# 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 - Digit Health Plus Policy (Revision) (UIN: GODHLGP21487V032021)**
2. **POLICY NUMBER -** <<>>
3. **TYPE OF INSURANCE PRODUCT** << Indemnity/ Benefit / Both Indemnity and Benefit>>

**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. Benefit Covered under the Policy" of Policy Wordings)**
   **I. Coverage**
   **<<SECTION 1. HOSPITALIZATION COVER** *(Indemnity Cover)>>*
   **A. Accidental Hospitalization Cover**
   **A1. Day Care Procedures:** This cover reimburses medical expenses for day care procedures requiring inpatient treatment under general or local anesthesia due to accidental injury, provided the stay is less than 24 hours. Out-patient treatments are excluded.
   **A2. Pre-Hospitalization Expenses:** <<(30 /60 / 90)>>, days before hospitalization, as per the plan opted
   **A3. Post-Hospitalization Expenses: <<**(60 / 90 / 120 / 180)>>, days post hospitalization, as per the plan opted
   **A4. Dental Treatment:** We will pay for the medical expenses incurred by You for any necessary Dental Treatment needed after an accident. A claim here is valid if the accident resulted in an admissible inpatient Hospitalization Claim under **Section 1. A. Accidental Hospitalization Cover.**
   **A5. Road Ambulance:** You can claim expenses for road transportation via ambulance to a hospital after an accident, or to another hospital if medically necessary, provided your claim under Accidental Hospitalization Cover is accepted. The maximum liability is capped as specified in your Policy Schedule.
   **A6. Second Medical Opinion:** The insurer will cover the cost for a Second Opinion from their panel of medical practitioners if you are hospitalized due to a major accidental injury in a tertiary care facility, upon your request. However, only one opinion is allowed per medical condition during the policy period, subject to policy terms and conditions.
   **B. Accidental & Illness Hospitalization Cover**
   **B1. Day Care Procedures:** The policy covers medical expenses for inpatient treatments or surgical procedures requiring less than 24-hour hospitalization due to technological advancements. However, treatments typically done on an outpatient basis are excluded.
   **B2. Pre-Hospitalization Expenses:** <<(30 /60 / 90)>>, days before hospitalization, as per the plan opted
   **B3. Post-Hospitalization Expenses:** <<(60 / 90 / 120 / 180)>>, days post hospitalization, as per the plan opted
   **B4. Dental Treatment:** We will pay for the Medical Expenses incurred in respect of any necessary Dental Treatment from a dentist provided the Dental Treatment is required as a result of an Accident that results in an admissible inpatient Hospitalization Claim under **Section 1. B. Accidental & Illness Hospitalization Cover.**
   **B5. Road Ambulance:** The policy covers road transportation costs via ambulance to a hospital after an emergency, provided the claim under Accidental & Illness Hospitalization Cover is accepted. It also includes medically necessary transfers to another hospital, with liability capped as per your Policy Schedule.
   **B6. Bariatric Surgery Cover:** The policy covers medically necessary bariatric surgery for individuals aged 18 or older, with qualifying BMI and health conditions, specific approved procedures, and a documented history of unsuccessful treatments. A waiting period applies, and prior approval is

required. Surgeries for cosmetic reasons, drug-induced obesity, hormonal imbalance, or psychiatric conditions are excluded.

**B7. Psychiatric illness Cover:** The policy covers medical expenses for psychiatric illnesses, such as dementia, depression, and schizophrenia, if the first diagnosis and inpatient hospitalization occur during the policy period. Coverage is subject to a waiting period, and prior approval is required, except in emergencies.

**B8. Complimentary Health Check Up**: If You Renew Your Policy with Us without a break, then at every Policy Renewal We will pay the expenses incurred towards cost of health check-up up to the Limits Per Policy (excluding any cumulative bonus) mentioned in Your Policy Schedule/Certificate of Insurance, provided you are above 18 years old and submit the required documents. This benefit is additional and does not affect your Sum Insured.

**B9. Second Medical Opinion:** The policy covers the cost of a Second Opinion for cancer or major illnesses requiring hospitalization in a tertiary care facility, upon your request. You can select one practitioner from the insurer's panel, but only one opinion per medical condition is allowed during the policy period.

**<<SECTION 2. INFERTILITY TREATMENT COVER:** *(Indemnity Cover)>>* If you have this cover, medical expenses for infertility treatments like IVF and IUI will be reimbursed, subject to a 48-month waiting period, policy limits, and terms specified in policy wordings. This benefit is payable only once during the policy tenure.

**<<SECTION 3. ORGAN DONOR:** *(Indemnity Cover)>>*If you have this cover, expenses for organ donation, including harvesting and the donor's pre- and post-hospitalization costs (up to 5% of approved harvesting costs), will be reimbursed, subject to compliance with the Transplantation of Human Organs Act, a waiting period, and policy terms. Other medical expenses for the donor are not covered.

**<<SECTION 4. ALTERNATE TREATMENT (AYUSH) COVER (Mandatory In-Built cover in Section-1 Hospitalization Cover):** *(Indemnity Cover)>>*We will pay the Medical Expenses for Your In-patient Treatment, taken under Ayurveda, Unani, Siddha or Homeopathy. This is up to the Sum Insured mentioned in Your Policy Schedule / Certificate of Insurance against **Section 1. B. Accidental & Illness Hospitalization Cover.** This is paid provided that treatment has been undergone in Ayush Hospital

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

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

**<<SECTION 5. EMERGENCY AIR AMBULANCE:** *(Indemnity Cover)>>* If you have this cover, expenses for emergency transportation via airplane or helicopter to the nearest hospital for life-threatening conditions will be reimbursed, provided it is medically necessary, prescribed by a medical practitioner, and within the insured sum. This is applicable only if a claim under Accidental or Illness Hospitalization Cover has been accepted.

**<<SECTION 6. LONG HOSPITALIZATION CASH BENEFIT:** *(Benefit Cover)>>*If you are hospitalized for the minimum consecutive days mentioned in your policy, a lump sum amount will be paid, provided a claim under Accidental or Illness Hospitalization Cover is accepted. This benefit is payable once per insured person during the policy period.

**<<SECTION 7. MATERNITY BENEFIT & NEWBORN BABY COVER***(Indemnity Cover)>>*

**A. Maternity Benefit**: This cover reimburses maternity expenses, including delivery, complications, and medically necessary terminations, up to the insured sum. It is limited to two living children and subject to waiting periods and policy conditions. Pre- and post-natal expenses are excluded unless leading to hospitalization.

**B. New Born Baby Benefit**: It covers the baby's medical expenses during the insured's hospitalization for delivery, post-birth complications, and vaccinations as per government schedules for up to 5 years, provided the policy is renewed continuously and the baby is added as an insured person.

**<<SECTION 8. OUT-PATIENT (OPD) BENEFIT:** *(Indemnity Cover)>>* This cover reimburses outpatient medical expenses, including consultations, diagnostic procedures, minor surgical treatments, prescribed medications, dental care (for immediate pain relief), hearing aids (after a 36-month policy renewal), and psychiatric treatments, as per the sum insured. Co-payment options vary by policy year, and exclusions include physiotherapy, cosmetic treatments, and lifestyle devices.

**<<SECTION 9. HOME (DOMICILIARY) HOSPITALIZATION:** *(Indemnity Cover)>>* This cover reimburses medical expenses for home treatment of illnesses or injuries that would otherwise require hospitalization, provided the condition lasts at least 3 days and meets specific criteria (e.g., inability to move the patient or hospital room unavailability). Certain conditions like asthma, diabetes, and hypertension are excluded, and claims are subject to policy terms and available sum insured.

**<<SECTION 10. SUM INSURED REFILL BENEFIT:** *(Indemnity Cover)>>* If you have this cover, 100% of the utilized sum insured under Accidental or Illness Hospitalization Cover will be refilled, provided the new hospitalization is unrelated to a prior claim within the same policy period. The refilled amount is subject to limits, policy conditions, and is applicable on a family floater basis for floater policies.

**<<SECTION 11. DAILY HOSPITAL CASH COVER** *(Benefit Cover)>>*

**A. Accidental Hospitalization Cover**: A daily cash allowance is provided for each completed 24-hour hospitalization due to an accident, up to the policy's maximum days. For ICU stays, the allowance is doubled. Claims are subject to the time excess stated in the policy.

**B. Accidental & Illness Hospitalization Cover**: Similarly, a daily cash allowance is given for hospitalizations due to accidents or illnesses, with ICU stays receiving twice the amount. This benefit is also subject to the time excess specified in the policy.

**<<SECTION 12. CRITICAL ILLNESS BENEFIT COVER:** *(Benefit Cover)>>* This cover provides a lump sum payment upon diagnosis of specified critical illnesses or covered surgical procedures, provided it is the first occurrence, not linked to pre-existing conditions, and the insured survives for at least 30 days post-diagnosis (unless waived). Once a claim is made, no further payments under this section will be made. Covered conditions include major illnesses like cancer, heart attacks, organ failures, stroke, and more, as listed in the policy.

**<<SECTION 13. CRITICAL ILLNESS HOSPITALIZATION COVER:** *(Indemnity Cover)>>* This policy covers hospitalization expenses for Critical Illnesses or Surgical Procedures up to the insured sum, provided they occur for the first time and are unrelated to pre-existing conditions. Claims are excluded during the initial waiting period or if linked to pre-existing diseases.

**<<SECTION 14. CANCER BENEFIT COVER:** *(Benefit Cover)>>* This cover provides a lump sum payment if you're diagnosed with specified severe cancer for the first time, subject to survival for 30 days post-diagnosis and the condition not being related to undisclosed pre-existing diseases. The policy ends after compensation is paid, with no further claims for related conditions.

**<<SECTION 15. CANCER HOSPITALIZATION COVER:** *(Indemnity Cover)>>*This cover reimburses hospitalization expenses for specified severe cancer during the policy period, provided it's the first occurrence, and is up to the insured sum. Claims are excluded if hospitalization is within the initial waiting period or linked to undisclosed pre-existing conditions.

**<<SECTION 16. WELLNESS BENEFIT PROGRAM:** *(Indemnity Cover)>>* The Wellness Benefit Program offers 12 preventative and wellness services, such as doctor consultations, wellness coaching, lab services, and home care facilitation, aimed at promoting a healthy lifestyle. Costs are borne by you, with the program acting as a facilitator, without liability for outcomes.

**II. NO CLAIM BONUS <<Cumulative Bonus/ No Claim Discount>> [Applicable for section 1A, 1B, 13 and 15 only]**

**Details of No Claim Bonus<<to fetched form Policy Schedule>>**

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

**I. Standard Exclusion**

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|---|---|
| 1. Pre-Existing Waiting Period – Code- Excl 01 | 2. Specified disease/procedure waiting period- Code- Excl02 |
| 3. 30-day waiting period/ Initial Waiting Period- Code- Excl03 | 4. Investigation & Evaluation- Code- Excl04 |
| 5. Rest Cure, rehabilitation and respite care- Code- Excl05 | 6. Obesity/ Weight Control: Code- Excl06 |
| 7. Change-of-Gender treatments: Code- Excl07 | 8. Cosmetic or plastic Surgery: Code- Excl08 |
| 9. Hazardous or Adventure sports: Code- Excl09 | 10. Breach of law: Code- Excl10 |
| 11. Excluded Providers: Code- Excl11 | 12. Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. Code- Excl12 |

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|---|---|
| 13. Treatments received in heath hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons. Code- Excl13 | 14. Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a medical practitioner as part of hospitalization claim or day care procedure. Code- Excl14 |
| 15. Refractive Error: Code- Excl15 | 16. Unproven Treatments: Code- Excl16 |
| 17. Sterility and Infertility: Code- Excl17 | 18. Maternity: Code Excl18 |

**II. Specific Exclusions**

| | |
|---|---|
| 19. Artificial Life Maintenance | 20. Suicide and Self-Injury |
| 21. Circumcision, Aesthetic reasons | 22. External Congenital Anomaly |
| 23. Geography | 24. Defence Operation |
| 25. Non-Medical Expenses | 26. Insufficient Document |
| 27. Preventive Treatment | 28. Sexual disorder and Erectile Dysfunction |
| 29. Sexually Transmitted Infections & Disease | 30. Sleep Disorders and Sleep Problems |
| 31. Spectacles, Hearing aids & other Expenses | 32. Stem Cell Transplant: Any stem cell transplants other than for Bone Marrow Transplant |
| 33. Unjustified or Unwarranted Hospitalization | 34. War and hazardous substances |
| 35. Legal Liability | 36. Substance abuse and Addictions by the Insured |

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

| | |
|---|---|
| 37. Ear, Eyesight & Optical Services | 38. Prosthetics and other devices |
| 39. Specific Treatments | |

**SPECIFIC ONES (CAN BE WAIVED IN LIEU OF ADDITIONAL PREMIUM)**

| | |
|---|---|
| 40. Dental Treatment | 41. Organ Donor |
| 42. Weight loss Surgery | 43. Our Maximum Liability in respect of the following procedures will be covered (wherever medically indicated) either as in patient or as part of day care treatment in a hospital up to 50% (unless specifically agreed otherwise and mentioned in the Policy Schedule/Certificate of Insurance) of Sum Insured opted under Section 1.A. Accidental Hospitalization Cover and/or Section 1.B. Accidental & Illness Hospitalization Cover. |

**Any other exclusion as mentioned in the policy schedule**

**7. WAITING PERIOD**

- **Initial Waiting Period** <<15 days, 7 days, 48 hours & nil >>
- **Critical Illness Waiting Period:** <<0 days,30 days, 60 days, 90 days initial waiting period>>
- **Specific Waiting Periods**: <<0 Year / 1 Year / 2 Years>>
- **Specified Disease/ Procedure 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. 22. Claims Notification and Procedure" of Policy Wordings)**

**Claims Notification and Procedure**

**A. Cashless Claim Process:**

Cashless Facility can be availed only at our network hospitals, facilitated by our Service Provider/TPA, with direct payment to the hospital:

1. Notify us at least **72 hours before planned hospitalization or within 24 hours in emergencies**
2. Request for cashless authorization shall be decided immediately but not more than one hour of receipt of request.
3. 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 the hospital sends the form to the Service Provider/TPA for processing.
   d. The Service Provider/TPA will inform the decision and may issue an authorization letter to the hospital.
   e. **Treatment must occur within 15 days of approval** or before the policy expiry date, with matching details.
   f. Check the updated list of Network Providers before availing Cashless Facility.
   g. Contact the Service Provider/TPA for any queries using the details on the Health Card/E-Cards.

**B. Reimbursement Claim Process:**

Reimbursement Facility is available at any hospital in India. You must pay the hospital directly and submit documents to the Service Provider/TPA for claim reimbursement

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 submission of claim.
   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.
   c. In case of Your Death, We shall reimburse the claim amount to Your Nominee as named in Your Policy Schedule or Your Legal representative holding a valid succession certificate.

**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
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

**10. POLICY SERVICING**

**Call Centre Details**

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

**Details of Company Officials:** 1800-258- 4242; 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, Senior citizens can now contact us on 1-800-258-4242 or write to us at 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,

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**

- **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.