

# BENEFITS- FAQ

Published by US BENEFITS TEAM (2016)

INFOSYS Ltd

## Frequently Asked Questions

	<b>Topics</b>	<b>Page Numbers</b>
	hire/ Deputes / Enrollment process	2 -4
	Life Changes Events and Documentation	5-6
	Dependent care flexible spending account (DCFSA)	7
	Commuter benefits	8
	Short Term Disability	9-10
	COBRA	11
	EAP (Employee Assistance Plan)	12
	Other general questions	13
	Benefits Terminology	14

## New Hire/ Deputes Benefit Enrollment Process

**1. I am a new hire/depute within Infosys US. How do I enroll for benefits?**

Please ensure all your details are updated in Harmony, Pay World, and Assignment system as demographic information is pulled from these systems and sent to Benefit Focus. Once your Pay World is approved, please allow 3-5 business days for your details to load on the Benefit focus platform. After your details are uploaded, please follow the steps below:

1. Go to <https://infosysbenefits.hrintouch.com>
2. Click the "Create an Account" link
3. Select "Member" under "Select the role that best describes you"
4. Select "I need to create a new account" under "How can we help you?"
5. Enter your personal information in the required fields.
6. Create your username, password, and answer the secret questions.

**2. I don't have access to the Infosys network. Can I still log into the Benefit focus platform from another source?**

Yes. The Benefit focus site is available via internet. You do not have to be logged in to the Infosys network, VPN or Xnet to enroll. You must first register and create your own username and password to enroll.

**3. What is Initial Eligibility (IE) period?**

The initial eligibility period is 31 days from the date of landing in the US or your first day of employment in Infosys US. All benefits elections need to occur within 31 days of joining Infosys US.

**4. What is the effective date of coverage once I complete my enrollment?**

The effective date of coverage is from the date of landing or first date of employment in Infosys US.

**5. What happens if I fail to enroll or waive my benefits within 31 days?**

If no action is taken within 31 days, you will automatically be enrolled in the Standard Plan-Employee Only Coverage. Your dependents will not have any insurance coverage.

**6. Currently, I have insurance coverage and do not wish to enroll into Infosys plan. Am I required to login and decline benefits?**

If you have other coverage and do not wish to enroll into Infosys plan, you would need to actively decline coverage in the Benefit focus system. If not actively declined during IE period, you will be enrolled into Standard Plan – Employee Only Coverage.

**7. I was defaulted to employee only coverage, but I already have coverage. Can I change my plan/ waive my benefits?**

You can change the coverage if you have a Qualifying Life Event or in the next Benefits Open Enrollment. We cannot make exceptions outside Initial Enrollment/Open Enrollment/Qualifying Life Event to make any plan changes. Our plan is governed by Section 125 of the IRS code which does not allow for exceptions, outside of the above mentioned.

**8. I am facing technical/system issues which have delayed the creation of my account on the Benefit focus portal. This has led to the lapse of my Initial Eligibility period and I am not able to enroll into benefits. What can I do?**

We encourage you to contact Benefit focus immediately if this issue occurs and log a request for assistance. You can contact Benefit focus at 1-855-838-4072 or [MyBenefits@Benefitfocus.com](mailto:MyBenefits@Benefitfocus.com). Please save the case number that you are given with Benefit focus in the event you are not able to enroll within 31 days of joining. Also, please send an email to [US\\_Benefits@infosys.com](mailto:US_Benefits@infosys.com) so that we can assist prior to the 31 day window.

**9. I just joined Infosys / landed in US and I have not enrolled myself in insurance yet. I need to visit a doctor. Can I visit a doctor immediately?**

You may proceed to visit a doctor. You will need to pay for the cost of the visit out of pocket and you will need to submit your claims directly to AETNA. They will process your claim based on your eligibility and plan coverage. Once your enrollment is completed on the system, your details will be shared with AETNA within 3-5 days.

**10. I have just landed in US and do not have SSN. Can I enroll for benefits?**

Yes. You can enroll in Benefit focus portal using a "temporary" Social Security Number. This number is your Employee ID with leading zero's to create a nine digit number. Example: If your Employee ID# is 123456, your temporary SSN# would be: 000-12-3456. However once you have the new SSN, please update the same in pay world as soon as you receive it.

**11. I don't have a permanent address. Can I use a temporary address so that I can enroll for insurance?**

Yes. To complete your benefits enrollment, you must provide an address in Harmony/Pay world. Once you obtain your permanent address, please update your Pay world address immediately. Plan eligibility is determined by your zip code and we recommend you immediately update your address in Pay world if you move.

**12. What is the processing time for my enrollment?**

Please be aware that the enrollment process is not immediate and requires review by the Infosys Benefits Helpdesk. This also includes time for the information to be sent to the carriers and show you (and your dependents) active in the respective systems.

**13. How much time does it take for Information to reflect with the carrier(s)?**

Once your elections have been approved, your information will be sent to the vendors within 2-5 business days.

**14. When do I receive insurance cards from AETNA?**

Once you complete the enrollment in the benefits platform, it will take between 5- 7 business days for the details to update with AETNA. Once AETNA receives the information, ID cards are mailed to the address provided within 30 days of enrollment.

**15. Will I receive a new Aetna card for the current plan year?**

A new card will be mailed if a change is made to your current medical plan. If no changes are made, your coverage will rollover as is and your current Aetna ID card will remain valid.

**16. I have enrolled but my insurance cards have not reached yet. What can I do?**

You will be able to print a temporary ID card from the AETNA Navigator. You will be able to download the Aetna app on your iPhone, Android. Providers will be able to verify your medical and dental coverage with AETNA.

**17. I would like more information on my AETNA policy. How do I get in touch with AETNA?**

You can call AETNA at 1888-219-9153. Please have your member ID available as this will be required.

**18. How do I get the VSP insurance cards?**

VSP does not issue ID cards. In order to find a VSP Provider, please call the member service number at (800) 877-7195 or visit [www.vsp.com](http://www.vsp.com). To use the coverage, simply inform your VSP provider that you have VSP coverage and provide your social security number.

**19. Where can I locate my Benefits Guide?**

The Infosys Benefits Guide is located on the Infosys /Benefit focus HR Intouch site. The benefit guide will be located under "Quick Links."

**20. What is my premium amount and when will it be deducted/ reimbursed?**

The premium amount is determined by the medical/dental/vision plan you choose during enrollment. Also, premiums for other benefits will be determined by your salary. It typically takes 1-2 pay cycles for elections to reflect on your paycheck. If you have questions surrounding insurance deductions, please reach out to the Infosys HR Helpdesk at (855) 335-4639.

**21. Do I need to print the Employee Benefit Summary Report?**

Yes it is advisable to print your “benefits summary report “ for future reference. You can print this summary report from Benefit focus portal.

**22. The name on my insurance card is not accurate. Can I obtain a new card from AETNA?**

There is a character limit on the AETNA card(s). If the name is incorrect, then please connect with Aetna. Please note that the field size is 26 characters including spaces, but the maximum number of characters for a name is 17 characters including spaces. The dependent first name is limited to 10 characters including any spaces and last name is limited to 15 characters including any spaces.

**23. What does “Plan Year” mean?**

The Infosys plan year runs from April 1 – March 31<sup>st</sup> every year.

**24. How much life insurance does Infosys provides to US employee?**

Infosys provides Basic Life and AD&D to employees in the US

- Basic Life & AD&D (Accidental Death And Dismemberment) Insurance for \$75,000

**25. What is Teladoc? Is it same for Standard Plan & Plus Plan?**

Teladoc is online telehealth service provider where you can register and get medical prescription filled for common ailments like (Cold, Fever, head aches etc). Teladoc would be charged at \$40 per consultation. You will need complete the registration process before seeking the consultation. For details please refer the benefits guides.

**26. Can I use Teladoc for Emergency situations?**

Teladoc is a convenient and affordable option that allows you to talk to a doctor who can recommend treatment and prescribe medication, when appropriate, through phone or video consults. It is not recommended for emergency situations. Teladoc serves in the absence of a member’s regular physician. Members may decide to call Teladoc in the following situations:

- When their PCP is not available at desired time
- After normal office hours
- When on vacation or a business trip
- For refill of recurring prescription (short term only)
- For non-emergency medical assistance
- For explanation or routine second opinion.

**27. Can we refer a specialist through “Teladoc” consultation?**

Teladoc doctors are board-certified, licensed in your state and average 15 years of practice experience. They are primary physicians and may not be specialists. The Teladoc network of physicians includes Family Practice, Internal Medicine, Pediatrics and Emergency Room physicians.

**28. Can I access “Teladoc” on weekends or after hours?**

Teladoc facility is available 24/7/365 days. Visit [Teladoc.com/Aetna](http://Teladoc.com/Aetna) or call 1-855-Teladoc (835-2362)

**29. Is Ear examination for Hearing aid covered under Insurance?**

No, ear examination for hearing aids are not covered.

**30. Is there a co pay for Preventive care visits?**

No, there are no co pay for Preventive care visits .Preventative examinations can be done once in every plan year (April to March).

**31. How does the preventive eye-check under Vision Plan work?**

The vision plan is currently set-up as a rolling 12 months. If you receive an exam in May then you would not be eligible again until May 1st of the following year.

**32. What is Health Savings Account (HSA)? Where can I find more details on HSA?**

HSA is a health savings account and is only available with the Standard Plan which is our high deductible health plan. You would find the details on HSA in our benefits guide available on the Benefit Focus portal. You may connect with Pay Flex Customer service center at 1888 678 8242 for specific questions on your HSA

**33. Can I contribute lump sum in HSA or it needs to be contributed every pay cycle?**

You could contribute lump sum amount or specific dollar amount per pay check as per your choice.

**34. I have an existing HSA account and have funds available in it. Can I cancel my HSA account this year? Will I be able to use my funds in the account if I cancel my account this year?**

Yes, you can choose to cancel it, if you would not like to contribute to the HSA. Yes, you can continue to use your HSA account as long as you have available funds in the account for qualified medical purposes. However, if you cancel or do not elect for HSA this year, there will not be additional deposits to your account.

**35. Can I use my HSA for expenses other than medical?**

Yes, as long as it is a qualified medical expense by the IRS -  
[http://www.irs.gov/publications/p502/ar02.html#en\\_US\\_2013\\_publink1000178851](http://www.irs.gov/publications/p502/ar02.html#en_US_2013_publink1000178851)

**36. Does Infosys offer Flexible spending account (FSA) for medical?**

Presently we do not offer FSA Medical. We offer HSA with the standard plan.

**37. What is the difference between Voluntary Hospital Indemnity & Voluntary Group Accident plans?**

Unum's accident coverage provides a lump sum benefit, paid directly to you, based on the type of injury or covered incident you sustain or the type of treatment you need.

Hospital Indemnity insurance can complement your health insurance to help you pay for the costs associated with a hospital stay. It can provide funds, paid directly to you, that can be used to help pay the out-of-pocket expenses your medical plan may not cover, such as co-insurance, co-pays and deductibles.

The Hospital Indemnity plan pays you for both accident and illness hospital admissions. You are paid a one-time amount for the hospital admission itself, then a per day amount up to 15 days. The Accident plan pays you based on a predetermined schedule of benefits, based on the accident. For example, an at home knee injury would pay you separate amounts for things such as an emergency room visit, a knee brace, therapy sessions, etc.

**38. Where can I find details on Voluntary Hospital Indemnity Plan provided by Unum?**

For details on Voluntary Hospital Indemnity plan, eligibility and coverage details please refer the benefits guide on benefit focus portal.

**39. Are pre-existing medical conditions covered under Voluntary Hospital Indemnity plan?**

No, pre-existing conditions are not covered in Voluntary Hospital Indemnity plan. Benefits will not be paid for a claim that is caused by, contributed to by, or occurs as a result of a pre-existing condition. A pre-existing condition is a sickness or injury or symptoms of a sickness or injury, whether diagnosed or not, for which you received medical treatment, consultation, care or services, including diagnostic measures, took prescribed drugs

or medicine or had been prescribed drugs or medicine to be taken during the 12 months just prior to your coverage effective date.

**40. What are the additional benefits of a Plus plan compared to standard plan?**

Plus plan is a much richer plan which pays a higher percentage of the medical cost; therefore the cost of the plan is higher. The plan year deductibles are less on the Plus Plan and once the individual deductible (\$600) and OOPM (\$1750) is met, for their individual medical claims, the plan will pay at 100%. They do not need to meet the family OOPM (\$5250) for this to occur. The Plus plan has copays, whereas on the Standard plan, you must meet the deductible before the plan pays any benefits.

Each plan has its specific features and is designed to meet different requirements based on coverage and medical expenses.

For more specific details, you may please refer the Summary of Benefits & Coverage /Summary of plan documents on Benefit focus: <https://infosysbenefits.hrintouch.com>.

**41. Can Benefit team recommend which plan is better?**

Each plan has its specific features and is designed to meet different requirements based on coverage and medical expenses. It is for the employees to decide the plan best suited for them based on their coverage, medical requirements and related health care expenses. We cannot suggest or recommend what plan choices employees should or could make because of the role we play. It has to be an individual's choice.

**42. What is Migraine Management Program?**

The Migraine Management Program is designed to improve the management of migraine headaches and the quality of life for our members who suffer from migraines. Through a review of member claim history, members most at risk for incurring a migraine related event are identified, such as inpatient admission or emergency room (ER) visit, simultaneous use of certain classes of medication and the presence of certain other diseases. Those identified may be contacted by a case management nurse in order to determine if you may benefit from any further assistance with your migraine treatment.

You may choose to self-refer to case management by calling the toll-free member services number found on your member ID card. Copies of educational material may be sent to you .

For further details please refer the benefits guide .

**43. What is Pharmacy Advisor Program?**

A Pharmacy Advisor is meant to help encourage members to use their medicine correctly and stay on track with their prescribed treatment. The goal is to improve adherence, close gaps in pharmacy care and reduce health care costs. Through review of member claim history, members with Diabetes or Cardiovascular conditions are identified and claims are reviewed to identify potential non-adherence (referred to as a gap in care). For further details please refer the benefits guide .

## Life Change Events and Documentation

### **44. What is a Qualified Life Event (QLE)?**

A Qualifying Life Event (QLE) allows making changes to plan during the plan year. Examples of qualifying life events are:

- Marriage
- Divorce
- Court Order
- Birth
- Adoption
- Spouse Moves Into/Out of USA
- Loss of Other Coverage

### **45. My Family joined me in USA and I need to enroll them for benefits. How do I enroll?**

A dependent arriving in the US is considered a Qualifying Life Event. You have 31 days from the date of event to make changes and/or enroll for benefits. To enroll please follow the steps below:

Login to [infosysbenefits.hrntouch.com](https://infosysbenefits.hrntouch.com)

1. Click Enroll Now
2. Click view/edit information next to Medical (this will take you to the summary of your medical benefits)
3. Click Edit to Change Benefit
4. Select Life or Family Change, then click Next
5. Select the (reason), then click Next
6. Click edit next to dependents and add your child to your dependents list select his/her name, then click Next.
7. Verify that all information is correct and that the coverage level reflects the addition of your child, then click Save at the bottom of the page.

If you wish to add your spouse & child to dental and/or vision please follow the same steps.

### **46. I have a new born baby and need to add them to my insurance plan. How do I enroll?**

To add your newborn to your benefits, please log into the Benefit focus HR Intouch portal as instructed below. Once enrolled, you will need to provide supporting documentation within 60 days from the date your child was born. Please provide the birth certificate of the child or the birth letter including the following: full name of the child, name(s) of the parents, date of birth of the child, listed on hospital letterhead.

Follow the steps below to add the child to your coverage:

1. Login to [infosysbenefits.hrntouch.com](https://infosysbenefits.hrntouch.com)
2. Click Enroll Now
3. Click view/edit information next to Medical(this will take you to the summary of your medical benefits)
4. Click Edit to Change Benefit
5. Select Life or Family Change, then click Next
6. Select Birth, then click Next
7. Enter the date that your was born, then click Next (this will take you back to the summary)
8. Click edit next to dependents and add your child to your dependents list, select his/her name, then click Next.
9. Verify that all information is correct and that the coverage level reflects the addition of your child, the click Save at the bottom of the page.

### **47. My Family moved out of US and I need to remove them from the plan. What can I do?**

You are able to remove your dependent(s) from your benefits if they have left the US in the last 31 days. To remove your dependent(s) please edit your elections to remove them and provide supporting documentation within 31 days from the date of departure from the US. Please provide a copy of the flight itinerary or stamped passport for each dependent removed.

Follow the steps below to remove your spouse and/or child(ren) to your coverage:

1. Login to [infosysbenefits.hrintouch.com](http://infosysbenefits.hrintouch.com)
2. Click Enroll Now
3. Click view/edit information next to medical (this will take you to the summary of your medical benefits)
4. Click Edit to Change Benefit
5. Select Life or Family Change, then click Next
6. Select Spouse Moves into US, then click Next
7. Enter the date that your dependent(s) moved out of the US, then click next
8. Click edit next to dependents and uncheck the boxes next to the names of your dependent(s) who have moved out of the US, then click Next.
9. Verify that all information is correct and that the coverage level reflects the removal of your dependent(s), then click Save at the bottom of the page.

**48. Is there any time period for dependents to be added back to coverage if they have been dropped from the plan recently?**

Yes. Your dependent(s) must be out of the US for at least 30 days before they can be added back to coverage if they move back to the USA. If the dependent returns within 30 day period, they will not be allowed new coverage. For example, if spouse moves on February 1, 2016, the spouse cannot be added back to coverage unless they have been out of the USA at least until March 3, 2016.

**49. What documents are required for dependent verification?**

The documents that are acceptable are as follows:

- Legal Spouse - 1040 OR Marriage Certificate
- Domestic Partner - Domestic Partner Registration from the state
- Child (Biological) - 1040 OR Birth Certificate
- Child (Step) - 1040 or Birth Certificate & Marriage Certificate
- Child (Adopted) - 1040 or Adoption Decree
- Child (Legal Guardianship) - 1040 or Legal Guardianship Paperwork
- Child (Disabled Over Age 26) - Social Security Disability Award AND Birth Certificate OR 1040

Please contact the Infosys Benefits Helpdesk at 855-838-4072 with any questions or concerns. You are required to submit the proof within 31 days of your enrollment.

**50. How much time does it take for approval of documentation submitted to the Infosys Benefits Helpdesk?**

Documentation typically takes 24-48 business hours to be processed. If you submit the documentation via email or upload the document using the HRIT Document Center, you will receive an email advising that your documentation has been reviewed. You will also be notified via email if further documentation is needed.

**51. How long does it take to approve elections after enrollment completion?**

All document verifications and approvals are handled by Benefit focus. If documentation is not required of you, elections are typically approved within 24-48 business hours. However, if documentation is required, documentation must be received in full before your elections will be approved by the Infosys Benefits Helpdesk. Please ensure you include all documentation within your deadline period in order for your elections to be approved. If all documentation has been received, elections are typically approved within 1-3 business days.

**52. How do I confirm if Benefits desk has received my documentation yet?**

If you submit the documentation via email or upload the document using the HRIT Document Center, you will receive an email advising that your documentation has been reviewed. It typically takes 24-48 business hours for your documentation to be reviewed and a response to be provided.

## Dependent Care Flexible Spending Account (FSA)

### **53. What is DCFSA (Dependent Care Flexible Spending Account)?**

The Dependent Care Flexible Spending Account enables you to pay for out-of-pocket, work-related dependent day-care cost with pre-tax dollars. If you are married, you can use the account if you and your spouse both work or, in some situations, if your spouse goes to school full-time. Single employees can also use the account. Typically, these would be day care expenses for children, but you can also use this account to reimburse day care for other dependents, such as spouses, parents, or grandparents, who cannot care for themselves. Your dependent must live in your home at least eight hours a day. Allowable expenses include those for care provided in your home, a sitter's home, or a day care facility. The IRS mandates that any amount not spent in the plan year will be forfeited. This is a "USE IT OR LOSE IT" PLAN.

### **54. Are expenses for certified all-day kindergarten programs eligible?**

No, expenses for certified all-day kindergarten programs are not eligible.

### **55. How do I submit DCFSA claims?**

You may only submit DCFSA claims that you incur while you are participating in the DCFSA plan. For example, if you stop working at Infosys and end your DCFSA participation on June 30, claims for services through that date are eligible, but claims for service beginning July 1 are ineligible.

### **56. What is the minimum & maximum amount I can contribute to DCFSA?**

The maximum amount you can contribute to DCFSA is \$5,000 and the minimum is \$900 per plan year.

### **57. How can I enroll in the Dependent Care Flexible Savings Account (DCFSA)?**

You can elect DCFSA through the Benefit focus platform. For specific questions regarding DCFSA, please visit their website at [www.naviabenefits.com](http://www.naviabenefits.com) or call the customer service center at (425) 452-3500 or toll-free at (800) 669-3539. Customer service inquiries can also be sent by email to [customerservice@naviabenefits.com](mailto:customerservice@naviabenefits.com)

### **58. What is the company code to register with Flex-Plan.com?**

The Company Code for Infosys Ltd is --IFY

The Company Code for Infosys Public Services (IPS) -IFP

The Company Code for Infosys BPO -IFB

The Company Code for McCamish -MHS

### **59. What is the plan year for DCFSA?**

The plan year is from April 1 through March 31<sup>st</sup> every year. Any expenses incurred prior to effective date or after your termination date cannot be reimbursed.

### **60. How and where can I submit claims for DCFSA reimbursement?**

You may submit claims for reimbursement using one of the following methods (use only one method per submission)

- 1) Flex app for (iPhone & Android)
- 2) Email
- 3) Mail
- 4) Fax
- 5) Flexi Crawler tool
- 6) Online claim submission tool

Please submit your request for reimbursement at least two (2) full business days prior to your reimbursement date.

## Commuter Benefits

### **61. What is Commuter Benefits?**

Commuter benefits program provides you access to a network of transit products and parking providers through Flex-Plan Services. Commuter benefits are a pre-tax salary deduction.

### **62. How can I enroll in Commuter Benefits?**

You can enroll by logging at [www.flex-plan.com](http://www.flex-plan.com)

### **63. What is the company code to register with Flex-Plan.com?**

The Company Code for Infosys Ltd is --IFY

The Company Code for Infosys Public Services (IPS) -IFP

The Company Code for Infosys BPO -IFB

The Company Code for McCamish –MHS

### **64. What is the deadline date for each month to order commuter and parking passes online?**

You need to order commuter and parking passes online by the 20<sup>th</sup> of the month and the benefits are loaded to the card by the 1<sup>st</sup> of the month.

### **65. Do I need to purchase commuter /parking passes in advance?**

Yes you need to purchase them a month in advance for the following months transit.

### **66. How much can I contribute per month for “Commuter benefits”?**

The maximum contribution limits are

- Mass Transit Expenses (i.e. Train or Bus) - \$130/month
- Parking Garage/Lot Expenses - \$250/month

## Short Term Disability

### **67. What is Short Term Disability?**

Short Term Disability (STD) is a **voluntary** benefit paid for **by the employee** at 100%. Short Term Disability (STD) is when an employee is temporarily disabled and cannot work due to a serious medical condition, surgery or pregnancy. The duration of a STD is determined by the doctor and approved by AETNA. The employee must ensure that their doctor completes and sends the necessary documentation to the STD administrator for filing a claim with AETNA.

### **68. How is the STD plan maintained?**

The company maintains a STD plan with AETNA Insurance and all employees on the US payroll (other than those on short-term assignments) are typically covered under the plan unless the employee has specifically refused coverage.

### **69. Can I enroll in Short term Disability coverage even if I had refused other medical benefits?**

An employee does not have to be enrolled in medical or dental benefits with Infosys to be eligible for STD benefits through Aetna. **STD is 100% paid by the employee.**

### **70. How much will I be paid while on Short Term Disability (STD)?**

STD Benefits are payable through Aetna Insurance. There is a one week (7 calendar days) waiting period before STD benefits begin. Approximately 2/3 of your weekly gross income (up to a maximum of \$2000 per week) is provided by the company's STD plan for a set number of days as determined by Aetna for a certified disability. Please note as with your regular income, taxes will be deducted.

### **71. Can you give an example to explain Short Term Disability (STD)?**

Please see below example to understand STD Premium calculations

Annual Salary of \$75,000 (for example purposes only)

$\$75,000 \div 52 \times .6667 = \$962$  (lower than plan maximum of \$2k)

$\$962 \times \$.18 \div \$10 = \$17.31$  (monthly premium)

$(\$17.31 \times 12) \div 26 = \$7.99$  (bi-weekly premium)

### **72. What happens to my benefits while I am out on STD/FMLA?**

If your medical benefits are through Infosys (Aetna), they will continue while on STD. However, because you will be receiving pay via the company's STD plan rather than from payroll, you will need to pay your insurance premiums during your time on STD to ensure continuation of your coverage. Instructions regarding premium amounts and payment details will be provided along with the STD forms.

### **73. What if I need to extend my leave beyond the STD/ FMLA leave? What are my options?**

If you require additional time beyond FMLA, please send an email [Elizabeth\\_Jordan@infosys.com](mailto:Elizabeth_Jordan@infosys.com).

### **74. How to pay Infosys Insurance premiums /Payments While on Short Term Disability**

If you miss a whole pay period with no pay from Infosys, you will be required to pay your insurance premiums by the 5th of each month to maintain your insurance benefits. In contrast, your premiums are automatically deducted if you receive any pay from Infosys for any days (even 1 day) during a whole pay period.

Payments can be made through Sparsh by going to Sparsh > WebApps > Harmony+ > My Finance tab > ePayment link or at <http://iscls3apps/epayment/asp/epaymakepayment.aspx>. Subsidiaries may not have access. Instructions to send a check can be provided.

At the ePayment website, select Other Payments > choose Insurance Payment from the drop-down in the Purpose field > enter the amount being paid in the Payment field (currency is always USD) > place in the Remarks field what the payment is for and the month covered. The page should then navigate to a Bank of America (BOA) secured page. You must complete the bank information details in the BOA page and complete the transaction. Once the transaction is completed, the BOA page will navigate back to Harmony+ and provide a payment confirmation. If an error occurs, please do not try it again as it may charge you multiple times. Please let me know if you have issues.

To find the amount you need to pay each month (normally deducted from your pay), you can go to the ADP iPay website at <https://ipay.adp.com/iPay/login.jsf> and view your deductions on your pay stub.

**OTHER OPTION: INSURANCE PREMIUM PAYMENTS BY CHECK**

If you have issues with making payment via the processed outlined above, please send a check to the following address and make it out to Infosys Ltd. Please place in the memo section what it is for and what month, or portion of the month, it is covering – also include your employee ID.

Infosys  
6100 Tennyson Parkway  
Suite 200  
Plano, TX 75024

## COBRA

### **75. What is COBRA Insurance?**

COBRA provides medical coverage for limited period for voluntary or involuntary job loss, reduction in hours worked, transition between jobs, death, divorce and other life events. Benefits available under COBRA are medical, dental and vision. Employees can also elect COBRA for their dependents.

### **76. When will I get my COBRA Rights Notice Letter?**

Infosys has thirty (30) days to notify former employees of their rights under COBRA. You will receive your applicable notice from our administrator (DISCOVERY BENEFITS) via regular mail to your last known home address. Employees need to elect for benefits after receiving this notice and pay for applicable premiums during the coverage. For additional questions or concerns, you can reach Discovery Benefits at 1-866-451-3399.

### **77. How to enroll in COBRA?**

Employee termination details are sent to Discovery Benefits via Benefit Focus. Discovery Benefits (DB) then sends eligibility and specific rights notice to all separated employees for COBRA registration. Infosys has thirty (30) days to notify former employees of their rights under COBRA. You will receive your applicable notice from our administrator (DISCOVERY BENEFITS) via regular mail to your last known home address.

### **78. I want to get my address changed in COBRA?**

Pls contact Discovery Benefits at 1-866-451-3399 Or Write to [Us\\_benefits@infosys.com](mailto:Us_benefits@infosys.com)

## Employee Assistance Plan (EAP)

### **79. What is Employee Assistance Plan (EAP)?**

**Employee Assistance Plan (EAP)** is a confidential, employer-offered program that helps active employees, retired employees, members of their households and their adult children up to age 26 to balance the demands of work, life and personal issues.

EAP can assist with topics such as:

- Marital distress
- Relationship issues
- Substance abuse
- Workplace conflict
- Stress
- Personal and family issues

### **80. How can I enroll in Employee Assistance Plan (EAP)?**

Please log in [www.aetnaeap.com](http://www.aetnaeap.com) and use Company code: EAP4INFY .You may also call their customer service no at 1888-238-6232

### **81. What is the cost for enrolling in Employee Assistance Plan (EAP)?**

The Employee assistance plan (EAP) is free of cost to all employees.

## OTHERS

**82. My family is outside the US. Can I enroll them for benefits?**

You can enroll your dependents for insurance once they have arrived in the US. You have 31 days from the day they arrive to enroll for all insurance benefits. Please log into your Benefit focus account and indicate that you have a Qualifying Life Event. You be required to provide documents for validating the live event within 31 days. Please have the documents handy to upload into the Benefit focus system. Benefits will not be approved until dependent documents have been received and verified. If you have any questions during this period, please reach out to benefit focus at 1-855-838-4072.

**83. I would like to enroll my parents under my health insurance. Is this possible?**

Parents cannot be added as dependents on your benefit coverage. Only your eligible spouse/domestic partner and/or eligible dependent children are eligible for coverage.

**84. My date of birth is incorrect on the benefits platform. How can I update it?**

Please write to [US\\_Benefits@infosys.com](mailto:US_Benefits@infosys.com) and cc: [US\\_Benefits@Infosys.com](mailto:US_Benefits@Infosys.com)

**85. My gender is incorrect on the benefits platform. How can I update?**

Please raise an AHD under Harmony

**86. My salary details are missing in benefits platform. How can I update?**

Please write to [USPay\\_C&B@infosys.com](mailto:USPay_C&B@infosys.com) and cc: [US\\_Benefits@Infosys.com](mailto:US_Benefits@Infosys.com)

**87. My salary not updated in pay world. How can I update?**

Please write to [USPay\\_C&B@infosys.com](mailto:USPay_C&B@infosys.com) and cc: [US\\_Benefits@Infosys.com](mailto:US_Benefits@Infosys.com).

**88. I have noticed inaccurate deductions for my medical benefits on my paycheck. Who can I contact?**

All payroll and deduction related queries are administered by our US Payroll team. Please raise an AHD under Corporate Accounting Group>USPAY. Alternatively, the can be reached at 1-855-335-4639.

**89. I need to add my middle name in Harmony. How can I update?**

Please raise an AHD under Harmony to update.

**90. I need to add my middle name in Benefit focus portal. How can I update?**

Please write to [US\\_Benefits@infosys.com](mailto:US_Benefits@infosys.com).

**91. I need a car loan .Where to send car loan applications?**

Pls contact [USloans@infosys.com](mailto:USloans@infosys.com)

**92. I need to change the date of birth for my dependents in Benefit focus. How can I update?**

Please contact Benefit focus at 1-855-838-4072 or email [-MyBenefits@benefitfocus.com](mailto:-MyBenefits@benefitfocus.com). Representatives are available Monday through Friday between 8 a.m. to 8 p.m. Eastern Time.

## Benefits Terminology

**93. What is a deductible?**

A deductible is the amount of money which must be paid annually prior to the insurance carrier contributing to non-preventative care costs.

**94. What is Coinsurance?**

Coinsurance is a percent of the cost of treatment which will be covered by your insurance carrier.

**95. What are copays?**

Copays are dollar amount which must be paid for a procedure. An out of pocket maximum is the limit you will contribute to eligible expenses in a given plan year.

**96. What is out of pocket max?**

An out of pocket maximum is the limit you will contribute to eligible expenses in a given plan year.

**97. Where can I find information on copays, deductible, coinsurance etc?**

Information on your deductible, coinsurance, copays, and out of pocket maximums can be located in the Benefits Guide. There are so video links available on the Benefit Focus video library.

**98. What is "Out-of-pocket Maximum" (OOPM)?**

An OOPM is the most you should have to pay for your health care during a plan year, excluding the monthly premium. It protects you from very high medical expenses. After you reach the annual OOPM, your health insurance or plan begins to pay 100 percent of the allowed amount for covered health care services or items for the rest of the year.