1. **Who is the insurer of the Top Up Health Insurance policy and administered by?**

   The United India Insurance Company Ltd. is the insurer of the Top Up Health Insurance policy and serviced by Third-Party Administrator, MediAssist.

2. **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 dependents parents 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 (1st April 2020 – 31st March 2021) will not be considered as part of the deductible.

3. **Who are covered in the definition of family?**

   The employee, employee's spouse or Partner (Same gender), employee's two children and employee's dependent parents (parent-in-laws cannot be part of Top up).

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

   The Employees having the family definition of 1+5 in Base/Master group policy can opt/cover 1+5 or 1+3 in a Top Up Health Insurance policy, whereas employees with family definition of 1+3 can opt/cover 1+3 policy.

5. **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.

6. **What is the possibility when husband and wife both are working together in Adobe?**

   If both spouses or partners (same sex) work at Adobe, both cannot be covered simultaneously. Either one of them can enroll in the policy showing the other as dependent on the same policy. Similarly, their children and parents should also be covered once.

7. **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 2020 – 31st March 2021). Admission before or after this Top Up policy period will not be eligible for claiming the Top up sum insured. Individual risk shall commence only when the required premium is paid by the employee.

8. **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.

9. **What is the last date for enrollment of Top Up Health Insurance over?**

The last date for enrollment of Top Up Health Insurance (for all existing employees) is 31st March 2020. The Employees joining post 1st April 2020 can opt for Top Up Health Insurance, within 15 days from their date of joining.

10. **Can existing employees enroll for Top Up Health Insurance cover, post 1st April 2020?**

No. The employees need to enroll for Top Up Health Insurance plan between 13th March to 31st March 2020. The employee needs to make sure the NEFT payment for the same is done between 1st April to 15th April 2020 and accordingly risk shall commence.

11. **What is the process for payment?**

The Employee needs to opt for Top Up Health Insurance cover and enroll the same in the Medibuddy portal on or before 31st March 2020. The Payment for the Top Up cover needs to be done to the United India Insurance Company Ltd via NEFT between 1st April to 15th April 2020 and the receipt needs to be uploaded on the Medibuddy Portal.

**Note:** The rationale of collecting the payment between 1st April to 15th April 2020 is for the employee to avail the tax benefits for FY 2020-2021.

NEFT will be paid in below account details:

<table>
<thead>
<tr>
<th>SR. No.</th>
<th>PARTICULARS</th>
<th>DETAILS</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Name and Address of the Beneficiary</td>
<td>United India Insurance Company Ltd.</td>
</tr>
<tr>
<td>2</td>
<td>Account No. of Beneficiary</td>
<td><strong>UIICS00300ADB</strong> (Mention Your Employee ID after ADB)</td>
</tr>
<tr>
<td></td>
<td></td>
<td><strong>If your employee id is 1234567 then please mention UIICS00300ADB1234567</strong></td>
</tr>
<tr>
<td></td>
<td></td>
<td>Where UIICS00300 IS BANK ACCOUNT NUMBER &quot;ADB&quot; IS CORPORATE SHORT NAME &amp; &quot;1234567&quot; IS EMPLOYEE CODE</td>
</tr>
<tr>
<td>3</td>
<td>Name and Address of the Bank Branch (where payments are to be sent)</td>
<td>BANK OF AMERICA,748, ANNA SALAI, CHENNAI 600002</td>
</tr>
<tr>
<td>4</td>
<td>IFSC Code of the Bank Branch for RTGS mode</td>
<td>BOFA0CN6215</td>
</tr>
<tr>
<td>5</td>
<td>E-Mail ID of Beneficiary for advice of payment by bank</td>
<td><a href="mailto:meenal.khanna@uiic.co.in">meenal.khanna@uiic.co.in</a></td>
</tr>
</tbody>
</table>
12. If I enroll for Top-up Health Insurance between 13th March to 31st March, but miss the deadline for payment between 1st April to 15th April, what is the impact on my Top-Up Health Insurance cover?

If the payment is not done between 1st April till 15th April 2020, the coverage will not be applicable despite enrollment in Medibuddy portal, same will be canceled.

13. When will I get my 80D certificate?

You will receive the acknowledgment mail on updating the payment details for Top Up Health Insurance cover in Medibuddy portal. The 80D certificate /receipt will be uploaded to the portal within 30-45 days from the date of your NEFT payment. Note: Subject to reconciliation of the data.

14. What are the timings for MediAssist Representative for the collection of medical documents?

<table>
<thead>
<tr>
<th>Location</th>
<th>Email</th>
<th>Extension</th>
<th>Mobile number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Bangalore PTP</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10:00am to 5:00pm</td>
<td>(Monday, Wednesday &amp;</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Friday)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bangalore Trinity</td>
<td>10:00am to 5:00pm</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(Tuesday and Thursday)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>132 Noida</td>
<td>11:00am to 7:00pm</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>(Monday, Wednesday</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>&amp; Friday)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>25A Noida</td>
<td></td>
<td></td>
<td>02:00pm to 07:00pm</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>Tuesday and Thursday</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Location</th>
<th>Email</th>
<th>Extension</th>
<th>Mobile number</th>
</tr>
</thead>
<tbody>
<tr>
<td>Noida &amp; Bangalore</td>
<td><a href="mailto:Adobe@mediassist.in">Adobe@mediassist.in</a></td>
<td>33028</td>
<td>91-8448697093</td>
</tr>
</tbody>
</table>

16. Will the premium be refunded in case of exit from the organization?

There will be no refund of premium on pro-rata basis, in case of exit from the organization. Terms (Coverage and exclusions) will be similar to base policy except - No cover for Maternity; No co-pay on parental claims, no deletions will be permissible for left employees. Once the employee has left the organization the coverage will be terminated.
17. Is Midterm enrolment allowed on Top Up Health Insurance cover?

Yes, it is allowed only for the new member additions i.e., new born and spouse or partner (same gender) within the period of 45 days from the date of the event.

**Premium Applicable**

ESCP - 1+5 basis (Covering Parents)
ESC - 1+3 Basis (Excluding Parents)

<table>
<thead>
<tr>
<th>Top Up Cover</th>
<th>ESCP 2020-2021 (1+5)</th>
<th>ESC 2020-2021 (1+3)</th>
</tr>
</thead>
<tbody>
<tr>
<td>100,000.00</td>
<td>5,751</td>
<td>5,112</td>
</tr>
<tr>
<td>200,000.00</td>
<td>8,563</td>
<td>8,206</td>
</tr>
<tr>
<td>300,000.00</td>
<td>10,159</td>
<td>9,926</td>
</tr>
<tr>
<td>400,000.00</td>
<td>12,101</td>
<td>10,783</td>
</tr>
<tr>
<td>500,000.00</td>
<td>14,991</td>
<td>12,993</td>
</tr>
<tr>
<td>700,000.00</td>
<td>20,158</td>
<td>17,517</td>
</tr>
<tr>
<td>1,000,000.00</td>
<td>26,103</td>
<td>21,713</td>
</tr>
<tr>
<td>1,500,000.00</td>
<td>32,708</td>
<td>27,443</td>
</tr>
<tr>
<td>2,000,000.00</td>
<td>46,426</td>
<td>33,092</td>
</tr>
</tbody>
</table>

**Process flow:**

1. Employee confirms the enrolment and details in MediBuddy portal between 25th March to 31st March 2020.
2. Auto-generated acknowledgment mail will be sent to employees.
3. Employees need to make NEFT payment only between 25th April to 15th April. Four reminders will be sent to employees who have not opted for top-up and due for payment between 25th April to 30th April 2020.
4. The NEFT transaction details need to be uploaded in MediBuddy portal or via email.
5. FEED certificate will be uploaded in MediBuddy portal (Name Replacement) post 30th April 2020.

**Reimbursement Claims in PPN Network Hospitals**

Any Reimbursement claim for a Listed GIPSA Package procedure in a PPN (Preferred Provider Network) Hospital would be restricted to the PPN applicable rates irrespective of the billed amount.

**Information on GIPSA**

1. What does GIPSA stand for?
General Insurers’ Public Sector Association: It is an association of 4 PSU’s general insurance companies namely National Insurance Co Ltd, New India Assurance Company Ltd, Oriental Insurance Co Ltd & United India Insurance Co Ltd.

2. **What is GIPSA PPN?**

Preferred provider network (PPN) of hospitals empaneled by GIPSA companies for their insured member. Hospitals enter into an agreement with GIPSA companies for extending cashless hospitalization benefit for GIPSA member companies’ health insurance beneficiaries. Currently approximately 2200 hospitals have empaneled across 12 Major cities. Bangalore, Chennai, Coimbatore, Hyderabad, Pune, Mumbai, Ahmadabad, Jaipur, Delhi, Chandigarh, Kolkata and Indore.

3. **What is GIPSA package?**

In PPN Hospitals, GIPSA companies have negotiated special package rates for a good number of procedures commonly undergone. Medical Insurance Scheme for employees- Benefits of using GIPSA Hospital Packages vs. Network Hospital vs. Non-Network Hospital and also availing reimbursement route: *GIPSA Network hospitals provide treatment based on rate schedule separately contracted with all the PSU insurance companies in 12 major cities.

4. **Process to find GIPSA network hospitals.**

   a. Employee has to login through Okta and once they login; they need to click on MediBuddy tab at the homepage. Once the employee gets the next page, employee can click on Network hospitalization, located on top right hand corner of the screen.
   
   b. On the next page they would have to enter the city name and select the city, where they want the hospitalization to be done.
   
   c. Next the employee would have the option to select the insurer; they can choose – United India Insurance Co. Ltd. from the drop-down.
   
   d. Post that the employee would have a switch option on the bottom left below the insurer’s name tab (right side of the screen), now they can change it to ON, and the results would only Show GIPSA network hospitals. Employee can select the hospital, which would also show the address and contact number of the hospital.
   
   e. Once they select the desired hospital, they can now enter the name of the hospital, in the section search by specific hospital, located under the selected city name (left side of the screen).
   
   f. This would help them identify the hospital and the contact details of the hospital

5. **How to Intimate the Reimbursement Claims?**

In cases of planned admissions, claim intimation is an important activity and it should be done within 48 hours prior to admission. If it is an unplanned or emergency admission, then in that case, intimate Medi Assist after the admission. [Click here for the intimation link](#). You can also call the customer care (1800 425 9449) and intimate regarding the claim.
6. **What is Reasonable and Customary Charges?**

Reasonable customary charges will be applied on certain claims: The terms “reasonable, usual and customary” refer to charges made by your health insurance provider for a given medical service. A charge is considered reasonable, usual and customary if it matches the general prevailing cost of that service within your geographic area, which is calculated by your insurance company.

**High Value Reimbursement Claims (Greater than 1lakh)**

1. Intimation letter/mail from insured should be attached with the file. On receipt of the intimation letter/mail below mentioned document requirements can be sent by the employees.
   a. TPA ID card copy and any Govt. ID mentioning age of the insured/patient as there is age variation in many cases.
   b. Previous claim history with clearly mentioning Balance Sum Insured under the Policy.
   c. Reason by insured for not going for cashless despite Hospital under PPN Network.
   d. Initial OPD consultation advising admission of patient in the Hospital.
   e. Please attach Original Discharge summary, Bills, Receipts for payments made.
   f. Investigation Reports and X-Ray films, ECG etc. should be submitted in original only.

Note: Registration certificate of Hospital wherever applicable. [Form – C] Applicable for Admission in Non-Network Hospitals only and the below attached form should be filled and signed by hospital.

- **Is there any time limit to submit the Pre-authorization request?**
  Yes. If it is a planned hospitalization, then the pre-authorization request needs to be sent before 48 hours from the date of admission. In case of emergency the pre-authorization request needs to send within 24 hours from the time of admission.

- **What is the TAT to process pre-authorization?**
  On receipt of pre-authorization request or shortfall is responded, the claim will be processing within 4 hours.

- **What is the TAT process a reimbursement Claim?**
  Immediate intimation of hospitalization to be given to the TPA. Once Medi Assist Insurance TPA Private Ltd, receives the claim documents (scanned and attached to the claim) or the shortfall documents (if a the query is raised), Claim will get processed within 5 working days.

- **What is the TAT for settlement of a reimbursement Claim?**
  Once the claim has been processed and debit note is raised, the payment will be processed by insurer within 10 working days after the approval.

**Note:** For High value claims (greater than 1lac) the above TAT would be extended as per insurer instruction.

**Process of High Value claims (Greater than 1 lakh)**
- Once the claim is received it shall be verified in 15 workings days for a Network Hospital and upto 25 to 30 days for a Non-Network hospital

- Post verification, the claim is processed as per the policy terms and conditions.

- Once the processing is completed, the physical file will be sent to the Insurer for approval. In case the claim is through at the insurer’s end, then the approved file will be shared back to raise the debit note

- On successful raising of the debit note, the claim will be settled in 10 working days.