



**HOSPITAL
SANTA FE**

Toda una vida al cuidado de la tuya

Maternity Coverage under the Santa Fe Medical Plan

A Leading and Renewed Healthcare Institution

**Contact for
Authorizations
and Questions:**

acerta

Regulado y Supervisado por la Superintendencia
de Seguros y Reaseguros de Panamá

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What does maternity coverage include?

The maternity coverage in the Santa Fe Plus Medical Plan offers comprehensive protection for the insured mother and her baby at different stages of pregnancy, childbirth, and postpartum, provided that:

- The pregnancy was conceived after the 13th month of being affiliated with the policy.
- The pregnancy, delivery, and newborn care are carried out within the authorized Provider Network.



During pregnancy

Prenatal consultations:

- Co-payment of \$ 5.00 per consultation.

Three-dimensional ultrasounds:

- Up to 2 ultrasounds covered at 50% of charges during the pregnancy.

In case of pregnancy complications

Hospitalization due to complications:

- Co-payment of \$75.00 per day up to the fifth day.
- From the sixth day onward: 35% co-payment on all charges.

Important:

- Pregnancy complications and related medical procedures are covered, as long as the Provider Network is used.
- Coverage for complications is up to the annual renewable term of the policy.
- Complications include conditions such as non-criminal spontaneous abortions, preeclampsia, threatened preterm labor, among others.



At the time of delivery

Vaginal delivery:

- \$350.00 total co-payment per event.

Cesarean section:

- \$500.00 total co-payment per event.

Multiple pregnancy:

- Additional co-payment of B/. 350.00 per child for vaginal delivery and \$500.00 per child for cesarean section.

Medications during delivery or cesarean:

- 100% covered.

Included Hospital Services:

- **Private room** for the mother and newborn.
- **Daily meals** for the mother as prescribed by a physician.
- **WiFi and TV** in the room (parking not included).
- **Basic laboratory:** Hemogram, Blood Typing, and RH for mother and newborn (one each).
- **Medications during hospitalization:** 100% covered.
- **Surgical materials and supplies:** Covered up to \$200.00 for vaginal delivery and up to \$300.00 for cesarean.
- **Medical fees:** Includes surgeons and anesthesiologists (excludes assistants).

Newborn Coverage



Healthy newborns or those with non-prematurity conditions:

- Medical care covered up to hospital discharge.
- Maximum per event: \$10,000.00

Premature newborns:

- Includes neonatology care, prolonged hospitalization, and necessary treatments.
- Maximum per event: \$10,000.00

Note:

- The \$10,000.00 limit is separate from the maximum pregnancy coverage.
- To continue coverage after hospital discharge, the newborn must be enrolled as a dependent in the policy within the first 10 days of life..



Service Coverage / Condition Summary

Service	Condition / Coverage
Start of coverage	From month 13 of affiliation
Prenatal consultations	\$15.00 co-payment
3D ultrasounds	50% coverage, max 2
Complications	Covered, with applicable co-payments
Vaginal delivery	\$350.00 co-payment
Cesarean	\$500.00 co-payment
Delivery medications	100% covered
Healthy or premature newborns	Max \$10,000.00 per event

Frequently Asked Questions:

Does maternity include complications?

Yes. All medical complications related to pregnancy are covered, including hospitalizations.

Are procedures for complications also included?

Yes. All necessary treatments due to complications are covered under the stated conditions and co-payments.

What is the maximum coverage amount?

For medical care of a healthy or premature newborn, the maximum is \$10,000.00 per event, separate from the pregnancy coverage amount.

Do I have to register the baby?

Yes. Within the first 10 days after birth to ensure continuous coverage.



Expenses and Procedures Not Covered or with Coinsurance

Requested room upgrade:

✗ No cubierta (if you want a room upgrade, the patient bears the cost).

Epidural block in vaginal delivery:

✗ Not covered.

Newborn circumcision:

✗ Not included.

TN7 metabolic and extended newborn screening:

✗ Not included.

Neonatal cardiac screening:

✗ Not included.

Direct Coombs test:

✓ Covered in case of complications.

Intraoperative or postpartum salpingectomy (tubal ligation):

△ Requires preauthorization (50% coinsurance).

Multiple pregnancy:

△ Additional co-payment per extra child in delivery or cesarean.

Surgical assistant during delivery:

✗ Not covered.