



Cognizant Technology Solutions Enrolment/General FAQs

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Enrolment FAQ

1. How do I register for my medical insurance?

You will receive a welcome mailer when you join Cognizant Singapore. This mailer—“Welcome to Cognizant Total Rewards Portal Pay & Perks | Enroll for your Insurance Plan”—will explain the step-by-step process for completing your medical insurance registration. Follow the instructions on the welcome mailer to complete your benefits selections and enroll your dependents.

2. Where should I update my Primary ID?

It is mandatory to update your Singapore National ID (NRIC/FIN) both in HCM and in [Pay & Perks](#).

1. Mark your Singapore National ID as your Primary ID in HCM (Personal details → National ID).
2. Update your IC/FIN directly on [Pay & Perks](#) as this data will not be brought over from HCM

3. How do I enroll my dependents?

Follow the instructions on the “Pay Perks SGP Health Insurance Selection Guide” which you should have received as part of the welcome mailer from Pay & Perks.

4. What are some key points I should take note of during the dependent enrollment process?

You should review the benefits/policy terms and conditions before enrolling your dependents. Dependents can only be covered if they enroll within 30 days of joining/start date in Singapore or arrival date of the dependent in Singapore (in case of assignees). Dependents have to be based in Singapore with a valid NRIC/FIN in order to be covered under your insurance policy. NRIC/FIN copy needs to be uploaded on the [Pay & Perks](#) portal. If we’re provided with incorrect or incomplete information, we will be unable to provide coverage. Newborns should be enrolled with a birth certificate number within 30 days from date of birth and replaced with a NRIC/FIN copy later.

5. I have completed the registration process for myself and my dependents but haven’t received a welcome e-pack from the insurer. How do I know that we have been successfully enrolled?

It takes 3-4 weeks after successful registration to be notified by your insurer. Meanwhile you can pay and seek reimbursement later for any treatment.

The APAC HR medical insurance team will send enrollments to the insurer on a weekly basis. Once your enrollment is sent to the insurer, a welcome e-pack will be sent to you..

If you do not get your welcome e-pack from the insurer within 3-4 weeks, send an email to CAPACInsurance@cognizant.com to check on the status of the enrollment.

6. How can I register my newborn dependent without a FIN/NRIC number?

Newborns should be enrolled within 30 days of the date of birth using a birth certificate number and then replacing it with an IC/FIN copy later. Follow the instructions in the “Pay Perks SGP Health Insurance Selection Guide” which you should have received as part of the welcome mailer from Pay & Perks.

7. How many dependents can I have under my insurance cover with Cognizant?

The policy allows Singapore associates to have three dependents (Spouse + maximum 2 Children).

8. I already have two children enrolled in the plan. However, I have a third newborn child. What should I do?

You cannot enroll more than 2 children or replace an existing child with another child in the current policy year.

Changes can only be made during the annual policy renewal in November. Exceptions will be considered on a case-by-case basis. Please email CAPACInsurance@cognizant.com to ask for any exceptions.

9. Where can I get details about the policy conditions and claims process?

You can access policy conditions and claims process details in the Aetna handbook, which you should have received as part of your welcome e-pack. You can also access this information on the policy page in the [Pay & Perks](#) portal.

10. What do I do if my (or my dependent's) name has changed?

Please update your name in HCM and changes will automatically flow to the Pay & Perks system by the next business day.

Your dependent's name change must be updated in the [Pay & Perks](#) portal (Your profile & Dependent's page).

The insurer will be automatically notified of these changes on weekly basis. The e-card will be automatically updated within 10 business days, which can then be downloaded from Aetna's online portal.

11. What should I do if I have any issue related to the updates in HCM or Pay & Perks?

Please contact CAPACInsurance@cognizant.com for HCM related issues and Pay & Perks related technical issues.

12. Is it possible to add additional dependents (e.g. my parents)?

Cognizant sponsored health insurance coverage for Singapore associates is for associates and their eligible dependents, which includes your spouse and two children. Parents are not eligible as dependents.

13. Can dependents travelling on tourist visa be covered?

No, dependents must be physically present in Singapore and have a valid dependent visa for initiating dependent's insurance coverage.

14. Would dependents living in India be covered under the policy?

No, dependents must be physically present in Singapore and have a valid dependent visa for initiating dependent's insurance coverage.

15. How many days do I have to choose my health insurance plan?

You can choose your desired plan within 30 calendar days of joining Cognizant Singapore.

Note: You must choose the desired plan through [Pay & Perks](#) (Benefits Page – Select benefits) only after reading the complete benefits, coverage details in the policy page of the Pay & Perks portal.

16. What happens if I don't choose a health insurance plan within 30 days of joining Cognizant Singapore?

If you don't choose health insurance benefits within 30 days of joining Cognizant Singapore, you will be auto enrolled in Plan 2 (without Flex plan) by default.

17. Will I be reminded to choose a health insurance plan?

Yes, you will get reminder emails from noreply@cognizant.com reminding you to choose your desired insurance plan. If you don't choose a health insurance plan within 30 days of joining Cognizant Singapore, you will be auto enrolled in Plan 2 (without Flex plan) by default.

18. What happens if I don't choose a health insurance plan during the policy renewal?

If you don't choose a health insurance plan within the stipulated time provided at the time of policy renewal, you will be auto enrolled to the plan with which you were enrolled in the preceding policy year.

General FAQ

1. How do I access the online portal?

- a. Visit <https://www.aetnainternational.com/members/login-page/member-registration.do>, select 'Aetna International Plan Member' and follow the prompts to create your own user name and password.

2. What do I need for cashless treatments?

- a. Download the Aetna International app for free and log in using the username and password you created on the Aetna web portal. Once you log in, you will be able to view your e-card. Please screenshot and store it on your hand phone. It's that simple!
- b. Your e-card is available on an Android phone or iPhone. No windows app.
- c. Separate log in credentials/registrations are required for each member above the age of 18.

If a member does not have an Android phone or iPhone, a physical card can be requested by emailing CognizantService@aetna.com or calling Aetna's 24-hour hotline at 1-800-622-7211 and furnishing the address for delivery of cards. There is also an option to download cards from the Aetna web portal and print them out

3. How do I contact Aetna if I am abroad?

Please click the following link (<https://www.business.att.com/bt/access.jsp?c=A>) to retrieve the AT&T access code and dial +1-855-294-4463.

4. What does Medical History Disregarded (MHD) mean?

Cognizant's employee plan is written on a MHD basis, meaning **we will cover pre-existing conditions**, subject to the benefits, terms and conditions of your plan.

5. Do benefits limits apply to each member or collectively?

The benefit limit that is shown on the benefit schedule applies to each member individually per policy year (example 1 Nov 2021 to 31 Oct 2022).

6. Do I need a referral for Ayurveda Medicine?

No referral is needed for Ayurvedic Medicine as long as it is administered by a certified practitioner. This benefit is also applicable if you seek treatment in India.

7. Is there any co-pay/co-insurance applicable?

Please refer to your member handbook for the corresponding benefits.

8. What happens to my health benefits if I decide to leave the company?

Employees leaving the company have the option to transfer their employee benefit program to an individual plan. Any transfer will be subjected to a minimum 20% loading on the premium of the individual plan. The member needs to satisfy 12 continuous months on the plan and be under 65 years old. We will maintain your existing underwriting terms and original join date.

9. What can I do if I have the flu?

Consult our direct settlement provider directory or the International Mobile Assistant app for your preferred clinic to visit. If it is your first visit to the clinic, we recommend that you call and arrange for an appointment. At the clinic, show your electronic Member ID card to the staff, fill in the necessary documentation and obtain “cashless” settlement for your treatment. This is applicable for all treatments below \$500. A typical visit to a clinic in Singapore for the common flu costs \$50—\$80.

10. Flexible benefit – Can I claim items not listed in the handbook?

Flexible benefits are available only for items listed in the handbook. Please note that as of 1 Nov 2020 there are changes to the flexible benefits; please only refer to the handbook for Policy Year 2020-21.

11. What can I use the Routine and Restorative Dental benefit for?

Members can use the [Routine and Restorative Dental benefits](#) for routine examinations, teeth cleaning, normal compound fillings and simple non-surgical extractions, repair of crowns, bridge work, dentures, and removal of wisdom teeth. Please note that **dental implants are excluded but orthodontic treatment can be covered under Flex limits**. Refer to the Member Handbook for a detailed description of covered items under this benefit.

12. What if I need to have a surgery at a hospital?

Please complete two forms:

- 1 **Pre-Certification Medical Form** will require your basic member details, as well as your medical information and your treating physician’s signature.
- 2 **Release of Medical Information Form** is an authorization to Aetna, so that we can reach out on your behalf to the treating physician or hospital when we need clarification or further information. Upon verifying your treatment details, we will issue a Guarantee of Payment letter (GOP) to both you and the hospital. This will ensure you don’t have to pay up front for the procedure so you can focus on your treatment.

In the event of an emergency, please ask the hospital staff to contact us directly, if you are able. If you can’t speak to the hospital staff due to your medical condition, anyone who can present your member details can do so on your behalf. We will obtain the necessary information from the hospital and issue the GOP to them.

13. What should I do if I or my wife is pregnant?

With a pregnancy, it is common for expectant mothers to have regular pre-natal check-ups and prescribed prenatal vitamins, which is covered by Aetna. When the delivery date draws close (i.e. 2 weeks beforehand), contact us to get a Guarantee of Payment (GOP) letter. This is explained in the answer to question 12. You can bring along the GOP to the hospital as an assurance while a copy will be issued to the provider who accepts it. Based on your co-insurance, you will have to pay a certain % of the treatment costs out of pocket.

14. Can you elaborate more on the elective C-section vs routine pregnancy?

Elective C-section is a C-section for which there is no medical necessity but is being requested by the member. Routine pregnancy is a normal vaginal delivery. However, medically prescribed C-sections would be covered under Complications of Pregnancy.

15. What types of treatment require pre-authorization ?

You must obtain pre-authorization for the following outpatient treatments:

- MRI, PET and CT scans
- Physiotherapy if you receive more than 10 sessions

We also recommend obtaining pre-authorization for the following services, so that we can pay the medical/service provider directly on your behalf:

- Medical evacuation
- Inpatient or daycare treatment admission
- Compassionate emergency visit
- Preparation or transportation of body or mortal remains
- Psychiatric treatment
- Prescription for more than three months' supply of drugs for the management of a chronic medical condition

16. MRI, CT & PET Scans—What is the benefit limit and do I need pre-authorization?

MRI, CT & PET scans are covered under the outpatient limits of the plan and you will need to obtain a pre-authorization from us by calling the number found at the back of your card.

17. I used to buy insurance for my parents through Cognizant and pay for this extra cover. Can I buy insurance from Aetna in India and what would be the cost?. The India coverage provided is only for families of associates who are hired in India and the associate is currently working abroad. In addition:

- *The India Medical Insurance policy is applicable only if the hospitalization happens in India*
- *This has no impact on your onsite health cover eligibility (if applicable)*
- *This policy is governed by the current terms and conditions of employment at Cognizant and is subject to change*
- *Cognizant reserves the right to amend its policies as needed*

18. How should I classify my flex claims online/on app when submitting?

For online/on app claims, please choose the option Wellness for flex claims. However, the wellness and flex limits will apply.

19. What if I have queries on claims?

For all the claim related queries, you can contact CognizantService@aetna.com via email or 1800-622-7211 via phone.

20. My spouse and I both work for Cognizant, which policy is applicable?

Associates can add their spouse as their dependents instead of as an employee to avail themselves of the higher medical benefit based on job grade. Please write to CAPACinsurance@cognizant.com to enable this. If you would like to remain on the same plan, there is no action required as Cognizant will default enroll you and your dependent on the applicable plan based on grade.

Please note that your spouse and children cannot be covered on both the plans.

21. Is treatment/investigation for infertility covered under the maternity benefit?

Medical costs incurred up to point of diagnosis of infertility is covered under outpatient benefits, not maternity benefits. Fertility treatments are not covered under the policy.

22. Is investigation of infertility covered up to the point of diagnosis? Would this be considered as part of Outpatient?

Yes, it is covered up to point of diagnosis, part of outpatient benefits.

23. What is the flex limit applicable to each member?

Please refer to your member handbook for details on the flex limit applicable.

24. Can I claim treatments outside Singapore?

Yes, you can claim for treatments anywhere in the world except the U.S. There is a limited cover for emergency treatment in the U.S..

25. What is the Sports Health Watch in Flex benefits and how does it work?

Flex Benefits (Flex) is a benefit provided to promote general well-being and pro-active adoption of a healthy lifestyle. The Flex benefit has a provision to cover the cost of acquiring a sports health watch up to the limits specified in the handbook. This benefit applies to members who are age 5 and above at the time the watch is purchased. FLEX benefits will only reimburse for two sports health watches per family for the current policy renewal period. per family.

26. Under the flex benefits, it mentions sports health watch. Are there options to choose the type of Sports Watch?

The benefit is not limited to any specific model. However, a health/wellness feature must be incorporated in the sports health watch (i.e. fitness tracking, heart rate monitor, etc.).

27. Is the Apple Watch or Samsung watches considered a sports watch that can be claimed under the Flex benefit?

The benefit is not limited to any specific model. However, a health/wellness feature must be incorporated in the sports health watch (i.e. fitness tracking, heart rate monitor, etc.).

28. Would the Health Tracker purchased be covered under the non-Flex plan?

No, this is covered specifically under Flexible Wellness Benefits only.

29. What can I claim under flex benefits for children?

There are many ways of utilizing the flex benefits for children. Some of examples are a baby gym, group classes (i.e. swimming, sports classes, etc.), vaccinations, supplements (prescribed by medical practitioners), well child and eye checks.

30. What is the difference between baby gym (which is covered on the plan) and children's indoor playground?

Baby gyms have scheduled classes with a fixed developmental plan for the child, whereas children's indoor Playgrounds are for playing. and fees are paid for admission into the facility.

31. Under Inpatient benefits, is there a limitation on the type of room/ward which I can choose for treatment?

The policy covers treatment in a Single Standard ward, which is effectively the entry level private room in a hospital.

32. Is pre-authorisation needed for chiropractic treatment?

No, pre-authorisation is not needed for chiropractic treatment.

33. Do we need a referral for visits to a chiropractor?

No, a referral is not required to visit a chiropractor.

34. Is there a full brochure available where I can learn more about my cover?

The member handbook provides the most extensive information on the coverage provided.

35. Are device implantations (ICD, Pacemaker etc.) covered?

Yes, this is covered under the inpatient benefit under Appliances.

36. What is Crisis24?

Crisis24 is a security evacuation provider that has teams strategically located throughout the globe to make sure you are safe when you travel. More information can be found on Crisis24's website and at www.aetnainternational.com

37. Can we use Medisave with Aetna for co-insurance?

Yes, if you have a Medisave account, it can be used to fund the co-insurance.

38. For Traditional Chinese Medicine (TCM), does Aetna cover medication or consultation?

Yes, Aetna covers TCM medication and consultation under the TCM benefit.

39. Is my annual health check-up covered under Flexible Wellness Benefits?

Yes, annual health check-ups are covered under flexible wellness benefits. However, do note that this is for preventive needs. For check-ups/tests related to the treatment of a condition, you should claim under your outpatient benefits.

40. For Orthodontics treatment, is reimbursement applicable only to me or can it also be done for my child?

There is no age limitation for orthodontics. However, this benefit is not part of dental benefits and is limited to flexible wellness benefits.

41. Are coverage limits denominated in USD or SGD?

All benefits mentioned in your handbook are in Singapore Dollars (SGD).

42. When purchasing a chiropractic package, what will happen if the clinic does not provide the treatment dates?

In the unlikely event that the clinic is not agreeable to provide you with proof of date of treatments, you may wish to be billed on a per visit basis instead of a package. However, it is a normal practice in Singapore for clinics to adhere to your request for a proof of visit.

43. Are audiologist and audiometric hearing aid devices covered?

Yes, this is covered under flexible wellness benefits.

44. If I want to upgrade my hospitalisation, such as move from a single standard bed to deluxe suite, do we only need to pay the difference and is the rest covered by Aetna based on single bed cost?

Yes, you only need to pay the difference in all costs which are increased due to the upgrade. In some cases, daily nursing and doctor fees are increased when an upgraded room is selected, for which, you would need to pay the difference.

45. I put on braces a few months ago, and pay monthly instalments every time I visit the dentist; am I able to claim for my consultations/treatments from November onwards?

Yes, you can claim for services rendered on or after 1 November 2021. However, coverage for braces falls under your Flexible Wellness Benefits and not your dental benefits.

46. How do I make a Flexible Wellness Benefits claim for my gym membership?

You may claim for this once you have utilized the benefit. For example, if you sign up for a 1-year package at \$1,200 and have an unutilized limit of \$300 on Flexible Wellness Benefits, you can submit the claim after three months to claim \$300 (\$1,200 divided by 12, multiplied by 3).

47. Are overseas treatments claimable?

Please refer to your handbook for details on the area of cover and coverage outside area of cover.

48. Do I claim vaccinations under my flex benefit or outpatient coverage?

You should first utilize your Vaccination benefit. If your Vaccination benefit is fully utilized, you should then claim under Flexible Wellness Benefits.

49. Is there a cap on vaccination benefits?

Please refer to the limits indicated in your handbook for vaccinations. Vaccinations can also be claimed under Flexible Wellness Benefits once the Vaccination benefit under the Outpatient limits run out.

50. If vaccination costs more than the limit, will it be covered under Flex benefit?

Yes, you can do so, if you have unutilized limits under Flex.

51. Is the Routine Pregnancy and C-section cap in addition to the annual limit?

No, all caps are a sub-limit of the annual limit.

52. Is KK Women's and Children's Hospital in Aetna's network?

KK Women's and Children's Hospital is not currently part of Aetna's Outpatient network. For hospitalization however, you may seek a Guarantee of Payment (GOP) by calling Aetna's dedicated hotline at 1-800-622-7211.

53. Do you require a referral from my general practitioner (GP) to visit a specialist?

No, we do not require a GP referral to visit a specialist.

54. How do Flex and non-Flex plans compare?

You can refer to the election landing page link that was sent to you by capacinsurance@cognizant.com. If you still have questions, email capacinsurance@cognizant.com for further details.

55. Are congenital conditions covered under the plan?

Yes, one of the key features of the medical insurance offered by Cognizant is that there is no limitation on congenital conditions (i.e. a hole in the heart). It is treated just like any other covered medical condition. Please note that congenital conditions are different than developmental disorders.

56. Is there a limitation on where I can utilize the Flexible Wellness Benefit?

Please refer to your handbook for more details about your plan's area of cover.

57. Are there any conditions for Dental checkup reimbursement? Are there treatments that won't be considered?

Routine scaling and polishing are covered under the dental benefit. For a complete list of covered treatments, please refer to the dental benefits section of your handbook.

58. Siddha is an alternative treatment similar to Ayurvedic. Is this covered here?

Siddha is not covered by the plan.

59. Is there an age limit for receiving the Flex benefit? Can a smart watch be purchased for a child aged 3?

The Flexible Wellness Benefit is provided with the intention of promoting a healthier lifestyle. "Sports Health Watch" under Flex benefits will only be reimbursable to members of age 5 and above at point of purchase.

60. I am required to take Ayurvedic medicine to the point that it exceeds my plan's limit for alternative treatments. Is the excess amount reimbursable?

Reimbursements are capped at the limits stated in your handbook.

61. How long will it take for me to get reimbursed?

Once we have received all the claims information needed, it generally takes seven working days plus three days for the bank transfer to receive your reimbursement.

62. If my plan includes Flex and I make purchases that exceed my Flexible Wellness Benefits (Flex) limit, will those purchases be covered?

Coverage is limited to the caps indicated in your handbook.

63. Are treatments and medication for a sleep disorder covered?

This depends on the underlying cause. For example, depression can be covered under outpatient psychiatric benefits. Sleep studies, however, are not covered.

64. Is a root canal covered by my plan?

Yes, root canals are covered under your dental benefits. You can refer to your handbook for more details.

65. Are comprehensive eye-checkups covered by my plan?

Check-ups which are preventive in nature are covered under Flexible Wellness Benefits. Treatment and follow-ups are covered under outpatient benefits. However, please note that optical expenses are limited to the Flexible Wellness Benefits limits.

66. Are visits to an ophthalmologist covered under Outpatient or Flex? What is the limit per visit per year?

If the visit is for a medical condition such a retinal tear, it would be covered under your outpatient benefits, up to the limits specified in the handbook. If it is for a general eye-checkup to determine the prescription for your spectacles/lenses, this would be covered under your Flexible Wellness Benefits.

67. Are blood pressure and sugar monitoring devices covered by my Flex benefits?

Yes, these items are covered under Flexible Wellness Benefits.

68. How can I track my claims?

You may log into the Aetna Health Hub Portal (<https://www.aetnainternational.com/members/login.do>) to check on the status of your claims.

69. Is it possible for a Cognizant associate to have a Flex plan while the associate's dependents have the non-Flex plan?

Associates and dependents are required to be on the same plan. There is no option to split.

70. How soon after treatment do I need to submit my claims?

You are required to submit claims within 60 days of the treatment date, failing which, we would reserve the right to decline the claim.

71. Is Traditional Chinese Medicine (TCM) part of outpatient coverage?

Yes, it is part of the alternative medicine sub-limit. Please refer to your handbook for further details.

72. If I choose the plan without a Flex benefit, can I get reimbursed for items that are covered under a Flexbenefit?

No, if you choose the "without Flex" plan, you would not be able to claim for Flexible Wellness Benefits.

73. Are routine health check-ups covered under the plan without Flex benefits?

No, health checks are not covered under the plan without Flex benefits.

74. Do I need pre-authorization for a full health check-up?

No, you do not need pre-authorization for health check-ups.

75. Are dental treatments in private clinics covered?

Yes, private clinic treatments are covered.

76. Are powered glasses covered under the policy?

Yes, under the Flexible Wellness Benefits section.

77. Is there any restriction on TCM and Ayurveda benefits (i.e. Acupuncture)?

TCM/Acupuncture/Ayurveda are each treated as separate forms of alternative treatment and benefits are covered as per the limits in your handbook.

As long as the treatment is received by a registered TCM or Ayurveda provider recognized by local authorities, we will recognize the facility.

78. Is my outpatient limit part of my annual limit?

Yes, it is part of the annual limit, with the exception of medical practitioner and specialist medical fees (consultation only), which is unlimited.

79. What is the difference between inpatient and outpatient?

Inpatient – where treatment is received at a hospital and based on advice, the member needs to stay in a bed for one or more nights.

Outpatient – where treatment is received at a medical facility that is recognised by the relevant authority in the country where the treatment is given, and the member is not admitted for inpatient or daycare treatment.

80. Are home delivery medications offered by MyDoc covered under my policy?

We can offer home delivery medication to members, but costs of home delivery medications will be borne by members.

81. Is IHO membership available on the plan?

Please contact Aetna with regards to the enrollment of IHO.

82. Who can I contact with questions about my claims?

For all the claim related questions, please contact Aetna. The contact details are:

Email: CognizantService@aetna.com

Telephone: Toll-free from Singapore: 1 800-622-7211