

## 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** - Disability and HIV/AIDS Insurance Policy, Go Digit (UIN: GODHLIP23185V012223)
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 "4. BASE COVER "OF POLICY WORDINGS)**

##### **HOSPITALIZATION COVER**

##### **4.1. Inpatient Care:**

The Company shall indemnify medical expenses incurred for Hospitalization of the Insured Person during the Policy Year, up to the Sum insured as specified in the Policy Schedule (other than any sub-limits, co-pay as specified in the policy), for:

- i. Room Rent, Boarding, Nursing Expenses as provided by the Hospital / Nursing Home up to maximum of 1% of the Sum Insured per day.
- ii. Intensive Care Unit (ICU) / Intensive Cardiac Care Unit (ICCU) expenses up maximum of 2% of Sum Insured per day.
- iii. Surgeon, Anaesthetist, Medical Practitioner, Consultants, Specialist Fees whether paid directly to the treating Medical Practitioner/ surgeon or to the hospital.
- iv. Anaesthesia, blood, oxygen, operation theatre charges, surgical appliances, medicines and drugs, costs towards diagnostics, diagnostic imaging modalities and such similar other expenses.

##### **Other expenses**

- i. Expenses incurred on treatment of cataract subject to the sub limits.
- ii. Dental treatment necessitated due to disease or injury (for inpatient care only).
- iii. Plastic surgery necessitated due to disease or injury.
- iv. All day care treatments

**Note: 1.** Expenses of Hospitalization for a minimum period of 24 consecutive hours only shall be admissible. However, the time limit shall not apply in respect of Day Care Treatment.

**2.** The above-mentioned Medical Expenses shall be payable only after the first commencement of the Policy with the Company.

##### **4.2. AYUSH Treatment:**

The Company shall indemnify medical expenses incurred for inpatient care treatment under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems of medicines during each Policy Year up to 100% of sum insured as specified in the policy schedule in any AYUSH Hospital.

##### **4.3. Pre-Hospitalization Medical Expenses:**

The Company shall indemnify Pre-Hospitalization Medical Expenses incurred, related to an admissible Hospitalization requiring Inpatient care, for a fixed period of 30 days prior to the date of admissible Hospitalization covered under the Policy during the policy period.

##### **4.4. Post-Hospitalization Medical Expenses:**

The Company shall indemnify Post Hospitalization Medical Expenses incurred, related to an admissible Hospitalization requiring Inpatient Care, for a fixed period of 60 days from the date of discharge from the Hospital, following an admissible hospitalization covered under the Policy during the policy period.

##### **4.5. Emergency Ground Ambulance:**

The Company will reimburse Reasonable and Customary Charges for expenses incurred towards ambulance charges for transportation of an Insured person, per hospitalization as per the limit mentioned in Policy Schedule.

##### **4.6. Cataract Treatment:**

The company shall indemnify medical expenses incurred for treatment of Cataract, subject to a limit of Rs.40,000/-, per each eye in one policy year.

**4.7. Modern Treatment:**

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)	g. Robotic surgeries
b. Balloon Sinuplasty	h. Stereotactic radio Surgeries
c. Deep Brain stimulation	i. Bronchial Thermoplasty
d. Oral chemotherapy	j. Vaporisation of the prostate (Green laser treatment or holmium laser treatment)
e. Immunotherapy- Monoclonal Antibody to be given as injection.	k. IONM- (Intra Operative Neuro Monitoring)
f. Intravitreal injections	l. Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditions to be covered.

## 6. Exclusions (Refer “8. Exclusions” of Policy Wordings)

### 8.1 Standard Exclusions

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

### 8.2 SPECIFIC EXCLUSIONS

1. Any medical treatment taken outside India.
2. Hospitalization for donation of any body organs by an Insured including complications arising from the donation of organs.
3. Nuclear damage caused by, contributed to, by or arising from ionising radiation or contamination by radioactivity from:
  - g. any nuclear fuel or from any nuclear waste; or
  - h. from the combustion of nuclear fuel (including any self-sustaining process of nuclear fission),
  - i. nuclear weapons material.
  - j. nuclear equipment or any part of that equipment.
4. War, invasion, acts of foreign enemies, hostilities (whether war be declared or not), civil war, commotion, unrest, rebellion, revolution, insurrection, military or usurped power or confiscation or nationalisation or requisition of or damage by or under the order of any government or public local authority.
5. Injury or Disease caused by or contributed to by nuclear weapons/materials.
6. Circumcision unless necessary for treatment of a disease, illness or injury not excluded hereunder, or as may be necessitated due to an accident.
7. Treatment with alternative medicines or Treatment, experimental or any other treatment such as acupuncture, acupressure, magnetic, osteopath, naturopathy, chiropractic, reflexology and aromatherapy.
8. Suicide, Intentional self-injury (including but not limited to the use or misuse of any intoxicating drugs or alcohol) and any violation of law or participation in an event activity that is against law with a criminal intent.
9. Vaccination or inoculation except as post bite treatment for animal bite.
10. Convalescence, general debility, "Run-down" condition, rest cure, Congenital external illness/disease/defect.
11. Outpatient diagnostic, medical and surgical procedures or treatments, non-prescribed drugs and medical supplies, hormone replacement therapy and expenses related to Domiciliary hospitalization shall not be covered.
12. Dental treatment or Surgery of any kind unless requiring Hospitalisation as a result of accidental Bodily Injury.
13. Venereal/ Sexually Transmitted disease.
14. Stem cell storage.
15. Any kind of service charge, surcharge levied by the hospital.
16. Personal comfort and convenience items or services such as television, telephone, barber or guest service and similar incidental services and supplies.
17. Non-Payable items: The expenses that are not covered in this Policy are placed under List-I of Annexure-11 of policy wordings.
18. Any medical procedure or treatment, which is not medically necessary or not performed by a Medical Practitioner.

## 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 “10. CLAIM PROCEDURE” of Policy Wordings)

### Claims Notification and Procedure

#### 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 one hour of receipt of request
- ii. **TAT for cashless final bill authorization:** Within three 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 of the Insurer

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.