

[Carrier]

Diagnosis and Treatment of Infertility Rider

[Text to be included when issued with Plans B – E]

1. The Fertility Services provision of the **Covered Charges** section is deleted and replaced with the following provision.

Diagnosis and Treatment of Infertility

As used in this provision, infertility means a disease or condition that results in the abnormal function of the reproductive system such that:

- a) A male is unable to impregnate a female;
- b) A female under 35 years of age is unable to conceive after two years of unprotected sexual intercourse;
- c) A female 35 years of age or older is unable to conceive after one year of unprotected sexual intercourse;
- d) The male or female is medically sterile; or
- e) The female is unable to carry a pregnancy to live birth.

Infertility does not include voluntary sterilization, regardless of any attempts to reverse the sterilization.

[The Policyholder is a religious employer. The services that are not covered are listed in Exclusions section of this Rider.] [Note to carriers: Include this sentence when the rider is attached to a policy issued to a religious employer. The list of covered services should omit the seven services shown in brackets. The list of exclusions should include the first seven services shown in brackets and omit the last listed exclusion.]

Covered Services

[Carrier] covers charges for:

- a) [Artificial insemination;]
- b) Assisted hatching;
- c) Diagnosis and diagnostic tests;
- d) [Fresh and frozen embryo transfer;]
- e) [Four completed egg retrievals while covered under the Policyholder's plan and if a live donor is used in the egg retrieval, the medical costs of the donor are covered until the donor is released from treatment by the reproductive endocrinologist;]
- f) [Gamete intrafallopian transfer (GIFT);]
- g) [Zygote intrafallopian transfer (ZIFT);]
- h) [Intracytoplasmic sperm injections;]
- i) [In vitro fertilization, including in vitro fertilization using donor eggs and in vitro fertilization where the embryo is transferred to a gestational carrier or surrogate;]

- j) Medications, including injectable infertility medications;
- k) Ovulation induction; and
- l) Surgery, including microsurgical sperm aspiration.

Exclusions

[Carrier] does not cover charges for:

- a) [Artificial insemination;]
- b) [Egg retrieval;]
- c) [Fresh and frozen embryo transfer;]
- d) [Gamete intrafallopian transfer (GIFT);]
- e) [Zygote intrafallopian transfer (ZIFT);]
- f) [Intracytoplasmic sperm injections;]
- g) [In vitro fertilization]
- h) Reversal of voluntary sterilization;
- i) Medical services provided to a surrogate who is not covered under the Policy;
- j) Costs associated with cryopreservation and storage of sperm, eggs and embryos;
- k) Nonmedical costs of an egg or sperm donor;
- l) Infertility treatments that are experimental or investigational;
- m) Ovulation kits and sperm testing kits and supplies;
- n) [In vitro fertilization, gamete intrafallopian tube transfer, and zygote intrafallopian tube transfer for persons who:
 - 1. have not used all reasonable less expensive and medically appropriate treatments for infertility,
 - 2. have exceeded four completed egg retrievals while covered under the Policyholder's plan; or
 - 3. are 46 years of age or older.]

2. The Exclusions provision is amended to replace the exclusion services or supplies furnished in connection with any procedures to enhance fertility with the following:

Services and supplies to treat *infertility*, except as otherwise covered in the Diagnosis and Treatment of Infertility section. See also the separate Exclusion addressing sterilization reversal.

[Text to be included when issued with HMO Plans]

- 1. The Outpatient Services section of the COVERED SERVICES & SUPPLIES provision is amended to delete the item addressing Procedures and Prescription Drugs to enhance fertility.
- 2. The COVERED SERVICES & SUPPLIES provision is expanded to include the following section specifying coverage for the diagnosis and treatment of infertility.

Diagnosis and Treatment of Infertility

As used in this provision, infertility means a disease or condition that results in the abnormal function of the reproductive system such that:

- a) A male is unable to impregnate a female;
- b) A female under 35 years of age is unable to conceive after two years of unprotected sexual intercourse;
- c) A female 35 years of age or older is unable to conceive after one year of unprotected sexual intercourse;
- d) The male or female is medically sterile; or
- e) The female is unable to carry a pregnancy to live birth.

Infertility does not include voluntary sterilization, regardless of any attempts to reverse the sterilization.

[The Contractholder is a religious employer. The services that are not covered are listed in Exclusions section of this Rider.] *[Note to carriers: Include this sentence when the rider is attached to a contract issued to a religious employer. The list of covered services should omit the seven services shown in brackets. The list of exclusions should include the first seven services shown in brackets and omit the last listed exclusion.]*

Covered Services

[Carrier] covers charges for:

- a) [Artificial insemination;]
- b) Assisted hatching;
- c) Diagnosis and diagnostic tests;
- d) [Fresh and frozen embryo transfer;]
- e) [Four completed egg retrievals while covered under the Contractholder's plan and if a live donor is used in the egg retrieval, the medical costs of the donor are covered until the donor is released from treatment by the reproductive endocrinologist;]
- f) [Gamete intrafallopian transfer (GIFT);]
- g) [Zygote intrafallopian transfer (ZIFT);]
- h) [Intracytoplasmic sperm injections;]
- i) [In vitro fertilization, including in vitro fertilization using donor eggs and in vitro fertilization where the embryo is transferred to a gestational carrier or surrogate;]
- j) Medications, including injectable infertility medications;
- k) Ovulation induction; and
- l) Surgery, including microsurgical sperm aspiration.

Exclusions

[Carrier] does not cover charges for:

- a) [Artificial insemination;]
- b) [Egg retrieval;]
- c) [Fresh and frozen embryo transfer;]
- d) [Gamete intrafallopian transfer (GIFT);]
- e) [Zygote intrafallopian transfer (ZIFT);]
- f) [Intracytoplasmic sperm injections;]
- g) [In vitro fertilization]

- h) Reversal of voluntary sterilization;
- i) Medical services provided to a surrogate who is not covered under the Policy;
- j) Costs associated with cryopreservation and storage of sperm, eggs and embryos;
- k) Nonmedical costs of an egg or sperm donor;
- l) Infertility treatments that are experimental or investigational;
- m) Ovulation kits and sperm testing kits and supplies;
- n) [In vitro fertilization, gamete intrafallopian tube transfer, and zygote intrafallopian tube transfer for persons who:
 - 1. have not used all reasonable less expensive and medically appropriate treatments for infertility,
 - 2. have exceeded four completed egg retrievals while covered under the Policyholder's plan; or
 - 3. are 46 years of age or older.]

3. The Non-Covered Services and Supplies provision is amended to replace the exclusion services or supplies furnished in connection with any procedures to enhance fertility with the following:

Services and supplies to treat *infertility*, except as otherwise covered in the Diagnosis and Treatment of Infertility section. See also the separate Exclusion addressing sterilization reversal.

[Text to be included when issued with HMO-POS Plans]

1. The Outpatient Services section of the COVERED SERVICES AND SUPPLIES APPLICABLE TO [NETWORK] SERVICES AND SUPPLIES

provision is amended to delete the item addressing Procedures and Prescription Drugs to enhance fertility.

2. The COVERED SERVICES & SUPPLIES provision is expanded to include the following section specifying coverage for the diagnosis and treatment of infertility.

Diagnosis and Treatment of Infertility

As used in this provision, infertility means a disease or condition that results in the abnormal function of the reproductive system such that:

- a) A male is unable to impregnate a female;
- b) A female under 35 years of age is unable to conceive after two years of unprotected sexual intercourse;
- c) A female 35 years of age or older is unable to conceive after one year of unprotected sexual intercourse;
- d) The male or female is medically sterile; or
- e) The female is unable to carry a pregnancy to live birth.

Infertility does not include voluntary sterilization, regardless of any attempts to reverse the sterilization.

[The Contractholder is a religious employer. The services that are not covered are listed in Exclusions section of this Rider.] *[Note to carriers: Include this sentence when the rider is attached to a contract issued to a religious employer. The list of covered services should omit the seven services shown in brackets. The list of exclusions should include the first seven services shown in brackets and omit the last listed exclusion.]*

Covered Services

[Carrier] covers charges for:

- a) [Artificial insemination;]
- b) Assisted hatching;
- c) Diagnosis and diagnostic tests;
- d) [Fresh and frozen embryo transfer;]
- e) [Four completed egg retrievals while covered under the Contractholder's plan and if a live donor is used in the egg retrieval, the medical costs of the donor are covered until the donor is released from treatment by the reproductive endocrinologist;]
- f) [Gamete intrafallopian transfer (GIFT);]
- g) [Zygote intrafallopian transfer (ZIFT);]
- h) [Intracytoplasmic sperm injections;]
- i) [In vitro fertilization, including in vitro fertilization using donor eggs and in vitro fertilization where the embryo is transferred to a gestational carrier or surrogate;]
- j) Medications, including injectable infertility medications;
- k) Ovulation induction; and
- l) Surgery, including microsurgical sperm aspiration.

Exclusions

[Carrier] does not cover charges for:

- a) [Artificial insemination;]
- b) [Egg retrieval;]
- c) [Fresh and frozen embryo transfer;]
- d) [Gamete intrafallopian transfer (GIFT);]
- e) [Zygote intrafallopian transfer (ZIFT);]
- f) [Intracytoplasmic sperm injections;]
- g) [In vitro fertilization]
- h) Reversal of voluntary sterilization;
- i) Medical services provided to a surrogate who is not covered under the Policy;
- j) Costs associated with cryopreservation and storage of sperm, eggs and embryos;
- k) Nonmedical costs of an egg or sperm donor;
- l) Infertility treatments that are experimental or investigational;
- m) Ovulation kits and sperm testing kits and supplies;
- n) [In vitro fertilization, gamete intrafallopian tube transfer, and zygote intrafallopian tube transfer for persons who:

1. have not used all reasonable less expensive and medically appropriate treatments for infertility,
2. have exceeded four completed egg retrievals while covered under the Policyholder's plan; or
3. are 46 years of age or older.]

3. The Fertility Services provision of the COVERED CHARGES WITH SPECIAL LIMITATIONS APPLICABLE TO [NON-NETWORK] BENEFITS section is deleted and replaced with the following section specifying coverage for the diagnosis and treatment of infertility.

Diagnosis and Treatment of Infertility

As used in this provision, infertility means a disease or condition that results in the abnormal function of the reproductive system such that:

- a) A male is unable to impregnate a female;
- b) A female under 35 years of age is unable to conceive after two years of unprotected sexual intercourse;
- c) A female 35 years of age or older is unable to conceive after one year of unprotected sexual intercourse;
- d) The male or female is medically sterile; or
- e) The female is unable to carry a pregnancy to live birth.

Infertility does not include voluntary sterilization, regardless of any attempts to reverse the sterilization.

[The Contractholder is a religious employer. The services that are not covered are listed in Exclusions section of this Rider.] *[Note to carriers: Include this sentence when the rider is attached to a contract issued to a religious employer. The list of covered services should omit the seven services shown in brackets. The list of exclusions should include the first seven services shown in brackets and omit the last listed exclusion.]*

Covered Services

[Carrier] covers charges for:

- a) [Artificial insemination;]
- b) Assisted hatching;
- c) Diagnosis and diagnostic tests;
- d) [Fresh and frozen embryo transfer;]
- e) [Four completed egg retrievals while covered under the Contractholder's plan and if a live donor is used in the egg retrieval, the medical costs of the donor are covered until the donor is released from treatment by the reproductive endocrinologist;]
- f) [Gamete intrafallopian transfer (GIFT);]
- g) [Zygote intrafallopian transfer (ZIFT);]
- h) [Intracytoplasmic sperm injections;]

- i) [In vitro fertilization, including in vitro fertilization using donor eggs and in vitro fertilization where the embryo is transferred to a gestational carrier or surrogate;]
- j) Medications, including injectable infertility medications;
- k) Ovulation induction; and
- l) Surgery, including microsurgical sperm aspiration.

Exclusions

[Carrier] does not cover charges for:

- a) [Artificial insemination;]
- b) [Egg retrieval;]
- c) [Fresh and frozen embryo transfer;]
- d) [Gamete intrafallopian transfer (GIFT);]
- e) [Zygote intrafallopian transfer (ZIFT);]
- f) [Intracytoplasmic sperm injections;]
- g) [In vitro fertilization]
- h) Reversal of voluntary sterilization;
- i) Medical services provided to a surrogate who is not covered under the Policy;
- j) Costs associated with cryopreservation and storage of sperm, eggs and embryos;
- k) Nonmedical costs of an egg or sperm donor;
- l) Infertility treatments that are experimental or investigational;
- m) Ovulation kits and sperm testing kits and supplies;
- n) [In vitro fertilization, gamete intrafallopian tube transfer, and zygote intrafallopian tube transfer for persons who:
 - 1. have not used all reasonable less expensive and medically appropriate treatments for infertility,
 - 2. have exceeded four completed egg retrievals while covered under the Policyholder's plan; or
 - 3. are 46 years of age or older.]

4. The NON-COVERED SERVICES AND SUPPLIES AND NON-COVERED CHARGES provision is amended to replace the exclusion services or supplies furnished in connection with any procedures to enhance fertility with the following:

Services and supplies to treat *infertility*, except as otherwise covered in the Diagnosis and Treatment of Infertility section. See also the separate Exclusion addressing sterilization reversal.