

VISTA HEALTHPLAN OF SOUTH FLORIDA, INC.
Rider to HMO Certificate of Coverage
Individual Plan 30AB
Maternity Rider

Vista Healthplan of South Florida's individual policy is hereby amended and supplemented by the terms and conditions of this Rider. Nothing contained in this Rider will be held to vary, alter, waive, or extend any of the terms, condition, provisions or limitations of the Policy to which this Rider is attached, other than as specifically stated herein. In the event of a conflict between the provisions of this Rider and the Policy, the provisions of this Rider will prevail.

EFFECTIVE DATE:

Your Policy is amended as follows:

Maternity Coverage is effective fifteen (15) months after the individual's effective date of coverage under this Rider. However, an individual who is pregnant prior to the effective date of this Rider and who qualifies as HIPAA-eligible will not be subject to the fifteen (15) month maternity benefit waiting period.

The Subscriber should notify Vista Healthplan of South Florida in writing upon first receiving a diagnosis of pregnancy. Forms are available from VISTA-SFL or your OB-GYN physician's office. However, in order for the child to be covered, notification that a newborn child born to the Subscriber should be received by Vista Healthplan of South Florida no later than 60 days from the moment of birth. Please refer to the Newborn Coverage provision in the policy for enrollment and coverage details.

Maternity coverage includes obstetrical and maternity care received on an inpatient or outpatient basis including medically necessary prenatal and postnatal care of the mother. This benefit also includes post delivery care including a postpartum assessment of the mother and the performance of any medically necessary clinical tests and immunizations in keeping with prevailing medical standards and may be provided at the hospital, at the attending physician's office, at an outpatient maternity center, or in the home by a qualified licensed health care professional trained in mother and baby care. Coverage includes the services provided in a licensed birthing center and the services of certified nurse-midwives and licensed midwives.

Physician Services/Certified Nurse-midwives and licensed midwives

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| Maternity Pre-Natal Care | One Time \$50 Copayment |
| Maternity Post Natal Care | No Copayment |

Hospital Facility/Birth Center

Hospital services include, but are not limited to anesthesia, x-rays and laboratory services for conditions relating to the pregnancy:

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| Normal/Cesarean Section Delivery | \$1,000 Copayment |
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All the terms, conditions, limitations and exclusions of the Contract/Certificate of Coverage apply to the benefits provided by this Rider.

VISTA HEALTHPLAN OF SOUTH FLORIDA, INC.



Stephen P. Russell
Vice President of Product Development