

Aetna Life Insurance Company

Extraterritorial booklet-certificate amendment

Policyholder: Walmart

Group policy number: GP-895530-AR

Group control number: CN-486824
CN-868601

Amendment effective date: January 1, 2021

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 Michigan. The benefits below will apply instead of those in your booklet-certificate.

Routine Cancer Screenings (GR-9N 11-006 06)

Covered expenses include, but are not limited to, charges incurred for routine cancer screening as follows:

- Mammograms;
- Fecal occult blood tests;
- Digital rectal exams;
- Prostate specific antigen (PSA) tests;
- Sigmoidoscopies;
- Double contrast barium enemas (DCBE); and
- Colonoscopies.

These benefits will be subject to any age; family history; and frequency guidelines that are:

- Evidence-based items or services that have in effect a rating of A or B in the recommendations of the United States Preventive Services Task Force; and
- Evidence-informed items or services provided in the comprehensive guidelines supported by the Health Resources and Services Administration.

Limitations

Unless specified above, not covered under this Preventive Care benefit are charges incurred for:

- Services which are covered to any extent under any other part of this Plan.

Although not included in the guidelines recommended by the United States Preventive Services Task Force or the guidelines supported by the Health Resources and Services Administration, this Plan also covers one baseline mammogram for a woman age 35 but less than age 40.

Important Notes:

1. Refer to the Schedule of Benefits for details about cost sharing and benefit maximums that apply to Preventive Care.
2. For details on the frequency and age limits that apply to Routine Physical Exams and Routine Cancer Screenings, contact your **physician**, log onto the **Aetna** website www.aetna.com, or call Member Services at the number on the back of your ID card.

Any elective abortion coverage that may be provided by the plan has been removed from the Certificate of Coverage, unless the procedure is necessary to preserve the life of the mother.

Autism Spectrum Disorders

Autism Spectrum Disorder is defined in the most recent edition of the Diagnostic and Statistical Manual of Mental Disorders of the American Psychiatric Association.

Covered expenses include charges made by a **physician** or **behavioral health provider** for services and supplies for the diagnosis (including the autism diagnostic observation schedule or any other standardized diagnostic measure for Autism Spectrum Disorders that is approved by the Michigan Insurance Commissioner) and treatment of Autism Spectrum Disorder. The services and supplies must be ordered by a **physician** or a **behavioral health provider**.

Coverage also includes early intensive behavioral interventions such as Applied Behavioral Analysis (ABA). Applied Behavioral Analysis is an educational service that is the process of applying interventions that:

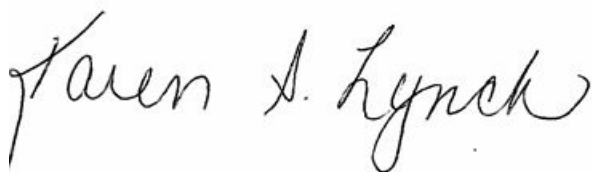
- Systematically change behavior; and
- Are responsible for the observable improvement in behavior.

Coverage for the treatment of Applied Behavioral Analysis for Autism Spectrum Disorders is subject to the maximum annual benefit amount, if any, shown on the *Schedule of Benefits*.

Limitations:

Unless specified above, not covered under this benefit are charges for:

- Educational services for behavioral disorders are listed as not covered in the *Medical Plan Exclusions and Limitations* section of the Policy.



Karen S. Lynch
President
Aetna Life Insurance Company
(A Stock Company)

Amendment: Michigan Medical ET
Issue Date: October 1, 2020