



Preventive Care Services

2022 UPDATE

Maternity Services and Screenings at No Additional Cost to You

Preventive check-ups and screenings can help find illnesses and medical problems early and help keep you and your baby healthy. Your health plan may provide certain services as a benefit of your membership at no cost share to you when you use an in-network doctor or other provider or pharmacy in your network. There's no co-pay, deductible or coinsurance, even if your deductible or out-of-pocket maximum hasn't been met.

What services may be available to me?

- Alcohol screening and counseling
- Anemia screening
- Anxiety screening
- Aspirin for preeclampsia prevention
- Bacteriuria screening
- Breastfeeding support, supplies and counseling (includes breast pumps, certain supplies, and lactation counseling)
- Depression screening
- Diabetes mellitus screening after pregnancy
- Folic acid supplementation
- Gestational diabetes
- Healthy weight gain counseling
- Hepatitis B screening
- HIV screening
- Preeclampsia screening
- Rh(D) incompatibility screening
- STI screening and counseling
- Syphilis screening
- Tobacco cessation

Prenatal and Postnatal Care

Preventive screenings during your pregnancy can help keep you and your baby healthy. **Prenatal** ("before the birth") care available to you at no cost includes, but is not limited to:

- Screening for sexually transmitted infections (STIs), including HIV, Hepatitis B and syphilis
- Screening for anemia, gestational diabetes and Rh(D) incompatibility
- Screening for depression and anxiety
- Breast pumps, supplies, and breastfeeding support/counseling

Services and screenings continue after your baby is born to give you the support you need. **Postnatal** ("after the birth") care available to you at no cost includes, but is not limited to:

- Screening for depression and anxiety
- Diabetes mellitus screening
- Breast pumps, supplies, and breastfeeding support/counseling



Breastfeeding Support, Supplies, and Counseling

Breastfeeding may become an important part of your daily routine after your baby is born. Your benefit plan covers breast pumps, certain breastfeeding supplies, and counseling and support to help you care for your baby during this time.

Breast Pumps and Supplies

Follow these simple steps to get a breast pump that's covered by your plan:

1. Ask your in-network doctor or other provider for a prescription for a breast pump.
2. Purchase or rent your breast pump through an in-network provider. For example: in-network medical supply companies (DMEs). Call the number on your ID card for more information about how and where to purchase.
3. Begin using your breast pump.

Types of Breast Pumps Available at No Cost Share to You

Manual Breast Pumps

You are eligible to purchase a manual breast pump at no cost share to you.

Electric Breast Pumps

You are eligible to purchase one electric breast pump at no cost share to you.

Call the number on your ID card for more information about how and where to purchase.

Medical Grade Breast Pumps

You are eligible to rent a medical-grade breast pump at no cost share to you.

Types of Breastfeeding Supplies Available at No Cost Share to You

If your pump needs a part replaced, breastfeeding supplies are also covered by your plan at no cost share to you.

These might include tubing, an adapter, cap for breast pump, breast shield, splash protector, polycarbonate bottle and locking ring. Some supplies such as milk storage containers, travel cases, nursing bras and covers, are not covered.

Breastfeeding Counseling and Support

If you're looking for guidance on breastfeeding, your benefit plan is here to help. Breastfeeding counseling and support, which can include lactation counseling and classes, is available at no cost from an in-network doctor or other provider. You can get breastfeeding counseling and support while you are pregnant and/or after you've given birth. Be sure to call the number on your member ID card for any questions about services covered under your plan.

Steps to take:

1. Talk to your doctor or other provider if you have questions about breastfeeding counseling and support.
2. Confirm the doctor or other provider offering breastfeeding counseling and support, is in your network.
3. Contact the number on your member ID card if you have questions about the services covered for your plan or any other additional questions.
4. Set up an appointment

If there is no in-network provider available in your area that offers these services, you may be eligible for a waiver to receive them from an out-of-network provider at the in-network benefit level. If you have trouble locating an in-network doctor or other provider for these services, please call the number on your member ID card for assistance.

