



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](https://login.trinet.com)).

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Aetna ACO Plan Details: [New Plans](#)

There are no [new](#) Aetna ACO plans for the 2024 benefits plan year.

Aetna ACO Plan Details: Current Plans

Aetna ACO 1000 AZ	Current Plan for 2024
Aetna ACO 2500 AZ	Current Plan for 2024
Aetna ACO 6500 AZ	Current Plan for 2024

The current Aetna ACO plans for the 2024 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**

Aetna HDHP 3500	NEW for 2024
Aetna HDHP 3500 Out-of-Area	NEW for 2024
Aetna HDHP Choice 3500 MO	NEW for 2024
Aetna HDHP 6350	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	HDHP Choice 3500 MO	HDHP 6350
Network Name	Managed Choice POS (Open Access)	Open Choice PPO	Open Choice PPO	Managed Choice POS (Open Access)
Single Deductible	\$3,500	\$3,500	\$3,500	\$6,350
Family Deductible	\$7,000	\$7,000	\$7,000	\$12,700
Single Deductible Out-of-Network	\$7,000	\$7,000	\$7,000	\$14,000
Family Deductible Out-of-Network	\$14,000	\$14,000	\$14,000	\$28,000
Single Out-of-Pocket Max	\$6,500	\$6,500	\$6,500	\$6,350
Family Out-of-Pocket Max	\$13,000	\$13,000	\$13,000	\$12,700
Single Out-of-Pocket Max Out-of-Network	\$13,000	\$13,000	\$13,000	\$21,000
Family Out-of-Pocket Max Out-of-Network	\$26,000	\$26,000	\$26,000	\$42,000
Co-Insurance	20%	20%	20%	0%
Co-Insurance Out-of-Network	50%	50%	50%	50%
Doctor Visits	20% after ded	20% after ded	20% after ded	0% after ded
Specialist Visits	20% after ded	20% after ded	20% after ded	0% after ded
Lab & X-Ray	20% after ded	20% after ded	20% after ded	0% after ded
Emergency Room Visits	20% after ded	20% after ded	20% after ded	0% after ded
Urgent Care Visits	20% after ded	20% after ded	20% after ded	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	Integrated w/Med	Integrated w/Med	Integrated w/Med
Generic Rx (Tier 1)	\$10 after ded	\$10 after ded	\$10 after ded	0% after ded
Brand Rx (Tier 2)	\$45 after ded	\$45 after ded	\$45 after ded	0% after ded
Non-Formulary Rx (Tier 3)	\$70 after ded	\$70 after ded	\$70 after ded	0% after ded

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

Aetna EPO 0	Current Plan for 2024
Aetna EPO 1000	Current Plan for 2024
Aetna EPO 2000	Current Plan for 2024
Aetna Flex5 PPO	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 2000	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 7150	Current Plan for 2024
Aetna PPO 1000 Out-of-Area	Current Plan for 2024
Aetna PPO 7150 Out-of-Area	Current Plan for 2024
Aetna PPO Choice 500 MO	Current Plan for 2024
Aetna PPO Choice 1000 MO	Current Plan for 2024
Aetna PPO Choice 3000/70 MO	Current Plan for 2024
Aetna PPO Choice 5000/70 MO	Current Plan for 2024
Aetna PPO Choice 7150 MO	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 0	EPO 1000	EPO 2000	Flex5 PPO
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	\$6,250
Family Deductible	\$0	\$2,000	\$4,000	\$12,500
Single Deductible Out-of-Network	Not covered	Not covered	Not covered	\$12,000
Family Deductible Out-of-Network	Not covered	Not covered	Not covered	\$24,000
Single Out-of-Pocket Max	\$3,000	\$5,000	\$6,000	\$8,100
Family Out-of-Pocket Max	\$6,000	\$10,000	\$12,000	\$16,200
Single Out-of-Pocket Max Out-of-Network	Not covered	Not covered	Not covered	\$20,000
Family Out-of-Pocket Max Out-of-Network	Not covered	Not covered	Not covered	\$40,000
Co-Insurance	0%	30%	30%	20%
Co-Insurance Out-of-Network	Not covered	Not covered	Not covered	50%
Doctor Visits	\$20	\$30	\$40	No cost or 20% after ded
Specialist Visits	\$40	\$60	\$80	No cost or 20% after ded
Lab & X-Ray	\$0	30% after ded	30% after ded	No cost or 20% after ded
Emergency Room Visits	\$350	\$350	\$350	20% after ded
Urgent Care Visits	\$85	\$85	\$85	No cost or 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	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 300	PPO 750	PPO 1000	PPO 2000
Network Name	Managed Choice POS (Open Access)	Managed Choice POS (Open Access)	Managed Choice POS (Open Access)	Managed Choice POS (Open Access)
Single Deductible	\$300	\$750	\$1,000	\$2,000
Family Deductible	\$900	\$1,500	\$2,000	\$4,000
Single Deductible Out-of-Network	\$1,200	\$2,250	\$3,000	\$6,000
Family Deductible Out-of-Network	\$3,600	\$4,500	\$6,000	\$15,000
Single Out-of-Pocket Max	\$3,000	\$3,000	\$4,500	\$6,850
Family Out-of-Pocket Max	\$6,000	\$6,000	\$9,000	\$13,700
Single Out-of-Pocket Max Out-of-Network	\$6,000	\$8,000	\$9,000	\$14,000
Family Out-of-Pocket Max Out-of-Network	\$18,000	\$16,000	\$18,000	\$42,000
Co-Insurance	10%	10%	20%	20%
Co-Insurance Out-of-Network	50%	50%	50%	50%
Doctor Visits	\$20	\$25	\$25	\$30
Specialist Visits	\$40	\$50	\$50	\$60
Lab & X-Ray	10% after ded	10% after ded	20% after ded	20% after ded
Emergency Room Visits	\$350	\$350	\$350	\$350
Urgent Care Visits	\$85	\$85	\$85	\$85
Outpatient Facility	10% after ded	10% after ded	20% after ded	20% after ded
Outpatient Surgery	10% after ded	10% after ded	20% after ded	20% after ded
Hospital Inpatient	10% after ded	10% 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	\$45
Non-Formulary Rx (Tier 3)	\$70	\$70	\$70	\$70



Benefits	PPO 3000	PPO 5000	PPO 6350	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	\$3,000	\$5,000	\$6,350	\$7,150
Family Deductible	\$6,000	\$10,000	\$12,700	\$14,300
Single Deductible Out-of-Network	\$7,500	\$10,000	\$14,000	\$14,000
Family Deductible Out-of-Network	\$22,500	\$30,000	\$28,000	\$28,000
Single Out-of-Pocket Max	\$4,500	\$6,850	\$6,850	\$7,600
Family Out-of-Pocket Max	\$9,000	\$13,700	\$13,700	\$15,200
Single Out-of-Pocket Max Out-of-Network	\$10,000	\$20,000	\$21,000	\$21,000
Family Out-of-Pocket Max Out-of-Network	\$30,000	\$60,000	\$42,000	\$42,000
Co-Insurance	0%	30%	0%	0%
Co-Insurance Out-of-Network	50%	50%	50%	50%
Doctor Visits	\$30	\$40	\$25	\$40
Specialist Visits	\$60	\$80	0% after ded	0% after ded
Lab & X-Ray	0% after ded	30% after ded	0% after ded	0% after ded
Emergency Room Visits	\$350	\$350	0% after ded	0% after ded
Urgent Care Visits	\$85	\$85	0% after ded	0% after ded
Outpatient Facility	0% after ded + \$200	30% after ded	0% after ded	0% after ded
Outpatient Surgery	0% after ded	30% after ded	0% after ded	0% after ded
Hospital Inpatient	0% after ded + \$600	30% after ded	0% 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 1000 Out-of-Area	PPO 7150 Out-of-Area	PPO Choice 500 MO	PPO Choice 1000 MO
Network Name	Open Choice PPO	Open Choice PPO	Open Choice PPO	Open Choice PPO
Single Deductible	\$1,000	\$7,150	\$500	\$1,000
Family Deductible	\$2,000	\$14,300	\$1,000	\$2,000
Single Deductible Out-of-Network	\$3,000	\$14,000	\$1,500	\$3,000
Family Deductible Out-of-Network	\$6,000	\$28,000	\$3,000	\$6,000
Single Out-of-Pocket Max	\$4,500	\$7,600	\$3,500	\$4,500
Family Out-of-Pocket Max	\$9,000	\$15,200	\$7,000	\$9,000
Single Out-of-Pocket Max Out-of-Network	\$9,000	\$21,000	\$7,000	\$9,000
Family Out-of-Pocket Max Out-of-Network	\$18,000	\$42,000	\$14,000	\$18,000
Co-Insurance	20%	0%	20%	20%
Co-Insurance Out-of-Network	50%	50%	50%	50%
Doctor Visits	\$25	\$40	\$25	\$25
Specialist Visits	\$50	0% after ded	\$50	\$50
Lab & X-Ray	20% after ded	0% after ded	20% after ded	20% after ded
Emergency Room Visits	\$350	0% after ded	\$350	\$350
Urgent Care Visits	\$85	0% after ded	\$85	\$85
Outpatient Facility	20% after ded	0% after ded	20% after ded	20% after ded
Outpatient Surgery	20% after ded	0% after ded	20% after ded	20% after ded
Hospital Inpatient	20% after ded	0% 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	\$45
Non-Formulary Rx (Tier 3)	\$70	\$70	\$70	\$70



Benefits	PPO Choice 3000/70 MO	PPO Choice 5000/70 MO	PPO Choice 7150 MO
Network Name	Open Choice PPO	Open Choice PPO	Open Choice PPO
Single Deductible	\$3,000	\$5,000	\$7,150
Family Deductible	\$6,000	\$10,000	\$14,300
Single Deductible Out-of-Network	\$9,000	\$10,000	\$14,000
Family Deductible Out-of-Network	\$22,500	\$30,000	\$28,000
Single Out-of-Pocket Max	\$6,850	\$6,850	\$7,600
Family Out-of-Pocket Max	\$13,700	\$13,700	\$15,200
Single Out-of-Pocket Max Out-of-Network	\$14,000	\$20,000	\$21,000
Family Out-of-Pocket Max Out-of-Network	\$42,000	\$60,000	\$42,000
Co-Insurance	30%	30%	0%
Co-Insurance Out-of-Network	50%	50%	50%
Doctor Visits	\$40	\$40	\$40
Specialist Visits	\$80	\$80	0% after ded
Lab & X-Ray	30% after ded	30% after ded	0% after ded
Emergency Room Visits	\$350	\$350	0% after ded
Urgent Care Visits	\$85	\$85	0% after ded
Outpatient Facility	30% after ded	30% after ded	0% after ded
Outpatient Surgery	30% after ded	30% after ded	0% after ded
Hospital Inpatient	30% after ded	30% 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)	\$70	\$70	\$70

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

Aetna HDHP 3500 Tri-State

NEW for 2024

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 EPO 20 Tri-State	Current Plan for 2024
Aetna EPO 30 Tri-State	Current Plan for 2024
Aetna EPO 45 Tri-State	Current Plan for 2024
Aetna EPO 2000 Tri-State	Current Plan for 2024
Aetna EPO 4000 Tri-State	Current Plan for 2024
Aetna HDHP 6350 Tri-State	Current Plan for 2024
Aetna POS 15 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	EPO 20 Tri-State	EPO 30 Tri-State	EPO 45 Tri-State	EPO 2000 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	\$0	\$2,000
Family Deductible	\$2,000	\$0	\$0	\$4,000
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	\$5,000	\$5,500	\$7,000
Family Out-of-Pocket Max	\$11,000	\$10,000	\$11,000	\$14,000
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%	0%	40%
Co-Insurance Out-of-Network	Not Covered	Not Covered	Not Covered	Not covered
Doctor Visits	\$20	\$30	\$45	\$30
Specialist Visits	\$65	\$65	\$65	\$65
Lab & X-Ray	20% after ded	0%	0%	40% after ded
Emergency Room Visits	\$400	\$400	\$400	\$400
Urgent Care Visits	\$75	\$75	\$75	\$75
Outpatient Facility	20% after ded	0%	0%	40% after ded
Outpatient Surgery	20% after ded	0%	0%	40% after ded
Hospital Inpatient	20% after ded	\$750	\$500/day; days 1-5	40% 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	EPO 4000 Tri-State	HDHP 6350 Tri-State	POS 15 Tri-State	POS 30 Tri-State
Network Name	Elect Choice EPO (Open Access)	Managed Choice POS (Open Access)	Managed Choice POS (Open Access)	Managed Choice POS (Open Access)
Single Deductible	\$4,000	\$6,350	\$0	\$0
Family Deductible	\$8,000	\$12,700	\$0	\$0
Single Deductible Out-of-Network	Not covered	\$10,000	\$3,000	\$3,000
Family Deductible Out-of-Network	Not covered	\$20,000	\$7,500	\$7,500
Single Out-of-Pocket Max	\$7,500	\$6,900	\$4,000	\$5,000
Family Out-of-Pocket Max	\$15,000	\$13,800	\$8,000	\$10,000
Single Out-of-Pocket Max Out-of-Network	Not covered	\$15,000	\$7,000	\$9,000
Family Out-of-Pocket Max Out-of-Network	Not covered	\$30,000	\$17,500	\$22,500
Co-Insurance	20%	0%	0%	0%
Co-Insurance Out-of-Network	Not covered	30%	30%	30%
Doctor Visits	\$40	0% after ded	\$15	\$30
Specialist Visits	\$80	0% after ded	\$20	\$50
Lab & X-Ray	20% after ded	0% after ded	0%	0%
Emergency Room Visits	\$400	0% after ded	\$400	\$400
Urgent Care Visits	\$75	0% after ded	\$75	\$75
Outpatient Facility	20% after ded	0% after ded	\$75	\$75
Outpatient Surgery	20% after ded	0% after ded	0%	0%
Hospital Inpatient	20% after ded	0% after ded	\$250/day; days 1-3	\$500/day; days 1-3
Rx Deductible (Non-Generic)	\$100/\$300	Integrated w/Med	N/A	N/A
Generic Rx (Tier 1)	\$10 after Rx ded	\$10 after ded	\$10	\$10
Brand Rx (Tier 2)	\$55 after Rx ded	\$55 after ded	\$55	\$55
Non-Formulary Rx (Tier 3)	\$100 after Rx 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

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 Choice 3000 MO	ELIMINATED for 2024
Aetna HDHP 3000-100 Tri-State	ELIMINATED for 2024
Aetna PPO Choice 6350 MO	ELIMINATED for 2024