

3. BLOCKAGE OF, OR SURGICAL REMOVAL OF, ONE OR BOTH FALLOPIAN TUBES (LATERAL OR BILATERAL SALPINGECTOMY SALPINGECTOMY);

(4) (5) THE PATIENT HAS BEEN UNABLE TO ATTAIN A SUCCESSFUL PREGNANCY THROUGH ANY LESS COSTLY APPLICABLE INFERTILITY TREATMENTS FOR WHICH COVERAGE IS AVAILABLE UNDER THE CONTRACT OR CERTIFICATION; AND

(5) (6) THE IN VITRO FERTILIZATION PROCEDURES ARE PERFORMED AT MEDICAL FACILITIES THAT CONFORM TO THE AMERICAN COLLEGE OF OBSTETRIC AND GYNECOLOGY GUIDELINES FOR IN VITRO FERTILIZATION CLINICS OR TO THE AMERICAN FERTILITY SOCIETY MINIMAL STANDARDS FOR PROGRAMS OF IN VITRO FERTILIZATION.

470V.

EACH HOSPITAL OR MAJOR MEDICAL INSURANCE POLICY WRITTEN ON AN EXPENSE INCURRED BASIS, WHICH IS DELIVERED OR ISSUED FOR DELIVERY IN THE STATE, AND WHICH PROVIDES PREGNANCY-RELATED BENEFITS, SHALL INCLUDE MAY NOT EXCLUDE BENEFITS FOR INPATIENT-OR ALL OUTPATIENT EXPENSES ARISING FROM IN VITRO FERTILIZATION PROCEDURES PERFORMED ON THE POLICY HOLDER OR THE POLICY HOLDER'S DEPENDENT SPOUSE, PROVIDED THAT:

(1) BENEFITS UNDER THIS SECTION SHALL BE PROVIDED TO THE SAME EXTENT AS BENEFITS PROVIDED FOR OTHER PREGNANCY-RELATED PROCEDURES;

(1) (2) THE PATIENT IS A SUBSCRIBER POLICYHOLDER OR COVERED DEPENDENT OF THE SUBSCRIBER POLICYHOLDER;

(2) (3) THE PATIENT'S OOCYTES ARE FERTILIZED WITH THE PATIENT'S SPOUSE'S SPERM;

(3) (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 ONE 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, ONE OR BOTH FALLOPIAN TUBES (LATERAL OR BILATERAL SALPINGECTOMY SALPINGECTOMY);

(4) (5) THE PATIENT HAS BEEN UNABLE TO ATTAIN A SUCCESSFUL PREGNANCY THROUGH ANY LESS COSTLY APPLICABLE