



FAQ- Medical Insurance Policy - India

At Cognizant, the well-being of our associates and their family, is important to us. And our people processes, and policies perfectly mirror that sentiment. The **India Group Medical Cover (GMC)** at Cognizant, is one such policy. The well thought out insurance plan focuses on protecting not just your health, but also that of your dependents – your spouse and children (up to the age of 25). As a part of this benefit, we take care of all hospitalization expenses in case of any unforeseen and unfortunate circumstances, so that you / your dependents can recover stress-free without compromising on your treatment.

Additional Member cover (AMC): Additionally, you can opt for Additional Member Coverage (AMC), which enables you to secure medical coverage at a premium for two more dependents, who are not already included in GMC. They could be your parents / parents-in-law / children / disabled dependent sibling / unmarried sister.

Top-up: Our GMC safeguards you and your family during medical contingencies. However, there is also a provision, for you, to choose to get an extended cover over and above this base plan by paying the corresponding premium amount. This benefit equips you with a safety net, even if you have exhausted the base cover provided by us.

Scope of Coverage:

This policy covers associates on rolls of Cognizant Technology Solutions India Private Limited ("Cognizant India") and its affiliates.

This FAQ is to help the associates understand the process, steps to be taken etc.

1. What is the policy period of Cognizant's India Medical Insurance Policy?

Cognizant's India Medical Insurance Policy is for the period November 1, 2022, to October 31, 2023.

2. Who is eligible for coverage as part of this policy?

India hired associates who are currently on onsite assignments are eligible to avail this policy. Associates can cover three eligible dependents who are based in India, under the India Medical Insurance Base Policy.

Dependents include:

- Spouse: Age of minimum of 21 years for males/females
- Children: Up to a maximum age of 25 years.
- Parents: as per regulatory guidelines

Note: Foster parents are not covered

3. What are the benefits available in the India Medical Insurance Policy?

Benefits of Cognizant's India Medical Insurance Policy are:

- No age limit for dependent parents as long as regulatory guidelines is met.

- Coverage is provided for newborn from the date of enrollment of newborn into the policy.
- No waiting time for pre-existing ailments.
- Coverage of external congenital illness as per the policy guideline.
- If during the policy period, an associate is diagnosed to be suffering from any critical illness/accidents on or after the commencement of the policy; has undergone a hospitalization thereafter during the current policy; has exhausted all leave credit as a result of such critical illness and is suffering from Loss of Pay, the associate shall be paid a weekly compensation of INR 10,000 as long as they are suffering from Loss of Pay (but not exceeding INR 5,00,000) till the end of the policy period.
- For the above benefit, critical illness/accidents are defined as the first-time occurrence of the following:

Critical Illness:

- 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 refers to – sustaining any bodily injury resulting solely and directly from an accident caused by external, violent, and visible means.

- Treatment of infertility will be covered, subject to a maximum of INR 40,000 for either associate or spouse, only when there are no living children. Costs need to be incurred in a hospital; however, the 24 hours hospitalization clause does not apply. An associate can avail of a one-time benefit during their tenure with Cognizant. There will be no payment in subsequent years for that associate. If both the associate and the spouse are on rolls of Cognizant India, both of them can avail of the benefit subject to proper bills that are reasonable and customary maximum up to INR 40,000/- .
- The cap for maternity and related expenses incurred for C-section treatment is INR 75,000 and for normal delivery is INR 50,000.
 - If both the associate and the spouse are on rolls of Cognizant India, both can avail of the maternity benefit subject to proper bills that are reasonable and customary.
 - Pre-natal/post-partum coverage with maternity sublimit.
 - No cap for abdominal operation for extra uterine pregnancy (Ectopic/Tubular pregnancy). Associate shall provide all necessary documentation that includes ultra-sonographic report and a medical certificate from a gynecologist that it is life-threatening.
- Cancer Benefit will be paid to any associate who is diagnosed to have been suffering from Cancer on or after the commencement of the policy and who has undergone hospitalization. The associate would be paid a sum of INR 1,00,000 as Cancer Benefit, which can be used at the associate's discretion towards costs not covered by the plan. This benefit would be in addition to the hospitalization expenses payable under the

policy. This benefit is available only to associates suffering from Cancer and not to any other insured person or relapse cases.

- No co-pay for associates if hospitalization is due to Critical Illness.
- For Hysterectomy treatment, there will be an ailment cap of INR 75,000 per claim.
- Treatment of Total Knee Replacement will be covered, subject to a maximum of INR 200,000 per knee and INR 300,000 per bilateral replacement (two knees) in a single admission. (this is a lifetime benefit limit)
- 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.
- For Cataract treatment, there will be a cap of INR 35,000 per eye irrespective of the type of lens (unifocal or multifocal).
- Critical Illness Benefit (first-time occurrence, excluding cancer): INR 25,000 would be paid as a critical illness benefit for the defined critical illness (excluding cancer) as a one-time benefit for the associates who have been diagnosed to have been suffering from any critical illness during the policy period. This will be paid as a reimbursement claim to the associate on discharge, once the first critical ailment claim is paid under the policy. This benefit is applicable only for associates not for dependents.
- Associates are eligible to avail Master Health Checkup - MHC (sponsored by the company) once during the policy period. For their dependents, they can avail the Master Health Checkup at a discounted rate (self-sponsored). Home sample collection and doctor teleconsultation is available at selected hospitals only, details available on the Medi Assist portal.
- 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. Any unproven and experimental procedure like SMILE procedure is not payable.
- Outpatient coverage at a maximum cap of INR 5,000 per child per year, for children born with disability/special needs.
- Air ambulance in case of emergency not exceeding INR 1,00,000 per incident and INR 10,00,000 per year. This can be availed only in case of an emergency for critical ailments listed in the policy, where there are no hospitals in the vicinity of 75 kilometers.
- Expenses incurred for any suspected head/skull injury requiring imaging tests such as CT scan, MRI, or any tests undertaken for the injury will be paid up to INR 5,000 per incident only for associates. Applicable only for trauma cases.
- Non-admissible components like co-pay, proportionate charges, etc. will not apply for hospitalization resulting in the death of an associate.
- For associates suffering from Tuberculosis, the cost of drugs will be reimbursed up to INR 7,000/-, only for associates.
- Bariatric surgery is covered only for associates with BMI exceeding 35.
- Oral Chemotherapy is covered up to 50% of the eligible balance Base Sum Insured, only for associates.
- Coverage for palliative care and palliative chemotherapy is limited to Current Base Sum insured for associates and 50% of the Current Base Sum insured for dependents.
- Genetic disorder ailments are covered up to the sum insured limit only for associates.
- Diseases directly linked to smoking and alcohol consumption are covered only for associates.

- Any claim arising due to maternity complication, which is life threatening will be covered up to the available sum insured limit.
- Partial claim towards hospitalization can be claimed under Cognizant policy. E.g., If the main hospitalization claim has been settled through some other insurer, the balance amount can be claimed under Cognizant policy as per the terms and conditions
- Pre and post hospitalization expenses alone cannot be claimed unless the main hospitalization claim is settled under Cognizant policy.
- Associates have an option to cover additional family members through AMC. Please refer to the AMC FAQ.
- Associates also have the option of availing a “Top-up Cover” and enhance the coverage provided to them under the Cognizant Base Policy as well as AMC. The Top-up sum insured limit enhancement will kick in once the basic sum insured under either the Cognizant plan or the AMC plan is exhausted.
- Once an Associate opts in for Top-up cover and opts out in the subsequent year, the associate will not be permitted to avail Top-up for later years.
- Cognizant Base Policy – Level-wise sum insured, and room rent limits:

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

- Associates opting for a higher category of room shall have to bear the room rent difference as well as the proportionate expenses. Proportionate expense shall apply to all the categories of medical expenses except medicines. This shall apply to cashless and reimbursement claims. Maximum deduction under proportionate charges is limited to 20% of claim admissible amount for all claims under Base Policy, AMC, and Top-up Cover. Weighted average method will be used for determining proportionate deductions with regard to room rents.

4. What is co-pay? How does it work?

Co-payment or co-pay is the portion of the claim, which associates need to bear, while the insurance company would pay the remaining balance. Co-pay of 15% shall be applicable on the admissible claim amount for the hospitalization of the associates or dependents for all claims under Base, AMC or Top-up covers.

Illustration of Co-pay calculation: (15% co-pay on claim admissible amount)

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

5. Is the India Medical Insurance Policy (Cognizant Base Policy) applicable only to Cognizant associates present in India?

Cognizant Base Policy in India covers the following population:

- Associates hired in India and currently on India payroll
- Associate hired onsite and now in India on payroll transfer
- Associates hired in India and currently on global assignment with a payroll transfer

India dependents of India-hired onsite assignees are covered in India Medical Insurance Policy provided they choose to cover them by paying the premium

6. What are the India Medical Insurance Policy (Cognizant Base Policy) coverage limits?

The Cognizant Base Policy coverage limits are:

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

7. What are the expenses covered under hospitalization?

Expenses covered under hospitalization include:

- Surgeon, Anesthetist, Medical Practitioner Consultants, Specialists Fees, Anesthesia, blood, oxygen, operation theatre charges, surgical appliances, medicines and drugs, diagnostic materials and x-ray, dialysis, chemotherapy, radiotherapy, cost of pacemaker, artificial limbs and cost of organs and similar expenses.
- Ambulance services per hospitalization is 1 % of sum insured or INR 2,000 whichever is lesser.

8. Who can be covered as “dependents” under the Cognizant Base Policy?

The definition of dependents for Cognizant Base Policy is any of the following three members:

- Parents (as per regulatory guidelines)
- Spouse (Minimum age of 21 years for male & female)
- Dependent children (maximum of three living children up to 25 years of age)

Note: Foster parents are not eligible for coverage.

9. Who can be covered as “dependents” under the Additional Member Cover (AMC)?

The definition of dependents for AMC is any of the following two members:

- Parents (as per regulatory guidelines)
- Parents-in-law (as per regulatory guidelines)
- Dependent children (up to 25 years of age)
- Unmarried sister – No age limit
- Disabled dependent sibling – No age limit

Note: Associate to submit valid proof and documents at the time of claim. Absence of documents will lead to the claim being repudiated and coverage will be terminated.

10. What if I logged in during the renewal window period, made changes only to the Cognizant Base Policy?

The coverage of self and dependents shall be considered as per the changes made during the renewal window period. If the associate had an AMC/Top-up Cover earlier but not renewed, the cover will be discontinued.

11. How are midterm additions handled in the India Medical Insurance Policy?

Midterm additions to the policy are permissible within 45 days of a life-changing event such as:

- Addition of the associate's newly wedded spouse – only under Base cover
- Associate's newborn child – In Base cover/AMC

Note: Any claim pertaining to the new member prior to enrollment and premium payment will not be admissible. Midterm Addition can be done through the portal. Associates can visit the [Medi Assist app](#), and update spouse or child details if there is a vacant slot available in the Base Policy or AMC. If there is no vacant slot available in Base and AMC, for the addition of a newborn child, the associate can replace an existing Base cover dependent with a new one. A dependent that has already availed a benefit under the policy during the policy period cannot be replaced with a new one.

12. How do I access the network hospital list to avail cashless?

Log on to [Medi Assist app](#) through One Cognizant (<https://onecognizant.cognizant.com>). Click on "Network Search" to check hospitals nearby

13. How does planned hospitalization work in a network hospital?

Associates can log on to [Medi Associate app](#) >> click the e-cashless tile >> fill the form and apply for the planned hospitalization. Download the e-card, enter details of the impending hospitalization and send the intimation at least 48 hours before the admission date. Once the whole process is complete, the associate will receive a secured passcode confirming the provisional pre-authorization. On the day of admission, the associate will have to present their secured passcode, e-card and photo ID at the hospital. Submit additional information as required to process interim claims and final bill before discharge. Associates can track the status real time in Medi Assist portal.

14. How does emergency hospitalization work in a network hospital?

- In the [Medi Assist app](#), an associate can search for the network hospital by clicking the network hospital tile which is a GPS map-based search to locate the nearest network hospital.
- Associates must contact the TPA/Insurance desk of the hospital and complete the pre-authorization process by submitting the preauthorization form to the insurance desk at hospital, along with the E-card/Employee ID.
- Hospital will send the forms to Medi Assist for approval. During the course of the hospitalization, Medi Assist may request the hospital for any additional information if required.
- Real time pre-authorization status can be tracked through the Medi Assist app . Or by sending an SMS with the claim number to +91 96631 49992 / 7337700014.
- It must be noted that only charges for active treatment, medications, diagnostic procedures and fees for the services of medical staff will be covered under this plan.

Charges for non-medical expenses such as food and beverages, telephone calls etc., proportionate deductions as per room rent and co-pay will have to be borne by the associate.

Points to Remember

- For planned hospitalizations always do pre-authorization seven days prior to hospitalization
- Always mention associate's mobile number, company name and associate ID on the pre-authorization form
- Please ensure that the form reaches Medi Assist from the network hospital
- Always check the bill thoroughly before leaving the hospital and sign the bill even if it is a cashless transaction. Check if the hospital has billed for the room, days etc. correctly and as per tariff
- Always ask for a copy of the bill
- Report anything that is unreasonable to Medi Assist before the associate walk out of the hospital

15. How to avail reimbursement for a non-network hospitalization?

- Associates should click the "Intimate Reimbursement" tile/feature on the Medi Assist, to give prior intimation about associates impending claim before discharge from the hospital.
- Associates should visit Medi Assist, click on "Submit Claims", fill the form and take a print-out of the form.
- Attach the printed and signed form with other documents and send it to the Chennai office for a handover.
- Associates can also, scan and upload hospitalization bills under "Submit claims" tile on Medi Assist portal
- All hardcopies of bills in original must be submitted to the Medi Assist team at Cognizant DLF office, Chennai for processing at the following address:

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, the original documents have to be couriered to Medi Assist Chennai office at the following address:
Medi Assist (TPA)
RWD Atlantis Building, 2nd Floor,
Door No: 24, Nelson Manickam Road,
Aminjikkarai, Chennai – 600029
- Medi Assist team will process the associate's hospitalization claim as per the norms of insurance. If all the documents have been submitted, the claim is checked thoroughly, after which it will be sent to the Insurance company for reimbursement
- Typical processing time is 30 days from the date of submission to Medi Assist helpdesk at DLF Chennai Cognizant office

- Real-time claim status can be tracked through Medi Assist app /Or by sending an SMS with the claim number to +91 96631 49992 / 7337700014

16. Who to reach out for in case of questions?

Associates can reach us through:

- Click the “Write to us” link on the Medi Assist App
- Call the Medi Assist toll free helpdesk number–1(800) 258 5895 – +91 7337700014 (India) or the International number 080-67617555 (chargeable as per Telecom tariff)

17. What are the benefits under AMC?

The dependents covered (as per policy) under AMC will have the following advantages over a retail insurance plan:

- Pre-existing disease(s) are covered
- No first-year exclusions
- External Congenital disease for child is covered

18. Is there any capping in the room rent under AMC?

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

Associates opting for a higher category of room shall have to bear the difference as well as the proportionate expenses. This shall 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.

The following example illustrates the arithmetic of proportionate deductions:

Proportionate percentage calculation – example	
AMC sum insured	INR 100,000
Availed room charges	INR. 5,000 per day
Eligible room charges	INR 2,500 per day
Proportionate percentage	$[(5000) - (2500) / 5000] \times 100 = 50\%$
Final applicable proportionate charges	Max deduction 20% of claim admissible amount

Note: However, in the above case, even though actual proportionate charges are 50%, the deduction will be limited to 20% of the claim admissible amount excluding the pharmacy bill. 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 except pharmacy.

19. Is co-pay applicable under AMC?

A co-pay of 15% shall be applicable on all admissible claim amount for the hospitalization of associate and dependents in the AMC.

Note: Associate's claims pertaining to critical illness are not subjected to co-pay.

20. Can I make changes in the dependents under AMC during midterm?

Associates can 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 in midterm. Any claim pertaining to the new member prior to enrollment/endorsement/premium payment will not be admissible.

21. Can I increase or decrease the sum insured under AMC/Top-up Cover midterm?

No changes can be made to the AMC or Top-up Cover midterm including increasing / decreasing the sum insured.

22. What is the Premium for AMC?

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

GST of 18% has been assumed in the above and will be subject to change if there is a change in applicable GST guidelines in the future.

Illustration: If an associate has chosen the sum insured of INR 1, 00,000 for a dependent child who is in the age band of 0-35 along with the mother who is in the age group of 46-55, then the premium applicable will be INR 10,193/- (3739 + 6454).

23. How is the premium paid to obtain the AMC/Top-up?

Associate would be paying the premium directly via a payment gateway through Medi Assist app at the time of enrollment.

24. Is there a tax exemption for the premium paid towards AMC/Top-up Cover?

Tax exemption is applicable as per the Income Tax Act. The details of the same will be updated in MyPay app on One Cognizant for associates who are on India payroll.

25. What happens if the associate resigns midterm through the AMC/Top-up Cover period?

The policy will be discontinued and there will be no refund of premium for the AMC or Top-up.

26. What is the duration of the AMC/Top-up Cover?

AMC operates concurrently with the Cognizant Base Policy and will expire on October 31, 2023.

27. What is the Top-up Cover and its benefits?

The Top-up Cover allows associates to increase the sum insured under the Cognizant Base Policy as well as AMC. The Top-up sum insured limit enhancement will kick in once the Basic Sum Insured under either the Cognizant plan or the AMC plan is exhausted. Top-up for AMC would be applicable only where the sum insured opted under AMC is INR 3, 00,000.

28. Is there any cap in the room rent under Top-up Cover?

Room rent is capped as per the primary base policy of the member. Associates opting for a higher category of room shall have to bear the room rent difference as well as the proportionate expenses under Top-up. This shall 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.

29. Is Co-pay applicable under Top-up Cover?

Yes, Co-pay of 15% shall be applicable on the admissible claim amount for the hospitalization.

30. What is the premium for Top-up Cover?

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

**All figures in INR*

GST of 18% has been assumed in the above and will be subject to change if there is a change in applicable service tax guidelines in the future.

31. What is the procedure to download and print the e-card?

- # Step 1: Login to One Cognizant (<https://onecognizant.cognizant.com>)
- # Step 2: Search Medi Assist app in the App store
- # Step 3: Click on Medi Assist App from the search results. It opens in a new window
- # Step 4: Click on the Policy tab to access e-card

Associates may also download and save the e-cards.

Note: E-cards will be available post GMC endorsement after enrolment portal is closed.

32. Under what policy is workplace accident covered?

Workplace accident can be claimed under the Group Medclaim policy, if the said claim is admissible in nature.

33. What should be done if associates are covered under a dual insurance plan, one with Cognizant insurance and another with any other medical insurance?

In case of a dual insurance plan, the third-party administrator (TPA) has to be notified on the same and if the associate intends to claim the balance amount with another insurance policy, he/she has to provide the settlement letter, along with the attested copy of the complete claim document to the TPA. In such scenarios, associate has to intimate the Cognizant TPA (Medi Assist) within 30 days of discharge about this claim.

34. Are original documents mandatory to claim hospitalization expenses under GMC policy?

The submission of original documents and discharge summary is mandatory to claim hospitalization expenses under the GMC/GPA (Group Personal Accident) policy

35. How can I avail the Loss of Pay (LOP) benefits for critical illness?

To avail the LOP benefit, the associate has to exhaust their leave balance and update HCM notifying the duration to the HRSS team with HCM screenshot. It will be payable only once the claims are submitted and admissible.

HRSS PoC 1- SriAnand.S@cognizant.com, Jayakanthan.Manoharan@cognizant.com

HRSS PoC 2 - Hemalatha.N@cognizant.com

36. Can an associate avail the GMC benefit during his/her notice period?

An associate is covered under the policy up to his last working day at Cognizant and thus can avail the benefits during the work tenure.

37. Is there coverage for psychiatric treatment under the policy?

Yes, coverage for psychiatric treatment is limited to inpatient treatment for associates.

38. Are the dependents of a deceased associate covered under the medical insurance policy?

Dependents enrolled and covered under the medical insurance policy will have coverage till the end of the policy period up to 31st October 2023 in the event of death of the associate. A newborn child of the associate can be enrolled, and the coverage is limited to that policy period. Also, any claims for dependents covered shall be admissible only through cashless process. Reimbursement mode is not available under this category.

39. Is the premium paid annually?

Yes, premium is paid as a one-time annual payment during open enrollment only. There is no system of monthly premium deduction from payroll.

40. Who is eligible to pay premium in installments?

Associates up to Level A (Grade- associate) whose base sum insured is INR 2,50,000 are eligible to pay premium in two equal installments. Associates having grade SA (Senior Associate) and above will have to pay the entire premium at once during open enrollment.

41. What is the timeline for paying premium in installments?

- Associates up to Level A (Grade- associate) whose base sum insured is INR 2, 50,000 are eligible to pay premium in two equal installments. The first installment is to be paid in October/November 2022 during open enrollment. Second installment is to be paid on or before 15th December 2022.
- In the event if associate avails cashless or reimbursement, 100% of the premium has to be paid before the date of hospitalization.

42. What is the process of paying premium in installments?

- Associates have to pay the first premium installment on or before 15th November 2022 during open enrollment, and second premium instalment on or before 15th December 2022
- Associates who are opting for premium payment in two installments (up to Associate level only) will get a notification in December 2022 to pay the second installment.
- In case of any emergency/planned surgery, associate has to complete the balance premium payment to enable cashless service.
- In case an associate fails to pay the second installment, insurance coverage will be denied post 2 reminders.

43. Who can avail the Master Health Checkup (MHC)?

Associates on Cognizant India payroll can avail the benefit, which is sponsored by the company. They can also avail this benefit for the dependents at discounted rates that shall be paid by the associates.

44. What is the eligibility criteria to avail the MHC?

There is no minimum eligibility criteria (in terms of the number of years spent at Co3nizant).

45. How many times can the associate avail this benefit?

The associate can avail Cognizant-sponsored MHC once in a year, any time before October 31, 2023.

46. When can the associate avail this benefit?

The associate can avail this benefit at any point in time before October 31, 2023.

47. In case the associate has already availed the MHC as in the current period, can the associate avail this benefit again in the same period?

Associate can avail Cognizant-sponsored MHC only once any time before October 31, 2023, in the current3policy period. For a subsequent MHC in the same period, associate has to bear the cost.

48. How can the associate avail an MHC?

The associate can fix an appointment for the health check-up as per the associate's preference in terms of date and the diagnostic center (based on the available slots in the selected diagnostic center) in the Medi Assist app.

49. Will an associate get a call/email from the Medi Assist representative in case of confirmation of appointment?

No. Once the appointment is confirmed, the Medi Assist online tool triggers an email directly. A call is made only in cases of any conflict/change/update in the appointment requested for originally.

50. When will the associate receive an acknowledgement from Medi Assist regarding the appointment details?

Auto acknowledgment is sent with a unique appointment reference number soon after it is registered online. This is followed by the appointment confirmation letter within 24 hours.

51. Can an associate choose a diagnostic center in any location other than the work location?

Yes, the associate can choose a diagnostic center in any other location other than the work location. Options are available on the [Medi Assist app](#). For an interim period amid the pandemic, home sample collection and doctor teleconsultation are available at selected hospitals only on the Medi Assist portal.

52. Is eye/dental check-up available as part of the MHC package?

No, the associate cannot avail the eye/dental check-up. This is excluded from the coverage.

53. Will the diagnostic center share a soft/ hard copy of the report with the associate by email or post?

No. The associate has to personally collect the hard copy of the report from the Diagnostic Center (DC) 48 hours after the time of check-up in case he/she wants to. Medi Assist will not be liable to help the associate to get the report from the diagnostic center. A soft copy of the report will be uploaded in the [Medi Assist app](#) within seven working days of the receipt of report from respective DC.

54. How can the associate cancel/reschedule the appointment for MHC?

On the appointment history tab, associates have an option to cancel/reschedule the appointment.

55. What happens if an associate cancels/reschedules the appointment more than two times?

There is no limit for associates to cancel/reschedule the appointment. However, we suggest not to cancel/reschedule more than two times.

Frequently Asked Questions – Covid-19

1. Is COVID-19 covered under India Medical Insurance 2022-23?

Yes, COVID-19 is covered under base cover as a standard ailment whereby standard policy guidelines and deductions will apply on COVID-19 claims.

2. What are the cap limits towards Non-Medical and Proportionate deductions under COVID-19 ?

Deductions on account to proportionate charges are restricted to 20% of the admissible claim amount. No coverage for non-medical

3. Are suspected COVID-19 cases covered?

The policy does not cover those quarantined with suspected COVID-19. Only confirmed positive cases post policy commencement, i.e., November 1, 2022, will be covered.

4. Are COVID-19 co-morbid cases covered?

Yes, coverage will be extended to co-morbid cases with COVID-19 positive cases.

5. Whom do I reach out to in case of questions?

Associate can reach us through:

- Click “Write to us” link on the Medi Assist App
- Call the Medi Assist toll free helpdesk 1(800) 258 5895, toll number 7337700014 or the international number 080-67617555 (chargeable as per Telecom tariff)

6. Is co-pay applicable under COVID-19 Claims?

Yes, a Co-pay of 15% shall be applicable on the admissible claim amount.

7. Is there any age limit applicable to COVID-19 Claims?

There is no age limit for COVID-19 coverage if regulatory guidelines are met.

8. Can an associate avail COVID-19 benefit during his/her notice period?

Yes, Associate can avail hospitalization coverage for self or dependents up to their last working day) at Cognizant on account of Covid 19.

9. Are the dependents of a deceased associate covered for COVID-19?

Yes, if associate's dependents are enrolled under medical insurance policy in the event of death of the associate, dependents will be covered up-to the end of the policy period, 31st October 2023.