

2026 Blue Cross and Blue Shield Service Benefit Plan - FEP Blue Focus
Section 5(c). Services Provided by a Hospital or Other Facility, and Ambulance Services
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Benefit Description

Maternity – Facility (cont.)

Notes:

- We 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(a).
- Preventive care benefits apply to the screening of pregnant members for HIV, syphilis and unhealthy alcohol use/substance use when billed by a facility.

Room and board, such as:

- Semiprivate or intensive care accommodations
- General nursing care
- Meals and special diets

Other inpatient hospital services and supplies, such as:

- Administration of blood or blood plasma
- Anesthetics and anesthesia services
- Breastfeeding education
- Covered medical supplies and equipment, including oxygen
- Delivery, operating, recovery, and other treatment rooms
- Diagnostic studies, radiology services, laboratory tests, and pathology services
- Dressings and sterile tray services

- Nutritional counseling
- Prescribed drugs and medications
- Take-home items

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.
- We cover routine nursery care of the newborn when performed during the covered portion of the mother's maternity stay and billed by the facility. We cover other care of a newborn who requires professional services or non-routine treatment, only if we cover the newborn under a Self Plus One or Self and Family enrollment. Surgical benefits apply to circumcision if billed by a professional provider for a male newborn.
- When a newborn requires definitive treatment during or after the mother's confinement, the newborn is considered a patient in his or her own right. Regular medical or surgical benefits apply rather than maternity benefits.
- See Section 5(b) for our payment levels for circumcision.
- Note: For inpatient care received overseas, refer to Section 5(i).

You Pay

Preferred facilities: \$2,500 copayment per pregnancy (no deductible)

Non-preferred facilities (Member/Non-member): You pay all charges

Maternity – Facility – continued on next page