

Maven's guide to managing the cost of birth



Families today not only have to worry about trying to get pregnant and having a healthy pregnancy—they also have to worry about how much it will cost to give birth. The cost of pregnancy and delivery can vary based on where you live, which hospital you choose, and your insurance coverage. But the fact remains that many parents get sticker shock when they have a baby. With a little preparation, you'll be able to better predict your out-of-pocket expenses, advocate for yourself, and avoid tough surprises.

Early on in your pregnancy, we recommend calling your insurance company and asking these key questions:

- Can you confirm my copays, deductible, coinsurance, and out-of-pocket maximum?
- Are there any common prenatal, labor and delivery needs not covered by my policy?
- What prenatal tests are covered (ultrasounds, amniocentesis, genetic testing, etc.)?
- Will I need pre-authorization for any of these parts of prenatal support?
- Which hospitals in my area are in my insurance policy's network?
- Do you cover birth center/home-births or only deliveries in a hospital?
- Are the healthcare staff providing support to me or to my newborn who may be out of network?
- How long of a postpartum stay is covered after delivery?
- [If you have identified a provider] Is my provider in-network?



Consider a low-deductible health plan with robust coverage

Before you got pregnant, you may have only needed to check-in with a provider a few times a year. But during pregnancy, you'll have many more visits. You may want to consider selecting a low-deductible health plan even if it looks expensive on the benefits selection sheet. Here's why: With a low-deductible plan, you'll pay more for your premium (the up-front amount you pay each month), but your coverage will kick in sooner, and you'll only be responsible for copays and a small percentage of the total costs (your coinsurance). If you have a high deductible plan, you'll likely end up paying more in the long run, because you're responsible for paying more costs in full before your coverage kicks in.

Understand your plan's out-of-network benefits

The best way to lower your pregnancy costs is to use insurance coverage and in-network providers whenever possible. That said, pregnancy and birth are life events in which you want to feel confident about your health team. If you have your eye on a particular provider that is out-of-network, opt for an insurance plan with more favorable out-of-network rates. Even if your plan doesn't have out-of-network benefits, you might be able to apply for an exception for maternity support.



Spot potential hidden charges

The majority of hidden costs during pregnancy occur when you were expecting something to be covered—and it isn't. Here are a few common factors that end up in surprise bills.

Genetic testing

- Be sure you know exactly what's covered before you agree to a genetic test.
- Coverage is often authorized in high-risk pregnancies, but may require pre-authorization.
- Don't wait until after the test to call your carrier, because it could be too late.

Ultrasounds that aren't medically indicated

- Only a small number of ultrasounds throughout your pregnancy are considered medically necessary.
- Before you order a 3D or additional ultrasounds, be sure to check with your insurance company to see if it'll be covered.

A private hospital room

- There may not be enough space for each patient to have a private postpartum recovery room in the hospital.
- The cost typically isn't covered by insurance.
- Find out the cost of an upgrade because the bill will vary greatly based on where you live and the hospital where you're giving birth. (It could tally anywhere from \$50 a night to upwards of \$1,000.)

Last-minute providers

- When it comes to last-minute providers (like anesthesiologists or pediatricians) you may need at the hospital, staying in-network is trickier.
- Before you go in, call the hospital's billing office to discuss whether all of your providers are in-network.
- Then, designate an advocate (like your partner or a doula) to be responsible for confirming that all of the providers who are a part of your support team are in-network.

Be savvy about keeping costs down

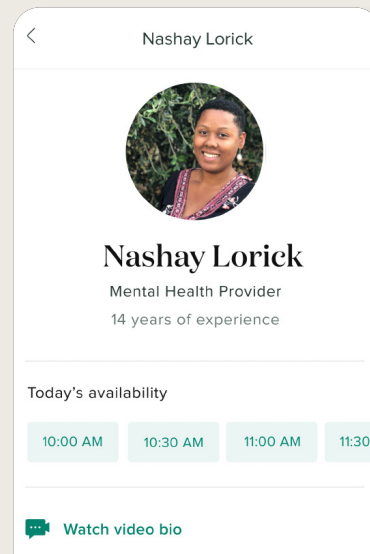
Here are three smart ways to avoid unnecessary spending:

1. Take advantage of Health Savings Accounts (HSAs) and Flex Spending Accounts (FSAs). HSAs and FSAs let you put money into an account pre-tax so you can use these funds exclusively for certain out-of-pocket medical costs (such as copays, deductibles, coinsurance, and prescription drugs).
2. Understand when your deductible resets. You may have to pay two deductibles if your prenatal support spans two calendar years. This might be avoided if your provider uses global billing (a one-time billing which includes all your prenatal support, plus labor and delivery fees).
3. Be thorough about record-keeping so you can advocate for yourself when necessary. It's crucial to keep detailed records of all the support that you receive and each bill you get. If you see something on a bill that doesn't make sense to you, ask questions! Common clerical errors include double billing, charging for a longer hospital stay, canceled orders (like for medical tests), or fees for services that were never performed. If you believe that you have been overcharged, call your insurance company and request reimbursement.

Maven is here for you

If you have any additional questions, or you need more advice on dealing with your insurance company, don't hesitate to reach out to your Maven Care Advocate. They can help you navigate your benefits and help point you in the right direction so you can get your questions answered. Join Maven today to get the support you need on your pregnancy journey at

mavenclinic.com/join/birth-costs



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