(i)   1.   is delivered or issued for delivery in the State; or

2.   covers individuals who reside and work in the State; and

(ii)   is written on an expense-incurred basis;

(2)   each group or blanket health insurance policy of an insurer that:

(i)   1.   is issued or delivered in the State; or

2.   covers individuals who reside and work in the State; and

(ii)   is written on an expense-incurred basis; and

(3)   each individual or group medical or major medical contract or certificate of a nonprofit health service plan that:

(i)   is issued or delivered in the State; or

(ii)   covers individuals who reside and work in the State.

(b)   (1)   A policy, contract, or certificate AN ENTITY subject to this section that provides pregnancy-related benefits may not exclude benefits for all outpatient expenses arising from in vitro fertilization procedures performed on the policyholder, subscriber, or certificate-holder, POLICYHOLDER OR SUBSCRIBER or dependent spouse of the policyholder, subscriber, or certificate-holder POLICYHOLDER OR SUBSCRIBER.

(2)   The benefits under this subsection shall be provided PROVIDED:

(I)   FOR INSURERS AND NONPROFIT HEALTH SERVICE PLANS, to the same extent as the benefits provided for other pregnancy-related procedures PROCEDURES; AND

(II)   FOR HEALTH MAINTENANCE ORGANIZATIONS, TO THE SAME EXTENT AS THE BENEFITS PROVIDED FOR OTHER INFERTILITY SERVICES.

(c)   Subsection (b) of this section applies if:

(1)   the patient is the policyholder, subscriber, or certificate-holder, POLICYHOLDER OR SUBSCRIBER or a covered dependent of the policyholder, subscriber, or certificate-holder POLICYHOLDER OR SUBSCRIBER;

(2)   the patient's oocytes are fertilized with the patient's spouse's sperm;

(3)   (i)   the patient and the patient's spouse have a history of infertility of at least 5 2 years' duration; or

(ii)   the infertility is associated with any of the following medical conditions:

1.   endometriosis;

2.   exposure in utero to diethylstilbestrol, commonly known as DES; [or]