

## Family Planning Services Rider

The Certificate is amended as follows. If there is any conflict between the Certificate and this Rider, this Rider shall prevail. The effective date of this Rider is the date shown on the Contract.

**Ethical and Religious Directives:** ADVANTAGE Health Solutions, Inc.<sup>sm</sup> (ADVANTAGE) is an institution operated in accordance with The Ethical and Religious Directives for Catholic Health Care Services, as approved by the National Conference of Catholic Bishops. ADVANTAGE shall not be required to provide, and no provision of a Policy shall be construed so as to require it to provide, services that are inconsistent with the medical ethics or precepts of the Catholic Church.

**Family Planning Services** means:

1. birth control drugs that require a prescription
2. birth control devices that require a prescription, including the removal of such devices; and
3. voluntary sterilization

### FAMILY PLANNING SERVICES

ADVANTAGE is owned by Catholic organizations. Because of this, ADVANTAGE cannot provide services that are not in accord with the Ethical and Religious Directives. Coverage for Family Planning services will be provided and claims will be administered through a 100% reinsurance program through:

Cyrca Insurance Management  
303 Congressional Blvd.  
Carmel, IN 46032  
1-800-510-0225

20% coinsurance up to \$2,500 lifetime maximum for all Family Planning Services except for prescription drugs for birth control. Prescription drugs for birth control are excluded from the lifetime maximum. The applicable copayment for prescription drugs for birth control is equal to the amount of the outpatient prescription drug copayment stated in the Certificate if member is entitled to pharmacy benefits.

### EXCLUSIONS

1. Abortion, except when the life of the mother would be endangered if the fetus were carried to term.
2. Birth control drugs or devices that do not require a prescription. For example:
  - a. condoms; and
  - b. foams, jellies, or creams used to kill sperm.
3. Oral and injectable drugs which are used primarily for the purpose of treating infertility. (For example, Clomid, Metrodin, and Pergonal.)
4. Cryopreservation of ova, sperm, or fertilized eggs.
5. Any procedure which involves destroying human embryos.
6. Artificial insemination, except by the covered person's spouse.

7. Gamete Intrafallopian Transfer (GIFT), Zygote Intrafallopian Transfer (ZIFT), or in-vitro or in-vivo fertilization.
8. Use of a surrogate for any reason.
9. Treatment for infertility.
10. Oral drugs for the treatment of impotence.