COCOCure - PROSPECTUS

I. ELIGIBILITY

A) AGE

Minimum Entry Age (Child): 91 days
Minimum Entry Age (Adult): 18 years
Maximum Entry Age: No limit on age for the Sum Insured of ₹ 2 Lac; For all other Sum Insured, the maximum entry age is limited to 70 years.
Children aged 91 days to 5 years can be covered with at least one parent covered with Us.
Renewable (Adult): Lifetime.
Renewable (Dependent Child): Up to 30 Years.

B) COVER TYPE

The Policy can be opted on an Individual basis or Family Floater basis.

Family Floater – One Family will share a single Sum Insured. A Family Floater policy can cover Self, legal spouse, 3 dependent children, Parents/Parents-in-Law.

Non-Floater – Each Insured Person under the Policy will have a separate Sum Insured.

C) POLICY TENURE

This policy will be available for 1/2/3 years.

II. FEATURES

This Policy offers following benefits up to the applicable Sum Insured for each benefit.

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

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If You are admitted in a room where the *Room Rent* is higher than the limit opted as specified in the Policy Schedule 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.

Modern Treatment Methods

The following procedures will be covered (wherever medically indicated) either as in patient or as part of day care treatment in a hospital up to the Sum Insured, specified in the policy schedule, during the policy period:

A. Uterine Artery Embolization and HIFU (High intensity focused ultrasound)
B. Balloon Sinuplasty
C. Deep Brain stimulation
D. Oral chemotherapy
E. Immunotherapy - Monoclonal Antibody to be given as injection
F. Intra vitreal injections
G. Robotic surgeries
H. Stereotactic radio surgeries
I. Bronchical Thermoplasty
J. Vaporisation of the prostrate (Green laser treatment or holmium laser treatment)
K. IONM - (Intra Operative Neuro Monitoring)
L. Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditions to be covered.

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 benefit will be restricted to Policy Sum Insured or 3 lacs, whichever is Lower;

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

Extra Care Cover:

You are exposed to various seasonal ailments especially during rainy season and policy provides extra protection during such times.

In case Hospitalisation is due to following Illnesses, then your sum insured remains intact up to Hospitalisation expenses of ₹ 20,000/- during the Policy Year.

1. Dengue
2. Chikungunya
3. Malaria
4. Leptospirosis
5. Japanese Encephalitis
6. Swine Flu

If admissible claim amount exceeds ₹ 20,000/- then only the amount in excess of ₹ 20,000/- will be reduced from the Sum Insured during a Policy Year.

We however will not pay for first 15 days from inception of the first Policy with Us.

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 90 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 180 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) the condition of the patient is such that he/she is not in a condition to be removed to a Hospital, or
(ii) the patient takes 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) Emergency Road Ambulance/Repatriation of Mortal Remains (RMR)/Funeral Expenses

Expenses incurred towards transportation by an ambulance for treatment in a hospital in case of an emergency, shifting to another hospital for super speciality treatment and also when ambulance service required for shifting to home after discharge from the hospital. The necessity of an ambulance must be certified by the treating Medical Practitioner.

Policy also covers for the following expenses if the Person dies in the Hospital during the course of Hospitalisation.

(i) Transportation of Mortal remains from *Hospital* to home and/or to cremation ground for funeral purpose;
(ii) Cremation Expenses;
(iii) Coffin Charges.

8) Emergency Air Ambulance

Expenses incurred towards transportation by an Air Ambulance for treatment of a disease / illness / injury in case of an emergency, that requires admission to a Hospital. The necessity of an ambulance must be certified by the treating Medical Practitioner.

Policy does not provide cover for the return transportation of Insured Person's to his home by air ambulance.

9) Hospital Daily Cash

Policy provides fixed cash amount up to 30 days of hospitalisation in a Policy Year, for each day of hospitalisation. Benefit will be twice the daily cash amount if the hospitalisation is in an Intensive Care Unit. Claim must be admissible under In-Patient hospitalisation. This coverage shall not be applicable if the Inpatient hospitalisation is for mental illness.

10) 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.

Note - *AYUSH Hospitals and AYUSH Day Care Centres should have either pre entry level certificate (or higher level of certificate) issued by National Accreditation Board for Hospitals and Healthcare Providers (NABH) or State Level Certificate (or higher level of certificate) under National Quality Assurance Standards (NQAS), issued by National Health Systems Resources Centre (NHSRC).*

11) Reinstatement of In Patient hospitalisation Sum Insured

Base Sum Insured will be automatically reinstated, once during the Policy Year, if the Policy Sum Insured and accrued Cumulative Bonus and / or medical inflation, if any, exhausts completely due to a claim in the Policy.Claim must be admissible under In-Patient hospitalisation.

Reinstated amount shall not be available for the claim which has exhausted the base sum insured including accrued cumulative bonus &/ or medical inflation, if any. It will also not applicable to the claims related to relapse of same illness / injury within 45 days. The reinstated sum insured can be availed by the Insured person for any subsequent hospitalization(s).

This benefit will be available only once during the lifetime, for claims related to Cancer and Chronic Kidney Disease.

Any unutilised reinstated Sum Insured under this cover will not be carried forward to the next Policy Year.

A detailed illustration is available in Annexure 1 – Illustration 2 & 4.

12) Maternity and New Born Baby

Maternity Expenses -
Maternity Expenses up to a maximum of 2 deliveries or terminations during the lifetime of a Female prospect of age 18 years and above. Waiting Period of 24 months will be applicable.

New Born Baby-
Policy covers medical expenses towards treatment of a new born baby post birth up to 90 days from the date of delivery and also covers vaccination expenses for the new born baby, till the baby completes 1 year. Claim must be admissible under Maternity Expenses Cover.

The New Born Baby Expenses available under this benefit will be within the limits of Maternity Expenses Cover.

Vaccines	Age (Completed weeks/months)	Frequency
BCG	At Birth	1
OPV	At Birth, 6 months, 9 months	3
Hepatitis B	At Birth, 6 weeks, 6 months	3
IPV	6, 10, 14 weeks	3
DPT	6, 10, 14 weeks	3
Hib	6, 10, 14 weeks	3
Rotavirus	6, 10, 14 weeks	3
PCV	6, 10, 14 weeks	3
MMR	9 months	1

13) Worldwide Emergency Hospitalisation

Expenses for in patient hospitalisation due to life threatening Illness incurred outside India, up to the Policy Sum Insured provided that the hospitalisation is medically necessary, and the medical practitioner certifies that the insured is suffering from a life-threatening illness which requires Emergency Care and such treatment cannot be postponed until the Insured Person returns to India.

Medical expenses will be payable for in-patient hospitalisation and this benefit will be honoured through reimbursement facility only.

This cover can only be availed once in a policy year. The reinstatement of Sum Insured benefit will not be applicable for this benefit.

14) Cumulative Bonus

Sum Insured will be enhanced by 10% on each claim free policy year subject to a maximum of 50%. In case of a claim in a given policy year, the Cumulative Bonus shall be decreased by 10% in the subsequent policy year but will not reduce the Base Sum Insured.

A detailed illustration is available in Annexure 1 – Illustration 1.

15) Medical Second Opinion

Policy provides for a Medical Second Opinion in case the insured person opts for it post the diagnosis of a specified Critical Illness or has been advised for a surgery during the Policy Year.

Covered Critical Illness shall include –

(a) Cancer of specified severity
(b) Myocardial Infarction
(c) Open Chest CABG
(d) Open Heart Replacement or Repair of Heart Valves
(e) Kidney Failure Requiring Regular Dialysis
(f) Stroke Resulting in Permanent Symptoms
(g) Major Organ/Bone Marrow Transplant
(h) Permanent Paralysis of Limbs
(i) Multiple Sclerosis with Persisting Symptoms
(j) Third Degree Burns

16) Counselling

Policy provides cover for Counselling to help the insured to deal with stress, emotional and behavioural disorders.

A total of 5 counselling sessions with a maximum limit of ₹ 1500/- per session, are allowed under the policy during the Policy Year.

17) Healthcare and Wellness

Following Healthcare and Wellness services are provided during the Policy Period.

A) Health Check Up

- Health check-up benefit is available for each insured member ≥ 18 years of age, at the end of every claim free policy year as per the grid below.

Age / Sum Insured	Up to ₹ 10 Lac	₹ 15 – 25 Lac	₹ 50 – 100 Lac
18 – 45 yrs.	Set – I	Set – II	Set – III
46 – 55 yrs.	Set – II	Set – III	Set – IV
Above 55 yrs.	Set – II	Set – III	Set – IV

Set	List of Medical Tests
Set-I	Complete Blood Count, ESR, Blood Group, Total Cholesterol, SGPT, Sr. Creatinine, FBSL, ECG, Urine Routine
Set-II	Complete Blood Count, ESR, Blood Group, Total Cholesterol, SGOT, SGPT, Bilirubin, Sr. Creatinine, FBSL, PPBSL, ECG, Urine Routine, Consultation on the reports
Set-III	Complete Blood Count, ESR, Blood Group, Lipid Profile, SGOT, SGPT, Bilirubin, Sr. Creatinine, BUN, HbA1c, ECG, Urine Routine, Consultation on the reports
Set-IV	Complete Blood Count, Blood Group, Lipid Profile, Bilirubin, Sr. Creatinine, HbA1c, 2D-Echo, Urine Routine, Consultation on the reports, PAP smear (Females)/PSA (Males)

A. This benefit is offered on cashless basis at our empanelled service providers only and as per the above grid.

B. The benefit will be available on reimbursement basis only if, there is no empanelled service providers within the municipal limits of the insured's City of residence.

- In such a case, the Insured Person can opt for Health Check-up as per the above grid at any of the Diagnostic Centre of his choice near to his residence.
- Policy covers the cost of health check-up up to the limit defined in the below grid or at actuals, whichever is lesser.
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Age / Sum Insured	Up to ₹ 10 lac	₹ 15-25 Lac	₹ 50-100 Lac
18 - 45 yrs.	₹ 750	₹ 1000	₹ 1500
46-55 yrs.	₹ 1000	₹ 1500	₹ 2500
Above 55 yrs.	₹ 1000	₹ 1500	₹ 2500

B) Wellness

Wellness is a conscious, self-directed and evolving process of achieving a healthy life. Maintaining an optimal level of wellness is crucial to live a higher quality of life.
We encourage you to achieve optimal wellness to subdue stress, reduce the risk of Illness and ensure positive interactions.

i) Health Risk Assessment (HRA)

It is a health specific questionnaire to assess *Your* lifestyle habits and health history to determine how healthy *You* are and whether *You* are at risk for certain chronic diseases or Illness.

You can complete the online HRA at the time of buying the *policy* and avail an individual discount equivalent to 0.5% of the *policy* premium, for participation. In case of family floater, discount shall be applied on the individual who has completed the HRA.

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In case *You* have not completed the HRA at the time of buying the *policy*, then *You* can enrol and complete the same online anytime during the *Policy Period*. In such a case, the discount will be applicable at subsequent renewal only.

Once *You* complete the HRA, *you* will receive a report which contains a health score based on the assessment of *your* current health.

If *Your* health score is optimal (≥ 70), *you* will earn an additional discount in premium equivalent to 2%, which would be applied on the *Policy* Premium of the respective Individual.

We will allow above discount once either at the time of obtaining first policy from us or at any subsequent renewal depending upon when you have completed HRA.
In case *Your* score indicates risk of developing any lifestyle related diseases, then *We* will provide necessary counselling and guidance on healthy diet, nutrition and Stress management.

ii) Self-Disease Management

You can earn discounts for controlling/managing your chronic disease (Hypertension/Diabetes/Hyperlipidaemia) by yourself by adopting to the healthy lifestyle practices such as healthy diet, regular physical activity, quitting smoking and good compliance to medication.

Normal level of the parameters pertaining to the chronic disease/s are as below.

Chronic Disease	Parameter	Normal Level
Hypertension	Blood Pressure	SBP - ≤ 119 mmHg DBP - ≤ 79 mmHg
Diabetes Mellitus	HbA1c	≤ 5.6
Hyperlipidaemia	Cholesterol	≤ 200 mg/dl

In case *you* are diagnosed, or you acquire the specified chronic disease during the *Policy Year*, then *you* have to undergo 1st health screening based on the screening test related to the specified chronic disease as provided below at the beginning of the next *Policy Year* in any one of *Our* Empanelled Network Provider only, at *your* own cost. *You* will also have to undergo the 2nd health screening test based on defined set of medical tests in *Our* network diagnostic centres only, at your own cost, 90 days before the expiry of the said Policy Year

If *you* are suffering from the chronic disease as mentioned above and have been covered under the *Policy* after undergoing pre-policy medical tests, then You have to undergo the 2nd health screening based on the screening test related to the specified chronic disease as provided below in *Our* Empanelled Service Provider only, at *your* own cost, 90 days before the expiry of the Policy Year.

Chronic Disease	**Health Screening Tests**
Hypertension	Blood pressure
Diabetes Mellitus	HbA1c (Glycated Haemoglobin)
Hyperlipidaemia	Total Lipids

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Healthy Discount:

If you manage these chronic disease/s successfully as per laid down parameter, you will be entitled to get discount in renewal premium at the end of Policy Period, based on the range of the values obtained from the 2nd health screening tests as per the below grid. In case of management of more than one specified chronic disease in the 2nd health screening test, the cumulative discounts shall be offered up to a maximum of 10% at the end of the Policy Period

HYPERTENSION MANAGEMENT				
Category	**Blood Pressure at 1st test**	**Blood Pressure at 2nd test**	**Discount if Blood Pressure is controlled**	**Discount if all the health screening tests are controlled ***
Pre-Hypertension	*SBP: 120-139 mmHg *DBP: 80-89 mmHg	SBP: ≤ 119 mmHg DBP: ≤ 79 mmHg	2%	3%
Hypertension	SBP: ≥ 140 mmHg DBP: ≥ 90 mmHg	SBP: 120-139 mmHg DBP: 80-89 mmHg	3%	5%
		SBP: ≤ 119 mmHg DBP: ≤ 79 mmHg	5%	8%
SBP - Systolic Blood Pressure; DBP – Diastolic Blood Pressure				
DIABETES MANAGEMENT				
Category	**HbA1C at 1st test**	**HbA1C at 2nd test**	**Discount if Blood Sugar is controlled**	**Discount if all the health screening tests are controlled***
Pre-Diabetes	5.7-6.4%	≤ 5.6	2%	3%
Diabetes	≥ 6.5	5.7-6.4%	3%	5%
		≤ 5.6	5%	8%
HYPERLIPIDEMIA MANAGEMENT				
Category	**Cholesterol at 1st test**	**Cholesterol at 2nd test**	**Discount if Total Cholesterol is controlled**	**Discount if all the health screening tests are controlled***
Borderline High	> 200 - 240 mg/dl	≤ 200 mg/dl	2%	3%
High	> 240 mg/dl	200 - 240 mg/dl	3%	5%
		≤ 200	5%	8%

* **"All the Health Screening Tests" means 2nd health screening tests of two or more than two chronic diseases. A detailed illustration is available in Annexure I – Illustration 5.**

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Note –

i. Above discounts shall be applied on the premium of the respective Insured Person based on their individual health score.
ii. Discount percentage shall be applied based on the values obtained from the 2nd health screening test.
iii. If the values obtained in the 2nd health screening test falls within the range as listed in 2nd test Column of the respective Chronic Disease Management Grid then discount corresponding to that range shall be applied.
iv. If the Insured is able to manage more than one specified chronic disease, the cumulative discounts shall be offered up to a maximum of 10% on renewal premium.

iii) Stay Fit

It is a pedometer based simple walking program designed for You to walk your way to a more active and healthier lifestyle. *Insured Persons* 18 years of age and above will only be eligible for this programme.

You may enrol in this programme at any time during the *policy period* by downloading *Our* mobile application. However, to avail maximum discount, *You* must enrol in this programme within 1 month of the *Policy* start date. The average step count walked by the *Insured Person* shall be recorded on the mobile application.

In case you are already using a health gadget (Fitbit, apple health and google fit) to calculate your steps, you may authenticate and synchronise the gadget with our application.

A discount as specified in the grid below can be availed at each *Renewal*, if the *Insured Person* achieves an average step count per day for specified number of days as per the table below.

In a *Non-Floater Policy*, the average step count shall be calculated per individual *Insured Person*. In a *Family Floater Policy*, average step count will be calculated by considering step counts of all adult members (18 years and above) covered.

In *Non-Floater Policies*, the discount percentage (%) would be applied on premium applicable per *Insured Person* and in a *Family Floater Policy*, it would be applied on premium applicable on the *Policy*.

1 Year Policy		
Average No. of Steps per day	Total No. of Days	
	≥ 200	≥ 250
≥ 6000	3%	5%
≥ 8000	5%	7%
≥ 10000	7%	10%

2 Year Policy		
Average No. of Steps per day	Total No. of Days	
	≥ 420	≥ 520
≥ 6000	3%	5%
≥ 8000	5%	7%
≥ 10000	7%	10%

3 Year Policy		
Average No. of Steps per day	Total No. of Days	
	≥ 700	≥ 800
≥ 6000	3%	5%
≥ 8000	5%	7%
≥ 10000	7%	10%

Note: *Cumulative discounts under section - Wellness for I. Health Risk Assessment II. Self Disease management and III. Stay fit shall not exceed 15% every policy year.*

C) Health Helpline

This is an assistance service only and on your own discretion and choice, You will have access to medical practitioner for any medical opinion on health related issue or queries from our empanelled service provider through our mobile application /website or telephonic mode for 24 by 7 hours during the policy period. You may contact us on our toll-free helpline number for availing this service.

The information services provided under this assistance does not substitute for any medical advice and You will be free to consider or not consider the opinion provided and We or our empanelled service provider will not be liable for any damages sustained due to reliance by the insured person on such information provided by medical Practitioner.
You may purchase medicines and diagnostic services from our empanelled service provider on your own discretion and choice provided that the cost for the purchase shall be borne by you.

Note:

a) *Empanelled Service Provider means any person, clinic, organisation, institution that has been empanelled with Us to provide the Healthcare & Wellness Services provided under this cover. (List provided on our website: www.naviinsurance.com).*

18) Voluntary Co Payment

You will have to bear the cost sharing percentage, that you have opted at the time of proposal application, of the admissible claim amount of each claim. A Co- Payment does not reduce the Sum Insured.

Co Payment options – 10%/20%/30%

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19) Deductible

It is an amount that you must bear in respect of each claim reported under the policy. A deductible does not reduce the Sum Insured.

Sum Insured (in ₹)	Deductible Options (in ₹ in '000)
2,3,4,5 Lac	10/20/30/40/50
6,7,8,9,10,15 Lac	20/30/40/50/75/100
20,25,50,75,100 Lac	20/30/40/50/75/100/125/150/200

20) Waiver of Mandatory Co Payment

Mandatory co-payment will be applicable if the age of the Insured Person is 61 years or above on the date of inception of 1st policy with Us.

If You opt this cover by paying additional premium, the mandatory co-pay clause will not apply.

Age at Entry	Co-Payment
61-65 years	10%
66-70 years	20%
Above 70 years (Only for ₹ 2 Lac S.I)	30%

21) Out Patient Treatment

Expenses incurred for Out-patient consultations, Diagnostic Examinations, cost of medicines, dental care, spectacles or contact lenses and hearing aids at any Company's Empanelled Service Providers.

Any unutilised amount under this cover will not be carried forward to the next Policy Year.

Policy Sum Insured	₹ 2 Lac - ₹ 100 Lac	₹ 6 Lac - ₹ 100 Lac	₹ 20 Lac - ₹ 100 Lac	
Cover	**OPD Sum Insured Sublimit (in ₹)**			
Consultations	2000	4000	6000	8000
Diagnostic Tests	3000	6000	9000	12000
Medicines				
Dental Care				
Spectacles or contact lenses				
Hearing Aids				
Total Sum Insured	5000	10000	15000	20000

Note: *Empanelled Service Provider means any person, clinic, organisation, institution that has been empanelled with Us to provide the Healthcare & Wellness Services provided under this cover. (List provided on our website: www.naviinsurance.com).*

22) Infertility

Policy provides cover for the Medical Expenses for two In-Vitro Fertilisation Cycles in the lifetime of the female for the treatment of infertility. The coverage is available for female aged between 25 and 40 years only.

You can opt for this cover up to ₹ 3 Lac subject to underwriting guidelines. Waiting Period of 36 months will be applicable.

23) Medical Inflation

i. Sum Insured will be enhanced by 10% of the Base sum insured, on cumulative basis for each completed policy year subject to a maximum of 50% irrespective of a claim in the expiring policy year. A detailed illustration is available in Annexure 1 – Illustration 3.

ii. The premium of the Policy shall be fixed for five years i.e. you will not pay more than what you have paid for the first year of the policy during this period subject to the following -

a. Policy is renewed continuously without any break.

b. There is no change in plan or coverages at the time of Renewal of the Policy. Discount in premium earned under Wellness Section of the Policy shall be allowed at the time of renewal.

24) Critical Illness Benefit

On diagnosis of a specified Critical Illness, Sum Insured will be paid as a lump sum if the below conditions are satisfied –

(a) The Insured Person is diagnosed with a Critical Illness specifically defined in this Policy, during the Policy Period; and
(b) Such Critical Illness occurs itself as a first incidence; and
(c) The of such Critical Illness commences after a waiting period of 90 days from the inception of the first Policy with Us; and
(d) The Insured Person survives such Critical Illness for at least 30 days, from the date of Diagnosis/date of undergoing the Surgical Procedure.
(e) If a claim is settled under this cover, this benefit shall automatically terminate for that insured person and this benefit shall not be available for further renewal.

Covered Critical Illness shall include –

(a) Cancer of specified severity
(b) Myocardial Infarction
(c) Open Chest CABG
(d) Open Heart Replacement or Repair of Heart Valves
(e) Kidney Failure Requiring Regular Dialysis
(f) Stroke Resulting in Permanent Symptoms
(g) Major Organ/Bone Marrow Transplant
(h) Permanent Paralysis of Limbs
(i) Multiple Sclerosis with Persisting Symptoms
(j) Third Degree Burns

III. SUM INSURED

Following are the Sum Insured (in ₹) offered in this product –
2/3/4/5/6/7/8/9/10/15/20/25/50/75/100 Lac

IV. PLAN

Following are the features available under various Plans in the Policy.

Plan Name	Silver	Gold	Diamond	My COCOCure
Sum Insured	2,3,4,5 Lac	6,7,8,9,10,15 Lac	20,25,50,75,100 Lac	2,3,4,5,6,7,8,9,10,15, 20,25,50,75,100 Lac
In-Patient Hospitalisation	Covered up to the S.I.	Covered up to the S.I.	Covered up to the S.I.	Covered up to the S.I.
	In Patient Hospitalisation - (Extra Care Cover) In case of hospitalisation for the specific illness (Dengue, Chikungunya, Malaria, Leptospirosis, Japanese Encephalitis, Swine Flu) & if the claim amount is up to ₹ 20K, then the Sum Insured will not be reduced. Waiting Period in this case will be 15 days. Example – SI-3 Lac; Admissible Claim cost for Dengue – 20K; In this case, the claims will be payable for the amount of ₹ 20K, but the Sum Insured will not be reduced. If the claim amount is ₹30K, then the amount in excess of 20K i.e., 10K will be reduced and hence the balance S.I will be ₹ 2.9 Lac. **In Patient Hospitalisation (HIV&AIDS / Mental Illness)** In case, Insured Person is diagnosed to be suffering from a Mental Illness or HIV & AIDS then We will cover the Medical Expenses related to Hospitalization required for a Medically Necessary Treatment as per the following – a) HIV & AIDS - Upto Sum Insured. b) Mental Illness – Upto Sum Insured For following illnesses, restricted upto SI or 3 lac whichever is lower. Schizophrenia, Bipolar Affective Disorders, Depression, Obsessive Compulsive Disorders, Psychosis			
Pre-Hospitalisation	30 days	60 days	90 days	30/60/90 days
Post- Hospitalisation	60 days	90 days	180 days	60/90/180 days
Day Care Treatment	393 procedures covered; Up to the Sum Insured	393 procedures covered; Up to the Sum Insured	393 procedures covered; Up to the Sum Insured	393 procedures covered; Up to the Sum Insured
	Disclaimer: The list of the 393 procedures is exhaustive. Any addition / deletion in this list shall be subject to IRDAI's approval. The standard exclusions and waiting periods are applicable to all of the above Day Care Procedures.			
Domiciliary Hospitalisation	Up to the Sum Insured	Up to the Sum Insured	Up to the Sum Insured	Up to the Sum Insured
Counselling (For insured aged 18 years & above)	5 Sessions; Per session liability - ₹ 1500/-	5 Sessions; Per session liability - ₹ 1500/-	5 Sessions; Per session liability - ₹ 1500/-	5 Sessions; Per session liability - ₹ 1500/-

Registered & Corporate Office: Navi General Insurance Limited
402, 403 & 404, A & B Wing, 4th Floor, Fulcrum, Sahar Road, Next to Hyatt Regency, Andheri (E), Mumbai -400099
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CIN: U66000MH2016PLC283275 | IRDAI Registration Number: 155

<table>
<tr><td rowspan="3">Healthcare and Wellness</td><td colspan="4">▪ Health Risk Assessment – Reward Based.
▪ Self Disease Management – Reward Based.
▪ Stay Fit – Reward Based.</td></tr>
<tr><td colspan="4">Health Check up at the end of every claim free policy year
▪ Cashless - At our panelled Diagnostic Centres & medical grid;
▪ Reimbursement - At any Diagnostic centre (Locations where panelled DC's are not available with the municipal limits of the City)</td></tr>
<tr><td colspan="4">Health Helpline - call/chat online with medical practitioner’s empanelled with Us</td></tr>
<tr><td rowspan="2">Reinstatement of Inpatient Hospitalisation Sum Insured</td><td colspan="4">100% of S.I will be reinstated in case the S.I is completely exhausted</td></tr>
<tr><td>Covered</td><td>Covered</td><td>Covered</td><td>Covered</td></tr>
<tr><td rowspan="2">Organ Donor Expenses</td><td colspan="4">Covers surgical expenses for harvesting the Organ; Covered up to the S.I.</td></tr>
<tr><td>Not Covered</td><td>Covered</td><td>Covered</td><td>Cover can be opted</td></tr>
<tr><td>AYUSH
(Up to the Sum Insured)</td><td>Not Covered</td><td>Covered</td><td>Covered</td><td>Cover can be opted</td></tr>
<tr><td rowspan="3">Emergency Road Ambulance/ Repatriation of Mortal Remains(RMR)/Funeral Expenses (per hospitalisation)</td><td rowspan="3">Not Covered</td><td rowspan="3">₹ 10,000/-</td><td rowspan="3">₹ 20,000/-</td><td>Up to 5 Lac - No Cover/5K/7.5K/10K</td></tr>
<tr><td>6-15 Lac - No Cover/5K/7.5K/10K/ 15K</td></tr>
<tr><td>20-100 Lac - No Cover/10K/15K/20K/ 25K/30K</td></tr>
<tr><td rowspan="2">Cumulative Bonus</td><td colspan="4">Additional Sum Insured of 10% on every claim free year, up to a max of 50%</td></tr>
<tr><td>Not Covered</td><td>Not Covered</td><td>Covered</td><td>Cover can be opted</td></tr>
<tr><td rowspan="4">Maternity (including pre- and post-natal expenses) Waiting Period-2 yrs.</td><td colspan="4">Options
A-Normal-20K/Caesarean-50K
B- Normal-50K/Caesarean-75 K
C- Normal-75K/Caesarean-1 Lac
D- Normal-1 Lac/Caesarean-1.5 Lac
E- Normal-1.5 Lac/Caesarean-2 Lac</td></tr>
<tr><td rowspan="3">Not Covered</td><td rowspan="3">Not Covered</td><td rowspan="3">Normal-75K; Caesarean-1 Lac</td><td>Up to 5 Lac - No Cover/A</td></tr>
<tr><td>6-15 Lac - No Cover/ A/B</td></tr>
<tr><td>20-100 Lac - No Cover/A/B/C/D/E</td></tr>
<tr><td rowspan="2">New Born Baby (Only applicable, if Maternity is opted)</td><td colspan="4">Covers medical expenses (Up to maternity limits) for the treatment of a new born baby post birth up to 90 days from date of delivery</td></tr>
<tr><td>Not Covered</td><td>Not Covered</td><td>1st yr. Vaccination up to 15K</td><td>Up to 5 Lac - 1st yr.. Vaccination up to 7K</td></tr>
</table>

				6-15 Lac - 1st yr. Vaccination up to 10K
				20-100 Lac - 1st yr. Vaccination up to 15K
Hospital Daily Cash (Max. up to 30 days hospitalisation per policy year & Min. 24 hrs hospitalisation Required)	Not Covered	Not Covered	₹ 4,000/-	**Up to 5 Lac** - No Cover/500/1K/1.5K
				6-15 Lac - No Cover/ 1K/1.5K/2K/3K
				20-100 Lac - No Cover/1K/2K/3K/4K/ 5K/7K/10K
Worldwide Emergency Hospitalisation	Not Covered	Not Covered	Covered	**Up to 5 Lac** – Not Covered
				Rest S.I – Cover can be opted
Medical Inflation	Additional Sum Insured of 10% on every Policy year, up to a max of 50%			
	Not Covered	Not Covered	Not Covered	Cover can be opted
Medical Second Opinion (on diagnosis of specified Critical Illness/ for surgical procedures)	Floater – Covered once every policy year for any one insured member. Non- Floater - Covered once every policy year for each insured member.			
	Not Covered	Not Covered	Not Covered	Cover can be opted
Emergency Air Ambulance	Not Covered	Not Covered	Not Covered	**Up to 5 Lac** - Not Covered
				6-15 Lac - No Cover/1Lac/2Lac/3Lac
				20-100 Lac - No Cover/1Lac/2Lac/3Lac /5Lac
Out Patient Treatment/year (Consultations/Diagnostics/ Pharmacy)	**Options** A- Consultation-2K; Diagnostic/ medicines/ spectacles/ Hearing Aids – 3K B- Consultation-4K; Diagnostic/ medicines/ spectacles/ Hearing Aids – 6K C- Consultation-6K; Diagnostic/ medicines/ spectacles/ Hearing Aids – 9K D- Consultation-8K; Diagnostic/ medicines/ spectacles/ Hearing Aids – 12K			
	Not Covered	Not Covered	Not Covered	**Up to 5 Lac** - No Cover/A
				6-15 Lac - No Cover/A/B
				20-100 Lac - No Cover/A/B/C /D
Infertility (Waiting Period-3 years)	Covers medical expenses incurred for 2 IVF cycles for infertility treatment. Waiting Period – 3 years			
	Not Covered	Not Covered	Not Covered	**Up to 5 Lac** - Not Covered
				6-15 Lac - 1/2 Lac

				20-100 Lac - 1/2/3 Lac
Deductibles*	Not Available	Not Available	Not Available	**Up to 5 Lac** - 10K/20K /30K/40K/50K
				6-15 Lac - 20K/30K/ 40K/ 50K/75K/1Lac
				20-100 Lac - 20K/30K /40K/ 50K/ 75K/ 1Lac/ 1.25Lac/ 1.5Lac/ 2Lac
Voluntary Co Pay* (In case of Accidental Hospitalisation, co pay will not apply)	Not Available	Not Available	Not Available	10%/20%/30%
Waiver of mandatory Co-Payment	Not Available	Not Available	Not Available	Waiver can be opted
Critical Illness Benefit	Not Covered	Not Covered	Not Covered	1 Lac-10 Lac (in multiples of 1 Lac); Lump Sum Benefit on diagnosis of named 10 Critical Illness
Room Rent	No Capping	No Capping	No Capping	Capping can be opted **Up to 5 Lac** - 1K/2K/ 3K/No Capping **6-15 Lac** - 2K/3K/ 4K/No Capping **20-100 Lac** - 5K/7K /10K/No Capping
ICU Charges	No Capping	No Capping	No Capping	1.5 times the Room Rent selected
**Either of "Deductibles" or "Voluntary co Pay" can be opted by the client."*				
IMPORTANT CONDITIONS				
Entry Age	Minimum Entry Age- 91 Days; Maximum Entry Age (Dependent Child)- 30 Years; Maximum Entry Age (Adult)- No Limit for 2 Lac S.I; For all other S.I- Max. entry age is limited to 70 years; 91 days – 5yrs – Can be covered with at least 1 parent			

Exit Age	Adult - No Limit Dependent Child – 30 years			
Family Definition	Floater A - 2 Adults+ 3 Dependent Children+2 Parents/Parents in Law Floater B - Parents and parents-in-law can be covered under a separate floater; Individual - Any number of members of any age with any defined relationship			
Relationship Covered	Self, Spouse, Children, Siblings, Parents, Parents in law			
Tenure	1/2/3 Years			
Initial Waiting Period	30 days; Exception – Accidental Hospitalisation & Hospitalisation due to Specified Critical Illness (Cancer, Myocardial Infarction, Stroke)			
Named Ailments Waiting	2 Years	2 Years	1 Year	**Up to 5 Lac** – 2 Years **Rest S.I** – 1/2 Years
Pre-Existing Disease Waiting Period	4 Years	3 Years	2 Years	**6-15 Lac** - 3/4 years **20-100 Lac** - 2/3/4 years
Waiting Period for coverage of Internal Congenital Anomaly	24 Months	24 Months	24 Months	24 Months
Waiting Period for Named Mental Illness	24 Months	24 Months	24 Months	24 Months
Mandatory Co-Pay	For members with entry age to the first policy as - 61 to 65 years – 10% Co-Pay 66 to 70 years – 20% Co-Pay Above 70 yrs – 30% Co-Pay (only for S.I of Rs. 2 Lac) Co-Pay as applicable to the member at inception of 1st policy, will be applied on all subsequent renewals			
Medical Check Up (pre - Policy)	Based on S.I and age, medical tests will be applicable			
Zone	**Zone I:** Mumbai (All municipal regions under Mumbai Metropolitan Region), Delhi, NCR (Municipal limits of Faridabad, Gurgaon, Noida, Ghaziabad), Bangalore (All municipal regions under Bangalore Metropolitan Region). **Zone II:** Chennai (all municipal regions under Chennai Metropolitan Area), Kolkata (all municipal regions under Kolkata Metropolitan Area), Hyderabad (All municipal regions under Hyderabad Metropolitan Region), Pune (All municipal regions under Pune metropolitan Region), Ahmedabad (All municipal regions under Ahmedabad municipal corporation). **Zone III:** All municipal regions of, state capitals not included in Zone I and II, Nagpur, Indore, Kochi, Coimbatore, Baroda, Surat, Ludhiana, Jallandhar. **Zone IV:** Rest of India excluding cities included in Zone I, Zone II and Zone III.			

V. PREMIUM

The premium for this policy depends on Age, Gender, Plan, Sum Insured, Cover Type, Zone of Cover, Policy tenure, health status of the individual and Optional Covers opted.

Mode of Payment: Payment of premium will be available as onetime payment of annual premium or in instalment options (Quarterly/Half Yearly), as opted by the Policyholder.

OFFICE PREMIUM - Plan wise Premium Tables

Office Premium - Pre-Tax Rates in (Rs)

SILVER				
Age/Sum Insured	**2,00,000**	**3,00,000**	**4,00,000**	**5,00,000**
91D-17Y	2,215	2,665	3,108	3,310
18-25	2,963	3,582	4,185	4,462
26-30	3,443	4,175	4,888	5,217
31-35	3,862	4,690	5,503	5,878
36-40	4,440	5,408	6,357	6,792
41-45	5,577	6,817	8,032	8,590
46-50	7,193	8,813	10,403	11,133
51-55	8,440	10,360	12,242	13,107
56-60	13,022	16,033	18,990	20,352
61-65	18,810	23,207	27,518	29,507
66-70	23,547	29,080	34,510	37,015
>70	35,372	43,737	51,948	55,745

GOLD						
Age/Sum Insured	**6,00,000**	**7,00,000**	**8,00,000**	**9,00,000**	**10,00,000**	**15,00,000**
91D-17Y	4,040	4,202	4,335	4,467	4,627	5,350
18-25	5,502	5,728	5,915	6,095	6,307	7,255
26-30	6,517	6,790	7,013	7,235	7,488	8,630
31-35	7,478	7,797	8,058	8,315	8,610	9,917
36-40	8,618	8,988	9,295	9,595	9,942	11,470
41-45	10,858	11,335	11,730	12,113	12,558	14,517
46-50	14,347	14,988	15,513	16,028	16,623	19,243
51-55	17,147	17,917	18,557	19,177	19,895	23,052
56-60	27,170	28,413	29,442	30,445	31,603	36,685
61-65	39,317	41,133	42,638	44,105	45,800	53,225
66-70	49,298	51,592	53,493	55,352	57,497	66,857
>70	74,238	77,718	80,610	83,433	86,693	1,00,870

DIAMOND					
Age/Sum Insured	20,00,000	25,00,000	50,00,000	75,00,000	1,00,00,000
91D-17Y	7,828	8,955	13,608	14,877	15,583
18-25	13,298	14,860	21,312	23,072	24,048
26-30	16,367	18,272	26,117	28,255	29,445
31-35	18,097	20,292	29,348	31,817	33,188
36-40	18,518	21,000	31,755	34,692	36,320
41-45	22,945	26,083	39,535	43,253	45,322
46-50	29,197	33,460	51,640	56,230	59,010
51-55	34,860	40,017	61,992	67,415	70,202
56-60	54,738	63,087	98,647	1,07,435	1,11,722
61-65	79,212	91,403	1,43,338	1,56,182	1,62,463
66-70	99,377	1,14,757	1,80,218	1,96,443	2,04,398
>70	1,47,445	1,70,450	2,68,308	2,92,610	3,04,563

BASE RATE TABLE – MY COCOCure								
Age/Sum Insured	2,00,000	3,00,000	4,00,000	5,00,000	6,00,000	7,00,000	8,00,000	9,00,000
91D-17Y	2,215	2,665	3,108	3,310	3,510	3,657	3,778	3,898
18-25	2,963	3,582	4,185	4,462	4,752	4,953	5,120	5,282
26-30	3,443	4,175	4,888	5,217	5,557	5,797	5,993	6,187
31-35	3,862	4,690	5,503	5,878	6,262	6,535	6,760	6,980
36-40	4,440	5,408	6,357	6,792	7,238	7,557	7,820	8,077
41-45	5,577	6,817	8,032	8,590	9,157	9,565	9,905	10,233
46-50	7,193	8,813	10,403	11,133	11,887	12,425	12,867	13,300
51-55	8,440	10,360	12,242	13,107	13,993	14,630	15,158	15,670
56-60	13,022	16,033	18,990	20,352	21,718	22,720	23,550	24,358
61-65	18,810	23,207	27,518	29,507	31,488	32,953	34,167	35,350
66-70	23,547	29,080	34,510	37,015	39,505	41,355	42,888	44,387
>70	35,372	43,737	51,948	55,745	59,495	62,302	64,633	66,910

Age/Sum Insured	10,00,000	15,00,000	20,00,000	25,00,000	50,00,000	75,00,000	1,00,00,000
91D-17Y	4,043	4,702	5,250	6,127	9,748	10,735	11,285
18-25	5,470	6,317	7,098	8,282	13,168	14,502	15,242
26-30	6,410	7,412	8,328	9,733	15,523	17,102	17,980
31-35	7,233	8,355	9,315	10,895	17,410	19,187	20,173
36-40	8,375	9,687	10,777	12,512	20,033	22,087	23,225
41-45	10,615	12,297	13,685	15,880	25,287	27,887	29,333
46-50	13,800	16,002	17,847	20,718	32,960	36,052	37,923
51-55	16,265	18,873	21,043	24,447	38,952	42,532	44,372
56-60	25,293	29,392	32,758	38,110	60,905	66,538	69,287
61-65	36,717	42,705	47,587	55,402	88,693	96,927	1,00,953
66-70	46,117	53,665	59,802	69,660	1,11,623	1,22,023	1,27,123
>70	69,540	80,972	90,235	1,05,173	1,68,718	1,84,498	1,92,260

Pre-Tax Rates of Optional Cover in "My COCOCure Plan"

Organ Donor	
Organ Donor	167

Road Ambulance/Repatriation of Mortal Remains/Funeral Expenses							
Age - Bands / Cover Limits	**5000**	**7500**	**10000**	**15000**	**20000**	**25000**	**30000**
91D-17Y	10	11	12	15	17	18	20
18-25	11	12	14	16	19	20	22
26-30	12	13	15	18	21	22	24
31-35	13	14	16	20	23	24	27
36-40	14	17	19	24	28	29	33
41-45	18	21	25	32	39	40	46
46-50	24	29	35	47	59	62	72
51-55	29	39	49	68	88	92	109
56-60	44	59	73	103	132	139	164
61-65	62	83	105	147	190	201	237
66-70	81	113	145	209	273	289	344
>70	139	218	298	457	616	655	791

Emergency Air Ambulance				
Age - Bands / Sum Insured Levels	**100000**	**200000**	**300000**	**500000**
91D-17Y	6	12	18	29
18-25	7	13	20	33
26-30	7	14	21	36
31-35	8	15	23	38
36-40	8	17	25	42
41-45	10	20	30	50
46-50	13	25	38	63
51-55	14	28	43	71
56-60	22	43	65	108
61-65	30	60	90	150
66-70	37	73	110	183
>70	50	100	150	250

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Hospital Daily Cash									
Age - Bands / Sum Insured Levels	500	1000	1500	2000	3000	4000	5000	7000	10000
91D-17Y	112	225	337	450	673	898	1,123	1,572	2,247
18-25	128	257	385	513	770	1,027	1,283	1,797	2,567
26-30	137	273	408	545	818	1,092	1,363	1,908	2,727
31-35	145	288	433	578	867	1,155	1,443	2,022	2,888
36-40	160	322	482	642	963	1,283	1,605	2,247	3,208
41-45	193	385	578	770	1,155	1,540	1,925	2,695	3,850
46-50	240	482	722	963	1,443	1,925	2,407	3,368	4,813
51-55	273	545	818	1,092	1,637	2,182	2,727	3,818	5,455
56-60	417	835	1,252	1,668	2,503	3,337	4,172	5,840	8,342
61-65	578	1,155	1,733	2,310	3,465	4,620	5,775	8,085	11,550
66-70	707	1,412	2,118	2,823	4,235	5,647	7,058	9,882	14,117
>70	963	1,925	2,888	3,850	5,775	7,700	9,625	13,475	19,250

Infertility Cover			
Sum Insured Levels	100000	200000	300000
Office Premium	208	417	625

Maternity Expenses					
Age - Bands / Benefit Options offered	Option A	Option B	Option C	Option D	Option E
18 - 25	838	1,615	2,303	3,232	4,607
26 – 35	1,175	2,262	3,225	4,523	6,448
36 - 45	503	970	1,382	1,938	2,763
46 – 55	168	323	460	647	922

New Born Baby Cover				
Age - Bands / Cover Limits	7000	10000	15000	20000
18 - 25	193	275	413	550
26 - 35	270	385	578	770
36 - 45	115	165	248	330
46 – 55	38	55	83	110

Outpatient Treatment				
Benefit Options Offered	Option A	Option B	Option C	Option D
Office Premium	4167	7833	10500	12500

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Health Care & Wellness			
Health Check-up			
Age - Bands / Sum Insured Levels	2,00,000-5,00,000	6,00,000-15,00,000	20,00,000-1,00,00,000
91D-17Y	0	0	0
18-25	60	80	120
26-30	60	80	120
31-35	60	80	120
36-40	60	80	118
41-45	58	78	118
46-50	77	115	193
51-55	77	115	190
56-60	73	108	182
61-65	68	103	172
66-70	65	98	163
>70	58	88	147

Wellness Benefit	250.00

Reinstatement of In-Patient Hospitalization Sum Insured								
Age - Bands / Sum Insured Levels	200000	300000	400000	500000	600000	700000	800000	900000
91D-17Y	150	163	168	152	132	103	72	38
18-25	227	253	265	247	222	187	147	102
26-30	270	300	313	292	262	222	173	122
31-35	337	378	403	383	353	312	262	205
36-40	428	487	525	505	477	432	377	315
41-45	592	678	740	720	690	638	573	498
46-50	830	957	1,053	1,037	1,005	945	865	775
51-55	1,047	1,215	1,347	1,337	1,308	1,245	1,160	1,060
56-60	1,745	2,035	2,268	2,268	2,238	2,152	2,028	1,885
61-65	2,690	3,152	3,530	3,550	3,530	3,420	3,257	3,063
66-70	3,735	4,410	4,982	5,058	5,085	4,992	4,825	4,623
>70	6,160	7,315	8,317	8,508	8,623	8,547	8,355	8,108

Age - Bands / Sum Insured Levels	1000000	1500000	2000000	2500000	5000000	7500000	10000000
91D-17Y	8	10	10	12	20	22	23
18-25	53	13	15	17	27	30	32
26-30	63	15	17	20	32	35	37

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31-35	143	83	18	22	37	40	42
36-40	248	195	110	25	42	47	48
41-45	418	370	277	163	53	58	62
46-50	678	638	538	423	343	75	80
51-55	953	935	842	743	803	443	93
56-60	1,730	1,745	1,635	1,542	1,875	1,382	727
61-65	2,857	2,942	2,837	2,783	3,613	2,993	2,102
66-70	4,410	4,670	4,670	4,812	6,693	6,162	5,188
>70	7,853	8,470	8,663	9,182	13,243	12,802	11,550

Critical Illness Benefit					
Age - Bands / Sum Insured Levels	100000	200000	300000	400000	500000
91D-17Y	47	94	142	189	236
18-25	99	197	296	394	493
26-30	160	319	479	638	798
31-35	243	487	730	973	1216
36-40	419	838	1257	1676	2095
41-45	763	1525	2288	3051	3814
46-50	1256	2513	3769	5025	6282
51-55	2101	4202	6303	8405	10506
56-60	3418	6837	10255	13673	17092
61-65	5897	11795	17692	23590	29487
66-70	8198	16397	24595	32794	40992
>70	12723	25445	38168	50891	63613
- Bands / Sum Insured Levels	600000	700000	800000	900000	1000000
91D-17Y	283	330	377	425	472
18-25	591	690	788	887	985
26-30	957	1117	1277	1436	1596
31-35	1460	1703	1946	2189	2433
36-40	2513	2932	3351	3770	4189
41-45	4576	5339	6102	6864	7627
46-50	7538	8794	10051	11307	12563
51-55	12607	14708	16809	18910	21011
56-60	20510	23929	27347	30765	34184
61-65	35385	41282	47180	53077	58975
66-70	49191	57389	65588	73786	81985
>70	76336	89059	101781	114504	127227

Medical Second Opinion	
Age - Bands / Sum Insured Levels	Premium
91D-17Y	2
18-25	4
26-30	6

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31-35	9
36-40	15
41-45	27
46-50	45
51-55	76
56-60	123
61-65	212
66-70	295
>70	458

Counselling	63.00

VI. ENDORSEMENTS

Any request for endorsement shall be made in writing by the Policyholder only. Any endorsement would be effective from the date of request as received from the policyholder, or the date of receipt of premium, whichever is later.

a) Non-Premium Bearing Endorsement

i) Correction in Name of the Policyholder/Insured Person
ii) Correction in Gender of the Policyholder/Insured Person
iii) Correction in Relationship of the Policyholder/Insured Person
iv) Correction in Date of Birth of the Policyholder/Insured Person (if the change of age does not result in change of premium)
v) Change in correspondence address of the Policyholder (if the change of Address does not result in change of zone)
vi) Change/Updation in the contact details
vii) Change of Nominee details

b) Premium Bearing Endorsement

i) Addition of members/dependents to the Policy
ii) Deletion of members/dependents from the Policy
iii) Change in Date of Birth/Age
iv) Change in Address (resulting in change in zone)

VII. PRE-POLICY MEDICAL CHECK UP

You may need to undergo pre-policy medical check-up based on your age, plan and Sum Insured opted as provided in the grid below.

Irrespective of age, plan and sum insured opted, whenever any pre-existing disease or any other adverse medical history is declared, we may request such person to undergo specific medical tests as We may deem fit to evaluate the health condition of such person.

Wherever required we may request for additional medical tests to be conducted based on the declarations in the proposal form and the results of any medical tests that we have received.

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.

Age	Sum Insured (in ₹)			
	2,3,4,5 Lac	6,7,8,9,10 Lac	15,20, 25 Lac	50,75,100 Lac
Up to 25 yrs.	Nil	Nil	Nil	Set-I
26-35 yrs.	Nil	Nil	Nil	Set-II
36-45 yrs.	Nil	Nil	Set-II	Set-II
46-50 yrs.	Nil	Set-II	Set-II	Set-III
51-55 yrs.	Set-I	Set-II	Set-III	Set-III
56-60 yrs.	Set-II	Set-III	Set-III	Set-IV
61-65 yrs.	Set-III	Set-IV	Set-IV	Set-IV
66-70 yrs.	Set-III	Set-IV	Set-IV	Set-IV
71 yrs. & above	Set-IV	NA	NA	NA

Set-I	MER, CBC with ESR, Total Cholesterol, SGOT, SGPT, Sr. Creatinine, FBSL, ECG, Urine R/M
Set-II	MER, CBC with ESR, Lipid Profile, SGOT, SGPT, GGT, Bilirubin, Sr. Creatinine, HbA1c, ECG, Urine R/M
Set-III	MER, CBC with ESR, Lipid Profile, SGOT, SGPT, GGT, Bilirubin, Sr. Creatinine, TMT, Chest X-Ray, PSA (Men), PAP (Female), HBsAg, HbA1c, Urine R/M
Set-IV	MER, CBC with ESR, Lipid Profile, SGOT, SGPT, GGT, Bilirubin, BUN, Sr. Creatinine, TMT, Chest X-Ray, USG Abdomen, PSA (Men), PAP (Female), HBsAg, HbA1c, Urine R/M

VIII. DISCOUNTS

1. **Family Floater Discount**

If the policy is issued on floater basis and the discount applicable will be as per the below grid:

Family Combination	Discount computed from model (A)	Saving in Expenses (B)	Total Discount (A + B)
Sum Insured – Up to INR 500,000			
2 Adults	11%	5%	16%
2 Adults+1 Child	15%	5%	20%
2 Adults +2 Children	20%	5%	25%
2 Adults +1 Parent +1 Child	25%	5%	30%
2 Adults + 2 Parents	30%	5%	35%
2 Adults + 2 Parents +2 Children	35%	5%	40%
Sum Insured – 6 Lakhs to 15 Lakhs			
2 Adults	7%	5%	12%
2 Adults+1 Child	10%	5%	15%
2 Adults +2 Children	12%	5%	17%
2 Adults +1 Parent +1 Child	14%	5%	19%
2 Adults + 2 Parents	23%	5%	28%
2 Adults + 2 Parents +2 Children	25%	5%	30%
Sum Insured – Above 15 Lakhs			
2 Adults	3%	7%*	10%
2 Adults+1 Child	4%	8%*	12%
2 Adults +2 Children	5%	10%*	15%
2 Adults +1 Parent +1 Child	6%	10%*	16%
2 Adults + 2 Parents	11%	10%*	22%
2 Adults + 2 Parents +2 Children	13%	12%*	25%

2. **Non-Floater Discount**

If the policy is issued on non-floater basis and the number of members in the same policy is more than 1, then the discount of 5% will be offered on the Policy premium.

3. **Long Term Discount**

If the policy is issued with tenure as:

a) 2 years – A discount of 8% will be applicable on 2nd Year Premium
b) 3 Years – A discount of 15% will be applicable on 3rd Year Premium

4. **Online Purchase Discount**

A discount of 15% will be offered, if the purchase of the Policy is done online.

5. **Zonal Discount**

Since the cost of medical care is higher in metro cities than in smaller cities, Zone wise discount is offered as per the below grid based on your area of residence:

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Zone Change	Discount
Zone II	12%
Zone III	25%
Zone IV	35%

Note – Refer Section XVIII) 9) for Zonal Classification.

6. **NAVI GI Duniya Discount (Loyalty Discount)**
   A discount of 5% will be offered on the purchase of new policy, to the existing customers of NAVI General Insurance Limited.

7. **Additional Family member discount**
   A discount of 5% per member will be given on the overall policy premium.

Note – *Navi GI Duniya Discount (Loyalty Discount) and Additional Family Member(s) Discount is restricted to 5% in totality i.e. the policyholder will be applicable for either of the two discounts.*

IX. 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%
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%

X. PREMIUM PAYMENT TERM

Premium Payment for policy can be done in instalments. The options are available with an 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%

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XI. CHANGE IN SUM INSURED

Enhancement -
Sum Insured can be enhanced at the time of renewal only.
For enhancement of Sum Insured, all waiting periods will apply as fresh only to the extent of the enhanced Sum Insured and from the effective date of such enhancement.
Any enhanced Sum Insured during any policy renewals will not be available for an illness, disease, injury already contracted under the previous policy periods.

You can submit a request for the enhancement in Sum Insured by filling the Change Request Form. Such requests will be processed as per the Underwriting Guidelines of the Company.

Reduction -
Sum Insured can be reduced at the time of renewal only.
You can submit a request for the reduction in Sum Insured by filling the Change Request Form.

XII. CHANGE OF POLICYHOLDER

The Policyholder may be changed only at the time of renewal. The new Policyholder must be a member of insured person's family (Spouse/ Son/ Daughter/ Parents).

The Policyholder may be changed during the policy period upon request in case of death of the Policyholder, emigration of Policyholder from India or in case of divorce of the Policyholder.

XIII. ADDITION OF INSURED PERSON

Addition of insured person can be made during the Policy Period for child between the age of 91 days and 180 days (both days inclusive) and for newly married spouse within 3 months of marriage.

Addition of insured person can also be done at renewal subject to underwriting.

For newly added insured person, all waiting periods will apply afresh.

XIV. INCLUSION OF COVER DURING POLICY PERIOD

You can include following covers in the Policy during the Policy Period subject to our underwriting guidelines. In such a case, all the waiting periods as described in section 4 will be applicable from the date of endorsement.

Sr. No.	Cover	Sum Insured	Waiting Period
1	Emergency Road Ambulance/Repatriation of Mortal Remains/Funeral Expenses (per hospitalisation)	All Sum Insureds	Below waiting periods shall be applicable from the date of Endorsement – - 30 days - Named Ailments - Pre-Existing Disease
2	Organ Donor Expenses		
3	AYUSH		
4	Hospital Daily Cash		
5	Maternity and New Born Baby		

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6	Cumulative Bonus		- Internal Congenital Anomaly - Mental Illness
7	Medical Inflation		
8	Medical Second Opinion		
9	Outpatient Treatment		
10	Infertility	₹ 6 - 100 Lac	
11	Worldwide Emergency Hospitalisation		
12	Emergency Air Ambulance		

XV. EXCLUSIONS

Policy does not cover any claim in respect of any Insured Person in any way resulting directly or indirectly from or attributable to any of the following unless specifically covered:

STANDARD EXCLUSIONS

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 & Nuclear Exposure -** Treatment costs directly or indirectly caused by or contributed to or arising from nuclear weapons/materials, radioactive material, nuclear waste, nuclear fuel or from the combustion of nuclear fuel, chemical or biological weapons.

iii) **War -** 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.

EXCLUSIONS SPECIFIC TO THE POLICY WHICH CANNOT BE WAIVED

i) **Pre-Existing Diseases – Code – Excl01 –**

1. Expenses related to the treatment of a Pre existing disease (PED) and its direct complications shall be excluded until the expiry of number of months (as specified in the Policy Schedule) of continuous coverage after the date of inception of the first policy with insurer.
2. In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
3. 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.
4. 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)**

i. Expenses related to the treatment of the listed Conditions, surgeries/treatments shall be excluded until the expiry of number of months (as specified in the Policy Schedule) 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.

ii. In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
iii. 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.
iv. The waiting period for listed conditions shall apply even if contracted after the policy or declared and accepted without a specific exclusion.
v. 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.
vi. Refer Policy Wordings for the list of specific diseases/procedures.

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 below or any complication arising from the same, during first twenty four (24) months from the inception of first Policy with Us.

	Organ / Organ Systems	Illness
1.	**Mental Disorders**	a. Schizophrenia (ICD - F20 ; F21;F25) b. Bipolar Affective Disorders (ICD - F31; F34) c. Depression (ICD - F32; F33) d. Obsessive Compulsive Disorders (ICD - F42 ; F60.5) e. Psychosis (ICD - F 22 ; F23 ; F28 ; F29)

vi) Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. **Code- Excl12**

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 -** 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 -** 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) Treatment related to routine eyesight checking or hearing tests including optometric therapy.

(b) Cost of hearing aids / Cochlear Implants, Spectacles or Contact Lenses.

(c) Cost related to providing, maintaining and fitting of external and or durable medical/non-medical equipment (as listed in non – medical expenses list) 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, any artificial limb also any 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 dioptres.

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** - 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** - Non-medical expenses as listed on our website at www.naviinsurance.com.

xx) **Non-Allopathic Treatment** - Expenses related to Non-Allopathic treatment.

xxi) **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

xxii) **Maternity Expenses.– 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.

xxiii) **Preventive Vaccinations** - 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.

xxiv) **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 IVF, ZIFT, GIFT, /CS/
(iii) Gestational Surrogacy
(iv) Reversal of sterilization

xxv) **Self-inflicted injuries or attempted suicide** - Expenses for treatment resulting directly or indirectly from self-inflicted Injury or suicide, attempted suicide while sane or insane.

xxvi) **Treatment by a Medical Practitioner outside discipline -** 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.

xxvii) **Time bound Exclusions** - Any specific time bound exclusion(s) applied by Us and mentioned in the Schedule and accepted by the Insured Person.

xxviii) **Investigation & Evaluation – Code – Excl04 -**

a) Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded.

b) Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded.

xxix) **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.

xxx) Treatments received in heath hydros, 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**

xxxi) **Permanent Exclusions** - We will not pay for any disease which is permanently excluded and specified in the policy schedule with your due consent.

XVI. CLAIMS PROCEDURE

1. **Claim Intimation:**
   Notification of the claim must be made to Us/Our TPA in writing or at call centre.

   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.
   The following details are to be provided to Us at the time of intimation of Claim:
   (a) Policy Number
   (b) Health Card ID No.
   (c) Name of the Insured Person in whose relation the Claim is being lodged
   (d) Nature of Illness / Injury
   (e) Name and address of the attending Medical Practitioner and Hospital
   (f) Date of Admission
   (g) Any other information as requested by Us

2. **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.

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

   Documents to be submitted are –
   - Claim Form Duly Filled and Signed
   - Original Discharge/Death Summary
   - Operation Theatre Notes (if any)
   - Original *Hospital* Main Bill along with break up Bill and original receipts
   - Original investigation reports, X Ray, MRI, CT films, HPE etc.
   - Doctors Reference Slips for Investigations/Pharmacy
   - Original Pharmacy Bills
   - 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
   - KYC documents (Photo ID proof, Pan Card, Aadhar Card etc.)
   - Cancelled cheque for NEFT payment

4. Notification of any deficiency of documents shall be done by the TPA within 3 working days of receiving claim documents.

   First reminder for deficient documents shall be sent within 7 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.

5. Claim documents for Pre-& Post hospitalisation should be sent to TPA within 15 days of completion of treatment.

6. 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.

7. 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 from the receipt of the last relevant document from the insured /claimant by Us till the date of actual payment.

8. 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

XVII. TERMS AND CONDITIONS

1) Cancellation of Policy –

i. The policyholder 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.

Period on Risk (in Months)	1 Year Policy Term	2 Year Policy Term	3 Year Policy Term
	Rate of Premium to be refunded	Rate of Premium to be refunded	Rate of Premium to be refunded
1	79%	87%	90%
2	71%	83%	88%
3	63%	79%	85%
4	55%	75%	82%
5	47%	71%	80%
6	39%	67%	77%
7	31%	63%	74%
8	23%	59%	72%
9	9%	55%	69%
10	1%	51%	66%
11	0%	47%	64%
12	0%	43%	61%
13		39%	58%
14		35%	56%
15		31%	53%
16		27%	50%
17		23%	48%
18		19%	45%
19		15%	42%
20		11%	40%
21		5%	37%
22		1%	34%
23		0%	32%
24		0%	29%
25			26%
26			24%
27			21%
28			18%
29			16%
30			13%
31			10%
32			8%
33			3%

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402, 403 & 404, A & B Wing, 4th Floor, Fulcrum, Sahar Road, Next to Hyatt Regency, Andheri (E), Mumbai -400099
Toll-free number: 1800 123 0004 8200 | Fax: 022-4001 8251 | Website: www.naviinsurance.com | Email: mycare@navi.com
CIN: U66000MH2016PLC283275 | IRDAI Registration Number: 155

34			0%
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.

ii. 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.

2) 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;*

3) 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.

4) Portability –

You can opt to port your existing health insurance policy to this product subject to the following:

b) You should submit application for portability with complete documentation at least 45 days prior to expiry of your existing health insurance policy.
c) You were covered under Retail Health Insurance Policy from a Non-Life Insurance Company registered with IRDAI.
d) If the previous 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.
e) Portability benefit will be credited up to the extent of the sum of previous Sum Insured and cumulative bonus (if any).
f) In case previous policy has permanent exclusions for Maternity, infertility, and Mental Illness then waiting period for these conditions will be afresh.
g) In case previous policy has coverage for Maternity, infertility, and Mental Illness then as per portability guidelines waiting period credit for these covers is permissible.
h) All waiting periods shall be applicable individually for each insured person.
i) 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.
j) 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.
k) 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:

ii) 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 prorate basis.
iii) If a claim is reported during this extension period, you will 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.

5) Withdrawal of Policy

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.

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.

6) 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.

7) Premium Payment in Instalment-

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.

8) 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* will be applicable as per the below grid.

Age at Entry	Co-Payment
61-65 years	10%
66-70 years	20%
Above 70 years (Only for S.I. ₹ 2 Lac)	30%

9) 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.

10) Zonal Classification –

Zone – I: Delhi, NCR (Municipal limits of Faridabad, Gurgaon, Noida, Ghaziabad), Mumbai (All municipal regions under Mumbai Metropolitan Region), Bangalore (All municipal regions under Bangalore Metropolitan Region)

Zone – II: Hyderabad (All municipal regions under Hyderabad Metropolitan Region), Pune (All municipal regions under Pune metropolitan Region), Chennai (all municipal regions under Chennai Metropolitan Area), Kolkata (all municipal regions under Kolkata Metropolitan Area), Ahmedabad (All municipal regions under Ahmedabad municipal corporation)

Zone – III: All municipal regions of state capitals not included in Zone I and Zone II, Nagpur, Indore, Kochi, Coimbatore, Baroda, Surat, Ludhiana, Jallandhar.

Zone – IV: Rest of India excluding the cities included in Zone-I, Zone-II and Zone III.

Policyholder's paying Zone-I premium can avail treatment all over India without any Co-Payment.

Policyholder's paying Zone-II premium can avail treatment in Zone-II, Zone-III and Zone-IV without any Co-Payment but shall have to bear a Co-Payment of 12% of each and every claim if treatment in Zone-I is availed.

Policyholder's paying Zone-III premium can avail treatment in Zone-III and Zone-IV without any Co-Payment but shall have to bear a Co-Payment of

i) 25% of each and every claim if treatment in Zone-I is availed
ii) 15% of each and every claim if treatment in Zone-II is availed

Policyholder's paying Zone-IV premium can avail treatment in Zone-IV without any Co-Payment but shall have to bear a Co-Payment of

i) 35% of each and every claim if treatment in Zone-I is availed
ii) 25% of each and every claim if treatment in Zone-II is availed
iii) 10% of each and every claim if treatment in Zone-III is availed

XVIII. 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 (From 8 am to 8 pm) for any queries that You may have!
b. Email Your Policy related queries to mycare@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. Visit Our website www.naviinsurance.com to register & track Your queries
e. Please walk in to any of Our branches or partner locations
f. You can also dispatch Your letters to Us at:

NAVI General Insurance Limited
402,403 & 404, A & B Wing, 4th Floor,
Fulcrum, Sahar Road, Next to Hyatt Regency,
Andheri (East), Mumbai – 400099. Maharashtra

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 or contact GRO at 022 - 40018100.

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 remains unresolved after having followed the above escalation procedure 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

Illustration 1: Cumulative Bonus							
If Insured Person has a non-ported policy of Sum Insured 1 Lac. Let's see how cumulative bonus will work in renewals.							
	Policy Year	**Claim Status**	**Current Year CB (%)**	**Current Year CB (₹)**	**Accumulated CB**	**Unutilized Policy Sum Insured (Policy Sum Insured-Claim Amt)**	**Accumulated Sum Insured (Unutilized Policy SI + Accumulated CB)**
Scenario 1	1 Year	No Claim	NIL	NIL	NIL	1,00,000	1,00,000
	2 Year	No Claim	10%	10,000	10,000	1,00,000	1,10,000
	3 Year	No Claim	10%	10,000	20,000	1,00,000	1,20,000
	4 Year	No Claim	10%	10,000	30,000	1,00,000	1,30,000
	5 Year	No Claim	10%	10,000	40,000	1,00,000	1,40,000
	6 Year	No Claim	10%	10,000	50,000	1,00,000	1,50,000
	7 Year	No Claim	Not Available - Since CB cannot accumulate more than 50% of Sum Insured		50,000	1,00,000	1,50,000
Scenario 2	1 Year	No Claim	NIL	NIL	NIL	1,00,000	1,00,000
	2 Year	No Claim	10%	10,000	10,000	1,00,000	1,10,000
	3 Year	No Claim	10%	10,000	20,000	1,00,000	1,20,000
	4 Year	No Claim	10%	10,000	30,000	1,00,000	1,30,000
	5 Year	Claim ₹ 80,000	10%	10,000	40,000	20,000	60,000
	6 Year	Claim ₹ 40,000	-10% CB reduced by 10% due to claim in previous year.	-10,000	30000	60,000	90,000
	7 Year	Claim ₹ 1,50,000	-10% CB reduced by 10% due to claim in previous year.	-10,000	20,000	0 Sum Insured utilized for paying 1,00,000, unpaid claim amount is 50,000	0 Complete CB (20,000) is utilized for paying unpaid claim amount
	8 Year	No Claim	0%	0	0 As accumulated CB of previous years is completely utilised in last year	1,00,000	1,00,000
	9 Year	No Claim	10%	10,000	10,000	1,00,000	1,10,000
	10 Year	No Claim	10%	10,000	20,000	1,00,000	1,20,000

Illustration 2: Reinstatement of In-patient Hospitalisation Sum Insured

In case an Insured person opts for a Sum Insured of 1 Lac. He also has Cumulative Bonus cover. Let's understand how reinstatement benefit will apply to the Insured person.

	Policy Term	Claim Status	Balance Sum Insured (₹) (Policy SI- Claim Amt)	Current Year CB (%)	Current Year CB (₹)	Accumulated CB	Total Accumulated SI including CB (₹)	Will Reinstatement Trigger
Scenario 1	1 Year	No Claim	1,00,000	NA	NA	NA	1,00,000	No
	2 Year	No Claim	1,00,000	10%	10,000	10,000	1,10,000	No
	3 Year	Claim – ₹ 90,000	10000	10%	10,000	20,000	30,000 (Unutilised SI = ₹ 10,000 + Accumulated CB = ₹ 20,000)	No Sum Insured is still available.
Scenario 2	1 Year	No Claim	1,00,000	NIL	NIL	Nil	1,00,000	No
	2 Year	No Claim	1,00,000	10%	10,000	10,000	1,10,000	No
	3 Year	No Claim	1,00,000	10%	10,000	20,000	1,20,000	No
	4 Year	No Claim	1,00,000	10%	10,000	30,000	1,30,000	No
	5 Year	No Claim	1,00,000	10%	10,000	40,000	1,40,000	No
	6 Year	Claim – ₹ 1,55,000	0	10%	10,000	50,000	0	Yes
							Total Amount paid under the policy is ₹ 1,50,000 (Policy SI = ₹ 1,00,000 + accumulated CB = ₹ 50,000).	Policy SI reinstated for ₹ 1,00,000
								Reinstated amount shall not be available for this Claim which has exhausted the base SI including CB.
	Reinstatement will trigger in 6th year as the insured person has completely exhausted the total sum insured amount eligible for the year i.e Base Sum Insured and cumulative bonus. Reinstated Amount is not inclusive of Cumulative Bonus and Medical Inflation amount, if any.							

Illustration 3: Medical Inflation (MI)						
If Insured Person has a policy of 1 Lac. Let's understand how Medical Inflation benefit will work in renewal						
Policy Term	**Claim Status**	**Balance Sum Insured (₹) (SI-Claim Amt)**	**Medical Inflation (%)**	**Medical Inflation (₹)**	**Total Accumulated MI (₹)**	**Total Accumulated SI including MI (₹)**
1 Year	No Claim	1,00,000	NA	NA	NA	1,00,000
2 Year	No Claim	1,00,000	10%	10,000	10,000	1,10,000
3 Year	No Claim	1,00,000	10%	10,000	20,000	1,20,000
4 Year	Claim ₹ 80,000	20,000	10%	10,000	30,000	50,000
5 Year	Claim ₹ 40,000	60,000	10%	10,000	40,000	1,00,000
			Irrespective of Claim in Previous Policy Year			
6 Year	No Claim	1,00,000	10%	10,000	50,000	1,50,000
7 Year	No Claim	1,00,000	Not Available - Since MI cannot accumulate more than 50% of Sum Insured		50,000	1,50,000

Illustration 4: Reinstatement and Combined Additive effect of Cumulative Bonus & Medical Inflation										
If Insured Person has a policy of 1 Lac. Let's understand how Medical Inflation benefit will work in renewal and how medical inflation & cumulative bonus will work at the time of claim.										
	Policy Term	**Policy SI (Base SI + MI)**	**Claim Status**	**Balance Base Sum Insured (₹) (Base SI - Claim Amt)**	**Medical Inflation (%)**	**Total Accumulated MI (₹)**	**Current Year CB (%)**	**Accumulated CB**	**Balance Policy SI (Policy SI - Claim Amount)**	**Will Reinstatement Trigger**
Scenario 1	1 Year	1,00,000	No Claim	1,00,000	NA	NA	NA	NA	1,00,000	No
	2 Year	1,10,000	No Claim	1,00,000	10% of Base SI	10,000	10% of Base SI	10,000	1,10,000	No
	3 Year	1,20,000	No Claim	1,00,000	10% of Base SI	20,000	10% of Base SI	20,000	1,20,000	No
	4 Year	1,30,000	Claim ₹ 80,000	20,000	10% of Base SI	30,000	10% of Base SI	30,000	50,000	No
	5 Year	1,40,000	Claim	0	10% of Base SI	40,000	- 10% of Base SI	20,000	0	Yes
			₹ 1,70,000		Irrespective of Claim in Previous Policy Year		Claim in Previous Policy Year		₹ 1,60,000 is paid = 1,40,000 (Policy SI) + ₹ 20,000 (Accumulated CB)	Reinstated Amt 1,00,000 for rest of the policy Year
	6 Year	1,00,000	No Claim	1,00,000	10% of Base SI	10,000	- 10% of Base SI	0	1,00,000	No
	7 Year	1,10,000	No Claim	1,00,000	10% of Base SI	20,000	10% of Base SI	10,000	1,10,000	No

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CIN: U66000MH2016PLC283275 | IRDAI Registration Number: 155

Illustration 5 - Self Disease Management	
Scenario 1 - An Insured Person opts for a policy with Us and undergoes a Pre-Policy medical check-up due to his Age or his declared medical condition and is found to have Diabetes (HbA1C value 7%). Let's understand how he can avail discount at renewal if he manages his Diabetes well.	
1	He has to manage his health by adopting healthy lifestyle practices to control his Diabetes.
2	Since his 1st health screening is already happened by way of Pre-Policy medical check-up at our empanelled service provider, he has to undergo only 2nd health screening test.
3	Before 90 days of expiry of the Policy year, he has to undergo HbA1C (Glycated Haemoglobin) test as 2nd health screening test at Our Empanelled Service Provider only, at his own cost.
4	If his values are more than 6.4%, he will NOT be eligible for any discount. If his values fall within the range of 5.7-6.4%, he will be eligible for 3% discount. If his values fall within the range of ≤ 5.6%, he will be eligible for 5% discount.
Scenario 2 - An Insured Person opts for a policy with Us and during the policy year found to have acquired Hypertension (Blood Pressure - SBP: >140 mmHg & DBP: >90 mmHg) & Hyperlipidemia (Cholesterol - > 240 mg/dl). Let's understand how he can avail discount at renewal if he manages his Chronic diseases well.	
1	He has to manage his health by adopting healthy lifestyle practices to control his Chronic Diseases.
2	Since he has acquired chronic diseases during the Policy year, he will have to undergo 1st health screening i.e Cholesterol tests & Blood Pressure immediately after the renewal (i.e at the beginning of the next policy year) in our empanelled network provider only , at his own cost.
3	Once 1st health screening test is done at the beginning of the policy year(renewal year), he will have to undergo 2nd health screening i.e Cholesterol tests & Blood Pressure, 90 days before the expiry of the Policy year at Our Empanelled Service Provider only, at his own cost.
4	If he is able to control both the chronic diseases i.e – his Cholesterol values are in range of 200 - 240 mg/dl & Blood pressure range is within 120-139 mmHg (SBP) & 80-89 mmHg (DBP), he will be eligible to get discount of 10% (5% each under respective chronic disease table).
	If he is able to control only one chronic diseases i.e – If Cholesterol values are more than 240 mg/dl & Blood pressure range is within 120-139 mmHg (SBP) & 80-89 mmHg (DBP), he will be eligible to get discount of 3% for managing single disease only.

NOTE –

i. Discount percentage shall be applied based on the values obtained from the 2nd screening test.

ii. If the values obtained in the 2nd screening test falls within the range as listed in 2nd test Column of the respective Chronic Disease Management Grid then discount corresponding to that range shall be applied.

iii. If the Insured is able to manage more than one specified chronic disease, the cumulative discounts shall be offered up to a maximum of 10% on renewal premium.