

Welcome to the CAPE Benefit Trust 2019 Sponsored Benefits

A separate brochure with information on the CAPE/Blue Shield of California Lite and Classic Point of Service (POS) medical plans is included inside this envelope

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Message from the CAPE Benefit Trust Board of Trustees Information on the VSP Vision Plan included in the Lite and Classic plans *NEW* Travel Assistance Program through Blue Shield of California (Please see page 9 in the enclosed Blue Shield brochure.)	2–3 4
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Who Do I Call If I Have Questions?

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



Welcome Los Angeles County Choices eligible employees!

The CAPE Benefit Trust Board of Trustees understands that it's important to have flexible, affordable health care. It starts with choosing a medical plan that provides the level of coverage you want and is right for you and your budget. We are pleased to present the CAPE/Blue Shield of California Lite and Classic Point of Service (POS) medical plans. Both give you the advantages of two of the most popular plans in one at affordable prices—HMO and PPO in-network and out-of-network coverage—giving you complete freedom to choose your doctor or hospital every time you need medical care. Please see highlights below of the plans we sponsor, including two voluntary benefits, and the enclosed brochure that gives further details on the CAPE/Blue Shield of California Lite and Classic Point of Service plans. We're sure you'll agree that these two plans offer you the most flexibility at very competitive rates.*

Value

- You get two plans in one—HMO and PPO—for one competitive price (see enclosed brochure for details).
- *NEW* Travel Assistance Program offers a broad range of worldwide travel and medical assistance services 24 hours a day/365 days a year for you and your CAPE/Blue Shield covered dependents.
- Unlimited chiropractic and acupuncture visits through American Specialty Health Plans, if medically necessary.
- \$20,000 of survivor life insurance is included with both plans.
- Full vision plan through VSP for you and your covered dependents, providing eye exams, frames, lenses, or contacts each calendar year (see page 3).
- The CAPE Benefit Trust offers a voluntary short term disability plan through Reliance Standard that pays members a cash benefit during an absence from work due to a covered illness or injury (not workers' comp) related at a low monthly cost (see pages 5–7).
- You also have the opportunity to enroll in an identity theft plan through LifeLock at group rates. The plans include reimbursement of lost funds due to fraudulent activity (see pages 8–9).

Quality

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

Providers you know and deserve

- Broad choice and flexibility are yours when you want and need medical care. It's always your decision which doctor or hospital you will access care through at any time.
- Blue Shield of California has one of the largest HMO and PPO provider networks to choose from in Southern California.
- If you need assistance locating a Blue Shield provider, see "Find a Provider" instructions in the enclosed brochure, or call your CAPE Benefits Customer Service Team at (800) 487-3092, or visit Blue Shield's custom website for CAPE at blueshieldca.com/CAPE.

It's your health care, and your choice

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

Sincerely,

CAPE Benefit Trust Board of Trustees

Reasons to choose a CAPE/Blue Shield POS plan

NEW—Travel Assistance Program for you and your CAPE/Blue Shield covered dependents



Affordable cost: Compare our rates to the county's other Choices plans (see enclosed flier).



Flexibility of choosing HMO or PPO in and out-of-network benefits with one plan that gives you easy access to the right level of benefits for you and your family.



Participating pharmacy benefit (for up to a 30-day supply): \$5 generic, \$15 formulary brand name, and \$30 non-formulary brand-name prescription drug copayments.



Mail service prescriptions (for up to a 90-day supply): \$10 generic, \$30 formulary brand name, and \$60 non-formulary brand-name prescription drug copayments.



Preventive care, including adult and well-baby immunizations, covered under the HMO, PPO, and non-network benefit tiers at no additional cost to you.



Wellness and other programs and services to help you and your family stay healthy.



Three alternative ways to access care: Heal on-demand house calls, Teladoc, care by phone or web consultation for \$5, and the Nurse Hotline.



Unlimited chiropractic and acupuncture visits (if medically necessary) for you and your covered dependents are included in our medical plans and are provided through American Specialty Health Plans.



\$20,000 survivor benefit group term life insurance to provide security for your family is included. (Be sure to complete the beneficiary designation form included in the enclosed brochure.)



Dedicated **CAPE Benefit Trust Customer Service Team** to assist you at **(800) 487-3092**.



Full vision plan through VSP every calendar year for you and your family members.



Voluntary Reliance Standard Short Term Disability plan. (Be sure to check to see if you're eligible for Guaranteed Issue—don't miss the deadline.)



LifeLock Identity Theft plans to protect you, or you and your family members, at low group rates.







Your Vision Benefit Summary

Keep your eyes healthy with CAPE/Blue Shield medical plans and VSP® Vision Care.

Using your VSP benefit is easy.

- Find an eye care provider who's right for you. You can
 choose to see any eye care provider—your local VSP doctor, a
 retail chain affiliate, or any other provider. To find a VSP
 doctor or retail chain affiliate, visit vsp.com or call
 800.877.7195.
- Review your benefit information. Visit vsp.com to review your plan coverage before your appointment.
- At your appointment, tell them you have VSP. There's no ID card necessary.

That's it! We'll handle the rest—there are no claim forms to complete when you see a VSP doctor or retail chain affiliate.

Diabetic Eye Care

Annual eye exams can help prevent diabetes-related blindness. If you have type 1 or type 2 diabetes, you can get both your routine and diabetic eyecare from your VSP doctor—the one who knows your eyes best. Ask your VSP doctor for details.

Choice in Eyewear

From classic styles to the latest designer frames, you'll find hundreds of options. Choose from featured frame brands like bebe^{*}, Calvin Klein, Flexon^{*}, Lacoste, Nine West, Nike, and more. Visit **vsp.com** to find a doctor who carries these brands.

Plan Information

VSP Doctor Network: VSP Choice

A \$20 copay applies to Diabetic Eyecare Plus services.

Benefit	Description	Copay
Yo	ur Coverage with VSP Doctors and Affiliate Providers	*
Well Vision Exam	Focuses on your eyes and overall wellnessEvery 12 months	\$10

Prescription Gla	sses	\$10					
Frame	 \$120 allowance for a wide selection of frames \$140 allowance for featured frame brands 20% savings on the amount over your allowance \$65 allowance at Costco Every 12 months 	Included in Prescription Glasses					
Lenses	Single vision, lined bifocal, and lined trifocal lenses Every 12 months	Included in Prescription Glasses					
Lens Enhancements	 Polycarbonate lenses Standard progressive lenses Premium progressive lenses Custom progressive lenses Average savings of 20-25% on other lens enhancements Every 12 months 	\$0 \$55 \$95 - \$105 \$150 - \$175					
Contacts (instead of glasses)	 \$120 allowance for contacts; copay does not apply Contact lens exam (fitting and evaluation) Every 12 months 	Up to \$60 for fitting and evaluation					
Additional Coverage	Diabetic Eyecare Plus Program						
	Glasses and Sunglasses Extra \$20 to spend on featured frame brands. Go to vsp.com/specialoffers for details. 20% savings on additional glasses and sunglasses, including lens enhancements, from any VSP doctor within 12 months of your last Well Vision Exam.						
Extra Savings	Retinal Screening No more than a \$39 copay on routine retinal screening as an enhancement to a Well Vision Exam						
	Laser Vision Correction • Average 15% off the regular price or 5% off the promotional price; discounts only available from contracted facilities						

Your Coverage with Other Providers

Visit vsp.com for details, if you plan to see a provider other than a VSP doctor.

Exam	up to \$45	Linea Trifocal Lenses	up to \$65
Frame	up to \$70	Progressive Lenses	up to \$50
Single Vision Lenses	up to \$30	Contacts	up to \$105
Lined Bifocal Lenses	un to \$50		

*Coverage with a retail chain affiliate may be different. Once your benefit is effective, visit vsp.com for details.

Coverage information is subject to change. In the event of a conflict between this information and your organization's contract with VSP, the terms of the contract will prevail. Based on applicable laws, benefits may vary by location.

Call our Dedicated Customer Service Team at 800.487.3092, go to blueshieldca.com/CAPE, go to vsp.com or call 800.877.7195 to find providers.

Enrollment Opportunity Sponsored by the CAPE Benefit Trust

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

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

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

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

One Solution: Affordable Short Term Disability Insurance

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

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

It won't happen to me

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

What is Short Term Disability?

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

What does "Voluntary" mean to you?

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

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

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

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

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

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

- Find your annual salary on the Semi-Monthly Short Term Disability Rates sheet (page 6), round down to the nearest \$1,000 and enter it under #5 on the application (on page 7.)
- 2 Find your weekly benefit next to your annual salary and enter it under #10 on the application (you can't elect a lower salary than your current salary).
- Go across the top row find your age band and next to your weekly benefit row you will find your semi-monthly deduction amount enter it under #10 on the application.
- 4 Fill out #3-9 on the application (page 7.) Enter your employee information on the deduction card at the bottom of the application, sign and date at the bottom and send it in. Detach the application (it's perforated) and submission instructions are at the bottom of the application.

RELIANCE STANDARD

Semi-Monthly Short Term Disability Rates**

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

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

^{*} Round your salary down to the nearest thousand.

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

RELIANCE STANDARD

All sections must be

GROUP SHORT TERM DISABILITY ENROLLMENT FORM

(2) RSL Policy No. VPS

(5) Base Annual Salary*

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

(1) Policyholder: CAPE BENEFIT TRUST

completed to ensure accurate processing.	(3) Date of Hire (6) Full Name Last, Firs Home Address:	(4) Job Title t:	*1	verified at time of c	laim				
processg.	(7) Social Security Num	ber	(8) Gender	(9) Date of I	Birth				
Choose Only One- (10) or (11)	(10) Request for Group I I request to purcha earnings up to a we Weekly Maximum Be (see enclosed rate of Semi-Monthly Premin (see enclosed rate of (11) Declination of Group I have been offered a	rerage. I understand							
		expense; and (2) Re	t a later date: (1) I will be eliance Standard Life Ins						
ARE YOU CU	RRENTLY AN ACTIVE LA CO	UNTY EMPLOYEE:	YES	NO					
			AGENCY NAME		DEDUCTION CODE				
EMPLOYEE NUI		NIA ASSOCIATION O	F PROFESSIONAL EMPLO	OYEES FIRST	EU105				
	DO NOT FILL IN THE SHADED AR	EA	NOT TO BE US	ED FOR COUNTY INSURA	ANCE PLANS				
CHANGE INDIC.	DEDUCTION AMOUNT OLD NEW	DEDUCT %	I HEREBY AUTHORIZE THE AUDITOR O MONTHLY FROM SALARY EARNED BY I ANGELES, THE AMOUNT SHOWN HERE	ME IN ANY DEPARTMENT OR DISTI ON AND TO PAY SAME TO:	RICT OF THE COUNTY OF LOS				
NEW			IF ALL OR ANY PORTION OF THIS DEDU EMPLOYEE ORGANIZATION DUES, I ALS AMOUNT OF THIS DEDUCTION AS MAY	SO AUTHORIZE THE AUDITOR TO A BE REQUIRED TO COMPLY WITH A	S INSURANCE PREMIUMS AND/OR ADJUST FROM TIME-TO-TIME THE ADJUSTMENTS IN COUNTY SUBSIDY				
REPL.			AMOUNTS OR IN PREMIUMS UNDER EX WITH DUES SCHEDULES DETERMINED ACCORDANCE WITH SUCH ORGANIZAT LEGAL REQUIREMENTS.	BY SAID EMPLOYEE ORGANIZATION	ONS' GOVERNING BODY IN				
CANC.			THIS AUTHORIZATION CANCELS AND R AGENCY FOR THIS PURPOSE AND SHA NOTICE. I EXPRESSLY UNDERSTAND A ACTING UNDER THIS AUTHORIZATION MAKING THE DEDUCTIONS OR PAYMEN	ILL REMAIN IN EFFECT UNTIL CAN AND AGREE THAT THE AUDITOR, H SHALL NOT BE LIABLE IN ANY MAN	CELLED BY ME BY WRITTEN HIS AGENTS, OR THE COUNTY				
STOP DATE	LIMIT AMOUNT								
P	AYROLL DEDUCTION AUTHORIZ	ZATION							
signature below amount and and employee, which an application	employer to deduct on an after ta also verifies the accuracy of the ual salary will not change until the never is less. Any person who kn containing any false, incomplete o (800) 487-3092.	information contained next policy renewal da owingly and with inter	on this form. I understand ite, and that I must stay en it to injure, defraud or de	that the amount of my rolled for 12 months, or ceive any insurer, files	payroll deduction, benefing as long as I am a County as a statement of claim of				
SIGNATURE:			DATE	i:					
E-MAIL ADDI	RESS:		PHON	IE:					



ENROLLMENT OPPORTUNITY

Voluntary LifeLock* Proactive Identity Theft Protection*
with Funds Restoration Benefit - *NEW* Union Members are now Eligible to Enroll
for CAPE Union (eligible even if not in a Blue Shield plan) and

CAPE/Blue Shield Lite and Classic medical plan members only - special

subsidized 25% discount off LifeLock **Individual** Benefit Elite Plan™ or 18% discount off Individual LifeLock Ultimate Plus™ - as little as \$3.75 semi-monthly for Individual Benefit Elite Plan

Identity theft is happening on a massive scale. Who would have ever thought that a company like Equifax that stores all of our most personal data could be hacked? Systems of the IRS, large insurance carriers and major retailers, to name a few, are being hacked on what seems like a regular basis. You may have a home security system that alerts you if someone tries to burglarize your house. To help protect you and your family, you need an alert system for your identity. When LifeLock* detects suspicious activity within their network†, they notify members.** LifeLock* detection is different than traditional credit monitoring and offers a set of features to help protect against identity theft. Just a few statistics to consider-there were 16 billion victims of identity theft in the U.S. in 2016; every two seconds an identity is stolen-that number keeps growing; a simple wi-fi theft device in a public area can be used to steal everything on your devices. Identity theft was the #1 reported consumer complaint in 2016. Choose the LifeLock* service that's right for you - complete the application on page 13 and detach (it's perforated.)

LifeLock Benefit Elite[™] theft protection uses innovative monitoring technology and alert tools to help proactively safeguard your credit and finances. LifeLock Ultimate Plus[™] service provides LifeLock's most comprehensive identity theft protection available. See comparison below.
*For more information, please visit blueshieldca.com/cape

PlanOptions [*] Semi-Monthly Rates	LifeLock Benefit Elite	LifeLock Ultimate Plus
Member Only [18 and over]	\$3.75	\$12.25
Member+Spouse/Domestic Partner	\$7.99	\$24.99
Member + Children**	\$6.93	\$17.56
Member + Family**	\$11.18	\$30.31

Why choose LifeLock* over other companies?

- Detection: LifeLock* monitors over a trillion data points of every minute of every day
- ✓ Monitors your identity 24/7/365
- Identity Alerts: If your information is being used, you receive an e-mail, text or phone call alert-simply respond "Yes, this was me" or "No, this was not me" or call a toll-free customer service number
- Restoration: Certified resolution specialists are available 24/7 to help remediate any theft problem

LifeLock LifeLock **Service Features** Benefit Elite **Ultimate Plus** LifeLock Identity Alert® System[†] Lost Wallet Protection Address Change Verification Black Market Website Surveillance Reduced Pre-Approved Credit Card Offers Live Member Service Support Identity Restoration Support \$1 Million Total Service Guarantee[‡] Fictitious Identity Monitoring Court Records Scanning **Data Breach Notifications** Credit Card, Checking & Savings Account Activity Alerts† Checking & Savings Account Application Alerts† Bank Account Takeover Alerts[†] Investment Account Activity Alerts[†] Credit Inquiry Alerts† Online Annual Tri-Bureau Credit Report Online Annual Tri-Bureau Credit Score Monthly Credit Score Tracking File-Sharing Network Searches Sex Offender Registry Reports \$100,000 \$1,000,000 *Stolen Funds Replacement

*Offered to CAPE/Blue Shield active medical plan members as a convenience and not to be considered a guarantee of health plan coverage or benefits, or legal, financial or medical advice. All disputes, issues, and inquiries regarding the identity protection services will be addressed by LifeLock. Identity protection services will be subject to the terms and conditions of LifeLock, LifeLock is solely responsible for the provision of its identity protection services. In no event will the CAPE Benefit Trust, or any of their respective affiliates, sub-

sidiaries, officers, directors, employees or agents assume any liability for any damage or injury, or for any loss incurred or sustained as a result of any acts or omissions relating to LifeLock's identity protection services, or as a result of information and statistics provided above by LifeLock. The CAPE Benefit Trust written agreement with LifeLock should not be considered an inducement to purchase identity protection service. *No one can prevent all identity theft. † Network does not cover all transactions. Your actual discount will vary with the enrollment of family members or plan choice. Fastest alerts require member's current email address. Phone alerts made during normal business hours. All Rights Reserved. LifeLock and the LockMan Logo are registered trademarks of LifeLock, Inc.

LIFELOCK MEMBERSHIP ELECTION FORM



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

	Name:								E	mail:									
Your	DOB:		SSI	N#:					G	endei	:		Pł	non	e #:				
Information	Address	s:																	
SEMI- MONTHLY RATES Semi-monthly CAPE Member Deduction: Member (18+ Years Old) Member + Spouse/Domestic Partner Member + Children (Up to age 26) Member + Family Add dependent information below if you elected depend					\$ 3.75 \$12.25														
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DETACH THIS FORM AND YOU CAN MAIL, FAX, OR E-MAIL IT TO:



Need assistance? We're here to help.

Please call our Dedicated

CAPE Benefit Trust Customer Service Team at (800) 487-3092

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

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