Individual Insurance Handbook - Maternity

A guide to help you choose the best maternity plan
If you are considering using maternity benefits while living as an expat, this guide goes through all of the main points you need to consider when choosing both the best plan, and the best hospital.

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When looking into purchasing maternity coverage, there are some important questions you need to start asking.

Here are three quick questions that will help you choose the right plan.

**What to Ask?**

1. What makes a good maternity plan?
2. Is it suitable for my child, once born?
3. Is it suitable for me?
What Makes a Good Maternity Plan?
What to look for when comparing Maternity plans:

A Stable Insurer
If it looks too good to be true, it probably is!
Always research the insurance company you choose to ensure the stability of the plan, and their presence/assistance in your area.

A Reasonable Limit
Compare a few plans to make sure the specific maternity benefits are sufficient for your treatment requirements. Check for specific benefits or exclusions in maternity coverage that may not be found in other plans.

A Safety Net For Complications
Don’t just look at the routine maternity treatments; ensure the plan covers you for complications during pregnancy as well as childbirth.
What Makes a Plan Suited to Me?
If I find a plan I think looks interesting, how do I know if it is suitable for me?

A Relevant Waiting Period
Always plan ahead and ensure that the waiting period is appropriate for your needs, avoiding the risk of having to pay for some of the treatment yourself.

Past Consideration
If you have received maternity treatment in the past, this may affect your future maternity cover, especially regarding complications. Ensure your plan covers all procedures in this case.

Local Reach
Ensure the plan is from an insurer that is accepted in the area you will need cover in. Make sure benefits match local hospital costs, and the plan has the ability to pay direct to the hospital ensuring a hassle free process.
Is The Plan Suitable For My Newborn Child?
What to ask to make sure that your child will receive the cover it needs once born.

What makes it suitable?

Easy Acceptance
Check the process of adding the newborn child to your plan. Confirm how long you have to add your child to the plan once born, and check if there is any further medical information needed before acceptance.

Benefits For The Baby
Check the plan includes all treatment a new born child may require such as routine vaccinations or yearly check ups with a physician, etc...

Long Term Flexibility
If it is likely that your child will need to keep the coverage in the future, ensure the plan is portable, should you move country or change job.
Which Hospital Should I Choose?

Here are three quick areas you should look at when choosing a facility.

What to look for?

1. Affiliations and Reputation.
2. Appropriate Treatment Costs.
3. Cultural Awareness.
Affiliation and Reputation
Some helpful insights to ensuring your facility is dependable.

International Credibility
If the facility has international rewards, is affiliated with renowned Medical universities, or celebrated facilities worldwide, they are likely to meet international treatment standards.

A Local Identity
Speak to people in your city if they have heard of any specific facilities. Ask if it is generally well known, or if there is any specific feedback from people who may have used the services previously.

Online Recommendations
All the major expat hubs will have several forums where people post their experiences with local hospitals, usually though a blog or forum dedicated specifically to Maternity.
CHAPTER 2

Cultural Awareness
Ensure the hospital will provide you with the service and treatment that you expect.

Communication
For treatment as personal as maternity, it is always best to ensure that the nurses and physicians are able to speak the same language as yourself to avoid any possible confusion.

Treatment Philosophies
Make sure that you will receive the exact type of treatment you would normally expect, especially if you are in an area with different philosophies or treatment styles from your home country.

Service and Standards
Always ensure the staff at the facility are trained to meet service and general standards.
Suitable Treatment Costs
Ensure the costs for treatment at the facility are fitting to your personal situation.

What is the difference?

According To Your Insurance
Whether you have insurance already or if you are looking for a plan, make sure the costs at the facility are covered by your plan without any risk of out of pocket expenses.

According To Your Area
Check the costs of a few different facilities in your area to make sure the pricing is similar. If not, find out why and do not hesitate to ask specific pricing questions.

Worst Case Scenario
Maternity complications will always have a much higher cost than routine treatments, with some insurers putting limits in cover in places specifically for maternity. Always ensure that your facility's maternity complication costs are reasonable according to your coverage.
FAQ
Here are the answers to some common questions regarding maternity insurance, as well as the definitions of some of the main terms you will encounter.

What is the difference between routine and complicated Maternity?
“Routine” is when a pregnancy progresses naturally without the need of further treatment outside the usual maternity procedure.
“Complicated” is when the mother or baby require treatment outside the usual routine procedure due to a medical symptom or abnormality.

What is the difference with complications of “Childbirth” and “Pregnancy”? Complication of “Childbirth” relates to complications during the actual birthing process, usually resulting in a surgical procedure (c-section) for the child to be born. Complications of “Pregnancy” generally refer to illnesses that affect the mother during the developmental stages of the pregnancy, before the child is ready to be born.

How does the “Waiting Period” work for maternity benefits?
The Waiting Period is an amount of time that must pass before you can claim Maternity benefits on your plan. With most insurers, this is only relevant to your date of enrolment, covering treatments once this time period has passed. With some insurers though, if a conception date is within the waiting period the entire pregnancy is excluded, even after the stated time passes.
I am pregnant now and do not have insurance. Can I get coverage?
Unfortunately, there are no individual plans available at all that can offer cover for an existing pregnancy. Therefore, it is strongly recommended to at least look for a plan with the best cover for the newborn child.

Will the plan cover IVF treatment?
Unfortunately, few plans will cover IVF treatment; and those that do would have specific waiting periods or restrictions. No insurer will cover this if the specific need for IVF existed before the plans started.

If I pay for IVF myself, will the routine maternity still be covered?
Generally speaking yes, though there may be specific exclusions or limits for routine or complicated treatment for medically assisted pregnancies, varying from insurer to insurer.

What is newborn care?
This is treatment for the child once actually born. Usually referring to unexpected treatment needed as the result of childbirth complications or medical conditions evident at birth.

What is the difference between a “Per Pregnancy” and “Per Year” benefit?
Per Pregnancy means you have one set benefit for the entire pregnancy that will not refresh if the pregnancy goes into a new plan year.
Per Year means the benefit amount will refresh when you renew the policy into the next year, even if you are still pregnant at the time of renewal.
What is the difference between an “Elective” and a “Medically recommended” and an “Emergency” c-sections?

“Elective” is when there is no medical necessity, though the mother chooses this method anyway without the doctor saying it is needed.

“Medically recommended” is when the doctor states early in the pregnancy that a c-section is best option due to medical or physical circumstances.

“Emergency” is when there is an immediate need to proceed with the c-section, whether before the due birth date, or during the actual birth itself.

What is a congenital condition?

A congenital condition is generally a medical condition that exists from the time of birth, such as developmental issues or hereditary conditions.

What is a medically assisted pregnancy?

This is when a pregnancy is conceived as a result of medical intervention, usually when the parent(s) are unable to conceive naturally.
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