

GOLDEN MONTHS RESOURCE

Benefits & Leave Guide

Understand your leave rights, insurance coverage, and Medicaid benefits — and exactly what to ask HR and your plan.

Know what you're entitled to

Maternity benefits in the United States come from several places at once — federal law, state programs, your employer, and your insurance. This guide helps you find out what applies to you and how to ask for it. Rules change and vary by state and employer, so always confirm specifics with HR and your plan.

The four sources of coverage

- **Federal protections** — job-protected leave and pregnancy/lactation accommodations for eligible workers.
- **State programs** — a growing number of states offer paid family leave or disability benefits. Yours may.
- **Employer benefits** — parental leave, PTO, short-term disability, EAP, and increasingly maternal-care benefits.
- **Health coverage** — private insurance or Medicaid, which covers a large share of U.S. births.

Questions to ask HR — copy this list

Ask	Why it matters	Done
How much leave am I eligible for, and how much is paid?	Get it in writing	
Is my job protected, and for how long?	Ask which law applies to you	
How do short-term disability and parental leave interact?	Order of use matters for pay	
What's the notice and paperwork deadline?	Missing it can cost you benefits	
Do benefits continue during leave, and who pays premiums?	Avoid a coverage gap	
What's the lactation accommodation policy?	Space, break time, and where	

Is a phased or part-time return possible?	Ask before you commit to a date	
---	---------------------------------	--

Questions to ask your insurance plan

Ask	Why it matters	Done
What prenatal, birth, and postpartum care is covered?	Including which facilities	
Is a doula, lactation consultant, or home visit covered?	Increasingly yes — ask explicitly	
Is a breast pump covered, and how do I order it?	Many plans cover one per birth	
What's my out-of-pocket maximum this year?	Plan the timing of costs	
How do I add my baby to the plan, and by when?	Deadlines are short — often 30 days	
Is postpartum mental health care covered?	Ask about visit limits and providers	

If you have Medicaid

- Medicaid covers a substantial share of U.S. births, including prenatal, delivery, and postpartum care.
- Many states have extended postpartum coverage well beyond the traditional 60 days — ask what yours does.
- Coverage may include care coordination, home visiting, doula services, and lactation support depending on your state.
- Golden Months works with Maryland Medicaid managed-care plans — ask us to help verify your eligibility and benefits.

Documents worth keeping in one folder

- Your written leave approval and dates
- Any short-term disability claim numbers and correspondence
- Insurance card, plan documents, and your out-of-pocket tracker
- Birth documentation for adding baby to coverage
- Every receipt and EOB (explanation of benefits) — errors are common; check them

A note on advocacy

If a claim is denied, that is often the beginning of a conversation, not the end. Ask for the reason in writing, ask about the appeal process, and ask your care team for documentation. Many denials are reversed on appeal.

My benefits summary

Item	My answer	Done
Leave start / end dates	_____	
Paid vs unpaid portions	_____	
HR contact	_____	
Insurance member ID + phone	_____	
Deadline to add baby to plan	_____	
Golden Months care navigator	_____	

This guide is general education from Golden Months and does not replace care from your own clinician. Your Golden Months care team can personalize any of it for you. If something feels wrong, call your provider — trust yourself.

