



COVERAGE FOR UMN RESIDENTS, FELLOWS, & INTERNS: THE 4TH TRIMESTER PACKAGE

Fourth Trimester Doc
Postpartum Care and Lactation Support

About The Fourth Trimester Package

Our Fourth Trimester Care Package consists of 6 in home medical visits for the mother/birther and the newborn for up to 8+ weeks of direct care, including a prenatal consultation to discuss postpartum planning and baby care with the remainder of the visits in the postpartum period. Our limited practice size, longer appointment times, and 24/7 physician access allow us to provide attentive and compassionate care so you can navigate postpartum with confidence. No need to go into the clinic! The package includes billing four well-child checks for the newborn and one postpartum visit for the birthing person.

Coverage For The Fourth Trimester Package

Without insurance, the total cost of the package is \$1,997**. If the birthing person is wanting to breast/bodyfeed, the package cost drops down to \$985 up front as we are able to get your insurance to pay for lactation services at time of service. The remaining cost of \$985** is mostly reimbursable by your insurance after the visits (see below for details).

See below for a breakdown of insurance coverage and deductibles:

With Basic Plan

- Your in network AND out of network deductible COMBINED is \$400 per person*
- Once you meet your deductible the majority of our costs are covered! (see below for details)

With Basic Plus Plan

- Your in network AND out of network deductible COMBINED is \$100 per person*
- Once you meet your deductible, the majority of our costs are covered! (see below for details)

*2024 Coverage. We are not responsible for any of the information provided. Please be in contact with your insurance company.

**Price subject to change, see website for updated pricing.



Visit our website using
this QR code!

HEALTH PLAN COVERAGE: MATERNITY CARE*

<u>Summary of Covered Services</u>	BASIC PLAN		BASIC+ PLAN	
	<u>In-Network</u>	<u>Out-of-Network</u>	<u>In-Network</u>	<u>Out-of-Network</u>
Home health care following early maternity discharge	80% coverage after deductible	80% coverage after deductible	90% coverage after deductible	90% coverage after deductible
Prenatal hospital/facility provider services	You pay nothing	You pay nothing	You pay nothing	You pay nothing
Prenatal professional services	You pay nothing	You pay nothing	You pay nothing	You pay nothing
Health care professional services: <ul style="list-style-type: none"> • Delivery in a hospital/facility • Examination of the newborn infant while the mother is an inpatient 	80% coverage after deductible	80% coverage after deductible	90% coverage after deductible	90% coverage after deductible
Postpartum care: <ul style="list-style-type: none"> • Office visit • All other eligible services <ul style="list-style-type: none"> ◦ Office/clinic ◦ Outpatient hospital/facility 	80% coverage after deductible	80% coverage after deductible	For office visit, you pay nothing after \$25 copay For other eligible services, 90% coverage after deductible	90% coverage after deductible
Inpatient hospital/facility services: <ul style="list-style-type: none"> • Delivery in a hospital/facility • Postpartum care 	80% coverage after deductible	80% coverage after deductible	90% coverage after deductible	90% coverage after deductible
Acupuncture services during pregnancy	80% coverage after deductible	80% coverage after deductible	90% coverage after deductible	90% coverage after deductible

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HEALTH PLAN COVERAGE: OFFICE VISITS*

	BASIC PLAN		BASIC+ PLAN	
<u>Summary of Covered Services</u>	<u>In-Network</u>	<u>Out-of-Network</u>	<u>In-Network</u>	<u>Out-of-Network</u>
Illness or injury	80% coverage after deductible	80% coverage after deductible	\$25 copay before deductible 90% coverage after deductible	90% coverage after deductible
Mental/Chemical health care	80% coverage after deductible	80% coverage after deductible	\$25 copay before deductible 90% coverage after deductible	90% coverage after deductible
Physical, occupational and speech therapy	80% coverage after deductible	80% coverage after deductible	\$25 copay before deductible 90% coverage after deductible	90% coverage after deductible
Chiropractic care (neuromusculoskeletal conditions only)	80% coverage after deductible	80% coverage after deductible	\$25 copay before deductible 90% coverage after deductible	90% coverage after deductible
Allergy injections	80% coverage after deductible	80% coverage after deductible	\$25 copay before deductible 90% coverage after deductible	90% coverage after deductible
<u>Summary of Covered Services for Infants & Children</u>	<u>In-Network</u>	<u>Out-of-Network</u>	<u>In-Network</u>	<u>Out-of-Network</u>
Preventive physical examinations from birth to age 6	You pay nothing	You pay nothing after deductible	You pay nothing	You pay nothing after deductible
Developmental assessments from birth to age 6	You pay nothing	You pay nothing after deductible	You pay nothing	You pay nothing after deductible

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