EDGE - PROSPECTUS

I. ELIGIBILITY

A) AGE

Minimum Entry Age (Child): 91 days*

Minimum Entry Age (Adult): 18 years

Maximum Entry Age (Child): 30 years

Maximum Entry Age (Adult): 70 years

Renewable (Adult): Lifetime

Renewable (Dependent Child): Up to 30 Years

*Children aged 91 days to 5 years can be covered, if at least one parent is also covered under the Policy.

B) COVER TYPE

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

Family Floater – One Family will share a single Sum Insured. A Family Floater Policy can cover Self, legal spouse, dependent children, Parents and/ or Parents-in-Law provided maximum 2 adults in single Policy.

II. POLICY TENURE AND PREMIUM PAYMENT MODE

A) POLICY TENURE

This Policy will be available for 1 year.

B) PREMIUM PAYMENT MODE

Term of 1 Year: Payment of premium will be available as one time payment or in instalment options (Monthly / Quarterly/Half Yearly), as opted by the Policyholder.

There is no loading on the premium if the instalment option (Monthly/ Quarterly /Half Yearly) is opted by the Policyholder.

III. FEATURES

Section	We will cover:	Provided that (the coverage is subject to):
3.1	**Hospitalisation:** Medical and Surgery expense incurred in single or shared room accommodation for:	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, during Your Hospitalisation, and such Hospital adopts differential billing

Section	We will cover:	Provided that (the coverage is subject to):
	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. Anaesthesia, 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	based on room category in relation to, including but not limited to, Medical Practitioner fees including surgeon, anaesthetist, specialist, operation theatre charges and nursing expenses
3.2	**Pre-Hospitalisation Medical Expenses:**	• Such Medical Expenses are incurred for the same medical condition for which the Insured Person's Hospitalisation is required under Section 3.1 • We have accepted a claim under Section 3.1. • Only such Medical Expenses that are incurred after the Policy commencement date of the first Policy with Us are covered, • The amount paid under this coverage will reduce the Sum Insured.
3.3	**Post-Hospitalisation Medical Expenses:**	• Such Medical Expenses are incurred for the same medical condition for which the Insured Person's Hospitalisation is required under Section 3.1. • We have accepted a claim under Section 3.1. • Only such Medical Expenses that are incurred before the termination of the Policy are covered. • The amount paid under this coverage will reduce the Sum Insured.

Section	We will cover:	Provided that (the coverage is subject to):
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	• Only Road Ambulance operated by a registered ambulance Service Provider is covered. • The expenses are incurred for Insured Person's road transfer between: (a) Place of Illness or Accident, and a Hospital; (b) Referral Hospital and a referred Hospital • We have accepted a claim under Section 3.1, for such Emergency Medical Conditions. • The amount paid under this coverage will reduce the Sum Insured
3.5	**AYUSH** (Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy): Medical Expenses necessarily incurred towards Inpatient Care treatment received at any AYUSH Hospitals	• Inpatient Care treatment must be taken at a AYUSH Hospital • The Inpatient Care treatment was rendered by a Medical Practitioner holding a valid registration from the applicable council of Indian medicine or homoeopathy, as the case may be. • Pre-Hospitalisation Medical Expenses and Post Hospitalisation Medical Expenses are not covered. • The amount paid under this coverage will reduce the Sum Insured.
3.6	**Domiciliary Hospitalisation:** Medical Expenses necessarily incurred on Domiciliary Hospitalisation of the Insured Person due to an Illness/Injury, for at least 3 consecutive days while confined at home.	• Medical Practitioner certifies in writing that the Insured Person cannot be transferred to a Hospital due to his/her medical condition, or the Insured Person satisfies Us about non-availability of room in a Hospital. • Records of the treatment administered are duly signed by the treating Medical Practitioner and maintained for each day of the Domiciliary Hospitalisation. • The amount paid under this coverage will reduce the Sum Insured
3.7	**Organ Donor Expenses**: incurred necessarily towards living donor's Hospitalisation for Harvesting the organ donated, where the Insured Person is recipient.	• The organ donor is any person whose organ has been made available in accordance and in compliance with The Transplantation of Human Organs (Amendment) Act , 1994 and relevant rules and amendments thereof. • The organ donated is for the use of the Insured Person. • We have accepted a claim for the Insured Person under Section 3.1, Hospitalisation. • The amount paid under this coverage will reduce the Sum Insured

Section	We will cover:	Provided that (the coverage is subject to):
3.8	**Online Doctor Consultations:** with a Medical Practitioner empaneled with Us as Our Service Provider for Diagnosis, treatment and prevention of Illness/ Injury, counselling, health education, medicine prescription	• The Medical Practitioner will use his/her professional discretion to gather the type and extent of patient information (history/examination findings/investigation reports/past records etc.) required to be able to exercise proper clinical judgement • Online doctor consultation shall be offered in accordance with the applicable Telemedicine Practice Guidelines issued by competent authority of the Government of India. • We do not assume any liability towards any loss or damage arising out of or in relation to any opinion, advice, prescription, quality of service, errors of omission/commission and representations made by the treating Medical Practitioner. • We may facilitate the provision of such online consultation, but the Insured Person is free to choose whether or not to obtain such online consultation, and if obtained, it is the Insured Person's sole and absolute discretion to follow such suggestion for any advice related to his/her health. • We should receive the request from You for online doctor consultation through Our mobile application
3.9	**Guaranteed Bonus:** to increase the Base Sum Insured upon completion of each Policy Year by a specified percentage of the Base Sum Insured, subject to a maximum percentage as specified in the Policy Schedule. The coverage is available only if the Policy is Renewed with Us If the Sum Insured has been increased at the time of Renewal, the applicable Guaranteed Bonus shall be increased in the same proportion to the expiring Base Sum Insured If the Sum Insured has been reduced at the time of Renewal, the applicable Guaranteed Bonus shall be increased in the same proportion to the reduced Base Sum Insured	• If the Policy Period is more than a year, Guaranteed Bonus that has accrued for the previous Policy Year will be credited at the end of such Policy Year and will be available for claims made in the subsequent Policy Year • Guaranteed Bonus accrued during the Policy Year will only be available to those Insured Persons who were Insured in such Policy Year and continue to be Insured Persons in the subsequent Policy Year • If the Insured Persons in their respective expiring Policies are covered on an individual basis and there is an accumulated Guaranteed Bonus for each Insured Person under the expiring Policy, and such expiring Policy has been Renewed with Us on a Family Floater Policy basis then the Guaranteed Bonus to be carried forward for credit in such Policy upon Renewal shall be the lowest of the Guaranteed Bonus accrued among all the Insured Persons • If the Insured Persons in the expiring Policy are covered on a Family Floater Policy basis and such Insured Persons Renew their expiring Policy with Us by splitting the Sum

Section	We will cover:	Provided that (the coverage is subject to):
		Insured in to two or more Family Floater/ Individual Policies, then the Guaranteed Bonus of the expiring Policy shall be apportioned to such Policies upon Renewal, in the proportion of the Sum Insured of each Renewed Policy • In case of Family Floater Policies, children attaining exit age at the time of Renewal will be moved out of the Family Floater Policy into an Individual Policy. However, all continuity benefits for such Insured Person on the Policy will remain intact. Guaranteed Bonus earned on the Policy will stay with the Insured Person(s) covered under the original Policy.
3.10	**Automatic restoration of Base Sum Insured:** Up to 100% for the number of times as specified in the Policy Schedule, during a Policy Year	• Automatic restoration is applicable to the Base Sum Insured only. • Such restored Base Sum Insured can be utilised for all subsequent claims during the Policy Year.
3.11	**Non payable expenses:** Incurred towards utilisation of the Non payable items that are listed under List I of Annexure I under the Policy or given on Our website www.naviinsurance.com	• The items are prescribed by treating Medical Practitioner and billed for during Insured Person's Hospitalisation covered under Section 3.1, Hospitalisation. • We have accepted a claim under Section 3.1, Hospitalisation • Claim under this benefit will reduce the Sum Insured

Section	We will cover:	Provided that (the coverage is subject to):
3.12	**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.	• Our maximum liability under this coverage for any and all claims arising during the Policy Year is restricted to the Sum Insured specified against this coverage in the Policy Schedule • The Emergency Care is required for life-threatening Emergency Medical Conditions which require rapid Ambulance transportation that that ground transportation cannot provide. • This cover is limited to transportation from the area of emergency to the nearest Hospital having Emergency Care. • Air Ambulance transportation is certified by a Medical Practitioner and We have accepted the claim under Section 3.1, Hospitalisation. • The Air Ambulance transportation expenses incurred within the geographical scope of India. • The Sum Insured available under this coverage is in addition to the Base Sum Insured of the Policy and hence claim under this coverage will not reduce the Base Sum Insured

Section	We will cover:	Provided that (the coverage is subject to):
3.13	**Wellness benefits:** a) **Complementary Preventive Health Checkup:** We will provide a complementary preventive health checkup for all the Insured Persons with age 18 or more than 18 years of Age once during every Policy Year.	**Complementary Preventive Health Checkup** • We should receive the request to avail complementary preventive health checkup from the Insured Person through Our mobile application. • Complementary preventive health checkup shall be arranged by Us through Our empaneled network of Service Providers (diagnostic service facilities) • Complementary preventive health checkup is a voluntary program. By opting to participate in this program, You agree to share the results of Your health checkup with Us. • We do not assume any liability towards any loss or damage arising out of or in relation to any opinion, advice, quality of service, errors of omission/commission and representations made by the third-party Service Provider. • In the event that Our empaneled service providers are unable to accommodate a customer's request for a complimentary preventive health checkup, the customer may request reimbursement. The reimbursement amount is capped at ₹2,000, ₹5,000, or ₹10,000, subject to the customer's plan.
	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 following criteria: (i)Total Cholesterol- Less than 200mg/dL; (ii)Triglycerides- Less than 150mg/dL; (iii)Glycated Haemoglobin (HbA1c)- Less than 5.7%; (iv) Haemoglobin- More than 13g/dL for Men and More than 12g/dL for Women	**Health Status Reward** • The Health Status Reward is offered on every Renewal, subject to You undergoing the complementary preventive health checkup in the previous Policy Year and the results of such health checkup meets the prescribed criteria as mentioned under the benefit

Section	We will cover:	Provided that (the coverage is subject to):
3.14	**Accidental Death Benefit:** If an Insured Person suffers an accident during the policy period and this is the sole and direct cause of his death within 365 days from the date of accident, then We will pay a fixed amount of INR 10 lakhs.	• Only Accidental Death will be covered under this benefit • The Sum Insured available under this coverage is in addition to the Base Sum Insured of the Policy and hence claim under this coverage will not reduce the Base Sum Insured • This benefit can be availed by only one insured member in a policy year.

IV. SUM INSURED

Following Sum Insured (in ₹) options are offered under this product: 5 Lakhs, 6 Lakhs, 7 Lakhs, 8 Lakhs, 9 Lakhs, 10 Lakhs, 15 Lakhs, 20 Lakhs, 25 Lakhs, 50 Lakhs, 75 Lakhs or 1 Crore

V. PLAN

Benefits/ Plans	Plan A	Plan B	Plan C
Hospitalisation	Covered up to BSI	Covered up to BSI	Covered up to BSI
Pre-Hospitalization Medical Expenses	90 days	90 days	90 days
Post Hospitalisation Medical Expenses	180 days	180 days	180 days
Emergency Road Transportation	Covered up to BSI	Covered up to BSI	Covered up to BSI
AYUSH	Covered up to BSI	Covered up to BSI	Covered up to BSI
Domiciliary Hospitalisation	Covered up to BSI	Covered up to BSI	Covered up to BSI
Organ Donor Expenses	Covered up to BSI	Covered up to BSI	Covered up to BSI
Online Doctor Consultation	Unlimited	Unlimited	Unlimited
Guaranteed Bonus	25% of BSI per year up to maximum of 200%	25% of BSI per year up to maximum of 200%	25% of BSI per year up to maximum of 200%
Automatic Restoration of Base Sum Insured during Policy Year	Unlimited Number of Times	Unlimited Number of Times	Unlimited Number of Times
Non payable expense coverage benefit	Covered up to BSI	Covered up to BSI	Covered up to BSI
Air Ambulance	Rs. 5 Lakh	Rs. 5 Lakh	Rs. 5 Lakh
Accidental Death	Rs. 10 Lakh	Rs. 10 Lakh	Rs. 10 Lakh
Wellness Benefit (Complementary Health Checkup*, Health Status Reward)	Yes	Yes	Yes
Pre-existing Disease Waiting Period	36 Months	36 Months	36 Months
Specified Disease Waiting Period	24 Months	24 Months	24 Months

***Complementary Health Checkup:**

Plan A: Complete Blood Count (CBC), Lipid Profile, Glycated Haemoglobin (HbA1c), Kidney Profile, Thyroid Profile.

Plan B: Complete Blood Count (CBC), Lipid Profile, Glycated Haemoglobin (HbA1c), Kidney Profile, Thyroid Profile, 25-Hydroxy Vitamin D, Vitamin B12.

Plan C: Complete Blood Count (CBC), Lipid Profile, Glycated Haemoglobin (HbA1c), Kidney Profile, Thyroid Profile, 25-Hydroxy Vitamin D,, Vitamin B12, Liver Function Test, Iron profile, High-sensitivity C-reactive protein (hs-CRP), Homocysteine.

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

- Correction in name of the Policyholder/Insured Person
- Correction in gender of the Policyholder/Insured Person
- Correction in relationship of the Insured Person with Policyholder
- Correction in date of birth of the Policyholder/Insured Person (if the change of age does not result in change of premium)
- Change in correspondence address of the Policyholder (if the change of address does not result in change of City or District of residence)
- Change in the contact details of the Policyholder/Insured Person
- Change of nominee details of the Policyholder/Insured Person

(b) Premium Bearing Endorsement

- Addition of members/dependents to the Policy
- Deletion of members/dependents from the Policy
- Change in date of birth/Age
- Change in address (resulting in change in city or district of residence)

VII. PRE-POLICY MEDICAL CHECK UP

(a) You may need to undergo pre-Policy medical check-up consisting of Tele-Health Underwriting which typically involves answering to health questions through tele-video call and/or comprehensive medical check-up including undergoing laboratory investigations & physical examination.

(b) Irrespective of Your Age or Sum Insured opted, if You have declared any pre-existing disease during proposal stage, We may request You to undergo pre-Policy medical check-up to further evaluate the health status.

(c) Wherever required We may request for additional medical tests to be conducted based on the results of the initial medical check.

(d) 100% of the cost of the pre-Policy medical check-up will be borne by us.

VIII. DISCOUNTS

1. **Discounts on the total premium for policies with sum insured on Family Floater basis**:
   a. 10% for 1 Adult + 1 Child
   b. 15% for 1 Adult + Children
   c. 20% for 2 Adults
   d. 25% for 2 Adults + 1 Child
   e. 30% for 2 Adults + Children

2. **Direct Channel Discount**: 15% on the total premium for direct channel business including direct online business, through the website or the mobile application. This is applicable for first purchase as well as renewals.

3. **Health Status Reward for renewals:** 5% discount on the premium for the insured person if the results from the complementary preventive health check-up results in the previous Policy Year for the insured person meet following criteria:
    a. Total Cholesterol- Less than 200mg /dL;
    b. Triglycerides- Less than 150mg /dL;
    c. Glycated Haemoglobin (HbA1c)- Less than 5.7%;
    d. Haemoglobin- More than 13g/dL for Men and More than 12g/dL for Women

All of the discounts above are applied on a multiplicative basis and there is no capping on the discounts.

IX. LOADING

We may apply a risk loading on the premium payable (based upon the declarations made in the Proposal Form and the health status of the persons proposed for insurance); (b) The maximum risk loading applicable for an individual shall not exceed 100% of premium per diagnosis / medical condition and an overall risk loading of over 150% of premium per person. (c) These loadings are applied from the Policy Commencement Date including subsequent renewal(s) with Us or on the receipt of request for increase in Sum Insured (for the increased amount of Sum Insured); and (d) We will inform You about the applicable risk loading through a counteroffer letter. Please note that We will issue Policy only after getting Your consent.

Please note that there is no loading on the premium if the instalment option (Monthly / Quarterly/Half Yearly) is opted by the Policyholder.

X. CHANGE IN SUM INSURED

Sum Insured can be changed (increased/ decreased) only at the time of renewal, subject to underwriting by the Company. For any increase in Sum Insured, the waiting period shall start afresh only for the enhanced portion of the Sum Insured.

XI. CHANGE OF POLICYHOLDER

(a) The Policy Holder may be changed only at the time of Renewal. The new Policy Holder must be the legal heir/immediate Family member (Spouse/ Son/ Daughter/ Parents). Such change would be subject to acceptance by the Company and payment of premium (if any). The renewed Policy shall be treated as having been renewed without break

(b) The Policy Holder may be changed during the Policy Period only in case of his/her demise or him/her moving out of India or in case of divorce of the Policy Holder

XII. ADDITION OF INSURED PERSON

(a) An additional Insured Person can be added to the Policy during the Policy Period if such additional Insured Person is: (i) a child with age of 91 days and more; or (ii) a newly married spouse.

(b) An additional Insured Person can be added to the Policy at the time of Renewal of the Policy as well, subject to underwriting by Insurer.

(c) With respect to all newly added Insured Person, waiting periods will apply afresh

XIII. EXCLUSION

A. STANDARD EXCLUSIONS

1. Pre-Existing Diseases – Code – Excl01

(a) Expenses related to the treatment of a Pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of specified number of months (under the Policy Schedule) of continuous coverage after the date of inception of the first Policy with Insurer.

(b) In case of enhancement of Sum Insured the exclusion shall apply afresh to the extent of Sum Insured increase.

(c) If the Insured Person is continuously covered without any break as defined under the Portability norms of the extant IRDAI (Health Insurance) Regulations, then waiting period for the same would be reduced to the extent of prior coverage.

(d) Coverage under the Policy after the expiry of specified number of months (under the Policy Schedule) for any Pre-existing Disease is subject to the same being declared at the time of application and accepted by Insurer.

2. **Specified Disease / procedure waiting period – Code – Excl02**

(a) Expenses related to the treatment of the listed conditions; Surgeries/treatments shall be excluded until the expiry specified number of months (under 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.

(b) In case of enhancement of Sum Insured the exclusion shall apply afresh to the extent of Sum Insured increase.

(c) If any of the specified disease/procedure falls under the waiting period specified for Pre-existing Diseases, then the longer of the two waiting periods shall apply.

(d) The waiting period for listed conditions shall apply even if contracted after the Policy or declared and accepted without a specific exclusion.

(e) If the Insured Person is continuously covered without any break as defined under the applicable norms on Portability stipulated by IRDAI, then waiting period for the same would be reduced to the extent of prior coverage.

(f) List of specific diseases/procedures are mentioned below –

Ear Nose Throat • Sinusitis • Chronic Suppurative Otitis Media (CSOM) • Tonsillectomy • Adenoidectomy	**Gastrointestinal** • Calculus Diseases of Gall Bladder including Cholecystectomy. • All types of Surgery of Hernia • Fissure/Fistula in anus, Haemorrhoids, Pilonidal Sinus • Ulcer of Stomach & Duodenum

• Mastoidectomy • Tympanoplasty • Surgery for Deviated Nasal Septum • Surgery for turbinate/Concha • Any other benign ear, nose and throat disorder or Surgery	• Gastroesophageal Reflux Disorder (GRD) • Perianal / Perineal Abscess • Rectal Prolapse
Urogenital • Calculus of Urinary system (Kidney Stone/Urinary Bladder/Ureteric Stone) • Any Surgery of the genitourinary system unless necessitated by malignancy. • Benign Hyperplasia of Prostate • Surgery for Hydrocele/Rectocele	**Eye** • Cataract • Surgical Management of Glaucoma • Retinopathy
Gynaecological • Cysts, polyps • Any type of Breast lumps (unless malignant) • Polycystic Ovarian Disease (PCOD) • Fibroids (Fibromyoma) • Myomectomy for fibroids • Prolapse of Uterus unless necessitated by malignancy. • Adenomyosis • Endometriosis • Menorrhagia and Dysfunctional Uterine Bleeding (DUB) • Dilatation & Curettage (D & C) • Hysterectomy unless due to malignancy	**Orthopaedic** • Non-Infectious Arthritis • Gout and Rheumatism • Osteoarthritis and Osteoporosis • Ligament, Tendon & Meniscal Tear (other than caused by Accident) • Spondylitis/Spondylosis/Spondylolisthesis • Surgery for Prolapsed intervertebral disc (other than caused by Accident) • Joint Replacement Surgeries (other than caused by Accident)
Others • Varicose veins and Varicose ulcers	**General (Applicable to organ systems/organs/disciplines whether or not described above)** • Any type of cysts / Nodules / Polyps / Internal tumours / Skin tumours / Lump / growth

3. 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.

4. **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.

5. **Rest Cure, Rehabilitation and Respite Care – 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 bathing, dressing, moving around either by skilled nurses or assistants or non-skilled persons.
      ii. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs

6. **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 comorbidities following failure of less invasive methods of weight loss:
         i. Obesity-related cardiomyopathy
         ii. Coronary heart disease
         iii. Severe Sleep Apnoea
         iv. Uncontrolled Type2 Diabetes

7. **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.

8. **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

9. **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, skydiving, deep-sea diving

10. **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

11. **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 Policy Holders are not admissible. However, in case of life-threatening situations **or** following an Accident, expenses up to the stage of stabilisation are payable but not the complete claim.

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

13. Treatments received in heath hydro's, 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**

14. 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 hospitalisation claim or day care procedure. **Code- Excl14**

15. **Refractive Error – Code- Excl15**
    Expenses related to the treatment for correction of eyesight due to refractive error less than 7.5 dioptres.

16. **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..

17. Sterility and Infertility – Code – Excl17 –
    Expenses related to sterility and infertility. This includes:
    (a) Any type of contraception, sterilisation; (b) Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI; (c) Gestational Surrogacy; (d) Reversal of sterilisation

18. **Maternity – Code – Excl18 -**

(a) Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during Hospitalisation) except ectopic pregnancy.

(b) Expenses towards miscarriage (unless due to an Accident) and lawful medical termination of pregnancy during the Policy Period.

B. SPECIFIC EXCLUSIONS

1) Biological, Chemical & Nuclear Attack or Weapons - Treatment costs caused by or contributed to or arising from or from any other cause or event contributing concurrently or in any other sequence to the loss, claim or expenses in relation to the use of nuclear weapons/materials, radioactive material, nuclear waste, nuclear fuel, chemical weapons/ materials or biological weapons/ materials.

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 synthesised toxins) which are capable of causing any Illness, incapacitating disablement or death.

2. War - Treatment related to any condition resulting from, or as a consequence of War, invasion, act of foreign enemy, civil war, rebellion, revolution, insurrection, mutiny, military or usurped power, seizure, capture, arrests, restraints and determinant of all kinds.

3. **External Congenital Anomaly** – Expenses incurred towards screening, counselling and treatment related to External Congenital Anomalies.

4. **OPD Treatment** – Expenses incurred for treatment taken on Outpatient care basis unless specifically covered and mentioned in the Policy Schedule by Us.

5. 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 of ambulatory devices or equipment - walkers, crutches, belts, collars, caps, splints, slings, braces, stockings of any kind, blood sugar test strips, artificial limb and medical equipment which is subsequently used at home (except when used intra-operatively).

6. **Medically Necessary Expenses –** Cost of any treatment or part of a treatment that is not reasonable and medically necessary and drugs or treatments which are not supported by a prescription from a Medical Practitioner.

7. **Non-Medical Expenses** – Expenses incurred for utilisation of non-medical expense items that are listed under Annexure I (given on the website www.naviinsurance.com) unless specifically covered and mentioned in the Policy Schedule by Us.

8. **Preventive Vaccinations** - Expenses incurred 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.

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

10. **Treatment outside geographical limit** – Expenses for treatment taken outside the geographical limits of India.

11. **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.

12. **Un-recognized Medical Diagnostic Laboratory (or Pathological Laboratory)-** Expenses for services provided at Medical Diagnostic Laboratory that are not registered, operated or following minimum standards as defined under The Clinical Establishments (Registration and Regulation) Act, 2010, Clinical Establishments (Central Government) Rules, 2012, Clinical Establishments (Central Government) Amendment Rules, 2018 or any other similar act, statute or regulations and amendments thereof enacted or adopted by the Central and/ or State Government and Union Territories.

13. **Time bound Exclusions** – Expenses incurred for any disease/ illness/ injury having specific time bound exclusion(s) applied by Us and mentioned in the Policy Schedule and accepted by the Insured Person.

14. **Permanent Exclusions** – Expenses incurred for any disease which is permanently excluded and specified in the Policy Schedule and accepted by the Insured Person.

XIV. GENERAL TERMS & CLAUSES

A. STANDARD GENERAL TERMS & CLAUSES

1) **Disclosure of Information**
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 Policy Holder.

2) **Condition Precedent to Admission of Liability**

The terms and conditions of the Policy must be fulfilled by the Insured Person for the Company to make any payment for claim(s) arising under the Policy.

3) **Complete Discharge**

Any payment to the Policy Holder, Insured Person or his/ her Nominees or his/ her legal representative or to the Hospital/Nursing Home or Assignee, as the case may be, for any benefit under the Policy shall in all cases be a valid discharge towards payment of claim by the Company to the extent of that amount for the particular claim.

4) **Multiple Policies**

(a) In case of multiple policies taken by an Insured during a period from one or more Insurers to indemnify treatment costs, the Insured Person shall have the right to require a settlement of his/her claim in terms of any of his/her policies. In all such cases the Insurer chosen by the Insured Person shall be obliged to settle the claim as long as the claim is within the limits of and according to the terms of the chosen Policy.

(b) Insured Person having multiple policies shall also have the right to prefer claims under this Policy for the amounts disallowed under any other Policy / policies even if the Sum Insured is not exhausted. Then the Insurer shall independently settle the claim subject to the terms and conditions of this Policy.

(c) If the amount to be claimed exceeds the Sum Insured under a single Policy, the Insured Person shall have the right to choose Insurer from whom he/she wants to claim the balance amount.

(d) Where an Insured Person has policies from more than one Insurer to cover the same risk on indemnity basis, the Insured Person shall only be indemnified the treatment costs in accordance with the terms and conditions of the chosen Policy.

5) **Fraud**

If any claim made by the Insured Person, is in any respect fraudulent, or if any false statement, or declaration is made or used in support thereof, or if any fraudulent means or devices are used by the Insured Person or anyone acting on his/her behalf to obtain any benefit under this Policy, all benefits under this Policy and the premium paid shall be forfeited.

Any amount already paid against claims made under this Policy but which are found fraudulent later shall be repaid by all recipient(s)/Policy Holders(s), who has made the particular claim , who shall be jointly and severally liable for such repayment to the Insurer.

For the purpose of this clause, the expression "fraud" means any of the following acts committed by the Insured Person or by his agent or the Hospital/doctor/any other party acting on behalf of the Insured Person, with intent to deceive the Insurer or to induce the Insurer to issue an insurance Policy:

a) the suggestion, as a fact of that which is not true and which the Insured Person does not believe to be true.
b) the active concealment of a fact by the Insured Person having knowlEDGE or belief of the fact.
c) any other act fitted to deceive; and
d) any such act or omission as the law specially declares to be fraudulent

The Company shall not repudiate the claim and/ or forfeit the Policy benefits on the ground of Fraud, if the Insured Person / beneficiary can prove that the misstatement was true to the best of his knowlEDGE and there was no deliberate intention to suppress the fact or that such misstatement of or suppression of Material Fact is within the knowlEDGE of the

Insurer.

6) **Cancellation**

a) The Policy Holder may cancel this Policy by giving 7 days' written notice and in such an event, the Company shall refund premium for the unexpired Policy Period on a pro rata basis.

Notwithstanding anything contained herein or otherwise, no refunds of premium shall be made in respect of cancellation where, any claim has been admitted or has been lodged or any benefit has been availed by the Insured Person under the Policy.

b) The Company may cancel the Policy at any time on grounds of misrepresentation, non-disclosure of Material Facts, fraud by the Insured Person, by giving 15 days' written notice. There would be no refund of premium on cancellation on grounds of misrepresentation, non-disclosure of Material Facts or Fraud.

7) Migration:

The Insured Person will have the option to migrate the Policy to other health insurance products/plans offered by the Company by applying for Migration of the Policy at least 30 days before the Policy Renewal date as per IRDAI guidelines on Migration. If such person is presently covered and has been continuously covered without any lapses under any health insurance product/plan offered by the Company, the Insured Person will get accrued continuity benefits in waiting periods as per IRDAI guidelines on Migration.

For Detailed Guidelines on Migration, kindly refer the link www.naviinsurance.com

8) **Portability**

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, if any, at least 45 days before, but not earlier than 60 days from the Policy Renewal date as per IRDAI guidelines related to probability. If such person is presently covered and has been continuously covered without any lapses under any health insurance Policy with an Indian General/Health Insurer, the proposed Insured Person will get accrued continuity benefits in waiting periods as per IRDAI guidelines on probability.
For Detailed Guidelines on Portability, kindly refer the link www.naviinsurance.com

9) Renewal of Policy

The Policy shall ordinarily be renewable except on grounds of fraud, misrepresentation by the Insured Person.

(a) Renewal shall not be denied on the ground that the Insured had made a claim or claims in the preceding Policy Years.
(b) Request for Renewal along with requisite premium shall be received by the Company before the end of the Policy Period.
(c) At the end of the Policy Period, the Policy shall terminate and can be renewed within the Grace Period of 30 Days to maintain continuity of benefits without Break in Policy. Coverage is not available during the Grace Period.

10) **Possibility of Revision of Terms of the Policy Including the Premium Rates**

The Company may revise or modify the terms of the Policy including the premium rates.

11) **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 shall be allowed a free look period of 30 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:

(a) 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
(b) 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
(c) Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period.

12) **Nomination:**

The Policy Holder is required at the inception of the Policy to make a nomination for the purpose of payment of claims under the Policy in the event of death of the Policy Holder. Any change of nomination shall be communicated to the Company in writing and such change shall be effective only when an endorsement on the Policy is made. For Claim settlement under reimbursement, the Company will pay the Policy Holder. In the event of death of the Policy Holder, the Company will pay the Nominee {as named in the Policy Schedule/Policy Certificate/Endorsement (if any)} and in case there is no subsisting Nominee, to the legal heirs or legal representatives of the Policy Holder whose discharge shall be treated as full and final discharge of its liability under the Policy.

13) **Withdrawal of Policy**

(a) In the likelihood of this product being withdrawn in future, the Company will intimate the Insured Person about the same 90 days prior to expiry of the Policy.
(b) Insured Person will have the option to migrate to a 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.

14) **Moratorium Period-**

After completion of 5 continuous years under the Policy no look back to be applied. This period of 5 years is called as moratorium period. The moratorium would be applicable for the sums Insured of the first Policy and subsequently completion of 5 continuous years would be applicable from the 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.

15) Claim Settlement (Provision of Penal Interest)

(a) The Company shall settle or reject a claim, as the case may be, within 30 days from the date of receipt of the last necessary document.
(b) In the case of delay in the payment of a claim, the Company shall be liable to pay interest to the Policy Holder from the date of receipt of the last necessary document to the date of payment of claim at a rate 2% above the bank rate.

(c) However, where the circumstances of a claim warrant an investigation in the opinion of the Company, it shall initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of the last necessary document. In such cases, the Company shall settle or reject the claim within 45 days from the date of receipt of the last necessary document.

(d) In case of delay beyond stipulated 45 days, the Company shall be liable to pay interest to the Policy Holder at a rate 2% above the bank rate from the date of receipt of the last necessary document to the date of payment of claim.

(e) "Bank rate" shall mean the rate fixed by the Reserve Bank of India (RBI) at the beginning of the financial year in which claim has fallen due.

16) **Redressal of Grievance**

(a) Grievance– In case of any grievance relating to servicing the Policy, the Insured Person may submit in writing to the Policy issuing office or regional/ branch office for redressal.

(b) Alternatively, the Insured Person may also contact the Company through:

Website: www.naviinsurance.com
Phone: +91 8147544555
E-mail: insurance.help@navi.com
Courier: Navi General Insurance Limited
Vaishnavi Tech Square, 7th Floor,
Iballur Village, Begur Hobli, Bengaluru, Karnataka- 560102

(c) 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

(d) For updated details of grievance officer, kindly refer to the link - www.naviinsurance.com/service/.

(e) For senior citizens, We have a special cell, and Our senior citizen customers can email Us at seniorcare@navi.com for priority resolution.

(f) If Insured Person is not satisfied with the redressal of grievance through above methods, the Insured Person may also approach the office of Insurance Ombudsman of the respective area/region for redressal of grievance as per Insurance Ombudsman Rules 2017 [For all Ombudsman Offices & Addresses: please refer to Annexure 1]

B. **SPECIFIC GENERAL TERMS & CLAUSES**

1) **Premium Payment in Instalments**

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

a) Grace Period of 15 days for monthly instalment and 30 days for Half yearly and Quarterly instalments would be given to pay the instalment premium due for the Policy.

b) During such grace period, coverage will be available from the due date of instalment premium till the date of receipt of premium by Company.

c) The Insured Person will get the accrued continuity benefit in respect of the "Waiting Periods" in the event of payment of premium within the stipulated grace Period.
d) No interest will be charged If the instalment premium is not paid on the due date.
e) In case of instalment premium due not received within the grace period, the Policy will get cancelled.
f) In the event of a claim, all subsequent premium instalments shall immediately become due and payable.
g) The company has the right to recover and deduct all the pending instalments from the claim amount due under the Policy.

2) **Territorial Limit & Nationality**

All medical treatment for the purpose of this insurance will have to be taken in India only. Resident Indian or Non-resident Indian paying premium in Indian currency is eligible for coverage under the Policy

3) **Endorsements (Changes in Policy)**

(a) This Policy constitutes the complete contract of insurance. This Policy cannot be modified by anyone (including an insurance agent or broker) except Us. Any change made by the Us shall be evidenced by a written endorsement signed and stamped.
(b) The Policy Holder may be changed only at the time of Renewal. The new Policy Holder must be the legal heir/immediate Family member (Spouse/ Son/ Daughter/ Parents). Such change would be subject to acceptance by the Company and payment of premium (if any). The renewed Policy shall be treated as having been renewed without break.
(c) The Policy Holder may be changed during the Policy Period only in case of his/her demise or him/her moving out of India or in case of divorce of the Policy Holder.

4) **Claims Process**

(a) Completed claim form and other relevant documents including documents must be furnished to Us / TPA within the stipulated timelines for reimbursement of all claims under this Policy. Failure to furnish this documentation within the time required shall not invalidate nor reduce any claim if You can satisfy that it was not reasonably possible for You to submit / give proof within such time.
(b) Cashless Facility and Reimbursement Claim processing shall be carried out through TPAs empanelled by Us or in-house by us, details of the same will be available on the Policy Schedule. For the latest list of Network Providers, You can log on to Our mobile application/ Our website.

Claim Intimation:

If You meet with any Accident leading to Injury or suffer an Illness that may result in a claim under this Policy, then as a Condition Precedent to Our liability, You must comply with the following claim procedures:

You must notify Your claim to Us through an online channel including a mobile application that is available or at call centre.

Type of Hospitalisation	Notify Us
Planned Hospitalisation	Immediately and in any event at least 48 hours prior to Your admission.
Emergency Hospitalisation	Within 24 hours of Your admission to Hospital or before discharge whichever is earlier

The following details may be required by Us at the time of intimation of Claim:

- Policy number/ member number
- Name of the Policy Holder
- Name of the Insured Person in whose relation the claim is being lodged
- Nature of Illness / Injury
- Name and address of the attending Medical Practitioner and Hospital
- Date of admission
- Any other information as requested by Us

Failure to intimate a claim within the time required shall not invalidate nor reduce any claim if You can satisfy that it was not reasonably possible for You to intimate the claim within such time

Cashless Facility Claim Procedure:

Cashless Facility is available for Hospitalisation only at Our Network Provider. The Insured Person can avail Cashless Facility at 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).

(a) For Planned Hospitalisation:

i) The Insured Person should at least 48 hrs prior to admission to the Hospital approach the Network Provider for Hospitalisation for Medical Necessary Treatment.

ii) Insured Person will need to provide health Card / Policy details at the Hospital admission counter.

iii) The Network Provider may either consider treating the Insured Person by taking a token deposit or treating as per their norms.

iv) The Network Provider shall electronically send the pre-authorization form along with all the relevant details to Us or TPA along with contact details of the treating Medical Practitioner and the Insured Person.

v) Wherever the information provided in the request is sufficient to ascertain the authorisation, the authorisation letter will be issued to the Network Provider. Wherever additional information or documents are required, the same will be called for from the Network Provider and upon satisfactory receipt of last necessary documents the authorisation will be issued.

vi) If the procedure above is followed, on Our written authorization, You will not be required to directly pay for the bill amount in the Network Hospital that We are liable under Section 3.1, Hospitalisation of the Policy.

vii) You must leave the original bills and evidence of treatment in respect of the Hospitalisation with the Network Provider and ensure to take photocopies of relevant medical records for future reference. Pre-authorisation does not guarantee that all costs and expenses will be covered. We reserve the right to review each claim for Medical Expenses and accordingly coverage will be determined according to the terms and conditions of this Policy.

viii) At the time of discharge, Network Provider may request You to sign the final authorization letter that was issued by Us.

ix) The Network Provider shall refund the deposit amount to You barring an amount to be charged for non-covered expenses, if any.

(b) In case of Emergency Hospitalisation:

i. The Insured Person may approach the Network Provider for Hospitalisation

ii. The Network Provider/ Insured Person shall follow the same process as explained above in steps iii to viii above under section Planned Hospitalisation.

It is possible that Cashless Facility may be denied for Hospitalisation due to insufficient Sum Insured or insufficient information to determine admissibility in which case You/Insured Person may be required to pay for the treatment and submit the claim for reimbursement to us/ TPA which will be considered subject to the Policy Terms & Conditions. We, in Our sole discretion, reserve the right to modify, add or restrict any Network Provider for Cashless Facility under the Policy. Before availing the Cashless Facility, the Policy Holder / Insured Person is required to check the applicable/latest list of Network Providers on Our mobile application/ Our website.

Reimbursement Claim Procedure:

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 by downloading a copy from Our website at www.naviinsurance.com or from Our mobile application. The necessary copies of claim documents to be submitted for reimbursement may include following: (a) duly filled claim form; (b) discharge/ death Summary (as applicable); (c) operation theatre notes (if any); (d) hospital main bill along with break up bill and original receipts; (e) investigation reports- Haematology, Histo-pathology and Radiology; (f) doctors referral slips or prescription for investigations/pharmacy; (g) pharmacy bills; (h) MLC/FIR report/post mortem report (if applicable and conducted); (i) details of the implants including the sticker indicating the type as well as invoice towards the cost of implant; (j) KYC documents (Photo ID proof, Pan Card, Aadhar Card); (k) Cancelled cheque for NEFT payment. We may call for any additional documents/information as required based on the circumstances of the claim. The payment will be sent in the name of the proposer/ Nominee in case of death of the Proposer.

Cashless process to avail Complimentary Health Check-up benefit:

i. You shall request for an appointment with Service Provider through Our mobile application at least 72 hrs prior to service.

ii. Before scheduling an appointment, You may have to submit certain details about planned service which may include date of service, type and nature of service, details about Illness/ Injury etc.

iii. On receiving the information as above, We shall check Your eligibility to avail the service and process the request further to schedule an appointment or may reject the request.

iv. Insured Person may receive confirmation on appointment booking through SMS, Email or in the form of notification in the mobile application.

v. You will avail the service as per the appointment schedule.

vi. You shall upload the images of all the supporting documents related to service including but not limited to consultation note, prescription, investigation reports within 15 days of the date of service.

vii. Your failure to submit the supporting documents by uploading images through mobile application may lead Us to hold any future service requests for Complimentary Health Check-up benefit on Our mobile application

5) **Delay in Claim Settlement**

In addition to the penalty payable under Clause XIV(A)15, (Claim Settlement (Provision of Penal Interest)) above, in the event of delay in settlement of admitted cashless claims within the specific timelines communicated in writing by us, We will pay an additional amount determined and communicated by Us, as penalty.

6) **Physical Examination**

You may require undergoing medical examination by a Medical Practitioner authorised by Us to examine you to establish Our liability in case of a claim under the Policy. The cost towards performing such medical examinations shall be borne by Us.

7) **Claim Related Information**

You may submit a query related to the claim or intimate the claim or submit a claim document to Us through Our mobile application. Alternatively, You may also contact Us through:

Website: www.naviinsurance.com
Phone: 7406012341
E-mail: claim.help@navi.com

8) **Family Floater Benefit Illustration**

PLAN A (Zone I) Premium Illustration (excluding GST)						
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 family floater basis with overall Sum Insured (Only one Sum Insured is available for the entire family)**			
Family 1	Premium (Rs.)	Sum insured (Rs)	Premium or consolidated premium for all members of family	Floater discount, if any	Premium after discount	Sum insured (Rs)
31	8,300	5 Lakhs	8,300	25%	6,225	5 Lakhs
28	7,562	5 Lakhs	7,562		5,671	
6	6,271	5 Lakhs	6,271		4,704	
TOTAL	Total Premium for all members of the family is Rs 22,133 when each member is covered separately. Sum Insured available for each individual is Rs. 5 Lakhs		Total Premium when policy is opted on floater basis is Rs 16,600 Sum Insured of Rs. 5 Lakhs is available for the entire family			

PLAN A (Zone I) Premium Illustration (excluding GST)		
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 family floater basis with overall Sum Insured (Only one Sum Insured is available for the entire family)**

Family 2	Premium (Rs.)	Sum insured (Rs)	Premium or consolidated premium for all members of family	Floater discount, if any	Premium after discount	Sum insured (Rs)
53	17,316	5 Lakhs	17,316	20%	13,853	5 Lakhs
48	13,608	5 Lakhs	13,608		10,886	
TOTAL	Total Premium for all members of the family is Rs 30,914 when each member is covered separately. Sum Insured available for each individual is Rs. 5 Lakhs		Total Premium when policy is opted on floater basis is Rs 24,739 Sum Insured of Rs. 5 Lakhs is available for the entire family			

9) **PREMIUM**

All Rates below are Exclusive of Taxes and applicable for policy terms of one year.

1. The premium will be based on the completed age of the individual insured member as per the Rate Chart below.
2. If two or more family members are covered under a Family Floater policy, a Family Floater discount is applicable on the aggregate of the premium of all the individual members as per the Rate Chart below.
3. The premium at renewal may change due to a change in age or changes in the applicable tax rate
4. Premium rates are subject to change
5. The premium will be computed on the basis of the city of residence provided by the insured person in the application form. The premium that would be applicable zone wise and the cities defined in each zone are as follows:
    - **Zone I:** (i) Mumbai; (ii) Thane; (iii) Navi Mumbai; (iv) Delhi; (v) Faridabad; (vi) Gurgaon; (vii) Ghaziabad; (viii) Noida; (ix) Ahmedabad; (x) Vadodara; or (xi) Surat
    - **Zone II:** Rest of India
6. Premium rates and policy terms and conditions are for standard healthy individuals. These may change post underwriting of proposals based on tests (where applicable)medical and information provided on the proposal form.

Premiums for Plans A, B and C

Premium per member for Plan A (Zone I)

SUM INSURED / AGE	91 Days to 17 Years	18-30 Years	31-35 Years	36-40 Years	41-45 Years	46-50 Years	51-55 Years	56-60 Years	61-65 Years	66-70 Years	>70 Years
5 Lakh	6,271	7,562	8,300	9,639	11,031	13,608	17,316	21,629	30,950	38,100	54,507
6 Lakh	6,742	8,129	8,923	10,362	11,858	14,629	18,615	23,251	33,271	40,957	58,595
7 Lakh	7,212	8,696	9,546	11,085	12,685	15,649	19,913	24,873	35,593	43,814	62,683
8 Lakh	7,526	9,074	9,961	11,567	13,237	16,330	20,779	25,955	37,140	45,719	65,408
9 Lakh	7,839	9,452	10,376	12,049	13,788	17,010	21,645	27,036	38,688	47,624	68,133
10 Lakh	8,153	9,831	10,791	12,531	14,340	17,691	22,511	28,118	40,235	49,529	70,859

15 Lakh	9,407	11,343	12,451	14,458	16,546	20,412	25,974	32,443	46,425	57,149	81,760
20 Lakh	10,348	12,477	13,696	15,904	18,201	22,453	28,571	35,688	51,068	62,864	89,936
25 Lakh	10,975	13,233	14,526	16,868	19,304	23,814	30,303	37,851	54,163	66,674	95,387
50 Lakh	13,170	15,880	17,431	20,242	23,165	28,577	36,363	45,421	64,995	80,009	114,464
75 Lakh	14,424	17,393	19,091	22,170	25,371	31,299	39,826	49,747	71,186	87,629	125,366
1 Crore	15,679	18,905	20,751	24,097	27,577	34,020	43,290	54,072	77,376	95,249	136,267

Premium per member for Plan A (Zone II)

SUM INSURED / AGE	91 Days to 17 Years	18-30 Years	31-35 Years	36-40 Years	41-45 Years	46-50 Years	51-55 Years	56-60 Years	61-65 Years	66-70 Years	>70 Years
5 Lakh	5,331	6,428	7,055	8,193	9,376	11,567	14,718	18,385	26,308	32,385	46,331
6 Lakh	5,731	6,910	7,585	8,808	10,079	12,434	15,822	19,763	28,281	34,813	49,806
7 Lakh	6,130	7,392	8,114	9,422	10,783	13,302	16,926	21,142	30,254	37,242	53,280
8 Lakh	6,397	7,713	8,466	9,832	11,251	13,880	17,662	22,062	31,569	38,862	55,597
9 Lakh	6,663	8,035	8,819	10,241	11,720	14,459	18,398	22,981	32,885	40,481	57,913
10 Lakh	6,930	8,356	9,172	10,651	12,189	15,037	19,134	23,900	34,200	42,100	60,230
15 Lakh	7,996	9,642	10,583	12,290	14,064	17,350	22,078	27,577	39,462	48,577	69,496
20 Lakh	8,796	10,606	11,641	13,519	15,471	19,085	24,285	30,335	43,408	53,435	76,446
25 Lakh	9,329	11,248	12,347	14,338	16,408	20,242	25,757	32,173	46,038	56,673	81,079
50 Lakh	11,195	13,498	14,816	17,205	19,690	24,291	30,909	38,608	55,246	68,008	97,295
75 Lakh	12,261	14,784	16,227	18,844	21,565	26,604	33,852	42,285	60,508	74,485	106,561
1 Crore	13,327	16,069	17,638	20,483	23,440	28,917	36,796	45,962	65,769	80,962	115,827

Premium per member for Plan B (Zone I)

SUM INSURED / AGE	91 Days to 17 Years	18-30 Years	31-35 Years	36-40 Years	41-45 Years	46-50 Years	51-55 Years	56-60 Years	61-65 Years	66-70 Years	>70 Years
5 Lakh	6,271	8,636	9,123	10,776	12,920	15,874	20,497	22,452	31,773	38,923	55,330
6 Lakh	6,742	9,284	9,807	11,584	13,889	17,065	22,034	24,136	34,156	41,842	59,480

7 Lakh	7,212	9,932	10,492	12,392	14,858	18,255	23,571	25,820	36,539	44,761	63,629
8 Lakh	7,526	10,363	10,948	12,931	15,504	19,049	24,596	26,942	38,128	46,707	66,396
9 Lakh	7,839	10,795	11,404	13,469	16,150	19,843	25,621	28,065	39,717	48,653	69,162
10 Lakh	8,153	11,227	11,860	14,008	16,796	20,636	26,646	29,188	41,305	50,599	71,929
15 Lakh	9,407	12,954	13,685	16,163	19,381	23,811	30,745	33,678	47,660	58,384	82,995
20 Lakh	10,348	14,250	15,053	17,780	21,319	26,192	33,820	37,046	52,426	64,222	91,294
25 Lakh	10,975	15,113	15,965	18,857	22,611	27,780	35,869	39,291	55,603	68,115	96,827
50 Lakh	13,170	18,136	19,158	22,629	27,133	33,336	43,043	47,149	66,724	81,738	116,193
75 Lakh	14,424	19,863	20,983	24,784	29,717	36,511	47,143	51,640	73,079	89,522	127,259
1 Crore	15,679	21,590	22,808	26,939	32,301	39,686	51,242	56,130	79,433	97,307	138,325

Premium per member for Plan B (Zone II)

SUM INSURED / AGE	91 Days to 17 Years	18-30 Years	31-35 Years	36-40 Years	41-45 Years	46-50 Years	51-55 Years	56-60 Years	61-65 Years	66-70 Years	>70 Years
5 Lakh	5,331	7,341	7,755	9,159	10,982	13,493	17,422	19,084	27,007	33,084	47,030
6 Lakh	5,731	7,891	8,336	9,846	11,806	14,505	18,729	20,516	29,033	35,566	50,558
7 Lakh	6,130	8,442	8,918	10,533	12,630	15,517	20,036	21,947	31,058	38,047	54,085
8 Lakh	6,397	8,809	9,306	10,991	13,179	16,192	20,907	22,901	32,409	39,701	56,436
9 Lakh	6,663	9,176	9,693	11,449	13,728	16,866	21,778	23,855	33,759	41,355	58,788
10 Lakh	6,930	9,543	10,081	11,907	14,277	17,541	22,649	24,810	35,110	43,010	61,140
15 Lakh	7,996	11,011	11,632	13,739	16,473	20,240	26,133	28,626	40,511	49,626	70,546
20 Lakh	8,796	12,112	12,795	15,113	18,121	22,264	28,747	31,489	44,562	54,589	77,600
25 Lakh	9,329	12,846	13,571	16,029	19,219	23,613	30,489	33,397	47,263	57,897	82,303
50 Lakh	11,195	15,416	16,285	19,234	23,063	28,335	36,587	40,077	56,715	69,477	98,764
75 Lakh	12,261	16,884	17,836	21,066	25,259	31,034	40,071	43,894	62,117	76,094	108,170
1 Crore	13,327	18,352	19,387	22,898	27,456	33,733	43,556	47,711	67,518	82,711	117,576

Premium per member for Plan C (Zone I)

SUM INSURED / AGE	91 Days to 17 Years	18-30 Years	31-35 Years	36-40 Years	41-45 Years	46-50 Years	51-55 Years	56-60 Years	61-65 Years	66-70 Years	>70 Years
5 Lakh	6,271	9,523	9,543	11,600	11,693	19,462	22,168	23,590	32,912	40,061	56,468
6 Lakh	6,742	10,237	10,259	12,470	12,570	20,921	23,831	25,360	35,380	43,066	60,703
7 Lakh	7,212	10,952	10,974	13,340	13,447	22,381	25,494	27,129	37,849	46,070	64,939
8 Lakh	7,526	11,428	11,452	13,920	14,032	23,354	26,602	28,309	39,494	48,073	67,762
9 Lakh	7,839	11,904	11,929	14,500	14,617	24,327	27,710	29,488	41,140	50,076	70,585
10 Lakh	8,153	12,380	12,406	15,080	15,201	25,300	28,819	30,668	42,785	52,079	73,409
15 Lakh	9,407	14,285	14,314	17,400	17,540	29,192	33,252	35,386	49,368	60,092	84,702
20 Lakh	10,348	15,713	15,746	19,140	19,294	32,112	36,578	38,924	54,304	66,101	93,173
25 Lakh	10,975	16,665	16,700	20,300	20,463	34,058	38,795	41,283	57,596	70,107	98,820
50 Lakh	13,170	19,998	20,040	24,360	24,556	40,869	46,553	49,540	69,115	84,128	118,583
75 Lakh	14,424	21,903	21,949	26,680	26,894	44,762	50,987	54,258	75,697	92,140	129,877
1 Crore	15,679	23,808	23,857	29,000	29,233	48,654	55,421	58,976	82,279	100,153	141,171

Premium per member for Plan C (Zone II)

SUM INSURED / AGE	91 Days to 17 Years	18-30 Years	31-35 Years	36-40 Years	41-45 Years	46-50 Years	51-55 Years	56-60 Years	61-65 Years	66-70 Years	>70 Years
5 Lakh	5,331	8,095	8,112	9,860	9,939	16,542	18,843	20,052	27,975	34,052	47,998
6 Lakh	5,731	8,702	8,720	10,600	10,685	17,783	20,256	21,556	30,073	36,606	51,598
7 Lakh	6,130	9,309	9,328	11,339	11,430	19,024	21,670	23,060	32,171	39,160	55,198
8 Lakh	6,397	9,714	9,734	11,832	11,927	19,851	22,612	24,062	33,570	40,862	57,598
9 Lakh	6,663	10,118	10,139	12,325	12,424	20,678	23,554	25,065	34,969	42,565	59,998
10 Lakh	6,930	10,523	10,545	12,818	12,921	21,505	24,496	26,068	36,368	44,268	62,398
15 Lakh	7,996	12,142	12,167	14,790	14,909	24,813	28,265	30,078	41,963	51,078	71,997
20 Lakh	8,796	13,356	13,384	16,269	16,400	27,295	31,091	33,086	46,159	56,186	79,197
25 Lakh	9,329	14,166	14,195	17,255	17,394	28,949	32,975	35,091	48,956	59,591	83,997

SUM INSURED / AGE	91 Days to 17 Years	18-30 Years	31-35 Years	36-40 Years	41-45 Years	46-50 Years	51-55 Years	56-60 Years	61-65 Years	66-70 Years	>70 Years
50 Lakh	11,195	16,999	17,034	20,706	20,872	34,739	39,570	42,109	58,748	71,509	100,796
75 Lakh	12,261	18,618	18,657	22,678	22,860	38,047	43,339	46,119	64,343	78,319	110,396
1 Crore	13,327	20,237	20,279	24,650	24,848	41,356	47,108	50,130	69,938	85,130	119,995

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

List V : List of Insurance Ombudsman

AHMEDABAD Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, Ahmedabad – 380 001. Tel.: 079 - 25501201/02/05/06 Email: bimalokpal.ahmedabad@cioins.co.in **JURISDICTION**: Gujarat, Dadra & Nagar Haveli, Daman and Diu.	**BENGALURU** Office of the Insurance Ombudsman, Jeevan Soudha Building,PID No. 57-27-N19 Ground Floor, 19/19, 24th Main Road, JP Nagar, Ist Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@cioins.co.in **JURISDICTION**: Karnataka.	**BHOPAL** Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, Bhopal – 462 003. Tel.: 0755 - 2769201 / 2769202 Fax: 0755 – 2769203 Email: bimalokpal.bhopal@cioins.co.in **JURISDICTION**: Madhya Pradesh Chattisgarh.
BHUBANESHWAR Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar – 751 009. Tel.: 0674 - 2596461 /2596455 Fax: 0674 – 2596429 Email: bimalokpal.bhubaneswar@cioins.co.in **JURISDICTION**: Orissa	**CHANDIGARH** Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17 – D, Chandigarh – 160 017. Tel.: 0172 - 2706196 / 2706468 Fax: 0172 - 2708274 Email: bimalokpal.chandigarh@cioins.co.in **JURISDICTION**: Punjab, Haryana (excluding Gurugram, Faridabad, Sonepat and Bahadurgarh) Himachal Pradesh, Union Territories of Jammu & Kashmir, Ladakh & Chandigarh	**CHENNAI** Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, Chennai – 600 018. Tel.: 044 - 24333668 / 24335284 Fax: 044 - 24333664 Email: bimalokpal.chennai@cioins.co.in **JURISDICTION**: Tamil Nadu, Tamil Nadu Puducherry Town and Karaikal (which are part of Puducherry).
DELHI Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 23232481/23213504 Email: bimalokpal.delhi@cioins.co.in **JURISDICTION**: Delhi & Following Districts of Haryana - Gurugram, Faridabad, Sonepat & Bahadurgarh.	**ERNAKULAM** Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682 015. Tel.: 0484 - 2358759 / 2359338 Fax: 0484 - 2359336 Email: bimalokpal.ernakulam@cioins.co.in **JURISDICTION**: Kerala, Lakshadweep, Mahe-a part of Union Territory of Puducherry.	**GUWAHATI** Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001(ASSAM). Tel.: 0361 - 2632204 / 2602205 Email: bimalokpal.guwahati@cioins.co.in **JURISDICTION**: Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.

HYDERABAD Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 – 23312122 Fax: 040 - 23376599 Email: bimalokpal.hyderabad@cioins.co.in **JURISDICTION**: Andhra Pradesh, Telangana, Yanam and part of Union Territory of Puducherry	**JAIPUR** Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005.Tel.: 0141 - 2740363 Email: bimalokpal.jaipur@cioins.co.in **JURISDICTION**: Rajasthan.	**KOLKATA** Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124340 Fax : 033 – 22124341 Email: bimalokpal.kolkata@cioins.co.in **JURISDICTION**: West Bengal, Sikkim, Andaman & Nicobar Islands.
LUCKNOW Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 2231330 / 2231331 Fax: 0522 - 2231310 Email: bimalokpal.lucknow@cioins.co.in **JURISDICTION**: Districts of Uttar Pradesh Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhabdra, Fatehpur, Pratapgarh, Jaunpur,Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorakhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.	**NOIDA** Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P-201301. Tel.: 0120-2514252 / 2514253 Email: bimalokpal.noida@cioins.co.in **JURISDICTION**: State of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur.	**MUMBAI** Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022 - 26106552 / 26106960 Fax: 022 – 26106052 Email: bimalokpal.mumbai@cioins.co.in **JURISDICTION**: Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane.
PUNE Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020-41312555 Email: bimalokpal.pune@cioins.co.in **JURISDICTION**: Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region.		**PATNA** Office of the Insurance Ombudsman, 1st Floor,Kalpana Arcade Building, Bazar Samiti Road, Bahadurpur, Patna 800 006. Tel.: 0612-2680952 Email: bimalokpal.patna@cioins.co.in **JURISDICTION**: Bihar, Jharkhand.