



Meet your maternity benefits

Exciting changes are coming your way, and we want you to be ready for them. So we're here to help you understand what may be covered under your Aetna® plan once you've met your deductible amount and after paying any other out-of-pocket costs.

Here we break down some of your maternity benefits. But for more detailed coverage information, just log in to **Aetna.com** and visit the Maternity Support Center. There, you can also find in-network and preferred providers, facilities and labs.

Get to know your maternity care coverage



Your first doctor visit

The journey begins! Your first visit with your obstetrical care provider to confirm your pregnancy is covered as a specialist office visit.



Routine care during your pregnancy

We cover your routine care visits throughout your pregnancy (prenatal through delivery). These visits are bundled into a single charge and billed to us after the delivery.

Routine care includes:

- Physical exams
- Monthly visits (up to 28 weeks)
- Biweekly visits (to 36 weeks)
- Weekly visits until delivery
- Postpartum visit (about 45 days after delivery)
- Recording of weight
- Blood pressure readings
- Fetal heart tone monitoring
- Routine urinalysis



Pregnancy-related tests and services*

We cover tests and ultrasounds that monitor your baby's health and development.

Some services that are not covered

- 3D ultrasounds and those done only to determine the sex or to provide the parents with a view and photograph of the baby
- Paternity testing
- Certain birth classes, such as Lamaze

Be sure to review your plan benefits for detailed testing information.

*The benefit for these services may differ from that for routine care services and could be subject to coinsurance or copay amounts. You will also have to meet your deductible, as with the routine services, before the plan might cover you.

Get to know your childbirth coverage



Delivering your baby

We cover the hospital stay for your delivery. Be sure to review your plan benefits to see what's included. We also cover the services of the doctor who delivers your baby.

If you need any services that require pre-authorization, your hospital is responsible for contacting us.



Newborn coverage and enrollment

Your newborn coverage depends on the care services needed at birth. We cover newborn charges for standard, healthy deliveries. Please consult your plan benefits for information about coverage for nonstandard deliveries.



Adding your child to your health plan

If you have insurance through an employer, you'll need to add the child to your health plan. Just notify your human resources department **within 30 days** of delivering your newborn.

Get to know your breastfeeding coverage



Lactation consultant

Review your plan benefits to see if a lactation consultant is covered.

Breast pumps

You may be able to get a breast pump and supplies from one of our suppliers at no charge or at a discounted rate. **Covered items may include:**

- **A standard electric pump** (nonhospital grade) while you're pregnant or breastfeeding, once every three years
- **A manual breast pump** while pregnant or breastfeeding if you haven't received an electric or a manual breast pump in the last three years
- **Another set of breast pump supplies** if you get pregnant again before you're eligible for a new pump



Visit the Maternity Support Center

This no-cost resource is available through your member website and offers resources for the maternity journey — including more detailed information about what's covered under your Aetna® plan.

Ready to get started? Log in to your member website at **[Aetna.com/maternity](https://www.aetna.com/maternity)** today.

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