

## CUSTOMER INFORMATION SHEET/KNOW YOUR POLICY

**This document provides key information about your policy. You are also advised to go through your policy document.**

**Please Note:** This Customer Information Sheet provides information available under this Product. Kindly refer to the Policy Schedule/COI to know exact details of coverage opted by You.

<b>SI No</b>	<b>Title</b>	<b>Description</b>	<b>Policy Clause Number</b>
<b>1</b>	Name of Insurance Product/ Policy	<b>Digit Health Plus Policy (Revision)</b> <b>(UIN: GODHLGP21487V032021)</b>	
<b>2</b>	Policy number	Please refer Your Policy Schedule	
<b>3</b>	Type of Insurance Product/ Policy	<b>On Indemnity Basis:</b> <b>Section 1- Hospitalization Cover</b> A. Accidental Hospitalization Cover B. Accidental & Illness Hospitalization Cover <b>Section 2. Infertility Treatment Cover</b> <b>Section 3. Organ Donor</b> <b>Section 4. Alternate Treatment (AYUSH) Cover-</b> (Mandatory In-Built cover in Section-1 Hospitalization Cover) <b>Section 5. Emergency Air Ambulance</b> <b>Section 7. Maternity Benefit &amp; Newborn Baby Cover</b> <b>Section 8. Out-Patient (OPD) benefit</b> <b>Section 9. Home (Domiciliary) Hospitalization</b> <b>Section 10. Sum insured Refill Benefit</b> <b>Section 13. Critical Illness Hospitalization Cover</b> <b>Section 15. Cancer Hospitalization Cover</b> <b>Section 16. Wellness Benefit Program</b>  <b>On Benefit Basis:</b> <b>Section 6. Long Hospitalization Cash Benefit</b> <b>Section 11. Daily Hospital Cash Cover</b> A. Accidental Hospitalization Cover	<b>C.</b> <b>Benefit Covered under the Policy</b>  <b>I. Coverage</b>

		B. Accidental & Illness Hospitalization Cover <b>Section 12. Critical Illness Benefit Cover</b> <b>Section 14. Cancer Benefit Cover</b>			
4	Sum Insured (Basis) (Along with amount)	<p>This product can be on “Individual Sum Insured” as well as on “Floater Sum Insured” basis. Please refer Your Policy Schedule to know the Sum Insured basis applicable to Your Policy.</p> <ul style="list-style-type: none"><li>Individual Sum Insured -Where each member has a separate sum insured under the policy),</li><li>Floater Sum Insured-Where all members under the policy have a single sum insured limit which may be utilised by any or all members.</li></ul> <p>Sum Insured Amount available under Your policy will be as per amount mentioned in Your Policy Schedule.</p>	NA		
5	Policy Coverage (What am I covered for?) (Policy Clause Number/s)	<p><b><u>COVERAGE</u></b></p> <p><b><u>SECTION 1. HOSPITALIZATION COVER</u></b></p> <p><b>A. Accidental Hospitalization Cover</b></p> <p>If You have opted for this Cover and You suffer an Accidental Injury during the Policy Period that requires Hospitalization as an inpatient, we'll be there for you. We will pay You all Reasonable and Customary Charges that are Medically Necessary and Incurred by You in respect of an admissible claim. The claim can be made under the following benefits and up to the Sum Insured mentioned in Your Policy Schedule / Certificate of Insurance against this Section.</p> <table><tr><td><b>Accommodation/Room Rent</b></td><td><p>Hospital accommodation in a ward, shared or private room subject to a Limit Per Day as opted by You and mentioned in Your Policy Schedule/ Certificate of Insurance against this Cover.</p><p>Note: If You have opted for a Limit on “<b>Accommodation/Room Rent</b>” and the Room Rent Rate exceeds the limits at the time of Hospitalization our liability will be restricted to the same proportion Admissible Rate Per Day Limit Opted bears to the Actual Rate Per Day of Room Rent Charges except for the cost of medicines and consumables, unless this condition is specifically waived off by Us and mentioned in Your Policy Schedule/Certificate of Insurance.</p></td></tr></table>	<b>Accommodation/Room Rent</b>	<p>Hospital accommodation in a ward, shared or private room subject to a Limit Per Day as opted by You and mentioned in Your Policy Schedule/ Certificate of Insurance against this Cover.</p> <p>Note: If You have opted for a Limit on “<b>Accommodation/Room Rent</b>” and the Room Rent Rate exceeds the limits at the time of Hospitalization our liability will be restricted to the same proportion Admissible Rate Per Day Limit Opted bears to the Actual Rate Per Day of Room Rent Charges except for the cost of medicines and consumables, unless this condition is specifically waived off by Us and mentioned in Your Policy Schedule/Certificate of Insurance.</p>	C.I. Section 1.
<b>Accommodation/Room Rent</b>	<p>Hospital accommodation in a ward, shared or private room subject to a Limit Per Day as opted by You and mentioned in Your Policy Schedule/ Certificate of Insurance against this Cover.</p> <p>Note: If You have opted for a Limit on “<b>Accommodation/Room Rent</b>” and the Room Rent Rate exceeds the limits at the time of Hospitalization our liability will be restricted to the same proportion Admissible Rate Per Day Limit Opted bears to the Actual Rate Per Day of Room Rent Charges except for the cost of medicines and consumables, unless this condition is specifically waived off by Us and mentioned in Your Policy Schedule/Certificate of Insurance.</p>				

*Example, if You have opted a room rent limit of ₹1,500 per day but You go in for a room with a rent of ₹4,500 per day which is three times the allowed limit, when You claim, We will pay one-third of the Total bill amount and deduct the balance i.e. in the same proportion as it increased. This is because the other charges related to Your treatment like Doctor's fees, also increase with the room type. This deduction will not be applicable for the cost of medicines and consumables.*

<b>ICU</b>	Intensive Care Unit
<b>Professional Fees</b>	Fees for treatment by specialists, physicians, nurses, surgeons and anaesthetists.
<b>Medication</b>	Drugs, medicines, consumables, prescribed by a specialist or medical practitioner. This also includes Anaesthesia, Blood, Oxygen, Patient's Diet, Surgical appliances & cost of prosthetic and other devices or equipment if implanted during the Surgical Procedure.
<b>Diagnostic</b>	Necessary Procedures such as x-rays, pathology, brain and body scans (MRI, CT scans) Etc. used to make a diagnosis for treatment.
<b>Theatre Fees</b>	Operation Theatre Fees

#### **A1. Day Care Procedures**

If You suffer an Accidental Injury during the Policy Period, due to which You need to undergo medical treatment and/or surgical procedure as an inpatient under General or Local Anaesthesia in a hospital/day care centre for a stay less than 24 hour because of technological advancement, We will pay the Medical Expenses Incurred for such Day Care Procedures.

Treatment normally taken on an out-patient basis is not included in the scope of this Cover.

#### **A2. Pre-Hospitalization Expenses**

We will pay for consultations, investigations and the cost of medicines incurred for a period not exceeding the number of days as opted by You and mentioned in Your Policy Schedule / Certificate of Insurance against this Cover, prior to the date of Your admission in a hospital, provided that:

- Such Expenses recommended by the Hospital/Medical Practitioner were in fact incurred for the same condition for which Your Subsequent Hospitalization was required.

- b) We have accepted an Inpatient Accidental Hospitalization Claim under **Section 1.A. Accidental Hospitalization Cover** of this Policy.

**A3. Post-Hospitalization Expenses**

We will pay for consultations, investigations and the cost of medicines incurred for a period not exceeding the number of days as opted by You and mentioned in Your Policy Schedule / Certificate of Insurance against this Cover, from the date of Your Discharge from the hospital, provided that:

- a) The expenses are recommended by the Hospital/Medical Practitioner and are for the same condition for which you were hospitalized.
- b) We have accepted an Inpatient Accidental Hospitalization Claim under **Section 1. A. Accidental Hospitalization Cover** of this Policy.

Instead, You may also choose to opt for a onetime lumpsum benefit, which shall be a percentage of the claim amount approved under **Section 1.A. Accidental Hospitalization Cover** towards Post Hospitalization Expenses, after Your discharge from the Hospital. This percentage is mentioned in Your Policy Schedule/Certificate of Insurance.

If we have paid a lump sum amount, then You won't be eligible for any other payment under this benefit for that particular Hospitalization.

**A4. Dental Treatment**

We will pay for the medical expenses incurred by You for any necessary Dental Treatment needed after an accident. A claim here is valid if the accident resulted in an admissible inpatient Hospitalization Claim under **Section 1. A. Accidental Hospitalization Cover**.

**A5. Road Ambulance**

We will pay for the expenses incurred on Your road transportation by a Healthcare or an Ambulance Service Provider to a Hospital for treatment following an Emergency arising out of an Accident, provided that:

- a) We have accepted a claim under **Section 1. A. Accidental Hospitalization Cover**.
- b) The maximum liability per Hospitalization is restricted to the amount as mentioned in Your Policy Schedule / Certificate of Insurance against this Cover.
- c) The Coverage also Includes Your cost of road Transportation from a Hospital to another nearest Hospital which is prepared to admit You and provide the necessary medical services, if such medical services cannot satisfactorily be provided at a Hospital where You are situated. Such road Transportation has to be prescribed by a Medical Practitioner and/or should be Medically Necessary.

**A6. Second Medical Opinion**

We shall arrange and bear the cost for Second Opinion from our panel of Medical Practitioners. This is for times when there has been a major accidental injury that requires your hospitalisation in a tertiary care facility during the Policy Period, provided that:

1. We have received Your request to arrange for a Second Opinion.
2. You have the option to choose any One of Our Panel Medical Practitioners.
3. We will not provide more than one Opinion for the same Medical Condition within a Policy Period.

All the above Covers are Subject to terms, conditions, deductible, co-payment, limitations and exclusions mentioned in the Policy.

**B. Accidental & Illness Hospitalization Cover**

If You have opted for this Cover and You suffer an Accidental Injury or Illness during the Policy Period that requires Hospitalization as an inpatient, We will pay You all Reasonable and Customary Charges that are Medically Necessary and Incurred by You in respect of an admissible claim. The claim can be made under the following benefits and up to the Sum Insured mentioned in Your Policy Schedule / Certificate of Insurance against this Section.

**Accommodation/Room Rent**

Hospital accommodation in a ward, shared or private room subject to a Limit Per Day as opted by You and mentioned in Your Policy Schedule / Certificate of Insurance against this Cover.

Note: If You have opted for a Limit on “**Accommodation/Room Rent**” and the Room Rent Rate exceeds the limits at the time of Hospitalization our liability will be restricted to the same proportion Admissible Rate Per Day Limit Opted bears to the Actual Rate Per Day of Room Rent Charges except for the cost of medicines and consumables, unless this condition is specifically waived off and mentioned in Your Policy Schedule/Certificate of Insurance.

*Example, if You have opted a room rent limit of ₹1,500 per day but You go in for a room with a rent of ₹4,500 per day which is three times the allowed limit, when You claim, We will pay one-third of the Total bill amount and deduct the balance i.e. in the same*

	<i>proportion as it increased. This is because the other charges related to Your treatment like Doctor's fees, also increase with the room type. This deduction will not be applicable for the cost of medicines and consumables.</i>
<b>ICU</b>	Intensive Care Unit
<b>Professional Fees</b>	Fees for treatment by specialists, physicians, nurses, surgeons and anaesthetists.
<b>Medication</b>	Drugs, medicines, consumables, prescribed by a specialist or medical practitioner. This also includes Anaesthesia, Blood, Oxygen, Patient's Diet, Surgical appliances & cost of prosthetic and other devices or equipment if implanted during the Surgical Procedure.
<b>Diagnostic</b>	Necessary Procedures such as x-rays, pathology, brain and body scans (MRI, CT scans) Etc. used to make a diagnosis for treatment.
<b>Theatre Fees</b>	Operation Theatre Fees

### **B1. Day Care Procedures**

If You suffer an Accidental Injury or Illness during the Policy Period, due to which You need to undergo medical treatment and/or surgical procedure as an inpatient under General or Local Anaesthesia in a hospital/day care centre for stay less than 24 hrs because of technological advancement, We will pay the Medial Expenses Incurred for such Day Care Procedure.

Treatment normally taken on an out-patient basis is not included in the scope of this Cover.

### **B2. Pre-Hospitalization Expenses**

We will pay for consultations, investigations and the cost of medicines incurred for a period not exceeding the number of days as opted by You and mentioned in Your Policy Schedule / Certificate of Insurance against this Cover, prior to the date of Your admission in a hospital, provided that:

- Such Expenses recommended by the Hospital/Medical Practitioner were in fact incurred for the same condition for which Your Subsequent Hospitalization was required.
- We have accepted an Inpatient Hospitalization Claim under **Section 1.B. Accidental & Illness Hospitalization Cover** of this Policy.

### **B3. Post-Hospitalization Expenses**

We will pay for consultations, investigations and the cost of medicines incurred for a period not exceeding the number of days as opted by You and mentioned in Your Policy Schedule / Certificate of Insurance against this Cover, from the date of Your Discharge from the hospital, provided that:

- a) The expenses are recommended by the Hospital/Medical Practitioner and are for the same condition for which you were hospitalized.
- b) We have accepted an Inpatient Hospitalization Claim under **Section 1.B. Accidental & Illness Hospitalization Cover** of this Policy.

Instead, You may also choose to opt for a onetime lumpsum which shall be a percentage of the claim amount approved under **Section 1.B. Accidental & Illness Hospitalization Cover** towards Post Hospitalization Expenses, after Your discharge from the Hospital. This percentage is mentioned in Your Policy Schedule/Certificate of Insurance.

If we have paid a lump sum amount, then You won't be eligible for any other payment under this benefit for that particular Hospitalization.

#### **B4. Dental Treatment**

We will pay for the Medical Expenses incurred in respect of any necessary Dental Treatment from a dentist provided the Dental Treatment is required as a result of an Accident that results in an admissible inpatient Hospitalization Claim under **Section 1. B. Accidental & Illness Hospitalization Cover**.

#### **B5. Road Ambulance**

We will pay for the expenses incurred on Your road transportation by a Healthcare or an Ambulance Service Provider to a Hospital for treatment following an Emergency, provided that:

- a) We have accepted a claim under **Section 1. B. Accidental & Illness Hospitalization Cover**.
- b) The maximum liability per Hospitalization is restricted to the amount as mentioned in Your Policy Schedule / Certificate of Insurance against this Cover.
- c) The Coverage also Includes Your cost of road Transportation from a Hospital to another nearest Hospital which is prepared to admit You and provide the necessary medical services, if such medical services cannot satisfactorily be provided at a Hospital where You are situated. Such road Transportation has to be prescribed by a Medical Practitioner and/or should be Medically Necessary.

#### **B6. Bariatric Surgery Cover**



Therefore, if You are hospitalized for a Bariatric Surgery which is medically necessary, on the advice of a Medical Practitioner, we cover the related Medical Expenses subject to the following conditions:

- a) The Insured Person undergoing the surgery is minimum 18 Years old.
- b) The Medical Practitioner / Bariatric Surgeon confirms that Your Existing Body Mass Index (BMI) and health conditions fall within the below qualification requirements for Bariatric Surgery:
  - Class III Obesity (extreme obesity)- [Body Mass Index (BMI)  $\geq 40$  kg/m<sup>2</sup>];
  - Class II Obesity- (Body Mass Index (BMI) 35-39.9 kg/m<sup>2</sup>) along with any of the following co-morbidities:
    - Uncontrolled Diabetes Mellitus
    - Cardiovascular Disease [**Example: Stroke, Myocardial Infarction, Poorly Controlled Hypertension**]
    - History of Coronary Artery Disease with a surgical intervention such as Cardiopulmonary Bypass or Percutaneous Transluminal Coronary Angioplasty;
    - Cardiopulmonary Problems as a result of another disease process, including, though not limited to, a documented severe obstructive sleep apnea (OSA), confirmed on polysomnography.
- c) A claim under this cover is acceptable *only* if it is under any of the below procedures:
  - Gastric Bypass-
    - The Roux-en-Y Gastric Bypass
    - Biliopancreatic Diversion with or without Duodenal Switch (BPD/DS) Gastric Bypass
  - Sleeve Gastrectomy
  - Laparoscopic Gastric Banding
- d) This particular cover has a waiting period. Waiting period shall be as per the “**Specific Waiting Period**” Section stated in Your Schedule / Certificate of Insurance against this Section which shall apply from the date of inception of the first policy with Us, provided that the Policy has been renewed continuously with Us without break with Bariatric Surgery Cover as a benefit since inception of the first policy.
- e) If you are porting an existing policy under Portability Guidelines, from some other General or Health Insurance Company or if you are adding this cover while renewing our health policy, a fresh waiting period as opted by You and mentioned in Your Policy Schedule / Certificate of Insurance will be applied.
- f) Confirmation from Medical Practitioner / Bariatric Surgeon that the Bariatric Surgery is not for a specific correctable cause for treating obesity. **Example: Endocrine disorder.**
- g) And we would need a documented detailed history of your obesity-related health problems, difficulties, and treatment attempts demonstrating that a multidisciplinary approach with dietary,



- other lifestyle modifications (such as exercise and behavioural modification), and pharmacological therapy, if appropriate, have been unsuccessful, at least for past 6 months.
- h) A prior approval should be taken from us before the Bariatric Surgery is performed.
  - i) Our maximum liability under this benefit is restricted to the Limit as opted by You and mentioned in Your Policy Schedule / Certificate of Insurance against this Cover.

Bariatric surgery for the following reasons is not covered:

- a) For Cosmetic/Aesthetic reasons.
- b) For treating Drug-Induced Obesity, for Severe Untreated Hormonal Imbalance, Psychiatric and Eating Disorders-Induced Obesity.

**B7. Psychiatric illness Cover**

We will pay up to the Limit mentioned in Your Policy Schedule / Certificate of Insurance against this Cover for the Medical Expenses, related to Psychiatric Illness which includes, though not limited to, dementia, depression, bipolar disorder, schizophrenia, Anxiety disorders and obsessive-compulsive disorders, provided that:

- a) The first diagnosis and Hospitalization, as an inpatient, was during the Policy Period.
- b) This also has a waiting period. Waiting period shall be as per the “**Specific Waiting Period**” Section stated in Your Schedule / Certificate of Insurance against this Cover which shall apply from the date of inception of the first policy with Us, provided that the Policy has been renewed continuously with Us without break, with Psychiatric as a benefit since inception of the first policy.
- c) Hospitalization under this benefit shall be subject to prior approval from Us, except in cases of emergencies.

**B8. Complimentary Health Check Up**

If You Renew Your Policy with Us without a break, then at every Policy Renewal We will pay the expenses incurred towards cost of health check-up up to the Limits Per Policy (excluding any cumulative bonus) mentioned in Your Policy Schedule/Certificate of Insurance . This shall be paid, provided that:

- a. You are above 18 Years of age at the time of Health Check Up.
- b. You submit a duly filled and signed claim form along with original bills and copy of medical reports.

Please Note- Payment under this benefit won't be deducted from Your Sum Insured. It is additional.

**B9. Second Medical Opinion**

When it comes to Cancer or any major Illness and You are required to get hospitalized in a tertiary care facility during the Policy Period, We will arrange and bear the cost for a Second Opinion provided that:

1. We have received Your request to arrange for Second Opinion.
2. You have option to choose any one of Our Panel Medical Practitioners.
3. We will not provide more than one Opinion for the same Medical Condition within a Policy Period.

**SECTION 2. INFERTILITY TREATMENT COVER**

If You have opted for this Cover, We will pay the Medical Expenses if You are hospitalized on the advice of the Medical Practitioner for Infertility/ Subfertility Treatments. This includes, though not limited to, IVF, IUI, ZIFT, ICSI. Make sure the following conditions are met:

- a) A waiting period of 48 months will apply from the date of inception of the first policy with Us, provided that the Policy has been renewed continuously with this cover, without a break, with 'Infertility Treatment Cover' as a benefit since inception of the first policy.
- b) Our maximum liability per Hospitalization shall be restricted to the amount as mentioned in Your Policy Schedule / Certificate of Insurance against this Section.
- c) The benefit is payable only once to an Insured Person during the Policy Tenure.

This Cover is subject to terms, conditions, deductible, co-payment, limitations and exclusions mentioned in the Policy.

**SECTION 3. ORGAN DONOR**

If You have opted for this Cover, We will pay You for the following incurred Medical Expenses in respect of organ transplantation:

- a) For the harvesting of the donated organ subject to availability of the Sum Insured under **Section 1. B. Accidental & Illness Hospitalization Cover.**
- b) There are strict guidelines when it comes to organ transplantation, therefore the organ donor whose organ has been made available should be in accordance and in compliance with the Transplantation of Human Organs Act 1994 (as amended) and the organ is donated for Your use only.
- c) We will pay the donor's Pre and Post Hospitalization expenses. This is up to 5% of the claim amount approved in respect of harvesting expenses.
- d) We will not pay any other medical treatment for the donor consequent on the harvesting.
- e) This also has a waiting period. Waiting period shall be as per the "**Specific Waiting Period**" Section stated in Your Schedule / Certificate of Insurance against this Section which shall apply from the date of inception of the first policy with Us, provided that the Policy has been renewed

continuously with Us without break, with ORGAN DONOR Cover as a benefit since inception of the first policy.

Provided that, We have accepted a claim under **Section 1. B. Accidental & Illness Hospitalization Cover.**

This Cover is subject to terms, conditions, deductible, co-payment, limitations and exclusions mentioned in the Policy.

**SECTION 4. ALTERNATE TREATMENT (AYUSH) COVER (Mandatory In-Built cover in Section-1 Hospitalization Cover)**

We will pay the Medical Expenses for Your In-patient Treatment, taken under Ayurveda, Unani, Siddha or Homeopathy. This is up to the Sum Insured mentioned in Your Policy Schedule / Certificate of Insurance against **Section 1. B. Accidental & Illness Hospitalization Cover.** This is paid provided that treatment has been undergone in Ayush Hospital

You should also be aware what We won't pay for:

- a) Pre-Hospitalisation & Post-Hospitalisation Expenses, Day Care Procedure and Outpatient Medical Expenses.
- b) All Preventive and Rejuvenation Treatments (non-curative in nature) including, without limitation, treatments that are not Medically Necessary.

This Cover is subject to terms, conditions, deductible, co-payment, limitations and exclusions mentioned in the Policy.

**SECTION 5. EMERGENCY AIR AMBULANCE**

If You have opted for this Cover, We will pay You the expenses incurred for Your transportation in an airplane or helicopter for emergency life threatening health conditions which requires immediate and rapid ambulance transportation to the nearest hospital.

This transportation will be from the location where the illness /accident happened the first time and subject to availability of Sum Insured mentioned in Your Policy Schedule / Certificate of Insurance against **Section 1.A. Accidental Hospitalization Cover** and/or **Section 1.B. Accidental & Illness Hospitalization Cover** and provided that such Transportation in an airplane or helicopter has been prescribed by a Medical Practitioner and/or is Medically Necessary.

Provided that, We have accepted a claim under **Section 1.A. Accidental Hospitalization Cover** and/or **Section 1.B. Accidental & Illness Hospitalization Cover**.

This Cover is subject to terms, conditions, deductible, co-payment, limitations and exclusions mentioned in the Policy.

If You are Hospitalized for a minimum number of consecutive days as Opted by You and mentioned in the Policy Schedule / Certificate of Insurance against this Section, We will give you a lump sum amount as mentioned in the Policy Schedule / Certificate of Insurance. Provided that:

- a) We have accepted a claim under **Section 1.A. Accidental Hospitalization Cover** and/or **Section 1.B. Accidental & Illness Hospitalization Cover**, and
- b) The benefit is payable only once to an Insured Person during the Policy Period.

For this cover, completion of every 24 Hours of In-patient Hospitalization from the time of Admission is considered to be a day.

This Cover is subject to terms, conditions, deductible, co-payment, limitations and exclusions mentioned in the Policy.

### **A. Maternity Benefit**

If You have opted for this Cover, We will pay the Maternity Expenses incurred towards the delivery of a baby and/or treatment related to any complication of pregnancy or medically necessary termination. This is up to the Sum Insured opted by You and as mentioned in Your Policy Schedule / Certificate of Insurance against this Section, during the Policy Period provided that:

- a) Female Insured Person's legally married spouse is also covered under this Policy, unless specifically waived by Us (**Example, if You are a single parent, this clause will not apply**) This also has a waiting period. Waiting period as opted by you and mentioned in your Policy Schedule / Certificate of Insurance shall apply from the date of inception of the first policy with us, provided that the policy has been renewed continuously with us without break, with maternity as a benefit.
- b) If you are porting an existing policy under Portability Guidelines, from some other General or Health insurance company or if you are adding this cover while renewing our health policy, a fresh waiting period as opted by You and mentioned in Your Policy Schedule / Certificate of Insurance will be applied.

**C.I. Section 7.**

- c) The maternity benefit is limited to cover up to two living children. However, there is no restriction on the number of medically necessary and lawful termination of pregnancies.
- d) If on renewal without any break in coverage, the sum insured is increased, there is a fresh waiting period as opted by You and mentioned in Your Policy Schedule / Certificate of Insurance applied to the increased part of the Sum Insured.
- e) Any complications arising out of or as a consequence of maternity/childbirth will also be covered within the limit of Sum Insured, available under this benefit.

If we had already accepted a claim for Maternity Expenses for your first living child under this benefit, then for the subsequent Maternity Expenses i.e. for the delivery of Your Second child, we shall pay up to the percentage of the Sum Insured opted under this Section and mentioned in Your Policy Schedule / Certificate of Insurance provided the Policy is renewed with Us continuously without break with Maternity Benefit & New Born Baby Cover benefit.

We shall not pay for the following under this Section:

- a) Expenses for the harvesting and storage of stem cells when carried out as a preventive measure against possible future illness.
- b) Medical Expenses for Ectopic Pregnancy will be covered under **Section 1. B. In-patient Accidental & Medical Treatment** and not under the Maternity Benefit.
- c) Pre-natal and Post-natal Medical Expenses are not covered unless leading to Your Hospitalization.

#### **B. New Born Baby Benefit**

Under this cover, we will also pay the Medical Expenses, within the limit of the Sum Insured available under the **Section 7. A Maternity Benefit Section** of the Policy, provided that We have accepted a claim under **Section 7. A. Maternity Benefit**, incurred towards:

- a) The medical treatment of the Insured Person's New Born Baby while the Insured Person is hospitalised as an inpatient for delivery.
- b) The New Born Baby's hospitalisation charges as a result of any medical complications, up to 90 Days from the date of delivery.
- c) Reasonable and Customary Charges for the Vaccinations of the New Born Baby as per National Immunization Schedule as defined by Government of India, up to 90 Days from the date of delivery. However, once the New Born Baby is added as an Insured Person under the Policy, We will pay the Reasonable and Customary Charges for the Vaccinations of the New Born Baby as per National Immunization Schedule as defined by Government of India until the New Born Baby attains 5 Years of age, provided that the Policy is continuously renewed with

Us without break and with **Maternity Benefit and New Born Baby Cover** as a benefit since inception of the first policy.

- d) If the Policy Expires before 90 days from the date of delivery, the New Born Baby will be covered only if the Policy is Renewed with the New Born Baby as an Insured Person. This is subject to our underwriting policy and payment of any additional premium.
- e) After 90 Days from the date of delivery, the New Born Baby will be covered under the existing Policy only if it is Endorsed with the New Born Baby as an Insured Person. This is subject to our underwriting policy and payment of the Pro-Rata Additional Premium, for the balance period.

This Cover is subject to terms, conditions, deductible, co-payment, limitations and exclusions mentioned in the Policy.

#### **SECTION 8. OUT-PATIENT (OPD) BENEFIT**

If You have opted for this Cover, We will pay the Reasonable and Customary Charges for below mentioned expenses incurred by You as an Allopathic Out-patient when treatment is taken from a Network Medical Practitioner to the extent of the Sum Insured opted by You and mentioned in Your Policy Schedule / Certificate of Insurance against this Section and subject to the Co-Payment Basis Opted by You.

Basis 1: Co-payment of 25% in the First Year of this Section being Opted, 10% on First Renewal. From the Second Renewal, there will be no Co-payment, provided the Policy is renewed with Us continuously without a break with this benefit.

Basis 2: Nil Co-payment

What all is covered under this:

<b>Professional Fees</b>	Fees for Medically Necessary Consultation and Examination by Medical Practitioners to assess Your Health for any Illness.
<b>Diagnostic</b>	Medically Necessary Out-patient diagnostic Procedures such as x-rays, pathology, brain and body scans (MRI, CT scans) Etc. used to make a diagnosis for treatment from a diagnostic centre.
<b>Surgical Treatment</b>	Minor Surgical Procedure such as POP, Suturing, Dressings for Accidents and Animal Bite

#### **C.I. Section 8.**

				Related Outpatient Procedures Etc. Carried out by a Medical Practitioner		
			Medication	Drugs & Medicines prescribed by a Medical Practitioner		
			Out-Patient Dental Treatment	Out-patient dental treatment for the immediate relief of dental Pain; taken by You from a dentist, provided that We will pay only for X-rays, Extractions, Amalgam or composite fillings, root canal treatments and prescribed drugs for the same, teeth alignment for adolescents. We will not pay for any dental treatment that comprises cosmetic surgery, dentures, dental prosthesis, dental implants, orthodontics, orthognathic surgery, jaw alignment or treatment for temporomandibular (jaw), or upper and lower jaw bone surgery and surgery related to the temporomandibular (jaw) unless necessitated by an acute traumatic injury or cancer.		
			Hearing Aids	One pair of hearing aids (Excluding Batteries), provided that: ▪ These have been prescribed by an ENT specialist or Network Medical Practitioner. ▪ You have continuously renewed the Policy with Us without break for a period of 36 months with <b>Out-Patient (OPD) Benefit</b> as a benefit, since inception of the first policy.		
			Psychiatric Illness	Specialist Consultation, assessment, treatment and medication for Psychiatric Disorders.		
<p>This cover excludes expenses incurred towards Spectacles, Contact Lenses and Physiotherapy, Cosmetic Procedures, Ambulatory Devices like Walkers, BP Monitors, Glucometers, Thermometers, Dietician Fees, Vitamins and Supplements.</p> <p>This Cover is subject to terms, conditions, deductible, co-payment, limitations and exclusions mentioned in the Policy.</p> <p><b><u>SECTION 9. HOME (DOMICILIARY) HOSPITALIZATION</u></b></p> <p>If You have opted for this Cover, We will pay the Medial Expenses incurred by You for any illness or Injury requiring medical treatment taken at home, which would otherwise have required Hospitalization, provided that:</p> <p>a) The condition of the patient is such that s/he is not in a condition to be moved to a Hospital or</p>						
						<b>C.I. Section 9.</b>



- b) The patient takes treatment at home on account of non-availability of room in a Hospital, and
- c) The condition for which the medical treatment is required continues for at least 3 days, in which case We will pay the reasonable charge of any necessary medical treatment for the entire period
- d) No Payment will be made if the condition for which You require medical treatment is due to:  
Asthma, Bronchitis, Tonsillitis, Upper Respiratory Tract Infection including Laryngitis and Pharyngitis, Cough and Cold, Influenza, Arthritis, Gout and Rheumatism, Chronic Nephritis and Nephritic Syndrome, Diarrhoea and all types of Dysenteries including Gastroenteritis, Diabetes Mellitus and Insipidus, Epilepsy, Hypertension, Psychiatric or Psychosomatic Disorders of all kinds, Pyrexia of unknown Origin.
- e) Subject to availability of the sum insured under **Section 1.A. Accidental Hospitalization Cover** and/or **Section 1.B. Accidental & Illness Hospitalization Cover**.

This Cover is subject to terms, conditions, deductible, co-payment, limitations and exclusions mentioned in the Policy.

#### **SECTION 10. SUM INSURED REFILL BENEFIT**

If you have opted for this Cover, We will refill 100% of the Sum Insured specified and utilized under **Section 1.A. Accidental Hospitalization Cover** and/or **Section 1.B. Accidental & Illness Hospitalization Cover** for that particular Policy Period, provided that:

- a) The refilled Sum Insured would be triggered only if the cause of the Hospitalization is not related to /arising out of earlier Hospitalization, including its complications, for which a claim has already been availed during the same policy period for the same Insured Person, unless this condition is specifically waived by us and mentioned in Your Policy Schedule / Certificate of Insurance
- b) If the first claim amount exceeds the Sum Insured under **Section 1.A. Accidental Hospitalization Cover** and/or **Section 1.B. Accidental & Illness Hospitalization Cover**, the refilled Sum Insured will not be applicable for the same hospitalisation.
- c) After the refill, the maximum amount payable for any single claim will not exceed the Sum Insured mentioned under **Section 1.A. Accidental Hospitalization Cover** and/or **Section 1.B. Accidental & Illness Hospitalization Cover**.
- d) The number of times this benefit may be availed shall be as per the limit mentioned in Your Policy Schedule / Certificate of Insurance against this Section during each Policy Period.
- e) In case of Floater Policy, the refilled Sum Insured will be applicable on family floater basis.

This Cover is subject to terms, conditions, deductible, co-payment, limitations and exclusions mentioned in the Policy.

**C.I. Section  
10.**

**C.I. Section 12.**

- a) This Critical illness or covered surgical procedure has happened to you for the first time in your life.
- b) We will not make any payment if You are diagnosed as suffering from Critical Illness within the number of days (i.e. Initial Waiting Period) mentioned in Your Policy Schedule/Certificate of Insurance from the date of inception of first policy with us..
- c) You survive for a minimum period of at least 30 days from the date of diagnosis of such Critical Illness, unless this condition is specifically waived by Us
- d) The Critical Illness or the Surgical Procedure Claim is not a consequence of or arising out of any pre-existing condition/disease
- e) Once a claim has been Paid under Critical Illness and / or Surgical Procedure, Cover under this Section shall cease and no further payment will be made for any consequent disease or any dependent disease.

Critical Illness means the following major disease, which You have been diagnosed during the Policy Period to have suffered from and which requires Hospitalisation and are specifically defined as below:

Sr. No.	Category	Critical Illness
1	<b>Malignancy</b>	Cancer of Specified Severity
2	<b>Cardiovascular system</b>	Myocardial Infarction
3		Open Heart Replacement or Repair of Heart Valves
4		Surgery to Aorta
5		Primary (Idiopathic) Pulmonary Hypertension
6		Open Chest CABG
7	<b>Major Organ Transplant</b>	End Stage Lung Failure
8		End Stage Liver Failure
9		Kidney Failure Requiring Regular Dialysis
10		Major Organ/ Bone Marrow Transplant
11	<b>Nervous System</b>	Apallic Syndrome
12		Benign Brain Tumour
13		Coma of Specified Severity
14		Major Head Trauma

15		Permanent Paralysis of Limbs
16		Stroke Resulting in Permanent Symptoms
17		Motor Neurone Disease with Permanent Symptoms
18		Multiple Sclerosis with Persisting Symptoms
19	Others	Loss of Independent Existence
20		Aplastic Anaemia

### **SECTION 13. CRITICAL ILLNESS HOSPITALIZATION COVER**

If You have opted for this Cover and You are diagnosed as suffering from any of the Critical Illnesses or undergoing covered Surgical Procedures as specified below, during the Policy Period, We will pay You all Reasonable and Customary Charges that are Medically Necessary and Incurred by You in respect of an admissible hospitalization claim, up to the Sum Insured mentioned in Your Policy Schedule / Certificate of Insurance against this Section.

Provided that,

- This Critical illness or covered surgical procedure has happened to you for the first time in your life
- We will not make any payment if You are diagnosed as suffering from Critical Illness and hospitalized within the number of days (i.e. Initial Waiting Period) mentioned in Your Policy Schedule/Certificate of Insurance from the date of inception of first policy with us.
- No Claim under this option shall be admissible if the Critical Illness or the Surgical Procedure is a consequence of or arising out of any pre-existing condition/disease.

<b>Accommodation/ Room Rent</b>	<p>Hospital accommodation in a ward, shared or private room subject to a Limit Per Day as opted by You and mentioned in Your Policy Schedule / Certificate of Insurance against this Section.</p> <p>Note: If You have opted for a Limit on “<b>Accommodation/Room Rent</b>” and the Room Rent Rate exceeds the limits at the time of Hospitalization our liability will be restricted to the same proportion Admissible Rate Per Day Limit Opted bears to the Actual Rate Per Day of Room Rent Charges except for the cost of medicines and consumables.</p>
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**C.I. Section  
13.**

*Example, if You have opted a room rent limit of ₹1,500 per day but You go in for a room with a rent of ₹4,500 per day which is three times the allowed limit, when You claim, We will pay one-third of the Total bill amount and deduct the balance i.e. in the same proportion as it increased. This is because the other charges related to Your treatment like Doctor's fees, also increase with the room type. This deduction will not be applicable for the cost of medicines and consumables.*

<b>ICU</b>	Intensive Care Unit
<b>Professional Fees</b>	Fees for treatment by specialists, physicians, nurses, surgeons and anaesthetists.
<b>Medication</b>	Drugs, medicines, consumables, prescribed by a specialist or medical practitioner. This also includes Anaesthesia, Blood, Oxygen, Patient's Diet, Surgical appliances & cost of prosthetic and other devices or equipment if implanted during the Surgical Procedure.
<b>Diagnostic</b>	Necessary Procedures such as x-rays, pathology, brain and body scans (MRI, CT scans) Etc. used to make a diagnosis for treatment.
<b>Theatre Fees</b>	Operation Theatre Fees

Critical Illness means the following major disease, which You have been diagnosed during the Policy Period to have suffered from and which requires Hospitalisation and are specifically defined as below:

Sr. No.	Category	Critical Illness
1	<b>Malignancy</b>	Cancer of Specified Severity
2	<b>Cardiovascular system</b>	Myocardial Infarction
3		Open Heart Replacement or Repair of Heart Valves
4		Surgery to Aorta
5		Primary (Idiopathic) Pulmonary Hypertension
6		Open Chest CABG

7	<b>Major Organ Transplant</b>	End Stage Lung Failure
8		End Stage Liver Failure
9		Kidney Failure Requiring Regular Dialysis
10		Major Organ/ Bone Marrow Transplant
11	<b>Nervous System</b>	Apallic Syndrome
12		Benign Brain Tumour
13		Coma of Specified Severity
14		Major Head Trauma
15		Permanent Paralysis of Limbs
16		Stroke Resulting in Permanent Symptoms
17		Motor Neurone Disease with Permanent Symptoms
18		Multiple Sclerosis with Persisting Symptoms
19	<b>Others</b>	Loss of Independent Existence
20		Aplastic Anaemia

#### **SECTION 14. CANCER BENEFIT COVER**

If You have opted for this Cover, We will pay You the Sum Insured as mentioned in Your Policy Schedule / Certificate of Insurance against this Section, in case You are diagnosed as suffering from Cancer for Specified Severity for the first time in Your life. Provided that,

- We will not make any payment if You are diagnosed as suffering from Cancer for Specified Severity within the number of days (i.e. Initial Waiting Period) mentioned in Your Policy Schedule/Certificate of Insurance from the date of inception of first policy with us..
- You survive for a minimum period of at least 30 days from the date of diagnosis of such Cancer for Specified Severity, unless this condition is specifically waived by Us
- No Claim under this option shall be admissible if the Cancer is a consequence of or arising out of any pre-existing condition/disease except for pre-existing condition/disease which were disclosed by the Insured and accepted by Us at the time of buying the Policy with Us, where this benefit is opted.
- Cover under this Section shall cease upon payment of the compensation on the happening of a Cancer for Specified Severity and no further payment will be made for any consequent disease or any dependent disease.

**C.I. Section 14.**

**For this Cover, “CANCER OF SPECIFIED SEVERITY” means:**

- I. A malignant tumor characterized by the uncontrolled growth and spread of malignant cells with invasion and destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy. The term cancer includes leukemia, lymphoma and sarcoma.
- II. The following are excluded –
  - i. All tumors which are histologically described as carcinoma in situ, benign, pre-malignant, borderline malignant, low malignant potential, neoplasm of unknown behavior, or non-invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN - 2 and CIN-3.
  - ii. Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond;
  - iii. Malignant melanoma that has not caused invasion beyond the epidermis;
  - iv. All tumors of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0
  - v. All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below;
  - vi. Chronic lymphocytic leukaemia less than RAI stage 3
  - vii. Non-invasive papillary cancer of the bladder histologically described as TaN0M0 or of a lesser classification,
  - viii. All Gastro-Intestinal Stromal Tumors histologically classified as T1N0M0 (TNM Classification) or below and with mitotic count of less than or equal to 5/50 HPFs;

**SECTION 15. CANCER HOSPITALIZATION COVER**

If You have opted for this Cover and You are diagnosed as suffering from Cancer for Specified Severity for the first time in Your life during the Policy Period , We will pay You all Reasonable and Customary Charges that are Medically Necessary and Incurred by You in respect of an admissible hospitalization claim for Cancer for Specified Severity up to the Sum Insured mentioned in Your Policy Schedule / Certificate of Insurance against this Section.

Provided that,

- a) We will not make any payment if You are diagnosed as suffering from Cancer for Specified Severity and hospitalized within the number of days (i.e. Initial Waiting Period) mentioned in Your Policy Schedule/Certificate of Insurance from the date of inception of first policy with us..
- b) No Claim under this option shall be admissible if Cancer is a consequence of or arising out of any pre-existing condition/disease except for pre-existing condition/disease which were

**C.I. Section  
15.**



disclosed by the Insured and accepted by Us at the time of buying the Policy with Us, where this benefit is opted.

<b>Accommodation/Room Rent</b>	<p>Hospital accommodation in a ward, shared or private room subject to a Limit Per Day as opted by You and mentioned in Your Policy Schedule / Certificate of Insurance against this Section.</p> <p>Note: If You have opted for a Limit on “<b>Accommodation/Room Rent</b>” and the Room Rent Rate exceeds the limits at the time of Hospitalization our liability will be restricted to the same proportion Admissible Rate Per Day Limit Opted bears to the Actual Rate Per Day of Room Rent Charges except for the cost of medicines and consumables.</p> <p><i>Example, If You have opted a room rent limit of ₹1,500 per day but You go in for a room with a rent of ₹4,500 per day which is three times the allowed limit, when You claim, We will pay one-third of the Total bill amount and deduct the balance i.e. in the same proportion as it increased. This is because the other charges related to Your treatment like Doctor’s fees, also increase with the room type. This deduction will not be applicable for the cost of medicines and consumables.</i></p>
<b>ICU</b>	Intensive Care Unit
<b>Professional Fees</b>	Fees for treatment by specialists, physicians, nurses, surgeons and anaesthetists.
<b>Medication</b>	Drugs, medicines, consumables, prescribed by a specialist or medical practitioner. This also includes Anaesthesia, Blood, Oxygen, Patient’s Diet, Surgical appliances & cost of prosthetic and other devices or equipment if implanted during the Surgical Procedure.
<b>Diagnostic</b>	Necessary Procedures such as x-rays, pathology, brain and body scans (MRI, CT scans) Etc. used to make a diagnosis for treatment.
<b>Theatre Fees</b>	Operation Theatre Fees

**For this Cover, “CANCER OF SPECIFIED SEVERITY” means:**

- I. A malignant tumor characterized by the uncontrolled growth and spread of malignant cells with invasion and destruction of normal tissues. This diagnosis must be supported by histological evidence of malignancy. The term cancer includes leukemia, lymphoma and sarcoma.
- II. The following are excluded –
  - i. All tumors which are histologically described as carcinoma in situ, benign, pre-malignant, borderline malignant, low malignant potential, neoplasm of unknown behavior, or non-invasive, including but not limited to: Carcinoma in situ of breasts, Cervical dysplasia CIN-1, CIN - 2 and CIN-3.
  - ii. Any non-melanoma skin carcinoma unless there is evidence of metastases to lymph nodes or beyond;
  - iii. Malignant melanoma that has not caused invasion beyond the epidermis;
  - iv. All tumors of the prostate unless histologically classified as having a Gleason score greater than 6 or having progressed to at least clinical TNM classification T2N0M0
  - v. All Thyroid cancers histologically classified as T1N0M0 (TNM Classification) or below;
  - vi. Chronic lymphocytic leukaemia less than RAI stage 3
  - vii. Non-invasive papillary cancer of the bladder histologically described as TaN0M0 or of a lesser classification,
  - viii. All Gastro-Intestinal Stromal Tumors histologically classified as T1N0M0 (TNM Classification) or below and with mitotic count of less than or equal to 5/50 HPFs;

**SECTION 16. WELLNESS BENEFIT PROGRAM**

Our Wellness Benefit Program provides the benefits listed below and shall be available to the Insured Person as mentioned in the Policy Schedule/Certificate of Insurance. Through this Program, We intend to incentivize the Insured Person(s) for taking care of his/her health/fitness and maintaining healthy lifestyle through such preventative and wellness services.

There are total 12 services under Wellness Benefit Program. Services applicable for Your Policy are as shown in Your Policy Schedule / Certificate of Insurance. Only services mentioned in your Policy Schedule/Certificate of Insurance are available for You.

**1. Doctor on Call**

Upon Your request, We will facilitate an appointment, through Our empanelled Service Provider, with a Medical Practitioner who can help You by providing round-the-clock medical helpline services through an online portal as a chat service, a call back service or a voice call service.

**2. Wellness Coach**

**C.I. Section  
16.**

		<p>In order to educate, empower and engage You to become more aware of Your health and proactively manage it, We will, through periodic communications like e-mailers, blogs and online platform provide You information on wellness coaching in areas such as:</p> <ul style="list-style-type: none"> <li>a) Weight Management</li> <li>b) Activity and Fitness</li> <li>c) Nutrition</li> <li>d) Tobacco Cessation</li> <li>e) Alcohol Abuse de-addiction Program</li> <li>f) Information on various diseases</li> <li>g) Dietary Plans</li> </ul> <p><b>3. Lab Services (Home Collection)</b> Upon Your request, We will facilitate, through Our empanelled Service Provider, Collection of test samples such as blood, urine, stool etc from Your home address for further testing and analysis. The cost of these tests and reports will have to be borne by You.</p> <p><b>4. Pharmacy (Home Delivery)</b> Upon Your request, We will facilitate, through Our Empanelled Service Provider, home delivery of the Medications Prescribed by a Registered Medical Practitioner from the nearby Network Pharmacy, subject to copy of prescription being shared (where ever required) and availability of the medication with the Pharmacy. The cost of the medication will have to be borne by You.</p> <p><b>5. Vital/Physical Activity Monitoring Services</b> Upon Your request, We will facilitate, through Our Empanelled Service Provider, the integration of Your Health Device(s) such as Blood-Pressure Monitors, Glucometers, Wireless Pedometers, Smart Watches etc. to an online database that will track and asses Your vitals as reported by the device. It can provide periodic updates and reports of your health status. The cost of the device will have to be borne by You.</p> <p><b>6. Reminder Notifications</b> Upon Your request, We will facilitate, through Our Empanelled Service Provider, routine notification messages via mail or a messaging portal or a follow-up call to You as a reminder to schedule Your medical appointments and/or take daily dosage of Your medicine as per the information shared by You-</p> <p><b>7. Medical Wallet</b> Upon Your request, We will arrange, through Our Empanelled Service Provider, for a medical wallet. This will be a digital cloud service which will allow You to store all Your medical reports online. It will provide easy access of Medical history and reports to the treating Medical Practitioners and to any</p>	
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other person with whom You may share the login and access codes, easing Your need to physically carry documents with You.

**8. Report Aggregation**

Upon Your request, We will facilitate, through Our Empanelled Service Provider, for regular analysis of Your health status as per the medical records/reports shared by You. It will highlight your wellbeing or any areas of concern or deterioration in Your health, allowing You to take necessary calls about your health.

**9. Home Care Services**

Upon Your request, We will facilitate, through Our Empanelled Service Provider, Home Care Services for You in case You are in need of any of the following:

- a. Home Care Nursing
- b. Patient Assistant
- c. Physiotherapy
- d. Yoga Trainer
- e. Psychologist
- f. Palliative Care
- g. Renting Medical equipment. For Example - Wheel-Chair, Patient Bed, Oxygen Cylinder etc.

The cost of the Services/Equipment will have to be borne by You.

**10. Ambulance Arrangement Services**

Upon request, We will facilitate, through Our Empanelled Service Provider, ambulance services for Your transportation subject to availability of ambulance in the area where such service needs to be arranged.

The cost of the transportation will have to be borne by You.

**11. Pick-up and Drop Services for Consultation**

Upon Your request, We will facilitate, through Our Empanelled Service Provider, Pick-up and Drop Service, for Your transportation to the Health Care Facility for treatment/Diagnostics subject to availability of vehicle/taxi in the area where such service needs to be arranged.

The cost of the transportation will have to be borne by You.

**12. Prioritizing Appointments**

Upon Your request, We will facilitate, through Our Empanelled Service Provider, prioritization of Your appointment, based on the urgency, with the Network Providers offering the necessary treatment/diagnostics subject to availability of the service(s).

The cost of the Consultancy/Diagnostic will have to be borne by You.

**Terms and Conditions applicable to Wellness Benefit Program**

		<ol style="list-style-type: none"> <li>1. Any Information provided by You shall be kept confidential.</li> <li>2. For services which are provided through Our Empanelled Service Provider/Medical Experts/Centres, We are acting only as a facilitator, hence We would not be liable for any incremental costs or the services.</li> <li>3. All medical services are being provided by Empanelled Service Provider/Medical Experts/Centres who are empanelled after full due diligence. Insured Person may however consult their Personal/Family Doctor before availing the medical services. The decisions to utilise the services will solely be at the discretion of the Insured Person.</li> <li>4. We/Company/Us or its Group Entities, affiliates, officers, employees, agents, are not responsible for or liable for any actions, claims, demands, losses, damages, costs, charges, and expenses which an Insured Person/You may claim to have suffered or sustained or incurred by way of or on account of utilization of any benefits specified herein.</li> <li>5. This shall not be deemed to substitute the Insured Person's visit or consultation to an Independent Medical Practitioner. The Insured Person is free to choose whether or not to undergo the same and if done whether or not to act on it.</li> </ol> <p>We do not assume any liability towards any loss or damage arising out of or in relation to any opinion, advice, prescription, actual or alleged errors, omissions and representations made by the Medical Practitioner.</p>	
6	Exclusions (what the policy does not cover)	<p><b><u>There are 3 types of exclusions:</u></b></p> <p><b><u>I. STANDARD EXCLUSIONS (Please refer below for brief headers, for detail exclusions, please refer to the policy wordings)</u></b></p> <ol style="list-style-type: none"> <li>1. Pre-Existing Diseases - Code- Excl01</li> <li>2. Specified disease/procedure waiting period- Code- Excl02</li> <li>3. 30-day waiting period/ Initial Waiting Period- Code- Excl03</li> <li>4. Investigation &amp; Evaluation- Code- Excl04</li> <li>5. Rest Cure, rehabilitation and respite care- Code- Excl05</li> <li>6. Obesity/ Weight Control: Code- Excl06</li> <li>7. Change-of-Gender treatments: Code- Excl07</li> <li>8. Cosmetic or plastic Surgery: Code- Excl08</li> <li>9. Hazardous or Adventure sports: Code- Excl09</li> <li>10. Breach of law: Code- Excl10</li> <li>11. Excluded Providers: Code- Excl11</li> <li>12. Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. Code- Excl12</li> </ol>	D.I Standard Exclusion

	<p>13. Treatments received in heath hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons. Code- Excl13</p> <p>14. Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a medical practitioner as part of hospitalization claim or day care procedure. Code- Excl14</p> <p>15. Refractive Error: Code- Excl15</p> <p>16. Unproven Treatments: Code- Excl16</p> <p>17. Sterility and Infertility: Code- Excl17</p> <p>18. Maternity: Code Excl18</p> <p><b><u>II.SPECIFIC EXCLUSIONS ((Please refer below for brief headers, for detail exclusions, please refer to the policy wordings)</u></b></p> <p>19. Artificial Life Maintenance</p> <p>20. Suicide and Self-Injury</p> <p>21. Circumcision, Aesthetic reasons</p> <p>22. External Congenital Anomaly</p> <p>23. Geography</p> <p>24. Defence Operation</p> <p>25. Non-Medical Expenses</p> <p>26. Insufficient Document</p> <p>27. Preventive Treatment</p> <p>28. Sexual disorder and Erectile Dysfunction</p> <p>29. Sexually Transmitted Infections &amp; Disease</p> <p>30. Sleep Disorders and Sleep Problems</p> <p>31. Spectacles, Hearing aids &amp; other Expenses</p> <p>32. Stem Cell Transplant: Any stem cell transplants other than for Bone Marrow Transplant</p> <p>33. Unjustified or Unwarranted Hospitalization</p> <p>34. War and hazardous substances</p> <p>35. Legal Liability</p> <p>36. Substance abuse and Addictions by the Insured</p> <p><b><u>SPECIFIC ONES (CAN'T BE WAIVED)</u></b></p> <p>37. Ear, Eyesight &amp; Optical Services</p> <p>38. Prosthetics and other devices</p> <p>39. Specific Treatments</p>	<p><b>D.II Specific Exclusion</b></p>
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		<p><b><u>SPECIFIC ONES (CAN BE WAIVED IN LIEU OF ADDITIONAL PREMIUM)</u></b></p> <p>40. Dental Treatment</p> <p>41. Organ Donor</p> <p>42. Weight loss Surgery</p> <p>43. Our Maximum Liability in respect of the following procedures will be covered (wherever medically indicated) either as in patient or as part of day care treatment in a hospital up to 50% (unless specifically agreed otherwise and mentioned in the Policy Schedule/Certificate of Insurance) of Sum Insured opted under Section 1.A. Accidental Hospitalization Cover and/or Section 1.B. Accidental &amp; Illness Hospitalization Cover:</p> <p>    A. Uterine Artery Embolization and HIFU (High intensity focused ultrasound)</p> <p>    B. Balloon Sinuplasty</p> <p>    C. Deep Brain stimulation</p> <p>    D. Oral chemotherapy</p> <p>    E. Immunotherapy - Monoclonal Antibody to be given as injection</p> <p>    F. Intra vitreal injections</p> <p>    G. Robotic surgeries</p> <p>    H. Stereotactic radio surgeries</p> <p>    I. Bronchial Thermoplasty</p> <p>    J. Vaporisation of the prostate (Green laser treatment or holmium laser treatment)</p> <p>    K. IONM - (Intra Operative Neuro Monitoring)</p> <p>    L. Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditions to be covered.</p> <p><b><u>III. Any other specific exclusions mentioned in the policy schedule/COI.</u></b></p>									
7	Waiting period • Time period during which specified diseases/ treatments are not covered.	<p><b><u>(Waiting Periods as applicable to Your policy will be mentioned in your policy schedule)</u></b></p> <p><b>Following are the waiting period options available under this product. Waiting Period applicable to Your policy will be as mentioned in Your Policy Schedule/COI.</b></p> <table><tr><th>Description</th><th>Waiting Period Options</th></tr><tr><td>Initial Waiting Period Option</td><td>Nil, 15 Days, 7 Days, 48 hours and Nil</td></tr><tr><td>Pre-existing Disease Waiting Period Options</td><td>0 months, 1Year, 2 Years, 3 Years</td></tr><tr><td>Specific Waiting period</td><td>0 months, 1 Year, 2 years</td></tr></table>	Description	Waiting Period Options	Initial Waiting Period Option	Nil, 15 Days, 7 Days, 48 hours and Nil	Pre-existing Disease Waiting Period Options	0 months, 1Year, 2 Years, 3 Years	Specific Waiting period	0 months, 1 Year, 2 years	
Description	Waiting Period Options										
Initial Waiting Period Option	Nil, 15 Days, 7 Days, 48 hours and Nil										
Pre-existing Disease Waiting Period Options	0 months, 1Year, 2 Years, 3 Years										
Specific Waiting period	0 months, 1 Year, 2 years										



	<ul style="list-style-type: none"><li>It is counted from the beginning of the policy coverage.</li></ul>	<table><tr><td>Maternity Waiting Period</td><td>0 months, 1 Year, 2 Years, 3 Years and 4 Years</td></tr><tr><td>Critical Illness Waiting Period</td><td>0 days,30 days, 60 days, 90 days initial waiting period</td></tr></table>	Maternity Waiting Period	0 months, 1 Year, 2 Years, 3 Years and 4 Years	Critical Illness Waiting Period	0 days,30 days, 60 days, 90 days initial waiting period																																			
Maternity Waiting Period	0 months, 1 Year, 2 Years, 3 Years and 4 Years																																								
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8	<p>Financial limits of coverage</p> <p>I.Sub-limit (It is a pre-defined limit and the insurance company will not pay any amount in excess of this limit).</p>	<p><b>Sub – Limit, Co-payment and Deductible as applicable to Your policy will be mentioned in your policy schedule/COI.</b></p> <p><b>Sub- Limit</b></p> <table><tr><th>Section Details</th><th>Sub Limits (Options)</th></tr><tr><td colspan="2"><b>SECTION 1-HOSPITALIZATION COVER</b></td></tr><tr><td><b>A. Accidental Hospitalization Cover</b></td><td>Accommodation/Room Rent: 1%, 1.5% or 2% or No Limit (as a % of Section 1.A Sum Insured)</td></tr><tr><td>A1. Day Care Procedures</td><td>NA</td></tr><tr><td>A2. Pre-Hospitalization Expenses</td><td>NA</td></tr><tr><td>A3. Post-Hospitalization Expenses</td><td>NA</td></tr><tr><td>A4. Dental Treatment</td><td>NA</td></tr><tr><td>A5. Road Ambulance</td><td>1% of Section 1.A Sum Insured Max up to the INR 5000</td></tr><tr><td>A6. Second Medical Opinion</td><td>NA</td></tr><tr><td><b>B. Accidental &amp; Illness Hospitalization Cover</b></td><td>Accommodation/Room Rent: 1%, 1.5% or 2% or No Limit (as a % of Section 1.A Sum Insured)</td></tr><tr><td>B1. Day Care Procedures</td><td>NA</td></tr><tr><td>B2. Pre-Hospitalization Expenses</td><td>NA</td></tr><tr><td>B3. Post-Hospitalization Expenses</td><td>NA</td></tr><tr><td>B4. Dental Treatment</td><td>NA</td></tr><tr><td>B5. Road Ambulance</td><td>1% of Section 1.B Sum Insured Max up to the INR 5000</td></tr><tr><td>B6. Bariatric Surgery Cover</td><td>5%/10%/20% / 100% of Section 1.B Sum Insured</td></tr><tr><td>B7. Psychiatric Illness Cover</td><td>5%/10%/20% of Section 1.B Sum Insured Up to 1 Lakh</td></tr><tr><td>B8. Complimentary Health Check Up</td><td>Up to 0.25%/0.5% of the Sum Insured (excluding any cumulative bonus) Subject to maximum of INR 5,000 Per Policy</td></tr><tr><td>B9. Second Medical Opinion</td><td>NA</td></tr></table>	Section Details	Sub Limits (Options)	<b>SECTION 1-HOSPITALIZATION COVER</b>		<b>A. Accidental Hospitalization Cover</b>	Accommodation/Room Rent: 1%, 1.5% or 2% or No Limit (as a % of Section 1.A Sum Insured)	A1. Day Care Procedures	NA	A2. Pre-Hospitalization Expenses	NA	A3. Post-Hospitalization Expenses	NA	A4. Dental Treatment	NA	A5. Road Ambulance	1% of Section 1.A Sum Insured Max up to the INR 5000	A6. Second Medical Opinion	NA	<b>B. Accidental &amp; Illness Hospitalization Cover</b>	Accommodation/Room Rent: 1%, 1.5% or 2% or No Limit (as a % of Section 1.A Sum Insured)	B1. Day Care Procedures	NA	B2. Pre-Hospitalization Expenses	NA	B3. Post-Hospitalization Expenses	NA	B4. Dental Treatment	NA	B5. Road Ambulance	1% of Section 1.B Sum Insured Max up to the INR 5000	B6. Bariatric Surgery Cover	5%/10%/20% / 100% of Section 1.B Sum Insured	B7. Psychiatric Illness Cover	5%/10%/20% of Section 1.B Sum Insured Up to 1 Lakh	B8. Complimentary Health Check Up	Up to 0.25%/0.5% of the Sum Insured (excluding any cumulative bonus) Subject to maximum of INR 5,000 Per Policy	B9. Second Medical Opinion	NA	
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		<b>SECTION 2. INFERTILITY TREATMENT COVER</b>	10% of the Section 1.B Sum Insured	
		<b>SECTION 3. ORGAN DONOR</b>	NA. However donor's Pre and Post Hospitalization expenses up to 5% of the admissible harvesting expenses	
		<b>SECTION 4. ALTERNATE TREATMENT (AYUSH) COVER</b>	NA	
		<b>SECTION 5. EMERGENCY AIR AMBULANCE</b>	NA	
		<b>SECTION 6. LONG HOSPITALIZATION CASH BENEFIT</b>	NA	
		<b>SECTION 7. MATERNITY BENEFIT &amp; NEW BORN BABY COVER</b>	NA	
		<b>SECTION 8. OUT-PATIENT (OPD) BENEFIT</b>	NA	
		<b>SECTION 9. HOME (DOMICILIARY) HOSPITALIZATION</b>	NA	
		<b>SECTION 10. SUM INSURED REFILL BENEFIT</b>	NA	
		<b>SECTION 11. DAILY HOSPITAL CASH COVER</b>		
		A. Accidental Hospitalization Cover	NA	
		B. Accidental & Illness Hospitalization Cover	NA	
		<b>SECTION 12. CRITICAL ILLNESS BENEFIT COVER</b>	NA	
		<b>SECTION 13. CRITICAL ILLNESS HOSPITALIZATION COVER</b>	Accommodation/Room Rent: 1%, 1.5% or 2% or No Limit (as a % of Section 13 Sum Insured)	
		<b>SECTION 14. CANCER BENEFIT COVER</b>	NA	
		<b>SECTION 15. CANCER HOSPITALIATION COVER</b>	Accommodation/Room Rent: 1%, 1.5% or 2% or No Limit (as a % of Section 15 Sum Insured)	

**SECTION 16. WELLNESS  
BENEFIT PROGRAM**

NA

Details of Section Wise Deductible and Co-payment available under the product are mentioned below:

Name of the Benefit	Whether Deductible allowed	If Yes, range of Deductible		Whether Co-Pay allowed	If yes, range of Co-Pay	
		Minimum	Maximum		Minimum	Maximum
<b>SECTION 1-HOSPITALIZATION COVER</b>	Yes					
A. Accidental Hospitalization Cover	Yes	NIL	15 Lakhs	Yes	0%	20%
B. Accidental & Illness Hospitalization Cover	Yes	NIL	15 Lakhs	Yes	0%	20%
<b>SECTION 2. INFERTILITY TREATMENT COVER</b>	Yes	NIL	15 Lakhs	Yes	0%	20%
	Yes	NIL	15 Lakhs	Yes	0%	20%
<b>SECTION 3. ORGAN DONOR</b>						
<b>SECTION 4. ALTERNATE TREATMENT (AYUSH) COVER</b>	No			No		
<b>SECTION 5. EMERGENCY AIR AMBULANCE</b>	Yes	NIL	15 Lakhs	Yes	0%	20%
<b>SECTION 6. LONG HOSPITALIZATION CASH BENEFIT</b>	No			No		
<b>SECTION 7. MATERNITY BENEFIT &amp; NEW BORN BABY COVER</b>	No			No		
<b>SECTION 8. OUT-PATIENT (OPD) BENEFIT</b>	No			No	0%	25%

II.Co-payment (It is a specified amount /percentage of the admissible claim amount to be paid by policyholder/insured).

III.Deductible (It is a specified amount:  
- upto which an insurance company will not pay any claim, and  
- which will be

	deducted from total claim amount (if claim amount is more than the specified amount)  IV.Any other limit (as applicable)	<b>SECTION 9. HOME (DOMICILIARY) HOSPITALIZATION</b>	Yes	NIL	15 Lakhs	Yes	0%	20%	
		<b>SECTION 10. SUM INSURED REFILL BENEFIT</b>	Yes	NIL	15 Lakhs	Yes	0%	20%	
		<b>SECTION 11. DAILY HOSPITAL CASH COVER</b>				No			
		A. Accidental Hospitalization Cover	Yes	0 Days	2 Days	No			
		B. Accidental & Illness Hospitalization Cover	Yes	0 Days	2 Days	No			
		<b>SECTION 12. CRITICAL ILLNESS BENEFIT COVER</b>	No			No			
		<b>SECTION 13. CRITICAL ILLNESS HOSPITALIZATION COVER</b>	No			No			
		<b>SECTION 14. CANCER BENEFIT COVER</b>	No			No			
		<b>SECTION 15. CANCER HOSPITALIZATION COVER</b>	No			No			
		<b>SECTION 16. WELLNESS BENEFIT PROGRAM</b>	NA			NA			
9	Claims/Claims Procedure	<b>1. Claims Notification and Procedure</b> In the event of any accidental injury or illness or condition that may result in a claim under this policy, it is a condition precedent to Our liability under the Policy that below procedure should be followed depending on the type of claim:  <b>A. Cashless Claim Process:</b> Cashless Facility can be availed from our network hospitals only. This is facilitated by our Service Provider / Third Party Administrator (TPA) and we would make a direct payment to the Network Hospital to the extent of Our Liability provided that: 1. We are given a notice at least 72 hours before any planned hospitalization or within 24 Hours of hospitalization in case of an emergency situation. 2. For Cashless Facility You shall follow the below Procedure:							E.II.22

		<p>a. Share the Health Card/Copy of E-Cards along with ID Proof with the Hospital Authority &amp; Obtain the Pre-Authorization Form from the Hospital.</p> <p>b. Submit Duly filled &amp; Signed Pre-Authorization Form to the Hospital Counter.</p> <p>c. Ensure that the Hospital shares the Duly filled &amp; Signed Pre-Authorization Form to Service Provider / Third Party Administrator (TPA) for further Processing.</p> <p>d. Service Provider / Third Party Administrator (TPA) will inform the decision and may issue authorization letter depending on the Policy Terms and Conditions to the Hospital directly.</p> <p>e. Once the request for Pre-Authorization has been granted, the treatment must take place within 15 days of the Pre-Authorization Approval Date or the Policy Expiry Date whichever is earlier and shall be valid only if all the details of the Authorised details, Hospital and Location including Dates match with the details of the Actual Treatment Received.</p> <p>f. We reserve the right to modify, add or restrict any Network Provider for Cashless Facility in Our sole discretion. Before availing Cashless Facility, please check the applicable updated list of Network Providers.</p> <p>g. For any queries designated Service Provider / Third Party Administrator (TPA) may be contacted on the contact details mentioned on the Health Card/Copy of E-Cards issued to You.</p> <p><b>B. Reimbursement Claim Process:</b></p> <p>Reimbursement Facility can be availed from any hospital within India of Your Choice Wherein You will have to make payment directly to the Hospital and submit the documents to Service Provider / Third Party Administrator (TPA) for processing the reimbursement of the claim amount provided that:</p> <p>1. We or Our Service Provider / Third Party Administrator (TPA) should be intimated within 48 hours of date of Admission.</p> <p>2. For Reimbursement Claim You shall follow the below Procedure:</p> <p>a. The Company shall settle or reject a claim, as the case may be, within 15 days from the date of receipt of last necessary document.</p> <p>b. In case the claim is not settled within the specified timelines, then the claimant is entitled for interest at bank rate plus 2 percent from the date of receipt of intimation to till the date of payment.</p> <p>c. However, where the circumstances of a claim warrant an investigation in the opinion of the company, it shall initiate and complete such investigation at the earliest, in any case not later than 15 days from the date of receipt of last necessary document. In such cases, the company shall settle or reject the claim within 15 days from the date of receipt of last necessary document.</p> <p>d. In case the claim is not settled within the specified timelines, then the claimant is entitled for interest at bank rate plus 2 percent from the date of receipt of intimation to till the date of payment.</p> <p>“Bank rate” shall mean the rate fixed by the Reserve Bank of India (RBI) at the beginning of the financial year in which claim has fallen due.</p>	
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- e. In case of Your Death, We shall reimburse the claim amount to Your Nominee as named in Your Policy Schedule / Certificate of Insurance or Your Legal representative holding a valid succession certificate.

Sr. No	List of Documents / Information	Hospitalization Claim	Out-Patient (OPD) Claim	Critical Illness/Cancer Claim	Daily Hospital Cash Claim
1	Duly Filled and Signed Claim form	√	√	√	√
2	Discharge Summary	√	×	×	√
3	Medical Records (Optional Documents may be asked on need basis: Indoor case papers, OT notes, PAC notes etc.)	√	×	√	×
4	Original Hospital Main Bill	√	×	×	×
5	Original Hospital Bill Break Up	√	×	×	×
6	Original Pharmacy Bills	√	√	×	×
7	Prescriptions for the Medicines purchased (except hospital supply) and investigations done outside the Hospital	√	√	×	×
8	Consultation Papers	√	√	√	×
9	Investigation Reports	√	√	√	×

10	Digital Images/CDs of the Investigation Procedures (if required)	√	√	x	x
11	MLC/FIR Report (If applicable)	√	x	√	x
12	Original Invoice/Sticker (If applicable)	√	x	x	x
13	Post Mortem Report (If applicable)	√	x	x	x
14	Disability Certificate (If applicable)	√	x	√	x
15	Attending Physician Certificate (If applicable)	√	x	√	x
16	Ante-natal Record (If applicable)	√	x	x	x
17	Birth discharge Summary (If applicable)	√	x	x	x
18	Death Certificate (If applicable)	√	x	√	x
19	*KYC (Photo ID card) (If applicable)	√	√	√	√
20	Bank Details with Cancelled Cheque	√	√	√	√

Note: There are times when You or any other person who could claim on Your behalf, may be in such a state of hardship, that You or Such other person is unable to give us a notice or file a claim within the prescribed time limit. In such cases, condonation of delay can be done by waiver of conditions A.1, B.1 and B.2.a may be considered where the reason for delay is proved to our satisfaction.



		*KYC documents shall be required at the claim settlement stage where claims pay-out to the Insured Member exceeds a threshold limit of Rs. 1 Lakhs per claim	
10	Policy Servicing	<p><b><u>Call Centre Details of the Insurer</u></b>  Toll Free: 1800-258- 4242  Email: <a href="mailto:healthclaims@godigit.com">healthclaims@godigit.com</a>  Senior citizens can now contact us on 1-800-258-4242 or write to us at <a href="mailto:seniors@godigit.com">seniors@godigit.com</a>  Website: <a href="https://www.godigit.com">https://www.godigit.com</a></p> <p><b><u>Details of Company Officials:</u></b> NA  With intent to provide better and fast service to our customers, our claims process is paperless. You may get in touch with the above email id and call centre number we assist you in case of any Policy Servicing issues.</p>	E.I.16
11	Grievance s/Complaints	<p><b><u>Customer Grievance Redressal Policy</u></b>  In case of any grievance the insured person may contact the company through  Website: <a href="https://www.godigit.com">https://www.godigit.com</a>  Toll Free: 1-800-258- 4242  Email: <a href="mailto:hello@godigit.com">hello@godigit.com</a>  Senior citizens can now contact us on 1-800-258-4242 or write to us at <a href="mailto:seniors@godigit.com">seniors@godigit.com</a>  Insured person may also approach the grievance cell at any of the company's branches with the detail grievance  If Insured person is not satisfied with the redressal of grievance through one of the above methods, insured person may contact the grievance officer at <a href="mailto:grievance@godigit.com">grievance@godigit.com</a>  For updated details of grievance officer, kindly refer the link:  <a href="https://www.godigit.com/claim/grievance-redressal-procedure">https://www.godigit.com/claim/grievance-redressal-procedure</a>  If Insured person is not satisfied with the redressal of grievance through above methods, the insured person may also approach the office of Insurance Ombudsman of the respective area/region for redressal of grievance as per Insurance Ombudsman Rules 2017  Grievance may also be lodged at IRDAI Integrated Grievance Management System-  <a href="https://irdai.gov.in/igms1">https://irdai.gov.in/igms1</a></p> <p>The contact details of the Insurance Ombudsman Centers are mentioned in the Policy Wordings.</p>	E.I.16

11	Things you need to know	<p><b><u>Policy Renewal</u></b> Except on grounds of fraud, moral hazard or misrepresentation or non-cooperation, renewal of your policy shall not be denied, provided the policy is not withdrawn.</p> <p><b><u>Migration and Portability:</u></b></p> <p>When your policy is due for renewal, you may migrate to another policy with us or port your policy to another insurer.</p> <p><b><u>Portability</u></b> In case of Indemnity based insurance sections</p> <ol style="list-style-type: none"> <li>A Policyholder has the choice to port his/ her policies from one Insurer to another. The Acquiring and the Existing Insurers shall jointly, ensure that the entire underwriting details and claim history of the Policyholders are seamlessly transferred.</li> <li>The existing insurer shall provide the information sought by the Acquiring insurer immediately but not more than 72 hours of receipt of request through Insurance Information Bureau of India (IIB) <a href="https://iib.gov.in/">https://iib.gov.in/</a> portal.</li> <li>The Acquiring insurer shall decide and communicate on the proposal immediately but not more than 5 days of receipt of information from Existing insurer.</li> <li>The policyholder is entitled to transfer the credits gained to the extent of the Sum Insured, No Claim Bonus, specific waiting periods, waiting period for pre-existing disease, Moratorium period etc from the Existing Insurer to the Acquiring Insurer in the previous policy.</li> </ol> <p><b><u>Migration</u></b> In case of migration of one policy to another with the same Insurer, the policyholder (including all members under family cover and group insurance policies) can transfer the credits gained to the extent of the Sum Insured, No Claim Bonus, Specific Waiting periods, waiting period for pre-existing diseases, Moratorium period etc. in the previous policy to the migrated policy.</p> <p><b><u>Change in Sum Insured:</u></b> Sum Insured can be changed (increased/decreased) only at the time of renewal or at any time, subject to underwriting by the company. For increase in SI, the waiting period if any shall start afresh only for the enhanced portion of the sum insured.</p> <p><b><u>Moratorium Period</u></b> After completion of sixty continuous months of coverage (including portability and migration) in health insurance policy, no policy and claim shall be contestable by the insurer on any grounds of non-</p>	<p>E.I.14</p> <p>E.I.15</p> <p>E.I.7</p>
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		disclosure and/or misrepresentation, except on grounds of established fraud. This period of sixty continuous months is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy. Wherever, the sum insured is enhanced, completion of sixty continuous months would be applicable from the date of enhancement of sums insured only on the enhanced limits. The policies would however be subject to all limits, sub limits, co-payments, deductibles as per the policy contract. The accrued credits gained under the ported and migrated policies shall be counted for the purpose of calculating the Moratorium period.	
12	Your Obligations	<p>Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may affect the claim settlement.</p> <p>Please Disclose any change in Material Information during the policy period.</p> <p>Material Information for the purpose of this policy shall mean all relevant information sought by the Company in the proposal form and other connected documents to enable it to take informed decision in the context of underwriting the risk.</p>	