Policy Related Queries		
1	What is the Super Top Up Health Insurance Policy for Pensioners Group	<ul> <li>A Super Top up policy from Go Digit General Insurance Ltd, has been introduced this year. This policy can be given to all retirees who have taken a policy anywhere be it their own Bank / Organization Insurance policy, through Bancassurance, own individual policy or they are covered along with their children either in a group policy or an individual policy. Even those persons who do not hold any base policy can take this super top up policy.</li> <li>The Go Digit policy is a very unique policy having no limits/ cappings on any disease, ailment or expenditure with a sum insured of ₹ 1 lakh to ₹ 10 lakhs with a Deductible amount of 3,00,000. There is no capping on Room Rent amount, however, member need to get admitted to a maximum of single room A/C and all other charges are paid on actuals. In case, someone opts for higher room category like Deluxe or Suite room, then proportionate deduction will apply.</li> </ul>
2	Can the Go Digit STP be availed by any retiree /pensioner / family pensioner?	The Go Digit STP policy is open to all retirees / pensioners / family pensioners who want to avail it. The policy will be given through the pensioners association. Pensioner's ID proof will be required at the time of claim.  ID Proof shall be anyone of the following  1. Pensioner's Id card  2. Life Certificate  3. Bank Certification that he is a retiree  4. Certified Proof as Pension Fund Account Holder
3	What is the Family definition in the policy?	<ul> <li>Option 1: (1 + 1) Retired Employee + Spouse</li> <li>Option 2: Self Only</li> <li>(Single Retiree can take the policy, if the spouse is covered elsewhere or has expired.</li> <li>In case the retiree has expired the Spouse can also take a policy)</li> </ul>

4		The below mentioned clause for Lock In and Lock out in the previous policy has been removed  • For all existing retirees who do not join the policy before inception there will be a lock out of 2 years i.e. they cannot be covered for next 2 yrs.
	Is there any difference in the terms and conditions of the current Go Digit policy vis as Vis the last years policy ?	There will be a lock in for three years for all members who have opted the policy. In case a person does not renew membership during second or third year there will be a lock out for 5 years for such members.
5		The Go Digit policy is better than the standard covers available for individual policies wherein Pre-existing diseases are covered from day one. Retiree can opt for Single room AC and there is no restriction on the ICU charges In addition just like last year's STP policy, GO DIGIT STP policy can only be triggered after exhaustion of the Annual (Policy period)
	What are the Unique features of the policy	Deductible limit of ₹ 3 lacs as admissible amount under the policy terms and conditions
6	Does Go Digit super top up have any cappings in the policy.	There are no disease/ailment cappings / ceiling in the Go Digit policy. Even pre-existing diseases are covered from day one.
		Even if you do not have a base policy of ₹ 3 lakhs , the initial expense of ₹ 3 lakhs will have to be borne by you and only after that Go Digit Super top up policy shall be triggered.
	In policy guidelines, it is stated by Go Digit Gen Insurance Co that	For this purpose you will have to submit
7	Deductible limit ₹ 3 lakhs SI with options from 1 Lakh to 10 Lakhs. Does it mean that one has to have base policy SI of ₹ 3 Lakhs.	complete documents of the previous hospitalization. Please note that the previous hospitalization should be on or after the start date of the policy which in this case is 1st November. Any insured whose policy starts after 1st November. The start date shall be considered from the date on which the policy starts.
8	What are all the hospitalization expenses that come within the purview of Room Rent as per Go Digit Policy?	Bed Charges Nursing charges and RMO charges come under the purview of Room Rent.
9	Whether concept of "Proportionate deduction" of other expenses applied, if the retiree opts for a room	This is a standard definition as per IRDA  In our Policy there is no capping on room rent. The person is entitled to a single private room AC
	of higher Bed Charges in respect of Super Top-up Policy Claims also.	All Hospitalization expense are covered at

actuals. Therefore there is no proportionate ded  Whether all new kinds of Approved Advanced Medical Procedures for e.g.	luction
Laser Surgery, Robotic surgeries, Stem Cell Therapy etc., for treatment of a disease is payable on hospitalization/day care surgery without Copay.?  There is no Co-pay in the policy. The ampaid up to 50% of Sum Insured	ount is
Whether External and Durable Equipment covered under the policy?  If the external durable equipments are to hospital. Rent is covered. However, pur of these equipments and rental under domiciliary are not covered in the policy.	rchase y
Whether Ambulatory Devices are covered under the policy? If not, whether any other devices are covered?  Ambulatory devices are not covered as IRDA.  Any devices which are for external use a covered in the policy. However, devices are implanted within the body i.e. Pace Joint implants, Lens in a cataract opera screws, plates, etc are covered in the p	are not s which maker, ition,
Whether there is inclusion of approved targeted therapies for treatment of Cancer and eye disorders under Day Care Treatment and on a standalone basis?  So long as the treatment is in daycare it covered. This will be subjected to mode treatment Sum insured capping.  If the same is on Outpatient basis it is no covered in the policy.	ern
Whether there is inclusion of Intra Vitreal Injections for eye disorders other than ARMD also eligible for coverage benefit?  Whether there is inclusion of Intra Yes, but will fall under the purview of Acomedical treatment	dvance
Under Ayush Treatment, whether Naturopathy Treatment is eligible for coverage under Base/Super Top-up Policies?  AYUSH stands for Ayurveda, Yoga, Unall Siddha and Homeopathy. This treatment be covered under Government or Gover	nt will rnment and not
In the case of hospitalization treatment taken under other systems of medicines like Ayurveda, Homeopathy,etc., whether the MIPs issued by Go Digit cover treatment taken in other than Govt. Hospitals?  No. Expenses done only at government NABH full accredited hospitals will be of after the Deductible of ₹ 3 lakhs is met	covered
Whether there is an EXCLUSION of OBESITY in the policy?  Yes Obesity is not covered in the policy	

		Deductible /threshold means the upper limit after which the claims get paid in a super top up policy.
18	What is the meaning of Deductible /threshold limit	If a person has taken a Go Digit Super top up policy of 10 lakhs with a Deductible limit of 3 lakhs, then the Insurance Company will start paying the claims once the aggregate of all admissible claims Paid to the person from another insurance company exceeds 3 lakhs. In case a person does not have any other insurance then the aggregate of the hospital bills upto 3 lakhs is to be submitted. Digit will deduct the first 3 lakhs and pay the balance amount
	Claim Relate	d Queries
23	Who is the TPA.	This year in order to make it more efficient, we have done away with a Third-Party Administrator. Go Digit Insurance company will be directly settling the claims.
24	How the policies will work from 2 separate insurers especially when the terms and conditions are different with different insurers If the base policy is with ceilings / capping and Go Digit super top up is without ceilings/capping, then in what manner / system the Go Digit will process the claim under super top.	The claims put up in each policy will be separately processed as per each policy terms and conditions  Example:  Mr. A, a retiree, has taken the base policy of ₹3.00 lac of another Insurance Company and along with that he has also taken the super top up of ₹4.00 lac of Go Digit Thus having a coverage of ₹7.00 lac by paying the premium If he is faced with a hospitalization bill of ₹7.00 lac, then the claim will be processed as below:  Admissible amount from 7 lakhs will be calculated and only amount above 3 lakhs from the admissible amount will be considered under top up.  The first ₹3 lakhs will be processed as per the terms and conditions of the base policy. If the ailment is a capped ailment, then the cappings will be applied.  Once the ₹3 lakhs limit is reached. Go Digit will process the remaining ₹4 lakhs as per the terms and conditions of the Super Top up policy

25	Under the clause for Modern treatments, there is a ceiling for reimbursement i.e. 50% of sum insured. For this purpose, sum insured will be taken - base + super top up policy or only of super top up policy.	For Go Digit they will pay 50% of the Super top up sum insured.  Base policy will pay separately as per their terms and conditions.  Example if you have a base policy of 3 lakhs with an alternate Insurance company and a top up of 5 lakhs with GO Digit and you have a claim under advanced procedures of say 7 lakhs.  The first ₹3 lakhs shall be paid from the base policy.  In GO Digit Policy when you claim the balance of 4 lakhs you shall be eligible for maximum of 2.50 lakhs (i.e 50% of 5 lakhs Sum Insured)
26	Post -hospitalisation claim for a retiree. Will it be available?	In the Go Digit STP policy the post hospitalization period is 90 days post discharge from the hospital. Pre-post hospitalization expenses will be considered only if the main claim is admissible under the policy subject to deductible limit and exhaustion of base sum Insured.
27	In case of death of retiree/ spouse, whether there is provision for nomination to receive the claim amount without Legal Heirship Certificate/Affidavit etc?	Affidavit is a mandatory claim requirement as per regulations. However, in case the spouse is covered in the policy, then the spouse automatically gets it without an affidavit.  In case of death of Spouse, the retiree automatically gets paid as policy holder.
28	Is it mandatory to submit copy of Aadhaar Card of claimant is to be submitted along with other claim documents as part of KYC compliance while seeking reimbursement of hospitalization expenses?	KYC is compulsory as per the regulations.  Masked Aadhar card will have to be submitted at the time of claim.

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29	What is the time limit within which intimation of Claim and also submission of claims with requisite documents should be made to Go Digit in respect of Super Top-up Policy?	Claims to be intimated within 7 days from admission and documents to be submitted within 30 days post discharge.
	Cashless Relat	ed Queries
30	Will there be cashless available in Go Digit Policy?	Cashless can be availed in the Go Digit Super Top up policy once the base policy with any other insurer is exhausted or in case there is no base policy, when the admissible Deductible limit of 3 lakhs is reached.
31	Documents required for Cashless process	Go Digit will require the proof of claim paid from the previous insurer or in case of cashless, the authorization / approval letter of the TPA stating that the sum Insured is exhausted. If a claim is made under top up, In case of cashless under base policy, if post claim settlement under the base policy, BSI is still available, Go Digit will reserve the right to recover amount from the claimant up to the available BSI in base policy.  • In case a retiree has any alternative policy with another Insurer, the hospital opted if on panel of Go Digit, cashless service would be available once the below documents are made available to the TPA appointed by Go Digit:  • Copies of bill of the hospital where patient is admitted.  • Other documents submitted to the previous insurer.  • Settlement letter in case of earlier claim/ Authorization letter for 3 lakhs as there is a Deductible of ₹3 lacs to trigger Go Digit policy.
32	What happens if the Retiree has a higher Base policy Sum Insured	Please note that if any retiree has a base policy that is of a higher value than 3 lakhs the amount paid by Go Digit will be after deducting the entire amount paid from the Base policy.

33	What will be the procedure if Cashless is to be given from the Base policy and the Top up policy during same hospitalization?	In case the Cashless is to be given from the base policy and the Top up policy during the same hospitalization. Then this cashless will be given from the top up on the basis of the final approval letter from the base policy which shows that cashless is given for more than 3 lakhs. Settlement letter shall not be asked.
34	If a person has Base SI of Rs 3 lakhs and has undergone multiple hospitalizations for eg 1st Cashless is approved for an amount of Rs 150000 2nd Cashless approved for an amount of Rs 100000 3 rd Cashless approved for an amount of Rs 50000 stating Balance SI exhausted	In such case the Retiree has to provide all the 3 Approval letters proving that Initial threshold of Rs 3 lacs is utilized elsewhere and GO DIGIT shall approve the Cashless basis the 3 Approval letters without any separate settlement letter
35	What if a retiree does not hold any Base policy?	If a person has no policy and is bearing the 3 lakhs on his own. The final bill and discharge card with payment receipt of the previous hospitalization is to be submitted stating that the person does not have a base policy. In case a person does not hold a base policy, Go digit shall give the approval of the amount by deducting admissible 3 lakhs which is the Deductible limit.
36	What happens if a retiree has exhausted his Base SI of Rs 3 lacs in previous claims and is now claiming for	In case 3 lakhs is exhausted in a previous claim, then only the settlement letter of the previous claim shall be asked for the purpose of settlement of present claim.

37	In the event of emergency admission to a hospital which is not in Preferred Provider Network, whether bank retirees have a benefit to get himself admitted on a cashless basis?	The person can get admitted to any hospital in the network for cashless facility.  Incase the hospital is not a network hospital than we will require a minimum of 24 hours to ensure cashless., subject to the hospital willing to extend cashless for the hospitalization expenses.
38	Under Cash Less Facility – If shifting of patient from earlier Hospital to another hospital is required – Whether it is allowed?	Yes