

Health Insurance Coverage Summary

****Plan Name:** FamilyCare Gold PPO Plan**

****Member Name:** Jane Doe**

****Group Number:** FC-GOLD-3001**

****Effective Date:** January 1, 2025**

Section 6: Maternity and Pregnancy Care

This section outlines benefits provided for services related to pregnancy, maternity, and postpartum care.

Covered Services

The following maternity-related services are ****covered**** under your FamilyCare Gold PPO Plan:

Prenatal Care

- ****Routine Office Visits:**** Covered at 100% when performed by an in-network provider.
- ****Screenings and Lab Work:**** Includes ultrasounds, glucose testing, and blood panels. Subject to lab services co-pay (\$20).
- ****Genetic Counseling and Testing:**** Covered when medically necessary or if you have a high-risk pregnancy.

Labor and Delivery

- **Hospitalization for Vaginal Delivery:** Covered at 80% after deductible (\$750). Includes labor, delivery, anesthesia, and hospital stay up to 48 hours.
- **Cesarean Delivery:** Covered at 80% after deductible. Hospital stay up to 96 hours included.
- **Midwife Services:** Covered at 80% if performed in a licensed birthing center or in-network hospital.

Birthing Centers

- Covered up to \$5,000 per delivery at accredited centers. Prior authorization required.

Postpartum Care

- **Postnatal Checkups:** One postpartum visit within 60 days of delivery covered at 100%.
- **Mental Health Screening:** One postpartum depression screening within 6 weeks of delivery is covered at 100%.
- **Lactation Consultation:** Up to 6 sessions per calendar year, covered at 100%.
- **Breast Pump:** One electric breast pump per pregnancy, covered at 100% if ordered through an in-network DME provider.

Additional Benefits

Benefit	Coverage	Notes	
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Prenatal Vitamins (Rx)	\$10 co-pay (generic only)	Requires prescription	
High-risk OB/GYN care	80% after deductible	Referral required	
Doula Support	Not covered	May be eligible for reimbursement under FSA	

Home Visits (Postnatal)	Covered (2 visits max)	Within 10 days of delivery; referral required	
NICU Services	80% after deductible	Prior authorization required	

Exclusions and Limitations

The following services are ****not covered**** under this plan:

- Elective home births not attended by a certified midwife or licensed OB-GYN.
- Non-medically necessary ultrasounds (e.g., gender reveal or 3D imaging for keepsake).
- Over-the-counter prenatal supplements without prescription.
- Doula services, childbirth education classes, and hypnobirthing (unless explicitly endorsed by a provider and pre-authorized).
- Surrogacy-related maternity care, unless the member is the legal birth mother.

Prior Authorization Requirements

You must obtain prior authorization for the following services:

- Inpatient hospital stays longer than 48 hours for vaginal delivery or 96 hours for cesarean.
- High-risk maternity services and specialized fetal imaging.
- NICU admission.

Failure to obtain prior authorization may result in a ****denial of claims****.

Frequently Asked Questions (FAQs)

****Q: Do I need to notify the insurance company when I become pregnant?****

A: It is recommended to notify the plan within the first trimester to facilitate care coordination and case management services.

****Q: Are prenatal classes covered?****

A: No, childbirth education classes are not covered unless part of a hospital-sponsored wellness program.

****Q: What if I switch providers mid-pregnancy?****

A: Coverage continues, but ensure your new provider is in-network. Out-of-network services may result in additional costs.

Contact Information

For maternity-related questions or to initiate prior authorization:

- ****Customer Service:**** 1-800-555-1234
- ****Case Management Services:**** 1-800-555-5678
- ****Website:**** [www.familycaregold.com](<http://www.familycaregold.com>)