Federal Notices

Newborns' Act of 1996. Group health plans and health insurance issuers generally may not, under Federal law, restrict benefits for any hospital length of stay in connection with childbirth for the mother or newborn child to less than 48 hours following a vaginal delivery, or less than 96 hours following a cesarean section. However, Federal law generally does not prohibit the mother's or newborn's attending provider, after consulting with the mother, from discharging the mother or her newborn earlier than 48 hours (or 96 hours as applicable). In any case, plans and issuers may not, under Federal law, require that a provider obtain authorization from the plan or the insurance issuer for prescribing a length of stay not in excess of 48 hours (or 96 hours).

The statement above should not be interpreted by Participants to mean that the Plan may not apply its pre-authorization provisions for maternity benefits. Pre-authorization of any maternity confinement is still necessary in order to obtain the highest level of reimbursement available. The Claim Administrator will provide maternity benefits in a manner that complies with the requirements of this federal law. If you have any questions, contact the Plan Administrator for assistance.