



SimpleCare – Benefit Clarifications to our Plans

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The following summary provides an overview of the Benefit Clarifications that have been updated following our annual plan review.

The following summary in this document provides an overview of the Benefit Clarifications to our plan subsequent to our annual plan review. This document is to be read in conjunction with the Members' Handbook, effective 1 April 2023 and is intended to advise you of the changes to policies incepting from 1 April 2024. Effective 1 April 2024, our Members' Handbook will incorporate the changes mentioned in this document and will be available within your secure online portfolio.

The following clauses have had their wording updated to provide more clarity on the existing coverage available for caesarean sections (voluntary or emergency).

Summary of wording changes:

- Provided further clarification for Pregnancy Medical Conditions and Maternity benefits
- Updated Exclusion 5.26 Pregnancy or maternity benefit

1. Maternity – Option 1 / Maternity – Option 2

We have updated wordings of **Maternity – Option 1 / Maternity – Option 2** of the handbook to clarify that:

- (i) **Medically Necessary** costs incurred during **Pregnancy** and childbirth: childbirth costs, including pre and post-natal check-ups for up to six weeks following birth, scans and delivery costs for a natural birth or voluntary or Emergency caesarean section. Paediatrician costs for the first examination/check-up of a **New Born** baby, if the examination is made within 24 hours of delivery and Well-baby examinations up to the child's second birthday and as recommended by a **Medical Practitioner** or **Specialist**. This includes physical examinations, measurements, sensory screening, neuropsychiatric evaluation, development screening, as well as hereditary and metabolic screening, immunisations, urine analysis, tuberculin tests and hematocrit, haemoglobin and other blood tests, including tests to screen for sickle haemoglobinopathy.

Please note **We** will pay for the above Well-baby examinations costs only if **We** have paid the delivery cost of the baby under this **Group Plan**, provided the baby is being added into the **Group Plan** as an **Insured Person**.

- (ii) **In-Patient Treatment** of an **Eligible Medical Condition** which arises during the antenatal stages of **Pregnancy**, or an **Eligible Medical Condition** which arises during childbirth. **We** would only allow **Treatment** of the following as an **Eligible Medical Condition** under this **Benefit** (ii):

- Ectopic **Pregnancy** (where the foetus is growing outside the womb)
- Hydatidiform mole (abnormal cell growth in the womb)
- Retained placenta (afterbirth retained in the womb)
- Placenta praevia
- Eclampsia (a coma or seizure during **Pregnancy** and following pre-eclampsia)
- Diabetes (If **You** have exclusions because of **Your** past medical history which relate to diabetes, then **You** will not be covered for any **Treatment** for diabetes during **Pregnancy**)
- Post partum haemorrhage (heavy bleeding in the hours and days immediately after childbirth)
- Miscarriage requiring immediate surgical **Treatment**

This **Benefit** (ii) does not provide any cover for voluntary or **Emergency** caesarean section procedures or 'failure to progress in labour' unless for one of the above stated Eligible Medical Conditions..

2. Pregnancy or Maternity Exclusion 5.26

This wording has been updated to allow for the **Pregnancy** or **Maternity Benefit** as follows:

You are not covered for costs relating to **Pregnancy** or childbirth, **Emergency** or voluntary caesarean section unless **Maternity Benefit** is shown on **Your Certificate of Insurance**.

These costs are only covered under the **Maternity Benefit** and are not covered or recoverable under any other **Benefits**.