

Voluntary Parents Insurance Guide 2019

Capgemini Technology Services India Limited





About the Parents Benefit Guide

This Parents Benefit Guide is a reference guide to the benefits provided by Capgemini. For complete information on the benefit terms & conditions, please refer to the policy documents/wordings provided by the respective insurer. This Benefit Guide covers Parents policy Benefit.

Note: Confidential Document

- The information contained here is only a summary of the employee benefit insurance policy documents which are kept by the employer. If there is a conflict in interpretation then the terms & conditions of the applicable policy document will prevail.



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Voluntary Parents Medical Insurance



Program Details



Voluntary Parents Medclaim Policy



A. Program Details

- The Group Medical policy covers expenses by the insured persons (parents and parent-in-law) on account of hospitalization due to sickness or accident.
- The policy covers expenses incurred on room rent, medicines, surgery etc..
- Expenses for hospitalization are payable only if a 24 hour hospitalization has been taken.
- Under a scheme such as this typical expense heads covered are of the following: 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.

Plan Information - Voluntary Parents Medical Policy



Plan Name	Group Medical Plan
Policy Holder	Capgemini Technology Services India Limited
Insurance Company	New India Assurance Company Limited
Period of the Cover	12 months (or prorated for new joiners)
TPA	Medi Assist India Pvt. Ltd
Inception Date	01 st Feb 2019 (applicable to all employees)
Expiry Date	31 st Jan 2020
Sum Insured Limits	Option of INR 1 Lac , 2 Lac and 3 Lac
Members Covered	<ul style="list-style-type: none">➤ Mother➤ Father➤ Mother-in-law➤ Father-in-law
Geographical Limits	Within India
Mid-Term Enrollment	Not allowed (except for new joiners)

Benefit Details - Voluntary Parents Medical Policy



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



Benefit Details - Voluntary Parents Medical Policy

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

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

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

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

Submission of claim - TPA must receive the claim documents for all reimbursements within 60 days of discharge from hospital.

Pre & Post Hospitalization Expenses- Voluntary Parents Medical Policy



The pre & post hospitalization expenses are covered under your group medical plan.

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

Please note that although you are covered for post hospitalization claims for 60 days after discharge, you are expected to file a reimbursement claim with the TPA within 30 days of incurring the expense.



Premium Chart - Voluntary Parents Medical Policy

Age band (in years)	INR 100,000	INR 200,000	INR 300,000
36-55	15,340	23,600	28,320
56-70	20,650	38,940	47,200
71 years and above	24,190	43,070	51,330

Note: Above is a annualized premium including 18% GST

General Exclusions - Voluntary Parents Medical Policy



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

General Exclusions - Voluntary Parents Medical Policy



- Expenses incurred for investigation or treatment irrelevant to the diseases diagnosed during hospitalisation or primary reasons for admission. Private nursing charges, Referral fee to family doctors, Out station consultants / Surgeons fees etc.,.
- Genetical disorders.
- 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 etc. of any kind, Diabetic foot wear, Glucometer / Thermometer and similar related items etc. and also any medical equipment which is subsequently used at home etc...
- All non medical expenses including Personal comfort and convenience items or services such as telephone, television, Aya / barber or beauty services, diet charges, baby food, cosmetics, napkins , toiletry items etc., guest services and similar incidental expenses or services etc...
- Change of treatment from one path to other path unless being agreed / allowed and recommended by the consultant under whom the treatment is taken.
- Treatment of obesity or condition arising therefrom (excluding morbid obesity and life threatening) and any other weight control program, services or supplies etc...
- Any treatment required arising from Insured's participation in any hazardous activity including but not limited to scuba diving, motor racing, parachuting, hang gliding, rock or mountain climbing etc. unless specifically agreed by the Insurance Company.
- Any treatment received in convalescent home, convalescent hospital, health hydro, nature care clinic or similar establishments.
- Any stay in the hospital for any domestic reason or where no active regular treatment is given by the specialist.
- Out patient Diagnostic, Medical or Surgical procedures or treatments, non-prescribed drugs and medical supplies, Hormone replacement therapy, Sex change or treatment which results from or is in any way related to sex change.
- Massages, Steam bathing, Shirodhara and alike treatment.
- Any kind of Service charges, Surcharges, Admission fees / Registration charges etc.. levied by the hospital.
- Doctor's home visit charges, Attendant / Nursing charges during pre and post hospitalisation 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.

Voluntary Parents Medical Insurance



Enrollment Process





Medi buddy enrollment

How to enroll your parents and/or parents-in-law?

1. Visit <https://portal.medibuddy.in> and login with the given credentials.
 - Username is EmpCode_ACIS@capgemini
 - Password is DOB in **DDMMYYYY** format unless you have changed it
2. Click on **Enrolment** Tab. You will be able to see your spouse and children details which is non-editable.
3. Under **Parents Policy** section, you can add up to 4 parents (2 parents and 2 parents in-law).
4. To enroll a parent, select the **Relation** from drop down, enter your **parent's name** and **DOB** and select the desired **Sum Insured** from the given drop down. The premium amount will reflect accordingly. This premium will be borne by the employee.
5. Verify the data entered, **tick** the Disclaimer and click on **Confirm Enrolment** tab.
6. It will save your dependent details and you will receive a confirmation mail with dependent details with selected Sum Insured.
7. It will save your dependent details. You can add/modify/delete the parents selection anytime **only during the enrolment window period**. Post the enrolment window end date, the latest data entered by the employee will be considered as final and no further amendments will be allowed.

Enrollment Procedure New Joiners- Voluntary Parents Medical Policy



All Employees will get a window period of declaration or you can enroll within 45 days from your date of joining
Employees who wish to enroll their dependent parents are requested to mail at capgemini.mumbai@anviti.in with the details of their parents in the Parent Enrollment format as mentioned below. Kindly note that the Subject of the Mail should be **"Enroll - (your Employee ID)"**

Employee ID	Employee Name	Dependent Name	Dependent DOB	Emp. DOJ	Relation with Employee	Sum Insured

In case of multiple enrollment submission, only the last submission would be considered for enrollment. For example, if you enroll your father in the first submission, and later you decide to enroll your mother also, please enroll, both your father and mother in the second submission so that both get covered.



Enrollment Procedure – Seconded Employees

Employees who are seconded and not on active payroll of Capgemini India wish to enroll their dependent parents are requested to mail at capgemini.mumbai@anviti.in with the details of their parents in the Parent Enrollment format mention below. Kindly note that the Subject of the Mail should be "Enroll Parents - (your Name & employee code)"

Employee ID.	Employee Name	Dependent Name	Dependent DOB	Emp. DOJ	Relation with Employee	Sum Insured

The payment will be a one-time payment and has to be done through a separate Cheque. The cheque should be drawn in favour of "The New India Assurance Company Limited". For information related to the cheque payment, please send mail to capgemini.mumbai@anviti.in

Payment by cheque will not be applicable for the tax benefit. Please mention employee code and employee name on backside of cheque

The cheque for appropriate amount based on the premium chart above should reach Mr. Albert Fernandes from Anviti Team.

The address for dispatching the cheque is mentioned below:

Albert Fernandes

Anviti Insurance Brokers Pvt. Ltd.

ILFS Financial Centre, 7th Floor Quadrant D, Plot C-22 Block - G, Bandra Kurla Complex, Mumbai – 400051. Mobile +91 8104998331

Voluntary Parents Medical Insurance



Hospitalisation Process



Hospitalization Procedure - Voluntary Parents Medical Policy



You can avail either the cashless facility or submit the claim for reimbursement.

Definition of Cashless

Cashless hospitalization means the TPA may authorize (upon an Insured person's request) for direct settlement of eligible services and corresponding charges between a Standard Network / PPN Network Hospital and the TPA. In such case, the TPA will directly settle all eligible amounts with the Network Hospital and the Insured Person may not have to pay any deposit at the commencement of treatment or bills after the end of treatment, to the extent these services are covered under the Policy. Denial of cashless does not mean that the treatment is not covered by the policy.

Definition of Reimbursement

- In case you choose a non-network hospital, you will have to liaise directly with the hospital for admission. However, you are advised to follow the pre authorization procedure and intimate the TPA about the claim to ensure eligibility for reimbursement of hospitalization expenses from the insurer.
- To learn more about cashless or reimbursement, please click the desired section mentioned below.

Cashless Hospitalization - Voluntary Parents Medical Policy

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

List of hospitals in the TPA’s network eligible for cashless hospitalization	
Hospital Network List 1. Click on Website – https://www.medibuddy.in/networkHospitals 2. Click on Network Hospital Lists 3. You may save this excel file on your workstation, preferred to view online as it is updated regularly	For Assistance : capgemini@mediassistindia.com
Contact Call center at 24 X 7 Customer Service Center - 1800 425 4033 / 9036 00 1656	Fax Number 022 - 6631 4781

Planned Cashless Hospitalization - Voluntary Parents Medical Policy



Step 1 Pre-Authorization

All non-emergency hospitalization instances must be pre-authorized by Help Desk, as per the procedure detailed below. This is done to ensure the best healthcare possible is obtained, and the Insured Member is not inconvenienced when taking admission into a Network Hospital.

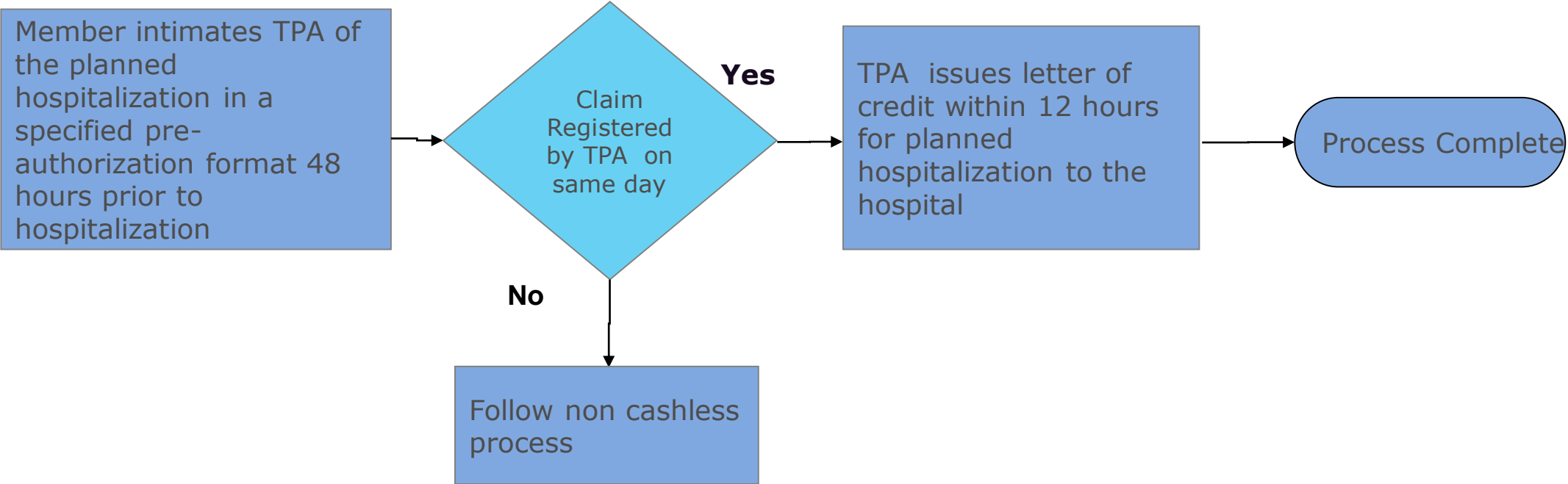
Step 2 Admission, Treatment & discharge

After your hospitalization has been pre-authorized, you need to secure admission to a hospital. A letter of credit will be issued by TPA to the hospital. Kindly present your ID card at the Hospital admission desk. The Insured Member is not required to pay the hospitalization bill in case of a network hospital. The bill will be sent directly to, and settled by TPA

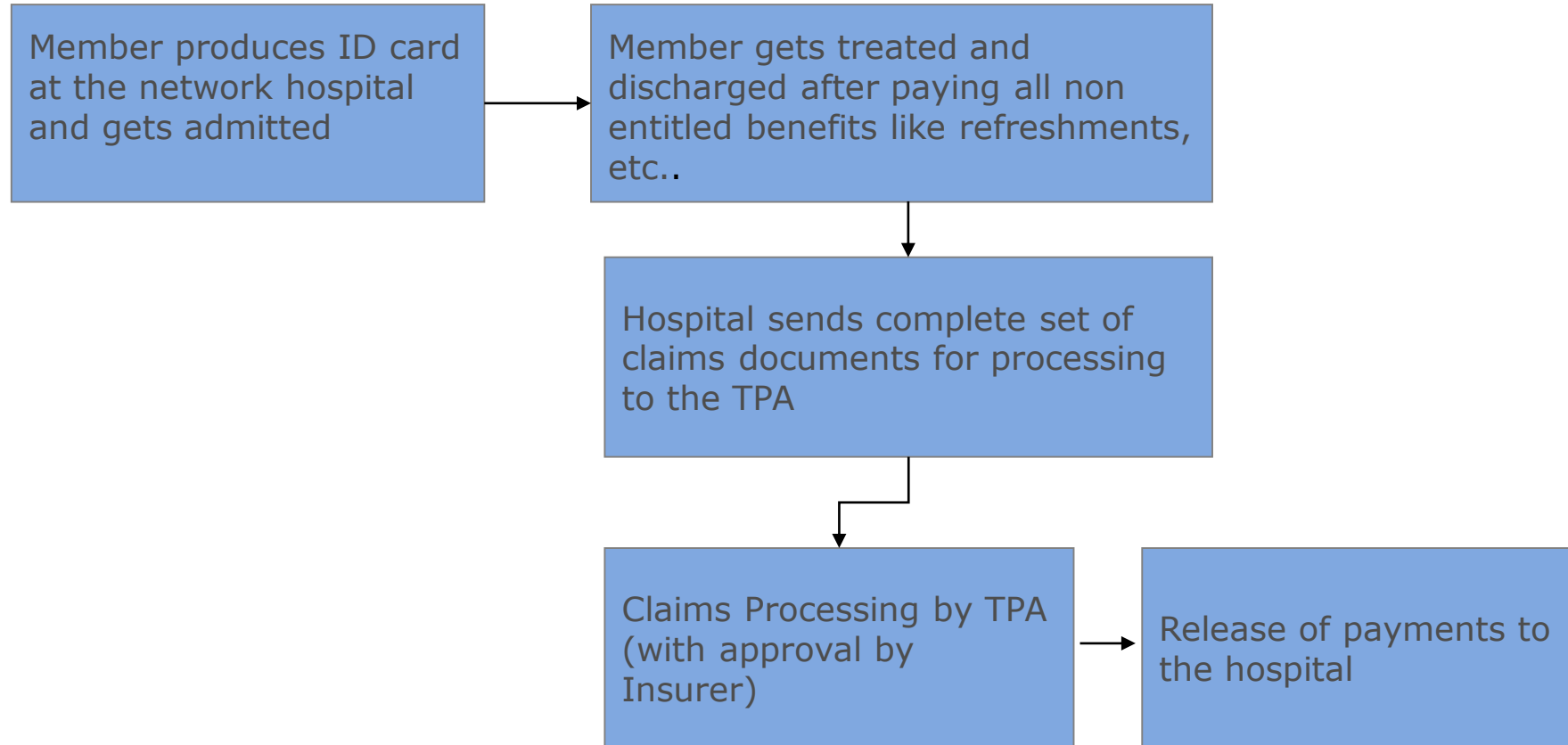
Note: -

Patients seeking treatment under cashless hospitalization are eligible to make claims under pre and post hospitalization expenses. For all such expenses, the bills and other required documents must be submitted separately as part of non-cashless claims.

Cashless Pre-authorization - Voluntary Parents Medical Policy



Admission, Treatment and Discharge - Voluntary Parents Medical Policy



Emergency Hospitalization - Voluntary Parents Medical Policy



Step 1
Get Admitted

In cases of emergency, the member should get admitted in the nearest network hospital by showing their ID card. The treatment should not be put on hold irrespective of the time of receipt of pre-authorization.

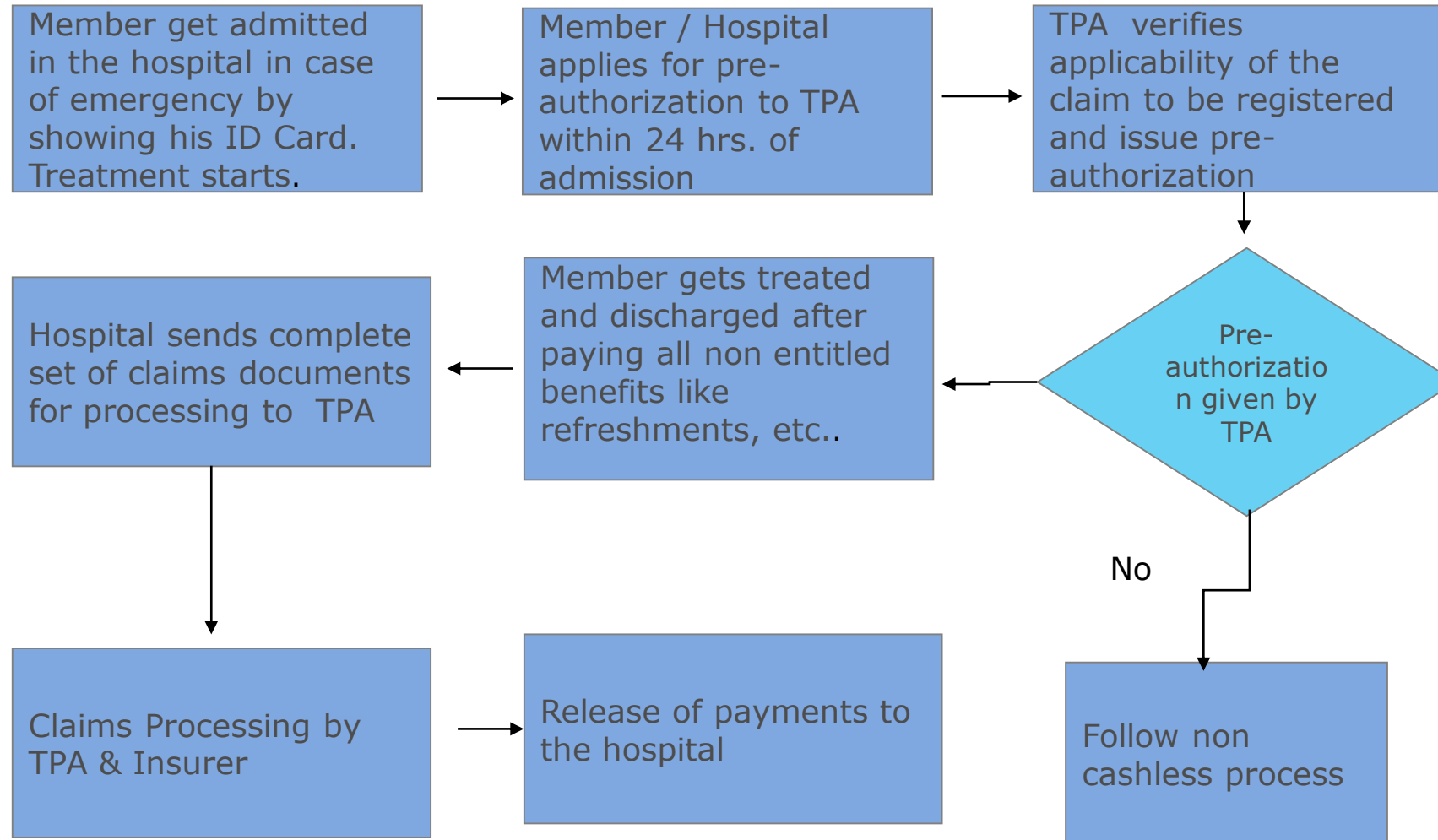
Step 2
Pre-Authorization
by hospital

Relatives of admitted member should inform the call center within 24 hours about the hospitalization & seek pre authorization. The pre authorization letter would be directly given to the hospital. In case of denial, member would be informed directly.

Step 3
Treatment &
Discharge

After your hospitalization has been pre-authorized, the employee is not required to pay the hospitalization bill in case of a network hospital. The bill will be sent directly to, and settled by TPA.

Emergency Hospitalization Process - Voluntary Parents Medical Policy



Non Cashless Hospitalization - Voluntary Parents Medical Policy



Admission procedure

In case you choose a non-network hospital, you will have to liaise directly for admission.

You are advised to follow the pre-authorization procedure to ensure eligibility for reimbursement of hospitalization expenses from the insurer.

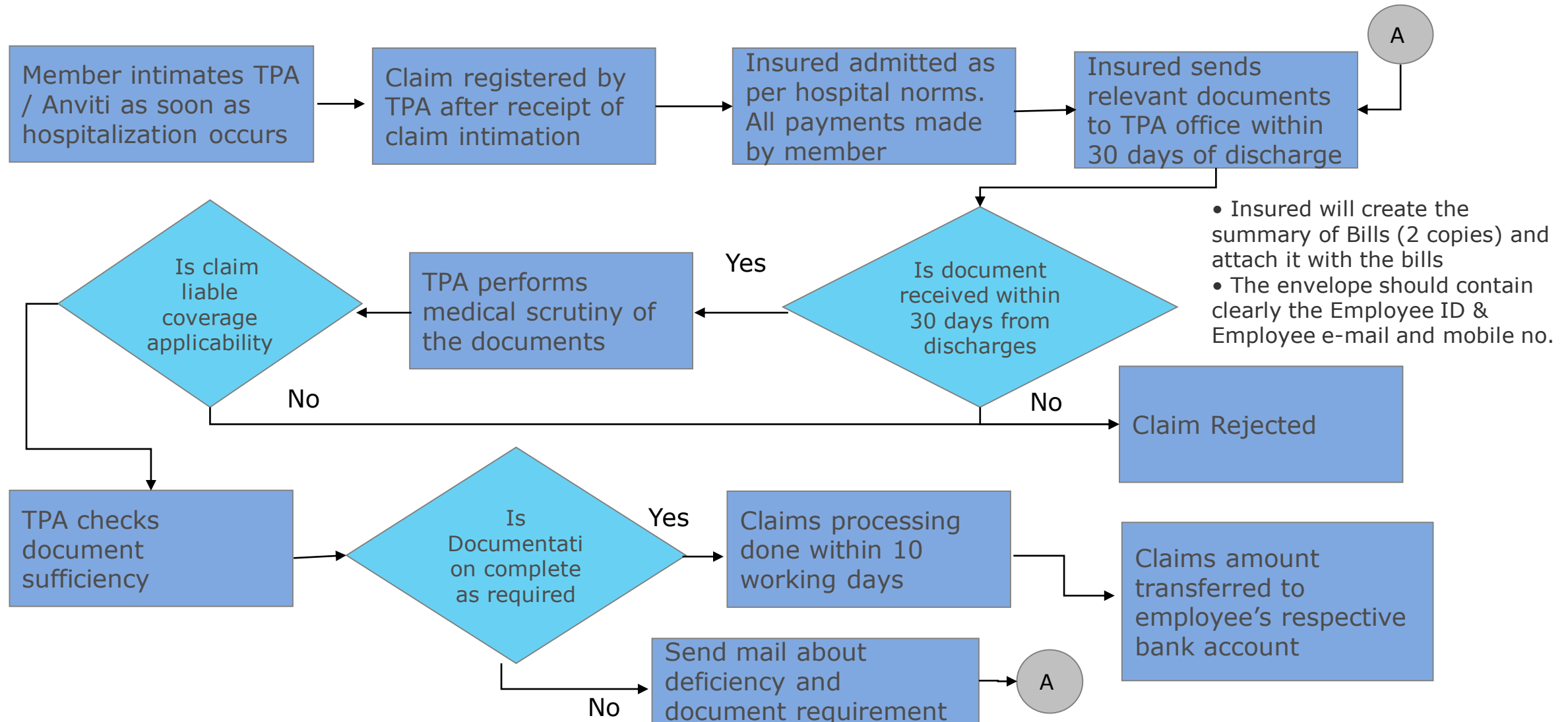
Discharge procedure

In case of non-network hospital, you will be required to clear the bill and submit the claim to TPA for reimbursement from the insurer. Please ensure that you collect all necessary documents such as discharge summary, investigation reports etc.. for submitting your claim.

Submission of hospitalization claim

1. After hospitalization is complete and the patient has been discharged from hospital, you must submit the final claim within 30 days from date of discharge from hospital (applicable in case of Non-Network hospital).
2. Under hospitalization claims, you are also permitted to claim for treatment expenses 30 days prior to hospitalization and 60 days after date of discharge. This is applicable for both network and non-network hospitalization.

Non Cashless Hospitalization Process - Voluntary Parents Medical Policy



Claims Document List - Voluntary Parents Medical Policy



No.	Document Required
1	Duly filled and Signed claim form
2	Main hospital bills in original (with bill no; signed and stamped by the hospital) with all charges itemized and the original receipts
3	Discharge card (original)
4	Attending doctors' bills and receipts and certificate regarding diagnosis (if separate from hospital bill)
5	Original reports or attested copies of bills and receipts for medicines, investigations along with doctors prescription in original and laboratory
6	Follow-up advice or letter for line of treatment after discharge from hospital, from doctor.
7	Break up with details of pharmacy items, materials, investigations even though it is there in the main bill
8	In case the hospital is not registered, please get a letter on the hospital letterhead mentioning the number of beds and availability of doctors and nurses round the clock.
9	In case of non-network hospitalization, please get the hospital and doctor's registration number in hospital letterhead and get the same signed and stamped by the hospital.
10	Cancelled cheque bearing employee's name

Voluntary Parents Medical Insurance



FAQ



Important FAQs - Voluntary Parents Medical Policy



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

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

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

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

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

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

Please make sure that the hospital is on the TPA network or PPN network list. This can be verified by accessing the website of the TPA or call the TPA customer service helpline for assistance. If it is a network hospital and you are not accepted, please report the refusal to TPA making note of the name of the hospital staff.

Important FAQs - Voluntary Parents Medical Policy



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

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

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

- **What are claim reimbursements?**

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

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

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

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

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

Important FAQs - Voluntary Parents Medical Policy



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

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

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

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

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

Voluntary Parents Medical Insurance



Contact Information



Helpdesk Schedule



Help Desk Schedule: Reimbursement / Non Cashless Claim Settlement will be facilitated by the On Site Help Desk set up as per below schedule –

City	Allocated Cite	Name of SPOC	Contact No.	Schedule	Days	Timings
Mumbai	Mumbai VII(Vikhroli M3)	Shruti Khandhar	9742385577	Once a Week	Monday	10 AM to 4 PM
Mumbai	Mumbai III (Vikhroli-M3)	Shruti Khandhar	9742385577	Once a Week	Wednesday	9.30 AM to 1.30 PM
Mumbai	Mumbai IV(Vikhroli-M4)	Shruti Khandhar	9742385577	Once a Week	Wednesday	2.30 PM 6.30 PM
Mumbai	Airoli, B2 Ground Floor Canteen	Abhishek Singh	9742386600	Twice a week	Tuesday, Friday	9 AM to 5 PM
Mumbai	Airoli, B6 1st floor Canteen	Abhishek Singh	9742386600	Once a Week	Wednesday	9 AM to 5 PM
Mumbai	B Block basement	Abhishek Singh	9742386600	Twice a week	Monday, Thursday	9 AM to 5 PM
Bangalore	Bellandur/DTP	Sudhir	9686981395	Once a Week	Monday	12 PM to 2 PM in DTP & 3.30 PM to 5.30 PM in Bellandur
Bangalore	BMP	Sudhir	9686981395	Once a Week	Tuesday	3 PM to 5.30 PM
Bangalore	PSN	Sudhir	9686981395	Once a Week	Wednesday	2 PM to 6 PM
Bangalore	AXA	Sudhir	9686981395	Once a Week	Tuesday	11 PM to 12.30 PM
Bangalore	IGATE global	Praveen Patel	9686981384	Everyday	Everyday	10:30 AM to 6 PM
Kolkata	Unitech IT park	Sufia Kalim	9742383311	Once a Week	Monday	10 AM to 6 PM
Kolkata	Unitech IT park	Sufia Kalim	9742383311	Once a Week	Wednesday	10 AM to 6 PM
Gurgaon	SPAZE i- Tech Park	Ankit Verma	9513362286	Once a Week	Wednesday	12 PM to 3 PM
Noida	IGATE global Room no 3	Ankit Verma	9513362286	Thrice a Week	Monday, Tuesday, Thursday	1 PM to 7 PM

Helpdesk Schedule



Help Desk Schedule: Reimbursement / Non Cashless Claim Settlement will be facilitated by the On Site Help Desk set up as per below schedule –

City	Allocated Cite	Name of SPOC	Contact No.	Schedule	Days	Timings
Hyderabad	Gachibowli	Saket Reddy	9100104079	Twice a Week	Wednesday, Friday	1 PM to 3 PM
Hyderabad	Divyasree Orion Building	Saket Reddy	9100104079	Once a Week	Thursday	2 PM to 3 PM
Hyderabad	aVance Business Hub, Building H -07	Saket Reddy	9100104079	Once a Week	Tuesday	1 PM to 3 PM
Pune	Talawade	Nilesh Mahale	8669682280	Twice a Week	Monday, Thursday	11 AM to 1.30 PM
Pune	Kalyani Nagar(KNF)	Nilesh Mahale	8669682280	Once a Week	Wednesday	10 AM to 12.30 PM
Pune	Candleberry - Jasper	Nilesh Mahale	8669682280	Twice a Month	1st and 3rd Tuesday of the month	3 PM to 5.30 PM
Pune	Cafeteria, Tower 8 , SEZ, Magarpatta City	Nilesh Mahale	8669682280	Once a Week	First Friday	10 AM to 12 PM
Pune	Cafeteria, J-Block, MIDC, Bhosari	Nilesh Mahale	8669682280	Once a Week	Second Friday	3 30 PM to 5 30 PM
Chennai	Karapakkam	Nethaji E N	7338744544	Once a Week	Monday	3 PM to 5 pM
Chennai	MIPL, Mahindra World City	Nethaji E N	7338744544	Once a Week	Tuesday	11 AM to 1 PM
Chennai	YUSHAN Building Café	Nethaji E N	7338744544	Once a Week	Wednesday	10 AM to 12 PM
Chennai	Silver Fir 2	Nethaji E N	7338744544	Once a Week	Friday	10 AM to 12 PM
Gandhinagar	Wild Olive 3	Sunil Dabhi	7338744544	Once a Week	Tuesday	2 PM to 4 PM



Escalation Matrix for Medi-asssit

Name	Agency	Email ID	Contact No	Level
Medi-assist call center	Medi Assist	Capgemini@mediassistindia.com	+91 903 600 1656	Level 1
Helpdesk Personal	Medi Assist	Capgemini@mediassistindia.com	As per the helpdesk schedule	Level 2
Shweta Poojary	Medi Assist	Shweta.poojary@mediassistindia.com	+91 9742374400	Level 3
Sneha Pipalia	Medi Assist	sneha.pipalia@mediassistindia.com	+91 7619387096	Level 4
Bhoomi Padhiyar	Medi Assist	bhoomi.padhiyar@medibuddy.in	+91 9148199757	Level 5
Jaykrishnan Rameshbabu	Medi Assist	jayakrishnan.rameshbabu@medibuddy.in	+91 7700957541	Level 6

For further support on your query, please reach out to Anviti team members as per your respective entity:

Name	Capgemini Entity	Email ID	Contact No	Level
Albert Fernandes	Non-FS-BSv	capgemini.mumbai@anviti.in	+91 8104998331	Level 1
Pradeep Jaiswal	BPO	capgemini.bangalore@anviti.in	+91 7676846885	Level 1
Namann Sahhani	FS	capgemini.pune@anviti.in	+91 9860995622	Level 1
Gautam Gokhale	All entities	gautam.gokhale@anviti.in	+91 9967981281	Level 2



People matter, results count.

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About Capgemini

A global leader in consulting, technology services and digital transformation, Capgemini is at the forefront of innovation to address the entire breadth of clients' opportunities in the evolving world of cloud, digital and platforms. Building on its strong 50-year heritage and deep industry-specific expertise, Capgemini enables organizations to realize their business ambitions through an array of services from strategy to operations. Capgemini is driven by the conviction that the business value of technology comes from and through people. It is a multicultural company of 200,000 team members in over 40 countries. The Group reported 2016 global revenues of EUR 12.5 billion.

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