

# SUMMARY PLAN DESCRIPTION LANGUAGE

## Summary Plan Description Language: Healthy Pregnancy (Screening, Testing, Counseling, Preventive Medication, and Treatment)

### Prenatal Diagnosis of Chromosomal Abnormalities and Neural Tube Defects (NTDs) (Screening)

#### Covered Screening Methods

All screening tests used to detect risk for chromosomal abnormalities and neural tube defects are covered.

#### Initiation, Cessation, and Interval

The timing and frequency is determined by the screening method used.

## Summary Plan Description Language: Prenatal Diagnosis of Chromosomal Abnormalities and Neural Tube Defects (NTDs) (Testing)

#### Covered Screening

Testing for chromosomal abnormalities and neural tube defects is a covered benefit. Coverage includes the use of all validated testing tools, including, but not limited to:

#### Initiation, Cessation, and Interval

- Amniocentesis
- Chorionic villus sampling (CVS)
- Ultrasound

Testing for chromosomal abnormalities is covered for all pregnant women age 35 or older (and those who have equivalent risk) in place of, or in addition to, screening services.

Testing for neural tube defects is covered for all pregnant women at elevated risk of neural tube defects based on a positive screen or other documented risk factor.

Genetic counseling, when medically indicated and provided in association with testing, is also covered.