Optum

# Group Medical Insurance Policy

## 2023-2024

### Frequently Asked Questions (FAQs)

Optum

## Section A – General policy & Enrolment related questions

**Q. Who is the Insurer and what is the coverage period for the current Insurance Policy?**

**A.** The Insurer is The New India Assurance Co. Ltd. The coverage period for the current insurance period is from September 23, 2023 to September 22, 2024.

**Q. What is a TPA and what are its broad functions?**

**A.** Third party Assistance (TPA) is a vendor who processes claims on behalf of Insurer for the insurance policies. Paramount Health will be the TPA service provider for policy period 23rd Sep'23 to 22nd Sep'24.

**Q. What is the base coverage and family definition of Medical Insurance Policy?**

**A.** Unmarried / Single employees are covered along with enrolled parents for sum insured of INR 3,50,000 and sub-limit of INR 100,000 for each enrolled parent. Married employees are covered along with enrolled Spouse /Partner + Children + Parents for sum insured of INR 5,00,000 and sub-limit of INR 100,000 for each enrolled parent/parent-in-law

Family Definition in policy – Employee (E) / Spouse or partner (S) / Child/ren (C) and Parents (P)/ Parents in law( One set of Parents /in law ,No cross selection allowed )

**Q. Can we select any of the parents /parents in law?**

**A.** You will be able to select either set of the Parents or parents in Law

For example: If you have added your father in the policy, you will only be able to add your mother or if you add your father-in-law, then you will only be able to add your mother-in-law.

**Q. Will there be a lock in period for the selection on parents/ parents-in-law?**

**A.** Yes, there is a lock in period of 3 years. For Example: if you have made a selection in the current policy period, then you will only be able to change it after 3 years.

**Q. Will the lock in period be waived off in case of any circumstances?**

**A**. In case of any unfortunate event of death of parents/parents-in-law the lock in period will be waived off from next policy period one time

**Q. How do I access my insurance benefit portal?**

**A.** You can login to the insurance benefit portal via Single Sign on & Non Single Sign on Link

Single Sign on –Paramount Insurance TPA

Please refer to the user guide for step-by-step navigation of the portal

**Q. What are the key points to remember during the transition period of the Insurance benefit policy**

**A.** It is important to be mindful of date of admission while filling a claim during the transition period. In case you are filling a claim with date of admission on or before 22nd Sep '2023, it will fall under policy year 2022-2023 & will be processed by Paramount. If there is any admission /reimbursement on or after 23rd September '23, the claim will be processed by the same TPA partner-Paramount health services.

**Q. How do I update my marital status on the portal in order to add the dependents?**

**A.** In order to add the dependents in the medical insurance portal post marriage, you need to first update your marital status on the GSS by following the below steps:

- Login to Global Self Service (GSS) with your MS ID and password
- Click on Self Service
- Click on Personal Information
- Click on Marital status
- Update your marital status from single to married on GSS

**Q. How to remove dependents from the policy after their demise?**

**A.** Employee can write to optum.mediclaim@paramounttpa.com about the same & get the changes updated.

**Q. What is the process for discontinuing corporate coverage?**

**A.** All Optum Employees are eligible for benefits in base policy, where cost of program is completely absorbed by Optum but in case employee doesn't want to continue, they can raise a ticket on Employee Centre.

**Q. What are the documents required for the enrolment of Domestic Partner or live in partner to the plan**

**A.** Employee needs to submit a proof of co-habitation, some examples are given below:

1. Rent Agreement having the name of the employee along with the domestic partners or live-in partners
2. Joint Bank Account records having the name of the employee along with the domestic partners or live-in partners
3. Utility Bills (e.g., Electricity bills) having the name of the employee along with the domestic partners or live-in partners

Process for reaching out to Employee Centre:

- Employee who wishes to cover his / her same-gender domestic partners or live-in partners would need to submit a request to Employee Centre though call / online request (add a case)
- Employee to share a necessary proof of co-habitation with the Employee Centre
- Employee Centre to share the same with pending_documentation@uhc.com for personal filing. (HR ops team)

Process for HR Operations:

- HR operations team to keep the document in the personal file of the employee.

**Q. In case I or any of my dependents are hospitalized during the policy transitions period, how should I get my claims covered.**

**A.** In case you or any of your dependents are hospitalized during the policy transition period, please follow the normal process of getting the hospitalization processed though the network or non-network hospital. The policy renewal date is 23rd September, 2023 and any claims before the said date will be covered in the old policy and claims post that date should be covered under the new plan. The expense is always payable from the policy cover in which the date of admission (DOA) falls. Date of discharge is only considered for submission timeline.

**Q. Can I cover my spouse, child, live in or domestic partner in the middle of the year?**

**A.** Existing dependents of an employee need to be added by the employee (on the Paramount portal) during the policy renewal or within the 30 days of the date of joining (if employee is a new joiner). If there is a life event like marriage or birth of child, the employee can add dependent spouse/child on the TPA portal within 30 days of date of marriage or date of birth whichever is applicable by writing to optum.mediclaim@paramounttpa.com.

For domestic partner or live in partners, the employee will be able to enrol the partners during the open enrolment window or within the 30 days of the date of joining (if employee is a new joiner). Any additions in the middle of the year will not be allowed because it is outside the policy terms and conditions.

**Q. I am on Maternity leave, any other long leave or short term assignment. How do I go about my enrolment process since I am not available in office during the month of enrolment?**

**A.** In case you are on maternity leave and not present in office for the whole enrolment period, we would request you to please share a request with Employee Centre team through a web case (Add a case). The team will in turn share the details with the medical insurance team for backend enrolment. Also, in case you have the provision to access the enrolment details at least once during the enrolment window, it is advisable that you take actions regarding your own enrolments, so that there are no discrepancies.

**Q. How will employees on long term assignment get recovery of the premium paid by the employee?**

**A.** In case employee has opted for a voluntary top up plan at the start of policy period, it will continue for that policy period. Employee will only be able to recover premium on pro rata basis in case he/she is moving out of organization & no claim has been registered during policy period for which premium has been paid.

**Q. I have lost one or more of my dependents in the last enrolment period, how do I remove them from the plan.**

**A.** Please note that during the open enrolment period, if you want to remove any of your dependents from the plan, please do so on the TPA portal. If you do not make the required changes in your plan, the same will continue to the next year as well. The top ups if any will also be carried forward and deduction of premiums from your monthly payroll will also be initiated. Once carried forward, no changes can be made till the next enrolment window. In case there is any unfortunate loss of a member during the tenure of the policy, please intimate the same by raising a query on TPA portal. Also mention the reason for removing the dependents.

**Q. Can I enrol my parents in laws or siblings to the plan?**

**A.** Please note that as per the current coverage of the policy, your parent in-laws are allowed in the voluntary top up policy only but siblings are not included in the policy.

**Q. What do we mean by the domestic partner or live in partner?**

**A.** Domestic partners may include Same Sex Partners or Live-in Partners. Once declared, employee will not be able to change the name of partner for that particular year in policy, however, they should notify withdrawal in case of termination of the relationship.

Definition of Domestic Partner /Live in partner includes:

- Meets a minimum age criterion of 18 years or older
- Does not have any blood relation with employee

**Q. How do I get an e-card for self and my dependents? Does this card guarantee credit?**

**A.** In order to print e-cards for self and nominated dependents:

Step 1: Click on the **Insurance Benefit Portal** > **Beneficiary Details & E-card**

Step 2: Select a member to print your ID CARD under "Health Cards / ID Cards" section

This card is a form of identification only and can be used to get admission in case of an emergency / planned hospitalization. However, the pre-authorization process has to be completed to get credit or pre approval of a claim. It will only be available post the closure of the enrolment period. In case of emergency, please write to Optum.mediclaim@paramounttpa.com OR call @ 022- 66629826

**Q What is a network hospital? Where do I find a list of network hospitals and their contact numbers from the portal?**

**A.** Network hospitals are those hospitals which are on the panel of our Insurer & TPA. Employees can avail cashless services in these hospitals. Employee can visit portal or use below link to know more details about network hospitals.

Step 1: Click on the **Insurance Benefit Portal** > **Hospital Network**

## Section B – Voluntary Top Up Plans

**Q. Who all can be covered under the various Top up plans?**

**A.** Optum policy offers two kinds of top up plans to enhance coverage of dependents already enrolled in base plan. These are completely Voluntary plans and premium has to be borne by employee in three equal instalments deducted through monthly payroll/ salary deductions.

**ESC Top Up Plan:** By opting this plan, employee can enhance coverage for themselves, Children & Spouse up to Sum insured of your choice. These unique options in plans also enhances /offers some of the additional sub-limits in the policy like maternity limit, critical illness cover, OPD, etc. which are not offered in retail policy along with increased Sum Insured.

**Parents or Parents in law Top Up Plan:** This plan can be opted for parents enrolled in base policy or Parents in law on Individual basis. This enhances the overall coverage in terms of Sum Insured. For eg: Your Base policy has a sublimit of 1 lac for each parent & employee feels the need for higher SI for father hence employee opted for INR 600K of top-up sum insured, then Father will be eligible to use (INR 100K from base

policy + INR 600K of Sum Insured from top up plan). Note: INR 100K sub-limit from base plan is not applicable for parents in law.

**Q. In both ESC Top Up & Parental Top Up plans, will the terms and conditions of the policy remain same as base policy?**

**A.** The top up policies have the same terms and conditions as the base policy. Top up selection will be allowed only during the open enrolment period. For existing members, it would be start of policy year & for new joiners, it would be within 30 days of their joining date.

**Q. What are the instalment schedules for the premium payments for Top up?**

**A.** Premium for Top up plans will be deducted in three equal instalments from employee's monthly payroll/ salary.

**Q. What is the process to get a refund in case you have not availed a top up plan?**

**A.** Once opted, employee can't opt out of the policy for that particular policy year. Refund can only be made in case employee is leaving the organization or in unfortunate event of death. Refund will happen on pro rata basis w.e.f date of separation from Organization subjected to the fact that there has been no claim made in the policy. If any claim has been made then refund is not applicable.

**Q. Will there be a lock in period if someone avails the Top up?**

**A.** There is no lock in period applicable for the policy period 2023 – 2024. Employee can access the portal to either opt in, opt out of the policy or increase/decrease the Sum Insured of top up plan during the enrolment period. In case no option is chosen, the top up plan from the previous year will be carried forward.

**Q. Is parental Top-up cover a family floater?**

**A.** Standalone Parental voluntary option. You will have to select the sum insured separately for each enrolled parent.

## Section C – Policy terms & Conditions

**Q. Is there any waiting period applicable for ailments under the corporate policy?**

**A.** Corporate policy doesn't have waiting period. Employee can start using policy for treatment from day 1 subject to inclusion of ailment under group policy terms & conditions.

**Q. What is the time period for Pre and Post hospitalization expenses?**

**A.** Employees can file pre & post hospitalization expenses for 60 days & 90 days from date of Admission & Date of discharge respectively.

**Q. Why is there a concept of co-pay in our corporate policy and how is the co-pay % divided among employer and employee?**

**A.** Co pay is the amount/share that employee has to bear out of pocket and it helps insurance company to drive governance and discipline in benefit utilization. It is important as employees also required to take ownership of total health expenses to a certain extent. This hygiene factor leads to more prudent use of benefits. Our base policy has following co pay percentage applicable:

- If total claim amount is up to INR 300K for ESC - 10% co pay
- If total claim amount is > INR 300K for ESC - 20% co pay
- Maternity claim - 20% on sublimit of INR 75K
- Claims of Parents – 20% on all claims

Same co pay percentages will be applicable on opted ESC & Parental top up plans

**Q. Where should the claim be intimated/submitted, the Insurance company or Insurance TPA Paramount?**

**A.** Claim needs to be submitted with Paramount who is our Insurance TPA & processes claims on behalf of Insurer. Employee can login into Paramount portal Paramount TPA & Click on submit claim tab to proceed

**Q. What is the claim process for Cashless (both planned and emergency)?**

A. In case of emergency, Employee can visit hospital on network & show e-card of claimant. Hospital will send the treatment details to TPA & if same falls under policy terms & conditions, initial approval will be provided. Final approval will be provided by TPA at the time of discharge once hospital will send complete details and final bill.

**Q. If I avail the cashless facility, will the insurance company pay the entire bill at the hospital?**

**A.** Insurance company will settle amount basis policy terms & conditions of Optum. There can be some amount which employee has to pay for example copay & non payable items, balance amount exceeding Sublimit and Sum Insured limit.

**Q. How to process an IPD and an OPD claim?**

**A.** Both IPD & OPD can be claimed on TPA portal. OPD benefit is only applicable to employees who have opted for ESC top-up plans and is covered within network hospitals only.

**Q. Is it mandatory to submit a hard copy for claims?**

**A.** Yes. Hard copy of all claim documents is to be submitted as and when mail from Insurer comes in for the same. Processing of Claim will not stop because of this but hard copy is mandated & Insurer has right to ask for the same anytime for audit and validation.

**Q. Is there a minimum time limit for stay within the hospital under the health insurance plan?**

**A.** Insurance plan requires minimum of 24 hrs of hospitalization with active line of treatment. There are few procedures which can be considered under Day-care. Please reach out to TPA for details of **daycare procedures.**

**Q. Are all the diagnostic tests prescribed by the doctor at a hospital reimbursed under the Health Insurance Plan?**

**A.** No, not all tests can be reimbursed. Additionally, tests can only be reimbursed if one has opted for OPD plans. It is advisable to reach out to TPA with treatment/Consultation papers to review coverage.

**Q. If I do not get admitted in a network hospital, am I still eligible to claim the expenses?**

**A.** Yes, one can file for reimbursement by accessing the paramount portal.

**Q. If I have not utilized my permissible eligibility amount in a particular policy period, will it get carried forward to the next policy period?**

**A.** No, unutilized Sum Insured will not be carried forward to next year. With start of every policy period Sum Insured will be reinstated.

**Q. What are "Non-Admissible Expenses / Non-Payable Expenses"?**

**A.** Please refer **to** Non-Admissible Expenses / Non-Payable Expenses list in the additional documents of the Group Medical Insurance Policy – New (2023-24) page.

**Q. What are the list of documents that are required to be submitted to Paramount for a reimbursement claim?**

**A.** Please refer to Claim check list in the additional documents of the Group Medical Insurance Policy – New (2023-24) page.

**Q.What happens when the limit of insurance is exhausted under a Health Insurance Policy?**

**A.** Post exhaustion of complete Sum Insured from Base + Top Up plans (if opted), employee will have to bear the balance cost of treatment /hospitalization.

**Q If a claim has been paid for a particular ailment during the policy period, does it become a pre-existing disease for the next policy term?**

**A.** No, claim will be processed irrespective of utilization for treatment in any policy year.

**Q. What are the scenarios when claim can be rejected?**

**A.** There are various scenarios as mentioned below

- If claim filled doesn't fall under policy terms & conditions
- If claim belongs to a dependent who is not enrolled in the policy
- If claim pertains to date prior to date of commencement of date of joining in organization
- If claim is found to be fraudulent in nature

**Q. What is Deficiency/Query Letter?**

**A.** Deficiency /Query letter is a document shared by TPA with you via email/phone post you file your claim for reimbursement. This mainly informs you about other documents required from you to submit to process the claim.

**Q. How many IVF & IUI treatments employee can be claimed in one year?**

**A.** This treatment is a cycle of injections followed with a procedure. The employee can claim for expenses only after the procedure (IVF & IUI) is done, the claim is inadmissible if submitted prior to the procedure. For further queries please contact customer service of Paramount team.

**Q. What if employee claims IVF & IUI in one year and very next year claims for maternity benefit can she avail claim coverage in consecutive years?**

**A.** The employee will get the benefit in both the policy years under maternity sum insured limit because limit is reinstated at the start of policy period.

**Q. What is the sum insured available for parents/parents-in-law in the base plan?**

**A.** Both the parents/ parents-in-law under base plan are covered for INR 1 L each.

**Q. Is Covid treatment covered under the policy?**

**A.** Yes, Covid treatment as in-patient hospitalization is covered under the policy.

**Q. What are the scenarios when cover will get terminated?**

**A.** Cover will get terminated when employee leaves the organization/transferred to another country

**Q. What are the important contact details with regards to the medical insurance?**

**A.** Employee can contact below escalation matrix.

| Level of Escalation | SPOC Location | SPOC Email id | SPOC email id/Contact no. |
|---|---|---|---|
| Level 1 | Dedicated Number | Optum.mediclaim@paramounttpa.com | 022-66629826 |
| Escalations (Only in case of emergency & post reaching out above contact point ) | | | |
| Level 2 | Delhi/NCR (Gurgaon & Noida) | Vimla Gupta | 8655852701 |
| | Bangalore | Shrinidhi Mokashi | 8655852704 |
| | Hyderabad | Naveen Vadla | 8655852703 |
| | Hyderabad | Malika Arjun | 8655852712 |
| | Chennai | Chandramouli R | 8655852705 |
| Level 3 | All India | Hema Rawat | 8655852711 |
| Level 4 | All India | Prasoon K. Jha | 8655852706 |
| Level 5 | All India | Manoj Singh | Groupinsurance@marsh.com |

**Q. What contact details are required to file the older claim as per the previous year's policy?**

**A.** Employee filing claims for policy year 23rd Sep'22 to 22nd Sep'23 can continue to use the above contact details

## Section D – Group Personal & Term life policy

**Q. When does GPA & GTL policies gets triggered?**

**A.** Group Personal Accident policy as name suggest gets triggered in scenario where employee meets with an accident or unable to continue working on short term or permanent basis or in unfortunate event of death due to Accident. Sum Assured differs for settlement depending on accident case details reviewed by insurer.

Group Term Life policy gets triggered in case of unfortunate event of employee's death due to any reason . This is in addition to death benefit received by nominee as part of group personal accident policy.

**Q. What is the eligibility criterion of both GPA & GTL policies?**

**A.** All employees are eligible to be part of these policies & cost of premium is borne by organization. Employees are covered for Sum Assured of 3 times of fixed pay or min of INR 20 L whichever is higher.

**Q. Why is it important to add my nominees?**

**A.** It is highly important to declare nominees as during unfortunate event of employee's death, Insurance company will settle claim with declared nominees only. In case employees have not completed this activity, claim settlement will happen basis the declaration done at the time of joining the organization.

**Q. What is the % allocation for nominees?**

**A.** You can declare multiple nominees separately for both GPA & GTL policies by allocating % against them. Total % allocation should add up to 100% for each policy.

**Q. How do I add/change my nominee?**

**A.** You can visit TPA portal & add / update the nominees.

**Q. What is the process for declaring the legal guardianship for a minor?**

A Legal guardian's details can be added on the nominee page of the portal and the same will be considered in case of claim settlement to a minor.

**Q. In case of a death due to accident which of the two policies will come into effect?**

**A.** In case of employee's death due to accident, both the policies will get triggered.

## Section E – Portability

### Portability Policy

**Q. What is Policy portability?**

A. Portability is a benefit which allows you to transfer the number of years of continuous coverage from group insurance to retail health insurance with waiver on time bound waiting periods. With this benefit, it helps in reducing the waiting period so that the policy can be utilized immediately. This option is available only for exiting, retiring employees or employee who are undergoing payroll transfer from one country to another in Optum. Our Broker, Marsh India has a tie up with retail insurance companies to extend continuous coverage benefit for the employees and/or their dependents. The premium rates of the corporate policy will be different from rates of the policy that is undergoing the portability option. The dependents who are enrolled to the corporate policy will be ported to the policy under the portability clause. No other new dependent additions are not possible.

**Q. What is the process to port the corporate policy?**

A. Employees need to reach out to groupinsurance@marsh.com 30 days prior to their date of leaving / transfer/retirement. Post providing basic details, Marsh team will share premium details. Once employees choose the plan & make a payment, policy will be issued.

**Q. What are the various touch points during portability of policy?**

A. Employee can reach out to groupinsurance@marsh.com

**Q. What are the changes you could expect if your policy is ported?**

A. Employee will no longer be part of corporate policy instead have retail policy. All policy terms & conditions would be applicable as per retail policy. Employee would be able to enjoy waiver of waiting period & health check in some of the case.