



What to expect when you're expecting.

union
health

Frequently asked questions about pregnancy and birth-related services cover at Union Health.

Congratulations!

Adding a new member to your family is an exciting event! It's a time of great change, so it's only natural to have lots of questions. And some of those questions might be about your health cover.

We hope this guide answers all your questions about cover for pregnancy and birth-related services at Union Health. But if it doesn't, get in touch – we're happy to help.

Am I covered for maternity services?

Our Gold Hospital and Silver+ Family Hospital covers include pregnancy and birth-related services.

If you're not currently on one of these covers, you'll need to upgrade and serve the 9-month waiting period before you can claim for pregnancy-related services. This might mean thinking ahead!

What maternity services am I covered for?

We fully cover:

- hospital accommodation charges
- theatre charges
- labour ward charges

when you're admitted as a private patient to any of our [contracted hospitals](#) or a public hospital.

We also pay towards inpatient medical services provided by your obstetrician, gynaecologist, anaesthetist, or other specialist medical practitioner while you're admitted to hospital. You may have to pay for pathology and radiology. You'll also have to pay for any incidentals, such as phone calls, meals for your partner, TV hire, and any medications not directly related to your hospitalisation.

Medicare pays 75% of the Medicare Benefits Schedule (MBS) fee for eligible inpatient services, and we pay the remaining 25%. If you're charged more than the MBS fee, you'll be 'out-of-pocket' for this additional amount unless billed under Access Gap Cover.

How can Access Gap Cover reduce my out-of-pocket expenses?

Access Gap Cover is a scheme that eliminates or reduces the out-of-pocket expenses you may be charged above the [Medicare Benefits Schedule](#) (MBS) fee for your hospital treatment.

Doctors who choose to participate in the scheme will write to advise you of your treatment costs and how much you will be out-of-pocket, if at all. If your doctor doesn't participate in Access Gap Cover, you should ask whether they charge more than the MBS fee before you're admitted for treatment.

HOSPITAL COVER COMPARISON

Cover	TREATMENTS & SERVICES		
	Pregnancy & birth-related	Assisted reproductive	Excess
Gold	✓	✓	\$500
Silver+ Family Hospital	✓	✓	\$400/750
Silver+ No Pregnancy Hospital	×	×	\$400/750
Silver+ Hospital Essentials	×	×	\$400/750
Bronze+ Young Choice	×	×	\$250
Bronze+ Hospital	×	×	\$500/750
Basic+ Hospital	×	×	\$500/750

Do any waiting periods apply?

There's a nine-month waiting period for all pregnancy and birth-related services if you are:

- joining Union Health as a new member
- upgrading your existing policy with Union Health
- transferring from another fund, unless you already served the full waiting period for these services under your previous cover.

Will I need to pay an excess?

If your hospital cover includes an excess, you'll have to pay this when you're admitted to hospital (if you haven't already been admitted during the current calendar year). See your product guide for details.

What about visits before or after I'm hospitalised?

Current legislation prevents us from paying any benefits for appointments with your obstetrician, gynaecologist, or other specialist, including scans and doctors' management fees except while you're admitted as an inpatient. Medicare will usually pay a benefit for these services.

How long can I stay in hospital after giving birth?

Each hospital defines its own standard length of stay for admission to give birth, so please check directly with the hospital. If you have to stay longer for medical reasons, we'll pay the additional accommodation fees.

Is my baby covered by my hospital policy?

If you have a family, couple or single parent cover, your baby is immediately covered. Remember to contact us to add the baby to your policy.

If you're on a single policy, you'll need to:

- transfer to a family policy or single parent policy within twelve months of your baby's birth
- pay the additional premium from the date of the baby's birth.

Am I covered for multiple births?

Yes.

Am I covered for home births?

Your hospital cover only applies when you're admitted to hospital, so home births are not covered.

However, depending upon the level of extras cover you've chosen, you may be eligible to receive benefits for some pregnancy and birth-related services, such as home nursing and lactation nursing. Check the table to the right or see your product guide for details.

Am I covered for paediatrician fees?

We hope your baby is born happy and healthy, and so long as that's the case, your newborn won't be admitted as an inpatient. Paediatrician fees are only payable if your baby is admitted for a medical reason at the time of birth.

For paediatrician visits on or after discharge, Medicare will usually pay a benefit.

Can I claim for ante and postnatal physiotherapy?

Depending on your cover, you may be able to claim a benefit for ante or postnatal classes conducted by a registered physiotherapist in private practice. Check the table to the right to see if your cover qualifies.

Can I claim for childbirth education classes?

Many private and public hospitals run childbirth education classes.

You may be able to claim a benefit for these if you have extras cover with the Health Management benefit. Check the table to the right to see if you're eligible.

EXTRAS COVER COMPARISON

Cover	SERVICES		
	Ante and postnatal physio	Childbirth education classes	Home nursing & lactation nurse
Comprehensive	✓	✓	✓
Family	✓	✓	✓
Everyday	✓	×	×
Healthy Options	✓	✓	×
Mid Range	✓	✓	×
Basic	×	×	×

My daughter is a dependant on my membership. Is her pregnancy covered?

Yes - if your cover includes pregnancy-related services and she has served the appropriate waiting periods.

However, your daughter's baby will not be eligible for benefits under your cover. To ensure her baby is covered from birth, your daughter will need to:

- transfer to family policy or single parent policy in her own name within twelve months of the baby's birth
- pay the additional premium from the date of the baby's birth.

We hope we've answered all your questions! You can get more detail from our [Important Information Guide](#) and your product guide, but if you're still not sure about anything, please contact our friendly local call centre.