



**CHOICES
THAT
MATTER**



Medical Plan Offerings— Aetna 2025*

*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).

CHOICES THAT MATTER

INDEX

To use the index, hover your cursor over the section title and click. To get back to the index, click Alt+ Left Arrow.

ACO Plans

New Plans

Current Plans

All Regions Except Tri-State (NY, NJ, CT) Plans

New Plans

Current Plans

Tri-State Plans

New Plans

Current Plans

Eliminated Plans

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CHOICES THAT MATTER

Aetna ACO Plan Details: **New Plans**

Aetna ACO 300 UT	NEW for 2025
Aetna ACO 1000 UT	NEW for 2025
Aetna ACO 2000 UT	NEW for 2025
Aetna ACO/HDHP 3500 UT	NEW for 2025

The **new** Aetna ACO plans for the 2025 benefits plan year are listed on the following page.



Benefits	ACO 300 UT	ACO 1000 UT	ACO 2000 UT	ACO/HDHP 3500 UT
Network Name	Aetna Whole Health	Aetna Whole Health	Aetna Whole Health	Aetna Whole Health
Single Deductible	\$300	\$1,000	\$2,000	\$3,500
Family Deductible	\$900	\$2,000	\$4,000	\$7,000
Single Deductible Out-of-Network	\$1,200	\$3,000	\$6,000	\$7,000
Family Deductible Out-of-Network	\$3,600	\$6,000	\$15,000	\$14,000
Single Out-of-Pocket Max	\$3,000	\$4,500	\$6,850	\$6,000
Family Out-of-Pocket Max	\$6,000	\$9,000	\$13,700	\$12,000
Single Out-of-Pocket Max Out-of-Network	\$6,000	\$9,000	\$14,000	\$13,000
Family Out-of-Pocket Max Out-of-Network	\$18,000	\$18,000	\$42,000	\$26,000
Co-Insurance	10%	20%	20%	10%
Co-Insurance Out-of-Network	50%	50%	50%	50%
Doctor Visits	\$20	\$25	\$30	10% after ded
Specialist Visits	\$40	\$50	\$60	10% after ded
Lab & X-Ray	10% after ded	20% after ded	20% after ded	10% after ded
Emergency Room Visits	\$350	\$350	\$350	10% after ded
Urgent Care Visits	\$85	\$85	\$85	10% after ded
Outpatient Facility	10% after ded	20% after ded	20% after ded	10% after ded
Outpatient Surgery	10% after ded	20% after ded	20% after ded	10% after ded
Hospital Inpatient	10% after ded	20% after ded	20% 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

CHOICES THAT MATTER

Aetna ACO Plan Details: Current Plans

Aetna ACO 1000 AZ	Current Plan for 2025
Aetna ACO 2500 AZ	Current Plan for 2025
Aetna ACO 3500 AZ	Current Plan for 2025

The current Aetna ACO plans for the 2025 benefits plan year are listed on the following page.

Benefits	ACO 1000 AZ	ACO 2500 AZ	ACO 6500 AZ
Network Name	Banner Health Network	Banner Health Network	Banner Health Network
Single Deductible	\$1,000	\$2,500	\$6,500
Family Deductible	\$2,000	\$5,000	\$13,000
Single Deductible Out-of-Network	\$3,000	\$6,000	\$15,000
Family Deductible Out-of-Network	\$6,000	\$12,000	\$30,000
Single Out-of-Pocket Max	\$5,500	\$7,500	\$7,500
Family Out-of-Pocket Max	\$11,000	\$15,000	\$15,000
Single Out-of-Pocket Max Out-of-Network	\$12,000	\$15,000	\$25,000
Family Out-of-Pocket Max Out-of-Network	\$24,000	\$30,000	\$50,000
Co-Insurance	20%	20%	0%
Co-Insurance Out-of-Network	50%	50%	50%
Doctor Visits	\$25	\$30	\$25
Specialist Visits	\$50	\$60	\$65
Lab & X-Ray	20% after ded	20% after ded	0% after ded
Emergency Room Visits	\$400	\$400	0% after ded
Urgent Care Visits	\$85	\$85	0% after ded
Outpatient Facility	20% after ded	20% after ded	0% after ded
Outpatient Surgery	20% after ded	20% after ded	0% after ded
Hospital Inpatient	20% after ded	20% after ded	0% after ded
Rx Deductible (Non-Generic)	N/A	N/A	N/A
Generic Rx (Tier 1)	\$10	\$10	\$10
Brand Rx (Tier 2)	\$45	\$45	\$45
Non-Formulary Rx (Tier 3)	\$80	\$80	\$80

CHOICES THAT MATTER

Aetna All Regions (except Tri-State) Plan Details: [New Plans](#)

There are no [new](#) Aetna All Regions (except Tri-State) plans for the 2025 benefits plan year.

CHOICES THAT MATTER

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

Aetna EPO 0	Current Plan for 2025
Aetna EPO 1000	Current Plan for 2025
Aetna EPO 2000	Current Plan for 2025
Aetna HDHP 3500	Current Plan for 2025
Aetna HDHP 6350	Current Plan for 2025
Aetna PPO 300	Current Plan for 2025
Aetna PPO 750	Current Plan for 2025
Aetna PPO 1000	Current Plan for 2025
Aetna PPO 2000	Current Plan for 2025
Aetna PPO 3000	Current Plan for 2025
Aetna PPO 5000	Current Plan for 2025
Aetna PPO 7150	Current Plan for 2025
Aetna HDHP 3500 Out-of-Area	Current Plan for 2025
Aetna PPO 1000 Out-of-Area	Current Plan for 2025
Aetna PPO 7150 Out-of-Area	Current Plan for 2025
Aetna Indemnity 1000 NTL	Current Plan for 2025
Aetna HDHP Choice 3500 MO	Current Plan for 2025
Aetna PPO Choice 500 MO	Current Plan for 2025
Aetna PPO Choice 1000 MO	Current Plan for 2025
Aetna PPO Choice 7150 MO	Current Plan for 2025

The current Aetna All Regions (except Tri-State) plans for the 2025 benefits plan year are listed on the following pages.



Benefits	EPO 0	EPO 1000	EPO 2000	HDHP 3500
Network Name	Elect Choice EPO (Open Access)	Elect Choice EPO (Open Access)	Elect Choice EPO (Open Access)	Managed Choice POS (Open Access)
Single Deductible	\$0	\$1,000	\$2,000	\$3,500
Family Deductible	\$0	\$2,000	\$4,000	\$7,000
Single Deductible Out-of-Network	Not Covered	Not Covered	Not Covered	\$7,000
Family Deductible Out-of-Network	Not Covered	Not Covered	Not Covered	\$14,000
Single Out-of-Pocket Max	\$3,000	\$5,000	\$6,000	\$6,500
Family Out-of-Pocket Max	\$6,000	\$10,000	\$12,000	\$13,000
Single Out-of-Pocket Max Out-of-Network	Not Covered	Not Covered	Not Covered	\$13,000
Family Out-of-Pocket Max Out-of-Network	Not Covered	Not Covered	Not Covered	\$26,000
Co-Insurance	0%	30%	30%	20%
Co-Insurance Out-of-Network	Not Covered	Not Covered	Not Covered	50%
Doctor Visits	\$20	\$30	\$40	20% after ded
Specialist Visits	\$40	\$60	\$80	20% after ded
Lab & X-Ray	\$0	30% after ded	30% 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	\$300	30% after ded	30% after ded	20% after ded
Outpatient Surgery	\$0	30% after ded	30% after ded	20% after ded
Hospital Inpatient	\$300	30% after ded	30% after ded	20% after ded
Rx Deductible (Non-Generic)	N/A	N/A	N/A	Integrated w/Med
Generic Rx (Tier 1)	\$10	\$10	\$10	\$10 after ded
Brand Rx (Tier 2)	\$45	\$45	\$45	\$45 after ded
Non-Formulary Rx (Tier 3)	\$70	\$70	\$70	\$70 after ded



Benefits	HDHP 6350	PPO 300	PPO 750	PPO 1000
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	\$300	\$750	\$1,000
Family Deductible	\$12,700	\$900	\$1,500	\$2,000
Single Deductible Out-of-Network	\$14,000	\$1,200	\$2,250	\$3,000
Family Deductible Out-of-Network	\$28,000	\$3,600	\$4,500	\$6,000
Single Out-of-Pocket Max	\$6,350	\$3,000	\$3,000	\$4,500
Family Out-of-Pocket Max	\$12,700	\$6,000	\$6,000	\$9,000
Single Out-of-Pocket Max Out-of-Network	\$21,000	\$6,000	\$8,000	\$9,000
Family Out-of-Pocket Max Out-of-Network	\$42,000	\$18,000	\$16,000	\$18,000
Co-Insurance	0%	10%	10%	20%
Co-Insurance Out-of-Network	50%	50%	50%	50%
Doctor Visits	0% after ded	\$20	\$25	\$25
Specialist Visits	0% after ded	\$40	\$50	\$50
Lab & X-Ray	0% after ded	10% after ded	10% after ded	20% after ded
Emergency Room Visits	0% after ded	\$350	\$350	\$350
Urgent Care Visits	0% after ded	\$85	\$85	\$85
Outpatient Facility	0% after ded	10% after ded	10% after ded	20% after ded
Outpatient Surgery	0% after ded	10% after ded	10% after ded	20% after ded
Hospital Inpatient	0% after ded	10% after ded	10% after ded	20% after ded
Rx Deductible (Non-Generic)	Integrated w/Med	N/A	N/A	N/A
Generic Rx (Tier 1)	0% after ded	\$10	\$10	\$10
Brand Rx (Tier 2)	0% after ded	\$45	\$45	\$45
Non-Formulary Rx (Tier 3)	0% after ded	\$70	\$70	\$70



Benefits	PPO 2000	PPO 3000	PPO 5000	PPO 7150
Network Name	Managed Choice POS (Open Access)	Managed Choice POS (Open Access)	Managed Choice POS (Open Access)	Managed Choice POS (Open Access)
Single Deductible	\$2,000	\$3,000	\$5,000	\$7,150
Family Deductible	\$4,000	\$6,000	\$10,000	\$14,300
Single Deductible Out-of-Network	\$6,000	\$7,500	\$10,000	\$14,000
Family Deductible Out-of-Network	\$15,000	\$22,500	\$30,000	\$28,000
Single Out-of-Pocket Max	\$6,850	\$4,500	\$6,850	\$7,600
Family Out-of-Pocket Max	\$13,700	\$9,000	\$13,700	\$15,200
Single Out-of-Pocket Max Out-of-Network	\$14,000	\$10,000	\$20,000	\$21,000
Family Out-of-Pocket Max Out-of-Network	\$42,000	\$30,000	\$60,000	\$42,000
Co-Insurance	20%	0%	30%	0%
Co-Insurance Out-of-Network	50%	50%	50%	50%
Doctor Visits	\$30	\$30	\$40	\$40
Specialist Visits	\$60	\$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	HDHP 3500 Out-of-Area	PPO 1000 Out-of-Area	PPO 7150 Out-of-Area	Indemnity 1000 NTL
Network Name	Open Choice PPO	Open Choice PPO	Open Choice PPO	Not applicable
Single Deductible	\$3,500	\$1,000	\$7,150	\$1,000
Family Deductible	\$7,000	\$2,000	\$14,300	\$2,000
Single Deductible Out-of-Network	\$7,000	\$3,000	\$14,000	Not Covered
Family Deductible Out-of-Network	\$14,000	\$6,000	\$28,000	Not Covered
Single Out-of-Pocket Max	\$6,500	\$4,500	\$7,600	\$4,500
Family Out-of-Pocket Max	\$13,000	\$9,000	\$15,200	\$9,000
Single Out-of-Pocket Max Out-of-Network	\$13,000	\$9,000	\$21,000	Not Covered
Family Out-of-Pocket Max Out-of-Network	\$26,000	\$18,000	\$42,000	Not Covered
Co-Insurance	20%	20%	0%	20%
Co-Insurance Out-of-Network	50%	50%	50%	Not Covered
Doctor Visits	20% after ded	\$25	\$40	20% after ded
Specialist Visits	20% after ded	\$50	0% after ded	20% after ded
Lab & X-Ray	20% after ded	20% after ded	0% after ded	20% after ded
Emergency Room Visits	20% after ded	\$350	0% after ded	20% after ded
Urgent Care Visits	20% after ded	\$85	0% after ded	20% after ded
Outpatient Facility	20% after ded	20% after ded	0% after ded	20% after ded
Outpatient Surgery	20% after ded	20% after ded	0% after ded	20% after ded
Hospital Inpatient	20% after ded	20% after ded	0% 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)	\$45 after ded	\$45	\$45	\$45
Non-Formulary Rx (Tier 3)	\$70 after ded	\$70	\$70	\$70



Benefits	HDHP Choice 3500 MO	PPO Choice 500 MO	PPO Choice 1000 MO	PPO Choice 7150 MO
Network Name	Open Choice PPO	Open Choice PPO	Open Choice PPO	Open Choice PPO
Single Deductible	\$3,500	\$500	\$1,000	\$7,150
Family Deductible	\$7,000	\$1,000	\$2,000	\$14,300
Single Deductible Out-of-Network	\$7,000	\$1,500	\$3,000	\$14,000
Family Deductible Out-of-Network	\$14,000	\$3,000	\$6,000	\$28,000
Single Out-of-Pocket Max	\$6,500	\$3,500	\$4,500	\$7,600
Family Out-of-Pocket Max	\$13,000	\$7,000	\$9,000	\$15,200
Single Out-of-Pocket Max Out-of-Network	\$13,000	\$7,000	\$9,000	\$21,000
Family Out-of-Pocket Max Out-of-Network	\$26,000	\$14,000	\$18,000	\$42,000
Co-Insurance	20%	20%	20%	0%
Co-Insurance Out-of-Network	50%	50%	50%	50%
Doctor Visits	20% after ded	\$25	\$25	\$40
Specialist Visits	20% after ded	\$50	\$50	0% after ded
Lab & X-Ray	20% after ded	20% after ded	20% after ded	0% after ded
Emergency Room Visits	20% after ded	\$350	\$350	0% after ded
Urgent Care Visits	20% after ded	\$85	\$85	0% after ded
Outpatient Facility	20% after ded	20% after ded	20% after ded	0% after ded
Outpatient Surgery	20% after ded	20% after ded	20% after ded	0% after ded
Hospital Inpatient	20% after ded	20% after ded	20% after ded	0% 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)	\$45 after ded	\$45	\$45	\$45
Non-Formulary Rx (Tier 3)	\$70 after ded	\$70	\$70	\$70

CHOICES THAT MATTER

Aetna Tri-State Plan Details: [New Plans](#)

There are no [new](#) Aetna Tri-State plans for the 2025 benefits plan year.

CHOICES THAT MATTER

Aetna Tri-State Plan Details: Current Plans

Aetna EPO 20 Tri-State	Current Plan for 2025
Aetna EPO 45 Tri-State	Current Plan for 2025
Aetna EPO 2000 Tri-State	Current Plan for 2025
Aetna EPO 4000 Tri-State	Current Plan for 2025
Aetna HDHP 3500-100 Tri-State	Current Plan for 2025
Aetna HDHP 6350 Tri-State	Current Plan for 2025
Aetna POS 15 Tri-State	Current Plan for 2025
Aetna POS 30 Tri-State	Current Plan for 2025
Aetna PPO 750 Tri-State	Current Plan for 2025
Aetna PPO 1000 Tri-State	Current Plan for 2025
Aetna PPO 2000 Tri-State	Current Plan for 2025

The current Aetna Tri-State plans for the 2025 benefits plan year are listed on the following pages.



Benefits	EPO 20 Tri-State	EPO 45 Tri-State	EPO 2000 Tri-State	EPO 4000 Tri-State
Network Name	Elect Choice EPO (Open Access)	Elect Choice EPO (Open Access)	Elect Choice EPO (Open Access)	Elect Choice EPO (Open Access)
Single Deductible	\$1,000	\$0	\$2,000	\$4,000
Family Deductible	\$2,000	\$0	\$4,000	\$8,000
Single Deductible Out-of-Network	Not Covered	Not Covered	Not Covered	Not Covered
Family Deductible Out-of-Network	Not Covered	Not Covered	Not Covered	Not Covered
Single Out-of-Pocket Max	\$5,500	\$5,500	\$7,000	\$7,500
Family Out-of-Pocket Max	\$11,000	\$11,000	\$14,000	\$15,000
Single Out-of-Pocket Max Out-of-Network	Not Covered	Not Covered	Not Covered	Not Covered
Family Out-of-Pocket Max Out-of-Network	Not Covered	Not Covered	Not Covered	Not Covered
Co-Insurance	20%	0%	40%	20%
Co-Insurance Out-of-Network	Not Covered	Not Covered	Not Covered	Not Covered
Doctor Visits	\$20	\$45	\$30	\$40
Specialist Visits	\$65	\$65	\$65	\$80
Lab & X-Ray	20% after ded	0%	40% after ded	20% after ded
Emergency Room Visits	\$400	\$400	\$400	\$400
Urgent Care Visits	\$75	\$75	\$75	\$75
Outpatient Facility	20% after ded	0%	40% after ded	20% after ded
Outpatient Surgery	20% after ded	0%	40% after ded	20% after ded
Hospital Inpatient	20% after ded	\$500/day; days 1-5	40% after ded	20% after ded
Rx Deductible (Non-Generic)	\$100/\$300	\$100/\$300	\$100/\$300	\$100/\$300
Generic Rx (Tier 1)	\$10 after Rx ded	\$10 after Rx ded	\$10 after Rx ded	\$10 after Rx ded
Brand Rx (Tier 2)	\$55 after Rx ded	\$55 after Rx ded	\$55 after Rx ded	\$55 after Rx ded
Non-Formulary Rx (Tier 3)	\$100 after Rx ded	\$100 after Rx ded	\$100 after Rx ded	\$100 after Rx ded



Benefits	HDHP 3500 Tri-State	HDHP 6350 Tri-State	POS 15 Tri-State	POS 30 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	\$3,500	\$6,350	\$0	\$0
Family Deductible	\$7,000	\$12,700	\$0	\$0
Single Deductible Out-of-Network	\$7,000	\$10,000	\$3,000	\$3,000
Family Deductible Out-of-Network	\$14,000	\$20,000	\$7,500	\$7,500
Single Out-of-Pocket Max	\$5,500	\$6,900	\$4,000	\$5,000
Family Out-of-Pocket Max	\$11,000	\$13,800	\$8,000	\$10,000
Single Out-of-Pocket Max Out-of-Network	\$13,000	\$15,000	\$7,000	\$9,000
Family Out-of-Pocket Max Out-of-Network	\$26,000	\$30,000	\$17,500	\$22,500
Co-Insurance	10%	0%	0%	0%
Co-Insurance Out-of-Network	40%	30%	30%	30%
Doctor Visits	10% after ded	0% after ded	\$15	\$30
Specialist Visits	10% after ded	0% after ded	\$20	\$50
Lab & X-Ray	10% after ded	0% after ded	0%	0%
Emergency Room Visits	10% after ded	0% after ded	\$400	\$400
Urgent Care Visits	10% after ded	0% after ded	\$75	\$75
Outpatient Facility	10% after ded	0% after ded	\$75	\$75
Outpatient Surgery	10% after ded	0% after ded	0%	0%
Hospital Inpatient	10% after ded	0% after ded	\$250/day; days 1-3	\$500/day; days 1-3
Rx Deductible (Non-Generic)	Integrated w/Med	Integrated w/Med	N/A	N/A
Generic Rx (Tier 1)	\$10 after ded	\$10 after ded	\$10	\$10
Brand Rx (Tier 2)	\$55 after ded	\$55 after ded	\$55	\$55
Non-Formulary Rx (Tier 3)	\$100 after ded	\$100 after ded	\$100	\$100



Benefits	PPO 750 Tri-State	PPO 1000 Tri-State	PPO 2000 Tri-State
Network Name	Managed Choice POS (Open Access)	Managed Choice POS (Open Access)	Managed Choice POS (Open Access)
Single Deductible	\$750	\$1,000	\$2,000
Family Deductible	\$1,500	\$2,000	\$4,000
Single Deductible Out-of-Network	\$3,000	\$3,000	\$5,000
Family Deductible Out-of-Network	\$7,500	\$7,500	\$12,500
Single Out-of-Pocket Max	\$6,500	\$7,000	\$7,000
Family Out-of-Pocket Max	\$13,000	\$14,000	\$14,000
Single Out-of-Pocket Max Out-of-Network	\$12,000	\$12,000	\$15,000
Family Out-of-Pocket Max Out-of-Network	\$30,000	\$30,000	\$37,500
Co-Insurance	10%	20%	20%
Co-Insurance Out-of-Network	40%	30-50%	30-50%
Doctor Visits	\$20	\$25	\$30
Specialist Visits	\$40	\$50	\$60
Lab & X-Ray	10% after ded	20% after ded	20% after ded
Emergency Room Visits	\$350	\$350	\$350
Urgent Care Visits	\$75	\$75	\$75
Outpatient Facility	10% after ded	20% after ded	20% after ded
Outpatient Surgery	10% after ded	20% after ded	20% after ded
Hospital Inpatient	10% after ded	20% after ded	20% after ded
Rx Deductible (Non-Generic)	N/A	N/A	N/A
Generic Rx (Tier 1)	\$10	\$10	\$10
Brand Rx (Tier 2)	\$55	\$55	\$55
Non-Formulary Rx (Tier 3)	\$100	\$100	\$100

CHOICES THAT MATTER

Aetna: Eliminated Plans

For 2025, the following plans will no longer be offered:

Aetna Flex 5 PPO	ELIMINATED for 2025
Aetna PPO 6350	ELIMINATED for 2025
Aetna PPO Choice 3000/70 MO	ELIMINATED for 2025
Aetna PPO Choice 5000/70 MO	ELIMINATED for 2025
Aetna EPO 30 Tri-State	ELIMINATED for 2025