

**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/COI to know exact details of coverage opted by You.

SI No	Title	Description	Policy Clause Number																																						
1	Name of Insurance Product/ Policy	<b>Digit Group-Out Patient Care Insurance Policy (UIN: GODHLGP24103V012324)</b>																																							
2	Policy number	<b>As per the Policy Schedule</b>																																							
3	Type of Insurance Product/ Policy	<p><b>On Indemnity Basis:</b></p> <table border="1"> <thead> <tr> <th>Section no.</th> <th>Section Name</th> </tr> </thead> <tbody> <tr> <td><b>1</b></td> <td><b>OPD Doctor Consultations</b></td> </tr> <tr> <td>1.1</td> <td>Physical General Consultations</td> </tr> <tr> <td>1.2</td> <td>Physical Specialist Consultations</td> </tr> <tr> <td>1.3</td> <td>Telephonic/Virtual General Consultations</td> </tr> <tr> <td>1.4</td> <td>Telephonic/Virtual Specialist Consultations</td> </tr> <tr> <td><b>2</b></td> <td><b>Psychiatric Consultations</b></td> </tr> <tr> <td>2.1</td> <td>Physical Consultations</td> </tr> <tr> <td>2.2</td> <td>Telephonic/ Virtual consultations</td> </tr> <tr> <td><b>3</b></td> <td><b>Lab Test and Diagnostics</b></td> </tr> <tr> <td><b>4</b></td> <td><b>Surgical Treatment</b></td> </tr> <tr> <td><b>5</b></td> <td><b>Pharmacy Cover</b></td> </tr> <tr> <td>5.1</td> <td>Pharmacy exactly as per prescription</td> </tr> <tr> <td>5.2</td> <td>Generic Form of Pharmacy</td> </tr> <tr> <td><b>6</b></td> <td><b>Out-Patient Dental Treatment</b></td> </tr> <tr> <td>6.1</td> <td>Consultations</td> </tr> <tr> <td>6.2</td> <td>Procedures</td> </tr> <tr> <td>6.3</td> <td>Pharmacy</td> </tr> <tr> <td>6.4</td> <td>Cosmetic Dental Treatment</td> </tr> </tbody> </table>	Section no.	Section Name	<b>1</b>	<b>OPD Doctor Consultations</b>	1.1	Physical General Consultations	1.2	Physical Specialist Consultations	1.3	Telephonic/Virtual General Consultations	1.4	Telephonic/Virtual Specialist Consultations	<b>2</b>	<b>Psychiatric Consultations</b>	2.1	Physical Consultations	2.2	Telephonic/ Virtual consultations	<b>3</b>	<b>Lab Test and Diagnostics</b>	<b>4</b>	<b>Surgical Treatment</b>	<b>5</b>	<b>Pharmacy Cover</b>	5.1	Pharmacy exactly as per prescription	5.2	Generic Form of Pharmacy	<b>6</b>	<b>Out-Patient Dental Treatment</b>	6.1	Consultations	6.2	Procedures	6.3	Pharmacy	6.4	Cosmetic Dental Treatment	<p><b>C. Benefit Covered under the Policy</b></p> <p><b>I. Coverage</b></p>
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		19.2	Telephonic/visual Consultations							
4	Sum Insured (Basis) (Along with amount)	<p>This product can be on “Individual Sum Insured” as well as on “Floater Sum Insured” basis. Please refer Your Policy Schedule/COI to know the Sum Insured basis applicable to Your Policy.</p> <ul style="list-style-type: none"> <li>Individual Sum Insured -Where each member has a separate sum insured under the policy)</li> <li>Floater Sum Insured-Where all members under the policy have a single sum insured limit which may be utilised by any or all members.</li> </ul> <p>Aggregate Sum Insured as per policy schedule/COI (Including cumulative bonus, if any)</p> <p><b>Important Note:</b> Please refer to your policy schedule for more details on section-wise sum insured.</p>		NA						
5	Policy Coverage (What am I covered for?) (Policy Clause Number/s)	<p><b><u>COVERAGE</u></b></p> <p><b>Please find the below detailed of all coverages available under the Product.</b></p> <p><b>Coverages available under Your Policy will be as mentioned in Your policy schedule/COI.</b></p> <p><b><u>Section 1 - OPD Doctor Consultations</u></b></p> <p><b>If You have opted for this section and suffer from an Accidental Injury or Illness during the Policy Period, We will indemnify You for the expenses incurred for the following subsections, upto the Sum Insured as mentioned in the Policy Schedule/Certificate of Insurance.</b></p> <table border="1"> <tr> <td>Subsection 1.1 Physical General Consultation</td> <td>Out-Patient allopathic physical consultations from a General Medical Practitioner(s), upto the Sum Insured as mentioned in Policy Schedule/Certificate of Insurance subject to the number of consultations, per consultation limit and other terms, conditions, deductible, limitations, and exclusions mentioned in the Policy Schedule/Certificate of Insurance against this subsection.</td> </tr> <tr> <td>Subsection 1.2 Physical Specialist Consultation</td> <td>Out-Patient allopathic physical consultations from a Specialist Medical Practitioner(s), upto the Sum Insured as mentioned in Policy Schedule/Certificate of Insurance subject to the number of consultations, per consultation limit and other terms, conditions, deductible, limitations, and exclusions mentioned in the Policy Schedule/Certificate of Insurance against this subsection.</td> </tr> <tr> <td>Subsection 1.3</td> <td>Out-Patient allopathic telephonic/ virtual consultations from a</td> </tr> </table>		Subsection 1.1 Physical General Consultation	Out-Patient allopathic physical consultations from a General Medical Practitioner(s), upto the Sum Insured as mentioned in Policy Schedule/Certificate of Insurance subject to the number of consultations, per consultation limit and other terms, conditions, deductible, limitations, and exclusions mentioned in the Policy Schedule/Certificate of Insurance against this subsection.	Subsection 1.2 Physical Specialist Consultation	Out-Patient allopathic physical consultations from a Specialist Medical Practitioner(s), upto the Sum Insured as mentioned in Policy Schedule/Certificate of Insurance subject to the number of consultations, per consultation limit and other terms, conditions, deductible, limitations, and exclusions mentioned in the Policy Schedule/Certificate of Insurance against this subsection.	Subsection 1.3	Out-Patient allopathic telephonic/ virtual consultations from a	C. Section 1.
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Subsection 1.3	Out-Patient allopathic telephonic/ virtual consultations from a									

<p><b>Telephonic/ Virtual General Consultations</b></p>	<p><b>General Medical Practitioner(s), upto the Sum Insured as mentioned in Policy Schedule/Certificate of Insurance subject to the number of consultations, per consultation limit and other terms, conditions, deductible, limitations, and exclusions mentioned in the Policy Schedule/Certificate of Insurance against this subsection.</b></p>
<p><b>Subsection 1.4 Telephonic/ Virtual Specialist Consultations</b></p>	<p><b>Out-Patient allopathic telephonic/ virtual consultations from a Specialist Medical Practitioner(s), upto the Sum Insured as mentioned in Policy Schedule/Certificate of Insurance subject to the number of consultations, per consultation limit and other terms, conditions, deductible, limitations, and exclusions mentioned in the Policy Schedule/Certificate of Insurance against this subsection.</b></p>

**Specific Conditions Applicable to this section:**

- a. Benefit under this section can be availed through Network Facilitator or by Us, as specifically mentioned in Policy Schedule/Certificate of Insurance.
- b. Benefit under this section will be provided subject to the availability of General Medical Practitioner(s) or a Specialist Medical Practitioner(s) at the time of appointment.
- c. Coverage provided under this section will be as per subsection(s) details as mentioned in the Policy Schedule/ Certificate of Insurance.
- d. In case of any emergency, Insured Person can take Out-patient consultation from any Network Provider, provided that Sum Insured for emergency cases shall be limited and will be mentioned in Policy Schedule/Certificate of Insurance.
- e. You can opt for sub-limit of the Sum Insured available under the section for Psychiatric Illness, upto the percentage as opted by You and mentioned in Policy Schedule/Certificate of Insurance.

**Section 2 – Psychiatric Consultations:**

If You have opted for this section, We will indemnify You for the expenses incurred for the following subsections, upto the Sum Insured as mentioned in Policy Schedule/Certificate of Insurance.

<p><b>Subsection 2.1 Physical Consultation</b></p>	<p><b>Out-Patient physical consultations related to Psychiatric Illness from Psychiatrist(s), upto the Sum Insured as mentioned in Policy Schedule/Certificate of Insurance subject to the number of consultations, per consultation limit and other terms, conditions,</b></p>
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**C. Section 2.**

	deductible, limitations, and exclusions mentioned in the Policy Schedule/Certificate of Insurance against this subsection.
<b>Subsection 2.2 Telephonic/ Virtual consultations</b>	<b>Out-patient Telephonic/Virtual consultations related to Psychiatric Illness from Psychiatrist(s), upto the Sum Insured as mentioned in Policy Schedule/Certificate of Insurance subject to the number of consultations, per consultation limit and other terms, conditions, deductible, limitations, and exclusions mentioned in the Policy Schedule/Certificate of Insurance against this subsection.</b>

**Specific Conditions Applicable to this section:**

- a. Benefit under this section can be availed through Network Facilitator or by Us, as specifically mentioned in Policy Schedule/Certificate of Insurance.
- b. Benefit under this section will be provided subject to the availability of Psychiatrist at the time of appointment.
- c. Coverage provided under this section will be as per subsection(s) details as mentioned in the Policy Schedule/ Certificate of Insurance.

**Section 3 - Lab Test and Diagnostics:**

If You have opted for this section and suffer from an Accidental Injury or Illness during the Policy Period, We will indemnify You for the expenses incurred on Medically Necessary Out-Patient diagnostic procedures or lab tests prescribed by Medical Practitioner(s) including but not limited to Pathology, Radiology and x-rays to make a diagnosis for treatment, upto the Sum Insured as mentioned in Policy Schedule/Certificate of Insurance subject to the number of procedures or tests, per procedure limit or per tests limit or per prescription limit, excluded tests and other terms, conditions, deductible, limitations, and exclusions mentioned in the Policy Schedule/Certificate of Insurance.

C. Section 3.

**Specific Conditions Applicable to this section:**

- a. Benefit under this section can be availed through Network Facilitator or by Us, as specifically mentioned in Policy Schedule/Certificate of Insurance.
- b. Benefit under this section will be provided subject to the availability of lab/ diagnostic centre at the time of appointment.

**Specific exclusion applicable to this section**

- a. Expenses incurred on diagnostic procedure or tests done as a preventive health check-up.

b. Diagnostic procedure or lab test more than INR 3,000 will be excluded, unless specifically agreed otherwise by Us and mentioned in the Policy Schedule/ Certificate of Insurance.

**Section 4 - Surgical Treatment**

If You have opted for this section and suffer from an Accidental Injury or Illness during the Policy Period, We will indemnify You for the expenses incurred on Out-Patient minor Surgical Procedures carried out by Medical Practitioner(s) including but not limited to Plaster of Paris (POP), Suturing, Dressings for Accidents and Animal Bite Related Outpatient Procedures, upto the Sum Insured as mentioned in Policy Schedule/Certificate of Insurance subject to number of surgical procedures , per surgical procedure limit and other terms, conditions, deductible, limitations, and exclusions mentioned in the Policy Schedule/Certificate of Insurance.

C. Section 4.

**Specific Conditions Applicable to this section:**

- a. Benefit under this section can be availed through Network Facilitator or by Us, as specifically mentioned in Policy Schedule/Certificate of Insurance.
- b. Benefit under this section will be provided subject to the availability of Medical Practitioner(s) at the time of appointment.
- c. Any surgery performed as a Day Care Treatment or requires hospitalisation of more than 24 hours will be excluded.
- d. Consumables related to Surgical Procedures will not be covered under this section.

**Section 5 - Pharmacy Cover**

If You have opted for this section and suffer from an Accidental Injury or Illness during the Policy Period, We will indemnify You for the expenses incurred on Pharmacy prescribed by Medical Practitioner for Out-Patient treatment, as per following subsections, upto the Sum Insured as mentioned in Policy Schedule/Certificate of Insurance:

C. Section 5.

<b>Subsection 5.1</b> Pharmacy exactly as per prescription	Pharmacy exactly as per prescription of Medical Practitioner, upto the Sum Insured as mentioned in Policy Schedule/Certificate of Insurance subject to other terms, conditions, deductible, limitations and exclusions mentioned in the Policy Schedule/Certificate of Insurance against this subsection.
<b>Subsection 5.2</b> Generic Form of	Generic form of prescribed Pharmacy, upto the Sum Insured as mentioned in Policy Schedule/Certificate of Insurance subject to

<b>Pharmacy</b>	<b>other terms, conditions, deductible, limitations, and exclusions mentioned in the Policy Schedule/Certificate of Insurance against this subsection.</b>
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**Specific Conditions Applicable to this section:**

- a. Benefit under this section can be availed through Network Facilitator or by Us, as specifically mentioned in Policy Schedule/Certificate of Insurance.**
- b. Benefit under this section will be provided subject to the availability of Pharmacy at the time of purchasing it.**
- c. Coverage provided under this section will be as per subsection(s) details as mentioned in the Policy Schedule/ Certificate of Insurance.**

**Section 6 - Out-Patient Dental Treatment**

**If You have opted for this section, We will indemnify You for the Out-Patient Dental treatment expenses for the immediate relief as prescribed by dentist(s) for the following sub sections, upto the Sum Insured as mentioned in Policy Schedule/Certificate of Insurance:**

<b>Subsection 6.1 Consultation</b>	<b>If You require dental treatment arising out of an Accidental injury or Illness, We will indemnify for Outpatient physical Dental consultations from dentist (s) upto the Sum Insured as mentioned in Policy Schedule/Certificate of Insurance subject to the number of consultations, per consultation limit and other terms, conditions, deductible, limitations, and exclusions mentioned in the Policy Schedule/Certificate of Insurance against this subsection.</b>
<b>Subsection 6.2 Procedure</b>	<b>If You require dental treatment arising out of an Accidental injury or Illness, We will indemnify for dental procedures as recommended by dentist(s) including but not limited to Dental X-rays, Extractions (non-surgical), Amalgam or composite fillings, root canal treatments upto the Sum Insured as mentioned in Policy Schedule/Certificate of Insurance subject to the number of procedures, per procedure limit and other terms, conditions, deductible, limitations, and exclusions mentioned in the Policy Schedule/Certificate of Insurance against this subsection.</b>
<b>Subsection 6.3</b>	<b>If You require dental treatment arising out of an Accidental injury</b>

**C. Section 6.**

Pharmacy	or Illness, We will indemnify for the Pharmacy as prescribed by the dentist(s) for the dental treatment upto the Sum Insured as mentioned in Policy Schedule/Certificate of Insurance subject to the terms, conditions, deductible, limitations, and exclusions mentioned in the Policy Schedule/Certificate of Insurance against this subsection.
Subsection 6.4 Cosmetic Dental Treatment	Any dental treatment that comprises cosmetic surgery, scaling and polishing, dentures, dental prosthesis, dental implants, orthodontics, teeth alignment, orthognathic surgery, jaw alignment or treatment for temporomandibular (jaw), or upper and lower jawbone surgery and surgery related to the temporomandibular (jaw) upto the Sum Insured as mentioned in Policy Schedule/Certificate of Insurance subject to the number of sittings, per sitting limit and other terms, conditions, deductible, limitations, and exclusions mentioned in the Policy Schedule/Certificate of Insurance against this subsection.

**Specific Conditions Applicable to this section:**

- a. Benefit under this section can be availed through Network Facilitator or by Us, as specifically mentioned in Policy Schedule/Certificate of Insurance.
- b. Benefit under this section will be provided subject to the availability of dentist(s) at the time of appointment.
- c. Coverage provided under this section will be as per subsection(s) details as mentioned in the Policy Schedule/ Certificate of Insurance.
- d. If You have opted for this Section, point no. 7 “Cosmetic or plastic Surgery: Code- Excl08” and point no. 31 “Dental Treatment” as provided under “D – Exclusions” shall be deleted to the extent of coverage provided under this section.

**Section 7 – Ophthalmic Treatment Expenses**

If You have opted for this section, We will indemnify You for the expenses incurred for Out-Patient Ophthalmic Treatment as prescribed by Ophthalmologist(s) for the following sub sections, upto the Sum Insured as mentioned in Policy Schedule/Certificate of Insurance.

Subsection 7.1 Eye Examination	If You require for Ophthalmic Treatment arising out of an Accidental injury or Illness, We will indemnify for the expenses incurred on Eye examinations/ consultation and diagnostics upto
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C. Section 7.



and Diagnostics	the Sum Insured as mentioned in Policy Schedule/Certificate of Insurance subject to the number of examinations/diagnostics, per examination/diagnostic limit and other terms, conditions, deductible, limitations, and exclusions mentioned in the Policy Schedule/Certificate of Insurance against this subsection.
Subsection 7.2 Pharmacy	If You require for Ophthalmic Treatment arising out of an Accidental injury or Illness, We will indemnify for the Pharmacy related to Ophthalmic treatment upto the Sum Insured as mentioned in Policy Schedule/Certificate of Insurance subject to the terms, conditions, deductible, limitations, and exclusions mentioned in the Policy Schedule/Certificate of Insurance against this subsection.
Subsection 7.3 Eyewear Expenses	Any expenses related to eyewear including but not limited to contact lenses/spectacles/sunglasses upto the Sum Insured as mentioned in Policy Schedule/Certificate of Insurance subject to the number of eyewear, Per eyewear limit, and other terms, conditions, deductible, limitations, and exclusions mentioned in the Policy Schedule/Certificate of Insurance against this subsection.

**Specific Conditions Applicable to this section:**

- a. Benefit under this section can be availed through Network Facilitator or by Us, as specifically mentioned in Policy Schedule/Certificate of Insurance.
- b. Benefit under this section will be provided subject to the availability of Ophthalmologist(s) at the time of appointment.
- c. Coverage provided under this section will be as per subsection(s) details as mentioned in the Policy Schedule/ Certificate of Insurance.
- d. If You have opted for this Section, point no. 25 “Spectacles, Hearing aids & other Expenses” and 29 “Ear, Eyesight & Optical Services” as provided under “D – Exclusions” shall be deleted to the extent of coverage provided under this section.

**Section 8 - Physiotherapy**

If You have opted for this section, We will indemnify You for physiotherapy expenses incurred for the following subsections as opted by You and mentioned in Policy Schedule/Certificate of Insurance.

**C. Section 8.**

		<p><b>Subsection 8.1 Physical Physiotherapy</b></p>	<p><b>Out-Patient physical Physiotherapy sessions and/or consultations in case you suffer from any deformity arising out of the following, as opted by you and mentioned in Policy Schedule/Certificate of Insurance:</b>  <b>8.1.1. Accidental injury and/or</b>  <b>8.1.2 Illness</b>  <b>from a qualified physiotherapist as prescribed by Specialist Medical Practitioner(s) / Medical Practitioner during the Policy Period by physical methods including but not limited to massage, heat treatment, ultrasound, Laser and exercises, upto the Sum Insured as mentioned in Policy Schedule/Certificate of Insurance subject to the number of sessions, per session limit, number of consultations, per consultation limit and other terms, conditions, deductible, limitations, and exclusions mentioned in the Policy Schedule/Certificate of Insurance against this subsection.</b></p>		
		<p><b>Subsection 8.2 Telephonic / Virtual Physiotherapy</b></p>	<p><b>Out-patient Telephonic/Virtual Physiotherapy sessions and/or consultations in case you suffer from any deformity arising out of the following, as opted by you and mentioned in Policy Schedule/Certificate of Insurance:</b>  <b>8.2.1. Accidental injury and/or</b>  <b>8.2.2 Illness</b>  <b>from a qualified physiotherapist as prescribed by a Medical Practitioner(s) during the Policy Period upto the Sum Insured as mentioned in Policy Schedule/Certificate of Insurance subject to the number of sessions, per session limit, number of consultations, per consultation limit and other terms, conditions, deductible, limitations, and exclusions mentioned in the Policy Schedule/Certificate of Insurance.</b></p>		

**Specific Conditions Applicable to this section:**

- a. Benefit under this section can be availed through Network Facilitator or by Us, as specifically mentioned in Policy Schedule/Certificate of Insurance.
- b. Benefit under this section will be provided subject to the availability of physiotherapist(s) at the time of appointment.
- c. Coverage provided under this section will be as per subsection(s) details as mentioned in the Policy Schedule/ Certificate of Insurance.

d. If You have opted for this Section, point no. 33 “Physiotherapy” as provided under “D – Exclusions” shall be deleted to the extent of coverage provided under this section.

**Section 9 – Preventive Health check-ups**

If You have opted for this section, We will indemnify You for the preventive health check-up expenses incurred as per following option as opted by You and mentioned in Policy Schedule/Certificate of Insurance. You can opt for either of the following options:

- **9.1 Health Check-up from Day 1 of Policy:** We will pay the expenses incurred towards cost of preventive health check-up from Day 1 of the Policy and during the policy period up to the Sum Insured limit as mentioned in Policy Schedule/Certificate of Insurance subject to terms, conditions, deductible, limitations, and exclusions mentioned in the Policy Schedule/Certificate of Insurance.
- **9.2 Health Check-up at the end of each block of continuous years:** If You have continued Your Policy with Us without any break, then at the end of each block of continuous years as mentioned in Policy Schedule/Certificate of Insurance, We will pay the expenses incurred towards cost of health check-up up to the Sum Insured limit as mentioned in Policy Schedule/Certificate of Insurance subject to terms, conditions, deductible, limitations, and exclusions mentioned in the Policy Schedule/Certificate of Insurance.

**Specific Conditions Applicable to this section:**

- a. This benefit will not be carried forward if not utilized.
- b. Benefit under this section can be availed through Network Facilitator or by Us, as specifically mentioned in Policy Schedule/Certificate of Insurance.
- c. These services should be provided subject to the availability of lab / diagnostic centre at the time of appointment.
- d. In case of Family Floater policy, Health Check-up Sum Insured as mentioned in Policy Schedule/Certificate of Insurance is the maximum total cost which is available for all insured persons put together.
- e. If You have opted for this Section, point no. 4 “Investigation and Evaluation Code- Excl04” as provided under “D – Exclusions” shall be deleted to the extent of coverage provided under this section.

**Section 10 - Maternity Care**

If You have opted for this section, We will indemnify You for the expenses incurred for the

C. Section 9.

C. Section 10.

following subsections as opted by You and mentioned in Policy Schedule/Certificate of Insurance.

<p><b>Subsection 10.1 Consultations</b></p>	<p>Expenses incurred for Out-Patient physical maternity consultations from Gynaecologist(s), upto the Sum Insured as mentioned in Policy Schedule/Certificate of Insurance subject to the number of consultations, per limit consultation and other terms, conditions, deductible, limitations, and exclusions mentioned in the Policy Schedule/Certificate of Insurance against this subsection.</p>
<p><b>Subsection 10.2 Pharmacy</b></p>	<p>Expenses incurred for Pharmacy as per prescription of the Gynaecologist(s) related to Maternity Care upto the Sum Insured as mentioned in Policy Schedule/Certificate of Insurance subject to the terms, conditions, deductible, limitations, and exclusions mentioned in the Policy Schedule/Certificate of Insurance against this subsection.</p>
<p><b>Subsection 10.3 Diagnostic Tests</b></p>	<p>Expenses incurred for Out-Patient maternity diagnostic tests as prescribed by the Gynaecologist(s), upto the Sum Insured as mentioned in Policy Schedule/Certificate of Insurance subject to the number of diagnostic tests, per diagnostic tests limit and other terms, conditions, deductible, limitations, and exclusions mentioned in the Policy Schedule/Certificate of Insurance against this subsection.</p>

**Specific Conditions Applicable to this section:**

- a. Benefit under this section can be availed through Network Facilitator or by Us, as specifically mentioned in Policy Schedule/Certificate of Insurance.
- b. Benefit under this section will be provided subject to the availability of Gynaecologist(s) (as applicable) at the time of appointment.
- c. Coverage provided under this section will be as per subsection(s) details as mentioned in the Policy Schedule/ Certificate of Insurance.
- d. Waiting period as applicable for this section will be mentioned in the Policy Schedule / Certificate of Insurance.
- e. If You have opted for this Section, point no. 16 “Maternity: Code Excl18” as provided under “D – Exclusions” shall be deleted to the extent of coverage provided under this section.
- f. New-born baby expenses will not be covered.

**Section 11 - AYUSH Treatment Expenses**

If You have opted for this section and suffer from an Accidental Injury or Illness, We will indemnify You for the expenses incurred for Out-Patient physical consultations under Ayurveda, Unani, Siddha and Homeopathy system of medicine from a AYUSH Medical Practitioner(s), upto the Sum Insured as mentioned in Policy Schedule/Certificate of Insurance subject to the number of consultations, per consultation limit and other terms, conditions, deductible, limitations, and exclusions mentioned in the Policy Schedule/Certificate of Insurance.

C. Section 11.

**Specific Conditions Applicable to this section:**

- a. Benefit under this section can be availed through Network Facilitator or by Us, as specifically mentioned in Policy Schedule/Certificate of Insurance.
- b. Benefit under this section will be provided subject to the availability of AYUSH Medical Practitioner(s) at the time of appointment.
- c. If You have opted for this Section, point no. 32 “Non-Allopathic Treatment” as provided under “D – Exclusions” shall be deleted to the extent of coverage provided under this section.

**Section 12 – Vaccination/Inoculation Expenses**

If You have opted for this section, We will indemnify You for the cost and administration of Vaccination/Inoculation forming the part of treatment prescribed by the treating Medical Practitioner(s), upto the Sum Insured as mentioned in Policy Schedule/Certificate of Insurance subject to terms, conditions, deductible, limitations, and exclusions, mentioned in the Policy Schedule/Certificate of Insurance.

C. Section 12.

**Specific Conditions Applicable to this section:**

- a. Benefit under this section can be availed through Network Facilitator or by Us, as specifically mentioned in Policy Schedule/Certificate of Insurance.
- b. Benefit under this section will be provided subject to the availability of vaccine at the time of appointment.
- c. If You have opted for this Section, point no. 24 “Preventive Treatment” as provided under “D – Exclusions” shall be deleted to the extent of coverage provided under this section.

**Section 13 – Reproductive/Sexual Disorders**

If You have opted for this section, We will indemnify You for the expenses incurred for the following subsections as opted by You and mentioned in Policy Schedule/Certificate of

C. Section 13.

**Insurance.**

<p><b>Subsection 13.1 Consultation</b></p>	<p><b>Out-Patient physical consultations related to reproductive/sexual disorder including but not limited to impotence (irrespective of the cause) and anything related to sterility, fertility or sterilisation from a Medical Practitioner(s) or sexologist or gynaecologist, upto the Sum Insured as mentioned in Policy Schedule/Certificate of Insurance subject to the number of consultations, per consultation limit and other terms, conditions, deductible, limitations, and exclusions mentioned in the Policy Schedule/Certificate of Insurance against this subsection.</b></p>
<p><b>Subsection 13.2 Diagnostic Tests</b></p>	<p><b>Expenses incurred for Out-patient diagnostic tests related to reproductive/sexual disorder including but not limited to impotence (irrespective of the cause) and anything related to sterility, fertility or sterilisation as prescribed by Medical Practitioner(s) or sexologist or gynaecologist, upto the Sum Insured as mentioned in Policy Schedule/Certificate of Insurance subject to the number of diagnostics tests, per diagnostic tests limit and other terms, conditions, deductible, limitations, and exclusions mentioned in the Policy Schedule/Certificate of Insurance against this subsection.</b></p>
<p><b>Subsection 13.3 Pharmacy</b></p>	<p><b>Pharmacy as prescribed by Medical Practitioner(s) or sexologist or gynaecologist, related to reproductive/sexual disorder including but not limited to impotence (irrespective of the cause) and anything related to sterility, fertility or sterilisation upto the Sum Insured as mentioned in Policy Schedule/Certificate of Insurance subject to the terms, conditions, deductible, limitations and exclusions mentioned in the Policy Schedule/Certificate of Insurance against this subsection.</b></p>

**Specific Conditions Applicable to this section:**

- a. Benefit under this section can be availed through Network Facilitator or by Us, as specifically mentioned in Policy Schedule/Certificate of Insurance.
- b. Benefit under this section will be provided subject to the availability of Medical Practitioner(s) or sexologist or gynaecologist (as applicable) at the time of appointment.
- c. Coverage provided under this section will be as per subsection(s) details as mentioned in the Policy Schedule/ Certificate of Insurance.

d. If You have opted for this Section, point no. 15 “Sterility and Infertility: Code- Excl17 “ and Point no 34 “Treatment related to Reproductive/Sexual Disorder” as provided under “D – Exclusions” shall be deleted to the extent of coverage provided under this section.

**Section 14 - Sexually Transmitted Infections & Diseases**

If You have opted for this section, We will indemnify You for the expenses incurred for the following subsections as opted by You and mentioned in Policy Schedule/Certificate of Insurance.

C. Section 14.

<p><b>Subsection 14.1 Consultations</b></p>	<p>Out-Patient physical consultations related to Sexually Transmitted Infections &amp; Diseases from a Medical Practitioner(s), upto the Sum Insured as mentioned in Policy Schedule/Certificate of Insurance subject to the number of consultations, per consultation limit, and other terms, conditions, deductible, limitations, and exclusions mentioned in the Policy Schedule/Certificate of Insurance against this subsection.</p>
<p><b>Subsection 14.2 Pharmacy</b></p>	<p>Pharmacy related to Sexually Transmitted Infections &amp; Diseases upto the Sum Insured as mentioned in Policy Schedule/Certificate of Insurance subject to the terms, conditions, deductible, limitations and exclusions mentioned in the Policy Schedule/Certificate of Insurance against this subsection.</p>
<p><b>Subsection 14.3 Diagnostic Tests</b></p>	<p>Expenses incurred for Out-patient diagnostic tests related to Sexually Transmitted Infections and Disease as prescribed by Medical Practitioner(s), upto the Sum Insured as mentioned in Policy Schedule/Certificate of Insurance subject to the number of diagnostic tests, per tests limit terms, conditions, deductible, limitations, and exclusions mentioned in the Policy Schedule/Certificate of Insurance against this subsection.</p>

**Specific Conditions Applicable to this section:**

- a. Benefit under this section can be availed through Network Facilitator or by Us, as specifically mentioned in Policy Schedule/Certificate of Insurance.
- b. Benefit under this section will be provided subject to the availability of Medical Practitioner(s) at the time of appointment.
- c. Coverage provided under this section will be as per subsection(s) details as mentioned in the Policy Schedule/ Certificate of Insurance.
- d. If You have opted for this Section, point no. 35 “Sexually Transmitted Infections and



Disease” as provided under “D – Exclusions” shall be deleted to the extent of coverage provided under this section.

**Section 15- Occupational Therapy**

If You have opted for this section, We will indemnify You for the expenses incurred for the Out-patient occupational therapy as prescribed by Medical Practitioner(s) for persons with either traumatic injury and illnesses to help them perform daily living activities including but not limited to as eating, bathing using the bathroom upto the Sum Insured as mentioned in Policy Schedule/Certificate of Insurance subject to the number of therapies, per therapy limit and other terms, conditions, deductible, limitations, and exclusions mentioned in the Policy Schedule/Certificate of Insurance.

**Specific Conditions Applicable to this section:**

- a. Benefit under this section can be availed through Network Facilitator or by Us, as specifically mentioned in Policy Schedule/Certificate of Insurance.
- b. Benefit under this section will be provided subject to the availability of Occupational Therapy professional at the time of appointment.
- c. If You have opted for this Section, point no. 5 “Rest Cure, rehabilitation and respite care- Code- Excl05” as provided under “D – Exclusions” shall be deleted to the extent of coverage provided under this section.

C. Section 15.

**Section 16- Prosthetics and Devices**

If You have opted for this section and suffer from an Accidental injury leading to loss of a part of body, We will indemnify You for the expenses incurred for Prosthetics device (to replace the missing part of the body) and/ or other similar devices (which are not implanted internally via surgery including but not limited to walking aid, hearing aid) upto the Sum Insured as mentioned in Policy Schedule/Certificate of Insurance subject to other terms, conditions, deductible, limitations, and exclusions mentioned in the Policy Schedule/Certificate of Insurance.

**Specific Conditions Applicable to this section:**

- a. Benefit under this section can be availed through Network Facilitator or by Us, as specifically mentioned in Policy Schedule/Certificate of Insurance.
- b. Benefit under this section will be provided subject to the availability of required Prosthetics and Devices.
- c. If You have opted for this Section, point no. 25 “Spectacles, Hearing aids & other Expenses” and point no. 30 “Prosthetics and Other Devices” as provided under “D – Exclusions” shall

C. Section 16.



be deleted to the extent of coverage provided under this section.

**Section 17 – Sleep Disorders And Sleep Problems**

If You have opted for this section and suffering from Sleep Disorders and Sleep Problems arising from Illness or accident, We will indemnify You for expenses incurred for Out-patient physical consultations from a Medical Practitioner(s) related to sleep disorders and sleep problems, including but not limited to snoring, insomnia or sleep apnoea, upto the Sum Insured as mentioned in Policy Schedule/Certificate of Insurance subject to the number of consultation, per consultation limit and other terms, conditions, deductible, limitations, and exclusions mentioned in the Policy Schedule/Certificate of Insurance.

C. Section 17.

**Specific Conditions Applicable to this section:**

- a. Benefit under this section can be availed through Network Facilitator or by Us, as specifically mentioned in Policy Schedule/Certificate of Insurance.
- b. Benefit under this section will be provided subject to the availability of Medical Practitioner at the time of appointment.
- c. If You have opted for this Section, point no. 38 Sleep Disorder & Sleep Problems as provided under “D – Exclusions” shall be deleted to the extent of coverage provided under this section.

**Section 18 – Hazardous or Adventure Sports**

If You have opted for this section, We will indemnify You for expenses incurred for Out-patient physical consultations from a Medical Practitioner(s) related to injuries sustained due to participation as a professional in hazardous or adventure sports as defined in the Policy upto the Sum Insured as mentioned in Policy Schedule/Certificate of Insurance subject to the number of consultations, per consultations limit and other terms, conditions, deductible, limitations, and exclusions mentioned in the Policy Schedule/Certificate of Insurance.

C. Section 18.

**Specific Conditions Applicable to this section:**

- a. Benefit under this section can be availed through Network Facilitator or by Us, as specifically mentioned in Policy Schedule/Certificate of Insurance.
- b. Benefit under this section will be provided subject to the availability of Medical Practitioner(s) at the time of appointment.
- c. If You have opted for this Section, point no. 21 “Hazardous or Adventure sports” as provided under “D – Exclusions” shall be deleted to the extent of coverage provided under this section.

**Section 19 – Diet and Nutrition consultation**

If You have opted for this section, We will indemnify You for the expenses incurred for the following subsections as opted by You and mentioned in Policy Schedule/Certificate of Insurance.

<p><b>Subsection 19.1 Physical Consultation</b></p>	<p>Out-Patient physical consultations related to diet and Nutrition from Dietitian / Nutritionist, upto the Sum Insured as mentioned in Policy Schedule/Certificate of Insurance subject to the number of consultations, per consultation limit and other terms, conditions, deductible, limitations, and exclusions mentioned in the Policy Schedule/Certificate of Insurance.</p>
<p><b>Subsection 19.2 Telephonic/Virtual consultations</b></p>	<p>Out-patient Telephonic/Virtual consultations related to diet and Nutrition from Dietitian / Nutritionist, upto the Sum Insured as mentioned in Policy Schedule/Certificate of Insurance subject to the number of consultations, per consultation limit and other terms, conditions, deductible, limitations, and exclusions mentioned in the Policy Schedule/Certificate of Insurance.</p>

C. Section 19.

**Specific Conditions Applicable to this section:**

- a. Benefit under this section can be availed through Network Facilitator or by Us, as specifically mentioned in Policy Schedule/Certificate of Insurance.
- b. Benefit under this section will be provided subject to the availability of Dietitian / Nutritionist at the time of appointment.
- c. Coverage provided under this section will be as per subsection(s) details as mentioned in the Policy Schedule/ Certificate of Insurance.
- d. Any expenses on dietary supplements and substances will not be covered under this section.

If You have opted for this Section, point no. 37 “Diet and Nutrition Consultation” as provided under “D – Exclusions” shall be deleted to the extent of coverage provided under this section.

**6**

Exclusions  
(what the  
policy does  
not cover)

**There are 3 types of exclusions:**

**I. STANDARD EXCLUSIONS (Please refer below for brief headers, for detail exclusions, please refer to the policy wordings)**

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

**II.SPECIFIC EXCLUSIONS (Please refer below for brief headers, for detail exclusions, please refer to the policy wordings)**

17. Artificial Life Maintenance
18. Suicide and Self-Injury
19. Circumcision, Aesthetic reasons
20. External Congenital Anomaly\
21. Hazardous or Adventure sports
22. Defence Operation
23. Non-Medical Expenses
24. Preventive Treatment
25. Spectacles, Hearing aids & other Expenses
26. War and hazardous substances
27. Legal Liability
28. Substance abuse and Addictions by insured

**D.I Standard  
Exclusion**

**D.II Specific  
Exclusion**

	<p>29. Ear, Eyesight &amp; Optical Services          30. Prosthetic and other devices          31. Dental Treatment          32. Non-Allopathic Treatment          33. Physiotherapy          34. Treatment related to Reproductive/Sexual Disorder          35. Sexually Transmitted Infections &amp; Disease          36. Genetic Testing          37. Diet and Nutrition Consultation          38. Sleep Disorders and Sleep Problems          39. Any Inpatient Treatment requiring Hospitalization and/ or Day Care Procedures.          40. Any loss arising out of the Insured Person's actual or attempted commission of or wilful participation in an illegal act or any violation or attempted violation of the law.          41. We do not assume any liability towards any loss or damage arising out of or in relation to any opinion, advice, prescription, actual or alleged errors, omissions and representations made by the Medical Practitioner/Network Facilitator.          42. No claim will be payable if benefit under any of the section as opted and mentioned in Your Policy Schedule/Certificate of Insurance is taken from any other Network Facilitator (other than as mentioned in Your Policy Schedule/Certificate of Insurance), unless specifically agreed otherwise by Us and mentioned in the Policy Schedule/ Certificate of Insurance.          43. No claim will be payable for any facilities or services availed for rejuvenation, pleasure, detoxification, purification, panchakarma.          44. Any treatment taken outside the Geographical Scope as mentioned in the Policy Schedule / Certificate of Insurance.</p> <p><b><u>III. Any other specific exclusions mentioned in the policy schedule/COI.</u></b></p>	
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7	<p>Waiting period</p> <ul style="list-style-type: none"> <li>• Time period during which specified diseases/ treatments are not covered.</li> <li>• It is counted from the beginning of the policy coverage</li> </ul>	<p><b>(Waiting Periods as applicable to Your policy will be mentioned in your policy schedule) - NA</b></p> <table border="1"> <thead> <tr> <th>Waiting Period options</th> <th>Period</th> </tr> </thead> <tbody> <tr> <td>Initial Waiting Period</td> <td>0 days, 7 days, 15 days and 30 days</td> </tr> <tr> <td>Pre -existing disease period</td> <td>0-year, 1 year, 2 year, 3 year</td> </tr> <tr> <td>Specific illness Waiting period</td> <td>Nil, 1year, 2 years</td> </tr> <tr> <td>Maternity Waiting period</td> <td>0 month, 3 months, 6 months, 9 months</td> </tr> </tbody> </table>	Waiting Period options	Period	Initial Waiting Period	0 days, 7 days, 15 days and 30 days	Pre -existing disease period	0-year, 1 year, 2 year, 3 year	Specific illness Waiting period	Nil, 1year, 2 years	Maternity Waiting period	0 month, 3 months, 6 months, 9 months	
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Maternity Waiting period	0 month, 3 months, 6 months, 9 months												

8	<p>Financial limits of coverage</p> <p>I.Sub-limit (It is a pre-defined limit and the insurance company will not pay any amount in excess of this</p>	<p><b>Sub – Limit, Co-payment and Deductible as applicable to Your policy will be mentioned in your policy schedule/COI.</b></p> <p><b>Sub- Limit: N.A.</b></p> <p><b>Details of Section Wise Deductible and Co-payment available under the product are mentioned below:</b></p> <table border="1"> <thead> <tr> <th rowspan="2">Name of the Benefit</th> <th rowspan="2">Whether Deductible allowed</th> <th colspan="2">If Yes, range of Deductible</th> <th rowspan="2">Whether Co-Pay allowed</th> <th colspan="2">If yes, range of Co-Pay</th> </tr> <tr> <th>Minimum</th> <th>Maximum</th> <th>Minimum</th> <th>Maximum</th> </tr> </thead> <tbody> <tr> <td><b>Section 1. OPD Doctor consultations</b></td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> <td>-</td> </tr> <tr> <td>1.1 Physical General Consultations</td> <td>Yes</td> <td>0</td> <td>5,00,000</td> <td>No</td> <td>-</td> <td>-</td> </tr> <tr> <td>1.2 Physical Specialist</td> <td>Yes</td> <td>0</td> <td>5,00,000</td> <td>No</td> <td>-</td> <td>-</td> </tr> </tbody> </table>	Name of the Benefit	Whether Deductible allowed	If Yes, range of Deductible		Whether Co-Pay allowed	If yes, range of Co-Pay		Minimum	Maximum	Minimum	Maximum	<b>Section 1. OPD Doctor consultations</b>	-	-	-	-	-	-	1.1 Physical General Consultations	Yes	0	5,00,000	No	-	-	1.2 Physical Specialist	Yes	0	5,00,000	No	-	-	
Name of the Benefit	Whether Deductible allowed	If Yes, range of Deductible			Whether Co-Pay allowed	If yes, range of Co-Pay																													
		Minimum	Maximum	Minimum		Maximum																													
<b>Section 1. OPD Doctor consultations</b>	-	-	-	-	-	-																													
1.1 Physical General Consultations	Yes	0	5,00,000	No	-	-																													
1.2 Physical Specialist	Yes	0	5,00,000	No	-	-																													

limit).	Consultations							
	1.3 Telephonic/Virtual General Consultations	Yes	0	5,00,000	No	-	-	
	1.4 Telephonic/Virtual Specialist Consultations	Yes	0	5,00,000	No	-	-	
	<b>Section 2. Psychiatric Consultations</b>	-	-	-	-	-	-	
	2.1 Physical Consultations	Yes	0	5,00,000	No	-	-	
	2.2 Telephonic/ Virtual consultations	Yes	0	5,00,000	No	-	-	
	<b>Section 3. Lab Test and Diagnostics</b>	Yes	0	5,00,000	No	-	-	
	<b>Section 4. Surgical Treatment</b>	Yes	0	5,00,000	No	-	-	
	<b>Section 5. Pharmacy Cover</b>	-	-	-	-	-	-	
	5.1 Pharmacy exactly as per prescription	Yes	0	5,00,000	No	-	-	
	5.2 Generic Form of Pharmacy	Yes	0	5,00,000	No	-	-	
	<b>Section 6. Out-Patient Dental Treatment</b>	-	-	-	-	-	-	
	6.1 Consultations	Yes	0	5,00,000	No	-	-	
	6.2 Procedures	Yes	0	5,00,000	No	-	-	
6.3 Pharmacy	Yes	0	5,00,000	No	-	-		
6.4 Cosmetic Dental Surgeries	Yes	0	5,00,000	No	-	-		
<b>Section 7. Ophthalmic Treatment Expenses</b>	-	-	-	-	-	-		
7.1 Eye Examinations and Diagnostic	Yes	0	5,00,000	No	-	-		
7.2 Pharmacy	Yes	0	5,00,000	No	-	-		
7.3 Eyewear Expenses	Yes	0	5,00,000	No	-	-		
<b>Section 8. Physiotherapy</b>	-	-	-	-	-	-		
8.1 Physical Physiotherapy	Yes	0	5,00,000	No	-	-		
8.1.1. Accidental Injury	Yes	0	5,00,000	No	-	-		
8.1.2. Illness	Yes	0	5,00,000	No	-	-		

II.Co-payment (It is a specified amount /percentage of the admissible claim amount to be paid by policyholder/insured).

III.Deductible (It is a specified amount: - upto which an insurance company will not pay any claim, and - which will be

deducted from total claim amount (if claim amount is more than the specified amount)	IV. Any other limit (as applicable)	8.2 Telephonic / Virtual Physiotherapy	Yes	0	5,00,000	No	-	-
		8.2.1. Accidental Injury	Yes	0	5,00,000	No	-	-
		8.2.2 Illness	Yes	0	5,00,000	No	-	-
		<b>Section 9. Preventive Health check-ups</b>	-	-	-	-	-	-
		9.1 Health Check-up from Day 1 of Policy	Yes	0	5,00,000	No	-	-
		9.2 Health Check-up at the end of each block of continuous years	Yes	0	5,00,000	No	-	-
		<b>Section 10. Maternity Care</b>	-	-	-	-	-	-
		10.1 Consultations	Yes	0	5,00,000	No	-	-
		10.2 Pharmacy	Yes	0	5,00,000	No	-	-
		10.3 Diagnostic Tests	Yes	0	5,00,000	No	-	-
		<b>Section 11. AYUSH Treatment Expenses</b>	Yes	0	5,00,000	No	-	-
		<b>Section 12. Vaccination/Inoculation Expenses</b>	Yes	0	5,00,000	No	-	-
		<b>Section 13. Reproductive/Sexual Disorders</b>	-	-	-	-	-	-
		13.1 Consultations	Yes	0	5,00,000	No	-	-
		13.2 Diagnostic Tests	Yes	0	5,00,000	No	-	-
		13.3 Pharmacy	Yes	0	5,00,000	No	-	-
		<b>Section 14. Sexually Transmitted Infections &amp; Diseases</b>	-	-	-	-	-	-
		14.1 Consultations	Yes	0	5,00,000	No	-	-
		14.2 Pharmacy	Yes	0	5,00,000	No	-	-
		14.3 Diagnostic Tests	Yes	0	5,00,000	No	-	-
<b>Section 15. Occupational Therapy</b>	Yes	0	5,00,000	No	-	-		
<b>Section 16. Prosthetics and Devices</b>	Yes	0	5,00,000	No	-	-		

		<b>Section 17. Sleep Disorders and Sleep Problems</b>	Yes	0	5,00,000	No	-	-	
		<b>Section 18. Hazardous or Adventure Sports</b>	Yes	0	5,00,000	No	-	-	
		<b>Section 19. Diet and Nutrition consultation</b>	-	-	-	-	-	-	
		19.1 Physical Consultation	Yes	0	5,00,000	No	-	-	
		19.2 Telephonic/visual Consultations	Yes	0	5,00,000	No	-	-	

<b>9</b>	Claims/Claims Procedure	<p><b>Claim process under this policy will be on cashless basis/reimbursement/both cashless and reimbursement basis as per mentioned in Policy Schedule/Certificate of Insurance. 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:</b></p> <p><b>A. Cashless Claim Process:</b></p> <ul style="list-style-type: none"> <li>i. Cashless Facility can be availed only from the Network Facilitator or from Us, as may be specifically mentioned in the Policy Schedule/Certificate of Insurance.</li> <li>ii. We reserve the right to modify, add or restrict any Network Facilitator for Cashless facility at Our sole discretion.</li> <li>iii. Before availing Cashless Facility, please check the applicable claims process as mentioned in Policy Schedule/Certificate of Insurance.</li> <li>iv. For any assistance call 1-800-258- 4242 or email at <a href="mailto:healthclaims@godigit.com">healthclaims@godigit.com</a></li> </ul> <p><b>B. Reimbursement Claim Process:</b></p> <ul style="list-style-type: none"> <li>i. In case of reimbursement claims, the Insured Person shall provide Us with any documentation and information We may request to establish the circumstances of the claim within 15 days of Our request.</li> <li>ii. Documents required for processing claims. <ul style="list-style-type: none"> <li>a. Our claim form duly completed and signed for on behalf of the Insured Person.</li> <li>b. Prescription of treating Medical Practitioner.</li> <li>c. Certificate from the attending Medical Practitioner/Physiotherapy.</li> <li>d. Original Receipt for Consultation Charges/ Pharmacy/Chemist.</li> <li>e. Consultation Papers and Investigation Reports</li> <li>f. Digital Images/CDs of the Investigation Procedures (if required)</li> <li>g. Receipts and reports for tests conducted.</li> <li>h. Bank details with personalized Cancelled Cheque.</li> </ul> </li> </ul>							E.II.21
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		<p>i. *KYC (Photo ID card) (If applicable) j. Any other documents required by the Company on case-to-case basis.</p> <p><b>Note:</b></p> <p>1. 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 above B.1 may be considered where the reason for delay is proved to our satisfaction.</p> <p>2. Any additional details related to claims procedure will be mentioned in your Policy Schedule/Certificate of Insurance. Kindly go through the same before making any claim.</p> <p>*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.</p>	
10	Policy Servicing	<p><b><u>Call Centre Details of the Insurer</u></b> Toll Free: 1800-258- 4242 Email: <a href="mailto:healthclaims@godigit.com">healthclaims@godigit.com</a> Senior citizens can now contact us on 1-800-258-4242 or write to us at <a href="mailto:seniors@godigit.com">seniors@godigit.com</a> Website: <a href="https://www.godigit.com">https://www.godigit.com</a></p> <p><b><u>Details of Company Officials:</u></b> NA With intent to provide better and fast service to our customers, our claims process is paperless. You may get in touch with the above email id and call centre number we assist you in case of any Policy Servicing issues.</p>	E.I.16
11	Grievance s/Complaints	<p><b><u>Customer Grievance Redressal Policy</u></b> In case of any grievance the insured person may contact the company through Website: <a href="https://www.godigit.com">https://www.godigit.com</a> Toll Free: 1-800-258- 4242 Email: <a href="mailto:hello@godigit.com">hello@godigit.com</a> Senior citizens can now contact us on 1-800-258-4242 or write to us at <a href="mailto:seniors@godigit.com">seniors@godigit.com</a> 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 <a href="mailto:grievance@godigit.com">grievance@godigit.com</a> For updated details of grievance officer, kindly refer the link: <a href="https://www.godigit.com/claim/grievance-redressal-procedure">https://www.godigit.com/claim/grievance-redressal-procedure</a></p>	E.I.16

		<p>If Insured person is not satisfied with the redressal of grievance through above methods, the insured person may also approach the office of Insurance Ombudsman of the respective area/region for redressal of grievance as per Insurance Ombudsman Rules 2017 Grievance may also be lodged at IRDAI Integrated Grievance Management System- <a href="https://irdai.gov.in/igms1">https://irdai.gov.in/igms1</a></p> <p>The contact details of the Insurance Ombudsman Centers are mentioned in the Policy Wordings.</p>	
11	Things you need to know	<p><b><u>Policy Renewal</u></b> 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.</p> <p><b><u>Migration and Portability:</u></b></p> <p>When your policy is due for renewal, you may migrate to another policy with us or port your policy to another insurer.</p> <p><b><u>Portability</u></b> In case of Indemnity based insurance sections</p> <ol style="list-style-type: none"> <li>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.</li> <li>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) <a href="https://iib.gov.in/">https://iib.gov.in/</a> portal.</li> <li>The Acquiring insurer shall decide and communicate on the proposal immediately but not more than 5 days of receipt of information from Existing insurer.</li> <li>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</li> </ol> <p><b><u>Migration</u></b> 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,</p>	<p>E.I.14</p> <p>E.I.15</p>

		<p>Moratorium period etc. in the previous policy to the migrated policy.</p> <p><b><u>Change in Sum Insured:</u></b> 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.</p> <p><b><u>Moratorium Period</u></b> 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 any grounds of non-disclosure and/or 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. The policies would however be subject to all limits, sub limits, co-payments, deductibles as per the policy contract. The accrued credits gained under the ported and migrated policies shall be counted for the purpose of calculating the Moratorium period.</p>	E.I.7
12	Your Obligations	<p>Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may affect the claim settlement.</p> <p>Please Disclose any change in Material Information during the policy period.</p> <p>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 take informed decision in the context of underwriting the risk.</p>	