

Optima Plus Individual Plan Maternity Services Coverage Rider

This rider adds benefits for Maternity Services to Your policy. Premium, copayments and coinsurance amounts for this rider are listed in the table below.

Definitions: Maternity Services means:

1. Obstetrical and prenatal care.
2. Inpatient Hospital services including use of delivery room, hospital bed and board for the mother, routine nursery care.
3. Postpartum inpatient care
4. A Postpartum home visit or visits which shall be in accordance with the medical criteria, outlined in the most current version of or an official update to the "Guidelines for Perinatal Care" prepared by the American Academy of Pediatrics and the American College of Obstetricians and Gynecologists or the "Standards for Obstetric-Gynecologic Services" prepared by the American College of Obstetricians and Gynecologists.
5. Genetic testing limited to Amniocentesis, HLAB 27, and infant chromosomal analysis.
6. All care and services related to a miscarriage.
7. A minimum length of stay of 48 hours for a vaginal delivery, 96 hours following a cesarean section. The attending Physician and patient may decide that a shorter Hospital stay is appropriate. Pre-authorization is not required for delivery.

This rider covers pregnancies that begin at least six (6) months after the rider is effective. Conception must occur at least six (6) months after the rider is effective. A pregnancy that occurs within six (6) months of the rider effective date will not be covered even if you qualify for credit toward your policy's pre-existing condition exclusion waiting period. Complications of a pregnancy are covered under your Policy and not subject to the waiting period. If you are a HIPAA Eligible Individual as defined on Optima's enrollment application, and conception occurred prior to the effective date of the maternity rider, you will not have to wait six (6) months before your coverage begins.

Maternity Services for a Dependent child are not covered.

Home Births are not covered.

Coverage for obstetrical services as an inpatient in a general Hospital or obstetrical services by a Physician shall provide such benefits with durational limits, Deductibles, Coinsurance factors, and Copayments that are no less favorable than for physical Illness generally.

Your costs for Maternity Services are listed in the box below. Your Policy Deductible is listed on Your Policy Schedule of Benefits. Your costs for outpatient diagnostic services are on Your Policy Schedule of Benefits.

MEMBER PREMIUM, COPAYMENTS AND COINSURANCES		
	<i>In-Network Coverage</i>	<i>Out-of-Network Coverage</i>
The additional charge to Your monthly policy premium payment for this rider is [\$116.13] per month.		
<i>Maternity Care</i> Pre-Authorization is required for pre-natal services.	\$350 Global Copayment for delivering Obstetrician for prenatal, delivery, and postpartum services After Deductible Covered at 80% ¹ for Inpatient hospital services.	After Deductible Covered at 60% ^{AC} for delivering Obstetrician for prenatal, delivery, and postpartum services After Deductible Covered at 60% ^{AC} for Inpatient hospital services
<p>1. Benefits are payable at the percent specified of the Plan's fee schedule.</p> <p>ACBenefits for Covered Services performed by any provider who is not a Plan Provider will be based on either a negotiated or agreed upon reimbursement or on an allowable charge which is the lesser of the provider's actual charge or the Plan's in-network fee schedule for the same service performed by the same type of provider. The Member will be responsible for payment of all charges in excess of the Plan's allowable charge in addition to any copayment and coinsurance amounts he/she is required to pay. Charges from non-Plan providers will generally exceed the Plan's allowable charge.</p>		