

Cord Blood Storage

Also known as	1. Umbilical cord blood storage						
Description	<p>The charges associated with the private collection and storage of newborn umbilical cord blood for possible personal and exclusive future use. (Cord blood cells may be useful for transplant needs.)</p> <p>Note: There is no charge for collection of cord blood that goes to a national bank for universal use.</p>						
Table of Contents	<p>The following topics are included in this document:</p> <ul style="list-style-type: none">CommercialGovernment ProgramsIndividual and Family Business (IFB)						
Document history	<p>The document history for the past 12 months is outlined below.</p> <table><tr><th>Date</th><th>Description</th></tr><tr><td>5.20.24</td><td>Refreshed for age.</td></tr><tr><td>5.15.24</td><td>Updated to new template.</td></tr></table>	Date	Description	5.20.24	Refreshed for age.	5.15.24	Updated to new template.
Date	Description						
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5.15.24	Updated to new template.						

Commercial

Introduction	This section applies to all Commercial brands: Dean Health Plan (DHP), Mayo Medical Plan (MMP), Medica (including MHPS), and Prevea360.						
Benefits (all except MMP)	Not covered.						
Mayo Medical Plan (MMP)	Not covered.						
Document history	<div>The document history for the past 12 months is outlined below.</div> <table><tr><th>Date</th><th>Description</th></tr><tr><td>5.20.24</td><td>Refreshed for age.</td></tr><tr><td>5.15.24</td><td>Updated to new template.</td></tr></table>	Date	Description	5.20.24	Refreshed for age.	5.15.24	Updated to new template.
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Government Programs

Introduction	This section applies to all Medicaid and Medicare products.						
AccessAbility (SNBC), Minnesota Senior Care Plus (MSC+)	<p>Medicaid only groups:</p> <ul style="list-style-type: none">• See Medicaid below. <p>Medicare eligible groups:</p> <ul style="list-style-type: none">• Not covered.• Follows Medicare guidelines.• Medicare is the primary payer.• If no Medicare eligibility, Medicaid applies. See Medicaid below.						
AccessAbility Enhanced (I-SNBC), DUAL (MSHO)	<p>Not covered.</p> <ul style="list-style-type: none">• Medica is the only payer.						
Cost (Prime)	<p>Not covered.</p> <ul style="list-style-type: none">• Follows Medicare guidelines.						
Med Advantage	<p>Not covered.</p> <ul style="list-style-type: none">• Follows Medicare guidelines.• Medica is the only payer.						
Med Supp (Select, Signature)	<p>Not covered.</p> <ul style="list-style-type: none">• Follows Medicare guidelines.• Medicare supplement.• Medicare is the primary payer.						
Medicaid	Not covered.						
Document history	<p>The document history for the past 12 months is outlined below.</p> <table><tr><th>Date</th><th>Description</th></tr><tr><td>5.20.24</td><td>Refreshed for age.</td></tr><tr><td>5.15.24</td><td>Updated to new template.</td></tr></table>	Date	Description	5.20.24	Refreshed for age.	5.15.24	Updated to new template.
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Individual and Family Business (IFB)

Introduction	This section applies to all Individual and Family Business (IFB) brands: Dean Health Plan (DHP), Medica, Medica (formerly WellFirst), and Prevea360.						
Benefits	Not covered.						
Document history	<div>The document history for the past 12 months is outlined below.</div> <table><tr><th>Date</th><th>Description</th></tr><tr><td>5.20.24</td><td>Refreshed for age.</td></tr><tr><td>5.15.24</td><td>Updated to new template.</td></tr></table>	Date	Description	5.20.24	Refreshed for age.	5.15.24	Updated to new template.
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