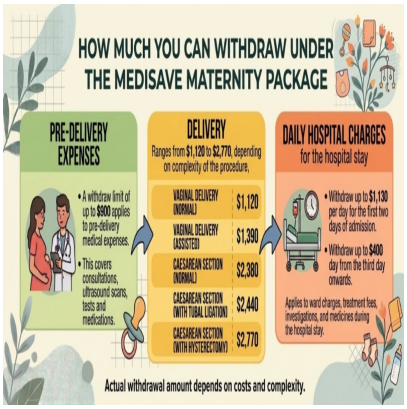

MediSave Maternity Package: Reconcile Three Claim Buckets Before Discharge

Description

The MediSave Maternity Package is three withdrawal limits, not one flat amount. An expectant parent should separate pre-delivery care, the delivery procedure and daily hospital charges. The final MediSave use is limited by the eligible bill and the applicable caps; a calculated maximum is not a promise that the hospital bill will be fully paid.

The CPF Boardâ??s MediSave Maternity Package explanation sets out the three buckets and says pre-delivery bills from outside the admitting hospital should be submitted to the hospital handling the delivery claim.

The three-bucket worksheet

Bucket	Published limit	Documents
Pre-delivery expenses	Up to S$900	Consultations, scans, tests and medicine bills that qualify
Delivery procedure	Depends on the procedure, from S$1,120 for normal vaginal delivery	Hospital procedure and delivery record
Daily hospital charges	S$1,130 per day for first two days, then S$400 per day	Itemised inpatient bill and length of stay

Keep bills as they are issued. A clinic receipt with no patient, date or service detail may delay reconciliation.

Procedure limits

Procedure	Withdrawal limit
Normal vaginal delivery	S$1,120
Assisted delivery	S$1,390

Procedure	Withdrawal limit
Caesarean section	S$2,380
Caesarean section with tubal ligation	S$2,440
Caesarean section with hysterectomy	S$2,770

The correct row follows the procedure recorded by the hospital. Parents should not budget for a higher procedure merely because it has a larger limit.

Illustration 1: normal delivery, two hospital days

Assume eligible pre-delivery bills of S$1,050, a normal vaginal delivery and two inpatient days. The maximum worksheet is:

- Pre-delivery: lower of S$1,050 and S$900, so S$900.
- Procedure: up to S$1,120.
- Hospital days: 2 Ã? S$1,130, so up to S$2,260.

The combined calculated ceiling is S$4,280. Actual withdrawal can be lower because each component is limited by the eligible bill, account availability and claim rules.

Illustration 2: caesarean, three hospital days

Assume S$700 of eligible pre-delivery bills, a caesarean section and three inpatient days:

- Pre-delivery: up to the actual S$700.
- Procedure: up to S$2,380.
- Hospital days: S$1,130 + S$1,130 + S$400, or up to S$2,660.

The combined calculated ceiling is S$5,740. It is not a quotation for childbirth, and it does not include every possible charge. Obtain the hospitalâ??s financial counselling and estimate for the selected ward and clinical circumstances.

Public and private hospitals use the same withdrawal limits

The withdrawal caps do not automatically rise because a private hospital charges more. The cash or insurance share can therefore differ significantly by provider and ward. Compare the full estimate, insurance coverage, MediSave withdrawal and remaining cash separately.

CPFâ??s broader hospitalisation withdrawal guide provides the surrounding rules. The maternity package is the specific route for delivery, not a reason to add ordinary inpatient limits twice.

Whose MediSave can be used?

Check the permitted family relationship, available balance and authorisation directly with the hospital and CPF rules. Decide whose account will be used before discharge, and keep the account holder informed of the amount. Do not assume a relativeâ??s balance can be used without eligibility and consent.

The discharge file

1. All pre-delivery clinic and scan bills
2. Hospital admission and delivery record
3. Itemised final bill
4. Procedure and inpatient-day confirmation
5. Insurance or MediShield Life claim information
6. MediSave authorisation and withdrawal record

Self-employed parents who need to understand contribution obligations can use our self-employed MediSave calculation guide. For a different outpatient withdrawal cap, the CT and MRI limit guide shows why procedure-specific caps should not be mixed.

The planning conclusion

Collect every bill, classify it into one bucket and apply the lower of the eligible cost and published limit. Then subtract confirmed insurance and MediSave from the hospital estimate to find the cash need. That worksheet is more reliable than quoting one â??maternity package amountâ?•.

Reconcile actual bills against caps

For each bucket, write the eligible billed amount, the relevant cap and the lower number. Then show which MediSave account will fund it. This prevents a cap from being entered as though it were the bill.

Bucket	Eligible bill	Cap	Provisional withdrawal
Pre-delivery	From receipts	S$900	Lower amount
Procedure	From hospital	Procedure row	Lower amount
Hospital days	Itemised charges	Day formula	Lower amount

Do not double-count insurance

Ask the hospital how MediShield Life, private insurance and MediSave are coordinated. A maximum MediSave worksheet and an insurance benefit cannot both be subtracted from the same charge without understanding claim order and payable amounts.

Pre-delivery bill control

Store digital copies as bills arrive and keep originals where required. Label patient, clinic, date and purpose. Give outside-clinic bills to the delivery hospital within its claim process. A bank-card statement alone may prove payment but not the eligible medical service.

Plan for a different clinical outcome

Birth does not always follow the expected procedure or length of stay. Keep a natural-delivery and caesarean cash scenario, but let clinical care be decided by medical need. The financial worksheet should adapt after care, not pressure the care decision.

Confirm after discharge

Read the final hospital statement and CPF withdrawal record. Compare them with the estimate and query unexplained differences promptly. Retain the file for insurance, tax and family records according to the relevant requirements.

Worked ceiling example

Suppose eligible pre-delivery bills total S$1,120. The provisional pre-delivery withdrawal is S$900 because that is the lower of the bill and published cap. The remaining S$220 does not move automatically into the procedure bucket. Procedure and hospital-day claims are reconciled under their own limits and actual charges.

This is an illustration of the lower-of rule, not a benefit quote for a specific family. Account balance, hospital processing, insurance coordination and current CPF rules still determine the final amount.

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