

# Open Enrollment and Change of Insurance

## *For patients changing insurance during pregnancy*

Families that are changing insurances during their annual open enrollment period or when changing jobs, shopping in the marketplace, etc. may have questions about coverage and benefits before enrolling in a new plan or policy to ensure their midwife will be covered.

While this is completely valid and understandable, these questions are best answered by Human Resources, their union or the plan administrator. This is because without an active policy or group information, I have no way of confirming their eligibility or benefits for an inactive plan when calling on behalf of the provider's office. To do this, we would need an active member ID, group number and dependent information.

To help these families get the answers they need, I highly suggest taking advantage of all of the informational packets, representative consultations and insurance conferences made available during the enrollment period. This normally includes a scheduled telephone or in-person meeting to learn more about the options available.

Questions families should ask insurance representatives during the enrollment period:

- What are the Maternity Benefits for these policies?
- Will Alaska State Licensed Midwives be covered by this policy?
- Will home birth or birthing centers be covered by this policy?
- My midwife is [practice or midwife's name], will they be covered as in- or out-of-network with this policy?
- How will my newborn be covered under this plan at birth and for their follow-up appointments?
- What will the deductible and cost sharing (coinsurance) benefits be for in- and out-of-network maternity care with a midwife?
- \*If the plan offers an HSA (Health Savings Account), will the HSA reimburse for maternity related deductibles, coinsurance, copays, home birth supply kits, prenatal vitamins, etc.?

Providing a current list of insurances the provider is in-network with or out-of-network with and the cost of applicable services is required by the Health Care Price Transparency Law (AS 18.23.400) to be given to all patients in plain language that an individual with no medical training can understand. This should be found in the providers office, on their website and available in-person on request.

For example:

[Midwifery, LLC] with CNM and CDM providers may be in-network with Premera Blue Cross, Cigna, United Healthcare, Alaska Medicaid, Aetna Commercial Plans, Public Education Health Trust, Multi-Plan and Tricare Select plans - and more.

Some of these plans will not cover a state licensed midwife (CDM), such as Tricare Select plans.

Some of these plans may cover midwives but only in a birthing center, such as Aetna (even when in-network).

And furthermore, some out of state insurance plans may only cover Certified Nurse Midwives in a hospital while not covering home birth or birthing centers such as some Premera Blue Cross of Texas plans (even if the practice or midwife is in-network).