



*City of Oaks*  
**MIDWIFERY**

## Maternity Care Costs, Billing and Budgeting

### What IS included in the Global Maternity Care bundle (aka OB Global Package)

Global Maternity Care is the term to describe the bundle of care for routine, uncomplicated pregnancy care. This includes routine OB office visits, labor and delivery, and routine postpartum care.

**Routine prenatal care** is a bundle of care recommended for all pregnancies. This typically includes the following:

- Uncomplicated pregnancy related office visits **AFTER** the pregnancy has been confirmed viable
- Management of uncomplicated labor and birth
- Uncomplicated postpartum care

### What IS NOT included in the Global Maternity Care bundle

Medical care that is not related to the pregnancy, tests, ultrasounds, or consultation visits with high-risk obstetrician for women experiencing a complication or evaluation for a potential complication, and some “optional testing options”

- Office visits during the pregnancy but are not for a pregnancy related complaint. These visits are typically unexpected “problem visits”
  - Examples: Upper respiratory infection, allergic rhinitis, trauma such as a fall
- Any hospital admissions for pregnancy complications or observation not resulting in delivery
- Ultrasounds
- Non-stress tests (fetal monitoring in the office)
- Laboratory tests
- Services rendered by the hospital
  - Examples: OB ED, hospitalist services, hospital facility fee, room and board, anesthesia services, pathology services

### Billing

There is a single fee for the Global Maternity Care bundle

- You will not receive itemized billing statements for this portion of your care.

Prepayment

- You may be required to pay a portion of the prepayment by your 2<sup>nd</sup> prenatal visit, typically no more than 25%
- Total is due by the 20th week of pregnancy

Services not included in the Global Maternity Care bundle

- Will be billed separately and submitted to your insurance on day of service.

- Co-pays may be applicable for services rendered
- Any remaining balances due to your co-insurance will be billed to the patient or responsible party.

City of Oaks Midwifery’s billing manager **DOES NOT** bill for laboratory or hospital services

- Routine lab services vendor is LabCorp  
<https://www.labcorp.com/frequently-asked-questions/patient/billing-insurance/all>
- Genetic prenatal testing can gene carrier trait testing Myriad Women’s Health is the lab vendor for cell free fetal DNA chromosomal and carrier trait testing.  
<https://myriadwomenshealth.com/why-genetics/>
- City of Oaks Midwifery attends births at UNC Rex Hospital  
<https://www.rexhealth.com/rh/care-treatment/womens-health/maternity-services/>

The estimated prepayment may be adjusted up or down. A few of the possible reasons are :

- The pregnancy ends unexpectedly
- You change practices in the middle of the pregnancy
- Your insurance benefits change

### Hospital Billing “TO DO” List

- Confirm that UNC Rex Hospital accepts your insurance
  - <https://www.rexhealth.com/rh/patients-visitors/billing/insurance/>
- Review “Understanding Your Bill” page
  - <https://www.rexhealth.com/rh/patients-visitors/billing/understanding-your-bill/>
- Contact a financial counselor for questions

### Budgeting for Baby

We will provide you with an “**estimated**” cost for the “**routine**” Global Maternity Care bundle. We refer to this estimated cost as the “**PRE-PAYMENT**”. The **PRE-PAYMENT** is due by 20 weeks of pregnancy. The **PRE-PAYMENT** IS calculated according to the formula below:

$$\text{CO-INSURANCE } \_ \% \times \text{ GLOBAL FEE } \$4800.00 = \text{PRE-PAYMENT } \$ \_$$

Examples:

$$90/10 \text{ insurance plan} - 10\% \times \$4800 = \$480$$

$$80/20 \text{ insurance plan} - 20\% \times \$4800 = \$960$$

$$70/30 \text{ insurance plan} - 30\% \times \$4800 = \$1440$$

Other factors may affect your final out of pocket medical costs. Some examples are:

- Deductible
- Unanticipated complications requiring care beyond the global bundle
- Benefit year starts over during the pregnancy
- Enrollment in an HSA or Flex spending account

### Things to consider

- It is a good idea to evaluate if your benefits during open enrollment to determine if there is a better plan available to you
- Most people will meet their deductible during the pregnancy however, it is important to know when your benefit year starts over. You need to be prepared in case you have a high deductible plan, and you must start overpaying down the deductible in a new benefit year

- Spending accounts such as a Flex or HSA spending account are excellent ways to decrease your out of pocket expenses. These accounts are pre-tax and often have little to no effect on your take home pay.

**Here is a list of helpful questions for you to ask your insurer**

When and how do I report I am pregnant?

---

How do I know my total out of pocket costs?

---

How do I make sure my midwife; hospital & other service are in-network?

---

Do I pay a deductible each doctor visit and in the hospital?

---

If my midwife prescribes tests, will these be covered?

---

Is there a limit to my policy coverage?

---

What procedures need pre-approval? How do I get pre-approval?

---

Are complications covered?

---

How many ultrasounds are covered? Are 3D ultrasounds covered?

---

Is cesarean delivery covered? Do I need prior approval?

---

If I take an ambulance to the hospital because I am in labor, is this covered?

---

Are breast pumps, supplies and parts covered? How do I order one? Does it have to be a specific kind?

---

If I have questions about my pregnancy coverage who can I call?

