



Global healthcare

A helping hand

If you need us at any point in your pregnancy, we're here to offer a helping hand. This quick guide answers some key questions about the pregnancy and childbirth cover on our Prestige and Prestige Plus policies.



Congratulations on your lovely news!

With everything you need to think about when you're pregnant, wondering what your health insurance covers shouldn't be one of them. This guide is designed especially to answer the questions people have about their pregnancy and childbirth cover.



Knowing your cover

Each policy year you have an allowance to use for routine pregnancy and childbirth appointments, scans and tests. We've created a helpful list of what your policy does, and doesn't cover.



What's included



- ✓ The care you receive throughout your pregnancy with a midwife or general practitioner
- ✓ The birth of your baby
- ✓ Ultrasound scans and testing to check for any conditions, such as downs syndrome
- ✓ New-born baby checks while still in hospital
- ✓ Postnatal check-ups for you, up to 6 weeks after the birth of your baby

Knowing what you can and can't claim for will help you to prepare for all situations.

Knowing your cover

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What's not included



- ✗ Home help after the birth of your baby
- ✗ 3D and 4D scans
- ✗ Genetic testing of parents (e.g. testing of the parents for the cystic fibrosis gene)
- ✗ Parenting classes or other classes relating to pregnancy and childbirth
- ✗ Yoga and Pilates
- ✗ Birthing coach, such as a Doula

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What else will my policy cover me for?

On top of your routine pregnancy and childbirth benefit, you can use your overall allowance for medical conditions related to your pregnancy, including:

- ✓ Retained placenta*
- ✓ Heavy bleeding following the birth
- ✓ Placenta previa**
- ✓ Post natal depression
- ✓ Back pain
- ✓ Ambulance transport to hospital

The diagnosis and treatment of these conditions would be covered from your normal policy benefits and won't affect your routine pregnancy and childbirth benefit. The symptoms might need monitoring throughout the rest of the pregnancy, and these would be covered from your routine pregnancy and childbirth benefit. For example, if you had back pain caused by the pregnancy, the cost of your initial visit to a doctor and the diagnosis would be covered from your normal policy benefits, but if this needed to be monitored because there was an increased risk to the pregnancy, these checks would be covered from your routine pregnancy and childbirth benefit.

If you have any exclusions on your policy because of your past medical history, this might affect what we're able to cover. For further information on this, please refer to your policy handbook.

You can also find further information about specific conditions and their cover in your policy handbook.

*A condition where the placenta isn't delivered on its own naturally.

**A condition where the placenta is lower down in the cervix than it should be, covering the cervix.



Will my baby be covered?

The costs of your baby's routine checks in hospital immediately after birth will be covered by your routine pregnancy and childbirth benefit; however, if your baby needs any medical treatment, they will need their own cover.

Adding your baby to your policy

When you've had your baby, we can add them onto your policy as a dependent. If they're added to your policy within three months, we can often backdate the cover to their date of birth.

If you have any questions about your cover, or to add your baby to your policy, call our team on **+44 (0) 1892 556 276***. If you're a corporate plan customer, please contact your HR department.

*For changes to your policy, the team are available between 8am and 6pm Monday to Friday, and 9am to 5pm on a Saturday (UK time). Calls may be recorded for training or monitoring purposes and as a record of our conversation.



A decorative orange diagonal band on the left side of the page contains various white line-art icons of baby-related items: a stroller, a duck, a baby bottle, a baby's head, a teddy bear, and a baby in a stroller. The main title is in a large, bold, dark blue serif font.

What if there's a complication?

If there's a complication during your pregnancy, such as severe sickness, anaemia, gestational diabetes or high blood pressure, we'd cover your initial visit to a doctor from your normal policy benefits. Once you've been diagnosed, the doctor might want to keep an eye on your symptoms throughout the rest of your pregnancy; these costs would be covered from your routine pregnancy and childbirth benefit.

My doctor has said I need a caesarean section, will I be covered?

If you need a caesarean delivery because of a medical complication, the costs would be covered from your overall policy allowance, keeping your pregnancy benefit free for your routine appointments. We might ask for a medical report from your treating doctor to explain why it's medically necessary.

There are lots of big decisions to be made throughout your pregnancy and it's important that you're aware of all of the options available to you. There are lots of resources online with more information about your birthing options, including caesarean sections. You'll find information including why they're carried out, how they're done and other useful facts to help you with your decision.



Can you pay the hospital directly?

With over 1 million healthcare providers we've paid directly in the past, it might be possible for us to arrange for your bills to be sent to us, so you don't have to worry about being out of pocket and can focus on spending time with your baby.

Nearer to the time of your due date, let us know:

- ✓ The name and contact details of the hospital and your consultant
- ✓ The date of your admission (if this is pre-planned) and details of the expected treatment

With this information, we'll contact the hospital on your behalf to check that we can pay them directly and let you know.





What does my pregnancy wait period mean?

When you bought your policy, you had a pregnancy wait period. You'll be able to check and find details about this on your membership statement.

A waiting period is the time period before you are able to make a routine pregnancy claim. If you have any complications that need treating, the wait period won't apply and you'll be covered from your overall allowance.

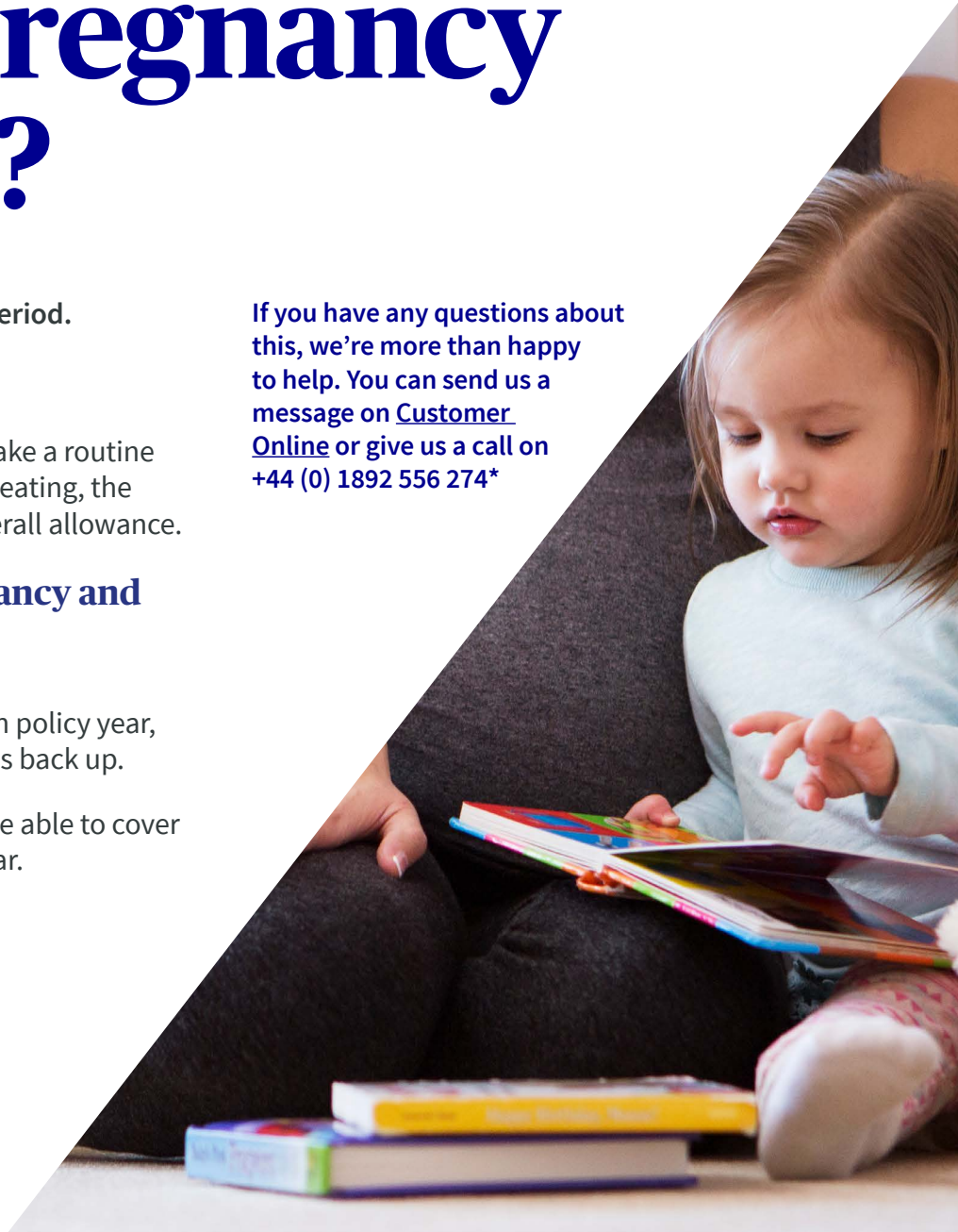
What happens if I use all of my routine pregnancy and childbirth benefit?

You have a routine pregnancy and childbirth benefit for each policy year, and when a new policy year starts, your benefit amount goes back up.

If you use all of your benefit during a policy year, we won't be able to cover any routine pregnancy claims incurred during this policy year.

If you have any questions about this, we're more than happy to help. You can send us a message on [Customer Online](#) or give us a call on +44 (0) 1892 556 274*

*Our customer service team is available 24/7. Calls may be recorded for training or monitoring purposes, and as a record of our conversation





Support for you and your loved ones



Any questions?

If you have any questions about your cover, call one of our friendly advisers on **+44 (0)1892 556 274**.

Alternatively, send us a message on [Customer Online](#), our secure member website available anytime, day or night.



24 hour medical support for you and your family

With our telephone medical information service, you can call a team of medical professionals day or night.

With a team of nurses, counsellors, midwives and pharmacists,* they're on hand to help, whether you're wondering about vaccinations or it's the middle of the night and you just need some reassurance. They're ready to offer confidential information and support to you and your family. They can answer any questions you might have during your pregnancy.

To use this service, call **+44 (0) 1892 556 753**.

*Nurses and counsellors are available 24 hours a day. Pharmacists and midwives are available from 8am to 8pm Monday to Friday, 8am until 4pm on Saturday and 8am until 12pm on Sunday (UK time)