

Inpatient Hospital Expense incurred by the mother for delivery of a child will not include charges for routine well-baby nursery care of the newborn child during the mother's Hospital Admission for the delivery. These charges will be considered Inpatient Hospital Expense of the child and will be and subject to Section C, including but not limited to coinsurance and benefit maximums.

If the mother or newborn is discharged before the minimum hours of coverage, We will provide coverage for postdelivery care for the mother and newborn. The Postdelivery Care may be provided at the mother's home, a health care Provider's office, or a health care facility.

"Postdelivery Care" means postpartum health care services provided in accordance with accepted maternal and neonatal physical assessments. The term includes (1) parent education, (2) assistance and training in breast-feeding, bottle feeding, and (3) the performance of any necessary and appropriate clinical tests.

2. In Vitro Fertilization Services

- a. If the Employer has accepted the offer of coverage for in vitro fertilization services, benefits for Medical-Surgical Expense will be the same as are available for Maternity Care, provided all of the following requirements are met:
 - (1) The patient is a married Participant;
 - (2) The fertilization or attempt at fertilization is made only with the sperm of the Participant's husband;
 - (3) The Participant and her husband have a history of infertility of at least five continuous years duration or the infertility is associated with one or more of the following conditions: (a) endometriosis; (b) exposure in utero to diethylstilbestrol (DES); (c) blockage of or surgical removal of one or both fallopian tubes; or (d) oligospermia;
 - (4) The Participant has been unable to obtain a successful pregnancy through any less costly applicable infertility treatment which is covered under the Contract; and
 - (5) The in vitro fertilization procedures are performed in a facility licensed and approved to provide in vitro fertilization services under the appropriate state authority, if any.
- b. No benefits for in vitro fertilization services are available if:
 - (1) The Schedule indicates In Vitro Fertilization Services not covered;
 - (2) Any condition contained in (1) through (5) of paragraph a is not complied with;
 - (3) The Employer has rejected the offer of benefits for in vitro fertilization services;
 - (4) The services or supplies are for Inpatient Hospital Expense.

3. Treatment of Chemical Dependency

- a. Subject to Paragraph b, below, benefits for Eligible Expenses incurred for the Medically Necessary treatment of Chemical Dependency will be the same as for treatment of any other sickness as provided in Sections B, C, D and E. Mental Health Care provided as part of a series of treatments for the Medically Necessary treatment of Chemical Dependency is considered treatment of Chemical Dependency. Mental Health Care after completion of or before commencement of a series of treatments is considered Mental Health Care.
- b. Coverage for Chemical Dependency is limited to a maximum of three separate series of treatments for each Participant. We may use guidelines adopted by the Texas Department of Insurance pursuant to Article 3.51-9, Section 2A(d), *Texas Insurance Code*, to administer benefits for treatment of Chemical Dependency. Inpatient treatment of Chemical Dependency must be provided in a Substance Abuse Facility.