



Digit Illness Group Insurance Cover

Ready Reckoner for Fresh, Renewals and Rollover

Valid up to 30th April 2021

What is the coverage

Description	Coverage
Minimum Group Size	7 Members excluding dependants
Type of cover	Indemnity
Sum Insured Type	Individual for each member covered
Room rent restriction	No Restriction
ICU limit	No Restriction
Pre Post hospitalization days	30 days 60 days
Road Ambulance	1% of the SI (up to INR 5,000)
Home Care Treatment Expenses ¹	Sub Limit of 10% of the Base SI (max up to INR 20,000)
Second medical opinion	Covered
Sum Insured Options	50K, 1L, 1.5L, 2L, 2.5L, 3L, 4L, 5L
Age Group	Up to 65 years for all proposals
Who can avail ²	Self +Spouse+2 dependent Children
Types of hospitals covered	All (i.e Private, Military, Army, Govt etc)
Initial Waiting Period	15 days for New ⁵ and 0 days for Rollover and Renewal business
PED Waiting Period ³	4 Years from first policy inception date
Co-morbidity Exclusion Clause ⁴	Waived off

¹ Refer to the terms and conditions for Home care treatment expenses listed below

² Sum insured for dependents will be the same as opted by primary Insured and reference the start to self + spouse + Up to 2 children

³ PED Waiting Period is related specifically to Corona virus Disease (COVID-19). If the insured was not diagnosed / tested / under treatment/ had symptoms of a COVID-19 infection at the time of addition to a Digit Illness Group Insurance policy (including the expiring policy) which covered hospitalization due to COVID-19, PED waiting period will not be applicable.

⁴ Comorbidity exclusion clause- Insured Member(s) is/are not suffering from fever or suffering /suffered from **any condition that needs ongoing medication or the insured members(s) is/are due for any medical treatment at the time of buying this policy.** Examples of such Co-morbidity conditions: Diabetes, hypertension, disease related to heart/lungs/kidney/liver, cancer, stroke etc.

⁵ Initial waiting period for new business in employer employee relationship proposals can be waived with additional loading of 20% on the Base Premium. The same cannot be waived off in Non Employer-Employee Relation ships.

Terms & Conditions

- Coverage is applicable only if the insured member(s) is/are diagnosed with and hospitalised for COVID-19 or any Mutated COVID Strains.
- Positive test report for Coronavirus disease (COVID-19) conducted from Govt / ICMR Authorized test Centre in India is mandatory in the event of claim. Only RT-PCR or Rapid Antigen Test results will be accepted and charges for COVID tests will be paid as per government approved rates.
- Insured member(s) should not suffer from any respiratory related symptoms like severe cough, respiratory distress, breathlessness continuously from last 2 weeks at the time of buying this policy.
- Charges for maximum 1 PPE kit per day is allowed subject to the limit of INR 1500 per day provided that such PPE kit is used by the treating medical staff while the patient is undergoing treatment in the hospital.
- For cashless COVID claims, the admissible claim amount shall be subject to the hospital tariff.
- AHD i.e. Ancillary and Hospital disinfection charges like biomedical waste disinfection / sanitization / fumigation and other wearables are not payable.
- If an insured member suffered from COVID during the expiring policy, he/she will be covered in the renewal / rollover policy as well.

Additional Terms & Conditions for Home Care Treatment Expenses

Home Care Treatment Expenses shall cover the reasonable and customary costs of treatment of COVID-19 infection, incurred by the Insured person on availing treatment at home maximum up to 14 days provided that:

- This cover is applicable only once per insured members in the policy.
- The Medical practitioner advises the Insured person to undergo treatment at home.
- Insured is suffering from COVID-19 infection and tests positive for COVID-19 during the course of the treatment.
- Only RT-PCR or Rapid antigen test results will be accepted.
- Cost of maximum two COVID tests will be admissible.
- Cost of PPE kit will be admissible only for cases where a qualified nurse is hired by the insured person. Charges for maximum 1 PPE kit per day is allowed subject to the limit of INR 1500 per day provided that such PPE kit is used by the treating medical staff while the patient is undergoing treatment in the hospital.
- Vitamins, tonics, nutritional supplements unless they form part of the treatment of COVID as certified by the attending Medical Practitioner, are not covered.

In this benefit, the following shall be covered if prescribed by the treating medical practitioner and is related to treatment of COVID:

- Diagnostic tests undergone at home or at diagnostics centre
- Medicines prescribed in writing
- Consultation charges of the medical practitioner
- Nursing charges related to medical staff only if prescribed by the physician
- Medical procedures limited to parenteral administration of medicines
- Cost of Pulse oximeter, Oxygen cylinder and Nebulizer

Documents to be submitted before issuance

- | | |
|--|---|
| <ul style="list-style-type: none">• Employer- Employee Relationship (BOT Issuance)<ul style="list-style-type: none">• Employer-Employee Proposal form | <ul style="list-style-type: none">• Non-Employer- Employee Relationship<ul style="list-style-type: none">• Non-Employer-Employee Proposal form• LOA |
|--|---|

Additional documents required for Roll-Over cases:

1. Previous year policy copy with the details of all insured members in the previous policy document. In the event of failure in getting these documents the proposal will be considered as a fresh business with 15 days initial waiting period.

Information required for Addition of members

- | | | |
|--|--|---|
| <ul style="list-style-type: none">• Member's Name• Member's DOB• Member's Gender | <ul style="list-style-type: none">• Member's Contact Number• Member's email ID• Member's Address with Pin code | <ul style="list-style-type: none">• Nominee details (Name and Relation)• Details of the spouse and children if they are covered (Name, Gender and DOB)
Sum Insured opted for each family |
|--|--|---|

Mid Term Addition and Deletion Guidelines

Employer – Employee groups

- If the new employee (new joinee in the organization) is added
 - RID – Date of enrolment,
 - RED – RED of master policy,
 - Premium to be charged on pro-rata basis as per the master policy in which addition is to be done
- Dependents of already insured employees to be added in the policy mid-term - Allowed for natural additions only
- Deletion: Pro-Rata Basis however if there is a claim in the child certificate, no refund will be given

Non-Employer – Employee groups

- Addition of members who were a part of the group at the time of policy issuance is not allowed
- New Additions to the group during the policy period can be added to the policy for full year with full premium
- Deletion: No Refund

Exclusions

- Hospitalisation expenses not in lieu of treatment for Coronavirus disease (COVID-19) and all the strains will not be covered.
- Treatment taken outside India will not be covered.
- Home hospitalisation (Domiciliary hospitalisation) expenses will not be covered if the Home Care Treatment Expenses Cover is not opted in the policy
- Hospitalisation expenses for patients only under investigation with inconclusive medical report will not be covered.
- Test report for Coronavirus disease (COVID-19) conducted from centres other than Govt/ICMR Authorized test Centre in India will not be covered
- In case of a claim for COVID-19 infection with any co-morbid condition, claim will become eligible however the expenses related to co-morbid condition will be deducted. (eg., if the person is Diabetic, all blood sugar testing, Insulin or anti diabetic medications will be disallowed). However the overall other expenses incurred for the treatment of COVID is payable
- Hospitalization for observation and evaluation will not be covered
- Hospitalization with absence of active line of treatment will not be covered
- Claim is not admissible if the insured member is suffering from COVID-19 infection at the time of addition to the policy. This is applicable for new members only
- Quarantine and Isolation in a private facility like hotels, halls, guest houses which are converted into COVID center will not be covered.
- COVID-19 Vaccinations and any hospitalisation due to complication of vaccination will not be covered under this policy.

Claims as easy as 1-2 -3



One Point Contact

Digit to remain front end for all communications, in case of claims just call us!



Huge Network of Hospitals

Our TPA has a network of 6400+ hospitals in the country as on date



Paperless Claims process

Digital claims intimation process with option to upload scanned images of claims documents

Want to raise a claim?

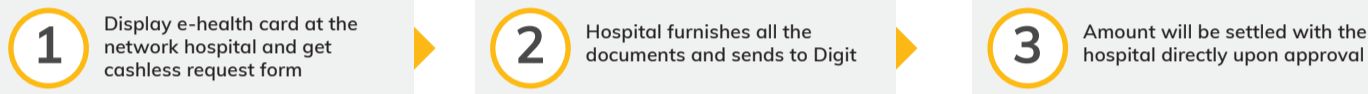
Just get in touch with us!

24x7 Claims Helpline
1800-258-4242

Write to us on healthclaims@godigit.com or
COVIDclaims@godigit.com

For a list of Network Hospitals, visit our TPA - Mediassist's website medibuddy.in/network-hospitals

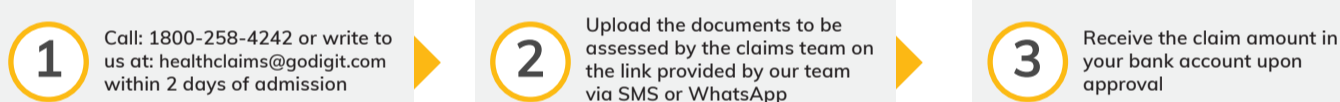
Cashless Claims



Documents required for Cashless

- COVID-19 Positive test report from ICMR authorized labs
- Govt valid ID proof (PAN, Voter ID, Driver's Licence, Passport)
- Consultation Papers
- Hospital Details
- Doctor's advise for hospitalisation

Reimbursement Claims



Documents required for Reimbursement

- COVID-19 Positive test report from Govt/ICMR authorized labs
- All other test reports
- All Original bills (Consultation bills, Pharmacy and test bills, etc)
- Discharge Summary
- Supporting Consultation papers
- Copy of Employee ID proof (if applicable)
- Govt valid ID proof (PAN, Voter ID, Driver's Licence, Passport)
- Bank details (Cancelled Cheque/ NEFT details)
- Doctor's advise for hospitalisation

Documents required for Home Care Treatment Claims

- COVID-19 Positive test report from Govt/ICMR authorized labs
- All other test reports
- All Original bills (Consultation bills, Pharmacy and test bills, etc)
- Supporting Consultation Papers for all the Pharmacy purchased or tests done
- Supporting consultation papers with the progress, vitals monitoring and the treatment given (in case multiple consultations- are charged)
- Copy of Employee ID proof (if applicable)
- Govt valid ID proof (PAN, Voter ID, Driver's Licence, Passport)
- Bank details (Cancelled Cheque/ NEFT details)

*Please note for Reimbursement and Home Care Treatment Expense Claims- Original bills and receipts are to be self attested across the documents mentioning 'Submitted to DIGIT for mediclaim purposes' along with signature, name and date

Premium Rates valid up to 30th April 2021

Premium Charts for Renewals, Rollover & Fresh (with 15 days Waiting Period)

Rate Chart **without Home Care Treatment Expenses** Cover (incl. GST)

Category	Sum Insured								
	Age	50K	1L	1.5L	2L	2.5L	3L	4L	5L
COVID Hospitalization cover with waiver of Comorbidity Clause*	0-45	295	399	531	665	797	885	1,107	1,328
	46-60	594	989	1,365	1,706	2,047	2,273	2,842	3,410
	61-65	989	1,977	2,966	3,953	4,942	5,535	6,919	8,302

*Initial Waiting Period of 15 days is applicable on Fresh Business. Continuity benefit i.e. day 0 cover will be available for rollover and renewal cases on above mentioned premium charts.

Rate Chart **with Home Care Treatment Expenses** Cover (incl. GST)

Category	Sum Insured								
	Age	50K	1L	1.5L	2L	2.5L	3L	4L	5L
COVID Hospitalization cover with waiver of Comorbidity Clause + Home Care Treatment Expenses Cover*	0-45	345	487	647	799	932	1,020	1,242	1,463
	46-60	763	1,290	1,763	2,166	2,507	2,733	3,302	3,870
	61-65	1,286	2,571	3,833	4,955	5,944	6,537	7,921	9,304

*Initial Waiting Period of 15 days is applicable on Fresh Business. Continuity benefit i.e. day 0 cover will be available for rollover and renewal cases on above mentioned premium charts.

Rate Chart applicable for Fresh Business (with Initial Waiting Period Waiver)

Rate Chart **with Initial waiting period waiver** (incl. GST)

Category	Sum Insured								
	Age	50K	1L	1.5L	2L	2.5L	3L	4L	5L
COVID Hospitalization cover with waiver of Comorbidity Clause + Initial waiting period waiver*	0-45	354	480	638	798	956	1,062	1,329	1,593
	46-60	713	1,188	1,637	2,047	2,456	2,727	3,411	4,092
	61-65	1,188	2,372	3,559	4,744	5,931	6,642	8,303	9,962

*Initial Waiting Period of 15 days cannot be waived for employer / employee fresh proposals where there is selection. eg: proposals where policy can be taken on a voluntary basis. Initial waiting period cannot be waived for non employer / employee proposals

Rate Chart **with Home Care Treatment Expenses** Cover & **Initial waiting period waiver** (incl. GST)

Category	Sum Insured								
	Age	50K	1L	1.5L	2L	2.5L	3L	4L	5L
COVID Hospitalization cover with waiver of Comorbidity Clause + Initial waiting period waiver* + Home Care Treatment Expenses Cover	0-45	413	583	777	959	1,118	1,224	1,490	1,755
	46-60	915	1,549	2,116	2,599	3,008	3,280	3,963	4,644
	61-65	1,543	3,085	4,560	5,947	7,132	7,844	9,504	1,1164

*Initial Waiting Period of 15 days cannot be waived for employer / employee fresh proposals where there is selection. eg: proposals where policy can be taken on a voluntary basis. Initial waiting period cannot be waived for non employer / employee proposals