



Your health care. Your choice.

2025 CAPE/Blue Shield of California
Lite and Classic Point of Service (POS) Plans*



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Who do I call if I have questions?

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

*Offered to *Choices* union member employees whose union is part of the Coalition of County Unions

How does a POS plan work?

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

YOUR CHOICE				
		HMO level of care	PPO level of care	Out-of-network level of care
Plan features		<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 out-of-network physician.
	Primary care	Choose a PCP who will provide and coordinate your medical care.	Select a PPO network physician and make an appointment (calendar-year deductible may apply).	See any doctor, pay for services, and submit the claim to Blue Shield. After you meet your deductible, pay a portion of the costs and any costs over the allowable amount.
	Specialist care	Get a referral from your PCP and make an appointment with the specialist.	Select any PPO network specialist and make an appointment (calendar-year deductible may apply).	See any specialist, pay for services, and submit the claim to Blue Shield. After you meet your deductible, pay a portion of the costs and any costs over the allowable amount.

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

YOUR CHOICE

	HMO level of care	PPO level of care	Out-of-network level of care
Emergency care	Go to the nearest emergency room. There is no copayment if admitted to the hospital.	Go to the nearest emergency room. There is no copayment if admitted to the hospital.	Go to the nearest emergency room. There is no copayment if admitted to the hospital.
Urgent care	Call your PCP or your assigned medical group/ IPA first for instructions if possible. Or, call the Member Services number on the back of your ID card for help. Urgent care centers are an alternative when your doctor is not available.	Call a PPO doctor or go to a network urgent care center. Go to the <i>Find a provider</i> section of 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 as soon as possible.	Go to a PPO hospital and pay less than at an out-of-network hospital. You or your doctor must call for preauthorization (calendar-year deductible may apply).	Go to an out-of-network hospital and submit your claim to Blue Shield. After you meet your deductible, pay a portion of the costs and any costs over the allowable amount.
Mental health care	Call the mental health service administrator (MHSA) at (877) 263-9952 . Go to blueshieldca.com/cape to find a provider.	N/A	See any provider, pay for services, and submit your claim to Blue Shield. After you meet your deductible, pay a portion of the costs and any costs over the allowable amount.
Coverage outside California and abroad	Find an HMO BlueCard® provider by calling (800) 810-BLUE or going to the <i>Find a provider</i> section of blueshieldca.com/cape .	Find a PPO BlueCard provider by calling (800) 810-BLUE or going to the <i>Find a provider</i> section of blueshieldca.com/cape .	See any provider, pay for services, and submit your claim to Blue Shield. After you meet your deductible, pay a portion of the costs and any costs over the allowable amount.
Prescription drug coverage	<p>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 and select <i>Pharmacy benefits</i>, or call Blue Shield Member Services.</p> <p>Mail service pharmacy: If you take covered maintenance drugs for long-term medical conditions or for chronic conditions such as diabetes, you can have a 90-day supply delivered through the mail service pharmacy. To learn more, go to blueshieldca.com/cape and select <i>Pharmacy benefits</i>.</p> <p>Specialty drugs: Specialty drugs are only available from a Network Specialty Pharmacy, up to a 30-day supply. To be covered, specialty drugs require prior authorization by Blue Shield. For more information about specialty drugs, visit blueshieldca.com/cape and select <i>Pharmacy benefits</i>.</p>		

Lite point of service plan

Benefit summary

Effective January 1, 2025

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

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

Deductibles	LEVEL I HMO participating providers ²	LEVEL II PPO participating providers ²	LEVEL III Non-participating providers ²
Calendar-year medical deductible ¹	None	\$400 per individual/\$800 per family	
Calendar-year copayment maximum ¹ (for many covered services)	\$1,500 per individual/ \$3,000 per family	\$4,000 per individual/ \$8,000 per family	\$6,000 per individual/ \$12,000 per family
Lifetime maximums	None	None	None
Covered Services	Member Copayment		
	LEVEL I HMO participating providers ²	LEVEL II PPO participating providers ²	LEVEL III Non-participating providers ²
Physician services – outpatient			
• Physician and specialist office visits. Note: For Level I HMO plan providers, a woman may self-refer to an OB/GYN or family practice physician in her PCP's medical group or IPA for OB/GYN services.	\$10/visit	\$25/visit (not subject to the calendar-year deductible)	30%
Outpatient X-ray, pathology, and laboratory	No charge	20%	30%
Preventive care			
• Routine physical exam, vision and hearing screenings, and medically necessary immunizations according to age schedule. Note: A woman may self-refer to an OB/GYN or family practice physician in her PCP's medical group or IPA for annual gynecological exams.	No charge	No charge (not subject to the calendar-year deductible)	No charge (not subject to the calendar-year deductible)
Outpatient services			
Non-emergency			
• Outpatient surgery performed in a participating ambulatory surgery center (ASC)	\$75/surgery	20%	30% ³
• Outpatient surgery in a hospital	\$75/surgery	20%	30% ³
• Outpatient services for treatment of illness or injury and necessary supplies (except as described under "Rehabilitative Services")	No charge	20%	30% ³
Hospital services and stay			
• Inpatient physician services	No charge	20%	30%
• Inpatient non-emergency facility services (semi-private room and board, medically necessary services and supplies, including subacute care)	No charge	20%	30% ⁴
• Inpatient medically necessary skilled nursing facility services including subacute care ⁵	No charge	20%	30% ⁴
Emergency health coverage			
• Emergency room services not resulting in admission (ER facility copay does not apply if the member is directly admitted to the hospital for inpatient services)	\$50/visit	\$50/visit (not subject to the calendar-year deductible)	\$50/visit (not subject to the calendar-year deductible)
• Emergency room physician services	No charge	No charge (not subject to the calendar-year deductible)	No charge (not subject to the calendar-year deductible)
Ambulance services (emergency or authorized transport)	\$50	20%	20%
Urgent care center services			
• Call your PCP or your assigned medical group/IPA first for instructions if possible. Or, call the Member Services number on the back of your ID card for help.	\$10/visit	\$25/visit (not subject to the calendar-year deductible)	30%

Covered Services		Member Copayment		
		LEVEL I HMO participating providers ²	LEVEL II PPO participating providers ²	LEVEL III Non-participating providers ²
Mental health and substance use disorder benefits ⁶		LEVEL I MHSA* participating providers ²	LEVEL II Except for medical acute detoxification ²	LEVEL III MHSA* non- participating providers ²
• Inpatient hospital facility services		No charge	N/A	30% ⁴
• Outpatient mental health services		\$10/visit	N/A	30%
• Residential care		No charge	N/A	30% ⁴
Home health services				
• Home healthcare agency services (up to 100 visits per calendar year)		\$10/visit	20%	Not covered
Other				
Hospice				
• Routine home care, inpatient respite care, 24-hour continuous home care, general inpatient care		No charge	Not covered ⁷	Not covered ⁷
Pregnancy and maternity care				
• Prenatal and postnatal physician office visits (for inpatient hospital services, see "Hospitalization Services")		No charge	\$25/visit (not subject to the calendar-year deductible)	30%
Rehabilitative therapy services (physical, occupational, respiratory, and speech therapy), subject to medical necessity				
• In an office location (copayment or coinsurance listed applies to all places of services, including professional and facility settings)		\$10/visit	20%	30%
Hearing aid services				
• Hearing aid (plan payment maximum \$1,000 per member, every 24 months)		No charge	No charge	No charge
Prescription drug coverage ^{8,9,10,11} (includes oral contraceptives, diaphragms, and covered diabetic drugs and testing supplies)		Participating pharmacy (for up to a 30-day supply)		Mail service prescriptions (for up to a 90-day supply)
• Diabetic testing supplies		\$0/prescription		\$0/prescription
• Generic drugs		\$5/prescription		\$10/prescription
• Formulary brand-name drugs		\$20/prescription		\$40/prescription
• Non-formulary brand-name drugs		\$30/prescription		\$60/prescription
• Specialty drugs		20% (up to \$100 copayment maximum per prescription)		Not covered
Prosthetics/orthotics				
Prosthetic equipment and devices (separate office visit copay may apply)		No charge	No charge (not subject to the calendar-year deductible)	No charge (not subject to the calendar-year deductible)
Orthotic equipment and devices (separate office visit copay may apply)		No charge	No charge (not subject to the calendar-year deductible)	No charge (not subject to the calendar-year deductible)
Durable medical equipment				
Breast pump		No charge	No charge (not subject to the calendar-year deductible)	No charge (not subject to the calendar-year deductible)
Other durable medical equipment		No charge	No charge (not subject to the calendar-year deductible)	No charge (not subject to the calendar-year deductible)
Diabetes care benefits				
Devices, equipment, and non-testing supplies		No charge	No charge (not subject to the calendar-year deductible)	No charge (not subject to the calendar-year deductible)
Chiropractic and acupuncture ¹²				
Covered benefits**		Services	Member copayment	
• Calendar-year benefit maximum	Unlimited	• Acupuncture services	\$15	
• Calendar-year deductible	None	• Chiropractic services	\$15	
• Calendar-year chiropractic appliances benefit	\$50	• Services outside ASH provider network	Not covered	

* 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, 2025

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

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

Deductibles	LEVEL I HMO participating providers ²	LEVEL II PPO participating providers ²	LEVEL III Non-participating providers ²
Calendar-year medical deductible ¹	None	\$300 per individual/\$600 per family	
Calendar-year copayment maximum ¹ (for many covered services)	\$1,500 per individual/ \$3,000 per family	\$4,000 per individual/ \$8,000 per family	\$6,000 per individual/ \$12,000 per family
Lifetime maximums	None	None	None
Covered Services	Member Copayment		
	LEVEL I HMO participating providers ²	LEVEL II PPO participating providers ²	LEVEL III Non-participating providers ²
Physician services – outpatient			
• Physician and specialist office visits. Note: For Level I HMO plan providers, a woman may self-refer to an OB/GYN or family practice physician in her PCP's medical group or IPA for OB/GYN services.	\$10/visit	\$20/visit (not subject to the calendar-year deductible)	30%
Outpatient x-ray, pathology, and laboratory	No charge	10%	30%
Preventive care			
• Routine physical exam, hearing and vision screenings, and medically necessary immunizations according to age schedule. Note: A woman may self-refer to an OB/GYN or family practice physician in her PCP's medical group or IPA for annual gynecological exams.	No charge	No charge (not subject to the calendar-year deductible)	No charge (not subject to the calendar-year deductible)
Outpatient services			
Non-emergency			
• Outpatient surgery performed in a participating ambulatory surgery center (ASC)	\$50/surgery	10%	30% ³
• Outpatient surgery in a hospital	\$50/surgery	10%	30% ³
• Outpatient services for treatment of illness or injury and necessary supplies (except as described under "Rehabilitative Services")	No charge	10%	30% ³
Hospital services and stay			
• Inpatient physician services	No charge	10%	30%
• Inpatient non-emergency facility services (semi-private room and board, medically necessary services and supplies, including subacute care)	No charge	10%	30% ⁴
• Inpatient medically necessary skilled nursing facility services including subacute care ⁵	No charge	10%	30% ⁴
Emergency health coverage			
• Emergency room services not resulting in admission (ER facility copay does not apply if the member is directly admitted to the hospital for inpatient services)	\$50/visit	\$50/visit (not subject to the calendar-year deductible)	\$50/visit (not subject to the calendar-year deductible)
• Emergency room physician services	No charge	No charge (not subject to the calendar-year deductible)	No charge (not subject to the calendar-year deductible)
Ambulance services (emergency or authorized transport)	\$50	10%	10%
Urgent care center services			
• Call your PCP or your assigned medical group/IPA first for instructions if possible. Or, call the Member Services number on the back of your ID card for help.	\$10/visit	\$20/visit (not subject to the calendar-year deductible)	30%

Covered Services		Member Copayment		
		LEVEL I HMO participating providers ²	LEVEL II PPO participating providers ²	LEVEL III Non-participating providers ²
Mental health and substance use disorder benefits 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	10%	Not covered
Other				
Hospice				
• Routine home care, inpatient respite care, 24-hour continuous home care, general inpatient care		No charge	Not covered ⁷	Not covered ⁷
Pregnancy and maternity care				
• Prenatal and postnatal physician office visits (for inpatient hospital services, see "Hospitalization Services")		No charge	\$20 (not subject to the calendar-year deductible)	30%
Rehabilitative therapy services (physical, occupational, respiratory, and speech therapy), subject to medical necessity				
• In an office location (copayment or coinsurance listed applies to all places of services, including professional and facility settings)		\$10/visit	10%	30%
Hearing aid services				
• Hearing aid (plan payment maximum \$1,000 per member, every 24 months)		No charge	No charge	No charge
Prescription drug coverage ^{8,9,10,11} (includes oral contraceptives, diaphragms, and covered diabetic drugs and testing supplies)		Participating pharmacy (for up to a 30-day supply)	Mail service prescriptions (for up to a 90-day supply)	
• Diabetic testing supplies		\$0/prescription	\$0/prescription	
• Generic drugs		\$5/prescription	\$10/prescription	
• Formulary brand-name drugs		\$20/prescription	\$40/prescription	
• Non-formulary brand-name drugs		\$30/prescription	\$60/prescription	
• Specialty drugs		20% (up to \$100 copayment maximum per prescription)	Not covered	
Prosthetics/orthotics				
Prosthetic equipment and devices (separate office visit copay may apply)		No charge	No charge (not subject to the calendar-year deductible)	No charge (not subject to the calendar-year deductible)
Orthotic equipment and devices (separate office visit copay may apply)		No charge	No charge (not subject to the calendar-year deductible)	No charge (not subject to the calendar-year deductible)
Durable medical equipment				
Breast pump		No charge	No charge (not subject to the calendar-year deductible)	No charge (not subject to the calendar-year deductible)
Other durable medical equipment		No charge	No charge (not subject to the calendar-year deductible)	No charge (not subject to the calendar-year deductible)
Diabetes care benefits				
Devices, equipment, and non-testing supplies		No charge	No charge (not subject to the calendar-year deductible)	No charge (not subject to the calendar-year deductible)
Chiropractic and acupuncture ¹²				
Covered benefits**		Services	Member copayment	
• Calendar-year benefit maximum	Unlimited	• Acupuncture services	\$10	
• Calendar-year deductible	None	• Chiropractic services	\$10	
• Calendar-year chiropractic appliances benefit	\$50	• Services outside ASH provider network	Not covered	

* 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 to:



Find doctors, hospitals, specialists, and more – all with one simple tool



View or download your latest health plan documents



Learn about your pharmacy benefits



Check out Wellvolution®, our digital lifestyle platform, which includes tools and support to lose weight, treat diabetes, support mental health, and more



Find information on programs and services including:

- Teladoc Health – Talk to U.S. board-certified doctors and licensed mental health professionals by phone or video for a \$0 copay
- MinuteClinic® – Get walk-in non-emergency care at CVS and Target Clinics across California through your Level II (PPO) benefits
- The network retail pharmacy vaccine program – Get vaccines for the flu, shingles, and more at participating major chain pharmacies such as CVS, Walgreens, and others



Explore the wellness discount programs¹ available to you along with the benefits included in your plan, such as:

- Fitness memberships
- Acupuncture and chiropractic services
- Therapeutic massage services
- Eye exams, frames, contact lenses, and LASIK surgery



Learn about your CAPE-sponsored benefits

- View the CAPE Benefit Trust Brochure
- Access plan documents, including the Summary of Benefits and more



Wellvolution is a registered trademark of Blue Shield of California. Wellvolution and all associated digital and in-person health programs, services, and offerings are managed by Solera, Inc. These programs services are not a covered benefit of Blue Shield health plans and none of the terms or conditions of Blue Shield health plans apply. Blue Shield reserves the right to terminate this program at any time without notice. Any disputes regarding Wellvolution may be subject to Blue Shield's grievance process described in the Grievance Process section of the Evidence of Coverage and Disclosure Form.

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

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

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

Find a doctor in the POS network

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

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

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

For PPO network (Level II) benefits:

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

Get cost-saving pharmacy benefits

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

If you take covered maintenance drugs for long-term medical conditions or for chronic conditions such as diabetes, you can have a 90-day supply delivered through the mail service pharmacy. Shipping is free, and you may save on your copay. For more information, go to blueshieldca.com/cape and select *Pharmacy benefits*.



Questions? We can help.

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

Want to save money on your prescriptions?

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

Access in-home urgent medical care or Teladoc Health virtual care

Get the care you need – where you need it.

If you're experiencing an illness or injury that is not an emergency, consider using one of the services described below. These services are typically faster and less costly than an emergency room visit.



Urgent medical care at home* – through DispatchHealth®

As a CAPE/Blue Shield of California member, you can access DispatchHealth under your POS plan PPO network (Level II) benefits – when you are in a zip code where this service is available.

If you're not feeling well and can't make it to your doctor, let in-home urgent medical care come to you in the comfort of your home. You can get treated for everything an urgent care center can treat. You pay the same cost share as an office visit to an in-network PPO urgent care center. If you require additional services or tests, they may be subject to a deductible and/or a copayment or coinsurance.

DispatchHealth provides care for all ages, including babies three months and older. Appointments are available seven days a week (including holidays), from 8 a.m. to 10 p.m. Call **(855) 226-3469 (TTY: 711)** to make an appointment. For more information, visit blueshieldca.com/cape.



Virtual non-emergency medical and mental health care with Teladoc Health

With Teladoc Health, you can talk to a U.S. board-certified doctor or licensed mental health professional by phone or video for a \$0 copay. Whenever you need care, Teladoc Health medical doctors are available 24/7 by phone or video.

Mental health professionals are also available to help with stress, addiction, depression, grief, 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.

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) (TTY: 711)** for help.

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

* DispatchHealth should not be used in a life-threatening emergency and does not replace a primary care provider. For life-threatening and time-sensitive injuries and illnesses, call 911 or go to the nearest emergency room. DispatchHealth complies with applicable Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex. ©2024 DispatchHealth Management, LLC. All Rights Reserved.

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.

Prioritize your mental health

Access a variety of programs, services, and tools.

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



CredibleMind

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

blueshieldca.crediblemind.com



Wellvolution

Wellvolution is a digital platform included in your plan. Wellvolution offers Headspace®, a meditation app, and Headspace Care™, which provides individual behavioral health coaching or access to clinical behavioral health specialists.*

wellvolution.com/mentalhealth



Teladoc Health

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

blueshieldca.com/teladoc



Therapy and substance use disorder programs

You can find mental health providers, including in-patient and out-patient care, through the Blue Shield mental health service administrator (MHSA). Mental health and substance use disorder services are available virtually or in person. To search for an in-network provider, call **(877) 263-9952** or search for one online:

- Visit **blueshieldca.com/cape** and select *Find a provider*, and then *Learn more*.
- Choose *Find a mental health provider*.
- Select *BSC MHSA* as your benefit plan.
- Choose *Non-Medicare Provider* or *Non-Medicare Facility* under the provider list.
- Check the box for "Accepting new patients."
- Follow the directions on the screen.



Additional resources

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

* As part of our Wellvolution program, members have a choice between Headspace's meditation and mindfulness content or Headspace Care's mental health coaching and clinical services. Video therapy and psychiatry sessions are available for a cost share as stated in your health plan coverage. Please contact Blue Shield of California for details. Headspace's medical affiliate, Ginger.io of California Medical P.C., is a licensed medical provider in California. CredibleMind is independent of Blue Shield of California and is contracted by Blue Shield to deliver this mental well-being platform. These program services are not a covered benefit of Blue Shield health plans, and none of the terms or conditions of Blue Shield health plans apply. Blue Shield reserves the right to terminate this program at any time without notice.

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

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

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

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

Keep your health on track

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



Preventive care

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

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



Care for ongoing conditions

When your health care becomes complicated, you don't have to go it alone. With the Care Management Program, you've got a team of nurses, health coaches, and other specialists by your side – at no additional cost.

How does it work?

Once enrolled, a care manager will be there for you when needed. You can call your care manager from 8:30 a.m. to 7:00 p.m., Pacific time, Monday through Friday. They'll also call you periodically to check in. Your doctor will continue to provide medical care, while your care manager can support you in between visits (or just when you need some extra help).

A care manager can:

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

Who is eligible for Care Management?

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

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

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

Explore what's new from Wellvolution

Take advantage of personalized digital physical therapy and health programs as well as the Blue Zones Challenge App

The programs described below are at no cost to you through Wellvolution.



Reduce pain and get active

You can improve your mobility, strength, and flexibility with our personalized digital physical therapy (PT) and health programs. Once you enroll in Wellvolution, you'll be asked to answer a series of questions. Based on your answers, one of the following programs will be recommended:

- **For general mobility and fitness: Sworkit Health** – Improve fitness and reduce pain with personalized workouts. An app will provide access to video-guided stretching, strength training, cardio, yoga, barre, and Pilates workouts that can be done in 5 min, 60 min, or any amount of time in between.
- **For moderate pain: Kaia Health** – Manage joint and muscle pain for most common body parts with virtual physical therapy. Get one-on-one guidance from a board-certified health coach by phone or in-app chat. Plus, you'll receive real-time feedback using Kaia's computer vision and motion-analysis technology that guides you safely through training.
- **For severe pain: Sword Health** – Relieve joint and muscle pain with virtual physical therapy. You will be matched with a licensed physical therapist who will create a tailored exercise plan and guide you through your treatment two to three times per week. Video-guided sessions use wearable sensors and camera-based computer vision to monitor movement and correct errors in real time.



Join the Blue Zones Challenge

With the Blue Zones Challenge™, you can improve your health through delicious recipes, stress-busting practices, and simple paths to movement and connection – all based on decades of research on blue zones, where people live much longer, healthier lives.*

The Blue Zones Challenge will help you:

- Discover blue zones' longevity advice.
- Eat wisely, move naturally, and engage more with others.
- Build a social circle around you.
- Set up your surroundings to encourage healthy living for the long term.
- Feel supported every step of the way.

Once you enroll in Wellvolution, you'll take a quick quiz to see if you qualify for this program. Then, you can download the Blue Zones Challenge app and register with Blue Zones to get started. This science-backed app guides you each day, tracks your activities, and connects you with others taking part in the challenge.

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

Sworkit Health, Sword Health, and Kaia Health are independent companies that offer health and wellness programs, products, and services to members of your health plan.

*Blue Zones: Lessons From the World's Longest Lived. American Journal of Lifestyle Medicine.

Individual results may vary.

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

Blue Shield programs and services

Visit blueshieldca.com/cape to learn more.

Care management program

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

CredibleMind mental health resource hub

Find resources on everything from stress and anxiety to happiness and resilience.

DispatchHealth

Let in-home urgent medical care come to you when you are in a zip code where this service is available.

Fitness Your Way®

Access network fitness centers and online classes on a budget you can live with.

LifeReferrals 24/7

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

Maternity Program

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

Network retail pharmacy vaccine program

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

Non-emergency care at MinuteClinic

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

NurseHelp 24/7SM

Registered nurses are available to answer your health questions at any time.

Preventive care

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

Teladoc Health

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

Wellness discount programs

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

Wellvolution

Get lifestyle-based tools and support to lose weight, treat diabetes, support mental health, and more.

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

Tivity Health, Inc. is an independent vendor that provides solutions to improve health and well-being. Fitness Your Way and Tivity Health are registered trademarks of Tivity Health, Inc.

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

Endnotes

Summary of Benefits endnotes (pages 3 through 6)

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

1. The following do not count toward members' out-of-pocket maximum:
 - Any amounts members pay toward their deductible
 - Charges for services that are not covered
 - Charges over the allowed charges (Level I) or allowable amount (Level II and Level III)Members will continue to be responsible for these costs even after they reach their out-of-pocket maximum.
2. The member is responsible for the copayment in addition to any charges above the allowable amounts. The copayment percentage indicated is a percentage of allowable amounts. Participating providers accept Blue Shield's allowable amount as full payment for covered services. Non-participating providers can charge more than these amounts. When members use non-participating providers, they must pay the applicable copayment plus any amount that exceeds Blue Shield's allowable amount. Charges above the allowable amount do not count toward the calendar-year deductible or copayment maximum. The calendar-year deductible applies to the combined services of participating and non-participating providers.

No Surprises Act Exception: Under federal law (the No Surprises Act), members who receive emergency services from an out-of-network provider or facility, or who receive certain services from an out-of-network provider at an in-network hospital or ambulatory surgery center, are only required to pay the in-network benefit cost-sharing amount (copayment/coinsurance) and deductible for these services. In addition, any out-of-pocket costs for these services must accumulate toward the member's in-network deductible and out-of-pocket maximum, and the out-of-network provider or facility is prohibited from balance billing the member for amounts in excess of the member's in-network cost sharing. Existing balance billing protections under California law will also continue to apply.

3. The maximum allowed charge for non-emergency surgery and services performed in a non-participating ambulatory surgery center or outpatient unit of a non-participating hospital is subject to a benefit maximum of \$600/day. Members are responsible for 30 percent of this \$600 per day, plus all charges in excess of \$600.
4. The maximum allowed charge for non-emergency in-patient hospital services received from a non-participating hospital is subject to a benefit maximum of \$600/day. Members are responsible for 30 percent of this \$600 per day, plus all charges in excess of \$600.
5. Skilled nursing services are limited to up to 100 days per member, per benefit period, except when provided as part of a hospice program. All days count towards the limit, including days during any applicable deductible period and days in different skilled nursing facilities during the calendar year.
6. 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. Under Level III, care is provided by non-participating providers and authorized by Blue Shield when required. There are no Level II providers for mental health and substance use disorder services, other than inpatient care in a hospital for medical acute detoxification.

7. Services provided by a non-participating hospice agency are not covered except in certain circumstances where there are no participating hospice agencies in your area and services are prior authorized.
8. Specialty drugs are drugs that require coordination of care, close monitoring, or extensive patient training for self-administration that cannot be met by a retail pharmacy, and that are available at a Network Specialty Pharmacy. Specialty drugs may also require special handling or manufacturing processes (such as biotechnology), restriction to certain physicians or pharmacies, or reporting of certain clinical events to the FDA. Specialty drugs generally have a higher cost.

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

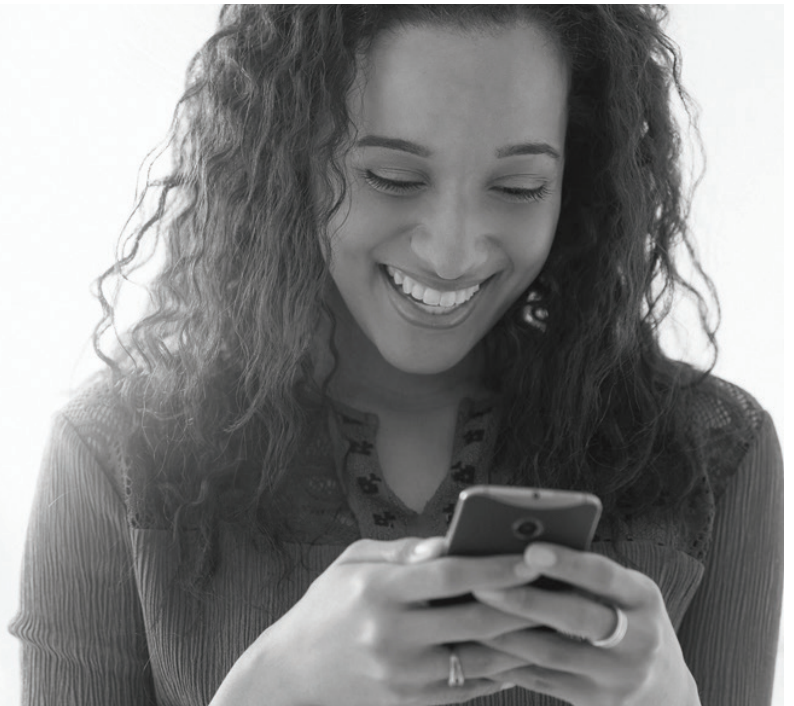
9. If members select a brand drug when a generic drug equivalent is available, they are responsible for the difference between the cost to Blue Shield for the brand drug and its generic drug equivalent plus the formulary generic copayment or coinsurance. This difference in cost will not count towards any calendar-year pharmacy deductible, medical deductible, or the calendar-year out-of-pocket maximum. Please refer to the Evidence of Coverage and the plan contract for exact terms and conditions of coverage.
10. Some drugs, most specialty drugs, and prescriptions for drugs exceeding specific quantity limits require prior authorization to be covered.
11. This plan's prescription drug coverage is on average equivalent to or better than the standard benefit set by the federal government for Medicare Part D (also called creditable coverage). Because this plan's prescription drug coverage is creditable, members do not have to enroll in a Medicare prescription drug plan while they maintain this coverage. However, members should be aware that if they have a subsequent break in this coverage of 63 days or more any time after they were first eligible to enroll in a Medicare prescription drug plan, they could be subject to a late enrollment penalty in addition to their Part D premium.
12. Covered services must be determined as medically necessary by American Specialty Health Plans of California, Inc. (ASH Plans). Unlimited visits per member, per calendar year. Services are not subject to the calendar year deductible and do count towards the calendar year out-of-pocket maximum. Benefits include initial examination, subsequent office visits, chiropractic supports and appliances, and more.

Wellness discount program endnote (page 7)

1. These discount program services are not covered benefits of Blue Shield health plans and none of the terms or conditions of Blue Shield health plans apply. Blue Shield reserves the right to terminate this program at any time without notice. See blueshieldca.com/wellnessdiscounts for the full disclaimer and trademark information.

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

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



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

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.