

## Label and Assumptions

### **Having a baby (non-Instructions to Plans and Issuers: Do not modify this tab. The i**

#### Sample care costs:

Hospital Charge	2700
Routine Obstet	2100
Hospital Charge	900
Anesthesia	900
Laboratory Test	500
Pharmacy	200
Radiology	200
Vaccines, Other	40
Total	7540

#### Assumptions

The following are assumptions that all group health plans and health insurance issuers must use for t

#### Standard Assumptions

These assumptions are standard across all scenarios.

Costs do not include premiums.

Condition was not excluded as a pre-existing condition.

There are no other medical expenses for any member covered under the plan or policy.

All care is in-network and considered first tier (or the tier associated with the lowest level of cost sha

All services occur in same policy period.

All prior authorizations were obtained.

All services were deemed medically necessary.

All costs (allowed amount, sample care costs, member costs) greater than \$100 are rounded to the r

All costs (allowed amount, sample care costs, member costs) less than \$100 are rounded to the near

All medications are covered as generic equivalents if available.

## Label and Assumptions

numbers shown here roll up from the **Scenario** tab. Transfer this label to the Summary of Benefits and

this scenario.

ring), for those products that incorporate tiered provider networks.. No out-of-network charges or a

nearest hundredth.

est tenth.

## Label and Assumptions

*† Coverage exactly as shown here.*

ny other variation in Sample Care Costs.

## Scenario

Medical Condition:

Maternity

## Scenario

**Note:** Services on this tab are listed individually for classification and pricing purposes to facilitate the population of the "Sample care costs" section. HHS specifies the Category in order to roll up costs into that category in the "Sample care costs" section so that those costs are uniform across all group health plans and health insurance issuers.

However, some plans or issuers may classify an item or service under another category. The plan or issuer should apply its cost sharing and benefit features for each plan or policy in order to complete the "You pay" section, but must leave as is the "Sample care costs" section. Examples of cost sharing and benefit features include, but are not limited to:

- Payment of services based on the location such as inpatient, outpatient, or office; and
- Payment of items as prescription drugs vs. medical equipment.

***Explanation of Scenario:***

**Total** – the sum of allowed amounts for the listed items and services, which is cross-referenced in the "Label and Assumptions" tab, where it is rounded.

**Date of Service** – includes the

## Scenario

Totals:						
Date of Service	ICD-9 Diagnosis Code	ICD-10 Diagnosis Code	CPT®, HCPCS, or Other Billing Code	Provider Type	Category	Description
40550			OTC	Pharmacy Retail	Pharmacy	Prenatal Vitamins (OTC - Bottle of 100) [1 pill daily; 30 pills/month]
40634	V22.0	Z34.01	80055	OBGYN	Laboratory tests	Obstetric Panel
40634	V22.0	Z34.01	87801 x2	OBGYN	Laboratory tests	Detect agnt mult dna ampli
40634	V22.0	Z34.01	88164	OBGYN	Laboratory tests	Cytopath TBS C/V Manual
40634	V22.0	Z34.01	86701	OBGYN	Laboratory tests	HIV-1
40634	V22.0	Z34.01	36415	OBGYN	Laboratory tests	Routine Venipuncture
40634	V72.42	Z32.01 Z34.01	81025	OBGYN	Laboratory tests	Urine Pregnancy Test
40634	V22.0	Z34.01	Bundled in global OB package - 59400	OBGYN	Routine Obstetric Care	Office/Outpatient Visit Est
40640	V22.0	Z34.01	Bundled in global OB package - 59400	OBGYN	Routine Obstetric Care	Office/Outpatient Visit Est
40640			OTC	Pharmacy Retail	Pharmacy	Prenatal Vitamins (OTC - Bottle of 100) [1 pill daily; 30 pills/month]
40690	V22.0	Z34.01	Bundled in global OB package - 59400	OBGYN	Routine Obstetric Care	Office/Outpatient Visit Est
40718	V22.0	Z34.01	82105	OBGYN	Laboratory tests	Alpha-fetoprotein serum
40718	V22.0	Z34.01	82677	OBGYN	Laboratory tests	Allsay of estriol
40718	V22.0	Z34.01	84702	OBGYN	Laboratory tests	Chorionic gonadotropin test
40718	V22.0	Z34.01	86336	OBGYN	Laboratory tests	Inhibin A
40718	V22.0	Z34.01	83912	OBGYN	Laboratory tests	Genetic examination
40718	V22.0	Z34.01	83891	OBGYN	Laboratory tests	Molecule isolate nucleic
40718	V22.0	Z34.01	83900	OBGYN	Laboratory tests	Molecule nucleic ampli 2 seq
40718	V22.0	Z34.01	83901 x13	OBGYN	Laboratory tests	Molecule nucleic ampli addon
40718	V22.0	Z34.01	83914 x32	OBGYN	Laboratory tests	Mutation ident ola/sbce/aspe
40718	V22.0	Z34.01	83909	OBGYN	Laboratory tests	Nucleic acid high resolute
40718	V22.0	Z34.01	36415	OBGYN	Laboratory tests	Routine Venipuncture
40718	V22.0	Z34.01	Bundled in global OB package - 59400	OBGYN	Routine Obstetric Care	Office/Outpatient Visit Est
40730			OTC	Pharmacy Retail	Pharmacy	Prenatal Vitamins (OTC - Bottle of 100) [1 pill daily; 30 pills/month]

### Scenario

40746	V22.0	Z34.02	Bundled in global OB package - 59400	OBGYN	Routine Obstetric Care	Office/Outpatient Visit Est
40746	V22.0	Z34.00	76805	Radiology	Radiology	OB US >= 14 WKS SNGL FETUS
40774	V22.0	Z34.02	Bundled in global OB package - 59400	OBGYN	Routine Obstetric Care	Office/Outpatient Visit Est
40802	V22.0	Z34.02	82947	OBGYN	Laboratory tests	Assay Glucose Blood Quant
40802	V22.0	Z34.02	85025	OBGYN	Laboratory tests	Complete cbc w/auto diff wbc
40802	V22.0	Z34.02	82950	OBGYN	Laboratory tests	Glucose Test
40802	V22.0	Z34.02	36415	OBGYN	Laboratory tests	Routine Venipuncture
40802	V22.0	Z34.02	Bundled in global OB package - 59400	OBGYN	Routine Obstetric Care	Office/Outpatient Visit Est
40816	V22.0	Z34.03	Bundled in global OB package - 59400	OBGYN	Routine Obstetric Care	Office/Outpatient Visit Est
40820			OTC	Pharmacy Retail	Pharmacy	Prenatal Vitamins (OTC - Bottle of 100) [1 pill daily; 30 pills/month]
40830	V22.0	Z34.03	Bundled in global OB package - 59400	OBGYN	Routine Obstetric Care	Office/Outpatient Visit Est
40836		Z32.2 Z34.03	59442	Alternative Provider	Education	Birthing class
40843		Z32.2 Z34.03	59442	Alternative Provider	Education	Birthing class
40844	V22.0	Z34.03	87653	OBGYN	Laboratory tests	Strep B DNA Amp Probe
40844	V22.0	Z34.03	Bundled in global OB package - 59400	OBGYN	Routine Obstetric Care	Office/Outpatient Visit Est
40844	V04.81	Z23	90471	OBGYN	Vaccines, other preventive	

Scenario

\$ 7,466.39

Allowed Amount Notes

\$ 30.00

\$ 54.24 80055 - Global OB panel code

\$ 9.45 Gonorrhea / Chlamydia screen

\$ 14.74 Pap smear

\$ 12.94

\$ 4.13

\$ 8.87

Bundled

Bundled

\$ 30.00

Bundled

\$ 27.86 Maternal serum quad screen

\$ 26.63 Maternal serum quad screen

\$ 21.47 Maternal serum quad screen

\$ 22.50 Maternal serum quad screen

\$ 11.78 Cystic fibrosis screen

\$ 7.20 Cystic fibrosis screen

\$ 31.84 Cystic fibrosis screen

\$ 129.52 Cystic fibrosis screen

\$ 50.06 Cystic fibrosis screen

\$ 18.98 Cystic fibrosis screen

\$ 4.13 Cystic fibrosis screen

Bundled

\$ 30.00

## Scenario

Bundled

\$ 176.11

Bundled

\$ 6.43

\$ 12.28

\$ 6.95

\$ 4.13

Bundled

Bundled

\$ 30.00

Bundled

-

-

\$ 40.61

Bundled

## Provider Types

The following are the provider types to use on the "Scenario" tab ~ "Provider Type" column to classif

Provider Type What providers are covered under this Provider Type and other notes:

Anesthesiology

Inpatient Facility

Obstetrics/Gynecology

Pharmacy Retail

Radiology

## Provider Types

fy each service by provider type. This aids group health plans and health insurance issuers in applying

## Provider Types

; benefits to each item and service.

The following are the categories to use the same category in the Coverage Example "Scenario" tab and Coverage Example

**Category**

Anesthesia

Hospital charges (baby)

Hospital charges (mother)

Laboratory tests

Pharmacy

Radiology

Routine obstetric care

Vaccines, other preventive

on the "Scenario" tab ~ "Category" column to classify each item and service so it rolls up to ample label on the "Label and Assumptions" tab. This facilitates consistency between the label.

**What services are covered under this Category and other notes:**

Applies to maternity scenario only; other scenarios would use "Hospital charges"

Applies to maternity scenario only; other scenarios would use "Hospital charges"

Includes blood work

Includes all prescription drugs (generic, brand/preferred, non-preferred) which are not adminis

Includes radiology and imaging procedures, CT, MRI, Ultrasounds, x-rays

Applies to maternity scenario only; typically a bundled payment

tered in a hospital, physician's office or other facility