

This is only a summary. If you want more detail about your coverage and costs, you can get the complete terms in your medical policy. If there is a difference between this summary and your policy, the terms of your policy will apply.

Providers, this summary is for members, to review the terms of your participation agreement, please visit

SITUATION	CHOICE PLUS HSA NETWORK	CHOICE PLUS HSA NON-NETWORK
<p>Includes prenatal care, delivery, postnatal care and any related complications.</p> <p>We will pay Benefits for an Inpatient Stay of at least:</p> <ul style="list-style-type: none"> ● 48 hours for the mother and newborn child following a normal vaginal delivery. ● 96 hours for the mother and newborn child following a cesarean section delivery. <p>These are federally mandated requirements under the Newborns' and Mothers' Health Protection Act of 1996 which apply to this Plan. The Hospital or other provider is not required to get authorization for the time periods stated above. Authorizations are required for longer lengths of stay.</p> <p>If the mother agrees, the attending provider may discharge the mother and/or the newborn child earlier than these minimum time frames.</p>	<p>Same as:</p> <ul style="list-style-type: none"> ● <i>Physician's Office Services – Sickness and Injury</i> ● <i>Physician Fees</i> ● Preventive Care ● Hospital-Inpatient Stay ● <i>Lab, X-ray and Diagnostics – Outpatient</i> ● Therapeutic Treatments - Outpatient 	<p>Same as:</p> <ul style="list-style-type: none"> ● <i>Physician's Office Services – Sickness and Injury</i> ● <i>Physician Fees</i> ● Preventive Care ● Hospital-Inpatient Stay ● <i>Lab, X-ray and Diagnostics – Outpatient</i> ● Therapeutic Treatments - Outpatient <p>Prior Authorization Required</p> <p>Please remember that for Benefits you must obtain prior authorization as soon as reasonably possible if the Inpatient Stay for the mother and/or the newborn will be more than the time frames described.</p>

<p>Both before and during a Pregnancy, Benefits include the services of a genetic counselor when provided or referred by a Physician. These Benefits are available to all Covered Persons in the immediate family. Covered Health Services include related tests and treatment.</p> <p>The following services are not covered:</p> <ul style="list-style-type: none"> • Services provided by a doula (labor aide); • Parenting, pre-natal or birthing classes; 		
	Not Applicable	
	Covered same as Pregnancy - Maternity Services and Newborn Care sections above.	Covered same as Pregnancy - Maternity Services and Newborn Care sections above.
	Covered same as Pregnancy - Maternity Services and Newborn Care sections above.	Covered same as Pregnancy - Maternity Services and Newborn Care sections above.
	<p>A healthy pregnancy is the first step to a healthy baby and mom. The Healthy Pregnancy Program provides pregnancy consultation to identify special needs, written and on-line educational materials and resources, 24-hour toll-free access to experienced maternity nurses, and a phone call from a care coordinator during your pregnancy and about four weeks after your baby is born to see how things are going and answer questions you may have.</p> <p>For more information call us toll-free at the number on your health plan ID card.</p>	