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## Benefits



Member Name:  
Member ID:  
Date of Birth:  
Today's Date:

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**Step 1: Select a Benefit Category**

Maternity and OB/GYN Services

**Step 2: Select a Specific Benefit**

Inpatient Maternity  
**Outpatient Maternity**  
Outpatient OB/GYN

**Search for a Date of Service**  
11 / 14 / 2006  
(mm/dd/yyyy)

**View Benefit Details\***

**Benefit Year:** 01/01/2006 - 12/31/2006  
**Contract Year:** 01/01/2006 - 12/31/2006

**Date of Service:** 11/14/2006  
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### Maternity and OB/GYN Services

#### Outpatient Maternity

Member Cost per Pregnancy	Authorized
Each Pregnancy	\$150.00

Providers may collect copayments in a variety of ways for this coverage. For example, the copayments may be collected in a lump sum at the time of the first visit, at the end of the pregnancy, or in 10 installments.