

Navi Health Super Top Up

CUSTOMER INFORMATION SHEET

	Title	Description	Policy Clause Number
1	Product Name	Navi Health Super Top Up – Navi General Insurance	
2	What am I covered for	<p>This Policy provides coverage(s) if the aggregate of covered medical expenses in respect to Hospitalisation(s) in a policy year is in excess of the Deductible.</p> <p>1. <u>In-Patient Hospitalisation</u> - Covers hospitalisation expenses if hospitalised for a minimum period of 24 hours.</p> <p><u>Expenses shall include –</u></p> <ol style="list-style-type: none"> Room Rent and Nursing Charges Intensive Care Unit (ICU) Charges Operation Theatre Charges Fees of Medical Practitioner/Surgeon/ Anaesthetist/Specialities Physiotherapy, Investigation & Diagnostic Procedures Medicines, Drugs and Consumables Blood, Oxygen, Surgical appliances The cost of Prosthetic and other devices or equipment recommended by the attending Medical Practitioner and if implanted internally during a Surgical Procedure <p>Modern Treatment Methods</p> <p>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:</p> <ol style="list-style-type: none"> Uterine Artery Embolization and HIFU (High intensity focused ultrasound) Balloon Sinuplasty Deep Brain stimulation Oral chemotherapy Immunotherapy - Monoclonal Antibody to be given as injection Intra vitreal injections Robotic surgeries Stereotactic radio surgeries Bronchical Thermoplasty Vaporisation of the prostate (Green laser treatment or holmium laser treatment) IONM - (Intra Operative Neuro Monitoring) Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditions to be covered. <p><u>Mental Illness:</u></p> <p>Covers Mental Illness as per the provisions of Mental Healthcare Act, 2017. However, in case of following mental illnesses the Inpatient</p>	Section 3 – Scope of Cover

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		<p>Hospitalization benefit will be restricted to Policy Sum Insured or 3 lacs, whichever is Lower;</p> <ol style="list-style-type: none"> 1. Schizophrenia (ICD - F20 ; F21;F25) 2. Bipolar Affective Disorders (ICD - F31; F34) 3. Depression (ICD - F32; F33) 1. Obsessive Compulsive Disorders (ICD - F42 ; F60.5) 2. Psychosis (ICD - F 22 ; F23 ; F28 ; F29) <p><u>HIV & AIDS</u></p> <p>Covers 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).</p> <ol style="list-style-type: none"> 2. <u>Day Care Treatment</u> - Covers medical expenses for 393 day-care procedures where hospitalisation is for less than 24 hrs. This does not cover OPD treatment. 3. <u>Pre-Hospitalisation</u> - Covers medical expenses incurred before the hospitalisation up to 30 days. 4. <u>Post Hospitalisation</u> - Covers medical expenses incurred after the discharge from hospital up to 60 days. 5. <u>Domiciliary Hospitalisation</u> – Covers medical expenses incurred for treatment availed at home, which would otherwise have required hospitalisation for at least 3 days, due to: <ol style="list-style-type: none"> 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. <u>Organ Donor Expenses</u> – Covers Surgical expenses incurred for harvesting an organ from the donor. 7. <u>AYUSH</u> – Covers 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. 8. <u>Mandatory Co Payment</u> - If the entry age of the Insured Person at the first inception of policy with Us is 61 years or above, the Co-Payment on each and every claim will be applicable on the admissible claim amount as per the grid mentioned in the policy document. 9. <u>ReCover</u> – If the Policy Sum Insured is exhausted due to claims paid during the Policy Year, then We will reinstate Sum Insured equivalent to the Deductible opted or sum insured whichever is less, for the policy year. 	
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		<p>10. EmPower – In case of loss of job due to any Chronic Illness or Injury / critical illness/ disability which makes the insured person unfit to pursue the job and same is certified by Medical Practitioner, then we will provide coverage for inpatient treatment during the period of unemployment for a maximum period upto 3 months, which is after 6 months of taking this Policy.</p> <p>Mandatory Co-payment & Deductible shall not be applied under this coverage.</p> <p>11. CoPayRent – Provides coverage for Co-payment; Non-Medical Expenses & Prosthesis, if the same are not paid under any Indemnity Health Insurance Policy from us or any other Non-Life Insurance Company/Health Insurance Company registered with the Authority.</p> <p>OPTIONAL COVERAGES</p> <p>1. Daily Cash Allowance - Provides fixed amount for each day of hospitalisation.</p> <p>2. 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.</p> <p>3. Reduction in Named Ailments Waiting Period – 24 months Waiting Period for Named ailments will get reduced to 12 months for all Insured Persons covered under this Policy if this cover is opted.</p> <p>4. Reduction in Pre-Existing Disease Waiting Period - 36 months Waiting Period for “Pre-existing Disease / Conditions” will get reduced to 24 months for all Insured Persons covered under this Policy if this cover is opted.</p> <p>5. Extension in Pre- Hospitalization Period - 30 days Period for Pre-Hospitalization Medical Expenses will get extended to 60 days for all Insured Persons covered under this Policy if this cover is opted.</p> <p>6. Extension in Post Hospitalization Period - 60 days Period for Post-Hospitalization Medical Expenses will get extended to 90 days for all Insured Persons covered under this Policy if this cover is opted.</p> <p>7. Room Rent Sublimit – Room Rent under Inpatient Hospitalization will be limited to the amount as opted for all Insured persons covered under this policy.</p>	<p>Section 4 – Optional Coverages</p>
<p>3</p>	<p>What are the major Exclusions in the policy:</p>	<p>We will not pay for any claims arising directly or indirectly from:</p> <ol style="list-style-type: none"> 1. Breach of law 2. Chemical & Nuclear Exposure 	<p>Section 6 – Exclusions</p>

		<ol style="list-style-type: none"> 3. War 4. Alcohol ,drug or substance abuse 5. Sterility and Infertility 6. Cosmetic or Plastic surgery 7. Circumcision 8. Dental Treatment or Surgery 9. Hazardous or Adventurous Sports 10. Unproven treatments 11. External Congenital anomaly 12. Change of Gender treatments 13. Self-inflicted injuries or attempted suicide 14. Maternity 15. Preventive Vaccinations <p>Note: The above is an abridged wording/listing of the policy exclusions. For complete listing and wording of exclusions please refer to the policy clauses.</p>	
4	Waiting Period	<p>30 days waiting period: 30 days waiting period is applicable for any hospitalisation due to illness except hospitalisation due to accident or for three critical illnesses i.e. Cancer, Myocardial Infarction and Stroke.</p> <p>Waiting period for the Named Ailments (such as Sinusitis, Tonsillectomy, Cataract, Surgery for hernia, Uterine fibroids, Osteoarthritis, Joint replacement Surgeries, Kidney Stones, Gall Stones, Varicose veins) will be applicable up to 24 months from inception of first Policy with Us. Please refer the policy wording for complete list.</p> <p>Waiting period for the Named Mental Illnesses (such as Schizophrenia, Bipolar Affective Disorders, Depression, Obsessive Compulsive Disorders, Psychosis) will be applicable up to 24 months from the inception of first Policy with Us .</p> <p>Waiting period for the Internal Congenital Anomaly will be applicable up to 24 months from the date of inception of the first policy with Us.</p> <p>Waiting period for the Pre-existing disease/condition will be applicable up to 36 months from the inception of first Policy with Us.</p>	Section 5 – Waiting Period
5	Payment basis	<ol style="list-style-type: none"> 1. For all covers (excluding Daily Cash Allowance) pay-out will be on reimbursement of actual expenses either by way of Cashless to the Hospital/ Network provider when a cashless facility is availed or directly to you as a reimbursement against the bills when you have paid for the expenses. 	

		2. <u>Daily Cash Allowance</u> – Provides fixed amount for each day of hospitalisation. Our maximum liability is restricted to 5 days per hospitalisation & 30 days of hospitalisation in a Policy Year.							
6	Loss Sharing	<p>1. We will pay Medical Expenses exceeding the Deductible on per Policy Year basis.</p> <p>2. A mandatory co-payment as per the below grid will be applicable for the insured persons whose entry age at the first inception of policy with us is 61 years or above.</p> <table border="1" data-bbox="475 577 1209 689"> <thead> <tr> <th>Age at Entry</th> <th>Co-Payment</th> </tr> </thead> <tbody> <tr> <td>61-79 years</td> <td>10%</td> </tr> <tr> <td>80 Years and above</td> <td>20%</td> </tr> </tbody> </table>	Age at Entry	Co-Payment	61-79 years	10%	80 Years and above	20%	<p>Section – 3</p> <p>Section 3.8</p>
Age at Entry	Co-Payment								
61-79 years	10%								
80 Years and above	20%								
7	Renewal Conditions	<ul style="list-style-type: none"> ▪ 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 may not renew the policy if you have acted in a fraudulent manner; misrepresented or suppressed any of the material fact either at the time of taking the Policy or any time during the policy period. ▪ We are NOT under any obligation to send renewal notice or reminders. ▪ Grace Period of 30 days for renewing the Policy is provided under this Policy. ▪ Any revision / modification in the product will be done with the approval of the IRDAI and will be intimated to you at least three months before the changes are effected. ▪ <u>Product Withdrawal</u> <ul style="list-style-type: none"> - In the likelihood of this product being withdrawn in future, you will be intimated about the same 90 days prior to expiry of the policy. - You 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. 	<p>Section 6.3) v) - Renewal Terms</p> <p>Section – 6.2) x) – Revision & Modification of Product</p> <p>Section 6.2) xiii) – Withdrawal of Product</p>						
8	Renewal Benefits	Not Applicable							

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9	Cancellation	<p>a. You may cancel this policy by giving 15 days' written notice and in such an event, We shall refund premium for the unexpired policy period as per the refund table available in the policy document provided no claim has been admitted or lodged under the policy.</p> <p>b. We may cancel the policy at any time on grounds of misrepresentation non-disclosure of material facts, fraud by You 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.</p>	Section 6.2)ii) – Cancellation of Policy
10	Claims	<p>In the event of any unfortunate event be rest assured of complete assistance from us.</p> <p>1. Claim Intimation - Intimation of the claim must be made to Us/Our TPA in following ways -</p> <ul style="list-style-type: none"> • Call on Toll Free 1800 123 0004 OR • Send an email to mycare@navi.com OR • Customer Portal on website www.naviinsurance.com OR • Directly walk-in to office or through an Intermediary <p>2. Cashless facility is available only at our network provider. The Insured Person can avail Cashless facility at the time of admission into any network provider, by presenting the health card as provided by Us with this Policy, along with a valid photo identification proof (Voter ID card / Driving License / Passport / PAN Card / Aadhar Card, any other identity proof as approved by Us). Network Provider List is available at our website www.naviinsurance.com</p> <p>3. Reimbursement Facility - Wherever You have opted for reimbursement of expenses, You may submit the documents for reimbursement of the claim to Our / TPA office not later than 15 days from the date of discharge from the Hospital. You can obtain a Claim Form from any of our / TPA Offices or download a copy from our website.</p> <p>4. All claim documents as mentioned in the policy should be submitted to us not later than 15 days from the discharge from hospital.</p> <p>5. In case any document is missing, we'll raise a request within 5 days of submission of documents by you.</p> <p>6. Claim shall be settled or repudiated within 30 days of the receipt of the last necessary document/information. If your claim needs further investigation, the claim shall be settled or repudiated within 45 days of receiving the last necessary document/information.</p> <p>7. Payment of Interest: 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 .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.</p>	Section 6.4) v) – Claim Process & Management
11	Policy Servicing	<p>a. Call Us: Toll Free 1800 123 0004</p>	

	<p>b. Email: insurance.help@navi.com</p> <p>Email for Senior Citizens- seniorcare@navi.com</p> <p>c. Visit our website: https://www.naviinsurance.com/service/</p> <p>d. Walk in for assistance</p> <p>e. Dispatch your letters to us at –</p> <p>Corporate Office: Navi General Insurance Limited Salarpuria Business Centre, 4th B Cross Road, 5th Block, Koramangala Industrial Layout, Bengaluru, Karnataka – 560095</p> <p>f. Escalation –</p> <ul style="list-style-type: none"> • First Escalation – Contact Customer Experience Team at - Manager.CustomerExperience@navi.com • Second Escalation - Email to Head Customer Experience and Grievance Redressal Officer at – Head.CustomerExperience@navi.com 	
<p>Grievances / Complaints</p>	<p>If You have a grievance about any matter relating to the Policy, or Our decision on any matter, or the claim, You can address Your grievance as follows:</p> <p>1. Our Grievance Redressal Officer</p> <p>You can send Your grievance in writing by post or email to Our Grievance Redressal Officer at the following address:</p> <p>Navi General Insurance Limited <i>(formerly known as DHFL General Insurance Limited)</i></p> <p>Corporate Office: Salarpuria Business Centre, 4th B Cross Road, 5th Block, Koramangala Industrial Layout, Bengaluru, Karnataka – 560095</p> <p>E-mail: gro@navi.com</p> <p>Toll free: 1800 123 0004</p> <p>2. Consumer Affairs Department of IRDAI</p> <p>a. In case it is not resolved within 15 days or if You are unhappy with the resolution You can approach the Grievance Redressal Cell of the Consumer Affairs Department of IRDAI by calling Toll Free Number 155255 (or) 1800 4254 732 or sending an e-mail to complaints@irdai.gov.in. You can also make use of IRDAI's online portal - Integrated Grievance Management System (IGMS) by registering Your complaint at igms.irda.gov.in.</p> <p>b. You can send a letter to IRDAI with Your complaint on a Complaint Registration Form available by clicking here. You must fill and send the Complaint Registration Form along with any documents by post or courier to General Manager, Insurance Regulatory and Development Authority of India (IRDAI), Consumer Affairs Department - Grievance Redressal Cell, Sy.No.115/1, Financial District, Nanakramguda, Gachibowli, Hyderabad - 500032.</p> <p>c. You can visit the portal http://www.policyholder.gov.in for more details.</p> <p>3. Insurance Ombudsman</p> <p>You can approach the Insurance Ombudsman depending on the nature of grievance and financial implication, if any. Information about Insurance Ombudsmen, their jurisdiction</p>	

		<p>and powers is available on the website of the Insurance Regulatory and Development Authority of India (IRDAI) at www.irdai.gov.in, or of the General Insurance Council at www.generalinsurancecouncil.org.in, the Consumer Education Website of the IRDAI at http://www.policyholder.gov.in, or from any of Our Offices.</p> <p>Ombudsman and Addresses: Refer the below link: http://ecoi.co.in/ombudsman.html</p>	
12	Insured's Rights	<ul style="list-style-type: none"> ▪ Free Look Period – You have 15 days from the date of receipt of the Policy to review the terms and conditions , and to return the same if not acceptable. If you have not made any claim under the policy, you will be entitled for premium refund less any expenses incurred by Us on your medical examination, stamp duty charges and proportionate risk premium. Free look provision is not applicable on renewals or at the time of porting/migrating the policy. ▪ Renewability - You may renew the policy on or before the end of the Policy Period. Renewal of policy is subject to realization of renewal premium. ▪ Continuity - You have an option to migrate to Our other individual health insurance product(s), if available, subject to Our underwriting guidelines. Likewise, children when exiting on account of being not dependent on parents will also be given an option to migrate to our individual health insurance plans subject to our underwriting guidelines. Insured Person(s) will be entitled for accrued continuity benefits as per prevailing portability guidelines issued by the regulator. ▪ Portability – <ul style="list-style-type: none"> ▪ Any person insured under an individual health insurance policy of any other insurer can migrate to us. The insured covered under this Navi Health Super Top Up Policy can opt to migrate to a suitable Individual Health Insurance Policy offered by Us. ▪ The member shall apply for portability at least 45 days but not earlier than 60 days before the premium renewal date ▪ For portability, the insured person can contact Us through email at mycare@navi.com or can call Us on our toll-free number 1800 123 0004. ▪ Turn Around Time <ul style="list-style-type: none"> 📌 Settlement of Claims – 30 days from submission of the last "necessary" document(s) / information. <p>In case, the claim warrants an investigation, the same shall be completed within 30 days from the date you submit the last necessary document to us. In such cases, the settlement shall be within 45 days from the date of receipt of last necessary document.</p> 	<p># 6.2)iv)</p> <p># 6.3)v)</p> <p># 6.3)i)</p> <p># 6.3)ii)</p> <p># 7.4) v)i)</p>
13	Insured's Obligations	You must disclose material facts *. Non-disclosure may result in claim not being paid.	

		<i>*material facts - means a fact deemed so important that it would change the decision made by an insurer if it were kept hidden.</i>	
Legal Disclaimer Note: The information must be read in conjunction with the product brochure and policy document. In case of any conflict between the CIS and the policy document, the terms and conditions mentioned in the policy document shall prevail.			

Family Floater Benefit Illustration

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

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TOTAL	Total Premium for all members of family is Rs 5,639 when each member is covered separately. Sum Insured available for each individual is Rs. 5 Lakhs	Total Premium for all members of family is Rs 5,639 when they are covered under single policy. Sum Insured available for each family member is Rs. 5 Lakhs	Total Premium when policy is opted on floater basis is Rs 5,050 Sum Insured of Rs. 5 Lakhs is available for the entire family
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Age of the members insured	Coverage opted on Individual basis covering each member of the family separately (at a single point in time)		Coverage opted on Individual basis covering multiple members of the family under a single policy (Sum Insured is available for each member of the family)				Coverage opted on family floater basis with overall Sum Insured (Only one Sum Insured is available for the entire family)			
	Premium (Rs.)	Sum insured (Rs)	Premium (Rs.)	Discount, if any	Premium after discount	Sum insured (Rs)	Premium or consolidated premium for all members of family	Floater discount, if any	Premium after discount	Sum insured (Rs)
Family 3										
67	8,084	5 Lakhs	8,084	0%	8,084	5 Lakhs	16,168	2 nd adult on premium for highest age of family member	12,934	5 Lakhs
63	6,417	5 Lakhs	6,417		6,417	5 Lakhs				
	Total Premium for all members of family is Rs. 14,501 when each member is covered separately. Sum Insured available for each individual is Rs. 5 Lakhs		Total Premium for all members of family is Rs. 14,501 when they are covered under single policy. Sum Insured available for each family member is Rs. 5 Lakhs				Total Premium when policy is opted on floater basis is Rs. 12,934 Sum Insured of Rs. 5 Lakhs is available for the entire family			