THE SAME EXTENT AS BENEFITS PROVIDED FOR OTHER PREGNANCY-RELATED PROCEDURES;

- (2) THE PATIENT IS A POLICYHOLDER OR COVERED DEPENDENT OF THE POLICYHOLDER;
- (3) THE PATIENT'S OOCYTES ARE FERTILIZED WITH THE PATIENT'S SPOUSE'S SPERM;
- (4) (I) THE PATIENT AND THE PATIENT'S SPOUSE HAVE A HISTORY OF INFERTILITY OF AT LEAST 5 YEARS' DURATION; OR
- (II) THE INFERTILITY IS ASSOCIATED WITH 1 OR MORE OF THE FOLLOWING MEDICAL CONDITIONS:
 - 1. ENDOMETRIOSIS;
- 2. EXPOSURE IN UTERO TO DIETHYLSTILBESTROL, COMMONLY KNOWN AS DES; OR
- 3. BLOCKAGE OF, OR SURGICAL REMOVAL OF, 1
 OR BOTH FALLOPIAN TUBES (LATERAL OR BILATERAL SALPINGECTOMY);
- ATTAIN (5) THE PATIENT HAS BEEN UNABLE TO LESS COSTLY SUCCESSFUL PREGNANCY THROUGH ANY APPLICABLE INFERTILITY TREATMENTS FOR WHICH COVERAGE IS AVAILABLE UNDER THE POLICY; AND
- IN VITRO FERTILIZATION **PROCEDURES** ARE (6) THE PERFORMED AT MEDICAL FACILITIES THAT CONFORM TO THE AMERICAN COLLEGE OF OBSTETRIC GYNECOLOGY GUIDELINES FOR IN VITRO AND FERTILIZATION CLINICS OR TO THE AMERICAN FERTILITY SOCIETY MINIMAL STANDARDS FOR PROGRAMS OF IN VITRO FERTILIZATION.

477CC.

EACH--GROUP--OR--BLANKET--HEALTH--INSURANCE-POLICY-ISSUED-OR DELIVERED-WITHIN-THE-STATE~ON-AN--EXPENSE--INCURRED--BASIS--SHALL INCLUDE--BENEFITS--FOR--INPATIENT--OR-OUTPATIENT-EXPENSES-ARISING FROM--IN--VITRO--FERTILIZATION--PROCEDURES---PERFORMED---ON--THE CERTIFICATE--HOLDER-S-DEPENDENT-SPOUSE-

EVERY-GROUP-OR-BLANKET-HEALTH-INGURANCE-POLICY-DELIVERED-OR
ISSUED-FOR-DELIVERY-IN-THIS-STATE-ON-AN-EXPENSE-INCURRED-BASIS
JNDER-WHICH-MATERNITY-BENEFITS-ARE-PROVIDED-FOR-EXPENSES-ARISING
FROM-PREGNANCY-AND-CHILDBIRTH-SHALL-PROVIDE-BENEFITS-FOR-EXPENSES
ARISING-FROM-IN-VITRO-FERTILIZATION-PROCEDURES-PERFORMED-ON-

(1)--ANY-COVERED-EMPLOYEE-OR-COVERED-MEMBER,-OR

<u>{2}--ANY--DEPENDENT--SPOUSE--OF--A-GOVERED-EMPLOYEE-OR</u>
<u>GOVERED-MEMBER-IF--THE--POLICY--OTHERWISE--GOVERS--THE--DEPENDENT</u>
<u>EPOUSE-</u>

EACH GROUP OR BLANKET HEALTH INSURANCE POLICY ISSUED OR