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## Six things pregnant women need to know about health insurance

By Rachel Hartman, *InsWeb.com*

Pregnancy is a time of anticipation, high emotions and life-changing moments. With all of the excitement, it can be easy to overlook an essential element: [health insurance](#).

When it comes to health insurance and pregnancy, taking the time to sort through costs, coverage and options can lead to a well-thought-out delivery. To get started, investigate any health insurance concerns you have, says Martin Rosen, co-founder of Health Advocate, a health care advocacy company in Pennsylvania. Then, he says, "be prepared for the unexpected."

To avoid surprises, you'll want to know what's covered – and what's not – under your current health insurance plan.

Here are six tips to help you navigate pregnancy and health insurance.

### 1. Be aware of waiting periods.

If you start a new job and switch to a health plan provided by your new employer, you could face a waiting period. This means you won't have health insurance coverage immediately under the new plan. A typical waiting period could be three to six months, says Brette Sember, author of "The Practical Pregnancy Planner."

If you are not pregnant – but want to get pregnant – and currently face a waiting period, consider planning your pregnancy around it, Sember says. If you are pregnant and thinking about moving to a new job and health insurance plan, check to make sure the health plan will cover pregnancy. Then ask whether there's a waiting period and how long it will last.

### 2. Don't assume everything is covered.

You may find that certain procedures and tests are not covered under your current plan. For instance, not all health plans cover genetic testing, Rosen says. Before going ahead with this type of test, read through the information in your plan. If you have questions about coverage, ask your insurance company before taking the test.

In addition, find out whether you have coverage for prenatal classes, Sember says. If you're considering a nontraditional birth provider, such as a midwife or doula (a labor coach), look into whether your plan will cover these options. Midwives often are covered if they're working as nurse-midwives in a medical practice, Sember says. Doulas usually aren't covered by insurance.

### 3. Plan on paying some of the costs.

Find out what the [deductible](#) is with your current plan. Whatever it is, plan on

paying that amount during the time you're pregnant and have a child, Rosen says. So if your current deductible is \$2,000, plan on spending at least \$2,000. In addition, if your plan involves co-pays, find out how much those will cost. Ask your doctor about what tests and procedures are standard during this time, Sember says. Then see how much you will need to pay for them.

#### 4. Add the child to your health plan.

While you and your baby stay in the hospital together, the child will be covered under your policy, says Jeffrey Ingalls, president of The Stratford Financial Group, an insurance consulting and brokerage firm in New Jersey. However, if you leave and your child remains in the hospital, your child must be added to your health insurance policy to get continued coverage.

To avoid any confusion, complete your insurer's enrollment form to add your child to the policy as soon as possible, Ingalls says. "Typically, the child can be added even if you haven't received (the child's) Social Security number yet," he says.

#### 5. Health care reform will increase coverage.

Starting Jan. 1, 2014, pregnancy and newborn care will be considered an essential health benefit under the federal health care reform law. This means that health care during pregnancy and delivery will be covered by all new individual, small business and exchange plans. An exchange is a marketplace set up in each state where people who don't receive coverage through their employers can buy health insurance. The new requirements won't apply to large employers (generally those with more than 100 workers).

#### 6. Even without insurance, there are options.

If you are pregnant and don't have insurance, you may qualify for Medicaid. Different states have different percentages of the federal poverty limit that need to be met to qualify, says Linda Riddell, principal at Health Economy LLC, a health care consulting company in Maine. In general, a pregnant woman with household income up to \$19,565 for a family of two is eligible for Medicaid, according to [Medicaid.gov](http://Medicaid.gov).

For pregnant women who qualify for Medicaid coverage, there is no waiting period, Riddell says. Through Medicaid, you can receive free health care during your pregnancy.

If your income is too high to qualify for Medicaid but you don't have health insurance, you may be eligible for coverage through the Children's Health Insurance Program (CHIP). In some states, this program covers expectant mothers for lab tests and labor and delivery costs. To see whether it's available for pregnant women in your state, visit [InsureKidsNow.gov](http://InsureKidsNow.gov).

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