

**2026 Blue Cross and Blue Shield Service Benefit Plan - Standard and Basic Option**  
**Section 5(a). Medical Services and Supplies Provided by Physicians and Other Healthcare Professionals**  
**Page 48**

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**Benefit Description**

**Maternity Care (cont.)**

- 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 when billed by a professional provider for a male newborn.
- Hospital services are listed in Section 5(c) and Surgical benefits are in Section 5(b).

Note: See Section 10 for our allowance for inpatient stays resulting from an emergency delivery at a hospital or other facility not contracted with your Local Plan.

Note: When a newborn requires definitive treatment during or after the mother's hospital stay, the newborn is considered a patient in their own right. Regular medical or surgical benefits apply rather than maternity benefits. See Section 5(b) for our payment levels for circumcision.

**Standard Option - You Pay**

See previous page

**Basic Option - You Pay**

See previous page

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**Benefit Description**

- Breast pump, limited to one per calendar year for members who are pregnant and/or nursing
- Blood pressure monitor, limited to one every two years

Note: Benefits for the breast pump, milk storage bags, and blood pressure monitors are only available when you order them through our fulfillment vendor by visiting [www.fepblue.org/maternity](http://www.fepblue.org/maternity) or calling 1-800-411-2583. Milk storage bags will be included with your breast pump.

**Standard Option - You Pay**

Nothing (no deductible)

**Basic Option - You Pay**

Nothing

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**Benefit Description**

*Not covered:*

- *Procedures, services, drugs, and supplies related to abortions except when the life of the mother would be endangered if the fetus were carried to term or when the pregnancy is the result of an act of rape or incest*
- *Childbirth preparation, Lamaze, and other birthing/parenting classes*
- *Doula, birth companion, and similar supporter*
- *Breast pumps and milk storage bags except as previously noted*
- *Breastfeeding supplies other than those contained in the breast pump kit previously described including clothing (e.g., nursing bras), baby bottles, or items for personal comfort or convenience (e.g., nursing pads)*
- *Tocolytic therapy and related services except as previously described*
- *Maternity care for members not enrolled in the Service Benefit Plan*

**Standard Option - You Pay**

*All charges*

**Basic Option - You Pay**

*All charges*