

NEW HAMPSHIRE HEALTH PLAN

MATERNITY BENEFITS RIDER

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. In the event of a conflict between this rider's provisions and any other provision of the policy, this rider's provisions shall control.

Rider Date (the later of the Policy Date or the date this rider was added to the policy)
Rider Premium is included in the policy premium.

DEFINITIONS

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

"Normal Childbirth" means childbirth or pregnancy free of complications. Complications of pregnancy include a cesarean section birth.

BENEFITS

1. When a Normal Childbirth occurs nine months or more after the Rider Date and results in the Insured mother's Hospital Confinement, maternity benefits are payable for expenses incurred the same as any other covered service and supplies for the Insured mother and newborn. Notwithstanding the foregoing, with respect to an Insured mother who is federally eligible under the Health Insurance Portability and Accountability Act of 1996, Normal Childbirth occurring less than nine months after the Rider Date will result in coverage of maternity benefits in accordance with the preceding sentence so long as the creditable coverage was continuous to a date not more than 63 days prior to the date the application was received by us. For the purposes of the preceding sentence, any break in coverage of less than 63 days will not be considered in determining whether coverage was continuous.

These Hospital Confinement benefits are payable for the minimum length of care determined by the attending physician and shall not be based on economic criteria. Academy of Pediatrics and the American College of Obstetricians and Gynecologists in their guidelines for perinatal care for the Insured mother and newborn infant.

In addition, we will pay the benefit above for premature childbirth free of complications if a full-term pregnancy would have resulted in childbirth nine months or more after the Rider Date.

Also included in maternity benefits is coverage for services rendered by a midwife certified under RSA 326-D, with benefits not subject to any greater co-payment, deductible or coinsurance than other maternity benefits provided hereunder.

2. Any discharge earlier than the minimum length of care recommended by the Academy of Pediatrics and the American College of Obstetricians and Gynecologists in their guidelines for perinatal care for the Insured mother and newborn infant(s), shall be at the recommendation of the attending Physician in consultation with the mother. In such cases the insurer shall pay for at least two (2) postpartum visits.

Postpartum visits include:

- (a) for one such visit, the collection of an adequate sample from the newborn for screening for genetic and metabolic diseases, in accord with RSA Chapter 132 and applicable rules; and
- (b) physical assessment of the Insured mother and infant, to include:
 - (1) infant nutrition and feeding;
 - (2) infant behavior;
 - (3) family interactions;
 - (4) safety and injury prevention;
 - (5) infant and maternal health promotion; and
 - (6) community resources.

Postpartum visits shall be conducted by licensed health care providers experienced in perinatal care. Benefits for postpartum visits are in addition to the Hospital Confinement benefit. Benefits for postpartum visits are subject to the policy deductibles and coinsurance.

3. Expense incurred for homemaker services are considered covered services, but only when such services are:
 - (a) Medically Necessary when the Insured mother, prior to giving birth, is confined to bedrest or her activities of daily living are otherwise restricted upon the recommendation of her Physician (who shall consult with the applicable case manager); or
 - (b) Medically Necessary after the Insured mother gives birth, as determined by her Physician (who shall consult with the applicable case manager).

Homemaker services must be authorized in advance by us in conjunction with the Insured mother's Physician. Benefits for homemaker services are in addition to the Hospital Confinement benefit. Benefits for homemaker services are subject to the policy deductibles and coinsurance. The insurer shall pay for appropriate medically necessary postpartum homemaker services as determined by the attending health care provider who shall consult with the applicable case manager.

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 the policy deductibles and coinsurance.

Benefits provided by this rider are subject to the pre-certification requirements in the policy.

EXCLUSIONS

We will not pay for:

- (a) homemaker services of a person who lives in your home or is a member of your family;
- (b) domestic or housekeeping services that are unrelated to the patient's care;
- (c) companionship or sitter services;
- (d) services which are primarily for the convenience of the Insured person's family;
- (e) anything payable under any other provision of the policy; or
- (f) anything excluded under the Exclusions and Limitations in the policy.

PREEXISTING CONDITION LIMITATION

Maternity Benefits provided for in this rider are subject to the Preexisting Condition Limitations provision of the policy in addition to the terms of paragraph 1 herein.

NONDUPLICATION OF BENEFITS

No benefits are payable under this rider for that portion of expense for which benefits are payable under the policy or another rider attached to it.

714693v4