Amendment to Plan of Benefits

For Employees of: ARISTOCRAT TECHNOLOGIES, INC.
Master Services Agreement No.: MSA-0231720
Control(s): 0231720

Effective immediately, the following changes have been made to your Booklet and/or Schedule of Benefits, unless otherwise noted.

1. ***Ambulance services***, found within the ***Coverage and exclusions*** section, is replaced by the following:

Ambulance services

An ambulance is a vehicle staffed by medical personnel and equipped to transport an ill or injured person by ground, air, or water.

Emergency

Covered services include emergency transportation when your condition is unstable and requires medical supervision and rapid transport. These emergency ambulance services are limited to transportation by a licensed ambulance:

- To the first facility to provide **emergency services**
- From one facility to another if the first can't provide the **emergency services** you need

Covered services also include non-emergency transportation when an ambulance is the only safe way to transport you. These non-emergency ambulance services are limited to transportation by a licensed ambulance:

- To the nearest facility able to treat your condition
- From a facility to your home by ground ambulance

The following are not **covered services**:

- Ambulance services for non-emergency transportation
- Ambulance services for routine transportation to receive outpatient or inpatient services

2. The *Recognized charge* subsection, found in the *What the plan pays and you pay* section of *How your plan works*, is changed as follows:

    - The *Voluntary services* heading is removed.

    - The notes throughout the subsection stating: *"See Involuntary Services and Surprise Bills for more information*" are replaced by the following:
      "See Surprise Bill for more information"

- The second paragraph of the subsection beginning with: *"If your ID card displays the National Advantage Program (NAP)"* is replaced by the following:

  If your ID card displays the National Advantage Program (NAP) logo your cost may be lower when you get care from a NAP **provider** for whom we access NAP rates. Claims for services received from a NAP **provider** and paid at the NAP contracted rate are not subject to the federal surprise bill law. Through NAP, the **recognized charge** is determined as follows:

  - If your service was received from a NAP **provider**, a pre-negotiated charge **may** be paid**.** NAP **providers** are **out-of-network providers** that have contracts with Aetna, directly or through third-party vendors, that include a pre-**negotiated charge** for services. NAP **providers** are not **network providers**. (At times Aetna may choose to terminate specific providers from NAP and will notify the provider of such a decision).
  - If your service was not received from a NAP **provider,** a claim specific rate or discount may be negotiated by Aetna or a third-party vendor.

3. The ***Glossary*** term *Residential treatment facility* is replaced by the following:

Residential treatment facility
A facility that provides **mental health disorder** services or **substance related disorder** services and meets the following requirements:

- Is licensed and operated in accordance with applicable state and federal law
- Provides treatment under the direction of an appropriately licensed **physician** for the level of care provided
- Maintains a written treatment plan prepared by a licensed **behavioral health provider** (RN or master's level) requiring full-time residence and participation
- Has a licensed **behavioral health provider**, (RN or master's level) on-site 24 hours per day 7 days per week, and is:
  - Credentialed by us, or
  - Certified by Medicare, or
  - Accredited by The Joint Commission (TJC); The Committee on Accreditation of Rehabilitation Facilities (CARF); The American Osteopathic Association's Healthcare Facilities Accreditation Program (HFAP); or The Council on Accreditation (COA)

4. The ***Glossary*** term *Skilled nursing facility* is replaced by the following:

Skilled nursing facility
A facility that provides skilled nursing care and meets the following requirements:

- Is licensed and operated in accordance with applicable state and federal law
- Provides treatment under the direction of an appropriately licensed **physician** for the level of care provided
- Maintains a written treatment plan prepared by a licensed **provider** (RN or master's level) requiring full-time residence and participation
- Has a licensed **provider** (RN or master's level) on-site 24 hours per day 7 days per week, and is:
  - Credentialed by us, or
  - Certified by Medicare, or
  - Accredited by The Joint Commission (TJC) or The Committee on Accreditation of Rehabilitation Facilities (CARF)

Skilled nursing facilities also include rehabilitation **hospitals**, and portions of a rehabilitation **hospital** and a **hospital** designated for skilled or rehabilitation services.

Skilled nursing facility does not include institutions that provide only:

- Minimal care
- Custodial care services
- Ambulatory care
- Part-time care services

It does not include institutions that primarily provide for the care and treatment of **mental health disorders** or **substance related disorders**.

Effective January 1, 2025, the following changes have been made to your Booklet.

5. ***Hospital care***, found within the ***Coverage and exclusions*** section, is replaced by the following:

Hospital care

Covered services include inpatient and outpatient **hospital** care. This includes:

- Semi-private **room and board** (your plan will cover the extra expense of a private room when appropriate because of your medical condition)
- Services and supplies provided by the outpatient department of a **hospital**, including the facility charge
- Services of **physicians** employed by the **hospital**
- Administration of blood and blood products

The following are not **covered services**:

- All services and supplies provided in:
- Rest homes
- Any place considered a person's main residence or providing mainly custodial or rest care
- Health resorts
- Spas
- Schools or camps

6. ***Blood, blood plasma, synthetic blood, blood derivatives or substitutes***, found within the ***General plan exclusions*** section, is replaced by the following:

Blood, blood plasma, synthetic blood, blood derivatives or substitutes

Blood, blood products, and related services which are supplied to your **provider** free of charge

Amendment: 1
Blood/Recognized Charge/WLDs/Ambulance Services/RTF/SNF coverage and Glossary items
Issue Date October 30, 2024