

Maternity

An individual maternity plan from Blue Cross Blue Shield of Michigan.



	In-Network	Out-of-Network
	Note: All benefits are subject to a 180-day waiting period for pre-existing conditions	
Delivery and newborn exam	Covered – 80% after deductible	Covered – 60% after deductible
Pre and postnatal exams (office visits)	Covered – 80% after deductible	Covered – 60% after deductible
Annual benefit maximum: This is the maximum amount BCBSM will pay for covered maternity services per calendar year. Benefits are subject to all applicable deductible and copay requirements and to the copayment and lifetime maximums mentioned elsewhere in your certificate.	\$5,000 per calendar year for vaginal deliveries and elective or non-medically necessary cesarean deliveries \$7,500 per calendar year for medically necessary cesarean deliveries	

Note: Maternity coverage is optional and may be purchased with Flexible Blue IISM 1500 and 2500 plans. If the optional maternity coverage is not purchased at the same time as Flexible Blue II 1500 or 2500 (i.e., at a later date), the 180-day pre-existing condition waiting period for maternity benefits begins with the effective date of the optional maternity coverage, not the effective date of Flexible Blue II 1500 or 2500.

This document is intended to be an easy-to-read summary. It is not a contract. Additional limitations and exclusions may apply to covered services. A complete description of benefits is contained in the applicable Blue Cross Blue Shield of Michigan certificate and riders. Payment amounts are based on the BCBSM-approved amount, less any applicable deductible and/or copay amounts required by the plan. All covered benefits are subject to a pre-existing conditions waiting period, unless noted otherwise. This coverage is provided pursuant to a contract entered into in the state of Michigan and shall be construed under the jurisdiction and according to the laws of the state of Michigan.