

AROGYA SANJEEVANI POLICY, GO DIGIT
PROSPECTUS

Go Digit General Insurance Ltd.

Go Digit General Insurance Ltd. ('Digit') is a new-age general insurance company that is backed by the Fairfax Group – one of the world's largest financial holding companies which is engaged in General Insurance, Reinsurance and Investment management across more than 30 countries.

Digit's singular mission is to make insurance simple for all. With that mission in mind, we are reimagining products and redesigning processes. Our products are designed keeping the consumer in mind, our processes are simple, fast and transparent & our documents are easy to understand. With the help of cutting-edge technology and people who bring in years of experience in both the insurance and technology domain, we want to be the new-age insurance company that's revolutionising the insurance industry. And by doing so, we want to be part of our consumers' lives by enabling them to live life, without worrying about an uncertain future.

Product Introduction

Arogya Sanjeevani Policy is designed to bring about a standardized product which provides basic coverage to the customers intending to ease the problem of vast number of choice and portability.

What is covered under this policy?

If during the policy period one or more Insured Person(s) is required to be hospitalized for treatment of an Illness or Injury at a Hospital/ Day Care Centre, following Medical Advice of a duly qualified Medical Practitioner, the Company shall indemnify Medically necessary, expenses towards the Coverage mentioned in the policy schedule.

Provided further that, any amount payable under the policy shall be subject to the terms of coverage (including any co-pay, sub limits), exclusions, conditions and definitions as mentioned in the policy wording. Maximum liability of the Company under all such Claims during each Policy Year shall be the Sum Insured (Individual or Floater) opted and Cumulative Bonus (if any) specified in the Schedule.

The covers listed below are inbuilt Policy benefits and shall be available to all Insured Persons in accordance with the procedures set out in this Policy.

1. Hospitalization

The Company shall indemnify medical expenses incurred for Hospitalization of the Insured Person during the Policy year, up to the Sum Insured and Cumulative Bonus specified in the policy schedule, for,

- i. Room Rent, Boarding, Nursing Expenses as provided by the Hospital / Nursing Home up to 2% of the sum insured subject to maximum of Rs.5000 /-, per day.
- ii. Intensive Care Unit (ICU)/ Intensive Cardiac Care Unit (ICCU) expenses up to 5% of sum insured subject to maximum of Rs. 10,000/- per day.
- iii. Surgeon, Anaesthetist, Medical Practitioner, Consultants, Specialist Fees whether paid directly to the treating doctor/ surgeon or to the hospital
- iv. Anesthesia, blood, oxygen, operation theatre charges, surgical appliances, medicines and drugs, costs towards diagnostics, diagnostic imaging modalities and such similar other expenses.

1.1. Other expenses

- i. Expenses incurred on treatment of cataract subject to the sub limits
- ii. Dental treatment, necessitated due to disease or injury
- iii. Plastic surgery necessitated due to disease or injury
- iv. All day care treatments
- v. Expenses incurred on road Ambulance subject to a maximum of Rs.2000/- per hospitalisation.

Note:

1. Expenses of Hospitalization for a minimum period of 24 consecutive hours only shall be admissible. However, the time limit shall not apply in respect of Day Care Treatment
2. In case of admission to a room/ICU/ICCU at rates exceeding the aforesaid limits, the

reimbursement/payment of all other expenses incurred at the Hospital, with the exception of (a) cost of pharmacy and consumables, (b) cost of implants and medical devices, (c) cost of diagnostics, shall be effected in the same proportion as the admissible rate per day bears to the actual rate per day of Room Rent/ICU/ICCU charges.

3. Proportionate deductions will not apply in respect of the hospitals which do not follow differential billing or for those expenses in respect of which differential billing is not adopted based on the room category.

2. AYUSH Treatment

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

3. Cataract Treatment

The Company shall indemnify medical expenses incurred for treatment of Cataract, subject to a limit of 25% of Sum Insured or Rs.40,000/-, whichever is lower, per each eye in one policy year.

4. Pre-Hospitalization

The company shall indemnify pre-hospitalization medical expenses incurred, related to an admissible hospitalization requiring inpatient care, for a fixed period of 30 days prior to the date of admissible hospitalization covered under the policy.

5. Post Hospitalisation

The company shall indemnify post hospitalization medical expenses incurred, related to an admissible hospitalization requiring inpatient care, for a fixed period of 60 days from the date of discharge from the hospital, following an admissible hospitalization covered under the policy.

6. The following procedures will be covered (wherever medically indicated) either as inpatient or as part of day care treatment in a hospital up to 50% of Sum Insured, specified in the policy schedule, during the policy period:

- A. Uterine Artery Embolization and HIFU (High intensity focused ultrasound)
- B. Balloon Sinuplasty
- C. Deep Brain stimulation
- D. Oral chemotherapy
- E. Immunotherapy - Monoclonal Antibody to be given as injection
- F. Intra vitreal injections
- G. Robotic surgeries
- H. Stereotactic radio surgeries
- I. Bronchial Thermoplasty
- J. Vaporisation of the prostate (Green laser treatment or holmium laser treatment)
- K. IONM - (Intra Operative Neuro Monitoring)
- L. Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditions to be covered.

7. The expenses that are not covered in this policy are placed under List-I of Annexure-A. The list of expenses that are to be subsumed into room charges, or procedure charges or costs of treatment are placed under List-II, List-III and List-IV of Annexure-A respectively.

What are the exclusions under this Policy?

The Company shall not be liable to make any payment under the policy, in respect of any expenses incurred in connection with or in respect of:

I. STANDARD EXCLUSIONS

1. Pre-Existing Diseases (Code- Excl01)

- a) Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 48 months of continuous coverage after the date of inception of the first policy with us.
- b) In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
- c) If the Insured Person is continuously covered without any break as defined under the portability norms of the extant IRDAI (Health Insurance) Regulations, then waiting period for the same would be reduced to the extent of prior coverage.
- d) Coverage under the policy after the expiry of 48 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by us.

2. First Thirty Days 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.

3. Specific Waiting Period: (Code- Excl02)

- a) Expenses related to the treatment of the following listed conditions, surgeries/treatments shall be excluded until the expiry of 24/48 months of continuous coverage, as may be the case after the date of inception of the first policy with the insurer. This exclusion shall not be applicable for claims arising due to an accident.
- b) In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
- c) If any of the specified disease/procedure falls under the waiting period specified for pre-existing diseases, then the longer of the two waiting periods shall apply.
- d) The waiting period for listed conditions shall apply even if contracted after the policy or declared and accepted without a specific exclusion.
- e) If the Insured Person is continuously covered without any break as defined under the applicable norms on portability stipulated by IRDAI, then waiting period for the same would be reduced to the extent of prior coverage.

i. 24 Months waiting period

- 1. Benign ENT disorders
- 2. Tonsillectomy
- 3. Adenoidectomy
- 4. Mastoidectomy
- 5. Tympanoplasty
- 6. Hysterectomy
- 7. All internal and external benign tumours, cysts, polyps of any kind, including benign breast lumps
- 8. Benign prostate hypertrophy
- 9. Cataract and age-related eye ailments
- 10. Gastric/ Duodenal Ulcer
- 11. Gout and Rheumatism
- 12. Hernia of all types
- 13. Hydrocele
- 14. Non-Infective Arthritis
- 15. Piles, Fissures and Fistula in anus
- 16. Pilonidal sinus, Sinusitis and related disorders

17. Prolapse inter Vertebral Disc and Spinal Diseases unless arising from accident
18. Calculi in urinary system, Gall Bladder and Bile duct, excluding malignancy.
19. Varicose Veins and Varicose Ulcers
20. Internal Congenital Anomalies

ii. 48 Months waiting period

1. Treatment for joint replacement unless arising from accident
2. Age-related Osteoarthritis & Osteoporosis

4. Investigation & Evaluation (Code- Excl04)

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

5. 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:
 - i. 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.
 - ii. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.

6. Obesity/ Weight Control (Code- Excl06)

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

1. Surgery to be conducted is upon the advice of the Doctor
2. The surgery/ Procedure conducted should be supported by clinical protocols
3. The member has to be 18 years of age or older and
4. Body Mass Index (BMI);
 - a. greater than or equal to 40 or
 - b. 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:
 - i. Obesity-related cardiomyopathy
 - ii. Coronary heart disease
 - iii. Severe Sleep Apnea
 - iv. Uncontrolled Type2 Diabetes

7. 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.

8. 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.

9. 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.

10. 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.

11. 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 following an accident, expenses up to the stage of stabilization are payable but not the complete claim.

12. Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. (Code- Excl12)

13. Treatments received in health 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. (Code- Excl13)

14. 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 (Code- Excl14)

15. Refractive Error:(Code- Exc115)

Expenses related to the treatment for correction of eyesight due to refractive error less than 7.5 dioptries.

16. Unproven Treatments:(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.

17. Sterility and Infertility: (Code- Excl17)

Expenses related to sterility and infertility. This includes:

- (i) Any type of sterilization
- (ii) Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
- (iii) Gestational Surrogacy
- (iv) Reversal of sterilization

18. Maternity Expenses (Code - Excl18):

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

II. SPECIFIC EXCLUSIONS

19. 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.

20. Nuclear, chemical or biological attack or weapons, contributed to, caused by, resulting from or from any other cause or event contributing concurrently or in any other sequence to the loss, claim or expense. For the purpose of this exclusion:

- a) 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.
- b) 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.
- c) 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.

21. Any expenses incurred on Domiciliary Hospitalization and OPD treatment

22. Treatment taken outside the geographical limits of India

23. In respect of the existing diseases, disclosed by the insured and mentioned in the policy schedule (based on insured's consent), policyholder is not entitled to get the coverage for specified ICD codes.

What are the Minimum & Maximum Entry age for Adults & Children?

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

Entry Age	Minimum	Maximum
Proposer	18yrs	65 years
Dependent Child	3 months	25 years
Adult Insured	18yrs	65 years

*there is no age limit for renewals

What is the Policy tenure under this policy?

This Policy tenure shall be for a period of one year.

What is the definition of Family under this Product?

Family consists of the proposer and any one or more of the family members as mentioned below:

1. legally wedded spouse.
2. Parents and Parents-in-law.
3. dependent Children (i.e. natural or legally adopted) between the age 3 months to 25 years. If the child above 18 years of age is financially independent, he or she shall be ineligible for coverage in the subsequent renewals.

Can the Policy be opted on Floater Basis?

Yes, this Product can be opted either on Individual Sum Insured basis or Family Floater Basis.

What is the Sum Insured options under this Policy?

You can opt for a minimum Sum Insured of INR 50,000 and maximum up to INR 3 Crore in the multiples of INR 50,000.

What are the waiting periods under this Policy?

Waiting Period applicable to this Policy are as mentioned below:

The Company shall not be liable to make any payment under the policy in connection with or in respect of following expenses till the expiry of waiting period mentioned below:

- 1. Pre-Existing Diseases (Code- Excl01)**

- e) Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 48 months of continuous coverage after the date of inception of the first policy with us.
- f) In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
- g) If the Insured Person is continuously covered without any break as defined under the portability norms of the extant IRDAI (Health Insurance) Regulations, then waiting period for the same would be reduced to the extent of prior coverage.
- h) Coverage under the policy after the expiry of 48 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by us.

2. First Thirty Days Waiting Period (Code- Excl03)

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

3. Specific Waiting Period: (Code- Excl02)

- f) Expenses related to the treatment of the following listed conditions, surgeries/treatments shall be excluded until the expiry of 24/48 months of continuous coverage, as may be the case after the date of inception of the first policy with the insurer. This exclusion shall not be applicable for claims arising due to an accident.
- g) In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
- h) If any of the specified disease/procedure falls under the waiting period specified for pre-existing diseases, then the longer of the two waiting periods shall apply.
- i) The waiting period for listed conditions shall apply even if contracted after the policy or declared and accepted without a specific exclusion.
- j) If the Insured Person is continuously covered without any break as defined under the applicable norms on portability stipulated by IRDAI, then waiting period for the same would be reduced to the extent of prior coverage.

iii. 24 Months waiting period

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

iv. 48 Months waiting period

1. Treatment for joint replacement unless arising from accident
2. Age-related Osteoarthritis & Osteoporosis

What is the Deductible/ Co-payments under this Policy?

There is no deductible under this policy. However, there shall be 5% co-pay on all claims.

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.

Is there any provision to enhance the Sum Insured under this Policy?

Sum insured can be changed (increased/ decreased) only at the time of renewal or at any time, subject to underwriting by the Company. For any increase in SI, the waiting period shall start afresh only for the enhanced portion of the sum insured.

What are the renewal conditions under this Policy?

The policy shall ordinarily be renewable except on grounds of fraud, moral hazard, misrepresentation by the insured person. The Company is not bound to give notice that it is due for renewal.

- i. Renewal shall not be denied on the ground that the insured had made a claim or claims in the preceding policy years
- ii. Request for renewal along with requisite premium shall be received by the Company before the end of the Policy Period.
- iii. At the end of the Policy Period, the policy shall terminate and can be renewed within the Grace Period to maintain continuity of benefits without Break in Policy. Coverage is not available during the grace period.
- iv. If not renewed within Grace Period after due renewal date, the Policy shall terminate.

What is the Grace Period under this Policy?

For Yearly payment mode, a fixed period of 30 days is allowed as Grace Period and for other modes of payment a fixed period of 15 days will be allowed as Grace Period.

What are benefits if I renew this Policy?

You are eligible for a cumulative bonus of 5% on Sum Insured, provided you have had a claim free year preceding the renewal. This benefit will be accumulated based on claim free years up to a maximum bonus of 50% of Sum insured.

What are the cancellation terms under this Policy?

- a) The Insured may cancel this Policy by giving 15 days' written notice, and in such an event, the Company shall refund premium on short term rates for the unexpired Policy Period as per the rates detailed below.

Refund%	
Refund of Premium (basis Policy Period)	
Timing of Cancellation	1 Yr
Up to 30 days	75.00%
31 to 90 days	50.00%
3 to 6 months	25.00%
6 to 12 months	0.00%

Notwithstanding anything contained herein or otherwise, no refunds of premium shall be made in respect of Cancellation where, any claim has been admitted or has been lodged or any benefit has been availed by the Insured person under the Policy.

- b) 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 15 days' written notice. There would be no refund of premium on cancellation on grounds of misrepresentation, non-disclosure of material facts or fraud.

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

Portability and Continuity Benefits are as mentioned below:

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 wait period that is applicable specific to this policy but was permanently excluded in the previous policy will not be given any credit.
- iii. Insured Members covered under this Policy shall have the right to migrate from this Policy to an individual health insurance policy or a family floater policy offered by our company. The credit for wait periods would be given in the opted individual health insurance policy or a family floater policy offered by our company. Application for this Policy is made within 45 days before, but not earlier than 60 days from the expiry of that insurance policy.

Will I be informed about any revision or modification made to this Policy?

There is a possibility of revision/ modification of terms, conditions, coverages and/or premiums of this product at any time in future, with appropriate approval from IRDAI. In such an event of revision/modification of the product, We will inform you at least 3 months prior to the date of such revision/modification comes into effect.

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

There is possibility of withdrawal of this product at any time in future with appropriate approval from IRDAI, as We reserve Our right to do so with an intimation of 3 months to all the existing insured members. In such an event of withdrawal of this product, at the time of Your seeking extension of this Policy, you can choose, among Our available similar and closely similar Health Insurance Products. Upon Your so choosing Our new product, you will be charged the Premium as per Our Underwriting Policy for such chosen new product, as approved by IRDAI.

Can I pay premium in instalments and what are the term and conditions related to this?

You can opt for premium payment on an instalment basis i.e. Half Yearly, Quarterly or Monthly. Following Conditions shall apply (notwithstanding any terms contrary elsewhere in the Policy)

1. Grace Period of 15 days would be given to pay the instalment premium due for the Policy.
2. During such grace period, Coverage will not be available from the instalment premium payment due date till the date of receipt of premium by Company.
3. The Benefits provided under - " Waiting Periods", "Specific Waiting Periods" Sections shall continue in the event of payment of premium within the stipulated grace Period.
4. No interest will be charged If the instalment premium is not paid on due date.
5. In case of instalment premium due not received within the grace Period, the Policy will get cancelled.

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

1. Procedure for Cashless claims:

- i. Treatment may be taken in a network provider and is subject to preauthorization by the Company or its authorized TPA.
- ii. Cashless request form available with the network provider and TPA shall be completed and sent to the Company/TPA for authorization.
- iii. The Company/ TPA upon getting cashless request form and related medical information from the insured person/ network provider will issue pre-authorization letter to the hospital after verification.
- iv. At the time of discharge, the insured person has to verify and sign the discharge papers, pay for non-medical and inadmissible expenses.

- v. The Company / TPA reserves the right to deny pre-authorization in case the insured person is unable to provide the relevant medical details.
- vi. In case of denial of cashless access, the insured person may obtain the treatment as per treating doctor's advice and submit the claim documents to the Company/ TPA for reimbursement.

2. Procedure for reimbursement of claims:

For reimbursement of claims the insured person may submit the necessary documents to TPA (if applicable)/Company within the prescribed time limit as specified hereunder.

SI No	Type of Claim	Prescribed Time limit
1.	Reimbursement of hospitalization, day care prehospitalization expenses	Within thirty days of date of discharge from hospital
2.	Reimbursement of post hospitalization expenses	Within fifteen days from completion of post hospitalization treatment

A. Notification of Claim

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

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

B. Documents to be submitted:

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

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

Note:

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

How much premium, I must pay to buy this policy and what discounts/loading are available?

Premium Excluding Taxes for policies with individual Sum Insured basis will be based on individual age of the family member, Number of family members covered in the policy and Sum Insured as given in the below Tables.

Premium Excluding Taxes for floater policies will be based on the Highest member age, Family composition and **Sample** Sum Insured as given in the below Tables. This premium table is not exhaustive, to know premium rates for other Sum Insured options, you can Contact Go Digit General Insurance Company.

Premium chart excluding taxes are mentioned below for different family composition and sample Sum Insured options.

Family Composition - 1A									
Highest member Age Band	1 Lakh	2 Lakh	3 Lakh	4 Lakh	5 Lakh	10 Lakh	25 lakh	50 Lakh	1 Crore
18-25	1,802	2,269	2,682	2,929	3,122	4,689	6,233	7,283	8,220
26-30	1,869	2,353	2,781	3,038	3,238	4,863	6,464	7,554	8,525
31-35	2,093	2,635	3,114	3,401	3,625	5,446	7,239	8,458	9,546
36-40	2,492	3,138	3,709	4,050	4,317	6,484	8,619	10,072	11,367
41-45	3,157	3,975	4,698	5,130	5,468	8,213	10,918	12,757	14,399
46-50	4,172	5,253	6,208	6,780	7,226	10,855	14,429	16,860	19,030
51-55	5,658	7,124	8,420	9,195	9,800	14,722	19,569	22,866	25,808
56-60	7,775	9,788	11,569	12,634	13,466	20,227	26,887	31,418	35,460
61-65	10,742	13,525	15,985	17,456	18,606	27,949	37,150	43,410	48,995
66-70	14,850	18,696	22,097	24,131	25,720	38,636	51,356	60,009	67,730
71-75	19,500	24,551	29,016	31,688	33,774	50,734	67,437	78,800	88,939
76-80	25,248	31,788	37,570	41,029	43,730	65,690	87,317	1,02,030	1,15,157
>=81	35,416	44,589	52,699	57,551	61,341	92,143	1,22,480	1,43,118	1,61,532

Family Composition - 1A+1C									
Highest member Age Band	1 Lakh	2 Lakh	3 Lakh	4 Lakh	5 Lakh	10 Lakh	25 lakh	50 Lakh	1 Crore
18-25	2,433	3,063	3,620	3,954	4,214	6,330	8,414	9,832	11,097
26-30	2,523	3,177	3,755	4,101	4,371	6,565	8,727	10,197	11,509
31-35	2,763	3,478	4,111	4,490	4,785	7,188	9,555	11,165	12,601
36-40	3,140	3,954	4,673	5,103	5,439	8,170	10,860	12,690	14,323
41-45	3,820	4,809	5,684	6,207	6,616	9,938	13,210	15,436	17,422
46-50	4,882	6,146	7,264	7,933	8,455	12,701	16,882	19,727	22,265
51-55	6,451	8,121	9,599	10,482	11,173	16,783	22,308	26,067	29,421
56-60	8,630	10,865	12,841	14,023	14,947	22,452	29,845	34,873	39,360
61-65	11,817	14,877	17,583	19,202	20,466	30,743	40,865	47,751	53,895
66-70	16,335	20,566	24,306	26,544	28,292	42,499	56,492	66,010	74,503
71-75	21,450	27,006	31,918	34,856	37,151	55,807	74,181	86,680	97,833
76-80	27,773	34,967	41,327	45,132	48,103	72,259	96,049	1,12,233	1,26,673
>=81	38,958	49,048	57,969	63,306	67,475	1,01,358	1,34,728	1,57,430	1,77,685

Family Composition - 1A+2C

Highest member Age Band	1 Lakh	2 Lakh	3 Lakh	4 Lakh	5 Lakh	10 Lakh	25 lakh	50 Lakh	1 Crore
18-25	2,974	3,744	4,425	4,832	5,151	7,737	10,284	12,017	13,563
26-30	3,084	3,883	4,589	5,012	5,342	8,024	10,666	12,464	14,067
31-35	3,359	4,229	4,999	5,459	5,818	8,740	11,618	13,575	15,322
36-40	3,726	4,691	5,544	6,055	6,453	9,694	12,886	15,057	16,994
41-45	4,435	5,584	6,600	7,208	7,682	11,540	15,339	17,924	20,230
46-50	5,528	6,960	8,226	8,984	9,575	14,383	19,119	22,340	25,214
51-55	7,158	9,012	10,651	11,632	12,398	18,623	24,754	28,926	32,647
56-60	9,446	11,893	14,056	15,350	16,361	24,576	32,668	38,172	43,084
61-65	12,622	15,891	18,782	20,511	21,862	32,840	43,652	51,007	57,569
66-70	17,449	21,968	25,964	28,354	30,221	45,397	60,343	70,511	79,583
71-75	22,913	28,847	34,094	37,233	39,684	59,612	79,239	92,590	1,04,503
76-80	29,667	37,351	44,144	48,209	51,383	77,185	1,02,598	1,19,885	1,35,310
>=81	41,614	52,392	61,922	67,623	72,075	1,08,268	1,43,914	1,68,164	1,89,800

Family Composition - 1A+3C									
Highest member Age Band	1 Lakh	2 Lakh	3 Lakh	4 Lakh	5 Lakh	10 Lakh	25 lakh	50 Lakh	1 Crore
18-25	3,515	4,425	5,230	5,711	6,087	9,144	12,154	14,202	16,029
26-30	3,645	4,589	5,424	5,923	6,313	9,483	12,606	14,730	16,625
31-35	3,956	4,980	5,886	6,428	6,852	10,292	13,681	15,986	18,043
36-40	4,337	5,460	6,453	7,047	7,511	11,283	14,997	17,524	19,779
41-45	5,083	6,399	7,563	8,259	8,803	13,224	17,577	20,539	23,182
46-50	6,258	7,879	9,313	10,170	10,840	16,283	21,644	25,291	28,545
51-55	7,922	9,974	11,788	12,873	13,721	20,611	27,396	32,013	36,131
56-60	10,340	13,018	15,386	16,803	17,909	26,903	35,760	41,785	47,161
61-65	13,643	17,176	20,300	22,169	23,629	35,495	47,181	55,131	62,224
66-70	18,563	23,370	27,621	30,164	32,150	48,295	64,195	75,012	84,663
71-75	24,375	30,688	36,270	39,609	42,218	63,417	84,297	98,500	1,11,173
76-80	31,561	39,735	46,962	51,286	54,663	82,112	1,09,147	1,27,538	1,43,947
>=81	44,270	55,736	65,874	71,939	76,676	1,15,179	1,53,101	1,78,898	2,01,915

Family Composition - 1A+4C									
Highest member Age Band	1 Lakh	2 Lakh	3 Lakh	4 Lakh	5 Lakh	10 Lakh	25 lakh	50 Lakh	1 Crore
18-25	4,109	5,174	6,115	6,678	7,117	10,691	14,211	16,606	18,742
26-30	4,262	5,366	6,342	6,926	7,382	11,088	14,739	17,222	19,438
31-35	4,573	5,758	6,805	7,432	7,921	11,899	15,816	18,481	20,859
36-40	4,972	6,260	7,399	8,080	8,612	12,936	17,195	20,093	22,678
41-45	5,761	7,254	8,573	9,362	9,979	14,990	19,925	23,282	26,277
46-50	6,989	8,799	10,399	11,357	12,104	18,183	24,169	28,241	31,875
51-55	8,799	11,078	13,093	14,298	15,240	22,892	30,429	35,557	40,131
56-60	11,234	14,144	16,717	18,256	19,458	29,229	38,852	45,398	51,239
61-65	14,771	18,596	21,979	24,002	25,583	38,429	51,082	59,689	67,368

66-70	19,676	24,772	29,278	31,974	34,079	51,192	68,047	79,513	89,743
71-75	25,838	32,529	38,446	41,986	44,751	67,222	89,354	1,04,410	1,17,844
76-80	33,454	42,119	49,780	54,363	57,943	87,039	1,15,695	1,35,190	1,52,583
>=81	46,926	59,080	69,826	76,255	81,277	1,22,090	1,62,287	1,89,632	2,14,029

Family Composition - 2A									
Highest member A _i									
Band	1 Lakh	2 Lakh	3 Lakh	4 Lakh	5 Lakh	10 Lakh	25 lakh	50 Lakh	1 Crore
18-25	2,884	3,631	4,291	4,686	4,995	7,503	9,973	11,653	13,152
26-30	2,991	3,765	4,450	4,860	5,180	7,781	10,343	12,086	13,641
31-35	3,349	4,216	4,983	5,442	5,800	8,713	11,582	13,533	15,274
36-40	3,988	5,021	5,934	6,480	6,907	10,375	13,791	16,114	18,188
41-45	5,051	6,359	7,516	8,208	8,748	13,142	17,468	20,412	23,038
46-50	6,676	8,405	9,933	10,848	11,562	17,368	23,087	26,977	30,448
51-55	9,054	11,398	13,472	14,712	15,681	23,555	31,310	36,586	41,293
56-60	12,439	15,661	18,510	20,214	21,545	32,364	43,019	50,268	56,736
61-65	17,188	21,639	25,575	27,930	29,769	44,718	59,441	69,456	78,392
66-70	23,760	29,914	35,355	38,610	41,152	61,817	82,170	96,015	1,08,368
71-75	31,200	39,281	46,426	50,700	54,038	81,174	1,07,900	1,26,080	1,42,302
76-80	40,398	50,861	60,112	65,646	69,969	1,05,104	1,39,708	1,63,248	1,84,252
>=81	56,666	71,342	84,319	92,082	98,145	1,47,429	1,95,969	2,28,989	2,58,451

Family Composition - 2A+1C									
Highest member A _i									
Band	1 Lakh	2 Lakh	3 Lakh	4 Lakh	5 Lakh	10 Lakh	25 lakh	50 Lakh	1 Crore
18-25	3,515	4,425	5,230	5,711	6,087	9,144	12,154	14,202	16,029
26-30	3,645	4,589	5,424	5,923	6,313	9,483	12,606	14,730	16,625
31-35	4,019	5,060	5,980	6,530	6,960	10,456	13,898	16,240	18,329
36-40	4,636	5,836	6,898	7,533	8,029	12,061	16,032	18,733	21,143
41-45	5,714	7,194	8,502	9,285	9,897	14,866	19,761	23,091	26,061
46-50	7,385	9,298	10,989	12,001	12,791	19,214	25,540	29,843	33,683
51-55	9,846	12,396	14,650	15,999	17,053	25,616	34,050	39,787	44,906
56-60	13,295	16,738	19,782	21,604	23,026	34,589	45,977	53,724	60,636
61-65	18,262	22,992	27,174	29,676	31,630	47,513	63,156	73,797	83,292
66-70	25,245	31,783	37,565	41,023	43,724	65,681	87,305	1,02,016	1,15,141
71-75	33,150	41,736	49,327	53,869	57,416	86,247	1,14,643	1,33,961	1,51,196
76-80	42,922	54,039	63,869	69,749	74,342	1,11,673	1,48,439	1,73,451	1,95,767
>=81	60,207	75,801	89,589	97,837	1,04,279	1,56,644	2,08,217	2,43,301	2,74,604

Family Composition - 2A+2C									
Highest member A _i									
Band	1 Lakh	2 Lakhs	3 Lakhs	4 Lakhs	5 Lakhs	10 Lakhs	25 lakhs	50 Lakhs	1 Crore

Band									
18-25	4,055	5,105	6,034	6,590	7,024	10,551	14,024	16,387	18,496
26-30	4,206	5,295	6,258	6,834	7,284	10,942	14,545	16,996	19,182
31-35	4,615	5,811	6,867	7,500	7,994	12,008	15,961	18,650	21,050
36-40	5,221	6,574	7,769	8,485	9,043	13,585	18,057	21,100	23,815
41-45	6,330	7,969	9,418	10,286	10,963	16,468	21,890	25,578	28,869
46-50	8,032	10,112	11,951	13,052	13,911	20,896	27,776	32,456	36,632
51-55	10,553	13,286	15,703	17,149	18,278	27,456	36,496	42,645	48,132
56-60	14,111	17,766	20,997	22,930	24,440	36,713	48,800	57,023	64,359
61-65	19,068	24,006	28,373	30,985	33,025	49,609	65,942	77,053	86,967
66-70	26,359	33,186	39,222	42,833	45,653	68,578	91,157	1,06,517	1,20,221
71-75	34,613	43,577	51,503	56,245	59,949	90,052	1,19,701	1,39,871	1,57,866
76-80	44,816	56,423	66,686	72,826	77,621	1,16,599	1,54,988	1,81,103	2,04,404
>=81	62,864	79,145	93,541	1,02,153	1,08,880	1,63,554	2,17,403	2,54,035	2,86,719

Family Composition - 2A+3C									
Highest member									
AgeBand	1 Lakh	2 Lakh	3 Lakh	4 Lakh	5 Lakh	10 Lakh	25 lakh	50 Lakh	1 Crore
18-25	4,596	5,786	6,839	7,468	7,960	11,957	15,894	18,572	20,962
26-30	4,767	6,001	7,093	7,746	8,256	12,401	16,484	19,262	21,740
31-35	5,212	6,562	7,755	8,469	9,027	13,560	18,024	21,061	23,771
36-40	5,832	7,342	8,678	9,477	10,101	15,173	20,169	23,567	26,600
41-45	6,977	8,784	10,381	11,337	12,084	18,152	24,128	28,194	31,821
46-50	8,762	11,031	13,038	14,238	15,176	22,796	30,301	35,407	39,962
51-55	11,317	14,248	16,840	18,390	19,601	29,444	39,138	45,732	51,616
56-60	15,005	18,891	22,327	24,383	25,989	39,039	51,892	60,636	68,437
61-65	20,088	25,291	29,891	32,643	34,793	52,264	69,471	81,177	91,621
66-70	27,473	34,588	40,879	44,643	47,582	71,476	95,009	1,11,018	1,25,301
71-75	36,075	45,418	53,680	58,622	62,482	93,857	1,24,759	1,45,781	1,64,537
76-80	46,710	58,807	69,504	75,903	80,901	1,21,526	1,61,537	1,88,756	2,13,041
>=81	65,520	82,490	97,494	1,06,470	1,13,480	1,70,465	2,26,589	2,64,769	2,98,834

Family Composition - 2A+4C									
Highest member A _i									
Band	1 Lakh	2 Lakh	3 Lakh	4 Lakh	5 Lakh	10 Lakh	25 lakh	50 Lakh	1 Crore
18-25	5,191	6,535	7,724	8,435	8,990	13,505	17,951	20,976	23,674
26-30	5,383	6,778	8,010	8,748	9,324	14,006	18,617	21,754	24,553
31-35	5,829	7,339	8,674	9,472	10,096	15,166	20,159	23,556	26,587
36-40	6,468	8,143	9,624	10,510	11,202	16,827	22,367	26,136	29,498
41-45	7,656	9,638	11,391	12,440	13,259	19,918	26,475	30,936	34,917
46-50	9,492	11,950	14,124	15,425	16,440	24,696	32,826	38,358	43,293
51-55	12,194	15,352	18,145	19,815	21,120	31,725	42,171	49,276	55,616

56-60	15,899	20,017	23,658	25,836	27,537	41,365	54,984	64,249	72,515
61-65	21,216	26,711	31,569	34,476	36,746	55,198	73,372	85,735	96,766
66-70	28,586	35,990	42,536	46,453	49,511	74,374	98,860	1,15,518	1,30,381
71-75	37,538	47,260	55,856	60,998	65,015	97,662	1,29,817	1,51,691	1,71,207
76-80	48,603	61,192	72,322	78,980	84,181	1,26,453	1,68,086	1,96,408	2,21,678
>=81	68,176	85,834	1,01,446	1,10,786	1,18,081	1,77,376	2,35,775	2,75,502	3,10,948

Premium Payment Terms 2% loading on Annual Premium shall be applicable for Half-yearly premium options, 4% loading on annual premium shall be applicable on Quarterly premium option and 8% loading shall be applicable on monthly premium option.

Age at entry discount: 10% for first two years and 5% for third and fourth year of the Arogya Sanjeevani policy with us, provided insured member is less than 40 years of age at the time of buying policy for the first time with us. This discount is not applicable for portability / migration cases and all family members should be less than 40 years of age in family floater Sum Insured options.

Family Discount: 5% Discount shall be applicable for two members in a family and 10% shall be applicable for more than two members in a family. This discount is applicable only on Individual Sum insured option and not on family floater Sum Insured option.

Additional Adult/Child Premium: For families which has more than 2 adults in single policy, each additional adult will have additional premium of 50% of highest individual member premium. In case of more than 4 child in single policy, we will add 15% of highest individual member premium per extra child.

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.

Disclaimer: The description mentioned under "Digit Simplification" / "Examples" / 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.

Go Digit General Insurance Ltd, A Company incorporated under Indian Companies Act, 2013 and licensed by Insurance Regulatory and Development Authority of India [IRDAI] vide Reg No. 158, Corporate Identification Number U66010PN2016PLC167410, Reg. Address Atlantis, 95, 4th B Cross Road, Koramangala Industrial Layout, 5th Block, Bengaluru 560095. Website: www.godigit.com Toll free no. 1800 258 4242

Benefit illustration

AROGYA SANJEEVANI POLICY, GO DIGIT

Premium Illustration representing how the prices would vary for different family composition according to different age groups and policy types is mentioned below:

Family Composition	Age of the members insured	Coverage opted on Individual basis covering each member of the family separately (at a single point in time) <i>Which means: If you were to purchase a policy for all members of a family, separately.</i>		Coverage opted on Individual basis covering multiple members of the family under a single policy (Sum Insured is available for each member of the family) <i>Which means: If you were to purchase a policy for all members of a family, together, under the same policy, but with individual Sum insured</i>				Coverage opted on family floater basis with overall Sum Insured (Only one sum insured is available for the entire family) <i>Which means: If you were to purchase a policy for all members of a family, together, under the same policy, sharing the same Sum Insured</i>			
		Premium (Rs.)	Sum Insured (Rs.)	Premium (Rs.)	Discount	Premium after discount (Rs.)	Sum Insured (Rs.)	Premium or consolidated premium for all members of the family (Rs.)	Discount, if any	Premium after discount (Rs.)	Sum Insured (Rs.)
2 Adults + 2 Children	51	9,800	5,00,000	9,800	10%	8,820	5,00,000	18,278	NA	18,278	5,00,000
	48	7,226	5,00,000	7,226	10%	6,503	5,00,000				
	22	2,810	5,00,000	2,810	10%	2,529	5,00,000				
	18	2,810	5,00,000	2,810	10%	2,529	5,00,000				
		Total premium for all members of the family is Rs. 22,646, when each member is covered separately. Sum Insured available for each individual is Rs. 5,00,000.		Total premium for all members of the family is Rs. 20,381, when they are covered under single policy. Sum Insured available for each family member is Rs. 5,00,000.				Total premium when policy is opted on floater basis is Rs. 18,278. Sum Insured of Rs. 5,00,000 is available for the entire family			

Family Composition	Age of the members insured	Coverage opted on Individual basis covering each member of the family separately (at a single point in time) <i>Which means: If you were to purchase a policy for all members of a family, separately.</i>		Coverage opted on Individual basis covering multiple members of the family under a single policy (Sum Insured is available for each member of the family) <i>Which means: If you were to purchase a policy for all members of a family, together, under the same policy, but with individual Sum insured</i>				Coverage opted on family floater basis with overall Sum Insured (Only one sum insured is available for the entire family) <i>Which means: If you were to purchase a policy for all members of a family, together, under the same policy, sharing the same Sum insured</i>			
		Premium (Rs.)	Sum Insured (Rs.)	Premium (Rs.)	Discount	Premium after discount (Rs.)	Sum Insured (Rs.)	Premium or consolidated premium for all members of the family (Rs.)	Discount, if any	Premium after discount (Rs.)	Sum Insured (Rs.)
2 Adults	62	15,985	300,000	15,985	5%	15,186	300,000	35,355	NA	35,355	300,000
	66	22,097	300,000	22,097	5%	20,992	300,000				
		Total premium for all members of the family is Rs. 38,082, when each member is covered separately. Sum Insured available for each individual is Rs. 3,00,000.		Total premium for all members of the family is Rs. 36,178, when they are covered under single policy. Sum Insured available for each family member is Rs. 3,00,000.				Total premium when policy is opted on floater basis is Rs. 35,355. Sum Insured of Rs. 3,00,000 is available for the entire family			

Note:

Premium figures are for Arogya Sanjeevani Policy (UIN: GODHLIP20168V011920) containing features which are typically opted for by our website customers. Premium rates specified in the above illustration shall be standard premium rates without considering any loading. Also, the premium rates shall be exclusive of taxes applicable.