INFERTILITY TREATMENTS FOR WHICH COVERAGE IS AVAILABLE UNDER THE ~~CONTRACT OR CERTIFICATION~~ POLICY; 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.

477CC.

EACH GROUP OR BLANKET HEALTH INSURANCE POLICY ISSUED OR DELIVERED WITHIN THE STATE ON AN EXPENSE INCURRED BASIS 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 CERTIFICATE HOLDER OR THE CERTIFICATE HOLDER'S DEPENDENT SPOUSE, PROVIDED THAT:

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

~~(1)~~ (2) THE PATIENT IS A ~~SUBSCRIBER~~ CERTIFICATE HOLDER OR COVERED DEPENDENT OF THE ~~SUBSCRIBER~~ CERTIFICATE HOLDER;

~~(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 ~~SALPHINGECTOMY~~ 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~~ POLICY; 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.