

Aetna Life Insurance Company

Amendment

Amendment effective date: 7/1/2019

Your group policy has changed. The Booklet-Certificate and schedule of benefits are revised to reflect this. This change is effective on the date shown above.

The changes are as follows:

1. The *Well woman preventive visits* benefit in the *Eligible health services under your plan – Preventive care and wellness* section of your Booklet-Certificate is replaced by the following.

Well woman preventive visits

Eligible health services include your routine:

- Well woman preventive exam office visit to your **physician, PCP**, obstetrician (OB), gynecologist (GYN) or OB/GYN. This includes pap smears and other types of cytology testing to screen for cervical cancer. Your plan covers the exams recommended by the Health Resources and Services Administration. A routine well woman preventive exam is a medical exam given for a reason other than to diagnose or treat a suspected or identified **illness or injury**.
 - Preventive care breast cancer (BRCA) gene blood testing by a **physician** and lab.
 - Preventive breast cancer genetic counseling provided by a genetic counselor to interpret the test results and evaluate treatment.
 - Screening for diabetes after pregnancy for women with a history of diabetes during pregnancy.
 - Screening for urinary incontinence.
2. The *Physician services* benefit in the *Eligible health services under your plan – Physicians and other health professionals* section of your Booklet-Certificate is replaced by the following.

Physician services

Eligible health services include services by your **physician** to treat an **illness or injury**. You can get those services:

- At the **physician's** office
- In your home
- In a **hospital**
- From any other inpatient or outpatient facility
- By way of **telemedicine**

Important note:

All in-person office visits covered with a **behavioral health provider** are also covered if you use **telemedicine** instead.

Telemedicine may have different cost sharing. See the schedule of benefits for more information.

Other services and supplies that your **physician** may provide:

- Allergy testing and allergy injections
- Radiological supplies, services, and tests
- Immunizations that are not covered as preventive care.

3. The Outpatient *Mental health treatment* benefit in the *Eligible health services under your plan – Specific conditions* section of your Booklet-Certificate is replaced by the following.

Mental health treatment

- 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)
 - Individual, group and family therapies for the treatment of mental health
 - 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 to avoid placing you at risk for serious complications
 - Electro-convulsive therapy (ECT)
 - Transcranial magnetic stimulation (TMS)
 - Psychological testing
 - Neuropsychological testing
 - 23 hour observation
 - Peer counseling support by a peer support specialist
 - A peer support specialist serves as a role model, mentor, coach, and advocate. They must be certified by the state where the services are provided or a private certifying organization recognized by us. Peer support must be supervised by a behavioral health provider.

4. The Outpatient *Substance related disorders treatment* benefit in the *Eligible health services under your plan – Specific conditions* section of your Booklet-Certificate is replaced by the following.

Substance related disorders treatment

- 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)
 - Individual, group and family therapies for the treatment of **substance abuse**
 - Other outpatient **substance abuse** treatment such as:
 - Outpatient **detoxification**
 - **Partial hospitalization treatment** provided in a facility or program for treatment of **substance abuse** provided under the direction of a **physician**
 - **Intensive outpatient program** provided in a facility or program for treatment of **substance abuse** provided under the direction of a **physician**
 - Ambulatory **detoxification** which are outpatient services that monitor withdrawal from alcohol or other **substance abuse**, including administration of medications
 - Treatment of withdrawal symptoms
 - 23 hour observation
 - Peer counseling support by a peer support specialist
 - A peer support specialist serves as a role model, mentor, coach, and advocate. They must be certified by the state where the services are provided or a private certifying organization recognized by us. Peer support must be supervised by a behavioral health provider.
5. The *Transplant services* benefit in the *Eligible health services under your plan – Specific conditions* section of your Booklet-Certificate is replaced by the following.

Transplant services

Eligible health services include transplant services provided by a **physician** and **hospital**.

This includes the following transplant types:

- Solid organ
- Hematopoietic stem cell
- Bone marrow
- CAR-T and T Cell receptor therapy for FDA-approved treatments

Network of transplant facilities

We designate facilities to provide specific services or procedures. They are listed as **Institutes of Excellence™ (IOE) facilities** in your **provider directory**.

You must get transplant services from the **IOE facility** we designate to perform the transplant you need.

Important note:

- Many pre and post transplant medical services, even routine ones, are related to and may affect the success of your transplant. While your transplant care is being coordinated by the National Medical Excellence Program® (NME), all medical services must be managed through the NME so that you receive the highest level of benefits at the appropriate facility. This is true even if the **eligible health service** is not directly related to your transplant.

6. The *Educational services* general exception in the *What your plan doesn't cover – some eligible health service exceptions* section of your Booklet-Certificate is replaced by the following.

Educational services

Examples of those services are:

- Any service or supply for education, training or retraining services or testing
- Special education, remedial education, wilderness treatment program, job training and job hardening programs

7. The *Transplant services* exception in the *What your plan doesn't cover – some eligible health service exceptions – Specific conditions* section of your Booklet-Certificate is replaced by the following.

Transplant services

- Services and supplies furnished to a donor when the recipient is not a covered person
- Harvesting and storage of organs, without intending to use them for immediate transplantation for your existing **illness**
- Harvesting and/or storage of bone marrow, hematopoietic stem cells, or other blood cells without intending to use them for transplantation within 12 months from harvesting, for an existing **illness**
- Travel and lodging expenses

8. The *Network providers provision* in the *Who provides the care* section of your Booklet-Certificate is replaced by the following.

Network providers

We have contracted with **providers** to provide **eligible health services** to you. These **providers** make up the network for your plan. For you to receive the network level of benefits you must use **network providers for eligible health services**. There are some exceptions:

- **Emergency services** – refer to the description of **emergency services** and urgent care in the *Eligible health services under your plan* section
- Urgent care – refer to the description of **emergency services** and urgent care in the *Eligible health services under your plan* section
- Transplants – see the description of transplant services in the *Eligible health services under your plan – specific conditions* section

You may select a **network provider** from the **directory** through your Aetna secure member website at www.aetna.com. You can search our online **directory**, for names and locations of **providers**.

You will not have to submit claims for treatment received from **network providers**. Your **network provider** will take care of that for you. And we will directly pay the **network provider** for what the plan owes.

9. The definition for the term “Negotiated charge” in the *Glossary* section of your Booklet-Certificate is replaced by the following.

Negotiated charge

For health coverage, this is either:

- The amount a **network provider** has agreed to accept
- The amount we agree to pay directly to a **network provider** or third party vendor (including any administrative fee in the amount paid)

for providing services, **prescription drugs** or supplies to plan members. This does not include **prescription drug** services from a **network pharmacy**.

*For **prescription drug** services from a **network pharmacy**:*

The amount we established for each **prescription drug** obtained from a **network pharmacy** under this plan. This **negotiated charge** may reflect amounts we agreed to pay directly to the **network pharmacy** or to a third party vendor for the **prescription drug**, and may include a rebate, an additional service or risk charge set by us.

We may receive or pay additional amounts from or to third parties under price guarantees. These amounts may change the **negotiated charge** under this plan.

10. *Your coverage can change* in the *General provisions – other things you should know* section of your Booklet-Certificate is replaced by the following.

Your coverage can change

Your coverage is defined by the group accident and health insurance policy. This document may have amendments too. Under certain circumstances, we or the policyholder or the law may change your plan. When an emergency or epidemic is declared, we may modify or waive **precertification**, **prescription** quantity limits or your cost share if you are affected. Only **Aetna** may waive a requirement of your plan. No other person, including the policyholder or **provider**, can do this.

11. The *Wellness and other incentives provision* in the *Discount programs* section of your Booklet-Certificate is replaced by the following.

Wellness and other incentives

We may encourage you to access certain medical services, use tools (online and others) that enhance your coverage and services and continue participation as an Aetna member through incentives. You and your doctor can talk about these medical services and tools and decide if they are right for you. In connection with a wellness or health improvement program, including but not limited to financial wellness programs, we may provide incentives based on your participation and your results. Incentives may include but are not limited to:

- Modifications to **copayment, deductible** or **coinsurance** amounts
 - **Premium** discounts or rebates
 - Contributions to a health savings account
 - Fitness center membership reimbursement
 - Merchandise
 - Coupons
 - Gift cards
 - Debit cards, or
 - Any combination of the above.
12. Yearly and lifetime dollar maximum references are removed from the *Autism spectrum disorder* section of your schedule of benefits.
13. The *Mental health – Other outpatient treatment* eligible services description in your schedule of benefits is replaced with the following.

Mental health treatment - outpatient
Other outpatient mental health treatment (includes skilled behavioral health services in the home)
Partial hospitalization treatment
Intensive outpatient program
The cost share doesn't apply to in-network peer counseling support services

14. The *Substance related disorders – Other outpatient* eligible services description in your schedule of benefits is replaced with the following.

Substance related disorders treatment - outpatient
Other outpatient substance abuse services
Partial hospitalization treatment
Intensive outpatient program
The cost share doesn't apply to in-network peer counseling support services

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



Karen S. Lynch
President

Aetna Life Insurance Company
(A Stock Company)

All members covered under an Ohio Open Access Managed Choice medical policy.

2019 Updates Open Access Managed Choice Medical - OH
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