Infertility Medications Rider

Your *Certificate of Coverage* is amended as described in this document. This Rider becomes a part of your Contract and is subject to all provisions. Please refer to all sections of your Contract, including your *Outline of Coverage*, for guidelines on coverage and Cost-Sharing details.

1. Covered Services

The chapter in your Certificate entitled "Covered Services" is hereby amended.

The following covered language is ADDED:

Infertility Medications

We cover up to four months of medications per Plan Year to treat Members with infertility when you attempt to conceive through natural means and not by:

- insemination (intravaginal, intracervical, and intrauterine);
- in vitro fertilization;
- embryo transplantation;
- gamete intrafallopian transfer;
- zygote intrafallopian transfer; or
- any variations of these procedures.

2. General Exclusions

The chapter in your Certificate entitled "General Exclusions" is hereby amended.

The following exclusion is STRICKEN:

Infertility services. This includes, but is not limited to:

- medications for treatment of infertility such as Clomid, Clomiphene, Serophene, Bravelle, Gonal-F, Follistim AQ, Novarel, Ovidrel, Pregnyl, Profasi and Repronex when used for treatment of infertility; and
- surgical, radiological, pathological or laboratory procedures leading to or in connection with (for example):
  - insemination (intravaginal, intracervical, and intrauterine);
  - in vitro fertilization, embryo transplantation and gamete intrafallopian transfer (GIFT);
  - zygote intrafallopian transfer (ZIFT); and
  - any variations of these procedures, including costs associated with collection, washing, preparation or storage of sperm for insemination including donor fees, cryopreservation of donor sperm and eggs.

  Note: This exclusion does not apply to the evaluation to determine if and why a couple is infertile.

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  - zygote intrafallopian transfer (ZIFT); and
  - any variations of these procedures, including costs associated with collection, washing, preparation or storage of sperm for insemination including donor fees, cryopreservation of donor sperm and eggs.

  Note: This exclusion does not apply to the evaluation to determine if and why a couple is infertile.

3. Summary

Therefore, the following services are eligible for benefits and subject to the terms and conditions of your Contract, including the guidelines for coverage under your Plan:

- medications for treatment of infertility such as Clomid, Clomiphene, Serophene, Bravelle, Gonal-F, Follistim AQ, Novarel, Ovidrel, Pregnyl, Profasi and Repronex when used for treatment of infertility.



Beth Roberts
President and CEO