Rush System for Health
Proposed Effective Date: 01-01-2009
Aetna Choice™ POS II - ASC
Basic PPO

PLAN DESIGN & BENEFITS for RUSH UNIVERSITY MEDICAL CENTER
PROVIDED BY AETNA LIFE INSURANCE COMPANY

PLAN FEATURES	RUSH SYSTEM FOR HEALTH PARTICIPATING FACILITIES	IN-NETWORK	OUT-OF-NETWORK
Deductible (per calendar year)	$1,000 Individual $2,000 Family	$1,000 Individual $2,000 Family	$3,000 Individual $6,000 Family
All covered expenses, excluding prescription drugs, copays and penalties, accumulate toward both the Rush System for Health Participating Facilities and In-Network. Unless otherwise indicated, the Deductible must be met prior to benefits being payable. Once Family Deductible is met, all family members will be considered as having met their Deductible for the remainder of the calendar year.			
Member Coinsurance Applies to all expenses unless otherwise stated.	10%	20%	40%
Out-of-Pocket Payment Limit (per calendar year)	$2,500 Individual $5,000 Family	$5,000 Individual $10,000 Family	$15,000 Individual $30,000 Family
All covered expenses, excluding prescription drugs, accumulate toward both the Rush System for Health Participating Facilities and In-Network. Only those out-of-pocket expenses resulting from the application of coinsurance percentage (except any copays and penalty amounts) may be used to satisfy the Payment Limit Once Family Payment Limit is met, all family members will be considered as having met their Payment Limit for the remainder of the calendar year			
Lifetime Maximum	$2,000,000 per member's lifetime		
All covered expenses accumulate toward Rush System for Health Participating Providers, In-Network and Out-In-Network Lifetime Maximum			
PREVENTIVE CARE	**RUSH SYSTEM FOR HEALTH PARTICIPATING FACILITIES**	**IN-NETWORK**	**OUT-OF-NETWORK**
Routine Adult Physical Exams / Immunizations	Covered 100%; deductible waived	Covered 100%; deductible waived	60% after deductible
Routine Well Child Exams/Immunizations	Covered 100%; deductible waived	Covered 100%; deductible waived	60% after deductible
Routine Gynecological Care Exams	Covered 100%; deductible waived	Covered 100%; deductible waived	60% after deductible
Routine Mammograms	Covered 100%; deductible waived	Covered 100%; deductible waived	60% after deductible
Routine Digital Rectal Exam / Prostate-specific Antigen Test	Covered 100%; deductible waived	Covered 100%; deductible waived	60% after deductible
Colorectal Cancer Screening	Covered 100%; deductible waived	Covered 100%; deductible waived	60% after deductible
PHYSICIAN SERVICES	**RUSH SYSTEM FOR HEALTH PARTICIPATING FACILITIES**	**IN-NETWORK**	**OUT-OF-NETWORK**
Office Visits to PCP Includes services of an internist, general physician, family practitioner, pediatrician, nurse practitioner, physicians assistant, RN and convenient care staff	$20 office visit copay; deductible waived	$20 office visit copay; deductible waived	60% after deductible
Specialist Office Visits	$40 office visit copay; deductible waived	$40 office visit copay; deductible waived	60% after deductible
Allergy Testing and Treatment (Office Visit)	100% after $40 office visit copay	100% after $40 office visit copay	60% after deductible
Allergy Injections (not given by physician in conjunction with office visit)	80% after deductible	80% after deductible	60% after deductible
DIAGNOSTIC PROCEDURES	**RUSH SYSTEM FOR HEALTH PARTICIPATING FACILITIES**	**IN-NETWORK**	**OUT-OF-NETWORK**
Diagnostic Laboratory and X-ray (not performed in conjunction with office visit)	90% after deductible	80% after deductible	60% after deductible
Expenses are covered at 100% after the applicable office visit copay when performed as a part of a physician office visit and billed by the physician			
Diagnostic MRI, PET, CT Scans (not performed in conjunction with office visit)	90% after deductible	80% after deductible	60% after deductible
Expenses are covered at 100% after the applicable office visit copay when performed as a part of a physician office visit and billed by the physician			
EMERGENCY MEDICAL CARE	**RUSH SYSTEM FOR HEALTH PARTICIPATING FACILITIES**	**IN-NETWORK**	**OUT-OF-NETWORK**
Urgent Care Provider (benefit availability may vary by location)	$40 copay; deductible waived	$40 copay; deductible waived	60% after deductible
Emergency Room	100% after $100 copay (waived if admitted)	100% after $100 copay (waived if admitted)	100% after $100 copay (waived if admitted)

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MATERNITY AND NEWBORN	**RUSH SYSTEM FOR HEALTH PARTICIPATING FACILITIES**	**IN-NETWORK**	**OUT-OF-NETWORK**
Maternity	90% after deductible and $150 per confinement copay	80% after deductible and $300 per confinement copay	60% after deductible and $600 per confinement copay
Newborn	Deductible and per confinement copay waived on the facility charges. Deductible and coinsurance applies to all physician charges while inpatient		
HOSPITAL CARE	**RUSH SYSTEM FOR HEALTH PARTICIPATING FACILITIES**	**IN-NETWORK**	**OUT-OF-NETWORK**
Inpatient Coverage	90% after deductible and $150 per confinement copay	80% after deductible and $300 per confinement copay	60% after deductible and $600 per confinement copay
The member cost sharing applies to all covered benefits incurred during a member's inpatient stay			
Outpatient, Surgery and Hospital Expenses	90% after deductible	80% after deductible	60% after deductible
The member cost sharing applies to all covered benefits incurred during a member's outpatient visit			
MENTAL HEALTH SERVICES	**RUSH SYSTEM FOR HEALTH PARTICIPATING FACILITIES**	**IN-NETWORK**	**OUT-OF-NETWORK**
Inpatient Limited to 30 days per calendar year The member cost sharing applies to all covered benefits incurred during a member's inpatient stay	90% after deductible	80% after deductible	60% after deductible
Outpatient Limited to 52 visits per calendar year The member cost sharing applies to all covered benefits incurred during a member's outpatient visit	90% after deductible	80% after deductible	60% after deductible
ALCOHOL/DRUG ABUSE SERVICES	**RUSH SYSTEM FOR HEALTH PARTICIPATING FACILITIES**	**IN-NETWORK**	**OUT-OF-NETWORK**
Inpatient Limited to 30 days per calendar year and limited to 60 days per lifetime	90% after deductible	80% after deductible	60% after deductible
Outpatient Limited to 40 visits per calendar year. The member cost sharing applies to all Covered Benefits incurred during a member's outpatient visit	90% after deductible	80% after deductible	60% after deductible
OTHER SERVICES	**RUSH SYSTEM FOR HEALTH PARTICIPATING FACILITIES**	**IN-NETWORK**	**OUT-OF-NETWORK**
Skilled Nursing Facility Limited to 60 days per calendar year. The member cost sharing applies to all covered benefits incurred during a member's inpatient stay	90% after deductible	80% after deductible	60% after deductible
Home Health Care Limited to 60 visits per calendar year Each visit by a nurse or therapist is one visit. Each visit up to 4 hours by a home health care aide is one visit.	90% after deductible	80% after deductible	60% after deductible
Private Duty Nursing Limited to 70 eight (8) hour shifts per calendar year.	90% after deductible	80% after deductible	60% after deductible
Hospice Care The member cost sharing applies to all covered benefits incurred during a member's inpatient stay	90% after deductible	80% after deductible	60% after deductible
Short-Term Therapy Services Includes Speech, Physical, Cognitive and Occupational Therapy, limited to 90 visits (combined) per calendar year	90% after deductible	80% after deductible	60% after deductible
Chiropractic Care Limited to 20 visits per calendar year	100% after $40 copay	100% after $40 copay	60% after deductible
Durable Medical Equipment	90% after deductible	80% after deductible	60% after deductible
Contraceptive drugs and devices not obtainable at a pharmacy (includes coverage for contraceptive visits)	90% after deductible	80% after deductible	60% after deductible

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PHARMACY	RUSH SYSTEM FOR HEALTH PARTICIPATING FACILITIES	IN-NETWORK	OUT-OF-NETWORK
Retail	$10 copay for generic drugs, $50 copay for formulary brand-name drugs, and $75 copay for non-formulary brand-name drugs up to a 30 day supply at participating pharmacies.	$10 copay for generic drugs, $50 copay for formulary brand-name drugs, and $75 copay for non-formulary brand-name drugs up to a 30 day supply at participating pharmacies.	60% after applicable retail copays of $10 copay for generic drugs, $50 copay for formulary brand-name drugs, and $75 copay for non-formulary brand-name drugs up to a 30 day supply
Mail Order	$20 copay for generic drugs, $100 copay for formulary brand-name drugs, and $150 copay for non-formulary brand-name drugs up to a 31-180 day supply from Aetna Rx Home Delivery®.	$20 copay for generic drugs, $100 copay for formulary brand-name drugs, and $150 copay for non-formulary brand-name drugs up to a 31-180 day supply from Aetna Rx Home Delivery®.	Not applicable
Diabetic Supplies	$10 copay per supply item; $20 copay for mail order		
Prescription Drug Annual Out of Pocket Maximum	$1,500 Individual		
GENERAL PROVISIONS			
Dependents Eligibility		Spouse and children, pursuant to IRS guidelines for covered dependents	
Pre-existing Conditions Exclusion		On effective date: Full Postponement After effective date: Full Postponement	

This plan imposes a pre-existing condition exclusion, which may be waived in some circumstances and may not be applicable to you. A pre-existing condition exclusion means that if you have a medical condition before coming to this plan, you may have to wait a certain period of time before the plan will provide coverage for that condition. This exclusion applies only to conditions for which medical advice, diagnosis, care, or treatment was recommended or received or for which the individual took prescribed drugs within 180 days. Generally, this period ends the day before your coverage becomes effective. However, if you were in a waiting period for coverage,180 days ends on the day before the waiting period begins. The exclusion period, if applicable, may last up to 365 days from your first day of coverage, or, if you were in a waiting period, from the first day of your waiting period. If you had prior creditable coverage within 180 days immediately before the date you enrolled under this plan, then the pre-existing conditions exclusion in your plan, if any, will be waived.

If you had no prior creditable coverage within the 180 days prior to your enrollment date (either because you had no prior coverage or because there was more than a 180 day gap from the date your prior coverage terminated to your enrollment date), we will apply your plan's pre-existing conditions exclusion. In order to reduce or possibly eliminate your exclusion period based on your creditable coverage, you should provide us a copy of any certificates of creditable coverage you have.Please contact Aetna Member Services at 1-888-982-3862 if you need assistance in obtaining a certificate of creditable coverage from your prior carrier or if you have any questions on the information noted above. The pre-existing condition exclusion does not apply to pregnancy nor to a child who is enrolled in the plan within 31 days of birth, adoption, or placement for adoption. Note: For late enrollees, coverage will be delayed until the plan's next open enrollment, and the pre-existing condition exclusion will be applied from the individual's effective date of coverage.

This plan does not cover all health care expenses and includes exclusions and limitations. Members should refer to their plan documents to determine which health care services are covered and to what extent. The following is a partial list of services and supplies that are generally not covered. However, your plan documents may contain exceptions to this list based on state mandates or the plan design or rider(s) purchased by your employer.
All medical or hospital services not specifically covered in, or which are limited or excluded in the plan documents; Charges related to any eye surgery mainly to correct refractive errors; Cosmetic surgery, including breast reduction; Custodial care; Dental care and X-rays; Donor egg retrieval; Experimental and investigational procedures; Hearing aids; Immunizations for travel or work; Infertility services, including, but not limited to, artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI and other related services, unless specifically listed as covered in your plan documents;
Nonmedically necessary services or supplies; Orthotics; some over-the-counter medications and supplies; Reversal of sterilization; Services for the treatment of sexual dysfunction or inadequacies, including therapy, supplies, or counseling; and special duty nursing. Weight control services including surgical procedures, medical treatments, weight control/loss programs, dietary regimens and supplements, appetite suppressants and other medications; food or food supplements, exercise programs, exercise or other equipment; and other services and supplies that are primarily intended to control weight or treat obesity, including Morbid Obesity, or for the purpose of weight reduction, regardless of the existence of comorbid conditions.

This material is for informational purposes only and is neither an offer of coverage nor medical advice. It contains only a partial, general description of plan benefits or programs and does not constitute a contract. Aetna does not provide health care services and, therefore, cannot guarantee results or outcomes. Consult the plan documents (i.e. Group Insurance Certificate and/or Group Policy) to determine governing contractual provisions, including procedures, exclusions and limitation relating to the plan. With the exception of Aetna Rx Home Delivery, all preferred providers and vendors are independent contractors in private practice and are neither employees nor agents of Aetna or its affiliates. Aetna Rx Home Delivery, LLC, is a subsidiary of Aetna Inc. The availability of any particular provider cannot be guaranteed, and provider network composition is subject to change without notice.

Some benefits are subject to limitations or visit maximums. They may also be subject to precertification or step-therapy. Non-prescription drugs and drugs in the Limitations and Exclusions section of the plan documents (received after open enrollment) are not covered, and medical exceptions are not available for them. While this information is believed to be accurate as of the print date, it is subject to change.

Plans are provided by Aetna Life Insurance Company.