Medical Insurance Policy - India

Key Definitions & Related Documents

Key definitions

Policy Period: Duration of one year starting from **November 01, 2022 - October 31, 2023.**

Enrollment Window: Associates who wish to modify/enroll dependents may do so during the enrollment window once in a year at the time of renewal or at the time of joining.

Midterm: Mid of the policy period.

Coverage: The extent of the protection provided by Cognizant India medical insurance policy.

Base Policy (GMC): Base Policy provides hospitalization benefits for associates and three dependents enrolled by the associate.

Parents: Biological Parents, excludes stepparents and in-laws.
Children: Coverage limited to three biological Children, excludes stepchildren.

Spouse: Legally married, not under the purview of child marriage guidelines.

Day Care Treatment: A patient who is admitted in a registered hospital or nursing home or clinic for treatment that does not require an overnight admission or 24 hours hospitalization.

Outpatient Department (OPD): Treatments that don't require a patient to get admitted in the hospital or nursing home or clinic.
Pre-Existing Disease: Any existing ailment/disease/injury that the person has, prior to the commencement of the policy.

Non-Network Hospitals: Hospitals that don't fall under the empaneled list of Medi Assist / New India Assurance.

Registered Hospital / Nursing home / Clinic: Hospital / Nursing home / clinic registered under any local government authority or has at least 15 beds, with qualified nurses round the clock, duty doctors (qualified) along with a fully equipped operation theatre.

Congenital Anomaly: Presence of an ailment since birth and that is abnormal with reference to form, structure, or position.

Co-pay: Cost-sharing requirement under a health insurance policy, that provides that the insured will bear a specified percentage of the admissible claim amount. Co-pay does not reduce the Sum Insured (SI). In short, co-pay refers to the portion of claim that has to be borne by the associate.

Maternity Expenses: Expenses that are traceable to childbirth or lawful termination of pregnancy.

Network Hospitals: List of hospitals empaneled by Medi Assist / New India Assurance.

Related Policies & Processes

FAQs

Scope

The policy applies to all employees, on the payrolls of Cognizant Technology Solutions India Private Limited (“Cognizant”) and its affiliates and subsidiaries over which Cognizant India has operational control, in the course of employment (collectively “Associates”). The policy covers treatments undertaken only in India. All eligible Associates covered under the Base Policy (GMC), would include:

- Associates hired in India and are currently in India.
    - Associates can also opt for an Additional Member Cover (AMC), under the India medical insurance policy, at the time of joining Cognizant or during the policy renewal period.
    - Associates cannot make changes to their dependent details anytime during the policy period or post their travel back to India from onsite. Changes to the dependent details can be made only at the time of renewal

- Associates who are hired at an onsite geography, upon travelling to India, on India employment as specified in the assignment letter or associated benefits statement.
    - Associates will be provided with an option of adding/updating their dependent details on travelling to India within 14 days of their payroll transfer to India.
    - AMC and Top-up, if purchased under the India medical insurance policy, will be valid for dependents based out of India till the end of the policy period, even if they travel back to their home country within the same Policy Period.
    - Coverage for self and enrolled dependents under Base Policy, will be valid till the end of the Policy Period or until their stay in India, whichever is earlier.
    - AMC and Top-up will be valid till the end of the policy period or until their stay in India, whichever is earlier.

The scope of ailments covered under the Medical Insurance is as per the Group Mediclaim Policy. The same shall be applicable to all Associates and enrolled dependents under the Base Cover / Additional Member Cover (AMC) /Top-up Cover, which will be a floater policy.

Guiding Principles

The Medical Insurance policy provides hospitalization benefits for Associates and their enrolled dependents. The policy is administered through:

- **Primary Insurer**: The New India Assurance Company Limited Primary Insurer, herein referred to as NIA).
- **Third Party Administrator (TPA):** Medi Assist Insurance TPA Private Limited (Herein after referred to as Medi Assist).

Validity of AMC & Top-up covers

Category	Eligibility for AMC	AMC validity period	Eligibility for Top-up	Top-up validity period
Associates hired in India and currently in India	Eligible	**Active on India Payroll:** Valid till the end of the Policy Period. **Separation**: Valid till the Last Working Day (LWD). **Travel on global assignment:** Till the end of the Policy Period.	Eligible	**Active on India Payroll:** Valid till the end of the Policy Period. **Separation:** Valid till the Last Working Day (LWD). **Travel on global assignment:** Till the end of the Policy Period
Onsite hires on assignment in India at the time of renewal or during the Policy Period	Eligible	**Active on India Payroll:** Valid till the end of the Policy Period. **Separation:** Valid till the Last Working Day (LWD). **Travel back to Parent or other countries:** Till the end of the Policy Period.	Eligible	**Active on India Payroll:** Valid till the end of the Policy Period. **Separation:** Valid till the Last Working Day (LWD). **Travel back to Parent or other countries:** Till their stay in India Payroll.

Medical Expenses Falling Under Two Policy Periods
If the claim event falls within two Policy Periods, the claims shall be paid taking into consideration the available sum insured of the expiring policy only. Sum insured of the renewed policy will not be available for the hospitalization (including Pre & Post Hospitalization expenses), which has commenced in the expiring policy. Claim shall be settled on per event basis.

Fraud, Misinterpretation, Concealment
The policy shall be null, and void and no benefits shall be payable in the event of misinterpretation, misrepresentation, or nondisclosure of any material fact/particulars if such claim be in any manner fraudulent or supported by any fraudulent means or device whether by the insured person or by any other person acting on their behalf.

Coverage

No age limit for any dependent other than Children (up to 25 years of age) if regulatory guidelines are met. Coverage is provided for newborn from the date of birth. The policy provides Coverage for hospitalization expenses, with active treatment which fulfills a minimum requirement of 24 hours of hospitalization, with time limit waiver for certain ailments (Daycare treatments). Associates and their dependents are covered through a floater Coverage in the Base Policy.

Dependents for GMC
Associates can enroll a maximum of three dependents, that include:

- Spouse (minimum age limit of 21 years for male & females)
- Parents (as per regulatory guidelines)
- Children (up to the age of 25 years)

Note: Foster Parents are not eligible for Coverage

Dependents for AMC
Associates can enroll a maximum of **two** dependents, that include:

- Parents (as per regulatory guidelines)
- Parents-in-law (as per regulatory guidelines)
- Children (up to the age of 25 years)
- Disabled dependent sibling
- Unmarried sister

Note: Foster Parents not eligible for Coverage
: Max of 3 children can be added in the policy

Base Coverage
The following table describes the Coverage limits under the Base Policy (GMC) based on the level of an Associate:

Levels	Floater Coverage
Levels up to Associate	INR 250,000
Senior Associate and Managers	INR 300,000
Senior Managers & above	INR 500,000

Room rent cap (including boarding and nursing expenses) as per levels for Base Policy is as follows:

Table A: Room rent cap for base cover			
Level	Entitlement	Eligible room rent (per day inclusive of nursing charges)	ICU entitlement (per day)
Up to Associate	INR 250,000	INR 4,000	INR 6,000
Sr Associate & Managers	INR 300,000	INR 4,000	INR 6,000
Sr Managers & above	INR 500,000	INR 6,000	INR 10,000

- If insured is admitted in a higher room rent category, the Associate shall bear the room rent difference as well as the proportionate expenses on all other charges. This shall apply to cashless and reimbursement claims.
- Proportionate deductions are applied on charges towards the surgeon, assistant surgeon, operation theater, anesthetist investigations and any other charges that may vary as per room category.
- Maximum deduction under proportionate charges is limited to 20% of claim admissible amount for all claims under Base, AMC and Top-up.
- Weighted average method will be used for determining proportionate deductions with regard to room rents.

Additional Member Cover (AMC)

Associates can, at the time of joining Cognizant or during renewal of the policy, opt for an Additional Member Cover:

- The premium for such Additional Member Cover has to be paid by the Associate.
- Upon opting for Additional Member Cover, the Associate may choose to include a maximum of two additional dependents into the policy.
- Associate may add a newborn baby within 45 days from the date of birth subject to availability of vacant slots. No other changes can be done to the AMC enrollment Midterm. Any claim pertaining to the new member prior to enrolment /endorsement / premium payment will not be admissible.

The premium details for availing AMC are as mentioned below:

Sum Insured	AMC – Age band (in years) and premium per member (in INR) W.E.F. 01 November 2022							
	0-35	36-45	46-55	56-65	66-70	71-75	76-80	Above 80
INR 100,000	4,356.32	4,991.16	7,535.24	15,799.96	17,706.84	20,253.28	21,522.96	23,683.54
INR 200,000	5,629.54	6,264.38	9,443.30	21,521.78	24,065.86	27,242.42	29,152.84	32,074.52
INR 300,000	6,899.22	7,535.24	11,986.20	25,975.10	29,151.66	33,600.26	35,508.32	39,066.02

- The premium towards AMC as mentioned in the above table is inclusive of GST. However, this is subject to change from time to time based on changes in GST rates.
- The additional members opted under AMC, would have the applicable room rent / ICU limit (including boarding and nursing expenses) as per the AMC policy as mentioned below:

AMC Sum Insured	Eligible room rent (per day inclusive of nursing charges)	ICU
INR 100,000	INR 2,500	INR 5,000
INR 200,000	INR 2,500	INR 5,000
INR 300,000	INR 3,000	INR 6,000

Top-up Cover

The Top-up Policy allows the Associate to increase the sum insured under the Cognizant Base Policy (GMC) as well as Additional Member Cover (AMC) Policy.

- Top-up for AMC will be applicable only when the sum insured opted under AMC is INR 300,000. Associates who have availed AMC with a sum insured of INR 1,00,000 or 200,000 are not eligible for a top-up of the AMC policy.
- Once an Associate opts in for Top-up Policy and opts out in the subsequent year, the Associate will not be permitted to top-up at later years.
- Room rent is capped as per the primary policy of the member. Associates opting for a higher category of room will have to bear the room rent difference as well as the proportionate expenses. This will apply to cashless and reimbursement claims. Maximum deduction under proportionate charges is limited to 20% of claim admissible amount for all claims under Base, AMC and Top-up.
- No changes can be done to the Top-up during the Midterm including increasing / decreasing the sum insured.
- There are twelve Coverage options to choose from and the premium rates below are effective 01 November 2022.

Top-up Sum Insured (INR)	Cognizant Base Policy (INR)	Cognizant base + AMC (INR)
1,00,000	4,008.46	5,610.90
2,00,000	5,010.28	7,013.92
3,00,000	7,013.92	9,018.74
4,00,000	8,016.92	10,120.86
5,00,000	12,348.70	15,369.50
6,00,000	16,112.90	19,336.66
7,00,000	19,336.66	21,752.12
8,00,000	22,099.04	24,859.06
9,00,000	24,859.06	27,966.00
10,00,000	27,623.80	31,074.12
15,00,000	45,578.68	51,272.18
20,00,000	60,772.36	68,362.12

The premium towards Top-up mentioned in the above table is inclusive of GST. However, this is subject to change from time to time based on changes in GST rates.

The Additional Member Cover (AMC) and Top-up Cover opted (if any), for the Policy Period will get expired at the end of the Policy Period. Hence, Associates are required to revisit the Medi Assist app under One Cognizant portal, during the renewal enrolment period and opt for AMC and Top-up benefit to increase their insurance cover. The premium for such covers will have to be completely borne by the Associate.

Expenses Covered

Expenses Covered under hospitalization include:

- Surgeon, Anesthetist, Medical Practitioner Consultants, Specialists Fees.
- Anesthesia, Blood, Oxygen, Operation Theatre Charges, Surgical Appliances, Medicines & Drugs, Diagnostic Materials and X-ray, Dialysis, Chemotherapy, Radiotherapy, Cost of Pacemaker, Artificial Limbs & Cost of Organs, and similar expenses.
- Ambulance services per hospitalization is 1 % of sum insured or INR 2000, whichever is lesser.

Co-pay

- A Co-pay of 15% shall be applicable on the admissible claim amount for the hospitalization of the Associates or dependents.
- No Co-pay for hospitalization resulting in death of the Associate.
- No Co-pay for hospitalization due to critical illness for Associate only.

Claimant	Applicable Co-pay	Illustrative claim amount	Co-pay calculation	Co-pay
Associate	15% of the admissible claim amount	INR 90,000	INR (15% x (90,000))	INR 13,500

Pre & Post Hospitalization Expenses

Medical expenses that are incidental to the hospitalization. Prehospitalization expenses refer to the expenses that are incurred for a period of 30 days before the date of hospitalization and post hospitalization expenses refer to the expenses incurred for a period of 60 days from the date of discharge.

- For example, while expenses incurred on a routine (medical) scan are not covered under the policy, expenses incurred on such scans leading to the diagnosis of an included ailment and to subsequent hospitalization for its treatment, will be covered.
- While routine consultation fee paid to the medical practitioner is not covered under the policy, should such consultation result in the diagnosis of an included ailment and to subsequent hospitalization for its treatment, the expenses incurred will be covered.
- In simple terms, any medical expenses incurred 30 days before the hospitalization which is related to the ailment diagnosed will be covered under pre-hospitalization. Similarly, after discharge any medical expenses incurred for 60 days will be covered as post hospitalization expenses.

Pre-Existing conditions

Pre-Existing conditions are covered under the policy from day one of joining Cognizant.

Maternity Benefits

The annual maternity cap (Sub Limit of the Floater Coverage) will be INR 50,000 for normal delivery and INR 75,000 for C-Section and is limited to the first two living children. Those insured persons who are already having two or more living children will not be eligible for this benefit.

- No cap for abdominal operation for extra uterine pregnancy (Ectopic / Tubular pregnancy). Associate shall provide all necessary documentation that include ultra-sonographic report and a medical certificate from a gynecologist that it is life threatening.
- If both the Associate and the Spouse are on the rolls of Cognizant India, both of them can avail the maternity benefit subject to proper bills that are reasonable and customary.

- Expenses incurred in connection with voluntary medical termination of pregnancy during the first 12 weeks from the date of conception are not covered.
- Expenses relating to the baby at the time of delivery (normal baby care) will be covered within the maternity cap.
- Pre-natal and post-natal expenses are not covered unless admitted in the hospital and treatment is taken there. Hospitalization related to maternity during the gestation period will be processed within the maternity cap limit only.

Infertility
Treatment of Infertility will be covered, subject to maximum of INR 40,000, for self or Spouse, only if there are no living children. Cost needs to be incurred at a hospital; however, the 24-hour hospitalization clause does not apply. Once utilized, there will be no payment in subsequent years for self and Spouse.

Hysterectomy
Treatment of Hysterectomy will be covered, subject to a maximum of INR 75,000 per claim.

Total Knee Replacement
Treatment of Total Knee Replacement will be covered, subject to a maximum of INR 200,000 per knee and INR 300,000 for bilateral replacement (two knees) in a single admission.

Cataract
Cataract surgery is capped at INR 35,000 per eye.

Ayurveda
Coverage for Ayurveda will be provided at any hospital / institution recognized by the Government or accredited by the Quality Council of India or National Accreditation Board for Health & Healthcare providers (NABH) in addition to government hospitals which were covered earlier.

External Congenital Illness (covered only in Base Policy (GMC))
External congenital illness (a condition existing at birth and often develops during the first month of life) is covered. The list of congenital external disorders that are covered under the policy is as below:

- **Face, Neck & Head**
  - Cleft Lip
  - Cleft Palate
  - Congenital Thyroid Cyst
- **ENT**
  - Microtia/Anotia
  - Cup & Bat Ears
- **Eye**
  - Congenital Cataract
  - Ptosis
  - Entropion
  - Strabismus diagnosed within 3-6 months of birth
- **Genitourinary System**
  - Testicular Torsion
  - Varicocele
  - Orchidopexy
  - Undescended Testis
- **Orthopedics**
  - Crowe Grade III & IV of Congenital Hip Dysplasia

    - Congenital Kyphosis
    - Knee Dislocation
    - Congenital Talipes Equinovarus (Club Foot)
    - Congenital muscular torticollis
    - Pes Cavus
    - Syndactyly
    - Pectus excavatum
- **Neurological**
    - Spina Bifida
    - Meningocele
    - Craniosynostosis
- **Dermatological**
    - Hamartoma Excision
    - Hemangioma Excision
    - Congenital Dermal Sinus

Critical Illness
Critical Illness is defined (as per IRDA Guideline) as first-time occurrence of the following:

- Cancer of specified severity
- First heart attack of specified severity
- Open Chest - CABG
- Open heart replacement or repair of heart valves
- Coma of specified severity
- Kidney failure requiring regular dialysis
- Stroke resulting in permanent symptoms
- Major organ / Bone marrow transplant
- Permanent paralysis of limbs
- Motor neuron disease with permanent symptoms
- Multiple sclerosis with persisting symptoms
- Accident

Accident means any bodily injury resulting solely and directly from accident, caused by external, violent and visible means that necessitates medical or surgical intervention or that results in disability, or disrupts in engaging in any employment or occupation of any description for more than three weeks certified by a medical practitioner.

Note: Accidents under the purview of workplace or notional extension of workplace will only be excluded for copay, rest all accidents will be subjected to copay as per the policy term and conditions.

Critical Illness benefit for Associate (only)
For post recovery laboratory charges towards critical illness for Associates (first time occurrence), INR 25,000 will be paid as a onetime benefit for the period beyond 60 days of post hospitalization, this will be paid directly to the Associate on discharge, once the first critical ailment claim is paid under the policy.
No co-pay for Associates if hospitalization is due to critical illness.

Loss of Pay (LOP) benefit
If during the period of insurance an Associate is diagnosed to be suffering from any critical illness on or after the commencement of the policy; has undergone hospitalization thereafter during the Policy Period and has exhausted all their leave on account of the illness resulting in Loss of Pay, the insurance company will pay a weekly compensation of INR 10,000 as long as the Associate is on Loss of Pay (but not exceeding INR 500,000) till the end of the Policy Period. The benefit shall be extended

only if the claim is covered under the policy Coverage of the claim / treatment under India medical insurance policy is based on the date of admission of claims and the entitlement of claims will fall within the respective Policy Period.

- If there is an active registration of claim during enrollment / renewal window, the Associate will not be able to modify the Top-up benefit.
- If there is an active registration of claim during enrollment process for new joiners, Associate will not be able to modify the Top-up benefit.
- Following are the nature of injury resulting from an accident that are admissible for Loss of Pay benefit:

Nature of injury	Admissibility for LOP claim
Burns	Only if person becomes unconscious and is admitted in hospital or
Fracture	Fracture of Spine, head and bone excluding hairline, fracture to fingers, toes or broken nose.
Dislocation	Dislocation of Hip, knee, shoulder, and elbow
Amputation	Amputation excluding loss of fleshy tip, nail, tooth or finger
Other Injury	Crush injury, eye injury resulting in either permanent or temporary loss of

Cancer Benefit

Any Associate who is diagnosed to have been suffering from Cancer on or after the commencement of the Insurance policy and who has undergone hospitalization thereafter during the Policy Period will be paid a sum of INR 100,000 as Cancer Benefit once during the lifetime. This benefit would be in addition to the hospitalization expenses payable under the Insurance policy and eligible sum insured. This benefit is applicable for Associate only and not to any other insured person.

Exclusions -

- Skin cancer other than invasive malignant melanoma.
- Papillary micro-carcinoma of the thyroid less than 1 cm in diameter
- Chronic lymphocytic leukemia less than RAI stage 3
- Micro carcinoma of the bladder
- Cervical dysplasia
- All tumors in the presence of HIV infection.

Inclusion Benefit – Gender

- Associate can declare their gender transitioning and will be eligible for medical benefits under GMC (as per policy terms).
    - The GMC covers gender transition surgeries for the Associates (eligibility below):
        - Surgery for Hysterectomy (removal of uterus) covered up to INR 75,000
        - Surgery for Mastectomy (removal of breast) covered up to INR 75,000
        - Genital Surgery (Male to Female) covered up to INR 75,000
        - Hormonal Treatment forming part of the Pre and Post Hospitalization associated with any of the above surgeries will be covered and shall be capped at a maximum of INR 25,000

    All the above Coverages are restricted to availability of sum insured under Base GMC Policy. Top up cover if any taken will not be applicable for this cover.

    - Associates need to furnish Self-Declaration and Notarized Affidavit for gender transition.
    - Associates can avail their existing leave balance for the above-mentioned surgeries, post approval from HCM supervisor.
- Associate can declare and cover same sex partner (domestic partner), with respect to Coverage guidelines. Please write to HRIndiaBenefits@cognizant.com.
    - Medical Coverage for same sex partner (domestic partner) will be based on their current gender orientation.
    - Associates should furnish the following documents:
        - Self-Declaration Form
        - ID proof of the domestic partner declared
        - Proof of living at the same residential address (any of the below)
            - Governmental proofs like Voters ID, Driving License, Passport
            - Proofs like rental / lease agreement/ utility bill
            - Notarized Affidavit
- Any change to the domestic partner declaration during active Policy Period is restricted.
- Medical Coverage is limited to treatment taken in India where medical units are registered under Medical Association/National Accreditation Board for health & Health Care providers (NABH).
- Coverage Exclusions:
    - Medical treatment such as ongoing hormone therapy, voice correction, vocal cord alignment and cosmetic surgery will not be eligible for Coverage.
    - Outpatient treatment for gender realignment will not be eligible for Coverage.
    - Dependents are not eligible for Coverage of this benefit.

Other Benefits

- Outpatient Coverage for a maximum limit of up to INR 5,000 per child will be covered during the Policy Period, for children with disability.
- Outpatient Coverage for Associates, for a maximum limit of up to INR 5,000 will be paid for expenses like CT scan, MRI or any test for head / skull injury due to an accident.
- For Associates suffering from Tuberculosis, INR 7,000 towards cost of drugs will be reimbursed
- Bariatric Surgery for Associates with BMI exceeding 35.
- Lasik power correction surgery is applicable for eye power +/- 5 and above for Insured members in Base Policy (GMC) and + / -7.5 and above for insured members in AMC.
- Non-admissible components like room rent restriction, proportionate deductions, Co-pay and non-medical items are not applicable for hospitalization resulting in the death of the Associate.
- Cochlear implant is covered up to 50% of the balance sum insured.
- 50% Co-pay will be applicable on the initial surgical proceedings in case of Cyber knife / Stem cell treatment, inclusive of the hospitalization expenses of the donor.
- Hospitalization expenses incurred on the donor during the course of organ transplant will be a part of the main claim.
- Coverage for treatment of genetic disorders ailments for Associates and dependents.

- Air Ambulance in case of emergency not exceeding INR 100,000 per incident and INR 1,000,000 per year (for the entire organization). Air Ambulance can be utilized only in case of emergency for critical ailments listed in the policy and where there are no hospitals in the vicinity of 75 kilometers. For e.g., in case of immediate hospitalization required for cardiac arrest / cancer and if there are no hospitals in the vicinity of 75 kilometers, the member can utilize air ambulance service to reach the hospital as early as possible.
- Coverage for Psychiatric treatment limited to inpatient, is applicable only for Associates.

Exclusions from the policy

- This policy does not cover expenses incurred on account of domiciliary hospitalization (a situation where medical treatment is administered within the precincts of the patient's residence).
- This policy does not cover any other Outpatient treatment except OPD treatment for children with disability and for Associates with suspected head/skull injury due to accidents.
- This policy also doesn't cover hospitalization for observation/ evaluation/ diagnostic/ investigation procedure and oral medications (except those covered under pre and post hospitalization expenses).

Procedure

Claim Submission Process

- Medical Insurance may be availed through cashless transaction (via TPA Network Hospital) or reimbursement process, by submitting claim documents to Medi Assist team at Cognizant DLF office, Chennai.

  Cognizant Technology Solutions
  Payroll & Benefits Shared Services (Medical Insurance Team)
  DLF Info City,
  1/124, Sivaji Gardens
  Block 9, B Wing, 11th Floor
  Mount P.H.Road, Manapakkam
  Chennai – 600 089

  For an interim period, hard copies have to be couriered to Medi Assist Chennai address:
  Medi Assist (TPA)
  RWD Atlantis Building, 2nd Floor,
  Door No: 24, Nelson Manickam Road,
  Aminjikkarai, Chennai – 600029

- All reimbursement claims will be settled by the Insurer and NEFT will be initiated directly by the insurer to the bank account updated in Medi Assist app.
- For any assistance during hospitalization, Associates may contact the 24/7 dedicated India toll free number 1800-258-5895, Toll number 7337700014 which is exclusive for Cognizant Associates in India.
- Associates from any other part of the world, can get in touch with Medi Assist on their International landline number 080-67617555 (chargeable as per Telecom tariff).

Claim Submission Process for Network Hospitals

- The period of hospitalization should be greater than 24 hours with an active line of treatment.

- Claim for hospitalization in a network hospital will be taken care through the cashless mode.
- Associates will have to submit the pre-authorization form by clicking “Intimate e-Cashless Hospitalization” in the Medi Assist app, 7 days prior to the date of admission for a planned hospitalization, to avail the cashless benefit.
- Medi Assist shall validate and provide necessary approvals for the pre-authorization submitted.
- The Associate will receive a pay confirmation receipt, once Medi Assist approves the pre-authorization via e-mail. The Associate can also access the information by logging into the Medi Assist app “Your Claims”.
- The cost of non-medical expenses, Co-pay, proportionate charges or any other deductions as per the policy will have to be borne by the Associate.
- In case of any denial of cashless claims, Associates can claim through the reimbursement mode (subject to terms and conditions of the policy).
- Associates will have to claim pre and post hospitalization only through the reimbursement mode.

Claim submission process for Non-Network Hospitals

- The treatment can be taken from any of the Registered Hospitals / Nursing Home / Clinics in India.
- The period of hospitalization should be greater than 24 hours with an active line of treatment.
- Associates will have to send intimation about their reimbursement claim before the discharge from the hospital by clicking “Intimate Reimbursement” in the MediBuddy app.
- Associates will have to declare and submit their reimbursement claims within 30 days from the date of discharge by clicking “Submit claim” in the Medi Assist app.
- Associates should fill in the claim form completely, take a printout and attach it along with the original documents required.
- Associates will have to ensure that the claim document reaches Medi Assist Chennai office address within 30 days from the date of discharge.
- Mandatory documents required to claim reimbursement include original hard copies of bills, breakup of bills, prescriptions, discharge summary, receipts and investigation reports.
  Note:
    - Original reports must be furnished with original bills and receipts. In case of X-rays, an X-ray report original from the hospital needs to be submitted
    - If Associates are attaching medicine bills, it must be accompanied by corresponding original prescriptions.
    - All bills for medical investigation and diagnostic tests must be accompanied by original reports.
    - Associates should retain photocopies of all documents/reports/bills submitted for further reference as documents once submitted will not be returned by the Insurance Company.

Claim	Timelines for submission
Main Hospitalization Claim	Within 30 days from the date of discharge
Pre-Hospitalization expenses	Within 30 days from the date of discharge
Post-hospitalization expenses	Within 30 days from the completion of post hospitalization period Post hospitalization period: 60 days from the date of discharge

Claim submission process in case of additional documents

- In case of any additional documents required, three reminders will be sent to Associates over a period of 21 days mentioning the documents required.
- Reminders will be sent to Associate's Cognizant e-mail.
- In case the Associate does not respond to the e-mails, the claim will be repudiated as "document recovery failure". Claims shall not get processed until the Associate submits the pending documents.
- Associates will have to collect the required pending documents and send it to Medi Assist within 10 days from the date of third reminder, along with a delayed submission clarification letter.

Changing nomination (Refer enrolment process)

- Associates can make changes to their dependent details, only at the time of joining or during the renewal of the policy (Enrollment Window period).
- Mid-term inclusion of newly wedded Spouse and newborn child can be done in the Medi Assist app.
- Associate will be able to add their newly wedded Spouse as their dependent within 45 days from the date of marriage.
- Associate will be able to add their newborn child as their dependent within 45 days from the date of birth. Addition is subject to availability of vacant slots in the base / AMC policy. If there are no vacant slot available in the base cover and AMC, Associate may replace any one of the existing dependents who has not made any claim during the current Policy Period. Under the AMC policy, no change to existing dependents will be allowed during the mid of the Policy Period.

Terms and Conditions

- The discharge summary issued by the hospital should include the details in the hospital's letter head, duly signed by the concerned doctor and affixed with the hospital's seal.
- Medi Assist will process the Associate's claim as per the norms of the insurance policy. If all the documents have been submitted, the claim will be validated, post which, the same will be sent to the Insurance Company for reimbursement.
- Typical processing time is 30 days from the date of submission of hard copies of documents to Medi Assist Chennai office.
- Claim can be tracked through the Medi Assist app.

Medi Assist mobile app

- Associates can alternatively use the Medi Assist mobile app for medical insurance services.
- Medi Assist mobile app can be downloaded from the Play store or Appstore.
- Associates will have to use their Cognizant mail id and windows password to login to the Medi Assist app.
- The app facilitates the following services:
    - Check claim status
    - View / Download Medi Assist e-cards
    - Finding the nearest Network Hospitals
    - Book appointments for Master Health Checkup
    - Review e-cashless transactions & processes
    - Receive alerts on reimbursement, etc.

Responsibility Matrix

- **Associate**: Submit claim documents to the Medi Assist helpdesk at DLF Chennai Cognizant office. For an interim period, all hard copies are to be couriered to Medi Assist Chennai office address.

  Medi Assist (TPA)
  RWD Atlantis Building, 2nd Floor,
  Door No: 24, Nelson Manickam Road,
  Aminjikkarai, Chennai – 600029

- **Medi Assist**: Process and settle the claim

Exception Management

The benefits of this policy are governed by the terms and conditions of employment in practice at Cognizant. This is subject to change from time to time. Cognizant reserves the right to amend its policies as necessitated. All statutory requirements are applicable as mandated by law. All exceptions to policies will be directed to the HR India Benefits.

Policy Modifications

Cognizant reserves the right to amend its policies as necessary. Any changes to the Medical Insurance Policy will be approved by the HR Head & Benefits Head.

Version history

Revision date	Description of change
Nov-01-2012	Initial Release, based on practice and precedence in Cognizant India. Introduction of new levels, titles, template and version control
Nov-01-2013	Annual review and process changes, if any, incorporated
Nov-01-2013	Addition in AMC room rent charges and expenses covered
Nov-01-2014	Annual review and process changes, if any, incorporated
Nov-01-2015	Annual review and process changes, incorporated clarification on Coverage of medical insurance for Associates hired in India and taking onsite assignments
Apr-01-2015	Change in Address incorporated for medical insurance document delivery during BCP
Apr-01-2015	Change in Address incorporated for medical insurance document delivery
Nov-01-2015	Change in service tax. AMC and Top-up table updated with revised values
Nov-01-2016	Annual review and process changes, if any, incorporated
Nov-01-2017	Change in third party administrator. Annual review and process changes, if any
Nov-01-2017	Clarity on AMC Coverage
Nov-01-2018	Annual review and process changes incorporated
Nov-01-2018	Inclusion of medical insurance benefit for LGBTQ
Nov-01-2019	Annual review and process changes
May-01-2020	Top-Up Coverage for COVID 19 for India Hires and Dependents
Nov-01-2020	Annual review and process changes, Introduction of Covid19 rider for Covid 19 treatment, Increase in Top-up Limits, enhanced Maternity Limits
Nov-01-2021	Coverage for Covid 19 for India Hires and deputed assignees dependents based out of India

Nov-01-2021	Annual review and process changes
Nov-01-2022	Standardization of the Template Annual review and process changes, Changes in Covid 19 rider plan benefit

Policy Control Information

Policy Name: India Medical Insurance Policy

Department: Human Resources

Revision Date: NOV-01-2022

Effective Date: NOV-01-2022

Policy Owner: Kathleen O'Driscoll, Head of Benefits

Appendix A

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.
- Surgery for correction of eyesight, cost of spectacles, contact lenses, hearing aids.
- Any dental treatment or surgery which is corrective, cosmetic or of aesthetic procedure, filling of cavity, root canal including wear and tear unless arising from disease or injury due to accident and which requires hospitalization for treatment.
- Convalescence, general debility, “run down” condition or rest cure or defects or anomalies, sterility, or assisted conception procedure, venereal diseases, intentional self-injury/suicide, all psychiatric and psychosomatic disorders 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.
- Any cosmetic or plastic surgery except for correction of injury.
- Expenses incurred at hospital or nursing home primarily for evaluation / diagnostic purposes which is not followed by active treatment for the ailment during the hospitalized period.
- Expenses on vitamins and tonics unless forming part of treatment for injury or disease as certified by the attending physician.
- Any treatment arising from or traceable to pregnancy, miscarriage, abortion, or complications of any of these including changes in chronic condition as a result of pregnancy except were covered under the maternity section of benefits.
- 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.
- Naturopathy treatment, unproven procedure, or treatment, experimental or alternative medicine and related treatment including acupressure, acupuncture, magnetic and such other therapies.
- External and or durable medical / non-medical 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 of any kind, diabetic footwear, glucometer / thermometer, and similar related items and any medical equipment which is subsequently used at home etc. (Note: Cost of braces will not be covered if cosmetic in nature).
- All non-medical expenses including personal comfort and convenience items or services such as telephone, television, aaya / 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 pathy to other pathy unless being agreed / allowed and recommended by the consultant under whom the treatment is taken.
- Treatment of obesity or condition arising therefrom (including morbid obesity) 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.
- Massages, steam bathing, shirodhara and alike treatment under ayurvedic treatment.
- Any kind of service charges, surcharges, admission fees / registration charges levied by the hospital.
- Outpatient diagnostic, medical or surgical procedures or treatments, non-prescribed drugs and medical supplies, Hormone replacement therapy.
- 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 consultant's / Surgeons' fees.
- Intentional self-Injury, outpatient treatment.
- Family planning surgeries (Vasectomy or tubectomy).
- 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.
- External and or durable Medical / Non-medical equipment of any kind used for diagnosis and or treatment like prosthetics etc.
- Lasik treatment or any other procedure for correction/enhancement of vision is < +/- 5.
- Any device/instrument/machine that does not become part of the human anatomy/body but would contribute/replace the function of an organ is not covered.
- Warranted those treatments on trial/experimental basis are not covered under scope of the policy.
- Coverage for palliative care and palliative chemotherapy is limited to 50% of the current base sum insured for dependents

Appendix B

Gender Transition – Affidavit Template

Date:

To,

The New India Assurance Co. Ltd

Tarapore towers,

3rd floor, 826, Anna Salai

Chennai,

Tamil Nadu – 600002

AFFIDAVIT

I,<name>, aged about <age> years, and employed as <designation> with Cognizant Technology Solutions India Private Limited ('Cognizant') having its office at No. 5/535, Old Mahabalipuram Road, Okkiam, Thoraipakkam, Chennai – 600097, do hereby solemnly affirm and declare as under:

1. That I am employed as <designation> and I am part of the Cognizant since <DOJ>.

2. I hereby declare and affirm that I am undergoing Gender Transition treatment under the supervision of registered medical practitioner at <name and place of hospital>. It is certified that I have complied with other legal requirements in the connection.

3. That the above-mentioned contents of this affidavit are true and correct to the best of my knowledge, belief, and information.

Deponent

VERIFICATION

Verified at <place> on this <date> day of <month> 2022 that the contents of the above affidavit are true and correct.

Deponent

Gender Transition – Self Declaration Template

Date:

To

Cognizant Technology Solutions India Pvt. Ltd.

5/535, Old Mahabalipuram Road,

Okkiyam, Thoraipakkam

Chennai - 600097

I, <name>, aged about <age> years, and employed as <designation> with Cognizant Technology Solutions India Private Limited ('Cognizant') having its office at No. 5/535, Old Mahabalipuram Road, Okkiam, Thoraipakkam, Chennai – 600097, do hereby solemnly affirm and declare as under:

1. That I am employed as <designation> and I am part of the Cognizant since <DOJ>.

2. I hereby declare and affirm that I am undergoing Gender Transition treatment under the supervision of registered medical practitioner <name of medical practitioner> at <name and place of hospital>. Medical practitioner certificate certifying the Gender Transition treatment is being shared along with this declaration form

3. My transition is from <current gender> to <transitioned gender>. Henceforth I would like to be referred as <New Name>

4. I authorize Cognizant to verify relevant records pertaining to my gender transition and make necessary amendments in the respective systems

5. It is certified that I have complied with other legal requirements in the connection.

6. That the above-mentioned contents of this declaration are true and correct to the best of my knowledge, belief, and information.

Yours Sincerely,
<<Signature>>
<<Name>>
<<Associate id>>
<<Current work location>>

Same Sex Partner – Affidavit Template

Date:

To,

The New India Assurance Co. Ltd

Tarapore towers,

3rd floor, 826, Anna Salai

Chennai,

Tamilnadu – 600002

AFFIDAVIT

I,<name>, aged about <age> years, and employed as <designation> with Cognizant Technology Solutions India Private Limited ('Cognizant') having its office at No. 5/535, Old Mahabalipuram Road, Okkiam, Thoraipakkam, Chennai – 600097, do hereby solemnly affirm and declare as under:

1. That I am employed as <designation> and I am part of the Cognizant since <DOJ>.

2. I hereby declare and affirm that the Mr. /Ms. /Mx. <name>, is my same sex domestic partner with whom I share residence having address at <detailed address>.

3. That the above-mentioned contents of this affidavit are true and correct.

Deponent

VERIFICATION

Verified at <place> on this <date> day of <month> 2022 that the contents of the above affidavit are true and correct.

Deponent

Same Sex Partner – Self-Declaration Template

Date:

To

Cognizant Technology Solutions India Pvt. Ltd.

5/535, Old Mahabalipuram Road,

Okkiyam, Thoraipakkam

Chennai - 600097

I,<name>, aged about <age> years, and employed as <designation> with Cognizant Technology Solutions India Private Limited ('Cognizant') having its office at No. 5/535, Old Mahabalipuram Road, Okkiam, Thoraipakkam, Chennai – 600097, do hereby solemnly affirm and declare as under:

1. That I am employed as <designation> and I am part of the Cognizant since <DOJ>.

2. I hereby declare and affirm that the Mr. /Ms. /Mx. <name>, is my same sex domestic partner with whom I share residence having address at <detailed address>.

3. That the above-mentioned contents of this declaration are true and correct.

Yours Sincerely
<<Signature>>
<<Name>>
<<Associate id>>
<<Current work location>>