

**2024 Blue Cross and Blue Shield Service Benefit Plan - Standard and Basic Option**  
**Section 5(a). Medical Services and Supplies Provided by Physicians and Other Healthcare Professionals**  
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**Benefit Description**

**Maternity Care (cont.)**

Note: Here are some things to keep in mind:

- You do not need to precertify your delivery; see Section 3 for other circumstances, such as *extended stays* for you or your newborn.
- You may remain in the hospital up to 48 hours after a vaginal delivery and 96 hours after a cesarean delivery. We will cover an extended stay if medically necessary.
- We cover routine nursery care of the newborn when performed during the covered portion of the mother's maternity stay and billed by the facility. We cover other care of a newborn who requires professional services or non-routine treatment, only if we cover the newborn under a Self Plus One or Self and Family enrollment. Surgical benefits apply to circumcision when billed by a professional provider for a male newborn.
- Hospital services are listed in Section 5(c) and Surgical benefits are in Section 5(b).

Note: See Section 10 for our allowance for inpatient stays resulting from an emergency delivery at a hospital or other facility not contracted with your Local Plan.

Note: When a newborn requires definitive treatment during or after the mother's confinement, the newborn is considered a patient in their own right. Regular medical or surgical benefits apply rather than maternity benefits. See Section 5(b) for our payment levels for circumcision.

**Standard Option - You Pay**

See previous page

## Basic Option - You Pay

See previous page

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## Benefit Description

- Breast pump, limited to one per calendar year for members who are pregnant and/or nursing
- Blood pressure monitor, limited to one every two years

Note: Benefits for the breast pump, milk storage bags, and blood pressure monitors are only available when you order them through our fulfillment vendor by visiting [www.fepblue.org/maternity](http://www.fepblue.org/maternity) or calling 1-800-411-2583. Milk storage bags will be included with your breast pump.

## Standard Option - You Pay

Nothing (no deductible)

## Basic Option - You Pay

Nothing

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## Benefit Description

*Not covered:*

- *Procedures, services, drugs, and supplies related to abortions except when the life of the mother would be endangered if the fetus were carried to term or when the pregnancy is the result of an act of rape or incest*
- *Childbirth preparation, Lamaze, and other birthing/parenting classes*
- *Doula, birth companion, and similar supporter*
- *Breast pumps and milk storage bags except as previously noted*
- *Breastfeeding supplies other than those contained in the breast pump kit previously described including clothing (e.g., nursing bras), baby bottles, or items for personal comfort or convenience (e.g., nursing pads)*

**Standard Option - You Pay**

*All charges*

**Basic Option - You Pay**

*All charges*

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*Maternity Care - continued on next page*

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