

Maternity Benefits

Eligible health services include prenatal and postpartum care and obstetrical services.

- **Delivery**
 - **Pre-Certification**
 - After your child is born, eligible health services include:
 - 48 hours of inpatient care in a hospital after a vaginal delivery
 - 96 hours of inpatient care in a hospital after a cesarean delivery
 - A shorter stay, if the attending physician, with the consent of the mother, discharges the mother or newborn earlier.
 - The mother could be discharged earlier. If so, the plan will pay for 1 post-delivery visit by a health care provider.
 - A provider is not required to obtain authorization from the Plan or the issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).
 - **Hospital**
 - The covered member is responsible for verifying if the in-network OBGYN utilizes an in-network facility for delivery. If the delivering hospital does not participate in the network, coverage may be subject to the out-of-network benefit.
 - Delivery in a Birthing Center and/or the use of a Midwife are considered exclusions on the Plan and will not be covered.
- **Ultrasounds**
 - The Plan will cover one routine sonogram/ultrasound for the entire pregnancy. The initial sonogram/ultrasound to confirm pregnancy does not apply towards the one routine sonogram/ultrasound. Additional routine sonograms/ultrasounds or screenings are not covered by the Plan unless the patient is over 35 years of age, or the pregnancy is considered high risk (a high-risk pregnancy includes birth of multiples).
- **Breast Pumps**
 - Benefits for breast pumps include the cost to purchase a manual or electric breast pump. Benefit is limited to one breast pump per pregnancy in conjunction with childbirth. For breast pump reimbursement, the breast pump must be purchased within 60 days of the date of birth and the receipt must be submitted to the Benefits Department within 180 days from the date of birth. The taxes and supplies related to the purchase of a breast pump are not reimbursable.
 - A rental is limited to no more than 12 months from the date of birth of the child and must begin within 60 days of birth.
- **Prenatal Vitamins**
 - Prenatal vitamins are covered during the duration of pregnancy. These receipts can be submitted to the Benefits Department for reimbursement.
- **Lactation Counseling**
 - One lactation counseling class is covered at 100% when provided by an in-network provider through First Health Complementary. There is no referral required.
- **Post-Partum Counseling**
 - Maternal depression screening for mothers of infants at 1, 2, 4, and 6-month visits is covered at 100% when provided by an in-network provider.
- **Well Newborn Nursery Care**
 - Routine well newborn nursery care is care while the newborn is Hospital-confined after birth and includes room, board, and other normal care for which a hospital makes a charge.
 - **Routine Nursery/Physician Care**
 - Charges for Inpatient hospital services for routine nursery care of a newborn will be waived for preventive and routine well newborn charges when initial stay is 0-4 days depending on vaginal or cesarean delivery.
 - Routine nursery care does not include treatment or evaluation for medical or surgical reasons during or after the mother's maternity confinement. In the event the newborn requires such treatment or evaluation while covered under the Plan:

- The newborn will be considered as a Covered person in its own right and will be entitled to the same Benefits as any other Covered Person under the Plan; and
- A separate deductible and any additional out of pocket expenses will apply to the newborn's Hospital confinement.
- Circumcisions are covered if performed on newborn prior to discharge from Hospital.
- Benefit is subject to UCR charges, or the negotiated rate, whichever is applicable.