cognizant®

Cognizant medical insurance guide for India associates

Choose your path based on your role or need

Cognizant Group Medical Insurance guide

Choose your path based on your role or need

Appendix

Comprehensive document on Medical Insurance
India Medical Insurance Handbook - 2025-26 (For India associates)

Contact directory
Enrollment, Claims, and Support Emails

Know your medical insurance – Education series
Master your medical insurance benefits

Disclaimer: This Guide provides a summary of your medical insurance benefits. It does not include all limitations and exclusions. For complete details on covered benefits, exclusions, and limitations, please refer to the Group Medical Insurance Handbook in the Appendix. In case of any discrepancy between this Guide and the Handbook, the Handbook will take precedence..

Getting started

Highlights – Key Feature and Benefits

This guide offers a comprehensive overview of the most important features and benefits under the policy.

Who You Can Cover

Base Policy
(up to 3 dependents):

- Spouse (minimum age 21)
- Biological or legally adopted children (up to 25 years)
- Biological parents (as per regulatory guidelines)

AMC (Additional Member Cover)
(up to 2 dependents):

- Parents-in-law
- Unmarried sister
- Differently abled dependent siblings
- Additional children (max 3 across Base & AMC)
- Same individual cannot be enrolled in both Base and AMC

What's Covered

- Hospitalisation (minimum 24 hours)
- Day care treatments
- Pre-existing conditions from Day 1
- Ambulance: up to ₹2,000 or 1% of sum insured
- Maternity: ₹50,000 (normal), ₹75,000 (C-section)
- Infertility: ₹40,000 (one-time, primarily infertility)
- Cataract: ₹35,000 per eye
- Knee replacement: ₹2,00,000 per knee, ₹3,00,000 for both
- Psychiatric inpatient care (for associates only)
- Covid, AYUSH, congenital conditions, and modern treatments (e.g. robotic surgery, immunotherapy, stem cell therapy) with specific caps

Optional Add-ons

AMC (Additional Member Cover)

- Sum insured options: ₹1,00,000 / ₹2,00,000 / ₹3,00,000 / ₹4,00,000 / ₹5,00,0000
- Room rent limits:
  - ₹4,000/day for ₹1,00,000 & ₹2,00,000 coverage
  - ₹6,000/day for ₹300,000 / ₹400,000 / ₹500,000 coverage
- ICU rent: Actuals
- Midterm changes allowed only for newborns (within 45 days)
- Premium paid directly via Medi Assist portal

Top-up Cover

- Sum insured options: ₹1,00,000 to ₹20,00,000
- Available only during enrollment or renewal
- Room rent capped as per Base/AMC
- Not modifiable midterm
- Top-up for AMC policy can be availed only if sum insured opted under AMC is ₹3Lakh or above

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Coverage & Room Rent Limits

Coverage Type	Sum Insured	Room Rent Cap (per day)	ICU Room Rent
Base – Associate & below	₹2,50,000	₹7,000	Actuals
Base – Sr. Associate & Manager	₹3,00,000	₹7,000	Actuals
Base – Sr. Manager & above	₹5,00,000	₹7,000	Actuals
AMC	₹1,00,000/₹2,00,000	₹4,000	Actuals
	₹3,00,00/₹4,00,000/₹5,00,000	₹6,000	Actuals

Co-Pay & Proportionate Deduction

Claimant	Co-Pay Rate
Associate, Spouse, Children	10%
Parents, In-laws, Siblings	15%
Critical Illness (Associate)	0%
Death of an Associate	0%

Proportionate Deduction

- Applies to **all claims** under Base, AMC, and Top-up policies
- Triggered when room rent exceeds eligible limits
- Deduction applies to surgeon, OT, anaesthesia, investigations, etc. (excluding pharmacy)
- **Capped at 10%** of admissible claim amount

Claims Process

Cashless (Network Hospitals)

- Submit pre-authorisation at least 7 days before admission for planned hospitalization. for emergencies, hospital may initiate it immediately.
- Present e-card and KYC at the hospital insurance desk to initiate the cashless request.
- Track claim status via the Medi Assist app
- Pay Non-Medical Expenses & Co-pay. Discharge will be initiated upon final approval.

Reimbursement (Non-network hospitals)

- Collect the documents during discharge from the hospital. Claim submission can be initiated post-discharge via the Medi Assist app.
- Upload scanned documents in MediAssist app and submit originals to the Medi Assist Chennai office within 30 days from the date of discharge.

Support Contacts

- Toll-Free: 1800 258 5895
- For claim & policy related queries: cts@mediassist.in
- Enrollment related queries: ctsenrollment@mediassist.in
- Payment queries: cognizantpayment@mediassist.in

Enrollment & Access

- Login to Medi Assist @ One Cognizant
- Validate and update dependent details during the enrolment window or upon joining
- Midterm additions allowed only for newborns and newly wedded spouses (within 45 days)
- No auto-rollover; re-enrollment required each year

Contact Directory

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Onsite Hires Travelling to India – Coverage Guide

This guide is tailored for associates who were hired in an onsite geography and are now travelling to India on assignment under India payroll.

Quick Start for Onsite Hires

- Add/update dependents within **14 days** of payroll transfer to India
- Coverage under Base Policy is valid **until end of policy period or stay in India**, whichever is earlier
- AMC and Top-up covers remain valid **even if dependents travel back abroad**
- No changes allowed to Top-up if a claim is already registered before or during enrolment
- Login to [Medi Assist](#) @ One Cognizant for enrolment, claims, and hospital search

Who You Can Cover

Once transferred to India payroll, you can enrol:

Under Base Policy:

- **Spouse** (minimum age 21)
- **Biological or legally adopted children** (up to 25 years)
- **Biological parents**

Under AMC (Additional Member Cover):

- **Parents-in-law**
- **Unmarried sister**
- **Differently abled dependent sibling**

What's Covered

- Hospitalisation (minimum 24 hours)
- Day care treatments
- Pre-existing conditions from Day 1
- Ambulance (up to ₹2,000 or 1% of sum insured)
- Maternity (₹50,000 for normal, ₹75,000 for C-section)
- Infertility (up to ₹40,000)
- Cataract (₹35,000 per eye)
- Knee replacement (₹2,00,000 per knee, ₹3,00,000 for both)
- Psychiatric inpatient care (for associates only)
- Coverage for critical illness, cancer, gender transition, and modern procedures

Optional Add-ons

AMC (Additional Member Cover)

- Covers up to 2 additional dependents
- Sum insured options: ₹1,00,000 / ₹2,00,000 / ₹3,00,000 /₹4,00,000 / ₹5,00,000
- Room rent limits vary by sum insured
- Midterm changes allowed only for newborns (within 45 days)

Top-up Cover

- Enhances coverage beyond Base and AMC limits
- Sum insured options: ₹1,00,000 to ₹20,00,000
- Available only during enrolment or renewal
- No changes during midterm

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Coverage & Room Rent Limits

Coverage Type	Sum Insured	Room Rent Cap (per day)	ICU Room Rent
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Base – Sr. Associate & Manager	₹3,00,000	₹7,000	Actuals
Base – Sr. Manager & above	₹5,00,000	₹7,000	Actuals
AMC	₹1,00,000 /₹2,00,000	₹4,000	Actuals
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Co-Pay & Proportionate Deduction

Claimant	Co-Pay Rate
Associate, Spouse, Children	10%
Parents, In-laws, Siblings	15%
Critical Illness (Associate)	0%
Death of an Associate	0%

Proportionate Deduction

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Enrollment & Access

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- Midterm additions allowed only for newborns and newly wedded spouses (within 45 days)
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Claims Process

Cashless (Network Hospitals)

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- Present e-card and KYC at the hospital insurance desk to initiate the cashless request.
- Track claim status via the Medi Assist app.
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Reimbursement (Non-network hospitals)

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Coverage for you & your family

Associates with Special Needs or Chronic Conditions – Coverage Guide

This guide is designed to help associates managing chronic conditions, disabilities, or special medical needs understand the benefits and support available under the policy.

Quick Start for Special Needs Support

- Pre-existing conditions are covered **from Day 1**

- OPD support available for **children with disabilities and for associates with head/skull injuries**

- Coverage includes **critical illness, cancer, gender transition,** and **mental health**

- Use the Medi Assist app to track claims, access e-cards, and locate network hospitals

- Midterm additions allowed for **newborns and newly wedded spouses** (within 45 days)

Key Coverages for Special Needs

- **Pre-existing conditions:** Covered from the date of joining Cognizant

- **Psychiatric inpatient care:** Covered for associates only

- **Critical illness:** Includes cancer, stroke, organ transplant, paralysis, and more

- **Cancer benefit:** ₹1,00,000 one-time payout only for associates undergoing treatment

- **Gender transition:** Covers surgeries upto ₹75,000 and hormonal treatment upto ₹25,000 as part of pre/post hospitalisation only.

- **Loss of Pay (LOP):** ₹10,000/week up to ₹5,00,000 if leave is exhausted due to critical illness

- **Outpatient support:**
  - ₹5,000 per child with disability
  - ₹5,000 for head/skull injury diagnostics (CT/MRI) for associates

- **Tuberculosis:** ₹7,000 reimbursement for medication

- **Modern treatments:** Includes robotic surgery, immunotherapy, stem cell therapy, etc. with specific caps

Optional Add-ons

AMC (Additional Member Cover)

- Covers up to 2 additional dependents

- Sum insured options: ₹1,00,000 / ₹2,00,000 / ₹3,00,000 / ₹4,00,000 / ₹5,00,000

- Room rent limits vary by sum insured

- Midterm changes allowed only for newborns (within 45 days)

Top-up Cover

- Enhances coverage beyond Base and AMC limits

- Sum insured options: ₹1,00,000 to ₹20,00,000

- Available only during enrolment or renewal

- No changes during midterm

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Coverage & Room Rent Limits

Coverage Type	Sum Insured	Room Rent Cap (per day)	ICU Room Rent
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Co-Pay & Proportionate Deduction

Claimant	Co-Pay Rate
Associate, Spouse, Children	10%
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Enrollment & Access

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Inclusion & Transition Support

This guide is designed for associates who wish to declare a same-sex domestic partner or are undergoing gender transition. It outlines the inclusive benefits and documentation required.

Quick Start for Inclusive Coverage

- Declare same-sex partner during enrollment
- Gender transition/realignment
- Submit **Self-Declaration** and **Notarised Affidavit**
- Coverage is limited to **Base Policy** only
- Gender transition surgeries and hormonal treatment are covered
- Login to Medi Assist @ One Cognizant for enrolment, claims, and hospital search
- Reach out to HRBenefitsIndia@cognizant.com for support

Same-Sex Partner Coverage

- Associates can declare a **same-sex domestic partner** for coverage under the Base Policy
- Coverage is based on **current gender orientation**
- Required documents:
  - **Self-Declaration Form**
  - **ID proof** of the partner
  - **Proof of cohabitation** (e.g. lease agreement, utility bill, voter ID, passport)
  - **Notarised Affidavit**
- Changes to partner declaration are **not allowed mid-policy**

Gender Transition Coverage

- Coverage available for associates undergoing gender transition
- Required documents:
  - **Self-Declaration**
  - **Notarised Affidavit**
  - **Medical certificate** from a registered practitioner
- Covered procedures:
  - **Hysterectomy –** up to ₹75,000
  - **Mastectomy –** up to ₹75,000
  - **Genital surgery (Male to Female)** – up to ₹75,000
  - **Hormonal treatment –** up to ₹25,000 (pre/post hospitalisation only)
- Coverage is restricted to **Base Policy** only
- Top-up cover **does not apply** to gender transition benefits

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Co-Pay & Proportionate Deduction

Claimant	Co-Pay Rate
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Enrollment & Access

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Maternity, Infertility & Family Planning – Coverage Guide

This guide is tailored for associates planning a family or seeking support for maternity, infertility, or related medical needs.

Quick Start for Family Planning Support

- Maternity and infertility benefits are available under the **Base Policy**
- Coverage includes **hospitalisation, pre/post expenses**, and **baby care**
- Login to Medi Assist @ One Cognizant to submit claims
- Midterm addition of newborns allowed within **45 days**
- No coverage for voluntary termination of pregnancy or outpatient prenatal/postnatal care

Maternity Coverage

- **Eligibility**: Limited to first **two living children**
- **Caps:**
  - ₹50,000 for **normal delivery**
  - ₹75,000 for **C-section**
- **Includes:**
  - Pre & post hospitalisation
  - Baby care at time of delivery
- **Excludes:**
  - Voluntary termination within first 12 weeks
  - Outpatient prenatal/postnatal unless hospitalised
- **Special case:** No cap for **ectopic pregnancy** if life-threatening and certified by a gynaecologist

- **Newborn Addition**
  - Must be added within **45 days** of birth
  - Subject to availability of slots in Base/AMC
  - If no slot is available, one dependent (who hasn't claimed) may be replaced in Base Policy
- **Infertility Coverage**
  - Up to ₹40,000 for **self or spouse**
  - Applicable only if there are **no living children**
  - Must be incurred at a **hospital**
  - 24-hour hospitalisation **not required**
  - Benefit is **one-time only**

Family Planning

Family planning surgeries **(Vasectomy or tubectomy)** are excluded from coverage.

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Coverage & Room Rent Limits

Coverage Type	Sum Insured	Room Rent Cap (per day)	ICU Room Rent
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Enrollment & Access

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Coverage for Children – Guidance for Associates

This guide is designed for associates who wish to enrol or manage coverage for their children, including newborns, adopted children, and children with disabilities.

Quick Start for Child Coverage

- Biological or legally adopted children can be covered under **Base or AMC**
- Maximum of **3 children** can be covered across Base + AMC
- Newborns must be added within **45 days** of birth
- Adopted children must be added within **45 days** of legal adoption
- Children with disabilities are eligible for **OPD support**

Eligibility & Enrolment

- **Age limit:** Up to **25 years**, unmarried, financially dependent, and without independent income
- **Base Policy:** Covers biological or legally adopted children
- **AMC Policy:** Can be used to cover additional children (up to 3 total across both policies)
- **Newborns:**
  - Must be added within **45 days**
  - If no slot is available, one dependent (who hasn't claimed) may be replaced in Base Policy
- **Adopted children:**
  - Must be added within **45 days** of receiving legal adoption certificate

Special Support for Children

- **Children with disabilities:**
  - Eligible for **OPD reimbursement** up to ₹5,000 per child per policy period
- **Maternity coverage** includes baby care at the time of delivery
- **Vaccination charges** are covered under hospitalisation if medically indicated

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Coverage & Room Rent Limits

Coverage Type	Sum Insured	Room Rent Cap (per day)	ICU Room Rent
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Co-Pay & Proportionate Deduction

Claimant	Co-Pay Rate
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Enrollment & Access

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Coverage for Parents & Parents In-laws – Guidance for Associates

This guide is designed for associates who wish to enrol their parents or parents-in-law under the Group Medical Insurance Policy.

Quick Start for Parental Coverage

- Biological parents can be covered under the **Base Policy**
- Parents-in-law can be covered only via **AMC (Additional Member Cover)**
- Same individual **cannot be enrolled in both Base and AMC**
- Midterm changes allowed only for **newborns** (within 45 days)

Who You Can Cover

Policy Type	Eligible Dependents
Base Policy	Spouse, Biological Parents, Children (up to 25 years)
AMC Policy	Parents In laws, Biological Parents, Children (up to 25 years)

- Foster parents are not eligible

Coverage & Room Rent Limits

Coverage Type	Sum Insured	Room Rent Cap (per day)	ICU Room Rent
Associate & below	₹2,50,000	₹7,000	Actuals
Sr. Associate & Manager	₹3,00,000	₹7,000	Actuals
Sr. Manager & above	₹5,00,000	₹7,000	Actuals
AMC	₹1,00,000/₹2,00,000	₹4,000	Actuals
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Claimant	Co-Pay Rate
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Proportionate Deduction

- Applies to **all claims** under Base, AMC, and Top-up policies
- Triggered when room rent exceeds eligible limits
- Deduction applies to surgeon, OT, anaesthesia, investigations, etc. (excluding pharmacy)
- **Capped at 10%** of admissible claim amount

Enrollment & Access

- Login to Medi Assist @ One Cognizant
- Validate and update dependent details during the enrolment window or upon joining
- Midterm additions allowed only for newborns and newly wedded spouses (within 45 days)
- No auto-rollover; re-enrollment required each year

Claims Process

Cashless (Network Hospitals)

- Submit pre-authorisation at least 7 days before admission for planned hospitalization. for emergencies, hospital may initiate it immediately.
- Present e-card and KYC at the hospital insurance desk to initiate the cashless request.
- Track claim status via the Medi Assist app.
- Pay Non-Medical Expenses & Co-pay. Discharge will be initiated upon final approval.

Reimbursement (Non-network hospitals)

- Collect the documents during discharge from the hospital. Claim submission can be initiated post-discharge via the Medi Assist app.
- Upload scanned documents in MediAssist app and submit originals to the Medi Assist Chennai office within 30 days from the date of discharge.

Support Contacts

- Toll-Free: 1800 258 5895
- For claim & policy related queries: cts@mediassist.in
- Enrollment related queries: ctsenrollment@mediassist.in
- Payment queries: cognizantpayment@mediassist.in

Contact Directory

Coverage for Siblings

This guide is designed for associates who wish to enrol **siblings** under the Group Medical Insurance Policy, including **unmarried sisters** and **disabled dependent siblings.**

Quick Start for Sibling Coverage

- Siblings can be covered **only under AMC (Additional Member Cover)**

- Maximum of **2 dependents** can be added under AMC

- Midterm changes allowed **only for newborns**

- Same person **cannot be enrolled in both Base and AMC**

- Login to Medi Assist @ One Cognizant to enrol and manage coverage

Eligible Siblings

Relationship Type	Eligible Dependents	Policy Type
Unmarried Sister	Yes	AMC
Differently abled dependent Sibling	Yes	AMC

- Must be financially dependent on the associate

- Must meet regulatory guidelines for dependent status

AMC Coverage & Room Rent Limits

AMC Sum Insured	Room Rent Cap (per day)	ICU Room Rent
₹1,00,000	₹4,000	Actuals
₹2,00,000	₹4,000	Actuals
₹3,00,000	₹6,000	Actuals
₹4,00,000	₹6,000	Actuals
₹5,00,000	₹6,000	Actuals

Top-up Cover

- Enhances coverage beyond Base and AMC limits

- Sum insured options: ₹1,00,000 to ₹20,00,000

- Available only during enrolment or renewal

Contact Directory

Coverage & Room Rent Limits

Coverage Type	Sum Insured	Room Rent Cap (per day)	ICU Room Rent
Base – Associate & below	₹2,50,000	₹7,000	Actuals
Base – Sr. Associate & Manager	₹3,00,000	₹7,000	Actuals
Base – Sr. Manager & above	(pre/post hospitalisation only)₹5,00,000	₹7,000	Actuals
AMC	₹1,00,00/₹2,00,000	₹4,000	Actuals
	₹3,00,000/₹4,00,000/₹5,00,000	₹6,000	Actuals

Co-Pay Details

Claimant	Co-Pay Rate
Unmarried Sister / Differently abled dependent Sibling	15%

Proportionate Deduction

- Applies to **all claims** under Base, AMC, and Top-up policies
- Triggered when room rent exceeds eligible limits
- Deduction applies to surgeon, OT, anaesthesia, investigations, etc. (excluding pharmacy)
- **Capped at 10%** of admissible claim amount

Claims Process

Cashless (Network Hospitals)

- Submit pre-authorisation at least 7 days before admission for planned hospitalization. for emergencies, hospital may initiate it immediately.
- Present e-card and KYC at the hospital insurance desk to initiate the cashless request.
- Track claim status via the Medi Assist app.
- Pay Non-Medical Expenses & Co-pay. Discharge will be initiated upon final approval.

Reimbursement (Non-network hospitals)

- Collect the documents during discharge from the hospital. Claim submission can be initiated post-discharge via the Medi Assist app.
- Upload scanned documents in MediAssist app and submit originals to the Medi Assist Chennai office within 30 days from the date of discharge.

Enrollment & Access

- Login to Medi Assist @ One Cognizant
- Validate and update dependent details during the enrolment window or upon joining
- Midterm additions allowed only for newborns and newly wedded spouses (within 45 days)
- No auto-rollover; re-enrollment required each year

Support Contacts

- Toll-Free: 1800 258 5895
- For claim & policy related queries: cts@mediassist.in
- Enrollment related queries: ctsenrollment@mediassist.in
- Payment queries: cognizantpayment@mediassist.in

Contact Directory

Manager & Team Support

People Managers – Team Guidance

As a People Manager, your role is pivotal in guiding your team through the medical insurance process. This walkthrough helps you support associates with accurate information and timely actions.

Quick Start for People Managers

Use this checklist to support your team effectively during the insurance cycle:

- **Remind team members** to enrol dependents during the annual **enrolment window** (no auto-rollover).
- **Guide new joiners** to complete enrolment within **14 days of joining**.
- **Support midterm additions** for newborns or newly wedded spouses (within **45 days**).
- **Encourage use of the** Medi Assist **app** for claims, e-cards, and hospital search.
- **Help resolve claim issues** by directing associates to Medi Assist or **HR Benefits.**
- **Clarify eligibility** for AMC and Top-up options during onboarding or renewal.
- **Ensure awareness** of co-pay rules and room rent limits based on grade and coverage type.

Who Your Team Can Cover

Under the **Base Policy**, associates can enrol:

- **Spouse** (minimum age 21)
- **Biological or legally adopted children** (up to 25 years)
- **Biological parents** (as per regulatory guidelines)

What's Covered

- Hospitalisation (minimum 24 hours)
- Day care treatments
- Pre-existing conditions from Day 1
- Ambulance (up to ₹2,000 or 1% of sum insured)
- Maternity (₹50,000 for normal, ₹75,000 for C-section)
- Infertility (up to ₹40,000)
- Cataract (₹35,000 per eye)
- Knee replacement (₹2L per knee, ₹3L for both)
- Psychiatric inpatient care (for associates only)
- Coverage for critical illness, cancer, gender transition, and modern procedures

Optional Add-ons

AMC (Additional Member Cover)

- Associates can opt for AMC during enrolment or renewal.
- Covers up to 2 additional dependents:
  - Parents-in-law
  - Unmarried sister
  - Differently abled dependent sibling
- Sum insured options: ₹1,00,000 / ₹2,00,000 / ₹3,00,000 / ₹4,00,000 / ₹5,00,000
- Midterm changes allowed only for newborns (within 45 days)

Top-up Cover

- Enhances coverage beyond Base and AMC limits
- Sum insured options: ₹1,00,000 to ₹20,00,000
- Available only during enrolment or renewal
- No changes during midterm

People Managers – Team Guidance

Coverage & Room Rent Limits

Coverage Type	Sum Insured	Room Rent Cap (per day)	ICU Room Rent
Base – Associate & below	₹2,50,000	₹7,000	Actuals
Base – Sr. Associate & Manager	₹3,00,000	₹7,000	Actuals
Base – Sr. Manager & above	₹5,00,000	₹7,000	Actuals
AMC	₹1,00,00/₹2,00,000	₹4,000	Actuals
	₹3,00,000/₹4,00,000/₹5,00,000	₹6,000	Actuals

Co-Pay & Proportionate Deduction

Claimant	Co-Pay Rate
Associate, Spouse, Children	10%
Parents, In-laws, Siblings	15%
Critical Illness (Associate)	0%
Death of an Associate	0%

Proportionate Deduction

- Applies to **all claims** under Base, AMC, and Top-up policies
- Triggered when room rent exceeds eligible limits
- Deduction applies to surgeon, OT, anaesthesia, investigations, etc. (excluding pharmacy)
- **Capped at 10%** of admissible claim amount

Enrollment & Access

- Login to Medi Assist @ One Cognizant
- Validate and update dependent details during the enrolment window or upon joining
- Midterm additions allowed only for newborns and newly wedded spouses (within 45 days)
- No auto-rollover; re-enrollment required each year

Claims Process

Cashless (Network Hospitals)

- Submit pre-authorisation at least 7 days before admission for planned hospitalization. for emergencies, hospital may initiate it immediately.
- Present e-card and KYC at the hospital insurance desk to initiate the cashless request.
- Track claim status via the Medi Assist app.
- Pay Non-Medical Expenses & Co-pay. Discharge will be initiated upon final approval.

Reimbursement (Non-network hospitals)

- Collect the documents during discharge from the hospital. Claim submission can be initiated post-discharge via the Medi Assist app.
- Upload scanned documents in MediAssist app and submit originals to the Medi Assist Chennai office within 30 days from the date of discharge.

Support Contacts

- Toll-Free: 1800 258 5895
- For claim & policy related queries: cts@mediassist.in
- Enrollment related queries: ctsenrollment@mediassist.in
- Payment queries: cognizantpayment@mediassist.in

Additional benefits

Critical Illness & Cancer Support – Coverage Guide

This guide is designed for associates diagnosed with a critical illness or cancer, outlining the benefits, financial support, and claims process available under the policy.

Quick Start for Critical Illness Support

- Critical illness coverage is available from Day 1
- No co-pay for hospitalisation due to critical illness (for associates)
- ₹25,000 post-recovery lab benefit for associates
- ₹1,00,000 cancer benefit for associates (First time occurrence)
- Weekly Loss of Pay (LOP) benefit up to ₹5,00,000
- Login to Medi Assist app @ One Cognizant for claims and tracking

What's Covered – Critical Illness

As per IRDA guidelines, the following are covered:
- Cancer of specified severity
- First heart attack
- CABG (open chest)
- Heart valve replacement/repair
- Coma
- Kidney failure requiring dialysis
- Stroke with permanent symptoms
- Major organ/bone marrow transplant
- Permanent paralysis of limbs
- Motor neuron disease
- Multiple sclerosis
- Accidents (as defined in the handbook)

Cancer Benefit

- ₹1,00,000 one-time payout for associates diagnosed and hospitalised during the policy period
- Benefit is **in addition to hospitalisation coverage**
- Applies only to associates (not dependents)
- Covered oral chemotherapy drugs include:
  - Altretamine, Busulfan, Methotrexate, Temozolamide, and others
- **Exclusions:**
  - Skin cancer (except invasive melanoma)
  - Micro-carcinomas
  - HIV-related cancers

Post-Recovery Lab Benefit

- ₹25,000 one-time payout for associates
- Applicable **after 60 days** of post-hospitalisation
- Paid directly to associate once first critical illness claim is settled (first time occurrence)

Loss of Pay (LOP) Benefit

- ₹10,000/week up to ₹5,00,000
- Applicable if associate exhausts leave due to critical illness
- Paid till end of policy period
- Covers injuries resulting from Accident:
  - Burns (with unconsciousness)
  - Spine/head fractures
  - Major dislocations
  - Amputations
  - Eye injuries with vision loss

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Critical illness & cancer support | Advanced & Modern Treatments – Coverage Guide

Advanced & Modern Treatments – Coverage Guide

This guide is designed for associates exploring coverage for **modern medical procedures**, including robotic surgeries, immunotherapy, stem cell therapy, and more.

Quick Start for Advanced Treatment Support

- Coverage available for **inpatient or day care** procedures
- Specific caps apply per treatment type
- Login to Medi Assist app @ One Cognizant for pre-authorisation and claims
- Room rent and proportionate deductions apply as per policy
- All treatments must be **medically necessary** and performed in registered hospitals

Covered Modern Treatments & Limits

Procedure Type	Coverage Limit (Per Policy Period)
Uterine Artery Embolization / High intensity focused ultrasound (HIFU)	20% of Sum Insured, max ₹2L
Balloon Sinuplasty	20% of Sum Insured, max ₹2L
Deep Brain Stimulation	50% of Sum Insured, max ₹5L
Immunotherapy (Monoclonal Antibody)	For cancer related claims: 100% of Sum insured. For other claims: 25% of Sum Insured, max ₹2L
Intravitreal Injections	10% of Sum Insured, max ₹75K
Robotic Surgeries	50% of Sum Insured, max ₹5L
Stereotactic Radio Surgeries	50% of Sum Insured, max ₹3L
Bronchial Thermoplasty	50% of Sum Insured, max ₹2.5L
Vaporization of the prostrate (Green laser treatment or holmium laser treatment).	50% of Sum Insured, max ₹2.5L
Intraoperative Neuro Monitoring (IONM)	10% of Sum Insured, max ₹50K

Day Care Procedures Also Covered

Includes but not limited to:

- Coronary Angiography / Angioplasty
- Appendectomy
- Chemotherapy
- Radiotherapy
- Eye surgery
- Tonsillectomy
- Kidney stone removal
- Dental surgery (following an accident)

Claims & Add-ons

Claims & Hospitalisation – Process Guide

This guide is designed for associates who are currently hospitalised or managing a claim—whether cashless or reimbursement.

Quick Start for Claims

- Login to Medi Assist @ One Cognizant for cashless pre-authorisation or reimbursement
- Submit reimbursement claims within 30 days of discharge
- Pre-hospitalisation expenses covered for 30 days before admission
- Post-hospitalisation expenses covered for 60 days after discharge
- Track claim status and download e-cards via the Medi Assist app

Cashless Hospitalisation (Network Hospitals)

- **Pre-authorisation:** Submit via Medi Assist app at least **7 days before** planned admission
- **Approval:** Medi Assist will validate and confirm via email and app
- **Hospitalisation:** Present Medi Assist e-card at the hospital
- **Exclusions:** Non-medical items, co-pay, and proportionate deductions must be paid by the associate
- **Denial fallback:** If cashless is denied, claim via reimbursement

Reimbursement (Non-Network Hospitals)

- **Intimate claim:** Before discharge, via Medi Assist app
- **Submit claim:** Within **30 days** of discharge
- **Documents required:**
  - Original bills, prescriptions, discharge summary
  - Investigation reports, medicine bills with prescriptions
  - Claim form with bank details
- **Send to:**
  - Medi Assist Chennai Office
  - Or submit at Cognizant MEPZ office (Payroll & Benefits team)

         Contact Directory

Claims & Hospitalization – Process Guide | Optional Add-ons – AMC & Top-up Cover Guide

Claim Timelines

Claim Type	Submission Deadline
Main Hospitalisation	Within 30 days from discharge
Pre-Hospitalisation	Within 30 days from discharge
Post-Hospitalisation	Within 30 days after 60-day post period

Co-Pay & Deductions

Claimant	Co-Pay Rate
Associate, Spouse, Children	10%
Parents, In-laws, Siblings	15%
Critical Illness (Associate)	0%
Death of an Associate	0%

- **Proportionate deductions** apply if room rent exceeds eligibility
- Max deduction capped at **10%** of admissible claim amount

Tips for Smooth Claims

- Keep **photocopies** of all documents submitted
- Ensure **original prescriptions** are attached to medicine bills
- Submit **X-ray films** or reports where applicable
- Claims with missing documents will be **rejected after 3 reminders**
- Use the MediAssist app to track status and receive alerts

Claims Process

Cashless (Network Hospitals)

- Submit pre-authorisation at least 7 days before admission for planned hospitalization. for emergencies, hospital may initiate it immediately.
- Present e-card and KYC at the hospital insurance desk to initiate the cashless request.
- Track claim status via the Medi Assist app.
- Pay Non-Medical Expenses & Co-pay. Discharge will be initiated upon final approval.

Reimbursement (Non-network hospitals)

- Collect the documents during discharge from the hospital. Claim submission can be initiated post-discharge via the Medi Assist app.
- Upload scanned documents in MediAssist app and submit originals to the Medi Assist Chennai office within 30 days from the date of discharge.

Support Contacts

- Toll-Free: 1800 258 5895
- For claim & policy related queries: cts@mediassist.in
- Enrollment related queries: ctsenrollment@mediassist.in
- Payment queries: cognizantpayment@mediassist.in

Getting Started　　Coverage for You & Your Family　　Manager & Team Support　　Additional Benefits　　**Claims & Add-ons**　　Transitions　　Policy scope

Claims & Hospitalization – Process Guide　　|　　Optional Add-ons – AMC & Top-up Cover Guide

Optional Add-ons – AMC & Top-up Cover Guide

This guide is for associates evaluating whether to enhance their base medical insurance coverage through **Additional Member Cover (AMC)** and/or **Top-up Cover.**

Quick Start for Add-on Decisions

- AMC allows you to cover 2 additional dependents
- Top-up increases your sum insured beyond Base/AMC
- Both can be opted only during enrolment or renewal
- **Proportionate deduction:** Applies if room rent exceeds limit (max 10% of claim)
- Login to Medi Assist @ One Cognizant to enrol and manage coverage

AMC (Additional Member Cover)

- **Who you can cover:**
  - Parents-in-law
  - Unmarried sister
  - Differently abled dependent sibling
  - Additional children (max of 3 children in Base and AMC)
- **Sum insured options:**
  - ₹1,00,000 / ₹2,00,000 / ₹3,00,000 / ₹4,00,000 / ₹500,000
- **Room rent limits:**
  - ₹4,000/day for ₹1,00,000 & ₹2,00,000
  - ₹6,000/day for ₹3,00,000 & ₹4,00,000 & ₹5,00,000
- **ICU rent:** on Actuals
- **Midterm changes:** Only newborns can be added within 45 days

Top-up Cover

- **Purpose:** Increase your total sum insured beyond Base and AMC
- **Eligibility:**
  - Available for Base-only or Base + AMC (only if AMC is ₹3,00,000 or above)
- **Sum insured options:**
  - ₹1,00,000 to ₹20,00,000
- **Room rent:** Capped as per Base/AMC policy
- **Important:**
  - Cannot modify Top-up midterm

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Transitions

Getting Started Coverage for You & Your Family Manager & Team Support Additional Benefits Claims & Add-ons **Transitions** Policy scope

Exiting Employees – Post-Employment Coverage Guide | End-of-Life & Death-related Coverage

Exiting Employees – Post-Employment Coverage Guide

This guide is designed for associates who are separating from Cognizant India and want to understand what happens to their medical insurance coverage after their exit.

What Happens Upon Exit?

Coverage Type	Validity After Exit
Base Policy	Ends on **Last Working Day (LWD)**
AMC (Additional Member Cover)	Ends on **LWD**
Top-up Cover	Ends on **LWD**

There is **no continuation** of coverage post-separation. All benefits, including hospitalisation, maternity, critical illness, and outpatient support, cease on the associate's LWD.

Claims & Reimbursements Post-Exit

- Claims must be **submitted within 30 days** of discharge, if the hospitalisation occurred before the LWD.

- **Pre-hospitalisation** expenses: Covered if incurred before LWD

- **Post-hospitalisation** expenses: Covered only if discharge occurred before LWD

- **No coverage** for treatments initiated after LWD

Support Contacts

- Toll-Free: 1800 258 5895

- For claim reimbursement & policy related queries: cts@mediassist.in

- Payment related queries: cognizantpayment@mediassist.in

How to Submit Claims

- Login to Medi Assist @ One Cognizant to

  - Intimate reimbursement

  - Submit claim documents

  - Track claim status

- Courier hard copies to:

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

  Or to

  - **Cognizant Technology Solutions India Pvt Limited**
    Payroll & Benefits shared services
    (Medical Insurance team)
    MEPZ-Special Economic Zone,
    Plot No A-17, D-2, C-10 & C-1, A-15 to 17,
    B-20 & A-33, National Highway 45, Tambaram,
    GST road, Chennai 600045

  Contact Directory

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Exiting Employees – Post-Employment Coverage Guide | **Death-related Coverage**

Death-related Coverage – For Associates only

This guide is designed for associates or their families navigating coverage in the event of a terminal illness, critical condition, or death of an associate.

Quick Start for Death-related Coverage

- No co-pay applies for hospitalisation resulting in death
- All non-admissible components (room rent limits, deductions, etc.) are waived
- Coverage includes hospitalisation, pre/post expenses, and donor costs
- Claims must be submitted within 30 days of discharge
- Login to Medi Assist @ One Cognizant for claims and tracking

Waivers & Benefits in Case of Death

- Co-pay: Waived for all claims related to hospitalisation resulting in death
- Room rent limits: Waived
- Proportionate deductions: Waived
- Non-medical exclusions: Waived
- Claim processing: Standard timelines apply (30 days from discharge)

Additional Support

- Organ transplant: Donor hospitalisation costs are covered as part of the main claim
- Air ambulance: Covered up to ₹1,00,000 per incident, ₹10,00,000 per year (organisation-wide), for emergencies where no hospital is available within 75 km
- Psychiatric inpatient care: Covered for associates only

                   Contact Directory

Policy scope

General exclusions | Other terms and conditions

General Exclusions

While the Group Medical Insurance Policy offers extensive coverage, certain conditions, treatments, and expenses are excluded. Below is a summary of key exclusions:

Medical Conditions & Treatments Not Covered

- Injuries or diseases caused by war, invasion, nuclear materials, or participation in hazardous activities (e.g., scuba diving, motor racing, mountaineering).
- Cosmetic or aesthetic procedures, plastic surgery (unless due to accident or illness).
- Circumcision (unless medically necessary).
- Sterility, assisted conception procedures, and infertility treatments beyond the one-time benefit.
- Psychiatric and psychosomatic disorders (except inpatient psychiatric care for associates).
- Obesity-related treatments and weight control programs.
- HIV/AIDS and related complications.
- Gender transition outpatient treatments and cosmetic enhancements (e.g., voice correction).
- Experimental or unproven treatments (e.g., RFQMR, EECP, Hyperbaric Oxygen Therapy).
- Palliative care and chemotherapy for dependents (limited to 50% of base sum insured).
- Treatments taken outside India.

Non-Medical & Personal Comfort Items

- Baby food, beauty services, toiletries, cosmetics, and diet charges.
- Telephone, television, laundry, guest services, and similar amenities.
- Admission kits, documentation charges, and miscellaneous hospital service fees.

Equipment & Devices Not Covered

- CPAP, CAPD, infusion pumps, walkers, crutches, braces, splints, diabetic footwear, glucometers, thermometers, and similar home-use medical equipment.
- Devices not integrated into the human body (e.g., prosthetics, oxygen cylinders for home use).

Hospitalization & Diagnostic Limitations

- Hospital stays for domestic reasons or without active treatment.
- Diagnostic procedures not followed by hospitalization.
- Outpatient treatments (except OPD for children with disabilities and head/skull injuries).
- Pre/post hospitalization expenses if cap limits are exhausted.

Legal & Policy Violations

- Fraudulent claims or concealment of material facts.
- Treatment resulting from criminal acts or breach of law.
- Claims arising from change of treatment path without medical recommendation.

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General exclusions | Other terms and conditions

Other Terms and Conditions

This section outlines additional terms that govern the administration and use of the Group Medical Insurance Policy.

Coverage Continuity

- If a hospitalization begins during one policy period and continues into the next, only the sum insured from the expiring policy will apply. The renewed policy's sum insured will not be available for that hospitalization—including any related pre- and post-hospitalization expenses—if the admission started under the expiring policy.

Fraud, Misrepresentation & Concealment

- The policy will be void if any claim is found to be fraudulent or supported by misrepresentation or concealment of material facts.

Notice of Claim & Documentation

- Preliminary notice must be given within 7 days of hospitalisation for reimbursement claims.
- Final claim documents must be submitted within 30 days of discharge.
- Required documents include:
  - Hospital bills and discharge summary
  - Prescriptions and investigation reports
  - Surgeon and consultant certificates on the nature of treatment and diagnosis
  - Proof of cure from the attending doctor

Waiver Clause

- Delay in claim intimation may be waived in extreme hardship cases, subject to insurer approval. This is not a guaranteed right.

Physical Examination

- The insurer reserves the right to have the insured examined by a medical practitioner to validate claims.

Multiple Policies

- If the insured has multiple health policies, they may choose which one to claim under.
- Claims disallowed under one policy may be submitted under another, subject to terms.
- Disclosure of other insurance policies is mandatory at the time of claim.

Contact Directory

Contact Directory – Enrollment, Claims, and Support

Enrollment Support

- Enrollment related queries: ctsenrollment@mediassist.in . Ie for any help on adding dependents, AMC/Top-up selection, and enrollment window queries.

Premium & Payment Queries

- Payment related queries: cognizantpayment@mediassist.in

Claims Assistance

- For claim & policy related queries: cts@mediassist.in
  ie for any general claim support, cashless authorisation, and reimbursement tracking.

- App:
  Use the Medi Assist App for e-card access, hospital search, claim submission, and tracking.

- Toll-Free: 1800 258 5895

Reimbursement Submission

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

Or to

- Cognizant Technology Solutions India Pvt Limited
  Payroll & Benefits shared services
  (Medical Insurance team)
  MEPZ-Special Economic Zone,
  Plot No A-17, D-2, C-10 & C-1, A-15 to 17,
  B-20 & A-33
  National Highway 45, Tambaram,
  GST road, Chennai 600045

HR Support (for special cases)

For gender transition, same-sex partner declaration

Thank You