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.*

Sl No	Title	Description	Policy Clause Number
1	Name of Insurance Product/ Policy	**Digit Top-Up Policy** **(UIN: GODHLIP24056V012324)** • **Silver Top Up** • **Gold Super Top Up** • **Diamond Super Top Up** • **Platinum Super Top Up** • **Flex Plan**	
2	Policy number	Please refer Your Policy Schedule	
3	Type of Insurance Product/ Policy	**Both Indemnity and Benefit Basis** **<u>On Indemnity Basis:</u>** Section 1. Hospitalization Cover 1.1. In-Patient Hospitalization 1.2. Day Care Procedures 1.3. Pre-Hospitalization Expenses 1.4. Post-Hospitalization Expenses 1.5. Road Ambulance 1.6. Bariatric Surgery 1.7. Psychiatric Illness Section 3. Organ Donor Expenses Section 4. Home (Domiciliary) Hospitalization Section 5. Emergency Air Ambulance Section 8. Network Hospital Discount **Optional Covers on Indemnity Basis** 1. Ayush Hospitalization 2. Consumable Cover	**C. Benefit Covered under the Policy** **I. Base Coverage** **II. Optional Covers**

		5. Bariatric Surgery Limit Booster 6. Psychiatric illness Sub Limit **<u>On Benefit Basis</u>** Section 2. Long Hospitalization Cash Benefit Section 6. Personal Accident Section 7. Critical Illness Benefit	
4	Sum Insured (Basis) (Along with amount)	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. • Individual Sum Insured -Where each member has a separate sum insured under the policy), • Floater Sum Insured-Where all members under the policy have a single sum insured limit which may be utilised by any or all members. Sum Insured Amount available under Your policy will be as per amount mentioned in Your Policy Schedule.	NA
5	Policy Coverage (What am I covered for?) (Policy Clause Number/s)	**Please find the below detailed of all coverages available under the Product.** **Coverages available under Your Policy will be as mentioned in Your policy schedule.** **There are 8 Sections and 4 Optional Covers under this product. Detailed Coverages are listed below.** **<u>SECTION 1. HOSPITALIZATION COVER</u>** Under this section, **We** will pay You for the following as specified on the policy document, subject to **Deductible**. **Deductible** is a cost sharing requirement under this policy that provides that the **Company** will not be liable for a specified rupee amount of the covered expenses, which will apply before any benefits are payable by the **Company**. A **Deductible** does not reduce the **Sum Insured**. Under this policy, the **Deductible** will be applicable in aggregate/per claim (as per plan opted by You). **1.1. <u>In-Patient Hospitalization</u>** 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,** subject to the **Deductible** as mentioned in **Policy Schedule**. The claim can be made under the following benefits as mentioned below:	C.I. Section 1

Accommodation/Room Rent	Room Rent & Proportionate deduction: Insured Person is eligible for Room Rent category of up to Single Standard Private AC Room. In case of admission to a room exceeding the aforesaid category, the reimbursement/ payment of Room Rent charges including all Associated Medical Expenses incurred at Hospital shall be affected in the same proportion as the admissible rate per day bears to the actual rate per day of Room Rent charges except for the cost of medicines and consumables. This condition is not applicable in respect of Hospitals where differential billing for associated Medical Expenses is not followed based on Room Rent.
ICU	Intensive Care Unit
Professional Fees	Fees for treatment by specialists, physicians, nurses, surgeons and anaesthetists.
Medication	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.
Diagnostic	Necessary Procedures such as x-rays, pathology, brain and body scans (MRI, CT scans) Etc. used to make a diagnosis for treatment.
Theatre Fees	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 Procedures

Note - This is NOT OPD: Treatment normally taken on an out-patient basis (OPD) 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:

a) 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 **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:

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- 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 maximum of Sum Insured limit mentioned in the Policy Schedule against this cover and 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) ≥ 40 kg/m2)];
   - Class II Obesity- (Body Mass Index (BMI) 35-39.9 kg/m2) 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 Policy 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** 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.

b) For treating Drug-Induced Obesity, for Severe Untreated Hormonal Imbalance, Psychiatric and Eating Disorders-Induced Obesity.

1.7. <u>Psychiatric Illness</u>

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) Waiting period for this cover for the below mentioned ICD codes shall be as per the '"**Specific Waiting Period**'" stated in **Your Policy 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

c) 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.
d) **Hospitalization** under this benefit shall be subject to prior approval from **Us**, except in cases of emergencies.

SECTION 2. LONG HOSPITALIZATION CASH BENEFIT — C.I. Section 2

If **You** are Hospitalized for a minimum number of consecutive days as mentioned in the **Policy Schedule** against this Section, **We** will give **You** a lump sum amount as mentioned in the **Policy Schedule**. Provided that:

a) We have accepted a claim under **Section 1.1. In-Patient Hospitalization,** 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, co-payment, limitations and exclusions mentioned in the **Policy**.

SECTION 3: ORGAN DONOR EXPENSES — C.I. Section 3

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 Policy 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 4 - 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, any kind of rehabilitation or therapy or counselling related to 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.	C.I. Section 4

		SECTION 5. 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. 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. **Conditions applicable to Emergency Air Ambulance** 1. Expenses incurred in return transportation to Insured Person's home by air ambulance is excluded. 2. The **Insured Person** should be in India when the emergency life threatening health condition arises. 3. The Air ambulance services will be limited within India only and NOT overseas in any condition whatsoever. 4. For cases where transportation to the hospital is possible through road ambulance then claim should not be admissible under this section unless it is prescribed by Medical Practitioner. **5.** Prior approval should be taken from **Us** for availing Air Ambulance Services. This Cover is subject to terms, conditions, **Deductible**, co-payment, limitations and exclusions mentioned in the **Policy.** **SECTION 6. PERSONAL ACCIDENT** If **You** sustain 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:**, 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 5 C.I. Section 6

		b. Drowning: 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. 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.** 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. 2. Once a claim has been accepted under this Section, this **Policy** will immediately and automatically cease in respect of that Particular **Insured Person**. This Cover is subject to terms, conditions, limitations and exclusions mentioned in the **Policy**. **<u>SECTION 7. CRITICAL ILLNESS BENEFIT</u>** If **You** have opted for this Cover, **We** will pay You the **Sum Insured** as mentioned in **Your Policy Schedule** against this Section, in case **You** are diagnosed as suffering from any of the Critical Illnesses or undergoing covered Surgical Procedures as specified below Provided that, a) This Critical illness 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 30 days 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 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, Cover under this Section shall cease and no further payment will be made for any consequent disease or any dependent disease. f) 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. g) Once a claim has been accepted under this Section, this section will immediately and automatically cease in respect of that Particular **Insured Person**. This Cover is subject to terms, conditions, limitations and exclusions mentioned in the **Policy**.	C.I. Section 7

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	**Malignancy**	Cancer of Specified Severity
2	**Cardiovascular system**	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	**Major Organ Transplant**	End Stage Lung Failure
8		End Stage Liver Failure
9		Kidney Failure Requiring Regular Dialysis
10		Major Organ/ Bone Marrow Transplant
11	**Nervous System**	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 8 - NETWORK HOSPITAL DISCOUNT
(Applicable under Section 1 Hospitalization Cover)

If **You** have opted for this 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.

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

S.No.	Optional Covers	Section Admissibility
1	AYUSH Hospitalization	Section 1- Hospitalization Cover
2	Consumables Cover	Section 1- Hospitalization Cover
3	Bariatric Surgery Limit Booster	Section 1- Hospitalization Cover
4	Psychiatric Illness Sub-Limit	Section 1 – Hospitalization Cover

Optional Covers

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**.

C.II Optional Covers

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

1) AYUSH HOSPITALIZATION

If **You** have opted for this optional cover and on payment of additional premium, **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** as mentioned in Your **Policy Schedule** against **Section 1. Hospitalization Cover**. This is paid provided that treatment has been undergone in an Ayush Hospital.

C.II.1

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

a) Outpatient **Medical Expenses**.

		b) All Preventive and Rejuvenation Treatments (non-curative in nature) including, without limitation, treatments that are not Medically Necessary. **Specific Conditions applicable to this cover**: 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 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). **2) <u>CONSUMABLES COVER</u>** 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: 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 Specific Exclusions section, 'Non-medical Expenses' as exclusion no. 25 will not be applicable if **You** have opted for this optional cover. **3) <u>BARIATRIC SURGERY LIMIT BOOSTER</u>** If **You** have opted for this optional cover then the **Sum Insured** as mentioned under section "1.6 Bariatric Surgery" cover shall stand modified upto the percentage as mentioned in **Policy Schedule**. **4) <u>PSYCHIATRIC ILLNESS SUB-LIMIT</u>** If **You** have opted for this optional cover then the **Sum Insured** as mentioned under section "1.7 Psychiatric Surgery" cover shall be limited upto the percentage as opted by You and mentioned in **Policy Schedule**. **<u>CUMULATIVE BONUS</u>** 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:	C.II.2 C.II.3 C.II.4 C.III

		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**. 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**. 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. 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. The **Cumulative Bonus** shall be applicable on an annual basis subject to continuation of the **Policy** with **Us**. 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. 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**. The **Cumulative Bonus** will be Calculated on the **Sum Insured** as opted by **You** under **Section 1. Hospitalization Cover.** ***Note: Cumulative bonus*** *opted at the inception of the first policy with us can't be changed during the* ***Policy Period*** *and subsequent renewals.*	
6	Exclusions (what the policy does not cover)	**I. <u>STANDARD EXCLUSIONS</u>** **1. Pre-Existing Diseases - Code- Excl01** **2. Specified disease/procedure waiting period- Code- Excl02** **3. 30-day waiting period/ Initial Waiting Period- Code- Excl03** **4. Investigation & Evaluation- Code- Excl04** **5. Rest Cure, rehabilitation and respite care- Code- Excl05** **6. Obesity/ Weight Control: Code- Excl06** **7. Change-of-Gender treatments: Code- Excl07** **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**	D.I Standard Exclusion

		15. Refractive Error: Code- Excl15 **16. Unproven Treatments: Code- Excl16** **17. Sterility and Infertility: Code- Excl17** **18. Maternity: Code Excl18** **II. <u>SPECIFIC EXCLUSIONS</u>** **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** **<u>SPECIFIC ONES (CAN'T BE WAIVED)</u>** **32. Ear, Eyesight & Optical Services** **33. Prosthetics and other devices** **34. Specific Treatments** **35. New Age Treatment** **36. Dental Treatment** **37. Non-Allopathic Treatment** **38. Organ Donor** **39. Weight loss Surgery** **40.** Any loss arising out of the **Insured Person**'s actual or attempted commission of or wilful participation in an illegal act or any violation or attempted violation of the law.	D.II Specific Exclusion
7	Waiting period • Time period during	**<u>Initial Waiting Period</u>** 30-day waiting period/ Initial Waiting Period- Code- Excl03 a. 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. b. This exclusion shall not, however, apply if the Insured Person has Continuous Coverage for more	**D.I.** 3. 30-day waiting period / Initial

	which specified diseases/ treatments are not covered. • It is counted from the beginning of the policy coverage.	than twelve months. c. The within referred waiting period is made applicable to the enhanced sum insured in the event of granting higher sum insured subsequently. d. The waiting period for Critical illness irrespective of plan opted shall be 30 days. e. List of critical illnesses in which this waiting period is applicable is mentioned below:	Waiting Period- Code-Excl03

Sr. No.	Category	Critical Illness
1	**Malignancy**	Cancer of Specified Severity
2	**Cardiovascular system**	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	**Major Organ Transplant**	End Stage Lung Failure
8		End Stage Liver Failure
9		Kidney Failure Requiring Regular Dialysis
10		Major Organ/ Bone Marrow Transplant
11	**Nervous System**	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

Specific Waiting Periods

Specified disease/procedure waiting period

a. 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.

D.I.
2. Specified disease/ procedure

b. In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
c. 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.
d. The waiting period for listed conditions shall apply even if contracted after the policy or declared and accepted without a specific exclusion.
e. 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.
f. List of specific diseases/procedures
   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

waiting period-Code-Excl02

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.

xv. **Chronic** Kidney disease and Chronic Kidney failure,

xvi. ischemic heart disease and Valvular heart diseases

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	30 days
Pre-existing Disease Waiting Period Options	0 months, 3 months, 6 months, 9 months, 1 Year, 2 Years, 3 Years, 4 Years
Specific Waiting period	0 months, 3 months, 6 months, 9 months, 1 Year, 2 years

D.I.
1. Pre-Existing Diseases - Code-Excl01

8 Financial limits of coverage

I. Sub-limit (It is a pre-

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)

defined limit and the insurance company will not pay any amount in excess of this limit).

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

SECTION 1-HOSPITALIZATION COVER	
1.1 In Patient Hospitalization	Upto Single Standard Private AC room
1.2 Day Care Procedures	NA
1.3 Pre-Hospitalization	NA
1.4 Post-Hospitalization	NA
1.5 Road Ambulance	Covered upto INR 5,000/10,000
1.6 Bariatric Surgery	5% of Sum Insured
1.7Psychiatric Illness	NA
SECTION 2 - Long Hospitalization	INR 10,000 with 10 days deductible
SECTION 3. Organ Donor Expenses	NA. However, donor's Pre and Post Hospitalization expenses up to 5% of the admissible harvesting expenses
SECTION 4 – Home (Domiciliary) Hospitalization	NA
SECTION 5. Emergency Air Ambulance	NA
SECTION 6. Personal Accident	NA
SECTION 7. Critical Illness Benefit	NA
SECTION8. Network Hospital Discount	NA
OPTIONAL COVERS	
AYUSH Hospitalization	NA
Consumables Cover	NA
Bariatric Surgery Limit Booster	20%/100% of Sum Insured
Psychiatric Illness Sub-Limit	5%/10% of Sum Insured

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

Name of the Benefit	Deductible allowed	Deductible Amount		Co-Pay allowed	% of Co-pay@	
		Min.	Max.		Min.	Max.
		Per claim	Per claim Basis –	Yes	0%	10%

	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)	**SECTION 1- HOSPITALIZATION COVER**	Yes	Basis – INR 1 Lakh Aggregate - INR 1 Lakh	INR 30 Lakhs Aggregate – INR 30 Lakhs					
		SECTION 2. LONG HOSPITALIZATION CASH BENEFIT	Yes	10 days	10 days	Yes	0%	10%		
		SECTION 3. ORGAN DONOR EXPENSES	Yes	Per claim Basis – INR 1 Lakh Aggregate - INR 1 Lakh	Per claim Basis – INR 30 Lakhs Aggregate – INR 30 Lakhs	Yes	0%	10%		
		SECTION 4. HOME(DOMICILIARY) HOSPITALIZATION	Yes	Per claim Basis – INR 1 Lakh Aggregate - INR 1 Lakh	Per claim Basis – INR 30 Lakhs Aggregate – INR 30 Lakhs	Yes	0%	10%		
		SECTION 5. EMERGENCY AIR AMBULANCE	Yes	Per claim Basis – INR 1 Lakh Aggregate - INR 1 Lakh	Per claim Basis – INR 30 Lakhs Aggregate – INR 30 Lakhs	Yes	0%	10%		
		SECTION 6. PERSONAL ACCIDENT	NA	NA	NA	NA	NA	NA		

		SECTION 7. CRITICAL ILLNESS BENEFIT	NA	NA	NA	NA	NA	NA		
		SECTION 8. NETWORK HOSPITAL DISCOUNT	NA	NA	NA	Yes	20%	20%		
		OPTIONAL COVER 1. AYUSH HOSPITALIZATION	NA	NA	NA	NA	NA	NA		
		OPTIONAL COVER 2. CONSUMABLE COVER	NA	NA	NA	NA	NA	NA		
		OPTIONAL COVER 3. BARIATRIC SURGERY LIMIT BOOSTER	NA	NA	NA	NA	NA	NA		
		OPTIONAL COVER 4. PSYCHIATRIC	NA	NA	NA	NA	NA	NA		

9	Claims/Claims Procedure	**Claims Notification and Procedure** **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:** **A. Cashless Claim Process:** 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: a. Share the Health Card/Copy of E-Cards along with ID Proof with the Hospital Authority & Obtain the Pre-Authorization Form from the Hospital. b. Submit Duly filled & Signed Pre-Authorization Form to the Hospital Counter. c. Ensure that the Hospital shares the Duly filled & Signed Pre-Authorization Form to Service Provider / Third Party Administrator (TPA) for further Processing. 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. 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	E.II.23

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.

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.

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.

B. Reimbursement Claim Process:

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:

Sr. No	List of Documents / Information	Hospitalization Claim	Personal Accident	Critical Illness
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 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	Postmortem Report (If applicable)	√	√	×	
		15	Disability Certificate (If applicable)	√	×	√	
		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	Proof of previous claims during the Policy Period	√	×	×	
		27	Bank Details with Cancelled Cheque	√	√	√	
		28	Any additional document on case-to-case basis	√	√		

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 may be considered where the reason for delay is proved to our satisfaction.

Insufficient Document

		We have tried to reduce the number of documents you need to share but we shall not be liable to pay any claim in case all the necessary mandatory documents as mentioned in Our claims process are not submitted to Us. *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, address and ID proof is required. **Network Hospitals details:** https://www.godigit.com/health-insurance/digit-cashless-network-hospitals-list **Helpline no.** - 1800-258- 4242 **Hospitals which are blacklisted or from where no claims will be accepted by insurer:** List of Non-Preferred Hospital https://www.godigit.com/health-insurance/digit-cashless-network-hospitals-list/non-preferred-hospitals **Downloading/getting claim form:** https://www.godigit.com/health-insurance/file-a-claim	
10	Policy Servicing	**Call Centre Details of the Insurer** Toll Free: 1800-258- 4242 Email: healthclaims@godigit.com Senior citizens can now contact us on 1-800-258-4242 or write to us at seniors@godigit.com Website: https://www.godigit.com **Details of Company Officials:** 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.	E.I.17
11	Grievances/Complaints	**Customer Grievance Redressal Policy** In case of any grievance the insured person may contact the company through Website: https://www.godigit.com Toll Free: 1-800-258- 4242 Email: hello@godigit.com Senior citizens can now contact us on 1-800-258-4242 or write to us at seniors@godigit.com Insured person may also approach the grievance cell at any of the company's branches with the details of grievance If Insured person is not satisfied with the redressal of grievance through one of the above methods, insured	E.I.17

		person may contact the grievance officer at grievance@godigit.com For updated details of grievance officer, kindly refer the link: Click Here https://d2h44aw7l5xdvz.cloudfront.net/claims/GRO-list.pdf 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- https://igms.irda.gov.in/ The contact details of the Insurance Ombudsman Centers are mentioned in the Policy Wordings.	
11	Things you need to know	**Free Look Period** 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. 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. 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 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 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 iii. Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period; 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 **Policy Renewal** 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. **Migration and Portability:**	E.I.9

		When your policy is due for renewal, you may migrate to another policy with us or port your policy to another insurer. **Portability** The insured person will have the option to port the policy to other insurers by applying to such insurer to port the entire policy along with all the members of the family, if any, at least 45 days before, but not earlier than 60 days from the policy renewal date as per IRDAI guidelines related to portability. If such person is presently covered and has been continuously covered without any lapses under any health insurance policy with an Indian General/Health insurer, the proposed insured person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on portability. For Detailed Guidelines on portability, kindly refer the link Click Here https://d2h44aw7l5xdvz.cloudfront.net/policyDocuments/Guidelines%20on%20Migration%20and%20Portability%20of%20health%20insurance%20policies.pdf **Migration** The insured person will have the option to migrate the policy to other health insurance products/plans offered by the company by applying for migration of the policy at least 30 days before the policy renewal date as per IRDAI guidelines on Migration. If such person is presently covered and has been continuously covered without any lapses under any health insurance product/plan offered by the company, the insured person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on migration. For Detailed Guidelines on migration, kindly refer the link Click Here https://d2h44aw7l5xdvz.cloudfront.net/policyDocuments/Guidelines%20on%20Migration%20and%20Portability%20of%20health%20insurance%20policies.pdf **Change in Sum Insured:** 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. **Moratorium Period** After completion of eight continuous years under the policy no look back to be applied. This period of eight years is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy and subsequently completion of 8 continuous years would be applicable from date of enhancement of sums insured only on the enhanced limits.	E.I.5 E.I.6 E.I.7

		After the expiry of Moratorium Period no health insurance claim shall be contestable except for proven fraud and permanent exclusions specified in the policy contract. The policies would however be subject to all limits, sub limits, co-payments, deductibles as per the policy contract.	
12	Your Obligations	Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may affect the claim settlement. Please Disclose any change in Material Information during the policy period. 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 tale informed decision in the context of underwriting the risk.	