

What is ValuePick?

ValuePick* is Aetna Small Group's suite of health benefits plans designed specifically for small businesses. ValuePick offers reduced minimum participation and employer contribution requirements.

ValuePick offers the following advantages:

Greater employee choice

Employers can offer up to three of the ValuePick plans.

Flexibility and affordability

When employers offer up to three of the ValuePick plans, the minimum participation and employer contribution requirements are reduced to help make it easier to offer coverage. Employers who were previously unable to offer or afford coverage are now able to offer benefits to help meet the needs of their employees.

Total freedom

Aetna is committed to providing solutions to help meet the needs of small businesses. Employers that have not offered health benefits coverage in the past can now offer quality coverage at affordable prices.

Easy administration

Setting up this program is simple:

1. The employer chooses up to three of the Value plans to offer on the Employer Application.
2. The employer chooses how much to contribute.
3. Each employee chooses the plan that's right for him or her.



	ValuePick
Target audience	Small businesses
Plan choices	Up to 3 of the ValuePick plans
Minimum participation	
4 or more enrolled employees	Dual Option available
10 or more enrolled employees	Triple Option available
Employer contribution	25% of the employee premium or \$50 per employee
Employee participation	50%

*This applies only if the employer is offering any of the ValuePick plans. If the ValuePick plans are offered in conjunction with any of the non-ValuePick plans, the contribution and participation requirements will be the same as the standard requirements.

Health benefits plans are offered and/or underwritten by Aetna Health Inc. (Aetna).

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ValuePick Plans

FLORIDA (2-50 Employees)	POS Open Access 913	HMO Open Access 914	HMO Open Access 934 High-deductible health plan	HMO Gatekeeper 917S	HMO Open Access 917
Lifetime Maximum	\$5,000,000	\$5,000,000	\$5,000,000	\$5,000,000	\$5,000,000
IN-NETWORK SERVICES					
Coinsurance	70%	70%	80%	100%	100%
Annual Deductible: Individual/Family	\$1,500/\$3,000	\$2,000/\$4,000	\$2,000/\$4,000	\$10,000/\$10,000	\$10,000/ \$10,000
Type of Deductible	Embedded	Embedded	Non-Embedded	Embedded	Embedded
Annual Out-of-Pocket (OOP): Individual/Family (*deductible applies to OOP)	\$3,000/\$6,000	\$5,000/\$10,000	\$4,000/\$8,000*	\$10,000/\$10,000*	\$10,000/\$10,000*
Wellness On UsSM					
Preventive Care (including Adult Physicals, Well-Women Visits, Mammograms, Colorectal Cancer Screening and other preventive care services.)	\$0; ded waived	\$0; ded waived	\$0; ded waived	\$0; ded waived	\$0; ded waived
Well-Child Care (Age/Frequency schedules apply, includes coverage for immunizations)	\$0; ded waived	\$0; ded waived	\$0; ded waived	\$0; ded waived	\$0; ded waived
Physician Services					
Primary Care Physician Office visit	\$25; ded waived	\$25; ded waived	80%; ded applies	\$35; ded waived	\$35; ded waived
Specialist Office Visit	\$50; ded waived	\$50; ded waived	80%; ded applies	\$70; ded waived	100%; ded applies
Outpatient Mental Health (20 visits per year)	\$50; ded waived	\$50; ded waived	80%; ded applies	100%; ded applies	100%; ded applies
Inpatient Services					
Hospital Inpatient	70%; ded applies	70%; ded applies	80%; ded applies	100%; ded applies	100%; ded applies
Mental Health - Inpatient (30 days per year)	70%; ded applies	70%; ded applies	80%; ded applies	100%; ded applies	100%; ded applies
Outpatient/Other Services					
Diagnostic Lab	\$0; ded waived	\$0; ded waived	80%; ded applies	100%; ded applies	100%; ded applies
Diagnostic X-ray	\$50; ded waived	\$50; ded waived	80%; ded applies	100%; ded applies	100%; ded applies
Diagnostic Complex Imaging (CAT, MRI, MRA/MRS and PET scans)	70%; ded applies	70%; ded applies	80%; ded applies	100%; ded applies	100%; ded applies
Outpatient Surgery	70%; ded applies	70%; ded applies	80%; ded applies	100%; ded applies	100%; ded applies
Emergency Room (Copay waived if admitted)	\$250; ded waived	\$250; ded waived	80%; ded applies	100%; ded applies	100%; ded applies
Urgent Care	\$75; ded waived	\$75; ded waived	80%; ded applies	100%; ded applies	100%; ded applies
Ambulance (emergency transport)	70%; ded waived	70%; ded waived	80%; ded applies	100%; ded applies	100%; ded applies
Outpatient Rehabilitative Therapy (30 visits per year)	\$50; ded applies	\$50; ded applies	80%; ded applies	100%; ded applies	100%; ded applies
Durable Medical Equipment (\$2,000 maximum per year)	70%; ded applies	70%; ded applies	80%; ded applies	100%; ded applies	100%; ded applies
PHARMACY					
Retail Pharmacy Copay Mail-Order Drugs available at 2X copay for a 31-90 day supply	\$10/\$45/\$65/25%	\$10/\$45/\$65/25%	\$5/\$40/\$60/25%	\$20/\$50/\$75/25%	\$20/\$50/\$75/25%
OUT-OF-NETWORK (OON) SERVICES (POS only - OON services do NOT apply to HMO plans)					
Lifetime Maximum	\$1,000,000				
Coinsurance	50%				
Annual Deductible: Individual/Family	\$2,000 / \$4,000				
Annual Out-of-Pocket (OOP): Individual/Family (*deductible applies to OOP)	\$6,000 / \$12,000	Out-of-Network Benefits do not apply to HMO options	Out-of-Network Benefits do not apply to HMO options	Out-of-Network Benefits do not apply to HMO options	Out-of-Network Benefits do not apply to HMO options
Emergency Room	Paid as In-Network				
Ambulance (emergency transport)					
All Other Services	50%; ded applies				
Retail Pharmacy	Not Covered				

*Deductible applies to out-of-pocket (OOP).

This is a partial description of plans and benefits available; for more information, refer to the specific plan design summary. The dollar amount copayments indicate what the member is required to pay and the percentage copayments indicate what Aetna is required to pay unless otherwise noted.

NOTE: Some benefits are subject to limitations or visit maximums. Members or Providers may be required to precertify or obtain prior approval for certain services such as non-emergency hospital care. For a summary list of Limitations and Exclusions refer to your Florida Aetna Avenue Plan Guide.

Payment for out-of-network benefits is based upon Aetna's allowable fee schedule. Payment for other Out-of-Network care is determined based upon the negotiated charge that would apply if such services or supplies were received from an In-Network provider. These charges are referred to in your plan documents as "recognized" charges.

This material is for information only and is not an offer or invitation to contract. An application must be completed to obtain coverage. Rates and benefits vary by location. Health benefits plans contain exclusions and limitations. Providers are independent contractors and are not agents of Aetna. Provider participation may change without notice. Aetna does not provide care or guarantee access to health services. Aetna receives rebates from drug manufacturers that may be taken into account in determining Aetna's Preferred Drug List. Rebates do not reduce the amount a member pays the pharmacy for covered prescriptions. If you are in a plan that requires the selection of a primary care physician and your primary care physician is part of an integrated delivery system or physician group, your primary care physician will generally refer you to specialists and hospitals that are affiliated with the delivery system or physician group. Information is believed to be accurate as of the production date; however it is subject to change. For more information about Aetna plans, refer to www.aetna.com.

