Digit Donor Shield Policy

Policy Wordings

(UIN: GODHLIP25038V012425)

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Inside:

Let's get started!

You're already awesome because you decided to protect your most important asset, your health. Think of Digit as your running or gym buddy, keeping pace with you all the way. While you're reading this policy, you get confused or have a query, or you are referring to this policy because you have a claim to make, please call us at 1800-258-4242 or mail us at healthclaims@godigit.com.

A. PREAMBLE

Based on the declaration provided by You to us, **Go Digit General Insurance Limited** (hereinafter called 'the Company/DIGIT') which forms the basis of this health policy contract, and having received your premium, we take pleasure in issuing this policy to you.

Go Digit General Insurance Limited will cover You under this Policy up to the Sum Insured, during the policy period mentioned in your Policy Schedule. Of course, like any insurance cover, it is governed by, and subject to certain terms, conditions and exclusions mentioned in this Policy.

Note: This Policy Wording provides detailed terms, conditions and exclusions for all Sections available under this Product. Kindly refer to the Policy Schedule to know exact details of Sections as opted by You. Only Wordings related to Sections mentioned in your Policy Schedule are applicable.

Disclaimer: The Description mentioned under "Digit Simplification"/ "Examples" /" This space needs your special attention" throughout the Insurance Policy is only to aid Your understanding of the Coverage / Benefit Offered. In case of dispute, the Terms and Conditions detailed in the Policy Document and Policy Schedule shall prevail.

B. DEFINITIONS

Digit Simplification: ***Who says it's hard to crack Insurance terms? At least at Digit, We don't! Simply put, below are some definitions. These are no ordinary definitions that You used to mug up at school. These are like magic spells/words that empower you to understand this policy better. Abra..ca..dabra!*** 😊

Certain words and phrases used throughout the Policy have specific meanings, and this section helps to understand them.

I. STANDARD DEFINITIONS:

1. **Accident, Accidental** means sudden, unforeseen and involuntary event caused by external, visible and violent means.
2. **AYUSH Hospital** is a healthcare facility wherein medical/surgical/para-surgical treatment procedures and interventions are carried out by AYUSH Medical Practitioner(s) comprising of any of the following:
   a. Central or State Government AYUSH Hospital or
   b. Teaching hospital attached to AYUSH College recognized by the Central Government/Central Council of Indian Medicine/Central Council for Homeopathy; or
   c. AYUSH Hospital, standalone or co-located with in-patient healthcare facility of any recognized system of medicine, registered with the local authorities, wherever applicable, and is under the supervision of a qualified registered AYUSH Medical Practitioner and must comply with all the following criterion:
      i. Having at least 5 in-patient beds;
      ii. Having qualified AYUSH Medical Practitioner in charge round the clock;
      iii. Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out;
      iv. Maintaining daily records of the patients and making them accessible to the insurance company's authorized representative.
3. **AYUSH Day Care Centre** means and includes Community Health Centre (CHC), Primary Health Centre (PHC), Dispensary, Clinic, Polyclinic or any such health centre which is registered with the local authorities, wherever applicable and having facilities for carrying out treatment procedures and medical or surgical/para-surgical interventions or both under the supervision of registered AYUSH Medical Practitioner (s) on day care basis without inpatient services and must comply with all the following criterion:
   i. Having qualified registered AYUSH Medical Practitioner(s) in charge;
   ii. Having dedicated AYUSH therapy sections as required and/or has equipped operation theatre where surgical procedures are to be carried out;
   iii. Maintaining daily records of the patients and making them accessible to the insurance company's authorized representative.
4. **AYUSH treatment** refers to the medical and / or hospitalization treatments given under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems.
5. **Break in Policy** means the period of gap that occurs at the end of the existing policy term/instalment premium due date, when the premium due for renewal on a given policy or instalment premium due is not paid on or before the premium renewal date or grace period.
6. **Cashless facility** means a facility extended by the Insurer to the Insured where the payments, of the costs of treatment undergone by the Insured in accordance with the Policy terms and conditions, are directly made to the Network Provider by the Insurer to the extent Pre-authorization is approved.
7. **Condition Precedent** means a policy term or condition upon which the Insurer's liability under the policy is conditional upon.
8. **Co-Payment** means a cost sharing requirement under a Health Insurance Policy that provides that the Policyholder/Insured will bear a specified percentage of the admissible claims amount. A co-payment does not reduce the Sum Insured.
9. **Day Care Centre** means any institution established for day care treatment of illness and/or injuries or a medical setup with a hospital and which has been registered with the local authorities, wherever applicable, and is under supervision of a registered and qualified medical practitioner AND must comply with all minimum criterion as under –

i. has qualified nursing staff under its employment;
ii. has qualified medical practitioner/s in charge;
iii. has fully equipped operation theatre of its own where surgical procedures are carried out;
iv. maintains daily records of patients and will make these accessible to the insurance company's authorized personnel.

10. **Day Care Treatment** means medical treatment, and/or surgical procedure which is:
    i. undertaken under General or Local Anaesthesia in a hospital/day care centre in less than 24 hrs because of technological advancement, and
    ii. which would have otherwise required hospitalization of more than 24 hours.

    Treatment normally taken on an out-patient basis is not included in the scope of this definition.
11. **Deductible** means a cost sharing requirement under a health insurance policy that provides that the insurer will not be liable for a specified rupee amount in case of indemnity policies. A deductible does not reduce the Sum Insured.
12. **Disclosure to information norm:** The policy shall be void and all premium paid thereon shall be forfeited to the Company in the event of misrepresentation, mis-description or non-disclosure of any material fact.
13. **Emergency / Emergency Care** means management for an illness or injury which results in symptoms which occur suddenly and unexpectedly and requires immediate care by a medical practitioner to prevent death or serious long-term impairment of the insured person's health.
14. **Grace Period** means the specified period of time, immediately following the premium due date during which premium payment can be made to renew or continue a policy in force without loss of continuity benefits pertaining to waiting periods and coverage of pre-existing diseases. Coverage need not be available during the period for which no premium is received.

    The grace period for payment of the premium for all types of insurance policies shall be: fifteen days where premium payment mode is monthly and thirty days in all other cases.

    Provided the insurers shall offer coverage during the grace period, if the premium is paid in instalments during the policy period.
15. **Hospital** means any institution established for in-patient care and day care treatment of illness and/or injuries and which has been registered as a hospital with the local authorities under Clinical Establishments (Registration and Regulation) Act 2010 or under enactments specified under the Schedule of Section 56(1) of the said Act Or complies with all minimum criteria as under:
    i) has qualified nursing staff under its employment round the clock;
    ii) has at least 10 in-patient beds in towns having a population of less than 10,00,000 and at least 15 inpatient beds in all other places;
    iii) has qualified medical practitioner(s) in charge round the clock;
    iv) has a fully equipped operation theatre of its own where surgical procedures are carried out;
    v) maintains daily records of patients and makes these accessible to the insurance company's authorized personnel;
16. **Hospitalization** means admission in a Hospital for a minimum period of 24 consecutive 'In-patient Care' hours except for specified procedures/ treatments, where such admission could be for a period of less than 24 consecutive hours.
17. **Illness** means a sickness or a disease or pathological condition leading to the impairment of normal physiological function and requires medical treatment.
    (a) Acute condition - Acute condition is a disease, illness or injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/ illness/ injury which leads to full recovery
    (b) Chronic condition - A chronic condition is defined as a disease, illness, or injury that has one or more of the following characteristics:
        1. it needsongoing or long-term monitoring through consultations, examinations, check-ups, and /or tests
        2. it needs ongoing or long-term control or relief of symptoms
        3. it requires rehabilitation for the patient or for the patient to be specially trained to cope with it
        4. it continues indefinitely
        5. it recurs or is likely to recur

18. **Injury** means accidental physical bodily harm excluding illness or disease solely and directly caused by external, violent, visible and evident means which is verified and certified by a Medical Practitioner.
19. **Inpatient Care** means treatment for which the insured person has to stay in a hospital for more than 24 hours for a covered event.
20. **Intensive Care Unit** means an identified section, ward or wing of a hospital which is under the constant supervision of a dedicated medical practitioner(s), and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards.
21. **ICU (Intensive Care Unit) Charges** means the amount charged by a Hospital towards ICU expenses which shall include the expenses for ICU bed, general medical support services provided to any ICU patient including monitoring devices, critical care nursing and intensivist charges.
22. **Indemnity based health insurance section** means an insurance section that compensates an insured for the loss due to occurrence of an insured event as specified in the policy.
23. **Benefit based health insurance section** means an insurance section that pays fixed amount on the occurrence of an insured event as specified in the policy.
24. **Maternity expenses** means;
    a) medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization);
    b) expenses towards lawful medical termination of pregnancy during the policy period.
25. **Medical Advice** means any consultation or advice from a Medical Practitioner including the issuance of any prescription or follow-up prescription.
26. **Medical Expenses** means those expenses that an Insured Person has necessarily and actually incurred for medical treatment on account of Illness or Accident on the advice of a Medical Practitioner, as long as these are no more than would have been payable if the Insured Person had not been insured and no more than other hospitals or doctors in the same locality would have charged for the same medical treatment.
27. **Medical Practitioner/Doctor** means a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within its scope and jurisdiction of license.
    The registered practitioner should not be the insured or close member of the family.
28. **Medically Necessary Treatment** means any treatment, tests, medication, or stay in hospital or part of a stay in hospital which:
    i. is required for the medical management of the illness or injury suffered by the insured;
    ii. must not exceed the level of care necessary to provide safe, adequate and appropriate medical
    iii. care in scope, duration, or intensity;
    iv. must have been prescribed by a medical practitioner;
    v. must conform to the professional standards widely accepted in international medical practice or by the medical community in India.
29. **Migration** means a facility provided to policyholders (including all members under family cover and group policies), to transfer the credits gained for pre-existing diseases and specific waiting periods from one health insurance policy to another with the same insurer.
30. **Network Provider** means hospitals or health care providers enlisted by an insurer, TPA or jointly by an Insurer and TPA to provide medical services to an insured by a cashless facility.
31. **Non- Network Provider** means any hospital, day care centre or other provider that is not part of the network.
32. **Notification of Claim** means the process of intimating a claim to the insurer or TPA through any of the recognized modes of communication.
33. **Pre-Existing Disease (PED)** means any condition, ailment, injury or disease:
    a) That is/are diagnosed by a physician not more than 36 months prior to the date of commencement of the policy issued by the insurer; or
    b) For which medical advice or treatment was recommended by, or received from, a physician, not more than 36 months prior to the date of commencement of the policy.
34. **Pre-hospitalization Medical Expenses** means medical expenses incurred during pre- defined number of days preceding the hospitalization of the Insured Person, provided that:

i. Such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalization was required, and
ii. The In-patient Hospitalization claim for such Hospitalization is admissible by the Insurance Company.

35. **Portability** means a facility provided to the health insurance policyholders (including all members under family cover), to transfer the credits gained for, pre-existing diseases and specific waiting periods from one insurer to another insurer.
36. **Post-hospitalization Medical Expenses** means medical expenses incurred during pre- defined number of days immediately after the insured person is discharged from the hospital provided that:
    i. Such Medical Expenses are for the same condition for which the insured person's hospitalization was required, and
    ii. The inpatient hospitalization claim for such hospitalization is admissible by the insurance company.
37. **Qualified Nurse** means a person who holds a valid registration from the Nursing Council of India or the Nursing Council of any state in India.
38. **Reasonable and Customary Charges** means the charges for services or supplies, which are the standard charges for the specific provider and consistent with the prevailing charges in the geographical area for identical or similar services, taking into account the nature of the illness / injury involved.
39. **Renewal** means the terms on which the contract of insurance can be renewed on mutual consent with a provision of grace period for treating the renewal continuous for the purpose of gaining credit for pre-existing diseases, time-bound exclusions and for all waiting periods.
40. **Room Rent** means the amount charged by a Hospital towards Room and Boarding expenses and shall include the associated medical expenses.
41. **New-born Baby** means baby born during the Policy Period and is aged upto 90 days.
42. **Specific waiting period** means a period up to 36 months from the commencement of a health insurance policy during which period specified diseases/treatments (except due to an accident) are not covered. On completion of the period, diseases/treatments shall be covered provided the policy has been continuously renewed without any break.
43. **Surgery or Surgical Procedure** means manual and / or operative procedure (s) required for treatment of an illness or injury, correction of deformities and defects, diagnosis and cure of diseases, relief from suffering and prolongation of life, performed in a hospital or day care centre by a medical practitioner.
44. **Unproven/Experimental treatment** means the treatment including drug experimental therapy which is not based on established medical practice in India, is treatment experimental or unproven.

II. SPECIFIC DEFINITIONS

45. **Ambulance** means a vehicle(road) operated by a licensed/ authorized service provider and equipped for the transport and paramedical treatment of persons requiring medical attention.
46. **Cardiac Ambulance** is a **special type** of ambulance equipped to handle heart related emergencies. It has advanced equipment such as defibrillator, ECG machine and medications, to provide immediate care for heart attack patients or those with other serious heart conditions on the way to the hospital.
47. **Ovary** is a part of female reproductive system.
48. **Egg** includes the female gamete.
49. **Embryo** means a developing or developed organism after fertilisation till the end of 56 days.
50. **Gamete** means sperm and oocyte
51. **Oocyte** means naturally ovulating oocyte in the female genital tract. It is an egg cell or female germ cell required for reproduction.
52. **Oocyte Donor** means a fertile woman who donated her eggs to the another woman, who might not be able to conceive by herself naturally.
53. **Oocyte Retrieval** is a procedure in order to remove oocytes from the ovary of a woman, to enable fertilization.
54. **Policy** means the Proposal, the Policy Schedule (and any endorsement attaching to or forming part thereof) and the Policy Wordings.
55. **Policy Period** means the period between the commencement date and the expiry date specified in the Policy Schedule and includes both the commencement date as well as the expiry date. For policies having annual term, Policy Period and Policy Year will be same. "Policy Year" term is used for long term policies.
56. **Policy Year** means the period of one year commencing on the date of commencement specified in the Policy Schedule or any anniversary thereof.

57. **Related Hospitalization** means hospitalization arising out of same illness including its complications, for which a claim has already been availed during the same policy year.
58. **Room** means a Single Room without wall/permanent partition, dining or waiting room and with or without following amenities: an attendant cot, one television, one sofa, a telephone, refrigerator, wardrobe, computer with internet connection and microwave oven.
59. **Sum Insured** means the amount as per plan opted by You and stated in the Policy Schedule for each insured person for Individual Sum Insured Policy and aggregately for all insured members for a Floater Policy.
60. **Surrogacy** means a practice whereby one woman bears and gives birth to a child for an intending couple with the intention of handing over such child to the intending couple after the birth.
61. **Surrogate Mother** means a woman who agrees to bear a child (who is genetically related to the Intending Couple or Intending Woman) through surrogacy from the implantation of embryo in her womb and fulfils the conditions as provided in sub-clause (b) of clause (iii) of section 4 of the Surrogacy (Regulation) Act 2021;
    The surrogate mother is in possession of the eligibility certificate issued by the appropriate authority on fulfilment of following conditions, namely:
    a) No woman, other than an ever married woman having a child of her own and shall be a surrogate mother or help in surrogacy by donating her egg or oocyte or otherwise;
    b) A willing woman shall act the surrogate mother and be permitted to undergo surrogacy procedure as per the provisions of this act: Provided that the intending couple or the intending woman shall approach the appropriate authority with a willing woman who agrees to act as a surrogate mother.
    c) No woman as shall act as a surrogate mother by providing her own gametes;
    d) No woman as shall act as a surrogate mother more than once in a lifetime: Provided that the number of attempts for surrogacy procedure on the surrogate mother shall be such as may be prescribed; and
    e) A certificate of medical and psychological fitness for surrogacy and surrogacy procedure from a registered medical practitioner.
62. **We, Us, Our, Ours, Digit, Company, Insurer** means Go Digit General Insurance Limited
63. **You, Your, Yours, Yourself, Policyholder, Insured Person(s)** means the Person named in the Policy Schedule Members who has concluded this Policy with Us.

C. COVERAGE UNDER THE POLICY

SECTION 1 - IN PATIENT HOSPITALIZATION

A. Surrogacy Cover

Digit Simplification: ***Welcoming a child through surrogacy is a special journey, and we're here to support you. Our Surrogacy Cover ensures peace of mind by covering hospitalization expenses for the surrogate mother, including room rent, ICU charges, medicines, diagnostics, and more. Focus on welcoming your little one while we handle the rest!***

If You have opted for this cover, We will pay reasonable and customary charges that are medically necessary and incurred in respect of Insured Person (Surrogate Mother) hospitalization in India, for complication arising during Surrogacy pregnancy & Postpartum delivery complications for the Surrogate Mother.

The claim can be made under the following benefits and up to the Sum Insured mentioned in Your Policy Schedule against this Section.

Accommodation/Room Rent	Hospital accommodation in a ward, shared or private room, subject to per day limit of 1% of the Sum Insured. Note: If the Room Rent Rate exceeds the limits at the time of Hospitalization, our liability will be restricted to the same proportion as the Admissible Rate Per Day Limit Opted bears to the Actual Rate Per Day of Room Rent Charges, except for the cost of medicines and consumables, unless this condition is specifically waived off by Us and mentioned in Your Policy Schedule. ***Example, if Your room rent limit is ₹2,000 per day but You go in for a room with a rent of ₹4,000 per day which is two times the allowed limit, when You claim, We will pay half of the Total bill amount and deduct the balance i.e. in the same proportion as it increased. This is because the other charges related to Your treatment like Doctor's fees, also increase with the room type. This deduction will not be applicable for the cost of medicines and consumables.***
ICU	Intensive Care Unit, subject to a per day limit of 2% of the Sum Insured.
Professional Fees	Fees for treatment by specialists, physicians, nurses, surgeons and anaesthetists.
Medication	Drugs, medicines prescribed by a specialist or medical practitioner. This also includes Anaesthesia, Blood, Oxygen, Patient's Diet, Surgical appliances & cost of prosthetic and other devices or equipment if implanted during the Surgical Procedure.
Diagnostic	Necessary diagnostic procedures expenses such as x-rays, pathology, body scans (MRI, CT scans) Etc. used to make a diagnosis for treatment.
Theatre Fees	Operation Theatre Fees

A.1 Pre / Post Hospitalization Expenses

Digit Simplification: ***There's a lot to handle before you get admitted, like tests, scans, and doctor consultations. Don't worry, we've got it covered for the period mentioned in your policy. Focus on getting treated, not on the bills!***

We will pay for consultations, investigations and the cost of medicines incurred for a period not exceeding the number of days as opted by You and mentioned in Your Policy Schedule against this Cover, immediately prior to Insured Person's admission in a hospital (pre-hospitalisation expenses) or immediately after discharge of the Insured Person from a hospital (post-hospitalisation expenses), provided that:

a) Such Expenses recommended by the Hospital/Medical Practitioner were in fact incurred for the same condition for which subsequent Hospitalization was required or for which Insured Person was hospitalised.
b) We have accepted an Inpatient Hospitalization Claim under **Section 1.A. Surrogacy Cover** of this Policy for the Surrogate Mother.

Instead, You may also choose to opt for a onetime lumpsum benefit, which shall be a percentage of the claim amount approved under **Section 1A. Surrogacy Cover** towards Pre/Post Hospitalization Expenses, after Insured Person's discharge from the Hospital. This percentage is mentioned in Your Policy Schedule. If we have paid a lump sum amount, then You won't be eligible for any other payment under this benefit for that particular Hospitalization.

A.2 Road Ambulance

***Digit Simplification:* We'll cover road ambulance expenses if there's a medical emergency and you need to be hospitalized. The coverage also includes ambulance costs to transfer you to another hospital, if needed, as recommended by a doctor. The maximum amount is as per your policy.**

We will pay for the expenses incurred on Insured Person's Road transportation by a healthcare or an ambulance service provider to a hospital for the treatment following an emergency, provided that:

a) We have accepted a claim under **Section 1. A. Surrogacy Cover.**
b) The maximum liability per Hospitalization is restricted to the amount as mentioned in Your Policy Schedule against this Cover.
c) The Coverage also Includes cost of road Transportation of the Insured Person from a Hospital to another nearest Hospital which is prepared to admit Insured Person and provide the necessary medical services, if such medical services cannot satisfactorily be provided at a Hospital where Insured Person is situated. Such road Transportation has to be prescribed by a Medical Practitioner and/or should be Medically Necessary.

This space needs Your special attention!

✗: Planned hospitalizations are not covered under this benefit.
☺: Ambulance costs for emergencies and hospital transfers, as prescribed by a doctor, are covered.

A.3 Alternate Treatment (Ayush) Benefit

***Digit Simplification:* We'll cover medical expenses for complications during Surrogacy pregnancy & Postpartum delivery complications for the Surrogate Mother treated under Ayurveda, Unani, Siddha, or Homeopathy, as long as the treatment is done in an AYUSH-certified hospital. The coverage amount is based on your policy's sum insured.**

We will pay the Medical Expenses for In-patient Treatment for complication arising during Surrogacy pregnancy & Postpartum delivery complications for the Surrogate Mother, taken under Ayurveda, Unani, Siddha or Homeopathy. This is up to the Sum Insured mentioned in Your Policy Schedule against **Section 1. A. Surrogacy Cover.** This is paid provided that treatment has been undergone in an AYUSH Hospital.
You should also be aware what We won't pay for:

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

Specific Conditions applicable to Alternate Treatment (Ayush) Benefit:
Claim will be payable under this section only if AYUSH Hospitals and AYUSH Day Care Centres have obtained pre-entry level certificate (or higher level of certificate) issued by National Accreditation Board for Hospitals

and Healthcare Providers (NABH) or State Level Certificate (or higher level of certificate) under National Quality Assurance Standards (NQAS), issued by National Health Systems Resources Centre (NHSRC).

This Cover is subject to terms, conditions, deductible, co-payment, limitations and exclusions mentioned in the Policy.

This space needs Your special attention!

✗: Outpatient treatments and non-curative treatments like preventive or rejuvenation treatments are not covered.
: Inpatient treatments at certified AYUSH hospitals for surrogacy-related complications are covered.

B. Oocyte Donor

Digit Simplification: ***We'll cover your hospital costs for complications from oocyte retrieval. If you pick a room beyond the limit, we'll cover it proportionally. All costs are based on your chosen sum insured.***

If you have opted for this cover, We will pay reasonable and customary charges that are medically necessary and incurred in respect of Insured Person (Oocyte Donor) hospitalisation in India, for complications arising due to Oocyte retrieval in respect of the Oocyte Donor.

The claim can be made under the following benefits and up to the Sum Insured mentioned in Your Policy Schedule against this Section.

Accommodation/Room Rent	Hospital accommodation in a ward, shared or private room subject to a per day limit of 1% of the Sum Insured. Note: If the Room Rent Rate exceeds the limits at the time of Hospitalization, our liability will be restricted to the same proportion as the Admissible Rate Per Day Limit Opted bears to the Actual Rate Per Day of Room Rent Charges except for the cost of medicines and consumables, unless this condition is specifically waived off and mentioned in Your Policy Schedule. ***Example, if You have opted a room rent limit of ₹2,000 per day but You go in for a room with a rent of ₹4,000 per day which is two times the allowed limit, when You claim, We will pay half of the Total bill amount and deduct the balance i.e. in the same proportion as it increased. This is because the other charges related to Your treatment like Doctor's fees, also increase with the room type. This deduction will not be applicable for the cost of medicines and consumables.***
ICU	Intensive Care Unit, subject to a per day limit of 2% of the Sum Insured.
Professional Fees	Fees for treatment by specialists, physicians, nurses, surgeons and anaesthetists.
Medication	Drugs, medicines prescribed by a specialist or medical practitioner. This also includes Anaesthesia, Blood, Oxygen, Patient's Diet, Surgical appliances & cost of prosthetic and other devices or equipment if implanted during the Surgical Procedure.
Diagnostic	Necessary diagnostic Procedures such as x-rays, pathology and body scans (MRI, CT scans) Etc. used to make a diagnosis for treatment.
Theatre Fees	Operation Theatre Fees

B.1 Pre / Post Hospitalization Expenses

Digit Simplification: ***We'll cover pre and post-hospitalization expenses like doctor consultations, tests, and medicines up to the number of days mentioned in your policy. You can also choose a one-time lump sum for these expenses, based on your claim amount.***

We will pay for consultations, investigations and the cost of medicines incurred for a period not exceeding the number of days as opted by You and mentioned in Your Policy Schedule against this Cover, immediately prior to Insured Person's admission in a hospital (pre-hospitalisation expenses) or immediately after discharge of the Insured Person from a hospital (post-hospitalisation expenses), provided that:

a) Such Expenses recommended by the Hospital/Medical Practitioner were in fact incurred for the same condition for which subsequent Hospitalization was required or for which Insured Person was hospitalised.
b) We have accepted an Inpatient Hospitalization Claim under **Section 1.B. Oocyte Donor** of this Policy for the Oocyte Donor.

Instead, You may also choose to opt for a onetime lumpsum benefit, which shall be a percentage of the claim amount approved under **Section 1B. Oocyte Donor,** towards Pre/Post Hospitalization Expenses, after Insured Person's discharge from the Hospital. This percentage is mentioned in Your Policy Schedule. If we have paid a lump sum amount, then You won't be eligible for any other payment under this benefit for that particular Hospitalization.

B.2 Road Ambulance

Digit Simplification: ***In case of an emergency, get reimbursed for the road ambulance expenses to take you to the hospital. This also includes transportation to a nearby hospital if the current one cannot provide the required medical services. The amount is subject to the limits mentioned in your policy.***

We will pay for the expenses incurred on Insured Person's Road transportation by a healthcare or an ambulance service provider to a hospital for the treatment following an emergency, provided that:

a) We have accepted a claim under **Section 1. B. Oocyte Donor.**
b) The maximum liability per Hospitalization is restricted to the amount as mentioned in Your Policy Schedule against this Cover.
c) The Coverage also Includes cost of road Transportation of the Insured Person from a Hospital to another nearest Hospital which is prepared to admit Insured Person and provide the necessary medical services, if such medical services cannot satisfactorily be provided at a Hospital where Insured Person is situated. Such road Transportation has to be prescribed by a Medical Practitioner and/or should be Medically Necessary.

This space needs Your special attention!

✗: Transportation costs for planned hospital visits are not covered.
☺: Road ambulance expenses to the hospital for emergency treatment are covered. Also, transportation to another hospital, if necessary medical services aren't available at the current hospital, are also included.

B.3 Alternate Treatment (Ayush) Benefit

Digit Simplification: ***We cover medical expenses for treatments under Ayurveda, Unani, Siddha, or Homeopathy for complications arising from Oocyte retrieval. The treatment must be done in an accredited AYUSH Hospital. This is covered up to the amount mentioned in your policy for Oocyte Donor.***

We will pay the Medical Expenses for In-patient Treatment for complication arising due to Oocyte retrieval in respect of the Oocyte Donor, taken under Ayurveda, Unani, Siddha or Homeopathy. This is up to the Sum Insured mentioned in Your Policy Schedule against **Section 1. B. Oocyte Donor.** This is paid provided that treatment has been undergone in an AYUSH Hospital.

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

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

Specific Conditions applicable to this cover:
Claim will be payable under this section only if AYUSH Hospitals and AYUSH Day Care Centres have obtained pre-entry level certificate (or higher level of certificate) issued by National Accreditation Board for Hospitals and Healthcare Providers (NABH) or State Level Certificate (or higher level of certificate) under National Quality Assurance Standards (NQAS), issued by National Health Systems Resources Centre (NHSRC).

This Cover is subject to terms, conditions, deductible, co-payment, limitations and exclusions mentioned in the Policy.

SECTION 2 - CARDIAC AMBULANCE

Digit Simplification: ***If you have this cover, we'll reimburse the cost of transportation in a Cardiac Ambulance in case of a cardiac emergency. Don't worry, the Cardiac Ambulance is equipped with life-saving equipment and staffed by experts to handle emergencies like cardiac arrest.***

If You have opted for this Cover, We will pay for the expenses incurred on road transportation of the Insured Person by a Cardiac Ambulance to a hospital following an emergency arising out of Insured Person's cardiac arrest, provided that:

a. This will be subject to availability of the Sum Insured under **Section 1. In Patient Hospitalization**.
b. For this cover, Cardiac Ambulance shall mean special ambulances equipped with specialized equipment for patients with cardiac issues, such as defibrillators, cardiac monitors, and ventilators. These ambulances are staffed with specialized medical professionals who can provide immediate care to patients with cardiac emergencies.

This Cover is subject to terms, conditions, deductible, co-payment, limitations and exclusions mentioned in the Policy.

This space needs Your special attention!

✗: Transportation for non-cardiac emergencies or services not related to cardiac care are not covered.
☺: Road transportation in a Cardiac Ambulance with specialized equipment and staff, following a cardiac emergency is covered.

SECTION 3 - OPD CONSULTATION WITH GYNAECOLOGIST

Digit Simplification: ***Get reimbursed for your allopathic OPD consultations with a gynaecologist, up to the limit mentioned in your policy. This cover helps you with medical expenses for consultations during the policy year.***

If You have opted for this Cover, We will indemnify the Insured Person for availing allopathic Out-patient consultation with Gynaecologist up to the sum insured / consultation limits as opted by and mentioned in Your Policy Schedule, during the Policy Year.

This Cover is subject to terms, conditions, deductible, co-payment, limitations and exclusions mentioned in the Policy.

This space needs Your special attention!

✗: Consultations outside the scope of the policy or exceeding the specified limits are not covered.
☺: Allopathic OPD consultations with a gynaecologist as per the sum insured or consultation limits are covered.

SECTION 4 - DAY CARE TREATMENT

Digit Simplification: ***Get covered for Day care treatments like complications from pregnancy, surrogacy, or oocyte retrieval that don't require an overnight stay. We cover the costs for these treatments, so you can leave the hospital the same day and focus on recovery.***

If You have opted for this Cover, we will indemnify the reasonable and customary charges, upto the Sum Insured mentioned in the Policy Schedule, for Medical Expenses incurred on the Insured Person's Day Care Treatment as prescribed by a medical practitioner in respect to:

a. Complications arising out of pregnancy during Surrogacy and post-partum delivery complications for the Surrogate Mother or
b. Complications arising due to oocyte retrieval with respect to the Oocyte Donor.

Note: We will not pay for OPD Treatment and Diagnostic Services under this Section
This Cover is subject to terms, conditions, deductible, co-payment, limitations and exclusions mentioned in the Policy.

This space needs Your special attention!

✗: OPD treatments and diagnostic services are not covered under this section.
☺: We cover Day care treatments related to pregnancy complications during surrogacy and oocyte retrieval, as per the sum insured.

SECTION 5 - MODERN TREATMENT

Digit Simplification: ***Get covered for modern treatments like robotic surgeries, stem cell therapy, and oral chemotherapy, related to surrogacy complications or oocyte retrieval. These treatments are included under your inpatient hospitalization coverage.***

If You have opted for this cover, our maximum liability in respect of the following procedures or modern treatments will be up to 100% of the sum insured as opted under **Section 1 In Patient Hospitalization** of the policy. Kindly note that these modern treatments will be covered only if procedure is related to Surrogacy Complication or Oocyte retrieval:

- Uterine Artery Embolization and HIFU (High intensity focused ultrasound)
- Balloon Sinuplasty
- Deep Brain stimulation
- Oral chemotherapy
- Immunotherapy- Monoclonal Antibody to be given as injection
- Intra vitreal injections
- Robotic surgeries
- Stereotactic radio surgeries
- Vaporisation of the prostrate (Green laser treatment or holmium laser treatment)
- IONM - (Intra Operative Neuro Monitoring)
- Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditions to be covered.

This Cover is subject to terms, conditions, deductible, co-payment, limitations and exclusions mentioned in the Policy.

This space needs Your special attention!

✗: Treatments not related to surrogacy complications or oocyte retrieval are not covered under this section.
☺: Modern treatments like uterine artery embolization, stem cell therapy, and robotic surgeries, related to surrogacy or oocyte retrieval, are covered.

SECTION 6 - ROOM RENT MODIFICATION

Digit Simplification: Upgrade to a Single Private AC room during your hospital stay, as per your policy's limit. Enjoy more comfort without extra worries.

If You have opted for this Cover, then the Room rent limit mentioned under **Section 1. In Patient Hospitalization** will stand modified which can be upto Single Private AC room as mentioned in your Policy schedule.

Note:

a. The nomenclature of room categories may vary from one hospital to the other. Hence, the final consideration will be as per limit mentioned in your policy schedule.

This Cover is subject to terms, conditions, deductible, co-payment, limitations and exclusions mentioned in the Policy.

This space needs Your special attention!

✗: Room upgrades beyond the specified limit in your policy schedule are not covered.
☺: We'll cover the cost for a Single Private AC room, as mentioned in your policy.

SECTION 7 - WELLNESS BENEFIT PROGRAM

Digit Simplification: Take care of your health with our Wellness Benefit Program! Get access to various services like doctor consultations, wellness coaching, mental wellness, fitness coaching, and more to help you maintain a healthy lifestyle. Enjoy preventive care and stay on top of your health!

If You have opted for this Cover, Wellness Benefit Program provides the benefits listed below and shall be available to the Insured Person as mentioned in the Policy Schedule/Certificate of Insurance. Through this Program, We intend to incentivize the Insured Person(s) for taking care of his/her health/fitness and maintaining healthy lifestyle through such preventative and wellness services.

There are total 17 services under Wellness Benefit Program. Services applicable for Your Policy are as shown in Your Policy Schedule / Certificate of Insurance. Only services mentioned in Your Policy Schedule/Certificate of Insurance are available for You.

1. **Doctor on Call**
   Upon Your request, We will facilitate an appointment, through Our empanelled Service Provider, with a Medical Practitioner who can help You by providing round-the-clock medical helpline services through an online portal as a chat service, a call back service or a voice call service or a video call service.
2. **Wellness Coach**
   In order to educate, empower and engage You to become more aware of Your health and proactively manage it, We will, through periodic communications like e-mailers, blogs, videos, webinar and online platform provide You information on wellness coaching including but not limited to the areas as provided below:
   a) Weight Management

b) Activity and Fitness
c) Nutrition
d) Tobacco Cessation
e) Alcohol Abuse de-addiction Program
f) Information on various diseases
g) Dietary Plans

3. Lab Services and Imaging (For Diagnostic Services)

Upon Your request, We will facilitate, through Our empanelled Service Provider, Collection of test samples such as blood, urine, stool etc or imaging for further testing and analysis.

The cost of these tests and reports will have to be borne by You.

4. Pharmacy (Home Delivery)

Upon Your request, We will facilitate, through Our Empanelled Service Provider, home delivery of the Medications Prescribed by a Registered Medical Practitioner and nutritional supplement from the nearby Network Pharmacy, subject to copy of prescription being shared (where ever required) and availability of the medication with the Pharmacy.

The cost of the medication will have to be borne by You.

5. Vital/Physical Activity Monitoring Services

Upon Your request, We will facilitate, through Our Empanelled Service Provider, the integration of Your Health Device(s), or Digital Wearables or trackers such as Blood-Pressure Monitors, Glucometers, Wireless Pedometers, heart rate monitors, pulse oximeters, non-invasive wearable blood-sugar sensors, Smart Watches etc. to an online database that will track and asses Insured Person's vitals as reported by the device.

It can provide periodic updates and reports of Insured Person's health status. The cost of the device will have to be borne by You.

6. Reminder Notifications

Upon Your request, We will facilitate, through Our Empanelled Service Provider, routine notification messages via mail or a messaging portal or a follow-up call to You as a reminder to schedule Insured Person's medical appointments and/or take daily dosage of Insured Person's medicine as per the information shared by You.

7. Medical Wallet

Upon Your request, We will arrange, through Our Empanelled Service Provider, for a medical wallet. This will be a digital cloud service which will allow You to store all medical reports of Insured Person online. It will provide easy access of Medical history and reports to the treating Medical Practitioners and to any other person with whom You may share the login and access codes, easing Your need to physically carry documents with You.

8. Report Aggregation

Upon Your request, We will facilitate, through Our Empanelled Service Provider, for regular analysis of Insured Person's health status as per the medical records/reports/information or data shared by You. It will highlight Insured Person's wellbeing or any areas of concern or deterioration in Insured Person's health, allowing You to take necessary calls about Insured Person's health.

9. Home Care Services

Upon Your request, We will facilitate, through Our Empanelled Service Provider, Home Care Services for You in case You are in need of services, including but not limited to the following:

a) Home Care Nursing
b) Patient Assistant
c) Physiotherapy
d) Yoga Trainer
e) Psychologist
f) Palliative Care
g) Renting Medical equipment. For Example - Wheel-Chair, Patient Bed, Oxygen Cylinder etc.
h) Doctor Visit
i) Elderly care and senior living assistance related to their health condition.

The cost of the Services/Equipment will have to be borne by You.

10. Ambulance Arrangement Services

Upon request, We will facilitate, through Our Empanelled Service Provider, ambulance services for Insured Person's transportation subject to availability of ambulance in the area where such service needs to be arranged.
The cost of the transportation will have to be borne by You.

11. **Pick-up and Drop Services for Consultation**
Upon Your request, We will facilitate, through Our Empanelled Service Provider, Pick-up and Drop Service, for Insured Person's transportation to the Health Care Facility for treatment/Diagnostics subject to availability of vehicle/taxi in the area where such service needs to be arranged.
The cost of the transportation will have to be borne by You.
12. **Prioritizing Appointments**
Upon Your request, We will facilitate, through Our Empanelled Service Provider, prioritization of Insured Person's appointment, based on the urgency, with the Network Facilitator offering the necessary consultation/treatment/diagnostics/ packages/memberships/risk assessment/procedures subject to availability of the service(s). The cost of the Consultancy/Diagnostic will have to be borne by You. These may include the following but not limited to :-
    - Doctors' services
    - Nursing services
    - Dietitian services
13. **Mental wellbeing -** Upon Your request, We will facilitate, through Our empanelled Service Provider, self-assessments, therapy sessions, activities and educational/awareness blogs, videos and webinars. The cost of these sessions will have to be borne by You.
14. **Physiotherapy -** Upon Your request, We will facilitate, through Our empanelled Service Provider, consultation and treatment sessions/packages, pain management sessions, ergonomics sessions The cost of these services will have to be borne by You.
15. **Childcare/Children's activities -** Upon Your request, We will facilitate, through Our empanelled Service Provider, recreational/developmental activities for children of different age groups. The cost of these services will have to be borne by You.
16. **Out-Patient (OPD) Services -** Upon Your request, We will facilitate, through Our empanelled Service Provider, outpatient care services like doctor consultation, pharmacy and diagnostics, both online and onsite. The cost of these services will have to be borne by You.
17. **Fitness –** Upon your request, we will facilitate, through our empanelled service provider, access to membership or classes of fitness activities like but not limited to sports, yoga, Zumba, Pilates, dance, fitness coach services at gymnasiums, health studios, fitness centres, sports centres and playgrounds. The cost of these services will have to be borne by You.

Terms and Conditions applicable to Wellness Benefit Program

1. Any Information provided by You shall be kept confidential.
2. For services which are provided through Our Empanelled Service Provider/Medical Experts/Centres, We are acting only as a facilitator, hence We would not be liable for any incremental costs or the services. We will not charge any premium amount for the services. You need to pay directly to the Service Provider/Medical Experts/Centres for the services availed.
3. All medical services are being provided by Empanelled Service Provider/Medical Experts/Centres who are empanelled after full due diligence. Insured Person may however consult their Personal/Family Doctor before availing the medical services. The decisions to utilise the services will solely be at the discretion of the Insured Person.
4. We/Company/Us or its Group Entities, affiliates, officers, employees, agents, are not responsible for or liable for any actions, claims, demands, losses, damages, costs, charges, and expenses which an Insured Person/You may claim to have suffered or sustained or incurred by way of or on account of utilization of any benefits specified herein.
5. This shall not be deemed to substitute the Insured Person's visit or consultation to an Independent Medical Practitioner. The Insured Person is free to choose whether or not to undergo the same and if done whether or not to act on it.

6. 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.

This space needs Your special attention!

✗: Costs for wellness services (like doctor visits, diagnostics, medications, or fitness classes) are paid directly by you. Any services not listed in your Policy Schedule are not covered.

☺: Access to 17 wellness services, such as doctor consultations, wellness coaching, lab tests, mental wellness, and fitness coaching are all covered as per your policy (Cost of services will be borne by you).

D. EXCLUSIONS

Standard Exclusions

1. **30-day waiting period/ Initial Waiting Period (Code: Excl03)**

   Digit Simplification: ***Any treatment for illness within the first 30 days of your policy is not covered, except for accident-related claims. Your waiting period may be reduced, as mentioned in your policy.***

   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.
   b) This exclusion shall not, however, apply if the Insured Person has Continuous Coverage for more than twelve months.
   c) The within referred waiting period is made applicable to the enhanced sum insured in the event of granting higher sum insured subsequently.

   However, such waiting Period can be reduced to number of days as opted by you and mentioned in your policy schedule.

2. **Investigation & Evaluation (Code: Excl04)**

   Digit Simplification: ***Expenses for hospital admission solely for diagnostics or evaluation are not covered. Also, diagnostic tests not related to your current treatment are excluded.***

   a) Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded.
   b) Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment.

3. **Rest Cure, rehabilitation and respite care (Code: Excl05)**

   Digit Simplification: ***Expenses for admission due to enforced bed rest or for personal care like bathing, dressing, or moving around are not covered. This also includes care for terminally ill patients addressing non-medical needs.***

   a) Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:
      - Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons.
      - Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.

4. **Obesity/ Weight Control (Code: Excl06):**

   Digit Simplification: ***Surgery related to weight loss is not covered until and unless it is advised by your doctor and is totally on medical grounds. Any surgery done just to enhance your outer appearance is not covered.***

   Expenses related to the surgical treatment of obesity that does not fulfil all the below conditions:

   a. Surgery to be conducted is upon the advice of the Doctor
   b. The surgery/Procedure conducted should be supported by clinical protocols
   c. The member has to be 18 years of age or older and
   d. Body Mass Index (BMI);
      - greater than or equal to 40 or
      - greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss:
      - Obesity-related cardiomyopathy
      - Coronary heart disease
      - Severe Sleep Apnea
      - Uncontrolled Type2 Diabetes

5. **Change of Gender Treatments (Code- Excl07):**

   Digit Simplification: ***Expenses for treatments or surgeries to change the body's characteristics to the opposite sex are not covered.***

   Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex. However, such exclusion shall not be applicable to respective Insured Person to comply with Transgender Persons (Protection of Rights) Act, 2019.

6. **Cosmetic or Plastic Surgery (Code: Excl08):**
   Digit Simplification: ***Cosmetic or plastic surgery expenses are not covered, unless it's for reconstruction after an accident, burn, cancer, or when medically necessary to remove a health risk, as certified by a doctor.***
   Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) or Cancer or as part of medically necessary treatment to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner.

7. **Hazardous or Adventure sports (Code: Excl09):**
   Digit Simplification: ***Treatment costs for injuries from participating in risky adventure sports like para-jumping, rock climbing, motor racing, scuba diving, and similar activities are not covered.***
   Expenses related to any treatment necessitated due to participation as a professional in hazardous or adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving.

8. **Breach of law (Code: Excl10):**
   Digit Simplification: ***Treatment costs will not be covered if the injury is caused by committing or attempting to commit a crime.***
   Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.

9. **Excluded Providers (Code: Excl11):**
   Digit Simplification: ***Treatment costs from hospitals or providers excluded by us are not covered, except in life-threatening situations or after an accident, where expenses up to stabilization are covered. For the full list of excluded providers, check our website.***
   Expenses incurred towards treatment in any Hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer and disclosed in its website / notified to the policyholders are not admissible. However, in case of life-threatening situations or following an accident, expenses up to the stage of stabilization are payable but not the complete claim.
   For updated list of excluded hospitals, kindly refer the link:
   https://www.godigit.com/health-insurance/non-preferred-hospitals

10. **Substance Abuse and Alcohol (Code: Excl12):**
    Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof.

11. **Wellness and Rejuvenation (Code: Excl13):**
    Digit Simplification: ***Treatments at spas, nature cure clinics, or similar places for relaxation or domestic reasons are not covered.***
    Treatments received in heath hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons.

12. **Dietary Supplements & Substances (Code: Excl14):**
    Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a Medical Practitioner as part of hospitalization claim or day care procedure.

13. **Refractive Error (Code: Excl15):**
    Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptres

14. **Unproven Treatments-Code (Code: Excl16):**

Digit Simplification: ***Expenses for treatments that lack proven medical evidence or significant documentation supporting their effectiveness are not covered.***

Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.

15. Maternity (Code: Excl18)

Digit Simplification: ***Expenses related to childbirth, including complications, caesarean sections, and miscarriage (unless caused by an accident) are not covered.***

i. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization).
ii. Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period.

Specific Exclusions

Any Claim of an Insured Person arising due to any of the following shall not be admissible unless expressly stated to the contrary elsewhere in the Policy Terms and conditions.

16. Any item or condition or treatment specified in List of Non-Medical Items (Annexure 1 to Policy Terms and Conditions)

Digit Simplification: ***Treatment for items listed as non-medical in the policy is not covered.***

17. **Digit Simplification: Delivery costs for surrogacy, miscarriage (except for life-threatening conditions), and pre-existing conditions are excluded.**

Medical Expenses incurred towards

i. Delivery expenses (Normal Delivery or caesarean section) of the Surrogate Mother;
ii. Coverage for Newborn baby through Surrogacy to the Surrogate Mother;
iii. Miscarriage (including miscarriage due to accident) except in case of life threatening medical condition to the Surrogate Mother, during the policy period of the Surrogate Mother;
iv. Treatment of any pre-existing conditions / disease of the Insured including its complications;
v. Surrogacy Treatment Procedure cost (Injection, tests, Ultra sound, Embryo transfer, Ovum pickup);

18. Surrogacy which is for commercial purposes.

19. Costs associated with cryopreservation storage of sperm, eggs and embryos.

20. Selective termination of an embryo.

21. Services done at unrecognized center.

22. Fertility Enhancement Surgery:

Surgery/ procedures that enhance fertility like Tubal Occlusion, Bariatric Surgery, Diagnostic Laparoscopy with Ovarian Drilling and such other similar surgery/ procedures.

23. Any Illness or Injury Other than complications arising out of pregnancy and post-partum delivery complications arising out of Oocyte retrieval for the Oocyte Donor.

24. Non-Medical Practitioners:

Digit Simplification: ***Treatment by non-medical practitioners or self-medication is not covered.***

Treatment taken from anyone who is not a Medical Practitioner or from a Medical Practitioner who is practicing outside the discipline for which she/he is licensed or any kind of self-medication.

25. Any expenses incurred on external prosthesis, corrective devices, external durable medical equipment of any kind, like wheelchairs, walkers, glucometer, crutches, ambulatory devices, instruments used in treatment of sleep apnea syndrome and oxygen concentrator for asthmatic condition, cost of cochlear implants and related surgery.

26. Screening, counselling or treatment of any external Congenital Anomaly, Illness or defects or anomalies or treatment relating to external birth defects.

27. Mental Disabilities:
Treatment of mental retardation, arrested or incomplete development of mind of a person, subnormal intelligence or mental intellectual disability.

28. Expenses incurred for Artificial life maintenance, including life support machine use, post confirmation of vegetative state or brain dead by treating medical practitioner where such treatment will not result in recovery or restoration of the previous state of health under any circumstances.
***Digit Simplification:* Expenses for artificial life maintenance (like life support for brain-dead patients) aren't covered.**

29. War (whether declared or not) and war like occurrence or invasion, acts of foreign enemies, hostilities, civil war, rebellion, revolutions, insurrections, mutiny, military or usurped power, seizure, capture, arrest, restraints and detainment of all kinds.

30. Act of self-destruction or self-inflicted Injury, attempted suicide or suicide while sane or insane or Illness or Injury attributable to consumption, use, misuse or abuse of tobacco, intoxicating drugs, alcohol or hallucinogens.

31. Any charges incurred to procure documents related to treatment or Illness pertaining to any period of Hospitalization or Illness.

32. Personal comfort and convenience items or services including but not limited to TV (wherever specifically charged separately), charges for access to cosmetics, hygiene articles, body care products and bath additives, as well as similar incidental services and supplies.

33. Expenses related to any kind of RMO charges, Service charge, Surcharge, night charges levied by the hospital under whatever head or transportation charges by visiting consultant

34. Nuclear, chemical or biological attack or weapons, contributing concurrently or in any other sequence to the loss, claim or expense. For the purpose of this exclusion:

i. Nuclear attack or weapons means the use of any nuclear weapon or device or waste or combustion of nuclear fuel or the emission, discharge, dispersal, release or escape of fissile/ fusion material emitting a level of radioactivity capable of causing any Illness, incapacitating disablement or death.
ii. Chemical attack or weapons means the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical compound which, when suitably distributed, is capable of causing any illness, incapacitating disablement or death.
iii. Biological attack or weapons means the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) micro-organisms and / or biologically produced toxins (including genetically modified organisms and chemically synthesized toxins) which are capable of causing any illness, incapacitating disablement or death.

35. Any treatment taken in a clinic, rest home, convalescent home detoxification center, sanatorium, home for the aged, remodelling clinic or similar institutions.

36. Unreasonable Expenses:
Expenses which are not Reasonable and customary and treatments which are not Medically Necessary.

37.Modern Treatment:
Expenses related to Modern Treatment.
In case Section 5: Modern Treatment is opted, this exclusion shall stand modified to the extent coverage is provided under Section 5: Modern Treatment.

38. Any other exclusion as specified in the Policy Schedule, as mutually agreed by You and Us.

E. GENERAL TERMS AND CLAUSES

I. STANDARD GENERAL TERMS AND CLAUSES

Time to remind You of some basic conditions that were taken up before We issued the policy.

1. **Disclosure of Information**
   The policy shall be void and all premium paid thereon shall be forfeited to the Company in the event of misrepresentation, mis description or non-disclosure of any material fact by the policyholder.
   "Material facts" 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.

2. **Condition Precedent to admission of Liability**
   The terms and conditions of the policy must be fulfilled by the insured person for the company to make any payment for claim(s) arising under the policy.

3. **Nomination in case of death –**
   The policyholder is required at the inception of the policy to make a nomination for the purpose of payment of claims under the policy in the event of death of the policyholder. Any change of nomination during the term of the Policy shall be communicated to the company in writing and such change shall be effective only when an endorsement on the policy is made. In the event of death of the policyholder, the Company will pay the nominee, as named in the Policy Schedule/Policy Certificate/Endorsement (if any), and in case there is no subsisting nominee, to the legal heirs or legal representatives of the policyholder whose discharge shall be treated as full and final discharge of its liability under the policy.

4. **Special Conditions Applicable for Policies issued with premium Payment on Instalment basis**
   If the insured person has opted for Payment of Premium on an instalment basis i.e. Half Yearly, Quarterly or Monthly, as mentioned in the policy Schedule/Certificate of Insurance, the following Conditions shall apply (notwithstanding any terms contrary elsewhere in the policy)
   i. The grace period for payment of the premium for all types of insurance policies shall be: fifteen days where premium payment mode is monthly and thirty days in all other cases.
   ii. During such Grace Period, **Coverage will be available** from the instalment premium payment due date till the date of receipt of premium by company.
   iii. The insured person will get the accrued continuity benefit in respect of the "Waiting Periods", "Specific Waiting Periods" in the event of payment of premium within the stipulated grace Period.
   iv. No interest will be charged If the instalment premium is not paid on due date.
   v. In case of instalment premium due not received within the Grace Period the Policy will get Cancelled
   vi. In the event of a claim, all subsequent premium instalments shall immediately become due and payable
   vii. The company has the right to recover and deduct all the pending instalments from the claim amount due under the policy

5. **Withdrawal of Policy**
   i. In the likelihood of this product being withdrawn in future, the company will intimate the insured person about the same 90 days prior to expiry of the Policy.
   ii. Insured Person will have the option to migrate to similar health insurance product available with the Company at the time of renewal with all the accrued continuity benefits such as cumulative bonus, waiver of waiting period, as per IRDAI guidelines, provided the policy has been maintained without a break.

6. **Moratorium Period**
   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.

7. Cancellation

A. Cancellation by You

You may cancel your policy at any time during the term, by giving 7 days notice to us in writing. We shall

a) Refund proportionate premium for unexpired policy period, if the term of policy is upto one year and there is no claim (s) made during the policy period.

b) Refund premium for the unexpired policy period, in respect of policies with term more than 1 year and risk coverage for such policy years has not commenced.

B. Cancellation By Company

The Company may cancel the policy at any time on grounds of misrepresentation non-disclosure of material facts, fraud by the insured person by giving 7 days' written notice. There would be no refund of premium on cancellation on grounds of misrepresentation, non-disclosure of material facts or fraud.

8. Free Look Period

The Free Look Period shall be applicable on new individual health insurance policies and not on renewals or at the time of porting/migrating 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.

If the insured has not made any claim during the Free Look Period, the insured shall be entitled to

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

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

iii. Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period;

The request received for cancellation of the policy during free look period shall be processed and the premium shall be refunded within 7 days of receipt of such request.

Please note KYC documents (Photo ID card) shall be required at the premium refund to the Insured Member exceeds a threshold limit of Rs. 1 Lakhs per premium refund.

9. Multiple Policies

i. In case of multiple policies taken by an insured person during a period from one or more insurers to indemnify treatment costs, the insured person shall have the right to require a settlement of his/her claim in terms of any of his/her policies. In all such cases the insurer chosen by the insured person shall be obliged to settle the claim as long as the claim is within the limits of and according to the terms of the chosen policy.

ii. Indemnity based Insurance Sections:
A policyholder can file for claim settlement as per his/her choice under any policy. The Insurer of that chosen policy shall be treated as the primary Insurer. In case the available coverage under the said policy is less than the admissible claim amount, the primary Insurer shall seek the details of other available policies of the policyholder and shall coordinate with other Insurers to ensure settlement of the balance amount as per the policy conditions, without causing any hassles to the policyholder.

iii. Benefit based Insurance Sections:
On occurrence of the insured event, the policyholders can claim from all Insurers under all policies.

10. Fraud

If any claim made by the insured person, is in any respect fraudulent, or if any false statement, or declaration is made or used in support thereof, or if any fraudulent means, or devices are used by the insured person or anyone acting on his/her behalf to obtain any benefit under this policy, all benefits under this policy and the premium paid shall be forfeited.

Any amount already paid against claims made under this policy but which are found fraudulent later shall be repaid by all recipient(s)/Policyholder(s), who has made that particular claim, who shall be jointly and severely liable for such repayment to the insurer.

For the purpose of this clause, the expression "Fraud" means any of the following acts committed by the insured person or by his agents or the hospital/Doctors/any other party acting on behalf of the insured person, with intent to deceive the insurer or to induce the insurer to issue an insurance policy:

a) The suggestion, as a fact of that which is not true and which the insured person does not believe to be true;
b) The active concealment of a fact by the insured person having knowledge or belief of the fact;
c) Any other act fitted to deceive; and
d) Any such act or omission as the law specially declares to be fraudulent.

The company shall not repudiate the claim and/or forfeit the policy benefits on the grounds of Fraud, if the insured person/beneficiary can prove that the misstatement was true to the best of his knowledge and there was no deliberate intension to supress the fact or that such misstatement of or suppression of such material fact are within the knowledge of the Insurer.

11. Claim Settlement

a. The Company shall settle or reject a claim, as the case may be, within 15 days from the date of receipt of last necessary document.
b. In case the claim is not settled within the specified timelines, then the claimant is entitled for interest at bank rate plus 2 percent from the date of receipt of intimation to till the date of payment.

"Bank rate" shall mean the rate fixed by the Reserve Bank of India (RBI) at the beginning of the financial year in which claim has fallen due.

12. Complete Discharge

Any payment to the Policyholder, insured person or his/ her nominee or his/ her legal representative or assignee or to the Hospital, as the case may be, for any benefit under the policy shall be valid discharge towards payment of claim by the Company to the extent of that amount for the particular claim.

13. Renewal

i. The policy shall ordinarily be renewable provided the product is not withdrawn except on grounds of established fraud or non-disclosure or misrepresentation by the insured person.
ii. The Company shall endeavour to give notice for renewal. However, the Company is not under obligation to give any notice for renewal.
iii. Renewal shall not be denied on the ground that the insured person had made a claim or claims in the preceding policy years.
iv. Request for renewal along with requisite premium shall be received by the Company before the end of the policy period.
v. At the end of the policy period, the policy shall terminate and can be renewed within the Grace Period of 30 days to maintain continuity of benefits without break in policy. Coverage is not available during the grace period.
vi. No loading shall apply on renewals based on individual claims experience.
vii. No fresh underwriting unless there is an increase in sum insured.
viii. If the policy is renewed during grace period, all the credits (sum insured, No Claim Bonus, Specific Waiting periods, waiting periods for pre-existing diseases, Moratorium period etc.) accrued under the policy shall be protected and shall be applicable for both Indemnity based and Benefit based sections.

14. Portability

In case of Indemnity based Insurance sections:

a. 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.
b. 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) https://iib.gov.in/ portal.
c. The Acquiring insurer shall decide and communicate on the proposal immediately but not more than 5 days of receipt of information from Existing insurer.
d. 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

15. Migration

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, Moratorium period etc. in the previous policy to the migrated policy.

The insurer may underwrite the proposal in case of migration, if the insured is not continuously covered for 36 months.

16. Customer Grievance Redressal Policy:

In case of any grievance the insured person may contact the company through

Website: https://www.godigit.com

Toll Free: 1-800-258- 4242

Email: hello@godigit.com

Senior citizens can now contact us on 1-800-258-4242 or write to us at seniors@godigit.com

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 grievance@godigit.com

For updated details of grievance officer, kindly refer the link:

https://www.godigit.com/claim/grievance-redressal-procedure

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- https://irdai.gov.in/igms1

The contact details of the Insurance Ombudsman Centres are mentioned in Annexure B.

II. SPECIFIC TERMS AND CLAUSES

17. Alterations to the Policy

This Policy constitutes the complete contract of insurance. This Policy cannot be changed or edited by anyone (including an insurance agent or intermediary) except Us (subject to necessary approval from the Insurance Regulatory and Development Authority of India), and any change We make will be through a written endorsement signed and stamped by Us, only on the request from Proposer/Insured Member.

18. Non-Disclosure or Misrepresentation:

If at the time of issuance of Policy or during continuation of the Policy, the information provided to Us in the proposal form either physically or electronically or otherwise, by You or the Insured Person or anyone acting on behalf of You or an Insured Person is found to be incorrect, incomplete, suppressed or not disclosed, wilfully or otherwise, the Policy shall be:

a) cancelled ab initio i.e. from the inception date or the renewal date (as the case may be),
b) or the Policy may be modified by Us, at Our sole discretion, upon 30 days' notice by sending an endorsement to Your address shown in the Schedule/Certificate of Insurance;
c) the claim under such Policy if any, shall be rejected/repudiated forthwith.

19. Arbitration

If we have any differences with respect to the claim amount to be paid under this policy, it will be referred to arbitration in accordance with the Indian Arbitration and conciliation act 1996, as amended. The making of an award under such arbitration proceedings shall be a condition precedent for the Company to be liable to make any payment under this policy.

20. Insured Person

a. Only those persons named as an Insured Person in the Policy Schedule shall be covered under this Policy.
b. You can add more persons during the Policy Period but only after payment of an additional premium and subject to acceptance of Proposal by Us (wherever necessary) and after We have issued an endorsement confirming the addition of such person as an Insured Person.

21. Territorial Jurisdiction

All disputes or differences under or in relation to the interpretation of the terms, conditions, validity, construct, limitations and/or exclusions contained in the policy shall be determined by the Indian court and according to Indian law.

22. Claims Notification and Procedure

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:

A. Cashless Claim Process:

Cashless Facility can be availed from our network hospitals only. This is facilitated by our Service Provider / Third Party Administrator (TPA) and we would make a direct payment to the Network Hospital to the extent of Our Liability provided that:

1. We are given a notice at least 72 hours before any planned hospitalization or within 24 Hours of hospitalization in case of an emergency situation.
2. For Cashless Facility You shall follow the below Procedure:
    a. Share the Health Card/Copy of E-Cards along with ID Proof with the Hospital Authority & Obtain the Pre-Authorization Form from the Hospital.
    b. Submit Duly filled & Signed Pre-Authorization Form to the Hospital Counter.
    c. Ensure that the Hospital shares the Duly filled & Signed Pre-Authorization Form to Service Provider / Third Party Administrator (TPA) for further Processing.
    d. Service Provider / Third Party Administrator (TPA) will inform the decision and may issue authorization letter depending on the Policy Terms and Conditions to the Hospital directly.
    e. Once the request for Pre-Authorization has been granted, the treatment must take place within 15 days of the Pre-Authorization Approval Date or the Policy Expiry Date whichever is earlier and shall be valid only if all the details of the Authorised details, Hospital and Location including Dates match with the details of the Actual Treatment Received.
    f. We reserve the right to modify, add or restrict any Network Provider for Cashless Facility in Our sole discretion. Before availing Cashless Facility, please check the applicable updated list of Network Providers.
    g. For any queries designated Service Provider / Third Party Administrator (TPA) may be contacted on the contact details mentioned on the Health Card/Copy of E-Cards issued to You.

B. Reimbursement Claim Process:

Reimbursement Facility can be availed from any hospital within India of Your Choice Wherein You will have to make payment directly to the Hospital and submit the documents to Service Provider / Third Party Administrator (TPA) for processing the reimbursement of the claim amount provided that:

1. We or Our Service Provider / Third Party Administrator (TPA) should be intimated within 48 hours of date of admission.
2. For Reimbursement Claim You shall follow the below Procedure:
    a. The Company shall settle or reject a claim, as the case may be, within 15 days from the date of receipt of last necessary document.
    b. In case the claim is not settled within the specified timelines, then the claimant is entitled for interest at bank rate plus 2 percent from the date of receipt of intimation to till the date of payment.
    "Bank rate" shall mean the rate fixed by the Reserve Bank of India (RBI) at the beginning of the financial year in which claim has fallen due.
    c. In case of Your Death, We shall reimburse the claim amount to Your Nominee as named in Your Policy Schedule or Your Legal representative holding a valid succession certificate.

Sr. No	List of Documents / Information	Hospitalization Claim
1.	Duly Filled and Signed Claim form	√
2.	Discharge Summary	√
3.	Medical Records (Optional Documents may be asked on need basis: Indoor case papers, prescription of doctor, OT notes, PAC notes etc.)	√
4.	Original Hospital Main Bill	√
5.	Original Hospital Bill Break Up	√
6.	Original payment receipt	√
7.	Original Pharmacy Bills	√
8.	Prescriptions for the Medicines purchased (except hospital supply) and investigations done outside the Hospital	√
9.	Consultation Papers	√
10.	Investigation Reports	√
11.	Digital Images/CDs of the Investigation Procedures (if required)	√
12.	MLC/FIR Report (If applicable)	√
13.	Original Invoice/Sticker (If applicable)	√
14.	Attending Physician Certificate (If applicable)	√
15.	Ante-natal Record (If applicable)	√
16.	Birth discharge Summary (If applicable)	√
17.	Death Certificate (If applicable)	√
18.	Attested Copy of Statement of Witness, if any lodged with police authorities	×
19.	Attested Copy of FIR / Panchnama / Inquest Panchnama	×
20.	Attested Copy of Viscera report if any (Only if Post-mortem is conducted)	×
21.	*KYC (Photo ID card) (If applicable)	√
22.	Address Proof	
23.	Bank Details with Cancelled Cheque	√

24.	Any Additional Document on case to case basis	√

Note: 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 A.1, B.1 and B.2.a may be considered where the reason for delay is proved to our satisfaction.

Insufficient Document

We have tried to reduce the number of documents you need to share. In case all the necessary mandatory documents as mentioned in Our claims process are not submitted to Us, we will be liable to pay claims only to the extent relevant documents are submitted to us.

*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, address and ID proof is required

CONDITIONS FOR RENEWAL OF THE CONTRACT

23.Sum Insured Enhancement

a. Sum Insured enhancement can be done only at the time of renewal. You need to submit fresh proposal for Sum Insured Enhancement.
b. The acceptance of enhancement of Sum Insured or plan change would be at Our discretion, based on the health condition of the insured members & claim history of the policy.
c. All waiting periods as defined in the Policy shall apply for this enhanced Sum Insured from the effective date of enhancement of such Sum Insured considering such Policy Period as the first Policy with the Company.

24.Continuity Benefits

We will grant continuity of benefits which were available to the Insured Members under a health insurance policy which provides same coverage in the immediately preceding Cover Year provided that:

i. We shall be liable to provide continuity of only those benefits (for e.g.: Initial wait period, wait period of Specific Diseases pre-existing disease etc) which are applicable under this Policy;
ii. Any other waiting period that is applicable specific to this policy but was permanently excluded in the previous policy will not be given any credit.

Annexure-A

List I – Optional Items

Sl No	Item
1.	BABY FOOD *(Not Payable)*
2.	BABY UTILITIES CHARGES *(Not Payable)*
3.	BEAUTY SERVICES *(Not Payable)*
4.	BELTS/BRACES *(Payable in cases where insured has undergone Surgery of thoracic or lumbar spine)*
5.	BUDS *(Not Payable)*
6.	COLD PACK/HOT PACK *(Not Payable)*
7.	CARRY BAGS *(Not Payable)*
8.	EMAIL/ INTERNET CHARGES *(Not Payable)*
9.	FOOD CHARGES (OTHER THAN PATIENT's DIET PROVIDED BY HOSPITAL) *(Not Payable)*
10.	LEGGINGS *(Payable in Bariatric and Varicose Vein Surgery and may be considered for at least these conditions where Surgery itself is Payable)*
11.	LAUNDRY CHARGES *(Not Payable)*
12.	MINERAL WATER *(Not Payable)*
13.	SANITARY PAD *(Not Payable)*
14.	TELEPHONE CHARGES *(Not Payable)*
15.	GUEST SERVICES *(Not Payable)*
16.	CREPE BANDAGE *(Not Payable)*
17.	DIAPER OF ANY TYPE *(Not Payable)*
18.	EYELET COLLAR *(Not Payable)*
19.	SLINGS (*Reasonable costs for one sling in case of upper arm fractures should be considered)*
20.	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES *(Part Of Cost Of Blood, Not Payable)*
21.	SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED
22.	Television Charges (*Payable Under Room Charges Not if separately levied)*
23.	SURCHARGES (*Part of Room Charge Not Payable Separately)*
24.	ATTENDANT CHARGES *(Part of Room Charge Not Payable Separately)*
25.	EXTRA DIET OF PATIENT (OTHER THAN THAT WHICH FORMS PART OF BED CHARGE) *(Patient Diet provided by hospital is Payable)*
26.	BIRTH CERTIFICATE *(Not Payable)*
27.	CERTIFICATE CHARGES *(Not Payable)*
28.	COURIER CHARGES *(Not Payable)*
29.	CONVEYANCE CHARGES *(Not Payable)*
30.	MEDICAL CERTIFICATE *(Not Payable)*
31.	MEDICAL RECORDS *(Not Payable)*
32.	PHOTOCOPIES CHARGES *(Not Payable)*
33.	MORTUARY CHARGES (*Payable upto 24 Hours. Shifting charges not Payable)*
34.	WALKING AIDS CHARGES *(Not Payable)*
35.	OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL) *(Not Payable)*
36.	SPACER *(Not Payable)*
37.	SPIROMETRE *(Device Not Payable)*
38.	NEBULIZER KIT *(Not Payable)*
39.	STEAM INHALER *(Not Payable)*
40.	ARMSLING *(Not Payable)*
41.	THERMOMETER *(Not Payable)*
42.	CERVICAL COLLAR *(Not Payable)*
43.	SPLINT *(Not Payable)*

44.	DIABETIC FOOTWEAR *(Not Payable)*
45.	KNEE BRACES (LONG/ SHORT/ HINGED) *(Not Payable)*
46.	KNEE IMMOBILIZER/SHOULDER IMMOBILIZER *(Not Payable)*
47.	LUMBO SACRAL BELT *(Payable only where Insured has undergone Surgery of Lumbar Spine)*
48.	NIMBUS BED OR WATER OR AIR BED CHARGES (*Payable for any ICU patient requiring more than 3 days in ICU, all patients with paraplegia / quadriplegia for any reason and at reasonable cost of approximately Rs. 200 / day*
49.	AMBULANCE COLLAR *(Not Payable)*
50.	AMBULANCE EQUIPMENT *(Not Payable)*
51.	ABDOMINAL BINDER *(Not Payable)*
52.	PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES *(Post hospitalization nursing charges not Payable)*
53.	SUGAR FREE Tablets *(Payable. Sugar free variants of admissible medicines are Not excluded)*
54.	CREAMS POWDERS LOTIONS *(Toiletries are not payable, only prescribed medical pharmaceuticals payable)*
55.	ECG ELECTRODES (*Upto 5 electrodes are required for every case visiting OT or ICU. For longer stay in ICU, may require a change and at least one set every second day must be Payable)*
56.	GLOVES (*Sterilized Gloves Payable / Unsterilized Gloves not payable)*
57.	NEBULISATION KIT *(Payable Reasonably only if used during Hospitalization)*
58.	ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, etc.]
59.	KIDNEY TRAY *(Not Payable)*
60.	MASK *(Not Payable)*
61.	OUNCE GLASS *(Not Payable)*
62.	OXYGEN MASK *(Not Payable)*
63.	PELVIC TRACTION BELT *(Not Payable)*
64.	PAN CAN *(Not Payable)*
65.	TROLLY COVER *(Not Payable)*
66.	UROMETER, URINE JUG *(Not Payable)*
67.	AMBULANCE *(Payable Reasonably only if used during Hospitalization upto sub-limit mentioned in the policy schedule)*
68.	VASOFIX SAFETY *(Not Payable)*

List II - Items that are to be subsumed into Room Charges

Sl No	Item
1	BABY CHARGES (UNLESS SPECIFIED/INDICATED) *(Not Payable)*
2	HAND WASH *(Not Payable)*
3	SHOE COVER *(Not Payable)*
4	CAPS *(Not Payable)*
5	CRADLE CHARGES *(Not Payable)*
6	COMB *(Not Payable)*
7	EAU-DE-COLOGNE/ ROOM FRESHNERS *(Not Payable)*
8	FOOT COVER *(Not Payable)*
9	GOWN *(Not Payable)*
10	SLIPPERS *(Not Payable)*
11	TISSUE PAPER *(Not Payable)*
12	TOOTHPASTE *(Not Payable)*
13	TOOTHBRUSH *(Not Payable)*
14	BED PAN *(Not Payable)*
15	FACE MASK *(Not Payable)*

16	FLEXI MASK *(Not Payable)*
17	HAND HOLDER *(Not Payable)*
18	SPUTUM CUP *(Payable Under Investigation Charges, Not as Consumable)*
19	DISINFECTANT LOTIONS *(Not Payable-Part of Dressing Charges)*
20	LUXURY TAX (*Only Actual Tax Levied by Government is Payable - Part of Room Charge for Sub Limits)*
21	HVAC *(Part of Room Charge Not Payable Separately)*
22	HOUSE KEEPING CHARGES *(Part of Room Charge Not Payable Separately)*
23	AIR CONDITIONER CHARGES (*Payable Under Room Charges Not if separately levied)*
24	IM IV INJECTION CHARGES *(Part of Nursing Charges, Not Payable)*
25	CLEAN SHEET *(Part of Laundry/housekeeping Not Payable Separately)*
26	BLANKET/WARMER BLANKET *(Not Payable- Part of Room Charges)*
27	ADMISSION KIT *(Not Payable)*
28	DIABETIC CHART CHARGES *(Not Payable)*
29	DOCUMENTATION CHARGES/ ADMINISTRATIVE EXPENSES *(Not Payable)*
30	DISCHARGE PROCEDURE CHARGES *(Not Payable)*
31	DAILY CHART CHARGES *(Not Payable)*
32	ENTRANCE PASS/ VISITORS PASS CHARGES *(Not Payable)*
33	EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE *(To be Claimed by Patient under Post - Hospitalization where admissible)*
34	FILE OPENING CHARGES *(Not Payable)*
35	INCIDENTAL EXPENSES/ MISC. CHARGES (NOT EXPLAINED) *(Not Payable)*
36	PATIENT IDENTIFICATION BAND/ NAME TAG *(Not Payable)*
37	PULSEOXYMETER CHARGES *(Not Payable)*
38	Nursing, DMO/ RMO charges included in room rent under associated medical expenses *(Not Payable)*

List III - Items that are to be subsumed into Procedure Charges

SI No.	Item
1	HAIR REMOVAL CREAM *(Not Payable)*
2	DISPOSABLES RAZORS CHARGES (for site preparations) *(Payable for site preparations)*
3	EYE PAD *(Not Payable)*
4	EYE SHIELD *(Not Payable)*
5	CAMERA COVER *(Not Payable)*
6	DVD, CD CHARGES *(Payable only if CD is specifically sought by Insurer/TPA)*
7	GAUSE SOFT *(Not Payable)*
8	GAUZE *(Not Payable)*
9	WARD AND THEATRE BOOKING CHARGE (*Payable Under OT Charges, Not Payable Separately)*
10	ARTHROSCOPY AND ENDOSCOPY INSTRUMENTS (*Rental Charged By The Hospital Payable. Purchase of Instruments Not Payable.)*
11	MICROSCOPE COVER (*Payable Under OT Charges, Not Payable Separately)*
12	SURGICAL BLADES, HARMONICSCALPEL, SHAVER (*Payable Under OT Charges, Not Payable Separately)*
13	SURGICAL DRILL (*Payable Under OT Charges, Not Payable Separately)*
14	EYE KIT (*Payable Under OT Charges, Not Payable Separately)*
15	EYE DRAPE (*Payable Under OT Charges, Not Payable Separately)*
16	X-RAY FILM *(Payable Under Radiology Charges, Not as Consumable)*
17	BOYLES APPARATUS CHARGES (*Part Of OT Charges, Not Separately)*
18	COTTON (*Not Payable-Part of Dressing Charges)*
19	COTTON BANDAGE (*Not Payable-Part of Dressing Charges)*
20	SURGICAL TAPE (*Not Payable-payable by the Patient when Prescribed, otherwise included as Dressing Charges)*

21	APRON (*Not Payable -Part of Hospital Services/Disposable Linen to be Part of OT/ICU Charges)*
22	TORNIQUET *Not payable (service is charged by hospital, consumables cannot be separately charged.*
23	ORTHOBUNDLE, GYNAEC BUNDLE (Part of Dressing Charges)

List IV - Items that are to be subsumed into costs of treatment

Sl No.	Item
1	ADMISSION/REGISTRATION CHARGES *(Not Payable)*
2	HOSPITALISATION FOR EVALUATION/ DIAGNOSTIC PURPOSE *Unless A Claim Is Accepted Under Section1*
3	URINE CONTAINER *(Not Payable)*
4	BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES *(Not Payable)*
5	BIPAP MACHINE *(Not Payable)*
6	CPAP/ CAPD EQUIPMENTS *(Device Not Payable)*
7	INFUSION PUMP- COST *(Device Not Payable)*
8	HYDROGEN PEROXIDE\SPIRIT\ DISINFECTANTS ETC (May be Payable when prescribed for patient, not Payable for hospital use in OT or ward or for dressings in hospital)
9	NUTRITION PLANNING CHARGES - DIETICIAN CHARGES- DIET CHARGES *(Patient diet provided by hospital is payable)*
10	HIV KIT (*Payable Only as Pre-Operative Screening)*
11	ANTISEPTIC MOUTHWASH (*Payable when prescribed)*
12	LOZENGES (*Payable when prescribed)*
13	MOUTH PAINT *(Payable when prescribed)*
14	VACCINATION CHARGES
15	ALCOHOL SWABES (*Not Payable. Part of hospital's own internal cost)*
16	SCRUB SOLUTIONISTERILLIUM *(Not Payable. Part of hospital's own internal cost)*
17	Glucometer& Strips *(Not Payable pre hospitalization or post hospitalization / Reports and Charts required/ Device not payable)*
18	URINE BAG (*Payable where medically necessary till a reasonable cost - maximum 1 per 24 hrs)*

List V – Additional Non-Payable Items

Sr. No	List of Expenses Generally Excluded ("Non-medical")
1.	Brush
2.	Cosy Towel
3.	Moisturiser Paste Brush
4.	Powder
5.	Barber Charges
6.	Oil Charges
7.	Bed Under Pad Charges
8.	Cost Of Spectacles/ Contact Lenses/ Hearing Aids, Etc.,
9.	Dental Treatment Expenses That Do Not Require Hospitalisation
10.	Home Visit Charges
11.	Donor Screening Charges
12.	Band Aids, Bandages, Sterile Injections, Needles, Syringes
13.	Blade
14.	Maintenance Charges
15.	Preparation Charges
16.	Washing Charges
17.	Medicine Box
18.	Commode

19.	Digestion Gels
20.	Novarapid
21.	Volini Gel/ Analgesic Gel
22.	Zytee Gel
23.	AHD (Ancillary And Hospital Disinfection (Eg., Biomedical Waste Disposal/Management, Sanitation, Sanitization/Fumigation Charges Etc.)
24.	Visco Belt Charges
25.	Examination Gloves
26.	Outstation Consultant's/ Surgeon's Fees
27.	Paper Gloves
28.	Referral Doctor's Fees
29.	Sofnet
30.	Softovac
31.	Stockings

Annexure B

Address and contact number of Council For Insurance Ombudsman

Office Location	Contact Details	Jurisdiction of Office Union Territory, District)
AHMEDABAD	Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, Ahmedabad – 380 001. Tel.: 079 - 25501201/02/05/06 Email: bimalokpal.ahmedabad@cioins.co.in	Gujarat, Dadra & Nagar Haveli, Daman and Diu.
BENGALURU	Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, Ist Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@cioins.co.in	Karnataka.
BHOPAL	Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, Bhopal – 462 003. Tel.: 0755 - 2769201 / 2769202 Fax: 0755 - 2769203 Email: bimalokpal.bhopal@cioins.co.in	Madhya Pradesh Chhattisgarh
BHUBANESHWAR	Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar – 751 009. Tel.: 0674 - 2596461 /2596455 Fax: 0674 - 2596429 Email: bimalokpal.bhubaneswar@cioins.co.in	Orissa.
CHANDIGARH	Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17 – D, Chandigarh – 160 017. Tel.: 0172 - 2706196 / 2706468 Fax: 0172 - 2708274 Email: bimalokpal.chandigarh@cioins.co.in	Punjab, Haryana (excluding Gurugram, Faridabad, Sonepat and Bahadurgarh) Himachal Pradesh, Union Territories of Jammu & Kashmir, Ladakh & Chandigarh.
CHENNAI	Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24335284 Fax: 044 - 24333664 Email: bimalokpal.chennai@cioins.co.in	Tamil Nadu, Tamil Nadu Puducherry Town and Karaikal (which are part of Puducherry)
DELHI	Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 23232481/23213504 Email: bimalokpal.delhi@cioins.co.in	Delhi & Following Districts of Haryana - Gurugram, Faridabad, Sonepat & Bahadurgarh.
GUWAHATI	Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001(ASSAM). Tel.: 0361 - 2632204 / 2602205 Email: bimalokpal.guwahati@cioins.co.in	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.
HYDERABAD	Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 – 23312122 Fax: 040 - 23376599 Email: bimalokpal.hyderabad@cioins.co.in	Andhra Pradesh, Telangana, Yanam and part of Union Territory of Puducherry.
JAIPUR	Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 – 2740363 Email: bimalokpal.jaipur@cioins.co.in	Rajasthan.
ERNAKULAM	Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682 015. Tel.: 0484 - 2358759 / 2359338 Fax: 0484 - 2359336 Email: bimalokpal.ernakulam@cioins.co.in	Kerala, Lakshadweep, Mahe-a part of Union Territory of Puducherry.
KOLKATA	Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124340 Fax: 033 - 22124341 Email: bimalokpal.kolkata@cioins.co.in	West Bengal, Sikkim, Andaman & Nicobar Islands.
LUCKNOW	Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 2231330 / 2231331 Fax: 0522 - 2231310 Email: bimalokpal.lucknow@cioins.co.in	Districts of Uttar Pradesh: Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhabdra, Fatehpur, Pratapgarh, Jaunpur,Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur,

		Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.
MUMBAI	Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022 - 26106552 / 26106960 Fax: 022 - 26106052 Email: bimalokpal.mumbai@cioins.co.in	Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane.
NOIDA	Office of the Insurance Ombudsman, Bhagwan Sahai Palace, 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P-201301. Tel.: 0120-2514252 / 2514253 Email: bimalokpal.noida@cioins.co.in	State of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.
PATNA	Office of the Insurance Ombudsman, 1st Floor,Kalpana Arcade Building,, Bazar Samiti Road, Bahadurpur, Patna 800 006. Tel.: 0612-2680952 Email: bimalokpal.patna@cioins.co.in	Bihar, Jharkhand.
PUNE	Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020-41312555 Email: bimalokpal.pune@cioins.co.in	Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region.

Note: COUNCIL FOR INSURANCE OMBUDSMAN ,3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054.Tel.: 022 – 69038801/03/04/05/06/07/08/09 Email: inscoun@cioins.co.in

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