

IBM Medi Buddy Portal

Tutorial

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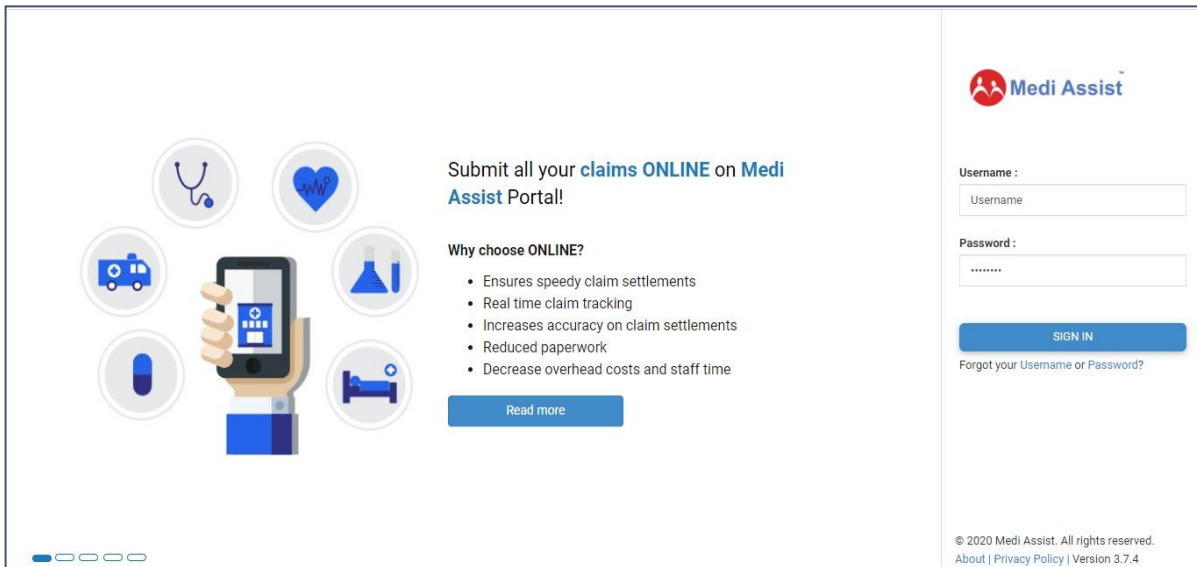
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Introduction

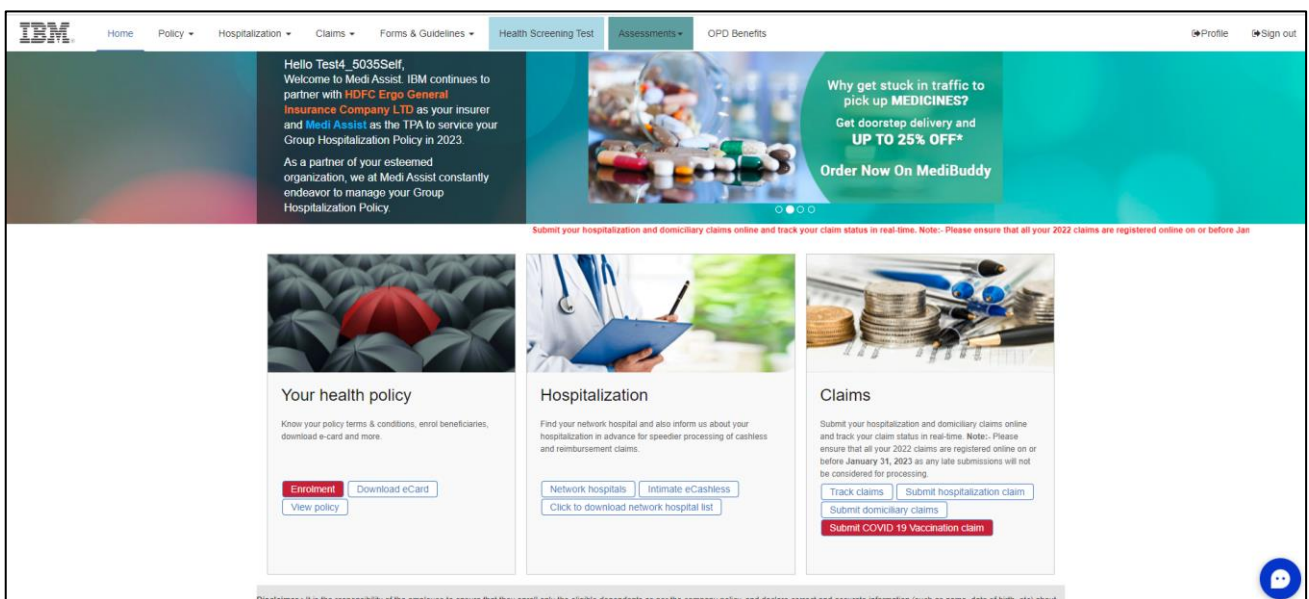
Welcome to the MediBuddy portal tutorial. Now you can access policy features on your MediBuddy portal - in a faster and more efficient way. Here is a step by step guide on how to use your MediBuddy portal.

I. Login Page

1. Go to <https://portal.medibuddy.in> from your web browser. Sign in with your username and password.



2. On successful login, you will see the following page from which, you can perform the required action.



II. Online enrolment

1. Click the **enrolment** button on "Your health policy" tile. The following page appears. Existing users can review their current beneficiaries (spouse and children).

Test4_5035Self
UpdateBankDetails

Employee ID	Test4_5035	Date of Hire	01 Jan 2022	Gender	Male
Email	test@ibm.com	Mobile No.	9999999999	Work Location	Kolkata
Marital Status	Married	Marriage Date	01 Dec 2022		

Test4_5035
UpdateBankDetails

Employee ID	Test4_5035	Date of Hire	01 Jan 2022	Gender	Male
Email	test@ibm.com	Mobile No.	9999999999	Work Location	Kolkata
Marital Status	Married	Marriage Date	01 Dec 2022		

Mobile Declaration: By providing my personal mobile phone number, I understand and agree that IBM India Pvt. Ltd., its medical insurance provider (currently HDFC ERGO General Insurance Co. Ltd) and their third party administrator (currently Medi Assist India TPA Pvt Ltd), and their partners, may contact me for the purpose of providing services and assistance under IBM's health insurance programs, and for various wellness and healthcare related initiatives (including promotional and awareness initiatives) organized at or through IBM only. I hereby provide my consent to being so contacted for the above purpose.

OPT OUT Declaration: I would like to opt-out. I confirm that I DO NOT wish to participate in IBM's Group Medical Insurance Cover 2023. I understand and agree that by clicking on the button below, I will 'opt out' of IBM's Group Medical Insurance Cover 2023 and my nuclear family (spouse and children) and I will no longer be eligible to participate, or avail any benefits under this medical insurance policy. I fully understand the implications of not being part of the policy and agree to the same. I also confirm that neither my family (spouse and children) nor I shall claim that we are entitled to any benefits under IBM's Group Medical Insurance Cover 2023.

Beneficiary Details Add

Name	Relation	Birth Date	Age	Gender	Date of Adoption	Action
Test4_5035Self	Self	01 Jan 1990	33	Male		No Action Allowed
Spouse	Spouse	08 Dec 1993	29	Female		Edit Delete
Son	Son	12 Dec 2006	16	Male		Edit Delete
Daughter	Daughter	15 Dec 2009	13	Female		Edit Delete
Son 1	Son	08 Dec 2011	11	Male		Edit Delete
Daughter 1	Daughter	10 Dec 2019	3	Female		Edit Delete

Please note that the coverage for an adopted child incepts from date of Legal adoption or Policy inception or Date of Joining of the employee, whichever is later.

Children Declaration: I hereby declare that the details as given for enrolment of my son / daughter are correct and confirm that they are less than or equal to 24 years, unmarried and financially dependent on me and have not established their own independent household. If any information provided by me is found to be incorrect or false, I understand that I may be asked to submit supporting documents (i.e. government approved ID card, Birth certificate copy, educational details, etc) for validation. If the company determines that any false information has been provided, this will be construed as a BCG Violation and action will be taken, which may include termination of employment.

Parents cover
Add

Parents Declaration:
Owing to the 2-year lock-in (2023 & 2024), employees who are enrolling their parents under the 2023 policy will continue to have the same sum insured or option to enhance coverages under the 2024 policy. In 2024 policy, an employee can choose to remain with the same sum insured opted in 2023 policy or can choose to increase the sum insured but do not have an option to decrease the sum insured. There is no option to opt out from the policy or to switch between Individual plan to Floater plan and vice versa.

Select Parental policy type:
a. Individual coverage: Employee may enroll one or both parents under separate coverages. The premium calculation will be basis the parents' age and the coverage selected.
b. Floater coverage: Employee may enroll both parents under a common coverage. The premium calculation will be basis the elder parent's age and the coverage selected.

Name	Relation	Birth Date	Age	City Name	Pin Code	Action
Father	Father	22 Dec 1976	46	Bangalore	560100	Edit Delete
Mother	Mother	12 Jan 1978	44	Bangalore	560100	Edit Delete

Parental Policy Type: Floater Individual

Father Sum Insured	500000.00	Premium*	17463.68
Mother Sum Insured	500000.00	Premium*	10905.09

For new hires - The above mentioned premium rates are on a pro-rated basis from the date of joining till December, 2023.
For existing employees whose date of joining is on or before January 1, 2023, annualized premium will be applicable.
Disclaimer: Please note that there will be no change in parents premium due to change in age for 2024, in case employee is enhancing the sum insured premium will change in 2024.

Please note that the coverage for an adopted child incept from date of Legal adoption or Policy inception or Date of Joining of the employee, whichever is later.

Children Declaration: I hereby declare that the details as given for enrolment of my son / daughter are correct and confirm that they are less than or equal to 24 years, unmarried and financially dependent on me and have not established their own independent household. If any information provided by me is found to be incorrect or false, I understand that I may be asked to submit supporting documents (i.e., government approved ID card, Birth certificate copy, educational details, etc) for validation. If the company determines that any false information has been provided, this will be construed as a BCG Violation and action will be taken, which may include termination of employment.

Parents cover [Add](#)

Parents Declaration:
Employees who have enrolled their parents under the 2021 policy will continue to have the same coverage and credentials under the 2022 policy owing to the 2-year lock-in (2021 & 2022). There will be no option to add/delete/modify parent's details or coverage opted afresh in 2022.

Select Parental policy type:
a. Individual coverage: Employee may enroll one or both parents under separate coverages. The premium calculation will be basis the parents' age and the coverage selected.
b. Floater coverage: Employee may enroll both parents under a common coverage. The premium calculation will be basis the elder parent's age and the coverage selected.

Name	Relation	Birth Date	Age	City Name	Pin Code	Action
TestFather	Father	01 Jan 1960	62		0	Edit Delete
TestMother	Mother	01 Jan 1960	62		0	Edit Delete

Parental Policy Type Floater Individual

Parental Sum Insured: 300000.00 Premium*: 41563.79

For new hires - The above mentioned premium rates are on a pro-rated basis from the date of joining till December, 2022. For existing employees whose date of joining is on or before January 1, 2022, annualized premium will be applicable.

Any Allment diagnosed/treated during enrolment window period 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 during the enrolment window period in the same year.

Any Allment diagnosed/treated during enrolment window period 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 during the enrolment window period in the same year.

For employees having date of joining on or before January 31st, 2023, the selection made for parents' premium instalment option under the 2023 enrolment window will be carried forward for the 2024 window.

The employees who joined after January 31st, 2023 and have their parents enrolled, can choose to pay their parents' premium in 2 equal instalments in the months of February and March 2023 during the annual enrolment window between 1st January 2023 to 31st January 2023. If the instalment option is not availed, the relevant parents' premium shall be deducted in the month of March 2023.

It should be noted that the instalment option is exclusive to annual enrolment window, and shall be rolled back on 31 January 2023 for all the employees.

If you want to avail the **instalment option** please tick the checkbox provided below. If you do not tick the checkbox, by default it implies that you intend to pay the premium amount for the parents cover as a lump sum which will be deducted from your salary in the month of March 2023 for the current year policy.

I have read the information provided above. I wish to pay the parents cover premium in two equal instalments distributed between the months of Feb and March 2023.

Voluntary Top-up Cover: The Group Medical Insurance policy enables you to enhance the OPD sub-limit. The base sub-limit for OPD coverage is INR 10,000. The enhancement of the same corresponds with selection of additional sum insured under the policy as provided in the below table. Owing to the 2-year lock-in on the voluntary top-up cover (2023 & 2024), the selection under 2023 shall remain same or sum insured can be enhanced in 2024 i.e. in 2024 policy, an employee can choose to remain with the same sum insured opted in the 2023 policy/employee has an option to increase the sum insured but do not have an option to decrease the sum insured and also there is no option to opt out from the policy. Owing to the 2-year lock-in on the voluntary top-up cover (2023 & 2024), in 2024 there will be no option to reduce/decrease the top-up sum insured opted in 2023. However, Employees will have option to enhance the top-up sum insured under 2024.

Sum Insured(INR)	Premium(INR) *	OPD LIMIT(INR)
<input checked="" type="radio"/> Standard base coverage (400000)	-	10000
<input type="radio"/> Base coverage + 100000.00	1484.44	15000
<input type="radio"/> Base coverage + 200000.00	2470.92	20000
<input type="radio"/> Base coverage + 400000.00	5274.60	25000
<input type="radio"/> Base coverage + 600000.00	8192.74	25000
<input type="radio"/> Base coverage + 1100000.00	11270.18	25000

For new hires - The above mentioned premium rates are on a pro-rated basis from the date of joining till December 31, 2023. For existing employees whose date of joining is on or before January 1, 2023, annualized premium will be applicable.

Any Allment diagnosed/treated during enrolment window period 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 during the enrolment window period in the same year. There will no exception/ request entertained post closure of enrolment window.

Sum Insured/Premium Contribution Summary (Premium is inclusive of applicable taxes and charges.)

Relationship	Sum Insured (in INR)	Premium (in INR) *
Employee	400000.00	2324.58
Father	500000.00	17463.68
Mother	500000.00	10905.09
Total premium payable (INR) *		30693.35

For new Hires - The above mentioned premium rates are on a pro-rated basis from the date of joining till December 31, 2023. For existing employees whose date of joining is on or before January 1, 2023, annualized premium will be applicable.

Note: Premium shown is inclusive of applicable taxes and TRX fee of INR 32.50/- + applicable taxes added in the premium. The TRX fee is applicable only for dependent parents.

Sum Insured/Premium Contribution Summary (Premium is inclusive of applicable taxes and charges.)

Relationship	Sum Insured (in INR)	Premium (in INR) *
Employee	400000.00	2324.58
Father	500000.00	17463.68
Mother	500000.00	10905.09
Total premium payable (INR) *		30693.35

For new Hires - The above mentioned premium rates are on a pro-rated basis from the date of joining till December 31, 2023. For existing employees whose date of joining is on or before January 1, 2023, annualized premium will be applicable.

Note: Premium shown is inclusive of applicable taxes and TRX fee of INR 32.50/- + applicable taxes added in the premium. The TRX fee is applicable only for dependent parents.

I agree and declare the information provided above is correct and I have read the entire policy terms and conditions.



- You can view the employee information as well as information pertaining to your beneficiaries. You can make the necessary changes to your profile. You can also add your beneficiaries including your spouse, parents and up to 4 dependent children. However, basis 2 years lock-in we have introduced flexibility option of allowing employees who have enrolled for top-up/parental plan in 2023 to enhance their sum insured in 2024. Opting out of the top-up/parental plan or reducing the sum insured is not allowed.
- The **Sum Insured/Premium Contribution Summary** shows the beneficiaries you have enrolled into the health insurance, the sum insured and the premium you are paying.

4. To add your beneficiaries, perform the following steps:
 - On the enrolment page, select your beneficiary relationship, click **Add** and enter your beneficiary's name and date of birth (DOB).
 - Add beneficiaries to your top-up policy, if applicable, and select the sum insured. The premium payable is automatically calculated.
 - Top-up premiums and employee contributions, if applicable, will be deducted from your salary.
 - Click the **Submit** button to save your changes.

III. View Policy

Click the **View policy** button from “Your health policy’ tile. You can view all the details pertaining to your policy cover.

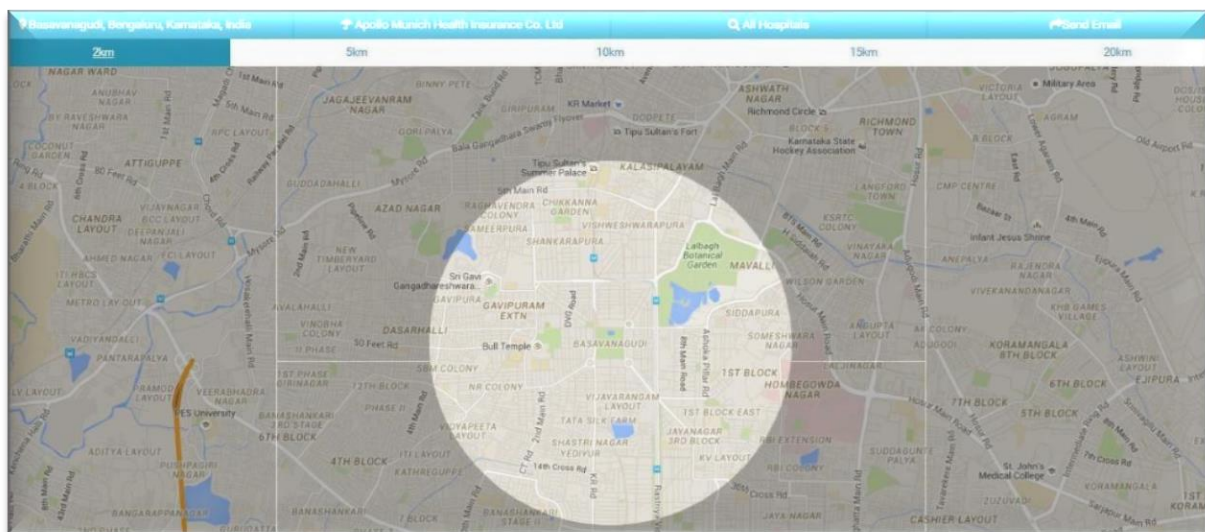
IV. Download eCard

Click the **Download eCard** button from “Your health policy’ tile. Your eCard is downloaded in the pdf format.

V. Find network hospitals

With the map-based view, you get the location of the hospital along with all their contact detail. You also get a clear visual indication of the route to the hospital. Follow the steps given below to find your network hospital.

1. Click the **Network hospitals** button from the “Hospitalization’ tile. You will be led to the following page.

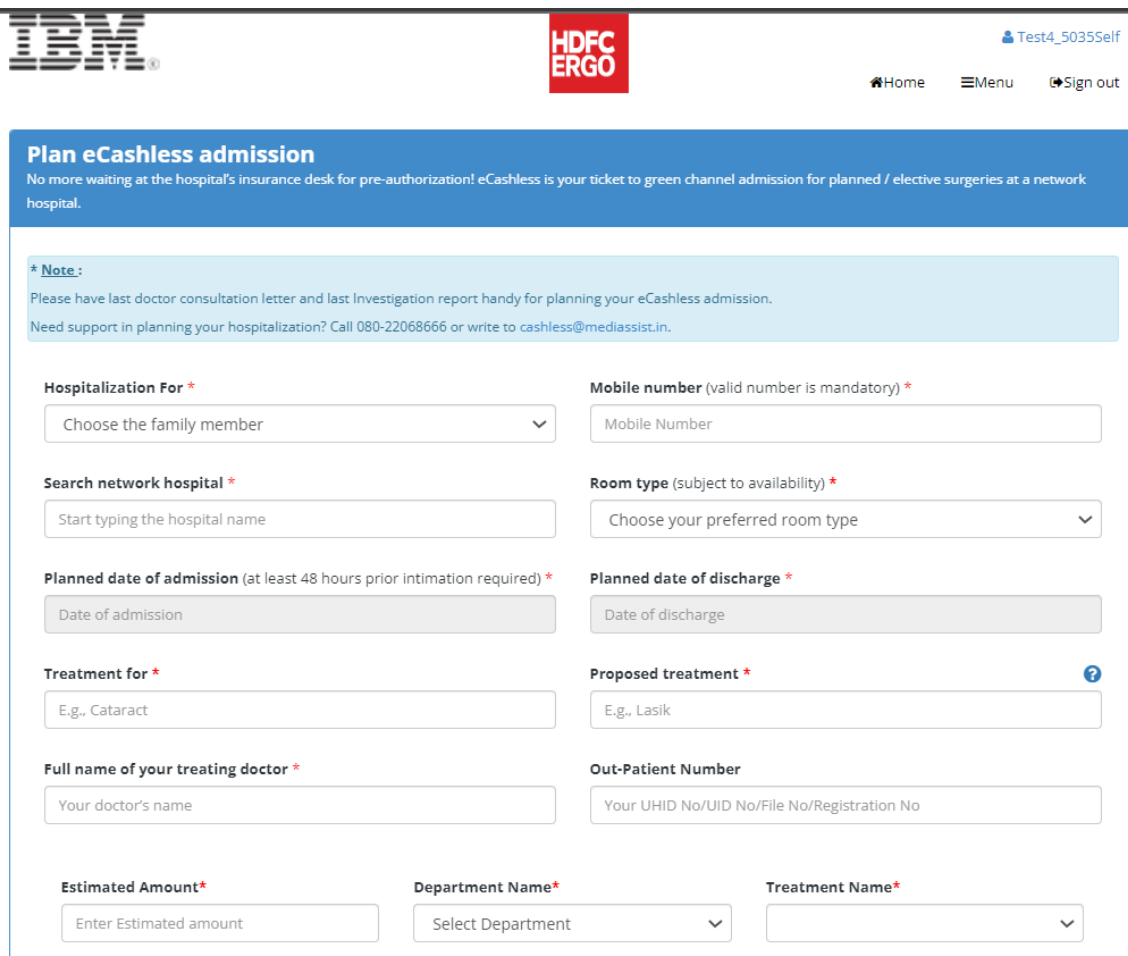


2. Set your location. You can either select your current location or change the location as necessary.
3. Choose your insurer so you see only those hospitals that are in your insurer network. (This is important because cashless hospitalization is available only at network hospitals). You can see all your network hospitals.
4. You can also change the search radius to expand / narrow the scope of search.
5. If you wish to download the list for entire location, you can click “download link” on the policy tab.

VI. Intimate eCashless

The eCashless facility helps you plan your hospital admission in a more efficient way. You can raise a request for eCashless facility if you have at least 48 hours to plan your hospitalization in advance. The following is the process for raising an eCashless request.

1. Click the **Intimate eCashless** button from the 'Hospitalization' tile. You will be led to the following page.



Plan eCashless admission
No more waiting at the hospital's insurance desk for pre-authorization! eCashless is your ticket to green channel admission for planned / elective surgeries at a network hospital.

*** Note :**
Please have last doctor consultation letter and last Investigation report handy for planning your eCashless admission.
Need support in planning your hospitalization? Call 080-22068666 or write to cashless@mediassist.in.

Hospitalization For *
Choose the family member

Mobile number (valid number is mandatory) *
Mobile Number

Search network hospital *
Start typing the hospital name

Room type (subject to availability) *
Choose your preferred room type

Planned date of admission (at least 48 hours prior intimation required) *
Date of admission

Planned date of discharge *
Date of discharge

Treatment for *
E.g., Cataract

Proposed treatment *
E.g., Lasik

Full name of your treating doctor *
Your doctor's name

Out-Patient Number
Your UHID No/UID No/File No/Registration No

Estimated Amount*
Enter Estimated amount

Department Name*
Select Department

Treatment Name*

2. Enter basic details about your treatment - prescribed treatment, your preferred network hospital, doctor's name, planned date of admission, etc. Upload the relevant investigation reports, doctor's consultation letter and any other medical documents, and submit your request by clicking the **Plan** button.
3. Medi Assist sends your request to your chosen network hospital. The hospital provides an early estimate for the treatment and forwards your request to Medi Assist.
4. Medi Assist releases a provisional pre-authorization to the hospital. Simultaneously, you receive a secure passcode for your request.
5. On the date of admission, you walk into the hospital and show your secure passcode at the insurance desk. You must also present your Medi Assist e-card and any valid Government ID proof.
6. The hospital unlocks your provisional approval with your passcode and instantly hands over the pre-authorization. You sign the pre-authorization form and get green channeled into your room.
7. Track your claim in real-time using any of our channels

VII. Submit claims

Reimbursement claims may be filed in the following circumstances:

- Hospitalization at a non-network hospital
- Post- and pre-hospitalization expenses / domiciliary expenses that are not covered by your policy

The following is the procedure to submit your reimbursement claims for hospitalization:

1. Click the **Submit hospitalization claims** button from the 'Claims' tile.

Claim Guidelines	Hospitalization Details	Add KYC	Declaration
------------------	-------------------------	---------	-------------


1. Please retain a copy of all documents submitted to us for further reference.
2. Please retain POD copy of the courier for tracking your consignment in case of any delay etc.
3. Physical Documents submission is mandatory for claim processing. Kindly contact your HR or Helpdesk for submission
4. Please note that online submission of claim documents only registers the claim in the system and is the first step in the claims process. However, as per the mandate from IRDA and insurance company original documents/hard copies are required for complete processing of the claims. Would request you to forward the original documents as soon as possible for the completion of claims process.
5. Print out of the claim form has to be signed & submitted.
6. All financial documents like hospital main bill, main bill-break up, receipts/ advance paid receipts and any other bills are required in **original hard copy** to be submitted at the nearest help desk or to be couriered to [Nearest Medi Assist office](#) within 3-4 working days for the final settlement of the claim. Photocopy or duplicate copy of the financial documents will not be considered for processing.
7. Insert page numbers on all the document and Update total number on the first sheet. Documents should be numbered from last page to first page on top right hand side of document.

OK, I have read the guidelines [Continue](#)

2. Enter the details of your treatment. This would include your Beneficiary Details, Claim Details, and Declaration of Claim Submission. Add your bank details so that the reimbursement amount can be transferred to your account. Remember to raise separate claims for separate illnesses.

Hospitalization Claim Submission

Claim Guidelines Hospitalization Details Add KYC Declaration


Employee ID


D.O.B 1/1/1990
Phone
Email mohammedalshalk...


Always provide valid mobile number and email id


Bank details are required to send your reimbursed amount. Please provide correct bank details to reduce delays.

For Ayurveda treatment, detailed summary of diagnosis and indication of medicine advised with dose duration is essential.
For Homeopathic treatment, break up of consultation and medicines expenses with the dose duration is mandatory.

Select Beneficiary

 Test4_5035

 Daughter

 Daughter 1

Contact Details All communications will be triggered to below given contact details

E-mail mohammedalshalk@mediasst.in Mobile Number 6360503445

Bank Details

HDFC BANK TULSIANI CHMBS - NARIMAN PT

Account Holder Name	IFSC Code
Madhu	HDFC0000001
Account Number	Bank Details
1234567890	101-104 TULSIANI CHAMBERSFREE PRESS JOURNAL MARGNARIMAN POINTMUMBAIMAHARASHTRA400 021

[View cheque leaf](#)

Note : Ensure that your bank account is valid and active for transactions.
 I agree that the account details are correct and payment to be done only on this account. I would take responsibility or any delay in payments due to wrong bank details updated by me.

Claim Details

Home Care Treatment

Hospital details

Date Of Admission* Date Of Discharge*


Hospital Start typing...

Treatment Name* Select Treatment


Total Amount Claimed Enter claim amount


[Previous](#) [Continue](#)

3. Update/check the KYC details under “Add KYC”


Employee ID





D.O.B 1/1/1990
Phone
Email mohammedali.shaik...

 Always provide valid mobile number and email id

 Bank details are required to send your reimbursed amount. Please provide correct bank details to reduce delays.

Claim Guidelines Hospitalization Details Add KYC Declaration


Your KYC documents are under review. We will get back to you in case we find something missing.

Name	Document Type	Document Number	File Name	Remove File
Test4_5035	ID PROOF	AXPMM3434M	 Test17_5036-ECard.pdf	
Test4_5035	ADDRESS PROOF	DEC-2022105318	 Test9_5036_21122022_...	

[< Previous](#) [Continue](#)

- Scan and upload your documents to enable Medi Assist to start processing your claims based on the online submission even before receiving the physical documents. You must mandatorily submit all original documents in order for the claim to be approved after scrutiny of these originals. Remember to upload documents such as ID proof and address proof.

Claim Guidelines
Hospitalization Details
Add KYC
Declaration





Employee ID


D.O.B 1/1/1990

Phone

Email mohammedalshalk...

 Always provide valid mobile number and email id

 Bank details are required to send your reimbursed amount. Please provide correct bank details to reduce delays.

 For Ayurveda treatment, detailed summary of diagnosis and indication of medicine advised with dose duration is essential.

For Homeopathic treatment, break up of consultation and medicines expenses with the dose duration is mandatory.

Claim Document Checklist

Other General Claims


1. Govt issued photo ID proof (PAN/Aadhaar/Passport/Voter ID/Driving License) of the patient and the employee*
2. Detailed discharge summary with complete treatment, investigations, diagnosis, course in the hospital and discharge advice.
3. Hospital main bill with complete breakup of the expenses incurred
4. Pre-numbered cash paid receipts (amount receipt on the letterhead is not accepted)
5. Lab investigation reports with mandatory prescription (with signature of the MD pathologist only) **
6. All medicine bills should be supported by valid prescription
7. Proof of diagnosis: Investigations / X-RAY / CT / MRI, or any tests
8. Accident case: MLC (Medico Legal certificate) at hospital or FIR
9. Stickers and the invoice of implants / lens / stents used in surgeries
10. Indoor Case Papers (ICP), hospital billing tariffs for non network hospitals
11. Pre and post bill (only relevant to the admission claim)
12. Any Other(Please Specify)

Note:-
 *PAN card and address proof of employee is mandatory for KYC process as per Insurer
 ** Mandated by the Supreme Court

Upload Documents



(Upload all the scanned documents /bills/payment receipts/Prescriptions/Lab reports/Investigation reports related to the claim.)

Upload all the scanned documents /bills/payment receipts/Prescriptions/Lab reports/Investigation reports related to the claim.



Upload


Uploaded documents

test17_5036-ECart.pdf	
test9_5036_21122022_105318.pdf	

Maximum file size per file allowed: 20 MB
 Maximum files allowed per claim: 15 files
 Allowed file types:

Upload PAN Card

Enter PAN Number



Upload

- Maximum file size per file allowed: 5 MB
- Allowed file types:
.jpg, .jpeg, .tif, .png, .gif, .bmp, .pdf, .doc(x)

Fight Against Fraud

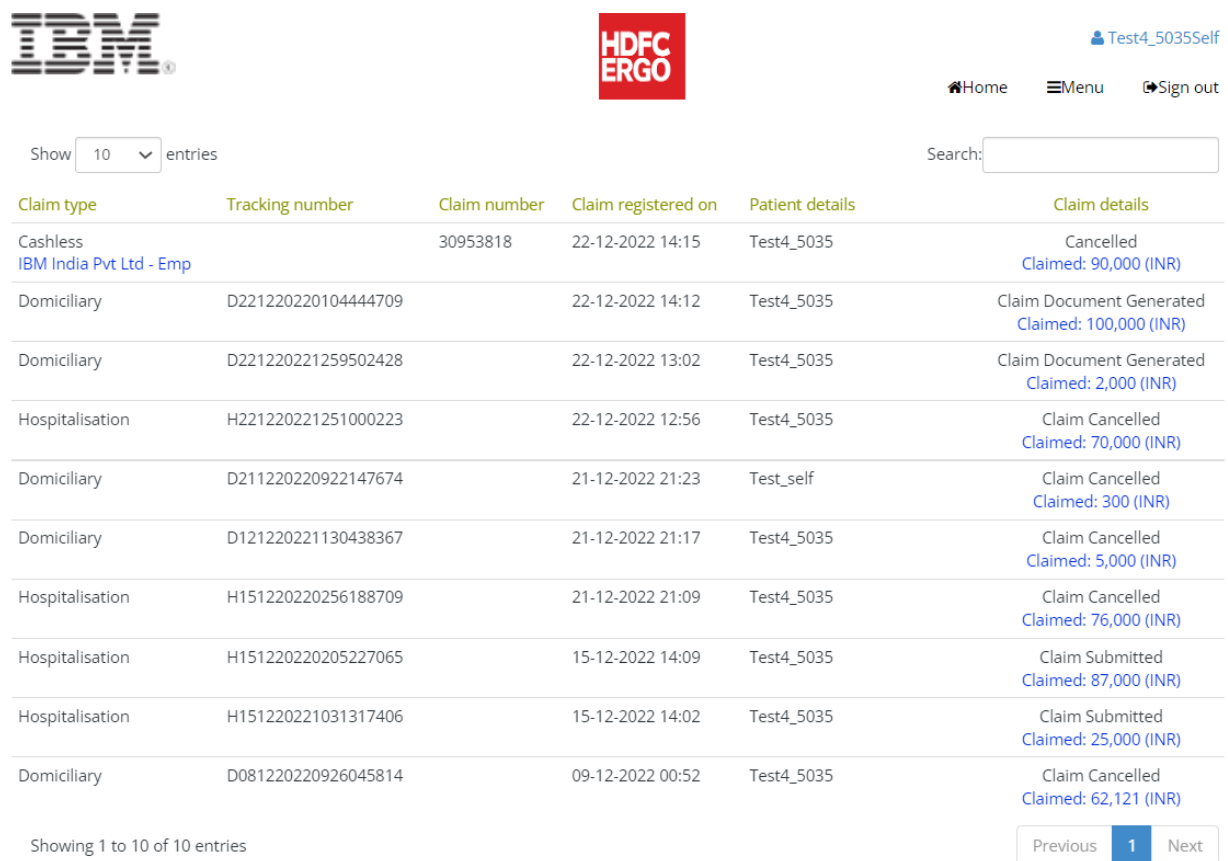
5. Send the following original documents to Medi Assist within 3-4 days from the date of discharge from hospital for each claim:
 - Original hospital final bill
 - Original numbered receipts for payments made to the hospital
 - Complete breakup of the hospital bill
 - Original discharge summary
 - All original investigation reports along with prescriptions
 - All original medicine bills with relevant prescriptions
 - Original signed claim form
 - Copy of the Medi Assist ID card or current policy copy and previous years' policy copies (if any)
 - Covering letter stating your complete address, contact numbers and email address (if available)
6. Retain the scanned/photocopies of all the documents for your reference.
7. Kindly take a printout of filled claim form, sign and submit it along with all the original documents to your nearest IBM helpdesk or courier them to Medi Assist Assist Bangalore office (**Medi Assist India TPA Pvt. Ltd, Tower D, 4th Floor, IBC Knowledge Park, 4/1 Bannerghatta Road, Bangalore – 560029**) for the final settlement of the claim.
8. Track your claim in real-time using any of our channels
9. The medical team at Medi Assist processes the claim:
 - In case of approval, the amount is reimbursed either via NEFT or cheque (sent to the address mentioned in your policy)
 - In case your claim is denied, the denial letter is sent to you by courier / post / e-mail quoting the reason for denial of your claim.

Note:

- The size each of document should be less than 5 MB.
- It is the responsibility of the employee to declare correct and accurate information regarding the claim and ensure that the claim submitted is genuine. If any information provided by the employee is found to be manipulated, incorrect or false this would result in BCG violation.

VIII. Track claims

You can track your eCashless or reimbursement claims through one of the options given below. Click the **Track claims** button from the „Claims' tile. You will be led to the page as shown below. The page shows the history of all your claims.



Claim type	Tracking number	Claim number	Claim registered on	Patient details	Claim details
Cashless IBM India Pvt Ltd - Emp		30953818	22-12-2022 14:15	Test4_5035	Cancelled Claimed: 90,000 (INR)
Domiciliary	D221220220104444709		22-12-2022 14:12	Test4_5035	Claim Document Generated Claimed: 100,000 (INR)
Domiciliary	D221220221259502428		22-12-2022 13:02	Test4_5035	Claim Document Generated Claimed: 2,000 (INR)
Hospitalisation	H221220221251000223		22-12-2022 12:56	Test4_5035	Claim Cancelled Claimed: 70,000 (INR)
Domiciliary	D211220220922147674		21-12-2022 21:23	Test_self	Claim Cancelled Claimed: 300 (INR)
Domiciliary	D121220221130438367		21-12-2022 21:17	Test4_5035	Claim Cancelled Claimed: 5,000 (INR)
Hospitalisation	H151220220256188709		21-12-2022 21:09	Test4_5035	Claim Cancelled Claimed: 76,000 (INR)
Hospitalisation	H151220220205227065		15-12-2022 14:09	Test4_5035	Claim Submitted Claimed: 87,000 (INR)
Hospitalisation	H151220221031317406		15-12-2022 14:02	Test4_5035	Claim Submitted Claimed: 25,000 (INR)
Domiciliary	D081220220926045814		09-12-2022 00:52	Test4_5035	Claim Cancelled Claimed: 62,121 (INR)

Showing 1 to 10 of 10 entries

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- Clicking an individual claim type will give you all the details pertaining to the claim.
- You can download the claim form as well letters pertaining to the claim from this page.

You can also track your claims via the following options:

- Log into www.medibuddy.in and click the Claims tab (or)
- Visit track.medibuddy.in to search claims by Claim ID, MA ID or Employee ID (or)
- SMS “Claims (Claim Number)” to +91 96631 49992

Contact

In case of further queries, please call the IBM helpline numbers on **8884388455 / 080-46855351** for any assistance or write to:
ibmcare@mediassist.in / ibm.escalation@mediassist.in