

# DIGIT HEALTH PLUS POLICY

## POLICY SCHEDULE

UIN: GODHLGP21487V032021



Hi,  
Enjoy the extra protection and say bye-bye to regrets !

Your Policy Number is : D143745238

|                               |             |
|-------------------------------|-------------|
| <b>Policy Start Date</b>      | 13-Apr-2024 |
| <b>Policy Valid Upto Date</b> | 12-Apr-2025 |

### ALL IS WELL BENEFITS ✨

**FREE** Unlimited Teleconsultations with General Physicians

**UP TO 15% OFF** + 5% Cashback On Medicine Orders

**UP TO 70% OFF** Health Checks & Diagnostics

**FREE 21 DAYS** Access to Yoga sessions by professionals

and many more!



Get the **MAXIMUM BENEFIT** out of your policy exclusively on the **DIGIT APP!**



Policy Number: D143745238

Endorsement Version Number / Option Number: Base Option

### Details of the Insured

|  |  |                               |                     |
|--|--|-------------------------------|---------------------|
| <b>Name of Group Organizer/Manager/ Policy Holder</b>    | LORDS EDUCATIONAL SOCIETY  |                               |                     |
| <b>Address of Group Organizer/Manager/ Policy Holder</b> | SY NO.32 , HIMAYATH SAGAR,RAJENDRA NAGAR, RANGAREDDY -500091 ,500026 |                               |                     |
| <b>Policy Type</b>                                       | Digit Renewal  | <b>Group Type</b>             | Employer - Employee |
| <b>Master Policy Number</b>                              | D143745238   | <b>Policy Tenure</b>          | 1 Year              |
| <b>Policy inception date</b>                             | 13-Apr-2024  | <b>Policy expiration date</b> | 12-Apr-2025         |
| <b>GST State Code</b>                                    | UN   | <b>GSTIN</b>                  | UNREGISTERED        |
| <b>TPA Name</b>  | Digit in-House   |                               |                     |
| <b>Policy Description</b>                                | Base Option  |                               |                     |

### Partner Details

|                     |   |                     |         |
|---------------------|---|---------------------|---------|
| <b>Partner name</b> | Kadel Insurance Brokers Private Limited | <b>Partner Code</b> | 1000021 |
| <b>Office Name</b>  |   | <b>RM Name</b>      |         |

### Demographic Summary

| Package Name | Sum Insured | 0-25 | 26-30 | 31-35 | 36-40 | 41-45 | 46-50 | 51-55 | 56-60 | 61-65 | 66-70 | 71-75 | 76-80 | 81-85 | from-86 | Total  |
|--------------|-------------|------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|-------|---------|--------|
| Package 1    | 300000      | 25.0 | 64.0  | 97.0  | 107.0 | 41.0  | 22.0  | 14.0  | 7.0   | 6.0   | 1.0   | 0.0   | 0.0   | 0.0   | 0.0     | 384.00 |

| Relationship           | Lives Count |
|------------------------|-------------|
| Self                   | 384         |
| Spouse/Partner         | 0           |
| Child                  | 0           |
| Parents/Parents-in-law | 0           |
| Siblings               | 0           |
| <b>Total</b>           | <b>384</b>  |

### Premium Summary

Values shown in the below table are per member premium rates excluding taxes.

| Package Name | Sum Insured | 0-25     | 26-30    | 31-35    | 36-40    | 41-45    | 46-50    | 51-55    | 56-60    | 61-65    | 66-70     | 71-75     | 76-80     | 81-85     | from-86   |
|--------------|-------------|----------|----------|----------|----------|----------|----------|----------|----------|----------|-----------|-----------|-----------|-----------|-----------|
| Package1     | 300000      | 1,480.70 | 1,629.49 | 1,976.22 | 2,615.68 | 3,371.97 | 4,292.91 | 5,531.95 | 7,240.55 | 9,507.86 | 12,530.49 | 16,450.98 | 21,304.79 | 26,315.85 | 31,960.72 |

### Premium Details

|                      |             |
|----------------------|-------------|
| <b>Net Premium</b>   | 7,79,656.17 |
| <b>GST</b>           | 1,40,338.11 |
| <b>Gross Premium</b> | 9,19,994.28 |

### Declaration

All terms and conditions are as input by user. Quote is valid for up to 30 days from date of quote creation or policy inception date whichever is earlier. This quote is valid only if all terms are as per expiring policy without any deviation. Non-disclosure of facts material to the assessment of the risk or providing misleading information will nullify the cover under the policy issued thereafter. We reserve the right to charge extra premium / cancel the policy. If there are any additions / alterations to the shared data after the submission of this quotation, then the same will be communicated to the insurer immediately in writing to revalidate the quote.

### Special Conditions

### Other Terms and Conditions

|                                  |   |
|----------------------------------|---|
| <b>Premium Rating</b>            | Additional premium will be charged for each additional member as per the rater given above.   |
| <b>Addition Endorsements</b>     | Midterm additions allowed only for natural additions subject to intimation received within 45 days. Any additions for new employee/spouse / children would be allowed within 45 days of joining/ marriage / birth respectively. Any endorsements will be from the date of addition and not from the inception of the policy. Prorated premium will be charged for each member added during the policy term.   |
| <b>Deletion Endorsements</b>     | In case of refund endorsements on account of deletion, pro-rata refund for entire family will be done subject to nil claims. Deletion to be intimated immediately on finalization of last working day of employee and within 45 days after the last working day of the employee. In case employee avails the claim after his Last Working Day for which deletion intimation is received after DOA, insurer would recover paid amount from available float balance. Pro-rata refund will be calculated as from last working day if intimation is within 45 days, else intimation date will be consider for calculation subject to nil claim. |
| <b>Premium Payment Frequency</b> | Yearly  |
| <b>Non-Selection Clause</b>      | All insurable members in the group to be insured under policy and there shall be no selection of members unless specifically declared to and agreed by the underwriting team of Digit.  |
| <b>Other Condition 1</b>         | Any Doctors/ Surgeons fees charged/paid over and above the Hospital Standard Tariff/Package stand excluded from the scope of the policy. In case of Chamber cases or outside visiting consultant has conducted the surgery or is being consulted, Insurance company would be liable to pay up to the agreed tariff/ package rates with the hospital. The over & above limit will have to be borne by the customer.  |
| <b>Other Condition 2</b>         | Cheque dishonor / Non-receipt of payment: The policy is void ab-initio in case of non-receipt of premium or dishonor of Cheque issued towards premium payment   |
| <b>Other Condition 3</b>         | This policy is subject to the standard policy wordings, warranties, exclusions and conditions as per "Digit Health plus policy (Revision)" Wordings. In case of dispute, the terms and conditions detailed in the policy document and policy schedule shall prevail.  |
| <b>Other Condition 4</b>         | The coverage has been provided basis information provided by you/proposer to us and we reserve the right to cancel the policy since inception without refund of premium as per policy terms and conditions and shall not be liable for any claims if it is found that any of your statements or particulars or declarations in the proposal form or other documents are incorrect /misleading /Fraudulent in any respect on any matter to the grant of a cover or submission of claim in future.  |

|                          |   |
|--------------------------|---|
| <b>Other Condition 5</b> | The Policy Wording attached herewith includes all the standard coverage offered by Go Digit General Insurance Ltd. to its customers. Your entitlement for coverage/benefits shall be restricted to the Coverage/Benefits as mentioned in this Policy Schedule. For any clarification please call our Call Center Number 1800 258 4242 |
| <b>Other Condition 6</b> | Mumbai, Delhi, Kolkata, Chennai, Bangalore, Hyderabad, Ahmedabad, Pune, and Surat will be considered as Metro Cities. All other region will be considered as non-metro  |

### Coverage Details Annexure

Below Coverages will be applicable to all packages

## All Packages

### Sum insured

As Per Package

### Family Composition

Employee Only

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Sum Insured Basis: Individual

| Relationship to Employee      | Max no. of Members Allowed Per Family | Max Allowable Age at Entry |
|-------------------------------|---------------------------------------|----------------------------|
| <b>Self</b>                   | 1                                     | 75                         |
| <b>Spouse/Partner</b>         | 0                                     | 75                         |
| <b>Child</b>                  | 0                                     | 30                         |
| <b>Parents/Parents-in-law</b> | 0                                     | 95                         |
| <b>Siblings</b>               | 0                                     | 30                         |
| <b>Total Dependents</b>       | 0                                     |                            |

### Sum Insured and Room Rent Restriction

|  | Per day Limit for Normal Room  | Per day Limit for ICU | Room Type Restriction                                   |
|--|--|-----------------------|---|
| <b>Metro</b>                                   | 1.00 % of SI   | 2.00 % of SI          | No Restriction for Normal Room & No Restriction for ICU |
| <b>Non-Metro</b>                               | 1.00 % of SI   | 2.00 % of SI          | No Restriction for Normal Room & No Restriction for ICU |
| <b>Proportionate Deduction Clause</b>          | Proportionate Deduction clause is not applicable.  |                       |   |
| <b>Room Rent Restriction Special Condition</b> | 1. Room Rent : Room rent includes bed charges, duty doctor, nursing charges and service charges or amenities (if any)<br>2. ICU Rent : ICU charges includes ICU bed, general medical support, medical devices expenses, critical care nursing and intensivist charges. |                       |   |

### Co-Payments, SI Restrictions and Deductibles

|  |  |
|--|--|
| <b>Co-payment</b>                            | Following Co-payment will be applicable on each claim on admissible claim amount |
|  | Self : No Co-pay   |
|  | Spouse: No Co-pay  |
|  | Child: No Co-pay   |
|  | Parent: No Co-pay  |
|  | Siblings: No Co-pay  |
| <b>Network Hospital Reimbursement Co-pay</b> | Not Applicable   |
| <b>Non-network Co-pay</b>                    | Not Applicable   |

### Waiting Periods

|  |                |                               |                |
|--|----------------|-------------------------------|----------------|
| <b>PED Waiting Period</b>              | Not Applicable | <b>Initial Waiting Period</b> | Not Applicable |
| <b>Specific Illness Waiting Period</b> | Not Applicable |                               |                |

| <b>Maternity</b>                          |  |             |                  |             |
|---|--|-------------|------------------|-------------|
| <b>Maternity Limit Normal Delivery</b>    | <b>Metro City</b>  | Not Covered | <b>Non-Metro</b> | Not Covered |
| <b>Maternity Limit Caesarian Delivery</b> | <b>Metro City</b>  | Not Covered | <b>Non-Metro</b> | Not Covered |
| <b>Maternity Waiting Period</b>           | Not Applicable   |             |                  |             |
| <b>Maternity Limit for Complications</b>  | Life-threatening maternity complications will be covered Covered up to Maternity Limit |             |                  |             |

| <b>Corporate Buffer</b> |                |
|-------------------------|----------------|
| <b>Corporate Buffer</b> | Not applicable |

| <b>Frequent Coverages</b>                      |  |
|--|--|
| <b>Emergency Ambulance</b>                     | Ambulance charges covered upto 1 % of Sum Insured upto a maximum of INR 1000 per case in case of emergency only. Ambulance charges will be applicable for transferring patient to Hospital or between Hospitals in the Hospitals ambulance or in an ambulance provided by any ambulance service provider only  |
| <b>Day Care Procedures</b>                     | Day Care procedures are covered up to 100 % of SI  |
| <b>Pre and Post Hospitalization Expenses</b>   | Covered up to 30/60 days respectively max up to 100% of Sum Insured.   |
| <b>Lasik Surgery</b>                           | Not Covered  |
| <b>Aayush Treatment</b>                        | Not Covered  |
| <b>Domiciliary Hospitalization</b>             | Not Covered  |
| <b>Psychiatric ailments</b>                    | Not Covered  |
| <b>Organ Donor Expenses</b>                    | Not Covered  |
| <b>Congenital Conditions</b>                   | Internal congenital diseases are covered up to 100% of SI, external is Not Covered.  |
| <b>Terrorism</b>                               | Covered  |
| <b>Reasonable And Customary Clause</b>         | Reasonable and Customary Charges will be applied on re-imburement claims from non network hospitals where medical treatment is taken during the Policy Period following an Illness or Injury that occurs during the Policy Period, subject to availability of the Sum Insured and any specific limits specified in the Schedule of Benefits and the terms, conditions and exclusions specified in the Policy document. |
| <b>Claim intimation clause</b>                 | All reimbursement claims have to be intimated to Digit within 7 days from date of admission.   |
| <b>Document Submission clause</b>              | All reimbursement claims have to be intimated to Digit within 30 days from date of discharge.  |
| <b>Dental Treatment (Due to accident only)</b> | Covered upto SI in case of accidental Hospitalization only.  |

## Advanced and Modern Treatments

|  |                           |
|--|---------------------------|
| <b>Uterine Artery Embolization and HIFU</b>      | Covered up to 50 % of SI. |
| <b>Balloon Sinuplasty</b>                        | Covered up to 50 % of SI. |
| <b>Deep Brain stimulation</b>                    | Covered up to 50 % of SI. |
| <b>Oral chemotherapy</b>                         | Covered up to 50 % of SI. |
| <b>Immunotherapy</b>                             | Covered up to 50 % of SI. |
| <b>Intra vitreal injections</b>                  | Covered up to 50 % of SI. |
| <b>Robotic Surgery</b>                           | Covered up to 50 % of SI. |
| <b>Stereotactic radio surgeries</b>              | Covered up to 50% of SI.  |
| <b>Bronchical Thermoplasty</b>                   | Covered up to 50 % of SI. |
| <b>Vaporisation of the prostate</b>              | Covered up to 50 % of SI. |
| <b>IONM - (Intra Operative Neuro Monitoring)</b> | Covered up to 50 % of SI. |
| <b>Stem cell therapy</b>                         | Covered up to 50 % of SI. |
| <b>Cyber Knife Treatment</b>                     | Covered up to 50 % of SI. |
| <b>Gamma Knife Treatment</b>                     | Covered up to 50 % of SI. |
| <b>Cochlear Implant treatment</b>                | Covered up to 50 % of SI. |

### OPD

|                        |                               |
|------------------------|-------------------------------|
| <b>OPD Sum Insured</b> | OPD Treatment is Not Covered. |
|------------------------|-------------------------------|

### Digit Advantage Covers

|   |   |
|---|---|
| <p><b>Additional Sickness Benefit</b></p>         | <p>Digit will pay 50% of monthly take home salary for up to 2 months in case following conditions are fulfilled:</p> <ol style="list-style-type: none"> <li>1. Insured undergoes hospitalization as an inpatient for a period of 7 continuous and completed days.</li> <li>2. Post hospitalization, the insured is unable to perform each and every duty pertaining to their employment leading to absence from work, provided such inability to work is certified by the treating doctor during hospitalization.</li> <li>3. The insured has exhausted all paid leave and the absence from work is resulting in leave without pay. The Benefit shall start applicable after all the leaves are exhausted or after 15 days post discharge of hospital, whichever is maximum.</li> </ol> <p>The monthly benefit amount payable will be lower of:</p> <ol style="list-style-type: none"> <li>a. 50% of net take home salary calculated as the average of net take home salary of preceding 3 months.</li> <li>OR</li> <li>b. INR 50,000</li> </ol> <ol style="list-style-type: none"> <li>2. This cover is applicable only for ESC and ESCP policies. The cover is not applicable for Employee only or Parents only policies.</li> <li>3. This cover is applicable only for individuals employed in a full-time, salary-paying job.</li> <li>4. The cover is not applicable for contractual employee.</li> <li>5. This benefit will be payable only once in a policy period.</li> <li>6. The Benefit shall stop after cease of the master policy or if the employee retires or leave the employment or his/her employment has been terminated by the employer.</li> </ol> <p>Exclusions under Additional Sickness Benefit:<br/>No benefit will be payable in the following cases:</p> <ol style="list-style-type: none"> <li>1. In case the hospitalization is for maternity treatments.</li> <li>2. IN case of any cosmetic surgeries or cataract/eye related surgeries to correct eye power.</li> <li>3. If the absence from work is due to any kind of quarantine.</li> <li>4. In case hospitalization is in absence of an active line of treatment.</li> <li>5. If the hospitalization claim is not admissible as per the other terms of this policy.</li> <li>6. Net take home salary shall excludes one time incentives, variable pays, Bonus, performance based incentives, reimbursements.</li> </ol> |
| <p><b>Automatic Sum Insured Reinstatement</b></p> | <p>Up to 50% of Base SI will be reinstated provided that the 100% of the base SI is exhausted and subsequently insured needs additional cover for unrelated illness / condition within the policy period. The second hospitalization must happen after the original Sum Insured has already been exhausted and there is a minimum gap of 45 days since the Sum Insured was exhausted and Insured person was discharged from the hospital for the reinstatement to trigger. Sum Insured reinstatement will also be applicable in family floater policies, where other family members may reinstate the Sum Insured in case the Sum Insured has been fully exhausted. 45 days clause shall not be applicable for different insured person within the family.</p>  |
| <p><b>Wellness Benefits</b></p>                   | <p>Wide range of wellness benefits available on the Digit app</p>   |




## Claim Administrator Details

|                     |                          |
|---------------------|--------------------------|
| Contact Details     | 1800 258 4242            |
| Email ID            | healthclaims@godigit.com |
| For Senior Citizens | seniors@godigit.com      |

To view Policy Wordings [Click Here](#)

For & On Behalf of Go Digit General Insurance Ltd.



**Authorized Signatory**

Consolidated Stamp Duty has been paid as per Letter of Authorization No.67-B/04/2017-18 Date: 30th May 2017 issued by Department of Stamps and Registration , Bengaluru- 560009 - KARNATAKA.

Go Digit General Insurance Limited, Address: Atlantis, 95, 4th B Cross Road, Koramangala Industrial Layout, 5th Block, Bengaluru, Karnataka-560095, IRDAI Reg. No.-158, CIN: U66010PN2016PLC167410, Website: [www.godigit.com](http://www.godigit.com), Toll-free Number: 1800-258-5956.