plan. You decide what provider you use every time you or your covered dependents need services. We know that this flexibility is more important than ever during these challenging times. Below are rate comparisons and brief summaries of the 2022 benefits-***NEW ENHANCED* Dental Benefits* Including Preventative, Fillings, Implants and Orthodontia, Full Vision Plan and Telemedicine Options**. Soon you'll receive the CAPE/Blue Shield Annual Enrollment Package including brochures with more details. The Trust also sponsors two voluntary plans-**Reliance Standard Short Term Disability** and **LifeLock Identity Theft**. Blue Shield offers several discount programs, and we have a dedicated **CAPE Benefits Customer Service Team-(800) 487-3092** to provide you with personal service for all CAPE Trust sponsored benefits. Your safety is our biggest concern, so we are offering **two virtual benefit meetings** to review our benefits and how they work on **October 4th at noon and October 6th at 6:30 pm-REGISTER NOW at www.choosecape.com to be eligible for door prizes!** We're sure you'll find our plans have many features the others don't. To enroll you must be a member of your union and the union must be a member of CCU as of 7/31/21.

2022 COUNTY ALLOWANCE: SINGLE= \$1,056.92 TWO PARTY= \$1,928.36 FAMILY = \$2,277.98*
MAXIMUM CASH BACK ALLOWED BY COUNTY IN MONTHLY PAYCHECK = \$244.00

| 2022 Choices Plans: | | CAPE LITE** | | CIGNA HMO*** | Kaiser | ALADS**HMOs/PPOs | | | Firefighters** | | |
|-----------------------------|-------------------|---------------------|-------------------|----------------|----------------|-----------------------|--------------------|-----------------------|----------------|---------------------|--|
| Monthly Rates: | | POS-3 benefit tiers | | 1 benefit tier | 1 benefit tier | HMOs-1 benefit tier | | PPOs-2 benefit tiers | | PPO-2 benefit tiers | |
| Single: | | \$ 704.25 | | \$1,033.75 | \$ 791.34 | \$ 776.45/\$ 794.81 | | \$1,022.58/\$1,040.94 | | \$ 986.00 | |
| Two-Party: | | \$1,418.91 | | \$2,079.04 | \$1,582.68 | \$1,615.34/\$1,645.87 | | \$1,982.32/\$2,012.85 | | \$1,875.56 | |
| Family: | | \$1,768.84 | | \$2,393.86 | \$1,835.89 | \$1,943.82/\$1,989.29 | | \$2,373.55/\$2,419.02 | | \$2,230.56 | |
| Remaining Allowance: | | | | | | | | | | | |
| Single | | \$352.67 | | \$ 23.17 | \$265.58 | \$280.47/\$262.11 | | \$ 34.34/\$ 15.98 | | \$ 70.92 | |
| Two-Party | | \$509.45 | | -\$150.68 | \$345.68 | \$313.02/\$282.49 | | \$ - 53.96/\$- 84.49 | | \$ 52.80 | |
| Family | | \$509.14 | | -\$115.88 | \$442.09 | \$334.16/\$288.69 | | \$ - 95.57/\$-141.04 | | \$ 47.42 | |
| CAPE Classic POS: | Single \$1,598.18 | 2-Party \$3,086.26 | Family \$3,648.19 | CIGNA POS | | Single 1,860.09 | 2-Party \$3,323.50 | Family \$3,486.17 | | | |

*Based on 2.5% increase for 2022 **CAPE Lite & Classic, ALADS (for Sworn Peace Officers only) and Firefighters (for Firefighters only) plans include dental benefits-see County Annual Enrollment kit for details***CIGNA Narrow network has limited access (not shown) Remaining Allowance includes \$244 cash back; 2-Party & Family rates include the \$5.44 County Subsidy-a negative red # is the amount the employee must pay above the County allowance

- CAPE/Blue Shield plans- the only plans that let you decide which level of benefits you want to use-HMO, PPO, or out-of-network every time you or your dependents need services-the only plans with all three in one-get **\$244 cash back + more for your other benefits like FSAs with the Lite plan**
- *NEW ENHANCED* Dental Benefits**-fillings/basic root canals/25% preventative/60% implants increased to combined \$1,500 yearly max/ortho-50%-increased to \$2,500 lifetime max adult/child
- VSP full vision plan included – eye exams, frames, lenses, contacts and discounts every calendar year
- Unlimited ASHP chiropractic and acupuncture visits if medically necessary
- Telemedicine through Teladoc, Telebehavioral, Nurse Hotline - U.S. Board Certified doctors and registered nurses available 24/7/365 to resolve many medical issues via phone or video consults for no copay
- Durable Medical Equipment (DME) - Prosthetics and Orthotics covered 100%
- Diabetic supplies covered at 100% including testing strips
- You can visit our dedicated Blue Shield website to get more details on the CAPE medical plans visit blueshieldca.com/cape
- Voluntary LifeLock Identity Theft Plan - our identities can be stolen at any time-protect yourself at low group rates w/LifeLock
- Voluntary Reliance Standard Short Term Disability Plan – as a County employee you aren't eligible for the State disability plan – this plan can provide income when you can't work (subscribers only, non-workers' comp related only)
- \$20,000 Survivor Benefit for subscribers only-be sure to complete your beneficiary designation form included in the CAPE/Blue Shield Annual Enrollment package you will soon receive in the mail if you haven't already submitted one; and more!

Below are highlights showing how our Classic and Lite benefits compare to some of the other Choices plans available to you*:

| Benefits | HMO | PPO | O-O-N | Chiro/Acup. | Generic RX | Brand RX | Non-Form. | HMO OV Copay | PPO OV Copay | 100% HMO Hospital |
|-------------------------------|-----|-----|-------|--|------------|----------|-----------|--------------|---------------------------|-------------------|
| CAPE/Blue Shield Lite/Classic | yes | yes | 70%** | yes (w/no visit limit) \$15/\$10 | \$5 | \$15 | \$30 | \$10 | \$25/Lite \$20/Classic | yes |
| Kaiser HMO | yes | no | no | chiro only-\$10 copay 30 max visits | \$5 | \$20 | no | \$10 | not offered | yes |
| CIGNA HMO | yes | no | no | not covered | \$5 | \$20 | no | \$10 | not offered | yes |
| CIGNA POS | no | yes | 60%** | 60% out-of-network** | \$5 | \$20 | no | not covered | \$10 | no |

*This flier contains very limited summaries based on 2022 preliminary plans-carriers' Evidence or Certificates of Coverage take precedence; see County Choices annual enrollment package for details**after deductible.



Welcome to the CAPE Benefit Trust 2022 Sponsored Benefits

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

What's Inside This Brochure?

Pages

| | |
|---|-----|
| Message from the CAPE Benefit Trust Board of Trustees | 2-3 |
| *NEW ENHANCED* Dental benefits included with both medical plans-preventative, fillings, implants, adult, and child(ren) orthodontia including Invisalign | 4-5 |
| VSP full vision plan included with both medical plans | 6 |
| \$20,000 Survivor Life Insurance included with both medical plans | 7 |
| Virtual and by phone care options through Blue Shield of California (Please see the enclosed Blue Shield brochure.) | |

Information On Voluntary Benefits You Can Choose From

| | |
|---|----|
| Reliance Standard Short Term Disability Plan | 8 |
| Reliance Standard Rates | 9 |
| Reliance Standard Application <i>(Inserted in back of brochure)</i> | |
| LifeLock Identity Theft Plans and Rates | 10 |
| LifeLock Application <i>(Inserted in back of brochure)</i> | |

Who Do I Call If I Have Questions?

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



Welcome Los Angeles County Choices eligible employees!

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

Value

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

Quality

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

Providers you know and deserve

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

It's your health care, and your choice

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

Sincerely,

**CAPE Benefit Trust
Board of Trustees**

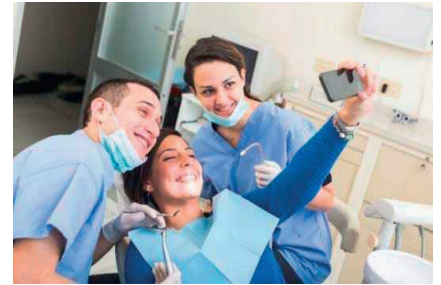
*These are limited plan summaries. Carriers' Evidence of Coverage take precedence over summaries in the enclosed brochures. For more information, or questions, call **(800) 487-3092** to request copies of these documents or visit blueshieldca.com/CAPE.

Reasons to choose a CAPE/Blue Shield POS plan

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

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





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

EFFECTIVE DATE: 1/1/2022

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

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

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

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

| | |
|-----------------------|--------------|
| Vision Maximum | \$100 |
|-----------------------|--------------|

Dental Network Information

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

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



AMERITAS INFORMATION

We're Here to Help

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

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

Pretreatment

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

Dental Cost Estimator

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

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

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

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

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

Language Services

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

A LOOK AT YOUR VSP VISION COVERAGE



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

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

VALUE AND SAVINGS YOU LOVE.

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

PROVIDER CHOICES YOU WANT.

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



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

QUALITY VISION CARE YOU NEED.

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

PROVIDER NETWORK:

VSP Choice

EFFECTIVE DATE:

01/01/22

Contact us:

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

Dedicated CAPE Dedicated Customer

Service Team (800) 487-3092

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

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

Group Life Insurance

Basic Life

SUMMARY OF BENEFITS

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

Eligibility

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

Member Life Benefit

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

Benefit Reduction Member

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

Additional Benefit Details

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

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

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

Value Added Services

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

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

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

BENEFICIARY DESIGNATION FORM INSERTED IN BACK

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

Enrollment Opportunity Sponsored by the CAPE Benefit Trust

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

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

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

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

One Solution: Affordable Short Term Disability Insurance

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

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

It won't happen to me

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

What is Short Term Disability?

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

What does "Voluntary" mean to you?

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

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

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

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

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

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

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

RELIANCE STANDARD

SEMI-MONTHLY SHORT TERM DISABILITY RATES**

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

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

* Round your salary down to the nearest thousand.

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

An Essential Voluntary Member Benefit

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

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

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

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

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

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

DID YOU KNOW?

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



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

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



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

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



No one can prevent all identity theft.

† We do not monitor all transactions at all businesses.

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

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

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

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

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



Need assistance? We're here to help!

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

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

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

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

GROUP SHORT TERM DISABILITY ENROLLMENT FORM

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

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

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

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

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

SIGNATURE: _____

DATE: _____

E-MAIL ADDRESS: _____

PHONE: _____

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

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

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

LIFELOCK MEMBERSHIP ELECTION FORM



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

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

Add dependent information below if you elected dependent coverage:

| Name | DOB | Gender | SSN# |
|------|-----|--------|------|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

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

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

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

SIGNATURE: _____ DATE: _____

E-MAIL ADDRESS: _____ PHONE: _____

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

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

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

CHANGE OF BENEFICIARY DESIGNATION

Please attach to original enrollment form

POLICY # _____

EMPLOYER/POLICYHOLDER NAME _____

EMPLOYEE INFORMATION

NAME _____ PHONE NUMBER _____

STREET ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

| | |
|-------------------------------------|-----------------|
| PRIMARY BENEFICIARY(IES): | |
| NAME | DATE OF BIRTH |
| ADDRESS | |
| RELATIONSHIP | BENEFIT PERCENT |
| | |
| NAME | DATE OF BIRTH |
| ADDRESS | |
| RELATIONSHIP | BENEFIT PERCENT |
| | |
| CONTINGENT BENEFICIARY(IES): | |
| NAME | DATE OF BIRTH |
| ADDRESS | |
| RELATIONSHIP | BENEFIT PERCENT |
| | |
| NAME | DATE OF BIRTH |
| ADDRESS | |
| RELATIONSHIP | BENEFIT PERCENT |

DEFINITIONS

Primary Beneficiary: The person or persons you want to receive the life insurance benefit if you die. If more than one primary beneficiary has been named, and the specific percentage has not been designated, then each will receive an equal share of the benefit.

Contingent Beneficiary: The person or persons you want to receive the life insurance benefit if you die and if no primary beneficiary is alive on that date. If more than one contingent beneficiary has been named, and the specific percentage has not been designated, then each will receive an equal share of the benefit.

I, the undersigned, reserve the right to change the beneficiary(ies) without the consent of said beneficiary(ies).

EMPLOYEE SIGNATURE _____

DATE SIGNED _____



your health care, your choice!

2022 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 |
| Teladoc: Talk to a medical doctor or mental health professional by phone or video for a \$0 copay | 9 |
| LifeReferrals 24/7: Consult with experts for help in meeting life's challenges | 10 |
| Wellvolution: Get help in achieving your health goals and support for your mental and emotional well-being | 11 |
| Fitness Your Way: Adopt a healthy lifestyle | 12 |
| Blue Shield programs and services | 13 |

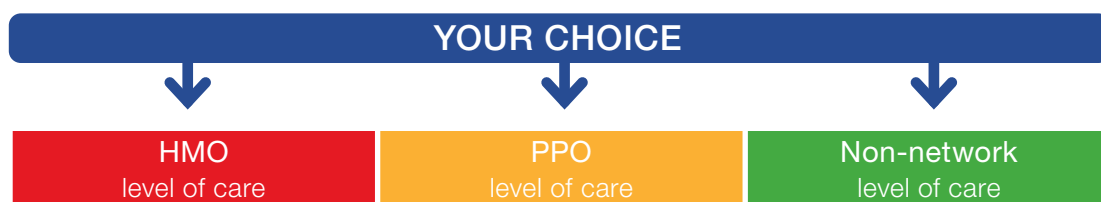
who do I call if I have questions?

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) or non-network (Level III) benefits.



Plan features

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



Choosing a doctor

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

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

YOUR CHOICE

HMO
level of care

PPO
level of care

Non-network
level of care



Emergency care

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

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

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

Urgent care

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

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

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



Going to the hospital

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

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

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



Mental health care

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

N/A

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



Coverage outside California and abroad (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 provider* section of [blueshieldca.com/cape](https://www.blueshieldca.com/cape).

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

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



Prescription drug coverage

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

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

Lite Point of Service Plan

Benefit summary

Effective January 1, 2022

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

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

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

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

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

* Mental Health Service Administrator.

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

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

Classic Point of Service Plan

Benefit summary

Effective January 1, 2022

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

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

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

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

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

* Mental Health Service Administrator.

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

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

Get instant access to your plan information online

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

Visit **blueshieldca.com/cape**



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

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

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

Find a doctor in the POS network

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

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

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

For PPO Network (Level II) benefits:

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

Get cost-saving pharmacy benefits

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

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



Questions? We can help.

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



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

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

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

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

To schedule an appointment

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

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

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

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

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



LifeReferrals 24/7

Experts to help you meet life's challenges

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

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

Personal counseling

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

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

Legal assistance

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

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

Financial coaching

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

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

Identity theft resolution

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

Referrals to community resources[†]

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

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

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

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

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

Wellvolution

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

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

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

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

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



Insight Timer

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



Relax Melodies

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



Sanvello

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



Yoga for Beginners

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

You and your covered dependents who are age 18 and older are eligible to participate in Wellvolution. Log in or sign up today at **[wellvolution.com](https://www.wellvolution.com)**.

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

Fitness Your Way

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

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

With Fitness Your Way, you can:



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



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



Participate in live virtual classes led by wellness professionals.



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

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

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

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

² Taxes may apply.

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

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Blue Shield programs and services

Visit blueshieldca.com/cape to learn more.

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

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

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

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

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

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

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

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

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

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

Visit wellvolution.com to learn more.

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

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

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Endnotes

Summary of Benefits endnotes (pages 3 through 6)

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

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

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

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

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

Wellness discount program endnote (page 7)

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

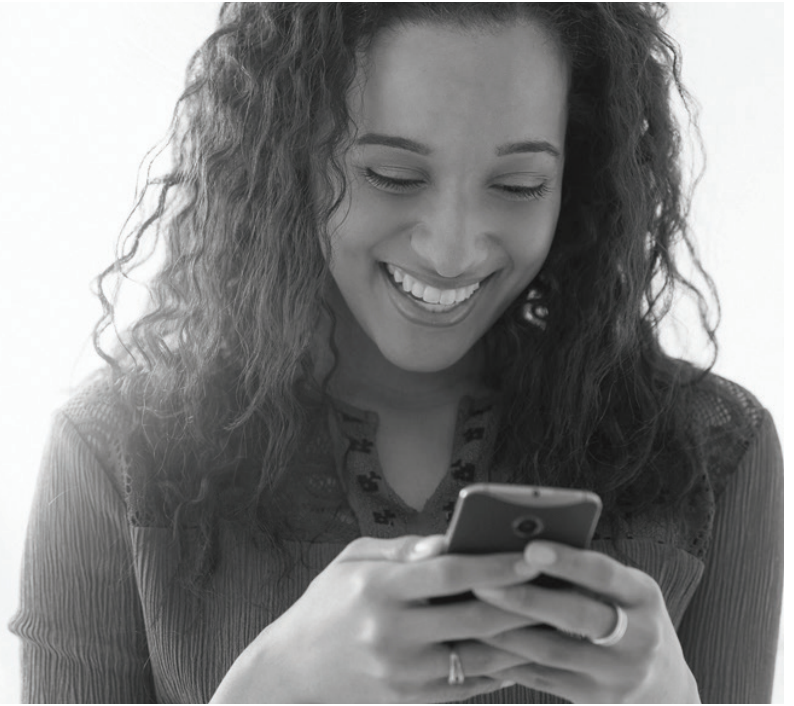
The networks of practitioners and facilities in the discount programs are managed by external program administrators, including any screening and credentialing of providers. Blue Shield does not review the services provided by discount program providers for medical necessity or efficacy, nor does Blue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

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

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

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

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



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

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

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

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

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