



Parents Insurance Guide 2017 ACIS

About the Parents Benefits Guide

This Employee Benefits Guide is a reference guide to the benefits provided by Capgemini. For complete information on the benefit terms & conditions you please refer to the policy documents/wordings provided by the respective insurers. This Benefits Guide covers Group Medical Plan, Personal Accident Plan & Term Life Benefits.

Prepared By :

**Benefits Team
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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.



Voluntary Parental Medicaid Policy

Voluntary Parental Medi-claim Policy (Hospitalization)

- A. Program Details
 - Plan Information
 - Benefit Details
 - Enrollment Details
 - Premium Chart
 - Claim Procedure
 - Document Checklist

The Voluntary Parental Medi-claim Policy covers expenses by the insured persons 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 Parental Medi-claim Policy

| Plan Name | Group Medical Plan |
|---------------------|---|
| Policy Holder | Capgemini Technology Services India Limited |
| Insurance Company | United India Insurance Company Limited |
| Period of the Cover | 12 months |
| Inception Date | 1 st February 2017 |
| Expiry Date | 31 st January 2018 |
| Sum Insured Limits | Option of INR 1 Lac , 2 Lac , 3 Lac , 4 Lac , 5 lac per parent/parent-in-law |
| 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 |

Other Benefits - 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 diagnositc expenses can be claimed as pre hospitalisation expense. | Not Covered |

Benefit Details - Voluntary Parental Medi-claim 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 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.

Enrollment Procedure - 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@globalinsurance.co.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 - (your Employee ID)"**

| Employee No | Employee Names | 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@globalinsurance.co.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 No | Employee Names | 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.

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 "United India Insurance Co. Ltd.". For information related to the cheque payment, please send mail to capgemini.mumbai@globalinsurance.co.in

Payment by cheque will not be applicable for the tax benefit.

The cheque for appropriate amount based on the premium chart above should reach Ms. Nishi Chinnan Aon. The address for dispatching the cheque is mentioned below:

Nishi Chinnan

Business Square, A-102, 1st Floor | Near Solitaire Corporate park

Andheri Kurla Road, Chakala | Andheri (East) | Mumbai | Maharashtra | 400093

M +91 9769477979

Premium Chart - Voluntary Parents Mediclaim Policy

| Age Band | INR 100,000 | INR 200,000 | INR 300,000 | INR 400,000 | INR 500,000 |
|---------------|-------------|-------------|-------------|-------------|-------------|
| 36 – 40 Years | 8,330 | 16,659 | 18,742 | 20,826 | 22,907 |
| 41-45 Years | 9,880 | 19,762 | 22,233 | 24,705 | 27,172 |
| 46-55 Years | 11,681 | 23,368 | 26,287 | 29,208 | 32,129 |
| 56-65 Years | 15,446 | 30,893 | 34,755 | 38,617 | 42,479 |
| 66-70 Years | 16,419 | 32,840 | 36,947 | 41,051 | 45,156 |
| 71-75 Years | 17,532 | 35,061 | 39,444 | 43,827 | 48,209 |
| 76-80 Years | 18,421 | 36,841 | 41,447 | 46,051 | 50,658 |

Pre & Post Hospitalization Expenses- 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.

Important FAQs - 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 - 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 - 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 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.
- 2) 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 (eg. 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.

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

General Exclusions - 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 disease or injury and which requires hospitalisation for treatment.
- Convalescence, general debility, “run down” condition or rest cure, congenital external diseases or defects or anomalies, sterility, any fertility, 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 acupuncture, acupuncture, magnetic and such other therapies etc.

General Exclusions - 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 programme, 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.

Hospitalization Procedure - 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 – 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

Customer Service Line:

Toll Free:

General Queries – 1800 209 8884

Cashless Emergency – 1800 209 8444

Capgemini Dedicated Landline (chargeable):

022- 30657366

List of network hospitals:

<https://www.uhcpindia.com/>

Relationship Manager:

Mr. Sanojkumar Pal (**UHC TPA**)

Mobile: 9167770474

E-mail id – sanojkumar.pal@uhcpindia.com

Ms. Nishi Chinnan (**Aon Global**)

Mobile: 9769477979

E-mail id - capgemini.mumbai@aon.com

Planned Cashless Hospitalization - 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.

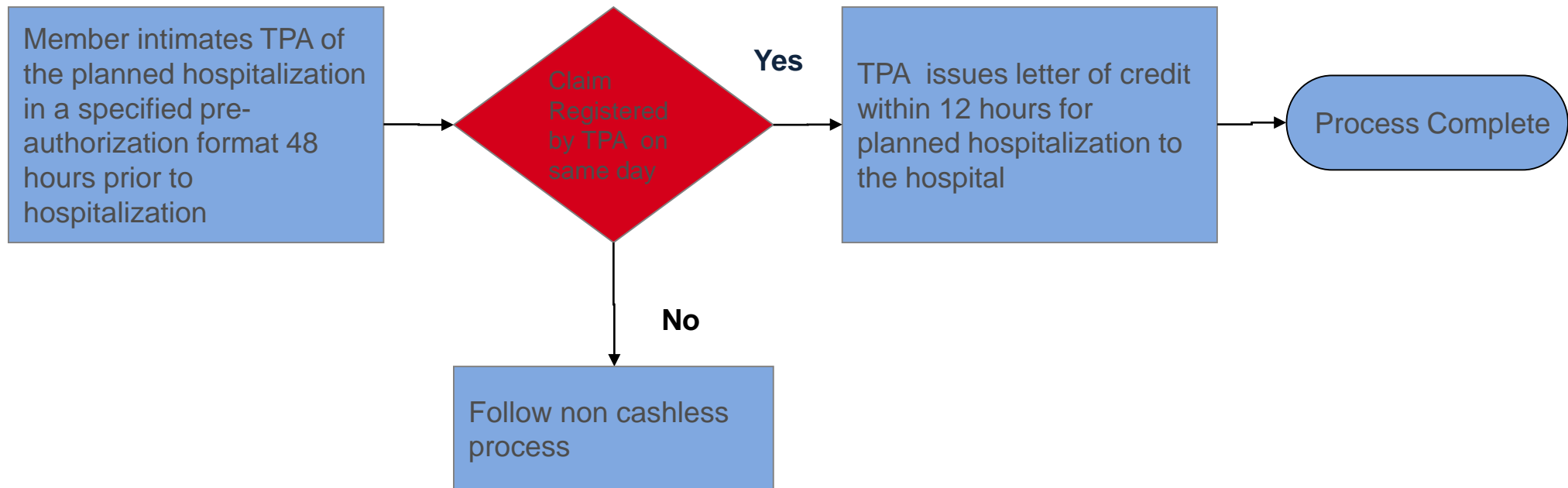
Step 2 Admission, Treatment & discharge

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

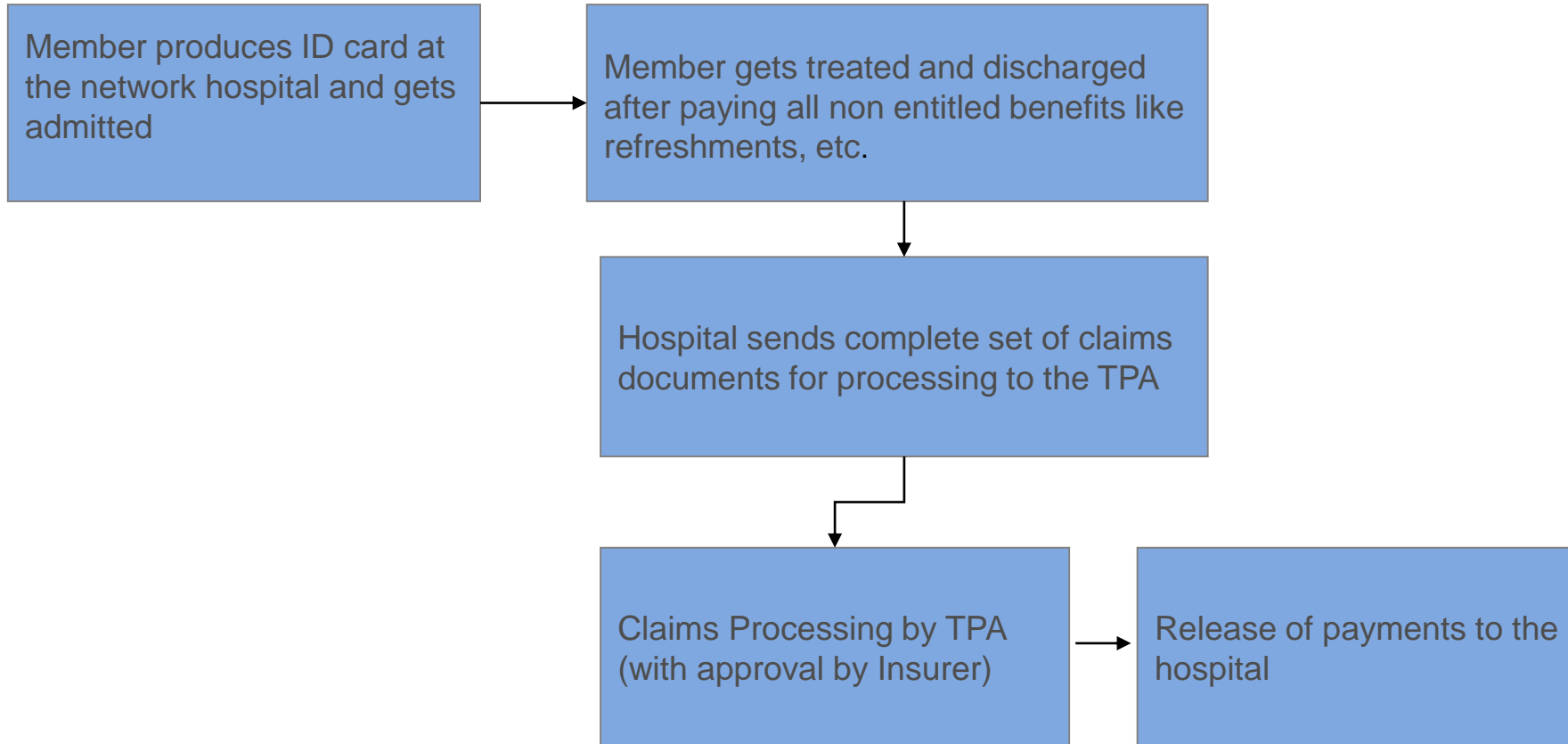
Note: -

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.

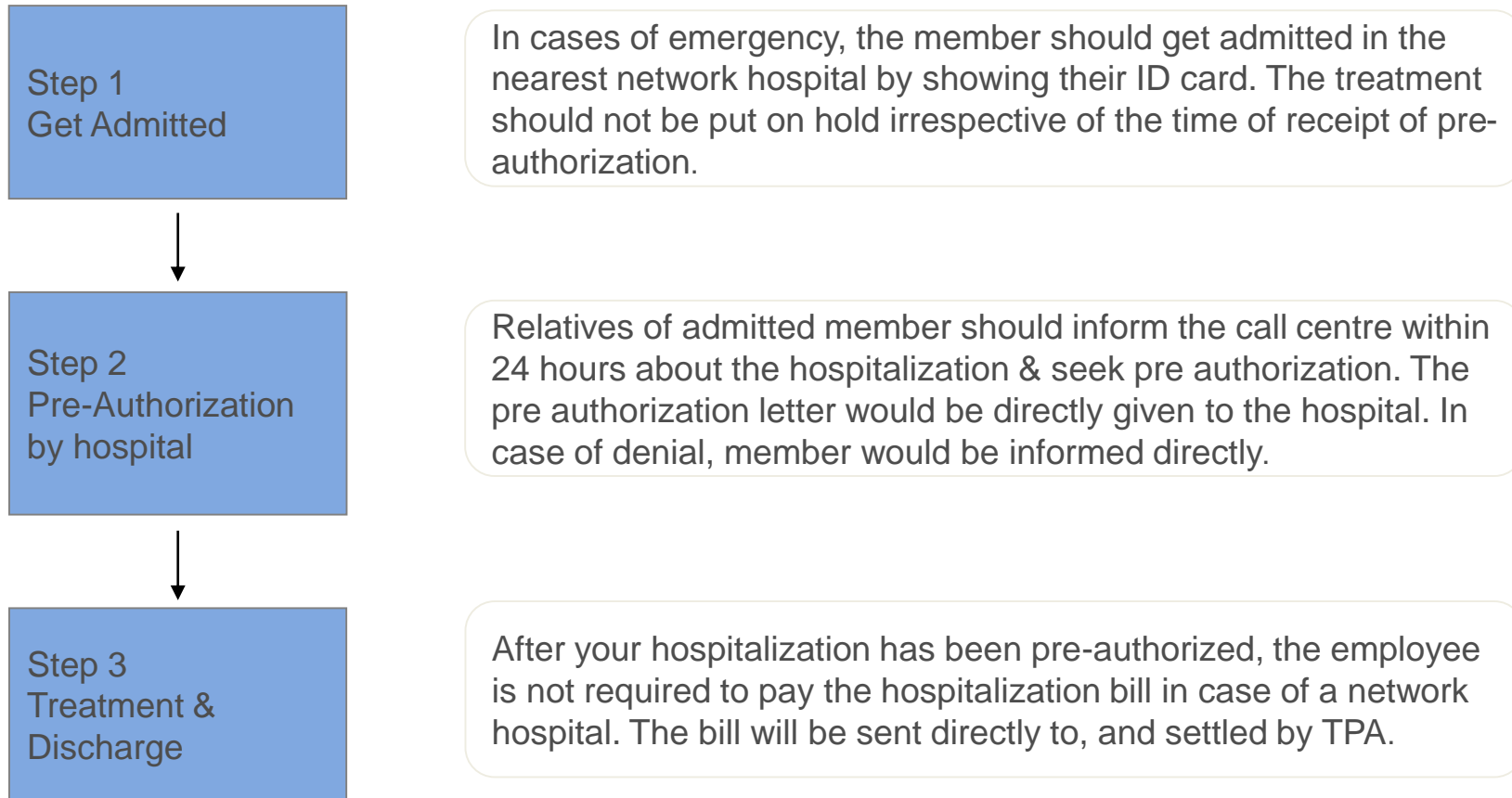
Cashless Pre-authorization - Parents Medical Policy



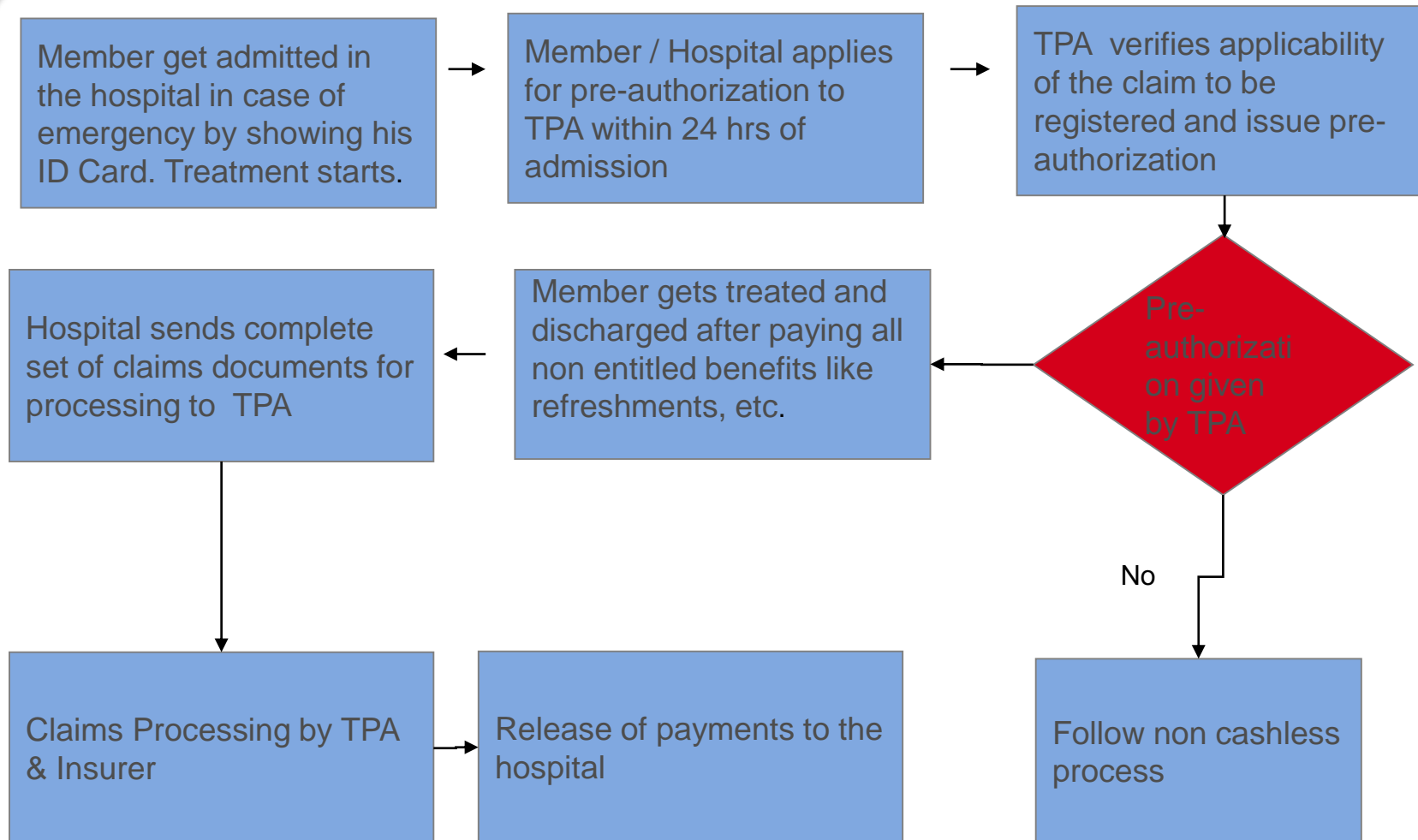
Admission, Treatment and Discharge - Parents Medical Policy



Emergency Hospitalisation - Parents Medical Policy



Emergency Hospitalization Process - Parents Medical Policy



Non Cashless Hospitalization - 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.

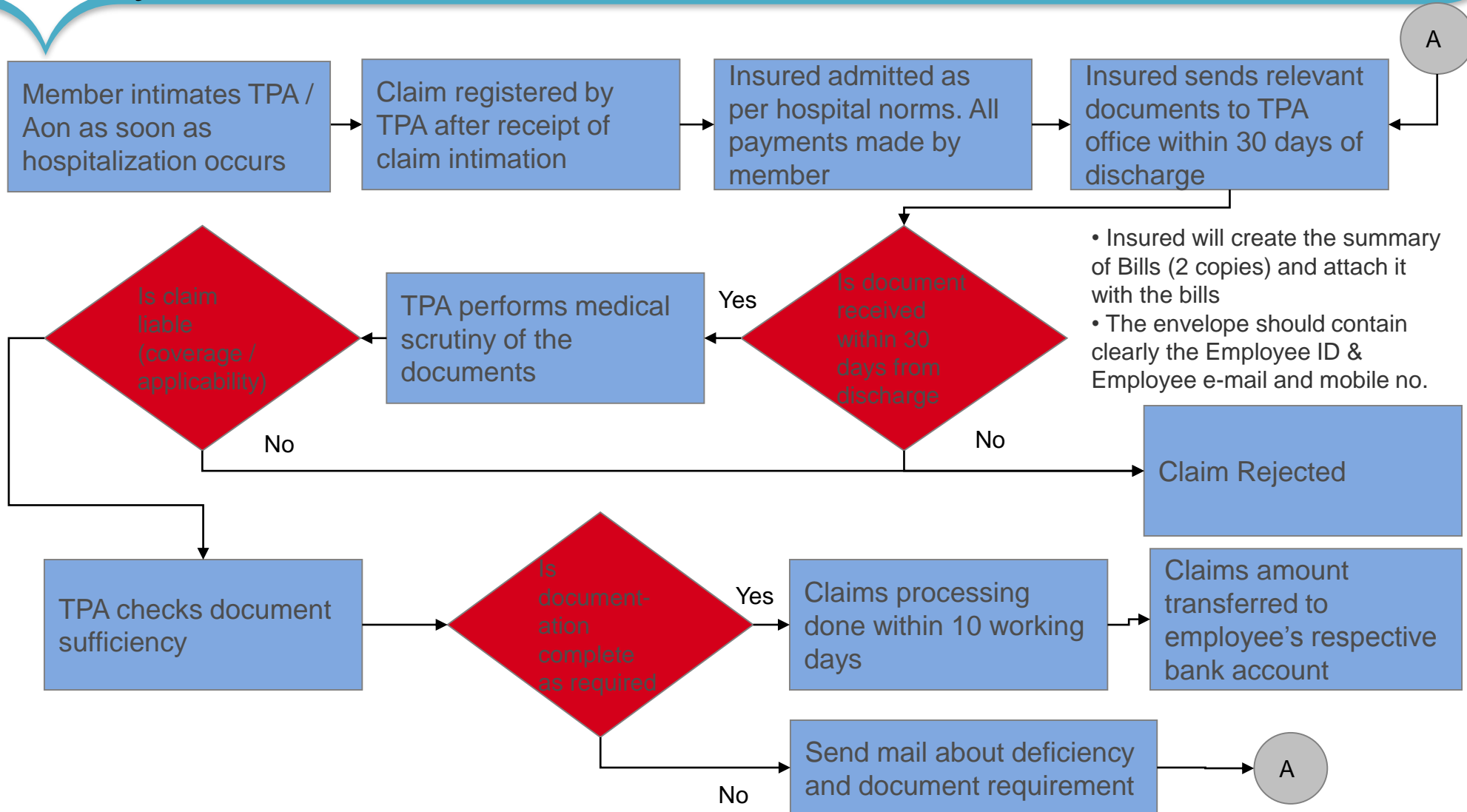
Discharge procedure

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 - Parents Medical Policy



Claims Document List - Parents Medical Policy

| No. | Document Required |
|-----|--|
| 1 | 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 |

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 –

| Location | Location | Timings | Client Schedule |
|-------------|--|--|-----------------|
| Bangalore | Bellandur/DTP | 12 to 2 pm in DTP & 3.30 pm to 5.30pm in Bellandur | Monday |
| | BMP | 3 pm to 5.30 pm | Tuesday |
| | PSN | 2 pm to 6 pm | Wednesday |
| | IGATE Global Solutions Ltd #158-162 (P)White fieldBangalore | 10 am to 5 pm | Every day |
| Chennai | Karapakkam | 3 Pm to 5 pm | Monday |
| | MIPL, Mahindra World City | 11 am to 1PM | Tuesday |
| | YUSHAN Building Café | 10 am to 12 noon | Wednesday's |
| | DLF IT PARK, Block 9A | | Friday |
| Gurgaon | SPAZE i- Tech Park | 12 noon to 3 pm | Wednesday |
| Gandhinagar | Wild Olive 3 / Desk would be allocated | 2 pm to 4 pm | Tuesday |
| Hyderabad | Gachibowli | 1 pm to 3 pm | Wednesday |
| | Gachibowli | 1 pm to 3 pm | Friday |
| | Phoenix,Madhapur, | 2 pm to 5 pm | Tuesday |
| Kolkata | Unitech IT park | 10 am to 6 pm | Monday |
| | Unitech IT park | 10 am to 6 pm | Wednesday |
| Mumbai | Mumbai VII(Vikhroli M-7) | 10am to 4 pm | Monday |
| | Mumbai III (Vikhroli-M3) | 9.30am to 1.30 Pm | Wednesday |
| | Mumbai IV(Vikhroli-M4) | 2.30 pm 6.30 pm | Wednesday |
| | Airoli | 10 .30 am to 12 .30 pm | Thursday |
| | Capgemini Konwledge Park, IT1/IT2,TTC | 9 am to 5 pm | Every day |
| | Mumbai VI(Vikhroli M-6) | 10 am to 1 pm | Friday |
| Noida | IGATE Global Solutions Ltd. Plot No-139, 140, Block-A,Phase-II Noida | 1 pm to 8 pm | Alternate day |
| Pune | Talawade | 11 am to 1.30 pm | Monday |
| | Talawade | 11 am to 1.30 pm | Thursday |
| | Kalyani Nagar(KNF) | 10 am to 12.30 pm | Wednesday |
| | Candleberry – Jasper | 3 pm to 5.30pm | Monthly twice |
| | SEZ, Magarpatta City | 10 to 12 noon | Once in a Month |
| | J-Block, MIDC, Bhosari, | 3 30 pm to 5 30 pm | Once in a Month |

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 –

| Location | Name of SPOC | Contact no | SPOC E mail id |
|-------------|----------------------|------------|-----------------------------------|
| Bangalore | Venkatesh Govindappa | 9740654239 | venkatesh.govindappa@uhcindia.com |
| Bangalore | Deepak Chauhan | 9739332911 | deepak.chauhan@uhcindia.com |
| Chennai | Balakrishna Naidu | 9962048186 | t-balakrishna.naidu@uhcpindia.com |
| Gandhinagar | Anand Makwana | 9099765144 | anand.makwana@uhcpindia.com |
| Gurgaon | Nikhilesh Yadav | 9999122620 | nikhil.yadav@uhcpindia.com |
| Hyderabad | Partha Sarthy | 8008710022 | Partha.Sarathi@uhcpindia.com |
| Kolkata | Shraboni Biswas | 8336004496 | shraboni.biswas@uhcpindia.com |
| Mumbai | Nikhilesh Mavatwal | 9820325565 | t-nikhilesh.mavatwal@uhcindia.com |
| Noida | Ashish Saxena | 9711505932 | ashish.saxena@uhcpindia.com |
| Pune | Pritam Sonavane | 8888855868 | pritam.sonavane@uhcpindia.com |

Escalation Matrix

Escalation Matrix for Parents Medi-claim

| Group Medical Policy | | | | | | | | |
|----------------------------------|--------------------------------|-------------------------------|-------------------------|------------------|---------|--|--|--|
| Name | Agency | Email ID | Contact No | Designation | Level | | | |
| Helpdesk Person of each Location | United Health Care Parekh- UHC | Refer helpdesk schedule | Refer helpdesk schedule | Executive | Level 1 | | | |
| Sanojkumar Pal | United Health Care Parekh- UHC | sanojkumar.pal@uhcindia.com | 9167770474 | Sr Executive | Level 2 | | | |
| Aditi Kothari | United Health Care Parekh- UHC | aditi.kothari@uhcindia.com | 9930870449 | Asst Manager | Level 3 | | | |
| Pankaj Sukhwani | United Health Care Parekh- UHC | pankaj.sukhwani@uhcpindia.com | 9820553205 | Regional Manager | Level 4 | | | |

| Overall Escalation/Contact Point for Group Medi-claim, Personal Accident and Group Term Life Policy | | | | | |
|---|------------|--------------------------|------------|--------------|---------|
| Name | Agency | Email - ID | Contact No | Designation | Level |
| Nishi Chinnan | Aon Global | capgemini.mumbai@aon.com | 9769477979 | Asst Manager | Level 1 |
| Gautam Gokhale | Aon Global | gautam.gokhale@aon.com | 9967981281 | Manager | Level 2 |