

Aetna Medical Plan Changes for the 2026 Benefits Plan Year

All Aetna Plans

- **New medical ID cards** will be provided to **all enrollees** regardless of if there is a plan change for the new plan year or not. Digital ID cards will also be available on the Aetna member portal as of April 1, 2026.
- The following plan design enhancements were available on **all Aetna plans** effective October 1, 2025:
 - **Maven Prenatal & Postnatal:** Comprehensive support for enrollee's unique journey, with virtual care available 24/7. Click [here](#) or refer to Aetna for more information.
 - **Maven Family Building:** Helps provide support towards parenthood with a focus on helping to find the shortest and most cost-effective paths for a healthy pregnancy. This includes helping enrollees virtually navigate through their options at all stages, from getting pregnant, choosing an adoption or surrogacy agency, or in vitro fertilization (IVF). Click [here](#) or refer to Aetna for more information.
 - Aetna Provider Search
 - **Smart Compare:** Helps enrollees choose a provider that best fits their needs.
 - **Intelligent Matching:** Leverages artificial intelligence and predictive analytics to generate tailored, enrollee-specific provider recommendations.
 - **Health Your Way:** Will replace Simple Steps for a Healthier Life wellness program and encourages enrollees to choose healthy behaviors through digital resources, enrollee discounts and access to a 24/7 nurse line. Please refer to Aetna for more information on this program.
 - Aetna added **CVS Health Virtual Care** for **all Aetna California HMO** plans. Please click [here](#) for more information.
- Effective October 1, 2025 the **behavioral health copay** changed for CVS Health Virtual Care as outlined in the chart below.

Plan Type	Current Copay	New Copay
Non-HDHP	Specialist copay	\$0
HDHP	Negotiated rate until deductible is met	0% after deductible

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Standard Aetna Plans

- Due to CA SB 729, coverage for services to diagnose and treat infertility have been added effective October 1, 2025, for **all Aetna California (CA) HMO** plans, as well as is applicable for **enrollees residing in CA and enrolled in an Aetna PPO or HDHP** plan. Please refer to Aetna for more information.
- Aetna will be adding the **Aetna HDHP 2000** and **Aetna HDHP 2000 MA** plans for the new plan year. These HDHP plans will be non-embedded. Under a non-embedded deductible plan, with more than one covered enrollee, the total family deductible must be met before the carrier will begin paying for services for any individual enrollee. Please reference the benefits enrollment site for further plan details.
- Aetna will be adding the **Aetna HDHP 2000 Out-of-Area** plan for the new plan year. Please reference the benefits enrollment site for further plan details.
- Aetna will be adding the **Aetna HDHP Choice 2000 MO** plan for the new plan year. Please reference the benefits enrollment site for further plan details.
- The **Aetna HDHP 3500** plan will no longer be offered for the new plan year. If you do not actively make an election during open enrollment, you will be automatically enrolled in the **Aetna HDHP 4000** plan. Please reference the benefits enrollment site for further details.

Current Plan Name	New Plan Name
Aetna HDHP 3500	Aetna HDHP 4000

- The **Aetna HDHP Choice 3500** plan will no longer be offered for the new plan year. If you do not actively make an election during open enrollment, you will be automatically enrolled in the **Aetna HDHP Choice 4000** plan. Please reference the benefits enrollment site for further details.

Current Plan Name	New Plan Name
Aetna HDHP Choice 3500	Aetna HDHP Choice 4000

- The **Aetna HDHP 3500 Out-of-Area** plan will no longer be offered for the new plan year. If you do not actively make an election during open enrollment, you will be automatically enrolled in the **Aetna HDHP 4000 Out-of-Area** plan. Please reference the benefits enrollment site for further details.

Current Plan Name	New Plan Name
Aetna HDHP 3500 Out-of-Area	Aetna HDHP 4000 Out-of-Area

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- **Outpatient Infusion Therapy** cost sharing will be changing for the new plan year for certain plans, as outlined in the chart below. Please reference the benefits enrollment site for further details.

Plan Name	Current Cost Sharing	New Cost Sharing
Aetna PPO 3000	0% after deductible	0% after deductible, after \$200 copay
Aetna EPO 0	0% no deductible, no copay	0% no deductible after \$300 copay

- The **in-network family deductible** will be decreasing for the new plan year for certain plans, as outlined in the chart below. Please reference the benefits enrollment site for further details.

Plan Name	Current Family Deductible	New Family Deductible
Aetna PPO 300	\$900	\$600
Aetna ACO 300 UT	\$900	\$600

- The **in-network individual and family out-of-pocket maximums** will be changing for the new plan year for certain plans, as outlined in the chart below. Please reference the benefits enrollment site for further details.

Plan Name	Current Individual/Family Out-of-Pocket Maximum	New Individual/Family Out-of-Pocket Maximum
Aetna PPO 750	\$3,000/\$6,000	\$4,000/\$8,000
Aetna PPO 3000	\$4,500/\$9,000	\$5,500/\$11,000
Aetna PPO 5000	\$6,850/\$13,700	\$7,600/\$15,200
Aetna EPO 2000	\$6,000/\$12,000	\$6,500/\$13,000

- The following copays will be decreasing on the **Aetna EPO 2000** plan for the new plan year, as outlined in the chart below. Please reference the benefits enrollment site for further details.

Service Type	Current Copay	New Copay
Physician Office Visit	\$40	\$35
Specialist & Maternity/OB Visit	\$80	\$70

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- The following copay will be increasing on the **Aetna PPO 5000** plan for the new plan year as outlined in the chart below. Please reference the benefits enrollment site for further details.

Service Type	Current Copay	New Copay
Emergency Room	\$350	\$500

- The **ambulance copay** will be increasing for the new plan year for certain plans, as outlined in the chart below. Please reference the benefits enrollment site for further details.

Plan Name	Current Copay	New Copay
Aetna PPO 5000	\$350	\$500
Aetna EPO 0	0%	\$350

- The following copay will be increasing on the **Aetna EPO 0** plan for the new plan year as outlined in the chart below. Please reference the benefits enrollment site for further details.

Service Type	Current Copay	New Copay
Inpatient Hospital	\$300	\$600

- The **prescription copay** will be increasing for the new plan year for certain plans, as outlined in the chart below. Please reference the benefits enrollment site for further details.

Plan Name	Current Copay	New Copay
Aetna PPO 5000		
Aetna PPO 7150		
Aetna PPO Choice 7150	\$10 / \$45 / \$70	\$15 / \$55 / \$90
Aetna PPO Out-of-Area 7150		

- The **out-of-network family deductible** will be decreasing for the new plan year for the plans listed in the chart below. Please reference the benefits enrollment site for further details.

Plan Name
Aetna PPO 300
Aetna PPO 2000
Aetna PPO 3000
Aetna PPO 5000
Aetna ACO 300 UT
Aetna ACO 2000 UT

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- The **out-of-network family out-of-pocket maximum** will be decreasing for the new plan year for the plans listed in the chart below. Please reference the benefits enrollment site for further details.

Plan Name
Aetna PPO 300
Aetna PPO 2000
Aetna PPO 3000
Aetna PPO 5000
Aetna ACO 300 UT
Aetna ACO 2000 UT

Tri-State Aetna Plans

- Effective October 1, 2025 the cost sharing for **insulin** on all Aetna Tri-State plans had the change below. Please reference the benefits enrollment site for further details.

Current Cost Sharing	New Cost Sharing
\$100 max	\$0

- Effective October 1, 2025 the cost sharing for **Gene Based Cellular & other Innovative Therapies (GCIT)** on all Aetna Tri-State plans had the below change. Please reference the benefits enrollment site for further details.

Plan Design	Current Cost Sharing	New Cost Sharing
Plans <u>with</u> a deductible, including HDHP	Covered 100% after deductible, after \$50 copay	Cost share is based on type of service and where it is received
Plans <u>without</u> a deductible	\$50 copay	

- Aetna will be adding the **Aetna HDHP 2000 Tri-State** plan for the new plan year. This HDHP plan will be non-embedded. Under a non-embedded deductible plan, with more than one covered enrollee, the total family deductible must be met before the carrier will begin paying for services for any individual enrollee. Please reference the benefits enrollment site for further plan details.
- The **Aetna HDHP 3500 Tri-State** plan will no longer be offered for the new plan year. If you do not actively make an election during open enrollment, you will be automatically

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enrolled in the **Aetna HDHP 4000 Tri-State** plan. Please reference the benefits enrollment site for further details.

Current Plan Name	New Plan Name
Aetna HDHP 3500 Tri-State	Aetna HDHP 4000 Tri-State

- Aetna will be renaming the **Aetna HDHP 6350 Tri-State** plan for the new plan year. If you do not actively make an election during open enrollment, you will be automatically enrolled in the **Aetna HDHP 6150 Tri-State** plan.

Current Plan Name	New Plan Name
Aetna HDHP 6350 Tri-State	Aetna HDHP 6150 Tri-State

As part of this name change, there will also be plan design changes to the **Aetna HDHP 6150 Tri-State** plan, as outlined in the chart below. Please reference the benefits enrollment site for further details.

Plan Attribute	Current Plan Name Aetna HDHP 6350 Tri-State	New Plan Name Aetna HDHP 6150 Tri-State
Individual/Family Annual Deductible	\$6,350/\$12,700	\$6,150/\$12,300
Individual/Family Out-of-Pocket Maximum	\$6,900/\$13,800	\$6,550/\$13,100

- **Outpatient Infusion Therapy** cost sharing will be changing for the new plan year for certain plans, as outlined in the chart below. Please reference the benefits enrollment site for further details.

Plan Name	Current Cost Sharing	New Cost Sharing
Aetna POS 15 Tri-State	0% no deductible, no copay	0% no deductible after \$75 copay
Aetna POS 30 Tri-State	0% no deductible, no copay	0% no deductible after \$75 copay at outpatient hospital or ambulatory surgery center

- The following copay will be increasing on the **Aetna POS 15 Tri-State** plan for the new plan year as outlined in the chart below. Please reference the benefits enrollment site for further details.

Service Type	Current Copay	New Copay
Specialist & Maternity/OB Visit	\$20	\$25

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- The following copay will be increasing on the **Aetna EPO 45 Tri-State** plan for the new plan year, as outlined in the chart below. Please reference the benefits enrollment site for further details.

Service Type	Current Copay	New Copay
Ambulance	0%	\$400

- The **out-of-network family deductible** will be decreasing for the new plan year for the plans listed in the chart below. Please reference the benefits enrollment site for further details.

Plan Name
Aetna POS 15 Tri-State
Aetna POS 30 Tri-State
Aetna PPO 750 Tri-State
Aetna PPO 1000 Tri-State
Aetna PPO 2000 Tri-State

- The **out-of-network family out-of-pocket maximum** will be decreasing for the new plan year for the plans listed in the chart below. Please reference the benefits enrollment site for further details.

Plan Name
Aetna POS 15 Tri-State
Aetna POS 30 Tri-State
Aetna PPO 750 Tri-State
Aetna PPO 1000 Tri-State
Aetna PPO 2000 Tri-State

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

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