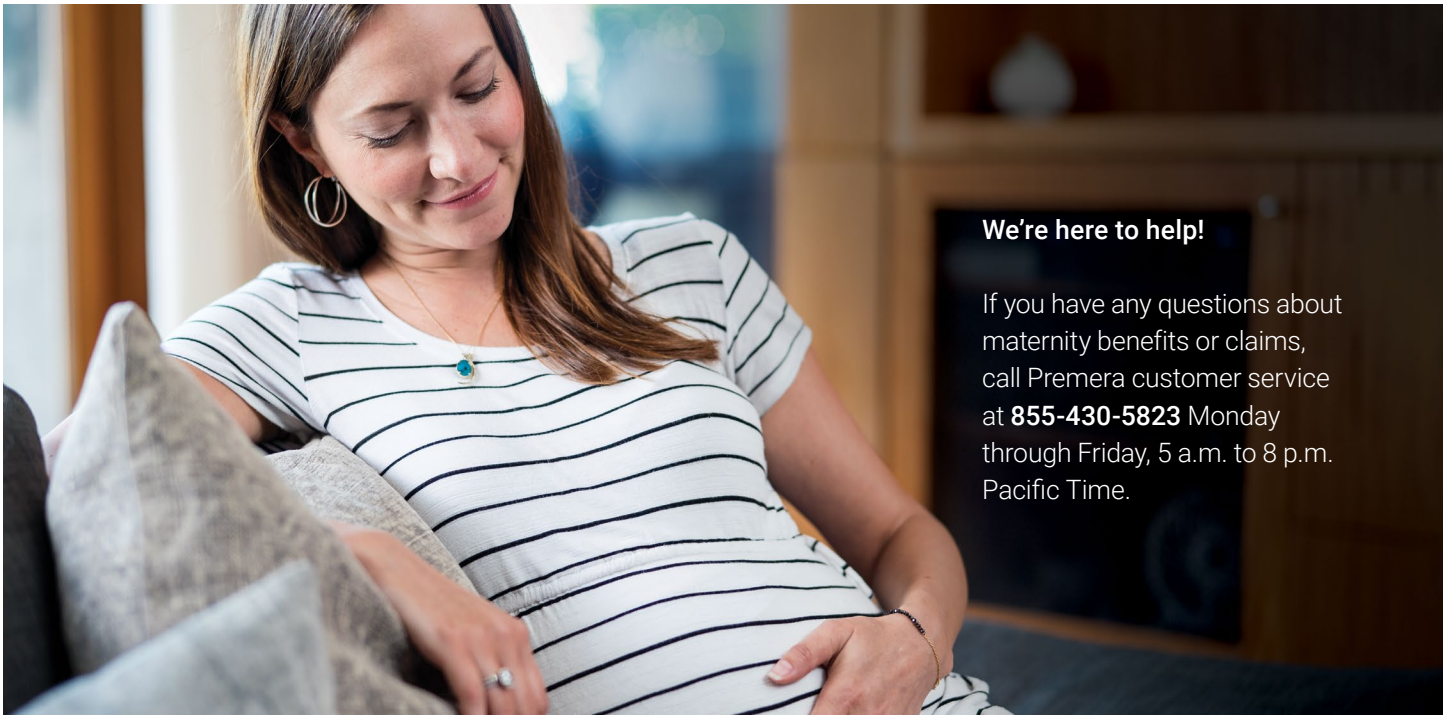
# Maternity benefit and family planning tip sheet

## 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

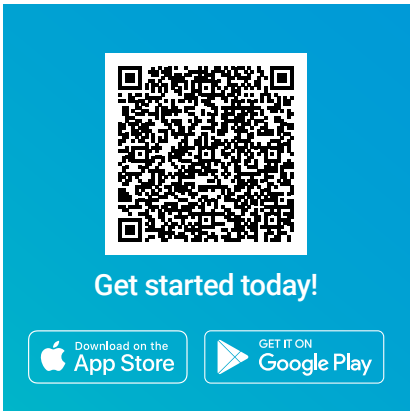
**Examples of covered services include, but are not limited to, the following when medical necessity and plan requirements are met.**

## 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.premera.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.

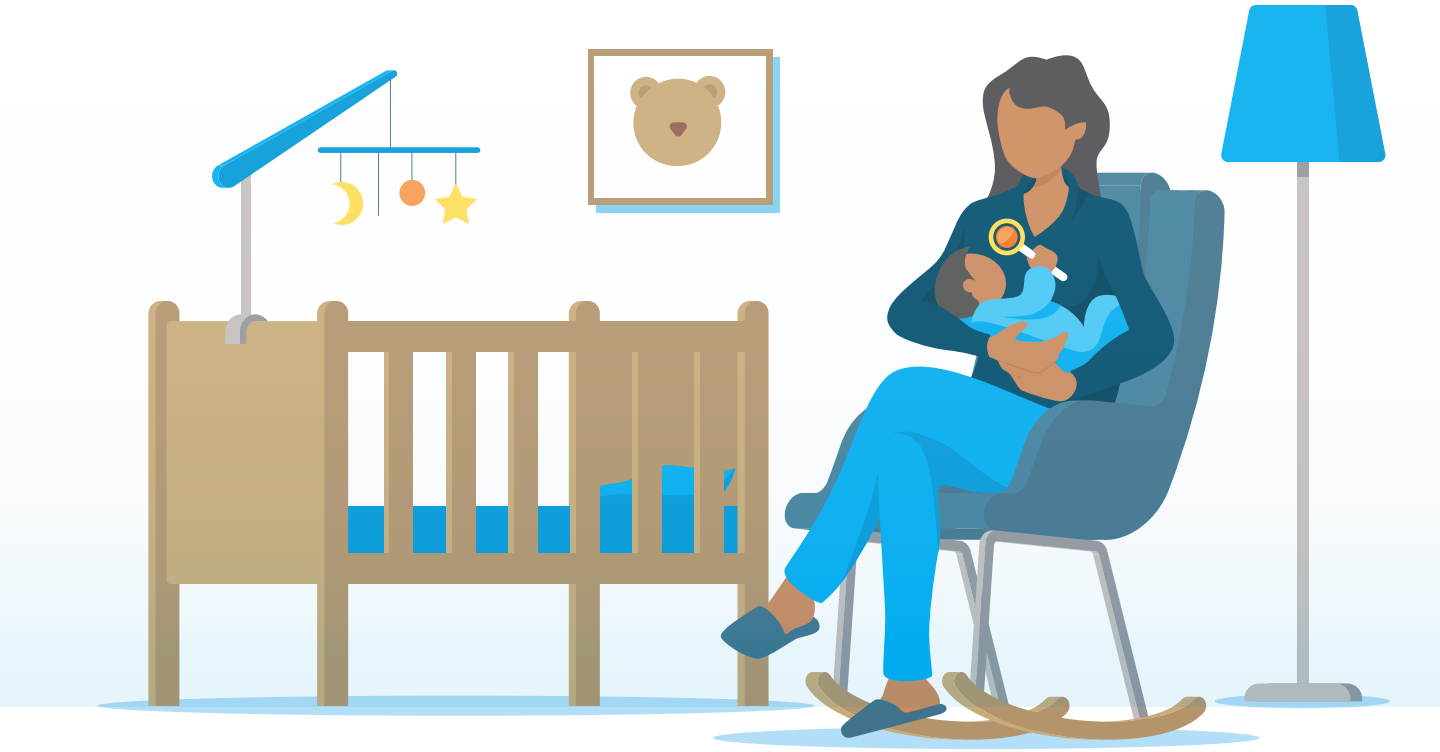
Doulas and their services are not covered because doulas are not licensed healthcare providers. Midwife services are covered when the midwife is licensed.

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.premera.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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