Adobe

Group Health Insurance Frequently Asked Questions (FAQs)

Group Health Insurance (Base Policy), Super Top up and Modular Add on Top Up Plans
Policy Period -1st April 2025 till 31st March 2026

IMPORTANT – The annual window for Base Policy, Top-up Policy and Modular Add on Top Up Enrollment is from 1st April 2025 to – 18th April 2025 and timeline to make the payment for top-up and Modular Add on Top Up is also 1st April 2025 to – 18th April 2025

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Section A: Insurance TPA & Vendor Partner

1. **Who is Medi Assist TPA & Marsh India Insurance Brokers?**

Medi Assist Insurance TPA Pvt. Ltd. is a Third-Party Administrator appointed by United India Insurance Co. Ltd. to facilitate claim settlements of Group Health Insurance Policy for Adobe Systems.

Whereas Marsh India is a registered Insurance Brokers by IRDA and have been appointed by Adobe to intermediate the services between the TPA, United India Insurance Co. Ltd. and the employee. They will be the point of contact for the employee in relation to the claim services. They will act as extended arm for Adobe to advocate employee claims

2. **What are the services available through Medi Assist?**
   A. Online access to
      a. View enrollment details,
      b. Purchase Top-up coverage & Modular Add on Top Up Plans
      c. Download E cards for self and dependents
   B. Access to a large network of hospitals (In India)
   C. Cashless hospitalization facility: For treatment at network hospitals for ailments covered under the policy
   D. Claims administration services
      a. Claim reimbursement service for out-of-pocket expenses
      b. Document recovery support providing information about missing/shortfall of documents.
      c. Submission of claim to the insurer and follow up to expedite the reimbursement process. (Online claim status available for claims submitted)
      d. Help Desk facility at Noida and Bangalore Campus.

3. **Who is Insurer for Group Health Insurance Policy?**

Adobe employees and enrolled dependents are covered under Group Health Insurance Policy of United India Insurance Co. Ltd., with Medi Assist as Third-Party Administrator.

Section B: Eligibility

4. Who are covered under the policy and for what amount?

The employee, employee's spouse or partner (same gender), employee's three dependent children up to age of 25 and employee's parents/parents-in-law/parents of same-sex partner (either set) are covered under the Group Health Insurance Policy. The current policy coverage comprises a Family Floater for the entire family with a maximum of ₹7,00,000 (Parents cover restricted to ₹5,00,000).

Other considerations:

In case of new hires/transfer	Dependents should be enrolled within 15 days from the date of receiving the welcome emailer.
In the case of marriage of the employee	Named spouse should be enrolled within 45 days from the date of event or during the annual enrollment period
In the case of newborn baby/adoption	Named child should be enrolled within 45 days from the date of birth/adoption*(E.g.,Baby of <<Mother Name>> or actual name) or during the annual enrollment period

Parents can enroll the adopted child only after receiving the legal decree from court.

In cases where enrollment timeline is missed, you will be able to add your dependents only during the next policy renewal period scheduled for March'2026.

Note: Misrepresentation of dependent's name, relationship, age, will lead to disciplinary actions. The Insurer / TPA / Marsh has the right for asking additional proof of identity or government id for validation, before the coverage of dependentor even ask during the policy year.

5. What is the legal definition of a Parents/Parents-in law?

Father or Mother of an employee, by birth. The word does not mean grandparent or ancestor but can include a legal adoptive parent. The same definition applies for Parents-in law, i.e. Father or Mother of an employee's spouse, by birth

6. What is a family floater?

Family Floater means employees and their dependents together are eligible for the entire sum insured (Parents or Parents In-Law are covered for Sum insured of INR 5 lakhs with restriction of 20% co-pay.), i.e. anyone in the family can utilize entire sum insured or the sum insured can be used by more than one family member out of the total family limit

Section C: Coverage

A. IPD Coverage

7. Is Ayush treatment covered under hospitalization limit?

Ayush treatment is covered under IPD only up to family Sum Insured in government registered hospitals only

8. Can an employee cover his/her parent(s) or Parents In-Law even if they are not dependent on the employee?
Yes, employee can cover parents/in-laws, even if they are not economically dependent on employee

9. Will my dependents and I get a Medical Card?
All employees and the enrolled dependents (s) under this plan will be issued an E-card that can be downloaded through https://portal.mediassist.in/Home.aspx?ssosrc=adobesso.

10. What is the age limit within which parent(s) is/are eligible for coverage?
There are no restrictions on the age for parents/parents in law for Base and Super Top Up policy. Post enrollment your parents/parents in law will remain insured till the time you are an employee of Adobe.

11. What is the age limit within which child is eligible for coverage?
Children till the age of 25 years can be covered in the Adobe Health Insurance plan. However, children who have a disability can be covered in the health insurance without age limit subject to submission of disability certificate and approval from the insurer.
If the dependent child gets married/employed during the currency of the policy, necessary endorsement should be passed for deletion of name.
For further assistance, please write to adobe.noida@Mediassist.in or adobe.bangalore@Mediassist.in

12. What is the definition of 'disability' to cover a child in the health insurance plan?
Any permanent disability will get covered subject to submission of disability certificate and approval from the insurer.

13. How can I enroll my child with disability in the Adobe health insurance plan?
Children with any permanent disability can be covered without age limit. This is available subject to the submission of disability certificate at adobe.nda@marsh.com with email subject "Submission of Child Disability Certificate (Emp ID)" within 30 days from the date of enrollment. If this information is found incorrect/misrepresentation, insurance company has the right to take necessary action. Insurance coverage will not be extended till the disability certificate is submitted.

14. Am I allowed to cover my grandparents/siblings/domestic partner?
No, you are not allowed to cover grandparents/siblings/domestic partner under this plan. Grandparents cannot also be substituted for parents/parents in law.

15. What happens if my spouse and I both work for Adobe?
If both employee and spouse are working with ADOBE, then they both can opt for cover as "Self" along with their individual set of parents under the Base and Top Up policy. Children of such employees can be covered by either of the two. One member can be covered only once under policy.

16. What happens in case there are twins born in the 3rd maternity event? (If the employee has already enrolled 2 children)? Can both the twins be enrolled?
Both the twin children cannot be covered in this case. Employee would have the choice to enroll any one twin child under the policy. Also, delivery charges will not be covered if 2 children are already enrolled.

17. What will be maternity limit in case of twins or triplets?

In case of or triplets also maternity limit will be 1lacs as per policy T&C

18. Is the injury related to Road Accident covered if the hospitalization is for less than 24 hours?
No. However, treatment done on Outpatient basis can be claimed as reimbursement under OPD coverage of INR 15,000 per family subject to bills have been generated as per OPD treatment.

19. In the GMC base plan life threatening maternity complications to be covered up to full Sum Insured limit. How are 'life threatening situation' defined?
You need to submit complete set of documents along with the active line of treatment wherein doctor should specify the valid reasons stating it is a life-threatening situation for the pregnant women or in postpartum period. The same will be verified by internal doctors of TPA and insurance company. After their satisfaction only, the request will get approved.

20. Till what age can children be covered in the base and top-up plans?
Children are covered till the age of 25 years.
Children with any permanent disability can be covered without age limit. This is available subject to the submission of disability certificate at adobe.nda@marsh.com with email subject "Submission of Child Disability Certificate (Emp ID)" within 30 days from the date of enrollment. If this information is found incorrect/misrepresentation, insurance company has the right to take necessary action. Insurance coverage will not be extended till the disability certificate is submitted.

21. Can siblings or dependent siblings be covered under the GMC policy?
No, Siblings are not covered under the GMC policy.

22. How many events of maternity are covered in the insurance plan?
1st two births shall be covered by the Insurance plan. The same does not count for miscarriage, in-voluntary abortion etc.

23. What are the steps involved in declaring an adopted child in the insurance plan?
- Adopted child should be enrolled within 45 days from the date of adoption*(E.g., Baby of <<Mother Name>> or actual name) or during the annual enrollment period.
- Parents can enroll the adopted child only after receiving the legal decree from the court.
- Legal decree needs to be submitted to naresh.kumar@marsh.com while doing the enrollment with email subject:" Coverage for Adopted Child".
- Legal decree will get vetted from the insurance company and coverage is subject to their approval.

24. Can an employee enroll his/her parent(s) or Parents In-law in Health Insurance Coverage provided by Adobe if they are covered in a separate insurance plan?
Yes. However, you cannot claim the same expenses from both the plans. You can split the claim between both policies, but original documents will be required by both insurance companies. If the hospitalization expense is more than the sum insured in one plan, then the employee can claim the excess expense from the 2nd plan.

25. Is Breast Reconstruction Surgery covered in policy?
Covered after cancer treatment, once per lifetime. Including complications of reconstructive surgery.

26. How is this policy better than a retail plan available in the market?

Adobe Policy Benefits Comparison		
Benefits	**Retail Policy in Market**	**Adobe Policy**

Medical checkups required	Yes - over the age of 45 years (premium and coverage depends on medical checks)	Not required regardless of age of parent
Claims permissibility for pre-existing disease or symptoms	No	Yes
Claims permissibility for list of first year exclusion diseases like cataract, sinus, benign prostrate hypertrophy, hemorrhoids, hernia, hydrocele	No	Yes
All claims have a mandatory waiting period of 30 days from the start of the policy period	Yes - cannot claim for the first 30 days (exception for accidents)	No waiting period
Cashless hospitalization	Yes - through an insurer assigned Third Party Administrator	Yes - through ADOBE's administrator (TPA), Medi Assist
Room rent restriction during hospitalizationstay	Restricted to 1% of sum insured per day.	No restrictions as per sum insured (GIPSA package is applicable)
Approximate cost	INR 28,000 per parent (assuming an age of between55 to 65 years)	No cost as premium borne by Adobe (base policy)
Infertility treatment	No	Covered up to INR 1,50,000 (20%copay)
Treatment for Lasik surgery for eyesight correction	No	Covered if power of glasses is more than +/- 7.5
Hospitalization claims arising out of Road Accident less than 24 hours	No	Covered if inpatient treatment isprovided

27. How does this coverage take place?

Employees and their dependent(s) coverage will begin from the employee's date of joining the Adobe, provided they have enrolled the dependents on https://portal.mediassist.in/Home.aspx?ssosrc=adobesso within the timeline provided. To enroll, please add your dependents on to https://portal.mediassist.in/Home.aspx?ssosrc=adobessowithin 15 days from receiving the welcome emailer from the email id – automailer@mediassist.in

28. What is a life event?

A change in your situation — like getting married, having a baby/adoption*/surrogacy, that can make you eligible for a Special EnrollmentPeriod, allowing you to enroll your new dependents in health insurance outside the yearly Open Enrollment Period, i.e., you can only add dependents outside of the enrollment period within 45 days of the birth of a child or a marriage, so we encourage you to enroll in time

Parents can enroll the adopted child only after receiving the legal decree from court

29. Can I cover my father-in-law or mother-in-law if one of my parents is not alive or vice versa?
No. Cross combination will be allowed only if one of the parent is not alive in both the sets. So, either you can cover your parents or parents in law.

30. Can Cross Combination of Parents/Parents-in-Law will be allowed in any situation?
"Cross combination of Parents/Parents In Law will be allowed only if one of the parent is not alive in both the sets" subject to submission of below declaration & death certificates of both the parents who are not alive to Marsh team at adobe.nda@marsh.com. This cross selection will be allowed only for the enrolment period i.e. 1st April, 2025 – 18th April, 2025.

> "I hereby confirm that my Father/Mother/Father-in-Law/Mother-in-Law (NAME OF THE DECEASED) & (NAME OF THE DECEASED) are not alive and hence would like to cover my Father/Mother/Father-in-Law/Mother-in-Law (NAME OF THE DEPENDENT) & (NAME OF THE DEPENDENT) under the Group Health Insurance and Group Health Top Up Policy (Optional). Kindly do the required changes as per my declaration. Attached you will find the death certificates of my Father/Mother/Father-in-Law/Mother-in-Law".

It is mandatory for the employee to make payment under MEDI ASSIST portal to UIIC and upload the UTR details on the portal itself in case he/she is opting for Group Health Top Up Policy for any set.
The portal will not allow the employee to select cross combination of Parents/In Laws and the same will be done from backend after the enrollment window is closed. The e-cards for cross selection will not get generated till the time it is not rectified from backend. This should be done by 15th May, 2025. In case there is any claim, please reach out to adobe.nda@marsh.com / adobe.blr@marsh.com.

31. Do I have an option to switch between Parents/Parents in Law in the middle of the policy period?
No, once declared it cannot be changed in that policy period.

32. What happens in case of bereavement (Parent or in laws) in between the policy year?
Employee cannot enroll any other parent in case of bereavement in between the policy year.

33. My spouse and I are both working in Adobe; can we cover each other as dependent and claim from both sum insured?
If both employee and spouse are working with ADOBE, then they both can opt for cover as "Self". You can't enroll each other as dependents as one member can't be covered twice in a policy.

34. Can parents/parents in law avail the insurance benefit in hospital outside of the Medi Assist Network?
Yes, however in such type of cases cashless facility will not be extended. Non-network hospitalization expense can be claimed as reimbursement on submitting relevant hospitalization documents & bills.

35. Can we avail cashless facility in Government hospital?
Government hospitals are not covered under network for cashless facility. You can claim through reimbursement if going in Govt. hospital treatment.

B. Top-up plans
36. How does the Top Up policy work?
The Top Up Health Insurance policy cover will have a base deductible of INR 700,000 for the employee, employee's spouse or partner (same gender) and employee's children wherein for parents/parents in law will have a base deductible of INR 500,000 on family floater basis. This deductible will be applicable during the Top Up policy period and any amount claimed from the base health policy before and after the Top Up policy period will not be considered as part of the deductible.

37. Who all are entitled to get benefit from Top Up Health Insurance policy?

The Employees having the family definition of 1+6 in Base/Master group policy can opt/cover 1+6 in a Top Up Health Insurance policy, whereas employees with family definition of 1+4 can opt/cover 1+4 in top-up policy.

38. Will co-payment be charged in Top Up Health Insurance policy?
No, co-payment clause on parent claims would not be applicable to the Top Up Health Insurance plan

39. When can I claim for Top Up Health Insurance?
To avail the Top Up Health Insurance sum insured, hospitalization should be within the Master Top Up policy period only (i.e., 1st April 2025 – 31st March 2026). Admission before or after this Top Up policy period will not be eligible for claiming the Top up sum insured.

40. Will the Maternity related expenses be covered by the Top Up Health Insurance?
No, the Maternity related expenses are covered in the base policy and capped at INR 100,000, the same will not be covered under the Top-up Health Insurance policy.

C. <u>Modular plans</u>

41. What is Modular Add on Top up Plans?
Two Modular Add on Top up plans i.e. Silver & Gold which are over and above the Top up plans. Modular Add on Top up plan will increase few coverages which are capped in base policy.

42. Can I enroll for Modular Add on Top up Plan without enrolling for Top up?
No, an employee first needs to opt for Top up to get eligible for Silver or Gold Plan. Without enrolling in Top up policy, a person cannot opt for Modular Add on top up plan.

43. Is it compulsory to enroll for Modular Add on Top if I am enrolling for a top up?
No, it is not compulsory to enroll for Modular Add on Top. You can enroll for Top up without add on coverages.

44. Will my top up sum insured increase after enrolling for Modular Add on Top up Plan?
No, while choosing the Modular add on top up plans, the Sum Insured opted under the Top up will remain same. The only difference will be in few coverages which are mentioned below. Claims for these coverages will be processed form Top-up sum insured.

Modular Top Up Plans are as follow: -		
Silver Plan	**Sum Insured 1lakh, 2lakh & 3 lakh**	**Sum Insured 4lakh, 5lakh, 7lakh, 10lakh, 15lakh, 20lakh, 25lakh & 30lakh**
Maternity (over & above 1lakh from base Sum Insured)	NA	25,000 INR
Pre post Natal (over and above 5k from base policy)		5,000 INR
Well Baby Exp. (over and above 5k from base policy)		5,000 INR
Infertility treatment Cover (Over & above the base policy limit of 1.5lakh)		20,000 INR

Additional OPD Sum Insured (Over & above base policy limit of 15K)	3,000 INR	5,000 INR
Cancer Treatments: Hormonal/Adjuvant / Immune modulators (over & above the sub limit of 5lakh from base policy)	25,000 INR	No Capping
Oral Chemotherapy (over & above 20% from base policy Sum Insured)	25,000 INR	No Capping
Homeopathy & Ayurvedic (IPD Only)	Covered subject to doctor prescription and relevant docs.	
Premium 1+4 with GST (Over & Above the top up premium)	4,183 INR	13,942 INR
Premium 1+6 with GST (Over & Above the top up premium)	6,971 INR	25,095 INR

Gold Plan	Sum Insured 1lakh, 2lakh & 3 lakh	Sum Insured 4lakh, 5lakh, 7lakh, 10lakh, 15lakh, 20lakh, 25lakh & 30lakh
Maternity (over & above 1lakh from base Sum Insured)	NA	50,000 INR
Pre post Natal (over and above 5k from base policy)		10,000 INR
Well Baby Exp. (over and above 5k from base policy)		10,000 INR
Infertility treatment Cover (Over & above the base policy limit of 1.5lakh)		40,000 INR
Additional OPD Sum Insured (Over & above base policy limit of 15K)	5,000 INR	10,000 INR
Cancer Treatments: Hormonal/Adjuvant / Immune modulators (over & above the sub limit of 5lakh from base policy)	50,000 INR	No Capping
Oral Chemotherapy (over & above 20% from base policy Sum Insured)	50,000 INR	No Capping

Homeopathy & Ayurvedic (IPD Only)	Covered subject to doctor prescription and relevant docs.	
Premium 1+4 with GST (Over & Above the top up premium)	8,364 INR	27,883 INR
Premium 1+6 with GST (Over & Above the top up premium)	13,942 INR	50,190 INR

45. What will be the annual premium if I have covered my parents, and I will opt for 15Lacs Top up and Modular Add on Top up Gold Plan?

Payable premium will be as per below table:

	Details	Annual Premium (Incl. GST)
A	Top up Premium for 15Lacs (with Parents)	29,413 INR
B	Modular Add on Top Premium for Gold Plan	50,190 INR
	Total Premium (a + b)	79,603 INR

46. In case of a gold plan taken along with a top-up sum insured of 5 lakhs, the maternity benefit is INR 50,000. Does this mean that INR 50,000 is fixed as a sub-limit for maternity in the top-up plan and that if there is a need to use the top-up plan for any other reason, only INR 4.5 lakhs will be available?

If you will opt for gold plan along with top-up of 5lakhs then your maternity limit will be increased from INR 1lakh to INR 1.50 lakh. Additional Modular Add on top up coverage for INR 50,000 will be used from top up policy once your base limit of INR 1lakh is exhausted. After utilizing the INR 50k, the balance top up Sum Insured will be INR 4.5 lakh.

47. Will I get add on benefits if I don't choose Modular Plan?

No, add on benefits are applicable only if you have chosen Modular plan.

What does surrogacy coverage include?

Due to any medical complication, if an employee and spouse/partner decides to have a baby through surrogate mother, the cost of delivery of the surrogate mother will be covered within the prescribed maternity limit of INR 100,000, in case of Normal/Caesarean delivery. Surrogate claim to be informed to the insurer immediately after conception. Post event inclusions will not be permitted.

D. OPD Coverage

48. What is cashless OPD benefit?

OPD-Outpatient services are health/wellness services that are provided without hospitalization, these may include lab investigations, medicines, etc. As per your insurance, certain services are covered. These can be availed via cashless or reimbursement mode.

49. What all documents need to be submitted to TPA for OPD claim?

Portal Link to view the check-list available at Medi Assist Portal at
https://portal.mediassist.in/Home.aspx?ssosrc=adobesso
*Collect all the documents in ORIGINAL from the hospital/clinic and submit it to TPA for reimbursement.

50. How OPD claim will be processed?

Medi Assist TPA and Medibuddy are the partners to cater OPD reimbursement & OPD cashless services. All OPD reimbursement will be submitted at Medi Assist Portal and based on the merit of documents the claim will be assessed. We have introduced the physical documents waiver only for OPD Reimbursement claims with immediate

effect. Now it is not mandatory to submit the physical copies but the same need to be submitted only incase Insurance company/TPA asks for it. With this initiative, we aim to speed up the claim process and make the process comfortable for you at the same time.

NOTE: The original documents need to be kept securely as it can be required anytime by the insurance company/TPA. The same documents should not be used elsewhere if claim has been filed under Adobe's corporate policy. Hard copies of the claim documents need to be submitted only if asked by Insurer or Medi Assist.

Cashless OPD can be availed from Medibuddy portal. OPD Cashless option will be available at Medi Assist portal.

	Insurance Company	Medi Assist TPA	Medibuddy
Partners	Make the claim payment	OPD Reimbursement Benefits Provider	OPD Cashless Benefits Provider

51. Who all are covered in the OPD cover?
All members enrolled under the base GMC policy are covered.

52. How can employees utilize the OPD cover?
Employee can utilize the OPD cover through reimbursement or Cashless

1) OPD claim submission through reimbursement
   Employee can upload OPD claims online on the Medi Assist (TPA) portal by using SSO Login (https://portal.mediassist.in/Home.aspx?ssosrc=adobesso). Post login click on claims tab in the right-hand side. Click on OPD reimbursement claim and fill required details.

   To provide better oversight on managing claims, we have introduced the physical documents waiver only for OPD Reimbursement claims with immediate effect. Now it is not mandatory to submit the physical copies but the same need to be submitted only incase Insurance company/TPA asks for it. With this initiative, we aim to speed up the claim process and make the process comfortable for you at the same time.

   NOTE: The original documents need to be kept securely as it can be required anytime by the insurance company/TPA. The same documents should not be used elsewhere if claim has been filed under Adobe's corporate policy.

2) Process for Offline Claim
Claim can also be submitted offline by filling claim form Part A (form attached) and sending all the original docs to Medi Assist (TPA) at their below office locations.

   Medi Assist address where docs need to be couriered is listed below:
   To,
   Medi Assist Insurance TPA Pvt. Ltd.
   Attention To: - The Claims Department
   1st Floor, G M Tower, D-7, sector-3,
   Noida - 201 301

   Or

   Attention To: - The Claims Department
   58/1A, Singhasandra Village, Hosur Main Road,
   Begur Hobli, Bangalore South Taluk,
   Karnataka - 560 068

Kindly mention your Name, Employee ID, Claim Number and Contact number on the envelope while submitting the claim.

3) OPD claim through Cashless
The OPD benefit can be used in a cashless manner on the Medibuddy app/platform.
Employee can login to Medi Assist portal. After login, employee can go to Medibuddy link on top right-hand side of home page. From there employee can apply for OPD Consultation, prescribed medicine, and investigations.

53. How to file a reimbursement claim for OPD?
OPD claim can be submitted online on the Medi Assist (TPA) portal by using SSO Login. Claim will be processed based on scan documents.

Claim can also be submitted offline by filling claim form Part A and sending all the original docs to Medi Assist (TPA) to their address.

54. Is the OPD and hospitalization claim cycle are same? (Apr to Mar)
Yes, OPD and hospitalization claim cycle are from 1st Apr to 31st Mar. But claim need to be submitted within 30 days of treatment

55. Can the OPD services- cashless or reimbursement be used without a prescription?
Doctors' consultation is mandatory for all OPD services. To avail cashless service for medicines or investigations, prescription need to be shared on Medibuddy app / platform. Similarly, if the OPD services are used by reimbursements, prescriptions need to be uploaded on the Medi Assist portal. For further information, please refer to the GMC policy document on the Medi Assist TPA portal under policy details tab. Portal Link is https://portal.mediassist.in/Home.aspx?ssosrc=adobesso

56. Is OPD a part of base cover i.e. 7 lacs?
No, the OPD cover is over and above your base cover limit.

57. What is covered in OPD?
Doctor Consultations, Prescribed Diagnostics, Vaccinations, COVID Vaccines & tests, Dental and Vision etc. For further information, please refer to the GMC policy document on the https://portal.mediassist.in/Home.aspx?ssosrc=adobesso.

58. How many times I can claim under the OPD benefit?
There is no limit to no. of claims. You can claim as many times as you want till you reach the maximum limit of 15K.

59. Can I claim under OPD for my parents/parents in law as well?
It can be claimed for all the persons covered under your base GMC policy.

60. Can I file claim for AYUSH (Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy) treatments as well?
No. OPD can be used only against Allopathy treatments.

61. Is commuting to hospital/clinics also covered in the OPD plan?
No, commuting to hospital/clinics in not covered.

62. Are online consultations and diagnostics/medicine advised by the doctor covered?
Yes, they are covered.

63. Can we use OPD on cashless basis?
The OPD benefit can be used in a cashless manner on the Medibuddy app/platform.

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Employee can login to Medi Assist portal. After login, employee can go to Medibuddy link on top right-hand side of home page. From there employee can apply for OPD Consultation, prescribed medicine and investigations.

64. Can I order medicines online using the Medibuddy app as a part of the OPD benefit?
Yes, you can order medicines on the Medibuddy app. Only medicines prescribed by a doctor will be covered under the Adobe OPD Benefit and for these prescriptions need to be uploaded on the Medibuddy app/platform.

For other medicines, employees can directly make the payment on the app/platform.
The medicines will be delivered at your home or store pickup whichever option you choose for the delivery.

65. What is a valid prescription?
A valid prescription will contain the following:
- Doctor Details - Doctor name, registration number, Name of Hospital/Clinic
- Doctor Signature + Stamp
- Patient Details - Patient Name, Gender, Age,
- Date of Consultation
- Medicine Details - Medicine name, Quantities, Strength, Duration, Dosage

A prescription is valid for 3 months from the date of consultation unless the medicine prescribed contains a controlled drug. As per Indian Government regulations, medicines orders can be processed only with valid prescription.

66. If I or my dependent is suffering from certain lifestyle ailments like diabetes or hypertension, how can I get certain tests done for them?
There are test packages for diabetes, hypertension, and more available, and you can select individual tests via the app & utilize your OPD Sum Insured for the same.

67. Is teleconsultation mandatory to avail the online pharmacy services?
Teleconsultations will be applicable for below scenarios:
- The prescription for Rx medicines is not uploaded by you.
- Prescription is older than 3 months.
- Prescription is not legible.
- The drug or medicine requires a fresh consultation for every course of treatment/order.

68. How do I upload my prescription on the Medibuddy app/platform?
You can upload a prescription from your device or from the list of saved prescriptions on MediBuddy app / portal. A Medibuddy representative will verify the prescription before confirming the order.

69. What happens once I upload a prescription on the Medibuddy app/platform?
Medibuddy passes these orders to their Pharmacy Partner. The pharmacy partner checks if a registered medical practitioner has generated the prescription and then look at the date of visit and duration of medication, to check if the prescription has expired, if prescription is valid then they will reach out to the users to confirm the quantity of medicines and users can confirm the medications from the prescription.

70. When will I know the bill amount eligible under the OPD balance?
For online pharmacy, you can utilize your wallet balance (Sum Insured). However, if there are any medicines/products which are an exclusion under the policy from the list of services, the cost will be borne by the employee by paying the amount online on the Medibuddy app. Your pharmacy partner will communicate the details to you over the phone.

71. Are there any delivery charges on pharmacy orders?
There are no delivery charges applicable.

72. What happens if I exceed the annual limit of INR 15,000 provided by Adobe?
If you exceed the annual limit of INR 15000 you will be required to pay the excess amount of service or order as cash on delivery or pay online on the MediBuddy app.

73. Do I get any discount on my pharmacy order?
You will get up to 15 % discount on medicines that require a prescription (Rx category medicines). Discount on OTC (over the counter medicines) is variable based on the discounts on the partner website. Total discount applied could vary from order to order.

74. What is the shelf life of medicines being provided?
Medibuddy ensures that the shelf life of the medicines being supplied by our partner retailers is, at least, a minimum of a month from the date of delivery.

75. What is the Cancellation Policy for pharmacy orders?
MediBuddy allows cancellation upon request. Order cancellation is possible till the invoice is not prepared for the order. You can request cancellation from the app/portal, or you can call our customer care and request cancellation and they will help you. However, you will not be allowed to cancel the order via the app once the invoice is generated but, you can refuse the complete order at the time of delivery.

76. What is the return policy for delivered orders?
Return is possible under the following conditions.
- Wrong medicines/product delivered.
- Quantity mismatch of the medicines
- Expired Medicines/ products having expiry date of less than a month.

However, this may be subjective to certain terms and conditions. Refrigerated products need to be returned within a few hours and stored at the right temperature in customer homes.
The return must be done within 24 to 48 hours days since delivery of the order beyond which returns cannot be fulfilled. The partner will contact you for photo images and bank details for refund.

77. When will I receive my refund?
While refunds are instant from Medibuddy' end, they will reflect in your OPD wallet within 24 hours for payment done through the OPD wallets for [pharmacy in your bank account 7- 10 days for payment done through debit/ credit card/Net banking/ UPI
Please note that the working days exclude Saturdays, Sundays, National and Bank holidays.

78. How are orders processed?
The prescription that you provide to Medibuddy is validated by a team of pharmacists and is then passed on to a pharmacy in your vicinity. The sale of medicines can only be done by a licensed pharmacy under the supervision of a pharmacist.
The same medicine often comes in different strengths, usually indicated by salt weight. Further they come in different packs, aimed at frequency of usage. Please check for the correct version of the medicine specified by your doctor. Pharmacy will not substitute alternative medicine/drug in case of non-availability.

79. What could be the reason for rejection of orders if I have uploaded a prescription?
Your prescription could be rejected due to the following reasons.
- Values pertaining to dosage not matching with what you have ordered.
- Prescriptions that have already been stamped for no further usage.
- If the prescription is more than 3 months old.
- If it contains certain Schedule H drugs that we do not dispense, example sleeping pills. However, reimbursement claims can be made for such medicine's basis the insurer's guidelines

80. When will I receive my order?
Your order will be delivered within the 'Estimated Delivery Date' as committed at the time of order placement. You can check this by selecting "Track your order" section on the Medibuddy app/platform. Keep a look-out for our order delivery updates.

81. Why do the prices of medicine vary?
Medicine prices vary by geographical location and often change on a day-to-day basis due to regulations and distributors. The prices listed on our site act as guidance and help you understand if you are paying the right price for your medicines.

82. My order status is showing 'delivered' but I have not received my order. What could be the reason?
in case of this issue, you can reach out to Medibuddy at – adobeopd@medibuddy.in within 24 hours of the order delivery being reported so that we can investigate the matter or call on 9999991555.

83. Items are different from what I ordered. How can this be rectified?
To initiate a return of the wrong item please share the images of product at – adobeopd@medibuddy.in within 24 hours of the order delivery being reported so that we can investigate the matter or call on 9999991555.

84. Are all lab tests and health checks present on the Medibuddy app covered under the OPD wallet balance of INR 15,000?
Only prescribed tests and diagnostics are covered in the OPD benefit. Fully body check-ups/annual health checks are not covered.
Adobe employees are eligible for an Adobe sponsored annual health check-up via Medibuddy. This is sponsored and is not a part of the insurance plan.

85. Can I get the labs tests at center and through home visit?
Yes, you can choose the type of service by updating your pin codes/location, based on the service/slots availability you can get the service.

86. Can I book any tests on the portal & App?
Yes, you can get your tests done, in case if you don't have valid prescription, you can avail tele consultation and get the prescription.

87. What are the types of tests that can be done in Home & centers?
Pathology tests can be taken at home and radiology tests to be done only in medical center.

88. How can I receive my Lab test reports?
After 2 to 4 days of test completion, the hard copy of the test report can be collected from the center. The soft copy of the test reports gets uploaded on your profile in 2 to 4 days. Steps for test reports soft copy: Go to Orders>>track Order>>the availed health check order will also have the soft copy of your test reports.

89. Will I be notified once my test report soft copy is uploaded on my profile?
Yes, you will receive an email on your registered email id that your reports are available.

90. How many days in advance do I need to book an appointment?
This depends on the availability of the diagnostic centers. During periods of high demand, the slots may not be available for at least 2 days from the date of booking.

91. How confidential is my personal and health related information with MediBuddy?
Adobe understands the importance of your privacy and is committed to making sure your personal information remains private and completely confidential.

92. How is the confidentiality of our medical information handled by the vendor?
Only de-identified data is shared with your organization to enhance employee healthcare programs. MediBuddy will not share individual, identifiable health information with Adobe.

93. Will my Manager, HRD or Adobe receive the results of my testing?
No. Every aspect of the MHC program is treated with high confidentiality between you and MediBuddy.

94. My preferred diagnostic center at my location is not available in the MediBuddy Portal. How do I book my Health checks?
The Master Health Check package includes a comprehensive battery of tests and is offered at a discounted price. We have empaneled the best Diagnostics Centers and Hospitals for this purpose. In addition to this, you can complete your health check at the comfort of your house by selecting the Home Sample Panel.

Medical centers are empaneled to service Adobe health check packages based on the availability of all facilities, capability to conduct corporate health check and various other parameters. Upon successfully passing all the above said parameters, the medical center can be empaneled.

95. What is covered under Diagnostics & Preventive Tests?
All Diagnostics & Preventive Tests available on our MediBuddy platform.

96. Who are covered in the family to avail the service?
It can be done for Self+Spouse / partner, 3 Children (Dependent children up to 25 years, Parents/Parents In Law).

Only consultation can be covered under cashless through Medibuddy portal/app. However, procedures to be claimed for reimbursement through Medi Assist.

97. Are COVID tests covered in the OPD benefit through both reimbursement and cashless modes?
Yes, COVID-19 tests are covered.

98. What is the TAT (turn-around time) for the reports?
The reports will be shared inn 24-48 hours (Depends on the criticality of the situation)

99. Based on Covid tests results, can we get tele consultation?
You can avail the unlimited tele consultation with the doctor.

E. <u>Telemedicine</u>

100. What are the benefits extended for Adobe employees on MediBuddy portal / App?
The benefits are Annual Health Check, Labs, Online Pharmacy, In person Doctor Consultation, Vision Care, Dental Care, and Online Doctor Consultations.

101. Where can I check for the available balance under MediBuddy wallet? (OPD Sum Insured)
Please log-in to the app or portal and you will be able to see the overall sum insured balance for all the OPD services at the top right corner of the home screen.

102. What are the limits for each of the OPD services provided by Adobe through MediBuddy Portal / App?
There are no sub-limits for the individual OPD services that are covered in the OPD benefit under the Adobe health insurance plan.

103. Will there be a deduction from the cashless wallet if I avail teleconsultation with a doctor on the Medibuddy app?

No, there will be no deduction. The telemedicine support on Medibuddy is sponsored by Adobe. Employees and their dependents can avail teleconsultation with doctors (generalists and specialists) on the Medibuddy app, without any payment/wallet deduction from your end.

104. Are in person doctor consultations also Adobe sponsored?
No, for in person doctor consultations there will be a deduction from the employee's OPD wallet or in case of insufficient balance the employee can pay for the appointment and avail the service from Medibuddy.

List of specializations:

General Physician	Pregnancy issues	Nephrology
Pediatrics	Ear Nose and Throat	Physiotherapist
Dental	Neurology	Oncology
Cold and Fever	Psychiatry	Infertility
Dermatology	Hair Scalp Care	Lactation consultation
Gynaecology	Psychology	Weight Management
General Surgery	Cardiology	Urology
Lab Report Analysis	Diabetes Consult	Endocrinology
Gastroenterology	Ophthalmology	Haematology
Orthopaedics	Pulmonology	Rheumatology

105. Can in-person doctor consultations at hospitals/clinics also be availed on the Medibuddy app?
Yes, you can book Doctor Consultation on portal/app and then avail the service. You can use the OPD wallet for charges towards such an appointment or pay on your own if your wallet balance is insufficient.

106. Can we get the tests prescribed by a doctor be booked through the Medibuddy portal/app?
Yes, you can book the lab tests that are suggested by a doctor through the Medibuddy app/portal.

107. Can we connect with the same doctor for follow-up on Medibuddy?
Yes, based on the slots and service availability you can rebook it.

108. Will I get acknowledgment on the appointment bookings?
There will be a confirmation letter sent to your registered mail id a day prior of appointment.

109. Can a Tele consultation be made on a number other the Registered Mobile Number?
Yes, you can use your preferred number that you may want the doctor to call you.

110. What must be kept ready by the member before the doctor consultation?
If there are any lab reports and if you may want to seek advise the same can be shared via the chat before you proceed with the call.

111. Does the service provide 24/7 teleconsultation service?
Yes, you may call the doctor round the clock anytime.

112. Will the prescription shared with MediBuddy will remain confidential?
All information provided to MediBuddy & all services provided by MediBuddy will remain confidential.

Section D: Enrollment Process 2025-26

113. What would be the Window Period available to employees to enroll?
For existing employees, this is the only opportunity to enroll in a new policy or renew the current policy. All regular employees are eligible to enroll their dependents in the annual enrollment cycle scheduled from 1st April, 2025 to 18th April, 2025.

For New Hires/Transfers, addition/enrolment of dependents is to be done within 15 days from the date of receiving the welcome mailer to ensure coverage of dependents from the date of joining/transfer (international transfer).

In case of a life event, you will be given a window period of 45 days from the date of event (date of birth/date of marriage/adoption* or date of marriage) to add/update dependent details. This is as per the Insurers guidelines. Post confirming the enrollment on portal, you shall receive an acknowledgment email from Medi Assist, India.

Parents can enroll the adopted child only after receiving the legal decree from court.

114. How to enroll the dependents?
Kindly refer to Enrollment User Guide available on Adobe's Benefits portal.

115. Can I enroll 3 children under the Adobe health insurance policy?
Yes, you can enroll three dependent children upto age 25. However, children who have a disability can be covered in the health insurance without age limit subject to submission of disability certificate and approval from the insurer.

116. What is the last date for enrollment & payment of Top Up Health Insurance over?
The last date for enrollment & payment towards premium of Top Up Health Insurance (for all existing employees) is 1st April, 2025 to 18th April, 2025. The Employees joining post 18th April 2025 can opt for Top Up Health Insurance, within 15 days from their date of joining.

117. Can existing employees enroll for Top Up Health Insurance cover, post 18th April 2025?
No. The employees need to enroll for Top Up Health Insurance plan between 1st April, 2025 to 18th April, 2025. The employee needs to make sure the NEFT payment for the same is done between 1st April, 2025 to 18th April, 2025 and accordingly risk shall commence.

118. What happens if I make a hospitalization/OPD claim for a dependent during the enrollment period but then need to delete/change the dependent during the enrollment period?
In case you have made a hospitalization claim, OPD claim, OPD cashless transaction for a particular dependent during the enrollment period, you cannot delete/change that dependent during the policy year, the same dependent will remain a part of the policy till the end of the policy year.

119. What is the process of making payments for Top up/Modular Top up?
Existing employees who wish to buy Top up/Modular Top up cover must make premium payment between 1st April, 2025 to 18th April, 2025. Payment must be done directly to the Insurer's account through NEFT/QR Code/Credit Card. You will find all the details at Medi Assist portal/app. Once payment is done, please upload the payment screenshot on the portal/app under the 'Upload UTR' tab/screen.

Note: Please note that credit card transactions would incur additional cost of .75% which needs to be borne by the employee.

Below you will find the NEFT details for ready reference.

Sr.	PARTICULARS	DETAILS
1	Name and Address of the Beneficiary	United India Insurance Company Limited
2	Account No. of Beneficiary	200999095210500300ADOBEXXXXXXX
3	Account Type	Current Account
4	Name and Address of the Bank Branch (where payments are to be sent)	INDUSIND BANK No.3, Village Road Nungambakkam, Chennai – 600034
5	IFSC Code of the Bank Branch for RTGS mode	INDB0000007
6	Email ID of Beneficiary for advice of payment by bank	meghnaVyas@uiic.co.on, sumitaarora@uiic.co.in
7	MICR Code	600234002
8	PAN No.	AAACU5552C
9	GST No.	07AAACU5552C1ZL

*Note: XXXXXXX -- Please enter your employee number (no space do not put the 0s before the emp id. E.g. if the id is 00317663, please put 317663 as the emp id)

120. **If I enroll for Top-up Health Insurance between 1st April 2025 to 18th April 2025 but miss the deadline for payment between 1st April, 2025 to 18th April, 2025, what is the impact on my Top -Up Health Insurance cover.**
If the payment is not done between 1st April 2025 to 18th April 2025, the coverage will not be applicable despite enrollment in the portal, same will be canceled.

121. **When will I get my 80D certificate?**
The 80D certificate /receipt will be uploaded to the portal within 60 days from the date of your NEFT payment. Note: Subject to reconciliation of the data.

122. **Is Midterm enrolment allowed on Top Up Health Insurance cover?**
Yes, it is allowed but only for the new member additions i.e., newborn and spouse or partner (same gender) within the period of 45 days from the date of the event.

123. **How new joiners joining within/outside the enrollment period (1st Apr 2025 – 18th Apr 2025) will be covered in policy?**
All new joiners will get mail from Medi Assist with 15 days of their joining. Employees can enroll their dependents and opt for Top-up and Modular Top-up plan by paying premium directly to United India Insurance Co. Ltd. Enrollment needs to be completed within 15 days from the receipt of the mail. Failing this, employee would not be able to add the dependents till the end of the policy i.e., 31st March 2026.

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Section E: Filing A Claim

124. **What does the Claim document constitute?**
    a. <u>Signed Claim Form</u>
    b. KYC Documents of the employee and patient
    c. Discharge Summary/Card
    d. All Investigation reports
    e. Prescriptions for all investigation
    f. Prescription for medicines
    g. Bills for medicines & investigations with break up
    h. Hospital Bill & Receipt (Original) with Revenue Stamp, and the hospital's registration number.
    i. Hospital registration certificate copy
    j. One cancelled cheque with your name printed

Important – Please always refer to the <u>Claim Submission Checklist</u> before making a claim, also attach a filled and signedchecklist with your claim, ticking off the documents attached.

You are suggested to write to <u>adobe.nda@marsh.com</u> / <u>adobe.blr@marsh.com</u> and get the updated listof documents so that the claims are done accurately and on time.

125. **Where do I submit my claim documents?**
You may send your claim documents in original to the following address based on employee's location:

> To,
> Medi Assist Insurance TPA Pvt. Ltd.
> Attention To: - The Claims Department
> 1st Floor, G M Tower, D-7, sector-3,
> Noida - 201 301
>
> Or
>
> Attention To: - The Claims Department
> 58/1A, Singhasandra Village, Hosur Main Road,
> Begur Hobli, Bangalore South Taluk,
> Karnataka - 560 068

126. **What is the process of making an online claim?**
Please refer to the "Making a Claim - Ready Reckoner" available on Adobe's Benefits portal.

127. **What is the timeline to submit hospitalization claims for reimbursement?**
Hospitalization: In case of claim reimbursement (non-network hospitals) pre-hospitalization and main hospitalization expenses should be submitted within 30 days from the date of discharge as 1st claim and the related post hospitalization claims should be submitted within 7 days from the completion of the treatment or 60 days from the date of discharge whichever is earlier.
In case of cashless (network hospitals) pre- and post-hospitalization, claims should be submitted as one claim within 7 days from the completion of the treatment or 60 days from the date of discharge whichever is earlier.

128. **What are the exclusions in the Group Hospitalization policy? What are these non-medical expenses?**
Kindly refer to GMC Policy document available on Adobe's Benefits Portal. Non-Medical Expenses (NME) that the Insurer does not pay for, the detailed list is available on the MEDI ASSIST portal

https://portal.mediassist.in/Home.aspx?ssosrc=adobesso, a few examples are unsterilized gloves, extra diet, telephone expenses, toiletries, disinfectants, documentation charges, admission charges etc.

129. What is the timeline to avail the medical reimbursement?
To avail the medical reimbursement, it is important for you to send the original documents to MEDI ASSIST. After the receipt of documents, it will then take 15 days for processing and 7 days for Bank Transfer (i.e. close 30 days). However, the timeline might differ for different cases. In case MEDI ASSIST team requires further documentation to verify/investigate the issue, there will be a delay in processing.

130. Who should I contact for any medical insurance related queries?

For Enrollment related queries			
Location	SPOC Name	Email id	Contact Number
MEDI ASSIST SPOC Noida	Kamal Agnihotri	kamal.agnihotri@mediassist.in	91-93648-97990
MEDI ASSIST SPOC Bangalore	Nandita Singh	nandita.singh@mediassist.in	91-90356-71699
Escalation 1	Sruthakirthy	Sruthakirthy.k@mediassist.in	91-76193-89017
Escalation 2	Manish Sharma	sharma.manish@mediassist.in	91-98183-88834

For escalation in relation to Enrollment queries			
Location	SPOC Name	Email id	Contact Number
Noida	Satyam Bhalla	adobe.nda@marsh.com	91-86557-50082
Bangalore	Madhusudan G	Adobe.blr@marsh.com	91-89768-35512
Escalation 1	Naresh Kumar	Naresh.kumar@marsh.com	91-72900-37939
Escalation 2	Rachit Baijal	rachit.baijal@marsh.com	91-72900-89449

General Queries round the year -- Managed by Medi Assist			
Toll Free No.	18002100404	Timings 9.30 a.m. to 6 p.m. Monday to Saturday	For General Queries
		All day's 24/7	ONLY For Emergency

Claims Management round the year				
Location	SPOC Name	Email id	Contact Number	Timings 9.30 a.m. to 6 p.m. Monday to
Noida	Satyam Bhalla	adobe.nda@marsh.com	91-86557-50082	
Bangalore	Madhusudan G	adobe.blr@marsh.com	91-89768-35512	
Escalation 1	Naresh Kumar	naresh.kumar@marsh.com	91-72900-37939	Friday but in case of emergency we are reachable all 7 days.
Escalation 2	Rachit Baijal	rachit.baijal@marsh.com	91-72900-89449	

Section F: Cashless process

131. What would be my proof of identification that the Network Hospitals will require?
The MEDI ASSIST e-Card will be your proof of identification. This will help the network hospitals to allow access to credit facilities. Hospital will ask for any Government Photo ID Proof for identity check.

132. What is GIPSA package
GIPSA (General Insurance Public Sector Association) is a group of four public sector insurance companies in India that offers standardized packages and rates for common medical procedures, ensuring better utilization of sum insured and protecting customers from being overcharged

133. What is Pre-Authorization?
Pre-authorization is a process that needs to be completed prior to hospitalization. The forms for the same will be available with the Hospital TPA/Insurance Desk and on the MEDI ASSIST portal. The form needs to be filled with the help of the treating doctor. This form contains details like treating physician and hospital*, details of diagnosis*, treatment proposed*, past history, estimate expenses*, signature of the treating physician*, etc. MEDI ASSIST medical team will then evaluate the same based on medical and policy grounds. * If complete details are not made available in the form, then ability to extend credit (in case of a network hospital) or claim eligibility (in case of an out-of-network hospital) will be affected.

Note: Pre-authorization is mandatory at network hospitals, and it helps employees to know whether such hospitalization expenses will be payable under insurance.

134. What is a Letter of Credit?
On approval of pre-authorization, "a Letter of Credit" will be sent to the hospital (only if it is on MEDI ASSIST network). The letter authorizes the hospital to extend credit for all medical expenses during hospitalization. Therefore, to use the cashless hospitalization service it is very important for you to follow the pre-authorization process.

135. What is a Network Provider and how do we identify them?
Based on certain parameters, MEDI ASSIST has tied up with hospitals across the country so that members can avail of cashless hospitalization facility. To locate a network hospital –
- Visit at Login to https://portal.mediassist.in/Home.aspx?ssosrc=adobesso
- Go to Network Hospitals under Hospitals tab

136. Does that mean that we cannot avail treatment in a hospital of our choice?
You can avail treatment in any hospital within the country, but the cashless facility will be available only at the network hospitals. Moreover, the collection of bills and related documents in case of a network hospital will be done by Medi Assist, whereas in case of hospital outside Medi Assist Network, you will have to collect all the original documents at the time of discharge along with hospitalization registration certificate copy and send it to MEDIASSIST Office.

137. Will I be covered for pre-hospitalization and post hospitalization expenses?
Yes, you will be covered for prehospitalization expenses incurred 30 days prior to date of admission and post hospitalization expenses incurred up to 60 days from date of discharge relating to the illness for which you have been hospitalized, provided that the ailment is covered under the policy. This is applicable for all eligible treatments other than maternity. No credit will be offered for these expenses.

Reimbursement of these expenses is possible only on production of complete and detailed bills and documents relating to the same.

138. What expenses are payable as a part of pre-hospitalization and post hospitalization expenses?
Consultation charges, prescribed medicines, prescribed investigations, physiotherapy sessions (after surgery), etc.
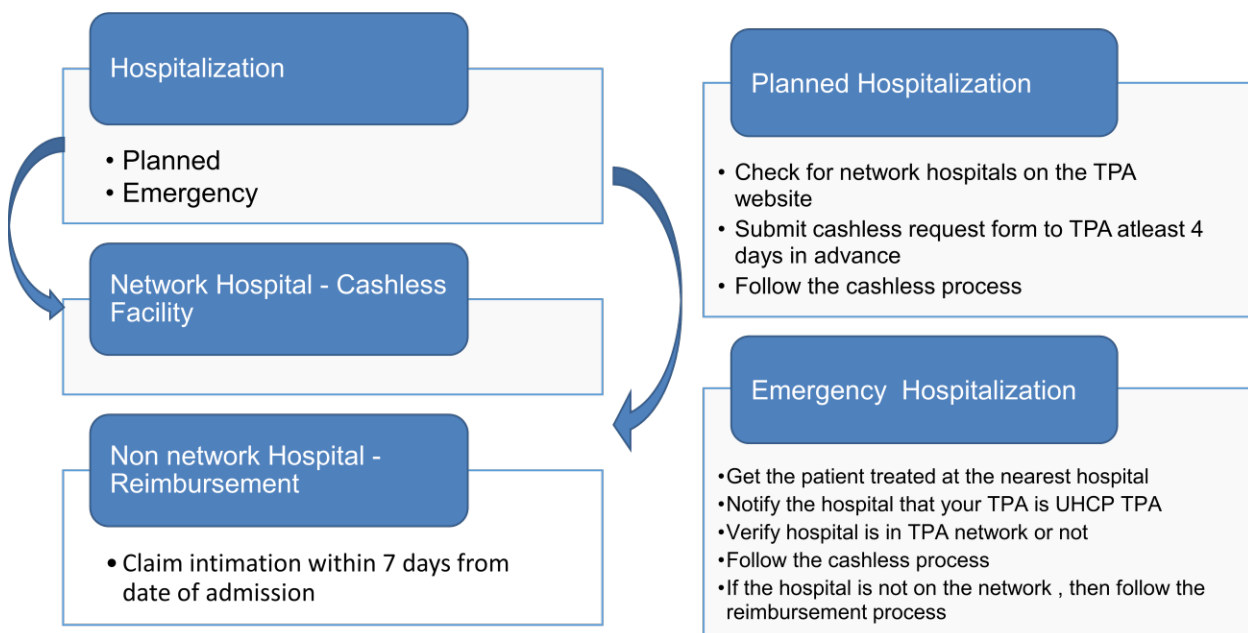
139. Will my parents/parents in law be covered for pre-hospitalization and post hospitalization expenses?
Yes, your parents/parents in law will be covered for pre-hospitalization expenses incurred 30 days prior to hospitalization and post hospitalization expenses incurred up to 60 days after hospitalization relating to the illness for which s/he has been hospitalized, provided that the ailment is covered under the policy. This is applicable for all eligible treatments other than maternity. No credit will be offered for these expenses. Reimbursement of these expenses is possible only on production of complete and detailed bills and documents relating to the same, within the timelines specified.

140. What if the cost exceeds the level of hospitalization insurance cover under the new Adobe Health Plan?
In such a situation you will be liable to pay the differential amount. Medi Assist will inform the hospital about your eligible amount, and they will recover the amount over and above the credit amount from you directly. The sum insured per family is INR 700,000 per annum. Employees have the option to opt for top-up sum insured of INR 1,00,000, 2,00,000, 3,00,000, 4,00,000, 5,00,000, 7,00,000, 10,00,000, 15,00,000, 20,00,000, 25,00,000 and 30,00,000 during this renewal window period, for which premium need to be borne by employee. In such a scenario, where the based sum insured of INR 7,00,000 gets exhausted, top up sum insured will be utilized on same terms as per your base cover.

141. What do I do in case of a hospitalization in my family?

Hospitalization
- Planned
- Emergency

Network Hospital - Cashless Facility

Non network Hospital - Reimbursement
- Claim intimation within 7 days from date of admission

Planned Hospitalization
- Check for network hospitals on the TPA website
- Submit cashless request form to TPA atleast 4 days in advance
- Follow the cashless process

Emergency Hospitalization
- Get the patient treated at the nearest hospital
- Notify the hospital that your TPA is UHCP TPA
- Verify hospital is in TPA network or not
- Follow the cashless process
- If the hospital is not on the network , then follow the reimbursement process

- In case of planned hospitalization - Call on the helpline numbers of MEDI ASSIST to inform when you or your nominated dependent needs hospitalization. This should be done at least 4 days prior to the date of admission. MEDI ASSIST will guide you on pre-authorization process.

    Toll-free:1800-210-0404,
    Email: adobe.nda@marsh.com for Noida
          adobe.blr@marsh.com for Bangalore

- In case of an emergency hospitalization - Kindly call the helpline numbers as mentioned above for any urgent assistance within 24 hours. In case it is not possible for you to do the pre-authorization, the MEDI ASSIST Cashless Team will follow up with the hospital (in network hospital only) for the same. MEDI ASSIST network hospital will get in touch with the Cashless Team if they are informed that the injured/patient is a member of MEDI ASSIST health Plans. MEDI ASSIST willbe able to extend credit (in Network hospital) for the hospitalization only after the preauthorization is complete and eligibility is determined. MEDI ASSIST will then send a "Letter of Credit" to the selected "network hospital".

Section G: In Case of Employee Exit

142. What happens if I decide to leave the Organization right after enrolling my parent in the base plan?
This benefit is available till the time you are an employee of Adobe, post separation from the company coverage for yourself and your dependents (spouse/same-sex partner, children and parents/parents-in-law) will be discontinued. Employees do have the option to migrate the base plan to retail plans by paying premium applicable.

143. Will I be able to migrate the base policy from Group to Retail if I plan to quit Adobe?
Yes, this option is available to you provided you send an e-mail to sumitaarora@uiic.co.in at least 30 days prior to yourlast working date with your Adobe Emp. ID and last working date information and your intention to migrate the policyfrom Group to Retail. Premium will be borne by you and all benefits as per Retail Plan will be applicable. Migration allows the benefit of continuity and reduces/removes the waiting period to the extent of the period of services and insurance cover at Adobe.

144. Will I be able to claim from the policy after I quit Adobe?
No, this benefit is available till the time you are an employee of Adobe, post separation from the company coverage for yourself, spouse/same-sex partner, children and parents/parents in law will be discontinued

145. What happens to my top-up and modular plan coverage in case I quit Adobe?
In case of exit from the organization, top-up and modular add on top up plan coverage will be continued until expiry of the policy. Post separation from Adobe till the expiry of Super Top up Policy, the member will have to bear the cost of deductible (INR 7,00,000 in case of self, spouse and children & INR 5,00,000 in case of parents / in-laws) to avail the Top Up sum insured.

146. Will Medi Assist continue to be the TPA for the Adobe's top up/modular add on top up policy even after I quit Adobe and migrate the plan?
After migration of policy from group to retail plan, TPA will be appointed by the insurer for the retail policy. It can be Medi Assist or any other TPA. However, for the top up/modular add on top up policy you purchased at Adobe, Medi Assist will continue to be the TPA till policy expiry i.e., 31st March 2026.

147. Who will be the TPA contact points for Adobe's top up/modular add on top up policy after leaving Adobe?
Contact points will remain the same for Medi Assist TPA.

148. Will the premium be refunded in case of exit from the organization?
There will be no refund on top up/modular top up premium if employee exit the organization. However, top up coverage will be available for 1 year as per Top Up policy terms and conditions.

IMPORTANT – Documents shall be reviewed and updated at regular intervals without any notice or email to employees.Employees are requested to review the policy on real time basis.