

EMPLOYEE INSURANCE BENEFIT GUIDE - 2024

#TOTALTHRIVE 2024

Where your **wellbeing** and **benefits** thrive together.



Note: Please [Click](#) on the topic to directly skip to the content

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Note: Confidential Document

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



GROUP INSURANCE PLANS



GROUP INSURANCE BENEFITS



GROUP MEDICAL COVERAGE

- **Sum Insurance** as per Age on Dec 31st 2023
 - Age 18 to 30 years - INR 3 Lac
 - Age 31 to 40 years - INR 5 Lac
 - Age 41 and above - INR 8 Lac
- **Coverage**
 - Employee, Spouse /live-in, Partner, Dependent Children (Upto the age 25 and No limit on count of children)
 - India employees on secondment assignment duration of 1 year
- **Mid Term Inclusion** - Only on marriage/ Partner addition, childbirth or adoption
- **Additional Financial Assistance** - Case to Case basis. Write to EFAP team to apply.
- **Co Pay** - 10% co pay applicable on all claims
- **Additional Benefits:**
 - **Pre and post hospitalisation** 30 days pre and 60 days post hospitalization
 - **Maternity benefit:** INR 50,000 for Normal & INR 65,000 for C – Section
 - **Infertility treatment including egg freezing** Coverage up to INR 65,000 per employee on IPD basis only
 - **Neurodiversity Coverage:** Covered up to INR 50,000 restricted to per member
 - **Hormone replacement therapy** on IPD & OPD up to INR 100,000 per member
 - **Cataract coverage** Monofocal / Unifocal lenses only covered



GROUP PERSONAL ACCIDENT

- **Sum Insurance**
 - **36 times of Monthly Total Fixed Compensation**, capped at **INR 5 Cr**
- **Coverage**
 - Permanent Total/ Partial/ Temporary **Disablement**
 - **Emergency Medical Expenses-** upto INR 10,000
 - **Coma Benefit**
 - **Modification allowance** benefit upto Rs 50,000/- for modification of house or vehicle due to accident



GROUP TERM LIFE

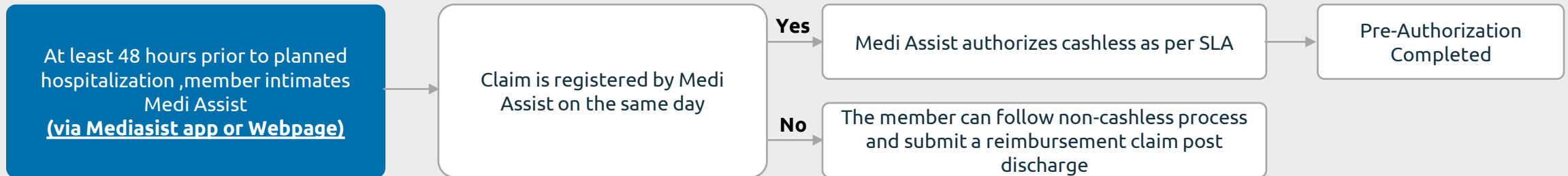
- **Sum Insurance**
 - **24 times of Monthly Total Fixed Compensation** Min 9 Lakh and **Max up to No Capping** in case of death of a member
 - **Free Cover limit of 4.5 Cr** (Employee to undergo medical test to get full coverage)
- **Coverage**
 - **Terminal Illness covered upto 2 Cr or actual cover**, whichever is lower





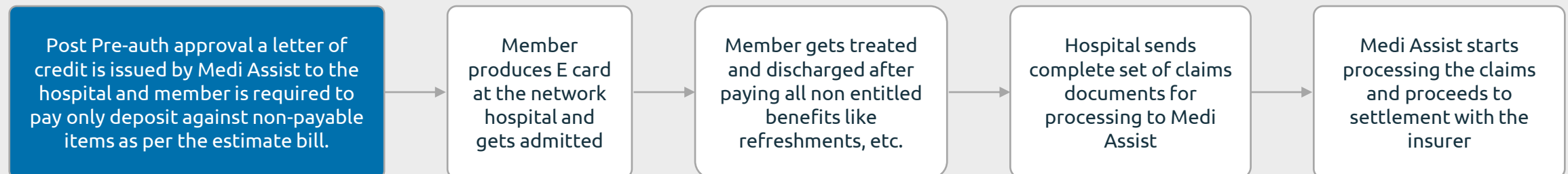
CASHLESS PROCESS

Step 1 : Pre-authorization by Medi Assist for Cashless Claims



*All non-emergency hospitalization instances must be pre-authorized by Medi Assist. This is done to provide best healthcare service and convenient Hospitalization in a Network Hospital.

Step 2 : Admission, Treatment & discharge





GROUP MEDICAL COVERAGE





PLAN INFORMATION - GROUP MEDICAL COVERAGE

Plan Name	Group Medical Coverage			
	Insurance Company	TPA	Policy Period	Policy Coverage Details
	The New India Assurance Company Limited	Medi Assist Insurance TPA Private Limited	01 st Jan 2024 - 31 st Dec 2024	<p>Inclusions:</p> <ul style="list-style-type: none">• Capgemini Active Full Time Employees<ul style="list-style-type: none">○ India employees on secondment assignment duration of 1 year or less <hr/> <p>Exclusions:</p> <ul style="list-style-type: none">• Employees on Secondment assignment duration for more than 1 year or permanent transfers. Employee and their dependents will no longer be covered under insurance policy from the date of transfer.



PLAN INFORMATION - GROUP MEDICAL COVERAGE

Plan Name	Sum Insured Limits	Members Covered	Geographical Limits	Mid-Term Enrollment
Group Medical Coverage	<p>Age 18 to 30 years – INR 300,000 Age 31 to 40 years – INR 500,000 Age 41 and above – INR 800,000</p> <p>Sum insured will be based on the completed age of employee as on 31st Dec 2023. There is no rounding up considered. Enhancement in sum insured due to change of age will be applicable from subsequent renewal.</p>	<ul style="list-style-type: none">• Employee• Spouse / Partner (same sex and live-in)*• Dependent Children (Upto the age 25)• Dependent children with disability with no age limit (declaration required from treating doctor. T&C)** <p>Coverage will be for dependents as declared on system as on 31st December 2023</p>	Within India	Only allowed for newborn baby, Adoption and newly wed spouse

*Click [here](#) to understand the coverage of Partner under Group Medical Plan

**Children with disabilities include those children “who have long-term physical, mental, intellectual or sensory impairments which in interaction with various barriers may hinder their full and effective participation in society on an equal basis”



BENEFIT DETAILS - GROUP MEDICAL COVERAGE

Policy Benefits

Standard Hospitalization

Covered

Pre & Post Hospitalization Expenses

Covered (Click [here](#) for details)

Waiting Period First 30-days First Year Waiting Period

Waived Off

Pre-existing Diseases

Covered

Room Rent Capping

1% sum insured for room & no limit for ICU (If the employee opts for room higher than eligibility additional cost for the room rent will be borne by employee)

Maternity Benefits

Covered (Click [here](#) for details)

Pre & Post Natal Expenses

Covered

Newborn Baby cover day 1

Yes, covered from Day 1
Well Baby Charges are Not Covered.

Infertility Treatment

Includes Egg freezing
Coverage upto INR 65,000 per employee on IPD basis only (OPD is not covered)

Corporate Buffer/ Employee Financial Support Program

As per organization's discretion.
For any additional coverage and financial support write to efap@capgemini.com.



BENEFIT DETAILS - GROUP MEDICAL COVERAGE (GRAPHICAL PRESENTATION)

Policy Benefits

Homeopathic & Ayurvedic Treatments (AYUSH)
Covered (Click [here](#) for details)

Abortion
Covered (Click [here](#) for details)

Ambulance Services
Maximum upto INR 2,500 per hospitalization for travelling to hospital for admission.

Bereavement expenses cover
100% settlement of the claim in case of demise of member. (Max up to Sum Insured available)

Cataract
Covered (Click [here](#) for details)

Lasik Surgery
Covered (Click [here](#) for details)

Oral Chemotherapy
Covered on OPD & IPD basis up to sum insured. Pre & Post not applicable in OPD cases.

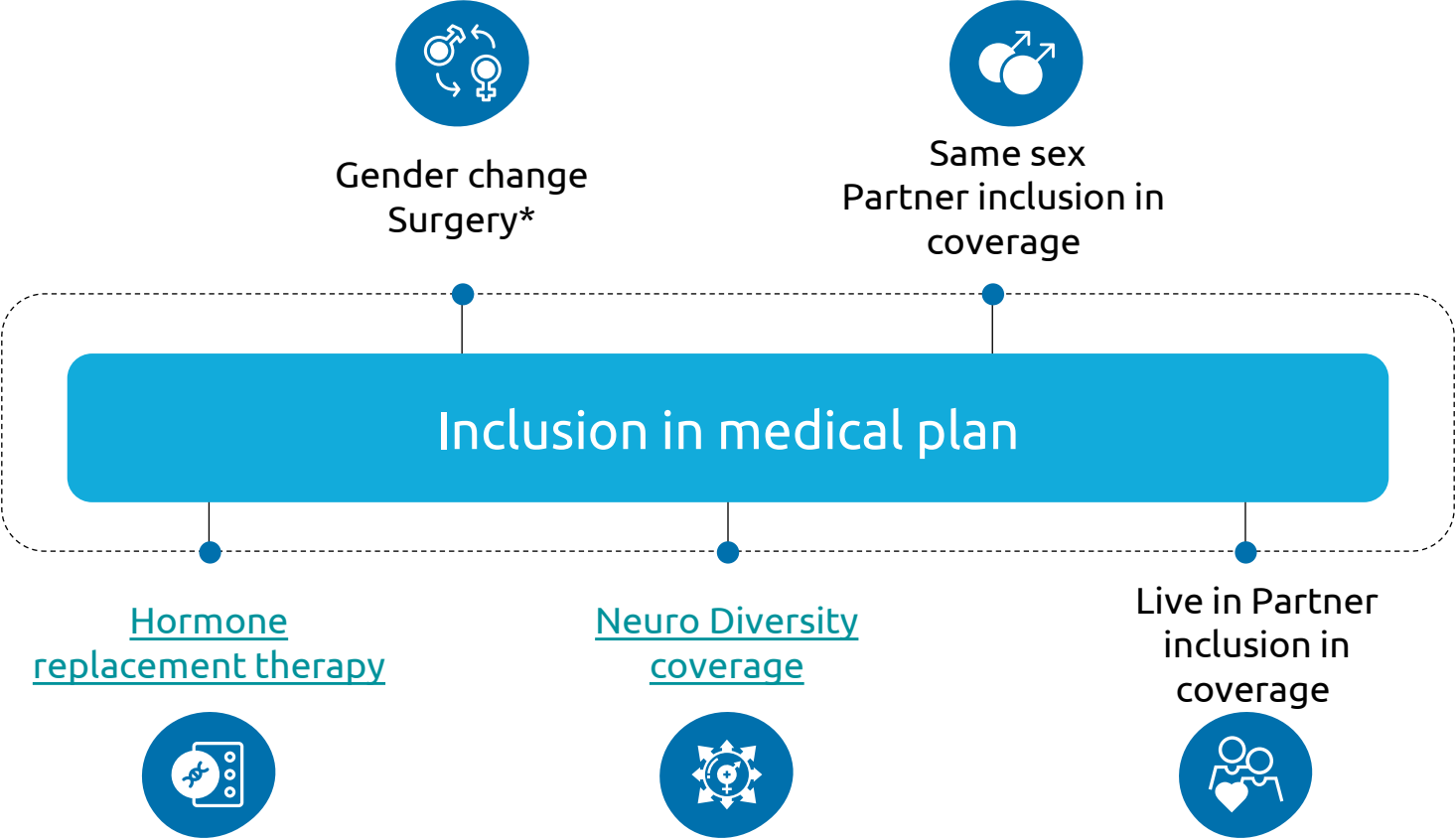
Co Pay
10% co pay applicable on all claims

Neurodiversity Coverage
Covered upto INR 50,000 restricted to per member; includes both OPD and IPD, Under OPD only Active line of treatment is covered, claims will be considered case to case basis.

Functional Endoscopic Sinus Surgery
Covered

Cochlear Implant
Covered

SUPPORTING DIVERSITY AND INCLUSION IN MEDICAL PLAN



*Admissibility of claim will be decided basis of medical requirement of such surgery.

*Coverage not applicable for Live – In – Partners.



BENEFIT DETAILS - GROUP MEDICAL COVERAGE

Additional Benefits

Capgemini medical plan do cover advance medical treatment cost for below procedure / treatment:

01 Cyber Knife	04 Mental wellness treatment covered on IPD and OPD with cap of INR 50,000 per Family	07 HIV/AIDS Covered on IPD basis only
02 Stem Cell Treatment	05 Age related Macula Disorder	08 Morbid Obesity Treatment (non-cosmetic) BMI up to 40 or BMI up to 35 with Specific co-morbidity *
03 Robotic Surgery	06 Internal and External Congenital Disease	09 Hormone replacement therapy on IPD & OPD up to INR 100,000 per member

* Specific Comorbidity Like - (Obesity related cardiomyopathy, Coronary heart Disease, Severe sleep Apnea, Uncontrolled type 2 Diabetes.)

Note: The above are only snapshots of the benefits provided under your group medical plan.



ADDITIONAL EXPENSES- GROUP MEDICAL COVERAGE

	Pre-hospitalization expenses	Post-hospitalization Expenses
Hospitalization Expenses	Any expense prior to Hospitalization date for a claim accepted by Insurer is cover for same condition.	Any expense post Hospitalization date for a claim accepted by Insurer is cover for same condition.
Duration	Up to 30 days	60 days
Restrictions	Such Medical Expenses must be incurred for the same condition for which the Insured Person’s subsequent hospitalization was required	Such costs are incurred in respect of the same condition for which the Insured Person’s earlier hospitalization was required
Policy Benefit	Definition	
Pre-existing Diseases – covered	Any Pre-Existing Condition or related condition for which care, treatment or advice was recommended by or received from a Doctor or which was first manifested prior to the commencement date of the Insured Person’s first Health Insurance policy with the Insurer	
First 30-day waiting period – waived off	Any disease contracted by the Insured Person (except for the “First Year diseases” listed below) during the first 30 days from commencement date of the Policy is not covered. This exclusion shall not apply if in the opinion of Panel of Medical Practitioners constituted by the Company for the purpose, the Insured person could not have known of the existence of the Disease or any symptoms or complaints thereof at the timer of making the proposal for insurance to the Company	
First year Waiting Period – Waived off	During the first year of the operation of the policy, the expenses on treatment of diseases such as Cataract, Benign Prostatic Hypertrophy, Hysterectomy for Menorrhagia or Fibromyoma, Hernia, Hydrocele, Congenital Internal Diseases, Fistula in anus, Piles, Sinusitis and related disorders are not payable. If these diseases are pre-existing at the time of proposal, they will not be covered even during subsequent period or renewal	

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



DETAILED BENEFITS

Homeopathic and Ayurvedic Treatments (AYUSH)

Subject to hospitalization in Government hospitals only, with qualified registered AYUSH Medical Practitioner(s) in charge. Can be claim up to family sum insured. Please refer to [section 3.4 of NIA Standard Policy Document](#) for more details on AYUSH treatment.

Abortion

Within and upto Maternity sublimit, if performed legally & under medical advice within first 20 weeks on confirmation of substantial risk that if the child were born, it would suffer from such physical or mental abnormalities as to be seriously handicapped. 20 weeks to be extended as per amendment in MTP Act, 1971 in due course of time.

Cataract

In case of Cataract claims - requirement should be for IOL Sticker OR IOL Invoice and not both. (Monofocal / Unifocal lenses only covered – In case Multifocal lens used then Complete procedure cost Limit to INR 50,000/- will be paid). Femto laser charges not payable.

Lasik

Covered only if Refractive Error of eye is (+/-)6 and above. Femto laser charges not payable.

Neurodiversity Coverage

Covered upto INR 50,000 restricted to per member; includes both OPD and IPD Behavioral and neurodevelopmental disorders, including Autism spectrum disorder, Attention Deficit Hyperactivity Disorder(ADHD) or Attention Deficit Disorder (ADD), Dyscalculia, Dyslexia, Dyspraxia or Developmental Coordination Disorder (DCD) covered

Hearing, Dental & Vision

Any expenses related to treatment for ear, dental and eye will be **covered only if it is resultant of accident**. If otherwise the same will **not be covered** under the policy. The accident occurrence date must be with in the policy period

Diagnostic Expenses

Standalone diagnostic expenses are **not payable** under the policy. If the diagnosis is followed by treatment the diagnostic expenses can be claimed as pre-hospitalization expense



DETAILED MATERNITY BENEFITS - GROUP MEDICAL COVERAGE

The maternity benefit is provided under your group medical plan

Maximum Benefit

INR 50,000 for Normal & INR 65,000 for C – Section (applicable for Employee / Spouse)

In case of twins, triplets, quadruplets – maternity limit will be increased proportionately.
Maternity related complications will be covered up to family sum insured limit.

9-months waiting period

Waived Off

Pre-Post Natal expenses

OPD cover upto INR 5,000 within Maternity Limit & IPD expenses within Maternity limit

Newborn baby covered from day 1

Yes,
In case, new-born baby doesn't require separate hospitalisation/no complication seen in baby and if hospital has included Baby Wellness / Wellborn / Well Being or any other related charges separately or in mother's bill are not covered in the policy

Newborn enrolment

Newborn baby details to be enrolled on HR system immediately maximum within 30 calendar days from the birth of the child with relevant enrollment data (name, date of birth & gender).

No. of maternity claims

Not restricted

Benefit Admissible & Claim submission

Inpatient claims availed in Hospital/Nursing home in India. For female employee claim submission timeline is 180 days; for Male employees 30 days from date of discharge.

Medical termination of pregnancy

During the first 12 weeks from the date of conception are not covered

Sterilization expenses

Not covered



STANDARD HOSPITALIZATION - GROUP MEDICAL COVERAGE

Below mentioned hospitalization expenses are covered under your group medical plan. Insurer will reimburse reasonable and customary charges only.



The expenses shall be reimbursed provided they are incurred in India and are within the policy period. Expenses will be reimbursed to the covered member depending on the level of cover that he/she is entitled to. Expenses that are of a diagnostic nature only or are incurred from a preventive perspective with no active line of treatment and do not warrant a hospitalisation admission are not covered under the plan.

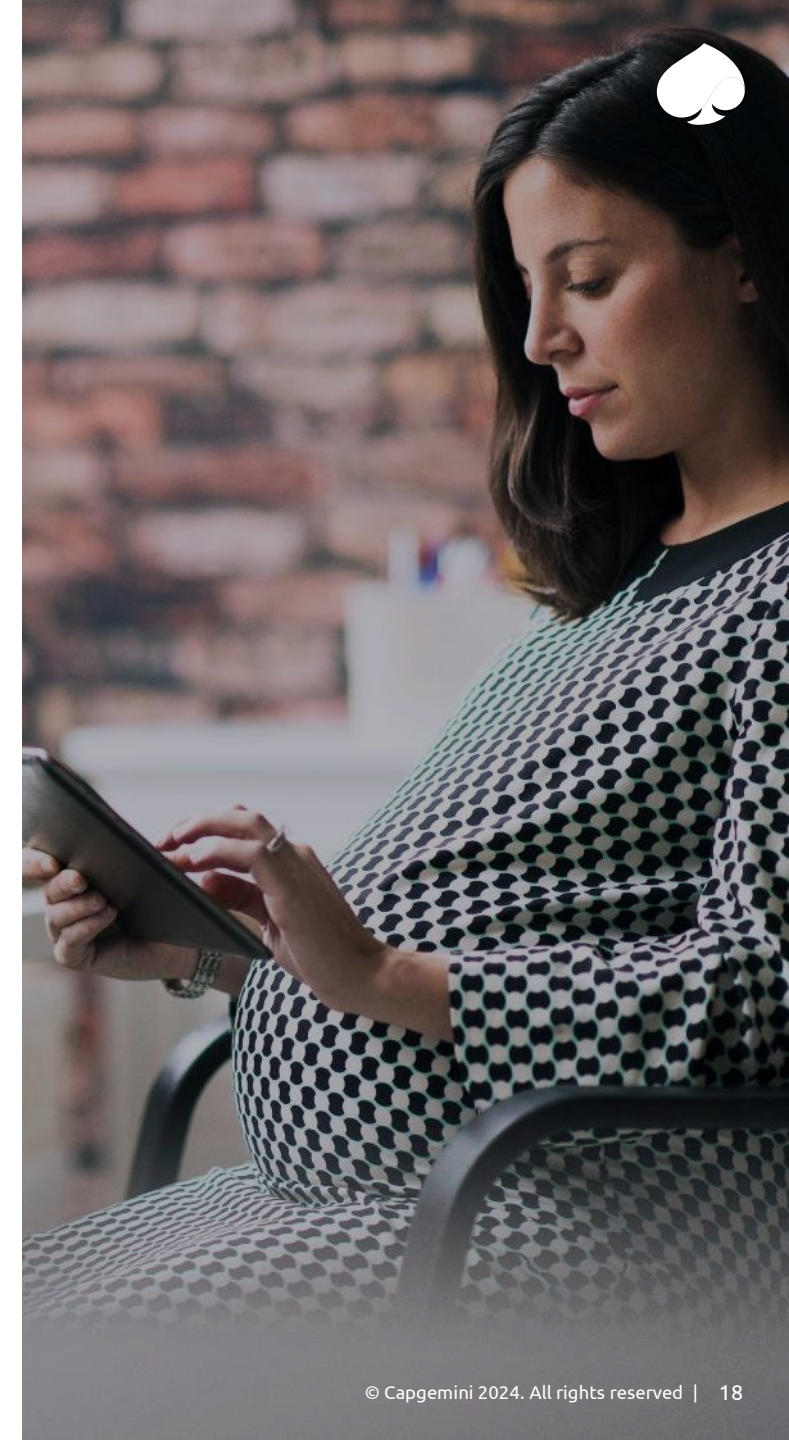


BASE MEDICAL PLAN EXCLUSION



GENERAL EXCLUSIONS – GROUP MEDICAL COVERAGE

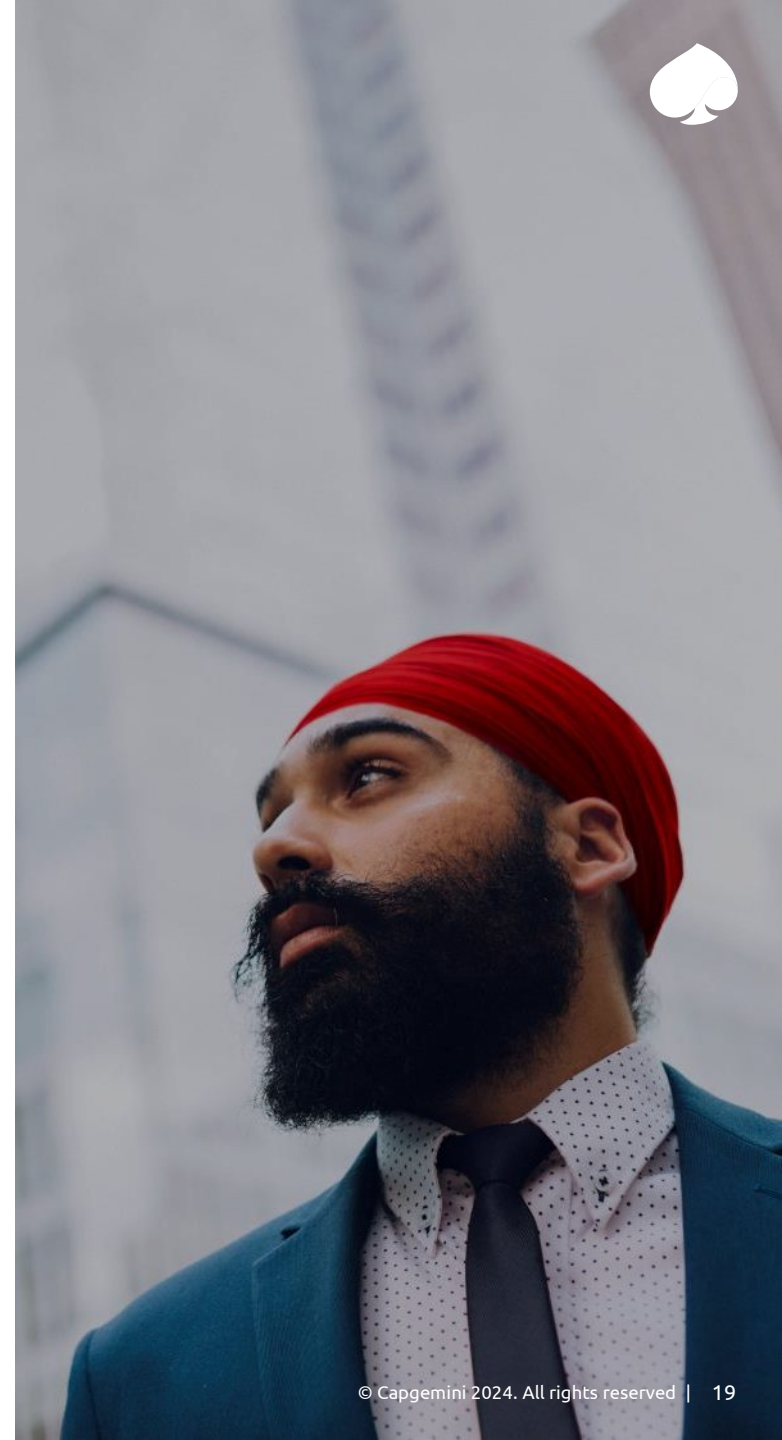
- Injury or disease directly or indirectly caused by or arising from or attributable to War, Invasion, Act of Foreign Enemy, War like operations (whether war be declared or not) or by nuclear weapons / materials
- Circumcision (unless necessary for treatment of a disease not excluded hereunder or as may be necessitated due to any accident), vaccination, inoculation or change of life or cosmetic or of aesthetic treatment of any description, plastic surgery other than as may be necessitated due to an accident or as a part of any illness
- Cost of spectacles, contact lenses, hearing aids etc., Surgery for correction of eyesight, power upto + / - 6. Femto laser surgery is not covered. Multifocal lenses will not be covered.
- Any dental treatment or surgery which is corrective, cosmetic or of aesthetic procedure, filling of cavity, root canal including wear and tear etc. unless arising from disease or injury and which requires hospitalization for treatment
- Convalescence, general debility, “run down” condition or rest cure, sterility, any sub-fertility or assisted conception procedure, venereal diseases, intentional self-injury / suicide and diseases / accident due to and or use, misuse or abuse of drugs / alcohol or use of intoxicating substances or such abuse or addiction etc.
- 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 etc. unless forming part of treatment for injury or disease as certified by the attending physician
- Any Treatment arising from or traceable to pregnancy, miscarriage, or complications of any of these including changes in chronic condition as a result of pregnancy except wherever covered under the maternity section of benefits
- Naturopathy treatment, unproven procedure or treatment, experimental or alternative medicine and related treatment including acupressure, acupuncture, magnetic and such other therapies etc.
- 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 consultants / Surgeon’s fees etc.





GENERAL EXCLUSIONS – GROUP MEDICAL COVERAGE (CONTINUED)

- External and/or durable Medical/Non-medical equipment of any kind used for diagnosis and/or treatment including CPAP, CAPD, Infusion pump etc.; Ambulatory devices i.e., Walker, Crutches, Belts, Collars, Caps, Splints, Slings, Braces, Stockings etc. of any kind; Diabetic footwear; Glucometer/Thermometer and similar related items; also, any medical equipment which is subsequently used at home
- All non-medical expenses including personal comfort and convenience items or services such as telephone, television, aya/ barber or beauty services, diet charges, baby food, cosmetics, napkins, toiletry items etc., guest services and similar incidental expenses or services etc.
- Change of treatment from one path to other path unless being agreed/allowed and recommended by the consultant under whom the treatment is taken
- Treatment of obesity or condition arising therefrom (excluding morbid obesity and life threatening) and any other weight control program, services or supplies etc.
- Any treatment required arising from Insured's participation in any hazardous activity including but not limited to scuba diving, motor racing, parachuting, hang gliding, rock or mountain climbing etc., unless specifically agreed by the Insurance Company
- Any treatment received in convalescent home, convalescent hospital, health hydro, nature care clinic or similar establishments
- Any stay in the hospital for any domestic reason or where no active regular treatment is given by the specialist
- Out-patient Diagnostic, Medical or Surgical procedures or treatments, non-prescribed drugs and medical supplies
- Massages, Steam bathing, Shirodhara and alike treatment.
- Any kind of Service charges, Surcharges, Admission fees/Registration charges etc., levied by the hospital
- Doctor's home visit charges, Attendant/Nursing charges during pre- and post-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





ENROLLMENT PROCESS





ENROLLMENT PROCEDURE - GROUP MEDICAL COVERAGE



New Joiner: Dependent data to be updated within 30 days of joining



Mid-term Inclusions: New Spouse/Partner & New-born child must be declared **within 30 days of marriage/ relationship agreement or birth** respectively

Partner enrollment:

Partner Definition: Two individuals (18 years of age and above) of the same gender / live in Partner who are in a relationship as a couple. For the purpose of this policy, individually they shall be referred to as 'Partner'.

Insurance Benefits: Insurance benefit refers to medical insurance for partners (only).

Enrollment Conditions:

Partners can be enrolled as per the conditions allowed by Capgemini

1. The relationship between the employee and their Partner shall not be in violation to any law in India
2. For any revocation or modification of the self-declaration, employee to raise a ticket on MyConnect



Ensure to validate and update your dependent information on MyConnect

Path : Talent India >> Access All >> Human Resources >> MyConnect >> Access your personal data (Employee Self Service) >> Personal Information >> Personal Profile >> View/Update Family dependent information

1. Employee needs to produce a rent / relationship agreement for Live-in-partner.
2. For Same-Sex Partner's Enrolment a [Declaration form](#) needs to be submitted.
3. Both documents need to be submitted at time of member declaration on MyConnect



If you fail to enroll within the defined timelines, enrollment may only be done at the next annual renewal



On receipt of your Medi Assist id (MAID) please validate to ensure that all your dependents are included and their information is correct.

Incase of any discrepancies, **please raise a ticket on MyConnect.** [Click here to understand the process to raise Ticket](#)

HOSPITALIZATION PROCEDURE - GROUP MEDICAL COVERAGE



CASHLESS HOSPITALIZATION - GROUP MEDICAL COVERAGE

Under Cashless hospitalization employee can avail medical treatment without having to pay the Network hospital or medical facility once claim is approved by insurer.

List of hospitals in the Medi Assist's network eligible for cashless hospitalization

Hospital Network List

- Click on Website – <https://m.mediassist.in/Hospital1.aspx>
- Select your desired location and then select your Insurer as "The New India Assurance Co. Ltd."
- You are requested to verify the hospital before planning any cashless as to avoid any inconveniences.

Contact Call center at 24 X 7
Customer Service Center -

01205058235 / 96200 09413

For Assistance :

capgemini@mediassist.in

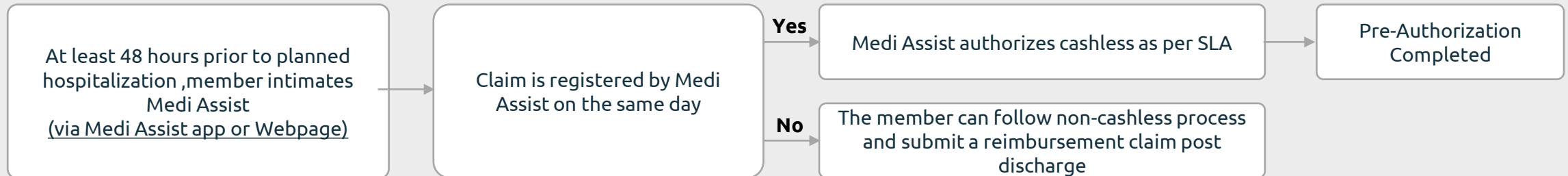
Cashless Hospitalization Checklist

- Ecard & Govt ID proof of the patient who is getting admitted
- Approach the hospital insurance desk for a cashless.
- Complete the pre-authorization formalities with the hospital minimum 48 hours prior to admission for planned hospitalization.
- For any delays/issues, please reach TPA SPOC.



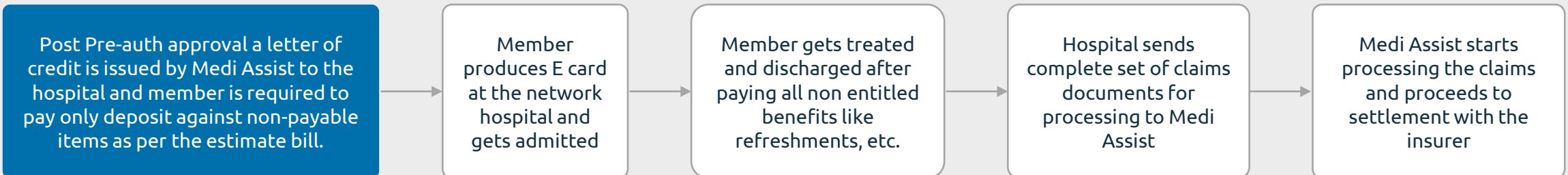
CASHLESS PROCESS

Step 1 : Pre-authorization by Medi Assist for Cashless Claims



*All non-emergency hospitalization instances must be pre-authorized by Medi Assist. This is done to provide best healthcare service and convenient Hospitalization in a Network Hospital.

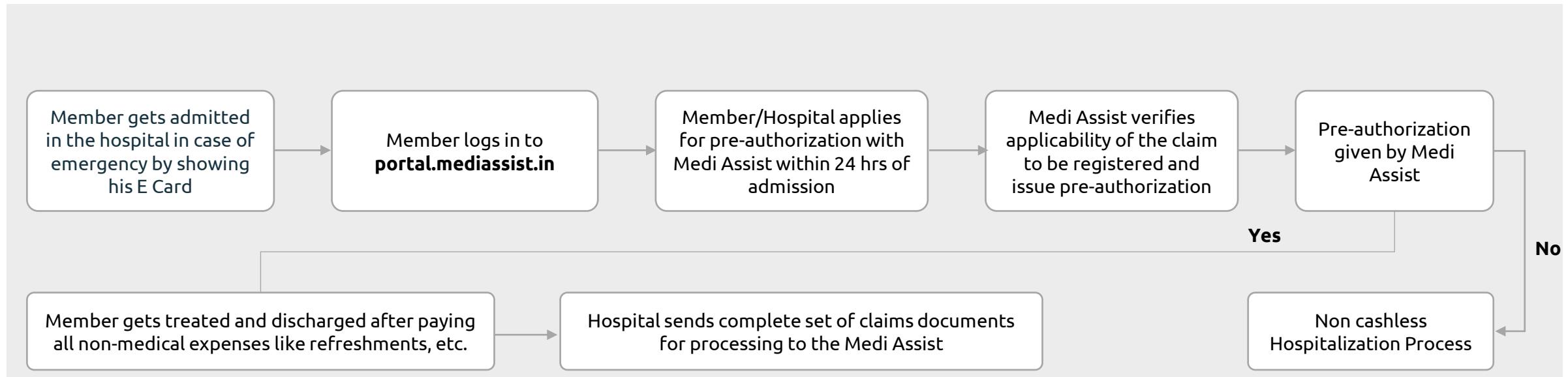
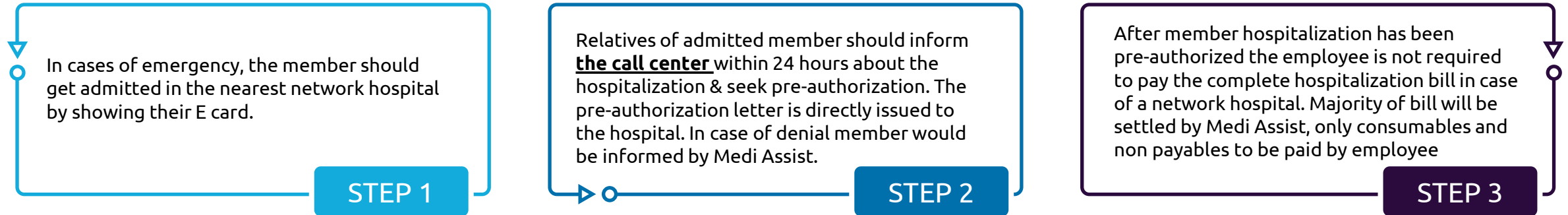
Step 2 : Admission, Treatment & discharge





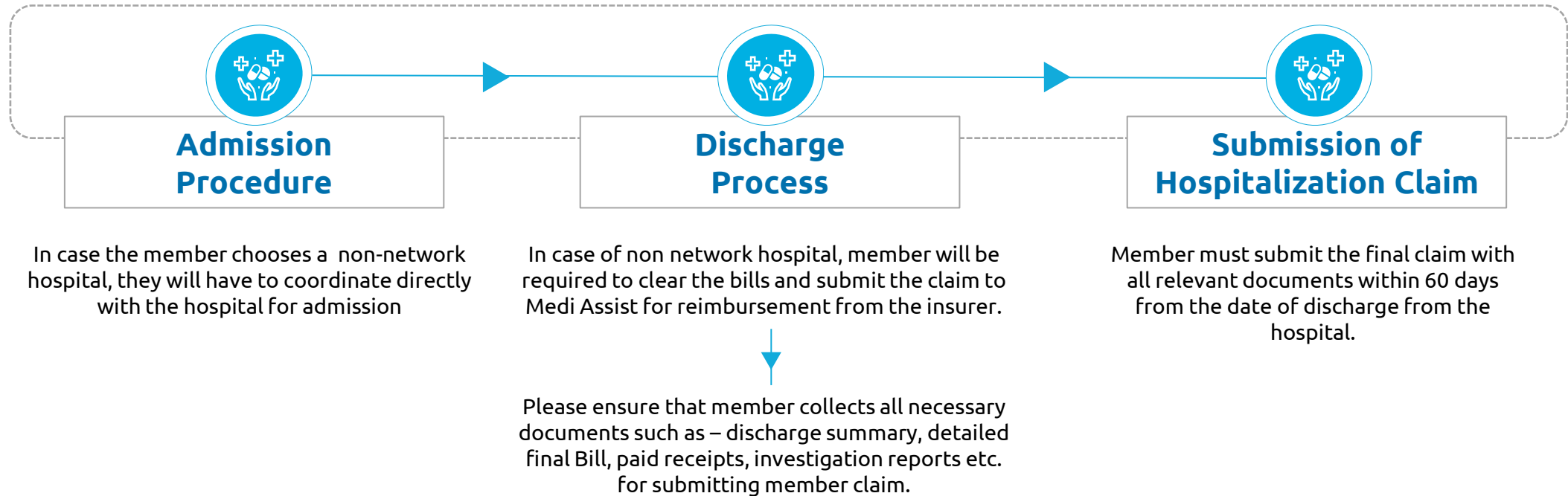
EMERGENCY HOSPITALIZATION PROCESS

Step 1 : Pre-authorization by Medi Assist for Cashless Claims



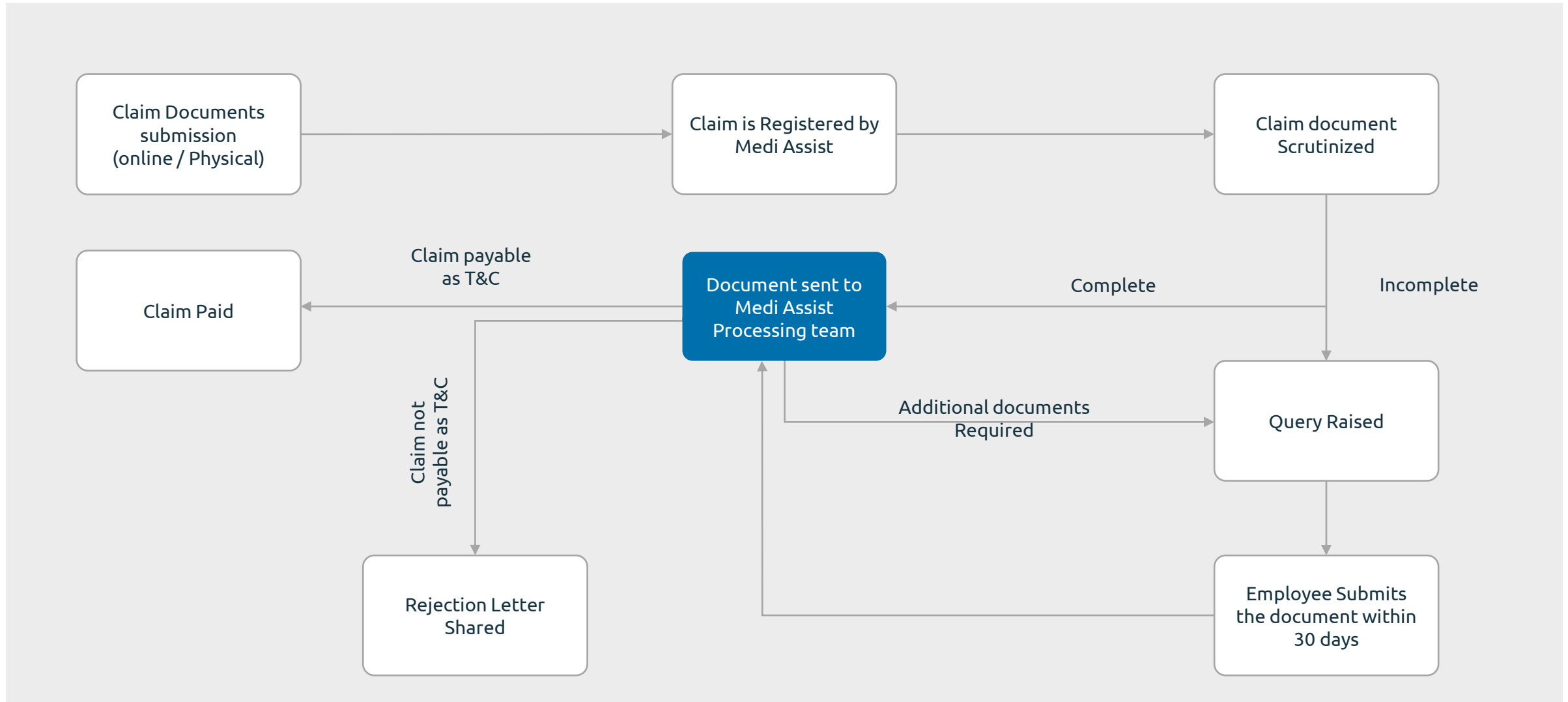


REIMBURSEMENT PROCESS





REIMBURSEMENT CLAIM PROCESS





DOCUMENT CHECKLIST FOR SPEEDY REIMBURSEMENT

For a claim to be processed and approved, it is critical to have all paperwork in order.

A claim will often get rejected if there are missing documents or if the submitted paperwork lacks necessary details.

1

Original filled & duly signed claim form. [Download claim form here.](#)

2

Detailed schedule of expense, calculating amount of all bills submitted

3

Original Discharge Card/ Summary

4

Original final hospital bills with bill no., and detailed bill summary/break up

5

Original numbered receipts for payments made to the hospital /Doctor

6

Cancelled Cheque with Employee name pre-printed on the same.

7

All bills for medicines supported by relevant prescriptions and investigations done with the respective reports

8

Employee details /ID card copy and any Government ID proof copy

9

Any Government ID proof copy of the patient

10

MLC /FIR, in case of road traffic accidents



ONLINE CLAIM SUBMISSION PROCESS 1/3

Steps for Reimbursement Claim Document uploading

STEP
01

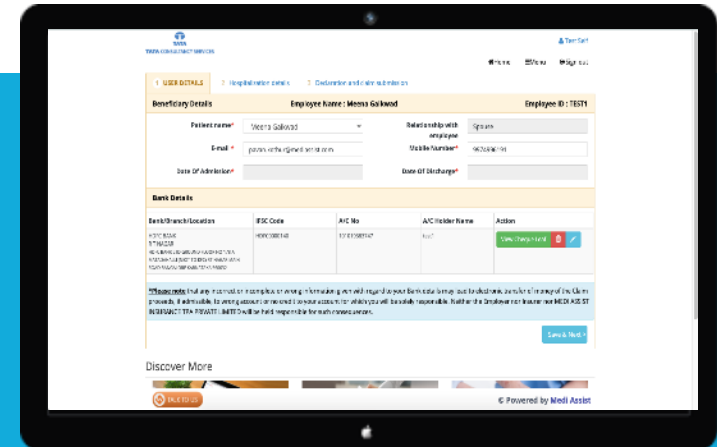
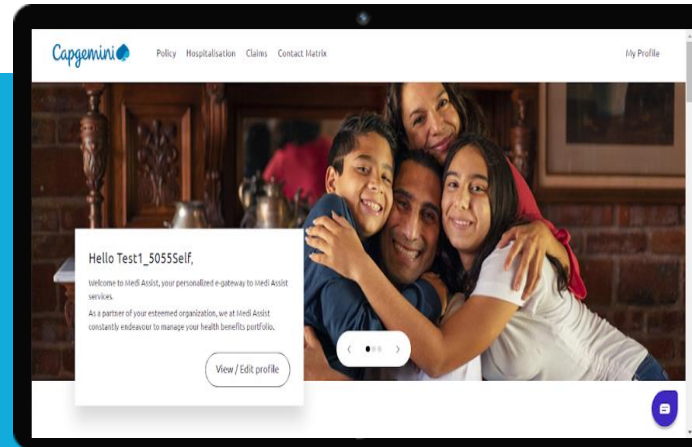
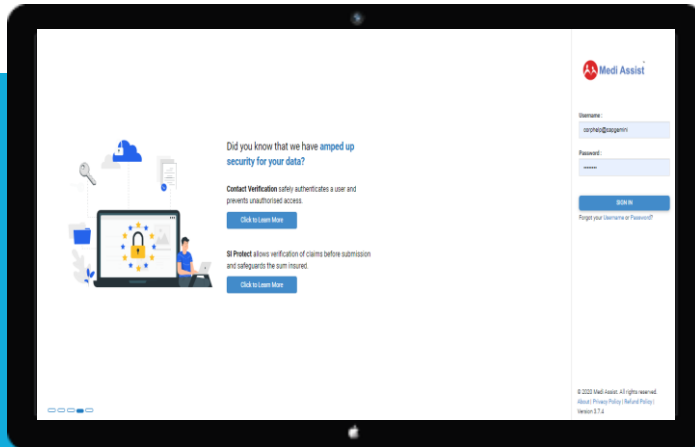
Member logs in to <https://portal.mediassist.in> with the username and password

STEP
02

Once logged in, member clicks on the Menu tab and selects Submit Hospitalization claim

STEP
03

Member then fills in the required user details as shown in the screen below





ONLINE CLAIM SUBMISSION PROCESS 2/3

Steps for Reimbursement Claim Document uploading

STEP
04

If the member has not entered their account details, they can do so before submitting the claim details

STEP
05

The member to proceed to filling the hospitalization details. On adding the details member can click on save and next

STEP
06

Upon completing the hospitalization details, the member will then proceed to a comprehensive checklist where they can check all necessary documents that need to be uploaded

Bank Detail

IFSC code * (Mandatory) Select IFSC code

Branch * (Mandatory) Select Branch

Account number * (Mandatory) Enter Account number

Account holder name * (Mandatory) Enter Account holder name

Save and Next

Hospitalization Details

Date * (Mandatory) Select Date

City * (Mandatory) Select City

Hospital name * (Mandatory) Select Hospital name

Hospital address * (Mandatory) Enter Hospital address

Save and Next

Checklist

Medical Report

Discharge Summary

Save and Next

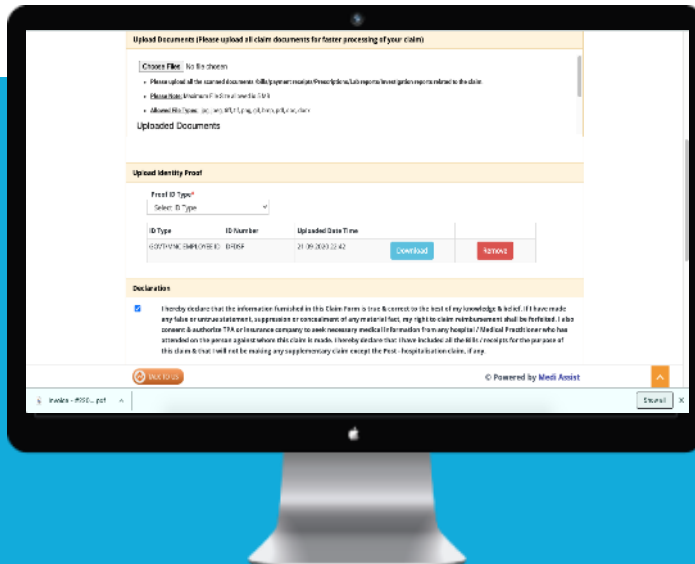


ONLINE CLAIM SUBMISSION PROCESS 3/3

Steps for Reimbursement Claim Document uploading

STEP
07

Once the member has all documents ready, they can upload the documents in pdf. format and submit the same post checking the declaration.



Note:

While our comprehensive technology helps enable members to submit claims online, it is mandatory to submit all original physical claim documents as uploaded online.



CLAIMS SUBMISSION PENDING FOR THE PERIOD JANUARY 1, 2023 – DECEMBER 31, 2023 (IMPORTANT)

Steps for Reimbursement Claim Document uploading

Any hospitalization
with date of admission
on or before

**December 31,
2023**

will fall under
the purview of 2023
policy

Claim
documents
submitted post

**January 31,
2024**

will not be
processed
by the Insurer

The hardcopy of the admissible claim
documents of 2023 to reach the insurer

before January 31, 2024

at the mentioned address.

Helpdesk at CG offices will NOT accept documents for 2023
claims.



Medi Assist Insurance TPA Private Limited

4th Floor, Aarpee Chambers, Shagbaug, Off
Andheri-Kurla Road

Next To Times Square, Marol, Andheri East,
Mumbai - 400059

A man with a beard, wearing a blue button-down shirt and dark pants, is kneeling on the floor of a store aisle. He is writing on a cardboard box with a pen. The aisle is lined with shelves filled with various products, including bottles and boxes. The lighting is warm and focused on the man. A blue curved line graphic is overlaid on the left side of the image.

GROUP PERSONAL ACCIDENT POLICY



BENEFIT DETAILS - GROUP PERSONAL ACCIDENT POLICY

Basic Policy Details	Insurance Co		
	Tata AIG General Insurance Company Limited		
Basic Policy Details	Policy Details		
	<div><div>Policy Name : Group Personal Accident</div><div>Type : Accident Cover</div><div>Sum Insured : 36 times of monthly total fixed compensation (MTFC) capped at INR 50,000,000</div></div> <div><div>Inception date : 01st Jan 2024</div><div>Expiry : 31st Dec 2024</div></div>		
Basic Policy Details	Inclusions		Exclusions
	<ul style="list-style-type: none">Capgemini Full Time EmployeesEmployees on Secondment for less than or equal to 1 year		<ul style="list-style-type: none">Employees on Secondment for more than 1 yearIn case of Accidental injury; following which, an employee works from home without utilising the leave will not qualify as loss of pay as per policy terms



BENEFIT DETAILS - GROUP PERSONAL ACCIDENT POLICY

Benefit Coverage

Accidental Death (AD)

36 times of Monthly Total Fixed Compensation, capped at INR 50,000,000

Permanent Total Disablement (PTD)

Permanent Partial Disability (PPD)

Covered as per the scale of benefits (refer next slide for details)

Temporary Total Disability (TTD)

- 1% of the Sum Insured or INR 5,000 per week or gross weekly salary whichever is less limited upto 104 weeks
- Employees on Leave arising out of any injury covered under GPA will be granted benefit of loss of pay

Emergency Medical Expenses

Rs. 10,000 or actual claims whichever is lower (24 hrs hospitalization required) applicable if in case of accepted claims.

Transportation of Family Members/ Repatriation of Remains

Upto INR 10,000/- or as per actual, whichever is lower

Coma Benefit

This will be considered either in PTD or in PPD and accordingly the limit will be followed. Sum Insured (SI) will depend upon case-to-case basis, Max of INR 100,000

Animal Attack Benefit

100% in case of death else medical allowance limit will be followed

Modification allowance benefit upto INR 50,000/-

The expenses incurred for modification of house and/or vehicle necessitated due to disability resulting from an accident.

Geographical Limits

Worldwide

Terrorism

Covered



SCALE OF BENEFITS -PERMANENT PARTIAL DISABILITY (PPD)

	Losses covered	% of Sum insured
1	Loss of toes – all	20%
	Great both phalanges	5%
	Great - one phalanx	2%
	Other than great if more than one toe lost each	1%
2	loss of hearing- both ears	75%
3	loss of hearing- one ear	30%
4	Loss of four fingers and thumb of one hand	40%
5	Loss of four fingers	35%
6	Loss of thumb - both phalanges	25%
	one phalanx	10%
7	Loss of Index finger - three phalanges	10%
	two phalanges	8%
	one phalanx	4%

	Losses covered	% of Sum insured
8	Loss of middle finger - three phalanges	6%
	two phalanges	4%
	one phalanx	2%
9	Loss of ring finger - three phalanges	5%
	two phalanges	4%
	one phalanx	2%
10	Loss of little finger - three phalanges	4%
	two phalanges	3%
	one phalanx	2%
11	Loss of metacarpus: first or second (additional)	3%
	Loss of metacarpus: third, fourth or fifth (additional)	2%
12	Any other permanent partial disablement	% as assessed by the Doctor



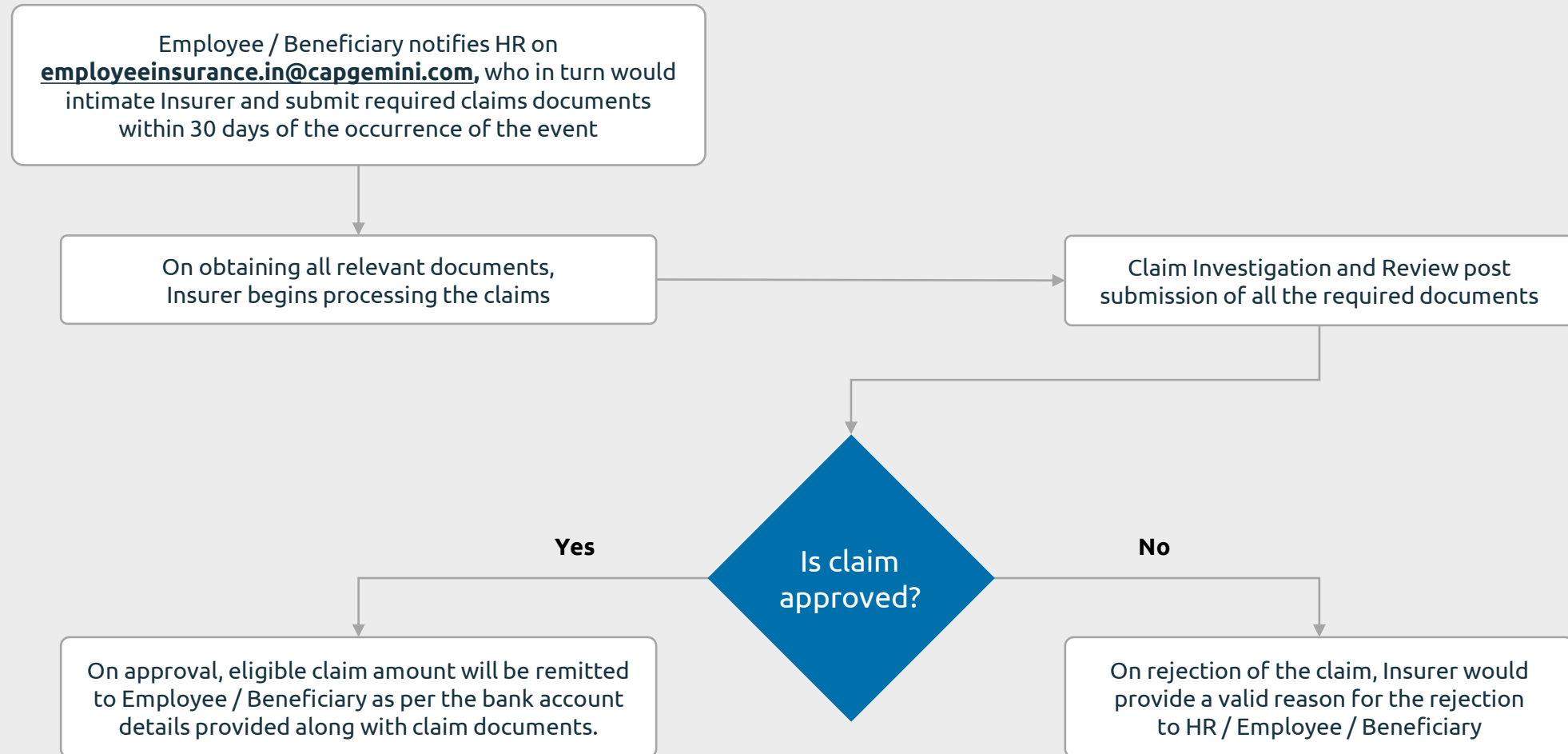
SCALE OF BENEFITS -PERMANENT PARTIAL DISABILITY (PPD)

	Losses covered	% of Sum insured
1	Both Hands or Both Feet	100%
2	Sight of Both Eyes	100%
3	One Hand and One Foot	100%
4	Either Hand or Foot and Sight of One Eye	100%
5	Speech and Hearing in Both Ears	100%
6	Permanent and incurable insanity	100%
7	Permanent Total Loss of Mastication	100%
8	Permanent Total Loss of the Central Nervous System or the thorax and all abdominal organs resulting in the complete inability to engage in any job and the inability to Activities essential to life without full carry our Daily time assistance	100%
9	Permanent Total Loss of the Central Nervous System or the thorax and all abdominal organs resulting in the complete inability to engage in any job and the inability to Activities essential to life without full carry our Daily time assistance	100%

	Losses covered	% of Sum insured
8	Quadriplegia (complete and irreversible Paralysis of both upper and both lower limbs.)	100%
9	Paraplegia (complete and irreversible Paralysis of both lower limbs.)	50%
10	Hemiplegia (complete and irreversible Paralysis of upper and lower limbs of the same side of the body)	50%
11	Uniplegia (complete and irreversible Paralysis of one Limb.)	25%
12	Either Hand or Foot	50%
13	Sight of One Eye	50%
14	Speech	50%
15	Thumb and Index Finger of Same Hand	25%



CLAIM PROCEDURE - GROUP PERSONAL ACCIDENT POLICY





DOCUMENT CHECKLIST-GROUP PERSONAL ACCIDENT POLICY

Weekly Benefit Claims		Death Claims		Dismemberment / Disablement Claims	
1	Completed Claim form	1	Completed claim form	1	Completed Claim form
2	Doctor's Report	2	Attending Doctor's report	2	Doctor's Report
3	Disability Certificate from the Doctor, if any	3	Death Certificate	3	Disability Certificate from the Doctor, if any (Authorized Disability certificate from Govt hospital-Civil Surgeon)
4	Fitness Certificate from treating doctor mentioning From & To rest days along with fitness date	4	Postmortem/ Coroner's report		
5	Investigation/ Lab reports (x-ray etc.) and	5	FIR (First Information Report)	4	Investigation/ Lab reports (x-ray etc.)
6	Original Admission/discharge card, if hospitalized	6	Police Inquest report, wherever applicable	5	Original Admission/discharge card, if hospitalized
7	Employers Leave Certificate & Details of salary	7	If admitted the Admission history & other medical papers	6	Police Inquest report, wherever applicable
8	If RTA Case, Need FIR and MLC Copy	8	NEFT Mandate Form along with NOC If payable to injured	7	If RTA Case, Need FIR and MLC Copy
9	NEFT Mandate Form along with NOC If payable to injured	9	Cancelled Cheque	8	NEFT Mandate Form along with NOC If payable to injured
10	Cancelled Cheque (with insured name)	10	Medical legal certificate from hospital	9	Cancelled Cheque (with insured name)
		11	Copy of Photo ID proof of Insured	10	Hospital discharge Summary





EXCLUSIONS - GROUP PERSONAL ACCIDENT POLICY

Suicide, attempted suicide (whether sane or insane) or intentionally self-inflicted injury or illness, or sexually transmitted conditions, mental or nervous disorder, anxiety, stress or depression, Acquired Immune Deficiency Syndrome (AIDS), Human Immune-deficiency Virus (HIV) infection; or

Being under the influence of drugs, alcohol, or other intoxicants or hallucinogens unless properly prescribed by a Physician and taken as prescribed; or

Participation in an actual or attempted felony, riot, crime, misdemeanor (excluding traffic violations) or civil commotion; or

Operating or learning to operate any aircraft or performing duties as a member of the crew on any aircraft; or Scheduled Aircraft.; or

Self exposure to needless peril (except in an attempt to save human life); or

Loss due to childbirth or pregnancy





GROUP TERM LIFE POLICY



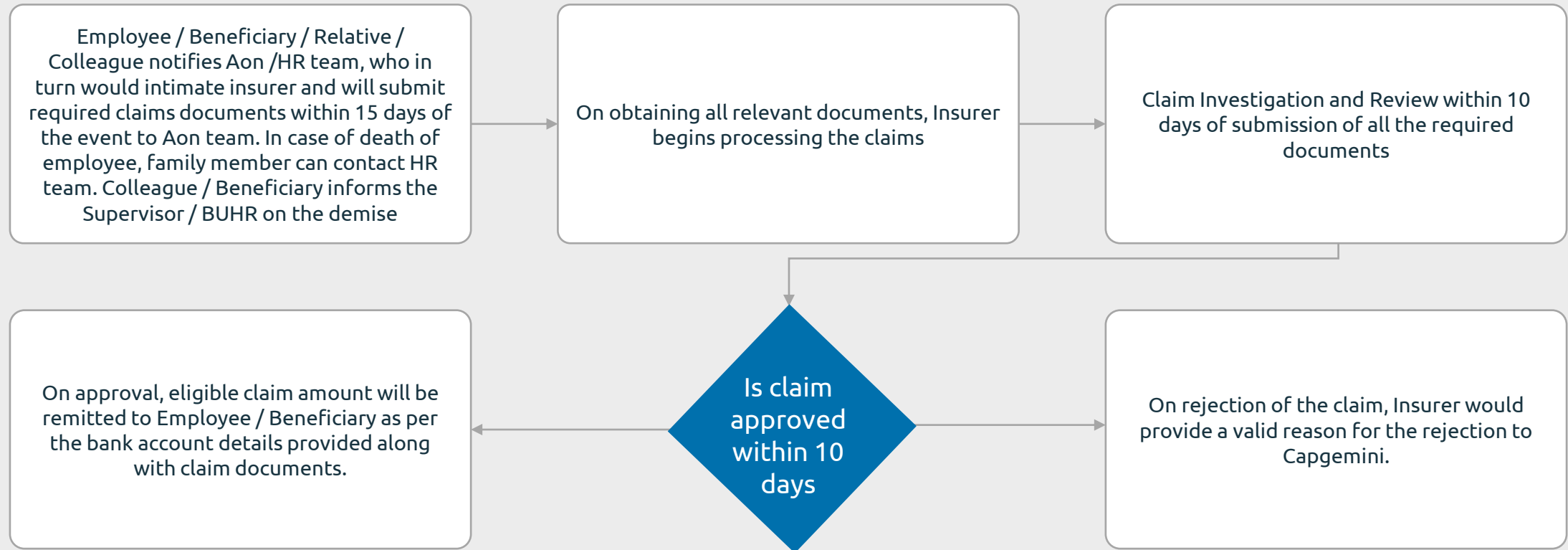


BENEFIT DETAILS - GROUP TERM LIFE POLICY

Basic Policy Details	Insurance Co		Policy Details	
	Aditya Birla Sun Life Insurance Company Limited		Policy Name : Group Term Life Type : Life Cover Sum Insured : Multiple of salary	Inception date : 01 st Jan 2024 Expiry : 31 st Dec 2024
Policy Coverage Details	Inclusions		Exclusions	
	<ul style="list-style-type: none">Capgemini Full Time EmployeesEmployees on Secondment for less than or equal to 1 year		<ul style="list-style-type: none">Employees on Secondment for more than 1 year	
Benefit Coverage				
Cover Details	Death: In the event of death of a member from any cause (natural / accidental), provided that this shall occur while the insurance of such member is in force, an amount determined at the time of policy inception in accordance with the Policy Schedule shall be paid			
Sum Insured Limits				
<ul style="list-style-type: none">24 times of Monthly Total Fixed Compensation (MTFC) with minimum sum insured of 9 Lakh and no capping for maximum coverageThe free cover limit (maximum coverage without medical requirement) is INR 4.5 Cr.				



CLAIMS PROCEDURE - GROUP TERM LIFE POLICY





DOCUMENT CHECKLIST - GROUP TERM LIFE POLICY

Type of Claim

Death (all causes of death #) Terminal Illness And Disability

1. Claim Forms

- Part I: Application Form for Death Claim (Claimant's Statement) #
- Part II: Physician's Statement, relevant Hospital records and report from the concerned medical specialist giving nature of disability and illness (For Terminal Illness claims)

2. Death Certificate issued by a local government body like Municipal Corporation/Village Panchayat

3. Medical Cause of Death Certificate issued by attending physician/hospital

4. Attested True Copies of Indoor case Papers of the hospital(s)

5. Post-mortem Report (Autopsy Report) & Chemical Viscera Report – if performed

6. The Beneficiary :

- Photo ID with DOB with relationship to the insured
- Proof of legal title to the claim proceeds (e.g., legal succession papers, assignment deed etc.)

7. Employer's Certificate (wherever required)

8. Leave Record of Employee (wherever required)

9. In case of death at hospital- Death Summary or Form 4A from the treating hospital confirming date and time of death

10. In case of death at home - Doctor's certificate confirming possible cause of death

11. Declaration letter from Nominee (Along with Govt valid ID proof {Pan card, voter ID, passport} with proof of relationship)

12. Relationship proof of the nominee. If not available, an affidavit has to be submitted on the relationship proof.

13. Govt Nationalized Photo ID proof of the Demise person (Govt valid ID proof (Pan card, voter ID, passport).

14. Bank details_ Personalized cancelled cheque/first page of the passbook with name, account number and IFSC code to process the payment in favour of nominee

Type of Claim

All Police Reports / First Information & Final Investigation Report

Proof of Accident – Panchnama / Inquest Report

Newspaper cutting / Photographs of the accident – if available

POINTS OF CONTACT AND ESCALATION MATRIX





MEDI ASSIST APP/ WEBPAGE

Please visit web portal/ App. Medi Assist that gives you anytime-anywhere access to your health insurance policy.

You can use Medi Assist for knowing more about your

- 01 Policy
- 02 Claim submission- tracking claims etc.
- 03 Pre-Authorization
- 04 Download E-Cards
- 05 Network Hospitals

Web Access :

Via Talent Page:

Click on URL: <https://talent.capgemini.com/in>

India >> Featured Links >> Medi Assist

Mobile App Download Process :

1. Go to your IOS or Android Play Store and download the Medi Assist.
2. App on your smartphone.



Medi Assist Webpage:

Click on URL: <https://portal.mediassist.in>

Username: Capgemini email id

Password: DDMMYYYY (DOB of employee for first time users)

**For any assistance
with login please**

Call 01205058235 / 96200 09413
or Write to
capgemini@mediassist.in

**Scan QR to save the
contact details on your
phone**





WHATSAPP – MAKING INSURANCE INFORMATION EASILY ACCESSIBLE FOR MEMBERS

Driving delightful customer experience with personalized conversations in real-time using conversational AI chatbot on WhatsApp.

Customers can now access common health insurance needs with ease.



Policyholders can:

Download their E-Card

Track claim status

Locate Cashless hospital & nearest Medi Assist office

Download Cashless & Reimbursement claim form



Click here to chat with us on WhatsApp
(this is not supported on VPN)
Or
Scan the QR code on your phone





CAPGEMINI QUERY RESOLUTION

For any HR queries related to insurance, please follow the below steps:



OR

Mail ID :
employeeinsurance.in@capgemini.com

For answering frequently asked questions,
please reach out to MAiA chat bot:





ESCALATION MATRIX FOR MEDI-CLAIM

Call Centre for queries related to Group Medclaim Policies.

Dedicated Call Centre
01205058235 / 96200 09413 | capgemini@mediassist.in

Location wise Contact Matrix for queries related to Group Medclaim Policies.

Bangalore
Mr. Praveen Patel
9686981395 | capgemini@mediassist.in

Chennai
Mr. Ganesh D
9731847176 | capgemini@mediassist.in

Gurgaon and Noida
Mr. Bhupender Singh
9513362286 | capgemini@mediassist.in

Hyderabad
Mr. Mohammed Mubeen
6305928876 | capgemini@mediassist.in

Kolkata
Ms. Sufia Kalim
9742383311 | capgemini@mediassist.in

Pune
Mr. Arshad Mulla
9513630477 | capgemini@mediassist.in

Mumbai – Airoli and Vikhroli
Mr. Nitin Shetty
9620788584 | capgemini@mediassist.in

Gandhinagar
Ms. Nitu Thakkar
9620788584 | capgemini@mediassist.in

Escalation Matrix - For Capgemini Group Employees

Level 1
Ms. Sonal Shukla
8147348227
sonal.shukla@mediassist.in

Level 2
Ms. Komal Jiman
9606272303
komal.ganesh@mediassist.in

Level 3
Ms. Yugandhara Puralkar
9353747973
yugandhara.r@mediassist.in

Account Manager
Mr. Raj Kartar
9148199757
rajesh.kartar@mediassist.in

Level 1
Ms. Neha Kumari
9742385577
neha.kumari@mediassist.in

Level 2
Ms. Dhanashree More
9742374400
ghanashri.more@mediassist.in



ESCALATION MATRIX FOR ACCIDENT AND LIFE PLAN



Aon Escalation Matrix

Minaxi Sharma

minaxi.sharma@aon.com

+91 9967565857

For GPA & GTL Claims

Anuradha Bose

Anuradha.bose@aon.com

+91 8080059087

Level 1



Capgemini Escalation Matrix

Binduvasini Darlapudi

darlapudi.binduvasini@capgemini.com

Level 1

Sandra Remedios

sandra.remedios@capgemini.com

Level 2



FREQUENTLY ASKED QUESTIONS





IMPORTANT FAQs - GROUP MEDICAL COVERAGE



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

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



How do I cover my spouse or my newborn child?

You will have to enroll your spouse/partner/newborn baby within 30 days of the life event via MyConnect.



What is a Medi Assist ID (MAID)/E-Card?

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

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



What if the hospital does not accept my Medi Assist ID card?

Please make sure that the hospital is on the Medi Assist / New India network list. This can be verified by accessing the website (<https://portal.mediassist.in/Home.aspx>) of the Medi Assist or call the Medi Assist customer service helpline for assistance. If it is a network hospital and you are not accepted, please report the refusal to Medi Assist making note of the name of the hospital staff.



IMPORTANT FAQs - GROUP MEDICAL COVERAGE



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

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

If pre-authorization is not done, you must collect all reports and discharge card when you get discharged. Please make sure you sign the hospital bill before leaving the hospital. You will then submit the claim along with all necessary supporting documents to Medi Assist for reimbursement. Please complete the Claim Form, attach all relevant documents as per the [reimbursement process mentioned](#).



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

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



What are claim reimbursements?

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



How can I claim my pre & post hospitalization expenses?

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



IMPORTANT FAQs - GROUP MEDICAL COVERAGE

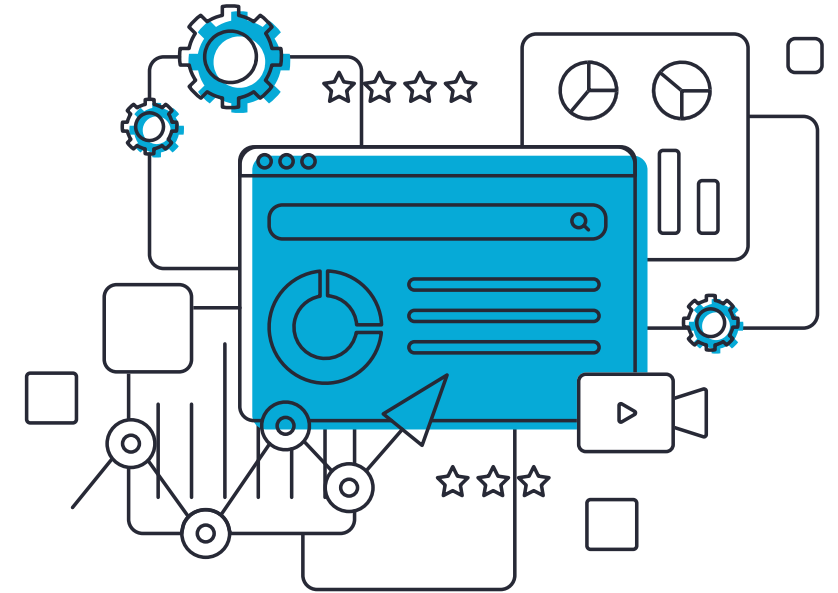


What are the key reasons why a claim under the medical policy could be completely rejected under the plan?

The group policy covers pre-hospitalization expenses made prior to 30 days of hospitalization and incurred towards the same illness/ disease due to which hospitalization happens. It also covers all medical expenses up to 60 days post discharge as advised by

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

- Treatment taken after leaving the organization.
- Treatment that should have been taken on outpatient basis (unnecessary inpatient admission and /or no active line of treatment in the hospital) or where hospitalization has been done primarily for preventive reasons.
- Treatment taken that is not covered as per policy conditions or excluded under the policy. Please go through the list of standard exclusions listed earlier.
e.g., Ailment because of alcohol abuse is a standard exclusion. Cosmetic treatments or treatments for external conditions such as squint correction etc. are not covered.
Hospitalization taken in a hospital which is not covered as per policy conditions (e.g., less than 10 bed hospitals). Admission before/after the policy period or details of member not updated on the insurer's list of covered members.
- In case original documents are not submitted as per the claim submission protocol, the claim may stand rejected.



Please refer to the **NIA Policy Document** to understand the detailed provisions, inclusions, and exclusions under your Group Medical Insurance Policy.



IMPORTANT FAQs - GROUP MEDICAL COVERAGE

Room rent and Co-pay examples

Scenario 1: If claim amount is equal to or lesser than Sum Insured amount

Sum Insured

INR 3 lac

Co-pay

10%

Claim amount

INR 3 lac

Room rent

INR 3,000

Room rent opted (INR 3,000) = Room rent eligibility (1% of Sum insured = INR 3,000)

Amount payable by employee due to:

- **Co-pay:** INR 30,000 (10% co-pay of claim amount)
- **Room rent per day :** INR 0 (within room rent limit)

Amount payable by insurer: INR 2,70,000

Sum Insured

INR 3 lac

Co-pay

10%

Claim amount

INR 3 lac

Room rent

INR 5,000

Room rent opted (INR 5,000) = Room rent eligibility (1% of Sum insured = INR 3,000)

Amount payable by employee due to: INR 20,667

- **Co-pay:** INR 30,000 (10% co-pay of claim amount)
- **Additional Room rent per day :** INR 2,000

Amount payable by insurer: INR 3,00,000 – 32,000= INR 2,68,000

Disclaimer: Example for representation and understanding purpose only. Actual amounts may vary depending on case-to-case basis



IMPORTANT FAQs - GROUP MEDICAL COVERAGE

Room rent and Co-pay examples:

Scenario 2: If claim amount is greater than Sum Insured amount

Sum Insured

INR 3 lac

Co-pay

10%

Claim amount

INR 3.5 lac

Room rent

INR 3,000

Room rent opted (INR 3,000) = Room rent eligibility (1% of Sum insured = INR 3,000)

Amount payable by employee due to: (amount over sum insured limit)

- **Co-pay:** INR 35,000 (10% co-pay of claim amount)
- **Room rent:** INR 0 (within room rent limit)

Amount payable by insurer: INR 3,00,000



Disclaimer: Example for representation and understanding purpose only. Actual amounts may vary depending on case-to-case basis



IMPORTANT FAQs - GROUP MEDICAL COVERAGE

Enhanced maternity coverage examples:

Scenario 1:

If there is a twin delivery

- **In case of normal type delivery:**
available maternity limit will be INR 100,000

- **In case of c-section type delivery:**
available maternity limit will be INR 130,000

Scenario 2:

If there is a triplet delivery

- **In case of normal type delivery:**
available maternity limit will be INR 150,000

- **In case of c-section type delivery:**
available maternity limit will be INR 195,000

Scenario 3:

If there is a
quadruplets delivery

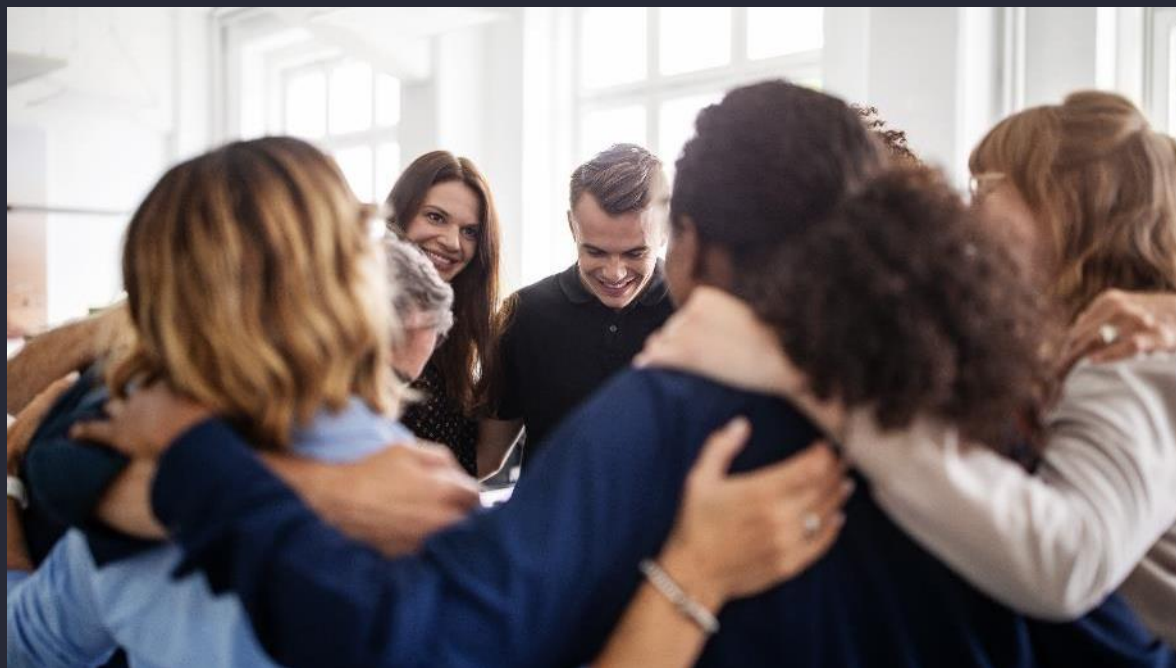
- **In case of normal type delivery:**
available maternity limit will be INR 200,000

- **In case of c-section type delivery:**
available maternity limit will be INR 260,000

Please note that there will be no change or increase in your eligible family sum insured limit

Amount paid towards maternity claim will be consumed from eligible family sum insured limit

Disclaimer: Example for representation and understanding purpose only. Actual amounts may vary depending on case-to-case basis



About Capgemini

Capgemini is a global leader in partnering with companies to transform and manage their business by harnessing the power of technology. The Group is guided everyday by its purpose of unleashing human energy through technology for an inclusive and sustainable future. It is a responsible and diverse organization of 270,000 team members in nearly 50 countries. With its strong 50 year heritage and deep industry expertise, Capgemini is trusted by its clients to address the entire breadth of their business needs, from strategy and design to operations, fuelled by the fast evolving and innovative world of cloud, data, AI, connectivity, software, digital engineering and platforms. The Group reported in 2020 global revenues of €16 billion.

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