



## 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)).

**CHOICES THAT MATTER**

**trinet**

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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           |
|--|-----------------------|-----------------------|-----------------------|
| <b>Network Name</b>                            | Banner Health Network | Banner Health Network | Banner Health Network |
| <b>Single Deductible</b>                       | \$1,000               | \$2,500               | \$6,500               |
| <b>Family Deductible</b>                       | \$2,000               | \$5,000               | \$13,000              |
| <b>Single Deductible Out-of-Network</b>        | \$3,000               | \$6,000               | \$15,000              |
| <b>Family Deductible Out-of-Network</b>        | \$6,000               | \$12,000              | \$30,000              |
| <b>Single Out-of-Pocket Max</b>                | \$5,500               | \$7,500               | \$7,500               |
| <b>Family Out-of-Pocket Max</b>                | \$11,000              | \$15,000              | \$15,000              |
| <b>Single Out-of-Pocket Max Out-of-Network</b> | \$12,000              | \$15,000              | \$25,000              |
| <b>Family Out-of-Pocket Max Out-of-Network</b> | \$24,000              | \$30,000              | \$50,000              |
| <b>Co-Insurance</b>                            | 20%                   | 20%                   | 0%                    |
| <b>Co-Insurance Out-of-Network</b>             | 50%                   | 50%                   | 50%                   |
| <b>Doctor Visits</b>                           | \$25                  | \$30                  | \$25                  |
| <b>Specialist Visits</b>                       | \$50                  | \$60                  | \$65                  |
| <b>Lab &amp; X-Ray</b>                         | 20% after ded         | 20% after ded         | 0% after ded          |
| <b>Emergency Room Visits</b>                   | \$400                 | \$400                 | 0% after ded          |
| <b>Urgent Care Visits</b>                      | \$85                  | \$85                  | 0% after ded          |
| <b>Outpatient Facility</b>                     | 20% after ded         | 20% after ded         | 0% after ded          |
| <b>Outpatient Surgery</b>                      | 20% after ded         | 20% after ded         | 0% after ded          |
| <b>Hospital Inpatient</b>                      | 20% after ded         | 20% after ded         | 0% after ded          |
| <b>Rx Deductible (Non-Generic)</b>             | N/A                   | N/A                   | N/A                   |
| <b>Generic Rx (Tier 1)</b>                     | \$10                  | \$10                  | \$10                  |
| <b>Brand Rx (Tier 2)</b>                       | \$45                  | \$45                  | \$45                  |
| <b>Non-Formulary Rx (Tier 3)</b>               | \$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                           |
|--|-------------------------------------|-----------------------|---------------------|-------------------------------------|
| <b>Network Name</b>                            | Managed Choice POS<br>(Open Access) | Open Choice PPO       | Open Choice PPO     | Managed Choice POS<br>(Open Access) |
| <b>Single Deductible</b>                       | \$3,500                             | \$3,500               | \$3,500             | \$6,350                             |
| <b>Family Deductible</b>                       | \$7,000                             | \$7,000               | \$7,000             | \$12,700                            |
| <b>Single Deductible Out-of-Network</b>        | \$7,000                             | \$7,000               | \$7,000             | \$14,000                            |
| <b>Family Deductible Out-of-Network</b>        | \$14,000                            | \$14,000              | \$14,000            | \$28,000                            |
| <b>Single Out-of-Pocket Max</b>                | \$6,500                             | \$6,500               | \$6,500             | \$6,350                             |
| <b>Family Out-of-Pocket Max</b>                | \$13,000                            | \$13,000              | \$13,000            | \$12,700                            |
| <b>Single Out-of-Pocket Max Out-of-Network</b> | \$13,000                            | \$13,000              | \$13,000            | \$21,000                            |
| <b>Family Out-of-Pocket Max Out-of-Network</b> | \$26,000                            | \$26,000              | \$26,000            | \$42,000                            |
| <b>Co-Insurance</b>                            | 20%                                 | 20%                   | 20%                 | 0%                                  |
| <b>Co-Insurance Out-of-Network</b>             | 50%                                 | 50%                   | 50%                 | 50%                                 |
| <b>Doctor Visits</b>                           | 20% after ded                       | 20% after ded         | 20% after ded       | 0% after ded                        |
| <b>Specialist Visits</b>                       | 20% after ded                       | 20% after ded         | 20% after ded       | 0% after ded                        |
| <b>Lab &amp; X-Ray</b>                         | 20% after ded                       | 20% after ded         | 20% after ded       | 0% after ded                        |
| <b>Emergency Room Visits</b>                   | 20% after ded                       | 20% after ded         | 20% after ded       | 0% after ded                        |
| <b>Urgent Care Visits</b>                      | 20% after ded                       | 20% after ded         | 20% after ded       | 0% after ded                        |
| <b>Outpatient Facility</b>                     | 20% after ded                       | 20% after ded         | 20% after ded       | 0% after ded                        |
| <b>Outpatient Surgery</b>                      | 20% after ded                       | 20% after ded         | 20% after ded       | 0% after ded                        |
| <b>Hospital Inpatient</b>                      | 20% after ded                       | 20% after ded         | 20% after ded       | 0% after ded                        |
| <b>Rx Deductible (Non-Generic)</b>             | Integrated w/Med                    | Integrated w/Med      | Integrated w/Med    | Integrated w/Med                    |
| <b>Generic Rx (Tier 1)</b>                     | \$10 after ded                      | \$10 after ded        | \$10 after ded      | 0% after ded                        |
| <b>Brand Rx (Tier 2)</b>                       | \$45 after ded                      | \$45 after ded        | \$45 after ded      | 0% after ded                        |
| <b>Non-Formulary Rx (Tier 3)</b>               | \$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                           |
|--|-----------------------------------|-----------------------------------|-----------------------------------|-------------------------------------|
| <b>Network Name</b>                            | Elect Choice EPO<br>(Open Access) | Elect Choice EPO<br>(Open Access) | Elect Choice EPO<br>(Open Access) | Managed Choice POS<br>(Open Access) |
| <b>Single Deductible</b>                       | \$0                               | \$1,000                           | \$2,000                           | \$6,250                             |
| <b>Family Deductible</b>                       | \$0                               | \$2,000                           | \$4,000                           | \$12,500                            |
| <b>Single Deductible Out-of-Network</b>        | Not covered                       | Not covered                       | Not covered                       | \$12,000                            |
| <b>Family Deductible Out-of-Network</b>        | Not covered                       | Not covered                       | Not covered                       | \$24,000                            |
| <b>Single Out-of-Pocket Max</b>                | \$3,000                           | \$5,000                           | \$6,000                           | \$8,100                             |
| <b>Family Out-of-Pocket Max</b>                | \$6,000                           | \$10,000                          | \$12,000                          | \$16,200                            |
| <b>Single Out-of-Pocket Max Out-of-Network</b> | Not covered                       | Not covered                       | Not covered                       | \$20,000                            |
| <b>Family Out-of-Pocket Max Out-of-Network</b> | Not covered                       | Not covered                       | Not covered                       | \$40,000                            |
| <b>Co-Insurance</b>                            | 0%                                | 30%                               | 30%                               | 20%                                 |
| <b>Co-Insurance Out-of-Network</b>             | Not covered                       | Not covered                       | Not covered                       | 50%                                 |
| <b>Doctor Visits</b>                           | \$20                              | \$30                              | \$40                              | No cost or 20% after ded            |
| <b>Specialist Visits</b>                       | \$40                              | \$60                              | \$80                              | No cost or 20% after ded            |
| <b>Lab &amp; X-Ray</b>                         | \$0                               | 30% after ded                     | 30% after ded                     | No cost or 20% after ded            |
| <b>Emergency Room Visits</b>                   | \$350                             | \$350                             | \$350                             | 20% after ded                       |
| <b>Urgent Care Visits</b>                      | \$85                              | \$85                              | \$85                              | No cost or 20% after ded            |
| <b>Outpatient Facility</b>                     | \$300                             | 30% after ded                     | 30% after ded                     | 20% after ded                       |
| <b>Outpatient Surgery</b>                      | \$0                               | 30% after ded                     | 30% after ded                     | 20% after ded                       |
| <b>Hospital Inpatient</b>                      | \$300                             | 30% after ded                     | 30% after ded                     | 20% after ded                       |
| <b>Rx Deductible (Non-Generic)</b>             | N/A                               | N/A                               | N/A                               | N/A                                 |
| <b>Generic Rx (Tier 1)</b>                     | \$10                              | \$10                              | \$10                              | \$10                                |
| <b>Brand Rx (Tier 2)</b>                       | \$45                              | \$45                              | \$45                              | \$45                                |
| <b>Non-Formulary Rx (Tier 3)</b>               | \$70                              | \$70                              | \$70                              | \$70                                |



| Benefits                                       | PPO 300                             | PPO 750                             | PPO 1000                            | PPO 2000                            |
|--|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| <b>Network Name</b>                            | Managed Choice POS<br>(Open Access) | Managed Choice POS<br>(Open Access) | Managed Choice POS<br>(Open Access) | Managed Choice POS<br>(Open Access) |
| <b>Single Deductible</b>                       | \$300                               | \$750                               | \$1,000                             | \$2,000                             |
| <b>Family Deductible</b>                       | \$900                               | \$1,500                             | \$2,000                             | \$4,000                             |
| <b>Single Deductible Out-of-Network</b>        | \$1,200                             | \$2,250                             | \$3,000                             | \$6,000                             |
| <b>Family Deductible Out-of-Network</b>        | \$3,600                             | \$4,500                             | \$6,000                             | \$15,000                            |
| <b>Single Out-of-Pocket Max</b>                | \$3,000                             | \$3,000                             | \$4,500                             | \$6,850                             |
| <b>Family Out-of-Pocket Max</b>                | \$6,000                             | \$6,000                             | \$9,000                             | \$13,700                            |
| <b>Single Out-of-Pocket Max Out-of-Network</b> | \$6,000                             | \$8,000                             | \$9,000                             | \$14,000                            |
| <b>Family Out-of-Pocket Max Out-of-Network</b> | \$18,000                            | \$16,000                            | \$18,000                            | \$42,000                            |
| <b>Co-Insurance</b>                            | 10%                                 | 10%                                 | 20%                                 | 20%                                 |
| <b>Co-Insurance Out-of-Network</b>             | 50%                                 | 50%                                 | 50%                                 | 50%                                 |
| <b>Doctor Visits</b>                           | \$20                                | \$25                                | \$25                                | \$30                                |
| <b>Specialist Visits</b>                       | \$40                                | \$50                                | \$50                                | \$60                                |
| <b>Lab &amp; X-Ray</b>                         | 10% after ded                       | 10% after ded                       | 20% after ded                       | 20% after ded                       |
| <b>Emergency Room Visits</b>                   | \$350                               | \$350                               | \$350                               | \$350                               |
| <b>Urgent Care Visits</b>                      | \$85                                | \$85                                | \$85                                | \$85                                |
| <b>Outpatient Facility</b>                     | 10% after ded                       | 10% after ded                       | 20% after ded                       | 20% after ded                       |
| <b>Outpatient Surgery</b>                      | 10% after ded                       | 10% after ded                       | 20% after ded                       | 20% after ded                       |
| <b>Hospital Inpatient</b>                      | 10% after ded                       | 10% after ded                       | 20% after ded                       | 20% after ded                       |
| <b>Rx Deductible (Non-Generic)</b>             | N/A                                 | N/A                                 | N/A                                 | N/A                                 |
| <b>Generic Rx (Tier 1)</b>                     | \$10                                | \$10                                | \$10                                | \$10                                |
| <b>Brand Rx (Tier 2)</b>                       | \$45                                | \$45                                | \$45                                | \$45                                |
| <b>Non-Formulary Rx (Tier 3)</b>               | \$70                                | \$70                                | \$70                                | \$70                                |



| Benefits                                       | PPO 3000                            | PPO 5000                            | PPO 6350                            | PPO 7150                            |
|--|-------------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| <b>Network Name</b>                            | Managed Choice POS<br>(Open Access) | Managed Choice POS<br>(Open Access) | Managed Choice POS<br>(Open Access) | Managed Choice POS<br>(Open Access) |
| <b>Single Deductible</b>                       | \$3,000                             | \$5,000                             | \$6,350                             | \$7,150                             |
| <b>Family Deductible</b>                       | \$6,000                             | \$10,000                            | \$12,700                            | \$14,300                            |
| <b>Single Deductible Out-of-Network</b>        | \$7,500                             | \$10,000                            | \$14,000                            | \$14,000                            |
| <b>Family Deductible Out-of-Network</b>        | \$22,500                            | \$30,000                            | \$28,000                            | \$28,000                            |
| <b>Single Out-of-Pocket Max</b>                | \$4,500                             | \$6,850                             | \$6,850                             | \$7,600                             |
| <b>Family Out-of-Pocket Max</b>                | \$9,000                             | \$13,700                            | \$13,700                            | \$15,200                            |
| <b>Single Out-of-Pocket Max Out-of-Network</b> | \$10,000                            | \$20,000                            | \$21,000                            | \$21,000                            |
| <b>Family Out-of-Pocket Max Out-of-Network</b> | \$30,000                            | \$60,000                            | \$42,000                            | \$42,000                            |
| <b>Co-Insurance</b>                            | 0%                                  | 30%                                 | 0%                                  | 0%                                  |
| <b>Co-Insurance Out-of-Network</b>             | 50%                                 | 50%                                 | 50%                                 | 50%                                 |
| <b>Doctor Visits</b>                           | \$30                                | \$40                                | \$25                                | \$40                                |
| <b>Specialist Visits</b>                       | \$60                                | \$80                                | 0% after ded                        | 0% after ded                        |
| <b>Lab &amp; X-Ray</b>                         | 0% after ded                        | 30% after ded                       | 0% after ded                        | 0% after ded                        |
| <b>Emergency Room Visits</b>                   | \$350                               | \$350                               | 0% after ded                        | 0% after ded                        |
| <b>Urgent Care Visits</b>                      | \$85                                | \$85                                | 0% after ded                        | 0% after ded                        |
| <b>Outpatient Facility</b>                     | 0% after ded + \$200                | 30% after ded                       | 0% after ded                        | 0% after ded                        |
| <b>Outpatient Surgery</b>                      | 0% after ded                        | 30% after ded                       | 0% after ded                        | 0% after ded                        |
| <b>Hospital Inpatient</b>                      | 0% after ded + \$600                | 30% after ded                       | 0% after ded                        | 0% after ded                        |
| <b>Rx Deductible (Non-Generic)</b>             | N/A                                 | N/A                                 | N/A                                 | N/A                                 |
| <b>Generic Rx (Tier 1)</b>                     | \$10                                | \$10                                | \$10                                | \$10                                |
| <b>Brand Rx (Tier 2)</b>                       | \$45                                | \$45                                | \$45                                | \$45                                |
| <b>Non-Formulary Rx (Tier 3)</b>               | \$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<br>(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                |
|--|-----------------------------------|-----------------------------------|-----------------------------------|-----------------------------------|
| <b>Network Name</b>                            | Elect Choice EPO<br>(Open Access) | Elect Choice EPO<br>(Open Access) | Elect Choice EPO<br>(Open Access) | Elect Choice EPO<br>(Open Access) |
| <b>Single Deductible</b>                       | \$1,000                           | \$0                               | \$0                               | \$2,000                           |
| <b>Family Deductible</b>                       | \$2,000                           | \$0                               | \$0                               | \$4,000                           |
| <b>Single Deductible Out-of-Network</b>        | Not Covered                       | Not Covered                       | Not Covered                       | Not covered                       |
| <b>Family Deductible Out-of-Network</b>        | Not Covered                       | Not Covered                       | Not Covered                       | Not covered                       |
| <b>Single Out-of-Pocket Max</b>                | \$5,500                           | \$5,000                           | \$5,500                           | \$7,000                           |
| <b>Family Out-of-Pocket Max</b>                | \$11,000                          | \$10,000                          | \$11,000                          | \$14,000                          |
| <b>Single Out-of-Pocket Max Out-of-Network</b> | Not Covered                       | Not Covered                       | Not Covered                       | Not covered                       |
| <b>Family Out-of-Pocket Max Out-of-Network</b> | Not Covered                       | Not Covered                       | Not Covered                       | Not covered                       |
| <b>Co-Insurance</b>                            | 20%                               | 0%                                | 0%                                | 40%                               |
| <b>Co-Insurance Out-of-Network</b>             | Not Covered                       | Not Covered                       | Not Covered                       | Not covered                       |
| <b>Doctor Visits</b>                           | \$20                              | \$30                              | \$45                              | \$30                              |
| <b>Specialist Visits</b>                       | \$65                              | \$65                              | \$65                              | \$65                              |
| <b>Lab &amp; X-Ray</b>                         | 20% after ded                     | 0%                                | 0%                                | 40% after ded                     |
| <b>Emergency Room Visits</b>                   | \$400                             | \$400                             | \$400                             | \$400                             |
| <b>Urgent Care Visits</b>                      | \$75                              | \$75                              | \$75                              | \$75                              |
| <b>Outpatient Facility</b>                     | 20% after ded                     | 0%                                | 0%                                | 40% after ded                     |
| <b>Outpatient Surgery</b>                      | 20% after ded                     | 0%                                | 0%                                | 40% after ded                     |
| <b>Hospital Inpatient</b>                      | 20% after ded                     | \$750                             | \$500/day; days 1-5               | 40% after ded                     |
| <b>Rx Deductible (Non-Generic)</b>             | \$100/\$300                       | \$100/\$300                       | \$100/\$300                       | \$100/\$300                       |
| <b>Generic Rx (Tier 1)</b>                     | \$10 after Rx ded                 | \$10 after Rx ded                 | \$10 after Rx ded                 | \$10 after Rx ded                 |
| <b>Brand Rx (Tier 2)</b>                       | \$55 after Rx ded                 | \$55 after Rx ded                 | \$55 after Rx ded                 | \$55 after Rx ded                 |
| <b>Non-Formulary Rx (Tier 3)</b>               | \$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                    |
|--|-----------------------------------|-------------------------------------|-------------------------------------|-------------------------------------|
| <b>Network Name</b>                            | Elect Choice EPO<br>(Open Access) | Managed Choice POS<br>(Open Access) | Managed Choice POS<br>(Open Access) | Managed Choice POS<br>(Open Access) |
| <b>Single Deductible</b>                       | \$4,000                           | \$6,350                             | \$0                                 | \$0                                 |
| <b>Family Deductible</b>                       | \$8,000                           | \$12,700                            | \$0                                 | \$0                                 |
| <b>Single Deductible Out-of-Network</b>        | Not covered                       | \$10,000                            | \$3,000                             | \$3,000                             |
| <b>Family Deductible Out-of-Network</b>        | Not covered                       | \$20,000                            | \$7,500                             | \$7,500                             |
| <b>Single Out-of-Pocket Max</b>                | \$7,500                           | \$6,900                             | \$4,000                             | \$5,000                             |
| <b>Family Out-of-Pocket Max</b>                | \$15,000                          | \$13,800                            | \$8,000                             | \$10,000                            |
| <b>Single Out-of-Pocket Max Out-of-Network</b> | Not covered                       | \$15,000                            | \$7,000                             | \$9,000                             |
| <b>Family Out-of-Pocket Max Out-of-Network</b> | Not covered                       | \$30,000                            | \$17,500                            | \$22,500                            |
| <b>Co-Insurance</b>                            | 20%                               | 0%                                  | 0%                                  | 0%                                  |
| <b>Co-Insurance Out-of-Network</b>             | Not covered                       | 30%                                 | 30%                                 | 30%                                 |
| <b>Doctor Visits</b>                           | \$40                              | 0% after ded                        | \$15                                | \$30                                |
| <b>Specialist Visits</b>                       | \$80                              | 0% after ded                        | \$20                                | \$50                                |
| <b>Lab &amp; X-Ray</b>                         | 20% after ded                     | 0% after ded                        | 0%                                  | 0%                                  |
| <b>Emergency Room Visits</b>                   | \$400                             | 0% after ded                        | \$400                               | \$400                               |
| <b>Urgent Care Visits</b>                      | \$75                              | 0% after ded                        | \$75                                | \$75                                |
| <b>Outpatient Facility</b>                     | 20% after ded                     | 0% after ded                        | \$75                                | \$75                                |
| <b>Outpatient Surgery</b>                      | 20% after ded                     | 0% after ded                        | 0%                                  | 0%                                  |
| <b>Hospital Inpatient</b>                      | 20% after ded                     | 0% after ded                        | \$250/day; days 1-3                 | \$500/day; days 1-3                 |
| <b>Rx Deductible (Non-Generic)</b>             | \$100/\$300                       | Integrated w/Med                    | N/A                                 | N/A                                 |
| <b>Generic Rx (Tier 1)</b>                     | \$10 after Rx ded                 | \$10 after ded                      | \$10                                | \$10                                |
| <b>Brand Rx (Tier 2)</b>                       | \$55 after Rx ded                 | \$55 after ded                      | \$55                                | \$55                                |
| <b>Non-Formulary Rx (Tier 3)</b>               | \$100 after Rx ded                | \$100 after ded                     | \$100                               | \$100                               |



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