

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

- Effective April 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

- When enrollees log into their Florida Blue account, they may notice that the plan year is displayed as starting on October 1 and ending on September 30. This display is for administrative purposes and does not affect the actual plan year dates. Benefits and coverage periods are still based on the original plan year dates provided at the time of enrollment.
- 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 April 1, 2025.

During open enrollment, which will be from **February 12-26**, 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 April 1, 2025.

Enrollee Impact	
<b>Group Numbers</b>	Group numbers will change for all enrollees
<b>Member ID Numbers</b>	ID numbers will change for all enrollees
<b>Carrier Network</b>	<p>Carrier network will change. Enrollees can confirm if their providers are in-network by using Aetna's <a href="#">online provider directory</a> &gt; Continue as a guest &gt; Enter ZIP Code and select preferred distance range &gt; Search</p> <p><b>HDHP/PPO Plans:</b> Select Aetna Open Access Plans &gt; Select Managed Choice POS (Open Access)</p> <p><b>EPO Plans:</b> Select Aetna Open Access Plans &gt; Select Elect Choice EPO (Open Access)</p>
<b>ID Cards</b>	New ID cards will be issued for all enrollees
<b>Summaries of Benefits and Coverage (SBCs)</b>	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 ( <a href="http://login.TriNet.com">login.TriNet.com</a> ) > My Benefits.
<b>Disabled Child Eligibility</b>	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.
<b>Deductible &amp; OOPM Accumulators</b>	Deductibles and Out-Of-Pocket Maximum (OOPM) accumulators will reset
<b>Deductible Credit</b>	Deductible credit will be available
<b>Medical Pre-authorizations</b>	Pre-authorizations and referrals will reset
<b>Rx Pre-authorizations &amp; Step-therapies</b>	Rx pre-authorizations and step-therapies will reset
<b>Continuity of Care</b>	<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"> <li>· After 20 weeks of pregnancy</li> <li>· Ongoing treatment such as chemotherapy or radiation therapy</li> <li>· Mental health treatment</li> </ul>

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<b>Adult Child Eligibility</b>	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
<b>Telehealth</b>	Telehealth will be provided by CVS Health Virtual Care
<b>Health Savings Account (HSA) Carrier Bank</b>	Optum will remain as HSA carrier bank

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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