

AROGYA SANJEEVANI POLICY, NAVI GENERAL INSURANCE LIMITED

PROSPECTUS

Health is the most important asset you have in your life. Every part of your life is dependent on you having good health. Rising medical costs and host of lifestyle diseases have increased the financial burden on everyone. It is therefore essential to have a health insurance product in place and protect yourself and / or your family against medical expenses due to inpatient hospitalization.

Hence, we brought you Arogya Sanjeevani Policy which is a standard health insurance product mandated by IRDAI, with basic mandatory covers and features which are uniform across market.

I. Features you'll appreciate

- Coverages** – This policy is designed to offer below coverages.

1.	Hospitalisation	6.	Listed Modern Treatment Procedures
2.	Day Care Treatment	7.	AYUSH Treatment
3.	Pre Hospitalisation	8.	Road Ambulance
4.	Post Hospitalisation	9.	Cumulative bonus
5.	Cataract Treatment	10.	Co Payment

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

- Sum Insured Options** – You have the option to choose the sum insured from ₹ 1 Lac to ₹ 5 Lacs. Minimum sum insured is ₹ 1 Lac; thereafter in the multiples of ₹ 50,000 up to a maximum of ₹ 5 Lacs is available.
- Age Eligibility** - Minimum age at entry under this Policy is 18 years for principal insured and maximum age at entry shall be 65 years. Dependent child(ren) shall be covered from the age of 3 months to 25 years. If a child above 18 years is financially independent, he or she will be ineligible for coverage in subsequent renewals.

There is no maximum cover ceasing age on renewals.

- Policy Period Option** - Policy can be issued with a term of one (1) year.
- Type of Policy** - This policy can be issued to an individual on an Individual Sum Insured basis and/or to a family on an Individual Sum Insured basis or on a Family Floater Sum Insured basis.

Arogya Sanjeevani Policy, Navi General Insurance Limited | UIN : NAVHLIP20162V011920

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
 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

Number of members covered under each type of policy are –

S. No.	Type of Policy	No. of Members Covered under the Policy
1	Individual	Self
2	Family (Non-Floater / Floater)	Self, Spouse, Parents, Parents-in-law, Dependent Children (any number and of age 3 months to 25 years)

6. **Pre-Policy Medical Check Up (PPMC)** – We will require you to undergo a medical check-up based on your Age (grid mentioned below). Wherever any pre-existing disease or any other adverse medical history is declared, we may ask such member to undergo specific tests, as we may deem fit to evaluate such member, irrespective of Age.

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

Sum Insured = ₹ 1 , 1.5 , 2 , 2.5 , 3 , 3.5 , 4 , 4.5 , 5 Lac		
Age	If NIL Medical Condition	In case of Medical Condition
Upto 50 yrs.	Nil	Tele HRA#
51 – 60 yrs.	Tele HRA	PPMC*
Above 60 yrs.	PPMC*	PPMC*

# Basis the severity of health condition assessed during Tele HRA, PPMC may be suggested.	
* Test(s) for PPMC will be suggested to you based on the severity of your medical condition and underwriting policy.	
Test(s) for PPMC	MER, CBC with ESR, Lipid Profile, SGOT, SGPT, GGT, Bilirubin, BUN, Sr. Creatinine, Uric acid, Stress test, Chest X-Ray, USG Abdomen, PSA (Men), PAP (Female), HBsAg, HbA1c, Urine R/M, Urine microalbumin, Thyroid Profile Additional test may be included basis nature of the risk being evaluated.

Full explanation of tests is provided here:

MER – Medical Examination Report ; **CBC** - Complete Blood Count ; **ESR** - erythrocyte sedimentation rate; **SGOT** - Serum Glutamic Oxaloacetic Transaminase; **SGPT** - Serum Glutamic Pyruvic transaminase; **GGT** - Gamma-glutamyl transferase; **BUN** - blood urea nitrogen; **Sr. Creatinine** - Serum Creatinine; **USG Abdomen** – Sonography Abdomen; **PSA** - Prostate Specific Antigen; **PAP** - Prostatic Acid Phosphatase; **HBsAg** - Hepatitis B surface antigen; **Hb1Ac** - Glycated haemoglobin; **Urine R/M** - Urine Routine & Microscopy.

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7. **Geography** – Policy covers for events within the territorial limits of India .All payments under the Policy will be made in Indian Rupees.
8. **Waiting Period** – We shall not be liable to make any payment under this Policy in connection with or in respect of following expenses till the expiry of the waiting period mentioned below.
- First 30 days waiting period – 30 days
 - Specific Waiting Period – 24 months / 48 months (List available in Annexure - 3)
 - Pre-Existing Disease Waiting Period – 48 months

Note - All the waiting periods shall be applicable individually for each Insured Person and claims shall be assessed accordingly.

9. **Premium** - The Premium charged on the Policy will depend on the Age and Sum Insured. Additionally, the health status of the individual will also be considered.

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

Mode/Term	Loading %
Annual	0 %
Half – Yearly	2.5 %
Quarterly	4.5 %
Monthly	9.0 %

In case of instalments, premium shall be payable on or before the due date for continuity of coverage under the policy.

You will have a grace period of 15 days from the due date for payment of instalment. We will not charge interest on the instalment premium paid during the grace period and there will be no impact on applicable waiting periods. In case, We do not receive the premium within this grace period, the policy will be terminated.

In the event of a claim, all the subsequent premium instalments shall immediate become due and payable.

We shall have the right to recover and deduct any or all the pending instalments from the claim amount due under the Policy.

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

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

10. 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%

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27	Alcohol Consumption	0 to 20%
28	Poliomyelitis	0 to 10%
29	Mental Illness	0 to 20%
30	HIV & AIDS	0 to 20%

Sr. No.	Abnormal 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%

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

- i. **Family Floater Discount** – A discount shall be offered if the policy is issued on floater basis, based on the age of the eldest member. Refer **Annexure 2 – “Rate chart”** for discount rate.
- ii. **Additional Family member discount** : If the policy is issued on non-floater basis and the number of members in the same policy is more than 1, then a 5% discount will be given on the overall policy premium.
- iii. **Navi Duniya Discount (Loyalty Discount)**: 5% discount shall be offered on purchase of new policy if you are our existing customer.
- iv. **Direct Channel Discount** : A discount of 15 % will be offered, if the purchase of the Policy is done directly from Us.

12. Change in Sum Insured

- o **Enhancement** –
 - a. Sum Insured can be enhanced at the time of renewal only.
 - b. 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.
 - c. Any enhanced Sum Insured during any policy renewals will not be available for an illness, disease, injury already contracted under the previous policy periods. All waiting periods under the policy shall apply afresh for this enhanced limit from the effective date of such enhancement.

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.

Arogya Sanjeevani Policy, Navi General Insurance Limited | UIN : NAVHLIP20162V011920

- o **Reduction -**
 - a. Sum Insured can be reduced at the time of renewal only.
 - b. You can submit a request for the reduction in Sum Insured by filling the Change Request Form.
- 13. Income Tax Benefit** - Premium paid under the Policy shall be eligible for income tax deduction benefit under Section 80 D as per the Income Tax Act, 1961. (Tax benefits are subject to change as per the tax laws).
- 14. Terms & Conditions**
- i. **Moratorium Period** - After completion of eight continuous years under this policy no look back would be applied. This would be applicable for the sums insured of the first policy and subsequently completion of eight continuous years would be applicable from date of enhancement of sums insured only on the enhanced limits. After the expiry of Moratorium Period no claim under this policy 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 as per the policy.
 - ii. **Free Look Period** – You have 15 days from the date of receipt of the Policy to review the terms and conditions. After review of the policy, if the terms of the policy are not acceptable, you have an option to cancel the policy provided you have not made any claim under the policy. In such a case, premium paid for the policy will be refunded in your account within 15 days from your request of policy cancellation. Your premium refund will be subject to deduction of amount spent by Us on medical examination, stamp duty charges and proportionate risk premium. Free Look Period is only available for new policies and not for renewals and portability.
 - iii. **Migration** - You will have an option to migrate to our other health insurance product(s), if available, subject to our underwriting guidelines. Similarly, children when exiting on account of age will also be given an option to migrate to our individual health insurance products subject to our underwriting guidelines. You will be entitled for accrued continuity benefits, if any, as per prevailing migration guidelines issued by IRDAI.
 - iv. **Portability** - Insured Persons covered under this Policy or any other individual indemnity Health Insurance Policy from a Non-Life Insurance Company/Health Insurance Company registered with the Authority shall have the right to migrate from such policy to a suitable Individual health insurance Policy offered by Us provided that:
 - a. You should submit application for portability with complete documentation at least 45 days prior to expiry of your existing health insurance Policy.
 - b. Portability benefit will be credited up to the extent of the sum of previous Sum Insured.
 - i. If the expiring Policy Sum Insured is lower than the Sum Insured opted under this Policy, waiting periods will apply to the amount of proposed increase in Sum Insured only.

- ii. If the expiring Policy Sum Insured is higher than or equal to the Sum Insured opted under this Policy, then the waiting periods will be reduced by the number of months of continuous coverage under the previous policy.
 - c. All waiting periods, if any shall be applicable individually for each Insured Person.
 - d. Acceptance of the Portability application will be based on the underwriting guidelines of the Company. We may at Our sole discretion restrict the terms on which We may offer the cover.
 - e. There is no obligation on Us to insure all Insured Persons on the proposed terms, even if We have received all the documentation from You.
 - f. In case You opt to port to any other Insurance Company for Renewal, under the Portability provision and the outcome of such Portability request is awaited from the new insurer on the date of Renewal:
 - i. On Your request, We may extend this Policy for a period of not less than one month at an additional premium to be paid on a prorated basis.
 - ii. If a claim is reported during this extension period, You shall be required to first pay the full annual Policy premium. Our liability for the payment of such claim shall commence only once such premium is received.
- iv. **Renewal Conditions** -
 - You may renew the policy on or before the end of the Policy Period. Renewal of policy is subject to realization of renewal premium.
 - We are NOT under any obligation to send renewal notice or reminders.
 - We may not renew the policy on grounds of fraud, misrepresentation, moral hazard by You of any material fact either at the time of taking the Policy or any time during the policy period.
 - Grace Period of 30 days is available for renewing the Policy.
 - Any revision / modification in the product will be done with the approval of IRDAI and will be intimated to You at least three months prior to the effective date of modification or revision coming into effect.
 - We will not apply any additional loading on your policy premium at renewal based on your claim experience.
 - Sum Insured Enhancement – Sum Insured can be enhanced only at the time of renewal only. However, the quantum of increase shall be as per underwriting guidelines of the company. All waiting periods will apply afresh to the enhanced Sum Insured from the effective date of such enhancement.

v. **Cancellation** -

Cancellation by You - You may cancel this Policy any time by giving Us 15 days' notice in writing. Your premium shall be refunded as per below table provided no claim has been made under this Policy.

Refund %	
Refund of Premium (basis Policy Period)	
Timing of Cancellation	1 Year
Up to 30 days	75%
31 to 90 days	50%
3 to 6 months	25%
6 to 12 months	0%

Cancellation by Us - We may cancel this Policy at any time during the policy on grounds of misrepresentation, non-disclosure of material facts, fraud by You or anyone acting on your behalf by giving 15 days written notice. Such cancellations are from the date of inception of the policy or the renewal date (as the case may be) without refund of any premium.

II. What are the Exclusions?

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

1. Investigation & Evaluation (Code - Excl04)

- a) Expenses related to any admission primarily for diagnostics and evaluation purposes.
- b) Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment.

2. Rest Cure, rehabilitation and respite care (Code - Excl05)

- a) 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 bath ing , 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.

3. 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

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- 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
- 4. 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.
- 5. 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.
- 6. 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.
- 7. 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.
- 8. 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.
- 9. Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. (Code- Excl12)**
- 10. Treatments received in health 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)**
- 11. 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)**

Arogya Sanjeevani Policy, Navi General Insurance Limited | UIN : NAVHLIP20162V011920

12. Refractive Error (Code - Exc115)

Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptries.

13. 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.

14. 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, ICSI
- (iii) Gestational Surrogacy
- (iv) Reversal of sterilization

15. 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.

16. War (whether declared or not) and war like occurrence or invasion, acts of foreign enemies, hostilities, civil war, rebellion, revolutions, insurrections, mutiny, military or usurped power, seizure, capture, arrest , restraints and detainment of all kinds.**17. Nuclear, chemical or biological attack or weapons, contributed to, caused by, resulting from or from any other cause or event contributing concurrently or in any other sequence to the loss , claim or expense. For the purpose of this exclusion:**

- a) Nuclear attack or weapons means the use of any nuclear weapon or device or waste or combustion of nuclear fuel or the emission, discharge, dispersal, release or escape of fissile/ fusion material emitting a level of radioactivity capable of causing any illness, incapacitating disablement or death.
- b) Chemical attack or weapons means the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical compound which, when suitably distributed, is capable of causing any illness, incapacitating disablement or death.
- c) Biological attack or weapons means the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) micro-organisms and/or biologically produced toxins (including genetically modified organisms and chemically synthesized toxins) which are capable of causing any illness, incapacitating disablement or death.

Arogya Sanjeevani Policy, Navi General Insurance Limited | UIN : NAVHLIP20162V011920

18. Any expenses incurred on Domiciliary Hospitalization and OPD treatment.
19. Treatment taken outside the geographical limits of India
20. In respect of the existing diseases, disclosed by the insured and mentioned in the policy schedule (based on insured's consent), policyholder is not entitled to get the coverage for specified ICD codes.

III. Claims Process

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

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

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

Cashless Facility

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

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

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

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

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

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

Reimbursement Process

- i. Documents for reimbursement of the inpatient hospitalisation / day care treatment / pre hospitalisation claim must be submitted to TPA/ Our office within thirty (30) days from the date of discharge.
- ii. Documents for reimbursement of the post hospitalisation claim must be submitted to TPA/Our office within fifteen (15) days from completion of post hospitalization treatment.

Original Documents to be submitted are –

- i. Duly Completed claim form
- ii. Photo Identity proof of the patient
- iii. Medical practitioner's prescription advising admission
- iv. Original bills with itemized break-up
- v. Original Payment receipts
- vi. Discharge summary including complete medical history of the patient along with other details.
- vii. Investigation / Diagnostic test reports etc. supported by the prescription from attending medical practitioner
- viii. OT notes or Surgeon's certificate giving details of the operation performed (for surgical cases) .
- ix. Sticker/Invoice of the Implants, wherever applicable .
- x. MLR (Medico Legal Report copy if carried out and FIR (First information report) if registered, where ever applicable.
- xi. NEFT Details (to enable direct credit of claim amount in bank account)and cancelled cheque
- xii. KYC (Identity proof with Address) of the proposer, where claim liability is above Rs 1 Lakh as per AML Guidelines
- xiii. Legal heir/succession certificate , wherever applicable
- xiv. Any other relevant document required by Company/TPA for assessment of the claim.

Note

1. Notification of any deficiency of documents shall be done by the TPA within 5 working days of receiving claim documents.
First reminder for deficient documents shall be sent within 10 days and second reminder shall be sent within 10 days of first deficiency letter.
In case the deficient documents are not received after 15 days of the final reminder letter, the claim shall be rejected.
2. Claim 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.
3. In case of delay in the payment beyond the stipulated timelines, We shall be liable to pay interest at a rate of two percent (2%) above the Bank Rate or as per the applicable / extant IRDAI regulation. Such interest shall be paid from the date of receipt of the last relevant and necessary document from the Insured /claimant by insurer till the date of actual payment.
4. The payment will be in Indian Rupees.

TPA Details

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

IV. How can I buy the Policy?

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

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

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

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

V. Grievance Redressal Procedure

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

- a. Call Us on Our Toll Free 1800-123-0004 (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
Office: 402, 403 & 404, A&B Wing,
4th Floor, Fulcrum, Sahar Road,
Next to Hyatt Regency,
Andheri (E),
Mumbai - 400 099

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

Arogya Sanjeevani Policy, Navi General Insurance Limited | UIN : NAVHLIP20162V011920

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
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

Ombudsman & Addresses: Refer the link - <http://ecoi.co.in/ombudsman.html>

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)
<ol style="list-style-type: none"> 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 - How Your Coverages Work?

This Policy indemnifies You for the events described below and occurring during the Policy Period. Our maximum liability will be limited to the Sum Insured and accrued cumulative bonus (if any). Each coverage is subject to the terms, conditions and exclusions of this Policy.

1. Hospitalisation –

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

- i. Room Rent , Boarding, Nursing Expenses as provided by the Hospital / Nursing Home up to 2% of the sum insured subject to maximum of Rs.5000 /-, per day.
- ii. Intensive Care Unit (ICU)/ Intensive Cardiac Care Unit (ICCU) expenses up to 5% of sum insured subject to maximum of Rs. 10,000/- per day.
- iii. Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialist Fees whether paid directly to the treating doctor / surgeon or to the hospital.
- iv. Anesthesia, blood, oxygen, operation theatre charges , surgical appliances, medicines and drugs , costs towards diagnostics, diagnostic imaging modalities and such similar other expenses.
- v. In case of admission to a room/ICU/ICCU at rates exceeding the aforesaid limits, the reimbursement/payment of all other expenses (i.e. Associate Medical Expenses) incurred at the Hospital, shall be effected in the same proportion as the admissible rate per day bears to the actual rate per day of Room Rent/ICU/ICCU charges.

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Associate Medical Expenses means medical expenses incurred during the hospitalisation except –

- a. Cost of pharmacy and consumables
- b. Cost of implants and medical devices
- c. Cost of diagnostics
- vi. Dental treatment necessitated due to disease or injury.
- vii. Plastic surgery necessitated due to disease or injury.

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.

3. Pre-Hospitalisation

Medical Expenses incurred immediately before your hospitalisation up to 30 days. Claim under hospitalisation or Day Care Treatment must be admissible.

4. Post Hospitalisation

Medical Expenses incurred immediately after your discharge from the hospital up to 60 days. Claim under hospitalisation or Day Care Treatment must be admissible.

5. Cataract Treatment

Medical Expenses incurred for treatment of Cataract up to 25% of Sum Insured or Rs 40,000/- whichever is lower, per each eye in one policy year.

6. Listed Modern Treatment Procedures

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 50% of Sum Insured.

- 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 prostate (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.

7. AYUSH Treatment

Medical expenses incurred for inpatient treatment under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems of medicines during each Policy Year up to the limit of sum insured in any AYUSH Hospital.

8. Road Ambulance

Expenses incurred on Road Ambulance up to a maximum of Rs.2000/- per hospitalisation.

9. Cumulative Bonus

Increase of Sum Insured by 5% for each claim free policy year (where no claims are reported), provided the policy is renewed with the company without a break subject to maximum of 50% of the sum insured under the current policy year. If a claim is made in any particular year, the accrued cumulative bonus shall be reduced at the same rate at which it has accrued. However, sum insured will be maintained and will not be reduced in the policy year.

10. Co Payment

Each and every claim under the Policy shall be subject to a Co-payment of 5% applicable to claim amount admissible and payable as per the terms and conditions of the Policy. The amount payable shall be after deduction of the co-payment.

Annexure 2 – Rate Chart

Office Premium - Pre-Tax Rates (in Rs)

Age\SI	100,000	150,000	200,000	250,000	300,000	350,000	400,000	450,000	500,000
91D-17	1,601	1,792	2,067	2,285	2,728	2,840	3,006	3,353	3,642
18-25	1,573	1,800	2,124	2,381	2,900	3,035	3,234	3,640	3,981
26-30	2,112	2,428	2,879	3,236	3,866	4,147	4,423	4,989	5,467
31-35	2,383	2,744	3,260	3,669	4,286	4,711	5,027	5,674	6,225
36-40	2,673	3,084	3,671	4,137	4,781	5,320	5,681	6,416	7,043
41-45	2,956	3,421	4,080	4,602	5,261	5,924	6,330	7,149	7,849
46-50	4,166	4,832	5,778	6,528	7,413	8,429	9,011	10,190	11,198
51-55	5,954	6,862	8,147	9,169	10,291	11,755	12,550	14,152	15,525
56-60	9,016	10,437	12,451	14,053	15,598	18,109	19,355	21,868	24,027
61-65	13,654	15,831	18,918	21,374	23,472	27,598	29,506	33,364	36,682
66-70	18,448	21,433	25,665	29,034	31,617	37,568	40,186	45,475	50,029
>70	24,860	28,938	34,712	39,312	42,545	50,956	54,536	61,747	67,962

Discounts & Loadings

- Family Floater Discount chart** - The tables below show the discount % for different family combinations and sum insured composition. Age band refers to the age of the eldest insured member.

2 Adults									
Age-Band	1 Lakhs	1.5 Lakhs	2 Lakhs	2.5 Lakhs	3 Lakhs	3.5 Lakhs	4 Lakhs	4.5 Lakhs	5 Lakhs
91D-17	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
18-25	34.70%	34.62%	34.49%	34.35%	34.27%	34.01%	33.61%	33.22%	32.96%
26-30	35.51%	35.37%	35.17%	34.97%	34.84%	34.44%	33.83%	33.23%	32.83%
31-35	36.35%	36.17%	35.89%	35.62%	35.44%	34.89%	34.08%	33.26%	32.71%
36-40	35.14%	34.95%	34.67%	34.39%	34.20%	33.64%	32.79%	31.94%	31.38%
41-45	33.93%	33.73%	33.44%	33.15%	32.95%	32.37%	31.49%	30.61%	30.03%
46-50	31.80%	31.60%	31.31%	31.01%	30.82%	30.23%	29.34%	28.45%	27.86%
51-55	27.95%	27.74%	27.44%	27.13%	26.93%	26.32%	25.41%	24.50%	23.89%
56-60	18.84%	18.66%	18.40%	18.13%	17.95%	17.42%	16.63%	15.83%	15.30%
61-65	10.63%	10.50%	10.30%	10.11%	9.98%	9.58%	8.99%	8.40%	8.01%
66-70	5.61%	5.51%	5.37%	5.23%	5.14%	4.85%	4.43%	4.00%	3.72%
>70	3.93%	3.86%	3.76%	3.66%	3.59%	3.40%	3.10%	2.80%	2.60%

1 Adult & 1 Child									
Age-Band	1 Lakhs	1.5 Lakhs	2 Lakhs	2.5 Lakhs	3 Lakhs	3.5 Lakhs	4 Lakhs	4.5 Lakhs	5 Lakhs
91D-17	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
18-25	27.45%	27.35%	27.21%	27.06%	26.96%	26.67%	26.24%	25.80%	25.51%
26-30	27.63%	27.48%	27.26%	27.03%	26.88%	26.43%	25.76%	25.08%	24.63%
31-35	27.87%	27.67%	27.36%	27.05%	26.84%	26.23%	25.30%	24.37%	23.76%
36-40	27.22%	27.01%	26.69%	26.37%	26.16%	25.53%	24.58%	23.63%	22.99%
41-45	26.57%	26.36%	26.03%	25.71%	25.49%	24.84%	23.86%	22.89%	22.24%
46-50	26.01%	25.80%	25.48%	25.16%	24.94%	24.30%	23.34%	22.38%	21.74%
51-55	25.47%	25.26%	24.94%	24.63%	24.42%	23.79%	22.85%	21.90%	21.27%
56-60	21.05%	20.88%	20.62%	20.36%	20.19%	19.68%	18.90%	18.13%	17.61%
61-65	15.94%	15.82%	15.63%	15.45%	15.32%	14.95%	14.40%	13.84%	13.47%
66-70	11.59%	11.50%	11.37%	11.23%	11.15%	10.88%	10.48%	10.08%	9.82%
>70	7.76%	7.70%	7.60%	7.51%	7.45%	7.25%	6.97%	6.68%	6.49%

2 Adult & 1 Child									
Age-Band	1 Lakhs	1.5 Lakhs	2 Lakhs	2.5 Lakhs	3 Lakhs	3.5 Lakhs	4 Lakhs	4.5 Lakhs	5 Lakhs
91D-17	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
18-25	35.98%	35.85%	35.65%	35.45%	35.31%	34.91%	34.31%	33.71%	33.31%
26-30	36.07%	35.92%	35.68%	35.45%	35.29%	34.83%	34.13%	33.43%	32.96%
31-35	35.90%	35.72%	35.45%	35.18%	35.00%	34.46%	33.65%	32.84%	32.31%
36-40	34.68%	34.50%	34.23%	33.96%	33.78%	33.25%	32.44%	31.64%	31.10%
41-45	33.14%	32.96%	32.69%	32.42%	32.24%	31.70%	30.90%	30.09%	29.55%
46-50	31.41%	31.23%	30.96%	30.69%	30.51%	29.97%	29.17%	28.36%	27.82%
51-55	29.32%	29.14%	28.87%	28.60%	28.42%	27.88%	27.07%	26.26%	25.72%
56-60	21.93%	21.78%	21.55%	21.32%	21.17%	20.72%	20.03%	19.35%	18.89%
61-65	13.61%	13.50%	13.33%	13.17%	13.05%	12.72%	12.22%	11.71%	11.38%
66-70	7.46%	7.38%	7.26%	7.14%	7.05%	6.81%	6.45%	6.08%	5.84%
>70	5.22%	5.16%	5.08%	4.99%	4.94%	4.77%	4.51%	4.26%	4.09%

2 Adult & 2 Child									
Age-Band	1 Lakhs	1.5 Lakhs	2 Lakhs	2.5 Lakhs	3 Lakhs	3.5 Lakhs	4 Lakhs	4.5 Lakhs	5 Lakhs
91D-17	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
18-25	38.76%	38.53%	38.19%	37.84%	37.61%	36.93%	35.90%	34.87%	34.19%
26-30	38.69%	38.50%	38.20%	37.90%	37.71%	37.11%	36.23%	35.34%	34.75%
31-35	36.57%	36.40%	36.14%	35.89%	35.72%	35.21%	34.44%	33.68%	33.17%
36-40	34.42%	34.27%	34.03%	33.80%	33.64%	33.17%	32.47%	31.76%	31.29%
41-45	33.19%	33.05%	32.85%	32.64%	32.50%	32.08%	31.45%	30.83%	30.41%
46-50	31.68%	31.54%	31.34%	31.13%	30.99%	30.58%	29.95%	29.33%	28.92%
51-55	30.17%	30.03%	29.83%	29.62%	29.49%	29.08%	28.46%	27.85%	27.43%
56-60	22.23%	22.12%	21.95%	21.78%	21.67%	21.33%	20.82%	20.31%	19.97%
61-65	15.56%	15.48%	15.37%	15.25%	15.17%	14.93%	14.57%	14.22%	13.98%
66-70	10.89%	10.84%	10.76%	10.67%	10.62%	10.45%	10.20%	9.95%	9.79%
>70	7.63%	7.59%	7.53%	7.47%	7.43%	7.32%	7.14%	6.97%	6.85%

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1 Adult & 2 Child									
Age-Band	1 Lakhs	1.5 Lakhs	2 Lakhs	2.5 Lakhs	3 Lakhs	3.5 Lakhs	4 Lakhs	4.5 Lakhs	5 Lakhs
91D-17	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%	0.00%
18-25	30.88%	30.77%	30.61%	30.44%	30.33%	30.01%	29.52%	29.03%	28.70%
26-30	31.09%	30.92%	30.67%	30.41%	30.24%	29.74%	28.98%	28.22%	27.71%
31-35	31.36%	31.13%	30.78%	30.43%	30.20%	29.51%	28.46%	27.42%	26.72%
36-40	30.62%	30.38%	30.03%	29.67%	29.43%	28.72%	27.65%	26.58%	25.87%
41-45	29.90%	29.65%	29.29%	28.92%	28.68%	27.94%	26.85%	25.75%	25.02%
46-50	29.26%	29.02%	28.66%	28.30%	28.06%	27.34%	26.26%	25.18%	24.46%
51-55	28.65%	28.41%	28.06%	27.71%	27.47%	26.76%	25.70%	24.64%	23.93%
56-60	23.68%	23.49%	23.20%	22.91%	22.72%	22.14%	21.27%	20.40%	19.81%
61-65	17.93%	17.79%	17.59%	17.38%	17.24%	16.82%	16.20%	15.57%	15.16%
66-70	13.04%	12.94%	12.79%	12.64%	12.54%	12.24%	11.79%	11.34%	11.04%
>70	8.73%	8.66%	8.55%	8.45%	8.38%	8.16%	7.84%	7.52%	7.30%

Additional Adult Discount		Additional Child Discount	
Additional	Discount	Additional	Discount
One Adult	5.00%	One Child	3.00%
Two Adults	8.80%	Two Children	4.94%
Three Adults	11.54%	Three Children	6.37%
Four Adults	13.31%	Atleast Four Children	7.30%

- Additional family member discount** – If the policy is issued on non-floater basis and the number of members in the same policy is more than 1, then a 5% discount will be given on the overall policy premium.
- Premium payment term loading** – Loading shall be applied as per the below table, if payment of premium is by installment mode.

Payment Frequency	Selected loading on the Premium
Monthly	9.00%
Quarterly	4.50%
Half-Yearly	2.50%

- Direct Channel discount** – A discount of 15 % will be offered, if the purchase of the Policy is done directly from Us.
- Navi Duniya discount** – 5% discount shall be offered on purchase of new policy if you are our existing customer.

Annexure 3

Specific Waiting Period

i. 24 months waiting period

1. Benign ENT disorders
2. Tonsillectomy
3. Adenoidectomy
4. Mastoidectomy
5. Tympanoplasty
6. Hysterectomy
7. All internal and external benign tumours, cysts, polyps of any kind, including benign breast lumps
8. Benign prostate hypertrophy
9. Cataract and age-related eye ailments
10. Gastric/ Duodenal Ulcer
11. Gout and Rheumatism
12. Hernia of all types
13. Hydrocele
14. Non-Infective Arthritis
15. Piles, Fissures and Fistula in anus
16. Pilonidal sinus, Sinusitis and related disorders
17. Prolapse inter Vertebral Disc and Spinal Diseases unless arising from accident
18. Calculi in urinary system, Gall Bladder and Bile duct, excluding malignancy.
19. Varicose Veins and Varicose Ulcers
20. Internal Congenital Anomalies

ii. 48 months waiting period

1. Treatment for joint replacement unless arising from accident
2. Age-related Osteoarthritis & Osteoporosis