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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	PUNJAB GRAMIN BANK		
Address of Group Organizer/Manager/ Policy Holder	HO JALANDAR ROAD,KAPURTHALA,PUNJAB - 144601,Kapurthala,Punjab 144601	Family Definition	Self+Spouse+2Parents+6Children
Business Type	Roll Over		
GST State Code	3	GSTIN	03AAGAP7115C1Z1
Master Policy Number	D086982954	Policy Type	Floater
Group Type	Employer Employee	Policy Tenure	365 days
Period of Insurance	From	01-12-2022	00:01 Midnight
	To	30-11-2023	23:59 Midnight
Partner Name/Code	K M DASTUR REINSURANCE BROKERS PVT LTD 1002781	Partner Contact/Email	7506012884mumbai.operatio n@kmdastur.com
TPA Name	Medi Assist Insurance TPA Private Ltd		

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	As per the below-given table Custom Room Rent	
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 2500	
B7. Psychiatric Cover	**Inbuilt	Upto INR 30000	
B8. Second Medical Opinion	**Inbuilt	NA	
Corporate Buffer: INR 3000000		Maximum utilization per family is limited to 100% of family floater sum insured. Corporate buffer can only be utilized for all claims excluding maternity claims and Capped ailments post exhaustion of base Sum Insured after due approval of company HR	
Initial Waiting Period: 0 days		PED waiting period: 0 Months	
		Specific waiting period: 0 Months	

Section with Benefits	Sum Insured (INR)	Limits
SECTION 3. ORGAN DONOR	**Inbuilt	upto 100% of SI
SECTION 4. ALTERNATE TREATMENT (AYUSH) COVER	**Inbuilt	Covered only for inpatient hospitalization in Government hospital upto 100% of base Sum Insured, pre and post hospitalization expenses are not covered.

Section with Benefits	Sum Insured (INR)	Limits
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SECTION 7. MATERNITY BENEFIT & NEW BORN BABY COVER	**Inbuilt	Normal : INR 50000 Caesarian : INR 75000
Maternity Family Composition	Self + Spouse	
Maternity Waiting period: 0 Months		

Section with Benefits	Sum Insured (INR)	Limits
SECTION 9. HOME (DOMICILIARY) HOSPITALIZATION	**Inbuilt	Covered & up to 100 % of Sum Insured

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.

Custom Room Rent			
Sr.No	Sum Insured (INR)	Normal Room Rent Restriction (%)	ICU Room Rent Restriction (%)
1	300000	1.66%	no limit
2	400000	1.25%	no limit

Additional Coverages	Limits
Pre-Post Natal Limit	Covered up to INR 2500 on IPD Basis Only
Wellness baby expenses on OPD and/or IPD	Covered upto maternity Sum Insured
Maternity Complications cover	Covered in case of Life threatening maternity complications upto maternity Sum Insured.
Twin Delivery	Maternity sublimit to be at 100% in case of twin delivery
Fracture Cover	Treatment for Fracture to be covered as a Daycare procedure
Internal and external congenital covers	Internal congenital diseases are covered, external is covered only for life-threatening conditions.

Additional Sickness Benefit	<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"> 1. Insured undergoes hospitalization as an inpatient for a period of 7 continuous and completed days. 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. 3. The insured has exhausted all paid leave and the absence from work is resulting in leave without pay. <p>The Benefit shall start applicable after all the leaves are exhausted or after 15 days post discharge of hospital, whichever is maximum.</p> <ol style="list-style-type: none"> 1. The monthly benefit amount payable will be lower of: <ol style="list-style-type: none"> a. 50% of net take home salary calculated as the average of net take home salary of preceding 3 months. OR b. INR 50,000 2. This cover is applicable only for ESC and ESCP policies. The cover is not applicable for Employee only or Parents only policies. 3. This cover is applicable only for individuals employed in a full-time, salary-paying job. 4. The cover is not applicable for contractual employee. 5. This benefit will be payable only once in a policy period. 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. <p>Specific Exclusions for this coverage:</p> <ol style="list-style-type: none"> 1. In case the hospitalization is for maternity treatments. 2. In case of any cosmetic surgeries or cataract/eye related surgeries to correct eye power. 3. If the absence from work is due to any kind of quarantine. 4. In case hospitalization is in absence of an active line of treatment. 5. If the hospitalization claim is not admissible as per the other terms of this policy. 6. Net take home salary shall exclude one time incentives, variable pays, Bonus, performance based incentives, reimbursements.
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 up to family floater sum insured from day 1

*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)	Not Opted
Tonsillectomy/Adenoidectomy	Not Opted
Sinusitis (FESS)	Not Opted

Haemorrhoids/Fissure/Fistula	Not Opted
Appendectomy	Not Opted
Cholecystectomy	Not Opted
Gall-bladder stone	Not Opted
Kidney stone	Not Opted
Hysterectomy	Not Opted
Hernia (Per site)	Not Opted
Joint replacement (Per joint)	Not Opted
Angioplasty	Not Opted
Prostate Surgery	Not Opted
Heart By pass surgery	Not Opted
Fracture requiring only POP	Not Opted
D&C	Not Opted
Angiography invasive	Not Opted
Varicose veins (per leg)	Not Opted
Arthroscopic surgery	Not Opted
Surgery for Uterine fibroids	Not Opted
Surgery for CSOM	Not Opted

Specific Conditions applicable for this group

All the Below specific conditions will Supersede any other conditions mentioned in the policy:

1. Family Definition: Employee + Spouse + Dependent Children + 2 dependent Parents OR in laws. No age limit for dependent children. Would be considered dependent if their monthly income does not exceed Rs. 12,000/- Widowed daughter and dependent divorced / separated daughters, sisters including unmarried / divorced / abandoned or separated from husband/ widowed sisters and crippled child shall be considered as dependent for the purpose of this policy. Physically challenged Brother / Sister with 40% or more disability. Subject that their individual monthly income does not exceed Rs.12,000.No Age Limits for Dependent Parents. Either Dependent Parents or In-laws will be covered. A parent would be considered dependent if their monthly income does not exceed Rs. 12,000/-.Basis of SI fixation: For Clerical/Sub Staff - INR 3,00,000/- For Officers – INR 4,00,000/-
 2. Continuity Benefits: Continuity benefits coverage to employees on retirement till the end of the policy period provided there is no request for refund of the premium.
 3. Ambulance Expenses: Ambulance charges are payable up to Rs 2500/- per trip to hospital and / or transfer to another hospital or transfer from hospital to home if medically advised. Taxi and Auto expenses in actual maximum up to Rs750/- per Hospitalization.
 4. Pre and Post Hospitalization: Expenses related to the ailment for hospitalization will be covered 30 days prior to hospitalization and 90 days after discharge.
 5. Missed Abortions, Miscarriage or abortions: Covered under maternity as per Indian Law.
 6. Well baby expenses : New born baby is covered from day one. All expenses incurred on the new born baby during maternity will be covered in addition to the maternity limit up to Rs, 20000/- . Per child. However, if the baby contracts any illness the same shall be considered in the St covered.um Insured + Corporate buffer. Baby to be taken as an additional member within the normal family floater.
 7. Complications in Maternity: Covered upto Base SI plus Corporate buffer.
- 16 Domiciliary Cover : Medical expenses incurred in case of the following diseases which need domiciliary treatment as may be certified by the attending medical practitioner and / or bank's 'medical officers shall be deemed as hospitalization expenses and reimbursed to the extent of 100% subject to the overall limit of Sum Insured under the policy. • Cancer, Leukemia, Thalassemia, Tuberculosis, Paralysis, Cardiac Ailments, Pleurisy, Leprosy, Kidney Ailment, All Seizure disorders, Parkinson's diseases, Psychiatric disorder including schizophrenia and psychotherapy, Diabetes and its complications, hypertension, Hepatitis –B, Hepatitis - C, Hemophilia, Myasthenia gravis, Wilson's disease, Ulcerative Colitis, Epidermolysis bullosa, Venous Thrombosis (not caused by smoking) Aplastic Anaemia, Psoriasis, Third Degree burns, Arthritis, Hypothyroidism, Confidential and Legally Privileged Information Request for Quotation – GMC_PUNJAB GRAMIN BANK Hyperthyroidism expenses incurred on radiotherapy and chemotherapy in the treatment of cancer and leukemia, Glaucoma, Tumor, Diphtheria, Malaria, Non-Alcoholic Cirrhosis of Liver, Purpura, Typhoid, Accidents of Serious

Nature, Cerebral Palsy, Polio, All Strokes Leading to Paralysis, Haemorrhages caused by accidents, All animal/reptile/insect bite or sting, chronic pancreatitis, Immuno suppressants, multiple sclerosis/ motor neuron disease, status asthmaticus, sequelae of meningitis, osteoporosis, muscular dystrophies, sleep apnea syndrome (not related to obesity), any organ related (chronic) condition, sickle cell disease, systemic lupus erythematosus (SLE), any connective tissue disorder, varicose veins, thrombo embolism venous thrombosis/venous thrombo embolism (VTE), growth disorders, Graves' disease, Chronic obstructive Pulmonary Disease, Chronic Bronchitis, Asthma, Physiotherapy and swine flu shall be considered for reimbursement under domiciliary treatment. Coverages details of Domiciliary: The cost of Medicines, Investigations, and consultations, etc. in respect of domiciliary treatments shall be reimbursed for the period stated by the specialist and / or the attending doctor and / or the bank's medical officer, in Prescription. If no period stated, the prescription for the purpose of reimbursement shall be valid for a period not exceeding 90 days.

8. All Advance medical treatment: All new kinds of approved advanced medical procedures for e.g. laser surgery, stem cell therapy for treatment of a disease is payable on hospitalization / daycare surgery.

9. Genetic disorder is covered.

10. Treatment for Age related Macular Degeneration (ARMD), treatment such as Rotational Field Quantum magnetic Resonance (RFQMR), Enhanced External Counter Pulsation (EECP), etc. are covered under the scheme. Treatment for all neurological/ macular degenerative disorders.

11. Physiotherapy charges shall be covered for the period specified by the Medical Practitioner even if taken at home.

12. Critical Illness is to be provided to the employee only subject to a sum insured of INR 1,00,000/-. Cover starts on inception of the policy. In case an employee contracts a Critical Illness as listed below, the total sum insured of INR 1,00,000/- is paid, as a benefit. This benefit is provided on first detection/diagnosis of the Critical Illness, during the policy period. • Cancer including Leukaemia • Stroke • Paralysis • By Pass Surgery • Major Organ Transplant • End Stage Liver Disease • Heart Attack • Kidney Failure • Heart Valve Replacement Surgery Hospitalization is not required to claim this benefit. Further the Employee can claim the cost of hospitalization on the same from the Group Mediclaim Policy as cashless / reimbursement of expenses for the treatment taken by him. Under this policy there would be no waiting period for the payment of the claim from the inception of the policy, nor any survival period

13. AYUSH Treatment: Alternative Treatments are forms of treatment other than treatment "Allopathy" or "modern medicine and includes Ayurveda, Unani, Siddha, Homeopathy and Naturopathy in the Indian Context, in a hospital registered by the Central / State authorities for Hospitalization only and Domiciliary for treatment only under 62 ailments taken in hospital/ clinic registered by the Central / State authorities.

14. Psychiatric Ailment (Wording required): "Expenses for treatment of psychiatric and psychosomatic diseases be payable with or without hospitalization".

15. Treatment for accidents on OPD Basis: Treatment taken for Accidents can be payable even on OPD basis in Hospital up to Sum Insured.

16. Taxes and Other charges: All Taxes, Surcharges, Service Charges, Registration charges, Admission Charges, Nursing, and Administration charges to be payable. Charges for diapers and sanitary pads are payable if necessary, as part of the treatment. Charges for Hiring a nurse / attendant during hospitalization will be payable only in case of recommendation from the treating doctor in case ICU /CCU, Neo natal nursing care or any other case where the patient is critical and requiring special care

Policy Exclusions:

.War and War Like Operations: Injury / disease directly or indirectly caused by or arising from or attributable to War, invasion, Act of Foreign enemy, War like operations (whether war be declared or not).

Circumcision: Circumcision unless necessary for treatment of a disease not excluded here under or as may be necessitated due to an accident.

Vaccination and Inoculations: Not Covered

Cosmetic Surgeries /Treatments: Change of life or cosmetic or aesthetic treatment of any description is not covered.

Plastic surgery other than as may be necessitated due to an accident or as part of any illness.

Spectacles and Hearing aids: Cost of spectacles and contact lenses, hearing aids. Other than Intra- Ocular Lenses and Cochlear Implant.

Dental Treatment: Dental treatment or surgery of any kind which are done in a dental clinic and those that are cosmetic in nature.

Convalescence, Obesity and Venereal Diseases: Convalescence, rest cure, Obesity treatment and its complications including morbid obesity, treatment relating disorders, Venereal disease, intentional self-injury and use of intoxication drugs / alcohol.

Infertility and Sterility: Not Covered HIV and Aids: All expenses arising out of any condition directly or indirectly caused to or associated with Human T-Cell Lymphotropic Virus Type III (HTLV - III) or lymphadenopathy Associated Virus (LAV) or the Mutants Derivative or Variation Deficiency Syndrome or any syndrome or condition of a similar kind commonly referred to as AIDS.

Hospitalization for Investigation: Charges incurred at Hospital or Nursing Home primarily for diagnosis x- ray or Laboratory examinations or other diagnostic studies not consistent with or incidental to the diagnosis and treatment of positive existence of presence of any ailment, sickness or injury, for which confinement is required at a Hospital/ Nursing Home, unless recommended by the attending doctor.

Vitamins and Tonics: Expenses on vitamins and tonics unless forming part of treatment for injury or diseases as certified

by the attending physician Non-Medical Expenses:

All non-medical expenses including convenience items for personal comfort such as charges for telephone, television, barber or beauty services, diet charges, baby food, cosmetics, tissue paper, diapers, sanitary pads, toiletry items and similar incidental expenses, unless and otherwise they are necessitated during the course of treatment. Attempted suicide: Attempted suicide, war, invasion, nuclear radiation is no

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 cyber-knife treatment. Gamma Knife treatment and Stem Cell Transplantation, Robotic Surgery. Cochlear Implant treatment shall be restricted to 50% of the SI."
- * 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
Number of Employees	1805
Total no. lives covered	5758

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.



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: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:19AACCO4128Q1ZX GSTIN Address:Kolkata Business Centre,Ground Floor, Block C, Apeejay House, 15 Park Street,Kolkata,West Bengal,PIN-700016 . Website: www.godigit.com

Annexure 1:

Invoice Summary :

Invoice Number	Invoice Date	Net Premium	Taxes	Gross Premium
1922120886982954	2022-12-08 00:00:00	23486447.00	4227560.46	27714007.46
1922121086982954	2022-12-10 00:00:00	-219238.00	-39462.84	-258700.84
1922120986982954	2022-12-09 00:00:00	-190091.00	-34216.38	-224307.38
1922121286982954	2022-12-12 00:00:00	195595.00	35207.10	230802.10
1922121986982954	2022-12-19 00:00:00	-167395.00	-30131.10	-197526.10
1922122286982954	2022-12-22 00:00:00	347514.00	62552.52	410066.52