

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

### Medical exceptions – prescription drugs

Sometimes you or your **provider** may ask for a medical exception for drugs that are not covered or for which coverage was denied. You, someone who represents you or your **provider** can contact us. You will need to provide us with clinical documentation. After we receive your request and any information, we will:

- Review and act upon your request within one business day
- Tell you and your **prescriber** of our coverage determination within 72 hours

Any exception granted is based upon an individual and is a case-by-case decision that will not apply to other members.

If your plan uses a **preferred drug guide**, we will approve a medical exception for a **non-preferred drug** after reviewing and discussing with your prescriber if:

- We determine that the **preferred drug** is not appropriate therapy for your medical condition
- You have been receiving the **non-preferred drug** for at least six months before the development or revision of the **preferred drug guide** and your **prescriber** determines one of the following:
  - The **preferred drug** is not appropriate therapy for your medical condition
  - Changing drug therapy presents a significant health risk to you

You or your **prescriber** may seek an expedited medical exception for non-covered or **non-preferred drugs** in an urgent situation. An urgent situation happens when you have a health condition that may seriously affect your life, health, or ability to get back maximum function or when you are going through a current course of treatment using a non-covered or **non-preferred drug**. You or your **prescriber** may submit a request for an expedited review for an urgent situation by:

Contacting our Precertification Department at 1-855-582-2025

Faxing the request to 1-855-330-1716

Submitting the request in writing to CVS Health ATTN: **Aetna** PA 1300 E Campbell Road Richardson, TX 75081

We will make a coverage determination within 24 hours after we receive your request and will tell you and your **prescriber** of our decision.

If you are denied a medical exception based on the above processes, you may have the right to a third-party review by an independent review organization (IRO). If our coverage determination is one that allows you to ask for an external review, we will say that in the notice of adverse benefit determination we send you. That notice also will describe the external review process. We will tell you and your **prescriber** of the coverage determination of the external review no later than 72 hours after we receive your request. For expedited medical exceptions in urgent situations, we will tell you or your **prescriber** of the coverage determination no later than 24 hours after we receive your request.

If the medical exception is approved by us, or by the IRO:

- The exception will apply for the entire time of the **prescription**, or in the case of an expedited exception, for the entire time you have an urgent situation
- The cost share will be applied the same as for a **drug** listed in the **preferred drug guide**

### **Partial fill dispensing to synchronize prescription drugs and specialty prescription drugs**

We allow a partial fill of your **prescription** to synchronize the dates that the **pharmacy** fills your **prescription drugs**, including **specialty prescription drugs**, provided that:

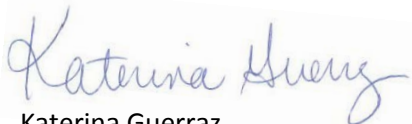
- The **prescription** is dispensed by a **network pharmacy**
- Your **pharmacy** or **prescriber** tells us that the synchronization of the dates is in your best interest
- You request or agree to the synchronization

Your out-of-pocket expenses will be prorated based on the number of days' supply. We will not perform this proration more often than annually.

### **Insulin Important note**

Your cost share will not exceed \$50 per 30-day supply of a covered **prescription** insulin drug filled at a **network pharmacy**.

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: Virginia Medical ET  
Issue Date: December 5, 2024