Medical Plan Offerings–Aetna 2026*

*Carrier availability is based on client headquartered location, as well as client selection.

Information shown in this document does not include all plan details or changes. Refer to the Carrier Certificate on TriNet (login.TriNet.com).

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Standard Plans

Plan Offerings

Plan Highlights	Aetna ACO 1000 AZ	AETNA ACO 1000 UT	AETNA ACO 2000 UT	Aetna ACO 2500 AZ	AETNA ACO 300 UT	Aetna ACO 6500 AZ
Network Name	Banner Health Network	Aetna Whole Health Network - Utah	Aetna Whole Health Network - Utah	Banner Health Network	Aetna Whole Health Network - Utah	Banner Health Network
Deductible						
Single (In-Network/OON)	$1,000 / $3,000	$1,000 / $3,000	$2,000 / $6,000	$2,500 / $6,000	$300 / $1,200	$6,500 / $15,000
Family (In-Network/OON)	$2,000 / $6,000	$2,000 / $6,000	$4,000 / $12,000	$5,000 / $12,000	$600 / $2,400	$13,000 / $30,000
Out-of-Pocket Max						
Single (In-Network/OON)	$5,500 / $12,000	$4,500 / $9,000	$6,850 / $14,000	$7,500 / $15,000	$3,000 / $6,000	$7,500 / $25,000
Family (In-Network/OON)	$11,000 / $24,000	$9,000 / $18,000	$13,700 / $28,000	$15,000 / $30,000	$6,000 / $12,000	$15,000 / $50,000
Coinsurance (In-Network/OON)	20% / 50%	20% / 50%	20% / 50%	20% / 50%	10% / 50%	0% / 50%
Primary / Specialist	$25 / $50	$25 / $50	$30 / $60	$30 / $60	$20 / $40	$25 / $65
Lab & X-Ray	20% after ded	20% after ded	20% after ded	20% after ded	10% after ded	0% after ded
Urgent Care Visit	$85	$85	$85	$85	$85	0% after ded
Emergency Room Visit	$400	$350	$350	$400	$350	0% after ded
Hospital Outpatient (Facility / Surgery)	20% after ded / 20% after ded	20% after ded / 20% after ded	20% after ded / 20% after ded	20% after ded / 20% after ded	10% after ded / 10% after ded	0% after ded / 0% after ded
Hospital Inpatient	20% after ded	20% after ded	20% after ded	20% after ded	10% after ded	0% after ded
Rx Deductible (Non-Generic)	N/A	N/A	N/A	N/A	N/A	N/A
Prescriptions (Tier 1 / 2 / 3)	$10 / $45 / $80	$10 / $45 / $70	$10 / $45 / $70	$10 / $45 / $80	$10 / $45 / $70	$10 / $45 / $80

Plan Offerings

Plan Highlights	AETNA ACO/HDHP 5000 UT	Aetna EPO 0	Aetna EPO 1000	Aetna EPO 2000	Aetna HDHP 2000	Aetna HDHP 4000
Network Name	Aetna Whole Health Network - Utah	Aetna Elect Choice EPO (Open Access)	Aetna Elect Choice EPO (Open Access)	Aetna Elect Choice EPO (Open Access)	Aetna Managed Choice POS (Open Access)	Aetna Managed Choice POS (Open Access)
Deductible						
Single (In-Network/OON)	$5,000 / $10,000	$0 / Not Covered	$1,000 / Not Covered	$2,000 / Not Covered	$2,000 / $6,000	$4,000 / $8,000
Family (In-Network/OON)	$10,000 / $20,000	$0 / Not Covered	$2,000 / Not Covered	$4,000 / Not Covered	$4,000 / $12,000	$8,000 / $16,000
Out-of-Pocket Max						
Single (In-Network/OON)	$6,850 / $14,000	$3,000 / Not Covered	$5,000 / Not Covered	$6,500 / Not Covered	$3,500 / $12,000	$6,850 / $14,000
Family (In-Network/OON)	$13,700 / $28,000	$6,000 / Not Covered	$10,000 / Not Covered	$13,000 / Not Covered	$7,000 / $24,000	$13,700 / $28,000
Coinsurance (In-Network/OON)	20% / 50%	0% / Not Covered	30% / Not Covered	30% / Not Covered	0% / 50%	20% / 50%
Primary / Specialist	20% after ded / 20% after ded	$20 / $40	$30 / $60	$35 / $70	$30 after ded / $60 after ded	20% after ded / 20% after ded
Lab & X-Ray	20% after ded	$0	30% after ded	30% after ded	0% after ded	20% after ded
Urgent Care Visit	20% after ded	$85	$85	$85	$85 after ded	20% after ded
Emergency Room Visit	20% after ded	$350	$350	$350	$350 after ded	20% after ded
Hospital Outpatient (Facility / Surgery)	20% after ded / 20% after ded	$300 / 0%	30% after ded / 30% after ded	30% after ded / 30% after ded	$300 after ded / 0% after ded	20% after ded / 20% after ded
Hospital Inpatient	20% after ded	$600	30% after ded	30% after ded	$500 after ded/day; days 1-3	20% after ded
Rx Deductible (Non-Generic)	Integrated w/Med	N/A	N/A	N/A	Integrated w/med	Integrated w/med
Prescriptions (Tier 1 / 2 / 3)	$10 after ded / $45 after ded / $70 after ded	$10 / $45 / $70	$10 / $45 / $70	$10 / $45 / $70	$10 / $45 / $70	$10 after ded / $45 after ded / $70 after ded

Plan Offerings

Plan Highlights	AETNA HDHP 6350	AETNA Indemnity 1000 NTL	Aetna PPO 1000	Aetna PPO 2000	Aetna PPO 300	Aetna PPO 3000
Network Name	Aetna Managed Choice POS (Open Access)	Not applicable	Aetna Managed Choice POS (Open Access)	Aetna Managed Choice POS (Open Access)	Aetna Managed Choice POS (Open Access)	Aetna Managed Choice POS (Open Access)
Deductible						
Single (In-Network/OON)	$6,350 / $14,000	$1,000 / $1,000	$1,000 / $3,000	$2,000 / $6,000	$300 / $1,200	$3,000 / $7,500
Family (In-Network/OON)	$12,700 / $28,000	$2,000 / $2,000	$2,000 / $6,000	$4,000 / $12,000	$600 / $2,400	$6,000 / $15,000
Out-of-Pocket Max						
Single (In-Network/OON)	$6,350 / $21,000	$4,500 / $4,500	$4,500 / $9,000	$6,850 / $14,000	$3,000 / $6,000	$5,500 / $10,000
Family (In-Network/OON)	$12,700 / $42,000	$9,000 / $9,000	$9,000 / $18,000	$13,700 / $28,000	$6,000 / $12,000	$11,000 / $20,000
Coinsurance (In-Network/OON)	0% / 50%	20% / 20%	20% / 50%	20% / 50%	10% / 50%	0% / 50%
Primary / Specialist	0% after ded / 0% after ded	20% after ded / 20% after ded	$25 / $50	$30 / $60	$20 / $40	$30 / $60
Lab & X-Ray	0% after ded	20% after ded	20% after ded	20% after ded	10% after ded	0% after ded
Urgent Care Visit	0% after ded	20% after ded	$85	$85	$85	$85
Emergency Room Visit	0% after ded	20% after ded	$350	$350	$350	$350
Hospital Outpatient (Facility / Surgery)	0% after ded / 0% after ded	20% after ded / 20% after ded	20% after ded / 20% after ded	20% after ded / 20% after ded	10% after ded / 10% after ded	$200 after ded / 0% after ded
Hospital Inpatient	0% after ded	20% after ded	20% after ded	20% after ded	10% after ded	$600 after ded
Rx Deductible (Non-Generic)	Integrated w/med	N/A	N/A	N/A	N/A	N/A
Prescriptions (Tier 1 / 2 / 3)	0% after ded / 0% after ded / 0% after ded	$10 / $45 / $70	$10 / $45 / $70	$10 / $45 / $70	$10 / $45 / $70	$10 / $45 / $70

Plan Offerings

Plan Highlights	Aetna PPO 5000	Aetna PPO 7150	Aetna PPO 750
Network Name	Aetna Managed Choice POS (Open Access)	Aetna Managed Choice POS (Open Access)	Aetna Managed Choice POS (Open Access)
Deductible			
Single (In-Network/OON)	$5,000 / $10,000	$7,150 / $14,000	$750 / $2,250
Family (In-Network/OON)	$10,000 / $20,000	$14,300 / $28,000	$1,500 / $4,500
Out-of-Pocket Max			
Single (In-Network/OON)	$7,600 / $20,000	$7,600 / $21,000	$4,000 / $8,000
Family (In-Network/OON)	$15,200 / $40,000	$15,200 / $42,000	$8,000 / $16,000
Coinsurance (In-Network/OON)	30% / 50%	0% / 50%	10% / 50%
Primary / Specialist	$40 / $80	$40 / 0% after ded	$25 / $50
Lab & X-Ray	30% after ded	0% after ded	10% after ded
Urgent Care Visit	$85	0% after ded	$85
Emergency Room Visit	$500	0% after ded	$350
Hospital Outpatient (Facility / Surgery)	30% after ded / 30% after ded	0% after ded / 0% after ded	10% after ded / 10% after ded
Hospital Inpatient	30% after ded	0% after ded	10% after ded
Rx Deductible (Non-Generic)	N/A	N/A	N/A
Prescriptions (Tier 1 / 2 / 3)	$15 / $55 / $90	$15 / $55 / $90	$10 / $45 / $70

Tri-State Plans

Plan Offerings

Plan Highlights	Aetna EPO 20 Tri-State	Aetna EPO 2000 Tri-State	Aetna EPO 4000 Tri-State	Aetna EPO 45 Tri-State	Aetna HDHP 2000 Tri-State	Aetna HDHP 4000 Tri-State
Network Name	Aetna Elect Choice EPO (Open Access)	Aetna Elect Choice EPO (Open Access)	Aetna Elect Choice EPO (Open Access)	Aetna Elect Choice EPO (Open Access)	Aetna Managed Choice POS (Open Access)	Aetna Managed Choice POS (Open Access)
Deductible						
Single (In-Network/OON)	$1,000 / Not Covered	$2,000 / Not Covered	$4,000 / Not Covered	$0 / Not Covered	$2,000 / $6,000	$4,000 / $7,000
Family (In-Network/OON)	$2,000 / Not Covered	$4,000 / Not Covered	$8,000 / Not Covered	$0 / Not Covered	$4,000 / $12,000	$8,000 / $14,000
Out-of-Pocket Max						
Single (In-Network/OON)	$5,500 / Not Covered	$7,000 / Not Covered	$7,500 / Not Covered	$5,500 / Not Covered	$4,000 / $14,000	$6,000 / $13,000
Family (In-Network/OON)	$11,000 / Not Covered	$14,000 / Not Covered	$15,000 / Not Covered	$11,000 / Not Covered	$8,000 / $28,000	$12,000 / $26,000
Coinsurance (In-Network/OON)	20% / Not Covered	40% / Not Covered	20% / Not Covered	0% / Not Covered	0% / 30%	10% / 40%
Primary / Specialist	$20 / $65	$30 / $65	$40 / $80	$45 / $65	$30 after ded / $45 after ded	10% after ded / 10% after ded
Lab & X-Ray	20% after ded	40% after ded	20% after ded	0%	0% after ded	10% after ded
Urgent Care Visit	$75	$75	$75	$75	$75 after ded	10% after ded
Emergency Room Visit	$400	$400	$400	$400	$400 after ded	10% after ded
Hospital Outpatient (Facility / Surgery)	20% after ded / 20% after ded	40% after ded / 40% after ded	20% after ded / 20% after ded	0% / 0%	$300 after ded / 0% after ded	10% after ded / 10% after ded
Hospital Inpatient	20% after ded	40% after ded	20% after ded	$500/day; days 1-5	$750 after ded	10% after ded
Rx Deductible (Non-Generic)	$100/$300	$100/$300	$100/$300	$100/$300	Integrated w/med	Integrated w/med
Prescriptions (Tier 1 / 2 / 3)	$10 after Rx ded / $55 after Rx ded / $100 after Rx ded	$10 after Rx ded / $55 after Rx ded / $100 after Rx ded	$10 after Rx ded / $55 after Rx ded / $100 after Rx ded	$10 after Rx ded / $55 after Rx ded / $100 after Rx ded	$10 / $55 / $100	$10 after ded / $55 after ded / $100 after ded

Plan Offerings

Plan Highlights	Aetna HDHP 6150 Tri-State	AETNA Indemnity 1000 NTL	Aetna POS 15 Tri-State	Aetna POS 30 Tri-State	Aetna PPO 1000 Tri-State	Aetna PPO 2000 Tri-State
Network Name	Aetna Managed Choice POS (Open Access)	Not applicable	Aetna Managed Choice POS (Open Access)	Aetna Managed Choice POS (Open Access)	Aetna Managed Choice POS (Open Access)	Aetna Managed Choice POS (Open Access)
Deductible						
Single (In-Network/OON)	$6,150 / $10,000	$1,000 / $1,000	$0 / $3,000	$0 / $3,000	$1,000 / $3,000	$2,000 / $5,000
Family (In-Network/OON)	$12,300 / $20,000	$2,000 / $2,000	$0 / $6,000	$0 / $6,000	$2,000 / $6,000	$4,000 / $10,000
Out-of-Pocket Max						
Single (In-Network/OON)	$6,550 / $15,000	$4,500 / $4,500	$4,000 / $7,000	$5,000 / $9,000	$7,000 / $12,000	$7,000 / $15,000
Family (In-Network/OON)	$13,100 / $30,000	$9,000 / $9,000	$8,000 / $14,000	$10,000 / $18,000	$14,000 / $24,000	$14,000 / $30,000
Coinsurance (In-Network/OON)	0% / 30%	20% / 20%	0% / 30%	0% / 30%	20% / 30%-50%	20% / 30%-50%
Primary / Specialist	0% after ded / 0% after ded	20% after ded / 20% after ded	$15 / $25	$30 / $50	$25 / $50	$30 / $60
Lab & X-Ray	0% after ded	20% after ded	0%	0%	20% after ded	20% after ded
Urgent Care Visit	0% after ded	20% after ded	$75	$75	$75	$75
Emergency Room Visit	0% after ded	20% after ded	$400	$400	$350	$350
Hospital Outpatient (Facility / Surgery)	0% after ded / 0% after ded	20% after ded / 20% after ded	$75 / 0%	$75 / 0%	20% after ded / 20% after ded	20% after ded / 20% after ded
Hospital Inpatient	0% after ded	20% after ded	$250/day; days 1-3	$500/day; days 1-3	20% after ded	20% after ded
Rx Deductible (Non-Generic)	Integrated w/Med	N/A	N/A	N/A	N/A	N/A
Prescriptions (Tier 1 / 2 / 3)	$10 after ded / $55 after ded / $100 after ded	$10 / $45 / $70	$10 / $55 / $100	$10 / $55 / $100	$10 / $55 / $100	$10 / $55 / $100

Plan Offerings

Plan Highlights	Aetna PPO 750 Tri-State
Network Name	Aetna Managed Choice POS (Open Access)
Deductible	
Single (In-Network/OON)	$750 / $3,000
Family (In-Network/OON)	$1,500 / $6,000
Out-of-Pocket Max	
Single (In-Network/OON)	$6,500 / $12,000
Family (In-Network/OON)	$13,000 / $24,000
Coinsurance (In-Network/OON)	10% / 30%-40%
Primary / Specialist	$20 / $40
Lab & X-Ray	10% after ded
Urgent Care Visit	$75
Emergency Room Visit	$350
Hospital Outpatient (Facility / Surgery)	10% after ded / 10% after ded
Hospital Inpatient	10% after ded
Rx Deductible (Non-Generic)	N/A
Prescriptions (Tier 1 / 2 / 3)	$10 / $55 / $100

Missouri Plans

Plan Offerings

Plan Highlights	Aetna EPO 1000	Aetna EPO 2000	AETNA HDHP Choice 2000 MO	Aetna HDHP Choice 4000 MO	AETNA Indemnity 1000 NTL	Aetna PPO Choice 1000 MO
Network Name	Aetna Elect Choice EPO (Open Access)	Aetna Elect Choice EPO (Open Access)	Aetna Open Choice PPO	Aetna Open Choice PPO	Not applicable	Aetna Open Choice PPO
Deductible						
Single (In-Network/OON)	$1,000 / Not Covered	$2,000 / Not Covered	$2,000 / $6,000	$4,000 / $8,000	$1,000 / $1,000	$1,000 / $3,000
Family (In-Network/OON)	$2,000 / Not Covered	$4,000 / Not Covered	$4,000 / $12,000	$8,000 / $16,000	$2,000 / $2,000	$2,000 / $6,000
Out-of-Pocket Max						
Single (In-Network/OON)	$5,000 / Not Covered	$6,500 / Not Covered	$3,500 / $12,000	$6,850 / $14,000	$4,500 / $4,500	$4,500 / $9,000
Family (In-Network/OON)	$10,000 / Not Covered	$13,000 / Not Covered	$7,000 / $24,000	$13,700 / $28,000	$9,000 / $9,000	$9,000 / $18,000
Coinsurance (In-Network/OON)	30% / Not Covered	30% / Not Covered	0% / 50%	20% / 50%	20% / 20%	20% / 50%
Primary / Specialist	$30 / $60	$35 / $70	$30 after ded / $60 after ded	20% after ded / 20% after ded	20% after ded / 20% after ded	$25 / $50
Lab & X-Ray	30% after ded	30% after ded	0% after ded	20% after ded	20% after ded	20% after ded
Urgent Care Visit	$85	$85	$85 after ded	20% after ded	20% after ded	$85
Emergency Room Visit	$350	$350	$350 after ded	20% after ded	20% after ded	$350
Hospital Outpatient (Facility / Surgery)	30% after ded / 30% after ded	30% after ded / 30% after ded	$300 after ded / 0% after ded	20% after ded / 20% after ded	20% after ded / 20% after ded	20% after ded / 20% after ded
Hospital Inpatient	30% after ded	30% after ded	$500 after ded/day; days 1-3	20% after ded	20% after ded	20% after ded
Rx Deductible (Non-Generic)	N/A	N/A	Integrated w/med	Integrated w/med	N/A	N/A
Prescriptions (Tier 1 / 2 / 3)	$10 / $45 / $70	$10 / $45 / $70	$10 / $45 / $70	$10 after ded / $45 after ded / $70 after ded	$10 / $45 / $70	$10 / $45 / $70

Plan Offerings

Plan Highlights	AETNA PPO Choice 500 MO	Aetna PPO Choice 7150 MO
Network Name	Aetna Open Choice PPO	Aetna Open Choice PPO
Deductible		
Single (In-Network/OON)	$500 / $1,500	$7,150 / $14,000
Family (In-Network/OON)	$1,000 / $3,000	$14,300 / $28,000
Out-of-Pocket Max		
Single (In-Network/OON)	$3,500 / $7,000	$7,600 / $21,000
Family (In-Network/OON)	$7,000 / $14,000	$15,200 / $42,000
Coinsurance (In-Network/OON)	20% / 50%	0% / 50%
Primary / Specialist	$25 / $50	$40 / 0% after ded
Lab & X-Ray	20% after ded	0% after ded
Urgent Care Visit	$85	0% after ded
Emergency Room Visit	$350	0% after ded
Hospital Outpatient (Facility / Surgery)	20% after ded / 20% after ded	0% after ded / 0% after ded
Hospital Inpatient	20% after ded	0% after ded
Rx Deductible (Non-Generic)	N/A	N/A
Prescriptions (Tier 1 / 2 / 3)	$10 / $45 / $70	$15 / $55 / $90

South Carolina Plans

Plan Offerings

Plan Highlights	Aetna EPO 0	Aetna EPO 1000	Aetna EPO 2000	Aetna HDHP 2000	Aetna HDHP 4000	AETNA HDHP 6350
Network Name	Aetna Elect Choice EPO (Open Access)	Aetna Elect Choice EPO (Open Access)	Aetna Elect Choice EPO (Open Access)	Aetna Managed Choice POS (Open Access)	Aetna Managed Choice POS (Open Access)	Aetna Managed Choice POS (Open Access)
Deductible						
Single (In-Network/OON)	$0 / Not Covered	$1,000 / Not Covered	$2,000 / Not Covered	$2,000 / $6,000	$4,000 / $8,000	$6,350 / $14,000
Family (In-Network/OON)	$0 / Not Covered	$2,000 / Not Covered	$4,000 / Not Covered	$4,000 / $12,000	$8,000 / $16,000	$12,700 / $28,000
Out-of-Pocket Max						
Single (In-Network/OON)	$3,000 / Not Covered	$5,000 / Not Covered	$6,500 / Not Covered	$3,500 / $12,000	$6,850 / $14,000	$6,350 / $21,000
Family (In-Network/OON)	$6,000 / Not Covered	$10,000 / Not Covered	$13,000 / Not Covered	$7,000 / $24,000	$13,700 / $28,000	$12,700 / $42,000
Coinsurance (In-Network/OON)	0% / Not Covered	30% / Not Covered	30% / Not Covered	0% / 50%	20% / 50%	0% / 50%
Primary / Specialist	$20 / $40	$30 / $60	$35 / $70	$30 after ded / $60 after ded	20% after ded / 20% after ded	0% after ded / 0% after ded
Lab & X-Ray	$0	30% after ded	30% after ded	0% after ded	20% after ded	0% after ded
Urgent Care Visit	$85	$85	$85	$85 after ded	20% after ded	0% after ded
Emergency Room Visit	$350	$350	$350	$350 after ded	20% after ded	0% after ded
Hospital Outpatient (Facility / Surgery)	$300 / 0%	30% after ded / 30% after ded	30% after ded / 30% after ded	$300 after ded / 0% after ded	20% after ded / 20% after ded	0% after ded / 0% after ded
Hospital Inpatient	$600	30% after ded	30% after ded	$500 after ded/day; days 1-3	20% after ded	0% after ded
Rx Deductible (Non-Generic)	N/A	N/A	N/A	Integrated w/med	Integrated w/med	Integrated w/med
Prescriptions (Tier 1 / 2 / 3)	$10 / $45 / $70	$10 / $45 / $70	$10 / $45 / $70	$10 / $45 / $70	$10 after ded / $45 after ded / $70 after ded	0% after ded / 0% after ded / 0% after ded

Plan Offerings

Plan Highlights	Aetna PPO 1000	Aetna PPO 2000	Aetna PPO 300	Aetna PPO 3000	Aetna PPO 5000	Aetna PPO 7150
Network Name	Aetna Managed Choice POS (Open Access)	Aetna Managed Choice POS (Open Access)	Aetna Managed Choice POS (Open Access)	Aetna Managed Choice POS (Open Access)	Aetna Managed Choice POS (Open Access)	Aetna Managed Choice POS (Open Access)
Deductible						
Single (In-Network/OON)	$1,000 / $3,000	$2,000 / $6,000	$300 / $1,200	$3,000 / $7,500	$5,000 / $10,000	$7,150 / $14,000
Family (In-Network/OON)	$2,000 / $6,000	$4,000 / $12,000	$600 / $2,400	$6,000 / $15,000	$10,000 / $20,000	$14,300 / $28,000
Out-of-Pocket Max						
Single (In-Network/OON)	$4,500 / $9,000	$6,850 / $14,000	$3,000 / $6,000	$5,500 / $10,000	$7,600 / $20,000	$7,600 / $21,000
Family (In-Network/OON)	$9,000 / $18,000	$13,700 / $28,000	$6,000 / $12,000	$11,000 / $20,000	$15,200 / $40,000	$15,200 / $42,000
Coinsurance (In-Network/OON)	20% / 50%	20% / 50%	10% / 50%	0% / 50%	30% / 50%	0% / 50%
Primary / Specialist	$25 / $50	$30 / $60	$20 / $40	$30 / $60	$40 / $80	$40 / 0% after ded
Lab & X-Ray	20% after ded	20% after ded	10% after ded	0% after ded	30% after ded	0% after ded
Urgent Care Visit	$85	$85	$85	$85	$85	0% after ded
Emergency Room Visit	$350	$350	$350	$350	$500	0% after ded
Hospital Outpatient (Facility / Surgery)	20% after ded / 20% after ded	20% after ded / 20% after ded	10% after ded / 10% after ded	$200 after ded / 0% after ded	30% after ded / 30% after ded	0% after ded / 0% after ded
Hospital Inpatient	20% after ded	20% after ded	10% after ded	$600 after ded	30% after ded	0% after ded
Rx Deductible (Non-Generic)	N/A	N/A	N/A	N/A	N/A	N/A
Prescriptions (Tier 1 / 2 / 3)	$10 / $45 / $70	$10 / $45 / $70	$10 / $45 / $70	$10 / $45 / $70	$15 / $55 / $90	$15 / $55 / $90

Plan Offerings

Plan Highlights	Aetna PPO 750
Network Name	Aetna Managed Choice POS (Open Access)
Deductible	
Single (In-Network/OON)	$750 / $2,250
Family (In-Network/OON)	$1,500 / $4,500
Out-of-Pocket Max	
Single (In-Network/OON)	$4,000 / $8,000
Family (In-Network/OON)	$8,000 / $16,000
Coinsurance (In-Network/OON)	10% / 50%
Primary / Specialist	$25 / $50
Lab & X-Ray	10% after ded
Urgent Care Visit	$85
Emergency Room Visit	$350
Hospital Outpatient (Facility / Surgery)	10% after ded / 10% after ded
Hospital Inpatient	10% after ded
Rx Deductible (Non-Generic)	N/A
Prescriptions (Tier 1 / 2 / 3)	$10 / $45 / $70

Out-Of-Area Plans

Plan Offerings

Plan Highlights	AETNA HDHP 2000 Out-of-Area	Aetna HDHP 4000 Out-of-Area	AETNA Indemnity 1000 NTL	Aetna PPO 1000 Out-of-Area	Aetna PPO 7150 Out-of-Area
Network Name	Aetna Open Choice PPO	Aetna Open Choice PPO	Not applicable	Aetna Open Choice PPO	Aetna Open Choice PPO
Deductible					
Single (In-Network/OON)	$2,000 / $6,000	$4,000 / $8,000	$1,000 / $1,000	$1,000 / $3,000	$7,150 / $14,000
Family (In-Network/OON)	$4,000 / $12,000	$8,000 / $16,000	$2,000 / $2,000	$2,000 / $6,000	$14,300 / $28,000
Out-of-Pocket Max					
Single (In-Network/OON)	$3,500 / $12,000	$6,850 / $14,000	$4,500 / $4,500	$4,500 / $9,000	$7,600 / $21,000
Family (In-Network/OON)	$7,000 / $24,000	$13,700 / $28,000	$9,000 / $9,000	$9,000 / $18,000	$15,200 / $42,000
Coinsurance (In-Network/OON)	0% / 50%	20% / 50%	20% / 20%	20% / 50%	0% / 50%
Primary / Specialist	$30 after ded / $60 after ded	20% after ded / 20% after ded	20% after ded / 20% after ded	$25 / $50	$40 / 0% after ded
Lab & X-Ray	0% after ded	20% after ded	20% after ded	20% after ded	0% after ded
Urgent Care Visit	$85 after ded	20% after ded	20% after ded	$85	0% after ded
Emergency Room Visit	$350 after ded	20% after ded	20% after ded	$350	0% after ded
Hospital Outpatient (Facility / Surgery)	$300 after ded / 0% after ded	20% after ded / 20% after ded	20% after ded / 20% after ded	20% after ded / 20% after ded	0% after ded / 0% after ded
Hospital Inpatient	$500 after ded/day; days 1-3	20% after ded	20% after ded	20% after ded	0% after ded
Rx Deductible (Non-Generic)	Integrated w/med	Integrated w/med	N/A	N/A	N/A
Prescriptions (Tier 1 / 2 / 3)	$10 / $45 / $70	$10 after ded / $45 after ded / $70 after ded	$10 / $45 / $70	$10 / $45 / $70	$15 / $55 / $90