

Individual Basic Maternity/Obstetrical Care Benefits

Section 4: What is Excluded?, has been amended as follows:

Subject to a 12-month waiting period from the effective date Obstetrical care benefits as specified herein are covered and include Hospital care, anesthesia, diagnostic imaging, and laboratory services for Conditions related to pregnancy unless such pregnancy is the result of a preplanned adoption arrangement, more commonly known as surrogacy. The length of maternity stay in a Hospital will be that determined to be Medically Necessary in compliance with Florida law and in accordance with the Newborns' and Mothers' Health Protection Act, as follows: (i) Hospital stays of at least 48 hours following a normal vaginal delivery, or at least 96 hours following a cesarean section; (ii) the attending Physician does not need to obtain authorization from AvMed to prescribe a Hospital stay of this length; (iii) AvMed will cover an extended stay, if Medically Necessary; however, your physician or your Hospital must precertify the extended stay; and (iv) shorter Hospital stays are permitted if the attending health care provider, in consultation with the mother, determines that this is the best course of action. Coverage for maternity care is subject to all other limits and requirements.

Obstetrical care benefits will be covered at 100% subject to a maximum benefit of \$5,000 per pregnancy.