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You can add your spouse to your health policy after marriage.

Family floater plans cover both partners under one sum insured.

Plan ahead: Maternity and prenatal benefits have waiting periods.

Can you add your spouse to your health policy after marriage at renewal or mid-term, subject to underwriting norms and documentation such as a marriage certificate.

Can I add my spouse to my health insurance policy after marriage?

Expert's Advice: Yes, you can add your spouse to your health insurance policy after marriage, either at renewal or mid-term, subject to underwriting norms and documentation such as a marriage certificate. Many couples choose to shift to a family floater plan, where both partners are covered under a single sum insured. This simplifies policy management and often lowers overall premium costs compared to separate individual policies.

To start the process of adding your spouse, you can simply get in touch with your insurer through their customer service number, email address, through an insurance intermediary, or the mobile app to update your policy and submit any necessary documents, such as your marriage certificate. However, do keep in mind that when you add your spouse to your policy, even if you have already served certain waiting periods under your policy, the waiting period will begin afresh for your spouse from the date of inclusion.

If you choose to port your plan to another insurer, your accrued benefits, such as the no-claim bonus and waiting periods, will carry forward. For your spouse, however, the waiting period will begin afresh, as it applies to each new insured member individually.

Next, it is recommended to review your sum insured, as adding a new member may require a higher coverage limit to cover healthcare expenses adequately. A higher sum insured at this stage can prevent underinsurance later. It is advisable to reassess coverage based on city of residence, access to private healthcare, and future family plans.

As a couple, you may also want to consider maternity and prenatal care benefits early on. Maternity cover in most comprehensive health insurance policies is essential for couples planning to start a family, as it provides financial protection for delivery-related expenses and post-natal care. Many policies also extend protection to the newborn by covering essential vaccinations during the first year, subject to the policy's terms and conditions.

Maternity cover mainly addresses delivery and immediate post-natal needs, creating a coverage gap during pregnancy. Prenatal care coverage fills this gap, supporting medical needs before birth. By combining maternity and prenatal care benefits, you receive more comprehensive protection for both mother and child, covering the journey from pregnancy through delivery and beyond. These benefits are typically subject to waiting periods. Maternity cover, in most cases, carries a waiting period of around 2 years, while prenatal care typically has a waiting period of 9 months. Opting for these covers well in advance ensures that eligibility aligns with your family plans rather than becoming a constraint later. Many comprehensive policies also extend coverage to newborns from birth; however, the extent and commencement of such coverage may be subject to specific policy terms and applicable waiting periods.

Another important consideration is the insurer's cashless hospital network. It is advisable to check whether the insurer has reputable hospitals on its empanelled list, which ensures smoother access to treatment during medical emergencies.

Beyond health protection, there are financial advantages too. Premiums paid for health insurance qualify for tax deductions as per Section 80D of the Income Tax Act, and adding your spouse increases the deduction limit, giving you the combined benefit of savings and security. Comprehensive plans today also offer OPD cover, preventive check-ups, and fitness rewards, which are increasingly popular among couples who want to stay proactive about their health.

So yes, you can add your spouse to your health insurance policy, and it is prudent to do so without delay. It is recommended to review waiting periods, enhance your sum insured if required, evaluate maternity benefits, and assess the strength of the insurer's hospital network. Healthcare decisions taken early ensure continuity of coverage, preserve accumulated benefits, and minimise the risk of underinsurance. In a phase of rising medical costs, structured planning and adequate coverage are integral to responsible household financial discipline.