

Aetna Life Insurance Company

Extraterritorial booklet-certificate amendment

Policyholder: Walmart

Group policy number: GP-0895530

Group control number: CN-0486824

Amendment effective date: January 1, 2025

This amendment is part of your booklet-certificate. It is effective on the date shown above and it replaces any other medical extraterritorial booklet-certificate amendment you may have received before.

Important note: The following apply only if you live in Massachusetts. The benefits below will apply instead of those in your booklet-certificate.

Interpreter and translation services

TTY: 711

To access language services at no cost to you, call 1-888-982-3862.

Para acceder a los servicios de idiomas sin costo, llame al 1-888-982-3862. (Spanish)

Para acessar os serviços de idiomas sem custo para você, ligue para 1-888-982-3862. (Portuguese)

如欲使用免費語言服務，請致電 1-888-982-3862。 (Chinese)

Pou jwenn sèvis lang gratis, rele 1-888-982-3862. (French Creole-Haitian)

Nếu quý vị muốn sử dụng miễn phí các dịch vụ ngôn ngữ, hãy gọi tới số 1-888-982-3862. (Vietnamese)

Для того чтобы бесплатно получить помощь переводчика, позвоните по телефону 1-888-982-3862. (Russian)

للحصول على الخدمات اللغوية دون أي تكلفة، الرجاء الاتصال على الرقم 1-888-982-3862. (Arabic)

ដើម្បីទទួលបានសេវាកម្មភាសាដែលឥតគិតថ្លៃសម្រាប់លោកអ្នក សូមហៅទូរស័ព្ទទៅកាន់លេខ 1-888-982-3862។ (Mon-Khmer, Cambodian)

Afin d'accéder aux services langagiers sans frais, composez le 1-888-982-3862. (French)

Per accedere ai servizi linguistici, senza alcun costo per lei, chiami il numero 1-888-982-3862 . (Italian)

무료 언어 서비스를 이용하려면 1-888-982-3862 번으로 전화해 주십시오. (Korean)

Για να επικοινωνήσετε χωρίς χρέωση με το κέντρο υποστήριξης πελατών στη γλώσσα σας, τηλεφωνήστε στον αριθμό 1-888-982-3862. (Greek)

Aby uzyskać dostęp do bezpłatnych usług językowych proszę zadzwonoć 1-888-982-3862 (Polish)

आपके लिए बिना किसी कीमत के भाषा सेवाओं का उपयोग करने के लिए, 1-888-982-3862 पर कॉल करें। (Hindi)

તમારે કોઇ જાતના ખર્ચ વિના ભાષાની સેવાઓની પહોંચ માટે, કોલ કરો 1-888-982-3862. (Gujarati)

Physician profiling

Physician profiling information is available from the Massachusetts Board of Registration in Medicine for **physicians** licensed to practice in Massachusetts.

For examples of how cost share and **deductible** work, go to the *Using your Aetna benefits* section under Individuals & Families at <https://www.aetna.com/>

Important Note: The benefit differential between Network and Out-of-Network coverage will not exceed 20%

Behavioral health

Mental health treatment

Covered services include the treatment of **mental health disorders** provided by a **hospital, psychiatric hospital, residential treatment facility, physician, or behavioral health provider** including:

- Inpatient **room and board** at the **semi-private room rate** (your plan will cover the extra expense of a private room when appropriate because of your medical condition), and other services and supplies related to your condition that are provided during your **stay** in a **hospital, psychiatric hospital, or residential treatment facility**
- Outpatient treatment received while not confined as an inpatient in a **hospital, psychiatric hospital, or residential treatment facility**, including:
 - Office visits to a **physician or behavioral health provider** such as a psychiatrist, psychologist, social worker, or licensed professional counselor (includes **telemedicine** consultation), including services provided in relation to the psychiatric collaborative care model of care
 - Individual, group, and family therapies for the treatment of **mental health disorders**
 - Other outpatient mental health treatment such as:
 - Partial hospitalization treatment provided in a facility or program for mental health treatment provided under the direction of a **physician**

- Intensive outpatient program provided in a facility or program for mental health treatment provided under the direction of a **physician**
- Skilled behavioral health services provided in the home, but only when all of the following criteria are met:
 - You are homebound
 - Your **physician** orders them
 - The services take the place of a **stay** in a **hospital** or a **residential treatment facility**, or you are unable to receive the same services outside your home
 - The skilled behavioral health care is appropriate for the active treatment of a condition, illness, or disease
- Electro-convulsive therapy (ECT)
- Transcranial magnetic stimulation (TMS)
- Psychological testing
- Neuropsychological testing
- Observation
- Peer counseling support by a peer support specialist (including telemedicine consultation)
- Mobile crisis intervention, which is a short-term, mobile, on-site, face-to-face therapeutic response service available 24-hours a day, 7 days a week to an adult experiencing a behavioral health crisis. Requirements include:
 - This must provide the following services:
 - Identify, assess, treat and stabilize a situation
 - Reduce the immediate risk of danger to the adult or others
 - Make referrals and linkages to behavioral health services and supports and the appropriate level of care
 - Must be consistent with the adult’s risk management or safety plan, if applicable.
 - Includes a crisis assessment and crisis planning, which may result in the development or update of a crisis safety plan.
- Community-based acute treatment for adults (CBAT) are mental health services provided in a staff-secure setting on a 24-hour basis, with sufficient clinical staffing to ensure safety for the adult, while providing intensive therapeutic services. These can be used as an alternative to or transition from inpatient services and include, but are not limited to:
 - Daily medication monitoring
 - Psychiatric assessment
 - Nursing availability
 - Specializing (as needed)
 - Individual, group and family therapy
 - Case management
 - Family assessment and consultation
 - Discharge planning
 - Psychological testing, as needed

Eligible health services include the diagnosis and treatment for rape related mental or emotional disorders. It also includes psychopharmacological services and neuropsychological assessment services.

Eligible health services also include the diagnosis and treatment of non-biologically-based mental, behavioral or emotional disorders as described in the most recent edition of the DSM for children and adolescents under the age of 19. These disorders can include but is not limited to the following:

- Inability to attend school
- Need to hospitalize the child or adolescent
- A pattern of conduct or behavior which poses a serious danger to self or others

Child-adolescent mental disorders treatment

Eligible health services include intermediate care and outpatient services for the treatment of child-adolescent **mental disorders** as follows:

- In-home behavioral services which must be provided where the child resides and include:
 - Behavioral management monitoring which consists of
 - Monitoring a child's behavior
 - Implementing and reinforcing a behavior plan by the child's parent or caregiver
 - Behavior management therapy which addresses behaviors that interfere with a child's successful functioning, and includes:
 - A functional behavioral assessment and observation of the youth in the home and/or community setting
 - development of a behavior plan
 - supervision and coordination of interventions to address specific behavioral objectives or performance, including development of a crisis-response strategy
 - short-term counseling and assistance
- In-home therapy which must be provided where the child resides and include:
 - Therapeutic clinical intervention such as:
 - A structured and consistent therapeutic relationship between a licensed clinician, a child, and the child's family to treat the child's mental health needs. This includes improvement of the family's ability to provide effective support for the child and promotion of healthy functioning of the child within the family.
 - Development of a treatment plan
 - Use of established psychotherapeutic techniques, working with the family or a subset of the family to enhance:
 - Problem solving
 - Limit setting
 - Communication
 - Emotional support
 - Other family or individual functions
 - Ongoing therapeutic training and support services that support implementation of a treatment plan in accordance with therapeutic clinical intervention, including but not limited to:
 - Teaching the child to understand, direct, interpret, manage and control feelings and emotional responses to situations
 - Assisting the family in supporting the child and addressing the emotional and mental health needs of the child
- Mobile crisis intervention, which is a short-term, mobile, on-site, face-to-face therapeutic response service available 24-hours a day, 7 days a week to a child experiencing a behavioral health crisis. Requirements include:
 - This must provide the following services:
 - Identify, assess, treat and stabilize a situation
 - Reduce the immediate risk of danger to the child or others
 - Make referrals and linkages to behavioral health services and supports and the appropriate level of care
 - Must be consistent with the child's risk management or safety plan, if applicable.
 - Includes a crisis assessment and crisis planning, which may result in the development or update of a crisis safety plan.
- Intensive care coordination is a collaborative service providing targeted case management services to children and adolescents with a serious emotional disturbance, including co-occurring conditions. It must be based on a system of care philosophy, with an individualized care plan tailored to meet the

needs of the individual. It is designed to meet the comprehensive medical, behavioral health and psychosocial needs of an individual and the individual's family. Services may be delivered in office, home or other settings, as clinically appropriate and include

- An assessment
- Development of an individualized care plan
- Referrals to appropriate levels of care
- Monitoring of goals
- Coordinating with other services and social supports and with state agencies
- Community-based acute treatment for children and adolescents (CBAT) are mental health services provided in a staff-secure setting on a 24-hour basis, with sufficient clinical staffing to ensure safety for the child or adolescent, while providing intensive therapeutic services. These can be used as an alternative to or transition from inpatient services and include, but are not limited to:
 - Daily medication monitoring
 - Psychiatric assessment
 - Nursing availability
 - Specialing (as needed)
 - Individual, group and family therapy
 - Case management
 - Family assessment and consultation
 - Discharge planning
 - Psychological testing, as needed
- Intensive community-based treatment for children and adolescents (ICBAT) provides the same services as CBAT to children and adolescents, but of higher intensity. This includes more frequent psychiatric and psychopharmacological evaluation and treatment and more intensive staffing and service delivery and;
 - Provides programs that have the capability to admit children and adolescents with more acute symptoms than those admitted to CBAT. These programs treat children and adolescents with clinical presentations similar to those referred to inpatient mental health services but who are cared for safely in an unlocked setting.
 - Requires that children and adolescents be admitted to an ICBAT directly from the community as an alternative to inpatient hospitalization.
 - However, CBAT is not used as a step-down placement following discharge from a locked, 24-hour setting.
- Family support and training. These services, provided to a parent or other caregiver of a child to improve the capacity of the parent or caregiver to ameliorate or resolve the child's emotional or behavioral needs.
 - The service must be provided where the child resides. This includes:
 - The child's home
 - A foster home
 - A therapeutic foster home
 - Another community setting
 - Family support and training addresses one or more goals on the youth's behavioral treatment plan and may include:
 - Educating parents/caregivers about the youth's behavioral health needs and resiliency factors
 - Teaching parents/caregivers how to navigate services on behalf of the child
 - Teaching parents/caregivers how to identify formal and informal services and supports in their communities, including parent support and self-help groups
- Therapeutic mentoring services. These services, provided to a child, are designed to support or improve deficits in the child's age-appropriate social functioning. Requirements include:
 - Services include supporting, coaching and training the child in:

- Age-appropriate behaviors
- Interpersonal communication
- Problem solving
- Conflict resolution
- Relating appropriately to other children, adolescents and adults
- Services must be provided, when indicated, where the child resides, including:
 - The child’s home
 - A foster home
 - A therapeutic foster home
 - Another community setting
- Therapeutic mentoring is a skill building service addressing one or more goals of the child’s behavioral health treatment plan.
- Therapeutic mentoring may also be delivered in the community, to allow the child to practice desired skills in appropriate settings.

The following are not **eligible health services**

- Programs in which the patient has a pre-defined duration of care that doesn’t allow us to conduct concurrent determinations of continued medical necessity for an individual
- Programs that only provide meetings and activities that are not based on individualized treatment planning
- Programs that focus solely on improvement in interpersonal or other skills rather than services directed toward symptom reduction and functional recovery related to specific mental health disorders
- Tuition-based programs that offer educational, vocational, recreational, or personal development activities such as a therapeutic school, camp or wilderness program. Except, that eligible health services include services provided while the individual is in the program, subject to all other terms of this certificate
- Programs that provide primarily custodial care services

Substance related disorders treatment

Covered services include the treatment of **substance related disorders** provided by a **hospital, psychiatric hospital, residential treatment facility, physician, or behavioral health provider** as follows:

- Inpatient **room and board**, at the **semi-private room rate** (your plan will cover the extra expense of a private room when appropriate because of your medical condition), and other services and supplies that are provided during your **stay** in a **hospital, psychiatric hospital, or residential treatment facility**.
- Outpatient treatment received while not confined as an inpatient in a **hospital, psychiatric hospital, or residential treatment facility**, including:
 - Office visits to a **physician or behavioral health provider** such as a psychologist, social worker, or licensed professional counselor (includes **telemedicine** consultation)
 - Individual, group, and family therapies for the treatment of **substance related disorders**
 - Other outpatient **substance related disorders** treatment such as:
 - Partial hospitalization treatment provided in a facility or program for treatment of **substance related disorders** provided under the direction of a **physician**
 - Intensive outpatient program provided in a facility or program for treatment of **substance related disorders** provided under the direction of a **physician**
 - Skilled behavioral health services provided in the home, but only when all of the following criteria are met:
 - You are homebound
 - Your **physician** orders them
 - The services take the place of a **stay** in a **hospital** or a **residential treatment facility**, or you are unable to receive the same services outside your home

- The skilled behavioral health care is appropriate for the active treatment of a condition, illness, or disease
- The skilled behavioral health care is appropriate for the active treatment of a condition, illness, or disease
- Ambulatory or outpatient **detoxification** which include outpatient services that monitor withdrawal from alcohol or other substances, including administration of medications
- Observation
- Peer counseling support by a peer support specialist (including telemedicine consultation)

Behavioral health important note:

A peer support specialist serves as a role model, mentor, coach, and advocate. Peer support must be supervised by a **behavioral health provider**.

Clinical trials

Routine patient costs

Covered services include routine patient costs or “patient care services” you have from a **provider** in connection with participation in an approved clinical trial as defined in the federal Public Health Service Act, Section 2709.

“Patient care services” means a healthcare item or service that is given to you for being enrolled in a qualified clinical trial that:

- Is consistent with the usual and customary standard or care for someone with your diagnosis
- Is consistent with the study protocol for the clinical trial
- Would be covered if you did not participate in the clinical trial

The following are not **covered services**:

- Services and supplies related to data collection and record-keeping needed only for the clinical trial
- Services and supplies provided by the trial sponsor for free
- The experimental intervention itself (except Category B investigational devices and promising **experimental or investigational** interventions for **terminal illnesses** in certain clinical trials in accordance with our policies)

Covered equipment under the Diabetic services, supplies, equipment and self-care programs benefit also include foot orthotic devices including orthopedic shoes and inserts.

Early intervention services

These are services delivered by a qualified early intervention service **provider** as described under Part C of the Individuals with Disabilities Education Act. They are available for children from birth to age 3 who are eligible for these services.

Covered services include:

- Speech and language therapy
- Occupational therapy
- Physical therapy
- Assistive technology

Hearing aids

Hearing aid means:

- Any wearable, non-disposable instrument or device designed to aid or make up for impaired hearing
- Parts, attachments or accessories

Covered services include prescribed hearing aids and the following hearing aid services:

- Audiometric hearing visit and evaluation for a hearing aid **prescription** performed by:
 - A **physician** certified as an otolaryngologist or otologist or a licensed hearing instrument specialist
 - An audiologist who:
 - Is legally qualified in audiology
 - Holds a certificate of Clinical Competence in Audiology from the American Speech and Hearing Association in the absence of any licensing requirements
 - Performs the exam at the written direction of a legally qualified otolaryngologist or otologist
- Electronic hearing aids, installed in accordance with a **prescription** written during a covered hearing exam
- Any other related services necessary to access, select, and adjust or fit a hearing aid

The following are not **covered services**:

- Replacement of a hearing aid that is lost, stolen or broken
- Replacement parts or repairs for a hearing aid
- Batteries or cords
- A hearing aid that does not meet the specifications prescribed for correction of hearing loss

Infertility services

Basic infertility

Covered services include seeing a **provider**:

- To diagnose and evaluate the underlying medical cause of **infertility**.
- To do **surgery** to treat the underlying medical cause of **infertility**. Examples are endometriosis **surgery** or, for men, varicocele **surgery**.

Comprehensive infertility services

Covered services include the following **infertility** services provided by an **infertility specialist**:

- Ovulation induction cycle(s) while on injectable medication to stimulate the ovaries
- Artificial insemination, which includes intrauterine (IUI)/intracervical (ICI) insemination

You are eligible for these **covered services** if:

- You or your partner have been diagnosed with **infertility**
- You have met the requirement for the number of months trying to conceive through egg and sperm contact

Aetna's National Infertility Unit

The first step to using your comprehensive **infertility covered services** is enrolling with our National Infertility Unit (NIU). Our NIU is here to help you. It is staffed by a dedicated team of registered nurses and **infertility** coordinators. They can help you with determining eligibility for benefits. They can also help your **provider** with **precertification**. You can call the NIU at 1-800-575-5999.

Your **network provider** will request approval from us in advance for your **infertility** services. If your **provider** is not a **network provider**, you are responsible to request approval from us in advance.

Advanced reproductive technology (ART)

Advanced reproductive technology (ART), also called “assisted reproductive technology”, is a more advanced type of **infertility** treatment. **Covered services** include the following services provided by an ART **specialist**:

- In vitro fertilization (IVF).
- Zygote intrafallopian transfer (ZIFT).
- Gamete intrafallopian transfer (GIFT).
- Intracytoplasmic sperm injection (ICSI).
- Sperm, egg and/or inseminated egg procurement and processing, or banking of sperm or inseminated eggs, to the extent such costs are not covered by the donor’s insurer, if any.
- Cryopreservation (freezing) of eggs
- Assisted hatching
- Storage for up to 5 years and thawing of eggs, embryos, sperm or reproductive tissue.
- Cryopreserved (frozen) embryo transfers (FET).
- Charges associated with your care when you receive a donor egg or embryo in a donor IVF cycle. These services include culture and fertilization of the egg from the donor and transfer of the embryo into you.
- Charges associated with your care when using a gestational carrier including egg retrieval and culture and fertilization of your eggs that will be transferred into a gestational carrier. Services for the gestational carrier, including transfer of the embryo into the carrier, are not covered. (See exclusions, below.)

You are eligible for ART services if:

- You or your partner have been diagnosed with **infertility**
- You have exhausted comprehensive **infertility** services benefits or have a clinical need to move on to ART procedures
- You have met the requirement for the number of months trying to conceive through egg and sperm contact

Aetna’s National Infertility Unit

The first step to using your ART **covered services** is enrolling with our National Infertility Unit (NIU). Our NIU is here to help you. It is staffed by a dedicated team of registered nurses and **infertility** coordinators. They can help you with determining eligibility for benefits and can give you information about our **infertility** Institutes of Excellence™ facilities. They can also help your **provider** with **precertification**. You can call the NIU at 1-800-575-5999.

Your **network provider** will request approval from us in advance for your **infertility** services. If your **provider** is not a **network provider**, you are responsible to request approval from us in advance.

Fertility preservation

Fertility preservation involves the retrieval of mature eggs/sperm with or without the creation of embryos that are frozen for future use.

Covered services for fertility preservation are provided when:

- You are believed to be fertile
- You have planned services that are proven to result in **infertility** such as:
 - Chemotherapy or radiation therapy that is established in medical literature to result in **infertility**
 - Other gonadotoxic therapies
 - Removing the uterus
 - Removing both ovaries or testicles

Premature ovarian insufficiency

If your **infertility** has been diagnosed as premature ovarian insufficiency (POI), as described in our clinical policy bulletin, you are eligible for ART services using donor eggs/embryos through age 45 regardless of FSH level.

The following are not **covered services**:

- All charges associated with or in support of surrogacy arrangements for you or the surrogate. A surrogate is a female carrying her own genetically related child with the intention of the child being raised by someone else, including the biological father.
- Home ovulation prediction kits or home pregnancy tests.
- The purchase of donor embryos, donor eggs or donor sperm.
- The donor's care in a donor egg cycle. This includes, but is not limited to, screening fees, lab test fees and charges associated with donor care as part of donor egg retrievals or transfers.
- A gestational carrier's care, including transfer of the embryo to the carrier. A gestational carrier is a woman who has a fertilized egg from another woman placed in her uterus and who carries the resulting pregnancy on behalf of another person.
- Obtaining sperm from a person not covered under this plan.
- **Infertility** treatment when a successful pregnancy could have been obtained through less costly treatment.
- **Infertility** treatment when either partner has had voluntary sterilization **surgery**, with or without surgical reversal, regardless of post reversal results. This includes tubal ligation, hysterectomy and vasectomy only if obtained as a form of voluntary sterilization.
- **Infertility** treatment when **infertility** is due to a natural physiologic process such as age related ovarian insufficiency (e.g. perimenopause, menopause) as measured by an unmedicated FSH level at or above 19 on cycle day two or three of your menstrual period.
- Treatment for dependent children, except for fertility preservation as described above.
- Injectable **infertility** medication, including but not limited to menotropins, hCG, and GnRH agonists.

Maternity and related newborn care

Covered services include pregnancy (prenatal) care, care after delivery and obstetrical services. After your child is born, **covered services** include:

- No less than 48 hours of inpatient care in a **hospital** after a vaginal delivery
- No less than 96 hours of inpatient care in a **hospital** after a cesarean delivery
- A shorter **stay**, if the attending **physician**, with the consent of the mother, discharges the mother or newborn earlier

If the mother is discharged earlier, the plan will pay for home visits after delivery by a health care **provider**.

Covered services also include services and supplies needed for circumcision by a **provider**.

The following are not **covered services**:

- Any services and supplies related to births that take place in the home or in any other place not licensed to perform deliveries

Routine physical exams

A routine preventive exam is a medical exam given for a reason other than to diagnose or treat a suspected or identified illness or injury and also includes:

- Evidence-based items that have in effect a rating of A or B in the current recommendations of the United States Preventive Services Task Force.
- Services as recommended in the American Academy of Pediatrics/Bright Futures/Health Resources and Services Administration guidelines for children and adolescents.

- Screenings and counseling services as provided for in the comprehensive guidelines recommended by the Health Resources and Services Administration. These services may include but are not limited to:
 - Screening and counseling services on topics such as:
 - Interpersonal and domestic violence
 - Sexually transmitted diseases
 - Human immune deficiency virus (HIV) infections
 - High risk human papillomavirus (HPV) DNA testing for women
- Annual mental health wellness examination. This means a screening or assessment that seeks to identify any behavioral or mental health needs and appropriate resources for treatment.

Covered services include:

- Office visit to a **physician**
- Hearing screening
- Vision screening
- Radiological services, lab and other tests
- For covered newborns, an initial **hospital** checkup

The following are added to Key Terms within Coordination of benefits.

- MedPay means medical coverage that can be purchased in connection with a motor vehicle liability policy.
- PIP means the personal injury protection coverage included in a motor vehicle liability policy.

The following rule is added as the first rule to apply in Determining who pays within Coordination of benefits.

COB rule	Primary Plan	Secondary plan
A motor vehicle policy and are injured as a result of an accident with a motor vehicle	PIP is the primary plan for the first \$2,000 of expenses. After that, plans will coordinate benefits in accordance with these COB provisions.	The plan which is not a motor vehicle policy

How do you extend coverage if you leave your job

If your employment ends because you leave your job, you may continue benefits for you and your dependents for 31 days. You must ask that your coverage continue within 31 days after it would cease due to a plant closing or partial closing.

Benefits will end before the end of the 31 days on the first of:

- The date you are eligible for benefits under another group plan
- The date you fail to make any premium contribution needed

How do you extend coverage if your plant closes

If your employment ends due to a plant closing or partial closing, you may continue benefits (except dental coverage) for you and your dependents for 90 days. You must ask that your coverage continue within 31 days after it would cease due to a plant closing or partial closing.

Benefits will end before the end of the 90 days on the first of:

- The date you are eligible for benefits under another group plan
- The date you fail to make any contribution needed

How do you extend coverage for a former spouse

If you get divorced or separated from your spouse, your former spouse may continue to be covered unless a court judgment or divorce decree specifies otherwise, the same dependent premium and contribution rates will apply.

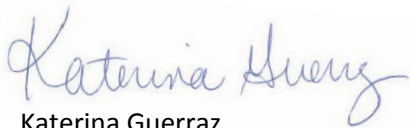
Benefits will end on the earliest of:

- The date specified in a judgment or decree
- The date your former spouse remarries
- The date you remarry
- The date you are no longer covered by the policy

In the event you remarry, your former spouse has the right, if so provided in the judgment, to continue to receive coverage under this agreement. If the judgment provides for this continuation of benefits, your former spouse may continue coverage under the group plan until the date specified in the judgment, the date your former spouse remarries or the date that you are no longer covered by the policy

Notice of cancellation of coverage of your divorced or separated spouse will be mailed to the divorced or separated spouse at their last known address together with notice of the right to reinstate coverage retroactively to the date of cancellation.

This amendment makes no other changes to the group policy, booklet-certificate or schedule of benefits.



Katerina Guerraz
Executive Vice President, Chief Operating Officer
Aetna Life Insurance Company
(A Stock Company)

Amendment: Massachusetts Medical ET
Issue Date: December 5, 2024