

Navi Health - Customer Information Sheet

Sl No.	Title	Description	Policy Clause Number
1	Product Name	Navi Health	
2	What am I Covered for	Hospitalization: Medical and Surgery expense incurred in single or shared room accommodation for: a) Inpatient Care: a.1. Room Rent, boarding & nursing a.2. Intensive Care Unit (ICU) a.3. Medical Practitioner including Surgeon, Anesthetist, Specialist, Physiotherapist's fees a.4. Anesthesia, blood, oxygen, operation theatre charges, surgical appliances, medicine and drugs, cost towards diagnostic tests and imaging modalities b) Other Medical Expenses b.1. Dental Treatment necessitated due to Illness or Injury b.2. Plastic Surgery necessitated due to Illness or Injury b.3. Modern Treatment b.4. Mental Illness Treatment b.5. Day Care Treatment for all eligible procedures	3.1
		Proportionate deduction from the covered Associated Medical Expenses (in addition to difference in the Room Rent) shall be applicable if Your occupancy is in a room category which is higher than a single room occupancy.	3.1
		Pre-Hospitalization Medical Expenses: Covers medical expenses incurred before the Hospitalization up to 90 days.	3.2
		Post-Hospitalization Medical Expenses: Covers medical expenses incurred after the discharge from Hospital up to 180 days.	3.3
		Daily cash for shared room occupancy: Covers fixed daily cash amount of Rs. 1,000/- for each continuous and completed period of 24 hours of shared room occupancy during a covered Hospitalization in Our Network Provider Hospital for a maximum of 7 days.	3.4
		Emergency Road Transportation: Expenses incurred towards the transfer of the Insured Person to the Hospital in a Road Ambulance for Emergency Medical Condition.	3.5
		AYUSH (Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy): Medical Expenses necessarily incurred towards Inpatient Care Treatment received at any AYUSH Hospitals.	3.6
		Domiciliary Hospitalization: Medical Expenses necessarily incurred on Domiciliary Hospitalization of the Insured Person due to an Illness/Injury, for at least 3 consecutive days while confined at home.	3.7
		Organ Donor Expenses: Incurred necessarily towards living donor's Hospitalization for Harvesting the organ donated, where the Insured Person is recipient.	3.8
		Online doctor consultations: With an empaneled Medical Practitioner as Service Provider for Diagnosis, treatment and prevention of Illness/ Injury, counseling, health education and medicine prescription.	3.9

	Cumulative (No Claim) Bonus: To increase the Base Sum Insured upon completion of each claim free Policy Year by a specified percentage of the Base Sum Insured, subject to a maximum percentage as specified in the Policy Schedule.	3.10
	Additional Sum Insured for Inpatient Care Treatment of Accidental Injury: That was sustained by the Insured Person solely and directly due to a road traffic Accident by 100% percentage of the Base Sum Insured.	3.11
	Automatic restoration of Base Sum Insured: Up to 100% for the number of times as specified in the Policy Schedule, during a Policy Year.	3.12
	Maternity Expenses: Necessarily incurred up to Rs. 30,000/- towards the delivery of the Insured Person's child and/or lawful termination of pregnancy up to a maximum of 2 deliveries or lawful medical termination of pregnancies during the lifetime of an Insured Person. Newborn Baby Benefit: For the Medical Expenses necessarily incurred up to Rs. 10,000/- for the Inpatient Care for a Newborn Baby undergone up to 90 days after birth.	3.13
	Non payable expenses: Incurred towards utilization of the Non payable items that are listed under Annexure I- List I (or given on Our website www.naviinsurance.com) under the Policy.	3.14
	Prolonged Hospitalization benefit: by paying lump sum amount of Rs. 20,000/- if You are Hospitalized in Our Network Provider Hospital for a minimum period of 10 consecutive days due to any Illness/ Injury that is covered under the Policy.	3.15
	Air Ambulance: Cost up to Rs. 5 Lakh incurred towards the transfer of the Insured Person having Emergency Medical Condition to the nearest Hospital with adequate emergency facilities, in an Air Ambulance, for Emergency Care.	3.16
	Wellness Benefits: a) Complementary Preventive Health Checkup: We will provide a complementary preventive health checkup for all the Insured Persons over 17 years of Age. b) Health Status Reward: We will provide an additional 5% discount in the premium upon Renewal if the results of the Insured Person's laboratory tests, meets specified criteria. c) Fitness Status Reward: We will provide an additional discount of 5% of the premium upon Renewal upon the Insured Person walking at least 4000 steps per day on average for minimum 250 days in a Policy Year, and thereafter, a 1% discount for every 1000 completed average footsteps subject to a maximum discount of 10%.	3.17
	Outpatient Treatment Benefit: That covers consultation fees incurred by the Insured Person for a consultation with a Medical Practitioner and the expenses incurred towards a diagnostic test/s, as prescribed in writing by the Medical Practitioner up to Rs. 5,000/- for each Insured Person covered by Individual / on Non Floater Policy basis and up to Rs. 10,000/- for Family covered by Family Floater Policy.	3.18

3	What are the major exclusions in the Policy	<p>Following is a partial list of the Policy exclusions. Please refer to the Policy Document for the complete list of exclusions.</p> <p>Standard Exclusion:</p> <ul style="list-style-type: none"> a) Investigation & Evaluation b) Obesity / Weight Control c) Cosmetic or Plastic Surgery d) Hazardous or Adventure Sports e) Breach of Law f) Excluded Providers g) Alcoholism, Drug or Substance h) Dietary Supplements and Substances without Prescription i) Refractive Error j) Unproven Treatments k) Sterility and Infertility l) Maternity 	4.1
		<p>Specific Exclusion:</p> <ul style="list-style-type: none"> a) War, Nuclear, Chemical, Biological Attack b) External Congenital Anomaly c) OPD Treatment d) Eyesight, Hearing Aids & External Prosthesis e) Expenses not Medically Necessary f) Preventive Vaccinations g) Self-inflicted Injuries or Attempted Suicide h) Treatment by a Medical Practitioner outside discipline i) Time bound Exclusions j) Permanent Exclusions 	4.2
4	Waiting Periods	a) Waiting Period for the pre-existing disease will be applicable for up to 4 years from the first policy inception date.	4.1.1
		b) Specified Disease / procedure Waiting Period: (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 2 years from the first Policy inception date. Please refer the policy for complete list	4.1.2
		c) 30 - day Waiting Period: will be applicable for any Hospitalization unless due to Accident	4.1.3
		d) Waiting Period for the Maternity Expenses is 36 months from the date of inception of the first Policy with Us	3.13
5	Payment Basis	a) For all covers (except Daily Cash for Shared Room Occupancy and Prolonged Hospitalization Benefit) - 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.	
		b) Daily Cash for Shared Room Occupancy and Prolonged Hospitalization Benefit- pay-out will be lump sum fixed amount.	
		c) Outpatient Treatment Benefit: pay-out will be on reimbursement of actual expenses by way of Cashless facility arranged with Network Service Provider.	
6	Loss Sharing	Not applicable	
7	Renewal condition	<ul style="list-style-type: none"> a) The Policy shall ordinarily be renewable except on grounds of fraud, misrepresentation by the Insured Person. b) Grace Period of 30 days is allowed for Renewal of the Policy. 	5.1.9

8	Renewal benefits	a) Cumulative (No Claim) Bonus - The Sum Insured will be enhanced by up to 50% for each claim free policy year subject to maximum of 150% basis the plan selected	3.10
		b) Healthy Status Reward- 5% discount in the renewal premium upon meeting the test results criteria following complimentary health check up	3.17
		c) Fitness Status Reward: 5% discount in the renewal premium upon the Insured Person walking at least 4000 steps per day on average for minimum 250 days in a Policy Year, and thereafter, a 1% discount for every 1000 completed average footsteps subject to maximum discount of 10%	3.17
9	Cancellation	a) The Insured may cancel this Policy by giving 15 days' written notice, and in such an event, the Company shall refund premium on short term rates for the unexpired Policy Period.	5.1.6(a)
		b) The Company may cancel the Policy at any time on grounds of misrepresentation, non-disclosure of Material Facts, fraud by the Insured Person, by giving 15 days' written notice. there would be no refund of premium on cancellation on grounds of misrepresentation non-disclosure of Material Facts or fraud.	5.1.6(b)
10	Claims	Claim Intimation - Notification of the claim must be made to Us/Our TPA through online channel including mobile application that is available or at call center.	5.2.16
		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	5.2.16
		Wherever You have opted for a reimbursement of expenses , You may submit the documents for reimbursement of the claim electronically including by direct upload on Our mobile application not later than 15 days from the date of discharge from the Hospital. You can obtain a Claim Form from by downloading a copy from Our website at www.naviinsurance.com or from Our mobile application	5.2.16
		We shall settle a Claim including its rejection within 30 days of the receipt of the last "necessary" documents or 45 days in case where we have initiated investigation	5.1.15
11	Policy Servicing	Website: www.naviinsurance.com Call Us -Toll free: 1800-123-0004 E-mail: insurance.help@navi.com Senior Citizen Assistance Email: seniorcare@navi.com Courier: Navi General Insurance Limited 1st floor, Salarpuria Business Centre, 4th B Cross Road, 5th Block, Koramangala, Bengaluru, Karnataka, India- 560095	5.1.16 (b)
	Grievance & Complaints	If Insured Person is not satisfied with the redressal of grievance through one of the above methods, Insured Person may contact the grievance officer at gro@navi.com	5.1.16 (c)
		IRDAI Contact Numbers - Toll free number - 155255 (or) 1800 4254 732 IRDAI Email Id - complaints@irda.gov.in Ombudsman Offices - http://ecoi.co.in/ombudsman.html	5.1.16 ('e)

12	Insured's Rights	a) Portability: a) The Insured Person will have the option to port the Policy to other insurers by applying to such insurer to port the entire Policy along with all the members of the Family as per IRDAI guidelines related to probability. For Detailed Guidelines on Portability, kindly refer the link www.naviinsurance.com	5.1.8
		b) Migration: The Insured Person will have the option to migrate the Policy to other health insurance products/plans offered by the Company as per IRDAI guidelines related to Migration. For Detailed Guidelines on Migration, kindly refer the link www.naviinsurance.com	5.1.7
		c) Settlement of Claims – 30 days from submission of the last "necessary" document(s) / information. 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.	5.1.15
13	Insured's Obligations	The policy shall be void and all premium paid thereon shall be forfeited to the Company in the event of misrepresentation, mis-description or non-disclosure of any material fact by the policyholder.	5.1.5

Family Floater Benefit Illustration

PLAN 2 Zone I Office Premium Illustration (excluding GST)										
Age of the member s insured	Coverage opted on Individual basis covering each member of the family separately (at a single point in time)		Coverage opted on Individual (Non Floater) 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)			
	Premiu m (Rs.)	Sum insure d (Rs)	Premiu m (Rs.)	Discount , if any	Premiu m after discount	Sum insure d (Rs)	Premium or consolidate d premium for all members of family	Floater discount , if any	Premiu m after discount	Sum insure d (Rs)
Family 1										
31	5,493	5 Lakhs	5,493	5%	5,219	5 Lakhs	5,493	25%	4,120	5 Lakhs
28	4,604	5 Lakhs	4,604		4,374	5 Lakhs	4,604		3,453	
5	3,837	5 Lakhs	3,837		3,645	5 Lakhs	3,837		2,877	
TOTAL	Total Premium for all members of family is Rs 13,934 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 13,237 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 10,450 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 (Non Floater) 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	14,240	5 Lakhs	14,240	5%	13,528	5 Lakhs	14,240	20%	11,392	5 Lakhs
48	10,612	5 Lakhs	10,612		10,082	5 Lakhs	10,612		8,490	
TOTAL	Total Premium for all members of family is Rs 24,853 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 23,610 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 19,882 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 (Non Floater) 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	34,288	5 Lakhs	34,288	5%	32,574	5 Lakhs	34,288	20%	27,430	5 Lakhs
63	28,152	5 Lakhs	28,152		26,744	5 Lakhs	28,152		22,522	
	Total Premium for all members of family is Rs. 62,440 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. 59,318 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. 49,952 Sum Insured of Rs. 5 Lakhs is available for the entire family			