

VOLUNTARY INSURANCE BENEFIT GUIDE - 2023



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Note: Confidential Document

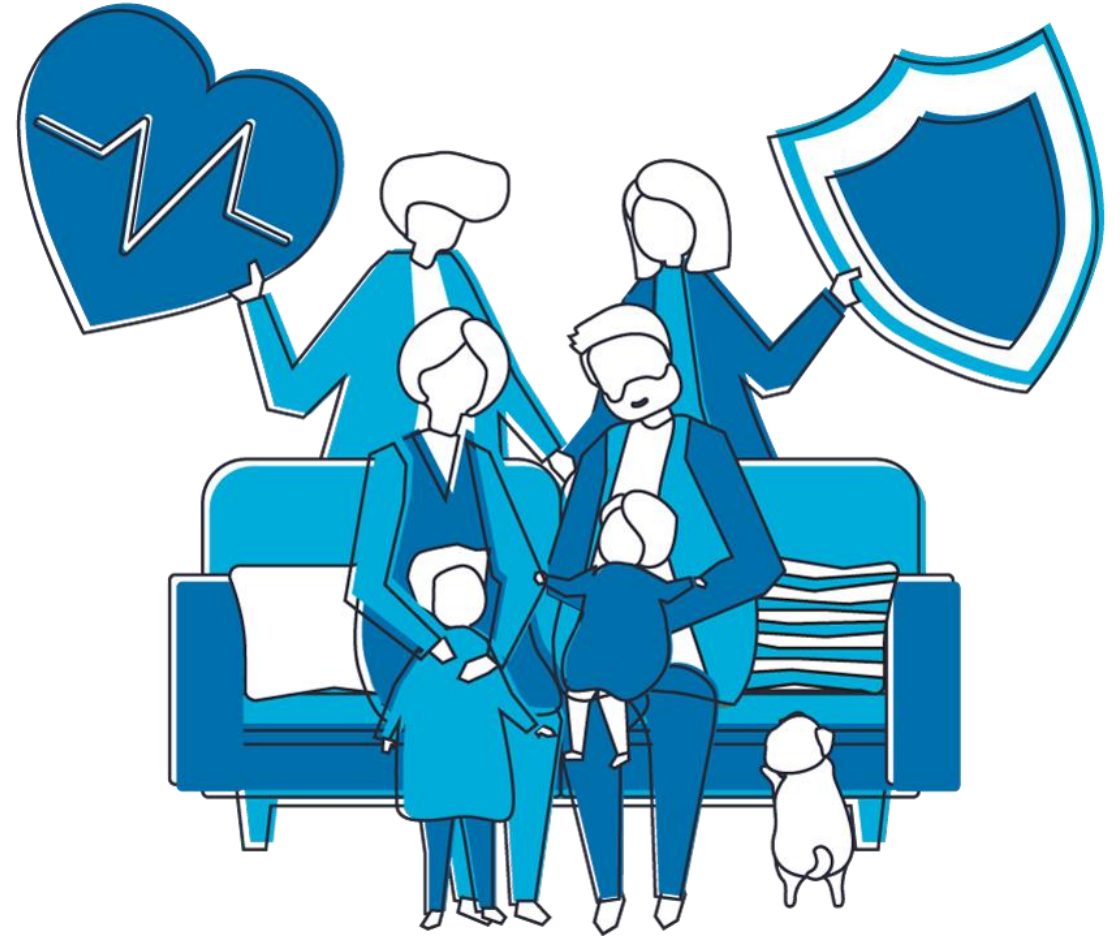
The information contained here is only a summary of the Voluntary Insurance Benefit policy documents which are kept by the employer. If there is a conflict in interpretation, then the terms & conditions of the applicable policy document will prevail.

Summary of Voluntary Plans

S.No	Voluntary Plan Name	Type of Policy	Who is covered	Individual or Group	In the event of separation from Company	In the event of Long-Term Transfer outside India or Retirement	Enrolment and Payment
1	Voluntary Parents	Medical Insurance for parents	Father, Mother, FIL, MIL	Individual policy for individual member	Retail policy to be initiated 45 days before last working day	Policy to continue till end of policy period. In case of Retirement: Retail policy to be initiated 45 days before last working day	On MediBuddy Portal Payment through payroll deduction in 1 or 9 installments
2	Voluntary Medical Top up	Additional coverage over Group Medical Insurance	Employee, Spouse/Partner, Children	Family floater policy	Policy gets cancelled, no refund	Policy gets cancelled, no refund	On MediBuddy Portal Direct online payment to insurer in one installment
3	Voluntary Corona Kavach	Medical Cover for COVID-19 related treatment	Employee, Spouse/Partner, Children, Father, Mother, FIL, MIL	Individual policy for individual member	Policy continues till the end of policy period	Policy continues till the end of policy period	On MediBuddy Portal Direct online payment to insurer in one installment
4	Insurance Continuity Plan	Medical Insurance	Employee, Spouse/Partner, Children, Father, Mother, FIL, MIL	Individual policy for individual member	Retail policy to be initiated 45 days before last working day	Retail policy to be initiated 45 days before last working day in India	Via Aon, Direct online payment to insurer in one installment.

The above is only a snapshot of the benefits provided under employee benefit insurance policy documents. Please read the policy document to understand the details.

VOLUNTARY PARENTS MEDICAL PLAN



Plan Information



Plan Name	Voluntary Parental Medical Plan
Policy Holder	Capgemini Technology Services India Limited
Insurance Company	New India Assurance Company Limited
TPA	Medi Assist India Pvt. Ltd
Inception Date	01 st Feb 2023
Expiry Date	31 st Jan 2024
Sum Insured Limits	Option of INR 2 Lac, 3 Lac & 5 Lac
Members Covered	<ul style="list-style-type: none">➤ Mother➤ Father➤ Mother-in-law➤ Father-in-law
Medical Coverage Geographical Limits	Treatment within India
Mid-Term Enrollment	Not allowed (except for new joiners)

Program Details

- The Group Medical policy covers expenses by the insured persons (parents and parent-in-law) on account of minimum 24 hours hospitalization due to sickness or accident
- Expenses typically covered: room/board expenses as provided by the hospital or nursing home; nursing expenses; surgeon, anesthetist, medical practitioner, consultant, specialist fees; anesthesia, blood, oxygen, operation theater charges, surgical appliance, medicines and drugs; dialysis, chemotherapy, radiotherapy, ambulance service and similar expenses
- No cancellation to the Parents' Medical Policy is allowed during the year post subscription to the plan. The cancellation of any member's coverage will only be processed in case of demise of the member
- If an employee moves out of the organization the policy will continue till the end of the policy expiry date. In case an employee is interested to continue with a Parental Insurance one can opt for a retail plan with continuity benefits. Refer [here](#) for more details



Benefit Details

Policy Benefits

Standard Hospitalization	Covered
Pre & Post Hospitalization Expenses	Covered
Maternity Benefits	Not Covered
Co Pay	20% on each claim
First 30-days Waiting Period	Waived Off
First Year Waiting Period	Waived Off

Policy Benefits

Homeopathic and Ayurvedic Treatments	Covered subject to hospitalization in Govt. Registered hospitals
Room Rent Capping	Maximum limit of INR 2% of the sum insured for normal room and as per actuals for ICU (If the employee opt for higher room over & above the eligibility then proportionate deduction will be applicable on total hospital bill excluding medicines)
Cyber Knife / Stem Cell Treatments	Covered
Treatment for correction of eyesight beyond +/- 7	Covered

The premium paid for parents(not parents-in-law) would be eligible for tax benefits under section 80D of the Income Tax Act. (Employee is not required to submit details of deduction separately for Tax benefits – payroll will directly consider it since it is deducted from salary)

The above are only snapshots of the benefits provided under employee benefit insurance policy documents. If there is a conflict in interpretation, then the terms & conditions of the applicable policy document will prevail.

Benefit Details



Policy Benefit	Definition	Coverage
Pre-existing Diseases	Any Pre-Existing Condition or related condition for which care, treatment or advice was recommended by or received from a Doctor or which was first manifested prior to the commencement date of the Insured Person's first Health Insurance policy with the Insurer.	Covered
First 30 day waiting period	Any disease contracted by the Insured Person (except for the "First Year diseases" listed below) during the first 30 days from commencement date of the Policy is not covered. This exclusion shall not apply if in the opinion of Panel of Medical Practitioners constituted by the Company for the purpose, the Insured person could not have known of the existence of the Disease or any symptoms or complaints thereof at the timer of making the proposal for insurance to the Company.	Waived
First year Waiting Period	During the first year of the operation of the policy, the expenses on treatment of diseases such as Cataract, Benign Prostatic Hypertrophy, Hysterectomy for Menorrhagia or Fibromyoma, Hernia, Hydrocele, Congenital Internal Diseases, Fistula in anus, Piles, Sinusitis and related disorders are not payable. If these diseases are pre- existing at the time of proposal, they will not be covered even during subsequent period or renewal.	Waived
Dental & Vision	Any expenses related to treatment for eye and ear will be covered only if it is resultant of accident. If otherwise the same will not be covered under the policy. The accident has to incur in the current policy year.	Covered in case of accidents only
Diagnostic Expenses	Standalone diagnostic expenses are not payable under the policy. If the diagnosis is followed by treatment the diagnostic expenses can be claimed as pre hospitalization expense.	Covered in case its part of hospitalization expense

Pre & Post Hospitalization Expenses



Pre-hospitalization expenses		Post-hospitalization Expenses
Hospitalization Expenses	If the Insured member is diagnosed with an Illness which results in his / her hospitalization and for which the Insurer accepts a claim, the Insurer will also reimburse the Insured Member's Pre-hospitalization expenses for up to 30 days prior to the date of their Hospitalization.	If the Insurer accepts a claim under Hospitalization and immediately following the Insured Member's discharge, further medical treatment directly related to the same condition for which the Insured Member was Hospitalized is required; the Insurer will reimburse the Insured member's Post-hospitalization expenses up to 60 day.
Duration	Prior 30 days before date of admission	Post 60 days after date of discharge
Restrictions	Such Medical Expenses must be incurred for the same condition for which the Insured Person's subsequent Hospitalization was required.	Such costs are incurred in respect of the same condition for which the Insured Person's earlier Hospitalization was required

Please note that although you are covered for post hospitalization claims for 60 days from the date of discharge, you are expected to file a reimbursement claim with the TPA within 60 days of incurring the expense.



Premium Chart

Sum Insured	Gross Premium	GST	Total Premium (incl GST)
200,000	15,000	2,700	17,700
300,000	18,000	3,240	21,240
500,000	22,000	3,960	25,960

Note:

- The premium is in INR and is for per-parent coverage cost.
- Above is an annualized premium including 18% GST.
- For Mid-year new joiners, the premium will be on pro-rata basis.
- Premium to be deducted from Payroll in 1 or 9 installments.
- These premiums are discounted for India based employees(only) and relevant perquisite tax as per government legislator may apply for subscribers on the discounted amount.
- The premium paid for parents(not parents-in-law) would be eligible for tax benefits under section 80D of the Income Tax Act. (Employee is not required to submit details of deduction separately for Tax benefits – payroll will directly consider it since it is deducted from salary)

General Exclusions



- Injury or disease directly or indirectly caused by or arising from or attributable to War, Invasion, Act of Foreign Enemy, War like operations (whether war be declared or not) or by nuclear weapons / materials.
- Circumcision (unless necessary for treatment of a disease not excluded hereunder or as may be necessitated due to any accident), vaccination, inoculation or change of life or cosmetic or of aesthetic treatment of any description, plastic surgery other than as may be necessitated due to an accident or as a part of any illness.
- Cost of spectacles, contact lenses, hearing aids etc., Surgery for correction of eyesight with power less than + / - 7.
- Any dental treatment or surgery which is corrective, cosmetic or of aesthetic procedure, filling of cavity, root canal including wear and tear etc.. unless arising from Accident/injury and which requires hospitalization for treatment.
- Convalescence, general debility, "run down" condition or rest cure, sterility, any sub-fertility or assisted conception procedure, venereal diseases, intentional self-injury/suicide and diseases / accident due to and or use, misuse or abuse of drugs / alcohol or use of intoxicating substances or such abuse or addiction etc..
- All expenses arising out of any condition directly or indirectly caused by or associated with Human T-cell Lymphotropic Virus Type III (HTLD - III) or Lymphadenopathy Associated Virus (LAV) or the Mutants Derivative or Variations Deficiency Syndrome or any Syndrome or condition of similar kind commonly referred to as AIDS, HIV and its complications including sexually transmitted diseases.
- Expenses incurred at Hospital or Nursing Home primarily for evaluation / diagnostic purposes which is not followed by active treatment for the ailment during the hospitalised period.
- Expenses on vitamins and tonics etc.. unless forming part of treatment for injury or disease as certified by the attending physician.
- Any Treatment arising from or traceable to pregnancy, miscarriage, or complications of any of these including changes in chronic condition as a result of pregnancy except where covered under the maternity section of benefits
- Naturopathy treatment, unproven procedure or treatment, experimental or alternative medicine and related treatment including acupressure, acupuncture, magnetic and such other therapies etc..
- Expenses incurred for investigation or treatment irrelevant to the diseases diagnosed during hospitalization or primary reasons for admission. Private nursing charges, Referral fee to family doctors, Out station consultants / Surgeons' fees etc.,.

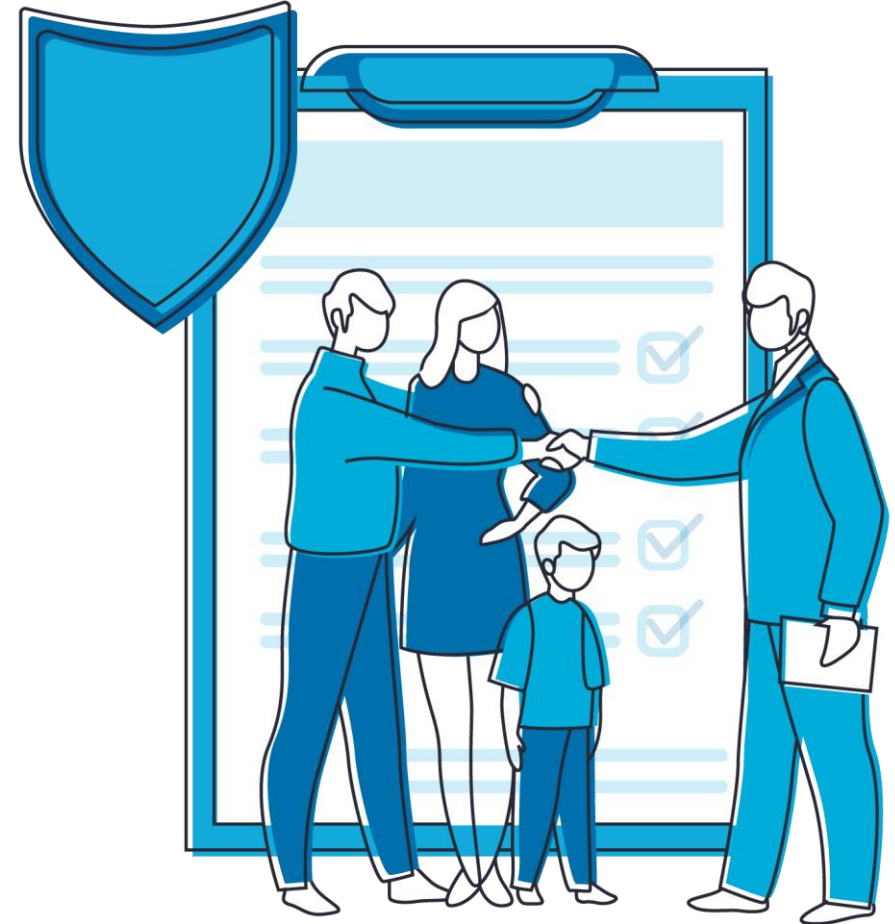
General Exclusions



- Genetical disorders.
- External and or durable Medical / Nonmedical equipment of any kind used for diagnosis and or treatment including CPAP, CAPD, Infusion pump etc., Ambulatory devices i.e., walker , Crutches, Belts ,Collars ,Caps , splints, slings, braces ,Stockings etc. of any kind, Diabetic footwear, Glucometer / Thermometer and similar related items etc. and also any medical equipment which is subsequently used at home etc...
- All nonmedical expenses including Personal comfort and convenience items or services such as telephone, television, Aya / barber or beauty services, diet charges, baby food, cosmetics, napkins , toiletry items etc., guest services and similar incidental expenses or services etc.
- Change of treatment from one path to other path unless being agreed / allowed and recommended by the consultant under whom the treatment is taken.
- Treatment of obesity or condition arising therefrom (excluding morbid obesity and life threatening) and any other weight control program, services or supplies etc.
- Any treatment required arising from Insured's participation in any hazardous activity including but not limited to scuba diving, motor racing, parachuting, hang gliding, rock or mountain climbing etc. unless specifically agreed by the Insurance Company.
- Any treatment received in convalescent home, convalescent hospital, health hydro, nature care clinic or similar establishments.
- Any stay in the hospital for any domestic reason or where no active regular treatment is given by the specialist.
- Outpatient Diagnostic, Medical or Surgical procedures or treatments, non-prescribed drugs and medical supplies, Hormone replacement therapy, Sex change or treatment which results from or is in any way related to sex change.
- Massages, Steam bathing, Shirodhara and alike treatment.
- Any kind of Service charges, Surcharges, Admission fees / Registration charges etc.. levied by the hospital.
- Doctor's home visit charges, Attendant / Nursing charges during pre and post hospitalization period.
- Treatment which is continued before hospitalization and continued even after discharge for an ailment / disease / injury different from the one for which hospitalization was necessary.

Please refer to the [NIA Policy Document](#) to understand the detailed provisions, inclusions, and exclusions under your Group Medical Insurance Policy.

VOLUNTARY GROUP MEDICAL TOP-UP POLICY



Plan Information



Plan Name	Voluntary Group Medical Top-up Policy
Insurance Company	The New India Assurance Company Limited
Medi-Assist	Medi Assist India Pvt. Ltd
Inception Date	01 st Jan 2023
Expiry Date	31 st Dec 2023
Policy Coverage Details	Inclusions: <ul style="list-style-type: none"> • Capgemini Full Time Employees • Employees on Secondment for less than or equal to 1 year
	Exclusions: <ul style="list-style-type: none"> • Employees on Secondment for more than 1 year • In case, Employees who have enrolled for Group Medical Top-up policy and go on Secondment for more than 1 year then or exits the organization: <ul style="list-style-type: none"> • Employee and dependents will NO longer be covered under insurance policy from the date of transfer • Top-up amount stands cancelled with NO refund
Sum Insured Limits	INR 100,000; INR 200,000; INR 400,000; INR 600,000; INR 800,000 Employee will have choice to select the enhanced sum insured coverage in addition to company sponsored benefit
Members Covered	<ul style="list-style-type: none"> • Employee • Spouse / Partner** • Dependent Children (Upto the age 25)/ No age limit for children with disability Coverage will be for dependents as declared on system as on 31 st December 2022
Medical Coverage Geographical Limits	Treatment within India
Mid-Term dependent addition	Only allowed for new-born baby, adoption and newly wed spouse (employee to update the data within 30 days of the event)

**Please read coverage of Partner under Group Medical Plan



Top-Up Policy Benefit Details

- The Group Medical Top-up plan will replicate the benefits called out under base Group Medical Insurance.
- All the capped ailments / conditions under base plan will continue to be covered as per limits under base plan
Example: Maternity benefit will be paid maximum upto INR 50,000 for normal & INR 65,000 for C-section
- Employee will enjoy **higher room rent limit over and above the eligible base** plan if they opt for:
 - ✓ Top-up of INR 1 Lac then additional room rent of INR 1,000 will be provided
 - ✓ Top-up of more than INR 1 lacs then additional room rent of INR 2,000 will be provided

- **Premium rate chart:**

Sum Insured	Gross Premium	GST	Total Premium (incl GST in INR)
100,000	2,500	450	2,950
200,000	3,300	594	3,894
400,000	6,500	1,170	7,670
600,000	8,000	1,440	9,440
800,000	12,000	2,160	14,160

Note :

- *The premium payment has to be made directly to insurance company at one go and will not be recovered through payroll.*
- *There shall be no pro-rate collection or refund for top-up premium. Hence, an annual premium will be collected from employees joining the organization in the middle of the year, thereby making them eligible for 100% sum insured regardless of their date of joining.*
- *No refund will be given to any employee leaving the organization mid-year.*

VOLUNTARY CORONA KAVACH PLAN



Plan Information



Plan Name	Voluntary Corona Kavach Plan
Policy Holder	Capgemini Technology Services India Limited
Insurance Company	New India Assurance Company Limited
Inception Date	February 01 for employees or date of payment whichever is later
Waiting Period	10 days waiting for all employees from Inception date
Policy Duration	12 months from policy inception date
Sum Insured Limits	Option of INR 1 Lac , 2 Lac, 3 Lac, 4 Lacs & 5 Lacs
Members Covered	Employee, Spouse, Children, Parents and In-laws Capgemini Fulltime Employees only
Medical Coverage Geographical Limits	Treatment within India
Mid-Term Enrollment	Not allowed (except for new joiners)

Program Details

- COVID-19 Plan covers 24 hours hospitalization for an active line of treatment.
- Corona Kavach plan will cover home care treatment upto INR 15,000 for the maximum duration of 14 days period.
 - Home care treatment will be paid if expenses incurred on active line of treatment prescribed by doctor. No amount will be paid incase of self quarantine and self medication is practiced.
- If quarantine outside home, quarantine cost will be not be payable.
- Maximum entry age limit is 80 years.
- The policy will continue till the end of the policy year even if an employee moves out of the organization.

Note : Any Corona claim documents need to be submitted along with Corona Kavach policy copy for the individual.



Corona Kavach Policy Premium Chart

Sum Insured/ Age	1,00,000	2,00,000	3,00,000	4,00,000	5,00,000
upto 40 Years	1,170	1,366	1,794	2,054	2,146
41-50	2,303	4,098	5,385	6,163	6,435
51-60	3,839	6,829	8,975	10,272	10,725
61-80	5,374	9,562	12,566	14,382	15,014

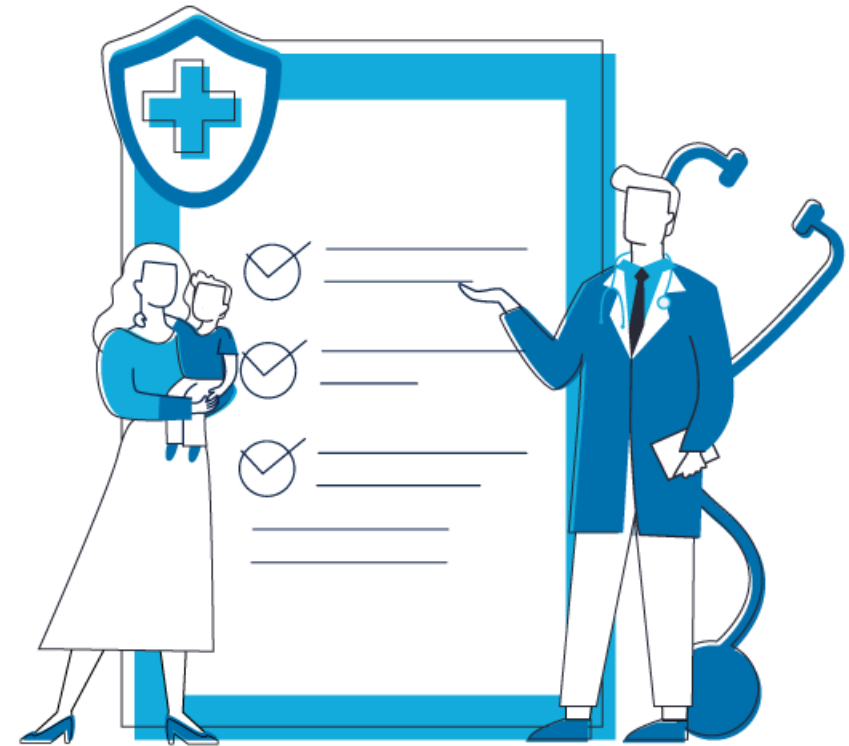
Note:

- Above is a per life policy premium is in INR and includes 18% GST.
- Policy tenure will be 12 months from the date of inception of the policy.
- The premium payment has to be made directly to insurance company at one go and will not be recovered through payroll.



VOLUNTARY MEDICAL INSURANCE CONTINUITY:

**RETAIL PLAN FOR SECONDED /
RETIRED EMPLOYEE /
FAMILY OF A DECEASED
EMPLOYEE /
CAPGEMINI ALUMNI /
PARENTS / PARENT-IN-LAWS**



Plan Information



Plan Name	Voluntary Medical Insurance Continuity
Policy Holder	Individual Employee
Insurance Company	New India Assurance Company Limited
Inception Date	Effective date of payment to insurance company
Policy Duration	1 year
Sum Insured Limits	Option of INR 1 Lac to 15 Lac
Members Covered	Employee, Spouse, Children
Entry Age Limits	Upto 65 years for adults, Children upto 25 years (if financially depended)
Medical Coverage Geographical Limits	Within India

Program Details

- This plan can be opted under following scenarios:
 1. Employee deputed for long term assignment (more than 1 year) or
 2. Employee is planning to retire or in case employee death
 3. Employee exit Capgemini
 4. Family cover for an employee deceased during the policy year.
- Employee will enjoy continuity benefit where waiting period as per retail will be waived upto the tenure of employee in Capgemini India medical insurance plan.
- Pre-medical check may be required depending upon age of insured person/s.
- The coverage and premium will be as per retail plan and not as per Capgemini corporate plan.
- The onus to renew the plan will sole responsibility of the employee.
- Please connect with albert.fernandes@aon.com, sujesh.jayachandran@aon.com to enrol for the plan.

Plan Information



Plan Name	Voluntary Parental Insurance Continuity
Applicable For	Parents and Parent-In-Laws
Insurance Company	New India Assurance Company Limited
Inception Date	Effective date of payment to insurance company
Policy Duration	1 year
Sum Insured Limits	As per individual preference
Members Covered	Parent and Parent-In-Law
Medical Coverage Geographical Limits	Within India
Eligibility	Employees who have enrolled for the voluntary parental plan in the previous 2 years before exiting the organization can opt for retail plan

Program Details

- This plan can be opted under following scenarios:
 1. Employee is planning to retire
 2. Employee exit Capgemini
- Employees who have enrolled for the voluntary parental plan in the previous 2 years before exiting the organization can opt for retail plan and get waiver on waiting period as per the parental retail plan by the same insurer.
- Pre-medical check may be required depending upon age of insured person/s.
- The coverage will be as per retail plan and not as per Capgemini corporate plan.
- The coverage and premium will be as per retail plan and not as per Capgemini corporate plan.
- The onus to renew the plan will sole responsibility of the employee.
- Please connect with albert.fernandes@aon.com, sujesh.jayachandran@aon.com to enrol for the plan.

Enrollment Process





Enrollment process for India Employees: (Voluntary – Medical Top up, Corona Kavach Plan and Parental Insurance: 1/3)

1) Home page , click on 'Online enrolment'

Only enrolled beneficiaries are eligible for health policy cover. Enrol your dependents today.

Hello Test1_2495,
Welcome to MediBuddy, your personalized e-gateway to Medi Assist services.

As a partner of your esteemed organization, we at Medi Assist constantly endeavour to manage your health benefits portfolio.

Your health policy
Know your policy terms & conditions, enrol beneficiaries, download e-card and more.

Hospitalization
Find your network hospital and also inform us about your hospitalization in advance for speedier processing of cashless and reimbursement claims.

MediBuddy Infiniti
MediBuddy Infiniti is a curated network for outpatient services.

Online enrolment Download E-cards
View policy

Network hospitals Intimate eCashless
Intimate reimbursement

MediBuddy Infiniti

All out-patient services provided are self paid

2) ESC policy : Verify self details

MediBuddy

Congratulations Test1_3906, you and your family members are being offered family health insurance coverage.

ESC Policy Disclaimer:
Given beneficiary details are read only as per data available in Capgemini HR System (MyConnect).

Parental Additions:
Your Company has provided you an opportunity to avail Parental Insurance. You can choose to nominate four parents - Father, Mother, Father-in-Law or Mother-in-law and cross selection is allowed.

Basic Info
1 2 3 4 5 6 7

Declare the requisite details to avail your health benefits. Lets get started

Employee ID
Test1_3906

Official Email Id
@capgemini.com

Marital Status
Married

Marriage Date
17 Jan 2021

Next

3) Base coverage : Given details are read only as per data available on MyConnect. Click on 'Next' for Voluntary Parent plan

MediBuddy

BASE COVERAGE
Your base policy offers a floater coverage for you and your declared dependants for ₹ 3,00,000

1 2 3 4 5 6 7

Test1_3906
Self 31 years (01 Jan 1990)

No beneficiary enrolled.

Previous Next

4) Voluntary Parental Plan: Enroll parent/in-law and click on 'Next' for Top up plan.

MediBuddy

PARENTS COVERAGE
Your Company has provided you an opportunity to avail Parental Insurance. You can choose to nominate any two parents - Father, Mother, Father-in-Law or Mother-in-law and no cross combination is allowed.

Note:
• In case no selection is made, the recovery will be in up to 6 instalments or lesser, subject to 100% premium recovery being completed within the January 2022 payroll cycle.
• Sum Insured is non-floater for each parent.

Voluntary parental policy
1 2 3 4 5 6 7

Add a Beneficiary +

ekfh
Mother, 100 years (01 Jan 1921),
SumInsured : 200000, Premium : 32303

iehf
Mother-in-Law, 80 years (03 Jan 1940),
SumInsured : 100000, Premium : 18143

☒ Do you wish to pay the Voluntary Parental premium in one installment?

Previous Next



Enrollment process for India Employees: (Voluntary – Medical Top up, Corona Kavach Plan and Parental Insurance: 2/3)

5) **Voluntary Top up Plan** : Select the desired Top up SI and go to 'Next' page for Corona Kavach plan.

MediBuddy
MEDICAL VOLUNTARY TOP-UP
Increase the coverage for you and all your declared dependents under Employee Policy by opting for Top-Up coverage.

	Sum Insured	Premium
Base	₹ 3,00,000	₹ 0
Father	₹ 0	₹ 0
Mother	₹ 2,00,000	₹ 32,303
Father-In-Law	₹ 0	₹ 0
MotherInLaw	₹ 1,00,000	₹ 18,143
Total premium to be paid		₹ 50,446

Note : All premiums are inclusive of GST.

6) **Corona Kavach** : Enroll your dependents for Corona kavach plan. Click on 'Next' to verify Voluntary plans enrolled with respective Sum Insured & premium.

MediBuddy
VOLUNTARY CORONA KAVACH COVER
COVID COVERAGE

- Individual Sum Insured and premium for each dependent/family member covered.
- Non floater policy. Separate policy number for each member covered under Corona Kavach plan.

	Sum Insured	Premium
Base	₹ 3,00,000	₹ 0
Father	₹ 0	₹ 0
Mother	₹ 2,00,000	₹ 32,303
Father-In-Law	₹ 0	₹ 0
MotherInLaw	₹ 1,00,000	₹ 18,143
Voluntary Top-up Cover	₹ 2,00,000	₹ 3,894
Total premium to be paid		₹ 54,340

Note : All premiums are inclusive of GST.

7) Verify all the details enrolled. Click on 'Next' to move ahead with payment

MediBuddy
DECLARATION
You are about to confirm your Benefits Information. Please verify your data for the following

- In the beneficiary list check typographical errors, Date of birth, Gender and Relationship
- Selection in Core Benefits
- Any data post confirmation will be non-editable and will be treated as your final submission.

	Sum Insured	Premium
Base policy	₹ 3,00,000	₹ 0
Voluntary Top-up Cover	₹ 2,00,000	₹ 3,894
Parental Policy		
Mother	₹ 2,00,000	₹ 32,303
Mother-In-Law	₹ 1,00,000	₹ 18,143
Covid Policy		
Self	₹ 1,00,000	₹ 913
Father	₹ 5,00,000	₹ 5,024
Son	₹ 5,00,000	₹ 1,676
Total premium:		₹ 61,953

Note : All premiums are inclusive of GST.

Beneficiaries: Test1_3906 (Self, DOB: 01 Jan 1990), ekfh (Mother, DOB: 01 Jan 1921), iehf (Mother-In-Law, DOB: 03 Jan 1940)

Declaration: I agree and declare the information provided above is correct and I have read the entire policy terms and conditions.

8) Click on '**Submit & Pay Now**' to complete the enrolment with payment. 'Save' will only save the details, but to complete the enrolment, payment need to be done within the online enrolment window period.

MediBuddy
PAYMENT DETAILS
Once online payment is made for Top Up policy and/or COVID Policy, cancellation or modification is **NOT** allowed.

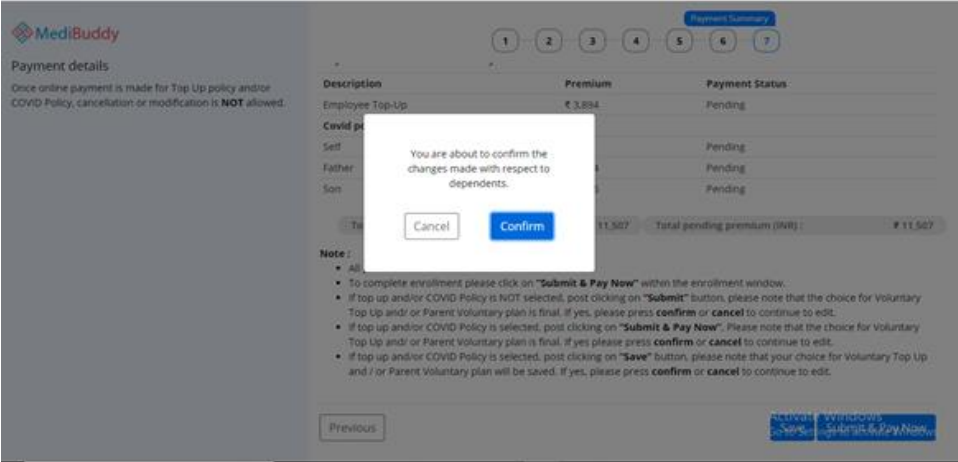
	Sum Insured	Premium
Base policy	₹ 3,00,000	₹ 0
Voluntary Top-up Cover	₹ 2,00,000	₹ 3,894
Parental Policy		
Mother	₹ 2,00,000	₹ 32,303
Mother-In-Law	₹ 1,00,000	₹ 18,143
Covid Policy		
Self	₹ 1,00,000	₹ 913
Father	₹ 5,00,000	₹ 5,024
Son	₹ 5,00,000	₹ 1,676
Total premium payable (INR):		₹ 37,917
Total pending premium (INR):		₹ 37,917

Note :

- All premiums are inclusive of GST.
- To complete enrolment please click on "Submit & Pay Now" within the enrollment window.

Enrollment process for India Employees:
(Voluntary – Medical Top up, Corona Kavach Plan and Parental Insurance: 3/3)

9) Once clicked Submit & Pay Now’ screen will ask for confirmation again



10) Once confirmed screen will show total payable premium through payment gateway. Click on 'Pay now' and complete the transaction.

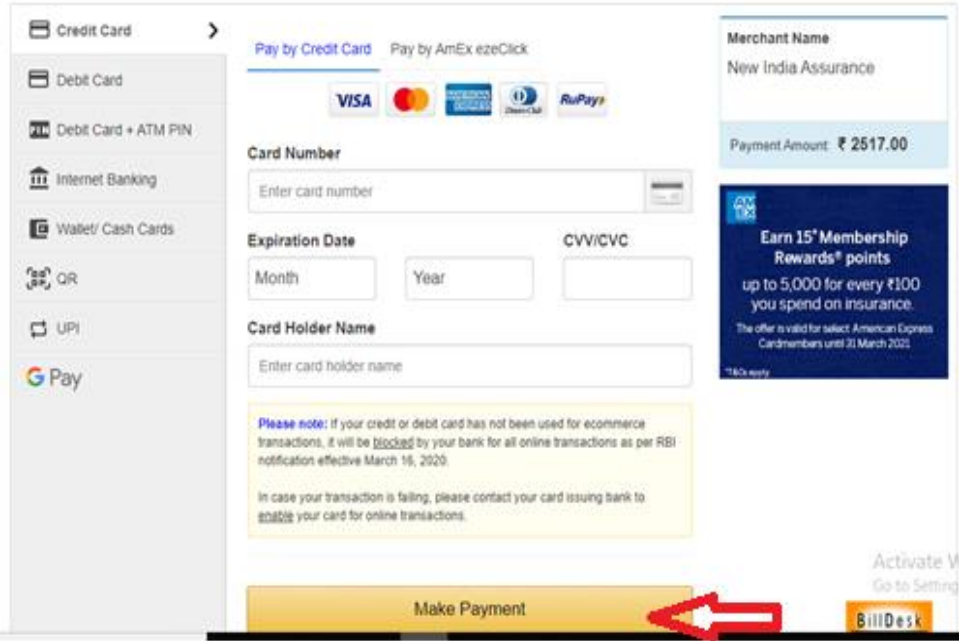
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Description	Premium (INR)
Covid policy Premium	7613
Top-up premium GMC	3894
Total premium payable	11507

Cancel

Pay Now

11) Complete the payment part for confirm the enrolment.





Enrollment Procedure for Seconded* Employees

For Voluntary Plans – Corona Kavach Plan and Parental Insurance

Step1:

Employees who are seconded and not on active payroll of Capgemini India wish to enroll their dependent parents will receive an email from Medi-assist TPA (capgemini@mediassist.in) during the enrollment window

Step 2:

Employees are requested to visit MediBuddy portal (Medi-assist) and enroll their parents online.

Step 3:

The payment will be a one-time payment through MediBuddy portal and has to be done through NEFT to “The New India Assurance Co. Ltd” bank account.

* Seconded for more than 1 year



Enrollment Procedure: Insurance Continuity Plan

When to initiate the enrollment process:

- In case of retirement, exit or secondment*, employee will need to notify 45 days in advance before the change to Anviti team member
- In case of deceased employees: Family member/s need to opt for a plan within 45 days from date of death.

Process:

1. Please reach out to SUJESH JAYACHANDRAN sujesh.jayachandran@aon.com from Aon team.
2. AON team to share the enrollment process with the employee.
3. Medical test may be required on case-to-case basis.

* Seconded for more than 1 year

CLAIM PROCEDURE



Process for Voluntary Medical, Corona Kavach, Parental Insurance, Insurance Continuity plan

Cashless hospitalization means the Administrator may authorize (upon an Insured person’s request) for direct settlement of eligible services and the corresponding charges between a Network Hospital and the Administrator. In such case, the Administrator will directly settle all eligible amounts with the Network Hospital and the Insured Person may not have to pay any deposits at the commencement of the treatment or bills after the end of treatment to the extent these services are covered under the Policy.

List of hospitals in the Medi-Assist’s network eligible for cashless hospitalization	
<p><u>Hospital Network List</u></p> <p>1. Click on Website –https://m.mediassist.in/Hospital1.aspx Click on Network Hospital Lists</p> <p>2. You are requested to verify with the hospital before planning any cashless as to avoid any inconveniences.</p>	
Contact Call center at 24 X 7 Customer Service Center - 044-71117006	For Assistance : capgemini@mediassist.in

Cashless Hospitalization Process

2/4



Process for Voluntary Medical, Corona Kavach, Parental Insurance, Insurance Continuity plan

- ✓ Always keep the Ecard & Govt ID proof of the patient who is getting admitted handy.
- ✓ For planned hospitalization, approach the hospital minimum 48 hours prior to admission, present the E-card and complete the pre-authorization formalities.
- ✓ Approach the hospital insurance desk and request for a cashless form.
- ✓ Fill the form & submit it at the hospital insurance desk.
- ✓ For any delays/issues, please reach member Insurance SPOC.

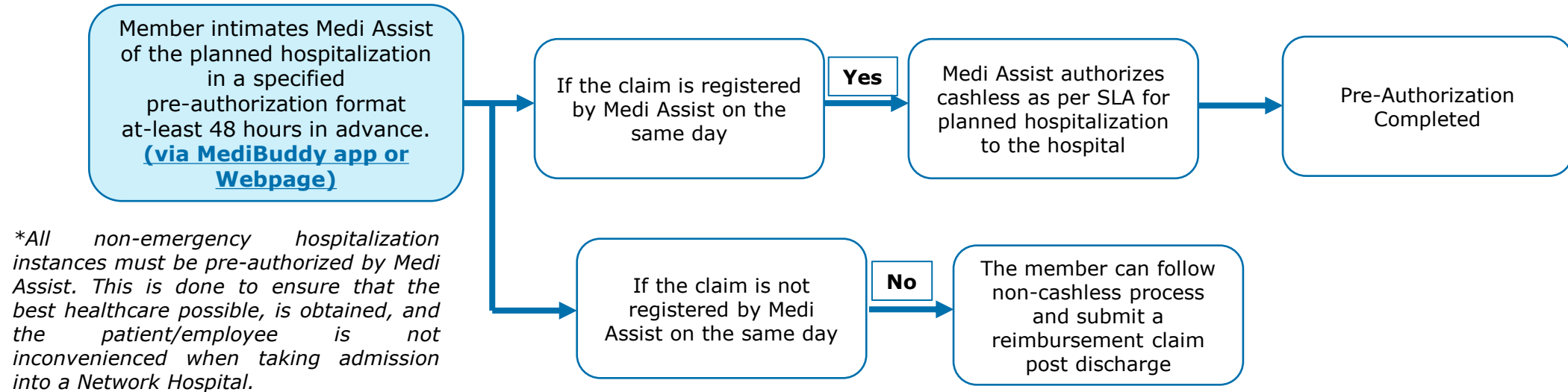
Cashless Process

3/4



Process for Voluntary Medical, Corona Kavach, Parental Insurance, Insurance Continuity plan

Step 1 : Pre-authorization by Medi Assist for Cashless Claims



Step 2 : Admission, Treatment & discharge

After the hospitalization has been pre-authorized, member needs to secure admission at the hospital. A letter of credit will be issued by Medi Assist to the hospital. The member is not required to pay the hospitalization bill in case of a network hospital.

Member produces ID card at the network hospital and gets admitted

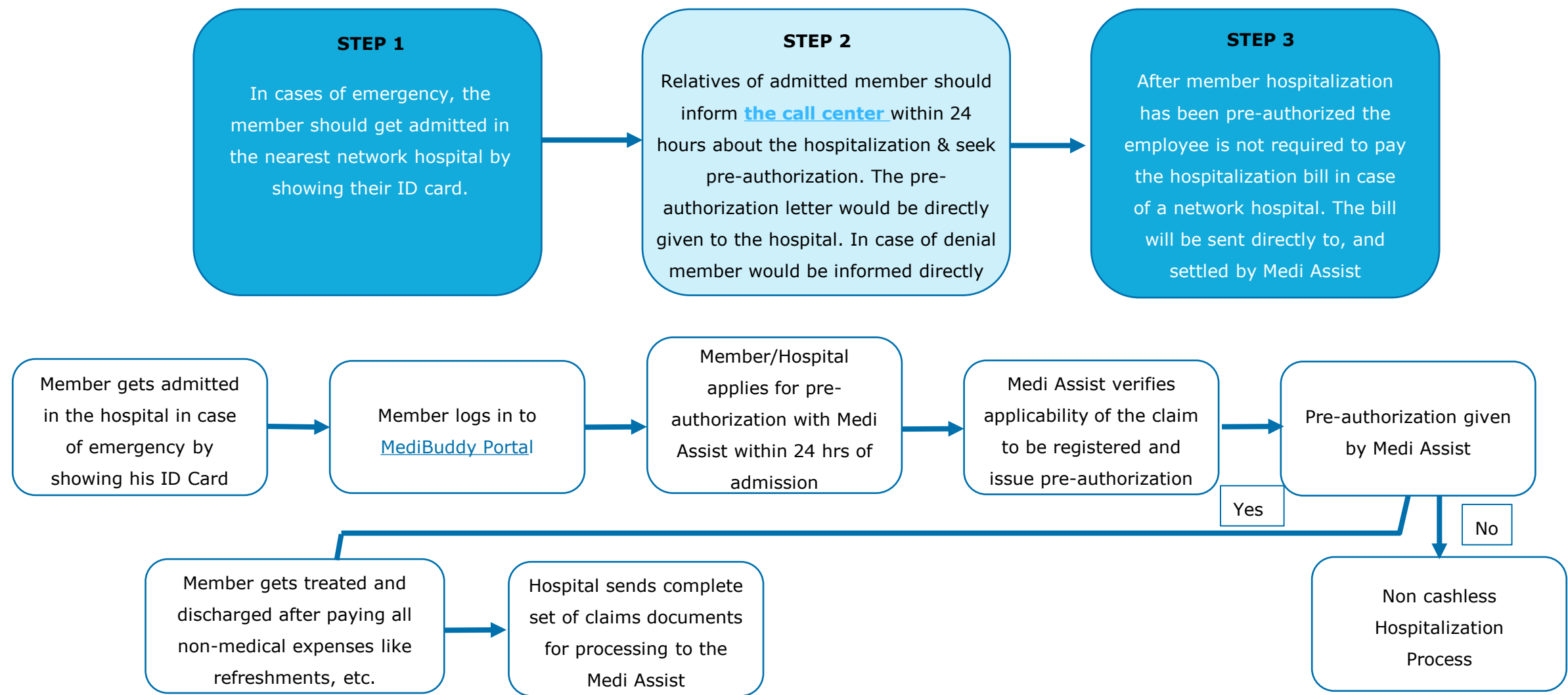
Member gets treated and discharged after paying all non entitled benefits like refreshments, etc.

Hospital sends complete set of claims documents for processing to Medi Assist

Medi Assist starts processing the claims and proceeds to settlement with the insurer

Emergency Hospitalization Process

Process for Voluntary Medical, Corona Kavach, Parental Insurance, Insurance Continuity plan





Non-Cashless Hospitalization Process

Process for Voluntary Medical, Corona Kavach, Parental Insurance, Insurance Continuity plan

Admission Procedure

- In case the member chooses a non-network hospital, they will have to liaise directly with the hospital for admission

Discharge Process

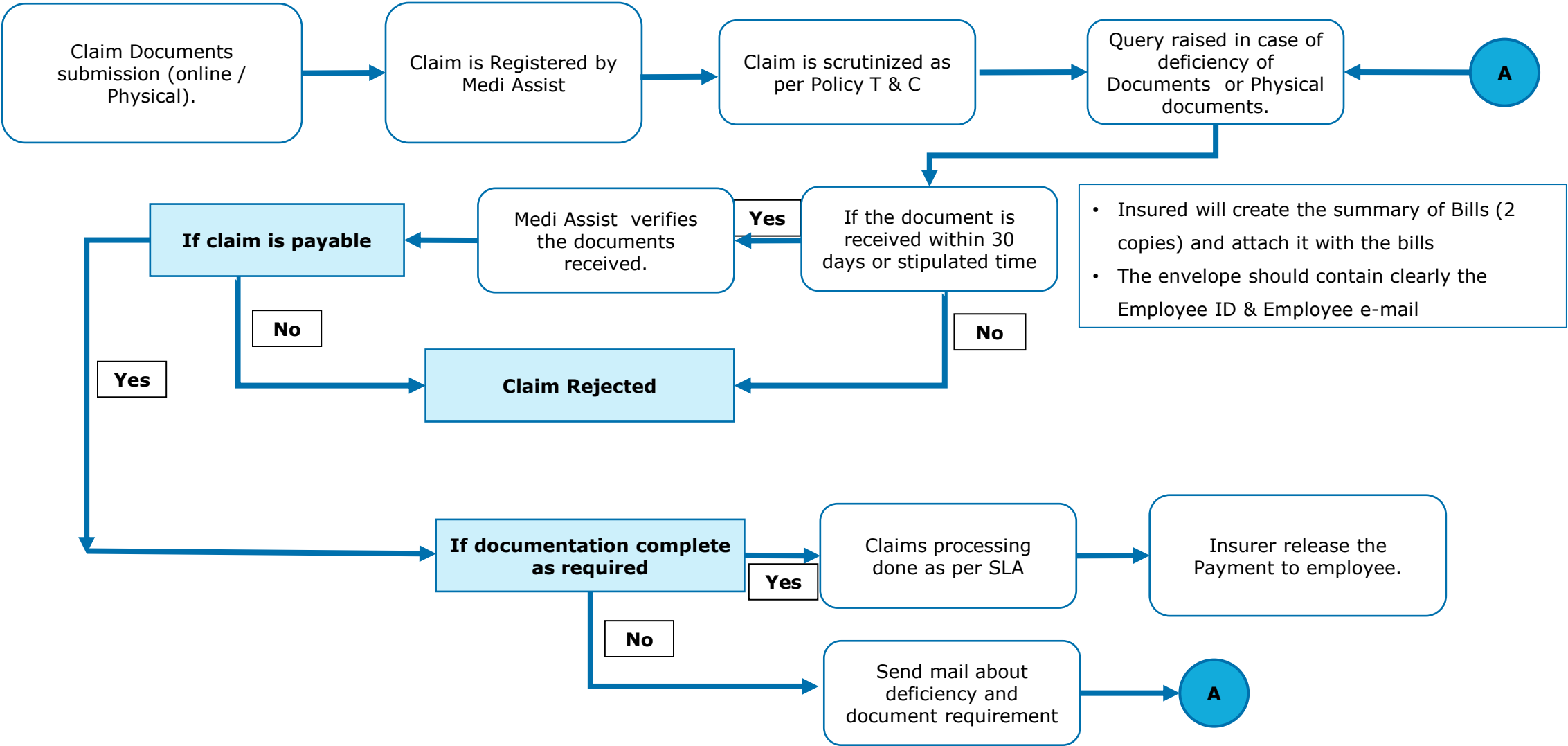
- In case of non network hospital, member will be required to clear the bills and submit the claim to Medi Assist for reimbursement from the insurer.
- Please ensure that member collects all necessary documents such as – discharge summary, investigation reports etc. for submitting member claim.

Submission of Hospitalization Claim

- Member must submit the final claim with all relevant documents within 60 days from the date of discharge from the hospital.

Non-Cashless Claim Process

Process for Voluntary Medical, Corona Kavach, Parental Insurance, Insurance Continuity plan





Document Checklist for Speedy Reimbursement

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Process for Voluntary Medical, Corona Kavach, Parental Insurance, Insurance Continuity plan

For a claim to be processed and approved, it is critical to have all paperwork in order.

A claim will often get rejected if there are missing documents or if the submitted paperwork lacks necessary details.

Here's a list of documents member need to furnish to put member reimbursement on the fast-track and to make the process hassle-free:

- Original filled & duly signed claim form [Download claim form here](#).
- Detailed schedule of expense, calculating amount of all bills submitted
- Original Discharge Card/ Summary
- Original final hospital bills with bill no., and detailed bill summary/break up
- Original numbered receipts for payments made to the hospital /Doctor
- Cancelled Cheque with Employee name pre-printed on the same.
- All bills for medicines supported by relevant prescriptions and investigations done with the respective reports
- Employee details /ID card copy and any Government ID proof copy
- Any Government ID proof copy of the patient
- MLC /FIR, in case of road traffic accidents



1/3

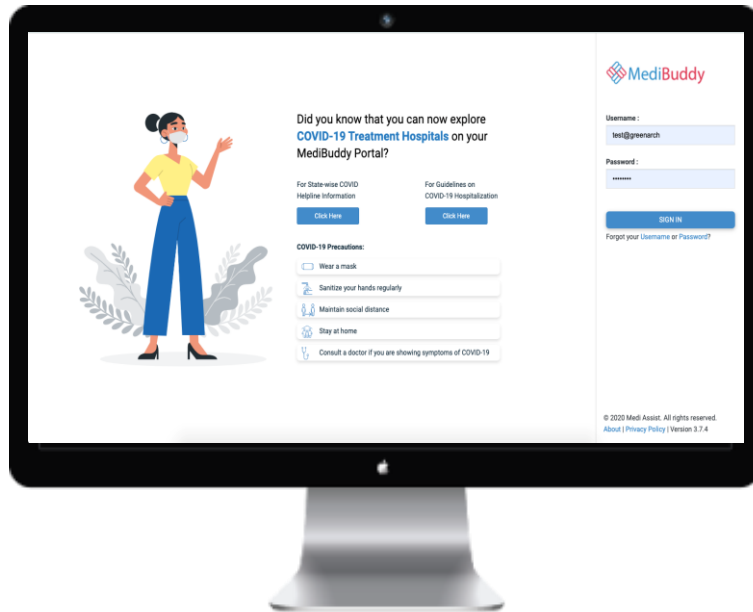
Online Claim Submission Process

Process for Voluntary Medical, Corona Kavach, Parental Insurance, Insurance Continuity plan

Steps for Reimbursement Claim Document uploading

Step 1

Member logs in to www.portal.medibuddy.in with the username and password provided



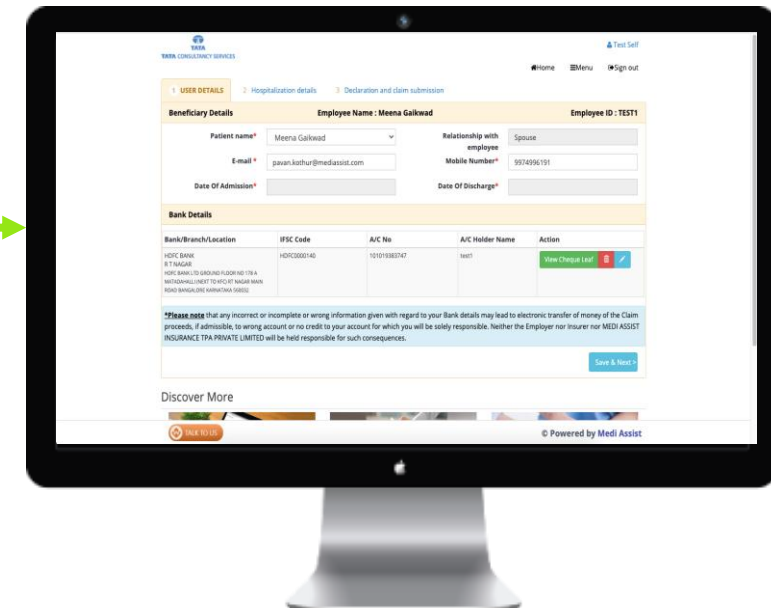
Step 2

Once logged in, member clicks on the Menu tab and selects Submit Hospitalization claim



Step 3

Member then fills in the required user details as shown in the screen below





Online Claim Submission Process

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Process for Voluntary Medical, Corona Kavach, Parental Insurance, Insurance Continuity plan

Steps for Reimbursement Claim Document uploading

Step 4

If the member has not entered their account details, they can do so before submitting the claim details

The screenshot shows the 'Bank Detail' form. It includes fields for IFSC code (with a link to select IFSC code), Branch (RTNAGAR), Account number (with a show/hide toggle), and Account holder name (test1). There are also fields for Bank name (HDFC BANK), Bank address (HDFC BANK LTD GROUND FLOOR NO 178 A MATU), and Retype account number (test@reentech). A 'Review your details' button is at the bottom right. A disclaimer at the bottom states: 'Please note that any incorrect or incomplete or wrong information given with regard to your Bank details may lead to electronic transfer of money of the Claim proceeds, if admissible, to wrong account or no credit to your account for which you will be solely responsible. Neither the Employer nor Insurer nor MEDI ASSIST INSURANCE TPA PRIVATE LIMITED will be held responsible for such consequences.'

Step 5

The member to proceed to filling the hospitalization details. On adding the details member can click on save and next

The screenshot shows the 'HOSPITALIZATION DETAILS' form. It includes fields for State (Andhra Pradesh), City (Adilabad), Hospital Name (Other), and Hospital Address (adil). There are also fields for Pre Hospitalization Amount (Calculated based on bill dates & DOAOD) and Post Hospitalization Amount (Calculated based on bill dates & DOAOD). A 'Total Amount Claimed' field shows 1454. Below this is a 'Medical Expenses Breakup' table with columns for Serial No., Bill No., Bill Date (MM/DD/YYYY), Bill Amount (INR), and Remarks. The table contains one row with Serial No. 1, Bill No. 123456, Bill Date 9/30/2020, Bill Amount 1454, and Remarks 'adil'. A 'Save & Next' button is at the bottom right.

Step 6

Upon completing the hospitalization details, the member will then proceed to a comprehensive checklist where they can check all necessary documents that need to be uploaded

The screenshot shows the 'Claim Document Checklist' form. It includes a table with columns for Document Name, Status, and Action. The table lists 15 documents: 1. Filled and signed claim form, 2. Pan Card, Aadhaar or any Govt issued photo ID proof of the patient and the employee, 3. Bankable Less order and the invoice is mandatory, 4. Original detailed discharge/summary, 5. Original hospital main bill with complete breakdown of the expenses incurred, 6. Original cash paid receipt, phone note amount receipt on the letterhead is not accepted, 7. Supporting investigation report proving the diagnosis (A scan report) and all the lab investigations reports with the prescription, 8. TPA may ask some more documents based on the claim if required, 9. Supporting Prescription for all Lab investigations and pharmacy if any, 10. The lab reports has to have signature of the MD pathologist (only signature court instruction), 11. Reason for not availing cashless in network hospital if the admission happened in our network hospital, 12. Hospital expenditure certificate in case of non-network of hospital, 13. Claims will be processed in case if it is availed in Medi Assist network hospitals, 14. The claim will be paid as per the agreed rates and the discounts as applicable in that hospital and there is no exception to this condition. Below the table is a section for 'Upload Documents (Please upload all claim documents for faster processing of your claim)'. It includes a 'Choose Files' button and a list of documents to upload: 'Please upload all the scanned documents: Pre-discharge lab reports, investigation reports related to the claim', 'Please upload the Bill of Material (BOM)', and 'Please upload the Bill of Material (BOM)'. A 'Save & Next' button is at the bottom right.



Online Claim Submission Process

Process for Voluntary Medical, Corona Kavach, Parental Insurance, Insurance Continuity plan

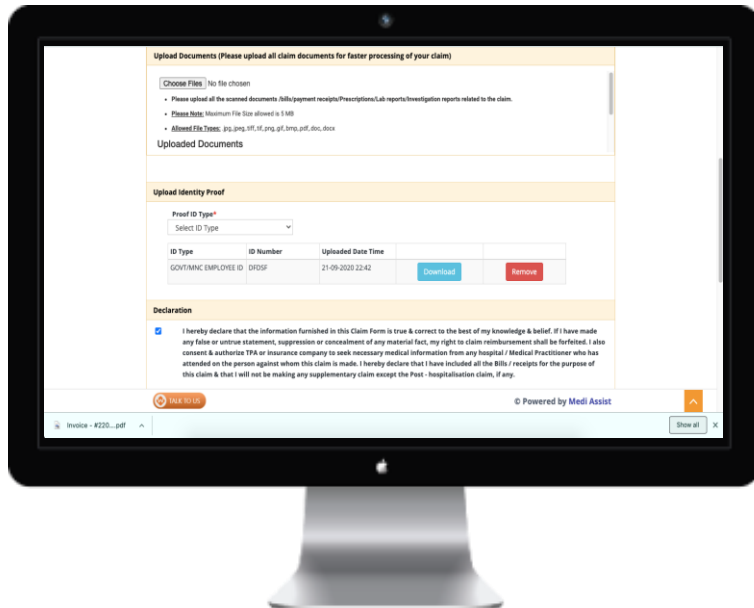
Steps for Reimbursement Claim Document uploading

Step 7

Once the member has all documents ready, they can then proceed towards uploading the documents and submitting the same post checking the declaration

Note:

While our comprehensive technology helps enable members to submit claims online, it is mandatory to submit all original physical claim documents as uploaded online.



POINTS OF CONTACT AND ESCALATION MATRIX



MediBuddy App/ Webpage



Please visit web portal/ App. MediBuddy that gives you anytime-anywhere access to your health insurance policy. You can use MediBuddy for knowing more about your

1. Policy
2. Claim submission- tracking claims etc.
3. Pre-Authorization
4. Download E-Cards
5. Network Hospitals

Mobile App Download Process :

1. Go to your IOS or Android Play Store and download the MediBuddy. App on your smartphone Available on Google Play Store and Apple App Store



Web Access :

1. Single Sign on via Talent Page:

- Click on URL: <https://talent.capgemini.com/in>
- India >> Featured Links >> MediBuddy

2. MediBuddy Webpage:

Click on URL: <https://portal.medibuddy.in>

Username: Capgemini email id

Password: DDMMYYYY (DOB of employee for first time users)

For any assistance with login please

- **Call - 044 – 71117006 or**
- **Write to capgemini@mediassist.in**

Escalation Matrix for Medi-claim

Voluntary Medical, Corona Kavach, Parental Insurance, Insurance Continuity plan



Location	Location SPOC	Contact #	Email Id
Bangalore	Mr. Praveen Patel	9686981395	capgemini@mediassist.in
Chennai	Mr. Ganesh D	8939005138	
Delhi	Mr. Shiv Bali	9513362286	
Hyderabad	Mr. Mohammed Mubeen	6305928876	
Kolkata	Ms. Sufia Kalim	9742383311	
Mumbai	To be announced	To be announced	
Pune	To be announced	To be announced	

Contact Matrix - For Capgemini Group Employees			
Level	Name	Contact No	Email ID
Contact Centre	Dedicated Contact no.	044-71117006	capgemini@mediassit.in
Level 1	Ms. Anuradha Ganguli	8147348227	anuradha.ganguli@mediassist.in
Level 2	Ms. Komal Jiman	9606272303	komal.ganesh@mediassist.in
Level 3	Ms. Yugandhara Puralkar	9353747973	yugandhara.r@mediassist.in
Account Manager	Mr. Raj Kartar	9148199757	rajesh.kartar@mediassist.in

Contact Matrix - For Altran / Aricent / Global Edge / Leading Purpose Employees			
Level	Name	Contact No	Email ID
Contact Centre	Dedicated Contact no.	044-71117006	capgemini@mediassit.in
01st Level	Neha Kumari	9742385577	neha.kumari@mediassist.in
02nd Level	Dhanashree More	9742374400	dhanashri.more@mediassist.in
Level 3	Ms. Yugandhara Puralkar	9353747973	yugandhara.r@mediassist.in
Account Manager	Mr. Raj Kartar	9148199757	rajesh.kartar@mediassist.in

For further support on your query, please reach out to AON team members as per your respective entity:			
Level	Name	Contact No	Email ID
Level 1 For Global Edge & GPA & GTLI Claims	Sujesh Jayachandran	7829944112	sujesh.jayachandran@aon.com
Level 1 for Capgemini Entities	Albert Fernandes	8104998331	Albert.fernandes@aon.com
Level 2	Gautam Gokhale	9967981281	Gautam.Gokhale3@aon.com



Capgemini Query resolution

For any HR queries related to insurance, please follow the below steps:

1. Login to [My Connect](#)
2. Under "Forms to manage your HR admin queries", click on "Your Benefits"
3. Click on "Medical Insurance"
4. Detail your query and upload documents (if applicable)
5. Click on "Submit"

OR

Mail ID : employeeinsurance.in@capgemini.com

For answering frequently asked questions, please reach out to MAiA chat bot:



FREQUENTLY ASKED QUESTIONS



Voluntary Medical Top Up



- **What other expenses are excluded apart from those mentioned under general exclusion?**

Expenses like Registration Fees, File opening fees, Telephone, Internet charges , Food and refreshments supplied to visitors and attendants, Television charges, service fees , Any expenses not related to treatment of illness are non-medical expenses and not covered under the plan.

- **What is a TPA ID card?**

It is an identification card issued by TPA. Once validated by TPA, it will entitle you to credit towards hospitalization and any other negotiated benefits at hospitals on the TPA panel upon pre-authorization. Information on this is available with the TPA customer service helpline. Please remember the ID card is not a credit card. The card does not entitle you to credit. To avoid any misuse of your card, the hospitals may ask you to furnish some photo identification card for the member (eg. Voter ID, Photo Credit card).

Once your details have been forwarded by HR to the Insurer, the Insurer will make additional endorsements and give details of the same to TPA. TPA will issue the card on the basis of complete information received on the employee and dependents. It normally takes 14 working days to issue the ID card. In case you lose your ID card, please inform HR immediately.

- **What if the hospital does not accept my TPA ID card?**

Please make sure that the hospital is on the Medi-Assist / New India network list. This can be verified by accessing the website (<https://portal.medibuddy.in/Home.aspx>) of the Medi-Assist or call the Medi-Assist customer service helpline for assistance. If it is a network hospital and you are not accepted, please report the refusal to Medi-Assist making note of the name of the hospital staff.

- **Are pre and post hospitalization Expenses covered ?**

Yes, Pre-hospitalization expenses are covered 30 days prior expenses from date of admission even though date of admission falling into renewed policy period. Post-hospitalization expenses are covered upto 60 days from date of discharge.

Voluntary Medical Top Up



- **What are network hospitals? What should I do when I reach the hospital?**

These are hospitals where TPA has a tie up for cashless hospitalization. Once you reach the hospital, please show your ID card for identification. Please complete the pre-authorization procedure listed earlier. TPA will send a letter of credit (upon pre-authorization) to the hospital making sure they extend the credit facility to you.

If pre-authorization is not done, you must collect all reports and discharge card when you get discharged. Please make sure you sign the hospital bill before leaving the hospital. You will then submit the claim along with all necessary supporting documents to TPA for reimbursement. Please complete the Claim Form, attach all relevant documents and send them to the TPA for reimbursement through your HR.

- **What are claim reimbursements?**

In the event where cashless hospitalization is not availed, you will need to submit all original bills along with the Claim Form to the insurance company/TPA. Upon approval, the hospitalization expenses will be reimbursed to you.

- **How can I claim my pre & post hospitalization expenses?**

The group policy covers pre-hospitalization expenses made prior to 30 days of hospitalization and incurred towards the same illness/ disease due to which hospitalization happens. It also covers all medical expenses up to 60 days post discharge as advised by the Medical Practitioner. All bills with summary to be sent to TPA for reimbursement.

- **How can I make a claim if a claim is made partly under my name and my spouse's insurance plans?**

Claims can be settled under multiple policies on reimbursement basis. First, submit the claim to the first insurer / TPA. Request for the original documents to be returned by the TPA. This will only be done if a part claim is submitted and the TPA will mark the claim as settled up to the limit. The balance of expenses can be submitted to the second insurer / TPA for settlement

Voluntary Medical Top Up



- **What are the key reasons why a claim under the medical policy could be completely rejected under the plan?**

The group policy covers pre-hospitalization expenses made prior to 30 days of hospitalization and incurred towards the same illness/ disease due to which hospitalization happens. It also covers all medical expenses up to 60 days post discharge as advised by

The following are some common reasons for rejection, though NOT the only reasons for which a claim could be rejected:

1. Treatment taken after leaving the organization.
2. Treatment that should have been taken on outpatient basis (unnecessary inpatient admission and /or no active line of treatment in the hospital) or where hospitalization has been done primarily for preventive reasons.
3. Treatment taken that is not covered as per policy conditions or excluded under the policy. Please go through the list of standard exclusions listed earlier.

e.g., Ailment because of alcohol abuse is a standard exclusion. Cosmetic treatments or treatments for external conditions such as squint correction etc. are not covered. Hospitalization taken in a hospital which is not covered as per policy conditions (e.g., less than 10 bed hospitals). Admission before/after the policy period or details of member not updated on the insurer's list of covered members.

4. In case original documents are not submitted as per the claim submission protocol, the claim may stand rejected.



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Capgemini is a global leader in partnering with companies to transform and manage their business by harnessing the power of technology. The Group is guided everyday by its purpose of unleashing human energy through technology for an inclusive and sustainable future. It is a responsible and diverse organization of 270,000 team members in nearly 50 countries. With its strong 50 year heritage and deep industry expertise, Capgemini is trusted by its clients to address the entire breadth of their business needs, from strategy and design to operations, fuelled by the fast evolving and innovative world of cloud, data, AI, connectivity, software, digital engineering and platforms. The Group reported in 2020 global revenues of €16 billion.

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