

Frequently Asked Questions:

1. What is a family floater?

There is no restriction on the size of the individual claim in a year as long as the family does not exceed the limit of INR 300,000 or the enhanced cover in case you have opted for the enhanced cover.

2. Who is TTK Healthcare Services Private Limited?

TTK Healthcare Services Private Limited is your service provider who facilitates administration of IBM India Limited Group Mediclaim Policy (GMC) and assists you by providing quality health care. It is not an insurance company; it acts as a liaison between IBM and the insurance company.

3. What are the services available to me through TTK Healthcare Services Private Limited?

- Online Enrollment System: For self and dependants
- Electronic id-cards: For self and dependants
- Network Hospital: The largest network of hospitals in the country
- Preferred Network Hospital : Discounted package rates on treatments
- Cashless hospitalization facility: For treatment at network hospitals for ailments covered under the Group Mediclaim Policy
- Claims administration services: Registration of each claim with the insurer
- Assessment of each claim for eligibility under the plan
- Recovery of missing documents if required
- Submission of claim to the insurer and follow up for speedy reimbursement
- Dedicated Helpline – Both Voice and mail based services
- Help desks at designated places
- Wellness seminars at designated locations
- Health Camps at designated locations
- Medical second opinion can be sought by uploading data through the TTKHCS portal
- Blood donation camps at designated locations
- Monthly news letter

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

By default you and your nominated dependants (spouse and children*) are eligible under a family floater cover of INR 300,000 and IBM pays the premium for the same. If you wish to enhance the coverage beyond the family floater of INR 300,000 (up to INR 1,000,000 in total), the incremental premium has to be borne by yourself**.

You have the option of covering your parents under the parents' policy, but the premium, TPA charges and the service tax would have to be borne by yourself.

NOTE: No other dependants can be insured under this health plan.

*Children - Up to 4

** Premium chart is available on the site www.weblogin.ttkhealthcareservices.com

Other considerations:

- All existing employees as of December 31, 2009 are insured from January 1, 2010, by default.
- Dependants - **Spouse & Children** – insured as of December 31, 2009 are insured from January 1, 2010 by default. Validation/updation of dependants' details (spouse and children) of existing employees is possible within 45 days of policy renewal i.e. 45 days from 1st January 2010.
- Employees have to make fresh enrollment for an additional cover if they intend to take an additional cover for 2010 for self and dependants (spouse and children). Please note if you had enrolled for an additional cover last year (2009), you would still need to enroll afresh within the 45-day period if you want to continue with the same for 2010. In case, you don't enroll afresh for 2010, the additional coverage would not be carried forward from 2009 by default. Enhancement of cover (sum insured) for existing employees as of 31st December 2009 can only be done at the time of renewal of the policy (during the period that TTK portal is open i.e. within 45 days of renewal of policy).
- Employees who intend to enroll their parent/s have to make fresh enrollment of parent/s for 2010 and choose coverage for parent/s. Please note if you had enrolled your parent/s in 2009 and if you want to enroll them in 2010 as well, you are required to enroll them afresh and opt for the specified coverage in 2010. In case, you don't enroll afresh for 2010, the enrollment and coverage for parents would not be carried forward from 2010 by default. Enrollment and coverage for parents for existing employees as of 31st December 2009 can only be done at the time of renewal of the policy (during the period that TTK portal is open i.e. within 45 days of renewal of policy).
- New employee is insured from date of joining IBM by default.
- New employee can enroll his/her dependants, enhance the family floater cover, enroll parent/s and opt for parent coverage within 45 days of joining.
- New dependants are to be insured within 45 days of eligibility
 - From date of marriage
 - From date of birth of a baby
- Mid-term enhancement (enhancement during the tenure of the policy) of cover is not permitted.
- Any ailment diagnosed / treated during coverage under the lower sum insured will continue to have the lower sum insured as the maximum cover (for that ailment and all related ailments). This is applicable when the sum insured has been increased from the previous year/s.

5. How does the coverage take place for a new joiner?

Your coverage will begin from the date you have joined IBM. But for your dependants, you need to visit the website www.weblogin.ttkhealthcareservices.com and complete your online enrollment procedure by submitting your dependants' details within 45 days from the date of your joining. Please use your Employee ID both as your ID & password for logging on to the site after 3 days from the date of joining. Please change your password after logging in.

6. What if my family/dependant status changes during the year?

Newly married employees can add spouse details within 45 days of the date of marriage. Coverage will be effective for the spouse from the date of marriage.

Employees who have a new born child can add them within 45 days of the date of birth. Coverage will be effective for the new born child from the date of birth.

The employee would also need to submit proof of marriage or birth certificate whichever is applicable. The coverage date will be effective from the date the process executor receives the approvals along with the documentation.

Apart from the above cases, any request for Midterm Inclusions for spouse and children has to

have approvals from the HR Partner/Advisor and the Benefits Lead.

There is no mid term inclusion process for parents.

There is no mid term enhancement of sum insured in respect of existing members under both the policies viz., Employee, Spouse & Children and Parents.

In case of a divorce/demise in the family, please inform TTK as soon as possible.

7. 'I am a newly hired employee. My wife has a pre-existing health condition. How is this handled/covered?'

Your wife's condition will be covered; there is a 9 month (waiver) period.

8. How do I complete Online Enrollment procedure?

Step: 1 You need to log on to www.weblogin.ttkhealthcareservices.com (**Please use IE version 5 & above**)

Step: 2 Choose Corporate Login

Step: 3 Click on 'Go'

Step: 4 User Name: IBM (not case sensitive)

Step: 5 Press Tab & wait for 30 Secs

Step: 6 Please ignore the field 'Select branch name' and allow the auto-select of the value in this field

Step: 7 ID: Type your Employee ID **Ex: 123456**

Step: 8 Password: Type your **6 Digit IBM Employee ID** as 'Password'

NOTE: We strongly advise you to change the password after you log in.

Step 9 : Click on '**Login**' button

POST LOGIN PROCEDURE

Step 10: Click on '**Add/modify dependant information/address**' to update details

Step 11: Click on '**Submit**' button after updating the details

9. What is an electronic ID card?

All employees and the insured members, under this plan, are entitled for an e - ID card. This ID card will identify them for admission into the network hospitals and to allow access to credit facilities at preferred hospitals around the country. This e- ID card is non-transferable.

Note: The e - ID card is the sole property of TTK Healthcare Services Private Limited and must be returned upon request or in the event of separation from the Company's services.

10. How do I get an electronic ID card?

You can and need to print the electronic ID card online. Follow the below mentioned steps to print the ID card:

Complete the online enrollment process by adding self and dependant details by visiting www.weblogin.ttkhealthcareservices.com (Refer to steps under question 8 for online enrollment).

Step: 1 You need to log on to www.weblogin.ttkhealthcareservices.com (**Please use IE version 5 & above**)

Step: 2 Choose Corporate Login

Step: 3 Click on 'Go'

Step: 4 User Name: IBM (not case sensitive)

Step: 5 Press Tab & wait for 30 Secs

Step: 6 Please ignore the field 'Select branch name' and allow the auto-select of the value in this field

Step: 7 ID: Type your Employee ID **Ex: 123456**

Step: 8 Password: Type your **6 Digit IBM Employee ID** as 'Password'

NOTE: We strongly advise you to change the password after you log in.

Step 9 : Click on '**Login**' button.

Step: 10 Click on E – Card.

Step: 11 Click on "view E – Card"

Step: 12 Print the pdf document

11. What happens if I lose a ID card?

If you lose a ID card, you may print another copy of the card online. Follow the above mentioned 10 steps under question no. 10 to print copies of the ID Card.

12. Will I be insured in the policy even If I have not got my electronic id card?

You and your nominated dependants will be insured from the day you join IBM/date of renewal of policy, whichever is later, provided you complete the online enrollment at www.weblogin.ttkhealthcareservices.com within the specified timeline.

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

In case of planned hospitalization, call on the helpline numbers of TTK Healthcare Services Private Limited to inform them when you or your nominated dependant needs hospitalization. This should be done at least 48 hours prior to the date of admission.

Fill the Pre-Authorization form, available with the Network Hospitals upon showing the TTK ID card or by mentioning your IBM employee id. This can also be obtained from the TTKHCS helpline or can be downloaded from the TTKHCS website.

Submit/Fax the Pre-Authorization Form to our toll free fax numbers at Bangalore 48 hours in advance.

Sign the relevant documents including discharge summary before leaving the hospital/getting discharged. If your hospitalization is authorized, then ensure you pay for non-medical expenses and co-payment charges for the dependants and parents, if enrolled.

For a non-network hospital, employee has to arrange to fax the complete pre-authorization to TTK.

TTK will be able to extend credit (in Network hospital) for the hospitalization only after the pre-authorization is complete and eligibility is determined. TTK will then send an authorization letter to the hospital.

Emergency Cashless Hospitalization:

When you have an emergency hospitalization and get admitted into a network hospital, please inform your family member/relative/friend to contact the billing dept in the hospital with TTK ID or IBM employee id to send Pre-authorization form to TTK. If your hospitalization is authorized, then ensure you pay for non-medical expenses and co-payment charges for the dependents and parents, if enrolled. Kindly sign the relevant documents before leaving the hospital/getting discharged.

14. Is there any minimum time limit for stay in the hospital?

Yes. Stay in the hospital should be for minimum of 24 hours. However, there are a few specific ailments which can be covered even though the period of hospitalization is less than 24 hours. For details on the same, please write to ibmcare@ttkhealthcareservices.com

Even if the stay is more than 24 hrs and there is no active line of treatment (only investigations done), the claim may get rejected.

15. What is Pre-Authorization?

Pre-authorization is a process that necessarily needs to be completed prior to hospitalization. The forms for the same can be obtained by calling TTK's Telephone Help Lines or downloaded directly from the TTK web site www.weblogin.ttkhealthcareservices.com (Home Page). The form needs to be filled with the help of the treating doctor. This form contains details like details of treating physician and hospital*, details of diagnosis*, treatment proposed*, past history, estimate expenses*, signature of the treating physician*, etc. TTK's medical team will then evaluate the same based on medical and policy grounds.

* If complete details are not provided in the form, then credit (in the case of a network hospital) or claim eligibility (in the case of an out-of-network hospital) can not be provided.

Note: Pre-authorization is essential for all hospitalizations, whether or not within the network.

16. What is an Authorization letter?

On approval of pre-authorization, an authorization letter will be sent to the hospital (only if it is on TTK network). The letter authorizes the hospital to extend credit for all medical expenses during hospitalization. Therefore to use TTK cashless hospitalization service it is very important for you to follow the pre-authorization process.

17. My Pre-Authorization request has been rejected. What could be the reasons?

Pre authorization may be declined under the following circumstances 1) Information provided was inadequate 2) Disease is not covered by policy 3) Sum insured is exhausted

18. What is a Claim Form?

A claim form is an important document which is essential for claim assessment. This form is provided on request by TTKHCS help desk or can be downloaded from www.weblogin.ttkhealthcareservices.com This form is to be signed by the member while availing the credit facility or before submission of a claim.

NOTE: We will not be able to assess your claim (credit or non-credit) without a signed claim form.

19. What is a Network Provider and how do I identify them?

Based on TTK experience and expertise they have tied up with hospitals across the country so that their members can avail of cashless hospitalization facility. The list of TTK Network Hospitals is available on their website. You may access the same with your User ID and Password at www.weblogin,ttkhealthcareservices.com

20. Does it mean that I cannot get treated in a hospital of my choice?

You can get treated 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 TTK, whereas in case of a hospital outside of network, you will have to collect all the documents at the time of discharge and send it to TTK along with a signed claim form.

Important - Please note that any hospital/nursing home you choose has to be registered and/or have minimum 15 beds.

21. What are standard exclusions?

- Hospitalization for convalescence, general debility
- Hospitalization for intentional self-injury, use of intoxicating drugs/ alcohol
- Injury or disease directly or indirectly caused by or arising from or attributable to war or war-like situations
- Domiciliary hospitalization (treatment taken at home and not in a hospital)
- Circumcision unless necessary for treatment of diseases
- Dental treatment of any kind unless requiring hospitalization
- Congenital external diseases or defects/anomalies
- Injury or disease caused directly or indirectly by nuclear weapons
- Naturopathy
- Cost of spectacles, contact lenses, hearing aids
- Any cosmetic or plastic surgery except for correction of injury
- Hospitalization for diagnostic tests only even if it is prescribed by a physician
- Vitamins and tonics unless used for treatment of injury or diseases
- Infertility treatment
- Voluntary termination of pregnancy during first 12 weeks (MTP)
- Venereal diseases
- HIV / AIDS[#]

[#] As part of 2010 policy, HIV/AIDS is now included in the critical illness list for critical illness buffer. However this is not covered under the family floater cover and hence is exclusion under family floater.

NOTE: All types of non medical expenses (refer the next question for details of the same) incurred during the course of hospitalization are not covered and have to be paid to the hospital before discharge

22. What are considered Non-Medical Expenses?

Following are few of examples of Non-Medical expenses:

ADMINISTRATIVE EXPENSES	APPLIANCES
<ul style="list-style-type: none">• Admission charges• Registration charges• Medical Records/Medico-legal charges	<ul style="list-style-type: none">• Water bed / Air cushion• Alpha bed• Hot water bag

<ul style="list-style-type: none"> • Attendant stay charges • Relative stay charges • Additional stay • Gate pass / Attendant pass • Overhead charges • Establishment charges • Tax • Surcharge • Incidental charge • Waste disposal charges <p>DOCUMENTATION EXPENSES</p> <ul style="list-style-type: none"> • Documentation charges • Discharge summary • Medical records charges • Birth certificate • Death certificate • Medical certificate <p>SERVICES</p> <ul style="list-style-type: none"> • Private nurse charges • Telephone charges • Fax charges • Food / beverages • Diet • Electricity charges • Water charges • T.V. / internet charges • Newspaper / magazines • A/c charges • Stationery charges • Linen / laundry charges • Mortuary / coffin charges <ul style="list-style-type: none"> • Ambulance charges 	<ul style="list-style-type: none"> • Bed pan / Kidney tray / Sputum cup • Crutches / Walker • Braces / Cervical collar • Slings / Splints • Knee caps • Abdominal belt / LS belt • Nebuliser / Steam inhaler / Humidifier • Thermometer • Chest binder • Spirometer • Spacer • Glasses / lenses / goggles / Frames • Dentures/dental braces/tooth implants • Hearing aids • Glucometer • B.P. Monitoring device • Other monitoring devices • Feeding Bottle • Cradle charges • Nipple shield / Breast reliever • Baby ID band <p>CONSUMABLES</p> <ul style="list-style-type: none"> • Antiseptic/disinfectant solutions • Soap • Powder (talc) • Oil /Cream • Cream • Sanitary pads / Diapers • Cassette / CD / Film charges • Oxygen cylinder <ul style="list-style-type: none"> • Health Foods
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Before a hospitalization it is absolutely essential to follow the pre-authorization procedure which will help TTK to determine if the event will be covered under the policy. We understand that it would not be possible for you to remember the above mentioned exclusions and hence the pre-authorization procedure will also help in determining the same.

23. Will I be covered for pre hospitalization and post hospitalization expenses?

Yes, you 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 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 along with a signed claim form.

24. What expenses are payable as a part of pre hospitalization and post hospitalization expenses?

Consultation charges, prescribed medicines and prescribed investigations.

25. Do I need to pay any money at the time of discharge?

In case of Non Network Hospitals - You will have to make all payments yourself and then forward the claim (all the hospital documents and signed claim form in original) to TTK Healthcare Services in order to get claim reimbursed from Insurance Company.

In case of Network Hospitals - Depending upon eligibility, TTK will extend credit for all the medical expenses billed by the Network hospital for the treatment of your illness only. All non-medical expenses (described above) and any amount exceeding the credit limit will have to be paid by you to the hospital at the time of discharge. In case if the patient admitted is a dependant, 80% of the medical expenses will be paid for and you will have to pay the balance 20% along with all the non-medical expenses (described above under Question 22) and any amount exceeding the credit limit will have to be paid by you to the hospital at the time of discharge.

26. What are details to be included in the discharge summary?

This is a very important document; it will mention the Date of Admission and Date of Discharge, Past History, details of treatment given, and requirement of medication post hospitalization, if any and doctor's signature. This will be on the letter head of the hospital.

27. In how many days are claims to be submitted to TTK?

Claim papers are to be submitted to TTK Help desk representative or couriered to TTK within 30 days from the date of discharge.

28. What if the cost exceeds the level of hospitalization insurance cover?

In such a situation you will be liable to pay the differential amount. We will inform the hospital about your eligible amount and they will recover the amount over and above the credit amount from you directly.

29. In a year how many times can I avail treatment in a hospital?

There is no limit on the number of times one can take treatment, however insurance company will reimburse claims up to the sum insured. And subject to policy terms.

30. What do I do if I decide to leave the services of IBM?

You need to return self and dependants' id card(s) to TTK. You also need to inform TTK whether you have had any hospitalization bills to be claimed (either a Network or a Non Network Hospitalization). This is very important because once you are deleted from the policy you will not be eligible to claim reimbursement for any expenses incurred.

31. In case of non-network hospitalization, what necessary documents should I collect in order to get the claim passed by the insurance company?

- Signed Claim Form
- Discharge Card
- All Investigation reports
- Prescriptions for all investigation
- Prescription for medicines
- Bills for medicines & investigations with break up
- Hospital Bill & Receipt (In Original) with Revenue Stamp, and the hospital's registration number.

32. What are the Help Line Numbers?

For IBM employees, the exclusive help line number is **080-40539789**.

You can also connect at the following toll free nos given below:

TOLL FREE NOS.

TTK HO BANGALORE	1800 425 8885 (24*7)
TTK HO BANGALORE	1800 425 7878 (24*7)
TTK HO BANGALORE	1800 102 1234 (24*7)

TOLL FREE FAX NO.

TTK HO FAX NO.	1800 425 2626
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33. Can I email my queries to TTK Healthcare Services Private Limited?

Yes, there is a dedicated email id for IBM. Please send your queries to ibmcare@ttkhealthcareservices.com

34. What is Medical 2nd opinion?

Medical 2nd opinion is a Free Online Opinion by top medical experts from CMC Vellore, Wockhardt Hospital and by in-house TTK doctors through their website.

With this service, you can get

- An alternative viewpoint from a specialist in the field
- Reassurance that the treatment recommended is the one that is best
- Advice to help prevent unnecessary or inappropriate medical management
- Advice as to when, if at all, you should optimally undergo treatment
- Advice in case of complex medical conditions

However, the above are the views of the Medical Team and not binding on patient/ insured.

35. How do you obtain Medical 2nd opinion?

- Go to www.weblogin.ttkhealthcareservices.com
- Go to medical enquiry section
- Click on Specialist opinion
- Fill in all fields including TTK card no.
- Attach all supporting medical reports
- Send
- Response will be sent back to email id given by customer within 3 working days

However, the above are the views of the Medical Team and not binding on the patient/insured.