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Your health is your biggest treasure. Wise of you to protect it.



Policy Schedule
Digit Health Plus Policy (Revision)
UIN: GODHLGP21487V032021

For any help, we 're there for you at [1800-258-4242](tel:1800-258-4242)

Policy Details:

Name of Group Organizer/Manager/ Policy Holder	BRILLIANT GRAMMAR SCHOOL EDUCATIONAL SOCIETY'S GROUP OF INSTITUTIONS INTEGRATED CAMPUS		
Address of Group Organizer/Manager/ Policy Holder	ABDULLAPUR (V), ABDULLAPURMET(M), R.R.DIST,K.V.Rangareddy,Telangana 501505	Family Definition	Self
Business Type	New Business		
GST State Code	36	GSTIN	UNREGISTERED
Master Policy Number	D097420873	Policy Type	Individual
Group Type	Employer Employee	Policy Tenure	366 days
Period of Insurance	From	18-03-2023	00:01 Midnight
	To	17-03-2024	23:59 Midnight
Partner Name/Code	Satish Kumar Dugyala 1000070	Partner Contact/Email	9849311606sathishkumar.dugyala@gmail.com
TPA Name	GO DIGIT GENERAL INSURANCE COMPANY		

All the occasions where money hits your account.

Section with Benefits	Sum Insured (INR)	Limits	Specific Condition
Section 1- Hospitalization Cover			
B. Accidental and Illness Hospitalization Cover	As per Annexure 1	Accommodation/Room Rent: Normal Room 1% / ICU Room 2% of Section 1.B Sum Insured	
B1. Day Care Procedures	**Inbuilt	Applicable	
B2. Pre Hospitalization Expenses	**Inbuilt	Upto 30 days	
B3. Post Hospitalization Expenses	**Inbuilt	Upto 60 days	
B4. Dental Treatment	**Inbuilt	NA	
B5. Road Ambulance Option	**Inbuilt	1% of Section 1.B Sum Insured Max upto INR 1000	
B8. Second Medical Opinion	**Inbuilt	NA	
Initial Waiting Period: 0 days		PED waiting period: 0 Months	
		Specific waiting period: 0 Months	
Section with Benefits	Sum Insured (INR)	Limits	
SECTION 16. WELLNESS BENEFIT PROGRAM	As per Service offered	Services Opted: Various program/campaigns that we facilitate for provision of wellness benefit shall be communicated to you from time to time.	

Additional Coverages	Limits
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Automatic Sum Insured reinstatement	Up to 50 % of Base SI 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.
Internal and external congenital covers	Internal congenital diseases are covered, external is not covered.
Proportionate Deduction	Proportionate Deduction clause applicable where Insured member has opted for room rent higher than eligible room rent category
Terrorism	Hospitalization due to Act of terrorism will be covered
Baby day one cover	New born baby will be covered within maternity limit only

*Inbuilt - Sum Insured for these Benefits are not separately available but are a part of Section 1. A. Accidental Hospitalization Cover Sum Insured.

**Inbuilt- Sum Insured for these Benefits are not separately available but are a part of Section 1. B. Accidental & Illness Hospitalization Cover Sum Insured

DISEASE	SUBLIMITS (INR)
Cataract (Per eye)	No Capping
Tonsillectomy/Adenoidectomy	No Capping
Sinusitis (FESS)	No Capping
Haemorrhoids/Fissure/Fistula	No Capping
Appendectomy	No Capping
Cholecystectomy	No Capping
Gall-bladder stone	No Capping
Kidney stone	No Capping
Hysterectomy	No Capping
Hernia (Per site)	No Capping
Joint replacement (Per joint)	No Capping
Angioplasty	No Capping
Prostate Surgery	No Capping
Heart By pass surgery	No Capping
Fracture requiring only POP	No Capping
D&C	No Capping
Angiography invasive	No Capping
Varicose veins (per leg)	No Capping
Arthroscopic surgery	No Capping
Surgery for Uterine fibroids	No Capping
Surgery for CSOM	No Capping

Terms and Conditions

- * Proportionate Deduction clause applicable where Insured member has opted for room rent higher than eligible room rent category
- * Room rent includes bed charges, duty doctor, nursing charges and service charges or amenities (if any). ICU Rent includes ICU charges includes ICU bed, general medical support, medical devices expenses, critical care nursing and intensivist charges.
- * Mid Term Enhancement of Sum Insured is not allowed.
- * All reimbursement claims have to be intimated to Digit within 7 days of admission and claim documents have to be submitted for reimbursement within 30 days of date of discharge of the patient. We may accept any delayed submissions under exceptional circumstances with 10% copayment.
- * "50% Co-Pay for Gamma Knife treatment and Stem Cell Transplantation, cyber-knife treatment, Robotic Surgery. Cochlear Implant treatment shall be restricted to 50% of the Sl."
- * 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.
- * This is a fresh policy and our policy terms and condition is based on declaration given. If there is/was an existing group health medical insurance policy with "Group Organizer / Policy Holder" for which declaration was not provided at the time of issuance of this policy then this policy may be terminated by us.

Details about your money in black and white

Description	Amount (INR)
Frequency of Payment	Yearly
Number of Employees	99
Total no. lives covered	99

Some details you shouldn't miss:

1. All additions will be natural additions. The group manager / Master policyholder will give proof related to the date of joining/marriage, whenever the Insurance company asks for the same for validation purposes.
2. **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
3. 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.
4. 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.
5. 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](tel:18002584242).

Claims Administrator Details	
Contact details	1800 258 4242
Email id	healthclaims@godigit.com
For Senior citizens	seniors@godigit.com

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.

Wish to go through your detailed policy wordings, [click here](#)

In case of any claim, please contact 24-Hour Call Centre at [1800-258-4242](tel:1800-258-4242) or email us at hello@godigit.com

Go Digit General Insurance Ltd. Address: Atlantis, 95, 4th B Cross Road, Koramangala Industrial Layout, 5 Block, Bengaluru, Karnataka 560095, IRDAI Reg No. 158 CIN U66010PN2016PLC167410, HSN: /General Insurance Services, GST Reg. No:36AACCO4128Q1Z1 GSTIN Address:Hyderabad Business Centre,3rd Floor, Prestige Phoenix, Begumpet Flyover, Kundanbagh, Begumpet,Hyderabad,Telangana,PIN-500016 . Website: www.godigit.com

Annexure 1:

Invoice Summary :

Invoice Number	Invoice Date	Net Premium	Taxes	Gross Premium
3623031897420873	2023-03-18 00:00:00	166235.56	29922.86	196158.42