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Research suggests its parents who need to learn about the birds & the bees

Almost 50 per cent of new mothers weren't aware of pregnancy waiting periods for private health insurance

Australia's leading private health insurance comparison service [iSelect](#) is encouraging expecting parents, and those 'expecting to be expecting' to educate themselves about private health insurance options, in particular the standard 12 month waiting period that must be served before you can claim on hospital costs relating to child birth.

This comes as research conducted in late 2015 revealed that **47 per cent of women** who were pregnant or had given birth in the last five years were either unaware or unsure of the need to be covered for pregnancy for 12 months before claiming for pregnancy and birth related services through private health insurance.

As a result, **more than one in ten women** delivered their baby in a public hospital instead of a private hospital for the simple reason that they didn't upgrade or take out private health cover prior to conceiving.

iSelect spokesperson Laura Crowden said this suggests thousands of new parents are upgrading too late and wasting their money because of an inability to claim on pregnancy and birth costs.

"It's worrying that a similar number of new mothers are not delivering their babies in their hospital of choice not due to lack of finances but simply because of poor timing."

"A good rule of thumb is to take out pregnancy cover three or four months before you begin trying for or extending a family as this will ensure you have the crucial 12 month waiting period covered off," Laura said.

Another mistake parents often make is keeping obstetric cover on their policy long after they are finished having children.

"From a financial point of view, it's pointless to be wasting money on pregnancy cover if you are confident that your baby-making days are behind you," Laura said.

Laura said that when parents make the decision to stop having children, it's important to review their current private cover against their family's actual requirements.

"Not only may this mean dropping off things like obstetrics, it can also mean adding extras items like optical, orthodontics or upgrading to family cover."

"Working through all the options and insurance jargon can be difficult and confusing so it's a good idea to speak with a private health insurance expert before making any decisions," said Laura.

What you need to know about pregnancy & private health insurance

- 1. Your current private health insurance may not cover you for pregnancy**
Having private health insurance doesn't mean you are automatically covered for pregnancy and obstetrics. Most cheaper private health insurance policies do not cover pregnancy and many mid-range policies only include limited pregnancy cover. Call your private health fund and find out if you are currently covered for pregnancy or if you need to upgrade.
- 2. You need to be covered for pregnancy for a year before you can claim**
Most private health insurance funds require you to have had private cover that includes pregnancy for 12 months (from when you take it out or upgrade) before you can claim on hospital costs related to child birth. This means you need to have pregnancy cover for at least three or four months before falling pregnant so it's important to take out cover or upgrade as soon as you start thinking about having a baby
- 3. Private health insurance won't cover all the costs of having a baby**
Private health insurance covers the costs associated with the delivery and birth in hospital but doesn't cover everything. How much you will have to pay to have your baby in a private hospital will vary depending on the hospital and obstetrician. GP visits, obstetrician appointments, blood tests and antenatal classes are extra on top of this.
- 4. Your baby may not automatically be covered by your policy**
Your baby won't necessarily be automatically covered by your private health insurance policy. Private health funds have different rules about when you need to add your newborn baby to your policy. Some funds require you to add your baby several months before it is born. Contact your private health insurer once you fall pregnant to find out when you'll need to add your baby to your policy.
- 5. What are the benefits of going private?**
The key benefits of having your baby privately can include the ability to choose both your own doctor/obstetrician and hospital, having a private room and staying in hospital for longer. Other benefits vary between hospitals and depend on your level of private cover.

ENDS

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About iSelect

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