

## CUSTOMER INFORMATION SHEET

**NOTE: This is a quick snapshot/summary of your policy details. Please go through the policy terms & conditions document (detailed Sections are explained there) and policy schedule for full understanding. In case of any conflict, details and terms & conditions mentioned in policy schedule and policy document shall prevail. For your ease of reference, corresponding section/clause numbers of Policy wordings are indicated in brackets.**

1. NAME OF INSURANCE PRODUCT – Arogya Sanjeevani Policy, Go Digit (UIN: GODHLIP24179V022324)
2. POLICY NUMBER - (<>>)
3. TYPE OF INSURANCE PRODUCT – Indemnity Basis

### DETAILS OF YOUR COVERAGE

#### 4. SUM INSURED BASIS

Individual Sum Insured / Floater Sum Insured

<<Sum insured amount details for proposer and other lives covered with name, age, gender details>>

#### 5. POLICY COVERAGE (Refer “C.I. Coverage” of Policy Wordings)

The covers listed below are inbuilt Policy benefits and shall be available to all Insured Persons in accordance with the procedures set out in this Policy.

##### **1. Hospitalization (Indemnity Cover)**

We cover medical expenses incurred for Hospitalization of the Insured Person during the Policy year, up to the Sum Insured and Cumulative Bonus specified in the policy schedule

(Please note - Admission in Hospital need to be beyond 24 hrs in case of Hospitalization Cover)

##### **1.1. Other Expenses**

- i. Expenses Incurred on treatment of cataract subject to the sub limits
- ii. Dental treatment, necessitated due to disease or injury
- iii. Plastic surgery necessitated due to disease or injury
- iv. All day care treatments
- v. Expenses incurred on road Ambulance subject to a maximum of Rs.2000/- per hospitalisation.

##### **2. Ayush Treatment** – Your policy covers in-patient treatment under Ayurveda, Unani, Siddha, or Homeopathy at certified AYUSH hospitals.

##### **3. Cataract Treatment** – Medical expenses incurred for treatment of Cataract, subject to a limit of 25% of Sum Insured or Rs.40,000/-, whichever is lower, per each eye in one policy year.

##### **4. Pre-Hospitalization** - Covers expenses incurred 30 days before hospitalization

##### **5. Post-Hospitalization** - Covers expenses incurred 60 days post hospitalization.

##### **6.** The following procedures will be covered (wherever medically indicated) either as in patient or as part of day care treatment in a hospital up to 50% of Sum Insured, specified in the policy schedule, during the policy period:

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 prostate (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

##### **7.** The expenses that are not covered in this policy are placed under List-I of Annexure-A of policy wordings. The list of expenses that are to be subsumed into room charges, or procedure charges or costs of treatment are placed under List-II, List-III and List-IV of Annexure-A of policy wordings respectively.

### **Cumulative Bonus** (Refer “C. II. Cumulative Bonus” of Policy Wordings)

Details of Cumulative Bonus<>>

**6. EXCLUSIONS (Refer "D. Exclusions" of Policy Wordings)**

**I. Standard Exclusions**

1. Pre-Existing Diseases - Code- Excl01	10. Breach of law: Code- Excl10
2. Specified disease/procedure waiting period- Code- Excl02	11. Excluded Providers: Code- Excl11
3. 30-day waiting period/ Initial Waiting Period- Code- Excl03	12. Substance Abuse – Code- Excl12
4. Investigation & Evaluation- Code- Excl04	13. Domestic Treatment- Code- Excl13
5. Rest Cure, rehabilitation and respite care- Code- Excl05	14. Non-prescribed Medicine – Code- Excl14
6. Obesity/ Weight Control: Code- Excl06	15. Refractive Error: Code- Excl15
7. Change-of-Gender treatments: Code- Excl07	16. Unproven Treatments: Code- Excl16
8. Cosmetic or plastic Surgery: Code- Excl08	17. Sterility and Infertility: Code- Excl17
9. Hazardous or Adventure sports: Code- Excl09	18. Maternity: Code Excl18

**II. Specific Exclusions**

- i. War and Hazardous Substances
- ii. Any Expense Incurred on domiciliary hospitalization and OPD Treatment
- iii. Treatment taken outside the geographical limits of India
- iv. In respect of the existing diseases, disclosed by the insured and mentioned in the policy schedule (based on insured's consent), policyholder is not entitled to get the coverage for specified ICD codes
- v. Any other exclusion as mentioned in the policy schedule

**7. WAITING PERIOD**

- **Initial Waiting Period** 30 days for all illnesses (not applicable in case of continuous renewal or accidents)
- **Specific Waiting Periods (Not applicable for claims arising due to an accident):** Specified disease/procedure waiting period is <>> years
- **Pre-Existing Diseases:** Covered after <>> months.

**8. FINANCIAL LIMITS OF COVERAGE**

Sub – Limit, Co-payment and Deductible as applicable to the policy is as mentioned below:

<>>

**9. CLAIMS PROCEDURE (Refer "E. II.28 Claims Procedure" of Policy Wordings)**

**A. Procedure for Cashless claims:**

- i. Treatment may be taken in a network provider and is subject to preauthorization by the Company or its authorized TPA.
- ii. Cashless request form available with the network provider and TPA shall be completed and sent to the Company/TPA for authorization.
- iii. The Company/ TPA upon getting cashless request form and related medical information from the insured person/ network provider will issue pre-authorization letter to the hospital after verification.
- iv. At the time of discharge, the insured person has to verify and sign the discharge papers, pay for non-medical and inadmissible expenses.
- v. The Company / TPA reserves the right to deny pre-authorization in case the insured person is unable to provide the relevant medical details.
- vi. In case of denial of cashless access, the insured person may obtain the treatment as per treating doctor's advice and submit the claim documents to the Company/ TPA for reimbursement.

**B. Procedure for Reimbursement of claims:**

1. For reimbursement of claims the insured person may submit the necessary documents to TPA (if applicable)/Company
2. **Notification of Claim:** Notice with full particulars shall be sent to the Company/TPA (if applicable) as under:
  - i. Within 24 hours from the date of emergency hospitalization required or before the Insured Person's discharge from Hospital, whichever is earlier.
  - ii. At least 48 hours prior to admission in Hospital in case of a planned Hospitalization.

3. The Company shall settle or reject a claim, as the case may be, within 15 days from submission of claim.
4. 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.

**Note:** For EMI policies the company shall recover and deduct all the pending instalments from the claim amount due under the policy.

Turn Around Time (TAT) for claims settlement:

- i. **TAT for preauthorization of cashless facility:** Within 1 hour of receipt of request
- ii. **TAT for cashless final bill authorization:** Within 3 hours of the receipt of discharge authorization request from the hospital.

Details /web link for following:

- i. **Network Hospital details:** <https://www.godigit.com/health-insurance/digit-cashless-network-hospitals-list>
- ii. **Helpline number:** Toll Free: 1800-258- 4242, Email: [healthclaims@godigit.com](mailto:healthclaims@godigit.com)
- iii. **Hospitals which are blacklisted or from where no claims will be accepted by insurer:** <https://www.godigit.com/health-insurance/non-preferred-hospitals>
- iv. Downloading/getting claim form: [https://cdn.godigit.com/GO\\_DIGIT\\_GENERAL\\_INSURANCE\\_CASHLESS\\_FORM.pdf](https://cdn.godigit.com/GO_DIGIT_GENERAL_INSURANCE_CASHLESS_FORM.pdf)

## 10. POLICY SERVICING

### Call Centre Details

Toll Free: 1800-258- 4242, Email: [healthclaims@godigit.com](mailto:healthclaims@godigit.com) , Senior citizens can now contact us on 1-800-258-4242 or write to us at [seniors@godigit.com](mailto:seniors@godigit.com), Website: <https://www.godigit.com>

**Details of Company Officials:** 1800-258- 4242; [healthclaims@godigit.com](mailto:healthclaims@godigit.com)

## 11. GRIEVANCES / COMPLAINTS

### Customer Grievance Redressal Policy

Website: <https://www.godigit.com> , Toll Free: 1-800-258- 4242, Email: [hello@godigit.com](mailto:hello@godigit.com), Senior citizens can now contact us on 1-800-258-4242 or write to us at [seniors@godigit.com](mailto:seniors@godigit.com) , 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](mailto:grievance@godigit.com), For updated details of grievance officer, kindly refer the link: Click Here <https://www.godigit.com/claim/grievance-redressal-procedure> , The contact details of the Insurance Ombudsman Centers - <https://www.cioins.co.in/Ombudsman>.

The policyholder or the claimant also has the option to register the complaint on-line at IRDAI's Bima Bharosa by visiting <https://bimabharosa.irdai.gov.in/>

## 12. THINGS TO REMEMBER

- **Free Look Period-** You may cancel the insurance policy if you do not want it, within 30 days from the beginning of the policy. Please refer policy wordings for process of free look cancellation.
- **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 & Portability-** When your policy is due for renewal, you may migrate to another policy with us or port your policy to another insurer. Please refer details of Migration and Portability policy as mentioned in the Policy Wordings.
- **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 Sixty continuous months (five years) under the policy no look back to be applied. This period of sixty months is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy and subsequently completion of five continuous years would be applicable from date of enhancement of sums insured only on the enhanced limits. After the expiry of Moratorium Period no health insurance policy shall be contestable except for proven fraud and permanent exclusions specified in the policy contract.

## 13. 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 this policy refers to all relevant details requested by the Company in the proposal form and related documents to make an informed underwriting decision.

