

Dear Service Benefit Plan member,

We can help you take care of yourself and your baby. As a pregnant individual you can receive a free blood pressure monitor as part of your maternity benefits. Eligible members can receive this benefit every two years at no out of pocket cost.

Checking your blood pressure regularly is an important part of controlling it. Blood pressure monitoring is a critical aspect of prenatal care to screen for preeclampsia. Preeclampsia is a potentially dangerous pregnancy complication characterized by high blood pressure.

If left uncontrolled, high blood pressure during pregnancy can lead to serious health complications for the mother and baby:

- Preeclampsia, which can cause damage to other organ systems such as the kidneys, liver, and brain
- Eclampsia, which can lead to seizures, maternal stroke, and brain damage
- Decreased blood flow to the placenta
- Placental abruption
- Intrauterine growth restriction
- Low birth weight
- Premature delivery
- Future heart disease
- Death

To get your new pregnancy blood pressure monitor:

1. Complete the form with the eligible member's details.
2. Follow the instructions on the form to take the member's arm measurement and enter the arm circumference.
3. Submit the completed form by fax to 512-714-5126 or by mail to **BCBSA—FEP, PO Box 29104, Shawnee Mission, KS 66201**.

Please know that we are sending a digital blood pressure monitor. If the pregnant individual has a pacemaker or another implanted device, please indicate this in the below **Pregnancy Blood Pressure Monitor Request Form** to be able to send you the appropriate blood pressure monitor.

After we receive the order, we will verify enrollment and send the monitor to the requested address. We'll send you the new monitor within two weeks. After it arrives, please read the instructions included with the monitor. We recommend that patients talk to their doctor about the proper way to use the monitor and how to keep track of their results.

Remember that even with a home monitor it is important to get your blood pressure checked by your doctor regularly throughout the pregnancy— more if your blood pressure is not controlled or your doctor recommends coming in more often. If you have any questions about this benefit, please call us at **1-800-411-BLUE (2583)**.

Your partner in health,

The Blue Cross and Blue Shield Service Benefit Plan

Send completed form to:

BCBSA – FEP PO BOX 29104
Shawnee Mission, KS 66201
Fax: 1-512-714-5126

Pregnancy Blood Pressure Monitor Request Form

MEMBER INFORMATION:

Date: / /
MM DD YY

Member ID: R

Pregnant Member's Name: _____
First Middle Last

Member Shipping Address: _____
Street Address

City State Zip

Phone Number: _____ Pregnant Member's Date of Birth / /
MM DD YY

Email Address: _____

Does the pregnant member have a pacemaker: Yes / No

Does the pregnant member have a hearing impairment: Yes / No

Mid-upper arm circumference measurement is _____ In. / Cm.

I am a pregnant and submitting this information for myself

I am submitting this information on behalf of a pregnant Blue Cross and Blue Shield Service Benefit Plan member.

***Instructions to take arm measurement:**

1. You will need a tape measure and you may need a second set of helping hands to help take the measurement.
2. Measure the length of the arm between the shoulder and elbow.
3. Divide the distance in half to locate the mid-upper arm.
4. Wrap a tape measure around the mid-upper arm to determine arm circumference (typically measured in inches or centimeters)

** When the arm measurement is less than 5 inches / 12.7 cm or more than 60 inches/60.96cm, place your order by calling customer service at 1-800-411-BLUE. Then, follow the prompts for the blood pressure monitor to complete your order.