

**LOVELACE HEALTH PLAN
Individual PPO Plan
Optional Maternity Benefit Rider**

The Maternity Rider is available for purchase with the Lovelace Individual PPO Plans only. It is not available with an Individual High Deductible Health Plan or Child Only Policy.

Premium Rate is \$144 per month, in addition to your monthly medical plan premium.

Covered Services	Description		
Maternity Care	Prenatal and postpartum care		
	Delivery – all physician and hospital services for mother during confinement, including full term delivery, miscarriage or termination of pregnancy		
	Newborn child is covered from birth only if enrolled within 31 days of birth.		
	(Benefits for Inpatient & Outpatient Care are Combined.)		
Benefits ^{1, 2}			
First Year	Second Year	Third Year & Later	
0%	50% up to a maximum benefit of \$1,500	100% up to a maximum benefit of \$3,000 per pregnancy	

(1) Benefit amounts reflect the amount that Lovelace Insurance Company will pay towards Maternity Coverage.

(2) Benefits are available for In-Network Participating Providers only. Out-of-Network services will not be covered.

COVERED BENEFITS AND SERVICES

With your Lovelace Individual PPO Maternity Benefit Rider, you are entitled to receive maternity services and benefits listed in this section. Some Covered Services may require Prior Authorization by the Plan before services are provided.

Prenatal Maternity Care

This Maternity Benefit Rider includes coverage for Prenatal Care, including:

- a minimum of one prenatal office visit per month during the first two trimesters of pregnancy
- a minimum of two office visits per month during the seventh and eighth months
- a minimum of one office visit per week during the ninth month and until term by a Participating Provider.

Each office visit shall also include; prenatal counseling and education, necessary and appropriate screening, including history, physical examination and the laboratory and diagnostic procedures deemed appropriate by the Participating Provider/Practitioner. This is based upon recognized medical criteria for the risk group of which the patient is a member;

Obstetrical Care

This Maternity Benefit Rider includes coverage for Obstetrical care, including Participating Physician's, Participating Licensed Certified Nurse Midwife's, and Participating delivery room and other Medically Necessary services directly associated with delivery.

Services Provided by a Licensed Certified Nurse Midwife

The services of a Licensed Certified Nurse Midwife are covered, subject to the following Limitations:

- The Licensed Certified Nurse Midwife is a Participating Provider.
- The Licensed Certified Nurse Midwife's services must be provided under the supervision of a Participating licensed Obstetrician or a licensed Family Practice Provider.
- The services must be provided in preparation for, or in connection with, the delivery of a newborn infant at a site that is covered under this Maternity Rider.
- For the purposes of this Maternity Rider, the only allowable sites of delivery are a Participating hospital or a licensed birthing center. The combined fees of the Licensed Certified Nurse Midwife and any attending or supervising physician(s), for all services provided before, during and after the birth, may not exceed the allowable fee(s) that would have been payable to the Physician had he/she been the sole Provider of those services.

Delivery Services:

Medical, surgical and hospital care during the term of pregnancy, upon delivery and during the postpartum period for normal delivery, spontaneous abortion (miscarriage) and complications of pregnancy are covered. Coverage for a mother shall be available for a minimum of forty-eight (48) hours of inpatient care following a vaginal delivery and a minimum of ninety-six (96) hours of inpatient care following a Cesarean section. Any decision to shorten the period of inpatient care for the mother or the newborn must be made by the attending Physician or Provider in consultation with the mother.

If the hospitalization period is shortened to less than forty-eight (48) hours for vaginal delivery or less than ninety-six (96) hours for Cesarean, benefits for at least three (3) home care visits will be provided, unless the attending Physician or home care Provider and you agree that one (1) or two (2) visits are sufficient. Home care includes parent education, assistance and training in breast and bottle-feeding, and the administering of any appropriate clinical tests.

Transportation, including air transport to the nearest available contracted appropriately licensed Health Care Facility, is available for medically high-risk pregnant women with an impending delivery of a potentially viable infant. When necessary to protect the life of the infant, transportation, including air transport, to the nearest available tertiary care Health Care Facility, is covered.

Postpartum Care

This Maternity Benefit Rider includes coverage for one (six-week) postpartum visit.

Postpartum care in the home is covered in accordance with accepted maternal and neonatal physician assessments, by a person with appropriate licensure, training and experience to provide postpartum care. Services provided by such person shall include, but not be limited to, parent education, assistance and training in breast and bottle feeding, and the performance of any necessary and appropriate clinical tests.

Coverage for postpartum care in the home includes a minimum of three home visits, unless one or two home visits are determined to be sufficient by the attending physician or person with appropriate licensure, training and experience to provide postpartum care, and the mother. The home visits shall be conducted within the time period ordered by the attending physician or person with appropriate licensure, training and experience to provide postpartum care.

Nutritional Supplements

This Maternity Benefit Rider includes coverage for Medically Necessary nutritional supplements listed on the Lovelace Health Plan Preferred Drug list (as directed by the attending Participating Provider/Practitioner);

New Mexico Law Regarding Mothers and Newly Born Children

Medical, surgical and hospital care during the term of pregnancy, upon delivery and during the postpartum period for normal delivery, spontaneous abortion (miscarriage) and complications of pregnancy are covered. Coverage for a mother shall be available for a minimum of forty-eight (48) hours of inpatient care following a vaginal delivery and a minimum of ninety-six (96) hours of inpatient care following a Cesarean section. Any decision to shorten the period of inpatient care for the mother or the newborn must be made by the attending Physician or Provider in consultation with the mother.

Transition of Care

For a member who is in the third trimester of pregnancy when her Participating Provider/Practitioner leaves the Lovelace network, the transitional period will include postpartum care directly related to the delivery.

Smoking Cessation Treatment

Quitting isn't easy, but we are here to help you through the process. Lovelace Health Plan's Stop Tobacco for Optimal Prevention program, known as the *S.T.O.P.* program, is offered under this Rider through the Lovelace Health Plan Disease Management Department.

The *S.T.O.P.* program consists of the following:

- Diagnostic services necessary to identify tobacco use, use-related Conditions and dependence.
- A series of one-on-one phone counseling sessions with a trained health care Provider. These sessions will help you make a plan and provide you with guidance and support.
- A self-help packet of materials, including tips on how to quit. These tips will help you prepare for quitting, cope with the urge to smoke or chew tobacco, and deal with slip-ups if they occur.
- Prescription medications, including Zyban, Nicotrol Inhaler or Nicotine Nasal Spray, may be available with a Co-Payment/Co-Insurance amount.

If you prefer a group setting rather than phone counseling, we can refer you to cessation counseling. The coverage for prescription medications also applies if you choose group classes instead of the *S.T.O.P.* Program.

Please contact the *S.T.O.P.* program for specific benefit coverage information. Call 505.727.5344 or toll-free 877.480.9368 to speak with a *S.T.O.P.* counselor.

COVERED SERVICES WITH LIMITATIONS

Benefits are limited as outlined in this Maternity Rider. Prior Authorization may be required.

The Maximum benefit allowance is per pregnancy and applies whether the pregnancy results in a single or multiple (twins, triplets, etc.) birth.

EXCLUSIONS

Any services that are not described in the Covered Benefits & Services section are not covered by this Plan.

The following are examples of excluded services and benefits:

- Elective Home Birth and any prenatal or postpartum services connected with an elective home birth.
- In-vitro, GIFT, ZIFT fertilization.
- Infant formula.

- Services of a Midwife who is neither licensed nor registered.
- Charges that are determined unreasonable by Lovelace.
- Elective cesarean section.
- Care by, or services from Non-participating Providers/Practitioners, unless Prior Authorized by Lovelace Insurance Company. Services rendered beyond the scope of the Benefit Certification.

ENROLLMENT

Enrollment in the Lovelace PPO Individual Plan and this Maternity Rider must be continuous without a break in coverage. A break in enrollment will result in a termination of the Maternity Rider.

A Lovelace Individual PPO Plan member enrolled in the Maternity Rider may switch to another Lovelace Individual PPO Plan and elect to retain their current Maternity Rider with no change in coverage or benefit levels. Continuous coverage for this Maternity Rider is based on the original effective date of the Maternity Rider.

If you are a Subscriber who is enrolled as a Member and want to enroll a newly born child, you **must enroll the child within thirty-one (31) days after the child's birth**. To enroll a newborn child, you must submit an Enrollment Application, together with any additional Premium fees due. You may apply for a Child-only Policy on behalf of the newborn, or add the newborn onto a Family Policy. After enrolling, the effective date of coverage for your newborn child will be the moment of birth. **Please Note:** Failure to enroll a newly born child within the thirty-one (31) days will result in denial of benefits for applicable charges incurred for the birth of that child.

If you do not enroll a newborn child or pay the applicable Premiums within the thirty-one (31) days after the child's birth, your child will not be covered and your next opportunity to enroll the child will be during the next Open Enrollment Period.

TERMINATION OF COVERAGE

If this Rider is terminated, either by the member or by Lovelace Insurance Company, the member must wait one full year from the termination date before another Maternity Rider can be purchased and become effective. (This waiting period does not count towards the first year of coverage under the re-purchased Maternity Rider.)

GLOSSARY

The following terms, when used in this Benefit Rider, are defined as follows:

Elective Home Birth means birth that was planned or intended by the member, or Participating Provider/Practitioner, to occur in the home.

Licensed Certified Nurse Midwife: Any person who is licensed by the board of nursing as a registered nurse and who is licensed by the New Mexico Department of Health as a Certified Nurse Midwife.

Maternity means any condition that is pregnancy related.

Medically Necessary: Medically Necessary means health care services determined by a Provider, in consultation with the Lovelace Insurance Company, to be appropriate or necessary, according to any applicable generally accepted principles and practices of good medical care or practice guidelines developed by the federal government, national or professional medical societies, boards and associations, or any applicable clinical protocols or practice guidelines, or developed by the Lovelace Insurance Company consistent with such federal, national, and professional practice guidelines, for the diagnosis or direct care and treatment of a physical, behavioral, or mental health condition, illness, injury or disease.

Participating Provider: A Provider who has entered into an agreement/contract with the Lovelace Insurance Company to provide health care services to our Members, with an expectation of receiving payment, other than Co-Payments or Deductibles, directly or indirectly from the Plan. An In-Network Provider is a duly licensed Provider/practitioner of the healing arts, facility or ancillary Provider, acting within the scope of their license. This Provider is also referred to as an "In-Network Provider." Facilities include hospitals currently licensed by the Department of Health. Other Providers include: doctors of medicine and surgery; osteopathic medicine and surgery; dentistry; optometry; podiatry; doctors of oriental medicine; chiropractic and other specialties; psychologists; physician assistant; certified nurse practitioners; certified nurse midwives; and registered lay midwives.

Pregnancy Maximum means the maximum amount Lovelace Insurance Company will pay for a pregnancy under this Maternity Rider.

Prior Authorization: A system whereby a Provider must receive benefit authorization from the Plan's Medical Director before a Member receives specialty care in order for certain health care services and benefits to be Covered Services. Examples of services requiring Prior Authorization include, but are not restricted to: non-emergency inpatient hospitalization, outpatient surgical procedures, short-term rehabilitation, MRI, DME and Skilled Care.