DIGIT DONOR SHIELD POLICY
PROSPECTUS
UIN: GODHLIP25038V012425

Go Digit General Insurance Ltd.

Go Digit General Insurance Ltd. ("Digit") is a new general insurance company being set up in India and is backed by Fairfax Financial Holdings Ltd. Fairfax is a large Canada based diversified financial services group engaged in General Insurance, Reinsurance and Investment management across more than 30 countries.

At Digit, our mission is to make Insurance products that are simple and transparent. For us, making Insurance simple translates into – Easy interface for customers to interact with us, Simple products, Simple and effective claims' process. Our goal is to offer products and services that customer really wants and back it by service, that we can be proud of. We have a team that brings in years of experience in Insurance and technology companies. We want to become a part of consumers' lives and enable them to live without worrying about uncertain future.

Product Introduction

At Digit, we understand that some things are just beyond our control as many couples are facing challenges such as infertility, genetic disorders or medical conditions that prevent natural conception or pregnancy. Digit Donor Shield Policy is designed offer a path to parenthood, enabling people to experience the joy of having a child. These policy provide hope and support for building families in a medically guided manner.

What is covered under Digit Donor Shield Policy?

The coverages under this policy is as mentioned below:

SECTION 1. IN PATIENT HOSPITALIZATION

A. Surrogacy Cover

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

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

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.

A.3 Alternate Treatment (Ayush) Benefit

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.

B. Oocyte Donor

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

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

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.

B.3 Alternate Treatment (Ayush) Benefit

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 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.

SECTION 2 - CARDIAC AMBULANCE

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.

SECTION 3 - OPD CONSULTATION WITH GYNAECOLOGIST

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.

SECTION 4 - DAY CARE TREATMENT

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.

SECTION 5 - MODERN TREATMENT

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.

SECTION 6 - ROOM RENT MODIFICATION

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.

SECTION 7 - WELLNESS BENEFIT PROGRAM

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.

What are the exclusions under Digit Donor Shield Policy?

We shall not be liable to make any claim payment under this Policy caused by, based on, arising out of or howsoever attributable to any of the following unless specifically agreed and mentioned elsewhere in the Policy Schedule:

Standard Exclusions

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

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)

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)

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):**
   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):**
   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):**
   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):**
   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):**
   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):**
   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):**
    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):**
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)**
    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)
17. 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:
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.

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.

What are the Minimum & Maximum Entry age?

Below is the Minimum & Maximum Entry age for Adults & Children:

Type	Minimum	Maximum
Surrogacy	18 years	50 years
Oocyte Donor	18 years	50 years
Proposer	21 years	No Limit

*there is no age limit for renewals, however policy will be terminated in case of claim settlement.

What is the minimum and maximum policy period available under this policy?

The Policy Period for Oocyte Donor is 1 year and for Surrogate Cover the options are 1 Year, 2 Years and 3 Years.

What are the Sum Insured options under this Policy?

The Sum Insured options under this Policy are INR 2L, 3L, 4L, 5L, 10L, 15L, 20L, 25L, 50L, 1Cr.

How much premium, I have to pay to buy this policy?

You can contact us either through our call center or on our website or based on submission of complete proposal form, we will let you know the premium details.

What are the waiting period under this Policy?

There are various options for Waiting Period. You can choose the option of Your Choice:

Description	Waiting Period Options
Initial Waiting Period Option	0 day, 7 days, 15 days, 30 days

Do I need to go undergo any medical test and who will bear the costs?

Based on the Proposal Form shared by You, we will advise if any medical tests are required. For all proposals accepted by US, We will bear the costs of pre-policy medical check-ups.

What are the discount/loadings available under this Policy?

Discounts/Loadings available under this Policy, are as below:

1. **Good Health Discount:** If the insured follows good health practices which may include but not limited to no Smoking/Tobacco, regular exercise, eating healthy diet and monitoring diet regularly, which can be objectively quantified, we expect a reducing effect on the frequency and severity of claims and thus a discount of 5% will be given to the insured. For the purpose of calculation of good health discount, if either of the any parameter mentioned above is fulfilled, declared by proposer and could be objectively verified then this discount shall be offered. In case of family floater policies, all members in the policy must have good health practices to avail this discount.
2. **BMI Discount:** Company proposes to provide 5% discount on any proposal where the BMI of the policyholder is less than
3. **Long Term Discount:** Company proposes to provide 10% discount for 3 year policy term.
4. **Discount in lieu of commission:** Company proposes to provide 15% discount on any proposal where the agent converts a policy with 0% commission. This discount will allow us to transfer the savings in commission as discount in the policy premium.

Maximum capping of 20%, will be applied on Discount in Lieu of commission, Good health discount & BMI Discount.

What are the renewal conditions under this Policy?

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.

What are the cancellation terms under this Policy?

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.

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.

What benefits are available if I transfer(renew) my policy from some other insurer to this Policy?

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.

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

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.

What happens to my policy in case this Product is withdrawn?

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

How do I make a claim under the Policy and what are the documents required?

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, 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.

What Should I Do In Case of Any Grievance?

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
Grievance may also be lodged at IRDAI Integrated Grievance Management System- https://irdai.gov.in/igms1

INSURANCE ACT 1938 SECTION 41- Prohibition of Rebates

No person shall allow or offer to allow either directly or indirectly, as an inducement to any person to take out or renew or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of the premium shown on the policy, nor shall any person taking out or renewing a policy accept any rebate, except such rebate as may be allowed in accordance with the published prospectus or tables of the insurer. ANY PERSON MAKING FAULT IN COMPLYING WITH THE PROVISIONS OF THIS SECTION SHALL BE PUNISHABLE WITH FINE WHICH MAY EXTEND TO TEN LAKHS RUPEES.

IMPORTANT NOTE: Above is a summary of Coverage and Exclusions, please refer to detailed Policy Terms & Conditions and Policy Schedule for full description which shall prevail in the event of any claim/complaint/dispute.

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