

# Aetna Life Insurance Company

## Extraterritorial booklet-certificate amendment

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**Policyholder:** Walmart

**Group policy number:** GP-0895530

**Group control number:** CN-0486824

**Amendment effective date:** January 1, 2024

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.

**Maximum coinsurance differential for network plans**

In no event will the covered amount for In-Network charges exceed more than 20% of the covered amount for Out-of-Network charges.

**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
  - Specializing (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

Child-adolescent **mental disorders** treatment for covered persons age 0-18 (includes community-based acute treatment for children and adolescents (ICBAT) and intensive community-based treatment for children and adolescents (ICBAT))

## 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 of 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, 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
  - A hearing aid installed within a 36 month period
- 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

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.

<b>COB rule</b>	<b>Primary Plan</b>	<b>Secondary plan</b>
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.

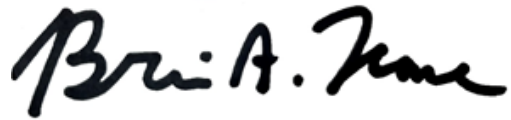
Benefits will end on the earliest of:

- 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.

A handwritten signature in black ink that reads "Brian A. Kane". The signature is written in a cursive, flowing style.

Brian A. Kane  
President  
**Aetna Life Insurance Company**  
(A Stock Company)

Amendment: Massachusetts Medical ET  
Issue Date: November 27, 2023