

Maternity Services Benefit Option

You have purchased this Benefit Option as an additional benefit to your Avera *MyPlan* Health Benefits Policy. This Policy is now amended to include the benefits provided by this Benefit Option.

The effective date for this Benefit Option is stated on the Acceptance Letter that is included with this document.

NOTE: To receive benefits from this Benefit Option, you must NOT be pregnant at the time of purchase. All deliveries within 9 months of the effective date will be reviewed to determine benefit eligibility. Consideration will be made for premature births during the review process.

This Benefit Option is in effect under the same provisions that govern the Avera *MyPlan* Health Benefits Policy. All other terms, provisions and conditions of this Avera *MyPlan* Health Benefits Policy remain unchanged except as stated in this Benefit Option.

★ IMPORTANT ★ PLEASE READ ★

Maternity Services

- **Eligibility to Receive Benefits.** The benefits provided in this Benefit Option are only paid if you are NOT pregnant at the time of purchase.
- **Per Pregnancy.** Benefits are paid per pregnancy.
- **Complications.** Pregnancy Complications are not covered under this Benefit Option.
- **Deductible, Coinsurance and Maximum Out of Pocket.** These limits are specific to the Covered Services provided by this Maternity Option.
- **Newborns.** Routine well baby newborn nursery care is covered as part of this Benefit Option from the moment of birth until the child is discharged from the hospital. Coverage (post discharge) for newborns will only be provided if the newborn is added to the Avera *MyPlan* Health Benefits Policy as a covered dependent within 31 days of delivery.
- **Reminder.** Please keep this Benefit Option with your Avera MyPlan Health Benefits Policy and other important insurance papers.
- **Contact Information**
Avera Health Plans
3816 S Elmwood Avenue, Suite 100
Sioux Falls, SD 57105-6538
Call 1 (888) 322-2115
Fax (605) 322-4540
www.AveraHealthPlans.com

Maternity Services Benefit Option

	In Network	Out of Network
Deductible	\$2,000	\$5,000
Coinsurance	70%/30% (You pay 30%)	60%/40% (You pay 40%)
Maximum Out of Pocket (Includes deductible and coinsurance)	\$5,000	No Maximum
Covered Services: Routine prenatal, postnatal care and delivery	70% after deductible	60% after deductible
Non-Covered Services: 1. Birthing classes (Example: Lamaze) and other educational materials 2. Elective abortions 3. Intended out of hospital deliveries (Examples: free-standing birthing centers, home-based births) 4. Treatment, services or supplies for a surrogate mother or any pregnancy resulting from a member's service as a surrogate mother.	No Coverage	No Coverage

Newborns' and Mothers' Health Protection Act

Under State and Federal law, health insurance plans (health plans) generally may not restrict benefits (except for what is noted) for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a delivery by cesarean section. However, federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under federal law, require that a provider obtain authorization from the plan or the issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).