



MATERNITY RIDER

BENEFITS AND SERVICES

MATERNITY SERVICES

- All maternity charges are subject to a \$1,000 calendar year deductible, and are then subject to 20% coinsurance (no maximum). A ten (10) month waiting period will apply before any member is eligible for benefits or coverage under this rider. This means maternity coverage will NOT be available for the first 10 months (starting on the effective date of the policy) of coverage.
- All services must be performed by a participating provider.
- Coverage will NOT be provided, in the case of an emergency at a non participating hospital after the 34th week of pregnancy.

Multiple services delivered during Your pregnancy may be billed by Your Provider as one global code. The global billing may cover both outpatient services (prenatal and/or postnatal care) and inpatient delivery services. This is the standard billing practice established by the Department of Health and Human Services for Physicians and other health care professionals. When outpatient services are included in the global billing code, along with inpatient services, Deductibles and Copayments will be calculated based on Your inpatient benefits.

Physicians Plus will cover Medically Indicated Maternity Services for: prenatal and postnatal care provided in a hospital and/or a office visit setting (when billed separately and not part of a global code, the office visit Copayment is waived for normal and high risk office visits for Maternity Care); normal deliveries; ectopic pregnancies; Medically Indicated cesarean sections; anesthesia; and miscarriages.

Physicians Plus will not cover: services in the first 10 months of coverage; services with a non participating provider; services that are not Medically Indicated; cesarean sections that are not Medically Indicated; inpatient services requiring Prior Authorization that were not Prior Authorized by Physicians Plus; labor and delivery services outside of the Service Area or any services with a non-Participating Provider, Clinic, Hospital or Facility; Clinic, Hospital or Facility charges or services after the 34th week of pregnancy; services provided in a standalone birth or birthing center (this does NOT include birthing centers at a hospital/facility); termination of pregnancy when it does not meet the Physicians Plus criteria as outlined in this Policy; any services related to surrogate mother services.

STATEMENT OF RIGHTS UNDER THE NEWBORNS' AND MOTHERS' HEALTH

PROTECTION ACT OF 1996: Inpatient care for the insured mother and the insured newborn child will be covered for at least 48 hours following a vaginal delivery and at least 96 hours following a cesarean section. However, federal law does not prohibit the mother's or the newborn's attending Provider, after consultation with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable).

PRIOR AUTHORIZATIONS: No Prior Authorization is required for the Hospital length of stay required by the Newborns' and Mothers' Health Protection Act of 1996 when the hospitalization is with a Participating Hospital. We do, however, ask that You contact Our Member Service department prior

to Your hospitalization so that We can monitor and coordinate Your care and to help You enroll Your newborn. **PRIOR AUTHORIZATION IS REQUIRED** for any portion of a Hospital stay after the 48 hours (or 96 hours in the case of a cesarean section) and for ANY inpatient services from a Non-Participating Provider.

SPECIAL RULES FOR NEWBORNS

Newborns: Coverage for a newborn of an Eligible Subscriber who is covered under the Policy is effective from the moment of birth.

In the event of a newborn, please submit Your application for coverage of the newborn to Physicians Plus as soon as possible. If more than one insurance Policy will cover the newborn, please notify all applicable plans as soon as possible. If Physicians Plus is obligated to cover a newborn, all requirements of the Policy must be satisfied for services to be covered, including authorizations for inpatient services for the birth of the child.

If coverage of the newborn results in an increased premium, You must submit Your application and the required premiums to Physicians Plus within 60 days. If You do not comply with that 60-day requirement, coverage of the newborn will terminate after that 60 days unless, within one year of the birth, You apply and pay Physicians Plus all back premiums plus interest at a rate of 5.5%. If coverage terminates for the newborn, he/she will be considered a late entrant and must serve a 12-month waiting period.