Atrius Health
Part of Optum®

Insurance Coverage for Obstetrical Care

The types of health insurance plans offered, and the covered benefits vary, and **some services for obstetrical care may not be covered by the health plan you have selected**. It is therefore especially important that you check with your health plan to confirm your benefits for obstetrical services and ask what, if any, co-payments, coinsurance and deductible will be your financial responsibility.

To help assist you when speaking with your health plan, below is some general information about coverage for obstetrical services as well as important items or services that you should ask your health plan.

General Information about Obstetrical Coverage

- **Routine prenatal check-ups** and pregnancy care may require a co-payment.
- Other **routine and diagnostic screening tests** such as ultrasounds, lab work and genetic testing may be covered, but there may be limitations by age or diagnosis. In addition, some health plans cover these tests and there may be coinsurance or deductible that is billed to you. It is a good idea to ask your health plan about your benefits and financial responsibility for these tests, in part to help you determine if you want to have the testing done.
- Health plans make a distinction between "routine prenatal care" and 'diagnostic care" provided during pregnancy for pregnancy complications, related medical conditions, or non-pregnancy related symptoms. Non-routine or diagnostic prenatal care and non-pregnancy related care usually require copayments and coinsurance or deductible that is billed to you. Sometimes even routine deliveries could be applied to your deductible or require coinsurance.
- Make sure **BOTH your provider or nurse-midwife AND the hospital** at which they deliver are in your health plan's network.
- Some health plans have **tiered or limited provider networks with different levels of benefits for providers and hospitals.** If you have a tiered network plan, there may be varying costs or copays depending on which tier your health plan has assigned the hospital. Atrius Health providers may be considered a Tier 2 or Tier 3 provider in which the services billed by Atrius including the provider's charge for delivery will be at a higher out-of-pocket cost to you. If you are in a limited network, you may be responsible for the entire cost if you choose to see an OB provider or deliver at a hospital that is not included in your health plan's network.

Questions to Ask your Health Insurance Plan to Determine Your Coverage

While not an exhaustive list, here are some key questions you should ask your health plan:

- What are my benefits for OB case including routine prenatal care, ultrasound and lab tests, delivery at hospital? What can I expect for my out-of-pocket costs including co-pays, coinsurance, and deductibles?
- What common prenatal care, tests and delivery needs are **not** covered by my policy?
- Will I need pre-authorization for any prenatal care?
- What prenatal tests are covered (ultrasounds, amniocentesis, genetic testing, etc.)? Is there a difference in benefits for routine and diagnostic testing and care?
- Is my obstetrical provider and the hospital at which they deliver considered an in-network provider and what is the benefit level of coverage?