

Pregnancy and medical aid

Issued by [Bonitas](#)

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Motherhood and pregnancy are times of great anticipation and joy. Each experience is unique but what is probably high on the agenda is that you have a trouble-free pregnancy, a healthy baby and also know and anticipate the costs involved for pre-natal check-ups and the birth. "Choosing the right medical aid is critical in ensuring the healthcare needs of you and your loved ones are taken care of. More so, when you're looking at expanding your family. For those who are on a medical scheme or wish to join one, here are some important points to consider when you fall pregnant," says Lee Callakopen, Principal Officer of Bonitas Medical Fund.

When you are already a member of a medical aid scheme

When should you advise your medical aid of your pregnancy?

If you are already a member, you can access the out-of-hospital maternity benefits without advising your medical aid that you are pregnant. However, please ensure that your doctor uses the correct ICD-10 codes on your claim to ensure that it is processed correctly. Bonitas pays for maternity benefits in addition to savings and day-to-day benefits, which help members get the care they need during pregnancy while limiting out-of-pocket expenses.

Remember that pre-authorisation is needed for the delivery of the baby, which can usually be done from 20 weeks onwards. Pre-authorisation will help you understand the benefits you have available on your plan and ensure that you are aware of what is covered. Bonitas members can also register for the Bonitas baby bag once pre-authorisation is obtained. The baby bag is packed with useful goodies for the baby to make parenthood a little easier.

When do you advise the medical aid that your baby has been born and needs to be added onto your medical aid?

For our members, the baby needs to be registered within 30 days from the date of birth to ensure there is no break in cover and that your child will be covered from the first day of life.

Are there Designated Service Providers (DSPs) in terms of gynaes and hospitals for childbirth?

We strongly advise members to use DSPs to get maximum value and avoid co-payments. We agree special rates with these providers, which are covered within a member's benefits, so that they can focus on taking care of their health and wellbeing during pregnancy.

What is normally covered in the maternity benefit?

This differs from scheme to scheme and according to the plan you are on. Bonitas pays for up to 12 maternity consultations (paid for from a separate benefit), an amniocentesis, antenatal classes, 2x 2D ultrasounds and the delivery. In addition, there are additional benefits such as new-born hearing screening tests and childhood vaccinations.

Does Bonitas cover the cost of a Caesarian birth?

Yes, medically necessary Caesarians are covered on all plans.

Some expectant mothers do prefer home births – is this covered?

Yes, the cost for a home delivery is covered.

Are all the childhood vaccinations covered by Bonitas and if so, are there any conditions attached ie where the vaccinations should be done?

Vaccines are covered as per the EPI schedule on immunisation. Please note this benefit is available on specific plans. The vaccines can be done at any clinic or pharmacy. If an administration fee is charged by these providers, it will be paid from your savings or day-to-day benefits.

The Bonitas Babyline – a dedicated children's health advice line

In 2016, Bonitas introduced Babyline – a 24-hour children's health advice line manned by paediatric trained registered nurses. They are on the other side of the phone to assist with any parental concerns, vaccination schedules and health related issues, 24/7, 365 days of the year. This is available for children under 3 years old.

Joining a medical scheme when you are already pregnant

It is very common for women to apply to join a medical aid scheme when they fall pregnant. But according to the Medical Schemes Act 131 of 1998, medical aid schemes are entitled to impose a 12-month condition specific waiting period for any pre-existing medical condition, such as pregnancy. These waiting periods are imposed to protect the interests of current members of the scheme. When a waiting period is applied to pregnancy, then the pregnancy and birth will not be covered but your baby will be covered from the first day of life – if you register him/her with your medical aid within 30 days. This will allow you to ensure the healthcare needs of your child will be covered.

Bonitas has different plans and expectant mothers will be able to select the one most suitable for their needs.

Informing the medical aid of your pregnancy

Prospective members need to inform their medical aid upon application or within 30 days after you complete the application.

What is the policy regarding a member joining Bonitas when they are pregnant? What sort of cover can they expect, if any?

The pregnancy would be considered pre-existing and therefore not covered. The baby will be covered if registered within 30 days post-delivery.

What happens if someone signs up for medical aid not realising they are already pregnant? At what point is cover allowed?

Underwriting still applies. But if they are unaware that you are pregnant then it cannot be pre-existing. However, before cover is granted the timing and the specific circumstances regarding your pregnancy are investigated.

Does the scheme pay if there are complications in the pregnancy?

In the event of complications during the pregnancy such as pre-eclampsia, considered a PMB, this will be covered.

I think this entire point can be dropped as it is a repeat of a previous question above.

If you are considering starting a family then it is recommended that you register yourself on a medical aid straight away. This means that when you do fall pregnant, providing the waiting period is over, your pregnancy and birth will be covered and all you have to worry about is staying healthy and taking care of your bundle of joy.

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