

## Insurance Coverage for Obstetrical Care

The types of health insurance plans offered and the coverage they provide vary greatly, and **some services for obstetrical care may not be covered by the health plan you have selected**. It is therefore very important that you check with your health insurance plan to confirm your coverage for obstetrical services and ask what, if any, copayments, coinsurances and deductibles will be your financial responsibility.

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

### General Information about Obstetrical Coverage

- **Routine prenatal check-ups** and pregnancy care may require a copay
- Other **routine screening tests** such as ultrasounds, bloodwork and specific genetic testing may be covered, but there are sometimes restrictions by age or diagnosis. In addition, some insurance plans cover these tests but require coinsurance or apply these costs against your deductible. It's a good idea to ask your health insurance plan about the level of your coverage for these tests, in part to help you determine if you want to have the testing done.
- Insurance plans make a distinction between “routine prenatal care” and care provided during pregnancy for either pregnancy complications or non-pregnancy related symptoms. Non-routine prenatal care and non-pregnancy related care usually require copayments and possibly require coinsurance or get applied against your deductible. Sometimes even routine deliveries could be applied to your deductible or require coinsurance
- Make sure **BOTH your obstetrician or nurse-midwife AND the hospital** at which they deliver are in your health insurance plan's network
- Some health insurance plans have **tiered or limited networks** to which they assign your OB or the hospital. If you are in a tiered network plan, there may be varying costs or copays depending on which tier your health insurance plan has assigned the hospital. If you are in a limited network, you may be responsible for the entire cost if you choose to see an OB clinician or deliver at a hospital that is not included in your health insurance 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 insurance company:

- Are routine prenatal care, labor and delivery fully covered benefits under my policy? If not, what out-of-pocket costs might I expect?
- What common prenatal, labor 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.)? What tests are not considered “medically necessary” and will be my financial responsibility?
- Are my obstetrical team and the hospital at which they deliver in my insurance policy's network?