Maternity Care

2024 Blue Cross and Blue Shield Service Benefit Plan - FEP Blue Focus
Section 5(a). Medical Services and Supplies Provided by Physicians and Other Healthcare Professionals
Maternity Care

Note: We state whether or not the calendar year deductible applies for each benefit listed in this section.

Benefit Description

Maternity Care
We encourage you to notify us of your pregnancy during the first trimester, see Section 3.

Maternity (obstetrical) care including related conditions resulting in childbirth or miscarriage, such as:

- Prenatal and postpartum care (including ultrasound, laboratory, and diagnostic tests)
  Note: We cover up to 8 visits per year in full to treat depression associated with pregnancy (i.e., depression during pregnancy, postpartum depression, or both) when you use a Preferred provider. See Section 5(e) for our coverage and benefits for additional mental health services.
- Delivery
- Assistant surgeons/surgical assistance if required because of the complexity of the delivery
- Anesthesia (including acupuncture) when requested by the attending physician and performed by a certified registered nurse anesthetist (CRNA) or a physician other than the operating physician (surgeon) or the assistant
- Tocolytic therapy and related services when provided on an inpatient basis during a covered hospital admission or during a covered observation stay
- Breastfeeding education and individual coaching on breastfeeding by healthcare providers such as physicians, physician assistants, midwives, nurse practitioners/clinical specialists, and lactation consultants
  Note: See below for our coverage of breast pump kits.
- Home nursing visits (skilled), subject to visit limitation stated later in this section

Notes:

- See earlier in this section for our coverage of nutritional counseling.
- Maternity care benefits are not provided for prescription drugs required during pregnancy, except as recommended under the Affordable Care Act. See Section 5(f) for other prescription drug coverage.

Here are some things to keep in mind:

- You do not need to precertify your delivery; see Section 3 for other circumstances, such as *extended* stays for you or your newborn.
- You may remain in the hospital up to 48 hours after a vaginal delivery and 96 hours after a cesarean delivery. We will cover an *extended* stay if medically necessary.

10/11/23 correction - red text added

- We cover routine nursery care of the newborn when performed during the covered portion of the mother's maternity stay and billed by the facility. We cover other care of a newborn who requires professional services or non-routine treatment, only if we cover the newborn under a Self Plus One or Self and Family enrollment. Surgical benefits apply to circumcision when billed by a professional provider for a male newborn.
- Hospital services are listed in Section 5(c) and Surgical benefits are in Section 5(b).
- See Section 10 for our allowance for inpatient stays resulting from an emergency delivery at a hospital or other facility not contracted with your Local Plan.
- When a newborn requires definitive treatment during or after the mother's confinement, the newborn is considered a patient in their own right. Regular medical or surgical benefits apply rather than maternity benefits.
- See Section 5(b) for our payment levels for circumcision.

You Pay
Preferred: Nothing (no deductible)

Note: For Preferred facility care related to maternity, including care at Preferred birthing facilities, your responsibility for covered facility care is limited to $1,500 per pregnancy. See Section 5(c).

Non-preferred (Participating/Non-participating): You pay all charges

Note: When care is provided by a Non-preferred laboratory and/or radiologist, as stated in Section 3 for an exception, you pay:

- Participating laboratories or radiologists: Nothing (no deductible)
- Non-participating laboratories or radiologists: The difference between our allowance and the billed amount (no deductible)

Benefit Description

- Breast pump limited to one per calendar year for members who are pregnant and/or nursing
- Blood pressure monitor, limited to one every two years

Note: Benefits for the breast pump, milk storage bags, and blood pressure monitors are only available when you order them through our fulfillment vendor by visiting www.fepblue.org/maternity or calling 1-800-411-2583. Milk storage bags will be included with your breast pump.

You Pay
Nothing

Benefit Description

Not covered:

- *Procedures, services, drugs, and supplies related to abortions except when the life of the mother would be endangered if the fetus were carried to term or when the pregnancy is the result of an act of rape or incest*
- *Childbirth preparation, Lamaze, and other birthing/parenting classes*
- *Breast pumps and milk storage bags except as previously described*
- *Breastfeeding supplies other than those contained in the breast pump kit described previously including clothing (e.g., nursing bras), baby bottles, or items for personal comfort or*

convenience (e.g., nursing pads)

- *Tocolytic therapy and related services except as previouslydescribed*
- *Maternity care for members not enrolled in the Service Benefit Plan*

You Pay
All charges