

INFOSYS HEALTH INSURANCE PLAN *2023-24*



Contents

Secure your Health, Ensure your Happiness!	4
Eligibility:.....	4
Insurer & Policy tenure:.....	4
Health Insurance Plan Coverage.....	4
Summary of the Health Insurance Plan (HIP) for Policy Period 2023-24.....	5
Plan Benefits	6
Nomination & Enrolment for 2023-24.....	7
Existing Employees:.....	7
New Joinees:.....	7
Base transfer:.....	8
Employees on Overseas Deputation and family coverage:	8
Life Changing Events:	8
Post Separation from Infosys, Status of Coverage:	8
Demise of Employee:.....	8
Tax Exemptions on premium payment for ‘Gold’, ‘Platinum’ and Titanium plans:	8
Spouse Working in Infosys – Coverage:.....	8
Maternity:	8
Multiple Child Births:	9
COVID’19 Coverage on insured testing positive:.....	9
Expenses towards Home Quarantine	9
Coverage on insured testing positive:.....	9
LGBTQIA – Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, Asexual cover:	10
Inclusion of Partners:	10
Ayurveda Treatment:.....	10
Scope of the Cover – General terms and conditions:.....	11
Room Eligibility and Co Payment Table for all plans:	11
Scope of Services of TPA (Medi Assist):.....	11
Titanium Escalation Matrix:.....	13
Escalation Matrix of Medi Assist:	13
Escalation Matrix Insurance Company:	13
FAQ (Frequently Asked Questions):	15
1. What is Reimbursement of claims	15
2. What are the documents required to be submitted for reimbursement claims?	15
3. What are the documents required to be submitted at the hospital for cashless claims?	15

4.	How do I Log/Track my claim status in real-time ?	15
5.	Why are Original Documents required for claiming Reimbursement of Hospitalization Expenses?	15
6.	Is there an option to add more than 2 Kids under standard plan?	15
7.	How many days of pre and post hospitalization expenses can be claimed?	16
8.	If I am advised to get admitted by the treating doctor, will the claim be payable?	16
9.	I have spent ₹ 20,000 on hospitalization. Can I claim the full amount?	16
10.	What is the SLA (Service Level Agreement) for TPA for Pre-Authorization /Reimbursement claims?	16
11.	What is active line of Treatment?	16
12.	What is the definition of Hospital?	16
13.	What is a Non Network Hospital?	17
14.	Whether HIP policy document exhaustive?	17
15.	How to nominate /add baby under HIP policy?	17
16.	What is the procedure to correct name/DOB in between policy period?	17
17.	Where/how can we download the e cards/health card and view list of network hospitals?	17
18.	What are the documents required for partial claim?	17
19.	Where can we get information regarding porting the policy and premium for market policy?	17
20.	Where can we send the claim documents, if we are not able to submit to the helpdesk in the campus?	18
21.	Is there any time limit to submit the pre-authorization request in case of a planned hospitalization?	18
22.	Who will send the preauthorization to Medi Assist in case of emergency/unplanned hospitalization?	18
23.	Circumstances under which a Request for Cashless Hospitalization can be denied	18
24.	What if I am working from a remote location during the renewal cycle and I am unable to access mails?	18
25.	What if I opt for a gold/platinum plan this year and selected 60k/70k plan for maternity, can I?	18
26.	Can one change the plan post closure of enrolment period?	18
27.	How can I pay the premium in case of plan upgrade?	19
28.	Where can I find the list of hospitals for health check-up for Titanium plan subscribers?	19
29.	Can I go in for reimbursement for the complementary tests and other benefits stated as add on in Titanium plan?	19
30.	Is infertility treatment covered in policy and is there a cap on claims?	19
31.	Online Reimbursement Claim Submission – Do's & Don'ts	19

HEALTH INSURANCE PLAN, OBJECTIVE & SCOPE FOR 2023 -24

Secure your Health, Ensure your Happiness!

The Health Insurance Plan (HIP) at Infosys aims to minimize the financial risk arising out of sickness or injuries for employees & their immediate dependents. HIP aims to provide reasonable insurance protection which covers necessary hospitalization expenses for the treatment of illness & injuries requiring in-patient Hospitalizations in Healthcare facilities such as Hospitals/Nursing Homes in India. Thus, securing good health and well-being.

Year on Year our Health Insurance Plan benefits are reviewed/revisited taking into consideration the market trends.

To support the above initiative Infosys offers comprehensive and robust health insurance plans which could be tailored to your needs!

Eligibility:

This policy is applicable to all India base employees and deputees (including their immediate family members).

Insurer & Policy tenure:

The Health Insurance Policy has been renewed with National Insurance Company Ltd- for the period July 1, 2023 to June 30, 2024.

Health Insurance Plan Coverage

- Employee
- Spouse /Partner
- Up to 2 Dependent Children
- Dependent children up to 25 years, who are bona-fide students, not gainfully employed / married.
- Legally adopted children can be enrolled within the scope of the policy subject to the submission of relevant documents / proofs for validating the same.

Summary of the Health Insurance Plan (HIP) for Policy Period 2023-24

The HIP at Infosys has flexible plans to suit different groups of employees as detailed below

(in Values ₹)

Particulars	Standard Plan	Gold Plan	PlatinumPlan	TitaniumPlan
Family Floater	5,00,000	9,00,000	14,00,000	22,00,000
Maximum No. Of Members	4	4	4	4
Eligible Members	Employee Spouse/Partner /Children	Employee Spouse/Partner /Children	Employee Spouse/ Partner /Children	Employee Spouse/ Partner Children
Premium for Enhanced plan	NIL	6,325	10,925	16,675
Maternity Table				
Maternity – Basic Limit	50,000	50,000	50,000	50,000
Upgrade to ₹ 60,000	NA	4,000	4,000	4,000
Upgrade to ₹ 70,000	NA	NA	8,000	8,000
Upgrade to ₹ 80,000	NA	NA	NA	12,000
No. of installments (Premium payment)	NA	2	3	3
Infertility treatment (for Employee/Spouse/Partner) Restricted to base maternity limit ₹50,000	Yes	Yes	Yes	Yes
Legal Surrogacy (Max upto Rs 50,000)	NA	Yes	Yes	Yes
Egg freezing or Oocyte Cryopreservation is an Assisted Reproductive Technology (ART) Restricted to base maternity limit ₹50,000	NA	Yes	Yes	Yes

Premiums are inclusive of taxes,

These are the annual limits admissible during the entire policy

Pre and Post-Natal expenses up to INR 3500/- included as part of Maternity limit

Plan Benefits

	STANDARD PLAN	GOLD PLAN	PLATINUM PLAN	TITANIUM PLAN
Critical Illness: One-time option to re-instate of sum insured on 1st claim beyond ₹2,00,000/- for the policy period	Premium applicable as per EFHIP premium table	Premium applicable as per EFHIP premium table	Premium applicable as per EFHIP premium table	Premium applicable as per EFHIP premium table
Ambulance (per insured person, in a Policy year Upto ₹ 2,500)	Yes	Yes	Yes	Yes
Air Ambulance charges Up to 5% of Sum Insured	Yes	Yes	Yes	Yes
LGBTQIA: Hormonal, Psychological and Gender Reassignment (Including counselling & consultations)	NA	Upto 50% of total expense incurred per claim subject to maximum ₹2,00,000	Upto 50% of total expense incurred per claim subject to maximum ₹ 2,50,000	Upto 50% of total expense incurred per claim subject to maximum ₹ 2,50,000
COVID Expenses on Home Quarantine per Family	₹ 35,000	₹ 50,000	₹ 75,000	₹ 1,00,000
Mental Health - Psychiatric or Psychosomatic / Autism per family	Upto ₹ 30,000 including OPD	Upto ₹ 50,000 including OPD	Up to ₹ 75,000 Including OPD	Upto ₹1,00,000 Including OPD
Cataract/ Power correction of eyesight(+/-4) above Administration of intra vitreal injection	₹ 35,000	₹ 35,000	Actual	Actual
Ayurveda treatment as per Ayush Guidelines	Upto 25% Sum Insured	Upto 25% Sum Insured	Upto 25% Sum Insured	Upto 50% Sum Insured
Organ Donor's Medical Expenses (Including pre post hospitalization)	Upto ₹ 2,00,000	Upto ₹ 2,00,000	Upto ₹ 2,00,000	Upto ₹ 2,00,000
Oral and IV Adjuvant / Target/ Immuno /Hormone Replacement/Maintenance / Chemotherapy/Iodine therapy for cancer, Multiple Sclerosis Cyber Knife Surgery , Cochlear Implant, Robotic Surgery /any new advanced / experimental line of treatment, etc	50% co-pay	25% co-pay	No co-pay	No co-pay
Automatic one time Reinstatement of sum insured or ₹ 2,00,000 /- due to Accident injuries wherein the single claim amount exceeds ₹ 4,00,000 /-	Yes	Yes	Yes	Yes
Blood transfusion (Medical conditions like Anemia, Cancer, Injury etc)	₹20,000	₹30,000	₹40,000	₹50,000

These are the annual limits admissible during the entire policy

Nomination & Enrolment for 2023-24

- Company provides Standard plan to all our employees without any cost.
- Any upgrade to higher plans will have lock in for 3 years. No Lock in is applicable on enhanced maternity plans.
- Please refer FAQ for detailed explanation with example.

Nomination & upgrade/Downgrade

- The block period of 3 years is 2021-2022, 2022 -2023, 2023-2024
- Block period is constant for all employees across Infosys and no downgrade for 3 years.
- Enclosed table of information for your reference

Plan 21-22	Blocked for 3 years	Eligible to upgrade	Relaxation
Standard	N/A	Yes-to Gold	2024-2025
Gold	Yes	Yes-to Platinum/Titanium	2024-2025
Platinum	Yes	Yes-to Titanium	2024-2025
Titanium	Yes	N/A	2024-2025

Existing Employees:

- The Nominations data for last policy period will be unfrozen for employees to revisit nomination for upgrade of plans as per eligibility.
- It is recommended that employees review and reconfirm even if there are no changes to the nominations.
- The previous year plan will be continued as-is, if not revisited and appropriate premium will be deducted wherever applicable.
- Upgrade of plans is voluntary, with additional benefits/conditions.

Upgrade options are as under:

Plan 22-23	Standard	Gold	Platinum	Titanium
Standard	Default	Eligible	NA	NA
Gold	NA	Default	Eligible	Eligible
Platinum	NA	NA	Default	Eligible

New Joinees:

- The New Joinees are automatically covered from the date of joining under the standard plan.
- Window period of 45 days is provided to add their immediate dependents and choose the plans.
- Hospitalization claims of dependents are eligible to be claimed only if hospitalization is post the date of nomination.
- Premium will be charged on Quarterly pro-rated basis.

Base transfer:

Employees returning to India from overseas location (Base transfer) the enrolment procedure will be as per New joiners. Employees getting transferred from India- HIP benefits will cease to exist from the date of joining in new location.

Employees on Overseas Deputation and family coverage:

In case of India base employees who are deputed to other countries, the plan chosen will continue based on current year nomination and their dependents are covered under the plan.

Life Changing Events:

- Newly married spouse and Newborn will be covered, from the date of nomination. They must be enrolled within 30 days from the date of event.

Post Separation from Infosys, Status of Coverage:

- The coverage will be discontinued from the date of employee's separation from Infosys.

Demise of Employee:

- HIP plan will continue to cover existing dependents under the standard plan for the policy period.
- **Refund of Premium for Gold/Platinum/Titanium plan for separating employees:** No refund is offered for separating employees.

Tax Exemptions on premium payment for 'Gold', 'Platinum' and Titanium plans:

- The premium payment under the 'Gold', 'Platinum' and Titanium plans qualifies for tax exemption.
- No requirement to submit proof for availing tax benefit.
- Premium paid will be reflected automatically in the Form 16.
- Tax exemption are not applicable to employees who have chosen new tax regime.

Spouse Working in Infosys – Coverage:

- If self and spouse working in Infosys, then the Insurance coverage will be limited to single plan limits. (If different plans are opted, higher plan will be considered.)

Maternity:

Add on plan can be availed only for upgraded plans with additional premium*

- All pregnancy and related ailments/complications will fall under the overall Maternity limit.
- Medical expenses incurred as an inpatient towards first 2 deliveries along with 2 terminations of pregnancy (lawful medical termination of pregnancy during life of the insured or his spouse) covered under the policy
- Newborn baby expenses will be covered within the maternity limit only.
- Newborn having complication will be covered separately upto the plan limit.

Multiple Child Births:

- In case of multiple childbirth (Twins/Triples) on a single occasion, then all the children would be covered under the Policy. Child to be enrolled within 30 days from the date of birth subject to availability of vacant slot(s).
- Three or More children can be covered under top up plan by paying additional premium of ₹ 1,000 per child to Insurance company. The total sum insured remains unchanged.

COVID'19 Coverage on insured testing positive:

- Expenses towards investigation/hospitalization charges
- Hospitalization expenses including Institutional quarantine.
- Expenses incurred pre and post 30 days hospitalization will be eligible under the policy.
- Cashless facility is available under specific Private Hospitals approved by State Government.
- Post covid complications like Black/ White/ Yellow Fungus/ Omicron/Monkeypox etc & Cocktail Therapy ((Casirivimab and Imdevimab)) will be covered up to Sum Insurance Limit

Expenses towards Home Quarantine

Coverage on insured testing positive:

- Patient with asymptomatic where hospitalization is not required.
- Expenses towards Medical Consultation, Medicines and Test/Investigations are eligible to be claimed subject to home quarantine limits.
- Instrument Charges like Pulse Oxymeter, Thermometer will be covered.
- Prescription/Treating Doctor notes are mandatory.
- Rental Charges towards CIPAP, BIPAP, Oxygen Cylinder, Oxygen Concentrator is covered.

Expenses Institutional Quarantine:

Institutional Quarantine will be considered as hospitalization and expenses incurred are payable.

- Insured testing Positive
- Non availability of the beds in the hospital
- Advised by the government / local authority.

Egg Freezing & Terms:

- Egg freezing or Oocyte Cryopreservation is an Assisted Reproductive Technology (ART) that allows the harvesting and preservation of eggs of women of child-bearing age in order to be used at a later date.
- Cancer treatment (chemotherapy & radiation therapy) during the reproductive age that might cause significant impact on ovaries.
- Women with ovarian disease or those undergoing treatment for the same.
- Women with a family history of early menopause.
- Maximum payable will be under basic maternity limit.

Legal Surrogacy:

- Surrogacy is an arrangement, supported by a legal agreement, whereby a woman (the surrogate mother) agrees to bear a child for another person, who will become the child's parent(s) after birth.

- Employees may seek a surrogacy arrangement when pregnancy by the employee/spouse is medically impossible/when pregnancy risks are too dangerous for the intended mother and is so advised by a qualified medical practitioner.
- IPD Delivery expenses of Surrogate Mother would be treated at-par with the delivery expense cover eligibility of employee or spouse.
- It does not cover maternity related complications or any other pregnancy disorder treatment costs of the surrogate mother.
- Employee has to produce certificate and other necessary documents as per the Surrogacy (Protection) Act 2018.
- Only cost of first child delivery through Surrogate Mother would get covered up to the base maternity limit.

Mental Health - Psychiatric or Psychosomatic:

- This benefit is extended to Employees/ Spouse/Partner /Children.
- The Medical expenses for treatment of mental health such as depression, bipolar disorder, schizophrenia, autism etc. under IPD/OPD as per limits specified in the policy schedule.
- The nature of mental health, Investigation Reports, treatments undergone, prescriptions, etc, duly certified by treating doctor, registered counsellors should be provided for admitting the claim.

LGBTQIA – Lesbian, Gay, Bisexual, Transgender, Queer, Intersex, Asexual cover:

The term 'family' is inclusive of people from the lesbian, gay, bisexual, transgender, queer, intersex, asexual (LGBTQIA) community.

- This includes same sex partners irrespective of their marital status.
- Hormonal, Psychological therapy and Surgical procedures for Sex / gender confirmation are covered. Details of expenses payable refer to the [link](#).

Inclusion of Partners:

- 'Partner' means same-sex or opposite-sex partners, who are both of legal age, unmarried, in a close personal and sexual relationship and are voluntarily cohabitating together.
- Please note that while claiming the benefits under this scheme, one may need to submit documents as proof of relationship with the dependents, whom you have enrolled under the Scheme

Ayurveda Treatment:

Expenses incurred towards Ayurveda treatment are payable as per the below plan guidelines:

- Administered in Central or state Government hospitals.
- NABH accredited Ayurveda hospital.
- Teaching hospitals attached to Ayurveda colleges recognized by Central or state Government/ Central Council of Indian Medicine.
- Ayurveda hospitals registered with a Government Authority in a State with adequate number of qualified paramedical staff, dedicated Ayurveda therapy sections and daily maintenance of medical records.

- Massage and other treatments such as Abhyangam, Khizhi, pizhichill , udwarthanam Steam bath, sweda, kutisweda, patra potala sweda, Shirodhara takradhara, katidhara , etc are payable if these in line with the diagnosis/treatment suggested.
- Claim will be payable as per Ayush guidelines and hospitalization limit will be restricted as per capped benefits however total expenditure will be capped as per maximum limit mentioned in above table.

Scope of the Cover – General terms and conditions:

- Pre-existing diseases covered from day one.
- Benefits can be availed post nomination.
- Policy covers inpatient treatment having active line of treatment with hospitalization for more than 24 hours.
- Minimum Hospital Criteria of 15 beds has to be met with an exception to day care procedures.
- 140 Day care procedures do not require hospitalization (for details refer Day Care procedures Annexure. Please refer the [link](#))
- 30 days Pre and Post hospitalization expenses are covered.
- The expenses should be related to the same ailment for which insured was hospitalized.
- Pre and post hospitalization expenses will be payable within their defined benefit limit
- hospitalization expenses relating to External Congenital anomaly/defect/disorder are admissible provided the same is life threatening to the individual insured or substantially affects the normal functioning of the body and not for Cosmetic purpose

Room Eligibility and Co Payment Table for all plans:

FEATURES	STANDARD PLAN	GOLD PLAN	PLATINUM PLAN	TITANIUM PLAN
Room Charges (per day per insured person)	Entry level Single Occupancy AC/Non-AC	Entry level Single Occupancy AC/Non AC	Actual	Actual
Co-Pay on every claim	10% of admissible claim amount OR ₹ 3,500 whichever is higher	10% of admissible claim amount OR ₹ 3,500 whichever is higher	NO	NO

Standard & Gold – Room rent opted higher the eligible room then the proportionate deduction will be applicable. Illustration has been updated in FAQ

Additional co-pay : 5% additional co-pay is applicable on reimbursement claims registered under Network hospital.

TPA (Third Party Administrator):

TPA means a Third Party Administrator who holds a valid License from Insurance Regulatory and Development Authority to act as a THIRD PARTY ADMINISTRATOR. They are engaged by the insurers for providing health services as specified in the agreement between the Insurance company and TPA.

Scope of Services of TPA (Medi Assist):

TPA administers the health insurance benefits for Infoscion and their family members who are covered under the policy

- Facilitate cashless hospitalization at the Medi Assist Network of Healthcare Providers (on best effort)

basis)

- Has tie up with majority of hospitals across the country for special price for procedures and room rent.
- Reimbursement process for Claims of Hospitalization expenses other than cashless
- 24X7 Dedicated help line numbers to support Infoscion (01206937306)

Definition of Network Provider:

Network Provider means the hospital/nursing home or health care providers enlisted by the insurer or by a TPA to provide medical services to an insured by providing cashless facility for any hospitalization expenses.

Exclusions under HIP plan

Please note that this list is indicative only and not exhaustive. (Please refer the policy document for complete details):

- Hospitalizations less than 24 hrs. (other than 140 listed day care procedures)
- Hospitalizations for evaluation or diagnosis purposes
- No active line of treatment during the hospitalization
- Out-patient treatment means treatment in which the insured person visits a clinic / hospital or associated facility like a consultation room for diagnosis and treatment based on the advice of a medical practitioner.
- Contact lens, Spectacles, and Hearing aid
- Dental treatment or surgery of any kind unless necessitated by accident and requiring hospitalization.
- Voluntary Termination of Pregnancy
- Sterilization procedures /Family Planning
- Plastic and cosmetic surgery
- Any condition directly or indirectly caused to or associated with HIV, AIDS, complications of AIDS and other sexually transmitted diseases (STD) Experimental and unproven treatments
- Treatment for obesity or a condition arising there from (including morbid obesity) and any other weight control and management programme/services/supplies or treatment.
- Naturopathy Treatment, acupressure, acupuncture, magnetic therapies, experimental and unproven treatments/ therapies
- Treatment/Admission standalone for Massage and other treatments such as Abhyangam, Khizhi, pizhichill , udwarthanam Steam bath, sweda, kuti sweda, patra potala sweda, Shirodhara takradhara, katidhara , etc
- Any purchase of Machine cost like CIPAP, BIPAP, Oxygen Cylinder, Oxygen Concentrator
- Hotel Accommodation Charges during Quarantine period
- Treatment arising out of disease/injury due to misuse or abuse of drugs/alcohol or use of intoxicating substances

****For complete details on policy conditions / coverages/ Inclusion and Exclusion please refer the Group Mediclaim Insurance policy document***

HIP Portal link: <https://infosystechnologies.sharepoint.com/sites/InfosysHIP/SitePages/HIP.aspx>

EFHIP Portal Link: (Plan will be launched on 1st August 2023) [Health Insurance Plan - Home \(sharepoint.com\)](#)

Explore your health benefits on the move: (Single Sign on):

Download the MediBuddy app today to get updates on the network hospitals, for claims submissions, tracking and cards, etc. The SSO (Single sign on) feature is introduced for easy access for the same. Log in using your Infosys credentials. For log in process [click here](#)

Contact Details of Medi Assist *(DC contact details refer table here below):*

Email ID	Toll Free Number(24X7)
Infosys@mediassist.in	0120-6937306
Status online: https://infosys.mediassist.in	

Titanium Escalation Matrix:

Email ID	Toll Free Number
Titanium.Infosys@mediassist.in	7899065999
Relationship Manger	9739449018 (9 AM to 6 PM) Mon to Fri

Escalation Matrix of Medi Assist:

Escalations	Name	Email Id	Contact No
First Level	Rani G/ Ravinder Kumar	rani.g@mediassist.in / ravinder.kumar@mediassist.in	7337873913/ 8884662790
Second Level	Jeyamurugan	a.jeyamurugan@mediassist.in	7022877321
Third level	Sushma Venkatesh Reema Ransaria	sushma.venkatesh@mediassist.i n/ reema.ranasaria@mediassist.in	7338467570/7899391328

Escalation Matrix Insurance Company:

Name	Contact Number	Email ID
G.Kavitha	8939845829	g.kavitha@nic.co.in
Soma Rani	8884499406	somarani.saha@nic.co.in
Vikrant J P	7506345302	JP.Vikrant@nic.co.in

Retail policy- insurer SPOC

Name	Contact Number	Email ID
Arjun Chamala	8884499388	arjun.chamala@nic.co.in

Escalation Matrix Infosys Ltd:

Escalations	Name	Email ID	Contact No
First Level	Ramesh Nayak / Sriram H	Ramesh_Nayak@infosys.com / Sriram_H05/	9731263006 9791073071
Second Level	Priyadarshini Hegde	priyadarrshini_h@infosys.com	6366930854
Third Level	Srinivas Prabhu	Srinivas_prabhu@infosys.com	9900622007

HEALTH INSURANCE POLICY 2023-24

Medi Assist DC Contacts – SERVICE DESK WILL RESUME ONCE DC's ARE FULLY OPERATIONAL				
DC	Location	Contact	Weekdays	Timings
Bangalore	Building#9,Near ICICI ATM	Help desk team	Tuesday & Thursday	9 AM to 5 PM
Pune	Phase -2, SDB-2, Ground Floor, A-Wing, Finance Section, Near FOREXDesk	Mr. Sunil/Ms Priyanka 7028971094	All working days	10 AM to 5 PM
Hyderabad	Building 7, near CAG	Mr. Azam 7671820008	All working days	10 AM to 5 PM
	Pocharam SEZ, Bldg. No.2	Mr M Vijay Kumar 8897378682	All working days	10AM to 5 PM
Chennai	AKDR- 3rd Floor	Mr. Santhosh 9003072218	Tuesdays	10 AM to 1 PM 2 PM to 5 PM Pacifica
	One Paramount - 6th Floor	9003072218	Fridays	10 30 PM to 2 PM
	M City, Building-04 Left Wing	9 003072218	Mon, Wed, Thurs andFridays	10 AM to 2.30 PM
Trivandrum	SEZ Campus, SDB 2, A wing	Ms Nisha Abdul 9072593386	Tuesday &Thursdays	9.30 AM to 4.30PM
Chandigarh	SEZ Campus -SDB1 A ,wing	Mr Ravinder 9915539154	Monday toFriday	10 AM to 5 PM
Bhubaneswar STPI	CCD Food Court		Wednesday and Friday	4.30 PM to 6 PM
	CCC Building Finance Desk		Wednesday and Friday	6 PM to 7 PM
Bhubaneswar SEZ	SDB A- Finance Desk	Mr .Jyoti Ranjan 9438409998	Wednesday	11 AM to 1 PM
Mysore	Sdb1 Groundfloor, 'B' Wing,	Mr Syed Muddasir 6366935351	Tuesday &Thursdays	10 AM to 5 PM
Gurgaon	Uniworld Towers	Rakesh Tiwari 9315412525	Friday	11 AM to 3:30 PM
Mangalore	Mudipu, SEZ, SDB3, Ground Floor C Wing	Ms Sujata Shetty 8884662790	Monday to Friday	11 AM to 5 PM
Jaipur	Medical Room GF Corporate Bay IBPO Building	Mr.Pankaj 9610098732/8448 697087	Tuesday	11AM to 2 PM
			Wednesday	7PM to 9 PM

FAQ (Frequently Asked Questions):

1. What is Reimbursement of claims

- In case you choose to pay the hospital bills directly for any of the below reasons, you may submit reimbursement claim using Medibuddy.
- Hospitalization at a non-network hospital.
- Post-hospitalization and pre-hospitalization expenses.
- Denial of preauthorization for cashless at a network hospital for lack of documents.

2. What are the documents required to be submitted for reimbursement claims?

The following **original** documents are to be submitted for reimbursement of claims

- Hospital final bill.
- Printed pre numbered Receipts for payments made to the hospital.
- Complete breakup of the hospital bill.
- Discharge summary.
- Investigation reports supported by note from attending surgeon.
- All Medicine bills with relevant prescriptions.
- Copy/Cancelled Cheque to validate the Bank Account number & IFSC Code.
- The above list is not the exhaustive list TPA may seek additional documents if required.
- **Mandatory Document – Pan card , Aadhar Card, Infosys ID Card**

3. What are the documents required to be submitted at the hospital for cashless claims?

- Infosys ID card copy.
- Medi Assist card (Available online: <https://infosys.mediassist.in/Indexinfy.aspx>).
- Any government issued photo ID card of the person hospitalized.
- PAN card for claim above one lakh .

4. How do I Log/Track my claim status in real-time ?

- Log into <https://infosys.mediassist.in> and click the Claims tab and update to submit a claims/track a claim.
- Claims can be submitted online using the link. Submission of claims needs to be done within 30 days of hospitalization and also hard copy of the documents needs to be submitted immediately.
- SMS "Claims (Claim Number)" to +91 96631 49992

5. Why are Original Documents required for claiming Reimbursement of Hospitalization Expenses?

The documents have to be in Original since the Insurer who makes the payment require them as per Standard Accounting norms and also to meet the requirements of the external Govt Agencies like CAG, Income Tax, IRDA, etc.

It is suggested that the Insured should keep Photocopies of all documents for any future reference.

6. Is there an option to add more than 2 Kids under standard plan?

No. 2 kids or more can be covered under top up plan, please refer the illustration below

	Standard	Gold/Platinum/Titanium
No of Child Eligible	2	No Restriction
Premium per additional Kid	NA	INR 1000

7. How many days of pre and post hospitalization expenses can be claimed?

Policy allows Pre/Post-hospitalization expenses, for up to 30 days prior/post hospitalization. The documents that you need to submit should be relevant to the treatment during hospitalization and are as follows:

- Copy of the discharge summary of the corresponding hospitalization.
- Relevant doctors' prescriptions for investigations and medication.
- Bills for investigations done with the respective reports.
- Bills for medicines supported by relevant prescriptions.

8. If I am advised to get admitted by the treating doctor, will the claim be payable?

The policy covers hospitalization expenses only if there is active line of treatment. Hospitalization for investigation alone is not payable.

9. I have spent ₹ 20,000 on hospitalization. Can I claim the full amount?

Claims are subject to Co-pay and other conditions. Co-pay means the portion of the claim value that is borne by the employee. Employees / dependents claims will be subject to a co-payment of 10% or ₹3,500 of the payable amount per incident (whichever is higher) under the standard and gold plan. There would be no co-payment for platinum and Titanium plans.

10. What is the SLA (Service Level Agreement) for TPA for Pre-Authorization /Reimbursement claims?

Claims Pre-authorization	SLA
Processing - approval/denial/ query	Within 2 hours
Claims Reimbursement	
Processing-approval/ Denial (approval +payment settlement)	10 working days*
Processing and communication of additional information requirement	3 working days

**this is subject to receiving all the documents/clarifications if any required from the insured*

11. What is active line of Treatment?

Active Line of Treatment is a continuous medical treatment provided by a medical practitioner to a patient suffering from a specific ailment / life threatening situation.

12. What is the definition of Hospital?

Hospital is any institution established for in-patient care and day care treatment of illness and/or injuries and which has been registered as a Hospital with the local authorities under the Clinical establishments (Registration and Regulation) Act, 2010 or under the enactments specified under the Schedule of Section 56(1) of the said Act OR complies with all minimum criteria as under:

- Has qualified nursing staff under its employment round the clock.
- Has at least 15 inpatients beds
- Has qualified medical practitioner(s) in charge round the clock;
- Has a fully equipped Operation Theatre of its own where surgical procedures are carried out;
- Maintains daily records of patients and makes these accessible to the insurance company's authorized personnel.

13. What is a Non Network Hospital?

Non- network means any hospital, day care center or other providers who are not part of the network hospitals of Mediassist.

14. Whether HIP policy document exhaustive?

- Policy document provides only highlights and some of the features of the policy for easy understanding.
- Under no circumstances will supersede the policy that is issued by Insurance under IRDA guidelines.
- One can access the Detailed HIP policy 2023-24 uploaded in the site which covers all the terms and conditions.

15. How to nominate /add baby under HIP policy?

- InfyMe - Profile Icon - Show Full Profile – Personal – Add Dependents.
- If child name is not decided, please update child name as "Baby of Mother's name"

16. What is the procedure to correct name/DOB in between policy period?

Please update the correct name/DOB by accessing INFYME

- InfyMe - Profile Icon - Show Full Profile – Personal – Add Dependents.

Once updated please raise an AHD with CAG Insurance to update on Mediassist portal / card.

17. Where/how can we download the e cards/health card and view list of network hospitals?

Please login to Medibuddy portal or download Medibuddy mobile app from Playstore /App store and access your data

Logging in from Infosys Intranet

Once connected to Infy system, from intranet you will have to just visit <https://infosys.medibuddy.in> you will be connected instantly without any authentication.

Open Internet/Handled/tabs – Use Infosys emailID@infosys.com with Infy password

In case logging in from open internet then the same link <https://infosys.medibuddy.in> you will be directed through the Multi factor authentication (MFA) **Log in will be:** your Infy mailID@infosys.com also and your Infy log in password.

To register/change setting for first time MFA you will have to visit this

link <https://rasssp.ad.infosys.com/MultiFactorAuth/>

18. What are the documents required for partial claim?

- Online Claim form duly filled and signed.
- Attested copy of the documents (inpatient bill, reports, summary, break up etc.,)
- Original hard copy of the receipt for the excess amount paid
- Claim settlement letter from the other insurer

19. Where can we get information regarding porting the policy and premium for market policy?

- Retail policy details are available in [National Insurance Company Limited \(nic.co.in\)](http://NationalInsuranceCompanyLimited(nic.co.in))
- For porting please drop mail to arjun.chamala@nic.co.in / JP.Vikrant@nic.co.in

- 20. Where can we send the claim documents, if we are not able to submit to the helpdesk in the campus?**
Documents can be sent to below mentioned address

Medi Assist Insurance TPA Pvt. Ltd 58/1A, Singhasandra Village, Hosur Main Road, Begur Hobli, Bangalore South Taluk Bangalore -560068

- 21. Is there any time limit to submit the pre-authorization request in case of a planned hospitalization?**
In case of a planned hospitalization, it is prudent to send the preauthorization request to Medi Assist at least 48 hours prior to the admission date. This will ensure.
- Easy admission
 - Pre-approved cashless limits
 - Ease of discharge
 - Avoid additional co-payment.
 - Pre-approved discounted rates with hospitals You can log in a request using MediBuddy app

- 22. Who will send the preauthorization to Medi Assist in case of emergency/unplanned hospitalization?**
In case of an emergency or unplanned admission, the hospital must send the pre-authorization request to Medi Assist at the time of admission or on the day of discharge before billing.

- 23. Circumstances under which a Request for Cashless Hospitalization can be denied.**

- If the information contained in the request is insufficient for Medi Assist to arrive at a decision
- The ailment for which hospitalization sought is not covered under the policy.
- The entire sum available for your family for the year has been exhausted during the year
- Age proof Photo ID not furnished.

Note: The reasons stated above are only indicative and not exhaustive

- 24. What if I am working from a remote location during the renewal cycle and I am unable to access mails?**
Family cover will be intact even if the employee is not able to get the mails/communication w.r.t the same.
If the employee is working on remote network/location the plan chosen in the last renewal cycle will continue to be in force covering their dependents under the plan.

- 25. What if I opt for a gold/platinum plan this year and selected 60k/70k plan for maternity, can I discontinue?**

Yes, Maternity is only an add on cover and there is no restriction to subscribe to maternity plan in subsequent renewals.

- 26. Can one change the plan post closure of enrolment period?**

No. Plan once opted during enrolment period cannot be changed during the policy period (1st Jul current to 30th Jun of next year). However subsequent years, employees will have an option to upgrade the plans depending on renewal terms.

27. How can I pay the premium in case of plan upgrade?

Following options are available for premium payment.

- **Gold plan:** Premium will be deducted from salary in two (2) interest free instalments.
- **Platinum/Titanium Plan:** Employees will have an option to pay the premium in three (03) interest free instalments.

28. Where can I find the list of hospitals for health check-up for Titanium plan subscribers?

Please log into <https://infosys.medibuddy.in/Indexinfy.aspx> under Titanium OPD benefits you will be able to browse through the list of hospitals and the packages available.

29. Can I go in for reimbursement for the complementary tests and other benefits stated as add on in Titanium plan?

The complementary tests / other benefits will not be reimbursed through claims, appointments will be facilitated by Medi Assist through their network hospitals.

30. Is infertility treatment covered in policy and is there a cap on claims?

Yes, infertility treatment is covered, however both infertility and maternity treatment during same policy period has a max cap of Rs. 50,000 (both incidents put together).

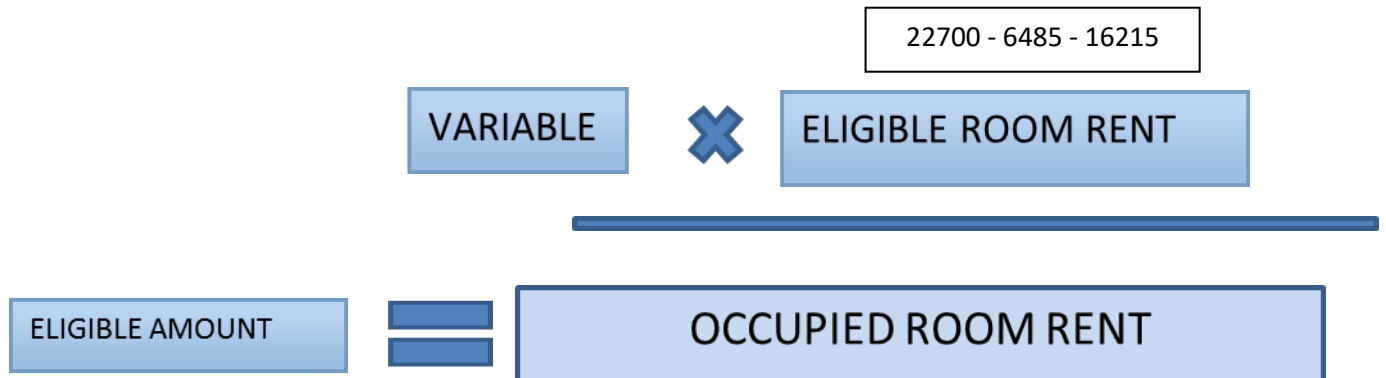
Ex: Infertility claim of Rs 25,000 and maternity claim of Rs 45,000 in the same policy period. Maximum amount payable in this scenario will be Rs 50,000

31. Online Reimbursement Claim Submission – Do's & Don'ts

- Please retain a copy of all documents submitted to Medi Assist for further reference.
- Please retain POD copy of the courier for tracking your consignment in case of any delay etc.
- Please note that online submission of claim documents to be registered in the system and payment will be processed based on soft copies, however, **as per the mandate from IRDA and insurance company original documents/hard copies are required for audit purpose thus we would request you to submit the original documents within 3 working days for the completion of claims process at the respective DC locations or courier documents to Medi Assist**
- Print out of the claim form has to be signed & submitted along with the documents.
- All original documents like hospital main bill, main bill-break up, receipts/ advance paid receipts and any other bills/reports are required in original hard copy to be submitted at the nearest help desk or to be couriered to Nearest Medi Assist office within 3-4 working days for the claim processing. Photocopy or duplicate copy of the financial documents will not be considered for processing.
- Please submit the patient photo ID proof and Infosys ID during claim submission
- Insert page numbers on all the document and update total number on the first sheet. Documents should be numbered from last page to first page on top right-hand side of document.
- Don't raise the duplicate claims in the system for the same admission.
- Pre and Post hospitalization claims to be submitted separately.
- Once claims created cannot be cancelled/altered thus please review the claim form and documents before submitting the claims

Illustration on proportionate restriction as per room eligibility

Scenario: Hospitalisation is for 3 days and total bill amount is 25000 with following bill bifurcation (patient is Eligible for single AC private room rent at INR 3500. But, occupied / opted Deluxe/suit room rent at INR 4900 per day)				
Charge Head	Amount	Deduction	payable amount	Deduction reason
room rent for 3 days	14700 (4900*3)	4200 (4900-3500)*3	10500	excess of eligible room rent
lab + professional charges	8000	2285	5715	proportionate excess as per the eligible room rent
Total	22700	6485	16215	



In this case, total variables (room, nursing, lab and professional) (14700+8000) = INR22700

Patient is eligible for single AC room with rent at INR 3500, but opted deluxe room at INR 4900
Hence, eligible variables after proportionate restriction = $22700 \times 3500 / 4900$ = INR16215