

Aetna Life Insurance Company

Hartford, Connecticut 06156

Amendment (GR-9N-CR1)

Policyholder:

NORTHWESTERN UNIVERSITY
POSTDOCTORAL FELLOW BENEFIT PROGRAM

Group Policy No.:

GP-836990

Effective Date:

This Amendment is effective on the later of:

JANUARY 1, 2011; or

The date you become covered under the Policy.

The group policy specified above has been amended. The following summarizes the changes in the group policy and the Certificate of Insurance, describing the policy terms, is amended accordingly. This amendment is effective on the date shown above. It applies to group policies providing medical expense coverage issued by Aetna Life Insurance Company in Illinois.

I. The following sub-section is added to the Medical section of your Booklet-Certificate and replaces any existing sub-sections of equivalent or comparable name:

Treatment of Mental Disorders and Substance Abuse (GR-9N 11-172 01)

Treatment of Mental Disorders

Covered expenses include charges made for the treatment of **mental disorders** by **behavioral health providers**.

Important Note

Not all types of services are covered. For example, educational services and certain types of therapies are not covered. See *Health Plan Exclusions and Limits* for more information.

In addition to meeting all other conditions for coverage, the treatment must meet the following criteria:

- There is a written treatment plan prescribed and supervised by a **behavioral health provider**;
- This Plan includes follow-up treatment; and
- This Plan is for a condition that can favorably be changed.

Benefits are payable for charges incurred in a **hospital, psychiatric hospital, residential treatment facility** or **behavioral health provider's** office for the treatment of **mental disorders** as follows:

Inpatient Treatment

Covered expenses include charges for **room and board** at the **semi-private room rate**, and other services and supplies provided during your **stay** in a **hospital, psychiatric hospital** or **residential treatment facility**. Inpatient benefits are payable only if your condition requires services that are only available in an inpatient setting.

Important Reminder

Inpatient care, partial **hospitalizations** and outpatient treatment may need to be **precertified** by **Aetna**. Refer to *How the Plan Works* for more information about **precertification**, if applicable.

Partial Confinement Treatment

Covered expenses include charges made for **partial confinement treatment** provided in a facility or program for the intermediate short-term or medically-directed intensive treatment of a **mental disorder**. Such benefits are payable if your condition requires services that are only available in a **partial confinement treatment** setting.

Important Reminder

Inpatient care, partial **hospitalizations** and outpatient treatment may need to be **precertified** by **Aetna**. Refer to *How the Plan Works* for more information about **precertification**, if applicable.

Outpatient Treatment

Covered expenses include charges for treatment received while not confined as a full-time inpatient in a **hospital**, **psychiatric hospital** or **residential treatment facility**.

The plan covers partial **hospitalization** services (more than 4 hours, but less than 24 hours per day) provided in a facility or program for the intermediate short-term or medically-directed intensive treatment. The partial **hospitalization** will only be covered if you would need inpatient care if you were not admitted to this type of facility.

Important Reminder

- Inpatient care, partial **hospitalizations** and outpatient treatment may need to be **precertified** by **Aetna** if your plan contains a **precertification** requirement. Refer to *How the Plan Works* for more information about **precertification**, if applicable.
- Please refer to the *Schedule of Benefits* for any **copayments/ deductibles**, maximums and **coinsurance limits** that may apply to your **mental disorders** benefits.

Treatment of Substance Abuse

Covered expenses include charges made for the treatment of **substance abuse** by **behavioral health providers**.

Important Note

Not all types of services are covered. For example, educational services and certain types of therapies are not covered. See *Health Plan Exclusions and Limits* for more information.

Substance Abuse

In addition to meeting all other conditions for coverage, the treatment must meet the following criteria:

- There is a program of therapy prescribed and supervised by a **behavioral health provider**.
- The program of therapy includes either:
 - A follow up program directed by a **behavioral health provider** on at least a monthly basis; or
 - Meetings at least twice a month with an organization devoted to the treatment of alcoholism or **substance abuse**.

Please refer to the *Schedule of Benefits* for any **substance abuse** deductibles, maximums and coinsurance limits that may apply to your **substance abuse** benefits.

Inpatient Treatment

This Plan covers **room and board** at the **semi-private room rate** and other services and supplies provided during your **stay** in a **psychiatric hospital** or **residential treatment facility**, appropriately licensed by the state Department of Health or its equivalent.

Coverage includes:

- Treatment in a **hospital** for the medical complications of **substance abuse**.
- “Medical complications” include **detoxification**, electrolyte imbalances, malnutrition, cirrhosis of the liver, delirium tremens and hepatitis.
- Treatment in a **hospital** is covered only when the **hospital** does not have a separate treatment facility section.

Important Reminder

Inpatient care, partial **hospitalizations** and outpatient treatment may need to be **precertified** by **Aetna**. Refer to *How the Plan Works* for more information about **precertification**, if applicable.

Outpatient Treatment

Outpatient treatment includes charges for treatment received **substance abuse** while not confined as a full-time inpatient in a **hospital, psychiatric hospital** or **residential treatment facility**.

This Plan covers partial **hospitalization** services (more than 4 hours, but less than 24 hours per day) provided in a facility or program for the intermediate short-term or medically-directed intensive treatment of alcohol or drug abuse. The partial **hospitalization** will only be covered if you would need inpatient treatment if you were not admitted to this type of facility.

Important Reminder

Inpatient care, partial **hospitalizations** and outpatient treatment may need to be **precertified** by **Aetna**. Refer to *How the Plan Works* for more information about **precertification**, if applicable.

Partial Confinement Treatment

Covered expenses include charges made for **partial confinement treatment** provided in a facility or program for the intermediate short-term or medically-directed intensive treatment of **substance abuse**.

Such benefits are payable if your condition requires services that are only available in a **partial confinement treatment** setting.

Important Reminders

- Inpatient care, partial **hospitalizations** and outpatient treatment may need to be **precertified** by **Aetna** if your plan contains a **precertification** requirement. Refer to *How the Plan Works* for more information about **precertification**, if applicable.
- Please refer to the *Schedule of Benefits* for any **copayments/deductibles**, maximums and **coinsurance limits** that may apply to your **substance abuse** benefits.

II. The **Glossary** definitions in your Booklet-Certificate have been changed as follows.

A. The following definition of **Mental Disorder** replaces the definition of **Mental Disorder** currently in your Booklet-Certificate:

Mental Disorder (GR-9N 34-065 04 IL)

An **illness** commonly understood to be a **mental disorder**, whether or not it has a physiological basis, and for which treatment is generally provided by or under the direction of a **behavioral health provider** such as a **psychiatric physician**, a psychologist or a psychiatric social worker.

Any one of the following conditions is a **mental disorder** under this plan:

- Anorexia/Bulimia Nervosa.
- Bipolar disorder (hypomanic, manic, depressive, and mixed).
- Major depressive disorders (single episode or recurrent).
- Obsessive compulsive disorders.
- Panic disorder.
- Paranoia and other psychotic disorders.
- Pervasive Mental Developmental Disorders (including Autism).
- Psychotic Disorders/Delusional Disorder.
- Schizo-affective Disorders (bipolar or depressive).
- Post-traumatic stress disorders (acute, chronic, or with delayed onset).
- Schizophrenia.

Also included is any other mental condition which requires **Medically Necessary** treatment.

B. The following definition of **Partial Confinement Treatment** is added to your Booklet-Certificate, if not already present, or, replaces the definition of **Partial Confinement Treatment** currently in your Booklet-Certificate:

Partial Confinement Treatment *(GR-9N 34-070 01)*

A plan of medical, psychiatric, nursing, counseling, or therapeutic services to treat substance abuse or **mental disorders**. The plan must meet these tests:

- It is carried out in a **hospital; psychiatric hospital** or **residential treatment facility**; on less than a full-time inpatient basis.
- It is in accord with accepted medical practice for the condition of the person.
- It does not require full-time confinement.
- It is supervised by a **psychiatric physician** who weekly reviews and evaluates its effect.
- **Day care treatment** and **night care treatment** are considered **partial confinement treatment**.

III. Your medical plan of benefits will no longer include any aggregate annual, lifetime, financial, or treatment limits for mental disorder or substance abuse benefits that are less than the limits applied to medical and surgical benefits. These expenses will now be reimbursed on the same basis as any other covered medical expense. However, Mental Disorder and Substance Abuse Inpatient Residential Treatment Facility expenses may be subject to a maximum number of inpatient days. If applicable, the maximum number of inpatient days is equivalent to the maximum number of inpatient days for Hospital expenses.



Ronald A. Williams
Chairman, Chief Executive Officer, and President

Aetna Life Insurance Company
(A Stock Company)

Rider: 1188N
Federal Mental Health Parity - FD HR 1424
Issue Date: April 19, 2011