



BENEFITS	Aetna HDHP 6350 Tri-State		Aetna PPO 6350 Eastern PA		Aetna EPO 4000 Tri-State		Aetna EPO 2000 Tri-State		Aetna HDHP 3000-100 Tri-State		Aetna PPO 2000 Tri-State	
	Aetna Managed Choice POS Open Access	Aetna Managed Choice POS Open Access	Aetna EPO (Open Access)	Aetna EPO (Open Access)	Aetna EPO (Open Access)	Aetna EPO (Open Access)	Aetna Managed Choice POS Open Access	Aetna Managed Choice POS Open Access	Aetna Managed Choice POS Open Access	Aetna Managed Choice POS Open Access	Aetna Managed Choice POS Open Access	Aetna Managed Choice POS Open Access
Provider Network												
Deductible Single / Family	\$6,350 / \$12,700	\$6,350 / \$12,700			\$4,000 / \$10,000	\$2,000 / \$5,000	\$3,000 / \$6,000	\$2,000 / \$5,000	\$3,000 / \$6,000	\$2,000 / \$5,000	\$2,000 / \$5,000	\$2,000 / \$5,000
Deductible Single / Family OON	\$10,000 / \$20,000	\$10,000 / \$20,000			Not covered / Not covered	Not covered / Not covered	\$5,000 / \$12,000	\$5,000 / \$12,000	\$5,000 / \$12,000	\$5,000 / \$12,500	\$5,000 / \$12,500	\$5,000 / \$12,500
Out-of-Pocket Max Single / Family	\$6,350 / \$12,700	\$6,350 / \$12,700			\$6,350 / \$12,700	\$5,500 / \$11,000	\$6,000 / \$12,000	\$6,000 / \$12,000	\$6,000 / \$12,000	\$6,000 / \$12,000	\$6,000 / \$12,000	\$6,000 / \$12,000
Out-of-Pocket Max Single / Family OON	\$15,000 / \$30,000	\$15,000 / \$30,000			Not covered / Not covered	Not covered / Not covered	\$10,000 / \$20,000	\$10,000 / \$20,000	\$10,000 / \$20,000	\$10,000 / \$20,000	\$10,000 / \$20,000	\$10,000 / \$20,000
Co-Insurance	0%	0%			20%	40%	0%	20%	0%	20%	20%	20%
Co-Insurance OON	30%	50%			Not covered	Not covered	30%	40%	30%	40%	40%	40%
Doctor Visits/Specialist Visits	0% after ded / 0% after ded	\$25 / 0% after ded			\$45 / \$70	\$30 / \$50	\$30 after ded / \$45/visit after ded	\$30 / \$50	\$30 after ded / \$45/visit after ded	\$30 / \$50	\$30 / \$50	\$30 / \$50
Lab & X-Ray	0% after ded	0% after ded			20% after ded	40% after ded	0% after ded	40% after ded	0% after ded	20% after ded	20% after ded	20% after ded
Emergency Room Visit	0% after ded	0% after ded			\$200	\$200	\$200 copay after ded	\$200	\$200 copay after ded	\$150/visit	\$150/visit	\$150/visit
Urgent Care Visit	0% after ded	0% after ded			\$75	\$75	\$75 copay after ded	\$75	\$75 copay after ded	\$75/visit	\$75/visit	\$75/visit
Hospital Outpatient (Facility/Surgery)	0% after ded / 0% after ded	0% after ded / 0% after ded			20% after ded / 20% after ded	40% after ded / 40% after ded	\$75 after ded / \$75 after ded	40% after ded / 40% after ded	\$75 after ded / \$75 after ded	20% after ded / 20% after ded	20% after ded / 20% after ded	20% after ded / 20% after ded
Hospital Inpatient (Overnight)	0% after ded	0% after ded			20% after ded	40% after ded	\$750 copay per confinement after ded	40% after ded	\$750 copay per confinement after ded	20% after ded	20% after ded	20% after ded
Rx Deductible (Non-Generics)	Integrated w/Med	\$0			\$100/\$300	\$100/\$300	Integrated w/med	\$100/\$300	Integrated w/med	N/A	N/A	N/A
Prescriptions (Rx Tier 1 / 2 / 3)	\$10 after ded / \$30 after ded / \$50 after ded	\$10 / \$35 / \$60			\$10 after Rx ded / \$30 after Rx ded / \$50 after Rx ded	\$10 after Rx ded / \$30 after Rx ded / \$50 after Rx ded	\$10 after ded / \$30 after ded / \$50 after ded	\$10 after Rx ded / \$30 after Rx ded / \$50 after Rx ded	\$10 after ded / \$30 after ded / \$50 after ded	\$10 / \$30 / \$50	\$10 / \$30 / \$50	\$10 / \$30 / \$50
RATES	0 EE 2 ES 0 EC 0 EF	0 EE 1 ES 0 EC 0 EF			0 EE 2 ES 0 EC 0 EF	0 EE 2 ES 0 EC 0 EF	0 EE 2 ES 0 EC 0 EF	0 EE 2 ES 0 EC 0 EF	0 EE 2 ES 0 EC 0 EF	0 EE 2 ES 0 EC 0 EF	0 EE 2 ES 0 EC 0 EF	0 EE 2 ES 0 EC 0 EF
Employee Only	\$391.00	\$407.00			\$408.00	\$469.00	\$503.00	\$469.00	\$503.00	\$515.00	\$515.00	\$515.00
Employee & Spouse	\$903.00	\$940.00			\$943.00	\$1,085.00	\$1,161.00	\$1,085.00	\$1,161.00	\$1,189.00	\$1,189.00	\$1,189.00
Employee & Children	\$798.00	\$830.00			\$832.00	\$958.00	\$1,025.00	\$958.00	\$1,025.00	\$1,050.00	\$1,050.00	\$1,050.00
Family	\$1,185.00	\$1,233.00			\$1,236.00	\$1,423.00	\$1,523.00	\$1,423.00	\$1,523.00	\$1,560.00	\$1,560.00	\$1,560.00
TOTAL MONTHLY CHARGE	\$1,806	\$940			\$1,886	\$2,170	\$2,322	\$2,170	\$2,322	\$2,378	\$2,378	\$2,378

Effective Date: 05/01/2019 | Contribution: EE: 100% | ES: 100% | EC: 100% | EF: 100% | Funding Cap Plan: None

*The highlighted plan(s) and corresponding monthly charges above represent the lowest cost plan option(s) available to each benefits eligible employee in this benefit category. This has been highlighted for illustrative purposes only. TriNet's full suite of benefit offerings and corresponding monthly charges for benefits eligible employees are inclusive of all plan(s) identified above.



BENEFITS						
	Aetna HDHP 2700 Tri-State Aetna Managed Choice POS Open Access	Aetna EPO 25 Tri-State Aetna Open Access Elect Choice	Aetna EPO 45 Tri-State Aetna Open Access Elect Choice	Aetna PPO 1000 Tri-State Aetna Managed Choice POS Open Access	Aetna EPO 30 Tri-State Aetna Open Access Elect Choice	Aetna PPO 750 Tri-State Aetna Managed Choice POS Open Access
Provider Network						
Deductible Single / Family	\$2,700 / \$5,400	\$1,000 / \$2,500	\$0 / \$0	\$1,000 / \$2,500	\$0 / \$0	\$750 / \$1,875
Deductible Single / Family OON	\$4,000 / \$8,000	Not available / Not available	Not available / Not available	\$1,500 / \$3,750	Not available / Not available	\$2,500 / \$6,250
Out-of-Pocket Max Single / Family	\$4,500 / \$9,000	\$4,000 / \$10,000	\$4,000 / \$10,000	\$6,000 / \$12,000	\$3,500 / \$8,750	\$5,000 / \$12,500
Out-of-Pocket Max Single / Family OON	\$8,000 / \$16,000	Not available / Not available	Not available / Not available	\$8,000 / \$20,000	Not available / Not available	\$8,000 / \$20,000
Co-insurance	10%	20%	0%	20%	0%	10%
Co-insurance OON	30%	Not available	Not available	30%	Not available	30%
Doctor Visits/Specialist Visits	10% after ded / 10% after ded	\$25 / \$40/visit	\$45 / \$65/visit	\$25 / \$40/visit	\$30 / \$50/visit	\$20 / \$30/visit
Lab & X-Ray	10% after ded	20% after ded	0%	20% after ded	0%	10% after ded
Emergency Room Visit	10% after ded	\$200/visit	\$200/visit	\$150/visit	\$200/visit	\$150/visit
Urgent Care Visit	10% after ded	\$75/visit	\$75/visit	\$75/visit	\$75/visit	\$75/visit
Hospital Outpatient (Facility/ Surgery)	10% after ded / 10% after ded	20% after ded / 20% after ded	0% / 0%	20% after ded / 20% after ded	0% / 0%	10% after ded / 10% after ded
Hospital Inpatient (Overnight)	10% after ded	20% after ded	\$500/day; days 1-5	20% after ded	0% after \$750/admit	10% after ded
Rx Deductible (Non-Generic)	Integrated w/Med	\$100/\$300	\$100/\$300	N/A	\$100/\$300	N/A
Prescriptions (Rx Tier 1 / 2 / 3)	\$10 after ded / \$30 after ded / \$50 after ded	\$10 after Rx ded / \$30 after Rx ded / \$50 after rx ded	\$10 after Rx ded / \$30 after Rx ded / \$50 after rx ded	\$10 / \$30 / \$50	\$10 after Rx ded / \$30 after Rx ded / \$50 after rx ded	\$10 / \$30 / \$50
RATES						
Employee Only	\$521.00	\$549.00	\$569.00	\$613.00	\$626.00	\$707.00
Employee & Spouse	\$1,204.00	\$1,267.00	\$1,315.00	\$1,416.00	\$1,445.00	\$1,633.00
Employee & Children	\$1,063.00	\$1,119.00	\$1,161.00	\$1,251.00	\$1,276.00	\$1,442.00
Family	\$1,579.00	\$1,662.00	\$1,725.00	\$1,857.00	\$1,896.00	\$2,142.00
TOTAL MONTHLY CHARGE	\$2,408	\$2,534	\$2,630	\$2,832	\$2,890	\$3,266

Effective Date: 05/01/2019 | Contribution: EE: 100% | ES: 100% | EC: 100% | EF: 100% | Funding Cap Plan: None

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