Cogntix

COGNTIX

Internal Medical Benefit Policy

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1. Purpose

This Policy sets out the medical benefits provided by Cogntix ("the Company") to its Employees. It defines who is eligible, what is covered, the monetary limits, and the procedure for claiming reimbursement. This is an internal Company benefit and is not an insurance contract.

2. Scope and Eligibility

- **Eligible persons:** All full-time Employees and Interns of Cognitix. Interns are entitled to the same benefits, limits, and conditions as full-time Employees under this Policy.
- **Waiting period:** Coverage begins automatically on the 31st calendar day counted from the individual's date of joining. No separate enrollment is required. Treatment, hospital admission, or OPD visits that take place on or before the 30th day of service are not covered, even if the claim is submitted later.
- **Active service:** Benefits apply only while the person is in active employment or an active internship with the Company. Coverage ends on the last working day. Treatment received after the last working day is not covered.
- **Notice period:** This Policy does not apply during a notice period. Coverage stops on the day notice of resignation or termination is given (by either side), regardless of the last working day. Treatment, Hospitalization, and OPD Visits taking place on or after the notice date are not covered. Claims for covered treatment received before the notice date are accepted only if submitted to HR on or before the notice date; claims submitted during the notice period are not accepted. If notice is withdrawn and employment continues with the Company's written agreement, coverage resumes from the date of withdrawal; treatment received during the notice period remains excluded.
- **Coverage is for the Employee or Intern only.** Spouses, children, parents, and other dependents are not covered under this Policy.

3. Definitions

- **Calendar Year:** The period from 1 January to 31 December. All annual limits reset on 1 January. Unused amounts do not carry forward to the next year. Annual limits are not increased or pro-rated based on the joining date.
- **Hospitalization:** Admission as an in-patient to a government hospital or a private hospital registered with the Ministry of Health of Sri Lanka, on the written advice of a doctor registered with the Sri Lanka Medical Council (SLMC). Channelling visits, clinic visits, day-care without admission, and stays for observation only, rest, or convalescence do not count as Hospitalization.
- **Full Day of Stay:** A continuous period of 24 hours as an admitted in-patient. The day of admission is Day 1. The day of discharge is counted only if the person remained admitted for the full 24 hours of that day.
- **OPD Visit:** An out-patient consultation with an SLMC-registered doctor, including channelling, together with drugs prescribed in writing at that consultation.

- **Accident:** A sudden, unforeseen, external, and involuntary event causing bodily injury that requires Hospitalization. Injuries that are self-inflicted or caused while under the influence of alcohol or illegal drugs are not Accidents for the purpose of this Policy.
- **Critical Illness:** Only the conditions listed in Section 6 of this Policy. No other condition qualifies as a Critical Illness, regardless of severity or cost.
- **Long-Service Employee:** An Employee or Intern who has completed more than two (2) years of continuous, active service with the Company, counted from the date of joining.

4. Benefit Summary

Benefit	Annual Limit (per Calendar Year)	Key Conditions
Standard Hospitalization	Up to LKR 50,000	Admission to a registered hospital required
Daily Hospitalization Allowance	LKR 4,000 per full day, from Day 2 onwards	Counts within the applicable annual limit
Critical Illness / Accident Hospitalization	Up to LKR 250,000	Only for conditions defined in Section 6
OPD Reimbursement (consultation + prescribed drugs)	Within the applicable annual limit above	Payable only if hospitalized for the same condition within 30 days of the OPD visit
Spectacles Benefit	50% of the bill, up to LKR 10,000 per Calendar Year	From the second year of employment; prescribed vision issue required
Enhanced OPD Reimbursement – Long-Service Employees	Overall limit raised to LKR 65,000 per Calendar Year (up from LKR 50,000)	For Employees with more than 2 years of service. Up to LKR 15,000 of this limit may be claimed for consultation + prescribed drugs without the 30-day Hospitalization requirement in Section 5.4
Medical Check-up Benefit – Long-Service Employees	Up to LKR 15,000 per Calendar Year	From the third year of employment (after completing 2 years of service). Separate from hospitalization and OPD limits

5. Benefit Details

5.1 Standard Hospitalization Benefit – up to LKR 50,000 per Calendar Year

- Reimburses actual hospital expenses (room charges, doctor and surgeon fees, tests, medicines, and procedures billed by the hospital during admission) up to a maximum of LKR 50,000 in total per Calendar Year.
- Only actual expenses supported by original itemised bills are reimbursed. Reimbursement can never exceed the amount actually spent.
- If part of a bill is paid by an insurance scheme or any other party, only the balance actually paid by the Employee or Intern is eligible, and total recovery from all sources cannot exceed the actual bill.

5.2 Daily Hospitalization Allowance – LKR 4,000 per Full Day

- Payable at LKR 4,000 for each Full Day of Stay, starting from Day 2 of the admission. No allowance is payable for Day 1 or for any admission shorter than two Full Days.
- Example: admitted Monday 9.00 a.m., discharged Thursday 10.00 a.m. – Day 1 (Mon–Tue) attracts no allowance; Day 2 (Tue–Wed) and Day 3 (Wed–Thu) each attract LKR 4,000; total LKR 8,000.
- The Daily Allowance is paid from, and counts towards, the applicable annual limit (LKR 50,000 for standard cases, or LKR 65,000 for Long-Service Employees; LKR 250,000 for Critical Illness / Accident cases). It is not an additional amount on top of those limits.

5.3 Critical Illness and Accident Benefit – up to LKR 250,000 per Calendar Year

- Where Hospitalization is directly caused by a Critical Illness listed in Section 6, or by an Accident, the annual limit for that treatment is increased to LKR 250,000 per Calendar Year.
- The LKR 250,000 limit is an overall ceiling, not an additional amount. The total of all payments under this Policy to one person in one Calendar Year (standard hospitalization, daily allowance, OPD reimbursement, and critical illness / accident claims combined) can never exceed LKR 250,000.
- Standard (non-critical, non-accident) claims remain capped at LKR 50,000 (or LKR 65,000 for Long-Service Employees, per Section 5.6) within that overall ceiling.
- Whether a condition qualifies as a Critical Illness or Accident is decided by the Company based on the diagnosis card and medical reports. The Company may require an independent medical opinion at its own cost before approving a claim under this Section.

5.4 OPD Reimbursement

- Consultation fees (including channelling fees) and prescribed drugs from an OPD Visit are reimbursed only if the Employee or Intern is Hospitalized for the same or a directly related medical condition within 30 calendar days of that OPD Visit.
- OPD Visits that do not lead to such a Hospitalization within 30 days are not reimbursable under any circumstances, except as provided for Long-Service Employees under Section 5.6.
- Multiple OPD Visits for the same condition within the 30 days before the Hospitalization are all eligible, subject to original receipts and prescriptions.
- OPD reimbursement is paid from, and counts towards, the same annual limit that applies to the related Hospitalization (LKR 50,000, or LKR 65,000 for Long-Service Employees, or LKR 250,000 for Critical Illness / Accident cases).
- Vitamins, supplements, cosmetics, and items not prescribed in writing at the OPD Visit are not reimbursable.

5.5 Spectacles Benefit – 50% of the Bill, up to LKR 10,000 per Calendar Year

- **Eligibility:** Available only from the second year of employment, i.e. after completing twelve (12) months of continuous service with the Company. Interns and Employees in their first year of service are not eligible. Purchases made before completing twelve months of service are not reimbursable, even if claimed later.
- **Medical requirement:** Payable only where a vision defect is confirmed by a written prescription from an SLMC-registered eye specialist (ophthalmologist) or a registered optometrist, dated no more than six (6) months before the date of purchase. Fashion, cosmetic, and non-prescription eyewear (including plain-lens frames and sunglasses without prescription lenses) are not reimbursable.
- **Amount:** Reimbursement is 50% of the actual bill value for prescription spectacles (frame and prescription lenses), subject to a maximum of LKR 10,000 per person per Calendar Year, whichever is lower. Example: bill of LKR 15,000 – reimbursement LKR 7,500; bill of LKR 30,000 – reimbursement capped at LKR 10,000.

- **One claim per Calendar Year:** Only one spectacles claim is accepted per person per Calendar Year, and the unused portion of the LKR 10,000 cap cannot be carried forward or combined across years. A single purchase cannot be split across two Calendar Years.
- **Documents:** Original itemised bill in the claimant's name from a registered optical outlet, together with the original prescription. Bills for another person's spectacles are not reimbursable.
- **Separate limit:** This benefit is separate from, and does not count towards, the hospitalization limits in Sections 5.1–5.3. Contact lenses, lens solutions, eye surgery, and repairs or replacement of damaged or lost spectacles are not covered under this benefit.

5.6 Enhanced OPD Reimbursement – Long-Service Employees (More Than 2 Years of Service)

- **Eligibility:** Available only to Employees and Interns who have completed more than two (2) years of continuous, active service with the Company ("Long-Service Employees").
- **Increased annual limit:** For Long-Service Employees, the annual limit referred to in Sections 5.1–5.4 is increased from LKR 50,000 to LKR 65,000 per Calendar Year.
- **Standalone OPD allowance:** Of this increased LKR 65,000 limit, up to LKR 15,000 per Calendar Year may be reimbursed for OPD Visits (consultation fees, including channelling fees, and prescribed drugs) without the requirement in Section 5.4 that the Employee be Hospitalized for the same condition within 30 days.
- This LKR 15,000 standalone OPD allowance is not an additional amount on top of the LKR 65,000 limit – it is drawn from, and counts towards, that same limit.
- All other conditions in Section 5.4 continue to apply to claims made under this Section, including original receipts, written prescriptions, and the exclusion of vitamins, supplements, cosmetics, and items not prescribed in writing.
- This enhancement applies only to the Standard Hospitalization / OPD limit in Sections 5.1 and 5.4. It does not increase the Critical Illness / Accident Hospitalization limit in Section 5.3, which remains LKR 250,000.

5.7 Medical Check-up Benefit – Long-Service Employees (More Than 2 Years of Service)

- **Eligibility:** Available only to Employees who have completed more than two (2) years of continuous, active service with the Company. Employees and Interns with 2 years of service or less are not eligible.
- **Amount:** Up to LKR 15,000 per Calendar Year for a general medical check-up or health screening.
- **Documents:** Original itemised bill and report from a registered medical laboratory, hospital, or SLMC-registered doctor.
- **One claim per Calendar Year:** Only one medical check-up claim is accepted per person per Calendar Year, and the unused portion of the LKR 15,000 cap cannot be carried forward or combined across years.
- **Separate limit:** This benefit is separate from, and does not count towards, the hospitalization or OPD limits in Sections 5.1–5.4 and 5.6.
- **Relationship to exclusions:** This benefit is an exception to the general exclusion of health check-ups and screenings in Section 7. Only check-ups claimed under this Section 5.7 are covered; routine check-ups outside this benefit remain excluded.

6. Definition of Critical Illness

Only the following conditions, when confirmed in writing by a relevant SLMC-registered specialist, qualify as Critical Illnesses under this Policy:

1. Cancer (malignant tumour confirmed by histological evidence; excludes pre-malignant and non-invasive carcinoma in situ)

2. Heart attack (myocardial infarction confirmed by cardiac enzymes and ECG changes)

3. Stroke (cerebrovascular accident with permanent neurological deficit lasting more than 30 days)

4. Kidney failure (end-stage renal disease requiring regular dialysis or transplant)

5. Major organ transplant (heart, lung, liver, kidney, pancreas, or bone marrow, as recipient)

6. Coronary artery bypass surgery (open-chest surgery on the advice of a consultant cardiologist)

7. Major burns (third-degree burns covering at least 20% of the body surface area)

8. Coma (of at least 96 hours with life-support and permanent neurological deficit)

9. Paralysis (total and permanent loss of use of two or more limbs due to injury or disease)

10. Total blindness (permanent and irreversible loss of sight in both eyes)

11. Multiple sclerosis (with persisting neurological abnormalities confirmed by a consultant neurologist)

12. Benign brain tumour requiring surgical removal

Any condition not listed above is treated under the Standard Hospitalization Benefit (Section 5.1), even if serious or life-threatening. The Company may update this list from time to time; the version in force on the date of admission applies.

7. Exclusions

No benefit is payable under this Policy for:

- Treatment received before completing 30 days of service, on or after the date notice of resignation or termination is given, or after the last working day.
- Cosmetic or plastic surgery (unless required due to an Accident covered under this Policy), dental treatment (unless due to a covered Accident), contact lenses, and hearing aids. Spectacles are excluded except to the extent covered under the Spectacles Benefit in Section 5.5.
- Maternity, childbirth, fertility, and related treatment.
- Self-inflicted injury, attempted suicide, and injuries sustained while committing an illegal act.
- Injuries or illness arising from the use of alcohol, illegal drugs, or drugs not prescribed by a registered doctor.
- Ayurvedic, homeopathic, and other non-Western treatment, unless received as an in-patient at a government Ayurvedic hospital.
- Health check-ups, screenings, and vaccinations not connected to a covered Hospitalization, **except as provided under the Medical Check-up Benefit in Section 5.7** for Long-Service Employees.
- Hospital stays arranged mainly for rest, observation, convalescence, or diagnostic purposes without active treatment.
- Expenses claimed without original documents, or already reimbursed by insurance or any other party.

8. Claims Procedure

- **Submission deadline:** Claims must be submitted to HR within 30 calendar days of the date of discharge (for OPD claims, within 30 calendar days of the related discharge or, for standalone OPD claims under Section 5.6, within 30 calendar days of the OPD Visit). Late claims are rejected unless the delay was due to circumstances beyond the claimant's control, accepted in writing by HR.
- **Required documents:** Completed claim form; original itemised hospital bill and payment receipts; diagnosis card / discharge summary stating admission and discharge dates and times; doctor's admission recommendation; for

OPD claims, original consultation receipts, prescriptions, and pharmacy bills; for Accident claims, a brief written description of the incident (and the police report, where one exists).

- **Originals only:** Photocopies, scanned copies, and duplicate bills are not accepted unless HR has confirmed in writing that the original was submitted to an insurer, in which case the insurer's settlement letter must be attached.
- **Processing:** HR verifies the claim and processes approved payments with the next practicable salary cycle. HR may request additional documents or clarification; the claim is held until these are received.
- **One claim per event:** Each Hospitalization and each OPD Visit may be claimed only once. Splitting one admission into multiple claims, or claiming the same bill twice, is not permitted.

9. Misuse and Fraud

Submitting false, altered, or inflated bills or documents, misrepresenting facts, or colluding with any hospital, doctor, or pharmacy to obtain a benefit is a serious disciplinary offence. The Company may reject the claim, recover any amounts already paid, permanently withdraw the individual's benefits under this Policy, and take disciplinary action up to and including termination, in addition to any legal action.

10. Administration and Interpretation

- This Policy is administered by the Human Resources Department. Questions and claims should be directed to HR.
- **Annual renewal:** This Policy and its benefit limits are reviewed and renewed every year on or before 15 January. Until the renewed version is formally approved and communicated to staff, the Policy in force on 31 December of the previous year continues to apply without interruption, so there is no gap in coverage between 1 January and the renewal date. Claims are always assessed under the version in force on the date of admission (or purchase, for the Spectacles Benefit, or the date of the check-up, for the Medical Check-up Benefit).
- Where any doubt or dispute arises about eligibility, interpretation, or the amount payable, the decision of the Company (through HR and Management) is final.
- This Policy is a discretionary internal benefit. It does not form part of the contract of employment and does not create any entitlement beyond what is stated here. The Company may amend, suspend, or withdraw this Policy at any time with prior notice to staff. Claims are assessed under the version of the Policy in force on the date of admission (or, for OPD claims, the date of the related admission).

Approved by:

People and Operations Executive
Date: 2026/08/14

Managing Director
Date: 2026/08/14