

## 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 to know exact details of coverage opted by You.*

| SI No | Title                             | Description   | Policy Clause Number                       |
|-------|-----------------------------------|---|--|
| 1     | Name of Insurance Product/ Policy | <b>Digit Health Insurance Policy (UIN: GODHLIP23073V012223)</b><br><br><b>Plans Name:</b> <ul style="list-style-type: none"> <li>• Double Wallet Plan</li> <li>• Infinity Wallet Plan</li> <li>• Carry Forward Sum Insured Plan</li> <li>• Worldwide Treatment Plan</li> <li>• Early Start Plan</li> <li>• Senior Priority Plan</li> </ul>  |  |
| 2     | Policy number                     | Please refer Your Policy Schedule   |  |
| 3     | Type of Insurance Product/ Policy | <b>On Indemnity Basis:</b><br><b>Section 1 – Hospitalization Cover</b> <ul style="list-style-type: none"> <li>a. In- Patient Hospitalization</li> <li>b. Day Care Procedures</li> <li>c. Pre-hospitalization</li> <li>d. Post Hospitalization</li> <li>e. Road Ambulance</li> <li>f. Bariatric Surgery</li> <li>g. Psychiatric Illness</li> <li>h. Health Check-up</li> <li>i. Home (Domiciliary) Hospitalization</li> </ul> <b>Section 2 – Organ Donor Expenses</b><br><b>Section 3 – Emergency Air Ambulance</b><br><b>Section 4 – Maternity Benefit Wallet &amp; New Born Cover</b><br><b>Section 5 – Worldwide Coverage</b> | <b>C. Benefit Covered under the Policy</b> |

|                                |   |   |   |  |            |                     |   |
|--------------------------------|---|---|---|--|------------|---------------------|---|
|                                |   | <p><b>Section 6 – Sum Insured Back-up</b><br/><b>Section – 8 AYUSH Hospitalization – (Mandatory In-Built Cover In Section 01 Of Hospitalization Cover)</b></p> <p><b>OPTIONAL COVERS</b><br/><b>1. Consumables Cover</b><br/><b>2. Network Hospital Discount</b><br/><b>3. Pre-existing Disease/Specific Disease/Initial Waiting Period Modification</b></p> <p><b>On Benefit Basis:</b><br/><b>Section 7 – Inbuilt Personal Accident</b></p>   | <p><b>I. Coverage</b><br/><b>II. Optional Cover</b></p> |  |            |                     |   |
| 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>There are 8 Sections and 3 Optional Covers under this policy. Detailed Coverages are listed below.</u></b></p> <p><b><u>SECTION 1. HOSPITALIZATION COVER</u></b></p> <p><b><u>1.1. In-Patient Hospitalization</u></b></p> <p>If 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 upto the Sum Insured as mentioned in Your Policy Schedule and as per plan opted by You. The claim can be made under the following benefits as mentioned below:</p> <table><tr><td><b>Accommodation/Room Rent</b></td><td>Hospital accommodation in a ward, shared or private room</td></tr><tr><td><b>ICU</b></td><td>Intensive Care Unit</td></tr></table> | <b>Accommodation/Room Rent</b>                          | Hospital accommodation in a ward, shared or private room | <b>ICU</b> | Intensive Care Unit | <p><b>C.I. Section 1. Hospitalization Cover</b></p> |
| <b>Accommodation/Room Rent</b> | Hospital accommodation in a ward, shared or private room          |   |   |  |            |                     |   |
| <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  |

### **1.2. 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.

### **1.3. Pre-Hospitalization**

We will pay for consultations, investigations and the cost of medicines incurred for a period not exceeding the number of days as mentioned in Your Policy Schedule 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- Hospitalization Cover of this Policy.

### **1.4. Post-Hospitalization**

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

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

### **1.5. 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. Hospitalization Cover.**
- b) The maximum liability per Policy Year is restricted to the amount as mentioned in Your Policy Schedule.
- 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.

#### **1.6. Bariatric Surgery**

If You are hospitalized for a Bariatric Surgery which is medically necessary, on the advice of a Medical Practitioner, we will 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
    - 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 apnoea (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
  - Any similar procedures used which qualifies for Bariatric treatment and approved by relevant authority.

- d) This particular cover has a waiting period. Waiting period shall be as per the “**Specific Waiting Period**” stated in Your Schedule 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 where this cover was not there 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.
- g) 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.

Bariatric surgery for the following reasons is not covered:

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

### **1.7. Psychiatric Illness**

We will pay for the Medical Expenses, related to Psychiatric Illness, provided that:

- a) The first diagnosis and Hospitalization, as an inpatient, was during the Policy Period.
- b) Our maximum liability under this cover shall be limited to INR 1,00,000.
- c) Waiting period for this cover for the below mentioned ICD codes shall be as per the “**Specific Waiting Period**” stated in Your Schedule 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 Illness Cover as a benefit since inception of the first policy.

| ICD Code | Psychiatric Illness & Disorders                     |
|----------|---|
| F20-F29  | Schizophrenia, schizotypal and delusional disorders |
| F30-F39  | Mood [affective] disorders                          |
| F40-F48  | Neurotic, stress-related and somatoform disorders   |
| F99-F99  | Unspecified mental disorder                         |

- d) If you are porting an existing policy under Portability Guidelines, from some other General or Health Insurance Company where this cover was not there 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.
- e) Hospitalization under this benefit shall be subject to prior approval from Us, except in cases of emergencies.

#### **1.8. Health Check Up**

If You have continued Your Policy with Us without any break, then at the end of each block of continuous years (as per plan opted), We will pay the expenses incurred towards cost of health check-up up to the Limits Per Policy (excluding any cumulative bonus) as per plan opted and mentioned in Your Policy Schedule. This shall be paid, provided that:

- a. This benefit will not be carried forward if not utilized.
- b. You submit a duly filled and signed claim form along with original bills and copy of medical reports.
- c. In case of Family Floater policy, Health Check-up Sum Insured as mentioned in Policy Schedule is the maximum total cost including taxes which is available for all insured persons put together.

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

#### **1.9. HOME (DOMICILIARY) HOSPITALIZATION**

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:

- a) The condition of the patient is such that s/he is not in a condition to be moved to a Hospital or
- 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- Hospitalization Cover.

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

**SECTION 2: ORGAN DONOR EXPENSES**

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 plan opted and availability of the Sum Insured under **Section 1. 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**" stated in Your Schedule 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.
- f) If you are porting an existing policy under Portability Guidelines, from some other General or Health Insurance Company where this cover was not there 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.

Provided that, We have accepted a claim under **Section 1. Hospitalization Cover.**

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

**SECTION 3. EMERGENCY AIR AMBULANCE**

We will pay You the expenses incurred for Your transportation to the nearest hospital in an airplane or helicopter (registered Air Ambulance Service Provider) for emergency life threatening health conditions which requires immediate and rapid ambulance transportation.

Provided that,

1. We have accepted a claim under Section 1. Hospitalization Cover.

**C.I. Section 2:  
Organ Donor  
Expenses**

2. This transportation will be from the location where the illness /accident happened the first time and subject to availability of Sum Insured as mentioned in Your Policy Schedule against Section 1 and as per plan opted by You.
3. Such Transportation in an airplane or helicopter has been prescribed by a Medical Practitioner and/or is Medically Necessary.

### C.I. Section 3: Emergency Air Ambulance

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

### **A. Maternity Benefit Wallet**

- a) This also has a waiting period. Waiting period of 9 months 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 where this cover was not there 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) 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) 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.

## C.I. Section 4: Maternity



e) Sum Insured under this section:

- Maternity Sum Insured under this section will be INR 15,000 for First Policy Year.
- If no claim has been made under this section during the Policy Year, You will be eligible for enhanced Maternity Sum Insured as per table provided below. No extra premium will be charged for this enhanced Maternity Sum Insured.

| Policy Year                 | Maternity Sum Insured    | Remarks  |
|-----------------------------|--------------------------|--|
| 1 <sup>st</sup> Policy Year | 15,000                   | If no claim is made in 1 <sup>st</sup> policy year, then Sum Insured will be increased by INR 10,000 in 2 <sup>nd</sup> year.                                      |
| 2 <sup>nd</sup> Policy Year | 15,000 + 10,000 = 25,000 | Similarly, If no claim is made under this section in 2 <sup>nd</sup> policy year then Sum Insured will further be increased by INR 10,000 in 3 <sup>rd</sup> year. |

- Third year onwards if no claim has been made under this section, then the Maternity Sum Insured will increase every year by INR 10,000 per policy year, subject to maximum of INR 1,00,000.
- In case of a claim under this section, Maternity Sum Insured on renewal/ next policy year will go back to INR 15,000.

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. Hospitalization Cover** and not under the Section 4 - Maternity Benefit Wallet and Newborn Cover.
- c) Pre-natal and Post-natal Medical Expenses are not covered.

**B. New-born Cover**

Under this cover, we will also pay the Medical Expenses, within the limit of the Sum Insured available under the **Section 4. A Maternity Benefit Wallet Section** of the Policy, provided that We have accepted a claim under **Section 4. A. Maternity Benefit Wallet**, 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.

**Benefit Wallet  
& New Born  
Cover**

- 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.
- 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 5: WORLDWIDE COVERAGE**

We will pay You for the Medical Expenses incurred by You outside India. This is up to the Sum Insured as mentioned in your Policy Schedule against this section and as per plan opted by You. The coverage under this section shall be limited to below mentioned covers:

|           |                            |
|-----------|----------------------------|
| Section 1 | Hospitalization Cover      |
| 1.1       | In-Patient Hospitalization |
| 1.2       | Day Care Procedures        |
| Section 2 | Organ Donor Expenses       |

#### **Specific terms and conditions applicable to Section 5 – Worldwide Coverage:**

1. Claims will be payable on reimbursement basis only. For Cashless it will be decided on case-to-case basis.
2. Medical expenses under this cover will be payable if diagnosis is made in India and insured travels outside India only for the purpose of treatment.
3. All the payments will be made in Indian Rupees only based on the rate of exchange as on the date of invoice, published by Reserve Bank of India (RBI) and shall be used for conversion of foreign currency into Indian Rupees for claims payment. If these rates are not published on the date of invoice, the exchange rate next published by RBI shall be considered for conversion.
4. Prior approval should be taken from Us for any treatment taken Outside India.

**C.I. Section 5:  
Worldwide  
Coverage**

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

#### **SECTION 6. SUM INSURED BACK UP**

We shall provide you 100% of the Sum Insured as a backup under **Section 1. Hospitalization Cover** for that particular Policy Year, provided that:

- a) The backup Sum Insured would be utilized if the cause of the Hospitalization is related or not related (as per plan opted) to or arising out of earlier Hospitalization, including its complications, for which a claim has already been availed during the same policy year for the same Insured Person.
- b) In case of related Hospitalization cooling off period of 45 days will be applicable. ***Interval between two related hospitalizations should be minimum 45 days.***
- c) The maximum amount payable for any single claim will not exceed the Sum Insured mentioned under **Section 1.**
- d) If the first claim amount exceeds the Sum Insured under **Section 1. Hospitalization Cover**, the backup Sum Insured will not be utilized for the same hospitalisation.
- e) The number of times the backup Sum Insured may be extended shall be as per the plan opted and mentioned in Your Policy Schedule against this Section during each Policy Period.
- f) In case of Floater Policy, the backup Sum Insured will be applicable on family floater basis.
- g) The Back up Sum Insured can only be utilized for hospitalization in India only.

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

#### **SECTION 7 . IN-BUILT PERSONAL ACCIDENT**

If You sustains an Accidental Bodily Injury during the Policy Period, which is the sole and direct cause of Your Death within twelve (12) months from the date of accident, then We will pay 100% of the Sum Insured as mentioned in Policy Schedule against this cover and as per plan opted.

Under this section, claim will also be payable for the below mentioned events:

- a. **Disappearance:** We shall be liable to be pay under this benefit, if the Insured Person's full body cannot be located within a period of consecutive twelve (12) months, following a forced landing, stranding, sinking, or wrecking of a Common Carrier in which such Insured Person was known to have been travelling as a fare paying passenger or in any event arising as a result of Act of God Perils during the Policy Period, where it is reasonable to believe that such Insured Person has died as a result of an Accidental Injury.

**C.I. Section 6:  
Sum Insured  
Backup**

**C.I. Section 7 :  
In built  
Personal  
Accident**

|  |  |   |  |
|--|--|---|--|
|  |  | <p>Digit Simplification: We will be liable to pay if the insured's full body cannot be located within a period of 12 months consecutively and if we have all the reasons to believe that the person has died due to an accident.</p> <p>b. <b>Drowning:</b> We shall be liable to be pay under this benefit, if the Insured Person's full body cannot be located within a period of consecutive twelve (12) months, on account of Drowning during the Policy Period, where it is reasonable to believe that such Insured Person has died as a result of drowning.</p> <p>For both (a) and (b) above, We will only pay, when the nominee or the legal heir provides a legally binding indemnity bond or any other document as required by Us which guarantees, that, if at any time, after the payment of the Accidental death benefit, it is discovered that the Insured Person is still alive, all payments shall be repaid in full to Us.</p> <ol style="list-style-type: none"> <li>1. This benefit will be applicable only to the proposer of the Policy during the Policy Period. In case if proposer is not covered in the policy this benefit will be applicable to the eldest member of the Policy during the Policy Period. This is applicable for both individual base sum insured as well as floater-based Sum Insured policy.</li> <li>2. Once a claim has been accepted under this Section, this Policy will immediately and automatically cease in respect of that Particular Insured Person.</li> </ol> <p>This Cover is subject to terms, conditions, deductible, co-payment, limitations and exclusions mentioned in the Policy.</p> <p><b><u>Section – 8 AYUSH HOSPITALIZATION ( Mandatory In built Cover in Section 1 Hospitalization Cover )</u></b></p> <p>We will pay the Medical Expenses for Your In-patient Treatment, taken under Ayurveda, Unani, Siddha or Homeopathy. This is paid provided that treatment has been undergone in an Ayush Hospital. You should also be aware what We won't pay for:</p> <ol style="list-style-type: none"> <li>a) Outpatient Medical Expenses.</li> <li>b) All Preventive and Rejuvenation Treatments (non-curative in nature) including, without limitation, treatments that are not Medically Necessary.</li> </ol> <p><b>Specific Conditions applicable to this cover:</b></p> <p>Claim will be payable under this section only if AYUSH Hospitals and AYUSH Day Care Centres have obtained pre-entry level certificate (or higher level of certificate) issued by National Accreditation</p> | <p><b><u>C.I. Section 8: AYUSH HOSPITALIZATION</u></b></p> |
|--|--|---|--|

Board for Hospitals and Healthcare Providers (NABH) or State Level Certificate (or higher level of certificate) under National Quality Assurance Standards (NQAS), issued by National Health Systems Resources Centre (NHSRC).

### **Optional Covers**

***Digit Simplification: True customization means you get an option to add covers that make sense to you!***

The covers listed below are optional covers and will be applicable only if you have selected them at the time of purchase and is mentioned in your Policy Schedule.

| S.N o. | Optional Covers   | Section Admissibility   |
|--------|---|---|
| 1      | Consumables Cover   | Section 1- Hospitalization Cover  |
| 2      | Network Hospital Discount   | Section 1- Hospitalization Cover  |
| 3      | Pre-existing Disease/Specific Disease/Initial Waiting Period Modification | Section 1 – Hospitalization Cover<br>Section 2 – Organ Donor Expenses<br>Section 3 – Emergency Ambulance<br>Section 4 - Maternity Benefit Wallet and New-born Cover<br>Section 5 – Worldwide Coverage |

Please note, the below cover is subject to terms, conditions, warranties, deductible, co-payment, limitations and exclusions mentioned in the Policy.

### **Optional Covers**

#### **1)Consumables Cover**

#### **(Applicable under Section 1 Hospitalization Cover)**

If you have opted for this optional cover and on payment of additional premium and if Your claim is approved under **Section 1- Hospitalization Cover**, we will compensate for non-medical expenses incurred by You (You can check them under Annexure A below) during the Policy period directly related to the Your medical or surgical treatment of illness/disease/injury. The compensation will be maximum upto a Sum Insured as mentioned in Policy Schedule against Section 1 – Hospitalization Cover.

Please note:

### **C.II. Optional Covers**

- i. Coverage will be limited to the actual expenses incurred during the Hospitalisation but not paid under **Section 1 – Hospitalisation Cover** as Non-Medical expenses.
- ii. In the General Exclusions section, 'Non-medical Expenses' as exclusion no. 25 will not be applicable if you have opted for this optional cover.

## **2) Network Hospital Discount**

### **(Applicable under Section 1 Hospitalization Cover)**

If you have opted for this optional cover, You will be eligible for premium discount of 10% as You agree for hospitalization\* in Our network hospitals only. In case, You are hospitalized in any of the non-network hospital, then you shall bear a co-payment of 20%, on each and every admissible claim under Section 1.

\*(under Section 1 Hospitalization Cover).

### **Specific Conditions applicable to this cover:**

- i. Co-payment will be applicable if Insured Person is hospitalized in non-network hospital and on admissible claim amount under Section 1.
- ii. Co-payment will not be applicable in case of an accidental hospitalization and on capped ailments.
- iii. For complete list of Network Hospitals, kindly refer Company's Website.

## **3) Pre-existing Disease /Specific Disease /Initial Waiting Period modification:**

If You have opted for this cover then the waiting period as mentioned under exclusion D.I.1,D.I.2 and D.I.3 shall stand modified as mentioned in Policy Schedule.

### **Cumulative Bonus**

If You've been safe and healthy and have had No Claims made under the **Section 1. Hospitalization Cover** in the expiring Policy Period, you would be eligible for Cumulative Bonus at the time of renewal/or policy year completion in case of term more than one year as per plan opted and mentioned in Your Policy Schedule, provided that:

1. There is an upper limit to the Cumulative Bonus You can earn. In any Policy period, the accrued Cumulative Bonus (including any carried forward Cumulative Bonuses from the previous policy) shall not exceed the limit mentioned in Your Policy Schedule.
2. For a Floater Policy, the Cumulative Bonus shall be available only on Floater Basis. It shall accrue only if no claim has been made for any of the Insured Members during the expiring Policy Period.
3. In the event of a claim in the expiring policy period, the Cumulative Bonus will reduce in the same way as it was accrued in the policy at the time of renewal.

### **C.III. Cumulative Bonus**

|   |   |  |                                |
|---|---|--|--------------------------------|
|   |   | <p>4. If You discontinue the Policy or fail to renew the Policy within the Grace Period of 30 days from the due date of renewal, the entire Cumulative Bonus will be lost.</p> <p>5. The Cumulative Bonus shall be applicable on an annual basis subject to continuation of the Policy with Us.</p> <p>6. For an individual Sum Insured policy, the Cumulative Bonus shall only be accrued for a member, if he/she has completed at least 12 months at the time of policy renewal.</p> <p>7. In policies with a tenure of more than one year, the above guidelines of Cumulative Bonus shall be applicable post completion of each policy year</p> <p>8. The Cumulative Bonus will be Calculated on the Sum Insured as opted by You under <b>Section 1. Hospitalization Cover.</b></p> <p><b>Note:</b> Cumulative bonus opted at the inception of the first policy with us can't be changed during the policy period and subsequent renewals.</p> <p><b><u>CARRY FORWARD SUM INSURED</u></b><br/> <b><u>(Available only if Cumulative Bonus is not opted)</u></b><br/> At the time of renewal/or policy year completion in case of term more than one year of the policy, sum insured under Section 1 -Hospitalization Cover of the renewed policy will be increased based on the unused base sum insured of Section 1 – Hospitalization Cover of the expiring policy, subject to the following:</p> <ul style="list-style-type: none"> <li>i. Maximum 100% of the unused Base Sum Insured will be carried forward at the time of renewal.</li> <li>ii. Maximum carried forward of unused Base Sum Insured, year on year, will be limited to 100% of Base Sum Insured of the expiring policy.</li> <li>iii. No cumulative bonus benefit will be provided under the product if this cover is opted.</li> </ul> <p>For this cover, unused base sum insured will mean total sum insured minus any claim amount under the policy during the policy period.</p> | C.IV Carry Forward Sum Insured |
| 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> <ul 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> </ul>  | D.I Standard Exclusion         |

8. Cosmetic or plastic Surgery: Code- Excl08
9. Hazardous or Adventure sports: Code- Excl09
10. Breach of law: Code- Excl10
11. Excluded Providers: Code- Excl11
12. Substance Abuse – Code- Excl12
13. Domestic Treatment- Code- Excl13
14. Non-prescribed Medicine – Code- Excl14
15. Refractive Error: Code- Excl15
16. Unproven Treatments: Code- Excl16
17. Sterility and Infertility: Code- Excl17
18. Maternity: Code Excl18

**II.SPECIFIC EXCLUSIONS ((Please refer below for brief headers, for detail exclusions, please refer to the policy wordings)**

19. Artificial Life Maintenance
20. Suicide and Self-Injury
21. Circumcision, Aesthetic reasons
22. External Congenital Anomaly
23. Geographical Limits
24. Defence Operation
25. Non-Medical Expenses
26. Preventive Treatment
27. Spectacles, Hearing aids & other Expenses
28. Unjustified or Unwarranted Hospitalization
29. War and hazardous substances
30. Legal Liability
31. Substance abuse and Addictions by the Insured

**SPECIFIC ONES (CAN'T BE WAIVED)**

32. Ear, Eyesight & Optical Services
33. Prosthetics and other devices
34. Specific Treatments
35. New Age Treatment
36. Dental Treatment
37. Organ Donor
38. Weight loss Surgery

D.II Specific  
Exclusion



|   |   |  |  |
|---|---|--|--|
|   |   | <p><b>39. Any loss arising out of the Insured Person's actual or attempted commission of or willful participation in an illegal act or any violation or attempted violation of the law.</b></p> <p><b><u>Any other specific exclusions mentioned in the policy schedule.</u></b></p>   |  |
| 7 | <p>Waiting period</p> <ul style="list-style-type: none"> <li>• Time period during which specified diseases/treatments are not covered.</li> <li>• It is counted from the beginning of the policy coverage.</li> </ul> | <p><b><u>Initial Waiting Period</u></b><br/> 30-day waiting period/ Initial Waiting Period- Code- Excl03</p> <ol style="list-style-type: none"> <li>Expenses related to the treatment of any illness within 30 days from the first policy commencement date shall be excluded except claims arising due to an accident, provided the same are covered.</li> <li>This exclusion shall not, however, apply if the Insured Person has Continuous Coverage for more than twelve months.</li> <li>The within referred waiting period is made applicable to the enhanced sum insured in the event of granting higher sum insured subsequently.</li> </ol> <p>However, such waiting Period can be reduced to number of days as opted by you and mentioned in your policy schedule.</p> <p><b><u>Specific Waiting Periods</u></b><br/> <b><u>Specified disease/procedure waiting period</u></b></p> <ol style="list-style-type: none"> <li>Expenses related to the treatment of the listed Conditions, surgeries /treatments shall be excluded until the expiry of number of months, as opted by You and specified in the Policy Schedule, of continuous coverage after the date of inception of the first policy with us. This exclusion shall not be applicable for claims arising due to an accident.</li> <li>In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.</li> <li>If any of the specified disease/procedure falls under the waiting period specified for pre-Existing diseases, then the longer of the two waiting periods shall apply.</li> <li>The waiting period for listed conditions shall apply even if contracted after the policy or declared and accepted without a specific exclusion.</li> <li>If the Insured Person is continuously covered without any break as defined under the applicable norms on portability stipulated by IRDAI, then waiting period for the same would be reduced to the extent of prior coverage.</li> <li>List of specific diseases/procedures</li> </ol> | <p><b>D.I.</b><br/> 3. 30-day waiting period / Initial Waiting Period- Code- Excl03</p> <p><b>D.I.</b><br/> 2. Specified disease/ procedure waiting period- Code- Excl02</p> |

- i. Non-infective arthritis, Osteoarthritis and Osteoporosis (if age related), Systemic Connective Tissue disorders, Dorsopathies, Spondylopathies, Inflammatory Polyarthropathies, Arthrosis and Intervertebral disorders (unless due to accident)
- ii. Pancreatitis, calculus disease of gall bladder/biliary tract and urogenital system, Gastric & Duodenal erosions/ulcers, Varices of GI tract, Cirrhosis of Liver, Rectal prolapse.
- iii. Cataract, Glaucoma and Disorder of retina
- iv. Hyperplasia of Prostate, Urethral strictures, Hydrocele/Varicocele and spermatocele
- v. All Abnormal Utero-vaginal bleeding, female genital Prolapse, Endometriosis/Adenomyosis, Fibroids, Ovarian Cyst, Pelvic Inflammatory disease
- vi. Haemorrhoids, Fissure, Fistula and pilonidal sinus/cyst and fistula.
- vii. Hernia of all sites,
- viii. Varicose veins of lower extremities,
- ix. Disease of middle ear and mastoid including otitis Media, Cholesteatoma, Perforation of Tympanic Membrane, Sinusitis, Tonsillitis, Adenoid hypertrophy, Nasal septum deviation, Turbinate hypertrophy, Nasal polyp, Mastoiditis, Nasal concha bullosa,
- x. All internal and external benign or In Situ Neoplasms/Tumours, Cyst, Sinus, Polyp, Nodules, Swelling, Mass or Lump including breast lumps (each of any kind unless malignant),
- xi. Internal Congenital Anomaly. This specific waiting period will not be applicable to New Born Baby/infants.
- xii. Psychiatric illness and Disorders listed below:

| ICD Code | Psychiatric Illness & Disorders                     |
|----------|---|
| F20-F29  | Schizophrenia, schizotypal and delusional disorders |
| F30-F39  | Mood [affective] disorders                          |
| F40-F48  | Neurotic, stress-related and somatoform disorders   |
| F99-F99  | Unspecified mental disorder                         |

- xiii. Neurodegenerative disorders including but not limited to Alzheimer's disease and Parkinson's disease.
- xiv. **Joint Replacement, Bariatric Surgery and Organ Transplant**  
Any Medical Expenses incurred as a result of Joint Replacement, Bariatric Surgery and Organ Transplant Surgery will be covered subject to a waiting period as opted by You and mentioned in Your Policy Schedule as long as the Insured Person has been insured continuously under the Policy without any break, unless due to an accident.

### Pre-Existing Diseases

- a. Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of number of months, as opted by You and specified in the Policy Schedule, of continuous coverage after the date of inception of the first policy with insurer.
- b. In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
- c. If the Insured Person is continuously covered without any break as defined under the portability norms of the extant IRDAI (Health Insurance) Regulations, then waiting period for the same would be reduced to the extent of prior coverage.
- d. Coverage under the policy after the expiry of number of months, as specified in the Policy Schedule, for any pre-existing disease is subject to the same being declared at the time of application and accepted by Insurer.

**Following are the waiting period options available under this product. Waiting Period applicable to Your policy will be as mentioned in Your Policy Schedule.**

| Description                                 | Waiting Period Options   |
|---|--|
| Initial Waiting Period Option               | 7 days, 15 days, 30 days   |
| Pre-existing Disease Waiting Period Options | 0 months, 3 months, 6 months, 9 months, 1 Year, 2 Years, 3 Years |
| Specific Waiting period                     | 0 months, 3 months, 6 months, 9 months, 1 Year, 2 years          |
| Maternity Benefit Wallet and New-born Cover | 9 months   |
| Worldwide Cover Waiting period              | 30 days initial waiting period                                   |
| Critical Illness Waiting Period             | 30 days initial waiting period                                   |

### D.I.

1. Pre-Existing Diseases -  
Code- Excl01

8

Financial limits of coverage

I. Sub-limit (It is a pre-defined limit and the

**Sub – Limit, Co-payment and Deductible as applicable to Your policy will be mentioned in your policy schedule.**

**Details of Section Wise Sub-Limits available under the product are mentioned below:**

| Section Details                        | Sub Limits (Options) |
|--|----------------------|
| <b>SECTION 1-HOSPITALIZATION COVER</b> |                      |
| 1.1 In Patient Hospitalization         |                      |

|   |   |  |  |
|---|---|--|--|
| II.Co-payment (It is a specified amount /percentage of the admissible claim amount to be paid by policyholder/insured). | insurance company will not pay any amount in excess of this limit). | 1.2 Day Care Procedures  | NA   |
|   |   | 1.3 Pre-Hospitalization  | NA   |
|   |   | 1.4 post-hospitalization   | NA   |
|   |   | 1.5 Road Ambulance   | 1% of Section 1 Sum Insured Max up to the INR 10,000/15,000/20,000 as per plan opted   |
|   |   | 1.6 Bariatric Surgery  | NA   |
|   |   | 1.7Psychiatric Illness   | NA   |
|   |   | 1.8 Health Check Up  | Up to 0.25% of the Sum Insured (excluding any cumulative bonus) Subject to maximum of INR 1,000/1,500/2,000 Per Policy as per plan opted |
|   |   | 1.9 Home (Domiciliary) Hospitalization   | NA   |
|   |   | SECTION 2. Organ Donor Expenses  | NA. However donor's Pre and Post Hospitalization expenses up to 5% of the admissible harvesting expenses                                 |
|   |   | SECTION 3. EMERGENCY AIR AMBULANCE   | NA   |
|   |   | SECTION 4. MATERNITY BENEFIT WALLET AND NEW - BORN COVER   | NA   |
|   |   | SECTION 5. WORLDWIDE COVERAGE  | NA   |
|   |   | SECTION 6. SUM INSURED BACK-UP   | NA   |
|   |   | SECTION 7. INBUILT PERSONAL ACCIDENT   | NA   |
|   |   | SECTION 8. AYUSH HOSPITALIZATION (MANDATORY IN BUILT COVER IN SECTION 01 OF HOSPITALIZATION COVER) | NA   |
|   |   | OPTIONAL COVERS  |  |
|   |   | Consumables Cover  | NA   |
|   |   | Network Hospital Discount  | NA   |
|   | III.Deductible (It is a specified amount:                           |  | Pre-existing Disease/Specific Disease/Initial Waiting Period Modification  |

|  | <div>- upto which an insurance company will not pay any claim, and</div> <div>- which will be deducted from total claim amount (if claim amount is more than the specified amount)</div> <div>IV. Any other limit (as applicable)</div> | <div>Note: We also have a Sub Limit of 5% of Sum Insured Opted under 1. Hospitalization Cover on expenses related to administration of below medications or procedures:<br/>Hyaluronic acid, Remicade or similar medications<br/>Intra-articular/intra thecal or cortico-steroid injections, Immunotherapy/hormonal therapy.</div> <div>Details of Section Wise Deductible and Co-payment available under the product are mentioned below:</div> <table><tr><th rowspan="2">Name of the Benefit</th><th rowspan="2">Deductible allowed</th><th colspan="2">Deductible Amount</th><th rowspan="2">Co-Pay allowed</th><th colspan="2">% Co-payment</th></tr><tr><th>Min.</th><th>Max.</th><th>Min.</th><th>Max.</th></tr><tr><td>Section 1-Hospitalization Cover</td><td>Yes</td><td>2500</td><td>50,000</td><td>NA</td><td>NA</td><td>NA</td></tr><tr><td>Section 2 – Organ Donor Expenses</td><td>Yes</td><td>2500</td><td>50,000</td><td>NA</td><td>NA</td><td>NA</td></tr><tr><td>Section 3- Emergency Air Ambulance</td><td>Yes</td><td>2500</td><td>50,000</td><td>NA</td><td>NA</td><td>NA</td></tr><tr><td>Section 4- Worldwide Coverage</td><td>Yes</td><td>2500</td><td>50,000</td><td>NA</td><td>NA</td><td>NA</td></tr><tr><td>Section 5 - Maternity Benefit Wallet and New-Born Cover</td><td>Yes</td><td>2500</td><td>50,000</td><td>NA</td><td>NA</td><td>NA</td></tr><tr><td>Section 6 - Sum Insured Back Up</td><td>NA</td><td>NA</td><td>NA</td><td>NA</td><td>NA</td><td>NA</td></tr><tr><td>Section 7 - In built Personal Accident</td><td>NA</td><td>NA</td><td>NA</td><td>NA</td><td>NA</td><td>NA</td></tr><tr><td>Section 8 - AYUSH hospitalization</td><td>NA</td><td>NA</td><td>NA</td><td>NA</td><td>NA</td><td>NA</td></tr><tr><td colspan="7">Optional Covers</td></tr><tr><td>1. Consumables Cover:</td><td>NA</td><td>NA</td><td>NA</td><td>NA</td><td>NA</td><td>NA</td></tr><tr><td>2. Network Hospital Discount</td><td>NA</td><td>NA</td><td>NA</td><td>Yes</td><td>20%</td><td>20%</td></tr><tr><td>3. Pre-existing Disease/Specific Disease Waiting Period Modification</td><td>NA</td><td>NA</td><td>NA</td><td>NA</td><td>NA</td><td>NA</td></tr></table> | Name of the Benefit | Deductible allowed | Deductible Amount |              | Co-Pay allowed | % Co-payment |  | Min. | Max. | Min. | Max. | Section 1-Hospitalization Cover | Yes | 2500 | 50,000 | NA | NA | NA | Section 2 – Organ Donor Expenses | Yes | 2500 | 50,000 | NA | NA | NA | Section 3- Emergency Air Ambulance | Yes | 2500 | 50,000 | NA | NA | NA | Section 4- Worldwide Coverage | Yes | 2500 | 50,000 | NA | NA | NA | Section 5 - Maternity Benefit Wallet and New-Born Cover | Yes | 2500 | 50,000 | NA | NA | NA | Section 6 - Sum Insured Back Up | NA | NA | NA | NA | NA | NA | Section 7 - In built Personal Accident | NA | NA | NA | NA | NA | NA | Section 8 - AYUSH hospitalization | NA | NA | NA | NA | NA | NA | Optional Covers |  |  |  |  |  |  | 1. Consumables Cover: | NA | NA | NA | NA | NA | NA | 2. Network Hospital Discount | NA | NA | NA | Yes | 20% | 20% | 3. Pre-existing Disease/Specific Disease Waiting Period Modification | NA | NA | NA | NA | NA | NA |  |
|--|---|--|---------------------|--------------------|-------------------|--------------|----------------|--------------|--|------|------|------|------|---------------------------------|-----|------|--------|----|----|----|----------------------------------|-----|------|--------|----|----|----|------------------------------------|-----|------|--------|----|----|----|-------------------------------|-----|------|--------|----|----|----|---|-----|------|--------|----|----|----|---------------------------------|----|----|----|----|----|----|--|----|----|----|----|----|----|-----------------------------------|----|----|----|----|----|----|-----------------|--|--|--|--|--|--|-----------------------|----|----|----|----|----|----|------------------------------|----|----|----|-----|-----|-----|--|----|----|----|----|----|----|--|
| Name of the Benefit  | Deductible allowed  | Deductible Amount  |                     |                    | Co-Pay allowed    | % Co-payment |                |              |  |      |      |      |      |                                 |     |      |        |    |    |    |                                  |     |      |        |    |    |    |                                    |     |      |        |    |    |    |                               |     |      |        |    |    |    |   |     |      |        |    |    |    |                                 |    |    |    |    |    |    |  |    |    |    |    |    |    |                                   |    |    |    |    |    |    |                 |  |  |  |  |  |  |                       |    |    |    |    |    |    |                              |    |    |    |     |     |     |  |    |    |    |    |    |    |  |
|  |   | Min.   | Max.                | Min.               |                   | Max.         |                |              |  |      |      |      |      |                                 |     |      |        |    |    |    |                                  |     |      |        |    |    |    |                                    |     |      |        |    |    |    |                               |     |      |        |    |    |    |   |     |      |        |    |    |    |                                 |    |    |    |    |    |    |  |    |    |    |    |    |    |                                   |    |    |    |    |    |    |                 |  |  |  |  |  |  |                       |    |    |    |    |    |    |                              |    |    |    |     |     |     |  |    |    |    |    |    |    |  |
| Section 1-Hospitalization Cover                                      | Yes   | 2500   | 50,000              | NA                 | NA                | NA           |                |              |  |      |      |      |      |                                 |     |      |        |    |    |    |                                  |     |      |        |    |    |    |                                    |     |      |        |    |    |    |                               |     |      |        |    |    |    |   |     |      |        |    |    |    |                                 |    |    |    |    |    |    |  |    |    |    |    |    |    |                                   |    |    |    |    |    |    |                 |  |  |  |  |  |  |                       |    |    |    |    |    |    |                              |    |    |    |     |     |     |  |    |    |    |    |    |    |  |
| Section 2 – Organ Donor Expenses                                     | Yes   | 2500   | 50,000              | NA                 | NA                | NA           |                |              |  |      |      |      |      |                                 |     |      |        |    |    |    |                                  |     |      |        |    |    |    |                                    |     |      |        |    |    |    |                               |     |      |        |    |    |    |   |     |      |        |    |    |    |                                 |    |    |    |    |    |    |  |    |    |    |    |    |    |                                   |    |    |    |    |    |    |                 |  |  |  |  |  |  |                       |    |    |    |    |    |    |                              |    |    |    |     |     |     |  |    |    |    |    |    |    |  |
| Section 3- Emergency Air Ambulance                                   | Yes   | 2500   | 50,000              | NA                 | NA                | NA           |                |              |  |      |      |      |      |                                 |     |      |        |    |    |    |                                  |     |      |        |    |    |    |                                    |     |      |        |    |    |    |                               |     |      |        |    |    |    |   |     |      |        |    |    |    |                                 |    |    |    |    |    |    |  |    |    |    |    |    |    |                                   |    |    |    |    |    |    |                 |  |  |  |  |  |  |                       |    |    |    |    |    |    |                              |    |    |    |     |     |     |  |    |    |    |    |    |    |  |
| Section 4- Worldwide Coverage  | Yes   | 2500   | 50,000              | NA                 | NA                | NA           |                |              |  |      |      |      |      |                                 |     |      |        |    |    |    |                                  |     |      |        |    |    |    |                                    |     |      |        |    |    |    |                               |     |      |        |    |    |    |   |     |      |        |    |    |    |                                 |    |    |    |    |    |    |  |    |    |    |    |    |    |                                   |    |    |    |    |    |    |                 |  |  |  |  |  |  |                       |    |    |    |    |    |    |                              |    |    |    |     |     |     |  |    |    |    |    |    |    |  |
| Section 5 - Maternity Benefit Wallet and New-Born Cover              | Yes   | 2500   | 50,000              | NA                 | NA                | NA           |                |              |  |      |      |      |      |                                 |     |      |        |    |    |    |                                  |     |      |        |    |    |    |                                    |     |      |        |    |    |    |                               |     |      |        |    |    |    |   |     |      |        |    |    |    |                                 |    |    |    |    |    |    |  |    |    |    |    |    |    |                                   |    |    |    |    |    |    |                 |  |  |  |  |  |  |                       |    |    |    |    |    |    |                              |    |    |    |     |     |     |  |    |    |    |    |    |    |  |
| Section 6 - Sum Insured Back Up                                      | NA  | NA   | NA                  | NA                 | NA                | NA           |                |              |  |      |      |      |      |                                 |     |      |        |    |    |    |                                  |     |      |        |    |    |    |                                    |     |      |        |    |    |    |                               |     |      |        |    |    |    |   |     |      |        |    |    |    |                                 |    |    |    |    |    |    |  |    |    |    |    |    |    |                                   |    |    |    |    |    |    |                 |  |  |  |  |  |  |                       |    |    |    |    |    |    |                              |    |    |    |     |     |     |  |    |    |    |    |    |    |  |
| Section 7 - In built Personal Accident                               | NA  | NA   | NA                  | NA                 | NA                | NA           |                |              |  |      |      |      |      |                                 |     |      |        |    |    |    |                                  |     |      |        |    |    |    |                                    |     |      |        |    |    |    |                               |     |      |        |    |    |    |   |     |      |        |    |    |    |                                 |    |    |    |    |    |    |  |    |    |    |    |    |    |                                   |    |    |    |    |    |    |                 |  |  |  |  |  |  |                       |    |    |    |    |    |    |                              |    |    |    |     |     |     |  |    |    |    |    |    |    |  |
| Section 8 - AYUSH hospitalization                                    | NA  | NA   | NA                  | NA                 | NA                | NA           |                |              |  |      |      |      |      |                                 |     |      |        |    |    |    |                                  |     |      |        |    |    |    |                                    |     |      |        |    |    |    |                               |     |      |        |    |    |    |   |     |      |        |    |    |    |                                 |    |    |    |    |    |    |  |    |    |    |    |    |    |                                   |    |    |    |    |    |    |                 |  |  |  |  |  |  |                       |    |    |    |    |    |    |                              |    |    |    |     |     |     |  |    |    |    |    |    |    |  |
| Optional Covers  |   |  |                     |                    |                   |              |                |              |  |      |      |      |      |                                 |     |      |        |    |    |    |                                  |     |      |        |    |    |    |                                    |     |      |        |    |    |    |                               |     |      |        |    |    |    |   |     |      |        |    |    |    |                                 |    |    |    |    |    |    |  |    |    |    |    |    |    |                                   |    |    |    |    |    |    |                 |  |  |  |  |  |  |                       |    |    |    |    |    |    |                              |    |    |    |     |     |     |  |    |    |    |    |    |    |  |
| 1. Consumables Cover:  | NA  | NA   | NA                  | NA                 | NA                | NA           |                |              |  |      |      |      |      |                                 |     |      |        |    |    |    |                                  |     |      |        |    |    |    |                                    |     |      |        |    |    |    |                               |     |      |        |    |    |    |   |     |      |        |    |    |    |                                 |    |    |    |    |    |    |  |    |    |    |    |    |    |                                   |    |    |    |    |    |    |                 |  |  |  |  |  |  |                       |    |    |    |    |    |    |                              |    |    |    |     |     |     |  |    |    |    |    |    |    |  |
| 2. Network Hospital Discount   | NA  | NA   | NA                  | Yes                | 20%               | 20%          |                |              |  |      |      |      |      |                                 |     |      |        |    |    |    |                                  |     |      |        |    |    |    |                                    |     |      |        |    |    |    |                               |     |      |        |    |    |    |   |     |      |        |    |    |    |                                 |    |    |    |    |    |    |  |    |    |    |    |    |    |                                   |    |    |    |    |    |    |                 |  |  |  |  |  |  |                       |    |    |    |    |    |    |                              |    |    |    |     |     |     |  |    |    |    |    |    |    |  |
| 3. Pre-existing Disease/Specific Disease Waiting Period Modification | NA  | NA   | NA                  | NA                 | NA                | NA           |                |              |  |      |      |      |      |                                 |     |      |        |    |    |    |                                  |     |      |        |    |    |    |                                    |     |      |        |    |    |    |                               |     |      |        |    |    |    |   |     |      |        |    |    |    |                                 |    |    |    |    |    |    |  |    |    |    |    |    |    |                                   |    |    |    |    |    |    |                 |  |  |  |  |  |  |                       |    |    |    |    |    |    |                              |    |    |    |     |     |     |  |    |    |    |    |    |    |  |
| 9  | Claims/Claims Procedure   | <div>Claims Notification and Procedure</div> <div>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:</div> <div>A. Cashless Claim Process:</div>  | E.II.23             |                    |                   |              |                |              |  |      |      |      |      |                                 |     |      |        |    |    |    |                                  |     |      |        |    |    |    |                                    |     |      |        |    |    |    |                               |     |      |        |    |    |    |   |     |      |        |    |    |    |                                 |    |    |    |    |    |    |  |    |    |    |    |    |    |                                   |    |    |    |    |    |    |                 |  |  |  |  |  |  |                       |    |    |    |    |    |    |                              |    |    |    |     |     |     |  |    |    |    |    |    |    |  |

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|  |  | <p>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:</p> <ol style="list-style-type: none"> <li>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.</li> <li>2. For Cashless Facility You shall follow the below Procedure: <ol style="list-style-type: none"> <li>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.</li> <li>b. Submit Duly filled &amp; Signed Pre-Authorization Form to the Hospital Counter.</li> <li>c. Ensure that the Hospital shares the Duly filled &amp; Signed Pre-Authorization Form to Service Provider / Third Party Administrator (TPA) for further Processing.</li> <li>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.</li> <li>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.</li> <li>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.</li> <li>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.</li> </ol> </li> </ol> <p><b>B. Reimbursement Claim Process:</b></p> <p>Reimbursement Facility can be availed from any hospital within India (except for Section 5 – Worldwide coverage where treatment can be taken outside 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> <ol style="list-style-type: none"> <li>1. We or Our Service Provider / Third Party Administrator (TPA) should be intimated within 48 hours of date of admission.</li> <li>2. For Reimbursement Claim You shall follow the below Procedure: <ol style="list-style-type: none"> <li>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.</li> <li>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.</li> </ol> </li> </ol> |  |
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- 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.
- 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. "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.
- e. In case of Your Death, We shall reimburse the claim amount to Your Nominee as named in Your Policy Schedule or Your Legal representative holding a valid succession certificate.

| Sr. No | List of Documents / Information   | Hospitalization Claim | Personal Accident |
|--------|---|-----------------------|-------------------|
| 1      | Duly Filled and Signed Claim form   | √                     | √                 |
| 2      | Discharge Summary   | √                     | ×                 |
| 3      | Medical Records<br>(Optional Documents may be asked on need basis:<br>Indoor case papers, OT notes, PAC notes etc.) | √                     | ×                 |
| 4      | Original Hospital Main Bill   | √                     | ×                 |
| 5      | Original Hospital Bill Break Up   | √                     | ×                 |
| 6      | Original payment receipt  |                       |                   |
| 7      | Original Pharmacy Bills   | √                     | ×                 |
| 8      | Prescriptions for the Medicines purchased (except hospital supply) and investigations done outside the Hospital     | √                     | ×                 |
| 9      | Consultation Papers   | √                     | ×                 |
| 10     | Investigation Reports   | √                     | ×                 |
| 11     | Digital Images/CDs of the Investigation Procedures (if required)  | √                     | ×                 |
| 12     | MLC/FIR Report (If applicable)  | √                     | ×                 |
| 13     | Original Invoice/Sticker (If applicable)  | √                     | ×                 |
| 14     | Post Mortem Report (If applicable)  | √                     | √                 |
| 15     | Disability Certificate (If applicable)  | √                     | ×                 |

|    |  |  |        |   |   |   |    |                                   |   |   |    |   |   |   |    |                                   |   |   |    |                    |   |   |    |  |   |   |    |  |   |   |    |   |   |   |    |                                      |   |   |    |               |  |  |    |                                    |   |   |  |
|----|--|--|--------|---|---|---|----|-----------------------------------|---|---|----|---|---|---|----|-----------------------------------|---|---|----|--------------------|---|---|----|--|---|---|----|--|---|---|----|---|---|---|----|--------------------------------------|---|---|----|---------------|--|--|----|------------------------------------|---|---|--|
|    |  | <table> <tr><td>16</td><td>Attending Physician Certificate (If applicable)</td><td>√</td><td>×</td></tr> <tr><td>17</td><td>Ante-natal Record (If applicable)</td><td>√</td><td>×</td></tr> <tr><td>18</td><td>Birth discharge Summary (If applicable)</td><td>√</td><td>×</td></tr> <tr><td>19</td><td>Death Certificate (If applicable)</td><td>√</td><td>√</td></tr> <tr><td>20</td><td>Burial Certificate</td><td>×</td><td>√</td></tr> <tr><td>21</td><td>Attested Copy of Statement of Witness, if any lodged with police authorities</td><td>×</td><td>√</td></tr> <tr><td>22</td><td>Attested Copy of FIR / Panchnama / Inquest Panchnama</td><td>×</td><td>√</td></tr> <tr><td>23</td><td>Attested Copy of Viscera report if any (Only if Post-mortem is conducted)</td><td>×</td><td>√</td></tr> <tr><td>24</td><td>*KYC (Photo ID card) (If applicable)</td><td>√</td><td>√</td></tr> <tr><td>25</td><td>Address Proof</td><td></td><td></td></tr> <tr><td>26</td><td>Bank Details with Cancelled Cheque</td><td>√</td><td>√</td></tr> </table> <p><b>Note:</b> 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.</p> | 16     | Attending Physician Certificate (If applicable) | √ | × | 17 | Ante-natal Record (If applicable) | √ | × | 18 | Birth discharge Summary (If applicable) | √ | × | 19 | Death Certificate (If applicable) | √ | √ | 20 | Burial Certificate | × | √ | 21 | Attested Copy of Statement of Witness, if any lodged with police authorities | × | √ | 22 | Attested Copy of FIR / Panchnama / Inquest Panchnama | × | √ | 23 | Attested Copy of Viscera report if any (Only if Post-mortem is conducted) | × | √ | 24 | *KYC (Photo ID card) (If applicable) | √ | √ | 25 | Address Proof |  |  | 26 | Bank Details with Cancelled Cheque | √ | √ |  |
| 16 | Attending Physician Certificate (If applicable)                              | √  | ×      |   |   |   |    |                                   |   |   |    |   |   |   |    |                                   |   |   |    |                    |   |   |    |  |   |   |    |  |   |   |    |   |   |   |    |                                      |   |   |    |               |  |  |    |                                    |   |   |  |
| 17 | Ante-natal Record (If applicable)  | √  | ×      |   |   |   |    |                                   |   |   |    |   |   |   |    |                                   |   |   |    |                    |   |   |    |  |   |   |    |  |   |   |    |   |   |   |    |                                      |   |   |    |               |  |  |    |                                    |   |   |  |
| 18 | Birth discharge Summary (If applicable)                                      | √  | ×      |   |   |   |    |                                   |   |   |    |   |   |   |    |                                   |   |   |    |                    |   |   |    |  |   |   |    |  |   |   |    |   |   |   |    |                                      |   |   |    |               |  |  |    |                                    |   |   |  |
| 19 | Death Certificate (If applicable)  | √  | √      |   |   |   |    |                                   |   |   |    |   |   |   |    |                                   |   |   |    |                    |   |   |    |  |   |   |    |  |   |   |    |   |   |   |    |                                      |   |   |    |               |  |  |    |                                    |   |   |  |
| 20 | Burial Certificate   | ×  | √      |   |   |   |    |                                   |   |   |    |   |   |   |    |                                   |   |   |    |                    |   |   |    |  |   |   |    |  |   |   |    |   |   |   |    |                                      |   |   |    |               |  |  |    |                                    |   |   |  |
| 21 | Attested Copy of Statement of Witness, if any lodged with police authorities | ×  | √      |   |   |   |    |                                   |   |   |    |   |   |   |    |                                   |   |   |    |                    |   |   |    |  |   |   |    |  |   |   |    |   |   |   |    |                                      |   |   |    |               |  |  |    |                                    |   |   |  |
| 22 | Attested Copy of FIR / Panchnama / Inquest Panchnama                         | ×  | √      |   |   |   |    |                                   |   |   |    |   |   |   |    |                                   |   |   |    |                    |   |   |    |  |   |   |    |  |   |   |    |   |   |   |    |                                      |   |   |    |               |  |  |    |                                    |   |   |  |
| 23 | Attested Copy of Viscera report if any (Only if Post-mortem is conducted)    | ×  | √      |   |   |   |    |                                   |   |   |    |   |   |   |    |                                   |   |   |    |                    |   |   |    |  |   |   |    |  |   |   |    |   |   |   |    |                                      |   |   |    |               |  |  |    |                                    |   |   |  |
| 24 | *KYC (Photo ID card) (If applicable)   | √  | √      |   |   |   |    |                                   |   |   |    |   |   |   |    |                                   |   |   |    |                    |   |   |    |  |   |   |    |  |   |   |    |   |   |   |    |                                      |   |   |    |               |  |  |    |                                    |   |   |  |
| 25 | Address Proof  |  |        |   |   |   |    |                                   |   |   |    |   |   |   |    |                                   |   |   |    |                    |   |   |    |  |   |   |    |  |   |   |    |   |   |   |    |                                      |   |   |    |               |  |  |    |                                    |   |   |  |
| 26 | Bank Details with Cancelled Cheque   | √  | √      |   |   |   |    |                                   |   |   |    |   |   |   |    |                                   |   |   |    |                    |   |   |    |  |   |   |    |  |   |   |    |   |   |   |    |                                      |   |   |    |               |  |  |    |                                    |   |   |  |
| 10 | Policy Servicing   | <p><b><u>Call Centre Details of the Insurer</u></b><br/> Toll Free: 1800-258- 4242<br/> Email: <a href="mailto:healthclaims@godigit.com">healthclaims@godigit.com</a><br/> 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><br/> Website: <a href="https://www.godigit.com">https://www.godigit.com</a></p> <p><b><u>Details of Company Officials:</u></b> NA<br/> 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.17 |   |   |   |    |                                   |   |   |    |   |   |   |    |                                   |   |   |    |                    |   |   |    |  |   |   |    |  |   |   |    |   |   |   |    |                                      |   |   |    |               |  |  |    |                                    |   |   |  |
| 11 | Grievance s/Complaints   | <p><b><u>Customer Grievance Redressal Policy</u></b><br/> In case of any grievance the insured person may contact the company through<br/> Website: <a href="https://www.godigit.com">https://www.godigit.com</a><br/> Toll Free: 1-800-258- 4242<br/> Email: <a href="mailto:hello@godigit.com">hello@godigit.com</a></p>   | E.I.17 |   |   |   |    |                                   |   |   |    |   |   |   |    |                                   |   |   |    |                    |   |   |    |  |   |   |    |  |   |   |    |   |   |   |    |                                      |   |   |    |               |  |  |    |                                    |   |   |  |



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|    |                         | <p>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></p> <p>Insured person may also approach the grievance cell at any of the company's branches with the details of grievance</p> <p>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></p> <p>For updated details of grievance officer, kindly refer the link: Click Here <a href="https://www.godigit.com/claim/grievance-redressal-procedure">https://www.godigit.com/claim/grievance-redressal-procedure</a></p> <p>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</p> <p>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>  |       |
| 11 | Things you need to know | <p><b><u>Free Look Period</u></b></p> <p>You may cancel the insurance policy if you do not want it, within 15 days from the beginning of the policy. This period is for 30 days in case of policy online.</p> <p>The Free Look Period shall be applicable on new individual health insurance policies and not on renewals or at the time of porting/migrating the policy.</p> <p>The insured person shall be allowed free look period of fifteen days from date of receipt of the policy document to review the terms and conditions of the policy, and to return the same if not acceptable. If the insured has not made any claim during the Free Look Period, the insured shall be entitled to</p> <ul style="list-style-type: none"> <li>i. a refund of the premium paid less any expenses incurred by the Company on medical examination of the insured person and the stamp duty charges or</li> <li>ii. where the risk has already commenced and the option of return of the policy is exercised by the insured person, a deduction towards the proportionate risk premium for period of cover or</li> <li>iii. Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period;</li> </ul> <p>Please note KYC documents (Photo ID card) shall be required at the premium refund to the Insured Member exceeds a threshold limit of Rs. 1 Lakhs per premium refund</p> <p><b><u>Policy Renewal</u></b></p> | E.I.9 |

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|  | <p>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><br/>In case of Indemnity based Insurance sections:</p> <p>a. 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.</p> <p>b. 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.</p> <p>c. The Acquiring insurer shall decide and communicate on the proposal immediately but not more than 5 days of receipt of information from Existing insurer.</p> <p>d. 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.</p> <p><b><u>Migration</u></b><br/>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.<br/>The insurer may underwrite the proposal in case of migration, if the insured is not continuously covered for 36 months.</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></p> | <p>E.I.15</p> <p>E.I.16</p> |
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|    |                  |   |       |
|----|------------------|---|-------|
|    |                  | <p>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-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.</p> | E.I.7 |
| 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>  |       |