DIGIT TOP-UP POLICY

PROSPECTUS

UIN: GODHLIP24056V012324

Go Digit General Insurance Ltd.

Go Digit General Insurance Ltd. ("Digit") is a new general insurance company being set up in India and is backed by Fairfax Financial Holdings Ltd. Fairfax is a large Canada based diversified financial services group engaged in General Insurance, Reinsurance and Investment management across more than 30 countries.

At Digit, our mission is to make Insurance products that are simple and transparent. For us, making Insurance simple translates into – Easy interface for customers to interact with us, Simple products, Simple and effective claims' process. Our goal is to offer products and services that customer really wants and back it by service, that we can be proud of. We have a team that brings in years of experience in Insurance and technology companies. We want to become a part of consumers' lives and enable them to live without worrying about uncertain future.

Product Introduction

At Digit, we understand that some things are just beyond our control as no one really plans to get sick or hurt, but most people need medical care at some point of time. Digit Health Insurance is designed not only to protect you from unexpected, high medical costs but also to reduce the financial burden on you, arising from such costs.

What is covered under Digit Health Insurance Policy?

The coverages under this policy is as mentioned below:

SECTION 1. HOSPITALIZATION COVER

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.

The Deductible is applicable in aggregate/per claim (as per plan opted by You).

1.1. In-Patient Hospitalization

Digit Simplification: ***Hospital days can be exhausting. We understand this. That's why, we strive to make your days comfortable. After all, you are at the hospital to recover. Our Hospitalisation Cover is one such ray of hope that makes your stay comfortable, so that you only focus on getting healthy!***

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:

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 ***when you require continuous monitoring or life support***

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

Digit Simplification: ***Technology has speed up healthcare. Get covered for treatments such as, shoulder dislocation, dialysis, etc. that are completed in a day. Say bye to hospital staff as soon as you get your treatment done! No more staying in the hospital overnight.***

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

Digit Simplification: ***There is so much to be taken care of before you get on the hospital bed. Doctors may recommend various tests and medication such as X-rays, CT scans, MRI scans, involving consultation fees for physicians, etc. We cover these expenses for the period mentioned in your Policy Schedule. So that you have a smooth treatment without looking into your pocket!***

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

Digit Simplification: After treatment, do nothing but rest & recover. There are certain expenses that are incurred after discharge relating to the said hospitalization such as follow-up treatments, medical consultations, diagnostic tests, medication, etc. Don't worry! These expenses are covered for the period mentioned in your policy schedule.

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

Digit Simplification: Get reimbursed for the expenses of road ambulance, in case of emergency hospitalization.

Please note: The benefit of this cover is not included in case you plan your hospitalisation in advance. (It's only available in case of emergency hospitalizations.)

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

Digit Simplification: Obesity may be the root cause of so many health issues. We absolutely understand this, and cover for Bariatric Surgery when it is medically necessary and advised by your doctor. However, we DO NOT cover if hospitalisation for this treatment is for cosmetic reasons.

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. Psychiatric Illness

Digit Simplification: ***Never ignore your mental health. Just breathe. Because we're here to cover you for expenses related to psychiatric disorders and illnesses.***

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

Digit Simplification: ***Hospitalised for more than 10 days? Well, it can be exhausting, we understand. As a token of our care, we provide a lump sum amount of ₹10,000 on the completion of 10th day of your hospitalization to help you ease the burden.***

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

Digit Simplification: ***Your organ donor gets covered in your policy. We also take care of the pre and post hospitalization expenses of the donor. Organ donating is one of the kindest deeds ever and we thought to ourselves, why not be a part of it!***

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

Digit Simplification: Hospitals can go out of beds, or the patient's condition may be rough to get admitted in a hospital. Don't panic! We cover you for the medical expenses even if you get treatment at home.

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.

SECTION 5. EMERGENCY AIR AMBULANCE

Digit Simplification: There may be emergency life-threatening health conditions which may require immediate transportation to hospital. We absolutely understand this and reimburse for expenses incurred for your transportation to a hospital in airplane or helicopter.

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

Digit Simplification: Some accidents can result in one's death within 12 months from date of Accident. In such cases, we pay 100% of the sum insured to the nominee.

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.
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.

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.
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 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.

Digit Simplification: If later, it is found that the insured person is still alive, then all the money that was paid by us will have to be repaid to us in full.

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.

Digit Simplification: This policy will no longer exist for the insured person for whom the claim was made under Accidental death.

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

SECTION 7. CRITICAL ILLNESS BENEFIT

Digit Simplification: Digit Simplification: God forbid if you get diagnosed with a serious illness such as cancer or brain tumour for the first time, this coverage will provide you with a lump sum amount to help pay your treatment expenses.

P.S. – This coverage is only for the proposer. In case the proposer is not insured then the eldest member of the family will be covered under this section, ensuring that the necessary support is extended to your loved ones when they need it the most.

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.

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)

Digit Simplification: Well, if you choose to be treated at our Network hospital, we have something for you. A discount! Add this cover for a discount on your policy!

Please note: After opting this cover, if you get treatment in a hospital that does not fall under our network hospitals, you'll be liable to pay a percentage of amount [Co-pay] as mentioned in your policy schedule.

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.

SECTION 9 - AYUSH HOSPITALIZATION (Mandatory In-Built cover in Section-1 Hospitalization Cover)

Digit Simplification: Natural treatment has its own power! That is why, we cover your hospitalization expenses when you choose a registered AYUSH Hospital.

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.
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.
c) **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).

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

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

1) CONSUMABLES COVER

(Applicable under Section 1 Hospitalization Cover)

Digit Simplification: ***Before, during & after hospitalization, there are many other medical aids & expenditures such as walking aids, crepe bandages, belts, etc., which needs your pocket's attention... This cover takes care of these expenses that are otherwise excluded from the policy.***

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.

2) BARIATRIC SURGERY LIMIT BOOSTER

Digit Simplification: ***Your policy already covers you for 5% of your Sum Insured (SI) for Bariatric surgery. But by paying just a little extra premium for this optional cover, you can boost this limit to 20% or even 100% of your SI.***

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.

3) PSYCHIATRIC ILLNESS SUB-LIMIT

Digit Simplification: ***If you are certain that you will not be diagnosed with a psychiatric illness, then this optional cover is for you! It allows you to choose a limit of either 5% or 10% of your Sum Insured specifically for this condition.***

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.

II. CUMULATIVE BONUS

Digit Simplification: ***No claims in the Policy year? You get a bonus - an additional amount in your total sum-insured for staying healthy & claim free!***

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.

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.
5. The Cumulative Bonus shall be applicable on an annual basis subject to continuation of the Policy with Us.
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.
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.
8. 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.

PLEASE NOTE THE BELOW CONDITION AT THE TIME OF OPTING COVERAGES:

1. Both Individual and Floater Options are available
2. Cumulative Bonus is applicable only for Section 1.
3. Separate Sum Insured will be available for Section 2,6 and Section 7.
4. Section 3, Section 4 and Section 5 Sum Insured will be linked with Sum Insured of Section 1 – Hospitalization Cover.
5. Family Definition
   a) Self, Spouse, Dependent Children, Grand Children, Parents, Sister, Brother, Father-in-Law, Mother In Law, Aunt, Uncle, can be covered on Individual Sum Insured Basis.
   b) Self, Spouse, Children & Grand Children can be covered under floater option. Member with the highest age will considered for calculating Premium in floater option.

What are the exclusions under Digit Top-Up Policy?

I. STANDARD EXCLUSIONS

Digit Simplification: We have always been transparent. Time to discuss what you're not covered for or when you do not get a claim.

We shall not be liable to make any claim payment under this Policy caused by, based on, arising out of or howsoever attributable to any of the following unless specifically agreed and mentioned elsewhere in the Policy Schedule:

1. Pre-Existing Diseases - Code- Excl01

Digit Simplification: The pre-existing disease or condition that you disclosed, and we accepted before issuing the policy has a waiting period. This waiting period is based on the plan chosen by you and mentioned in your Policy Schedule.

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 per plan 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.
   Digit Simplification: For instance, if you opt for ₹ 3,00,000 sum-insured at the start of your policy and after 2 years increases it to ₹ 5,00,000. Then, waiting period will be applicable on the enhanced sum-insured i.e., ₹ 2,00,000.
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.

2. **Specified disease/procedure waiting period- Code- Excl02**

Digit Simplification: There are certain disease or procedures which has a specific waiting period as per plan opted by You.

a. Expenses related to the treatment of the listed Conditions, surgeries/treatments shall be excluded until the expiry of number of months, as per plan 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.

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

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

3. **Initial Waiting Period- Code- Excl03**

Digit Simplification – You need to wait for a defined period from the first day of your policy to get covered for treatment related to any non-accidental illness.

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 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:

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

4. Investigation & Evaluation- Code- Excl04

Digit Simplification: You are not covered in case you get hospitalised only for investigation and evaluation purposes.

a. Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded.
b. Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded

5. Rest Cure, rehabilitation and respite care- Code- Excl05

Digit Simplification: If you get hospitalised only for the purpose of bed rest and not to receive treatment, you do not get covered.

a. Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:

i. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons.
ii. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.

except to the extent covered under **Section 4 - Home (Domiciliary) Hospitalization** if opted by **You**.

6. **Obesity/ Weight Control: Code- Excl06**

Digit Simplification: Surgery related to weight loss is not covered until and unless it is advised by your doctor and is totally on medical grounds. Any surgery done just to enhance your outer appearance is not covered.

Expenses related to the surgical treatment of obesity that does not fulfil all the below conditions:

1) Surgery to be conducted is upon the advice of the Doctor
2) The surgery/Procedure conducted should be supported by clinical protocols
3) The member has to be 18 years of age or older and
4) Body Mass Index (BMI);
   a) greater than or equal to 40 or
   b) greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss:
      i. Obesity-related cardiomyopathy
      ii. Coronary heart disease
      iii. Severe Sleep Apnoea
      iv. Uncontrolled Type2 Diabetes

7. **Change-of-Gender treatments: Code- Excl07**

Digit Simplification: Medical expenses related to treatment for changing characteristics of the body in order to change one's gender is not covered under your policy.

Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex.

8. **Cosmetic or plastic Surgery: Code- Excl08**

Digit Simplification: You are covered for plastic surgery only if it is medically necessary due to Accident, Burn or Cancer.

Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) or Cancer or as part of medically necessary treatment to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner.

9. **Hazardous or Adventure sports: Code- Excl09**

Digit Simplification: You are covered for hazardous or adventure sports only if you are not a professional in this field and have met with an accident under the supervision of a trained personnel.

Expenses related to any treatment necessitated due to participation as a professional in hazardous or adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving.
However, You would be covered if you participate in a non-professional capacity for any recreational sport which may be under the supervision of a trained professional.

10. **Breach of law: Code- Excl10**

Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.

11. Excluded Providers: Code- Excl11

Digit Simplification – Any claim reported from non-preferred hospital will not be considered. Please refer here for the list of the non-preferred hospitals:
https://d2h44aw7l5xdvz.cloudfront.net/policyDocuments/hospital-list-one-pager.pdf

Expenses incurred towards treatment in any hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer and disclosed in its website / notified to the policyholders are not admissible. However, in case of life-threatening situations or following an accident, expenses up to the stage of stabilization are payable but not the complete claim.

12. Substance Abuse – Code- Excl12-

Digit Simplification – Any illness or injury arising while under the influence of drinking alcohol, taking drugs or any other type of addictive substance will not be covered.

Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof.

13. Domestic Treatment- Code- Excl13-

Digit Simplification – Any treatment taken at a place which qualifies as a domestic treatment such as in spas, nature cure clinics etc, is not covered in your policy.

Treatments received in heath hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons.

14. Non-prescribed Medicine – Code- Excl14 –

Digit Simplification – Medicines and supplements such as vitamins, organic substances, minerals etc. which can be bought without doctor's prescription are not covered. P.S. – These are only covered if they're part of your hospitalization claim and prescribed by the doctor.

Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a medical practitioner as part of hospitalization claim or day care procedure.

15. Refractive Error: Code- Excl15

Digit Simplification – Only surgery for Refractive error more than 7.5 dioptres will be covered but expenses toward Implantable collamer lens will not be payable.

Expenses related to the treatment for correction of eyesight due to refractive error less than 7.5 dioptres.

16. Unproven Treatments: Code- Excl16

Digit Simplification: Any treatment which is not approved/authorized by Medical Council of India or any other regulatory body within India is not covered.

Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.

17. Sterility and Infertility: Code- Excl17

Digit Simplification: Any treatment or medical expenses arising from Sterility or Infertility (a condition where a person is not able to produce offspring) is not covered.

Expenses related to sterility and infertility. This includes:

i. Any type of contraception, sterilization

ii. Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
iii. Gestational Surrogacy
iv. Reversal of sterilization

18. Maternity: Code Excl18

i. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy;
ii. Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period.

II. SPECIFIC EXCLUSIONS

19. Artificial Life Maintenance

Digit Simplification: Your policy does not cover Artificial Life Maintenance. This refers to ventilator support given to an individual who is in a vegetative state with an irreversible condition due to permanent damage.

Artificial Life Maintenance, including life support machine used, where such treatment is used to maintain the Insured/Patient in a vegetative state. However, expenses up to the date of confirmation by the treating doctor that the patient is in vegetative state shall be covered as per the terms and conditions of the Policy.

20. Suicide and Self-Injury

Digit Simplification: We do not cover for hospitalisation arising due to intentionally harming yourself. Stay safe! Remember, there is always help available. Suicide is not the solution.

We do not cover treatment arising from or contributed or aggravated or accelerated by any of the following:

a. Suicide or attempted suicide, while sane or insane, or due to use, misuse or abuse of narcotic or intoxicating drugs or alcohol or solvent
b. Intentional self-injury
c. Use or consumption of narcotic or intoxicating drugs or alcohol or solvent, or taking of drugs (except under the direction of a Medical Practitioner)

21. Circumcision, Aesthetic reasons

Digit Simplification – Aesthetic surgeries that are done to alter ones physical appearance not due to any illness but to enhance ones beauty or physical appeal are not covered.

a. Circumcision unless necessary for the treatment of a disease or necessitated by an Accident;
b. Treatment for alopecia, baldness, wigs, or toupees and all treatment related to the same.
c. Aesthetic Surgeries of any description.

22. External Congenital Anomaly

Digit Simplification – Any condition that is since birth and is visible externally is not covered.

Screening, Counselling or treatment related to external Congenital Anomaly.

23. Geographical Limits

This Policy covers all treatments received within India. However, based on the plan opted, the Geographical limits will be extended to places outside India. Our liability will be to make Payment in Indian Rupees Only.

24. Defence Operation

We will not pay any claim under this Policy, whilst You are Involved in naval, military, air force operation

25. Non-Medical Expenses

Digit Simplification – Expenses incurred on personal comfort during and related to hospitalisation as mentioned in Annexure A are covered only if the optional cover "Consumables Cover" is opted.

Items of personal comfort and convenience including but not limited to television (wherever specifically charged for), charges for access to telephone and telephone calls, internet, foodstuffs (except patient's diet), cosmetics, hygiene articles, body care products and bath additive, barber or beauty service, guest service as well as similar incidental services and supplies including but not limited to charges for admission, discharge, administration, registration, documentation and filing. (Please refer Annexure A provided in the policy document or visit our website for complete list of non-medical items)

26. Preventive Treatment

Digit Simplification – Any treatment/therapy for example vaccination given to prevent any possible condition is not covered.

We do not cover inoculations, vaccinations, or other treatment, for example drugs or Surgery, which aims to prevent a disease or Illness except:

a. For an active vaccination for dog or animal bite;

27. Spectacles, Hearing aids & other Expenses

Provision or fitting of hearing aids, spectacles or contact lenses including optometric therapy, any treatment and associated expenses for alopecia, baldness, wigs, or toupees, medical supplies including elastic stockings, diabetic test strips, and similar products.

28. Unjustified or Unwarranted Hospitalization

Digit Simplification – Hospitalisation only for investigations, diagnosis is not covered.

Admission solely for Physiotherapy, evaluation, investigations, diagnosis or observation service unless a claim is accepted under **Section1 – Hospitalization Cover.**

29. War and hazardous substances

We do not cover treatment directly or indirectly arising from or required as a consequence of:

War, invasion, acts of foreign enemy hostilities (whether or not War is declared), civil war, rebellion, revolution, insurrection or military or usurped power, mutiny, riot, strike, martial law or state of siege, attempted overthrow of Government or any acts of terrorism.

Chemical contamination or contamination by radioactivity from any nuclear material whatsoever or from the combustion of nuclear fuel.

30. Legal Liability

Digit Simplification – Any legal expenses incurred due to any fault or error at hospital's end is not covered.

Any Legal Liability due to any errors or omission or representation or consequences of any action taken on the part of any Hospital or Medical Practitioner.

31. Substance abuse and Addictions by the Insured

Digit Simplification – Any expenses incurred on the hospitalisation caused due to the influence of substances such as drugs, alcohol etc. are not covered.

a. Expenses incurred for the treatment of any Illness or accidental Injury caused due to:
   (i) Use/misuse/abuse of Alcohol, opioids or nicotine or drugs (whether prescribed or not) by the Insured unless associated with Psychiatric Illness.
   (ii) Withdrawal and de-addiction treatment taken by the Insured.

b. Any claim in respect of Cancer of Oral, Oropharynx and respiratory system is specifically excluded in cases where Insured is a tobacco user.

SPECIFIC ONES (CAN'T BE WAIVED)

32.Ear, Eyesight & Optical Services

a) We do not cover treatment for Correction of refractive errors of the eye including but not limited to short-sight or long-sight, such as glasses, contact lenses or laser eyesight correction Surgery
b) We do not cover Femto Laser Procedure and multifocal lenses.
c) Our Maximum Liability in respect of Cochlear Implant Procedure will be restricted to 50% of the Sum Insured opted under **Section 1. Hospitalization Cover**

33.Prosthetics and other devices

Digit Simplification – Expenses related to supporting devices such as wheelchair, artificial limbs etc. which can be removed and can be reusable are not covered.

Prosthetics and other devices NOT implanted internally by surgery.

34.Specific Treatments

1. We will not pay for expenses related to administration of below medications or procedures in excess of 5% of Sum Insured opted under **Section 1. Hospitalization Cover**:
   a. Hyaluronic acid, Remicade or similar medications
   b. Intra-articular/intra thecal or cortico-steroid injections.
2. We will not pay for expenses related to administration of medications or procedures including but not limited to expense related to:
   a. Predictive Genome testing
      Digit Simplification - The tests that confirm only the possibility of severity of disease is not covered.

35. New Age Treatment

Digit Simplification - New age treatments such as Oral Chemotherapy, Stem Cell Therapy etc. can be covered only upto 50% of the Sum Insured.

Our Maximum Liability in respect of the following procedures or new age treatments will be covered (wherever medically indicated) either as in patient or as part of day care treatment in a hospital up to 50% of Sum Insured opted under Section **1. Hospitalization Cover**:

A. Uterine Artery Embolization and HIFU (High intensity focused ultrasound)
B. Balloon Sinuplasty
C. Deep Brain stimulation
D. Oral chemotherapy
E. Immunotherapy – Monoclonal Antibody to be given as injection
F. Intra vitreal injections
G. Robotic surgeries
H. Stereotactic radio surgeries
I. Bronchial Thermoplasty
J. Vaporisation of the prostrate (Green laser treatment or holmium laser treatment)
K. IONM – (Intra Operative Neuro Monitoring)
L. Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditions to be covered.

36.Dental Treatment

Digit Simplification: We only cover for the dental treatment expenses if you require hospitalisation due to accident.

Treatment, procedures and preventive, diagnostic, restorative, cosmetic services related to disease, disorder and conditions related to natural teeth and Gingiva, unless requiring Hospitalisation due to Accident**.**

37.Organ Donor

The Expenses incurred by You on organ donation, except for those covered under **SECTION 3. ORGAN DONOR EXPENSES.**

38. Weight loss Surgery

Digit Simplification: Any treatment that is related to your Bariatric Surgery is not covered unless covered under Section 1 – Hospitalization Cover.

We do not cover treatment that is directly or indirectly related to:
Bariatric Surgery (weight loss Surgery), such as gastric banding or a gastric bypass, or the removal of surplus or fat tissue, unless You have specifically opted for **SECTION 1. Hospitalization Cover** which covers Bariatric Surgery.

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.

What are the Minimum & Maximum Entry age for Adults & Children?

Below is the Minimum & Maximum Entry age for Adults & Children:

Type	Entry Age	Minimum	Maximum
Hospitalization Cover	Proposer	18yrs	No Limit
	Child**	91days	No Limit
	Adult Insured	18yrs	No Limit

*there is no age limit for renewals, however policy will be terminated in case of claim settlement.

**Maximum limit on child entry age is not required. However, someone who is financially independent should not be covered as child and should buy their own policy.

What is the minimum and maximum policy period available under this policy?

The Policy Period Options are 1 Year, 2 Years and 3 Years.

What are the Sum Insured options under this Policy?

Below mentioned are the Section wise Minimum and Maximum Sum Insured options available under this Policy**:**

Section Details	Sum Insured (INR)	
	Minimum	Maximum
Section 1 - Hospitalization Cover	3,00,000	100,00,000
Section 2 – Long Hospitalization Cash Benefit	10,000	10,000
Section 3 – Organ Donor Expenses	3,00,000	100,00,000
Section 4 - Home (Domiciliary) Hospitalization	3,00,000	100,00,000
Section 5- Emergency Air Ambulance	3,00,000	100,00,000
Section 6 – In-Built Personal Accident	1,00,000	100,00,000
Section 7 - Critical Illness Benefit	1,00,000	100,00,000
Section 8 - Network Hospital Discount	-	-
Section 9 - AYUSH Hospitalization (Mandatory In-Built cover in Section-1 Hospitalization Cover)	3,00,000	100,00,000
OPTIONAL COVERS		
1. Consumable Covers	3,00,000	100,00,000
2. Bariatric Surgery Limit Booster	NA	NA
3. Psychiatric Illness Sub-limit	NA	NA

How much premium, I have to pay to buy this policy?

You can contact us either through our call center or on our website or based on submission of complete proposal form, we will let you know the premium details

What are the waiting period and survival periods under this Policy?

There are various options for Waiting Period. You can choose the option of Your Choice:

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,
Specific Waiting period	0 months, 3 months, 6 months, 9 months, 1 Year, 2 years

Are there any Sub-Limits under this Policy?

Yes, Section wise Sub-Limits are as mentioned below:

Note: We also have a Sub Limit of 5% of Sum Insured Opted under Section 1. Hospitalization Cover on expenses related to administration of below medications or procedures:

a. Hyaluronic acid, Remicade or similar medications

b. Intra-articular/intra thecal or cortico-steroid injections, Immunotherapy/hormonal therapy.

Section Details	Sub Limits (Options)
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. Inbuilt Personal Accident	NA
SECTION 7. Critical Illness Benefit	NA
SECTION 8. Network Hospital Discount	NA
SECTION 9. AYUSH Hospitalization (Mandatory In-Built cover in Section-1 Hospitalization Cover)	NA
OPTIONAL COVERS	
Consumables Cover	NA
Bariatric Surgery Limit Booster	20%/100% of Sum Insured
Psychiatric Illness Sub-Limit	5%/10% of Sum Insured

What are the Deductible/Co-payments under this Policy?

There are various Deductible/Co-payment options available under this Policy as mentioned below:

Deductible:

Sl. No.	Name of the Cover or Plan or Option or Add-on or Rider	Amount of Deductible @		%of Deductible @	
		Minimum	Maximum	Minimum	Maximum
	Section 1-Hospitalization Cover	Per claim Basis – INR 1 Lakh	Per claim Basis – INR 30 Lakhs	NA	
		Aggregate - INR 1 Lakh	Aggregate – INR 30 Lakhs		
	Section 2 – Long Hospitalization Cash Benefit	10 Days	10 Days	NA	

	Section 3- Organ Donor Expenses	Per claim Basis – INR 1 Lakh	Per claim Basis – INR 30 Lakhs	NA
		Aggregate - INR 1 Lakh	Aggregate – INR 30 Lakhs	
	Section 4- Home (Domiciliary) Hospitalization	Per claim Basis – INR 1 Lakh	Per claim Basis – INR 30 Lakhs	NA
		Aggregate - INR 1 Lakh	Aggregate – INR 30 Lakhs	
	Section 5 – Emergency Air Ambulance	Per claim Basis – INR 1 Lakh	Per claim Basis – INR 30 Lakhs	NA
		Aggregate - INR 1 Lakh	Aggregate – INR 30 Lakhs	
	Section 6 - In built Personal Accident	NA	NA	NA
	Section 7 – Critical Illness Benefit	NA	NA	NA
	Section 8 - Network Hospital Discount	NA	NA	NA
	Section 9 – AYUSH Hospitalization	NA	NA	NA

Co-payment:

Sl. No.	Name of the Cover or Plan or Option or Rider or Addon	Amount of Co-pay@		% of Co-pay@	
		Minimum	Maximum	Minimum	Maximum
	Co-payment applicable to overall policy			0%	10%
	Network Hospital Discount (Co-pay will be applicable if treatment is taken in non-network hospital)	-	-	20%	20%

Do I need to go undergo any medical test and who will bear the costs?

Based on the Proposal Form shared by You, we will advise if any medical tests are required. For all proposals accepted by US, We will bear the costs of pre-policy medical check-ups.

What are the discount/loadings available under this Policy?

Discounts/Loadings available under this Policy, are as below:

1. **Long-Term Discount:** For 2 Years Policy: 7% & For 3 Years Policy: 10%. This Discount shall not be applicable in case of instalment premium.
2. **Digit Loyalty Discount:** 5% discount will be offered on the policy premium, if the proposer has been a digit customer under both active and expired policy in any line of business. This discount will only be applicable at the time of enrolment.
3. **Good Health Discount:** 5% discount will be offered on the Policy premium, if the insured declares himself as a healthy person and follow good health practices which may include but not limited to no Smoking/Tobacco, regular exercise, eating healthy diet and monitoring diet regularly. This discount will be applicable at the time of enrolment as well as at subsequent renewals.
4. **Credit Score Discount:** 5% discount will be offered on the policy premium to the proposer with credit score above 750. In case the proposer is not an insured member, then Credit Score discount shall not be extended. This discount will be applicable at the time of enrolment as well as at subsequent renewals.
5. **Corporate Discount:** 5% discount will be offered on policy premium, if proposer is already enrolled under their Company's GMC (Group Medi Claim) policy. This discount will only be applicable at the time of enrolment.
6. **Early Renewal Discount:** 5% discount will be offered on Renewal premium, if proposer/Insured renews the policy at least 7 days prior to the Policy Expiry Date. This discount will only be applicable

at the time of renewals**.**

7. **Family Discount:** In case of an individual policy, if 2 persons are insured under a single policy then 5% discount and if more than 2 persons are insured under a single policy then 10% discount will be offered on Policy premium. This discount will be applicable at the time of enrolment as well as at subsequent renewals.
8. **Network Hospital Discount:** 10% discount will be offered on premium, if insured opts for hospitalization in Network Hospitals only. This discount will be applicable at the time of enrolment as well as at subsequent renewals.

Capping of 15% is applicable for all discounts including Network Hospital Discount, Credit Score Discount, Good health Discount, Digit Loyalty Discount, Corporate Discount, Early Renewal Discount.

Is there any provision to enhance the Sum Insured under this Policy?

i. Sum Insured enhancement can be done only at the time of renewal. You need to submit fresh proposal for Sum Insured Enhancement.
ii. The acceptance of enhancement of Sum Insured would be at Our discretion, based on the health condition of the insured members & claim history of the policy.
iii. All waiting periods as defined in the Policy shall apply for this enhanced Sum Insured from the effective date of enhancement of such Sum Insured considering such Policy Period as the first Policy with the Company.

Can I Change my Plan during the mid-term of the Policy?

No, mid-term change of plan is not allowed.

What are the renewal conditions under this Policy?

i. The policy shall ordinarily be renewable except on grounds of fraud, misrepresentation by the insured person.
ii. The Company shall endeavour to give notice for renewal. However, the Company is not under obligation to give any notice for renewal.
iii. Renewal shall not be denied on the ground that the insured person had made a claim or claims in the preceding policy years.
iv. Request for renewal along with requisite premium shall be received by the Company before the end of the policy period.
v. At the end of the policy period, the policy shall terminate and can be renewed within the Grace Period of 30 days to maintain continuity of benefits without break in policy. Coverage is not available during the grace period.
vi. No loading shall apply on renewals based on individual claims experience.
vii. No fresh underwriting unless there is an increase in sum insured.
viii. If the policy is renewed during grace period, all the credits (sum insured, No Claim Bonus, Specific Waiting periods, waiting periods for pre-existing diseases, Moratorium period etc.) accrued under the policy shall be protected and shall be applicable for both Indemnity based and Benefit based sections.

What are benefits if I renew this Policy?

- For Claim Free Renewals, Cumulative bonus opted at the inception of the first policy with us can't be changed during the policy period and subsequent renewals. Details of each are as given below:
- **Cumulative Bonus:**
    i. 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.
    ii. We will be offering multiple options for Cumulative Bonus to the Insured to choose from. These options are:
    iii. Cumulative Bonus of 5%/10%/50% can be accrued each policy period up to a maximum of 100%.

In case a person enjoying Cumulative Bonus, makes a claim in a year, his cumulative Bonus will decrease by the same percentage, it increases each year.

What are the cancellation terms under this Policy?

A. Cancellation by You

You may cancel your policy at any time during the term, by giving 7 days notice to us in writing. We shall

i. Refund proportionate premium for unexpired policy period, if the term of policy is upto one year and there is no claim (s) made during the policy period.

ii. Refund premium for the unexpired policy period, in respect of policies with term more than 1 year and risk coverage for such policy years has not commenced.

B. Cancellation By Company

The Company may cancel the policy at any time on grounds of misrepresentation non- disclosure of material facts, fraud by the insured person by giving 7 days' written notice. There would be no refund of premium on cancellation on grounds of misrepresentation, non- disclosure of material facts or fraud.

C. In case of Death of Insured Person

i. **Individual Policy**

In case, no claim has been made, and termination takes place on account of death of the insured person, We shall refund proportionate premium for unexpired policy period, subject to the terms and conditions of the Policy.There will be no change in premium for other family members covered under the policy for the remaining duration of the policy.

ii. **Family Floater Policy.**

In case of death of Insured Family Member, cover shall continue for the remaining family members till the end of Policy Period. Provided no claim has been made, revised premium would be calculated basis new family composition and revised premium would be calculated on proportionate basis for unexpired policy, subject to the terms and conditions of the Policy. Difference between proportionate premium of new family composition with old family composition shall be considered for refund.

Free Look Period

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 thirty 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;
iv. The request received for cancellation of the policy during free look period shall be processed and the premium shall be refunded within 7 days of receipt of such request.

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.

What benefits are available if I transfer(renew) my policy from some other insurer to this Policy?

Continuity Benefits

We will grant continuity of benefits which were available to the Insured Members under a health

insurance policy which provides same coverage in the immediately preceding Cover Year provided that:

i. We shall be liable to provide continuity of only those benefits (for e.g.: Initial wait period, wait period of Specific Diseases pre-existing disease etc) which are applicable under this Policy;

ii. Any other wait period that is applicable specific to this policy but was permanently excluded in the previous policy will not be given any credit.

Portability

In case of Indemnity based Insurance sections:

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.

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) https://iib.gov.in/ portal.

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.

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

Migration

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.

The insurer may underwrite the proposal in case of migration, if the insured is not continuously covered for 36 months**.**

Will I be informed about any revision or modification made to this Policy?

The Company, with prior approval of IRDAI, may revise or modify the terms of the policy including the premium rates. The insured person shall be notified three months before the changes are effected.

What happens to my policy in case this Product is withdrawn?

i. In the likelihood of this product being withdrawn in future, the company will intimate the insured person about the same 90 days prior to expiry of the Policy.

ii. Insured Person will have the option to migrate to similar health insurance product available with the Company at the time of renewal with all the accrued continuity benefits such as cumulative bonus, waiver of waiting period, as per IRDAI guidelines, provided the policy has been maintained without a break

Can I pay premium in instalments and what are the term and conditions related to this?

If the insured person has opted for Payment of Premium on an instalment basis i.e. Half Yearly, Quarterly or Monthly, as mentioned in the policy Schedule/Certificate of Insurance, the following Conditions shall apply (notwithstanding any terms contrary elsewhere in the policy)

1. The grace period for payment of the premium for all types of insurance policies shall be: fifteen days where premium payment mode is monthly and thirty days in all other cases.
2. During such Grace Period, Coverage will not be available from the instalment premium payment due date till the date of receipt of premium by company.
3. The insured person will get the accrued continuity benefit in respect of the "Waiting Periods", "Specific Waiting Periods" in the event of payment of premium within the stipulated grace Period.
4. No interest will be charged If the instalment premium is not paid on due date.
5. In case of instalment premium due not received within the Grace Period the Policy will get Cancelled
6. In the event of a claim, all subsequent premium instalments shall immediately become due and payable
7. The company has the right to recover and deduct all the pending instalments from the claim amount due under the policy.

How do I make a claim under the Policy and what are the documents required?

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 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:

1. We or Our Service Provider / Third Party Administrator (TPA) should be intimated within 48 hours of date of admission.
2. For Reimbursement Claim You shall follow the below Procedure:
   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.
   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.
   “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.

   In case of Your Death, We shall pay 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	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	Post Mortem 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

What should I do in case of any grievance?

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 person may contact the grievance officer at grievance@godigit.com
For updated details of grievance officer, kindly refer the link:
https://www.godigit.com/claim/grievance-redressal-procedure

Detailed list of ombudsman will be available at https://www.cioins.co.in/Ombudsman which may amend from time to time.
Grievance may also be lodged at IRDAI Integrated Grievance Management System- https://irdai.gov.in/igms1

INSURANCE ACT 1938 SECTION 41- Prohibition of Rebates

No person shall allow or offer to allow either directly or indirectly, as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectus or tables of the insurer.
ANY PERSON MAKING FAULT IN COMPLYING WITH THE PROVISIONS OF THIS SECTION SHALL BE PUNISHABLE WITH FINE WHICH MAY EXTEND TO TEN LAKHS RUPEES.

IMPORTANT NOTE: Above is a summary of Coverage and Exclusions, please refer to detailed Policy Terms & Conditions and Policy Schedule for full description which shall prevail in the event of any claim/complaint/dispute.

Disclaimer: The description mentioned under "Digit Simplification" / "Examples" / throughout the Insurance Policy is only to aid your understanding of the coverage / benefit offered. In case of dispute, the terms and conditions detailed in the policy document and policy schedule shall prevail.

Go Digit General Insurance Ltd, A Company incorporated under Indian Companies Act, 2013 and licensed by Insurance Regulatory and Development Authority of India [IRDAI] vide Reg No. 158, Corporate Identification Number U66010PN2016PLC167410, Reg. Address Atlantis, 95, 4th B Cross Road, Koramangala Industrial Layout, 5th Block, Bengaluru 560095. Website: www.godigit.com Toll free no. 1800 258 4242

Plan Chart:

Sections	Coverages	Silver Top Up	Gold Super Top Up	Diamond Super Top Up	Platinum Super Top Up	Flex Plan*
Base Coverages						
I	**Hospitalization Cover**					
1.1	In patient hospitalization	Upto Single Standard Private AC Room	Upto Single Standard Private AC Room	Upto Single Standard Private AC Room	Upto Single Standard Private AC Room	Upto Single Standard Private AC Room
1.2	Day Care Procedures	Upto the Sum Insured	Upto the Sum Insured	Upto the Sum Insured	Upto the Sum Insured	Upto the Sum Insured
1.3	Pre-Hospitalization	30 days	30 days	30 days	60 days	30 days/60 days
1.4	Post Hospitalization	60 days	60 days	60 days	90 days	60 days/90 days
1.5	Road Ambulance	Covered upto INR 5,000	Covered upto INR 5,000	Covered upto INR 10,000	Covered upto INR 10,000	Covered upto INR 5,000/10,000
1.6	Bariatric Surgery	Covered upto 5% of Sum Insured	Covered upto 5% of Sum Insured	Covered upto 5% of Sum Insured	Covered upto 5% of Sum Insured	Covered upto 5% of Sum Insured
1.7	Psychiatric Illness	Upto Sum Insured	Upto Sum Insured	Upto Sum Insured	Upto Sum Insured	Upto Sum Insured
2	Long Hospitalization	Not Covered	Not Covered	Not Covered	Not Covered	Not covered/ (INR 10,000 with 10 days deductible)
3	Organ Donor Expenses	Not Covered	Not Covered	Covered upto 100% of SI	Covered upto 100% of SI	Not covered/100% of Sum Insured
4	Home (Domiciliary Hospitalization)	Not Covered	Not Covered	Not Covered	Not Covered	Not covered/ 100% of Sum Insured
5	Emergency Air Ambulance	Not Covered	Not Covered	Not Covered	Not Covered	Not Covered/ 100% of Sum Insured
6	In-built Personal Accident	Not Covered	Not Covered	Not Covered	Not Covered	Not covered/ Upto Sum Insured
7	Critical Illness Benefit	Not Covered	Not Covered	Not Covered	Not Covered	Not covered/ Upto Sum Insured
8	Network Hospital Discount	Not Covered	Not Covered	Not Covered	Not Covered	Covered/Not Covered
9	AYUSH Hospitalization (Mandatory In-Built cover in Section-1 Hospitalization Cover)	Upto the Sum Insured	Upto the Sum Insured	Upto the Sum Insured	Upto the Sum Insured	Upto the Sum Insured
Optional Coverage						

1	Consumables Cover	Upto the Sum Insured	Upto the Sum Insured	Upto the Sum Insured	Upto the Sum Insured	Upto the Sum Insured
2	Bariatric Surgery Limit Booster	20% of Sum Insured/ 100% of Sum Insured	20% of Sum Insured/ 100% of Sum Insured	20% of Sum Insured/ 100% of Sum Insured	20% of Top up SI/ 100% of SI	20% of Top up SI/ 100% of SI
3	Psychiatric Illness Sub-Limit	5%/ 10% of Sum Insured	5%/ 10% of Sum Insured	5%/ 10% of Sum Insured	5%/ 10% of Sum Insured	5%/ 10% of Sum Insured
Other Features						
1	Cumulative Bonus	Not Covered	Not Covered	5% per claim free year, Max 100%	10% per claim free year, Max 100%	Not Covered/ (5% max 100%), (10% max 100%), (50% max 100%)
2	Initial Waiting Period	30 days	30 days	30 days	30 days	30 days
3	Specific Disease Waiting period	2 Years	2 Years	2 Years	2 Years	2 Years/ 1 year/9/6/3/0 months
4	Pre-existing Waiting Period	3 Years	3 Years	3 Years	3 Years	3 Years/2 years/1 year/9/6/3/0 months
5	Co-Payment	0%	0%	0%	0%	0%, 5%, 10%

Note:

"Silver Top Up" Plan is available on per claims deductible basis, while other plans (ie. Gold Super Top up, Diamond Super Top Up and Platinum Super Top Up) are available on aggregate claims deductible basis.

Silver Top Up, Gold Super Top up, Diamond Super Top Up and Platinum Super Top Up Plans are fixed plans and no changes in coverage provided under the plans are allowed.

*Flex plan is not a fixed plan and can be customized as per customer's requirement. Options available in Flex Plan are mentioned in the table and customer can choose from the option(s) provided under the said plan.

Flex Plan can be opted on per claims deductible basis or on aggregate claims deductible basis.

Benefit illustration
Digit Top-Up Policy

Premium Illustration representing how the prices would vary for different family composition according to different age groups and policy types is mentioned below:

Plan Name	Platinum Super Top Up			
Family Composition	2A+1C			
Sum Insured	1,00,00,000			
Deductible	10,00,000			
Policy Type	Floater	Individual		Ratio
Age of the members insured	Consolidated Premium for all members of the family	Premium	Consolidated Premium for all members of the family	
18	3,120	1,011	3,865	81%
38		1,642		
43		1,642		

Plan Name	Platinum Super Top Up			
Family Composition	2A			
Sum Insured	1,00,00,000			
Deductible	10,00,000			
Policy Type	Floater	Individual		Ratio
Age of the members insured	Consolidated Premium for all members of the family	Premium	Consolidated Premium for all members of the family	
62	10,953	7,302	13,873	79%
65		7,302		

Plan Name	Gold Super Top Up			
Family Composition	2A+1C			
Sum Insured	3,00,000			
Deductible	1,00,000			
Policy Type	Floater	Individual		Ratio
Age of the members insured	Consolidated Premium for all members of the family	Premium	Consolidated Premium for all members of the family	
18	10,460	4,176	12,472	84%
31		4,176		
36		5,505		

Plan Name	Gold Super Top Up			
Family Composition	2A			
Sum Insured	3,00,000			
Deductible	1,00,000			
Policy Type	Floater	Individual		Ratio
Age of the members insured	Consolidated Premium for all members of the family	Premium	Consolidated Premium for all members of the family	
62	20,842	13,895	26,400	79%
65		13,895		

Note:

Premium figures are for Digit Top-Up Policy (UIN: _____) containing features which are typically opted for by our website customers. Premium rates specified in the above illustration shall be standard premium rates without considering any loading. Also, the premium rates shall be exclusive of taxes applicable.

Rate Chart (Excluding GST)

As per attached Annexure 1