

Florida Blue (FL Blue) Medical Plan Changes for the 2025 Benefits Plan Year

- Effective October 1, 2024, Florida Blue (FL Blue) will be implementing some plan design changes, as outlined below. Worksite employees will be contacted about these changes. If they have any questions about how these changes may impact themselves or their covered dependent(s), they should contact Florida Blue member services by using the phone number listed on the back of their medical ID card.
 - When using a Value Choice Specialist, the copay for the service below will be decreasing for the **FL Blue HMO 40** plan, as outlined in the chart.

Service	Current Copay	New Copay
Medical/Surgical Care by Physician – Allergy Testing (Office)	\$65	\$20

- The coinsurance for the service below will be decreasing for the **FL Blue HDHP 3500** plan, as outlined in the chart.

Service Performed at Option 2 Facility	Current Coinsurance	New Coinsurance
Medical/Surgical Care at Facility – Inpatient Hospital In-Network (per admit)	Deductible + 35%	Deductible + 30%

- The copay or coinsurance for the service below will be decreasing for these plans, as outlined in the chart.

Service Performed at Option 2 Facility		
Outpatient Therapy – Outpatient Hospital Facility In-Network		
FL Blue Plan Name	Current Copay	New Copay
PPO 5500	\$90	\$85
HDHP 3500	Deductible + 35%	Deductible + 30%

- The copay or coinsurance for the service below will be decreasing for these plans, as outlined in the chart.

Service Performed at Option 2 Facility		
Medical/Surgical Care at Facility – Outpatient Hospital In-Network (per visit) (surgical)		
FL Blue Plan Name	Current Copay	New Copay
PPO 1000	\$300	\$200
PPO 2000	\$300	\$200
HDHP 3500	Deductible + 35%	Deductible + 30%

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- The copay or coinsurance for the service below will be decreasing for these plans, as outlined in the chart.

Service Performed at Option 2 Facility		
Diagnostic Testing (Lab, X-ray, etc..) – Outpatient Hospital Facility In-Network		
FL Blue Plan Name	Current Copay	New Copay
PPO 1000	\$300	\$200
PPO 2000	\$300	\$200
HDHP 3500	Deductible + 35%	Deductible + 30%

- The copay or coinsurance for the service below will be decreasing for these plans, as outlined in the chart.

Service Performed at Option 2 Facility		
Advanced Imaging (AIS) (MRI, MRA, PET, CT & Nuclear Medicine) – Outpatient Hospital Facility In-Network		
FL Blue Plan Name	Current Copay	New Copay
PPO 750	\$225	\$125
PPO 1000	\$300	\$200
PPO 1500	\$300	\$200
PPO 2000	\$300	\$200
HDHP 3500	Deductible + 35%	Deductible + 30%

- Effective January 1, 2025, if your company is headquartered in Florida and Florida Blue is your medical carrier, it will remain as your exclusive medical carrier for future renewals. Any change in your company headquarter state could impact your carrier availability at your next renewal.
- The **FL Blue HMO 30** plan will no longer be offered for the new plan year. Worksite employees who do not actively make an election during open enrollment will be automatically enrolled in the **FL Blue HMO 20** plan. Please reference the client renewal site for further plan details.

Current Plan Name	New Plan Name
FL Blue HMO 30	FL Blue HMO 20

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- Due to South Carolina state regulations regarding health insurance policy licensing, FL Blue will no longer be offered as a medical carrier for your worksite employees residing in South Carolina, effective January 1, 2025.

During open enrollment, which will be from **October 30-November 14**, worksite employees must actively elect a new medical plan, or they will be automatically enrolled in the most comparable Aetna plan based on their home ZIP code eligibility.

The chart below outlines the most comparable new Aetna plan in relation to the current FL Blue plan.

IMPORTANT! The comparison is based solely on plan attributes, not cost. This may not be the same plan the worksite employee will be mapped to in the benefits enrollment site if they do not actively enroll.

Worksite employees should carefully review their options within the benefits enrollment site during open enrollment, to ensure they are **actively reviewing and electing** the best plan that fits their needs.

Current Plan Name	New Comparable Plan Name
FL Blue PPO 750 (NTL)	Aetna PPO 750 SC
FL Blue PPO 1000 (NTL)	Aetna PPO 1000 SC
FL Blue PPO 1500 (NTL)	Aetna PPO 2000 SC
FL Blue PPO 2000 (NTL)	Aetna PPO 2000 SC
FL Blue PPO 5500 Copay (NTL)	Aetna PPO 5000 SC
FL Blue HDHP 3500 (NTL)	Aetna HDHP 3500 SC
FL Blue HDHP 6350 (NTL)	Aetna HDHP 6350 SC

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- Please also see the chart below for important information for worksite employees residing in South Carolina that are currently enrolled in a FL Blue plan and will move to an Aetna plan effective January 1, 2025.

Enrollee Impact	
Group Numbers	Group numbers will change for all enrollees
Member ID Numbers	ID numbers will change for all enrollees
Carrier Network	<p>Carrier network will change. Enrollees can confirm if their providers are in-network by using Aetna's online provider directory > Continue as a guest > Enter ZIP Code and select preferred distance range > Search</p> <p>HDHP/PPO Plans: Select Aetna Open Access Plans > Select Managed Choice POS (Open Access)</p> <p>EPO Plans: Select Aetna Open Access Plans > Select Elect Choice EPO (Open Access)</p>
ID Cards	New ID cards will be issued for all enrollees
Summaries of Benefits and Coverage (SBCs)	Summaries of Benefits and Coverage (SBCs) will be available for all plans. Worksite employees can view plan details within the benefits enrollment site for Aetna plans. SBCs for the current plan year can be found on TriNet (login.TriNet.com) > My Benefits.
Disabled Child Eligibility	Disabled dependent eligibility approval will not follow the enrollee when enrolling in a new Aetna plan. Worksite employees will need to complete a request for coverage for the disabled dependent and the provider will need to fill out an attending physician statement. These requests will be reviewed by Aetna and the worksite employee will be contacted regarding approval.
Deductible & OOPM Accumulators	Deductibles and Out-Of-Pocket Maximum (OOPM) accumulators will reset
Deductible Credit	Deductible credit will be available
Medical Pre-authorizations	Pre-authorizations and referrals will reset
Rx Pre-authorizations & Step-therapies	Rx pre-authorizations and step-therapies will reset
Continuity of Care	<p>If an enrollee is in an active course of treatment, they can request a transition-of-care (TOC) if their current provider is not in the Aetna network. The enrollee will be required to complete the TOC form with their current provider. Aetna will review the submission and a decision will be sent via mail. If approved, the current out-of-network provider will be paid for the specified time outlined in the approval at the in-network level of benefits.</p> <p>Examples of care:</p> <ul style="list-style-type: none"> · After 20 weeks of pregnancy · Ongoing treatment such as chemotherapy or radiation therapy · Mental health treatment
Adult Child Eligibility	Dependent children will be eligible under the new Aetna plan until the last day of the calendar year in which the dependent turns 30 years of age
Telehealth	Telehealth will be provided by CVS Health Virtual Care
Health Savings Account (HSA) Carrier Bank	Optum will remain as HSA carrier bank

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In the event that any of your worksite employees' plans are eliminated and they are automatically enrolled in a different plan, if there is a conflict between the plan mapping on this document and the plan they are enrolled in (displayed on their confirmation statement), the plan on their confirmation statement shall control.

Disclaimer:

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