



## **MATERNITY BENEFIT RIDER**

The coverage to which this rider is attached, the premium you paid, and the application you completed put this rider in force as of the Rider Date. A copy of your application is attached. All provisions of the policy not in conflict with this rider apply to this rider.

Rider Date (same as the Policy Date if no date is shown)

Monthly Rider Premium Amount: \$ \_\_\_\_\_

### **PART I. DEFINITIONS**

The definitions in the policy apply to this rider. In applying them, the word "rider" will be substituted for the word "policy."

### **PART II. BENEFITS**

If, while insured under this provision, you are confined to a hospital as a resident inpatient for childbirth, we will pay subject to a maximum benefit amount of \$5,000.00 for each pregnancy for:

- (a) normal Pregnancy and Childbirth, and
- (b) routine hospital and general nursing services for such covered Insured Person's newborn child during the mother's confinement.

Unless the attending physician, the obstetrician, pediatrician, or certified nurse-midwife, in consultation with the mother recommends an earlier discharge, postpartum hospital stay for the mother and the newborn infant(s) shall, excluding the day of delivery, include a minimum stay of:

- (a) 48-hours following a vaginal delivery, or
- (b) 96-hours following a cesarean section.

In the event such earlier discharge occurs, two follow-up visits for post-discharge care are available. The first visit shall be within 48 hours of discharge. Each visit shall be provided by a certified home health care service selected by the mother, and conducted by a registered nurse with experience in maternal and child health nursing. Post discharge care includes, but is not limited to:

- (a) physical assessment of the newborn;
- (b) parent education;
- (c) assistance and training in breast or bottle feeding; and
- (d) the performance of any necessary and appropriate clinical tests.

Such post-discharge care services shall be consistent with protocols and guidelines developed by national pediatric, obstetric, and nursing professional organizations for these services.

This Maternity Benefit is not subject to the policy Deductible, Out-of-Pocket Maximum, or Coinsurance provisions.

Any benefit will be paid at the time the pregnancy terminates.

NOTE: Complications of pregnancy are not payable under this rider. Complications of pregnancy are payable on the same basis as any other covered services and supplies under the policy. Benefits for complications of pregnancy are subject to all policy provisions.

**PART III.**

**CONDITIONS**

The amount payable under this rider, including post-discharge care services, may not exceed the maximum benefit amount of \$5,000.00 for each pregnancy. This rider is subject to all conditions of the coverage to which it is attached.

**PART IV.**

**EXCEPTION**

We will not pay for anything excluded under the Exceptions and Limitations provision of the policy.

**PART V.**

**CANCELLATION**

You may cancel this rider for the next Calendar Year upon written notification to the Administrator. The effective date of the cancellation will be the first day of the next Calendar Year following the date of your request.

**PART VI.**

**NONDUPLICATION OF BENEFITS**

No benefits are payable under this rider for that portion of expenses for which benefits are payable under the policy or another rider attached to it. If benefits are payable under more than one provision, then benefits will be provided only under the provision providing the greater benefit.

This Rider is signed for Us by:



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Patrick L. Carmody  
President, Board of Directors