

Aetna Life Insurance Company

Amendment

Policyholder: CITY OF MATTOON

Group policy number: GP-284073

Amendment effective date: January 1, 2018

Your group policy has changed. The certificate of coverage is revised to reflect this. This change is effective on the date shown above.

The following describes changes to the Outpatient Infusion Therapies section within the Specific Therapies & Tests section:

Eligible health services also include the treatment of pediatric autoimmune neuropsychiatric disorders associated with streptococcal infections and pediatric acute onset neuropsychiatric syndrome, including but not limited to the use of intravenous immunoglobulin therapy.

This change applies unless its effect is to provide a lesser benefit or coverage than that already provided in the certificate of coverage.

This change applies unless its effect is to provide a lesser benefit or coverage than that already provided in the certificate of coverage. But, if you live in a state other than Illinois and your state requires that the benefit or coverage listed below be provided to residents, you will receive the benefit or coverage mandated by the state you live in instead of the benefit or coverage below.

This amendment makes no other changes to the group policy or booklet-certificate.



Mark T. Bertolini
Chairman, Chief Executive Officer and President

Aetna Life Insurance Company
(A Stock Company)

All members covered under an Illinois medical policy.

IL HB 2721-Pediatric Autoimmune Disorders
Amendment 1732-PL
Issue Date April 30, 2018