

Newborns

Benefit Coverage

Immediate accident and sickness coverage from and after the moment of birth of each newborn infant of any enrolled subscriber or spouse is provided, as required by the Health and Safety Code (Knox-Keene Act). Benefits are provided for the first 31 days regardless of whether the newborn has been added to the subscriber's health plan. This immediate accident and sickness coverage include newborn of enrolled member who is a surrogate mother until the adoptive parents have the right to control the newborn's health care. All other provisions and rules of the plan apply. Newborn must be added as a dependent within the first 31 days to avoid a gap in coverage. *Exception:* FEHBP, CalPERS, and Small Group plans as members have 60 days from the date of birth/placement for adoption.

IFP: If the parents fail to put in a request to add the child within the first 31 days, they will be able to submit an application between the 32nd and 63rd days as this would be a qualifying event under California law for late enrollees who are under age 19.

Note: If the mother is not covered as a subscriber or spouse by the Blue Shield HMO plan, and the newborn qualifies as a dependent of the subscriber, newborn nursery charges are eligible for coverage under the subscriber's inpatient hospital benefits, Coordination of Benefit rules will apply if applicable. This coverage applies regardless of whether the newborn is added to the subscriber's plan.

The primary care physician (PCP) selected for a newborn must be in the same IPA or medical group as the mother's PCP during the calendar month of birth. If the mother of the newborn is not enrolled as a subscriber or spouse, the PCP selected must be a physician in the same IPA or medical group as the subscriber during the calendar month of birth. If the child has been placed with the subscriber for adoption, the PCP selected must be a physician in the same IPA or medical group as the subscriber or covered spouse during the calendar month the subscriber has the right to control health care of the child. If the mother of the newborn, or subscriber if the mother is not enrolled, has selected a virtual PCP with Accolade Care (available to Trio HMO plan members), the newborn will be assigned to an in-person PCP with a different IPA.

The primary care physician for a newborn may be changed after the birth month. If the newborn is ill or hospitalized during the birth month, the effective date of the new PCP will be the first of the month following discharge from the hospital, or the date it is medically appropriate to transfer care to the new PCP. Exceptions must be approved by the Blue Shield Medical Director.

Retinal Screening exams for infants with low birth weight (<1500g) or < 32 gestational weeks and infants weighing between 1500 and 2000g or > 32 gestational weeks with an unstable clinic course are covered.

Newborns

Copayment

See the member's *Evidence of Coverage* (EOC) and *Summary of Benefits and Coverage* for member copayments for:

Emergency Services

Inpatient Hospital Services

Physician-Outpatient

Benefit Exclusion

- Well baby services not provided by the primary care physician

Examples of Covered Benefits

- Well baby services provided by the primary care physician. These services are available to enrolled newborns and to newborns that are not enrolled for the first 31 days.
- Routine circumcision performed within 18 months of birth. The newborn must be enrolled to access these services after the first 31 days of life.
- Treatment for illness or injury (active or non-active).
- Apnea monitors for the management of newborn apnea.

Examples of Non-Covered Services

- Medical care after 31 days if the newborn is not enrolled.
- Well baby services provided by non-plan providers.
- Infant nutritional formulas such as Enfamil, and Similac. (See guideline on Home Health Services for possible coverage under Medical Benefits.)
- Over the counter supplies for newborn (diapers, ointments, etc.).

References

Evidence of Coverage

Health & Safety Code (Knox-Keene Act), Section 1373

HMO Benefit Guidelines for Maternity Care

IFP Evidence of Coverage and Health Service Agreement