

Blue Shield of California (BSCA) Medical Plan Changes for the 2025 Benefits Plan Year

- Effective October 1, 2024 vasectomy services are covered at 100% for all plans.
- As communicated in late August 2024 to worksite employees currently enrolled in a BSCA Trinet-sponsored medical plan, due to a change in pharmacy information (RxBIN Number), new member ID cards were mailed out to enrollees in September 2024 and can be used once received. These ID cards were a reprint of their current card for the plan year ending June 30, 2025, with the new pharmacy Rx BIN number. There will be no changes to member ID number, group number, policy number or other information.

The effective date on the new ID card showed October 1, 2024 but was not indicative of the actual effective date of their coverage. **It is important to note that their member ID does not change and can be used for verification purposes.**

However, if the worksite employee does make changes during open enrollment, they will receive another new member ID card for the new plan year beginning July 1, 2025. As a reminder, member ID cards are always available through the BSCA mobile app.

- Effective January 1, 2025, mail order Rx delivery previously provided by CVS Caremark transitioned to Amazon Pharmacy. Any worksite employees with active mail order prescriptions were notified of the transition in October 2024.

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

During open enrollment, which will be from **April 30-May 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 BSCA 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
BSCA PPO 300 (N & S NTL)	Aetna PPO 300 Southeast/N FL
BSCA PPO 500 (N & S NTL)	Aetna PPO 300 Southeast/N FL
BSCA PPO 700 (N & S NTL)	Aetna PPO 750 Southeast/N FL
BSCA PPO 1000 (N & S NTL)	Aetna PPO 1000 Southeast/N FL
BSCA PPO 1500 (N & S NTL)	Aetna PPO 2000 Southeast/N FL
BSCA PPO 5000 (N & S NTL)	Aetna PPO 5000 Southeast/N FL
BSCA HDHP 3500 (N & S NTL)	Aetna HDHP 3500 Southeast/N FL
BSCA HDHP 5500 (N & S NTL)	Aetna HDHP 6350 Southeast/N FL

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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 BSCA plan and will move to an Aetna plan effective July 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	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 HDHP/PPO Plans: Select Aetna Open Access Plans > Select Managed Choice POS (Open Access) EPO Plans: Select Aetna Open Access Plans > Select Elect Choice EPO (Open Access)
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	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. Examples of care: · 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 the 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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TN III- cBSCAch25Q3