

Pregnancy and Newborn Health Coverage Options

This fact sheet provides information and guidance Navigators and certified application counselors (collectively, assisters) need to know in order to help consumers understand pregnancy and newborn health coverage options.

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November 2022. This information is intended only for the use of entities and individuals certified to serve as Navigators, certified application counselors, or non-Navigator personnel in a Federally-facilitated Marketplace. The terms “Federally-facilitated Marketplace” and “FFM,” as used in this document, include FFM where the state performs plan management functions. Some information in this manual may also be of interest to individuals helping consumers in State-based Marketplaces and State-based Marketplaces using the Federal Platform. This document is intended only as a summary of legal requirements and to provide operational information and does not itself create any legal rights or obligations. All legal requirements are fully stated in the applicable statutes and regulations. The contents of this document do not have the force and effect of law and are not meant to bind the public in any way, unless specifically incorporated into a contract. This document is intended only to provide clarity to the public regarding existing requirements under the law. This material was printed, published, or produced and disseminated at U.S. taxpayer expense.

Health coverage can help with the costs associated with prenatal care, labor, delivery, and postpartum care. Assistors should help pregnant consumers understand the coverage options available to them and their families through the Marketplace, Medicaid, and the Children's Health Insurance Program (CHIP). The statutory language and eligibility guidelines referenced in this document may refer to pregnant women. We want to acknowledge and recognize that there are other individuals who may become pregnant.

All Health Insurance Marketplace[®] plans and Medicaid cover pregnancy and childbirth, even if a consumer's pregnancy begins before their coverage starts. Maternity care and newborn care — services provided before and after a child is born — are essential health benefits. This means all qualified health plans (QHPs) inside and outside the Marketplace must cover them.

COVID-19 Information for Pregnant Individuals and Newborns

Pregnant Individuals

Based on what we know at this time, although the absolute risks are low, if you are pregnant or were recently pregnant, you are more likely to get very sick from COVID-19 compared to people who are not pregnant. Additionally, if you have COVID-19 during pregnancy, you are at increased risk of complications that can affect your pregnancy and developing baby. For more information, visit [CDC.gov/coronavirus/2019-ncov/need-extra-precautions/pregnant-people.html](https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/pregnant-people.html).

Evidence continues to build showing that COVID-19 vaccination during pregnancy is safe and effective. These data suggest that the benefits of receiving a COVID-19 vaccine outweigh any known or potential risks of vaccination during pregnancy. A COVID-19 vaccination is recommended for all people 6 months and older, including people who are pregnant, breastfeeding, trying to become pregnant now, or might become pregnant in the future.

For more information, visit [CDC.gov/coronavirus/2019-ncov/vaccines/recommendations/pregnancy](https://www.cdc.gov/coronavirus/2019-ncov/vaccines/recommendations/pregnancy).

Newborns

Consumers should contact their newborn's pediatrician if they have any concerns about their newborn or if the newborn is sick and may have COVID-19.

Although we still have much to learn about the risks of COVID-19 for newborns of people with COVID-19, we do know these facts:

- Most newborns of people who had COVID-19 during pregnancy do not have COVID-19 when they are born.
- Some newborns have tested positive for COVID-19 shortly after birth. We don't know if these newborns got the virus before, during, or after birth.

- Most newborns who tested positive for COVID-19 had mild or no symptoms and recovered. Reports say some newborns developed severe COVID-19 illness.

For more information, visit [CDC.gov/coronavirus/2019-ncov/if-you-are-sick/pregnancy-breastfeeding.html](https://www.cdc.gov/coronavirus/2019-ncov/if-you-are-sick/pregnancy-breastfeeding.html).

Pregnancy-related Health Coverage

For eligibility for health coverage, pregnant individuals may be counted as one person or as one person plus the number of children they are expecting. If a consumer is applying for health coverage through HealthCare.gov, they may qualify for QHP coverage, Medicaid, or CHIP, and the Marketplace will automatically calculate how many people are counted.

- When determining eligibility for Marketplace coverage, a pregnant individual is counted as one person.
- When determining eligibility for Medicaid or CHIP coverage:
 - If a pregnant individual is seeking an eligibility determination for themselves, they are counted as one person plus the number of children they are expecting.
 - If a pregnant individual is in the household of someone who is seeking an eligibility determination, states can opt to count the pregnant individual as one person, one person plus one child (regardless of the number of children expected), or one person plus the number of children expected.

Marketplace Coverage

Consumers can create an account to apply for Marketplace coverage during the Open Enrollment Period (OEP) or a Special Enrollment Period (SEP); note, however, that being pregnant doesn't make a consumer eligible for an SEP, but giving birth does. If consumers select the option to get help paying for coverage on their application, they'll be asked if they or anyone in their household are pregnant. Reporting the pregnancy on their application is optional, but doing so may help them and their family members get the most affordable coverage, as it can affect whether the individual is determined eligible for Medicaid or CHIP. Enrollees who want to keep their current coverage with financial assistance (if applicable) should skip the question. Enrollees and consumers newly enrolling in coverage who want to see if they qualify for additional cost savings or for Medicaid or CHIP should answer the question. If eligible, pregnant consumers who choose to purchase a QHP through the Marketplace have the opportunity to select a plan that best meets their health and financial needs. They may also be eligible for advance payments of the premium tax credit (APTC) and cost-sharing reductions (CSRs), which lower their health care costs.

All QHPs available through the Marketplace must cover essential health benefits for pregnant individuals, including:

- All prenatal care visits with no copayment.
- Labor and delivery services.
- Breastfeeding support, supplies, and counseling with no copayments (this includes visits with a lactation consultant, breastfeeding equipment, and breast pumps).

As consumers compare QHPs offered through the Marketplace, you can help them understand some of the benefits offered in each plan by guiding them through the plan's Summary of Benefits and Coverage (SBC). Each SBC includes a standardized, hypothetical coverage example that shows what the plan would cover when having a baby under that plan. The actual costs that consumers will pay depend on the services that they receive and where they receive care. For more information on the SBC, refer to the Understanding the SBC assister job aid at Marketplace.cms.gov/plan-compare-and-plan-selection-help/sbc-factsheet.pdf.

Medicaid and CHIP Coverage

[Medicaid and CHIP](#) provide free or low-cost health coverage to tens of millions of Americans, including low-income families and children and pregnant individuals. Federal and state governments run both programs jointly, and the exact design of these programs varies among states. Assisters can help pregnant individuals and their families apply for Medicaid or CHIP coverage through the Marketplace. Remember that Medicaid and CHIP enrollment is open year-round, and coverage can begin at any time.

Medicaid

Medicaid pays for nearly half of all births in the United States and is the single largest payer for maternity care in the United States. With Medicaid coverage, pregnant individuals get help paying for care related to pregnancy, labor, and delivery, as well as postpartum care at least through the last day of the month in which the 60-day postpartum period ends, regardless of any change in household income.ⁱⁱ Medicaid coverage may result in lower out-of-pocket costs since most pregnant individuals enrolled in Medicaid do not pay premiums or cost sharing. If pregnant individuals have out-of-pocket costs under Medicaid, these charges are typically much less than the amount of premiums and cost sharing for QHP coverage.

Most states have extended Medicaid coverage to pregnant individuals with monthly income up to or over 185 percent of the federal poverty level (FPL), and some states provide coverage to pregnant individuals with higher incomes.ⁱⁱⁱ Coverage is generally based on the date of application, and beneficiaries may be eligible for, and need to request, coverage of qualifying medical expenses for up to three months before the month of application.

CHIP

Many states use CHIP to provide health coverage to uninsured children in families with incomes too high to qualify for Medicaid but too low to afford private coverage. In addition, states may opt to provide pregnancy-related coverage by electing coverage of “targeted low-income pregnant women” through a 60-day postpartum period and/or unborn children from conception to birth under the CHIP state plan.

Generally, individuals eligible for pregnancy coverage through CHIP must be uninsured, ineligible for Medicaid, and have a family income below the state’s CHIP income threshold.

Individuals must also meet state residency, citizenship, or immigration requirements. However, unlike other children in CHIP, citizenship or immigration status is not considered for eligibility as an unborn child. Finally, states may apply state-specific eligibility criteria. It is important to note that states may not apply a CHIP waiting period to individuals who recently lost group health coverage who are eligible as a “targeted low-income pregnant woman”.

Additionally, states that cover “targeted low-income pregnant women” are not permitted to charge cost sharing, such as co-pays. It likely will be beneficial for an individual enrolled in a QHP who becomes pregnant to consider transitioning to CHIP, if eligible, since most states do not charge premiums for pregnant individuals, and no cost sharing for covered services is permissible for the duration of their pregnancy and 60-day postpartum period.

Immigrants, including pregnant individuals, who are “qualified non-citizens” are generally eligible for coverage through Medicaid or CHIP if they meet their state’s eligibility rules.^{iv} However, to get Medicaid and CHIP coverage, many qualified non-citizens may be subject to a five-year waiting period. States have the option to remove the five-year waiting period and cover lawfully residing children and/or pregnant individuals in Medicaid or CHIP through a program known as the CHIPRA 214 Option. For a list of states that use the CHIPRA 214 Option to cover lawfully present children and/or pregnant individuals, visit the Medicaid site at [Medicaid.gov/medicaid/enrollment-strategies/medicaid-and-chip-coverage-lawfully-residing-children-pregnant-women](https://www.Medicaid.gov/medicaid/enrollment-strategies/medicaid-and-chip-coverage-lawfully-residing-children-pregnant-women). More information can also be found at [HealthCare.gov/immigrants/lawfully-present-immigrants](https://www.HealthCare.gov/immigrants/lawfully-present-immigrants).

Minimum Essential Coverage

Pregnant individuals enrolled in Medicaid almost always receive full Medicaid benefits, which meets minimum essential coverage (MEC) standards. In a small number of states, some individuals in the eligibility group for pregnant individuals with higher income receive the “pregnancy-related services” benefit package, which is a somewhat less robust set of services.^v

Medicaid coverage that does not provide full benefits and only covers pregnancy-related services may not be considered MEC. The Department of Health and Human Services (HHS) reviews the coverage provided to individuals in the eligibility group for pregnant persons to determine whether it meets MEC standards. In general, consumers who are eligible for

Medicaid coverage that is considered MEC or eligible for CHIP are ineligible for APTC and CSRs through the Marketplace.

Consumers should check with their state Medicaid agency for information on whether their state's pregnancy-related Medicaid coverage is considered MEC. Alternatively, consumers who are only eligible for non-MEC Medicaid may also be eligible for APTC and CSRs through the Marketplace, if otherwise eligible.

Some states have additional pathways to covering pregnant individuals through Medicaid. Consumers should contact their state Medicaid agency for more detailed information about Medicaid eligibility and services available for pregnant individuals or new parents who gave birth.

For continuity of coverage and care, under HHS and IRS guidance, individuals who are enrolled in a QHP and who become eligible for pregnancy-related Medicaid or CHIP that is considered MEC may choose to:

- Remain enrolled in their QHP with APTC, or
- Remain enrolled in their QHP without APTC/CSR and enroll in the pregnancy-related Medicaid or CHIP coverage. If individuals enrolled in a QHP decide to enroll in pregnancy-related Medicaid or CHIP coverage that is considered MEC, they would not be eligible for APTC or CSRs during the time they are enrolled in the pregnancy-related Medicaid or CHIP coverage.

Transitioning from Medicaid or CHIP to the Marketplace

Medicaid coverage based on pregnancy continues through the postpartum period, which extends from the date the pregnancy ends to the last day of the month in which the 60-day postpartum period ends. Some states have extended or plan to extend the postpartum period for up to 12 months. After the end of the postpartum period, some individuals may remain eligible for Medicaid due to criteria other than pregnancy, but others will lose their Medicaid coverage.

To avoid a gap in coverage, consumers losing Medicaid coverage should apply for Marketplace coverage with financial assistance as soon as they are aware their Medicaid coverage will end. Consumers who lose Medicaid or CHIP coverage (pregnancy-related or other) that is MEC are eligible for an SEP to enroll in Marketplace coverage based on their loss of coverage. Also, pregnant individuals who were covered by CHIP through the "unborn child" option may qualify for an SEP upon loss of this coverage. To use their SEP, consumers should create or update a HealthCare.gov application and report their loss of coverage:

- Up to 60 days in advance by starting an application for Marketplace coverage and indicating that they will lose qualifying coverage; or

- Up to 60 days after their Medicaid or CHIP coverage ends. If they choose this option, they have up to 60 days after coverage ends to report the loss of coverage and select a plan through the Marketplace.

Babies born to individuals who are enrolled in Medicaid or to targeted low-income pregnant persons in CHIP at the time of the child's birth are automatically eligible for Medicaid or CHIP for one year (known as "deemed newborns") without an application, even if the parent who gave birth is not eligible for Medicaid or CHIP after the pregnancy. In Medicaid and CHIP, states may also elect to cover deemed newborns for additional populations, such as infants of individuals covered under a section 1115 demonstration project or who previously had Medicaid or CHIP coverage for the birth in another state. The child's Medicaid or CHIP eligibility continues until their first birthday, and citizenship documentation is not required. When a child turns one, they may still be eligible for Medicaid or CHIP based on their parents' household income; the state Medicaid or CHIP agency will re-determine their eligibility. If the consumer's child loses eligibility for Medicaid or CHIP, the consumer can newly apply for Marketplace coverage for the child or can report the life change on their existing application and select a plan for the child, consistent with the plan category limitations applicable to SEPs through the Marketplace.

Marketplace Coverage for New Dependents

Giving birth, adopting, fostering a child, or gaining a dependent through a child support or other court order qualifies consumers for an SEP for health coverage through the Marketplace, regardless of whether they previously had or currently have other coverage. This means that after the date that an individual gives birth or otherwise gains their new dependent, they can enroll in Marketplace coverage even if it is outside the OEP. Consumers have 60 days from the date of the birth, adoption, foster care placement, or date provided in the court order to newly apply for Marketplace coverage or report the life change on their existing application and select a plan. Coverage can be effective from the day the baby is born or that the applicant otherwise gained their dependent. Alternatively, they may call the Marketplace Call Center and request that their new coverage start the first of the month following plan selection.

New enrollees may need to submit documents to confirm an adoption, foster care placement, or court order. Existing Marketplace enrollees generally can choose to add the new dependent to their current plan or add the new dependent to their own group and enroll them in any plan for the remainder of the year. This only applies to the new household member; current enrollees generally can't change plans. If the plan's rules don't allow consumers to add new members to their plan, the family can enroll together in a different plan in the same plan category. If no other plans are available in their current plan category, the family can enroll together in a category that's one level up or one level down. Additionally, gaining a new dependent may change the amount of financial assistance the consumer is eligible for.

Scenarios

Scenario #1: Assisting a Consumer Who Has a High-risk Pregnancy

Ashley, a 27-year-old manager at a local clothing store, is expecting her first child and wants health coverage. Ashley has diabetes, so her pregnancy is considered high-risk.

Ashley does not qualify for Medicaid in her state because she makes \$33,000 a year (which is above her state's 185 percent of the FPL income threshold for a household of two – Ashley and her expected baby). Ashley may be eligible for help lowering her health care costs if she chooses a plan offered through the Marketplace.

You should help her submit an application for Marketplace coverage and financial assistance and to understand the coverage options for which she may be eligible. Because her pregnancy is high-risk and complications may arise, Ashley should consider the following:

- If Ashley is eligible for financial assistance through the Marketplace and is selecting a QHP, are her preferred providers included in the provider networks of the plans she is comparing?
- What will her monthly premium be, and how much will she have to pay in out-of-pocket costs (e.g., deductibles, copayments) with the plans she is comparing?
- What will the costs be of complications that might arise, such as premature birth, extended hospital stays, or a scheduled C-section with the plans she is comparing?
- How many more out-of-pocket expenses could she expect for a high-risk pregnancy with the plans she is comparing?

Scenario #2: Assisting a QHP Enrollee Who Becomes Pregnant

Lucy, a 30-year-old school librarian, is single, enrolled in Marketplace coverage with APTC and CSRs, and expecting her first child. Lucy isn't sure if she should update her Marketplace application to report her pregnancy.

You can explain to Lucy that she is required to report her pregnancy on her Marketplace application, as it could affect her eligibility for Medicaid coverage and for APTC and CSRs. Telling the Marketplace about the pregnancy makes it more likely that she'll be found eligible for coverage through Medicaid or CHIP.

- If she's found eligible for pregnancy-related Medicaid or CHIP, she will be able to keep her current Marketplace coverage and be eligible to continue receiving savings on Marketplace coverage, unless she enrolls in that Medicaid or CHIP coverage.

- If she enrolls in Medicaid, the baby will automatically be enrolled in Medicaid when they're born, and they'll remain eligible for at least a year.
- If found eligible for Medicaid or CHIP during her pregnancy, Lucy will be covered for 60 days after she gives birth. After 60 days, she may no longer qualify. Lucy's state Medicaid or CHIP agency will notify her if her coverage is ending. She can enroll in a Marketplace plan during this time to avoid a break in coverage.

Additional Resources

For more information, visit:

- HealthCare.gov:
 - Health Coverage if You Are Pregnant or Planning to Get Pregnant: [HealthCare.gov/what-if-im-pregnant-or-plan-to-get-pregnant](https://www.healthcare.gov/what-if-im-pregnant-or-plan-to-get-pregnant)
 - Preventive Care Benefits for Women: [HealthCare.gov/preventive-care-women](https://www.healthcare.gov/preventive-care-women)
 - Special Enrollment Periods Information: [HealthCare.gov/coverage-outside-open-enrollment/special-enrollment-period](https://www.healthcare.gov/coverage-outside-open-enrollment/special-enrollment-period)
- Marketplace.cms.gov:
 - Complex Case Scenarios: Pregnancy, Prenatal Care, and Newborn Coverage Options: [Marketplace.cms.gov/technical-assistance-resources/pregnancy-prenatal-care-newborn-coverage-options.pdf](https://www.marketplace.cms.gov/technical-assistance-resources/pregnancy-prenatal-care-newborn-coverage-options.pdf)
 - SEP Overview and Complex Case Scenarios: [Marketplace.cms.gov/technical-assistance-resources/sep-overview-complex-case-scenarios.pdf](https://www.marketplace.cms.gov/technical-assistance-resources/sep-overview-complex-case-scenarios.pdf)
- Medicaid.gov:
 - [Medicaid.gov](https://www.Medicaid.gov)
 - [Medicaid.gov/CHIP](https://www.Medicaid.gov/CHIP)

ⁱ Health Insurance Marketplace® is a registered service mark of the U.S. Department of Health & Human Services.

ⁱⁱ Under the American Rescue Plan Act of 2021 (ARP), signed into law on March 11, 2021, states have the option, for five years, to provide 12 months of postpartum coverage in Medicaid and CHIP. States have been able to elect this option since April 1, 2022. In states that elect the option, eligible individuals enrolled in Medicaid or CHIP while pregnant are continuously eligible for coverage through the end of 12 months following the end of their pregnancy. Some states utilized section 1115 demonstrations to extend postpartum coverage for certain Medicaid- and CHIP-enrolled individuals even before the ARP option took effect; these state demonstrations vary with respect to which Medicaid- and CHIP- enrolled individuals may receive coverage and the duration of the postpartum coverage. Assistants should check with their state Medicaid/CHIP agency to learn whether their state has plans to exercise this option or has received state plan or demonstration authority and, if so, the state's timeline for implementation.

ⁱⁱⁱ For more information on state eligibility thresholds, visit [Medicaid.gov/medicaid/national-medicaid-chip-program-information/medicaid-childrens-health-insurance-program-basic-health-program-eligibility-levels/index.html](https://www.Medicaid.gov/medicaid/national-medicaid-chip-program-information/medicaid-childrens-health-insurance-program-basic-health-program-eligibility-levels/index.html)

^{iv} Compact of Free Association (COFA) migrants are generally citizens of the Marshall Islands, Federated States of Micronesia, and Republic of Palau who are lawfully residing in one of the U.S. states or territories. For information specific to consumers who are COFA migrants, refer to the Health Coverage Options for COFA Migrants job aid at Marketplace.cms.gov/technical-assistance-resources/health-coverage-options-cofa-migrants.pdf.

^v If states elect the option to provide 12 months of postpartum coverage, they may not limit coverage to pregnancy-related services.

