

# Medical Insurance Coverage Details.

## Enrolling & making changes

### Enrolling

Learn how to enroll in group medical coverage.

### Making changes

When you experience certain life events, such as having a baby or getting married, you may need to [make changes to your benefits](#). Learn more about what actions you need to take in the case of certain [life events](#).

### Changing sum insured during the year

You are not allowed to change the sum insured during the fiscal year unless you get married or give birth to or adopt a child. In those cases, you can:

- Marriage: Add your new spouse/partner to coverage
- Birth or adoption: Add your new child to coverage
- If you change from Plan C (employee, parents) to Plan D (employee, spouse, children, parents) and you initially selected the INR 5L Plan, you are allowed to upgrade up to INR 12L Plan.

## Maternity benefit

Intuit provides exhaustive coverage for family planning and maternity and associated benefits as part of its overall Medical insurance policy. These expenses are part of the total sum insured, based on the **medical plan cover you have selected for yourself and your dependents**.

### Maternity & surrogacy cover

You are eligible for up to INR 85,000 for maternity-related (normal delivery, C-section) and surrogacy-related hospitalisation expenses.

You are eligible for up to INR 1,00,000 for hospitalisation expenses related to twin/multiple birth deliveries (normal delivery, C-section).

### Infertility related treatment

Infertility related treatments are covered up to INR 85,000. In case the delivery happens during the same policy year, subsequent to Infertility treatment if the incurred expenses are fully utilized up to INR 85,000, then employee will be eligible for an additional amount as per the maternity limit (normal delivery or C-section). Infertility treatment will cover the following:

- IVF (In-Vitro fertilization)
- IUI (Intrauterine Insemination)
- ICSI (Intra Cytoplasm Sperm Injection)
- Laparoscopy/Hysteroscopy (Minimal Invasive Surgery)
- PCOD (Polycystic Ovaries)

Exclusions:

- Ayurvedic / Naturopathy treatments

### Pre- and post-natal expenses

This benefit covers 60 days pre and postnatal expenses up to INR 10,000 over and above the maternity limit.

Inclusions:

- All major scans as prescribed by the treating doctor

- Any diagnostic tests as prescribed by the treating doctor
- Doctor consultations
- Medicines as prescribed by the treating doctor

Please Note - All bills need to be produced in original. No handwritten bills will be accepted. For tests, scans and consultations, copy of prescriptions and reports need to be submitted

#### Dos and don'ts for pre- and post-natal claim submission expenses

- Claim has to be submitted within 60 days from consultation date/ purchase of medicine
- The claim should be accompanied with a copy of prescription from the treating doctor for all investigations, procedures and medicines
- All treatment and pharmacy bills need to be submitted in original

#### Claim submission process

Intuit to provide details

## Medical cover & hospitalisation

Intuit provides Group Medical benefits to all employees and their eligible dependents. If your same-sex partner is a dependent, you can select "Partners" from the insurance enrolment dropdown menu.

Interns are enrolled automatically. To add dependents, contact [Benefits\\_Delivery@intuit.com](mailto:Benefits_Delivery@intuit.com).

The third party administrator of this coverage is Paramount. The cost of the basic plan (INR 5 Lac sum insured) coverage is paid for by Intuit.

Paramount Healthcare Services will provide an insurance ecard

for all eligible family members to assist in processing cashless claims. It can take up to 20 days before you receive your ecard. If you have a **life event**, you have 60 days to make changes to your Group Medical benefits.

The Group Medical policy covers hospital expenses due to disease, illness or accident. If a 24-hour hospitalization has been taken, hospitalization expenses are covered for 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, and similar expenses.

Intuit provides two sum assured coverage options.

## Corporate plans for you and your dependents

You can choose any of the 4 sum insured options. For the INR 5 Lac sum insured option, 100% premium cost is borne by Intuit. For the rest of the options, you will have to pay the additional premium as per your sum insured cover. You pay the cost of this coverage through paycheck deductions.

You can elect to purchase a new level for sum insured/medical cover of INR 12 Lac with top-up premium for INR 12,750.

Plan A (employee only)	
Sum insured options (in INR)	Premium inclusive of tax (in INR)
5 Lac*	Nil*
7 Lac	7,000
8 Lac	8,500
10 Lac	10,500
*100% premium cost borne by Intuit	

## Plan B (employee, spouse/partner, children)

Sum insured options (in INR)	Premium inclusive of tax (in INR)
5 Lac*	Nil*
7 Lac	7,000
8 Lac	8,500
10 Lac	10,500

\*100% premium cost borne by Intuit

## Plan C (employee, parents)

Sum insured options (in INR)	Premium inclusive of tax (in INR)
5 Lac*	Nil*
7 Lac	7,000
8 Lac	8,500
10 Lac	10,500

\*100% premium cost borne by Intuit

## Plan D (employee, spouse/partner, children, parents)

The minimum sum insured is INR 7 Lac. You could choose to increase the sum insured up to INR 10 Lac

Sum insured options (in INR)	Premium inclusive of tax (in INR)
7 Lac	7,000
8 Lac	8,500
10 Lac	10,500

## Voluntary plans for your parents-in-law

You can purchase an additional policy, separate from the main Group Medical plan, that allows you to cover parents-in-law at the time you join or renew. Premiums are paid by you. There is no tax exemption for the parent-in-law premium. The sum insured options are as follows:



3 Lac

69,502

5 Lac

101,008

All the above rates are lower than if you purchased an individual policy and have been negotiated with National Insurance in order to provide the best price for you. Once you are enrolled, you are unable to change your sum insured until the following annual enrollment period. The sum insured continues for the fiscal year and does not carry over to the following year. Midyear enrollment or withdrawals are not allowed.

One of the key features of all the above plans is that all pre-existing illnesses are covered.

## How Group Medical insurance works

### What is a hospital?

A hospital is any institution in India established for indoor care and treatment of sickness and injuries and which has been registered either as a hospital or nursing home with the local authorities and is under the supervision of a registered and qualified medical practitioner, or complies with the following minimum criteria:

- 15 in-patient beds
- In smaller cities/towns the same is reduced to 10 beds
- Fully equipped operation theatre of its own wherever surgical operations are carried out
- Fully qualified Nursing Staff under its employment round the clock
- Fully qualified Medical Practitioner should be in-charge round the clock
- Maintains daily medical record for each of its patients

### Covered day treatments and exclusions

Certain treatments may be covered if they do not meet the 24-hour hospitalisation as long as the treatments were provided on an inpatient basis and discharged the same day. For a complete list of covered treatments as well as exclusions, refer to the **Employee Benefits Manual** under "Policy Benefits & FAQ" on the Paramount Portal.

### Claims process

When you use your insurance ecard provided by Paramount TPA it provides identification to help process cashless claims. Cashless hospitalization is where the insurance company settles your expenses directly with the hospital. Cashless facility is available only at in-network hospitals. (You can find a list of hospitals on the [Paramount Portal](#) > Hospital Network.)

Reimbursement is availed if treatment is received at a non-network hospital. Reimbursement is a process where you settle the medical bill out-of-pocket and get it reimbursed from the insurance company.

Learn more about [cashless vs. reimbursement](#).

To start pre- or post-hospitalization or day care claim, log into [Paramount](#) via SSO and select Claim Submission. See the [pre- post-hospitalization or day care claims process guide](#) for more information.

To start an in-patient department or hospitalization or day care claim, log into [Paramount](#) via SSO and select Claim Submission. See the [in-patient department or hospitalization or day care claims process guide](#) for more information.

### Portability of medical insurance

Policy portability is an additional option to help exiting employees to extend their medical insurance coverage after leaving Intuit. Individual members, including the family members covered under the corporate health insurance policy, can migrate from such a group policy to an individual health insurance policy

or a family floater policy with the same insurer. Coverage for you and family under group policy would be ceased on the last day of employment with Intuit.

You can continue your coverage, along with your covered family members, per the terms and conditions of National Insurance Company (NIC) market plan and the premiums will be applicable for the selected plan as defined for the sum insured and the age of the insured. However, NIC will extend the continuity of benefits like waiver of waiting period and pre-existing coverage etc. based on Insurance history.

It is your responsibility to contact the insurance broker 15 working days before you leave to continue coverage:

## OPD, dental, and vision reimbursement

We at Intuit truly believe that prevention is better than cure.

As part of our overall medical insurance cover, Intuit provides OPD, dental and vision reimbursement up to INR 30,000 per fiscal year. This benefit is applicable only for you and your enrolled dependents under the Corporate Plans (A, B, C, D).

Parents-in-law enrolled under the voluntary policy are not covered under this benefit.

### Outpatient Domiciliary (OPD) cover

OPD reimbursement allows you to claim reimbursement against doctor consultations as well as investigations and medicines as prescribed by the consulted doctor.



### Inclusions:

- Consultations and investigations prescribed by a doctor/ specialist are covered
- Cost of medicines as mentioned in the prescription
- Diagnostic tests prescribed by a specialist i.e. routine blood work, X-ray, ECG, MRI, CT scans etc.

### Exclusions:

- Non Allopathic/Non specialists consultations, medicines and treatments are not covered

## Dental

Dental reimbursement allows you to claim reimbursement against regular dental check-up for yourself and your enrolled dependents. A doctor's prescription is required for reimbursement. Following are the inclusions and exclusions under this benefit.

### Inclusions:

- Extraction & fillings
- Dental consultations and pharmacy bills
- Dental X-ray
- Root canal and related expenses (X-ray to be submitted)

### Exclusions:

- Cosmetic changes
- Braces

## Vision reimbursement

Vision reimbursement allows you to claim reimbursement against regular eye check-up for yourself and your enrolled dependents. Following are the inclusions and exclusions under this benefit.

### Inclusions:

- Vision tests
- Cost of spectacle glass (without frame) or lenses based on

vision test and doctor's prescription

- Doctor consultations and medicines as prescribed by the doctor

#### Exclusions:

- Cosmetic changes

#### Claim submission—dos and don'ts

- Claim has to be submitted within 60 days from consultation date/purchase of medicine/investigations
- The claim should be accompanied with a copy of prescription from the treating doctor for all investigations, procedures and medicines
- All treatment and pharmacy bills need to be submitted in original
- Please note that claims that do not match the doctor's prescription will not be reimbursed

#### Claim submission process

To start an OPD claim, log into [Paramount](#) via SSO and select **Claim Submission**. See the [OPD reimbursement claims process guide](#) for more information.