



Illinois Insurance Facts Illinois Department of Insurance

Maternity Benefits in Illinois

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Note: This information was developed to provide consumers with general information and guidance about insurance coverages and laws. It is not intended to provide a formal, definitive description or interpretation of Department policy. For specific Department policy on any issue, regulated entities (insurance industry) and interested parties should contact the Department.

Prenatal care is essential for a healthy pregnancy and baby. Many insurance companies cover prenatal care and delivery, but some do not. Here are the basic facts about maternity coverage in Illinois.

Federal Affordable Care Act

Section 1302 of the Patient Protection and Affordable Care Act requires coverage for essential benefits in the individual and small group markets (both inside and outside the Marketplace) beginning with coverage effective on or after January 1, 2014. Maternity and newborn care coverage, including pre- & postnatal care, delivery and inpatient maternity services, newborn child coverage, breastfeeding education and complications of pregnancy, are essential benefits under the Act.

The Federal ACA does not apply to Excepted Benefit as defined in 42 U.S.C. 300gg-91 and 45 C.F.R. § 148.220. Excepted Benefits include but are not limited to:

- Short-term limited duration insurance;
- Accident-only or disability income insurance;
- Liability insurance, including general liability and auto liability and auto medical payment;
- Worker's compensation or similar insurance;
- Credit only insurance;
- Coverage for on-site medical clinics;
- Long-term care, nursing home care, home health care and community based care;
- Medicare supplements;
- Specified disease or illness;
- Limited dental and vision;
- Hospital indemnity or other fixed indemnity insurance that pays a fixed dollar amount per time period (for example, \$100/day) regardless of the amount of expenses incurred.

Note: *Student health plans are impacted by the Federal ACA with respect to the requirement for essential health benefits as discussed in this fact sheet.*

Illinois Law

For policies not subject to the federal law, the following state mandates may apply. This includes fully insured grand-fathered plans (plans in place prior to March 23, 2010) and fully insured transitional plans (individual and small group plans in place on October 1, 2013 and renewed for

policy years starting between January 1, 2014 and October 1, 2015).

HMO Basic Health Care Service

Illinois **requires** all health maintenance organizations (**HMOs**) to cover all medical costs associated with pregnancy. Maternity care, including prenatal and post-natal care and care for complication of pregnancy of mother and care with respect to a newborn child from the moment of birth, which shall include the care and treatment of illness, injury, congenital defects, birth abnormalities and premature birth. 50 Ill. Adm. Code 5421.130(e)

Insurance Companies – Complication of Pregnancy

Illinois does **not** require **insurance companies** to provide normal maternity benefits in either group or individual policies. However, insurance companies are required to provide benefits for complications of pregnancy such as toxemia or latent diabetes. 50 Ill. Adm. Code 2603.30(a)(11)

Pregnancy as pre-existing condition

If an accident and health or HMO group policy provides maternity coverage that is renewed or issued on or after July 1, 1997, the insurance company or HMO may not exclude or limit maternity as a preexisting condition. 215 ILCS 97/20(B)

The Post Parturition Care Law (215 ILCS 5/356s and 215 ILCS 125/4-6.4)

This law requires insurance companies that provide maternity coverage and all HMOs must pay for:

- at least 48 hours of inpatient hospital care for mom and baby after a normal delivery;
- at least 96 hours of inpatient hospital care for mom and baby after a cesarean section delivery.

Your doctor is the only person who can decide to discharge you before the minimum time. If he or she decides you and the baby can be discharged prior to the minimum time, your insurance company or HMO must then provide coverage for:

- a home nurse visit for you and the baby within 48 hours after discharge; or
- a doctor's office visit to check the baby within 48 hours after discharge.

Prenatal HIV Testing 215 ILCS 5/356z.1 and 215 ILCS 125/4-6.5

Insurance companies that provide maternity coverage and all HMOs must pay for prenatal HIV testing ordered by an attending physician, physician assistant or advanced practical registered nurse.

For More Information

Office of Consumer Health Insurance toll free at
(877) 527-9431; or
visit us on our website at
<http://insurance.illinois.gov>