



Fletcher Allen Preferred Medical Plan Amendment to Summary Plan Document January 2008

This document is an amendment to your Summary Plan Document (medical plan benefits booklet). It outlines changes in benefits effective January 1, 2008. Please insert it into your copy of the booklet for future reference.

Covered Services:

Infertility Treatment

- ◆ Artificial Insemination with donor sperm (AI)
- ◆ Intrauterine Insemination (IUI)
- ◆ Oocyte stimulation and retrieval
- ◆ Assisted Hatching
- ◆ In Vitro Fertilization (IVF), including donor oocyte fertilization, up to 4 cycles*
- ◆ Intracytoplasmic sperm injection (ICSI)
- ◆ Pharmaceuticals associated with a covered service
- ◆ Preimplantation genetic diagnosis (PGD) for single cell disorders
- ◆ Oocyte and sperm storage

Eligibility:

1. Female age less than 42nd birthday at time of service (exception: age less than 50 for drugs and donor gamete)
2. Infertility diagnosis established.

Limitations:

1. Medical Services must be provided by Fletcher Allen Health Care.
2. Medical services are subject to a 50% co-insurance and a lifetime maximum benefit of \$15,000.
3. Pharmacy benefits will be managed by Cigna RX and are subject to an annual maximum benefit of 50% of the cost up to \$2,000 (separate from medical charges).

Exclusions:

- GIFT (Gamete Intrafallopian Transfer)
- ZIFT (Zygote Intrafallopian Transfer)

*Must be done according to American Society for Reproductive Medicine (ASRM) guidelines for number of embryos transferred.