

# Patty's Points



Patty Nguyen, On-Site Representative  
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Dear Patty,

**Q:** My OB-GYN just confirmed I am pregnant. What kind of prenatal care is covered by my Florida Blue Plan?

**A:** The specialist copay would apply for your initial maternity visit. Subsequent routine prenatal care visits may be covered at \$0 cost share. One exception would be if you were considered high risk, then the specialist copay per visit would apply. Also, a specialist copay may apply for sonograms and other diagnostic testing, other than advanced imaging. (Note: Special sonograms such as 3D are not covered.)

**Q:** What should I expect to pay out of pocket for the delivery of my baby at the hospital?

**A:** Your costs will vary by plan. Below are the expected out of pocket expenses by plan type for in network providers. This includes the hospital/facility charges and physician fees (OB-GYN, Anesthesiologist, Radiologist, Pathologist, etc.).

PLAN TYPE	HOSPITAL/FACILITY	PHYSICIAN(S) FEES
<b>HMO BASIC</b> (\$5,500 per person Calendar Year Out of Pocket Max )	\$2,000 Calendar Year (CY) Deductible + 20% Coinsurance	\$2,000 CY Deductible + 20% Coinsurance



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<b>HMO PREMIUM</b> (\$5,500 per person Calendar Year Out of Pocket Max )	\$1,500 Calendar Year (CY) Deductible + 10% Coinsurance	\$1,500 CY Deductible + 10% Coinsurance
<b>PPO STANDARD</b> (\$5,500 per person In-Network Calendar Year Out of Pocket Max.)	\$2,500 CY Deductible + 30% Coinsurance	\$80 Copay per visit per provider

**Q:** My OB-GYN is referring me to the Florida Blue Healthy Additions Prenatal Care Program. What is this program?

**A:** This voluntary program offers individualized nurse consultation, guidance and prenatal education to all expectant mothers throughout their pregnancy. For more information, please call 1-800-955-7635, Option 6 or email [healthyaddition@floridablue.com](mailto:healthyaddition@floridablue.com).

**Q:** I am enrolled on the Basic HMO Plan. My due date is not until 6 months. The OB-GYN office is requesting that I pay \$334 a month for the next 6 months to cover my \$2,000 Deductible for the delivery. Can they charge me upfront before the delivery of the baby?

**A:** Yes, the OB-GYN can request payment upfront if you have not satisfied your Calendar Year Deductible. Under the HMO Basic Plan, the Inpatient Hospital Facility Services and Provider Services are subject to the \$2,000 Calendar Year Deductible. I recommend that you ask for a paid receipt to show proof of payment in case the hospital also tries to collect your Deductible.

Please be aware that any monies collected upfront are estimates. You will not know what you truly owe until the hospital and the physicians submit their claims to Florida Blue. After processing your claims and applying the applicable



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deductible and coinsurance, you and your provider will receive statements from Florida Blue indicating member responsibility. If you overpaid the hospital and/or physician(s) you should expect a refund/credit. If you paid less than what is owed, then you will receive a bill for the balance due.

**Q:** Upon review of my Member Health Statement, I noticed my OB-GYN overcharged me for the delivery of my baby. What should I do?

**A:** I recommend that you notify your OB-GYN's office of the overpayment and inquire about your refund. The OB-GYN office will credit or refund you once they receive payment from Florida Blue. If you experience any issues, please contact me for assistance.

**Q:** I am nursing my newborn son. Are breast pumps covered under my plan?

**A:** Yes, your plan allows one breast pump, manual or electric per delivery following childbirth. Please call CareCentrix at 1-877-561-9910 and select prompt #2 and listen to the instructions. (Note: Hospital grade breast pumps are not covered.)

**Q:** I was advised by the hospital that my newborn is automatically covered for the first 30 days. Is this accurate?

**A:** No. This is inaccurate information. When stating that a newborn is covered for the first 30 days, this does not indicate that the baby's claim will pay at 100% for the first 30 days or process under the mother.



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This means that the subscriber has 30 days from the baby's birth to notify the employer/CBIZ to add the baby to the policy and the first month's premiums would be waived. Your employer cannot assume you will add the newborn under your health plan as premiums will be charged. Also, your employer will need demographic information from you to add the newborn. For instance, you would need to provide the baby's name, gender, date of birth, Social Security Number, if available, etc. Please contact CBIZ at 1-800-390-1224 to find out the time period the premiums will be waived.

**Q:** Once I add my newborn to my policy, does this mean his/her hospital charges will be totally covered?

**A:** No, it depends on what the hospital submits. If the hospital submits the newborn's hospital claim as routine newborn care, then the copay/deductible/coinsurance would **not** apply. However, if the hospital submits the claim as non-routine newborn care, then regular benefits would apply. The newborn inpatient hospital claim will be subject to the Deductible and Coinsurance.

**Q:** I called Florida Blue Customer Service to add my newborn to my plan. I was advised to contact my employer? Who should I contact?

**A:** Please contact CBIZ at 1-800-390-1224 for information on how to add your newborn to your plan or if you have any mid-year changes or life events.