

[Intuit Group Medical Coverage Inpatient Department \(IPD\) Benefits](#)

Intuit in partnership with New India Assurance as our insurer and Paramount as our TPA for Group Medical Insurance is offering a new suite of services to you and your enrolled dependents. Under the Inpatient Department (IPD) Plan, Intuit provides Inpatient hospitalizations due to disease, illness, or accident for you and your declared dependents. Policy period is 1 August to 31 July.

Frequently Asked Questions Group Medical Coverage – IPD

1. Who is eligible for the GMC-IPD policy?

- All employees are mandatorily covered and can enrol dependents under this policy. Dependents definition is spouse/ partner, child, and employee parents.
- New hires can nominate dependents at the time of joining after receiving the enrolment email from Darwin.
- Interns are enrolled automatically. To add dependents, contact Benefits_Delivery@intuit.com

2. What is my plan and premium?

The cost of the basic plan (INR 5 Lac sum insured) coverage is paid for by Intuit. At Intuit we have 4 plan types.

Family Acronyms

Members	Acronyms
Employee	E
Spouse/Same sex partner	S/P
Child	C
Parents	P

Plan A

Insured Members	Sum Insured Option	Premium
E	INR 5 Lac	Nil
	INR 7 Lac	7,000
	INR 8 Lac	8,500
	INR 10 Lac	10,500
	INR 12 Lac	12,750

Plan B

Insured Members	Sum Insured Option	Premium
E,S/P,C	INR 5 Lac	Nil
	INR 7 Lac	7,000
	INR 8 Lac	8,500
	INR 10 Lac	10,500
	INR 12 Lac	12,750

Plan C

Insured Members	Sum Insured Option	Premium
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E, P	INR 5 Lac	Nil
	INR 7 Lac	7,000
	INR 8 Lac	8,500
	INR 10 Lac	10,500
	INR 12 Lac	12,750

Plan D

Insured Members	Sum Insured Option	Premium
E,S/P,C,P	INR 5 Lac	Nil
	INR 7 Lac	7,000
	INR 8 Lac	8,500
	INR 10 Lac	10,500
	INR 12 Lac	12,750

3. What are the age criteria to be part of the plan?

- Children up to the age of 25 years are allowed, whereas for differently abled child the age limit of 25 years is waived off.
- No age restriction for parents in the policy.

4. What are the geography & timeline guidelines for Medical Insurance Coverage?

Intuit medical insurance policy is valid in all locations within India. Policy is not applicable outside the boundaries of India. Medical Insurance Policy covers hospitalization expenses. Expenses prior **(30 days)** to and after **(60 days)** hospitalization are also covered.

5. Coverage Details

- 30 days pre- and 60 days' post-hospitalization expenses are covered. The timelines are from the Date of Admission in the Hospital & Date of discharge respectively. For maternity and capped ailments, pre and post expenses will fall under the sub-limit of particular ailment.
- Hospitalization claims in a family can be availed up to the maximum of sum insured in a year.
- Hospitalization should be for a minimum of 24 hours with an active line of treatment.
- Hospitalization without an active line of treatment (for e.g. hospitalization for diagnostic procedures/ observations) will not be covered under the Medical Insurance policy.

- Ailment where 24 hours' hospitalization is not mandatory, are classified as Day Care Procedure and below is the list of a few such ailments. For a complete list, please refer to Paramount portal under tab – useful link.
 - Haemodialysis
 - Chemotherapy
 - Radiotherapy
 - Cataract Surgery
 - D&C
 - Tonsillectomy with and without adenoidectomy
 - Hysterectomy
 - Coronary Angiography

- **Reasonable and Customary charges** mean the charges for services or supplies, which are the standard charges for the specific provider and consistent with the prevailing charges in the geographical area for identical or similar services, taking into account the nature of the illness /injury involved.
- **GIPSA (General Insurers Public Sector Association) Package**

Group Medclaim policy offered by Insurer comes with a unique discount offer called 'GIPSA Tariff Discount'. Under this package, few hospitals in the insurance network offer special negotiated rates for certain surgeries/ treatments. You can refer Paramount portal for network hospital list.

Please note, if you do not avail cashless facility and opt for Reimbursement in any of the GIPSA network Hospitals, the TPA (Paramount Team), will reimburse only the amount as per the agreed package.

Remember - Ask for a GIPSA tariff if you opt for reimbursement mode at the Hospital to get better rates!

- **Maternity & Infertility Benefits**
 - Maternity sublimit increase from INR 85K to INR 1 Lac- *Enhancement FY25*
 - Maternity terminations for medical reasons now covered - *Enhancement FY25*
 - Maternity complications are now covered up to FSI. *Enhancement FY25*
 - Room rent charges for the mother/care giver are now covered in the policy, if the child (less than 1 year) is admitted to ICU/NICU. *Enhancement FY25*
 - Infertility sublimit increase from INR 85K to INR 2.5 Lac -*Enhancement FY25*
 - For Normal Delivery INR 100,000 within the Family sum insured
 - For C-section / Caesarean Delivery INR 100,000 within the Family Sum Insured
 - Twin Deliveries Addition INR 15,000 will be extended
 - Maternity Benefits are extended to first two living children.
 - 9 Months waiting period is waived off
- The newborn infant(s) shall be covered from the date of birth within floater sum insured, subject to declaration within 30 days from the birth, and applicable family definition chosen.

- **Vision Treatment**

- Cataract surgeries are covered in the policy with the coverage of monofocal/ unifocal lens and multifocal lens as per the policy terms (up to reasonable and customary charges).
- Toric lens are covered in the policy.
- Femto Laser cataract treatments are not covered.
- Lasik Surgery maximum up to INR 50,000 for both eyes (No restriction on power, not applicable for cosmetic Treatment).
- ARMD (Age Related Macular Degeneration) is covered with a sublimit of INR 35,000 per eye.

- **Ayurveda Treatment**

- Sublimit for Ayurveda and Homeopathy - 20% of sum insured for any one illness. The Insurer shall pay to the hospital the medical expenses or reimburse the insured the medical expenses pre and post hospitalization expenses up to the sum insured, incurred for Ayurveda and Homeopathy treatment up to the sum insured, provided the treatment is undergone in a government hospital or in an institute recognized by the government and/or accredited by Quality Council of India/ National Accreditation Board for Health.
- For planned Ayurveda treatment, it is advisable to submit the treatment plan and medical documents for checking admissibility with TPA (Paramount).
- Claim will be processed as per Ayush Guidelines.
- For reimbursement claims under Ayurveda, Indoor case paper is mandatory for claim processing. Remember – to ask for the same at the time of discharge.

- **Emergency ambulance**

- Covered Up to INR 5,000 Per Incidence.
- Air Ambulance covered with a sub limit of INR 25,000 per event.
- This benefit is available only for shifting patient from residence to hospital if admitted to ICU or Emergency Ward or from one hospital to another.

6. What are benefits extensions?

These are the extra advantages that Intuit policy offers over and beyond any retail plan.

- All Advance and Modern treatments is covered up to 25% of family sum insured, except cancer which is covered for full/ balance sum insured
- All type of Robotic Surgery is covered up to 50% of the family floater sum insured
- Oral Chemotherapy is covered up to 100% of total sum insured-oral chemotherapy is a cancer-fighting drug given by mouth in tablet, capsule, or liquid form. It is prescribed by your doctor, nurse practitioner, or physician's assistant, and has the same benefits and risks as chemotherapy given by infusion.
- All types of cancer treatment are covered up to sum insured. Cancer related Robotic surgeries covered up to maximum sum insured.

- COVID - Home Quarantine covered for INR 50,000 per family
- Mental Health Coverage Increased IPD limit to INR 2,50,000
- Terrorism & epidemic and Internal Congenital disease is covered
- In case of death of employee & members complete amount will be paid including non-medical expenses
- Surrogacy expenses is covered up to Maternity Limit, (For Male & Female)
- CAPD- Continuous Ambulatory Peritoneal Dialysis covered up to 50% of family floater Sum Insured.
- Salary protection coverage
 - Applicable only for employees.
 - Will trigger when the employee has exhausted his leave balance
 - Covers cases of medical exigency not covered under the GPA policy
 - Pay-out terms INR 60,000 or 50% of the salary whichever is less for a period of 3 months.
- Gender Reassignment
 - Sex realignment surgery (on top of medical insurance) (Only for employees)
 - Up to INR 5 Lac of one-time reimbursement towards the surgery
 - Up to INR 60K annually towards Hormone Replacement Therapy

7. Policy enhancements for FY25

- Maternity and Infertility related benefits enhancements
- Behavioural health Inclusion where the policy now covers neurodiversity, genetic disorders and congenital conditions
- Treatment for genetic diseases now covered and capped at 50% of family floater Sum Insured
- External Congenital Disease (Enhancements) enhanced to medically required cases. Cosmetic in nature treatment are not covered.
- Mobility Aids and Prosthetics
 - To be covered up to INR 1 Lac on OPD Basis
 - Mobility Aids to be covered: electric/ manual wheelchair, crutches, mobility scooters, canes
 - Prosthetic aids: artificial limbs, hearing aids, splints/ braces
 - Limited to once in two years only for each individual on the same equipment.
 - Maintenance of aid with a sublimit of INR 5k within overall limit
- Organ Donors is now covered and capped at 50% of family floater sum insured. Cost of organ not covered.
- HIV/AIDS is now covered capped at 50% of sum insured and to include treatment for pre-existing HIV/AIDS. Covered only for employees.

8. What are the enrolment window timelines?

- Annual Enrolment (AE) opens once every year before the new policy periods starts i.e. the month of July every year.
- Enrolment portal-Darwin is open for 15 days for employees to make any change or edits in their plan.
- New joiners get an enrolment window of 10 days from the day they receive the enrolment notification.
- In case of life event (marriage and newborn) need to add the new member 30 days from the date of event.

9. Voluntary Parent -in-law Insurance Medical Plan

• Policy Specification

- Sum insured options for PIL program are
 - INR 3 Lac – Premium INR 69,502
 - INR 5 Lac – Premium INR 101,008
- PIL plan is placed with the same insurer and TPA who underwrites the Group Medical Policy for operational efficiency
 - Insurer- New India Assurance
 - TPA -Paramount Health Services
- Nomination for this policy is done once a year & not in between the policy period except for the new joiners i.e., within 10 days from their date of joining. Starting this year there is a 2 years of locking period on enrolment i.e. is up to FY26
- The main medical plan sum insured is extended only to base plan dependents, PIL can claim only from PIL policy.
- The PIL sum insured could be utilized for all ailments, except for Maternity and other capped ailments

10. Your POC

- Paramount Health Services
 - **Email**
 - helpdesk.intuit@paramounttpa.com
 - **Phone**
 - Intuit Helpdesk level 1 – 8725965661
 - Intuit Helpdesk level 2 – 8655953534
- Intuit Slack Channel
 - **#india_insurance_support**

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