

YOUR HEALTHCARE, YOUR CHOICE!

Los Angeles County's Annual Enrollment is 10/1-31/24



**IF YOU WANT MORE FLEXIBILITY AND BENEFITS,
CHOOSE A CAPE/BLUE SHIELD POINT OF SERVICE MEDICAL PLAN
GO TO CHOOSECAPE.COM TO VIEW A WEBINAR AND ACCESS
ALL OF THE INFORMATION ON THE CAPE TRUST BENEFITS**



Visit choosecape.com and register for a virtual presentation of our 2025 plans on 10/2 at noon, or 10/8 at 7:00 pm-attendees eligible for Door Prizes-or view it any time after 10/8

Below are just a few reasons to consider choosing a CAPE/Blue Shield Lite or Classic Point of Service medical plan*:

- **Most flexible LA County Choices Plan** including HMO, PPO, and Out-of-Network coverage for one price, in one plan
 - **Competitive rates** – see below
 - **Supplemental Dental benefits** – 25% preventative/fillings/basic root canals and/or 60% implants up to combined \$1,500 yearly max/ortho-50% up to \$2,500 lifetime max
 - **VSP full vision plan** – eye exams, frames, lenses, contacts and discounts every calendar year
 - **Unlimited ASHP chiropractic and acupuncture** visits if medically necessary
 - **\$20,000 Survivor Life Insurance** (complete the beneficiary form inserted into the CAPE package arriving soon)
 - **Teladoc, Dispatch Health, Wellvolution and Nurse Hotline** - doctors/registered nurses available 24/7/365 to address medical and mental health issues via phone/video consults, or at home
 - **Voluntary benefits including Norton LifeLock Identity Theft Plans** at low group rates and **Reliance Standard Short-Term Disability** – County employees aren't eligible for State disability-this plan can provide income when you need it
 - **Personal Customer Service Team – (800) 487-3092** to assist you with all CAPE Benefit Trust sponsored benefits
- *You must be a member of your Coalition of County (CCU) union as of 7/31/24 to enroll in the CAPE/Blue Shield plans

2025 COUNTY ALLOWANCE*:

SINGLE • \$1,149.21

TWO PARTY • \$2,096.74

FAMILY • \$2,476.90

COMPARE RATES:

2025 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:	\$ 927.71	\$1,256.50	\$1,019.21	\$ 944.96/\$968.54	\$1,235.02/\$1,258.60	\$1,101.00	
Two-Party:	\$1,853.63	\$2,520.89	\$2,032.98	\$1,950.02/\$1,989.47	\$2,411.07/\$2,450.52	\$2,093.56	
Family:	\$2,327.40	\$2,901.88	\$2,359.14	\$2,342.31/\$2,401.46	\$2,888.00/\$2,947.15	\$2,490.56	
Remaining Allowance:							
Single	\$221.50	-\$107.29	\$130.00	\$204.25/\$180.67	-\$ 85.81/- \$109.39	\$48.21	
Two-Party	\$243.11	-\$424.15	\$63.76	\$146.72/\$107.27	-\$314.33/- \$353.78	\$ 3.18	
Family	\$149.50	-\$424.98	\$117.76	\$134.59/\$ 75.44	-\$411.11/- \$470.25	\$13.66	
CAPE Classic:	Single \$2,139.37	2-Party \$4,143.28	Family \$4,918.46	CIGNA POS	Single 2,256.58	2-Party \$4,026.49	Family \$4,223.82

*Includes \$5.44 2-party & family subsidy **CAPE Lite & Classic, ALADS (for Sworn Peace Officers only) and Firefighters (for Firefighters only) plans include dental benefits-see CAPE Trust and County Annual Enrollment kit for details (CIGNA Narrow network HMO has limited access (not shown); **negative red # is the amount the employee must pay above the County allowance**

COMPARE BENEFITS:

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	\$20	\$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

VISIT BLUESHIELDCA.COM/CAPE & CHOOSECAPE.COM TO GET MORE DETAILS*This flier contains very limited summaries based on *2025 estimated contributions-carriers' Evidence or Certificates of Coverage take precedence; see County Choices and CAPE Benefit Trust annual enrollment packages for details. **After deductible/then 70% of allowed amount.