

**2025 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**

Maternity (obstetrical) care including related conditions resulting in childbirth or miscarriage, such as:

- Prenatal and postpartum care (including ultrasound, laboratory, and diagnostic tests)  
Note: See Section 5(h) for details about our Pregnancy Care Incentive Program.
- Delivery
- Assistant surgeons/surgical assistance if required because of the complexity of the delivery
- Anesthesia (including acupuncture) when requested by the attending physician and performed by a certified registered nurse anesthetist (CRNA) or a physician other than the operating physician (surgeon) or the assistant
- Tocolytic therapy and related services when provided on an inpatient basis during a covered hospital admission or during a covered observation stay
- Breastfeeding education and individual coaching on breastfeeding by healthcare providers such as physicians, physician assistants, midwives, nurse practitioners/clinical specialists, and lactation specialists
- Mental health treatment for postpartum depression and depression during pregnancy  
Note: We provide benefits to cover up to 8 visits per year in full to treat depression associated with pregnancy (i.e., depression during pregnancy, postpartum depression, or both) when you use a Preferred provider. See Section 5(e) for our coverage of mental health visits to Non-preferred providers and benefits for additional mental health services.

Note: See *Preventive Care, Adult*, earlier in this section for our coverage of nutritional counseling.

Note: *Home Health Services* benefits for home nursing visits (skilled) related to covered maternity care are subject to the visit limitations described later in this section.

Note: Maternity care benefits are not provided for prescription drugs required during pregnancy, except as recommended under the Affordable Care Act. See Section 5(f) for your prescription drug coverage

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.

**Standard Option - You Pay**

Preferred: Nothing (no deductible)

Note: For facility care related to maternity, including care at birthing facilities, we waive the per admission copayment and pay for covered services in full when you use Preferred providers.

Participating: 35% of the Plan allowance (deductible applies)

Non-participating: 35% of the Plan allowance (deductible applies), plus any difference between our allowance and the billed amount

Note: You may request prior approval and receive specific benefit information in advance for the delivery itself and any other maternity-related surgical procedures to be provided by a Non-participating physician when the charge for that care will be **\$5,000 or more**. Call your Local Plan at the customer service phone number on the back of your ID card to obtain information about your coverage and the Plan allowance for the services.

**Basic Option - You Pay**

Preferred: Nothing

Note: For Preferred facility care related to maternity, including care at Preferred birthing facilities, your responsibility for covered inpatient services is limited to \$250 per admission. For outpatient facility services related to maternity, see the notes throughout Section 5(c).

Participating/Non-participating: You pay all charges (except as noted below)

Note: For services billed by Non-participating laboratories or radiologists, you are responsible only for any difference between our allowance and the billed amount.

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