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**India Medical  
Insurance Policy  
V 2.7**

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## INDIA MEDICAL INSURANCE POLICY (V 2.7)

	Prepared By	Reviewed By	Approved By
<b>Name</b>	Robin Robert Bonnerjee (602981)	Kathleen O'Driscoll (906242)	Shantanu Jha (866640)
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<b>V 1.0</b>	Based on practice and precedence in Cognizant India. Introduction of new levels, titles, template and version control		
<b>V 1.1</b>	Annual review and process changes, if any, incorporated		
<b>V 1.2</b>	Addition in AMC room rent charges and expenses covered		
<b>V 1.3</b>	Annual review and process changes, if any, incorporated		
<b>V 1.4</b>	Annual review and process changes, if any, incorporated. Clarification on coverage of medical insurance for associates hired in India and taking onsite assignments incorporated.		
<b>V 1.5</b>	Change in Address incorporated for medical insurance document delivery during BCP		
<b>V 1.6</b>	Change in Address incorporated for medical insurance document delivery		
<b>V 1.7</b>	Change in service tax. AMC and Top-up table updated with revised values		
<b>V 1.8</b>	Annual review and process changes, if any, incorporated		
<b>V 1.9</b>	Change in third party administrator. Annual review and process changes, if any, incorporated		
<b>V 2.0</b>	Clarity on AMC coverage		
<b>V 2.1</b>	Annual review and process changes incorporated		
<b>V 2.2</b>	Inclusion of medical insurance benefit for LGBTQ		
<b>V 2.3</b>	Annual review and process changes		
<b>V 2.4</b>	Top-Up Coverage for COVID 19 for India Hires and Dependents		
<b>V 2.5</b>	Annual review and process changes, Introduction of Covid19 rider for Covid 19 treatment, Increase in Top-up Limits, enhanced Maternity Limits		
<b>V 2.6</b>	Top-Up Coverage for Covid 19 for India Hires and deputed assignees' dependents based out of India		
<b>V 2.7</b>	Annual review and process changes		

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## **INDIA MEDICAL INSURANCE POLICY (V 2.7)**

### **1. Overview**

- 1.1** The Medical Insurance policy provides hospitalization benefits for associates and their enrolled dependents
  - 1.2** The policy is administered through:
    - 1.2.1 Primary Insurer:** The New India Assurance Company Limited Primary Insurer, herein referred to as NIA)
    - 1.2.2 Third Party Administrator (TPA):** Medi Assist Insurance TPA Private Limited (Herein after referred to as Medi Assist)
  - 1.3** The scope of ailments covered under the Medical Insurance is as per the Group Mediclaim Policy. The same shall be applicable to all associates and enrolled dependents under the Base Cover / Additional Member Cover (AMC) /Top-up Cover / Covid Rider, which will be a floater policy
  - 1.4** This version of the policy is effective **November 1, 2021**
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### **2. Scope**

- 2.1** This policy covers associates on rolls of Cognizant Technology Solutions India Private Limited ("Cognizant India") and its affiliates
- 2.2** The policy covers treatments undertaken only in India
  - 2.2.1** All eligible associates covered under the Base policy (GMC), would include:
    - 2.2.1.1** Associates hired in India and are currently in India
      - Associates can also opt for an Additional Member Cover (AMC), Top-up and Covid19 Rider benefit under the India medical insurance policy, at the time of joining Cognizant or during the policy renewal period
      - Associates cannot make changes to their dependent details anytime during the policy period or post their travel back to India from onsite. Changes to the dependent details can be made only at the time of renewal
    - 2.2.1.2** Associates who are hired at an onsite geography, upon travelling to India, on India employment as specified in the assignment letter or associated benefits statement
      - Associates will be provided with an option of adding/updating their dependent details on travelling to India within 14 days of their payroll transfer to India
      - AMC, Top-up and Covid19 rider, if purchased under the India medical insurance policy, will be valid for dependents based out of India till the end of the policy period, even if they travel back to their home country within the same policy period

- Coverage for self and enrolled dependents under base policy, will be valid till the end of the policy period or until their stay in India, whichever is earlier
- AMC, Top-up and Covid19 Rider, will be valid till the end of the policy period or until their stay in India, whichever is earlier

### 2.2.2 Validity of AMC & Top-up covers

Category	Eligibility for AMC	AMC validity period	Eligibility for Top-up & Covid19 Rider	Top-up & Covid19 Rider validity period
Associates hired in India and currently in India	Eligible	1) <b>Active on India Payroll:</b> Valid till the end of the policy period 2) <b>Separation:</b> Valid till the Last Working Day (LWD) 3) <b>Travel on global assignment:</b> Till the end of the policy period	Eligible	1) <b>Active on India Payroll:</b> Valid till the end of the policy period 2) <b>Separation:</b> Valid till the Last Working Day (LWD) 3) <b>Travel on global assignment:</b> Till the end of the policy period
Onsite hires on assignment in India at the time of renewal or during the policy period	Eligible	1) <b>Active on India Payroll:</b> Valid till the end of the policy period 2) <b>Separation:</b> Valid till the Last Working Day (LWD) 3) <b>Travel back to Parent or other countries:</b> Till the end of the policy period	Eligible	1) <b>Active on India Payroll:</b> Valid till the end of the policy period 2) <b>Separation:</b> Valid till the Last Working Day (LWD) 3) <b>Travel back to Parent or other countries:</b> Till their stay in India Payroll

**2.3 FRAUD, MISINTERPRETATION, CONCEALMENT:** The policy shall be null, and void and no benefits shall be payable in the event of misinterpretation, misrepresentation, or nondisclosure of any material fact/particulars if such claim be in any manner fraudulent or supported by any fraudulent means or device whether by the Insured Person or by any other person acting on his/her behalf



- 2.4 MEDICAL EXPENSES FALLING UNDER TWO POLICY PERIODS:** If the claim event falls within two policy periods, the claims shall be paid taking into consideration the available Sum Insured of the expiring Policy only. Sum Insured of the Renewed Policy will not be available for the Hospitalization (including Pre & Post Hospitalization expenses), which has commenced in the expiring Policy. Claim shall be settled on per event basis
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### 3. Definitions

- 3.1 Policy period:** Duration of one year starting from 01 November 2021 to 31 October 2022
- 3.2 Enrollment Window:** Associates who wish to modify/enroll dependents may do so during the enrollment window once in a year at the time of renewal or at the time of joining
- 3.3 Midterm:** Mid of the policy period
- 3.4 Coverage:** The extent of the protection provided by Cognizant India medical insurance policy
- 3.5 Base Policy (GMC):** Base policy provides hospitalization benefits for associates and three dependents enrolled by the associate
- 3.6 Dependents for GMC:** Associates can enroll a maximum of **three** dependents, that include
- Spouse (minimum age limit of 18 years for females and 21 years for males)
  - Parents (as per regulatory guidelines)
  - Children (up to the age of 25 years)
- Note:** Foster parents are not eligible for coverage
- 3.7 Dependents for AMC:** Associates can enroll a maximum of **two** dependents, that include
- Parents (as per regulatory guidelines)
  - Parents-in-law (as per regulatory guidelines)
  - Children (up to the age of 25 years)
  - Disabled dependent sibling
  - Unmarried sister
- Note:** Foster parents not eligible for coverage
- 3.8 Parents:** Coverage is limited to biological parents, excludes stepparents and in-laws
- 3.9 Children:** Coverage is limited to three biological children, excludes stepchildren
- 3.10 Spouse:** Legally married, not under the purview of child marriage guidelines
- 3.11 Day Care Treatment:** A patient who is admitted in a registered hospital or nursing home or clinic for treatment that does not require an overnight admission or 24 hours hospitalization
- 3.12 Outpatient Department (OPD):** Treatments that don't require a patient to get admitted in the hospital or nursing home or clinic
- 3.13 Pre-Existing Disease:** Any existing ailment/disease/injury that the person has, prior to the commencement of the policy
- 3.14 Network hospitals:** List of hospitals empaneled by Medi Assist / New India Assurance
- 3.15 Non-Network Hospitals:** Hospitals that don't fall under the empaneled list of Medi Assist / New India Assurance

- 3.16 Registered hospital / nursing home / clinic:** Hospital / Nursing home / clinic registered under any local government authority or has at least 15 beds, with qualified nurses round the clock, duty doctors (qualified) along with a fully equipped operation theatre
- 3.17 Congenital anomaly:** Presence of an ailment since birth and that is abnormal with reference to form, structure or position
- 3.18 Co-pay:** Cost-sharing requirement under a health insurance policy, that provides that the insured will bear a specified percentage of the admissible claim amount. Co-pay does not reduce the Sum Insured (SI). In short, co-pay refers to the portion of claim that has to be borne by the associate
- 3.19 Maternity Expenses:** Expenses that are traceable to childbirth or lawful termination of pregnancy.
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#### 4. Coverage

- 4.1** No age limit for any dependent other than children (up to 25 years of age) as long as regulatory guidelines are met
- 4.2** Coverage is provided for newborn from the date of birth
- 4.3** The policy provides coverage for hospitalization expenses, with active treatment which fulfills a minimum requirement of 24 hours of hospitalization, with time limit waiver for certain ailments (Daycare treatments)
- 4.4** Associates and their dependents are covered through a floater coverage in the base policy
- 4.5 Base Cover:**  
The following table describes the coverage limits under the Base policy (GMC) based on the level of an associate:

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

Room rent cap (including boarding and nursing expenses) as per levels for Base policy is as follows:

Table A: Room rent cap for base cover			
Level	Entitlement	Eligible room rent (per day inclusive of nursing charges)	ICU entitlement (per day)
Up to Associate	INR 250,000	INR 4,000	INR 6,000
Senior Associate & Managers	INR 300,000	INR 4,000	INR 6,000
Senior Managers & above	INR 500,000	INR 6,000	INR 10,000

- 4.5.1** If insured is admitted in a higher room rent category, the associate shall bear the room rent difference as well as the proportionate expenses on all other charges. This shall apply to cashless and reimbursement claims
- 4.5.2** **Proportionate deductions** are applied on charges towards the surgeon, assistant surgeon, Operation Theater, anesthetist investigations and any other charges that may vary as per room category
- 4.5.3** Maximum deduction under proportionate charges is limited to 20% of claim admissible amount for all claims under Base, AMC and Top-up
- 4.5.4** Weighted average method will be used for determining proportionate deductions with regard to room rents

#### 4.6 Additional Member Cover (AMC):

Associates can, at the time of joining Cognizant or during renewal of the policy, opt for an Additional Member Cover:

- 4.6.1** The premium for such Additional Member Cover has to be paid by the associate
- 4.6.2** Upon opting for Additional Member Cover, the associate may choose to include a maximum of two additional dependents into the policy
- 4.6.3** Associate may add a newborn baby within 45 days from the date of birth subject to availability of vacant slots. No other changes can be done to the AMC enrollment midterm. Any claim pertaining to the new member prior to enrolment /endorsement / premium payment will not be admissible
- 4.6.4** The premium details for availing AMC are as mentioned below

Sum Insured	AMC – Age band (in years) and premium per member (in INR)							
	W.E.F. 01 November 2021							
	0-35	36-45	46-55	56-65	66-70	71-75	76-80	Above 80
INR 100,000	3,739	4,282	6,454	13,513	15,142	17,315	18,400	20,246
INR 200,000	4,827	5,369	8,084	18,400	20,573	23,286	24,917	27,412
INR 300,000	5,913	6,454	10,256	22,201	24,917	28,716	30,345	33,383



- 4.6.5** The premium towards AMC as mentioned in the above table is inclusive of GST. However, this is subject to change from time to time based on changes in GST rates
- 4.6.6** The additional members opted under AMC, would have the applicable room rent / ICU limit (including boarding and nursing expenses) as per the AMC policy as mentioned below:

AMC Sum Insured	Eligible room rent (per day inclusive of nursing charges)	ICU
INR 100,000	INR 2,500	INR 5,000
INR 200,000	INR 2,500	INR 5,000
INR 300,000	INR 3,000	INR 6,000

#### **4.7 Top-up Cover:**

The Top-up Policy allows the associate to increase the Sum Insured under the Cognizant Base Policy (GMC) as well as Additional Member Cover (AMC) Policy

- 4.7.1** Top-up for AMC will be applicable only when the Sum insured opted under AMC is INR 300,000. Associates who have availed AMC with a Sum Insured of INR 1,00,000 or 200,000 are not eligible for a top-up of the AMC policy
- 4.7.2** Once an associate opts in for Top-up Policy and opts out in the subsequent year, the associate will not be permitted to top-up at later years
- 4.7.3** Room rent is capped as per the primary policy of the member. Associates opting for a higher category of room will have to bear the room rent difference as well as the proportionate expenses. This will apply to cashless and reimbursement claims. Maximum deduction under proportionate charges is limited to 20% of claim admissible amount for all claims under Base, AMC and Top-up
- 4.7.4** No changes can be done to the Top-up during the midterm including increasing / decreasing the sum insured
- 4.7.5** There are twelve coverage options to choose from and the premium rates below are effective 01 November 2021:

Top-up Sum Insured (INR)	Cognizant base policy (INR)	Cognizant base + AMC (INR)
1,00,000	4,008	5,611
2,00,000	5,010	7,014
3,00,000	7,014	9,019
4,00,000	8,017	10,121
5,00,000	9,019	11,225
6,00,000	11,768	14,122
7,00,000	14,122	15,886
8,00,000	16,140	18,156
9,00,000	18,157	20,425
10,00,000	20,175	22,695
15,00,000	33,288	37,446
20,00,000	44,384	49,928

- 4.7.6** The premium towards Top-up mentioned in the above table is inclusive of GST. However, this is subject to change from time to time based on changes in GST rates
- 4.8** The Additional Member Cover (AMC) and Top-up Cover opted (if any), for the policy period will get expired at the end of the policy period. Hence, associates are required to revisit the [MediBuddy app](#) under One Cognizant portal, during the renewal enrolment period and opt for AMC and Top-up benefit to increase their insurance cover. The premium for such covers will have to be completely borne by the Associate
- 4.9 Expenses Covered** under hospitalization include:
- 4.9.1** Surgeon, Anesthetist, Medical Practitioner Consultants, Specialists Fees
- 4.9.2** Anesthesia, Blood, Oxygen, Operation Theatre Charges, Surgical Appliances, Medicines & Drugs, Diagnostic Materials and X-ray, Dialysis, Chemotherapy, Radiotherapy, Cost of Pacemaker, Artificial Limbs & Cost of Organs and similar expenses
- 4.9.3** Ambulance services per hospitalization is 1 % of Sum Insured or INR 2000, whichever is lesser
- 4.10 Co-pay**
- 4.10.1** A Co-pay of 15% shall be applicable on the admissible claim amount for the hospitalization of the associates or dependents
- 4.10.2** No Co-pay for hospitalization resulting in death of the associate
- 4.10.3** No Co-pay for hospitalization due to critical illness for associate only
- 4.10.4 Illustration:**

Claimant	Applicable co-pay	Illustrative claim amount	Co-pay calculation	Co-pay
Associate	15% of the admissible claim amount	INR 90,000	INR (15% x (90,000))	INR 13,500

- 4.11 Pre & Post Hospitalization Expenses:** are medical expenses that are incidental to the hospitalization. Prehospitalization expenses refer to the expenses that are incurred for a period of 30 days before the date of hospitalization and post hospitalization expenses refer to the expenses incurred for a period of 60 days from the date of discharge
- 4.11.1** For example, while expenses incurred on a routine (medical) scan are not covered under the policy, expenses incurred on such scans leading to the diagnosis of an included ailment and to subsequent hospitalization for its treatment, will be covered
- 4.11.2** While routine consultation fee paid to the medical practitioner is not covered under the policy, should such consultation result in the diagnosis of an included ailment and to subsequent hospitalization for its treatment, the expenses incurred will be covered
- 4.11.3** In simple terms, any medical expenses incurred 30 days before the hospitalization which is related to the ailment diagnosed will be covered under pre-hospitalization.

Similarly, after discharge any medical expenses incurred for 60 days will be covered as post hospitalization expenses

- 4.12 Pre-Existing conditions** are covered under the policy from day one of joining Cognizant
- 4.13 Maternity Benefits:** The annual maternity cap (Sub Limit of the Floater Coverage) will be INR 50,000 for normal delivery and INR 75,000 for C-Section and is limited to the first two living children. Those insured persons who are already having two or more living children will not be eligible for this benefit
- 4.13.1** No cap for abdominal operation for extra uterine pregnancy (Ectopic / Tubular pregnancy). Associate shall provide all necessary documentation that include ultrasonographic report and a medical certificate from a gynecologist that it is life threatening
- 4.13.2** If both the associate and the spouse are on the rolls of Cognizant India, both of them can avail the maternity benefit subject to proper bills that are reasonable and customary
- 4.13.3** Expenses incurred in connection with voluntary medical termination of pregnancy during the first 12 weeks from the date of conception are not covered
- 4.13.4** Expenses relating to the baby at the time of delivery (normal baby care) will be covered within the maternity cap
- 4.13.5** Pre-natal and Post-natal expenses are not covered unless admitted in the hospital and treatment is taken there. Hospitalization related to maternity during the gestation period will be processed within the maternity cap limit only
- 4.14** Treatment of **Infertility** will be covered, subject to maximum of INR 40,000, for self or spouse, only if there are no living children. Cost needs to be incurred at a hospital; however, the 24-hour hospitalization clause does not apply. Once utilized, there will be no payment in subsequent years for self and spouse
- 4.15** Treatment of **Hysterectomy** will be covered, subject to a maximum of INR 75,000 per claim
- 4.16** Treatment of **Total Knee Replacement** will be covered, subject to a maximum of INR 200,000 per knee and INR 300,000 for bilateral replacement (two knees) in a single admission
- 4.17 Cataract:** Cataract surgery is capped at INR 35,000 per eye
- 4.18 Ayurveda:** Coverage for Ayurveda will be provided at any hospital / institution recognized by the Government or accredited by the Quality Council of India or National Accreditation Board for Health & Healthcare providers (NABH) in addition to government hospitals which were covered earlier
- 4.19 External Congenital Illness (covered only in Base policy (GMC)):** External congenital illness (a condition existing at birth and often develops during the first month of life) is covered. The list of congenital external disorders that are covered under the policy is as below:
- o **FACE, NECK & HEAD**
    - Cleft Lip
    - Cleft Palate
    - Congenital Thyroid Cyst

- **ENT**
  - Microtia/Anotia
  - Cup & Bat Ears
- **EYE**
  - Congenital Cataract
  - Ptosis
  - Entropion
  - Strabismus diagnosed within 3-6 months of birth
- **GENITOURINARY SYSTEM**
  - Testicular Torsion
  - Varicocele
  - Orchidopexy
  - Undescended Testis
- **ORTHOPEDICS:**
  - Crowe Grade III & IV of Congenital Hip Dysplasia
  - Congenital Kyphosis
  - Knee Dislocation
  - Congenital Talipes Equinovarus (Club Foot)
  - Congenital muscular torticollis
  - Pes Cavus
  - Syndactyly
  - Pectus excavatum
- **NEUROLOGICAL:**
  - Spina Bifida
  - Meningocele
  - Craniosynostosis
- **DERMATOLOGICAL:**
  - Hamartoma Excision
  - Hemangioma Excision
  - Congenital Dermal Sinus

**4.20 Critical Illness** is defined (as per IRDA Guideline) as first-time occurrence of the following:

- Cancer of specified severity
- First heart attack of specified severity
- Open Chest - CABG
- Open heart replacement or repair of heart valves
- Coma of specified severity
- Kidney failure requiring regular dialysis
- Stroke resulting in permanent symptoms
- Major organ / Bone marrow transplant
- Permanent paralysis of limbs
- Motor neuron disease with permanent symptoms

- Multiple sclerosis with persisting symptoms
- Accident\*

\***Accident** means any bodily injury resulting solely and directly from accident caused by external, violent and visible means that necessitates medical or surgical intervention and that results in an associate totally disabled from engaging in any employment or occupation of any description for more than three weeks certified by a medical practitioner

**Note:** Accidents under the purview of workplace accident or notional extension of workplace will only be excluded for copay, rest all accidents will be subjected to copay as per the policy term and conditions

**4.20.1 Critical illness benefit:** For post recovery laboratory charges towards critical illness for associates (first time occurrence), INR 25,000 will be paid as a onetime benefit for the period beyond 60 days of post hospitalization, this will be paid directly to the associate on discharge, once the first critical ailment claim is paid under the policy. No co-pay for associates if hospitalization is due to critical illness

**4.20.2 LOP benefit:** If during the period of insurance an associate is diagnosed to be suffering from any critical illness on or after the commencement of the policy; has undergone hospitalization thereafter during the policy period and has exhausted all his/her leave on account of the illness resulting in Loss of Pay, the insurance company will pay a weekly compensation of INR 10,000 as long as he/she is on Loss of Pay (but not exceeding INR 500,000) till the end of the policy period. The benefit shall be extended only if the claim is covered under the policy Coverage of the claim / treatment under India medical insurance policy is based on the date of admission of claims and the entitlement of claims will fall within the respective policy period

- If there is an active registration of claim during enrollment / renewal window, the associate will not be able to modify the Top-up benefit
- If there is an active registration of claim during enrollment process for new joiners, associate will not be able to modify the Top-up benefit
- Following are the nature of injury resulting from an accident that are admissible for Loss of Pay benefit

Nature of injury	Admissibility for LOP claim
Burns	Only if person becomes unconscious and is admitted in hospital
Fracture	Fracture of Spine, head and bone excluding hairline, fracture to fingers, toes or broken nose.
Dislocation	Dislocation of Hip, knee, shoulder, and elbow
Amputation	Amputation excluding loss of fleshy tip, nail, tooth or finger
Other Injury	Crush injury, eye injury resulting in either permanent or

**4.21 Cancer Benefit:** Any associate who is diagnosed to have been suffering from Cancer on or after the commencement of the Insurance policy and who has undergone hospitalization

thereafter during the policy period will be paid a sum of INR 100,000 as Cancer Benefit once during the lifetime. This benefit would be in addition to the hospitalization expenses payable under the Insurance policy and eligible Sum Insured. This benefit is applicable for **associate only** and not to any other insured person

**4.21.1 Exclusions -**

- Skin cancer other than invasive malignant melanoma.
- Papillary micro-carcinoma of the thyroid less than 1 cm in diameter
- Chronic lymphocytic leukemia less than RAI stage 3
- Micro carcinoma of the bladder
- Cervical dysplasia
- All tumors in the presence of HIV infection.

**4.22 Inclusion Benefit - Gender:**

**4.22.1** Associate can declare his/ her gender transitioning and will be eligible for medical benefits under GMC (as per policy terms)

**4.22.1..1** Our GMC covers gender transition surgeries for the associates (eligibility below):

**4.22.1..1.1** Surgery for Hysterectomy (removal of uterus) covered up to INR 75,000

**4.22.1..1.2** Surgery for Mastectomy (removal of breast) covered up to INR 75,000

**4.22.1..1.3** Genital Surgery (Male to Female) covered up to INR 75,000

**4.22.1..1.4** Hormonal Treatment forming part of the Pre and Post Hospitalization associated with any of the above surgeries will be covered and shall be capped at a maximum of INR 25,000.

**Note:** All the above coverages are restricted to availability of sum insured under Base GMC Policy. Top up cover if any taken will not be applicable for this cover.

**4.22.1..2** Associates need to furnish [Self-Declaration](#) and [Notarized Affidavit](#) for gender transition

**4.22.1..3** Associates can avail their existing leave balance for the above-mentioned surgeries, post approval from HCM supervisor

**4.22.2** Associate can declare and cover same sex partner (domestic partner), with respect to coverage guidelines. Please write to "[HRIndiaBenefits@cognizant.com](mailto:HRIndiaBenefits@cognizant.com)"

**4.22.2..1** Medical coverage for same sex partner (domestic partner) will be based on their current gender orientation

**4.22.2..2** Associates should furnish the following documents –

**4.22.2..2.1** [Self-Declaration](#) Form

**4.22.2..2.2** ID proof of the domestic partner declared



- 4.22.2..2.3 Proof of living at the same residential address (any of the below)
        - 4.22.2..2.3.1 Governmental proofs like Voters ID, Driving License, Passport
        - 4.22.2..2.3.2 Proofs like rental / lease agreement/ utility bill
        - 4.22.2..2.3.3 [Notarized Affidavit](#)
- 4.22.3 Any change to the domestic partner declaration during active policy period is restricted
- 4.22.4 Medical Coverage is limited to treatment taken in India where medical units are registered under Medical Association/National Accreditation Board for health & Health Care providers (NABH).
- 4.22.5 **Coverage Exclusions:**
  - 4.22.5..1 Medical treatment such as ongoing hormone therapy, voice correction, vocal cord alignment and cosmetic surgery will not be eligible for coverage
  - 4.22.5..2 Outpatient treatment for gender realignment will not be eligible for coverage
  - 4.22.5..3 Dependents are not eligible for coverage of this benefit
- 4.23 **Other benefits**
  - 4.23.1 **Outpatient coverage** for a maximum limit of up to INR 5,000 per child will be covered during the policy period, for **children with disability**
  - 4.23.2 **Outpatient coverage** for associates, for a maximum limit of up to INR 5,000 will be paid for expenses like CT scan, MRI or any test for **head / skull injury** due to an accident
  - 4.23.3 For Associates suffering from **Tuberculosis**, INR 7,000 towards cost of drugs will be reimbursed
  - 4.23.4 **Bariatric Surgery** for associates with BMI exceeding 35
  - 4.23.5 **Lasik power correction** surgery is applicable for eye power +/- 5 and above for Insured members in Base policy (GMC) and + / -7.5 and above for insured members in AMC
  - 4.23.6 Non-admissible components like room rent restriction, proportionate deductions, Co-pay and non-medical items are **not applicable** for hospitalization resulting in the **death of the associate**
  - 4.23.7 **Cochlear implant** is covered up to 50% of the balance sum insured
  - 4.23.8 50% co-pay will be applicable on the initial surgical proceedings in case of **Cyber knife / Stem cell treatment**, inclusive of the hospitalization expenses of the donor
  - 4.23.9 Hospitalization expenses incurred on the donor during the course of **organ transplant** will be a part of the main claim
  - 4.23.10 Coverage for treatment of **genetic disorders** ailments for associates and dependents

**4.23.11 Air Ambulance** in case of emergency not exceeding INR 100,000 per incident and INR 1,000,000 per year (for the entire organization). Air Ambulance can be utilized only in case of emergency for critical ailments listed in the policy and where there are no hospitals in the vicinity of 75 kilometers. For e.g., in case of immediate hospitalization required for cardiac arrest / cancer and if there are no hospitals in the vicinity of 75 kilometers, the member can utilize air ambulance service to reach the hospital as early as possible

**4.23.12 Coverage for Psychiatric** treatment limited to inpatient, is applicable only for associates

**4.23.13 Coverage for dependents of a deceased associate:** Dependents enrolled and covered under the medical insurance policy will have a coverage till the end of the policy period in the event of death of the associate. Newborn child can be enrolled, and the coverage is limited to that policy period. Also, any claims for dependents covered shall be admissible only through cashless process. Reimbursement mode is not available under this category

**4.23.14** Coverage for palliative care and palliative chemotherapy is limited to Current Base Sum Insured for associates and 50% of the Current Base Sum Insured for dependents

#### **4.24 Exclusions from the policy**

**4.24.1** This policy does not cover expenses incurred on account of domiciliary hospitalization (a situation where medical treatment is administered within the precincts of the patient's residence)

**4.24.2** This policy does not cover any other outpatient treatment except OPD treatment for children with disability and for associates with suspected head/skull injury due to accidents

**4.24.3** This policy also doesn't cover hospitalization for observation/ evaluation/ diagnostic/ investigation procedure and oral medications (except those covered under pre and post hospitalization expenses)

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## **5. Covid19 Rider Benefit**

### **Scope:**

Associates eligible for this cover include:

- Associates hired in India and currently on India payroll
- Associates hired at onsite and currently in India for an assignment on a payroll transfer
- India based dependents of associates hired at onsite and currently in India payroll on a deputation or payroll transfer

### **Terms and Conditions:**

- Covid19 Rider is valid for current policy period 2021-22 from November 1, 2021 to October 31, 2022

- COVID-19 Rider coverage will be applicable from Nov 1, 2021, to Oct 31, 2022, subject to receipt of payment from employees. For employees paying the premium between Nov 1 to Nov 20, 2021 the coverage will start from Nov 20, 2021
- Coverage terms and conditions are aligned to Base Policy with 15% copay on claim payable amount
- Covid19 Rider benefit can be availed for enrolled Base or Base + AMC dependents
- The premium details for availing Covid19 Rider benefit are as mentioned below:

Type of Covid19 Rider	Premium (in INR)
Base	5,900
Base + AMC	7,080

- Coverage is limited to Covid19 positive cases confirmed by Govt. recognized hospitals and Diagnostic Centers
- New Hires enrolling into the policy mid-term have to pay pre-determined rates mentioned below and will not be eligible for proration of premium
- Associates can opt for this rider benefit only during open enrolment window. Mid-term requests will not be allowed
- Covid19 Rider benefit is an exclusive benefit that can be used for treatment of Covid19 only and no other ailment
- No Premium refund for Covid19 Rider will be allowed
- Coverage is limited to treatment taken in India only for associate / dependents in India
- The Covid19 Rider will remain active for associates / dependents in India and no additional premium will be charged for availing this particular on account of movement from onsite to India payroll and vice versa
- Domiciliary and outpatient treatment including home quarantine for Covid19 positive cases is covered if referred by Govt. Authorities or Authorized Doctors and if treatment at home exceeds 3 consecutive days. Claims payable will be limited to INR 25,000/- per event
- AYUSH (Ayurveda, Yoga & Naturopathy, Unani, Siddha and Homeopathy) treatment will be covered if referred by Govt. Authorities or Authorized Doctors to a maximum limit of 25,000/- per event
- Non-medical expenses will be payable up to INR 1,00,000 for self and INR 2,00,000 for family floater
- The policy does not cover those quarantined with suspected Covid19, only confirmed Covid19 positive cases are covered
- Coverage will be extended to Covid19 positive comorbid cases

## 6. Procedure

### 6.1 Claim Submission Process

- 6.1.1** Medical Insurance may be availed through cashless transaction (via TPA Network Hospital) or reimbursement process, by submitting claim documents to Medi Assist team at Cognizant DLF office, Chennai

Cognizant Technology Solutions  
Payroll & Benefits Shared Services (Medical Insurance Team)  
DLF Info City,  
1/124, Sivaji Gardens  
Block 9, B Wing, 11th Floor  
Mount P.H.Road, Manapakkam  
Chennai – 600 089

For an interim period, due to the pandemic, hard copies have to be couriered to Medi Assist Chennai address:

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

- 6.1.2** All reimbursement claims will be settled by the Insurer and NEFT will be initiated directly by the insurer to the bank account updated in [MediBuddy app](#)
- 6.1.3** For any assistance during hospitalization, associates may contact the 24/7 dedicated India toll free number 1800-258-5895, Toll number 7337700014 which is exclusive for Cognizant associates in India
- 6.1.4** Associates from any other part of the world, can get in touch with Medi Assist on their International landline number 080-67617555 (chargeable as per Telecom tariff)

### 6.2 Claim Submission Process for Network Hospitals

- 6.2.1** The period of hospitalization should be greater than 24 hours with an active line of treatment
- 6.2.2** Claim for hospitalization in a network hospital will be taken care through the cashless mode
- 6.2.3** Associates will have to submit the pre-authorization form by clicking “Intimate e-Cashless Hospitalization” in the [MediBuddy app](#), 7 days prior to the date of admission for a planned hospitalization, to avail the cashless benefit
- 6.2.4** Medi Assist shall validate and provide necessary approvals for the pre-authorization submitted

- 6.2.5 The associate will receive a pay confirmation receipt, once Medi Assist approves the pre-authorization via e-mail. The associate can also access the information by logging into the [MediBuddy app](#) >> “Your Claims”
- 6.2.6 The cost of non-medical expenses, co-pay, proportionate charges or any other deductions as per the policy will have to be borne by the associate
- 6.2.7 In case of any denial of cashless claims, associates can claim through the reimbursement mode (subject to terms and conditions of the policy) as explained below (Refer to 6.6 for more details)
- 6.2.8 Associates will have to claim pre and post hospitalization only through the reimbursement mode

### 6.3 Claim submission process for non-network hospitals

- 6.3.1 The treatment can be taken from any of the registered hospitals / nursing home / clinics in India
- 6.3.2 The period of hospitalization should be greater than 24 hours with an active line of treatment
- 6.3.3 Associates will have to send intimation about their reimbursement claim before the discharge from the hospital by clicking “Intimate Reimbursement” in the [MediBuddy app](#)
- 6.3.4 Associates will have to declare and submit their reimbursement claims within 30 days from the date of discharge by clicking “Submit claim” in the [MediBuddy app](#)
- 6.3.5 Associates should fill in the claim form completely, take a printout and attach it along with the original documents required
- 6.3.6 Associates will have to ensure that the claim document reaches Medi Assist Chennai office address within 30 days from the date of discharge
- 6.3.7 Mandatory documents required to claim reimbursement include original hard copies of bills, breakup of bills, prescriptions, discharge summary, receipts and investigation reports

**Note:**

- Original reports have to be furnished with original bills and receipts. In case of X-rays, an X-ray report original from the hospital needs to be submitted
- If Associates are attaching medicine bills, it must be accompanied by corresponding original prescriptions
- All bills for medical investigation and diagnostic tests must be accompanied by original reports
- Associates should retain photocopies of all documents/reports/bills submitted for further reference as documents once submitted will not be returned by the Insurance Company

Claim	Timelines for submission
Main Hospitalization Claim	Within 30 days from the date of discharge
Pre-Hospitalization expenses	Within 30 days from the date of discharge
Post-hospitalization expenses	Within 30 days from the completion of post hospitalization period <b>Post hospitalization period:</b> 60 days from the date of discharge

#### 6.4 Claim submission process in case of additional documents

- 6.4.1 In case of any additional documents required, three reminders will be sent to associates over a period of 21 days mentioning the documents required
- 6.4.2 Reminders will be sent to associate's Cognizant e-mail
- 6.4.3 In case the associate does not respond to the e-mails, the claim will be repudiated as "document recovery failure". Claims shall not get processed until the associate submits the pending documents
- 6.4.4 Associates will have to collect the required pending documents and send it to Medi Assist within 10 days from the date of third reminder, along with a delayed submission clarification letter

#### 6.5 Changing nomination (Refer enrolment process)

- 6.5.1 Associates can make changes to their dependent details, only at the time of joining or during the renewal of the policy (enrollment window period)
- 6.5.2 Mid-term inclusion of newly wedded spouse and newborn child can be done in the [MediBuddy app](#)
- 6.5.3 Associate will be able to add their newly wedded spouse as his/her dependent within 45 days from the date of marriage
- 6.5.4 Associate will be able to add their newborn child as his/her dependent within 45 days from the date of birth. Addition is subject to availability of vacant slots in the base / AMC policy. If there are no vacant slot available in the base cover and AMC, associate may replace any one of the existing dependents who has not made any claim during the current policy period. Under the AMC policy, no change to existing dependents will be allowed during the mid of the policy period

#### 6.6 Terms and Conditions

- 6.6.1 The discharge summary issued by the hospital should include the details in the hospital's letter head, duly signed by the concerned doctor and affixed with the hospital's seal
- 6.6.2 Medi Assist will process the associate's claim as per the norms of the insurance policy. If all the documents have been submitted, the claim will be validated, post which, the same will be sent to the Insurance Company for reimbursement
- 6.6.3 Typical processing time is 30 days from the date of submission of hard copies of documents to Medi Assist Chennai office



6.6.4 Claim can be tracked through the [MediBuddy app](#)

## 6.7 MediBuddy mobile app

6.7.1 Associates can alternatively use the MediBuddy mobile app for medical insurance services

6.7.2 MediBuddy mobile app can be downloaded from the Playstore or Appstore

6.7.3 Associates will have to use their Cognizant mail id and windows password to login to the MediBuddy app

6.7.4 The app facilitates the following services:

- Enrollment of dependents at the time of renewal
- Enrollment of Newly wedded spouse or newborn child (within 45 days from the date of marriage or the date of birth of the child)
- Check claim status
- View / Download MediBuddy e-cards
- Finding the nearest network hospitals
- Book appointments for Master Health Checkup
- Review e-cashless transactions & processes
- Receive alerts on reimbursement, etc.

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## 7. Responsibility Matrix

7.1 **Associate:** Submit claim documents to the Medi Assist help desk at DLF Chennai Cognizant office. For an interim period, due to the pandemic, all hard copies are to be couriered to Medi Assist Chennai office address

Medi Assist (TPA)

RWD Atlantis Building, 2nd Floor,

Door No: 24, Nelson Manickam Road,

Aminjikkarai, Chennai - 600029

7.2 **Medi Assist:** Process and settle the claim

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## 8. Exceptions Handling

8.1 The benefits of this policy are governed by the terms and conditions of employment in practice at Cognizant. This is subject to change from time to time. Cognizant reserves the right to amend its policies as necessitated. All statutory requirements are applicable as mandated by law

8.2 All exceptions to policies will be directed to the HR India Benefits

## Annexure 1 - General Exclusions:

- 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
- Surgery for correction of eyesight, cost of spectacles, contact lenses, hearing aids
- Any dental treatment or surgery which is corrective, cosmetic or of aesthetic procedure, filling of cavity, root canal including wear and tear unless arising from disease or injury due to accident and which requires hospitalization for treatment
- Convalescence, general debility, "run down" condition or rest cure or defects or anomalies, sterility, or assisted conception procedure, venereal diseases, intentional self-injury/suicide, all psychiatric and psychosomatic disorders 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.
- Any cosmetic or plastic surgery except for correction of injury
- Expenses incurred at Hospital or Nursing Home primarily for evaluation / diagnostic purposes which is not followed by active treatment for the ailment during the hospitalized period
- Expenses on vitamins and tonics unless forming part of treatment for injury or disease as certified by the attending physician
- Any Treatment arising from or traceable to pregnancy, miscarriage, abortion, 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
- Doctor's home visit charges, Attendant / Nursing charges during pre and post hospitalization 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
- Naturopathy treatment, unproven procedure or treatment, experimental or alternative medicine and related treatment including acupressure, acupuncture, magnetic and such other therapies
- 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 of any kind, Diabetic footwear, Glucometer / Thermometer, and similar related items and any medical equipment which is subsequently used at home etc.
  - **Note:** Cost of braces will not be covered if cosmetic in nature
- All non-medical expenses including personal comfort and convenience items or services such as telephone, television, aaya / 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 pathy to other pathy unless being agreed / allowed and recommended by the consultant under whom the treatment is taken

- Treatment of obesity or condition arising therefrom (including morbid obesity) and any other weight control program, services or supplies etc.
  - Any treatment required arising from Insured's participation in any hazardous activity including but not limited to scuba diving, motor racing, parachuting, hang gliding, rock or mountain climbing etc. unless specifically agreed by the Insurance Company
  - Any treatment received in convalescent home, convalescent hospital, health hydro, nature care clinic or similar establishments
  - Any stay in the hospital for any domestic reason or where no active regular treatment is given by the specialist
  - Massages, Steam bathing, Shirodhara and alike treatment under Ayurvedic treatment
  - Any kind of Service charges, Surcharges, Admission fees / Registration charges levied by the hospital
  - Outpatient Diagnostic, Medical or Surgical procedures or treatments, non-prescribed drugs and medical supplies, Hormone replacement therapy
  - Expenses incurred for investigation or treatment irrelevant to the diseases diagnosed during hospitalization or primary reasons for admission. Private nursing charges, Referral fee to family doctors, out station consultant's / Surgeons' fees
  - Intentional Self-Injury, Outpatient treatment
  - Family planning surgeries (Vasectomy or tubectomy)
  - 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
  - External and or durable Medical / Non-medical equipment of any kind used for diagnosis and or treatment like Prosthetics etc.
  - Lasik treatment or any other procedure for correction/enhancement of vision is < +/- 5
  - Any device/instrument/machine that does not become part of the human anatomy/body but would contribute/replace the function of an organ is not covered
  - Warranted that treatments on trial/experimental basis are not covered under scope of the policy
-

## Annexure 2 - Gender Transition – Affidavit Template:

Date:

To,  
The New India Assurance Co. Ltd  
Tarapore towers,  
3<sup>rd</sup> floor, 826, Anna Salai  
Chennai,  
Tamil Nadu – 600002

### **AFFIDAVIT**

I, <name>, aged about <age> years, and employed as <designation> with Cognizant Technology Solutions India Private Limited ('Cognizant') having its office at No. 5/535, Old Mahabalipuram Road, Okkiam, Thoraipakkam, Chennai – 600097, do hereby solemnly affirm and declare as under:

1. That I am employed as <designation> and I am part of the Cognizant since <DOJ>.
2. I hereby declare and affirm that I am undergoing Gender Transition treatment under the supervision of registered medical practitioner at <name and place of hospital>. It is certified that I have complied with other legal requirements in the connection.
3. That the above-mentioned contents of this affidavit are true and correct to the best of my knowledge, belief, and information.

Deponent

### **VERIFICATION**

Verified at <place> on this <date> day of <month> 2021 that the contents of the above affidavit are true and correct.

Deponent

### Annexure 3 - Gender Transition – Self Declaration Template:

Date:

To

Cognizant Technology Solutions India Pvt. Ltd.

5/535, Old Mahabalipuram Road,

Okkiyam, Thoraipakkam

Chennai - 600097

I, <name>, aged about <age> years, and employed as <designation> with Cognizant Technology Solutions India Private Limited ('Cognizant') having its office at No. 5/535, Old Mahabalipuram Road, Okkiam, Thoraipakkam, Chennai – 600097, do hereby solemnly affirm and declare as under:

1. That I am employed as <designation> and I am part of the Cognizant since <DOJ>.
2. I hereby declare and affirm that I am undergoing Gender Transition treatment under the supervision of registered medical practitioner <name of medical practitioner> at <name and place of hospital>. Medical practitioner certificate certifying the Gender Transition treatment is being shared along with this declaration form
3. My transition is from <current gender> to <transitioned gender>. Henceforth I would like to be referred as <New Name>
4. I authorize Cognizant to verify relevant records pertaining to my gender transition and make necessary amendments in the respective systems
5. It is certified that I have complied with other legal requirements in the connection.
6. That the above-mentioned contents of this declaration are true and correct to the best of my knowledge, belief, and information.

Yours Sincerely,

<<Signature>>

<<Name>>

<<Associate id>>

<<Current work location>>

#### Annexure 4 - Same Sex Partner – Affidavit Template:

Date:

To,  
The New India Assurance Co. Ltd  
Tarapore towers,  
3<sup>rd</sup> floor, 826, Anna Salai  
Chennai,  
Tamilnadu – 600002

#### **AFFIDAVIT**

I, <name>, aged about <age> years, and employed as <designation> with Cognizant Technology Solutions India Private Limited ('Cognizant') having its office at No. 5/535, Old Mahabalipuram Road, Okkiam, Thoraipakkam, Chennai – 600097, do hereby solemnly affirm and declare as under:

1. That I am employed as <designation> and I am part of the Cognizant since <DOJ>.
2. I hereby declare and affirm that the Mr. /Ms. /Mx. <name>, is my same sex domestic partner with whom I share residence having address at <detailed address>.
3. That the above-mentioned contents of this affidavit are true and correct.

Deponent

#### **VERIFICATION**

Verified at <place> on this <date> day of <month> 2021 that the contents of the above affidavit are true and correct.

Deponent



## Annexure 5 - Same Sex Partner – Self-Declaration Template:

Date:

To

Cognizant Technology Solutions India Pvt. Ltd.  
5/535, Old Mahabalipuram Road,  
Okkiyam, Thoraipakkam  
Chennai - 600097

I, <name>, aged about <age> years, and employed as <designation> with Cognizant Technology Solutions India Private Limited ('Cognizant') having its office at No. 5/535, Old Mahabalipuram Road, Okkiam, Thoraipakkam, Chennai – 600097, do hereby solemnly affirm and declare as under:

1. That I am employed as <designation> and I am part of the Cognizant since <DOJ>.
2. I hereby declare and affirm that the Mr. /Ms. /Mx. <name>, is my same sex domestic partner with whom I share residence having address at <detailed address>.
3. That the above-mentioned contents of this declaration are true and correct.

Yours Sincerely  
<<Signature>>  
<<Name>>  
<<Associate id>>  
<<Current work location>>

## Frequently Asked Questions

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

Cognizant's India Medical Insurance Policy is for the period November 1, 2021, to October 31, 2022.

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

Benefits of Cognizant's India Medical Insurance Policy are:

- a. No age limit for dependent parents as long as regulatory guidelines is met
- b. Coverage is provided for newborn from the date of enrollment of newborn into the policy
- c. No waiting time for pre-existing ailments
- d. Coverage of external congenital illness as per the policy guideline
- e. \*If during the policy period, an associate is diagnosed to be suffering from any critical illness/accidents on or after the commencement of the policy; has undergone a hospitalization thereafter during the current policy; has exhausted all leave credit as a result of such critical illness and is suffering from Loss of Pay, the associate shall be paid a weekly compensation of INR 10,000 as long as she/he is suffering from Loss of Pay (but not exceeding INR 5,00,000) till the end of the policy period

For the above benefit, critical illness/accidents are defined as the first-time occurrence of the following:

#### **Critical Illness:**

- Cancer of specified severity
- First Heart Attack of specified severity
- Open Chest CABG
- Open Heart Replacement or Repair of Heart Valves
- Coma of specified severity
- Kidney Failure requiring regular dialysis
- Stroke resulting in permanent symptoms
- Major Organ/Bone Marrow Transplant
- Permanent Paralysis of Limbs
- Motor Neuron disease with permanent symptoms
- Multiple Sclerosis with persisting symptoms.
- Accident:

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

- f. Treatment of infertility will be covered, subject to a maximum of INR 40,000 for either associate or spouse, only when there are no living children. Costs need to be incurred in a hospital; however, the 24 hours hospitalization clause does not apply. An associate can avail of a one-time benefit during his/her tenure with Cognizant. There will be no payment in subsequent years for that associate. If both the associate and the spouse are on rolls of Cognizant India, both of them can avail of the benefit subject to proper bills that are

reasonable and customary maximum up to INR 40,000/-

- g. The cap for maternity and related expenses incurred for C-section treatment is INR 75,000 and for normal delivery is INR 50,000
- If both the associate and the spouse are on rolls of Cognizant India, both can avail of the maternity benefit subject to proper bills that are reasonable and customary
  - Pre-natal/post-partum coverage with maternity sublimit
  - No cap for abdominal operation for extra uterine pregnancy (Ectopic/Tubular pregnancy). Associate shall provide all necessary documentation that includes ultrasonographic report and a medical certificate from a gynecologist that it is life-threatening
- h. Cancer Benefit will be paid to any associate who is diagnosed to have been suffering from Cancer on or after the commencement of the policy and who has undergone hospitalization. The associate would be paid a sum of INR 1,00,000 as Cancer Benefit, which can be used at the associate's discretion towards costs not covered by the plan. This benefit would be in addition to the hospitalization expenses payable under the policy. This benefit is available only to associates suffering from Cancer and not to any other insured person or relapse cases
- i. No co-pay for associates if hospitalization is due to Critical Illness
- j. For Hysterectomy treatment, there will be an ailment cap of INR 75,000 per claim
- k. Treatment of Total Knee Replacement will be covered, subject to a maximum of INR 200,000 per knee and INR 300,000 per bilateral replacement (two knees) in a single admission. (this is a lifetime benefit limit)
- l. Coverage for Ayurveda will be provided at any hospital/institution recognized by the government or accredited by the Quality Council of India or National Accreditation Board for Health & Healthcare providers (NABH) in addition to government hospitals which were covered earlier
- m. For Cataract treatment, there will be a cap of INR 35,000 per eye irrespective of the type of lens (unifocal or multifocal)
- n. Critical Illness Benefit (first-time occurrence, excluding cancer): INR 25,000 would be paid as a critical illness benefit for the defined critical illness (excluding cancer) as a one-time benefit for the associates who have been diagnosed to have been suffering from any critical illness during the policy period. This will be paid as a reimbursement claim to the associate on discharge, once the first critical ailment claim is paid under the policy. This benefit is applicable only for associates not for dependents
- o. Associates are eligible to avail Master Health Checkup - MHC (sponsored by the company) once during the policy period. For their dependents, they can avail the Master Health Checkup at a discounted rate (self-sponsored). Home sample collection and doctor teleconsultation is available at selected hospitals only, details available on the MediBuddy portal
- p. Lasik power correction is covered for the eye power  $\geq \pm 5.0$  for associates and dependents covered under the base policy. Any unproven and experimental procedure like SMILE procedure is not payable
- q. Outpatient coverage at a maximum cap of INR 5,000 per child per year, for children born with disability/special needs

- r. Air ambulance in case of emergency not exceeding INR 1,00,000 per incident and INR 10,00,000 per year. This can be availed only in case of an emergency for critical ailments listed in the policy, where there are no hospitals in the vicinity of 75 kilometers
- s. Expenses incurred for any suspected head/skull injury requiring imaging tests such as CT scan, MRI, or any tests undertaken for the injury will be paid up to INR 5,000 per incident only for associates. Applicable only for trauma cases
- t. Non-admissible components like co-pay, proportionate charges, etc. will not apply for hospitalization resulting in the death of an associate
- u. For associates suffering from Tuberculosis, the cost of drugs will be reimbursed up to INR 7,000/-, only for associates.
- v. Bariatric surgery is covered only for associates with BMI exceeding 35
- w. Oral Chemotherapy is covered up to 50% of the eligible balance Base Sum Insured, only for associates
- x. Coverage for palliative care and palliative chemotherapy is limited to Current Base Sum insured for associates and 50% of the Current Base Sum insured for dependents
- y. Genetic disorder ailments are covered up to the sum insured limit only for associates
- z. Diseases directly linked to smoking and alcohol consumption are covered only for associates
- aa. Any claim arising due to maternity complication, which is life threatening will be covered up to the available sum insured limit
- bb. Partial claim towards hospitalization can be claimed under Cognizant policy. E.g., If the main hospitalization claim has been settled through some other insurer, the balance amount can be claimed under Cognizant policy as per the terms and conditions
- cc. Pre and post hospitalization expenses alone cannot be claimed unless the main hospitalization claim is settled under Cognizant policy
- dd. Associates have an option to cover additional family members through AMC. Please refer to the AMC FAQ.
- ee. Associates also have the option of availing a “Top-up Cover” and enhance the coverage provided to them under the Cognizant Base Policy as well as AMC. The Top-up sum insured limit enhancement will kick in once the basic sum insured under either the Cognizant plan or the AMC plan is exhausted
- ff. Once an Associate opts in for Top-up cover and opts out in the subsequent year, the associate will not be permitted to avail Top-up for later years
- gg. Cognizant Base Policy – Level-wise sum insured, and room rent limits

Table A: Room rent cap for base cover			
Level	Entitlement	Eligible room rent (per day inclusive of nursing charges)	ICU entitlement (per day)
Up to Associate	INR 250,000	INR 4,000	INR 6,000
Senior Associate & Managers	INR 300,000	INR 4,000	INR 6,000
Senior Managers & above	INR 500,000	INR 6,000	INR 10,000

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

### 3. What is co-pay? How does it work?

Co-payment or co-pay is the portion of the claim, which associates need to bear, while the insurance company would pay the remaining balance.

Co-pay of 15% shall be applicable on the admissible claim amount for the hospitalization of the associates or dependents for all claims under Base, AMC or Top-up covers.

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

Claimant	Applicable co-pay	Illustrative claim amount	Co-pay calculation	Co-pay
Associate	15% of the admissible claim amount	INR 90,000	INR (15% x (90,000))	INR 13,500

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

Cognizant Base Policy in India covers the following population:

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

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

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

The Cognizant Base Policy coverage limits are:

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

### 6. What are the expenses covered under hospitalization?

Expenses covered under hospitalization include:

Surgeon, Anesthetist, Medical Practitioner Consultants, Specialists Fees, Anesthesia, blood, oxygen, operation theatre charges, surgical appliances, medicines and drugs, diagnostic materials and x-ray, dialysis, chemotherapy, radiotherapy, cost of pacemaker, artificial limbs and cost of organs and similar expenses.

Ambulance services per hospitalization is 1 % of sum insured or INR 2,000 whichever is lesser.

#### **7. Who can be covered as “dependents” under the Cognizant Base Policy?**

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

- Parents (as per regulatory guidelines)
- Spouse (Minimum age of 18 years for females, and 21 years for males)
- Dependent children (maximum of three living children up to 25 years of age)

**Note:** Foster parents are not eligible for coverage

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

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

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

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

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

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

#### **10. How are midterm additions handled in the India Medical Insurance Policy?**

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

- Addition of your newly wedded spouse – only under Base cover
- Your newborn child – In Base cover/AMC

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



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

Log on to [MediBuddy app](#) through One Cognizant (<https://onecognizant.cognizant.com>)  
Click on “Network Search” to check hospitals near you.

### 12. How does planned hospitalization work in a network hospital?

You can log on to [MediBuddyapp](#) >> click the e-cashless tile >> fill the form and apply for the planned hospitalization. Download the e--card, enter details of the impending hospitalization and send your intimation at least 48 hours before the admission date. Once the whole process is complete, you will receive a secured passcode confirming your provisional pre-authorization.

On the day of admission, you will have to present your secured passcode, e-card and photo ID at the hospital. Submit additional information as required to process interim claims and final bill before discharge. You can track the status real time in MediBuddy portal.

### 13. How does emergency hospitalization work in a network hospital?

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

#### Points to Remember

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

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

- Associates should click the “Intimate Reimbursement” tile/feature on the MediBuddy, to give prior intimation about associates impending claim before discharge from the hospital

- Associates should visit MediBuddy, click on “Submit Claims”, fill the form and take a print-out of the form
- Attach the printed and signed form with other documents and send it to the Chennai office for a handover
- Associates can also, scan and upload hospitalization bills under “Submit claims” tile on MediBuddy portal
- All hardcopies of bills in original have to be submitted to the Medi Assist team at Cognizant DLF office, Chennai for processing at the following address:  
Cognizant Technology Solutions  
Payroll & Benefits Shared Services (Medical Insurance Team)  
DLF Info City, 1/124, Sivaji Gardens  
Block 9, B Wing, 11th Floor  
Mount P.H.Road, Manapakkam  
Chennai – 600 089
- For an interim period during the pandemic, the original documents have to be couriered to Medi Assist Chennai office at the following address:  
Medi Assist (TPA)  
RWD Atlantis Building, 2nd Floor,  
Door No: 24, Nelson Manickam Road,  
Aminjikkarai, Chennai – 600029
- Medi Assist team will process the associate's hospitalization claim as per the norms of insurance. If all the documents have been submitted, the claim is checked thoroughly, after which it will be sent to the Insurance company for reimbursement
- Typical processing time is 30 days from the date of submission to Medi Assist helpdesk at DLF Chennai Cognizant office
- Real-time claim status can be tracked through [MediBuddy app](#) /. Or by sending an SMS with the claim number to +91 96631 49992 / 7337700014

## 15. Who to reach out for in case of questions?

You can reach us through:

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

## 16. What are the benefits under AMC?

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

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

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

AMC Sum Insured	Eligible room rent (per day inclusive of nursing charges)	ICU
INR 100,000	INR 2,500	INR 5,000
INR 200,000	INR 2,500	INR 5,000
INR 300,000	INR 3,000	INR 6,000

Associates opting for a higher category of room shall have to bear the difference as well as the proportionate expenses. This shall apply to cashless and reimbursement claims. Maximum deduction under proportionate charges is limited to 20% of claim admissible amount for all claims under Base, AMC and Top-up

The following example illustrates the arithmetic of proportionate deductions:

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

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

Proportionate deductions are applied on charges towards the surgeon, assistant surgeon, Operation Theater, anesthetist, investigations and any other charges that may vary as per room category except pharmacy.

## 18. Is co-pay applicable under AMC?

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

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

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

You can add a newborn baby within 45 days from the date of birth subject to availability of vacant slots. No other changes can be done to the AMC in midterm. Any claim pertaining to the new member prior to enrollment/endorsement/premium payment will not be admissible.

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

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

#### 21. What is the Premium for AMC?

Sum Insured	AMC – Age band (in years) and premium per member (in INR) W.E.F. 01 November 2021							
	0-35	36-45	46-55	56-65	66-70	71-75	76-80	Above 80
INR 100,000	3,739	4,282	6,454	13,513	15,142	17,315	18,400	20,246
INR 200,000	4,827	5,369	8,084	18,400	20,573	23,286	24,917	27,412
INR 300,000	5,913	6,454	10,256	22,201	24,917	28,716	30,345	33,383

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

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

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

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

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

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

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

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

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

AMC operates concurrently with the Cognizant Base Policy and will expire on October 31, 2022.

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

The Top-up Cover allows you to increase the sum insured under the Cognizant Base Policy as well as AMC. The Top-up sum insured limit enhancement will kick in once the Basic Sum Insured under either the Cognizant plan or the AMC plan is exhausted.

Top-up for AMC would be applicable only where the sum insured opted under AMC is INR 3, 00,000.

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

Room rent is capped as per the primary base policy of the member. Associates opting for a higher category of room shall have to bear the room rent difference as well as the proportionate expenses under Top-up. This shall apply to cashless and reimbursement claims. Maximum deduction under proportionate charges is limited to 20% of claim admissible amount for all claims under Base, AMC and Top-up.

## 28. Is Co-pay applicable under Top-up Cover?

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

## 29. What is the premium for Top-up Cover?

Top-up Sum Insured (INR)	Cognizant base policy (INR)	Cognizant base + AMC (INR)
1,00,000	4,008	5,611
2,00,000	5,010	7,014
3,00,000	7,014	9,019
4,00,000	8,017	10,121
5,00,000	9,019	11,225
6,00,000	11,768	14,122
7,00,000	14,122	15,886
8,00,000	16,140	18,156
9,00,000	18,157	20,425
10,00,000	20,175	22,695
15,00,000	33,288	37,446
20,00,000	44,384	49,928

*\*All figures in INR*

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

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

# Step 1: Login to One Cognizant (<https://onecognizant.cognizant.com>)

# Step 2: Search [MediBuddy app](#) in the App store

# Step 3: Click on MediBuddy App from the search results. It [opens](#) in a new window

# Step 4: Click on the Policy tab to access e-card

You may also download and save the e-cards.

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

**31. Under what policy is workplace accident covered?**

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

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

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

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

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

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

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

HRSS PoC 1- [Kabilan.R@cognizant.com](mailto:Kabilan.R@cognizant.com) / [Jayakanthan.Manoharan@cognizant.com](mailto:Jayakanthan.Manoharan@cognizant.com)

HRSS PoC 2 - [Hemalatha.N@cognizant.com](mailto:Hemalatha.N@cognizant.com)

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

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

**36. Is there coverage for psychiatric treatment under the policy?**

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

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

Dependents enrolled and covered under the medical insurance policy will have coverage till the end of the policy period up to 31<sup>st</sup> October 2022 in the event of death of the associate. A newborn child of the associate can be enrolled and the coverage is limited to that policy period. Also, any claims for dependents covered shall be admissible only through cashless process. Reimbursement mode is not available under this category.

### **38. Is the premium paid annually?**

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

### **39. Who is eligible to pay premium in installments?**

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

### **40. What is the timeline for paying premium in installments?**

- Associates up to Level A (Grade- associate) whose base sum insured is INR 2, 50,000 are eligible to pay premium in two equal installments. The first installment is to be paid in October/November 2021 during open enrollment. Second installment is to be paid on or before 15th December 2021
- In the event if associate avails cashless or reimbursement, 100% of the premium has to be paid before the date of hospitalization

### **41. What is the process of paying premium in installments?**

- Associates have to pay the first premium installment on or before 15th November 2021 during open enrollment, and second premium instalment on or before 15th December 2021
- Associates who are opting for premium payment in two installments (up to Associate level only) will get a notification in December 2021 to pay the second installment
- In case of any emergency/planned surgery, associate has to complete the balance premium payment to enable cashless service
- In case an associate fails to pay the second installment, insurance coverage will be denied post 2 reminders

### **42. Who can avail the Master Health Checkup (MHC)?**

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

### **43. What is the eligibility criteria to avail the MHC?**

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

### **44. How many times can the associate avail this benefit?**

The associate can avail Cognizant-sponsored MHC **once in a year**, any time before October 31, 2022.

### **45. When can the associate avail this benefit?**

The associate can avail this benefit at any point in time before October 31, 2022.

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

Associate can avail Cognizant-sponsored MHC only once any time before October 31, 2022, in the current policy period. For a subsequent MHC in the same period, associate has to bear the cost.

**47. How can the associate avail an MHC?**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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



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## Frequently Asked Questions – Covid-19 rider

### 1. Is COVID-19 covered under India Medical Insurance 2021-22?

Yes, COVID-19 is covered under base cover as a standard ailment whereby standard policy guidelines and deductions will apply on COVID-19 claims. However, if you opt for COVID-19 Rider, then you are entitled to exclusive benefits on COVID-19 claims only.

### 2. What is COVID-19 Rider benefit?

COVID-19 Rider is a pack of special benefits that can be availed by associates on COVID-19 claims by paying a flat additional premium amount. COVID-19 Rider can be opted on Base or Base + AMC.

### 3. Is COVID-19 Rider optional?

Yes, associates may choose to opt for COVID-19 Rider.

### 4. Is COVID-19 treatment covered without opting for COVID-19 Rider?

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

### 5. What is the policy period of the COVID-19 Rider?

COVID-19 Rider benefit is valid for the period from November 1, 2021 to October 31, 2022.

### 6. What are the timelines to enroll for COVID-19 Rider?

Associates can opt for COVID-19 Rider only during open enrollment window.

### 7. Can I opt for COVID-19 Rider mid-term?

No. You cannot opt for COVID-19 Rider mid-term.

### 8. Will COVID-19 Rider be valid post associate's resignation from Cognizant?

COVID-19 coverage ceases on the last working day for associate and dependents.

### 9. What is the scope of coverage for COVID-19 Rider?

- Associates hired in India and currently on India payroll
- Associates hired in India and currently deputed onsite
- Associate hired onsite and currently in India payroll on a deputation or payroll transfer

### 10. Will the premium paid towards COVID-19 Rider be refunded in the event of resignation from Cognizant?

No. Premium paid towards COVID-19 Rider will not be refunded.

### 11. In case of movement between geographies, will COVID-19 Rider or premium be affected?

The COVID-19 Rider will remain active for dependents based out of India and no additional premium will be charged during onsite assignment, provided associate has opted for Base coverage.

### 12. What are the exclusive benefits available under COVID-19 Rider?

Benefits under COVID-19 Rider cover include:

- COVID-19 Rider coverage will be applicable from Nov 1, 2021, to Oct 31, 2022, subject to receipt of payment from employees. For employees paying the premium between Nov 1 to Nov 20, 2021 the coverage will start from Nov 20, 2021
- Policy excludes those quarantined for suspected COVID-19 or diagnosed with COVID-19 prior to commencement of the policy
- Coverage terms and conditions are aligned to Base Policy with 15% co-pay on admissible amount
- Coverage is limited to COVID-19 treatment, confirmed by Government recognized hospitals and diagnostic centers with COVID-19 status report (HRCT or RT-PCR report)
- Domiciliary and outpatient treatment including home quarantine for COVID positive cases are covered if referred by government authorities or authorized doctors. Coverage will be provided if treatment at home exceeds three consecutive days. Coverage is limited to a maximum limit of INR 25,000/- per event.
- AYUSH (Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy) treatment will be covered if referred by government authorities or authorized doctors to a maximum limit of INR 25,000/- per event
- Non-medical expenses will be payable up to INR 1,00,000 for associate and INR 2,00,000 for family floater

### 13. What is the premium for COVID-19 Rider?

Type of Covid19 Rider	Premium (in INR)
Base	5,900
Base + AMC	7,080

### 14. Is COVID-19 Personal Protective Equipment (PPE) payable under COVID-19 Rider?

COVID-19 PPE is categorized under non-medical items as per IRDA. Non-medical expenses will be payable up to INR 1, 00,000 for associate and INR 2, 00,000 for family floater.

### 15. Will home quarantine and outpatient treatment be covered under COVID-19 Rider?

- If COVID-19 Rider is availed, then Domiciliary and outpatient treatment including home quarantine for COVID-19 positive cases is covered if referred by government authorities or authorized doctors, and if treatment at home exceeds three consecutive days. Coverage is limited to INR 25,000/- per event

- If COVID-19 Rider is not opted, then Domiciliary claims and outpatient treatment including home quarantine is not covered
- RT-PCR or HRCT report is mandatory to claim the benefit

#### **16. Is AYUSH treatment covered under COVID-19 Rider?**

AYUSH treatment (Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy) will be covered if approved by government authorities or authorized doctors. Coverage is limited INR 25,000/- per event.

#### **17. What are the cap limits towards Non-Medical and Proportionate deductions under COVID-19 Rider?**

Deductions on account to proportionate charges are restricted to 20% of the admissible claim amount. Non-medical expenses will be payable up to INR 1,00,000 for associate and INR 2,00,000 for family floater.

#### **18. Are suspected COVID-19 cases covered?**

The policy does not cover those quarantined with suspected COVID-19. Only confirmed positive cases post policy commencement, i.e., November 1, 2021 will be covered.

#### **19. Are COVID-19 co-morbid cases covered?**

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

#### **20. Will new hires joining midterm pay prorated premium towards COVID-19 Rider?**

No. New hires enrolling into the policy midterm have to pay pre-determined rates and will not be eligible for proration of premium.

#### **21. Is treatment in other geographies covered under COVID-19 Rider?**

Coverage under this Top-up Cover is limited to treatment taken in India only and hence applies to associate/dependents in India.

#### **22. Can any other ailments be covered under COVID-19 Rider benefits?**

No, COVID-19 Rider special benefits are exclusive to COVID-19 treatment and claims only.

#### **23. Whom do I reach out to in case of questions?**

You can reach us through:

- Click "Write to us" link on the MediBuddy App
- Call the MediBuddy toll free helpdesk 1(800) 258 5895, toll number 7337700014 or the International number 080-67617555 (chargeable as per Telecom tariff)

#### **24. Is co-pay applicable under COVID-19 Rider benefit?**

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

**25. Is there any age limit applicable to COVID-19 Rider?**

There is no age limit for COVID-19 Rider coverage as long as regulatory guidelines are met.

**26. How to obtain COVID-19 Rider?**

Associate can login to [MediBuddy app](#) and opt for COVID-19 Rider by selecting either of the options: Rider on Base or Base+AMC and pay corresponding flat premium amount to avail the benefits.

**27. Is there a tax exemption for the premium paid towards COVID-19 Rider?**

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

**28. Can an associate avail this benefit during his/her notice period?**

Associate availing COVID-19 Rider can avail the benefits for self or dependents up to his/her last working day) at Cognizant.

**29. Are the dependents of a deceased associate covered under the COVID-19 Rider?**

Yes, if the benefit has been opted by an associate, their dependents enrolled and covered under the medical insurance policy in the event of death of the associate, will be covered up-to the end of the policy period, 31st October 2022.