

# Aetna Life Insurance Company

## Extraterritorial booklet-certificate amendment

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**Policyholder:** Shields Harper & Co

**Group policy number:** GP-0179807

**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 Kansas. The benefits below will apply instead of those in your booklet-certificate unless the benefits in your booklet-certificate are better.

The following has been added to or replaced in the *Coverage and exclusions* section of your booklet-certificate:

### Autism spectrum disorder

Autism spectrum disorder is defined in the most recent edition of the *Diagnostic and Statistical Manual of Mental Disorders* (DSM) of the American Psychiatric Association.

**Covered services** include services and supplies provided by a **provider** for:

- The diagnosis and treatment of autism spectrum disorder
- Physical, occupational, and speech therapy associated with the diagnosis of autism spectrum disorder

### Clinical trials

#### Routine patient costs

**Covered services** include routine patient costs 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.

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)

## Experimental or investigational therapies

**Covered services** include drugs, devices, treatments, or procedures from a **provider** under an “approved clinical trial” only when you have cancer or a **terminal illness**. All of the following conditions must be met:

- Standard therapies have not been effective or are not appropriate
- You have been diagnosed with cancer and accepted into a phase I, Phase II, Phase III or phase IV clinical trial for cancer
- Your treating **physician** determines that you may benefit from the treatment

An approved clinical trial is one that meets all of these requirements:

- The Food and Drug Administration (FDA) has approved the drug, device, treatment, or procedure to be investigated or has granted it investigational new drug (IND) or group c/treatment IND status, when this is required
- The clinical trial has been approved by an institutional review board that will oversee it
- The clinical trial is sponsored by the National Cancer Institute (NCI) or similar federal organization and:
  - It conforms to standards of the NCI or other applicable federal organization
  - It takes place at an NCI-designated cancer center or at more than one institution
- You are treated in accordance with the procedures of that study

## Dental care anesthesia

**Covered services** include general anesthesia and facility charges for dental care only if you:

- Have a medical or behavioral condition that requires hospitalization or general anesthesia when dental care is provided
- Are severely disabled, or
- Are under 6 years old

## Maternity and related newborn care

**Covered services** include pregnancy (prenatal) care, care after delivery and obstetrical services, including obstetrical services for the birth mother of a child you adopt within 90 days of birth. 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

**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

## Off-label use

**Covered services** may include off-label use of FDA-approved **prescription drugs** when it is not approved for your condition, including cancer. Eligibility for coverage is subject to the following:

- The drug must be accepted as safe and effective to treat your condition as stated in:
  - American Society of Health-System Pharmacists Drug Information (AHFS Drug Information)
  - Thomson Micromedex DrugDex System (DrugDex)
  - Clinical Pharmacology (Gold Standard, Inc.) or
  - The National Comprehensive Cancer Network (NCCN) Drug and Biologics Compendium

- Use for your condition and the dosage has been proven as safe and effective by at least one well-designed controlled clinical trial, and published in a peer reviewed medical journal known throughout the U.S.
- Your dosage of a drug is equal to the dosage for the same condition as suggested in the FDA-approved labeling or by one of the standard references noted above

### **Anti-cancer drugs taken by mouth, including chemotherapy drugs**

**Covered services** include any drug prescribed for cancer treatment. The drug must be recognized for treating cancer in standard reference materials or medical literature even if it isn't approved by the FDA for this treatment. We pay oral anti-cancer drugs the same as intravenous (IV) anti-cancer drugs.

The following has been added to or replaced in the *General plan exclusion* section of your booklet-certificate:

### **Abortion**

Services and supplies provided for an elective abortion except to preserve the life of the mother. As used here:

- "Abortion" means the use or **prescription** of any instrument, medicine, drug or any other substance or device to terminate the pregnancy of a woman known to be pregnant with an intention other than to increase the probability of a live birth, to preserve the life or health of the child after live birth, or to remove a dead unborn child who died as the result of natural causes in utero, accidental trauma or a criminal assault on the pregnant woman or her unborn child and which causes the premature termination of the pregnancy.
- "Elective" means an abortion for any reason other than to prevent the death of the mother upon whom the abortion is performed; provided, that an abortion may not be deemed one to prevent the death of the mother based on a claim or diagnosis that she will engage in conduct which will result in her death.

The following has been added to or replaced in the *Eligibility, starting and stopping coverage* section of your booklet-certificate.

### **Adding new dependents**

You can add new dependents during the year. These include any dependents described in the *Who can be a dependent on this plan* section above.

Coverage begins on the date of the event for new dependents that join your plan for the following reasons:

- Birth
- Adoption or placement for adoption
- Marriage
- Legal guardianship
- Court or administrative order

We must receive a completed enrollment form not more than 31 days after the event date. For birth, adoption or placement for adoption, we must receive a completed enrollment form not more than 31 days after the event date if additional premium for the covered dependent is required

The following has been added to or replaced in the *Eligibility, starting and stopping* section of your booklet-certificate:

### **How can you extend coverage when getting inpatient care when coverage ends?**

Your coverage may be extended if you are getting inpatient care in a **hospital** or **skilled nursing facility** when coverage ends.

Benefits are extended for the condition that caused the **hospital or skilled nursing facility stay** or for complications from the condition. Benefits aren't extended for other medical conditions.

You can continue to get care for this condition until the earliest of:

- When you are discharged
- 31 days of coverage following the end of your coverage

### **How you can obtain other coverage after your group coverage ends**

When your group health plan ends, you may be eligible to apply for comprehensive guaranteed issue coverage through an individual policy inside or outside the Health Insurance Marketplace:

- At the termination of employment
- The subscriber is retired or pensioned
- When loss of coverage under the group plan occurs
- When loss of dependent status occurs
- At the end of the maximum health coverage continuation period
- You are no longer in an eligible class

Application and payment of the initial premium for such individual policy should be consistent with the terms described in the respective policy chosen by you. Contact us to learn about other insurance coverage options available to you.

### **Converting from a group to an individual health plan**

When your group health plan ends, you may be eligible to change to an individual health plan.

### **When are you eligible for a conversion plan?**

You are eligible if:

- You had group health coverage under this plan continuously for the last 3 consecutive months before your coverage ended, and
- Your COBRA coverage has ended and you aren't eligible for additional extensions

You are not eligible if:

- You did not pay your premium contributions under this plan.
- This plan ends because the contract between the group and us ends and is replaced by another group plan within 31 days.
- You are eligible for health coverage under another group plan.
- You are eligible for Medicare coverage, whether or not you have actually enrolled in Medicare.
- You are already covered under an individual health plan.

### **How you apply for a conversion plan**

To apply:

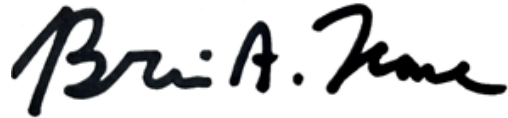
- We must receive your application and your first premium payment within 45 days after your group plan ends.

The following has been added to or replaced in the *Glossary* section of your booklet-certificate.

**Telemedicine**

A consultation between you and a **physician, specialist, or behavioral health provider, or telemedicine provider** who is performing a clinical medical or behavioral health service by means of electronic communication.

This amendment makes no other changes.

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: Kansas ET Medical

Issue Date: February 6, 2024