

blue  of california



# your health care, your choice!

## 2019 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](http://blueshieldca.com/cape)**.



CAPE/Blue Shield of California

## How does a POS plan work?

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



### Plan features

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

### Choosing a doctor

		HMO level of care	PPO level of care	Non-network level of care
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
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 **Emergency care**

HMO	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.
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**Urgent care**

HMO	Call your PCP. 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 <i>Find a doctor</i> section of <a href="http://blueshieldca.com/cape">blueshieldca.com/cape</a> 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.
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 **Going to the hospital**

HMO	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.
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 **Mental health care**

HMO	Call the mental health service administrator (MHSA) at (877) 263-9952. Go to <a href="http://blueshieldca.com/cape">blueshieldca.com/cape</a> 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.
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 **Coverage outside California and abroad** (See page 9 for details on the new Travel Assistance Program for worldwide medical support.)

HMO	Find an HMO BlueCard® provider by calling (800) 810-BLUE or going to the <i>Find a doctor</i> section of <a href="http://blueshieldca.com/cape">blueshieldca.com/cape</a> .	Find a PPO BlueCard provider by calling (800) 810-BLUE or going to the <i>Find a doctor</i> section of <a href="http://blueshieldca.com/cape">blueshieldca.com/cape</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.
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 **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. Find a pharmacy at [blueshieldca.com/cape](http://blueshieldca.com/cape) 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. Call Blue Shield Member Services for assistance. Order refills via the *Pharmacy benefits* section of [blueshieldca.com/cape](http://blueshieldca.com/cape).

CAPE/Blue Shield of California

## Lite Point of Service Plan

### Benefit summary

Effective January 1, 2019

The major difference between the Lite and Classic POS medical plans is in the Level II (PPO) 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](http://blueshieldca.com/cape) and selecting *Health plan information*.

DEDUCTIBLES <sup>1</sup>	LEVEL I HMO plan providers <sup>2</sup>	LEVEL II Preferred providers <sup>2</sup>	LEVEL III Non-preferred providers <sup>2</sup>
Calendar-year medical deductible	None	\$400 per individual /\$800 per family	
Calendar-year copayment maximum <sup>1</sup> (for many covered services)	\$1,500 per individual/ \$3,000 per family	\$4,000 per individual/ \$8,000 per family (combined – Level II and Level III)	\$6,000 per individual/ \$12,000 per family (combined – Level II and Level III)
LIFETIME MAXIMUMS	None	None	None
Covered Services	Member Copayment		
	LEVEL I HMO plan providers <sup>2</sup>	LEVEL II Preferred providers <sup>2</sup>	LEVEL III Non-preferred providers <sup>2</sup>
<b>PHYSICIAN SERVICES – OUTPATIENT</b>			
• 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%
<b>OUTPATIENT X-RAY, PATHOLOGY, AND LABORATORY</b>	No charge	20%	30%
<b>PREVENTIVE CARE</b>			
• 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)
<b>OUTPATIENT SERVICES</b>			
<b>Non-emergency</b>			
• Outpatient surgery performed in a participating ambulatory surgery center (ASC)	\$75/surgery	20%	30% <sup>3</sup>
• Outpatient surgery in hospital	\$75/surgery	20%	30% <sup>3</sup>
• Outpatient services for treatment of illness or injury and necessary supplies (except as described under "Rehabilitation Services" and "Speech Therapy Benefits")	No charge	20%	30% <sup>3</sup>
<b>HOSPITALIZATION SERVICES</b>			
• 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% <sup>4</sup>
• Inpatient medically necessary skilled nursing facility services including subacute care <sup>5</sup>	No charge	20%	30% <sup>4</sup>
<b>EMERGENCY HEALTH COVERAGE</b>			
• Emergency room services not resulting in admission (ER facility copay does not apply if the member is directly admitted to the hospital for inpatient services)	\$50/visit	\$50/visit (not subject to the calendar-year deductible)	\$50/visit (not subject to the calendar-year deductible)
• Emergency room physician visits	No charge	No charge (not subject to the calendar-year deductible)	No charge (not subject to the calendar-year deductible)
<b>AMBULANCE SERVICES</b> (emergency or authorized transport)	\$50	20%	20%

Covered Services	Member Copayment		
	LEVEL I HMO plan providers <sup>2</sup>	LEVEL II Preferred providers <sup>2</sup>	LEVEL III Non-preferred providers <sup>2</sup>
<b>MENTAL HEALTH SERVICES (PSYCHIATRIC)<sup>6</sup></b>	<b>LEVEL I MHSA* participating providers<sup>2</sup></b>	<b>LEVEL II Except for medical acute detoxification<sup>2</sup></b>	<b>LEVEL III MHSA* non-participating providers<sup>2</sup></b>
• Inpatient hospital facility services	No charge	N/A	30% <sup>4</sup>
• Outpatient mental health services	\$10/visit	N/A	30%
• Residential care	No charge	N/A	30% <sup>4</sup>
<b>HOME HEALTH SERVICES</b>			
• Home healthcare agency services (up to 100 visits per calendar year)	\$10/visit	20%	Not covered <sup>7</sup>
<b>OTHER</b>			
<b>Hospice</b>			
• Routine home care, inpatient respite care, 24-hour continuous home care, general inpatient care	No charge	Not covered <sup>8</sup>	Not covered <sup>8</sup>
<b>Pregnancy and maternity care</b>			
• 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%
<b>Rehabilitative therapy services</b> (physical, occupational and respiratory therapy), subject to medical necessity			
• In an office location (copayment or coinsurance listed applies to all places of services, including professional and facility settings)	\$10/visit	20%	30%
<b>Hearing-aid services</b>			
• Hearing aid (plan payment maximum \$1,000 per member, every 24 months)	No charge	Not covered	Not covered
<b>PRESCRIPTION DRUG COVERAGE<sup>9,10,11,12,13</sup></b> (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	
<b>PROSTHETICS/ORTHOTICS</b>			
Prosthetic equipment and devices (separate office visit copay may apply)	No charge	No charge (not subject to the calendar-year deductible)	No charge (not subject to the calendar-year deductible)
Orthotic equipment and devices (separate office visit copay may apply)	No charge	No charge	No charge
<b>DURABLE MEDICAL EQUIPMENT</b>			
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)
<b>DIABETES CARE BENEFITS</b>			
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)
<b>CHIROPRACTIC AND ACUPUNCTURE**</b>			
<b>Covered benefits</b>		<b>Covered services</b>	
• Calendar-year benefit maximum	Unlimited	• Acupuncture services	Member copayment
• Calendar-year deductible	None	• Chiropractic services	\$15
• Calendar-year chiropractic appliances benefit <sup>14,15</sup>	\$50	• Non-network coverage	Not covered

\* Mental Health Service Administrator.

\*\* Chiropractic and Acupuncture benefits through ASH plans.

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



CAPE/Blue Shield of California

# Classic Point of Service Plan

## Benefit summary

Effective January 1, 2019

The major difference between the Lite and Classic POS medical plans is in the Level II (PPO) 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](http://blueshieldca.com/cape) and selecting *Health plan information*.

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

Covered Services	Member Copayment		
	LEVEL I HMO plan providers <sup>2</sup>	LEVEL II Preferred providers <sup>2</sup>	LEVEL III Non-preferred providers <sup>2</sup>
<b>PHYSICIAN SERVICES – OUTPATIENT</b>			
<ul style="list-style-type: none"> <li>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.</li> </ul>	\$10/visit	\$20/visit (not subject to the calendar-year deductible)	30%
OUTPATIENT X-RAY, PATHOLOGY, AND LABORATORY	No charge	10%	30%
<b>PREVENTIVE CARE</b>			
<ul style="list-style-type: none"> <li>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.</li> </ul>	No charge	No charge (not subject to the calendar-year deductible)	No charge (not subject to the calendar-year deductible)
<b>OUTPATIENT SERVICES</b>			
<b>Non-emergency</b>			
<ul style="list-style-type: none"> <li>Outpatient surgery performed in a participating ambulatory surgery center (ASC)</li> </ul>	\$50/surgery	10%	30% <sup>3</sup>
<ul style="list-style-type: none"> <li>Outpatient surgery in hospital</li> </ul>	\$50/surgery	10%	30% <sup>3</sup>
<ul style="list-style-type: none"> <li>Outpatient services for treatment of illness or injury and necessary supplies (except as described under "Rehabilitation Services" and "Speech Therapy Benefits")</li> </ul>	No charge	10%	30% <sup>3</sup>
<b>HOSPITALIZATION SERVICES</b>			
<ul style="list-style-type: none"> <li>Inpatient physician services</li> </ul>	No charge	10%	30%
<ul style="list-style-type: none"> <li>Inpatient non-emergency facility services (semi-private room and board, medically necessary services and supplies, including subacute care)</li> </ul>	No charge	10%	30% <sup>4</sup>
<ul style="list-style-type: none"> <li>Inpatient medically necessary skilled nursing facility services including subacute care<sup>5</sup></li> </ul>	No charge	10%	30% <sup>4</sup>
<b>EMERGENCY HEALTH COVERAGE</b>			
<ul style="list-style-type: none"> <li>Emergency room services not resulting in admission (ER facility copay does not apply if the member is directly admitted to the hospital for inpatient services)</li> </ul>	\$50/visit	\$50/visit (not subject to the calendar-year deductible)	\$50/visit (not subject to the calendar-year deductible)
<ul style="list-style-type: none"> <li>Emergency room physician visits</li> </ul>	No charge	No charge (not subject to the calendar-year deductible)	No charge (not subject to the calendar-year deductible)
AMBULANCE SERVICES (emergency or authorized transport)	\$50	10%	10%

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

\* Mental Health Service Administrator.

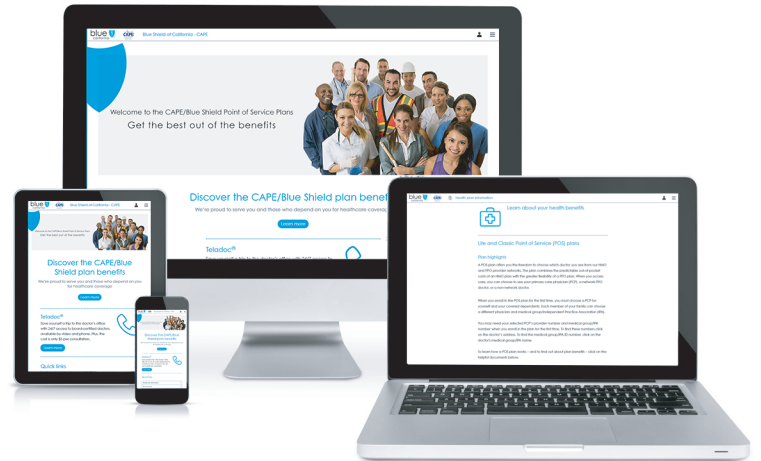
\*\* Chiropractic and Acupuncture benefits through ASH plans.

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

# Get instant access to your plan information online!

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

Visit [blueshieldca.com/cape](https://blueshieldca.com/cape)



- > Find doctors, hospitals, specialists, and more – all with one simple tool
- > View or download your latest health plan documents
- > Learn about your pharmacy benefits
- > Learn more about Wellvolution®, an online wellness program that includes Daily Challenge®, Walkadoo®, the Diabetes Prevention Program, and more
- > Find information on programs and services including:
  - In-person healthcare visits with our Heal™ program doctors wherever you are – at home, in the office, or even a hotel
  - Prenatal support and guidance during pregnancy
  - Teladoc doctors 24/7/365 to diagnose and treat many of your non-emergency medical conditions
  - NurseHelp 24/7 nurseline, and more
- > Learn about wellness discount programs<sup>1</sup> including:
  - Fitness memberships
  - Acupuncture
  - Chiropractic services
  - Massage therapy services
  - Eye exams, frames, contact lenses, and LASIK surgery
- > Find information on survivor life insurance
- > Learn about your CAPE-sponsored benefits



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

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



## Find a doctor in the POS network

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

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

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

## For PPO Network (Level II) benefits:

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

## Get cost-saving pharmacy benefits

Visit **blueshieldca.com/cape** and select *Pharmacy benefits* to find a pharmacy, search our drug formulary, and learn about prescriptions by mail. Our Plus Drug Formulary is a list of our 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**.

# **NEW** Travel Assistance Program

You and your dependents have access to the Travel Assistance Program provided by AXA as part of your Life Insurance Plan with Blue Shield of California. This program offers you worldwide travel and medical assistance services 24 hours a day, 365 days a year.

With one simple phone call to AXA's response center, you will be connected to a global network of providers to assist you when away from home.

## Services include:

- **Travel assistance** – lost document and luggage assistance, telephone interpretation, pre-trip and cultural information, vaccination recommendations, and more
- **Medical emergency transportation<sup>1</sup>** – emergency medical evacuation, medical repatriation, return of traveling companion, and more
- **Medical assistance** – medical and dental referrals, coordination of hospital admission, critical care monitoring, and dispatch of prescription medication
- **Travel web portal** – travel information at your fingertips, including security alerts. Visit <https://webcorpsf.secure.force.com>.

As of January 1, 2019, use the credentials below to log in:

- **Username:** Travel@BSCA.com
- **Password:** Travelblue

If you have questions about the Travel Assistance Program or need help, please contact AXA at one of the following numbers:

Within the U.S.: **1 (866) 730-5073**

Outside of the U.S.: **+1 (630) 616-4526 (collect)**

Or, visit [medassist-usa@axa-assistance.us](mailto:medassist-usa@axa-assistance.us).

### 1 Program terms

When traveling 100 miles or more away from home for up to 120 days, medical emergency transportation services include the arrangement and payment for any reasonable and customary charges determined by AXA Assistance USA, Inc. Vehicle return service is applicable upon activation of medical emergency transportation. No reimbursements for out-of-pocket expenses will be accepted.

All additional costs would be the responsibility of the member. Services will be provided as permitted under applicable law. Services must be authorized and arranged by AXA Assistance USA, Inc. designated personnel to be eligible for this program.

#### Program guidelines

Services will not be provided or available for any loss or injury that is caused by, or a result of:

- Mental nervous condition or diagnosis
- Traveling against the advice of a physician
- Traveling for medical treatment
- Pregnancy and childbirth (exception: complications of pregnancy) or voluntary induced abortion

The Travel Assistance Program is administered by AXA Assistance USA, Inc. Blue Shield of California Life & Health Insurance Company ("BSL") does not warrant or guarantee the services provided by AXA, or by any providers to whom a referral is made by AXA. BSL is not responsible for any loss, injury, claim, liability, or damages related to the use of the Travel Assistance Program. The services and benefits are separate and apart from any insurance provided by BSL, and may be changed or discontinued at any time. Services are subject to the program's specific terms, conditions, and limitations.

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

# Blue Shield of California offers Teladoc



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

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



### Use Teladoc

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

### Get the care you need

Teladoc doctors can treat many medical conditions including:

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

### Meet the doctors

All Teladoc doctors:

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

## Get started with Teladoc

### 1 Set up account

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

### 2 Provide medical history

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

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

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

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

### 3 Request a consult

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

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

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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.

# Heal on-demand house calls

## The doctor will see you now ... where you are

Heal™ is a service that lets you see a doctor at a time and place that's best for you. Scheduling when and where you want to see a doctor frees you from the time, cost, and stress of traveling to an appointment.

To your home, office, or hotel – on-demand visits are available for CAPE/Blue Shield of California Lite and Classic POS members in Los Angeles.

## Convenience at the price of your copay

For most services, the cost to see a doctor is the same as your plan's copay. It's never more expensive than an office visit.

For preventive care covered under your Level II (PPO) benefits, you pay nothing.

Heal tells you how much a doctor visit will cost before you book your appointment. No surprises.

## Primary, urgent, or preventive care

Services provided by Heal doctors include:

- High-quality primary care
- Efficient urgent care
- Preventive care and annual physicals
- Point-of-care testing for blood, strep, etc.
- Flu shots and screenings

## Doctors in Blue Shield's PPO network

You will be treated by Heal doctors contracted in the Blue Shield PPO Network. All Heal physicians have gone through background checks and are licensed in family practice, internal medicine, or pediatrics.

Home physician visits with Heal doctors are available 8 a.m. to 8 p.m. daily.

Schedule yours by:

- Calling Heal at **(844) 644-4325**
- Going to **www.heal.com**
- Downloading the Heal app to your iPhone® or Android™ smartphone

Heal is a trademark of Get Heal, Inc.

iPhone is a trademark of Apple Inc.

Android is a trademark of Google LLC.

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

## Coverage when you need it most

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

## Why is group term life insurance so important?

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

## Group term life insurance

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

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

## Who is eligible?

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

## Where to get more information

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

### DON'T FORGET YOUR BENEFICIARIES

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

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

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

# Blue Shield programs and services

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

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

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

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

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

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

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

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

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

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

**NEW 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 massage therapy; and eye exams, frames, contact lenses, and LASIK surgery.

**Wellvolution<sup>®</sup>** – This online wellness program makes getting serious about your health, some serious fun. Wellvolution includes:

- **Health Risk Assessment** – Take a quick and confidential assessment to receive a personalized report with suggestions on ways to improve your health.
- **Diabetes Prevention Program** – Find out if you're eligible for this program to help you lose weight, adopt healthier habits, and reduce your risk of developing type 2 diabetes.
- **Daily Challenge<sup>®</sup>** – Receive a suggestion for one simple wellness-related task to help you live healthier each day.
- **Walkadoo<sup>®</sup>** – Simply wear a step-tracking device, or even use your smartphone, to count your steps throughout the day and track your progress. Walkadoo features personalized daily step goals, a supportive online community, and more.
- **QuitNet<sup>®</sup>** – To quit smoking, get peer support from the longest-running online support community in the world.

Visit [mywellvolution.com](https://mywellvolution.com) to learn more about these programs.

Daily Challenge, QuitNet, and Walkadoo are registered trademarks of MYH, Inc.

The Diabetes Prevention Program is provided by Solera Health, an independent company.

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

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

- 10 Copayments and charges for these covered services are not included in the calculation of the member's medical calendar-year copayment maximum and continue to be the member's responsibility after the calendar-year copayment maximum is reached. Please refer to the *Evidence of Coverage* and the Plan Contract for exact terms and conditions of coverage. Please note that if you switch from another plan, your prescription drug deductible credit from the previous plan during the calendar year, if applicable, will not carry forward to the new plan.
  - 11 If the member requests a brand-name drug and a generic drug equivalent is available, the member is responsible for paying the generic drug copayment plus the difference in cost to Blue Shield between the brand-name drug and its generic drug equivalent.
  - 12 Specialty drugs are covered only when dispensed by select pharmacies in the Specialty Pharmacy Network unless Medically Necessary for a covered emergency.
  - 13 Select formulary and non-formulary drugs require prior authorization by Blue Shield for Medical Necessity, and when effective, lower-cost alternatives are available.
  - 14 Chiropractic appliances are covered up to a maximum of \$50 in a calendar year as authorized by ASH Plans.
  - 15 As authorized by ASH Plans, this allowance is applied toward the purchase of items determined necessary such as supports, collars, pillows, heel lifts, ice packs, cushions, orthotics, rib belts, and home traction units.
- Note: This plan's prescription drug coverage is on average equivalent to or better than the standard benefit set by the federal government for Medicare Part D (also called creditable coverage). Because this plan's prescription drug coverage is creditable, you do not have to enroll in a Medicare prescription drug plan while you maintain this coverage. However, you should be aware that if you have a subsequent break in this coverage of 63 days or more anytime after you were first eligible to enroll in a Medicare prescription drug plan, you could be subject to a late enrollment penalty in addition to your Part D premium.

## Wellness discount program endnote (page 7)

- 1 These discount program services are not a covered benefit of your Blue Shield of California, Blue Shield of California Life & Health Insurance Company (Blue Shield Life) or self-insured health plan, and none of the terms or conditions of the Blue Shield, Blue Shield Life or self-insured health plan apply.
- The networks of practitioners and facilities in the discount programs are managed by external program administrators, including any screening and credentialing of providers. Blue Shield does not review the services provided by discount program providers for medical necessity or efficacy, nor does Blue Shield make any recommendations, presentations, claims or guarantees regarding the practitioners, their availability, fees, services or products.
- Some services offered through the discount program may already be included as part of the Blue Shield plan covered benefits. Members or self-insured plan participants should access those covered services prior to using the discount program.
- Members or self-insured plan participants who are not satisfied with products or services through the discount program may use the grievance process described in their *Evidence of Coverage and Disclosure* (EOC&D) form, *Benefit Booklet* or *Certificate of Insurance/Policy*. Blue Shield reserves the right to terminate this program at any time without notice.

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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 Federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability or sex.

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

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

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