



Global healthcare

A helping hand

If you need us at any point in your pregnancy, we're here to offer a helping hand. This guide answers some key questions about claiming for the costs of pregnancy and childbirth using your global health plan.



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 to answer the questions you might have about using your health plan when it comes to pregnancy and childbirth.



Knowing your cover

All of our global health plans include an **overall allowance**. Your overall policy allowance is designed to cover you in an emergency, and if something unexpected happens. Some of our plans also include a specific pregnancy benefit called a **routine pregnancy and childbirth allowance**.



Overall allowance

Overall allowance is the maximum amount that you're able to claim per policy year. It's this benefit that also makes sure that the diagnosis and treatment of any unexpected medical conditions that may come up whilst you're pregnant are covered.

Not sure what cover you've got?

All our plans offer slightly different benefits, and you can check which benefits are available to you by checking your membership handbook, which you can access through your Online Account. Alternatively, you can contact our Customer Service Team at any time on your usual helpline number, which you'll find on your membership card and policy documents. If your policy has been provided by your employer, you can contact us on your usual helpline number, or contact your companies' HR department for more information about your cover.

Knowing your cover

All of our global health plans include an **overall allowance**. Your overall policy allowance is designed to cover you in an emergency, and if something unexpected happens. Some of our plans also include a specific pregnancy benefit called a **routine pregnancy and childbirth allowance**.



Routine pregnancy & childbirth allowance

The **routine pregnancy and childbirth allowance** is on hand to cover routine pregnancy costs, such as midwife appointments, routine scans, and the routine monitoring of pregnancy related conditions. It's this benefit that also covers the cost of a routine delivery.

Not sure what cover you've got?

All our plans offer slightly different benefits, and you can check which benefits are available to you by checking your membership handbook, which you can access through your Online Account. Alternatively, you can contact our Customer Service Team at any time on your usual helpline number, which you'll find on your membership card and policy documents. If your policy has been provided by your employer, you can contact us on your usual helpline number, or contact your companies' HR department for more information about your cover.

More about your benefits

What else will my routine pregnancy and childbirth allowance cover me for?

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, for up to six weeks after the birth of your baby

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
- ✗ Vitamins and supplements

What else will my overall allowance cover me for?

Whether your plan includes the routine pregnancy and childbirth allowance or not, you can also use your overall allowance for conditions related to your pregnancy, including:

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

The diagnosis and treatment of these conditions would be covered from your usual non-pregnancy policy benefits, such as your outpatient allowance.

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. This is where you'll also find further information about specific conditions and their cover.

If your health plan has been provided by your employer, you may have cover for additional tests and treatments included on your policy. For more information about your cover, please refer to your policy handbook or contact your companies' HR department.

*when medically necessary.



Will my baby be covered?

If your baby is delivered by a medically necessary caesarean section, the costs of your baby's routine checks in hospital immediately after birth will be covered by your overall allowance. If your baby was delivered naturally or via a caesarean section due to personal choice, your baby would need to have their own cover for any of their treatment to be covered.

If your baby does need treatment, we might need to ask for more information. For example, we may ask whether your pregnancy is a result of natural or assisted conception. This is to make sure that the treatment is eligible for 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 bought your health plan from us directly for yourself and your family, you can call us directly on **+44 (0) 1892 556 276*** to discuss adding your baby to your policy.

If your health plan has been provided by your employer, please contact your HR department, who'll be able to let you know about whether your baby can be added to your cover.

If you bought your policy through an intermediary, you can speak to your AXA representative about adding your baby to your plan.

*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.





What if there's a complication?

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 routine pregnancy and childbirth allowance 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 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.

In our [guide to c-sections](#), we've looked at caesarean sections around the world to help you make an informed decision about what's right for you.



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.

When you get in touch with us to start a pregnancy claim, you'll be assigned a Dedicated Maternity Case Manager. They'll be on hand to help support you through your claim and make sure you, your chosen hospital, and treating specialists have all the information needed. To get started with your Case Manager, they'll ask you for some initial information, including:

- ✓ **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, and your consent, they'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 might have been given 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're 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?

If you have a routine pregnancy and childbirth allowance, it will apply each policy year. This means that 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 through your online account, or give us a call on your usual helpline number.*



Support for you and your loved ones



Any questions?

If you have any questions about your cover, call one of our friendly advisers on your usual helpline number. Alternatively, send us a message through your online account.



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**.



Mind Health service

Sometimes, when things get too much, it can help to reach out and talk to someone. With the Mind Health service, psychologists are available for up to six telephone or video call sessions to work through your worries. What's more, is that you don't need to make a claim for these appointments, as they don't affect your policy benefits.

If you've bought an individual policy for yourself and your family, you'll have access to this service straight away. If your policy is provided by your employer, you'll need to check your healthcare hub to see whether this service has been included in your cover.

*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)