

## Blue Cross and Blue Shield of North Carolina (BCBS-NC) Medical Plan Changes for the 2025 Benefits Plan Year

- Effective April 1, 2025, all enrollees will receive a new medical ID card due to a change to the Teladoc phone number. The current Teladoc number listed on the back of the ID card can still be used until the new card is received.
- Virtual Visit copays for all non-high deductible health plans (non-HDHP) will decrease from \$10 to \$5 effective April 1, 2025.
- Effective April 1, 2025 BCBS-NC will be adding maternity benefits for covered dependents to all plans.
- Due to South Carolina state regulations regarding health insurance policy licensing, BCBS-NC 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 BCBS-NC 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	New Comparable Plan
BCBS NC PPO 500	Aetna PPO 300 SC
BCBS NC PPO 1000	Aetna PPO 1000 SC
BCBS NC PPO 2500 Co-pay	Aetna PPO 3000 SC
BCBS NC HSA 6350	Aetna HDHP 6350 SC
BCBS NC PPO 3500 Co-pay	Aetna PPO 3000 SC
BCBS NC HSA 3500	Aetna HDHP 3500 SC
BCBS NC PPO 1500	Aetna PPO 2000 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 BCBS-NC 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)  <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="https://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>
<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 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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