



### **State of Montana Benefit Plan (State Plan) Breastfeeding Benefits**

Please read this completely so you know what to expect and what is covered on the State Plan.

- **Breastfeeding/lactation support and counseling:** Reimbursement for services to support breastfeeding is available when provided by a Certified Lactation Consultant (CLC) or International Board Certified Lactation Consultant (IBCLC) under the general supervision of a licensed physician or a licensed mid-level practitioner.
  - Covered services provided by in-network providers are covered at 100% of the allowed amount.
  - Covered services provided by out-of-network providers have a separate deductible, co-insurance, and maximum out-of-pocket amount. Plus, any amount charged above the allowed amount can be balance-billed to you. Out-of-network benefits are separate from In-Network benefits. [Please reference the State of Montana Benefit Plan Wrap Plan document for complete details.](#)
    - In-network providers will submit claims for services directly to BlueCross & BlueShield of Montana.
    - For Out-of-network providers, the plan member may need to be submitted directly to BlueCross & BlueShield of Montana.
  - Claims for services must be submitted within 12 months of the date of service or initial expense.
- **Breast pump and breastfeeding supplies:** Reimbursement for one breast pump per birth event and breastfeeding supplies are available as listed below.

#### **Covered Breastfeeding Supplies**

- Tubing for breast pump
- Adapter for breast pump
- Cap for breast pump bottle
- Breast shield and splash protector for use with breast pump
- Polycarbonate bottle for use with breast pump, replacement
- Locking ring for breast pump
- Breast pump, manual, any type
- Breast pump, electric (AC and/or DC), any type
- Breast pump, hospital grade, electric (AC and/or DC), any type – rental for up to 1 year.
- Storage bags
- Cleaning wipes, cleaning bags sterilization kit only
- Creams, ointments, and other products that relieve breasts or nipples
- Bottles – reasonable amount for storage, usually 10-12 bottles
- Breast Pads

#### **Not-Covered Breastfeeding Supplies**

Breastfeeding equipment and supplies not listed underneath the “Covered Breastfeeding supplies” section. This includes, but is not limited to:

- Infant scales
- Batteries, battery-powered adaptors, and battery packs\*
- Bottles, nipples, caps and lids which are not specific to breast pump operation\*
- Ice-packs, labels, labeling lids, and other similar products\*
- Nursing bras and garments for convenience
- Breast pump cleaning supplies (except those outlined in what’s covered)
- Stand-alone travel bags/carrying case and other similar travel or carrying accessories\*

\*Some items are covered if they come bundled by the manufacturer with the breast pump. They cannot be reimbursed if purchased as separate items.

### **To Get a Breast Pump and Supplies:**

- Please work with your provider to find a breast pump that best suits your individual needs.
- An in-network provider may submit the claim on your behalf.
- If using an out-of-network provider, including retail locations, you will need to submit the claim by using the Medical Claim form: [bcbsmt.com/docs/forms/claim/mt/medical-claim-mt.pdf](https://bcbsmt.com/docs/forms/claim/mt/medical-claim-mt.pdf).
  - You must submit claims for reimbursement within 12 months date of service or date of the initial expense.
  - Complete all fields of the form and attach the receipt. Make a copy for your records.
  - Mail the completed form and receipt to the address listed.

**For any additional questions, please contact BlueCross & BlueShield of Montana at (888) 901-4989 or the Health Care & Benefits Division at (800) 287-8266, TTY (406) 444-1421, or [BenefitsQuestions@mt.gov](mailto:BenefitsQuestions@mt.gov).**

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