

Aetna Life Insurance Company

Hartford, Connecticut 06156

Amendment (GR-9N-CR1)

Policyholder:

NORTHWESTERN UNIVERSITY POSTDOCTORAL
FELLOW BENEFIT PROGRAM

Group Policy No.:

GP-836990

Effective Date:

This Amendment is effective on the later of:

JANUARY 1, 2011; or

The date you become covered under the Policy.

The group policy specified above has been amended. The following summarizes the changes in the group policy, and the Certificate of Insurance describing the policy terms is amended accordingly. This amendment is effective on the date shown above. It applies to group policies providing medical coverage issued by Aetna Life Insurance Company in the State of Illinois.

The following benefit has been added to your Certificate of Insurance. It applies unless its effect is to provide a lesser benefit or coverage than that already provided in the Certificate of Insurance.

Keep this Certificate Amendment with your Certificate at all times.

The following section entitled, "Infertility Treatment Expenses" has been revised in the Medical section of your Certificate of Insurance:

Infertility Treatment Expenses

Even though not incurred for treatment of a **disease** or **injury**, **Covered Medical Expenses** will include expenses incurred for the diagnosis and treatment of **infertility**, including prescription drug therapy, if the following tests are met:

- There exists a medical condition that:
 - is a demonstrated cause of infertility; and
 - has been diagnosed by a **physician** or infertility specialist; and
 - is not caused by voluntary sterilization except in the event a voluntary sterilization is successfully reversed; or
- The covered female has been unable to conceive after one year without the use of any process, device or method that prevents conception or to sustain a successful pregnancy. However, a covered female is considered to be infertile without having to engage in one year without the use of any process, device or method that prevents conception, if the covered female's **physician** determines that:
 - a) a medical condition exists that renders conception impossible without the use of any process, device or method that prevents conception, including but not limited to, congenital absence of the uterus or ovaries, absence of the uterus or ovaries due to surgical removal due to a medical condition, or involuntary sterilization due to chemotherapy or radiation treatments; or
 - b) efforts to conceive as a result of one year of medically based and supervised methods of conception, including artificial insemination, have failed and are not likely to lead to a successful pregnancy.

For treatments that include oocyte (egg) retrieval, the covered female has been unable to attain a successful pregnancy through less costly treatment for which coverage is available under this Plan.

Treatment of **infertility** includes, but is not limited to, the following procedures:

- artificial insemination;
- uterine embryo lavage;
- embryo transfer;
- low tubal ovum transfer.
- in vitro fertilization;
- gamete intrafallopian tube transfer (GIFT);
- zygote intrafallopian tube transfer (ZIFT); or
- intracytoplasmic sperm injection (ICSI).

For treatments that include egg retrieval, benefits will not be paid for more than four completed egg retrievals per lifetime. However, if a live birth follows a completed egg retrieval, two additional egg retrievals will be covered. Following the final covered egg retrieval, only one procedure to transfer the egg or sperm to the covered female recipient will be covered.

Covered Medical Expenses also include the medical expenses of a known donor to retrieve eggs or sperm. If an egg donor is used, the completed egg retrieval performed on the donor will count against the covered female recipient as one completed egg retrieval for the purposes of the lifetime maximum.

One completed egg retrieval could result in many IVF, GIFT, ZIFT, or ICSI procedures. There is no limit on the number of procedures, including less invasive procedures such as artificial insemination, until the final covered egg retrieval is completed.

Benefits are payable for expenses incurred for the diagnosis and treatment of **infertility** on the same basis as for **illness**.

Not covered are charges for:

- Reversal of voluntary sterilization;
- Non-medical costs of an egg or sperm donor;
- Cryo preservation or storage of sperm, eggs, or embryos, however, subsequent non-experimental or non-investigational procedures that make use of cryo preserved sperm, eggs, or embryos are covered;
- Selected termination of an embryo, unless the life of the mother would be in danger if all embryos were carried to full term;
- Services given to a surrogate (however, this does not apply to procedures to obtain eggs, sperm or embryos from a covered female if she chooses to use a surrogate);
- Travel costs for travel within 100 miles of the covered female's home address, unless such travel was required by Aetna;
- Non-medically necessary travel costs;
- Travel costs not required by **Aetna**;
- Infertility treatment for covered dependents under the age of 18.
- Services for couples in which one of the partners has had a previous voluntary sterilization procedure, however, in the event a voluntary sterilization is successfully reversed, infertility benefits shall be available;
- Experimental infertility treatments (however, where infertility treatment includes elements that are not experimental along with those that are experimental, to the extent services may be delineated and separately charged, those services that are not experimental are covered).



Mark T. Bertolini
Chairman, Chief Executive Officer and President

Aetna Life Insurance Company
(A Stock Company)

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