



ATTENTION

Benefit Enhancement for Expectant Mothers

We are pleased to announce that the move to Anthem has resulted in an enhancement in covered benefits for breast pumps and pump supplies. Your prior benefit included a cap of \$450 per pregnancy for these services. Also, the pump was to be purchased upfront by the member and then required the filing of a manual claim for reimbursement.

Under the Anthem benefit, the purchase of breast pumps falls under Preventive Care (limited to 1 per pregnancy). If you use an in-network Durable Medical Equipment (DME) supplier, it is covered at 100%. The DME suppliers will then file the claim directly with Anthem.

If you choose to use a non-network provider, it will fall to the non-network deductible and applicable coinsurance and you may be responsible for any amount over the maximum allowable amount. An out-of-network claim provider will most likely not file the claim on your behalf, therefore a manual claim form will need to be completed (see attached form). The medical form and itemized bill can be mailed or uploaded through your member portal. The claim form does provide a good check list of what is required on the bill; diagnosis code, procedure code, provider tax ID, etc.

The Plan does not reimburse purchases at retail or online stores.

You can find a list of in-network DME providers by using the “Find Care” search on the Anthem website ([Find Care & Estimate Costs for Doctors Near You | Anthem.com](#)). For your convenience, we have also attached a listing of the top 100 closest providers. There is no guarantee that all DME suppliers will carry the breast pumps and pump supplies so you will want to contact them for verification.

Please contact us if you have questions.

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