

CORONA KAVACH POLICY, GO DIGIT PROSPECTUS

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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

The 'COVID-19' Pandemic has left the world in distress. Surges in COVID-19 cases have proven to be worrisome across the country. To ease the financial pressure that this pandemic has caused, Corona Kavach Policy is designed to pay the hospitalization expenses incurred for treatment of Covid at a Hospital or given Home Care Treatment following Medical Advice of a duly qualified Medical Practitioner.

What is the benefit under this policy?

If during the policy period one or more Insured Person(s) is/are required to be hospitalized for treatment of Covid at a Hospital or given Home Care Treatment following Medical Advice of a duly qualified Medical Practitioner, the Company shall indemnify such medically necessary expenses.

Provided further that, any amount payable under the policy shall be subject to the terms of coverage exclusions, conditions and definitions contained herein. Maximum liability of the Company under all such Claims during the Policy period shall be the Sum Insured (Individual or Floater) opted and specified in the Schedule.

The cover listed below is in-built Policy benefit and shall be available to all Insured Persons in accordance with the procedures set out in this Policy.

1.1 Covid Hospitalization Cover

The Company shall indemnify medical expenses incurred for Hospitalization of the Insured Person during the Policy period for the treatment of Covid on Positive diagnosis of Covid in a government authorized diagnostic centre including the expenses incurred on treatment of any comorbidity along with the treatment for Covid up to the Sum Insured specified in the policy schedule, for,

1. Room Rent, Boarding, Nursing Expenses as provided by the Hospital/ Nursing Home.
2. Intensive Care Unit (ICU)/ Intensive Cardiac Care Unit (ICCU) expenses.
3. Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialist Fees whether paid directly to the treating doctor I surgeon or to the hospital
4. Anesthesia, blood, oxygen, operation theatre charges, surgical appliances, ventilator charges, medicines and drugs, costs towards diagnostics, diagnostic imaging modalities, PPE Kit, gloves, mask and such similar other expenses.
5. Road Ambulance subject to a maximum of Rs.2000/- per hospitalization for the Ambulance services offered by a Hospital or by an Ambulance service provider, provided that the Ambulance is availed only in relation to Covid Hospitalization for which the Company has accepted a claim under section This also includes the

cost of the transportation of the Insured Person from a Hospital to the another Hospital as prescribed by a Medical Practitioner.

Note:

1. Expenses of Hospitalization for a minimum period of 24 consecutive hours only shall be admissible.

1.2 Home Care Treatment Expenses:

1. Home Care Treatment means Treatment availed by the Insured Person at home for Covid on positive diagnosis of Covid in a Government authorized diagnostic Centre, which in normal course would require care and treatment at a hospital but is actually taken at home maximum up to 14 days per incident provided that:
 2. The Medical practitioner advises the Insured person to undergo treatment at home.
 3. There is a continuous active line of treatment with monitoring of the health status by a medical practitioner for each day through the duration of the home care treatment.
 4. Daily monitoring chart including records of treatment administered duly signed by the treating doctor is maintained .
 5. Insured shall be permitted to avail the services as prescribed by the medical practitioner. Cashless or reimbursement facility shall be offered under homecare expenses subject to claim settlement policy disclosed in the website.
 6. In case the insured intends to avail the services of non-network provider claim shall be subject to reimbursement, a prior approval from the Insurer needs to be taken before availing such services.

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

1. Diagnostic tests undergone at home or at diagnostics centre
2. Medicines prescribed in writing
3. Consultation charges of the medical practitioner
4. Nursing charges related to medical staff
5. Medical procedures limited to parenteral administration of medicines
6. Cost of Pulse oximeter, Oxygen cylinder and Nebulizer

1.3 AYUSH Treatment

The Company shall indemnify medical expenses incurred for inpatient care treatment for Covid on Positive diagnosis of COVID test in a government authorized diagnostic centre including the expenses incurred on treatment of any comorbidity along with the treatment for Covid under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems of medicines during the Policy Period up to the limit of sum insured as specified in the policy schedule in any AYUSH Hospital.

Covered expenses shall be as specified under Covid Hospitalization Expenses (Section 4.1)

1.4 Pre Hospitalization

The company shall indemnify pre-hospitalization/home care treatment medical expenses incurred, related to an admissible hospitalization/home care treatment, for a fixed period of 15 days prior to the date of admissible hospitalization/home care treatment covered under the policy.

1.5 Post Hospitalization

The company shall indemnify post hospitalization//home care treatment medical expenses incurred, related to an admissible hospitalization//home care treatment, for a fixed period of 30days from the date of discharge from the

hospital, following an admissible hospitalization covered under the policy.

1.6 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 is the Optional Cover available under this Policy?

The cover listed below is Optional Policy benefit and shall be available to Insured Persons in accordance with the terms set out in the Policy, if the listed cover is opted

1.7 Hospital Daily Cash: The Company shall pay the Insured Person 0.5% of sum insured per day for each 24 hours of continuous hospitalization for which the Company has accepted a claim under Section-4.1 Hospitalization Cover. The benefit shall be payable maximum up to 15 days during a policy period in respect of every insured person. The total amount payable in respect of Covers 1.1, 1.2, 1.3, 1.4,1.5, 1.6, 1.7, shall not exceed 100% of the Sum Insured during a policy period.

What are the Categories of Cover provided under this Policy?

The base cover under this Policy is offered on Indemnity Basis and the Optional Cover, if opted, is offered on Benefit Basis.

What are the exclusions under this Policy?

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

1. Investigation & Evaluation (Code- Exc104)
2. Expenses related to any admission primarily for diagnostics and evaluation purposes. Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment
3. Rest Cure, rehabilitation and respite care (Code- Exc105)
4. Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:
5. 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.
6. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.
7. 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 Home care treatment.
8. Unproven Treatments:
9. 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. However, treatment authorized by the government for the treatment of COVID shall be covered.
10. Any claim in relation to Covid where it has been diagnosed prior to Policy Start Date.
11. Any expenses incurred on Day Care treatment and OPD treatment
12. Diagnosis /Treatment outside the geographical limits of India
13. Testing done at a Diagnostic centre which is not authorized by the Government shall not be recognized under this Policy
14. All covers under this Policy shall cease if the Insured Person travels to any country placed under travel

restriction by the Government of India.

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	Day 1	25* years
Adult Insured	18yrs	65 years

*Subject to Family Definition mentioned below.

What is the Policy tenure under this policy?

Insured can opt for a Policy tenure of 31/2 Months, 61/2 Months or 91/2 Months i.e, 105 days, 195 days and 285 days respectively.

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 5 lakhs in the multiples of INR 50,000.

What are the waiting periods under this Policy?

Expenses related to the treatment of Covid within 15 days from the policy commencement date shall be excluded.

What is the Deductible under this Policy?

There is no deductible under this policy.

Do I need to 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. Upto 50% of the pre policy medical check-up will be borne by the You.

What are the renewal conditions under this Policy?

Lifelong renewability is not available under this Policy.

What are the cancellation terms under this Policy?

We may cancel the Policy at any time on grounds of mis-representation, non-disclosure of material facts, fraud by the Insured Person, by giving 7 days' written notice. There would be no refund of premium on cancellation on

grounds of misrepresentation, non-disclosure of material facts or fraud.

Is Portability and Migration available under this Policy?

Portability and Migration are not allowed under this Policy.

Is Comorbid conditions covered under this Policy?

The Policy shall include the cost of treatment for any comorbid condition including pre-existing comorbid condition(s) along with the treatment for Covid.

Can I pay premium in instalments?

No. There is only Single Premium payment under this Policy.

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

1.1 Procedure for Cashless claims:

1. Treatment may be taken in a network provider and is subject to preauthorization by the Company or its authorized TPA.
2. Cashless request form available with the network provider and TPA shall be completed and sent to the Company/TPA for authorization.
3. 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.
4. At the time of discharge, the insured person has to verify and sign the discharge papers, pay for non-medical and inadmissible expenses.
5. The Company/ TPA reserves the right to deny pre-authorization in case the insured person is unable to provide the relevant medical details.
6. 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.

1.2 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.

Sr. No	Type of Claim	Prescribed Time limit
1	Reimbursement of hospitalization and pre-hospitalization 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
3	Reimbursement of Home Care expenses	Within thirty days from completion of home care treatment

1.3 Notification of Claim

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

- a. Within 24 hours from the date of emergency hospitalization/cash less home care treatment.
- b. At least 48 hours prior to admission in Hospital in case of a planned Hospitalization.

1.4 Documents to be submitted:

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

Benefits	Claim Documents Required
Covid Hospitalization Cover	<ul style="list-style-type: none"> a. Duly filled and signed Claim Form b. Copy of Insured Person's passport, if available (All pages) c. Photo Identity proof of the patient (if insured person does not own a passport) d. Medical practitioner's prescription advising admission e. Original bills with itemized break-up f. Payment receipts g. Discharge summary including complete medical history of the patient along with other details. h. Investigation reports including Insured Person's test reports from Authorized diagnostic centre for COVID i. OT notes or Surgeon's certificate giving details of the operation performed, wherever applicable j. Sticker/Invoice of the Implants, wherever applicable. k. NEFT Details (to enable direct credit of claim amount in bank account) and cancelled cheque l. KYC (Identity proof with Address) of the proposer, where claim liability is above Rs 1 Lakh as per AML Guidelines m. Legal heir/succession certificate, wherever applicable n. Any other relevant document required by Company/TPA for assessment of the claim.
Home Care treatment expenses	<ul style="list-style-type: none"> a. Duly filled and signed Claim Form b. Copy of Insured Person's passport, if available (All pages) c. Photo Identity proof of the patient (if insured person does not own a passport) d. Medical practitioners' prescription advising hospitalization e. A certificate from medical practitioner advising treatment at home or consent from the insured person on availing home care benefit. f. Discharge Certificate from medical practitioner specifying date of start and completion of home care treatment. g. Daily monitoring chart including records of treatment administered duly signed by the treating doctor is maintained.

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.

1.5 Claim Settlement (provision for Penal Interest)

1. The Company shall settle or reject a claim, as the case may be, within 30 days from the date of receipt of last necessary document.
2. In the case of delay in the payment of a claim, the Company shall be liable to pay interest from the date of receipt of last necessary document to the date of payment of claim at a rate 2% above the bank rate.
3. However, where the circumstances of a claim warrant an investigation in the opinion of the Company, it shall initiate and complete such investigation at the earliest in any case not later than 30 days from the date of receipt of last necessary document. In such cases, the Company shall settle the claim within 45 days from the date of receipt of last necessary document.
4. In case of delay beyond stipulated 45 days the company shall be liable to pay interest at a rate 2% above the bank rate from the date of receipt of last necessary document to the date of payment of claim.

1.6 Services Offered by TPA

1. Servicing of claims i.e. claim admissions and assessments, under this Policy by way of pre-authorization of cashless treatment or processing of claims other than cashless claims or both, as per the underlying terms and conditions of the policy.
2. The services offered by a TPA shall not include:
3. Claim settlement and claim rejection;
4. Any services directly to any insured person or to any other person unless such service is in accordance with the terms and conditions of the Agreement entered into with the Company.

1.7 Payment of Claim

1. All claims under the policy shall be payable in Indian currency only.

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

Premium Excluding Taxes for Individual Policy is as per the below Table:

Office Premium in INR excluding Taxes															
SI	9.5 Months Policy Term					6.5 Months Policy Term					3.5 Months Policy Term				
	0-25	26-35	36-45	46-55	56-65	0-25	26-35	36-45	46-55	56-65	0-25	26-35	36-45	46-55	56-65
50,000	1,138	1,196	1,310	1,650	2,027	911	957	1,048	1,320	1,621	740	778	851	1,073	1,317
1,00,000	1,473	1,621	1,900	2,660	3,721	1,178	1,297	1,520	2,128	2,977	957	1,054	1,235	1,729	2,419
1,50,000	1,794	2,020	2,473	3,670	5,416	1,435	1,616	1,979	2,936	4,333	1,166	1,313	1,608	2,386	3,521
2,00,000	2,102	2,402	3,002	4,615	7,111	1,681	1,921	2,401	3,692	5,689	1,366	1,561	1,951	3,000	4,622
2,50,000	2,396	2,764	3,502	5,474	8,606	1,917	2,212	2,801	4,380	6,885	1,557	1,797	2,276	3,558	5,594
3,00,000	2,676	3,109	3,973	6,280	9,967	2,141	2,487	3,179	5,024	7,974	1,740	2,021	2,583	4,062	6,479
3,50,000	2,944	3,435	4,417	7,032	11,231	2,355	2,748	3,533	5,626	8,965	1,913	2,233	2,871	4,571	7,300
4,00,000	3,197	3,742	4,832	7,730	12,397	2,558	2,994	3,866	6,184	9,918	2,078	2,432	3,141	5,025	8,058
4,50,000	3,438	4,031	5,219	8,374	13,465	2,750	3,225	4,175	6,700	10,772	2,234	2,620	3,392	5,443	8,752
5,00,000	3,664	4,302	5,578	8,965	14,436	2,932	3,442	4,462	7,172	11,548	2,382	2,796	3,625	5,827	9,383

Office Premium in INR excluding Taxes - for Hospital daily Cash optional cover															
SI	9.5 Months Policy Term					6.5 Months Policy Term					3.5 Months Policy Term				
	0-25	26-35	36-45	46-55	56-65	0-25	26-35	36-45	46-55	56-65	0-25	26-35	36-45	46-55	56-65
50,000	19	25	38	70	124	15	20	30	55	100	12	16	25	45	81
1,00,000	38	50	75	140	249	30	40	60	112	199	25	33	49	91	162
1,50,000	57	75	113	210	373	45	60	91	168	299	37	49	74	137	243
2,00,000	75	101	151	280	498	60	80	121	224	398	49	65	98	182	324
2,50,000	94	126	189	350	622	75	101	151	280	498	61	82	123	228	404
3,00,000	113	151	226	420	747	91	121	181	336	597	74	98	147	273	485
3,50,000	132	176	264	490	871	106	141	211	392	697	86	114	172	319	566
4,00,000	151	201	302	560	996	121	161	241	448	796	98	131	196	364	647
4,50,000	170	226	340	630	1,120	136	181	272	504	896	110	147	221	410	728
5,00,000	189	251	377	700	1,244	151	201	302	560	996	123	163	245	455	809

Family Floater Policies: For Family Floater Sum Insured:

1. 5% discount will be extended on individual member premium if the Family Size is 2 members.
2. 0% discount will be extended on individual member premium if the Family Size is more than 2 members.

Note: Individual Premium of each family member will be calculated and then his 5%/10% discount will be applied on aggregated premium. Family Definition to avail this discount is Self, legally wedded spouse, parents and parents-in-law and dependent children.

Health Care Worker Discount: 5% discount in Premium shall be provided to Health Care Workers.

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: 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

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.

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