

Navi Health Super Top Up

PROSPECTUS

A single critical medical condition is capable of upsetting your finances and put you under mental pressure. Considering the alarming medical inflation rate, it is not only essential to have a health insurance coverage, but also having the correct amount of cover to save yourself and your family for higher hospitalisation costs.

Buying a large health insurance cover may not be affordable. Hence, we brought you **Navi Health's Super Top Up** Policy which is an **aggregate deductible policy** that allows you to enhance your sum insured as per your need at a lower cost . What's more to have when you have a wider health protection at an affordable price with tax benefit.

I. Features you'll appreciate

1. Who can Buy –

- ✚ If You are looking to increase your current individual health insurance sum insured and /want to enhance your current employer's provided health coverage or,
- ✚ If You have a health insurance provided by employer that may cease due to your retirement or your change of job or,
- ✚ If You are only looking for coverage over a self-financing capacity, then protect yourself and family now.

2. Sum Insured Options – You have the option to choose from the below wide range of Deductible & Sum Insured.

Deductible	Sum Insured
2,00,000	3,00,000 / 5,00,000 / 8,00,000 / 10,00,000
3,00,000	3,00,000 / 5,00,000/ 7,00,000 / 10,00,000 / 12,00,000
4,00,000	3,00,000 / 5,00,000 / 6,00,000/ 11,00,000
5,00,000	5,00,000 / 7,00,000/ 10,00,000/ 15,00,000/ 20,00,000
10,00,000	5,00,000/ 10,00,000 / 15,00,000 / 20,00,000/ 50,00,000
20,00,000	5,00,000 / 10,00,000 / 20,00,000 / 30,00,000 / 50,00,000 / 1,00,00,000

3. Coverages – This policy is designed to offer 11 Core coverages & 7 Optional coverages.

CORE COVERAGES	OPTIONAL COVERAGES
Inpatient Hospitalization	Daily Cash Allowance
Day Care Treatment	Waiver of Mandatory Co payment
Pre-Hospitalisation	Reduction in Waiting Period for Named Illness
Post Hospitalisation	Reduction in Waiting Period for Pre-Existing Disease
Domiciliary Hospitalisation	Extension in Pre-Hospitalisation Period
Organ Donor Expenses	Extension in Post Hospitalization Period
AYUSH	Room Rent Sublimit
ReCover	
EmPower	

Navi Health Super Top Up | UIN: NAVHLIP22061V032122

Navi General Insurance Limited

Registered Office: Salarpuria Business Centre, 4th Floor, 93, 5th A Block, Koramangala Industrial Layout, Bengaluru, Karnataka – 560095

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CIN: U66000KA2016PLC148551 | IRDAI Registration Number: 155

CoPayRent	
Mandatory Co Payment	

Refer **Annexure 1 (a) - “How your coverages work?”**, attached along with this document.

3. Waiting Period – We shall not be liable to make any payment under this Policy directly or indirectly caused by, based on, arising out of or howsoever attributable to any of the following waiting periods. All the waiting periods shall be applicable individually for each Insured Person and claims shall be assessed accordingly.

- a) 30 days waiting period – 30 days
- b) Waiting Period for Named Ailments – 2 Years (List available in Annexure - 3)
- c) Waiting Period for Named Mental Illness – 2 Years (List available in Annexure - 3)
- d) Waiting Period for Internal Congenital Anomaly – 2 Years
- e) Waiting Period Pre-Existing Disease / Conditions – 3 Years

4. Age Eligibility - Minimum age at entry under this Policy is 91 days and above. There is no limit for maximum age at entry. However, sum insured will be restricted to 10 Lacs with 2 Lacs deductible for age beyond 70 years.

Dependent children between 91 days to 5 years can be covered if either parent is covered under the same policy. There is no maximum cover ceasing age on renewals.

5. Policy Period Option - Policy can be issued or renewed for one (1), two (2) or three (3) continuous years as per your need and benefits will be applicable on Policy Year basis.

6. Sum Insured to Individual & Family - This policy can be issued to an individual on an Individual Sum Insured basis and/or to a family on an Individual Sum Insured or on a Family Floater Sum Insured basis.

Number of members covered under each type of policy are –

S. No.	Type of Policy	No. of Members Covered under the Policy
1	Individual	Self
2	Family (Non-Floater)	Any number of members of any age with any defined relationship
3	Family Floater	There are 2 type of Family Floater Options which can be independently opted.
	Floater A	2 Adults + Dependent Children (any number up to the age of 30 years)
	Floater B	Proposer can select this option to insure his/ her Parents and /or Parent in laws

7. Family Composition - Family includes - Self, Spouse, Dependent Children, Dependent Parents and Dependent Parents-in Law.

8. Pre-Policy Check Up – We will require you to undergo a medical check-up based on your Age/Sum Insured/ Deductible (grid mentioned below). Wherever any pre-existing disease or any other adverse

medical history is declared, we may ask such member to undergo specific tests, as we may deem fit to evaluate such member, irrespective of Age.

Medical tests will be facilitated by us and conducted at our network of diagnostic centres. We will contact You and fix an appointment for the Medical tests to be conducted at a time convenient to you. Medical tests will be valid for a period of 3 month only. 50% of cost of all such tests will be borne by us for all accepted proposals. In case of rejected proposals or where a counter offer is not accepted by You, then You have to bear the full cost of medical tests.

Deductible		2/3/4/5 Lac	10 Lac		20 Lac	
Sum Insured		Upto 20 Lac	Upto 20 Lac	Above 20 Lac	Upto 20 Lac	Above 20 Lac
Age	0 to 1 Year	Birth Discharge Summary				
	2 to 25 Years	Nil	Nil	Tele UW	Nil	Tele UW
	25 to 45 Years	Nil	Nil	Tele UW	Nil	Tele UW
	46 to 60 Years	Tele UW	Tele UW	Set 1	Set 1	Set 2
	61 and Above	Set 2	Set 2	Set 2	Set 2	Set 2

Set 1	Set 2
MER	MER
CBC with ESR	CBC with ESR
RUA	RUA
ECG	ECG
HbA1c	HbA1c
Total Cholesterol	LDL
SGOT	SGOT
SGPT	SGPT
Sr. Creatinine	Sr. Creatinine
	BUN
	S. Bilirubin
	Total Protein
	HDL
	PAP/PSA

Full explanation of tests is provided here:

MER – Medical Examination Report ; **CBC** - Complete Blood Count ; **ESR** - erythrocyte sedimentation rate; **RUA** - Routine Urine Analysis ; **ECG** – Electrocardiography; **Hb1Ac** - Glycated haemoglobin; **LDL** - Low-density lipoprotein ; **SGOT** - Serum Glutamic Oxaloacetic Transaminase; **SGPT** - Serum Glutamic Pyruvic transaminase; **Sr. Creatinine** - Serum Creatinine; **BUN** - Blood Urea Nitrogen; **S. Bilirubin** - Serum Bilirubin; **HDL** - High-Density Lipoprotein; **PAP** - Prostatic Acid Phosphatase; **PSA** - Prostate Specific Antigen.

9. **Geography** – Policy covers for events within the territorial limits of India .All payments under the Policy will be made in Indian Rupees.

10. Premium - The Premium charged on the Policy will depend on the Age, Deductible, Sum Insured, tenure, and optional coverages opted. Additionally, the health status of the individual will also be considered.

Premiums will be payable either by Single premium mode or in instalments. The options are available with loadings as described below –

Mode/Term	1 year	2 years	3 years
Annual	0%	0%	0%
Half – Yearly	2%	4%	6%
Quarterly	4%	6%	8%
Monthly	6%	8%	10%

Refer to **Annexure 2 - "Rate Chart"**, attached along with this document for premium details.

Premium rates are subject to change with prior approval from IRDAI.

11. Substandard Risk Loading - We may apply risk loading on premium payable based on the information revealed in the Proposal Form and the current health status of the person.

The maximum risk loading for an individual shall not exceed 100%.

These loadings are applicable from commencement date of policy including subsequent renewal(s) with Us.

We will inform You about the applicable risk loading through a counter offer letter and We will only issue the Policy once We receive your consent and applicable additional premium.

A detailed list of applicable loadings by Illness and by change in values of medical tests are listed below. These loadings may only be applied if the proposal is accepted with the declared illness/ with the deviated value of medical test report, at the time of underwriting.

Sr. No.	Illness/Condition	Underwriting Loading
1	Epilepsy	0 to 20%
2	Cataract	0 to 10%
3	Nasal Polyp	0 to 10%
4	Deviated Nasal Septum	0 to 10%
5	Perforated Tympanic Membrane	0 to 10%
6	Asthma	0 to 20%
7	Biliary Stones	0 to 20%
8	Gall Stones	0 to 20%
9	Inguinal Hernia	0 to 20%
10	Umbilical Hernia	0 to 20%
11	Anal Fistula	0 to 10%
12	Anal Fissure	0 to 10%
13	Haemorrhoids	0 to 10%
14	Renal Stones	0 to 20%
15	Uterine Fibroids	0 to 20%
16	Ovarian Cysts	0 to 20%

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17	Fibroadenoma Breast	0 to 20%
18	Hydrocele	0 to 10%
19	Benign Prostatic Hyperplasia	0 to 10%
20	Thyroid Disorders (Hypothyroidism/ Hyperthyroidism)	0 to 10%
21	Dyslipidaemia	0 to 20%
22	Diabetes	0 to 20%
23	Anaemia	0 to 10%
24	Varicose Veins	0 to 10%
25	Hypertension	0 to 20%
26	Smoking/Tobacco Consumption	0 to 20%
27	Alcohol Consumption	0 to 20%
28	Poliomyelitis	0 to 10%
29	Mental Illness	0 to 20%
30	HIV & AIDS	0 to 100%

Sr. No.	Medical Test	Range of loading
1	CBC with ESR	0 to 10%
2	Lipid Profile	0 to 10%
3	Liver Function Test	0 to 10%
4	USG Abdomen	0 to 20%
5	X- Ray Chest	0 to 20%
6	PSA	0 to 10%
7	Urine Routine/Microscopy	0 to 20%

12. Discounts under the Policy - You can avail the following discounts on the applicable Premium on your Policy.

- i. **Long Term Policy Discount:** You can avail a long-term discount of 8% & 15% on selecting a 2 year and 3 year Policy respectively. Long Term Discount will apply only in case of Single Premium Policies.
- ii. **Navi Duniya Discount (Loyalty Discount):** 5% discount shall be offered on purchase of new policy if you are an existing customer of Navi General Insurance Limited.

13. Income Tax Benefit - Premium paid under the Policy shall be eligible for income tax deduction benefit under Section 80 D as per the Income Tax Act, 1961. (Tax benefits are subject to change as per the tax laws).

14. Terms & Conditions

i. **Free Look Period** –

The Free Look Period shall be applicable on new individual health insurance policies and not on renewals or at the time of porting/migrating the policy.

The insured person shall be allowed free look period of fifteen days from date of receipt of the policy document to review the terms and conditions of the policy, and to return the same if not acceptable.

If the insured has not made any claim during the Free Look Period, the insured shall be entitled to

- i. a refund of the premium paid less any expenses incurred by the Company on medical examination of the insured person and the stamp duty charges or
 - ii. where the risk has already commenced and the option of return of the policy is exercised by the insured person, a deduction towards the proportionate risk premium for period of cover or
 - iii. Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period;
- ii. **Continuity** - You will have an option to migrate to our other individual health insurance product(s), if available, subject to our underwriting guidelines. Similarly, children when exiting on account of age will also be given an option to migrate to our individual health insurance products subject to our underwriting guidelines. You will be entitled for accrued continuity benefits, if any, as per prevailing portability guidelines issued by IRDAI.
- iii. **Process of Portability** - Insured Persons covered under this Policy or any other Retail Health Insurance Policy from a Non-Life Insurance Company/Health Insurance Company registered with the Authority shall have the right to migrate from such policy to a suitable Individual health insurance Policy offered by Us provided that:
- a. You should submit application for portability with complete documentation at least 45 days prior to expiry of your existing health insurance Policy.
 - b. Portability benefit will be credited up to the extent of the sum of previous Sum Insured.
 - i. If the expiring Policy Sum Insured is lower than the Sum Insured opted under this Policy, waiting periods will apply to the amount of proposed increase in Sum Insured only.
 - ii. If the expiring Policy Sum Insured is higher than or equal to the Sum Insured opted under this Policy, then the waiting periods will be reduced by the number of months of continuous coverage under the previous policy.
 - c. All waiting periods, if any shall be applicable individually for each Insured Person.
 - d. Acceptance of the Portability application will be based on the underwriting guidelines of the Company. We may at Our sole discretion restrict the terms on which We may offer the cover.
 - e. There is no obligation on Us to insure all Insured Persons on the proposed terms, even if We have received all the documentation from You.
 - f. In case You opt to port to any other Insurance Company for Renewal, under the Portability provision and the outcome of such Portability request is awaited from the new insurer on the date of Renewal:
 - i. On Your request, We may extend this Policy for a period of not less than one month at an additional premium to be paid on a prorated basis.
 - ii. If a claim is reported during this extension period, You shall be required to first pay the full annual Policy premium. Our liability for the payment of such claim shall commence only once such premium is received.
- iv. **Renewal of Policy** -
- The policy shall ordinarily be renewable except on grounds of fraud, misrepresentation by the insured person.
- i. The Company shall endeavor to give notice for renewal. However, the Company is not under obligation to give any notice for renewal.

- ii. Renewal shall not be denied on the ground that the insured person had made a claim or claims in the preceding policy years.
 - iii. Request for renewal along with requisite premium shall be received by the Company before the end of the policy period.
 - iv. At the end of the policy period, the policy shall terminate and can be renewed within the Grace Period of thirty (30) days to maintain continuity of benefits without break in policy. Coverage is not available during the grace period.
 - v. No loading shall apply on renewals based on individual claims experience.
- v. **Cancellation -**
- a. You may cancel this policy by giving 15days' written notice and in such an event, the Company shall refund premium for the unexpired policy period as detailed below.

Months	1 Year	2 Years	3 Years
1	87%	91%	93%
2	79%	87%	90%
3	71%	83%	87%
4	63%	79%	85%
5	55%	75%	82%
6	63%	71%	79%
7	39%	67%	77%
8	32%	63%	74%
9	24%	59%	71%
10	16%	55%	69%
11	0%	52%	66%
12	0%	48%	63%
13		44%	61%
14		40%	58%
15		36%	56%
16		32%	53%
17		28%	50%
18		32%	48%
19		20%	45%
20		24%	42%
21		12%	40%
22		8%	37%
23		4%	34%
24		0%	32%
25			29%
26			26%
27			24%
28			21%
29			19%
30			21%
31			13%

32			16%
33			8%
34			5%
35			0%
36			0%

Notwithstanding anything contained herein or otherwise, no refunds of premium shall be made in respect of Cancellation where, any claim has been admitted or has been lodged or any benefit has been availed by the insured person under the policy.

- b. The Company may cancel the policy at any time on grounds of misrepresentation non-disclosure of material facts, fraud by the insured person by giving 15 days' written notice. There would be no refund of premium on cancellation on grounds of misrepresentation, non-disclosure of material facts or fraud.

vi. Withdrawal of Policy

- a. In the likelihood of this product being withdrawn in future, the Company will intimate the insured person about the same 90 days prior to expiry of the policy.
- b. Insured Person will have the option to migrate to similar health insurance product available with the Company at the time of renewal with all the accrued continuity benefits such as cumulative bonus, waiver of waiting period. as per IRDAI guidelines, provided the policy has been maintained without a break.

vii. Possibility of Revision of Terms of the Policy Including the Premium Rates

The Company, with prior approval of IRDAI, may revise or modify the terms of the policy including the premium rates. The insured person shall be notified three months before the changes are effected.

viii. Premium Payment in Instalments

If the insured person has opted for Payment of Premium on an instalment basis i.e. Half Yearly, Quarterly or Monthly, as mentioned in the policy Schedule/Certificate of Insurance, the following Conditions shall apply (notwithstanding any terms contrary elsewhere in the policy)

- i. Grace Period of 15 days would be given to pay the instalment premium due for the policy.
- ii. During such grace period, coverage will not be available from the due date of instalment premium till the date of receipt of premium by Company.
- iii. The insured person will get the accrued continuity benefit in respect of the "Waiting Periods", "Specific Waiting Periods" in the event of payment of premium within the stipulated grace Period.
- iv. No interest will be charged If the instalment premium is not paid on due date.
- v. In case of instalment premium due not received within the grace period, the policy will get cancelled.
- vi. In the event of a claim, all subsequent premium instalments shall immediately become due and payable.
- vii. The company has the right to recover and deduct all the pending instalments from the claim amount due under the policy.

If You are opting for Instalment premium payment, then kindly ensure that:

- a. Electronic Clearing Service (ECS) Mandate form is completely filled & signed by You.
- b. The Premium amount which would be auto debited & frequency of instalment is duly filled in the ECS Mandate form.
- c. New ECS Mandate Form is required to be filled in case of any change in the Premium due to change of Sum Insured / age / plan /coverages/revision in premium.
- d. You need to inform us at least 15 days prior to the due date of instalment premium if You wish to discontinue with the ECS facility.
- e. Non-payment of premium on due date as opted by You in the mandate form subject to an additional 15 days of Relaxation Period will lead to termination of the policy.

ix. Moratorium Period

After completion of eight continuous years under the policy no look back to be applied. This period of eight years is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy and subsequently completion of 8 continuous years would be applicable from date of enhancement of sums insured only on the enhanced limits. After the expiry of Moratorium Period no health insurance claim shall be contestable except for proven fraud and permanent exclusions specified in the policy contract. The policies would however be subject to all limits, sub limits, co-payments, deductibles as per the policy contract.

II. What are the Exclusions?

We will not make payment for a claim resulting directly or indirectly from or attributable to any of the following :

A. STANDARD EXCLUSIONS APPLICABLE TO ALL POLICIES

- i. **Breach of Law - Code – Excl10** - Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent.
- ii. **Chemical and Nuclear Exposure** - We will not pay for the treatment costs directly or indirectly caused by or contributed to or arising from Nuclear Weapons/materials, radiations of any kind, contamination by radioactive material, nuclear waste, nuclear fuel or from the combustion of nuclear fuel, chemical or biological Weapons.
- iii. **War** - We will not pay for the treatment related to any condition resulting from, or as a consequence of War, invasion, act of foreign enemy, civil war, public defence, rebellion, revolution, insurrection, military or usurped acts.

B. EXCLUSIONS SPECIFIC TO THE POLICY WHICH CANNOT BE WAIVED

- i. **Pre-Existing Diseases – Code – Excl01 –**
 - a) Expenses related to the treatment of a Pre existing disease (PED) and its direct complications shall be excluded until the expiry of 36 months of continuous coverage after the date of inception of the first policy with insurer.

- b) In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
 - c) If the Insured person is continuously covered without any break as defined under the portability norms of the extant IRDAI (Health Insurance) Regulations, then waiting period for the same would be reduced to the extent of prior coverage.
 - d) Coverage under the policy after the expiry of number of months (as specified in the Policy Schedule) for any pre-existing disease is subject to the same being declared at the time of application and accepted by Insurer.
- ii. Specified Disease / procedure waiting period – Code – Excl02 -- (Named Ailments)**
- a) Expenses related to the treatment of the listed Conditions; surgeries/treatments shall be excluded until the expiry of 24 months of continuous coverage after the date of inception of the first policy with us. This exclusion shall not be applicable for claims arising due to an accident.
 - b) In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
 - c) If any of the specified disease/procedure falls under the waiting period specified for pre-Existing diseases, then the longer of the two waiting periods shall apply.
 - d) The waiting period for listed conditions shall apply even if contracted after the policy or declared and accepted without a specific exclusion.
 - e) If the Insured Person is continuously covered without any break as defined under the applicable norms on portability stipulated by IRDAI, then waiting period for the same would be reduced to the extent of prior coverage.
 - f) List of specific diseases/procedures are available in Annexure 3 –
- iii. 30 - day Waiting Period – Code – Excl03 –**
- a) Expenses related to the treatment of any illness within 30 days from the first policy commencement date shall be excluded except claims arising due to an accident, provided the same are covered.
 - b) This exclusion shall not, however, apply if the Insured Person has Continuous Coverage for more than twelve months.
 - c) The within referred waiting period is made applicable to the enhanced sum insured in the event of granting higher sum insured subsequently.
- iv. Waiting Period for coverage of Internal Congenital Anomaly - We will not pay in respect of Internal Congenital Anomaly within first 24 months from inception of first Policy with Us.**
- v. Waiting Period for Named Mental Illness - We will not pay for any treatment / Hospitalisation for the illnesses mentioned in annexure 3 or any complication arising from the same, during first twenty four (24) months from the inception of first Policy with Us.**
- vi. Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. Code- Excel12**
- vii. Cosmetic or Plastic Surgery – Code – Excl08 - Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) or Cancer or as part of medically necessary treatment to remove a direct and immediate health**

risk to the insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner.

- viii. **Circumcision** - We will not pay for Circumcisions unless necessary for the treatment of a disease or necessitated by an Injury
- ix. **Rest Cure, Rehabilitation and Respite Care – Excl05** - Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:
 - i. 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.
 - ii. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.
- x. **External Congenital anomaly** - We will not cover for screening, counselling and treatment related to External congenital anomalies.
- xi. **Dental Care** - We will not pay for the Dental Treatment and Surgery of any kind, other than arising out of an Accident and subsequently requiring Hospitalisation.
- xii. **Hazardous or Adventure Sports – Code – Excl09** - Expenses related to any treatment necessitated due to participation as a professional in hazardous or adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving.
- xiii. 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 day care procedure. **Code- Excl14**
- xiv. **Unproven Treatments – Code – Excl16** - 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.
- xv. **Eyesight, Hearing Aids & External prosthesis**
 - (a) **Eyesight** - We will not pay for treatment related to routine eyesight checking or hearing tests including optometric therapy.
 - (b) **Hearing Aids** - We will not pay for any cost of hearing aids / Cochlear Implants, Spectacles or Contact Lenses.
 - (c) **External Prosthesis** - We will not pay for any cost related to providing, maintaining and fitting of external and or durable medical/non-medical equipment (as listed in Annexure II – Non Medical Expenses) used for Diagnosis and or treatment, including Continuous Positive Airway Pressure (CPAP), Continuous Ambulatory Peritoneal Dialysis (CAPD) or Infusion Pump, ambulatory devices - walkers, crutches, belts, collars, caps, splints, slings, braces, stockings of any kind, artificial limb and also medical equipment which is subsequently used at home (except when used intra-operatively).

- xvi. **Refractive Error – Code- Excl15** - Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptries.
- xvii. **Change of Gender Treatments – Code – Excl07** - Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex.
- xviii. **Medically Necessary Expenses** - We will not pay for any treatment or part of a treatment that is not reasonable and medically necessary and drugs or treatments which are not supported by a prescription.
- xix. **Non-Medical Expenses** - We will not pay for any Non-medical expenses defined in Annexure-II.
- xx. **Obesity / Weight Control – Code – Excl06** - Expenses related to the surgical treatment of Obesity that does not fulfil all the below conditions -
 - 1. Surgery to be conducted is upon the advice of the Doctor
 - 2. The surgery/Procedure conducted should be supported by clinical protocols
 - 3. The member has to be 18 years of age or older and
 - 4. Body Mass Index (BMI);
 - a) greater than or equal to 40 or
 - b) greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss:
 - i. Obesity-related cardiomyopathy
 - ii. Coronary heart disease
 - iii. Severe Sleep Apnea
 - iv. Uncontrolled Type2 Diabetes
- xxi. **Maternity – Code – Excl18** -
 - i. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy;
 - ii. Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period.
- xxii. **Preventive Vaccinations** - We will not pay for the expenses towards any treatment related to preventive care, vaccination including inoculation and immunizations (except in case of post-bite vaccination treatment) unless certified and recommended by the attending Medical Practitioner as part of in-patient treatment as a direct consequence of an otherwise covered claim.
- xxiii. **Sterility and Infertility – Code – Excl17** - Expenses related to sterility and infertility. This includes :
 - (i) Any type of contraception, sterilization
 - (ii) Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as /VF, ZIFT, GIFT, /CS/
 - (iii) Gestational Surrogacy
 - (iv) Reversal of sterilization
- xxiv. **Self-inflicted injuries or attempted suicide** - We will not pay any expenses for treatment resulting directly or indirectly from self-inflicted Injury or suicide, attempted suicide while sane or insane.

- xxv. Treatment by a Medical Practitioner outside discipline** - We will not pay any expenses for treatment rendered by Persons not registered as Medical Practitioner or from a Medical Practitioner practising outside the discipline that he/she is licensed for.
- xxvi. Time bound Exclusions** - We will not pay for any specific time bound exclusion(s) applied by Us and mentioned in the Schedule and accepted by the Insured Person.
- xxvii. Investigation & Evaluation – Code – Excl04** -
- Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded.
 - Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded.
- xxviii. Excluded Providers: Code- Excl11** - Expenses incurred towards treatment in any hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer and disclosed in its website / notified to the policyholders are not admissible. However, in case of life-threatening situations or following an accident, expenses up to the stage of stabilization are payable but not the complete claim.
- xxix.** Treatments received in health spas, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons. **Code- Excl13**
- xxx. Permanent Exclusions** - We will not pay for any disease which is permanently excluded and specified in the policy schedule with your due consent.

III. Claims Process

Intimation & Assistance – You shall inform Us with following information in writing in case of any occurrence of an event which might give rise to a claim.

- Policy Number
- Name of the insured person in whose relation the claim is being lodged
- Nature of Illness / Injury
- Diagnosis
- Name and Address of the attending Medical Practitioner and Hospital (if admission has taken place)
- Date of Admission / Hospitalisation period
- Any other information, documentation as requested by us

Note - Upon the occurrence of any event, that may give rise to a claim under this Policy, You or Nominee, must notify Us immediately at the call center. In case of planned hospitalisation, notification of the claim must be done at least 48 hours prior to admission while for emergency hospitalisation, it should be done within 24 hours of admission to the hospital or before discharge whichever is earlier.

Cashless Facility

Cashless facility is available only at our network hospitals. Cashless facility can be availed by presenting the health card along with photo identification proof (Voter Card/Driving License/Passport/Pan Card/Aadhar Card etc.)

Network Provider List is available on our website at www.naviinsurance.com

Notification should be done at least within 48 hrs prior to admission for planned hospitalisation and within 24 hrs of admission for emergency hospitalisation. Pre-Authorisation request Form will be sent by the hospital to the Cashless department of TPA.

All authorisation letters (containing information regarding details of sanctioned amount, any specific limitation on the claim, any Co-Payments or Deductibles and non- payable items if applicable) will be issued by the TPA within 3 hours from the receipt of last complete documents.

The validity of the authorisation letter is 15 days from the date of its issuance.

At the time of discharge, the hospital shall forward a final authorisation request. Discharge will be done post receipt of the final authorisation letter by the hospital.

Reimbursement Process

Documents for reimbursement of the claim must be submitted to TPA/ Our office within 15 days from the date of discharge.

Original Documents to be submitted are –

- Claim Form Duly Filled and Signed
- Discharge/Death Summary
- Operation Theatre Notes (if any) / Indoor Case Papers
- Hospital Main Bill along with break up Bill and original receipts
- Investigation reports, X Ray, MRI, CT films, HPE etc.
- Doctors Reference Slips for Investigations/Pharmacy
- Pharmacy Bills
- Copy of attested Death Certificate issued by Hospital and Local Authority (In death cases)
- MLC/FIR Report/Post Mortem Report (if applicable and conducted).
- Details of the implants including the sticker indicating the type as well as invoice towards the cost of implant
- Confirmation from Employer on Insured Person's employment status (Applicable only in Empower benefit)
- Settlement letter from the other insurer who has paid the claim and made deductions with respect to – Copayment / Prosthesis / Non-Medical Expenses (Applicable only in CoPayRent benefit)
- KYC documents (Photo ID proof, Pan Card, Aadhar Card etc.)
- Cancelled cheque for NEFT payment

Note -

1. Notification of any deficiency of documents shall be done by the TPA within 5 working days of receiving claim documents.

First reminder for deficient documents shall be sent within 10 days and second reminder shall be sent within 10 days of first deficiency letter.

In case the deficient documents are not received after 15 days of the final reminder letter, the claim shall be rejected.

2. Claim documents for Pre- & Post hospitalisation should be sent to TPA within 15 days of completion of treatment.
3. Claim shall be settled/rejected within 30 days of the receipt of the last necessary documents or within 45 days in case where we have initiated investigation.
4. In case of delay in the payment beyond the stipulated timelines, We shall be liable to pay interest at a rate of two percent (2%) above the Bank Rate or as per the applicable / extant IRDAI regulation. Such interest shall be paid from the date of receipt of the last relevant and necessary document from the Insured /claimant by insurer till the date of actual payment.
5. The payment will be in Indian Rupees.

TPA Details

For intimation of claim, submission of claim related documents and any claim related query, You can contact TPA assigned as per zone wise and /or as selected by You and which is appearing on your Policy Schedule and Health Card.

Region	TPA Address & Contact Details
WEST DADRA & NAGAR HAVELI DAMAN & DIU GOA GUJARAT MADHYA PRADESH MAHARASHTRA	PARAMOUNT HEALTH SERVICES & INSURANCE TPA PRIVATE LIMITED Plot No. A-442, Road No. 28, MIDC Industrial Area, Wagle Estate, Ram Nagar, Near Vitthal Rukhmani Mandir, Thane (W), Maharashtra 400604 Website - www.paramounttpa.com IRDAI Reg No: 006 Email - navigi@paramounttpa.com Toll Free - 1800 2256 01
SOUTH ANDAMAN & NICOBAR ISLANDS ANDHRA PRADESH KARNATAKA KERALA LAKSHADWEEP TAMIL NADU TELANGANA PUDUCHERRY	FAMILY HEALTH PLAN INSURANCE TPA LIMITED No:8-2-269/A/2-1 To 6, 2nd Floor, Srinilaya Cyber Spazio, Road No.2, Banjara Hills, Hyderabad, Telangana – 500034 Website - www.fhpl.net IRDAI Reg No: 013 Email - navigi@fhpl.net Toll Free - 1800 599 2488
EAST & NORTH ARUNACHAL PRADESH ASSAM BIHAR CHHATTISGARH JHARKHAND MANIPUR MEGHALAYA MIZORAM NAGALAND ODISHA SIKKIM TRIPURA WEST BENGAL CHANDIGARH DELHI HARYANA HIMACHAL PRADESH JAMMU & KASHMIR PUNJAB RAJASTHAN UTTAR PRADESH UTTARAKHAND	RAKSHA HEALTH INSURANCE TPA PRIVATE LIMITED C/O Escorts Corporate Centre, 15/5, Mathura Road, Faridabad - 121003 Haryana Website - www.rakshatpa.com IRDAI Reg No: 015 Email - navigi@rakshatpa.com Toll Free - 1800 180 1555

IV. How can I buy the Policy?

Step 1: Please read and understand the coverages, deductible, exclusions and premium details before buying the Product.

Step 2: If the terms / conditions of the product are agreeable, fill the Proposal Form wherein details of the prospective Insured persons including medical information must be provided as accurately as possible.

Step 3: Based on the above information, we will process your proposal for Insurance and a Policy kit containing the Policy Schedule, Policy Wordings and associated documents will be sent to you.

In case we are unable to underwrite i.e. if the Proposal is rejected, we will intimate the same to you promptly.

V. Grievance Redressal Procedure

At Navi General Insurance, we want your relationship with insurance to soar beyond what you've experienced yet. To understand, appreciate, and enjoy insurance—we're here for you. However, if You aren't satisfied—please feel free to connect with us on the following channels.

- a. Call Us on Our Toll Free 1800-123-0004 for any queries that You may have!
- b. Email Your Policy related queries to insurance.help@navi.com
- c. For Senior Citizens, we have a special cell and Our Senior Citizen customers can email Us at seniorcare@navi.com for priority resolution
- d. Please walk in to any of Our branches or partner locations
- e. You can also dispatch Your letters to Us at:

Navi General Insurance Limited

Salarpuria Business Centre,
4th B Cross Road, 5th Block,
Koramangala Industrial Layout,
Bengaluru, Karnataka – 560095

We request You to please mention Your complete details: Full Name, Policy Number and Contact Details in all Your communications, to enable Our customer experience expert to connect with You and provide You with the quickest possible solution.

We'll make sure to acknowledge Your service request within 3 working days—and try and resolve it to Your satisfaction within 15 working days. That's a promise!

Escalation

Level – 1:

While We attempt to give You best-in-class and prompt resolution for any concerns—sometimes it may not be perfect. If You felt that You weren't offered a perfect resolution, please feel free to share Your feedback to Our Customer Experience team at Manager.CustomerExperience@navi.com

Level – 2:

If You still are not happy about the resolution provided then You may write to Our Head Customer Experience and Grievance Redressal Officer at Head.CustomerExperience@navi.com.

Level 3

If you are not happy with the resolution, you may approach IRDAI by calling on the Toll-Free no. 155255 (or) 1800 4254 732. You can also register an online complaint on the website <http://igms.irda.gov.in>.

If your concern still remains unresolved after having followed the above three escalation procedures, then you may please approach the Insurance Ombudsman for Redressal. To know who your Insurance Ombudsman is, please refer to Our website at www.naviinsurance.com.

Disclaimer:

This is only a summary of the product features. The actual benefits shall be described in the policy, and will be subject to the policy terms, conditions and exclusions.

For more details on risk factors, terms and conditions, read the sales brochure carefully before concluding a sale.

IRDA Regulation No. 17

This Policy is subject to regulation 17 of IRDAI (Protection of Policyholder's Interests) Regulation 2017 or any amendment thereof from time to time.

Prohibition of Rebates: Section 41 of the Insurance Act, 1938 (and amendments thereof)

- 1) No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out 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 premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the prospectus or tables of the insurers.
- 2) Any person making default in complying with the provisions of this section shall be liable for penalty which may extend to ten lakh rupees.

Annexure – 1 (a) - How Your Coverages Work?

This Policy provides coverage(s) for the events described below and occurring during the policy year only if the aggregate of covered medical expenses exceed the Deductible. Assessment of all the claims including those falling within the deductible shall be as per the terms and conditions of this Policy. Our maximum liability will be limited to the Sum Insured opted by You and each coverage is subject to the terms, conditions and exclusions of this Policy.

1. In Patient Hospitalisation –

Policy covers following medical expenses incurred for in-patient hospitalisation (minimum 24 hrs.) due to an illness/disease/injury -

- a. Room Rent and Nursing charges;
- b. Intensive Care Unit (ICU) charges;
- c. Operation Theatre charges;
- d. Fees of Medical Practitioner/ Surgeon / Anaesthetist / Specialists;
- e. Physiotherapy, Investigation & Diagnostic procedures;
- f. Medicines, Drugs and Consumables;
- g. Blood, Oxygen, Surgical appliances;
- h. The cost of prosthetic and other devices or equipment recommended by the attending Medical Practitioner and if implanted internally during a Surgical Procedure.

Mental Illness:

We will cover Mental Illness as per the provisions of Mental Healthcare Act, 2017. However, in case of following mental illnesses the Inpatient Hospitalization will be restricted to Policy Sum Insured or 3 lacs, whichever is Lower;

1. Schizophrenia (ICD - F20 ; F21;F25)
1. Bipolar Affective Disorders (ICD - F31; F34)
2. Depression (ICD - F32; F33)
3. Obsessive Compulsive Disorders (ICD - F42 ; F60.5)
4. Psychosis (ICD - F 22 ; F23 ; F28 ; F29)

HIV & AIDS

We will cover upto the Sum Insured in case Inpatient hospitalization (including Day Care Treatment) for the treatment arising out of HIV or any condition caused by or associated with Acquired Immuno-Deficiency Syndrome (AIDS).

2. Day Care Treatment

Medical Expenses incurred for a day care procedure/ treatment/ surgery as an Inpatient requiring less than 24 hours of hospitalisation due to advancement in medical science. Any treatment in an Out-Patient Department (OPD) is not covered. The list of Day Care Treatments/Procedures is available as an Annexure to the Policy and on our website.

3. Pre-Hospitalisation

Pre-hospitalisation Medical Expenses incurred immediately before the Insured Person's hospitalisation up to 30 days. Claim under In-Patient hospitalisation or Day Care Treatment must be admissible.

4. Post Hospitalisation

Post-Hospitalisation Medical Expenses incurred immediately after the Insured Person's discharge from the hospital up to 60 days. Claim under In-Patient hospitalisation or Day Care Treatment must be admissible.

5. Domiciliary Hospitalisation

Domiciliary Hospitalisation i.e. treatment at home (including pre and post Hospitalisation medical expenses) if medical treatment is continuously required for at least three (3) days, in which case the cost of medical treatment for the entire period shall be payable subject to:

- (i) Your condition is such that you are not in a condition to be removed to a Hospital, or
- (ii) You take required treatment at home on account of non-availability of room in a Hospital.

6. Organ Donor Expenses

Surgical Expenses incurred towards donor in case of major organ transplant for harvesting of the organ for the use of the Insured person.

Policy does not provide cover for Pre-Post hospitalization expenses towards the donor, cost towards donor screening, cost directly or indirectly associated with the acquisition of the organ or any other medical treatment for the donor consequent to the harvesting.

7. AYUSH

Medical expenses incurred for in-patient hospitalisation for the treatment taken under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homoeopathy in a government hospital, teaching hospitals of AYUSH colleges and AYUSH hospitals recognised by a government authority upto the sum insured.

8. ReCover

If the Policy Sum Insured is exhausted due to claims paid during the Policy Year, then We will reinstate the amount equivalent to the Deductible amount opted or sum insured whichever is less, for the Policy Year provided that,

- a. *The reinstated amount will only be applicable for In-Patient Hospitalisation .*
- b. *Reinstated amount can only be used for all future claims within the same policy year, not related to the illness/injury for which a claim has been paid in that policy year. It will also not applicable to the claims related to relapse of same illness / injury within 45 days.*
- c. *This reinstatement will be done only once during the Policy Year.*
- d. *For claims related to Cancer and Chronic Kidney Disease requiring regular dialysis, this coverage will be applicable only once during the lifetime of the Insured Person.*
- e. *For Family Floater Policies, the reinstated sum insured will be available on a floater basis for all the Insured Persons in the Family.*
- f. *The unutilized reinstated sum insured cannot be carried forward to any subsequent Policy Year.*
- g. *During a Policy Year, the aggregate of all claims payable under the Policy, shall not exceed the sum of:*
 - 1. *Sum Insured*
 - 2. *Reinstated Sum Insured*

A detailed illustration is available in Annexure 1 (b).

9. EmPower

If You lose your job due to any Chronic Illness or Injury / critical illness/ disability which makes you unfit to pursue the job, then during the period of unemployment, we will cover your medically necessary treatment for Inpatient hospitalisation upto the deductible amount opted or sum insured whichever is less, only once during the policy year, provided that -

- a. The Loss of Job occurs after a waiting period of 6 (Six) months after the Policy Inception date and during the Policy Period.
- b. This coverage is applicable only for a maximum period of 3 (Three) consecutive months from the date of Loss of Job, and
- c. Mandatory Co-payment & Deductible shall not be applied under this coverage.
- d. Claim amount paid under this coverage will not be considered for deductible.

A detailed illustration is available in Annexure 1 (b).

10. CoPayRent

If a claim for Inpatient hospitalization is paid or admissible for the Insured Person, under Indemnity Health Insurance Policy from us or any other Non-Life Insurance Company/Health Insurance Company registered with the Authority , then we will cover the following medically expenses not paid under such in-patient hospitalisation claim, upto the deductible amount or sum insured whichever is less.

- a. Co-payment
- b. Non-Medical Expenses
- c. Prosthesis

Claim amount under this coverage will not be considered for deductible.

11. Mandatory Co Payment

If the entry age of the Insured Person at the first inception of policy with Us is 61 years or above, the Co-Payment on each and every claim will be applicable on the admissible claim amount as per the below grid on.

Age at Entry	Co-Payment
61-79 years	10%
80 Years and above	20%

OPTIONAL COVERAGES

Optional Coverage(s) shall be available subject to (a) the terms, conditions and exclusions to this Policy (b) the receipt of premium.

1. Daily Cash Allowance

Policy provides fixed cash amount for each day of hospitalisation. Benefit will be twice the daily cash amount if the hospitalisation is in an Intensive Care Unit. Our maximum liability will be limited to 5 days for each hospitalisation and 30 days during a Policy Year.

Note –

- a. Claim must be admissible under Section - In-Patient hospitalisation.
- b. Mandatory Co-Payment shall not be applicable under this benefit.

2. Waiver of Mandatory Co-Payment

Mandatory Co Payment stands deleted.

3. Reduction in Named Ailments Waiting Period

24 months Waiting Period for Named ailments stands reduced to 12 months for all Insured Persons covered under this Policy.

4. Reduction in Pre-Existing Disease Waiting Period

36 months Waiting Period for “Pre-existing Disease / Conditions” stands reduced to 24 months for all Insured Persons covered under this Policy.

5. Extension in Pre- Hospitalization Period

30 days Period for Pre-Hospitalization Medical Expenses stands extended to 60 days for all Insured Persons covered under this Policy.

6. Extension in Post Hospitalization Period

60 days Period for Post-Hospitalization Medical Expenses stands extended to 90 days for all Insured Persons covered under this Policy.

7. Room Rent Sublimit

Room rent under Inpatient Hospitalization stand limited to the opted Room Rent capping for all Insured persons covered under this policy.

Please be informed that If the Insured Person is admitted in the Hospital room where the Room Rent is higher than the opted amount, then we will proportionately deduct “Associate Medical Expenses”.

[Associate Medical Expenses](#) include medical expenses related to Nursing Charges, Operation Theatre Charges, Fees of Medical practitioner/ surgeon/ anaesthetist/ specialist and Physiotherapy charges.

Annexure 1 (b) - Illustrations

1. How Aggregate Deductible will work

Shanti has a Navi Health Super Top Up Policy with Deductible of ₹ 3,00,000 & Sum Insured ₹ 5,00,000. Let's see the payout in various situations.

	Description of Case	How the Claim payment will be considered								
<p>Admissible Expenses means the amount payable under the policy as per the terms and conditions of this policy.</p>										
Case 1	<p>Shanti is hospitalised during the policy period.</p> <p>Inpatient Hospitalisation = Rs 3 Lakhs Pre / Post expenses = Rs 1 Lakh</p> <p>Total incurred expenses – Rs 4 Lakhs</p>	<p>Scenario 1: Admissible expenses is Rs 2.50 Lakhs, which is within the Deductible. So, nothing is payable under the policy.</p> <p>Scenario 2: Admissible expenses is Rs.3.50 Lakhs, which has exceeded the Deductible by Rs 50,000, so the amount payable under the policy is Rs 50,000/-.</p>								
Case 2	<p>Shanti has been hospitalised twice during the policy period.</p> <p><u>Hospitalisation # 1</u> Inpatient Hospitalisation = Rs 2 Lakhs Pre & post Hospitalisation = Rs 1 Lakh Total Expenses Incurred = Rs 3 Lakhs</p> <p><u>Hospitalisation # 2</u> Inpatient Hospitalisation = Rs 1.75 Lakhs Pre & post expenses = Rs 50,000 Total Expenses Incurred = Rs 2.25 Lakhs</p>	<p>Admissible expenses of the two hospitalisations are as under;</p> <table border="1"> <thead> <tr> <th>Claim</th> <th>Admissible Expenses</th> </tr> </thead> <tbody> <tr> <td>Hospitalisation # 1</td> <td>Rs 2.30 Lakhs</td> </tr> <tr> <td>Hospitalisation # 2</td> <td>Rs 1.90 Lakhs</td> </tr> <tr> <td>Total</td> <td>Rs 4.20 Lakhs</td> </tr> </tbody> </table> <p>No claim will be payable after first hospitalisation as admissible expenses is within the deductible limit. Subsequent to second hospitalisation during the policy period, since, total admissible expenses under both the claims = 4.20 Lakhs, which has exceeded the Deductible by Rs 1.20 Lakh, so the amount payable under the policy after second hospitalisation is Rs 1.20 Lakh.</p>	Claim	Admissible Expenses	Hospitalisation # 1	Rs 2.30 Lakhs	Hospitalisation # 2	Rs 1.90 Lakhs	Total	Rs 4.20 Lakhs
Claim	Admissible Expenses									
Hospitalisation # 1	Rs 2.30 Lakhs									
Hospitalisation # 2	Rs 1.90 Lakhs									
Total	Rs 4.20 Lakhs									
Case 3	<p>Shanti is hospitalised during the policy period.</p> <p>Inpatient Hospitalisation = Rs 8.50 lakhs Pre / Post expenses = Rs 1 Lakh</p> <p>Total incurred expenses – Rs 9.50 Lakhs</p>	<p>Admissible expenses = Rs 8.30 lakhs Deductible = Rs 3 Lakhs Amount after applying deductible = Rs 5.30 Lakhs Sum Insured = Rs 5 Lakhs Payable Amount = Rs 5 Lakhs</p> <p>Expenses after considering the Deductible, is Rs 5.30 Lakhs, which is greater than the Sum Insured (Rs 5 Lakhs). Hence, amount payable in this case under the policy is Rs 5 Lakhs only and not Rs 5.30 Lakhs.</p>								
Case 4	<p>Shanti has undergone multiple hospitalisation under the policy.</p>	<p>Hospitalisation # 1 relates to Maternity and is not admissible since it is not covered in this policy.</p>								

Navi Health Super Top Up | UIN: NAVHLIP22061V032122

Navi General Insurance Limited

Registered Office: Salarpuria Business Centre, 4th Floor, 93, 5th A Block, Koramangala Industrial Layout, Bengaluru, Karnataka – 560095

Toll-free number: 1800 123 0004 | Website: www.naviinsurance.com | Email: insurance.help@navi.com

CIN: U66000KA2016PLC148551 | IRDAI Registration Number: 155

<p><u>Hospitalisation # 1 = Maternity</u> Inpatient Hospitalisation for Maternity = Rs 4.50 Lakhs Pre & post Hospitalisation = Rs 1 Lakh Total Expenses Incurred = Rs 5.50 Lakhs</p> <p><u>Hospitalisation # 2 = Gastroenteritis</u> Inpatient Hospitalisation = Rs 1.75 Lakhs Pre & post hospitalisation = Rs 0.65 Lakhs Total incurred expenses = Rs 2.40 Lakhs</p> <p><u>Hospitalisation # 3 = Injury</u> Inpatient Hospitalisation = Rs 1.75 Lakhs Pre & post hospitalisation = Rs 0.75 Lakhs Total incurred expenses = Rs 2.50 Lakhs</p>	<p>In Hospitalisation # 2 admissible amount is Rs.2.1 Lakhs which has not exceeded the Deductible; hence nothing is payable.</p> <p>Hospitalisation # 3 – Admissible amount is Rs.2.2 Lakhs.</p> <table border="1" style="width: 100%;"> <thead> <tr> <th>Claim</th> <th>Admissible Expenses</th> </tr> </thead> <tbody> <tr> <td>Hospitalisation # 1</td> <td>Not Payable. Hence Nil</td> </tr> <tr> <td>Hospitalisation # 2</td> <td>Rs 2.10 Lakhs</td> </tr> <tr> <td>Hospitalisation # 3</td> <td>Rs 2.20 Lakhs</td> </tr> <tr> <td>Total</td> <td>Rs 4.30 Lakhs</td> </tr> </tbody> </table> <p>Aggregate of all claims is Rs 4.30 Lakhs, which has exceeded the Deductible by Rs 1.30 Lakhs. Hence, the amount payable under the policy is Rs 1.30 Lakhs after hospitalisation # 3.</p>	Claim	Admissible Expenses	Hospitalisation # 1	Not Payable. Hence Nil	Hospitalisation # 2	Rs 2.10 Lakhs	Hospitalisation # 3	Rs 2.20 Lakhs	Total	Rs 4.30 Lakhs
Claim	Admissible Expenses										
Hospitalisation # 1	Not Payable. Hence Nil										
Hospitalisation # 2	Rs 2.10 Lakhs										
Hospitalisation # 3	Rs 2.20 Lakhs										
Total	Rs 4.30 Lakhs										

2. Recover

Anil has a base policy of ₹ 5,00,000. He has Navi Health Super top up policy of ₹ 5,00,000 with ₹ 5,00,000 deductible. Let's see how ReCover coverage will trigger.

	Claim Amount (₹)	Out of Pocket Or Base Policy will Pay (₹)	Whether Deductible will trigger ?	Navi Health Super Top will pay (₹)	Whether ReCover will Trigger ? Why ?
<u>Claim 1</u> Accident	3,50,000	3,50,000	No	0	No
<u>Claim 2</u> Heart Attack	2,00,000	1,50,000	Yes. Aggregate Claims of Anil have crossed ₹ 5,00,000	50,000	No
<u>Claim 3</u> Cancer	5,00,000	0		4,50,000	No, for same illness ReCover will not trigger
<u>Claim 4</u> Multiple Sclerosis	3,00,000	0		3,00,000	Yes, this claim was not made previously.
Total Paid	13,50,000	5,00,000		8,00,000	

3. EmPower

Anil has a base policy of ₹ 5,00,000 from his employer. He has Navi Health Super top up policy of ₹ 5,00,000 with ₹ 5,00,000 deductible effective from 01.04.2019. Let's see how EmPower coverage will trigger.

Claim Details		Claim Amount (₹)	Out of Pocket Or Base Policy will Pay (₹)	Whether Deductible will trigger ? Why	Navi Health Super Top will pay (₹)	Whether EmPower will Trigger ? Why ?
Claim 1 Accident		3,50,000	3,50,000	No	0	No
Retrenchment by Employer / Layoff by Employer / Loss of Job due to Critical Illness / Disability						
Claim 2 – Heart Attack	Loss of Job – 25.06.2019 Claim for Heart Attack in the month of July, 2019	2,00,000	0	No. Deductible will be waived off due to his unemployment.	0	No. Empower will not trigger as the loss of job is within the waiting period of 6 months from the policy inception date.
	Loss of Job – 25.10.2019 Claim for Heart Attack in the month of Nov, 2019	2,00,000	0	No. Deductible will be waived off due to his unemployment.	2,00,000	Yes. Anil is unemployed and doesn't have Base Policy to cover his medical expenses.
Total Paid		5,50,000	3,50,000		2,00,000	

Annexure 2 – Rate Chart

Pre Tax Rates (in Rs)

Deductible	200000				300000				
	300000	500000	800000	1000000	300000	500000	700000	1000000	1200000
91D-17Y	952	1,237	1,313	1,523	809	1,094	1,226	1,335	1,429
18-25	1,058	1,375	1,460	1,692	899	1,216	1,363	1,484	1,588
26-30	1,077	1,400	1,487	1,724	916	1,239	1,388	1,511	1,617
31-35	1,204	1,565	1,662	1,927	1,024	1,385	1,552	1,689	1,808
36-40	1,204	1,565	1,662	1,927	1,024	1,385	1,552	1,689	1,808
41-45	1,389	1,806	1,917	2,223	1,181	1,598	1,790	1,949	2,086
46-50	1,910	2,483	2,635	3,055	1,623	2,196	2,461	2,679	2,867
51-55	2,428	3,156	3,351	3,885	2,064	2,792	3,128	3,406	3,645
56-60	2,935	3,815	4,050	4,696	2,495	3,375	3,782	4,117	4,406
61-65	4,936	6,417	6,811	7,897	4,195	5,676	6,360	6,925	7,410
66-70	6,219	8,084	8,582	9,950	5,286	7,152	8,013	8,725	9,336
>70	8,422	10,949	11,623	13,475	7,159	9,686	10,852	11,816	12,643

Deductible	400000				500000				
	300000	500000	600000	1100000	500000	700000	1000000	1500000	2000000
91D-17Y	476	821	856	1,051	766	919	1,111	1,532	1,647
18-25	529	912	952	1,169	851	1,022	1,235	1,703	1,831
26-30	539	929	970	1,190	867	1,041	1,257	1,734	1,864
31-35	602	1,039	1,084	1,331	969	1,163	1,406	1,939	2,084
36-40	602	1,039	1,084	1,331	969	1,163	1,406	1,939	2,084
41-45	695	1,198	1,250	1,535	1,118	1,342	1,622	2,237	2,405
46-50	955	1,647	1,719	2,110	1,537	1,845	2,229	3,075	3,305
51-55	1,214	2,094	2,185	2,683	1,954	2,345	2,834	3,909	4,202
56-60	1,467	2,531	2,641	3,243	2,362	2,835	3,426	4,725	5,079
61-65	2,468	4,257	4,442	5,454	3,973	4,768	5,761	7,947	8,543
66-70	3,109	5,364	5,597	6,872	5,006	6,007	7,259	10,012	10,763
>70	4,211	7,264	7,580	9,307	6,780	8,136	9,831	13,560	14,577

Deductible	1000000					2000000					
	500000	1000000	1500000	2000000	5000000	500000	1000000	2000000	3000000	5000000	10000000
91D-17Y	498	672	871	1046	1176	457	571	771	800	855	1143
18-25	553	747	968	1162	1307	508	635	857	889	950	1270
26-30	564	761	986	1184	1332	517	647	873	906	967	1294
31-35	630	851	1103	1323	1489	578	723	976	1012	1081	1446
36-40	630	851	1103	1323	1489	578	723	976	1012	1081	1446
41-45	727	981	1272	1527	1718	667	834	1126	1168	1248	1668
46-50	999	1349	1749	2098	2361	917	1147	1548	1605	1715	2293
51-55	1270	1715	2223	2668	3001	1166	1458	1968	2041	2180	2916
56-60	1536	2073	2687	3225	3628	1410	1762	2379	2467	2635	3524
61-65	2583	3487	4520	5424	6102	2371	2964	4001	4149	4432	5927
66-70	3254	4393	5694	6833	7687	2987	3734	5041	5227	5584	7468
>70	4407	5949	7712	9255	10411	4046	5057	6827	7080	7563	10114

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CIN: U66000KA2016PLC148551 | IRDAI Registration Number: 155

Optional Covers

1) Daily Cash Allowance:

Age Band	2000	3000	5000
91D-17Y	422	632	1,054
18-25	482	723	1,205
26-30	512	768	1,280
31-35	542	813	1,355
36-40	602	904	1,506
41-45	723	1,084	1,807
46-50	904	1,355	2,259
51-55	1,024	1,536	2,560
56-60	1,566	2,349	3,915
61-65	2,168	3,253	5,421
66-70	2,650	3,975	6,626
>70	3,614	5,421	9,035

2) Reduction in Named Illness Waiting Period – Loading on Base Premium as below

Age Band	1 year
91D-17Y	0.5%
18-25	1.0%
26-30	2.0%
31-35	3.0%
36-40	5.0%
41-45	5.0%
46-50	7.5%
51-55	7.5%
56-60	10.0%
61-65	10.0%
66-70	10.0%
>70	8.0%

3) Reduction in Pre-Existing Waiting Period – Loading on Base Premium as below

Age Band	2 years
91D-17Y	2.0%
18-25	5.0%
26-30	7.5%
31-35	10.0%
36-40	12.0%
41-45	12.0%
46-50	15.0%
51-55	18.0%
56-60	20.0%
61-65	20.0%
66-70	20.0%
>70	20.0%

4) **Waiver of Mandatory Co-Pay – Loading on Base Premium**

Age	Loading
61-79 years	15%
80 and above	30%

5) **Extension in Pre-Hospitalization Period – 2% loading on Base Premium**

6) **Extension in Post Hospitalization Period – 2% loading on Base Premium**

7) **Room Rent Sublimit – Discount on Base Premium**

Room Rent	Discount
INR 3000	5%
INR 7000	1%

Discounts & Loadings Offered

1) **Family Floater:** Following will be the premium of members in the Floater policy.

Family Floater A - 2 Adults + Dependent Children

Premium of Self	Premium calculation as per highest age of family member
Premium of Spouse	60% of Self Premium
Premium of Child	25% of Self Premium

Family Floater B - Parents + Parent in laws

Premium of Eldest Member	Premium calculation as per highest age of family member
Premium for Other Members	60% of Self Premium for each member

NOTE – Family Floater A & B are two separate independent policy. The sum insured for each floater policy shall be separate.

2) **Long-Term Policy Discount:**

Term	Discount
1	0%
2	8%
3	15%

- For a term of 2 years – a discount of 8% will be applicable on 2nd year premium
- For a term of 3 years – a discount of 15% will be applicable on 3rd year premium and 8% on 2nd year premium

3) **Premium Payment Term Loading:**

Mode/Term	1 year	2 years	3 years
Annual	0%	0%	0%
Half – Yearly	2%	4%	6%
Quarterly	4%	6%	8%
Monthly	6%	8%	10%

4) **Navi Duniya Discount (Loyalty Discount): 5%**

Annexure 3

Named Ailments

S. No.	Organ / Organ Systems	Illness / Surgeries
1.	Ear Nose Throat (ENT)	<ul style="list-style-type: none"> a. Sinusitis b. Chronic Suppurative Otitis Media (CSOM) c. Tonsillectomy d. Adenoidectomy e. Mastoidectomy f. Tympanoplasty g. Surgery for Deviated Nasal Septum h. Surgery for turbinate/Concha i. Any other benign ear, nose and throat disorder or surgery
2.	Eye	<ul style="list-style-type: none"> a. Cataract b. Surgical Management of Glaucoma c. Retinopathy
3.	Gastrointestinal	<ul style="list-style-type: none"> a. Calculus Diseases of Gall Bladder including Cholecystectomy b. All types of Surgery of Hernia c. Fissure/Fistula in anus, Hemorrhoids, Pilonidal Sinus d. Ulcer of Stomach & Duodenum e. Gastroesophageal Reflux Disorder (GRD) f. Perianal / Perineal Abscess g. Rectal Prolapse
4.	Gynaecological	<ul style="list-style-type: none"> a. Cysts, polyps b. Any type of Breast lumps (unless malignant) c. Polycystic Ovarian Disease (PCOD) d. Fibroids (Fibromyoma) e. Myomectomy for fibroids f. Prolapse of Uterus unless necessitated by malignancy g. Adenomyosis h. Endometriosis i. Menorrhagia and Dysfunctional Uterine Bleeding (DUB) j. Dilatation & Curettage (D & C) k. Hysterectomy unless due to malignancy
5.	Orthopaedic	<ul style="list-style-type: none"> a. Non-Infectious Arthritis b. Gout and Rheumatism c. Osteoarthritis and Osteoporosis d. Ligament, Tendon & Meniscal Tear (other than caused by Accident) e. Spondylitis/Spondylosis/Spondylolisthesis f. Surgery for Prolapsed intervertebral disc (other than caused by Accident) g. Joint Replacement Surgeries (other than caused by Accident)

6.	Urogenital	<ul style="list-style-type: none"> a. Calculus of Urinary system (Kidney Stone/Urinary Bladder/Ureteric Stone) b. Any surgery of the genitourinary system unless necessitated by malignancy. c. Benign Hyperplasia of Prostate d. Surgery for Hydrocele/Rectocele
7.	Others	<ul style="list-style-type: none"> a. Varicose veins and Varicose ulcers
8.	General (Applicable to organ systems/organs/disciplines whether or not described above)	<ul style="list-style-type: none"> a. Any type of cysts / Nodules / Polyps / Internal tumours / Skin tumours / Lump, growth.

Named Mental Illnesses

S. No.	Organ / Organ Systems	Illness / Surgeries
1.	Mental Disorders	<ul style="list-style-type: none"> a. Schizophrenia (ICD - F20 ; F21;F25) a. Bipolar Affective Disorders (ICD - F31; F34) b. Depression (ICD - F32; F33) c. Obsessive Compulsive Disorders (ICD - F42 ; F60.5) b. Psychosis (ICD - F 22 ; F23 ; F28 ; F29)

Family Floater Benefit Illustration

Office Premium Illustration (excluding GST) with Rs. 2,00,000/- deductible										
Age of the members insured	Coverage opted on Individual basis covering each member of the family separately (at a single point in time)		Coverage opted on Individual basis covering multiple members of the family under a single policy (Sum Insured is available for each member of the family)				Coverage opted on family floater basis with overall Sum Insured (Only one Sum Insured is available for the entire family)			
	Premium (Rs.)	Sum insured (Rs)	Premium (Rs.)	Discount, if any	Premium after discount	Sum insured (Rs)	Premium or consolidated premium for all members of family	Floater discount, if any	Premium after discount	Sum insured (Rs)
Family 1										
31	1,565	5 Lakhs	1,565	0%	1,565	5 Lakhs	4695	40% for 2 nd adult and 75% for Child on premium for highest age of family member	2895	5 Lakhs
28	1,400	5 Lakhs	1,400		1,400	5 Lakhs				
5	1,237	5 Lakhs	1,237		1,237	5 Lakhs				
TOTAL	Total Premium for all members of family is Rs 4,202 when each member is covered separately. Sum Insured available for each individual is Rs. 5 Lakhs		Total Premium for all members of family is Rs 4,202 when they are covered under single policy. Sum Insured available for each family member is Rs. 5 Lakhs				Total Premium when policy is opted on floater basis is Rs 2,895 Sum Insured of Rs. 5 Lakhs is available for the entire family			
Family 2										
53	3,156	5 Lakhs	3,156	0%	3,156	5 Lakhs	6,312	40% for 2 nd adult on premium for highest age of family member	5,050	5 Lakhs
48	2,483	5 Lakhs	2,483		2,483	5 Lakhs				
TOTAL	Total Premium for all members of family is Rs 5,639 when each member is covered separately. Sum Insured available for each individual is Rs. 5 Lakhs		Total Premium for all members of family is Rs 5,639 when they are covered under single policy. Sum Insured available for each family member is Rs. 5 Lakhs				Total Premium when policy is opted on floater basis is Rs 5,050 Sum Insured of Rs. 5 Lakhs is available for the entire family			

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Age of the members insured	Coverage opted on Individual basis covering each member of the family separately (at a single point in time)		Coverage opted on Individual basis covering multiple members of the family under a single policy (Sum Insured is available for each member of the family)				Coverage opted on family floater basis with overall Sum Insured (Only one Sum Insured is available for the entire family)			
	Premium (Rs.)	Sum insured (Rs)	Premium (Rs.)	Discount, if any	Premium after discount	Sum insured (Rs)	Premium or consolidated premium for all members of family	Floater discount, if any	Premium after discount	Sum insured (Rs)
67	8,084	5 Lakhs	8,084	0%	8,084	5 Lakhs	16,168	2 nd adult on premium for highest age of family member	12,934	5 Lakhs
63	6,417	5 Lakhs	6,417		6,417	5 Lakhs				
Total Premium for all members of family is Rs. 14,501 when each member is covered separately. Sum Insured available for each individual is Rs. 5 Lakhs		Total Premium for all members of family is Rs. 14,501 when they are covered under single policy. Sum Insured available for each family member is Rs. 5 Lakhs				Total Premium when policy is opted on floater basis is Rs. 12,934 Sum Insured of Rs. 5 Lakhs is available for the entire family				