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
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Benefit Description

Maternity Care (cont.)

- 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 previously described*
- *Maternity care for members not enrolled in the Service Benefit Plan*

You Pay
All charges

Benefit Description

Family Planning
A range of voluntary family planning services for women, limited to:

- Contraceptive counseling
- Diaphragms and contraceptive rings
- Injectable contraceptives
- Intrauterine devices (IUDs)
- Implantable contraceptives
- Tubal ligation or tubal occlusion/tubal blocking procedures only

You Pay
Preferred: Nothing (no deductible)

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

Family Planning - continued on next page

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