Quality health plans & benefits
Healthier living
Financial well-being
Intelligent solutions

aetna®

Florida ValuePick

Pick your best value

ValuePick* is a suite of health benefits and insurance plans with reduced minimum participation and employer contribution requirements.

Greater employee choice
Employers can offer up to three ValuePick plans.

Flexible and affordable
ValuePick plans have minimum participation and reduced employer contribution requirements.

Total freedom
We are committed to providing solutions to help meet the needs of businesses. Employers that have not offered health benefits and insurance 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	Groups 2 – 100 eligible employees
Plan choices	Up to 3 of the ValuePick plans
Participation	50% participation, with a minimum of 4 enrolled employees
Employer contribution	25% of the employee premium or $50 per employee, whichever is less

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

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ValuePick Plans

	HNOnly Silver 2250 70 T	HNOption Bronze 3000 HSA	HNOnly Bronze 4000 50%
In-network member benefits			
Calendar-year deductible (Individual/Family)	$2,250/$4,500	$3,000/$6,000	$4,000/$8,000
Calendar out-of-pocket (OOP) limit (Individual/Family)	$6,000/$12,000	$6,350/$12,700	$6,350/$12,700
Type of deductible	Embedded	Nonembedded	Nonembedded
Primary care physician office visit	$35, deductible waived	$30, after deductible	$50, deductible waived
Specialist office visit	$60, deductible waived	$60, after deductible	50%, after deductible
Walk-in clinics	$35, deductible waived	$30, after deductible	$50, deductible waived
Preventive care (Includes annual adult physicals, well-women visits, mammograms, colorectal cancer screening and other preventive care services)	$0, deductible waived	$0, deductible waived	$0, deductible waived
Diagnostic testing – Lab	$30, deductible waived	$30, after deductible	50%, after deductible
Diagnostic testing – X-ray	$125, deductible waived	$125, after deductible	50%, after deductible
Imaging (CT/PET scans/MRI)	30%, after deductible	$300, after deductible	50%, after deductible
Prescription drug deductible	None	Medical deductible applies	Medical deductible applies
Prescription drugs (Preferred Generic/Preferred Brand/Nonpreferred drugs/Preferred Specialty CareRx℠) Nonpreferred drugs (nonpreferred generic, brand & Specialty CareRx℠) – Max copay $500 Aetna Specialty CareRx℠ (Preferred self-injectable, infused & oral specialty drugs) – Max copay $300 Retail – up to a 90-day supply Mail Order/Retail drugs – up to a 90-day supply for a 2X copay	$15/$60/50%/30%	$15/$65/50%/30%	$25/$100/50%/50%
Outpatient surgery	$500 + 30%, after deductible	$500, after deductible	50%, after deductible
Emergency room	$400, deductible waived	$300, after deductible	50%, after deductible
Urgent care	$75, deductible waived	$100, after deductible	50%, after deductible
Inpatient hospital facility	$1000/Admit + 30%, after deductible	$500/day, days 1–3, after deductible	50%, after deductible
Out-of-network member benefits			
Calendar-year deductible (Individual/Family)	Out of network benefits do not apply to HNOnly plans.	$6,000/$12,000	Out of network benefits do not apply to HNOnly plans.
Calendar out-of-pocket limit (Individual/Family)		$18,000/$36,000	
Emergency room/Emergency ambulance		Paid as in network	
Other services		50%, after deductible	

ValuePick Plans

	HNOnly Silver 6000 100%	HNOnly Bronze 6350 100%
In-network member benefits		
Calendar-year deductible (Individual/Family)	$6,000/$12,000	$6,350/$12,700
Calendar out-of-pocket (OOP) limit (Individual/Family)	$6,000/$12,000	$6,350/$12,700
Type of deductible	Embedded	Embedded
Primary care physician office visit	$25, deductible waived	$25, deductible waived
Specialist office visit	$70, deductible waived	$75, deductible waived
Walk-in clinics	$25, deductible waived	$25, deductible waived
Preventive care (Includes annual adult physicals, well-women visits, mammograms, colorectal cancer screening and other preventive care services)	$0, deductible waived	$0, deductible waived
Diagnostic testing – Lab	0%, after deductible	0%, after deductible
Diagnostic testing – X-ray	0%, after deductible	0%, after deductible
Imaging (CT/PET scans/MRI)	0%, after deductible	0%, after deductible
Prescription drug deductible	None	Medical deductible applies
Prescription drugs (Preferred Generic/Preferred Brand/Nonpreferred drugs/Preferred Specialty CareRx℠) Nonpreferred drugs (nonpreferred generic, brand & Specialty CareRx℠) – Max copay $500 Aetna Specialty CareRx℠ (Preferred self-injectable, infused & oral specialty drugs) – Max copay $300 Retail – up to a 90-day supply Mail Order/Retail drugs – up to a 90-day supply for a 2X copay	$10/$50/50%/30%	0%/0%/0%/0%
Outpatient surgery	0%, after deductible	0%, after deductible
Emergency room	0%, after deductible	0%, after deductible
Urgent care	0%, after deductible	0%, after deductible
Inpatient hospital facility	0%, after deductible	0%, after deductible
Out-of-network member benefits		
Calendar-year deductible (Individual/Family)	Out of network benefits do not apply to HNOnly plans.	
Calendar out-of-pocket limit (Individual/Family)		
Emergency room/Emergency ambulance		
Other services		



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

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 may vary by location. Health/dental benefits, health/dental insurance and life insurance plans/policies contain exclusions and limitations. Health information programs provide general health information and are not a substitute for diagnosis or treatment by a physician or other health care professional. Plan features and availability may vary by location and group size. Investment services are independently offered through HealthEquity, Inc. Providers are independent contractors and not agents of Aetna. Provider participation may change without notice. Aetna does not provide care or guarantee access to health services. Not all health, dental and life services are covered. See plan documents for a complete description of benefits, exclusions, limitations and conditions of coverage. Plan features are subject to change. 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. The Aetna Personal Health Record should not be used as the sole source of information about the member's medical history. While only your doctor can diagnose, prescribe or give medical advice, the Informed Health Line nurses can provide information on more than 5,000 health topics. Contact your doctor first with any questions or concerns regarding your health care needs. 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**.

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14.02.948.1-FL E (9/13)

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