Global healthcare

Your guide to **pregnancy support**

If you need us at any point in your pregnancy, we're here to offer a helping hand.



GET STARTED

Congratulations on your lovely news!



This guide answers some of the key questions about claiming for the costs of pregnancy and childbirth using your healthcare plan, so you can focus on your health.

- Getting to know your cover
- More about your benefits
- Adding your baby to your plan
- Caesarean sections
- Billing and payment
- Pregnancy wait period
- Virtual Care services

Getting to know your cover

All our Global Health Plans include **medical benefits** to cover you in an emergency or if something unexpected happens.

Medical benefits

The maximum amounts that you're able to claim per policy year. These benefits also make sure that the diagnosis and treatment of any unexpected medical conditions that may come up while you're pregnant is covered.

Some of our plans also include a specific pregnancy benefit called a **routine pregnancy and childbirth allowance**.

Routine pregnancy and childbirth allowance

Cover for routine pregnancy costs, such as midwife appointments, routine scans, and the routine monitoring of pregnancy related conditions. This benefit also covers the cost of a routine delivery.



Not sure what cover you've got?

All our plans offer slightly different benefits. You can check which are available to you by accessing your policy documents. Alternatively, get in touch via your online account or helpline number.[1] You can find this in your welcome email, healthcare hub, membership documents or via your employer.

More about your benefits

What else do my medical benefits cover?

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

- ✔ Retained placenta
- ✔ Post-natal depression
- ✔ Back pain
- ✔ Heavy bleeding following the birth
- ✔ Ambulance transport to hospital (when medically necessary)

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

What if I have exclusions on my policy?

Any exclusions on your policy because of your medical history might affect what we're able to cover. For further information, please refer to your policy documents. This is where you'll also find further information about specific conditions and their cover.

What else does my routine pregnancy and childbirth allowance cover?

What's included

- ✔ The care you receive with a midwife or general practitioner throughout your pregnancy
- ✔ The birth of your baby
- ✔ Ultrasound scans and testing to check for any conditions, such as Down's 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
- ✖ A birthing coach, such as a Doula
- ✖ Vitamins and supplements

If your health plan has been provided by your employer, you may have cover for additional tests and treatments included on your policy. For further information, please refer to your policy handbook.

Adding your baby to your plan

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 only be covered if you have the routine pregnancy and childbirth allowance.

If your baby needs medical treatment or any routine checks outside the immediate hospital environment, they would need to have their own cover. We may ask for more information to make sure that the treatment is eligible for cover. For example, whether your pregnancy is a result of natural or assisted conception.

How do I add my baby to my plan?

To find out whether your baby can be added to your plan, please get in touch via your online account or helpline number.[1] You can find this in your welcome email, healthcare hub, membership documents or via your employer.

If your baby is added within three months, we can often backdate the cover to their date of birth.



Caesarean sections

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 will be covered from your medical benefits 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.

Where else can I find advice on caesarean sections?

There are lots of online resources available with more information about your birthing options, including caesarean sections.

In our guide to caesarean sections, we've looked at caesarean sections around the world to help you make an informed decision about what's right for you. You'll learn why they're carried out, how they're done and other useful facts to help you with your decision.



Billing and payment

Can you pay the hospital directly?

We may be able 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 contact 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.



Pregnancy wait period

What is a pregnancy wait period?

A pregnancy wait period is the time period (from your policy start date) before you're able to make a routine pregnancy claim.

Does a pregnancy wait period apply to my plan?

You'll be able to check whether a pregnancy wait period applies to your cover and find more details via your online account.

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

If you have a routine pregnancy and childbirth allowance, it will apply each plan year. This means that when a new plan year starts, your benefit amount resets. If you use all of your allowance during a plan year, we won't be able to cover any additional routine pregnancy claims incurred in the same plan year.



Virtual Care services

As part of your plan, you have access to a range of Virtual Care services[2] that you can use to support you during your pregnancy.

Mind Health

The Mind Health service[3] allows you to self-refer for confidential mind health support from a fully qualified psychologist – wherever you are, whenever you're ready. The service is here for you, offering up to six sessions by phone or video call.

Virtual Doctor

With the Virtual Doctor service,[4] you can access personal medical advice from fully qualified and experienced doctors. Speak to a doctor as often as you need with unlimited consultations, all included in your plan at no extra cost. It's peace of mind at home or on the go for you and any family members covered on your plan.

Second Medical Opinion

If you ever feel unsure about a diagnosis or treatment plan, the Second Medical Opinion service[5] matches your case with a specialist who truly understands your condition. From complex diagnoses to reassurance that you're on the right path; you'll have the best expertise in the world by your side.



Any questions?

If you have any questions about pregnancy and childbirth claims or anything else related to your plan, send us a message via your online account:

axaglobalhealthcare.com/en/members

Or call us on your helpline number[1] which you can find in your welcome email, healthcare hub, membership documents or via your employer.

[1] Lines are open 24/7. We may record and/or monitor calls for quality assurance, training and as a record of our conversation.
[2] Access to the Mind Health and Virtual Doctor service is available for all large corporate groups who have chosen the upgrade. For further information about the services, please visit: axaglobalhealthcare.com/en/international-health-insurance/virtual-care-faqs
[3] The Virtual Doctor service is provided by our third-party provider Teladoc Health and is part of the Virtual Care from AXA offering. Telephone appointments can be booked 24/7, 365 days per year. Callbacks are typically within 24 hours. Operating hours and availability may vary according to region. Find out more on our Virtual Care FAQ page on our website.
[4] The Mind Health service is provided by our third-party provider Teladoc Health and is part of the Virtual Care from AXA offering. The service provides up to six sessions with a psychologist per non-emergency mind health concern, per year. Find out more about the Mind Health service and consultation availability on our website.
[5] The Second Medical Opinion service is provided by our third-party provider Teladoc Health and is part of the Virtual Care from AXA offering.

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