

Each hospital or major medical insurance policy written on an expense-incurred basis, which is delivered or issued for delivery in the State, OR WHICH COVERS PERSONS WHO RESIDE OR AND WORK WITHIN THE STATE, and which provides pregnancy-related benefits, may not exclude benefits for all outpatient expenses arising from in vitro fertilization procedures performed on the policyholder or the policyholder'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;

(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

(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);

(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 policy; and

(6) The in vitro fertilization procedures are performed at medical facilities that conform to the American College of Obstetricians and Gynecologists guidelines for in vitro fertilization clinics or to the American Fertility Society minimal standards for programs of in vitro fertilization.

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Each group or blanket health insurance policy issued or delivered within the State, OR COVERING PERSONS WHO RESIDE OR AND WORK WITHIN THE STATE, WRITTEN on an expense-incurred basis and which provides pregnancy-related benefits, may not exclude benefits for all outpatient expenses arising from in vitro fertilization procedures performed on the certificate holder or the certificate holder's dependent spouse, provided that: