

MATERNITY COVER: IMPORTANT THINGS TO KNOW

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Parenthood is a wonderful thing, for the happiness and fulfillment that one feels on becoming a parent is overwhelming to say the least. The birth of a child brings immense delight and excitement to our lives.

However, parenthood is a huge responsibility, and the journey begins right from the time you start planning for your baby. With the ever-increasing healthcare cost and increase of pregnancy-related complications, childbirth has become a costly affair. Today, it has become important to have a proper

financial plan in place before entering parenthood to ensure that one enjoys the joy of becoming a parent without worrying about the finances. One of the important elements of the said financial plan is to have a good maternity insurance cover which helps reduce the financial burden of the childbirth. Let us spare a few minutes to understand about maternity insurance.

The maternity cover is a part of the base health insurance package and is not a standalone insurance plan in India as of now. You must note that all the health plans do not provide for maternity benefits, hence you should go through the terms and conditions of your base health plan to understand if the maternity cover is available and included in the plan or not. Apart from retail policies, many group medical policies also provide

maternity benefits.

Coverage

Broadly speaking, maternity insurance covers all the expenses pertaining to childbirth like hospitalisation, medical treatment and costs incurred for the insured woman during pre and post-delivery. Costs like room rent charges, ambulance costs and surgeon fees are also covered. Additionally, any complications arising within 90 days post-delivery/post-natal will be covered. The cover is available for normal as well as caesarean delivery. It also covers

expenses related to medically recommended and lawful termination of pregnancy.

In addition to this, a 'New Born Baby Cover' is available. This covers the expenses related to the medical treatment of the newborn baby. It also takes care of the expenses incurred for hospitalisation of the newborn, if the baby is hospitalised due to any post-birth complication. The cover is available for 90 days from birth and this period may vary from insurer to insurer.

Few plans also offer covers for mandatory vaccinations of the baby upto 90 days. The cover is available for vaccinations for Tetanus,

Hepatitis, Measles and Typhoid etc as recommended by the Indian Paediatric Association and are taken care of under the Maternity Expenses cover.

Sub-limits

First important point to note is that maternity cover usually has a sub-limit to it. For example, if the sum insured of your base health plan is ₹5,00,000, it does not imply that you have the entire ₹5,00,000 for maternity-related expenses. The maternity sub-limit will be explicitly specified in your policy document.

Waiting period

One crucial piece of information is that maternity cover has a waiting period clause, which means you can file a claim for maternity-related expenses after a certain period of taking the policy. The waiting period varies from insurer to insurer and product to product;

usually, the period ranges from 9 months to 9 years.

Group medical policies can also cover maternity from day 1, with no waiting periods attached, as it can be tailor-made as per the requirements.

Number of Deliveries and Termination:

Most of the health insurance policies also mention the number of deliveries and termination that are covered under the policy which one should note while buying the policy.

I hope this article gave you an overview of maternity insurance cover and how it can provide you with a financial cushion against childbirth-related expenditures. While maternity is a great cover to have in a policy, one should buy well-designed, health insurance for its overall benefits and not only with a focus on the maternity cover.

