



Medical Plan Offerings— Aetna 2024*

*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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Aetna All Regions (except Tri-State) Plan Details: **New Plans**

Aetna HDHP 3500	NEW for 2024
Aetna HDHP 3500 Out-of-Area	NEW for 2024

The **new** Aetna All Regions (except Tri-State) plans for the 2024 benefits plan year are listed on the following page.

Benefits	HDHP 3500	HDHP 3500 Out-of-Area
Network Name	Managed Choice POS (Open Access)	Open Choice PPO
Single Deductible	\$3,500	\$3,500
Family Deductible	\$7,000	\$7,000
Single Deductible Out-of-Network	\$7,000	\$7,000
Family Deductible Out-of-Network	\$14,000	\$14,000
Single Out-of-Pocket Max	\$6,500	\$6,500
Family Out-of-Pocket Max	\$13,000	\$13,000
Single Out-of-Pocket Max Out-of-Network	\$13,000	\$13,000
Family Out-of-Pocket Max Out-of-Network	\$26,000	\$26,000
Co-Insurance	20%	20%
Co-Insurance Out-of-Network	50%	50%
Doctor Visits	20% after ded	20% after ded
Specialist Visits	20% after ded	20% after ded
Lab & X-Ray	20% after ded	20% after ded
Emergency Room Visits	20% after ded	20% after ded
Urgent Care Visits	20% after ded	20% after ded
Outpatient Facility	20% after ded	20% after ded
Outpatient Surgery	20% after ded	20% after ded
Hospital Inpatient	20% after ded	20% after ded
Rx Deductible (Non-Generic)	Integrated w/Med	Integrated w/Med
Generic Rx (Tier 1)	\$10 after ded	\$10 after ded
Brand Rx (Tier 2)	\$45 after ded	\$45 after ded
Non-Formulary Rx (Tier 3)	\$70 after ded	\$70 after ded

Aetna All Regions (except Tri-State) Plan Details: Current Plans

Aetna EPO 1000	Current Plan for 2024
Aetna EPO 2000	Current Plan for 2024
Aetna PPO 300	Current Plan for 2024
Aetna PPO 750	Current Plan for 2024
Aetna PPO 1000	Current Plan for 2024
Aetna PPO 3000	Current Plan for 2024
Aetna PPO 5000	Current Plan for 2024
Aetna PPO 6350	Current Plan for 2024
Aetna PPO 750 MA	Current Plan for 2024
Aetna PPO 1000 MA	Current Plan for 2024
Aetna PPO Choice 1000 MO	Current Plan for 2024
Aetna Indemnity 1000 NTL	Current Plan for 2024
Aetna PPO 1000 Out-of-Area	Current Plan for 2024

The current Aetna All Regions (except Tri-State) plans for the 2024 benefits plan year are listed on the following pages.

Benefits	EPO 1000	EPO 2000	PPO 300	PPO 750
Network Name	Elect Choice EPO (Open Access)	Elect Choice EPO (Open Access)	Managed Choice POS (Open Access)	Managed Choice POS (Open Access)
Single Deductible	\$1,000	\$2,000	\$300	\$750
Family Deductible	\$2,000	\$4,000	\$900	\$1,500
Single Deductible Out-of-Network	Not covered	Not covered	\$1,200	\$2,250
Family Deductible Out-of-Network	Not covered	Not covered	\$3,600	\$4,500
Single Out-of-Pocket Max	\$5,000	\$6,000	\$3,000	\$3,000
Family Out-of-Pocket Max	\$10,000	\$12,000	\$6,000	\$6,000
Single Out-of-Pocket Max Out-of-Network	Not covered	Not covered	\$6,000	\$8,000
Family Out-of-Pocket Max Out-of-Network	Not covered	Not covered	\$18,000	\$16,000
Co-Insurance	30%	30%	10%	10%
Co-Insurance Out-of-Network	Not covered	Not covered	50%	50%
Doctor Visits	\$30	\$40	\$20	\$25
Specialist Visits	\$60	\$80	\$40	\$50
Lab & X-Ray	30% after ded	30% after ded	10% after ded	10% after ded
Emergency Room Visits	\$350	\$350	\$350	\$350
Urgent Care Visits	\$85	\$85	\$85	\$85
Outpatient Facility	30% after ded	30% after ded	10% after ded	10% after ded
Outpatient Surgery	30% after ded	30% after ded	10% after ded	10% after ded
Hospital Inpatient	30% after ded	30% after ded	10% after ded	10% after ded
Rx Deductible (Non-Generic)	N/A	N/A	N/A	N/A
Generic Rx (Tier 1)	\$10	\$10	\$10	\$10
Brand Rx (Tier 2)	\$45	\$45	\$45	\$45
Non-Formulary Rx (Tier 3)	\$70	\$70	\$70	\$70

Benefits	PPO 1000	PPO 3000	PPO 5000	PPO 6350
Network Name	Managed Choice POS (Open Access)	Managed Choice POS (Open Access)	Managed Choice POS (Open Access)	Managed Choice POS (Open Access)
Single Deductible	\$1,000	\$3,000	\$5,000	\$6,350
Family Deductible	\$2,000	\$6,000	\$10,000	\$12,700
Single Deductible Out-of-Network	\$3,000	\$7,500	\$10,000	\$14,000
Family Deductible Out-of-Network	\$6,000	\$22,500	\$30,000	\$28,000
Single Out-of-Pocket Max	\$4,500	\$4,500	\$6,850	\$6,850
Family Out-of-Pocket Max	\$9,000	\$9,000	\$13,700	\$13,700
Single Out-of-Pocket Max Out-of-Network	\$9,000	\$10,000	\$20,000	\$21,000
Family Out-of-Pocket Max Out-of-Network	\$18,000	\$30,000	\$60,000	\$42,000
Co-Insurance	20%	0%	30%	0%
Co-Insurance Out-of-Network	50%	50%	50%	50%
Doctor Visits	\$25	\$30	\$40	\$25
Specialist Visits	\$50	\$60	\$80	0% after ded
Lab & X-Ray	20% after ded	0% after ded	30% after ded	0% after ded
Emergency Room Visits	\$350	\$350	\$350	0% after ded
Urgent Care Visits	\$85	\$85	\$85	0% after ded
Outpatient Facility	20% after ded	0% after ded + \$200	30% after ded	0% after ded
Outpatient Surgery	20% after ded	0% after ded	30% after ded	0% after ded
Hospital Inpatient	20% after ded	0% after ded + \$600	30% after ded	0% after ded
Rx Deductible (Non-Generic)	N/A	N/A	N/A	N/A
Generic Rx (Tier 1)	\$10	\$10	\$10	\$10
Brand Rx (Tier 2)	\$45	\$45	\$45	\$45
Non-Formulary Rx (Tier 3)	\$70	\$70	\$70	\$70

Benefits	PPO 750 MA	PPO 1000 MA	PPO Choice 1000 MO	Indemnity 1000 NTL
Network Name	Managed Choice POS (Open Access)	Managed Choice POS (Open Access)	Open Choice PPO	Not applicable
Single Deductible	\$750	\$1,000	\$1,000	\$1,000
Family Deductible	\$1,500	\$2,000	\$2,000	\$2,000
Single Deductible Out-of-Network	\$2,250	\$3,000	\$3,000	Not Covered
Family Deductible Out-of-Network	\$4,500	\$6,000	\$6,000	Not Covered
Single Out-of-Pocket Max	\$3,000	\$4,500	\$4,500	\$4,500
Family Out-of-Pocket Max	\$6,000	\$9,000	\$9,000	\$9,000
Single Out-of-Pocket Max Out-of-Network	\$8,000	\$9,000	\$9,000	Not Covered
Family Out-of-Pocket Max Out-of-Network	\$16,000	\$18,000	\$18,000	Not Covered
Co-Insurance	10%	20%	20%	20%
Co-Insurance Out-of-Network	50%	50%	50%	Not Covered
Doctor Visits	\$25	\$25	\$25	20% after ded
Specialist Visits	\$50	\$50	\$50	20% after ded
Lab & X-Ray	10% after ded	20% after ded	20% after ded	20% after ded
Emergency Room Visits	\$350	\$350	\$350	20% after ded
Urgent Care Visits	\$85	\$85	\$85	20% after ded
Outpatient Facility	10% after ded	20% after ded	20% after ded	20% after ded
Outpatient Surgery	10% after ded	20% after ded	20% after ded	20% after ded
Hospital Inpatient	10% after ded	20% after ded	20% after ded	20% after ded
Rx Deductible (Non-Generic)	N/A	N/A	N/A	N/A
Generic Rx (Tier 1)	\$10	\$10	\$10	\$10
Brand Rx (Tier 2)	\$45	\$45	\$45	\$35
Non-Formulary Rx (Tier 3)	\$70	\$70	\$70	\$70

Benefits	PPO 1000 Out-of-Area
Network Name	Open Choice PPO
Single Deductible	\$1,000
Family Deductible	\$2,000
Single Deductible Out-of-Network	\$3,000
Family Deductible Out-of-Network	\$6,000
Single Out-of-Pocket Max	\$4,500
Family Out-of-Pocket Max	\$9,000
Single Out-of-Pocket Max Out-of-Network	\$9,000
Family Out-of-Pocket Max Out-of-Network	\$18,000
Co-Insurance	20%
Co-Insurance Out-of-Network	50%
Doctor Visits	\$25
Specialist Visits	\$50
Lab & X-Ray	20% after ded
Emergency Room Visits	\$350
Urgent Care Visits	\$85
Outpatient Facility	20% after ded
Outpatient Surgery	20% after ded
Hospital Inpatient	20% after ded
Rx Deductible (Non-Generic)	N/A
Generic Rx (Tier 1)	\$10
Brand Rx (Tier 2)	\$45
Non-Formulary Rx (Tier 3)	\$70

CHOICES THAT MATTER

Aetna Tri-State Plan Details: **New Plans**

Aetna HDHP 3500 Tri-State	NEW for 2024
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The **new** Aetna Tri-State plan for the 2024 benefits plan year is listed on the following page.

Benefits	HDHP 3500 Tri-State
Network Name	Managed Choice POS (Open Access)
Single Deductible	\$3,500
Family Deductible	\$7,000
Single Deductible Out-of-Network	\$7,000
Family Deductible Out-of-Network	\$14,000
Single Out-of-Pocket Max	\$5,500
Family Out-of-Pocket Max	\$11,000
Single Out-of-Pocket Max Out-of-Network	\$13,000
Family Out-of-Pocket Max Out-of-Network	\$26,000
Co-Insurance	10%
Co-Insurance Out-of-Network	40%
Doctor Visits	10% after ded
Specialist Visits	10% after ded
Lab & X-Ray	10% after ded
Emergency Room Visits	10% after ded
Urgent Care Visits	10% after ded
Outpatient Facility	10% after ded
Outpatient Surgery	10% after ded
Hospital Inpatient	10% after ded
Rx Deductible (Non-Generic)	Integrated w/Med
Generic Rx (Tier 1)	\$10 after ded
Brand Rx (Tier 2)	\$55 after ded
Non-Formulary Rx (Tier 3)	\$100 after ded

Aetna Tri-State Plan Details: Current Plans

Aetna HDHP 6350 Tri-State	Current Plan for 2024
Aetna POS 30 Tri-State	Current Plan for 2024
Aetna PPO 750 Tri-State	Current Plan for 2024
Aetna PPO 1000 Tri-State	Current Plan for 2024
Aetna PPO 2000 Tri-State	Current Plan for 2024

The current Aetna Tri-State plans for the 2024 benefits plan year are listed on the following pages.

Benefits	HDHP 6350 Tri-State	POS 30 Tri-State	PPO 750 Tri-State	PPO 1000 Tri-State
Network Name	Managed Choice POS (Open Access)	Managed Choice POS (Open Access)	Managed Choice POS (Open Access)	Managed Choice POS (Open Access)
Single Deductible	\$6,350	\$0	\$750	\$1,000
Family Deductible	\$12,700	\$0	\$1,500	\$2,000
Single Deductible Out-of-Network	\$10,000	\$3,000	\$3,000	\$3,000
Family Deductible Out-of-Network	\$20,000	\$7,500	\$7,500	\$7,500
Single Out-of-Pocket Max	\$6,900	\$5,000	\$6,500	\$7,000
Family Out-of-Pocket Max	\$13,800	\$10,000	\$13,000	\$14,000
Single Out-of-Pocket Max Out-of-Network	\$15,000	\$9,000	\$12,000	\$12,000
Family Out-of-Pocket Max Out-of-Network	\$30,000	\$22,500	\$30,000	\$30,000
Co-Insurance	0%	0%	10%	20%
Co-Insurance Out-of-Network	30%	30%	40%	30-50%
Doctor Visits	0% after ded	\$30	\$20	\$25
Specialist Visits	0% after ded	\$50	\$40	\$50
Lab & X-Ray	0% after ded	0%	10% after ded	20% after ded
Emergency Room Visits	0% after ded	\$400	\$350	\$350
Urgent Care Visits	0% after ded	\$75	\$75	\$75
Outpatient Facility	0% after ded	\$75	10% after ded	20% after ded
Outpatient Surgery	0% after ded	0%	10% after ded	20% after ded
Hospital Inpatient	0% after ded	\$500/day; days 1-3	10% after ded	20% after ded
Rx Deductible (Non-Generic)	Integrated w/Med	N/A	N/A	N/A
Generic Rx (Tier 1)	\$10 after ded	\$10	\$10	\$10
Brand Rx (Tier 2)	\$55 after ded	\$55	\$55	\$55
Non-Formulary Rx (Tier 3)	\$100 after ded	\$100	\$100	\$100

Benefits	PPO 2000 Tri-State
Network Name	Managed Choice POS (Open Access)
Single Deductible	\$2,000
Family Deductible	\$4,000
Single Deductible Out-of-Network	\$5,000
Family Deductible Out-of-Network	\$12,500
Single Out-of-Pocket Max	\$7,000
Family Out-of-Pocket Max	\$14,000
Single Out-of-Pocket Max Out-of-Network	\$15,000
Family Out-of-Pocket Max Out-of-Network	\$37,500
Co-Insurance	20%
Co-Insurance Out-of-Network	30-50%
Doctor Visits	\$30
Specialist Visits	\$60
Lab & X-Ray	20% after ded
Emergency Room Visits	\$350
Urgent Care Visits	\$75
Outpatient Facility	20% after ded
Outpatient Surgery	20% after ded
Hospital Inpatient	20% after ded
Rx Deductible (Non-Generic)	N/A
Generic Rx (Tier 1)	\$10
Brand Rx (Tier 2)	\$55
Non-Formulary Rx (Tier 3)	\$100

Aetna: Eliminated Plans

For 2024, the following plans will no longer be offered:

Aetna HDHP 3000	ELIMINATED for 2024
Aetna HDHP 3000 Out-of-Area	ELIMINATED for 2024
Aetna HDHP 3000-100 Tri-State	ELIMINATED for 2024