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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:

<b>Name of Group Organizer/Manager/ Policy Holder</b>	BANK OF BARODA RETIRED OFFICERS ASSOCIATION		
<b>Address of Group Organizer/Manager/ Policy Holder</b>	478/A, Lalita Tower, Behind Railway Station, Station - Akota Road, Vadodara,,Gujarat 390005	<b>Family Definition</b>	Self + Spouse
<b>Business Type</b>	Roll Over		
<b>GST State Code</b>	24	<b>GSTIN</b>	
<b>Master Policy Number</b>	D174608957	<b>Policy Type</b>	Floater
<b>Group Type</b>	Employer Employee	<b>Policy Tenure</b>	365 days
<b>Period of Insurance</b>	<b>From</b>	01-11-2024	00:01 Midnight
	<b>To</b>	31-10-2025	23:59 Midnight
<b>Partner Name/Code</b>	K M DASTUR REINSURANCE BROKERS PRIVATE LIMITED 1002781	<b>Partner Contact/Email</b>	9874185445mumbai.operatio n@kmdastur.com
<b>TPA Name</b>	GO DIGIT GENERAL INSURANCE LIMITED		

## 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 Single Standard AC Room	
B1. Day Care Procedures	**Inbuilt	Applicable	
B2. Pre Hospitalization Expenses	**Inbuilt	Upto 30 days	
B3. Post Hospitalization Expenses	**Inbuilt	Upto 90 days	
B4. Dental Treatment	**Inbuilt	NA	
B5. Road Ambulance Option	**Inbuilt	1% of Section 1.B Sum Insured Max upto INR 2500	
B6. Bariatric Surgery Cover	**Inbuilt	0% of Section 1.B Sum Insured	
B8. Second Medical Opinion	**Inbuilt	NA	
Initial Waiting Period: 0 days		PED waiting period: 0 Months	
		Specific waiting period: 0 Months	
Deductible	INR 300000		

Section with Benefits	Sum Insured (INR)	Limits
SECTION 3. ORGAN DONOR	**Inbuilt	upto 100% of SI
SECTION 4. ALTERNATE TREATMENT (AYUSH) COVER	**Inbuilt	upto 100% SI

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
Parental Co-pay	Not Applicable
Pre-post Natal Expenses	Not Covered
Oral Chemotherapy	Covered up to 50% of SI
Balloon Sinuplasty	Covered upto 50% of Sum Insured
Inj Avastin/Macugen	Covered upto 50% of Sum Insured
Internal and external congenital covers	Internal congenital diseases are covered, external is covered only for life-threatening conditions.
Proportionate Deduction	Proportionate Deduction clause applicable where Insured member has opted for room rent higher than eligible room rent category. Proportionate deduction clause will not be applicable for ICU Hospitalization.
Terrorism	Hospitalization due to Act of terrorism will be covered
Parental SI restriction	Sum Insured for parents to be restricted to 100% of the base family floater Sum Insured. Room restriction for parents to be applied on parental SI. In case of floater sum insured both the parents will have a combined limit of 100% of the base family floater Sum Insured

\*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

## Specific Conditions applicable for this group

- "
1. OTHER- The policy excludes treatment/coverage of Cochlear Implant Procedure, Femtolaser, Retrograde intra renal surgery, Quantum magnetic resonance therapy, Holter monitoring unless otherwise specifically covered as per Policy Schedule
  2. OTHER- External Congenital diseases covered for Life threatening conditions :- 1. inguinal and abdominal Hernia , 2. Casudal Regression Syndrome , 3. Imperforate Anus , 4. Spina Bifida , 5. Congenital Cataract , 6. Bicornal Cranio Synthesis. These will be consider as life threatning and can be covered. Other conditions will be out ofscope of the policy.
  3. OTHER- This is a top up policy and shall be triggered only after exhaustion of the base SI of an deductible of 3 lac
  4. AYUSH- The mentioned condition shall over ride the term for AYUSH mentioned in ""Frequently added coverages"" AYUSH Treatment covered if treatment is taken in Government & Govt Recognized hospitals subject to minimum 24 hrs hospitalization. Pre and Post hospitalization for Ayush covered
  5. FAMILY DEFINITION- Option1 : Self +Spouse ( 1+1) , Option 2: Self only ( 1)
  6. OTHER- The mentioned condition here shall over ride the term mid terms additions and deletion mentioned in ""Other terms and conditions"" : Mid term addition or deletion shall not be allowed
  7. OTHER- Enrollment window shall be opened again from 1-nov-24 to 15-nov-24. The premium for the these lives shall be charged on annual basis ( complete 1 year). However risk period for these members will be from 20-nov-2024 to 31-oct-2025.
  8. ROOM RENT- Room rent mentioned here in special conditions shall supercede the room rent mentioned in the policy schedule: Single Standard AC Room for Normal Room & No Restriction for ICU, Proportionate Deduction clause applicable where Insured member has opted for room rent higher than eligible room rent category. Proportionate deduction clause will not be applicablefor ICU Hospitalization. Other room rent terms:1. Room Rent: Room rent includes bed charges, duty doctor, nursing charges and service charges or amenities (if any) 2.ICU Rent : ICU charges includes ICU bed, general medical support, medical devices expenses, critical care nursing and intensivist charges.
  9. OTHER- Ambulance mentioned here in special conditions shall supercede the ambulance condition mentioned ""Frequent Coverages"" in the policy schedule : Ambulance charges covered up to INR 2,500 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
  10. OTHER- Documents for all reimbursement claims have to be submitted to Digit within 30 days from date of discharge.
  11. OTHER- Premium Frequency : Annual in advance
  12. MODERN TREATMENTS- The mentioned condition here shall over ride the term ""Oral Chemotherpay"". Oral Chemotherapy covered upto 50% of SI"

## 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 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.
- \* 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.

Details about your money in black and white

Description	Amount (INR)
Frequency of Payment	Yearly

### 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	<a href="mailto:healthclaims@godigit.com">healthclaims@godigit.com</a>
For Senior citizens	<a href="mailto:seniors@godigit.com">seniors@godigit.com</a>

For & On Behalf of Go Digit General Insurance Ltd.



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.

Authorized Signatory

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:18002584242) or email us at [hello@godigit.com](mailto: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:19AACCO4128Q1ZX GSTIN Address:Kolkata Business Centre,Ground Floor, Block C, Apeejay House, 15 Park Street,Kolkata,West Bengal,PIN-700016 . Website: [www.godigit.com](http://www.godigit.com)

# Annexure 1:

## Invoice Summary :

Invoice Number	Invoice Date	Net Premium	Taxes	Gross Premium
WB24111974608957	2024-11-19 00:00:00	18038091.09	3246858.63	21284949.72
WB24113074608957	2024-11-30 00:00:00	4560684.98	820923.30	5381608.28