



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

PLAN FEATURES	IN-NETWORK
Deductible (per calendar year)	None
Member Coinsurance Applies to all expenses unless otherwise stated.	Covered 100%
Lifetime Maximum Services must be performed by an Open Access Aetna Select network provider. Services provided by a non-network provider are not covered.	\$2,000,000 per member's lifetime.
PREVENTIVE CARE	IN-NETWORK
Routine Adult Physical Exams/ Immunizations	\$20 office visit copay
Routine Well Child Exams/Immunizations	\$20 office visit copay
Routine Gynecological Care Exams	\$40 office visit copay
Routine Mammograms	Covered 100%
Routine Digital Rectal Exam / Prostate-specific Antigen Test	Covered 100%
Colorectal Cancer Screening	Covered 100%
PHYSICIAN SERVICES	IN-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
Specialist Office Visits	\$40 office visit copay
Allergy Testing and Treatment (Office Visit)	Covered 100% after either PCP or specialist office visit copay
Allergy Injections (not given by physician in conjunction with office visit)	Covered 100% after either PCP or specialist office visit copay
DIAGNOSTIC PROCEDURES	IN-NETWORK
Diagnostic Laboratory and X-ray	Covered 100%
Diagnostic MRI, PET, CT Scans (not part of office visit)	Covered 100%
EMERGENCY MEDICAL CARE	IN-NETWORK
Urgent Care Provider (benefit availability may vary by location)	Covered 100% after \$40 copay
Emergency Room	Covered 100% after \$100 copay (waived if admitted)



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HOSPITAL CARE	IN-NETWORK
Inpatient Coverage	Covered 100% after \$500 per confinement copay; waived if admitted to hospital within the Rush System for Health and for inpatient stays admitted through the emergency room.
Outpatient Surgery and Hospital Expenses	Covered 100%
MATERNITY AND NEWBORN	IN-NETWORK
Maternity and Newborn	Covered 100% after \$500 per confinement copay; waived if admitted to hospital within the Rush System for Health.
MENTAL HEALTH SERVICES	IN-NETWORK
Inpatient Limited to 30 days per calendar year.	Covered 100%
Outpatient Limited to 52 visits per calendar year.	Covered at 100% after \$40 copay
ALCOHOL/DRUG ABUSE SERVICES	IN-NETWORK
Inpatient Limited to 30 days per calendar year and limited to 60 days per lifetime	Covered 100%
Outpatient Limited to 40 visits per calendar year.	Covered at 100% after \$40 copay
OTHER SERVICES	IN-NETWORK
Skilled Nursing Facility Limited to 100 days per calendar year.	Covered 100%
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.	Covered 100%
Private Duty Nursing Limited to 70 eight (8) hour shifts per calendar year.	Covered 100%
Hospice Care	Covered 100%
Short-Term Therapy Services Includes Speech, Physical, Cognitive and Occupational Therapy, limited to 60 visits per calendar year.	Covered 100% after \$40 initial visit/consultation copay
Chiropractic Care Limited to 20 Visits per calendar year	Covered 100% after \$40 copay
Durable Medical Equipment	Covered 100%
Contraceptive drugs and devices not obtainable at a pharmacy (includes coverage for contraceptive visits)	Covered 100% (payable as any other covered expense)
PHARMACY	IN-NETWORK
Retail	\$15 copay for generic drugs, \$25 copay for formulary brand-name drugs, and \$50 copay for non-formulary brand-name drugs up to a 30 day supply at participating pharmacies.
Mail Order	\$30 copay for generic drugs, \$50 copay for formulary brand-name drugs, and \$100 copay for non-formulary brand-name drugs up to a 31-180 day supply from Aetna Rx Home Delivery®.
Diabetic Supplies	\$10 per supply item; \$20 for mail order
GENERAL PROVISIONS	
Dependents Eligibility	Spouse and children, pursuant to IRS guidelines for covered dependents
Pre-existing Conditions Exclusion	On effective date: Full Postponement



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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; 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. Depending on the plan selected, new prescription drugs not yet reviewed by our medication review committee are either available under plans with an open formulary or excluded from coverage unless a medical exception is obtained under plans that use a closed formulary.

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.



Rush System for Health
Proposed Effective Date: 01-01-2009
Open Access[®] Aetna SelectSM - ASC
Select EPO

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