# CUSTOMER INFORMATION SHEET/KNOW YOUR POLICY

**This document provides key information about your policy. You are also advised to go through your policy document.**
***Please Note:*** *This Customer Information Sheet provides information available under this Product. Kindly refer to the Policy Schedule to know exact details of coverage opted by You.*

| Sl No | Title | Description | Policy Clause Number |
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| **1** | Name of Insurance Product/ Policy | **Disability and HIV/AIDS Insurance Policy, Go Digit (UIN: GODHLIP23185V012223)** | |
| **2** | Policy number | Please refer Your Policy Schedule | |
| **3** | Type of Insurance Product/ Policy | **This Product is on Indemnity Basis only.** | **Section 4** |
| **4** | Sum Insured (Basis) (Along with amount) | This product is on "Individual Sum Insured" basis. Please refer Your Policy Schedule to know the Sum Insured basis applicable to Your Policy.<br>• Individual Sum Insured -Where each member has a separate sum insured under the policy),<br>Sum Insured Amount available under Your policy will be as per amount mentioned in Your Policy Schedule. | NA |
| **5** | Policy Coverage (What am I covered for?) (Policy Clause Number/s) | **HOSPITALIZATION COVER**<br>**1.1. Inpatient Care:**<br>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:<br>i. Room Rent, Boarding, Nursing Expenses as provided by the Hospital / Nursing Home up to maximum of 1% of the Sum Insured per day.<br>ii. Intensive Care Unit (ICU) / Intensive Cardiac Care Unit (ICCU) expenses up maximum of 2% of Sum Insured per day.<br>iii. Surgeon, Anaesthetist, Medical Practitioner, Consultants, Specialist Fees whether paid directly to the treating Medical Practitioner/ surgeon or to the hospital. | **Section 4** |

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.

**1.2. 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.

**1.3. 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.

**Conditions:**

i. The claim is accepted under Section 4.1 (Inpatient Care) or Section 4.2(AYUSH Treatment) or Section 4.7 (Modern Treatments) in respect of that Insured Person.
ii. Pre-hospitalization Medical Expenses can be claimed under this Section on a Reimbursement basis only.

**1.4. 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.

**Conditions:**

i. The claim is accepted under Section 4.1 (Inpatient Care) or Section 4.2(AYUSH Treatment) or Section 4.7 (Modern Treatments) in respect of that Insured Person.
ii. Post-hospitalization Medical Expenses can be claimed under this Section on a Reimbursement basis only.

**1.5. 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.

**Specific Conditions:**

The Company will reimburse payments under this Benefit provided that.

i. The medical condition of the Insured Person requires immediate ambulance services from the place where the Insured Person is Injured or is suffering from an Illness to a Hospital where appropriate medical treatment can be obtained or from the existing Hospital to another Hospital as advised by the treating Medical Practitioner in writing for management of the current Hospitalization.
ii. Expenses incurred on road Ambulance subject to a maximum of Rs.2000/- per hospitalisation.
iii. The ambulance service is offered by a healthcare or Registered Ambulance Service Provider.
iv. The original Ambulance bills and payment receipt is submitted to the Company.
v. The Company has accepted a claim under Section 4.1 (Inpatient Care) above in respect of the same period of Hospitalization or Section 4.2(AYUSH Treatment) or Section 4.7 (Modern Treatments).
vi. Any payment under this Benefit will be excluded if the Insured Person is transferred to any Hospital or diagnostic center for evaluation purposes only.

**1.6. 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.

**1.7. 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)
b. Balloon Sinuplasty
c. Deep Brain stimulation

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| | | d. Oral chemotherapy<br>e. Immunotherapy- Monoclonal Antibody to be given as injection.<br>f. Intravitreal injections<br>g. Robotic surgeries<br>h. Stereotactic radio Surgeries<br>i. Bronchial Thermoplasty<br>j. Vaporisation of the prostrate (Green laser treatment or holmium laser treatment)<br>k. IONM- (Intra Operative Neuro Monitoring)<br>l. Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditions to be covered. | |
| **6** | Exclusions (what the policy does not cover) | **There are 3 types of exclusions:**<br>**I. STANDARD EXCLUSIONS (Please refer below for brief headers, for detail exclusions, please refer to the policy wordings)**<br>**1. Investigation & Evaluation- Code- Excl04**<br>**2. Rest Cure, rehabilitation and respite care- Code- Excl05**<br>**3. Obesity/ Weight Control: Code- Excl06**<br>**4. Change-of-Gender treatments: Code- Excl07**<br>**5. Cosmetic or plastic Surgery: Code- Excl08**<br>**6. Hazardous or Adventure sports: Code- Excl09**<br>**7. Breach of law: Code- Excl10**<br>**8. Excluded Providers: Code- Excl11**<br>**9. Substance Abuse – Code- Excl12**<br>**10. Domestic Treatment- Code- Excl13**<br>**11. Non-prescribed Medicine – Code- Excl14**<br>**12. Refractive Error: Code- Excl15**<br>**13. Unproven Treatments: Code- Excl16**<br>**14. Sterility and Infertility: Code- Excl17**<br>**15. Maternity: Code Excl18**<br><br>**II. SPECIFIC EXCLUSIONS**<br>**16. Any medical treatment taken outside India.**<br>**17. Hospitalization for donation of any body organs by an Insured including complications arising from the donation of organs.**<br>**18. Nuclear damage caused by, contributed to, by or arising from ionising radiation or contamination by radioactivity from:**<br>**a. any nuclear fuel or from any nuclear waste; or** | **Section 8** |

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| | | b. from the combustion of nuclear fuel (including any self-sustaining process of nuclear fission),<br>c. nuclear weapons material.<br>d. nuclear equipment or any part of that equipment.<br>19. 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.<br>20. Injury or Disease caused by or contributed to by nuclear weapons/materials.<br>21. Circumcision unless necessary for treatment of a disease, illness or injury not excluded hereunder, or as may be necessitated due to an accident.<br>22. Treatment with alternative medicines or Treatment, experimental or any other treatment such as acupuncture, acupressure, magnetic, osteopath, naturopathy, chiropractic, reflexology and aromatherapy.<br>23. 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.<br>24. Vaccination or inoculation except as post bite treatment for animal bite.<br>25. Convalescence, general debility, "Run-down" condition, rest cure, Congenital external illness/disease/defect.<br>26. 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.<br>27. Dental treatment or Surgery of any kind unless requiring Hospitalisation as a result of accidental Bodily Injury.<br>28. Venereal/ Sexually Transmitted disease.<br>29. Stem cell storage.<br>30. Any kind of service charge, surcharge levied by the hospital.<br>31. Personal comfort and convenience items or services such as television, telephone, barber or guest service and similar incidental services and supplies.<br>32. Non-Payable items: The expenses that are not covered in this Policy are placed under List-I of Annexure-11<br>33. Any medical procedure or treatment, which is not medically necessary or not performed by a Medical Practitioner.<br><br>Any other specific exclusions mentioned in the policy schedule. | |

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| **7** | Waiting period<br>• Time period during which specified diseases/ treatments are not covered.<br>• It is counted from the beginning of the policy coverage. | **1. Pre-Existing Diseases (Code- Excl01)**<br>a. Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 24months for pre-existing disability/ 48 months for all pre-existing conditions other than HIV/AIDS and Disability (as mentioned in Policy Schedule) of continuous coverage after the date of inception of the first policy with insurer.<br>b. In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.<br>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.<br>d. Coverage under the policy after the expiry of number of months (as mentioned in Policy Schedule) for any pre-existing disease is subject to the same being declared at the time of application and accepted by Us.<br><br>**2. First 30 days waiting period- Code- Excl03**<br>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.<br>b. This exclusion shall not, however, apply if the Insured Person has Continuous Coverage for more than twelve months.<br>c. The within referred waiting period is made applicable to the enhanced sum insured in the event of granting higher sum insured subsequently.<br><br>**3. Specified disease/procedure waiting period- Code- Excl02**<br>a. Expenses related to the treatment of the listed Conditions; surgeries/treatments shall be excluded until the expiry of 24 months as (mentioned in 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.<br>b. In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.<br>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.<br>d. The waiting period for listed conditions shall apply even if contracted after the policy or declared and accepted without a specific exclusion. | **Section 5** |

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.

**24 Months waiting period.**

1. Benign ENT disorders
2. Tonsillectomy
3. Adenoidectomy
4. Mastoidectomy
5. Tympanoplasty
6. Hysterectomy
7. All internal and external benign tumors, cysts, polyps of any kind, including benign breast lumps.
8. Benign prostate hypertrophy
9. Cataract and age-related eye ailments
10. Gastric/ Duodenal Ulcer
11. Gout and Rheumatism
12. Hernia of all types
13. Hydrocele
14. Non-Infective Arthritis
15. Piles, Fissures and Fistula in anus
16. Pilonidal sinus, Sinusitis and related disorders
17. Prolapsed intervertebral Disc and Spinal Diseases unless arising from accident.
18. Calculi in urinary system, Gall Bladder and Bile duct, excluding malignancy.
19. Varicose Veins and Varicose Ulcers

**Following are the waiting period options available under this product. Waiting Period applicable to Your policy will be as mentioned in Your Policy Schedule.**

| Description | Waiting Period Options |
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| **PED waiting period** | 48 months (For pre-existing diseases other than the pre-existing Disability and HIV/AIDS covered) |
| **Specific Illness/ Waiting Period** | 24 months |
| **Waiting Period and specific Sublimit for HIV AIDS Cover** | For HIV/AIDS cover:<br>a. Initial waiting period of 30 days will be applicable for Indemnity basis cover.<br>b. Sum Insured would be available for Hospitalization |

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| | | | | Expenses as per terms and conditions of the policy. | | |
| | | | **Waiting Period and specific Sublimit for Disability Cover** | For Disability Cover:<br>24 months initial waiting period is applicable for the pre-existing Disability covered under the policy. | | |
| **8** | Financial limits of coverage<br><br>I. Sub-limit (It is a pre-defined limit and the insurance company will not pay any amount in excess of this limit).<br><br>II. Co-payment (It is a specified amount /percentage of the admissible claim amount to be paid by | **Sub – Limit, Co-payment and Deductible as applicable to Your policy will be mentioned in your policy schedule.**<br><br>**Details of Section Wise Sub-Limits available under the product are mentioned below**:<br>• Room Rent, Boarding, Nursing Expenses as provided by the Hospital / Nursing Home up to maximum of 1% of the Sum Insured<br>• Intensive Care Unit (ICU) / Intensive Cardiac Care Unit (ICCU) expenses up maximum of 2% of Sum Insured per day.<br>• Expenses incurred on treatment of Cataract, subject to a limit of Rs.40,000/-, per each eye in one policy year.<br><br>**Details of Section Wise Deductible and Co-payment available under the product are mentioned below:**<br><br>**Deductible:** Not Applicable<br><br>**Co-payment:** Each and every claim under the Policy shall be subject to a Co- payment of 20% applicable to claim amount admissible and payable as per the terms and conditions of the Policy. | | | |

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| | policyholder/insure d).<br><br>III. Deductible (It is a specified amount:<br>- upto which an insurance company will not pay any claim, and<br>- which will be deducted from total claim amount (if claim amount is more than the specified amount)<br><br>IV. Any other limit (as applicable) | | |
| **9** | Claims/Claims Procedure | **Procedure for Cashless claims:**<br>i. Treatment may be taken in a network provider and is subject to preauthorization by the Company or its authorized TPA. | **Section 10** |

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.

**Procedure for reimbursement of claims:**

For reimbursement of claims the insured person may submit the necessary documents to Company within the prescribed time limit as specified hereunder.

| S.no. | Type of Claim | Prescribed Time Limit |
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| 1. | Reimbursement of hospitalization, day care and prehospitalization expenses | Within thirty days of date of discharge from hospital |
| 2. | Reimbursement of post hospitalization expenses | Within fifteen days from completion of post hospitalization treatment |

**Notification of claim:**

Notice with full particulars shall be sent to the Company/TPA (if applicable) as under:

1. Within 24 hours from the date of emergency hospitalization required or before the Insured Person's discharge from Hospital, whichever is earlier.
2. At least 48 hours prior to admission in Hospital in case of a planned Hospitalization.

**Documents to be submitted**

The reimbursement claim is to be supported with the following documents and submitted, within the prescribed time limit.

i. Duly Completed Claim Form
ii. Photo Identity proof of the patient
iii. Medical practitioner's prescription advising admission.
iv. Original bills with itemized break-up
v. Payment receipts

vi. Discharge summary including complete medical history of the patient along with other details.
vii. Investigation/ Diagnostic test reports etc. supported by the prescription from attending medical practitioner
viii. OT notes or Surgeon's certificate giving details of the operation performed (for surgical cases).
ix. Sticker/invoices of the Implants, wherever applicable.
x. MLR (Medico Legal Report copy if carried out and FIR (First information report) if registered, wherever applicable.
xi. NEFT Details (to enable direct credit of claim amount in bank account) and cancelled cheque.
xii. KYC (Identity proof with Address) of the proposer, where claim liability is above Rs 1 Lakh as per AML Guidelines
xiii. Legal heir/succession certificate, wherever applicable
xiv. Any other relevant document required by Company/TPA for assessment of the claim.

1. The company shall only accept bills/invoices/medical treatment related documents only in the Insured Person's name for whom the claim is submitted.
2. In the event of a claim lodged under the Policy and the original documents having been submitted to any other insurer, the Company shall accept the copy of the documents and claim settlement advice, duly certified by the other insurer subject to satisfaction of the Company.
3. Any delay in notification or submission may be condoned on merit where delay is proved to be for reasons beyond the control of the Insured Person.

Insurer shall assess the admissibility of claim as per Policy terms and conditions. payment of benefit as per the contract. In case if the claim is repudiated Insurer will inform the Insured about the same in writing with reason for repudiation.

**Co-Payment**

Each and every claim under the Policy shall be subject to a Co-payment of 20% applicable to claim amount admissible and payable as per the terms and conditions of the Policy. The amount payable shall be after deduction of the co-payment.
This co-payment can be waived off by paying an additional premium(optional).

**Services Offered by TPA**

Servicing of claims, i.e., claim admissions and assessments, under this Policy by way of preauthorization of cashless treatment or processing of claims other than cashless claims or both, as per the underlying terms and conditions of the policy.
The services offered by a TPA shall not include:
i. Claim settlement and claim rejection.

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| | | ii. Any services directly to any insured person or to any other person unless such service is in accordance with the terms and conditions of the Agreement entered into with the Company.<br><br>**Payment of Claim**<br>All claims under the Policy shall be payable in Indian currency only | |
| **10** | Policy Servicing | **Call Centre Details of the Insurer**<br>Toll Free: 1800-258- 4242<br>Email: healthclaims@godigit.com<br>Senior citizens can now contact us on 1-800-258-4242 or write to us at seniors@godigit.com<br>Website: https://www.godigit.com<br><br>**Details of Company Officials:** NA<br>With intent to provide better and fast service to our customers, our claims process is paperless.<br>You may get in touch with the above email id and call centre number we assist you in case of any Policy Servicing issues. | **Section 9.1.15** |
| **11** | Grievances/Complaints | **Customer Grievance Redressal Policy**<br>In case of any grievance the insured person may contact the company through<br>Website: https://www.godigit.com<br>Toll Free: 1-800-258- 4242<br>Email: hello@godigit.com<br>Senior citizens can now contact us on 1-800-258-4242 or write to us at seniors@godigit.com<br>Insured person may also approach the grievance cell at any of the company's branches with the detai grievance<br>If Insured person is not satisfied with the redressal of grievance through one of the above methods, ins person may contact the grievance officer at grievance@godigit.com<br>For updated details of grievance officer, kindly refer the link:<br>https://www.godigit.com/claim/grievance-redressal-procedure<br>If Insured person is not satisfied with the redressal of grievance through above methods, the insured pe may also approach the office of Insurance Ombudsman of the respective area/region for redressal of grieva as per Insurance Ombudsman Rules 2017<br>Grievance may also be lodged at IRDAI Integrated Grievance Management System- https://irdai.gov.in/igms1<br><br>The contact details of the Insurance Ombudsman Centres are mentioned in the Policy Wordings. | **Section 9.1.15** |

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| **11** | Things you need to know | **Free Look Period**<br>The Free Look Period shall be applicable on new individual health insurance policies and not on renewals of the Policy. The insured person shall be allowed free look period of thirty(30) days from date of receipt of the policy document, whether received electronically or otherwise, to review the terms and conditions of the policy, and to return the same if not acceptable.<br>If the insured has not made any claim during the Free Look Period, the insured shall be entitled to<br>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<br>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<br>Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period<br><br>**Policy Renewal**<br>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.<br><br>**Migration and Portability:**<br><br>When your policy is due for renewal, you may migrate to another policy with us or port your policy to another insurer.<br><br>**Portability**<br>The Insured Person will have the option to port the Policy to same product of other insurers as per extant Guidelines related to portability, If such person is presently covered and has been continuously covered without any lapses under this health insurance plan with an Indian General/Health insurer as per Guidelines on portability, the proposed Insured Person will get all the accrued continuity benefits in waiting periods as under:<br>i. The waiting periods specified in Section 5 shall be reduced by the number of continuous preceding years of coverage of the Insured Person under the previous health insurance Policy.<br>ii. Portability benefit will be offered to the extent of sum of previous sum insured and accrued bonus (as part of the sum insured), portability benefit shall not apply to any other additional increased Sum Insured.<br>For Detailed Guidelines on portability, kindly refer the link  Click Here<br>https://d2h44aw7l5xdvz.cloudfront.net/policyDocuments/Guidelines%20on%20Migration%20and%20Portability%20of%20health%20insurance%20policies.pdf | **9.1.14**<br><br>**9.1.9** |

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| | | **Migration**<br>The Insured Person will have the option to migrate the Policy to other health insurance products/plans offered by the company as per extant Guidelines related to Migration. If such person is presently covered and has been continuously covered without any lapses under any health insurance product plan offered by the company, as per Guidelines on migration, the proposed Insured Person will get all the accrued continuity benefits in waiting periods as per below:<br>i. The waiting periods specified in Section 5 shall be reduced by the number of continuous preceding years of coverage of the Insured Person under the previous health insurance Policy.<br>ii. Migration benefit will be offered to the extent of sum of previous insured and accrued bonus(as part of the sum insured), migration benefit shall not apply to any other additional increased Sum Insured.<br>iii. Migration under this product shall be allowed only due to withdrawal of the product subject to IRDAI Regulations.<br>For Detailed Guidelines on migration, kindly refer the link  Click Here<br>https://d2h44aw7l5xdvz.cloudfront.net/policyDocuments/Guidelines%20on%20Migration%20and%20Portability%20of%20health%20insurance%20policies.pdf<br><br>**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.<br><br>**Moratorium Period**<br>After completion of sixty continuous months of coverage (including portability and migration) in health insurance policy, no policy and claim shall be contestable by the insurer on grounds of non-disclosure, misrepresentation, except on grounds of established fraud. This period of sixty continuous months is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy. Wherever, the sum insured is enhanced, completion of sixty continuous months would be applicable from the date of enhancement of sums insured only on the enhanced limits. After the expiry of Moratorium Period no health insurance claim shall be contestable except for proven fraud and permanent exclusions specified in the policy contract. The policies would however be subject to all limits, sub limits, co-payments, deductibles as per the policy contract. | **9.1.8**<br><br>**9.1.12** |
| **12** | Your Obligations | Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may affect the claim settlement.<br>Please Disclose any change in Material Information during the policy period. | |

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| | | Material Information for the purpose of this policy shall mean all relevant information sought by the Company in the proposal form and other connected documents to enable it to tale informed decision in the context of underwriting the risk. | |