



**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).

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

Aetna PPO 7150

NEW for 2025

The [new](#) Aetna All Regions (except Tri-State) plan for the 2025 benefits plan year is listed on the following page.

Benefits	PPO 7150
Network Name	Managed Choice POS (Open Access)
Single Deductible	\$7,150
Family Deductible	\$14,300
Single Deductible Out-of-Network	\$14,000
Family Deductible Out-of-Network	\$28,000
Single Out-of-Pocket Max	\$7,600
Family Out-of-Pocket Max	\$15,200
Single Out-of-Pocket Max Out-of-Network	\$21,000
Family Out-of-Pocket Max Out-of-Network	\$42,000
Co-Insurance	0%
Co-Insurance Out-of-Network	50%
Doctor Visits	\$40
Specialist Visits	0% after ded
Lab & X-Ray	0% after ded
Emergency Room Visits	0% after ded
Urgent Care Visits	0% after ded
Outpatient Facility	0% after ded
Outpatient Surgery	0% after ded
Hospital Inpatient	0% after ded
Rx Deductible (Non-Generic)	N/A
Generic Rx (Tier 1)	\$10
Brand Rx (Tier 2)	\$45
Non-Formulary Rx (Tier 3)	\$70

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

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Aetna PPO 1000 MA	Current Plan for 2025
Aetna PPO Choice 1000 MO	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 Indemnity 1000 NTL	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 1000	EPO 2000	HDHP 3500	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	\$3,500	\$750
Family Deductible	\$2,000	\$4,000	\$7,000	\$1,500
Single Deductible Out-of-Network	Not Covered	Not Covered	\$7,000	\$2,250
Family Deductible Out-of-Network	Not Covered	Not Covered	\$14,000	\$4,500
Single Out-of-Pocket Max	\$5,000	\$6,000	\$6,500	\$3,000
Family Out-of-Pocket Max	\$10,000	\$12,000	\$13,000	\$6,000
Single Out-of-Pocket Max Out-of-Network	Not Covered	Not Covered	\$13,000	\$8,000
Family Out-of-Pocket Max Out-of-Network	Not Covered	Not Covered	\$26,000	\$16,000
Co-Insurance	30%	30%	20%	10%
Co-Insurance Out-of-Network	Not Covered	Not Covered	50%	50%
Doctor Visits	\$30	\$40	20% after ded	\$25
Specialist Visits	\$60	\$80	20% after ded	\$50
Lab & X-Ray	30% after ded	30% after ded	20% after ded	10% after ded
Emergency Room Visits	\$350	\$350	20% after ded	\$350
Urgent Care Visits	\$85	\$85	20% after ded	\$85
Outpatient Facility	30% after ded	30% after ded	20% after ded	10% after ded
Outpatient Surgery	30% after ded	30% after ded	20% after ded	10% after ded
Hospital Inpatient	30% after ded	30% after ded	20% after ded	10% after ded
Rx Deductible (Non-Generic)	N/A	N/A	Integrated w/Med	N/A
Generic Rx (Tier 1)	\$10	\$10	\$10 after ded	\$10
Brand Rx (Tier 2)	\$45	\$45	\$45 after ded	\$45
Non-Formulary Rx (Tier 3)	\$70	\$70	\$70 after ded	\$70



Benefits	PPO 1000	PPO 3000	PPO 5000	PPO 300 Mid-Atlantic
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	\$300
Family Deductible	\$2,000	\$6,000	\$10,000	\$900
Single Deductible Out-of-Network	\$3,000	\$7,500	\$10,000	\$1,200
Family Deductible Out-of-Network	\$6,000	\$22,500	\$30,000	\$3,600
Single Out-of-Pocket Max	\$4,500	\$4,500	\$6,850	\$3,000
Family Out-of-Pocket Max	\$9,000	\$9,000	\$13,700	\$6,000
Single Out-of-Pocket Max Out-of-Network	\$9,000	\$10,000	\$20,000	\$6,000
Family Out-of-Pocket Max Out-of-Network	\$18,000	\$30,000	\$60,000	\$18,000
Co-Insurance	20%	0%	30%	10%
Co-Insurance Out-of-Network	50%	50%	50%	50%
Doctor Visits	\$25	\$30	\$40	\$20
Specialist Visits	\$50	\$60	\$80	\$40
Lab & X-Ray	20% after ded	0% after ded	30% after ded	10% after ded
Emergency Room Visits	\$350	\$350	\$350	\$350
Urgent Care Visits	\$85	\$85	\$85	\$85
Outpatient Facility	20% after ded	0% after ded + \$200	30% after ded	10% after ded
Outpatient Surgery	20% after ded	0% after ded	30% after ded	10% after ded
Hospital Inpatient	20% after ded	0% after ded + \$600	30% 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 300 PA	PPO 750 MA	PPO 1000 MA	PPO Choice 1000 MO
Network Name	Managed Choice POS (Open Access)	Managed Choice POS (Open Access)	Managed Choice POS (Open Access)	Open Choice PPO
Single Deductible	\$300	\$750	\$1,000	\$1,000
Family Deductible	\$900	\$1,500	\$2,000	\$2,000
Single Deductible Out-of-Network	\$1,200	\$2,250	\$3,000	\$3,000
Family Deductible Out-of-Network	\$3,600	\$4,500	\$6,000	\$6,000
Single Out-of-Pocket Max	\$3,000	\$3,000	\$4,500	\$4,500
Family Out-of-Pocket Max	\$6,000	\$6,000	\$9,000	\$9,000
Single Out-of-Pocket Max Out-of-Network	\$6,000	\$8,000	\$9,000	\$9,000
Family Out-of-Pocket Max Out-of-Network	\$18,000	\$16,000	\$18,000	\$18,000
Co-Insurance	10%	10%	20%	20%
Co-Insurance Out-of-Network	50%	50%	50%	50%
Doctor Visits	\$20	\$25	\$25	\$25
Specialist Visits	\$40	\$50	\$50	\$50
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	HDHP 3500 Out-of-Area	PPO 1000 Out-of-Area	Indemnity 1000 NTL
Network Name	Open Choice PPO	Open Choice PPO	Not applicable
Single Deductible	\$3,500	\$1,000	\$1,000
Family Deductible	\$7,000	\$2,000	\$2,000
Single Deductible Out-of-Network	\$7,000	\$3,000	Not Covered
Family Deductible Out-of-Network	\$14,000	\$6,000	Not Covered
Single Out-of-Pocket Max	\$6,500	\$4,500	\$4,500
Family Out-of-Pocket Max	\$13,000	\$9,000	\$9,000
Single Out-of-Pocket Max Out-of-Network	\$13,000	\$9,000	Not Covered
Family Out-of-Pocket Max Out-of-Network	\$26,000	\$18,000	Not Covered
Co-Insurance	20%	20%	20%
Co-Insurance Out-of-Network	50%	50%	Not Covered
Doctor Visits	20% after ded	\$25	20% after ded
Specialist Visits	20% after ded	\$50	20% after ded
Lab & X-Ray	20% after ded	20% after ded	20% after ded
Emergency Room Visits	20% after ded	\$350	20% after ded
Urgent Care Visits	20% after ded	\$85	20% after ded
Outpatient Facility	20% after ded	20% after ded	20% after ded
Outpatient Surgery	20% after ded	20% after ded	20% after ded
Hospital Inpatient	20% after ded	20% after ded	20% after ded
Rx Deductible (Non-Generic)	Integrated w/Med	N/A	N/A
Generic Rx (Tier 1)	\$10 after ded	\$10	\$10
Brand Rx (Tier 2)	\$45 after ded	\$45	\$45
Non-Formulary Rx (Tier 3)	\$70 after ded	\$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 HDHP 3500 Tri-State	Current Plan for 2025
Aetna HDHP 6350 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	HDHP 3500 Tri-State	HDHP 6350 Tri-State	POS 30 Tri-State	PPO 750 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	\$750
Family Deductible	\$7,000	\$12,700	\$0	\$1,500
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	\$5,000	\$6,500
Family Out-of-Pocket Max	\$11,000	\$13,800	\$10,000	\$13,000
Single Out-of-Pocket Max Out-of-Network	\$13,000	\$15,000	\$9,000	\$12,000
Family Out-of-Pocket Max Out-of-Network	\$26,000	\$30,000	\$22,500	\$30,000
Co-Insurance	10%	0%	0%	10%
Co-Insurance Out-of-Network	40%	30%	30%	40%
Doctor Visits	10% after ded	0% after ded	\$30	\$20
Specialist Visits	10% after ded	0% after ded	\$50	\$40
Lab & X-Ray	10% after ded	0% after ded	0%	10% after ded
Emergency Room Visits	10% after ded	0% after ded	\$400	\$350
Urgent Care Visits	10% after ded	0% after ded	\$75	\$75
Outpatient Facility	10% after ded	0% after ded	\$75	10% after ded
Outpatient Surgery	10% after ded	0% after ded	0%	10% after ded
Hospital Inpatient	10% after ded	0% after ded	\$500/day; days 1-3	10% after ded
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 1000 Tri-State	PPO 2000 Tri-State
Network Name	Managed Choice POS (Open Access)	Managed Choice POS (Open Access)
Single Deductible	\$1,000	\$2,000
Family Deductible	\$2,000	\$4,000
Single Deductible Out-of-Network	\$3,000	\$5,000
Family Deductible Out-of-Network	\$7,500	\$12,500
Single Out-of-Pocket Max	\$7,000	\$7,000
Family Out-of-Pocket Max	\$14,000	\$14,000
Single Out-of-Pocket Max Out-of-Network	\$12,000	\$15,000
Family Out-of-Pocket Max Out-of-Network	\$30,000	\$37,500
Co-Insurance	20%	20%
Co-Insurance Out-of-Network	30-50%	30-50%
Doctor Visits	\$25	\$30
Specialist Visits	\$50	\$60
Lab & X-Ray	20% after ded	20% after ded
Emergency Room Visits	\$350	\$350
Urgent Care Visits	\$75	\$75
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)	N/A	N/A
Generic Rx (Tier 1)	\$10	\$10
Brand Rx (Tier 2)	\$55	\$55
Non-Formulary Rx (Tier 3)	\$100	\$100

CHOICES THAT MATTER

Aetna: Eliminated Plans

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

Aetna PPO 6350

ELIMINATED for 2025

TRINET I-25Q1