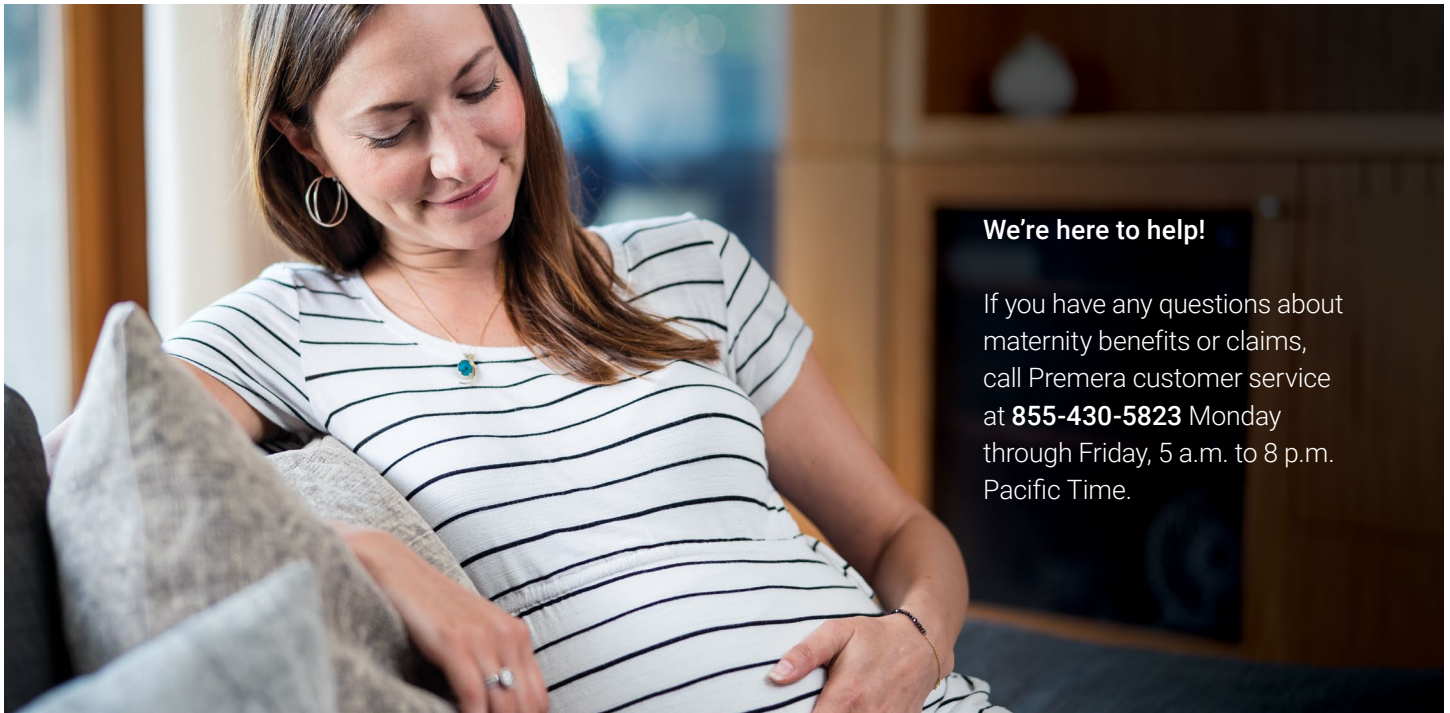


Maternity benefit and family planning tip sheet

Congratulations on your decision to build your family!

We are committed to the health of you and your baby, and we understand that you want your healthcare benefits to be simple and easy to understand and use. We're here to support you and help you get the most from your health plan.



Description of the maternity benefit

Your health plan provides coverage for pregnancy and childbirth for all members and their covered dependents.

Assisted reproduction and infertility

If you're having trouble conceiving, assisted reproduction and infertility benefits, (including in-vitro fertilization and medications), are available and covered by your health plan. Call customer service for benefit details.

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What's covered

Examples of covered services include, but are not limited to, the following when medical necessity and plan requirements are met.

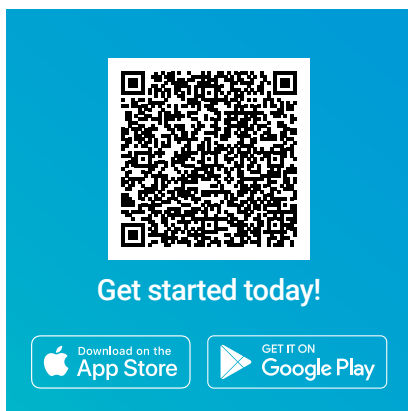
BestBeginnings maternity program

This program helps you navigate your care with our comprehensive app and a personal health support team of clinicians who know your health plan. If you have questions or concerns, or simply want to get more information on a pregnancy-related topic, we can help. Personal health support is recommended for women over age 35 or for those who have a history of multiple births, preterm delivery, miscarriage, or health conditions.

We can also help you after birth with information on lactation, postpartum care, and specialty care.

The BestBeginnings mobile app supports healthy outcomes for moms and babies and includes resources and support tools such as:

- Best-in-class maternity content
- Personalized milestones
- Customizable birth plans
- Alerts on pregnancy-related issues, medications, exercises, and more
- One-touch access to Premera personal health support clinicians, 24-Hour NurseLine, the Find a Doctor tool, and more



Prenatal care

The common prenatal schedule is to see your doctor or midwife every four weeks until you are 28 weeks pregnant. Then visits increase to every two to three weeks until you are 36 weeks pregnant. After that, expect to see your doctor every week until the baby is born.

At these visits, your doctor will check your baby's growth, test your urine to detect any potential problems, and answer your questions.

Pregnancy care is usually billed as a "global bill" after your first visit. This includes most routine prenatal visits, the delivery of your baby, and one postpartum visit (six weeks after your baby is born). You will receive one bill after the delivery. Certain labs, ultrasounds, and hospital costs are billed separately.

* You may be billed for costs exceeding the allowable charges when using an out-of-network provider. Any amounts you pay for services in excess of allowable charges will not count toward satisfying any deductible requirements or out-of-pocket maximums on this plan.

Prenatal care continued

Some pregnancy-related services are not included in the global bill, including ultrasounds, amniocentesis, special screening tests for genetic conditions, visits for unrelated conditions (that might be incidental to pregnancy), or additional visits due to high-risk conditions.

If you switch healthcare professionals during pregnancy, your physician has the option of billing each visit or service separately rather than using global billing.

Is genetic testing covered?

Some women choose to have a genetic test in early pregnancy that has higher sensitivity for certain trisomy disorders (such as Down syndrome). Your provider can help you decide if this test makes sense for you and submit Prior Authorization if required. Premera plans don't cover advertised or mail-order genetic tests.

Health education classes

Benefits are provided for programs and classes including, but not limited to:

- **Childbirth classes, such as Lamaze**
- **Lactation/Breastfeeding** – Comprehensive support and counseling visits from trained providers, as well as access to breastfeeding supplies for pregnant and nursing women

Many of our in-network hospitals and birthing centers offer a variety of covered classes and programs. If you pay for the cost of the class or program, you can submit a claim for reimbursement by signing in to your secure account on premera.com. Or, you can complete and submit the [Claim Reimbursement Form](#) found on the Forms page on premera.com.



Visit premera.com/visitor/care-essentials/pregnancy to discover more about your maternity benefits.

Birth

You have many choices about how and where to have your baby, and it can be a deeply personal decision. Your benefits cover delivery at hospitals, birthing centers, home births, and post-delivery care when determined necessary. Women usually stay in the hospital 48 hours for a vaginal birth and 96 hours for a Cesarean section (C-section) birth. However, if there are any medical issues, a longer hospital stay might be needed.

If you have your baby at a hospital or a birthing center, you will receive a separate bill for any care they provide to you and your baby. These costs are not included in the global billing fee.

Supplies, including birthing pools, may be covered. Review your [benefit book](#) for services or supplies you are interested in.

Breast pumps

Breast pumps are covered under your health plan for one pump per pregnancy. This includes the purchase of a standard electric breast pump, or the rental of a hospital grade pump. When you purchase a breast pump through an in-network provider, there is no cost to you.

Here are a few providers in your network:

- [Pumping Essentials](#)
- [Yummy Mummy](#)
- [Aeroflow Breastpumps](#)
- [Nurturing Expressions](#) (Washington residents only)

This list is subject to change. Please call the provider before purchasing to verify they continue to be a member of the network. Or contact Premera customer service for assistance. If you purchase the breast pump from an out-of-network provider, you are subject to deductible/coinsurance and any amount beyond the allowed amount.

Submit a claim for reimbursement online by signing in to your secure account at [premera.com](#) or submit the receipt along with a [member submitted claim form](#).

Make sure the receipt includes:

- Purchase date
- Price
- Type of item

Which healthcare professionals are covered?

You have several options for pregnancy care before and after birth. Use the Find a Doctor tool at aon.premiera.com to make sure your provider is in your plan's network. A professional must be licensed for your health plan to cover their fees.

Doulas and their services are not covered because doulas are not licensed healthcare providers. Midwife services are covered when the midwife is licensed.

Lactation services are often included during your hospital stay. If you need help after you go home, a lactation consultant can be referred by your baby's pediatrician or your ob-gyn. A lactation consultant is covered only if they are a licensed provider. A doula, for example, would not be covered.

Newborn eligibility for health plan coverage

Your baby is automatically covered for the first three weeks, as long as you are eligible to receive obstetrical care benefits. In order to continue coverage for your newborn beyond the three week window, you must add your baby to your medical plan. Contact customer service at 855-430-5823, Monday through Friday, 5 a.m. to 8 p.m. Pacific Time.

Enroll your newborn within 60 days after birth. If you do not take this step, your newborn will not be covered past the first three weeks, and the next opportunity to enroll for coverage will be during the open enrollment period for the next plan year.



In-network vs. out-of-network providers

Use in-network providers when possible to maximize your benefits

We encourage you to use an in-network provider to help protect yourself against high, unexpected out-of-pocket costs while receiving the highest level of coverage.

To find an in-network provider, or to confirm your current provider is in network, visit aon.premiera.com and use the Find a Doctor tool. Or you can call Premera customer service at 855-430-5823.

Using an out-of-network provider

When you use an out-of-network provider you will pay more out of pocket for care. You may be responsible for the difference between the allowed charge and the provider's billed amount; this is referred to as balance billing.* This does not apply to emergency services.

When using an out-of-network provider, be sure to advocate for yourself. Ask the provider for pricing and any estimated out-of-pocket costs up front. Do not sign private payment forms or else Premera will not be able to assist you with pricing.

*You may be billed for costs exceeding the allowable charges when using an out-of-network provider. Any amounts you pay for services in excess of allowable charges will not count toward satisfying any deductible requirements or out-of-pocket maximums on this plan.

Claims processing and reimbursement

You or your provider will need to complete and submit claim forms to Premera. Claims are processed differently if you are using coordination of benefits (that's where you use another health plan as your primary coverage and want to use your Premera plan as your secondary coverage). You will need to provide either an explanation of benefits (EOB) statement or a denial from your primary health insurance. This will allow Premera to process your claims as your secondary health plan.



Resources

For benefits, eligibility, or claims questions:

Customer service: 855-430-5823

Monday through Friday, 5 a.m. to 8 p.m. Pacific Time.

For claims and preapproval:

By mail to:

PO Box 91059

Seattle, WA 98111-9159

Claims fax: 425-918-5231

Preapproval requests fax: 800-843-1114

Preapproval/care management for providers:

877-342-5258 or online through Availity

For personal health support:

You can request a personal health support clinician to support you through any clinical questions or concerns.

Please call 888-742-1479.

This document represents a summary the Premera maternity benefit. It is not intended to provide a complete description. For full information on your benefits, including any limitations that may apply, please see the official summary plan description (SPD). You can access your SPD by signing in to your secure account at premera.com. Although every effort has been made to ensure information in this document is accurate, the provisions of the official SPD will govern in case of any discrepancy.

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Discrimination is Against the Law

Premera Blue Cross (Premera) complies with applicable Federal and Washington state civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, sex, gender identity, or sexual orientation. Premera does not exclude people or treat them differently because of race, color, national origin, age, disability, sex, gender identity, or sexual orientation. Premera provides free aids and services to people with disabilities to communicate effectively with us, such as qualified sign language interpreters and written information in other formats (large print, audio, accessible electronic formats, other formats). Premera provides free language services to people whose primary language is not English, such as qualified interpreters and information written in other languages. If you need these services, contact the Civil Rights Coordinator. If you believe that Premera has failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, sex, gender identity, or sexual orientation, you can file a grievance with: Civil Rights Coordinator — Complaints and Appeals, PO Box 91102, Seattle, WA 98111, Toll free: 855-332-4535, Fax: 425-918-5592, TTY: 711, Email AppealsDepartmentInquiries@Premera.com. You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at: U.S. Department of Health and Human Services, 200 Independence Ave SW, Room 509F, HHH Building, Washington, D.C. 20201, 1-800-368-1019, 800-537-7697 (TDD). Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>. You can also file a civil rights complaint with the Washington State Office of the Insurance Commissioner, electronically through the Office of the Insurance Commissioner Complaint Portal available at <https://www.insurance.wa.gov/file-complaint-or-check-your-complaint-status>, or by phone at 800-562-6900, 360-586-0241 (TDD). Complaint forms are available at <https://fortress.wa.gov/oic/onlineservices/cc/pub/complaintinformation.aspx>.

Language Assistance

- ATENCIÓN:** si habla español, tiene a su disposición servicios gratuitos de asistencia lingüística. Llame al 800-722-1471 (TTY: 711).
 - 注意:** 如果您使用繁體中文，您可以免費獲得語言援助服務。請致電 800-722-1471 (TTY: 711)。
 - CHÚ Ý:** Nếu bạn nói Tiếng Việt, có các dịch vụ hỗ trợ ngôn ngữ miễn phí dành cho bạn. Gọi số 800-722-1471 (TTY: 711).
 - 주의:** 한국어를 사용하시는 경우, 언어 지원 서비스를 무료로 이용하실 수 있습니다. 800-722-1471 (TTY: 711) 번으로 전화해 주십시오.
 - ВНИМАНИЕ:** Если вы говорите на русском языке, то вам доступны бесплатные услуги перевода. Звоните 800-722-1471 (телетайп: 711).
 - PAUNAWA:** Kung nagsasalita ka ng Tagalog, maaari kang gumamit ng mga serbisyo ng tulong sa wika nang walang bayad. Tumawag sa 800-722-1471 (TTY: 711).
 - УВАГА!** Якщо ви розмовляєте українською мовою, ви можете звернутися до безкоштовної служби мовної підтримки. Телефонуйте за номером 800-722-1471 (телетайп: 711).
 - ប្រយ័ត្ន:** បើសិនជាអ្នកនិយាយ ភាសាខ្មែរ, សេវាជំនួយផ្នែកភាសា ដោយមិនគិតល្អល្អ គឺអាចមានសំរាប់អ្នក។ ចូរ ទូរស័ព្ទ 800-722-1471 (TTY: 711)។
 - 注意事項:** 日本語を話される場合、無料の言語支援をご利用いただけます。800-722-1471 (TTY:711) まで、お電話にてご連絡ください。
 - ማስታወሻ:** የሚናገሩት ቋንቋ አማርኛ ከሆነ የትርጉም እርዳታ ድርጅቶች፣ በነጻ ሊያገለግሉት ተዘጋጅተዋል። ወደ ሚከተለው ቁጥር ይደውሉ 800-722-1471 (መስማት ለተሳናቸው፡ 711)።
 - XIYYEEFFANNA:** Afaan dubbattu Oroomiffa, tajaajjila gargaarsa afaanii, kanfaltiidhaan ala, ni argama. Bilbilaa 800-722-1471 (TTY: 711).
 - ملحوظة:** إذا كنت تتحدث اذكر اللغة، فإن خدمات المساعدة اللغوية تتوافر لك بالمجان. اتصل برقم 800-722-1471 (رقم هاتف الصم والبكم: 711).
 - ਧਿਆਨ ਦਿਓ:** ਜੇ ਤੁਸੀਂ ਪੰਜਾਬੀ ਬੋਲਦੇ ਹੋ, ਤਾਂ ਭਾਸ਼ਾ ਵਿੱਚ ਸਹਾਇਤਾ ਸੇਵਾ ਤੁਹਾਡੇ ਲਈ ਮੁਫਤ ਉਪਲਬਧ ਹੈ। 800-722-1471 (TTY: 711) 'ਤੇ ਕਾਲ ਕਰੋ।
 - ACHTUNG:** Wenn Sie Deutsch sprechen, stehen Ihnen kostenlos sprachliche Hilfsdienstleistungen zur Verfügung. Rufnummer: 800-722-1471 (TTY: 711).
 - ໂປດອຸບ:** ຖ້າວ່າ ທ່ານເວົ້າພາສາ ລາວ, ການບໍລິການຊ່ວຍເຫຼືອດ້ານພາສາ, ໂດຍບໍ່ຄ່າສິ່ງຄ່າ, ຄວນມີພ້ອມໃຫ້ທ່ານ. ໂທ 800-722-1471 (TTY: 711).
 - ATANSYON:** Si w pale Kreyòl Ayisyen, gen sévis èd pou lang ki disponib gratis pou ou. Rele 800-722-1471 (TTY: 711).
 - ATTENTION:** Si vous parlez français, des services d'aide linguistique vous sont proposés gratuitement. Appelez le 800-722-1471 (ATS : 711).
 - UWAGA:** Jeżeli mówisz po polsku, możesz skorzystać z bezpłatnej pomocy językowej. Zadzwoń pod numer 800-722-1471 (TTY: 711).
 - ATENÇÃO:** Se fala português, encontram-se disponíveis serviços linguísticos, grátis. Ligue para 800-722-1471 (TTY: 711).
 - ATTENZIONE:** In caso la lingua parlata sia l'italiano, sono disponibili servizi di assistenza linguistica gratuiti. Chiamare il numero 800-722-1471 (TTY: 711).
- توجه:** اگر به زبان فارسی گفتگو می کنید، تسهیلات زبانی بصورت رایگان برای شما فراهم می باشد. با 800-722-1471 (TTY: 711) تماس بگیرید.