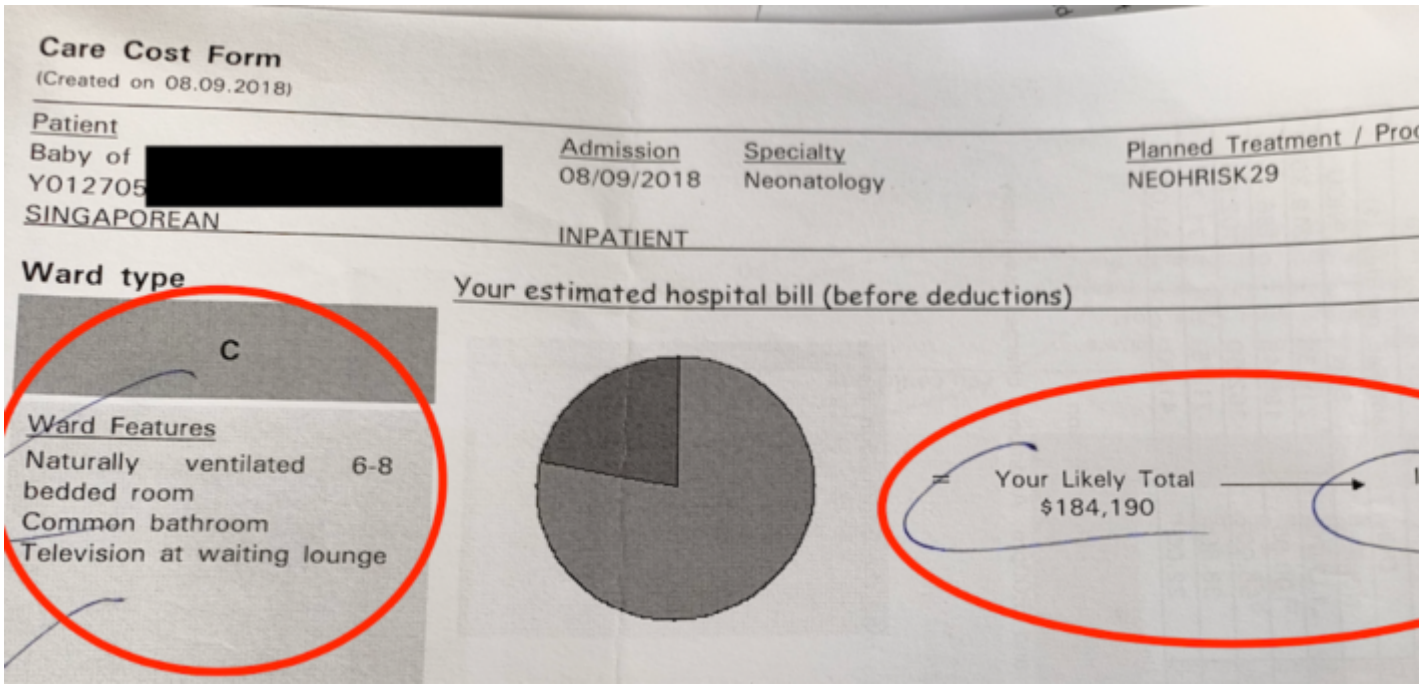


Which is Singaporeâ??s most comprehensive maternity insurance? (includes delivery and NICU bills)

Description

default watermark

When I was previously hospitalised in KKH during my first pregnancy at 24 weeks (after tumbling down an overhead bridge), the financial consultant there had advised me that if I were to give birth then and choose the lowest-class ward, my babyâ??s NICU bills could run into an estimated $250,000.

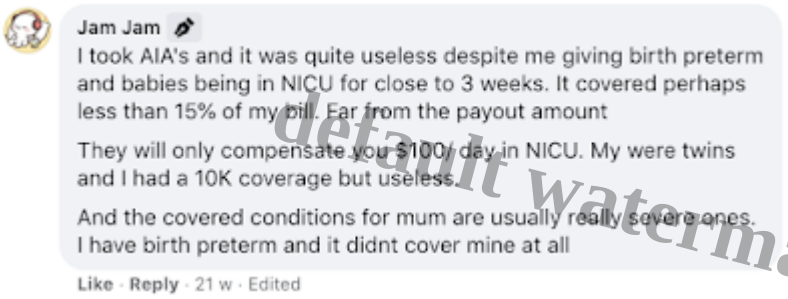


This made me realise how scary the potential financial burden can be to a couple in the event that a pregnancy encounters complications, which prompted me to speak to over 8 insurers to understand their maternity insurance plans in detail. It has been 3 years since I last published the results of my efforts in [this comparison (one that was lacking in the public domain back then) during my first pregnancy](). My experience also made me realise that none of the maternity plans offered by local

insurers would cover:

- pre-natal expenses (e.g. OB/GYN bills, scans)
- doctorâ??s fees during delivery (we had 3 doctors the last time around whose operation/attendance fees were payable, i.e. my gynaecologist, anesthesiologist and paediatrician)
- emergency delivery
- neonatal intensive care unit (NICU) hospital bills

These are the largest expenses that youâ??ll likely incur during your pregnancy.The problem is there are few insurance plans that will help you with that, especially none of the local insurers â?? Prudential, AIA, Aviva, etc.



default watermark

How much could these cost?

You may want to make a backup plan for this. Within my own social circle, one of my friends was hit by a bill shock due to her **emergency C-section** â?? which was deemed medically necessary by her gynaecologist back then as the baby was in distress (even though she had planned for a normal delivery and had already taken epidural); **her total bill came up to over $26,000**. Another friend had to deliver her baby prematurely at 25 weeks via an emergency C-section due to an infection that caused her water bag to burst, and their baby has since been in NICU for over 120 days â?? and the bill continues to climb.

The financial expenses incurred are no small sum, especially for NICU bills which can be $1,000+ per day of hospitalisation.

How then do couples cope? In both of my friendsâ?? cases, they had to dip into their savings and work hard to earn the money to pay off the bill. Some others have no choice but to turn to family and friends, or even strangers, to appeal for funds. You can see from the various appeals online for donations from desperate parents, such as this **$280,000 appeal for NICU bills** that made it to Mothership, or even this $300,000 appeal for SGHâ??s NICU bills or this $120,000 donation fund-raiser to pay NUHâ??s NICU on GIVEasia. While the bills for foreigners tend to be higher, even Singaporeans have to bear substantial costs after government subsidies, as seen from this $50,000 NICU bill last year. Such premature births are also on the rise, which prompted public hospitals like KKH and NUH to expand their NICU bed capacity in recent years.

While we all hope for the best during pregnancy, there is a chance that premature birth or complications could occur.

default watermark

Singapore General Hospital
SingHealth

GST REG NO. : M90368910N

TAX INVOICE

[redacted]

11.05.2021 15:00 / GBOLXW

EXTERNAL ID/NRIC : [redacted]
CASE NUMBER : 6721328457A
CUSTOMER NUMBER : 3027289657
ADMISSION DATE : 02.05.2021 03:15
DISCHARGE DATE : 00:00
LOCATION : GNEO W54C
: W54C23 W54C2304
BILLING DATE : 11.05.2021

- This is not a final bill -

default watermark

DESCRIPTION	TOTAL AMT PAYABLE (S$)
WARD - NICU (CLASS C) (10.0 day(s))	6,780.00
DAILY TREATMENT FEE-ICU (CLASS C) (10.0 day(s))	1,760.00
LABORATORY INVESTIGATIONS	1,386.58
X-RAY INVESTIGATIONS	975.30
SPECIALISED INVESTIGATIONS	830.19
DRUGS / PRESCRIPTIONS / INJECTIONS	2,536.01
WARD PROCEDURES	5,162.30
CONSUMABLES	1,162.23
PROFESSIONAL FEES - DOCTOR	288.00
OTHER PROCEDURES	56.10
AMOUNT PAYABLE BEFORE TAX	20,936.71
ADD : 7% GST	1,465.57
AMOUNT PAYABLE AFTER TAX	22,402.28
LESS : GST ABSORBED BY THE GOVERNMENT	0.00
NET AMOUNT PAYABLE	22,402.28
PAYMENTS	
HOSPITAL ASSISTANCE (238) IP SWAB	0.00
FELIX MYINT MYAT ZAW	1,000.00-
TOTAL DUE AFTER PAYMENTS	
AMOUNT DUE : HOSPITAL ASSISTANCE (238) IP SWAB	0.00
AMOUNT DUE : [redacted]	21,402.28

PAYMENT DETAILS

NAME	DATE	AMOUNT	PAYMENT TYPE
[redacted]	03.05.2021	1,000.00 -	VISA/MASTER

FOR BILLING MATTERS, PLEASE CONTACT [redacted]
FOR PAYMENT AND REFUND, PLEASE CALL

VIEW YOUR MEDISAVE AND/OR MEDISHIELD LIFE CLAIM DETAILS ONLINE: Login to mycpf online services with your SingPass at http://www.cpf.gov.sg and proceed to My Statement>>Section B>>Medisave /MediShield Lifeintegrated Shield Plan Claims and Reimbursements. For more information, please visit http://www.cpf.gov.sg >>FAQ>>Healthcare.

REIMBURSEMENT INFORMATION FOR EMPLOYERS AND INSURERS: Reimbursement should be made to cash outlay first, followed by Medisave, then MediShield Life OR the Integrated Shield Plan. To make reimbursement to Medisave and MediShield Life, submit through internet at http://www.cpf.gov.sg and proceed to Employers>> Services>>MedisaveMediShield Life Reimbursement. To reimburse to an Integrated Shield Plan, please pay directly to the private insurer offering the Integrated Shield Plan.

Singapore General Hospital
Outram Road, Singapore 169608 Tel: 6222 3322
http://www.sgh.com.sg Reg No 198703907 Z

3000-23-005-A (OCT 2014)

A $22,000 bill for a foreignerâ??s premature babyâ??s 10-day stay in NICU, in May 2021 at Singapore General Hospital.

Pre and post-natal expenses

Each pregnancy, doctor and mum-to-be is different, so there is no fixed amount of required consultations or scans. Pricing is not fixed in Singapore either, and doctors/specialists in the private sector may charge dramatically different rates for consultations, therefore **the cost of your pre-natal expenses will also vary depending on your choice of doctor/clinic**.

In the majority of cases, you would expect scans and consultations with an OB-GYN every 4 to 6 weeks in the early stages of the pregnancy, and eventually once a week or once every 2 weeks closer to your due date. Of course, there could always be complications that can lead to bed rest or unexpected procedures and costs *(this was exactly what happened to several of my friends)*. For example, some pregnancies can be considered â??high-riskâ?? and might require amniocentesis and a higher number of consultations with a specialist as well. It is therefore difficult to plan and save towards an accurate figure for pre-natal expenses and everything required prior to giving birth.

default watermark

Complications

Another aspect seldom discussed is that the risk of major costs would also be in relation to complications associated with the newborn (e.g. premature birth, congenital disorders, distress, neonatal stroke, etc.). With the potential for these fees to reach thousands of dollars per day, it is therefore important for parents to consider securing health insurance or ensure that their existing policy provides newborn coverage benefits.

Can I use insurance to cover this?

As you can see, the risk of major costs largely comes from complications of pregnancy/childbirth and newborn care (e.g. premature birth, congenital conditions, etc). With the high likelihood of these expenses reaching thousands of dollars per day, it can therefore be a huge relief if your insurance plan can financially protect you against that.

To date, most people do not realise that there ARE in fact maternity insurance plans that can cover you for such routine maternity and delivery costs (especially if you intend to give birth via an elective C-section).

I jumped in on the discussion and decided to write this article after seeing how many people were answering this particular mummyâ??s question with recommendations to their plans or agents from Prudential, AIA and AXA. That is a gross misconception, and you only need to look within the product brochure or T&Cs to realise that.



default watermark

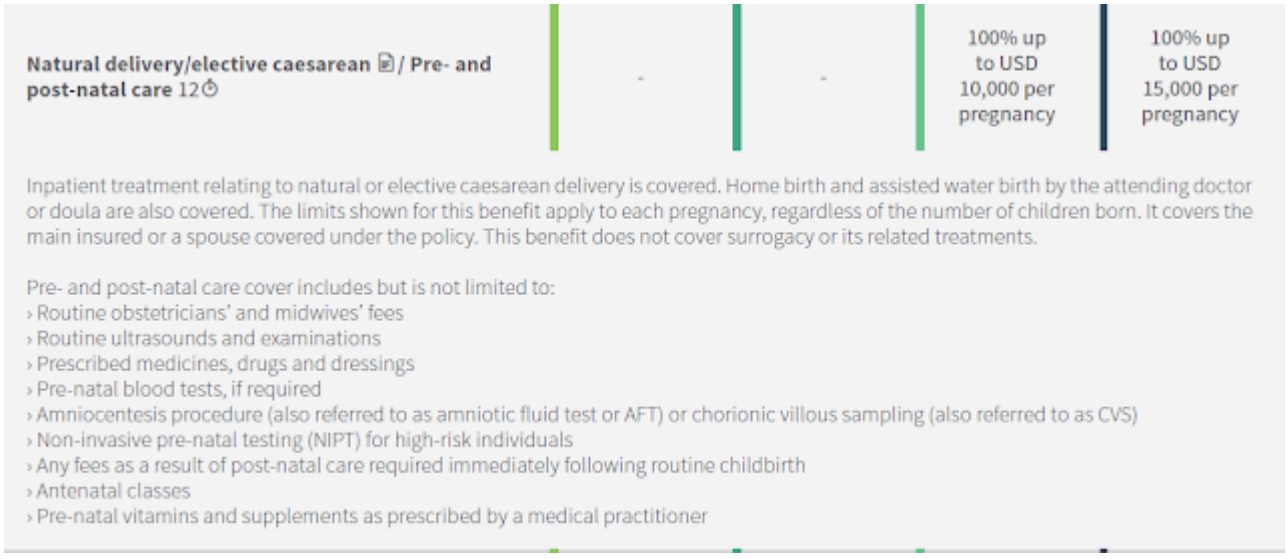
Instead, your solution lies in comprehensive insurance plans offered by international insurers, such as Bupa, Cigna or TM Henner. Iâ??ve highlighted the key benefits it protects you for (which the other local insurersâ?? plans named here do not cover) in yellow, in particular:

- Routine maternity and delivery costs in private or public hospitals with the doctor of your choice: *this covers your OB/GYN check-ups, scans, blood tests, normal delivery, etc.*
- C-section (both elective and emergency)
- Newborn coverage: *including NICU care for premature babies, treatment fees or hospitalisation bills*

	Insurer A	Insurer B	Insurer C	Insurer D	Insurer E	Insurer F
Annual Limit	4,800,000	2,600,000	Unlimited	2,600,000	5,850,000	6,000,000
Geographical Coverage	Worldwide excl. USA					
Excess/Deductible Per Person	4,160 per year	0 per year	4,160 per year	1,950 (IP) & 0 (OP) per year	0 IP, 30 OP per visit	0
Inpatient (Hospitalisation)	Yes					
-Accommodation Type	Private					
-Surgery	Yes					
Outpatient (GP, Clinics, Specialists, Drugs)	Yes with sub-limits	No	Yes with sub-limits	45,500 with sub-limits	Yes	Yes
Outpatient Specialist Fees	14,170	No	Yes (up to 35 visits)	up to GP consultations	Yes	Yes
Routine Maternity	7,800	9,100 (IP)	13,000	9,100 (IP); 4,550 (OP)	22,750	20,000
-Maternity Waiting Period	10 months	12 months	10 months	12 months	12 months	12 months
-Pre-/post-natal Treatment (including scans, blood tests, all regular OB/GYN visits)	Yes	No	Yes	4,550	Yes (postnatal up to 6 weeks)	up to Routine Maternity
Complications of Pregnancy/Childbirth (e.g. premature labour, placenta previa, failure to progress during labour, preclampsia)	up to Annual Limit	18,200	up to Annual Limit	18,200	up to Annual Limit (certain conditions)	up to Annual Limit
-Elective C-Section	14,170	9,100	13,000	9,100	22,750	20,000
-Emergency / Medically Required C-Section	24,700	28,200	30,550	18,200	22,750	30,000
-IVF/Fertility	No	No	No	No	No	4,000 per cycle (up to 3 cycles lifetime)
-Newborn Coverage (including NICU)	150,000 (first 90 days)	97,500 (first 90 days)	150,000 (first 90 days)	97,500 (first 90 days)	195,000 (manifest within first 30 days)	Yes
-Newborn Underwritten*	No (if enrolled within 30 days after birth & parent enrolled 10+months); Yes (after 90 days)	No (if enrolled within 30 days after birth)	No (if enrolled within 30 days after birth & parent enrolled 10+ months); Yes (after 90 days)	No (if enrolled within 30 days after birth)	No (if enrolled within 30 days after birth)	No (if enrolled within 30 days after birth & born under covered pregnancy & parent enrolled 12+ months)
-Newborn - Congenital Abnormalities	Yes (first 30 days)	26,000	Yes (first 90 days)	26,000	195,000 (manifest within the first 30 days)	Yes
Outpatient Claims Handling (in Singapore)	Direct Billing ^	Reimbursed	Direct Billing ^	Reimbursed	Direct Billing ^	Direct Billing ^
Payment Frequency	A / Q / M	A / Q / M	A / Q / M	A / Q / M	A / SA / Q / M	A
Total Annual Premium (SGD)	**3,750**	**3,993**	**5,948**	**7,204**	**13,420**	**13,822**

default watermark

For instance, here are some of the pre and post-natal care items covered by one of the insurers:



Natural delivery/elective caesarean / Pre- and post-natal care 12

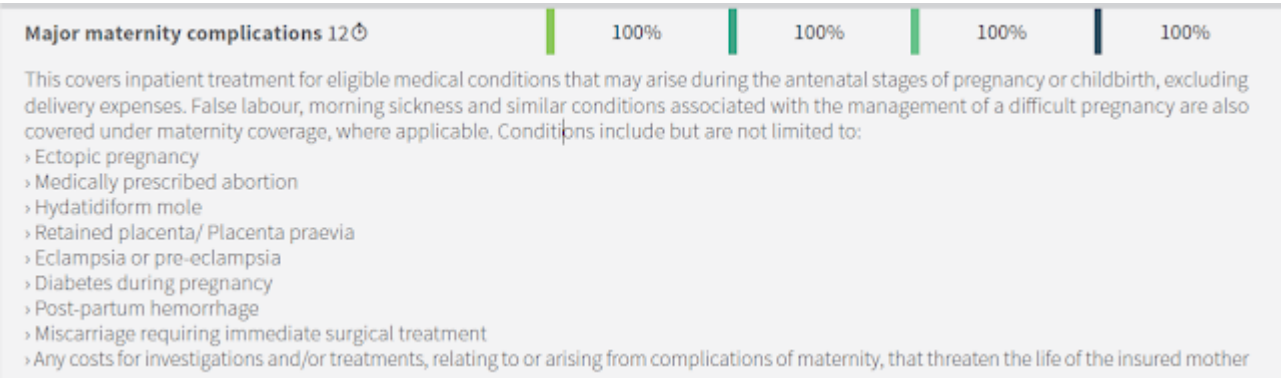
100% up to USD 10,000 per pregnancy

100% up to USD 15,000 per pregnancy

Inpatient treatment relating to natural or elective caesarean delivery is covered. Home birth and assisted water birth by the attending doctor or doula are also covered. The limits shown for this benefit apply to each pregnancy, regardless of the number of children born. It covers the main insured or a spouse covered under the policy. This benefit does not cover surrogacy or its related treatments.

Pre- and post-natal care cover includes but is not limited to:
› Routine obstetricians' and midwives' fees
› Routine ultrasounds and examinations
› Prescribed medicines, drugs and dressings
› Pre-natal blood tests, if required
› Amniocentesis procedure (also referred to as amniotic fluid test or AFT) or chorionic villous sampling (also referred to as CVS)
› Non-invasive pre-natal testing (NIPT) for high-risk individuals
› Any fees as a result of post-natal care required immediately following routine childbirth
› Antenatal classes
› Pre-natal vitamins and supplements as prescribed by a medical practitioner

While each insurer has different definitions under â??complicationsâ?•, these plans also generally cover a broader scope, rather than the common 10 â?? 12 conditions that most local insurance plans cover. As an example, hereâ??s one by TM Henner:



But why are the premiums higher than local maternity plans?

Since the benefits covered are *wayyyy* more than what the local insurance plans provide, the premiums payable are naturally also higher. The local plans have very limited coverage (rare complications or specific time periods for which they are applicable) and/or have very limited payouts (small hospital cash amount per day, overall low combined limits of $5K or $10K payouts, etc).

default watermark

Which is why youâ??re essentially paying more to get higher coverage for greater peace of mind.

But hereâ??s what I think â?? even though the premiums may appear high at first glance, once you consider the fact that you are able to make claims even for your pre/post-natal treatments and delivery bills, does it still look pricey to you? If you ask most couples who gave birth in private hospitals how much their bills came up to, the range is generally between $10,000 to $20,000 at least.

Whatâ??s more, by getting such an insurance plan, youâ??re effectively topping up a small sum to insure yourself against the potential financial risks of complications and NICU stay. Hereâ??s how the math could look like:

- Premiums (Insurer D): $14,000 over 2 years
- Claims
  - OB/GYN visits and tests: $1K â?? $3K
  - Delivery: $10K â?? $15K (normal) / $20K (elective C-section)

Is it worth it? You decide.

What about the costs for a smooth pregnancy?

To date, what most people have been doing is saving up and paying for their own pregnancy expenses, and Iâ??d previously documented the fees you might need to prepare for here. You can potentially reduce the costs by going through the public hospitals as a subsidised patient, but that option comes with several drawbacks as well â?? such as longer waiting times and being assigned to random OB/GYNs for each visit.

The estimated cost? **Back in 2018, our routine maternity costs** which included OB/GYN consultations, mandatory tests (OSCAR, detailed foetus scan and gestational diabetes) and delivery bill

at the hospital easily **came up to over $12,000**. *Thatâ??s not even counting the other bills we incurred for our confinement nanny, herbs, breastfeeding, diapering, insurance and more.*

Even if you have a smooth pregnancy with no complications, youâ??ll likely still be able to benefit from such expat insurance plans, while having peace of mind against large financial bills.

Should I get an international maternity insurance plan?

If youâ??re planning to try for a baby and youâ??re worried about the costs, hereâ??s a rough guideline on costs for complex cases that you might want to consider:

- OB/GYN visits: $1K â?? $2K
- Pre-natal tests: $1K â?? $2K
- Premature labour: $25K delivery for mother (emergency C-section)
- NICU bills for premature baby: $100K â?? $250K *(before subsidy. If you need a reference for bills after subsidy for Singaporeans â?? hereâ??s one I found at $50k for a 4-month stay)*

default watermark

Donâ??t forget that in the event that your baby is born with any pre-existing conditions, it would also be difficult for your child to get insurance coverage from any insurance company. But if you had gotten one of the above plans from an international insurer, then you wouldnâ??t have to worry as long as you add your baby to the plan within 30 days of their birth (a pro-rated premium will need to be paid, of course). This is in sharp contrast with many local insurers, whose restrictions will only allow you to insure your baby after at least 2 weeks upon their discharge from the hospital.

Thanks to **Pacific Prime**, I found out about this useful nugget of information when I was close to delivering my firstborn and was planning to get it before I conceived my second childâ?¦*but then I completely forgot and missed the waiting period.* If we do decide to have a third child, Iâ??ll definitely be trying to purchase this *before* we conceive.

As a broker, theyâ??ve been an incredible help throughout, and whether you need a quote for yourself *(or even someone to explain further the above comparison table to you)*, you can **contact Pacific Prime here to find out if such plans will be suitable for you.**

Disclosure: This post is written in collaboration with Pacific Prime. *A huge thanks to the PP team for helping with all my questions and requests!*

Sponsorâ??s Message

Whether you are planning on starting a family now or in the next few years, it is highly important to make sure you include maternity benefits in your insurance policy at an early stage, especially because most comprehensive maternity benefits come with a waiting period ranging from 10 to 24 months.

At Pacific Prime, we have an in-house team of maternity experts who have not only had babies in Singapore but also know the ins and outs of maternity cover from the top insurers. **What really sets us apart from other brokers in the city when it comes to maternity insurance is our extra service, offered at no cost to you.** This service includes elements like claims assistance, day-to-day plan administration, delivery pre-authorisation, and more.

Contact Pacific Prime for a quote today.

Category

1. Family
2. Insurance
3. Pregnancy

default watermark