

Blue Shield of California (BSCA)

Medical Plan Changes for the 2025 Benefits Plan Year

- Effective October 1, 2024 vasectomy services will be covered at 100% for all plans.
- 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 October 1, 2024.

During open enrollment, which will be from **July 31-August 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

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

- 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 October 1, 2024.

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 the HSA carrier bank

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

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:

© 2024 TriNet Group, Inc. All rights reserved. This communication is for informational purposes only, is not legal, tax or accounting advice, and is not an offer to buy, sell or procure insurance. In the event of any conflict with the official plan documents, the plan documents shall control. Communications and plan documents are subject to the terms, exclusions and limitations prescribed by the applicable insurance carrier certificates. TriNet is the single-employer sponsor of all its benefit plans, which does not include voluntary benefits that are not ERISA-covered group health insurance plans. TriNet reserves the right to amend the benefit plans or change the offerings and deadlines.

TN III- cBSCAch25Q4