

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

II. POLICY TENURE AND PREMIUM PAYMENT MODE

A) POLICY TENURE

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

B) PREMIUM PAYMENT MODE

Term of 1 Year: Payment of premium will be available as onetime 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.

For term of 2 and 3 years: Only upfront one-time payment is allowed.

III. FEATURES

Section	We will cover:	Provided that (the coverage is subject to):
3.1	<p>Hospitalization:</p> <p>Medical and Surgery expense incurred in single or shared room accommodation for:</p> <p>a) Inpatient Care:</p> <p>a.1. Room Rent, boarding & nursing</p>	<p>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 Hospitalization, and such Hospital adopts differential billing based on room category in relation to, including but not limited to, Medical Practitioner fees</p>

Navi Health | UIN: NAVHLIP22133V012122 | Prospectus

Navi General Insurance Limited

E: insurance.help@navi.com | T: 1800 123 0004 | www.navi.com/insurance | CIN: U66000KA2016PLC148551 | IRDAI Registration Number: 155 | Registered Office: Vaishnavi Tech Square, 7th Floor, Iballur Village, Begur Hobli, Bengaluru, Karnataka- 560102

Section	We will cover:	Provided that (the coverage is subject to):
	<p>a.2. Intensive Care Unit (ICU)</p> <p>a.3. Medical Practitioner including Surgeon, Anesthetist, Specialist, Physiotherapist's fees</p> <p>a.4. Anesthesia, blood, oxygen, operation theatre charges, surgical appliances, medicine and drugs, cost towards diagnostic tests and imaging modalities</p> <p>b) Other Medical Expenses</p> <p>b.1. Dental Treatment necessitated due to Illness or Injury</p> <p>b.2. Plastic Surgery necessitated due to Illness or Injury</p> <p>b.3. Modern Treatment</p> <p>b.4. Mental Illness treatment</p> <p>b.5. Day Care Treatment for all eligible procedures</p>	<p>including surgeon, anesthetist, specialist, operation theatre charges and nursing expenses</p>
3.2	Pre-Hospitalization Medical Expenses:	<ul style="list-style-type: none"> Such Medical Expenses are incurred for the same medical condition for which the Insured Person's Hospitalization 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-Hospitalization Medical Expenses:	<ul style="list-style-type: none"> Such Medical Expenses are incurred for the same medical condition for which the Insured Person's Hospitalization 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.
3.4	<p>Daily cash for shared room occupancy: We will pay a 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.</p>	<ul style="list-style-type: none"> The amount paid under this coverage will not reduce the Sum Insured Coverage is payable for shared room occupancy during Hospitalization as covered under Section 3.1 This benefit is payable up to maximum of seven days
3.5		

Section	We will cover:	Provided that (the coverage is subject to):
	Emergency Road Transportation: expenses incurred towards the transfer of the Insured Person to the Hospital in a Road Ambulance for Emergency Medical Condition	<ul style="list-style-type: none"> 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 Condition. The amount paid under this coverage will reduce the Sum Insured
3.6	AYUSH (Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy): Medical Expenses necessarily incurred towards Inpatient Care treatment received at any AYUSH Hospitals	<ul style="list-style-type: none"> 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-Hospitalization Medical Expenses and Post Hospitalization Medical Expenses are not covered. The amount paid under this coverage will reduce the Sum Insured.
3.7	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.	<ul style="list-style-type: none"> 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 Hospitalization. The amount paid under this coverage will reduce the Sum Insured
3.8	Organ Donor Expenses: incurred necessarily towards living donor's Hospitalization for Harvesting the organ donated, where the Insured Person is recipient.	<ul style="list-style-type: none"> 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, Hospitalization. The amount paid under this coverage will reduce the Sum Insured
3.9	Online doctor consultations: with a Medical Practitioner empaneled with Us as Our Service Provider for Diagnosis, treatment and prevention of Illness/	<ul style="list-style-type: none"> 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.)

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Section	We will cover:	Provided that (the coverage is subject to):
	<p>Injury, counseling, health education, medicine prescription</p>	<p>required to be able to exercise proper clinical judgement</p> <ul style="list-style-type: none"> • 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
<p>3.10</p>	<p>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.</p> <p>In the event of a claim reducing Base Sum Insured, No Claim Bonus will be reduced at the same rate at which it has accrued.</p> <p>The No Claim Bonus is provisional and is subject to revision if a claim is made in respect of the expiring Policy Year, which is notified after the acceptance of Renewal premium. Such awarded No Claim Bonus shall be withdrawn only in respect of the expiring Policy Year in which the claim was admitted.</p> <p>The coverage is available only if the Policy is Renewed with Us</p> <p>If the Sum Insured has been increased/reduced at the time of Renewal, the applicable No Claim Bonus shall be increased/reduced in the same proportion to the Base Sum Insured</p>	<ul style="list-style-type: none"> • If the Policy Period is more than a year, No Claim 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 • No Claim Bonus accrued during the claim free Policy Year will only be available to those Insured Persons who were Insured in such claim free Policy Year and continue to be Insured Persons in the subsequent Policy Year • In case of Family Floater Policy, No Claim Bonus will accrue only if no claims have been made in respect of all Insured Person(s) in the expiring Policy Year. • If the Insured Persons in their respective expiring Policies are covered on an individual/ Non-Floater basis and there is an accumulated No Claim 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 No Claim Bonus to be carried forward for credit in such Policy upon Renewal shall be the lowest of the No Claim 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 Insured in to two or more Family Floater/ Non-Floater/ Individual Policies, then the No Claim Bonus of the expiring Policy shall be apportioned to such Policies upon Renewal, in

Section	We will cover:	Provided that (the coverage is subject to):
		<p>the proportion of the Sum Insured of each Renewed Policy</p> <ul style="list-style-type: none"> 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/ Non-Floater Policy. However, all continuity benefits for such Insured Person on the Policy will remain intact. No Claim Bonus earned on the Policy will stay with the Insured Person(s) covered under the original Policy.
3.11	<p>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.</p>	<ul style="list-style-type: none"> The Injury sustained following a road traffic Accident is substantiated by police investigation report and Hospital records. The additional Sum Insured under this coverage is available for utilization only once during the Policy Year after exhaustion of the Sum Insured The coverage is payable only for In-Patient Care in the Hospital
3.12	<p>Automatic restoration of Base Sum Insured: Up to 100% for the number of times as specified in the Policy Schedule, during a Policy Year</p>	<ul style="list-style-type: none"> Automatic restoration is applicable to the Base Sum Insured only. Such restored Base Sum Insured can be utilized for all subsequent claims during the Policy Year.
3.13	<p>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</p> <p>Newborn Baby benefit: for the Medical Expenses necessarily incurred up to Rs. 10,000/- for the Inpatient Care of a</p>	<p>Maternity Expenses</p> <ul style="list-style-type: none"> Medical termination of pregnancy is carried out in accordance and in compliance with The Medical Termination of Pregnancy Act, 1971 and amendments thereof 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 For coverage to become payable, the female Insured Person who is either Policyholder or Policyholder's spouse must be covered for a continuous period of 36 months under the Policy offering coverage of Maternity Expenses, If this coverage is available and in-force for the Insured Person, then maternity exclusion- XIII.A.18 shall stand deleted. <p>Newborn Baby benefit</p>

Section	We will cover:	Provided that (the coverage is subject to):
	Newborn Baby undergone up to 90 days after birth.	<ul style="list-style-type: none"> Claim payment under the Newborn Baby benefit is subject to admissibility of claim by Us under Section 3.13, Maternity Expenses. The amount paid under this coverage will not reduce the Base Sum Insured, or any sub-limit specified for Maternity Expenses.
3.14	Non payable expenses: Incurred towards utilization 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	<ul style="list-style-type: none"> The items are prescribed by treating Medical Practitioner and billed for during Insured Person's Hospitalization covered under Section 3.1, Hospitalization. We have accepted a claim under Section 3.1, Hospitalization Claim under this benefit will reduce the Sum Insured
3.15	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.	<ul style="list-style-type: none"> This coverage is payable only once during each Policy Year for every Family member covered under the Policy on Non-Floater basis. In case of Floater Policy, this coverage is payable only once for all Family members during each Policy Year Claim under this coverage will not reduce the Sum Insured. We have accepted the claim under Section 3.1, Hospitalization
3.16	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.	<ul style="list-style-type: none"> 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 a 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 nearest Hospital having Emergency Care. Air Ambulance transportation is certified by a Medical Practitioner and We have accepted the claim under Section 3.1, Hospitalization. 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
3.17	Wellness benefits:	Complementary Preventive Health Checkup

Section	We will cover:	Provided that (the coverage is subject to):
	<p>a) Complementary Preventive Health Checkup: We will provide a complementary preventive health checkup for all the Insured Persons over 17 years of Age once during every Policy Year..</p> <p>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 Hemoglobin (HbA1c)- Less than 5.7%; (iv) Hemoglobin- More than 13g/dL for Men and More than 12g/dL for Women</p> <p>c) Fitness Status Reward: We will provide an additional discount of 5% on the Renewal premium upon Insured Person walking an average 4000 steps per day for minimum 250 days in a previous Policy Year, and thereafter, 1% incremental discount for every 1000 footsteps on average.</p>	<ul style="list-style-type: none"> 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 may include but not limited to Complete Blood Count (CBC), Lipid Profile, Glycated Hemoglobin (HbA1c), Kidney Profile, Thyroid Stimulating Hormone (TSH) Complementary preventive health checkup is 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. <p>Health Status Reward</p> <ul style="list-style-type: none"> 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 <p>Fitness Status Reward</p> <ul style="list-style-type: none"> Your Fitness gadget (Fitbit, Apple health, Google fit etc.) is authenticated and synchronized with Our mobile application. You are enrolled in this program after commencement of this Policy, through Our mobile application. The maximum discount offered under this reward is 10% Insured person above 17 years of age are allowed to participate To avail this discount, Insured Person should walk for a minimum of 500 and 750 days if Policy term is of 2 and 3 years respectively.

Section	We will cover:	Provided that (the coverage is subject to):
3.18	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/ Non-Floater Policy and up to Rs. 10,000/- for Family covered by Family Floater Policy	<ul style="list-style-type: none"> Outpatient Treatment Benefit coverage is offered by Us through Our Service Providers (Consultants and Diagnostic service facilities) on cashless basis. We receive the request in advance from the Insured Person through Our mobile application to avail the coverage. If this coverage is extended then Standard exclusion section XIII.A (except XIII.A.10, XIII.A.11) & Specific exclusion section XII.B. (except XII.B.6, XIII.B.11, XIII.B.12) shall stand deleted. The claim under this coverage will not reduce the Sum Insured

IV. SUM INSURED

Following Sum Insured (in ₹) options are offered under this product –

2 lakhs, 3 lakhs, 4 Lakhs, 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

Benefit/ Plans	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	Select
Base Sum Insured (BSI)	2 lakhs, 3 lakhs, 4 Lakhs, 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					
Hospitalization	Covered up to BSI	Covered up to BSI	Covered up to BSI	Covered up to BSI	Covered up to BSI	Covered up to BSI
Pre-Hospitalization Medical Expenses	30 days	60 days	60 days	60 days	90 days	<ul style="list-style-type: none"> 30 days; 60 days or 90 days;
Post Hospitalization Medical Expenses	60 days	90 days	90 days	90 days	180 days	<ul style="list-style-type: none"> 60 days; 90 days or 180 days;
Daily Cash for Shared Room Occupancy	Rs. 1,000/-	Rs. 1,000/-	Rs. 1,000/-	Rs. 1,000/-	Rs. 1,000/-	Rs. 1,000/-
Emergency Road Transportation	Covered up to BSI	Covered up to BSI	Covered up to BSI	Covered up to BSI	Covered up to BSI	Covered up to BSI
AYUSH	No	No	No	No	Covered up to BSI	<ul style="list-style-type: none"> Up to BSI or No Cover
Domiciliary Hospitalization	Covered up to BSI	Covered up to BSI	Covered up to BSI	Covered up to BSI	Covered up to BSI	<ul style="list-style-type: none"> Up to BSI or No Cover
Organ Donor Expenses	Covered up to BSI	Covered up to BSI	Covered up to BSI	Covered up to BSI	Covered up to BSI	<ul style="list-style-type: none"> Up to BSI or No Cover
Online Doctor Consultation	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited	Unlimited

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Benefit/ Plans	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	Select
Cumulative (No Claim) Bonus	25% of BSI per year up to maximum of 50%	25% of BSI per year up to maximum of 100%	25% of BSI per year up to maximum of 100%	25% of BSI per year up to maximum of 100%	50% of BSI per year up to maximum of 150%	<ul style="list-style-type: none"> 25% of BSI per year up to max 50%; 25% of BSI per year up to max 100%; 50% of BSI per year up to max 150%; or No Cover;
Additional Sum Insured for Accidental injury	No Cover	100% of BSI	100% of BSI	100% of BSI	100% of BSI	<ul style="list-style-type: none"> 100% of BSI or No Cover
Automatic Restoration of Base Sum Insured during Policy Year	Once	Unlimited Number of Times	Unlimited Number of Times	Unlimited Number of Times	Unlimited Number of Times	<ul style="list-style-type: none"> Once; Unlimited Number of Times; or No Cover;
Maternity expenses	No Cover	No Cover	No Cover	Rs. 30,000/-	Rs. 30,000/-	<ul style="list-style-type: none"> Rs. 30,000; or No Cover
Newborn baby benefit (covered with Maternity expenses)	No Cover	No Cover	No Cover	Rs. 10,000/-	Rs. 10,000/-	<ul style="list-style-type: none"> Rs. 10,000
Non payable expense coverage benefit	No Cover	No Cover	No Cover	No Cover	Covered up to BSI	<ul style="list-style-type: none"> Covered up to BSI; or No Cover
Prolonged Hospitalization Benefit	No Cover	No Cover	No Cover	No Cover	Rs. 20,000/-	<ul style="list-style-type: none"> Rs. 20,000; or No Cover
Air Ambulance	No Cover	No Cover	No Cover	No Cover	Rs. 5 Lakh	<ul style="list-style-type: none"> Rs. 5 Lakhs; or No Cover
Outpatient Treatment Benefit (Consultation & Diagnostics)	No Cover	No Cover	Rs. 5,000/- per Member under Individual/ Non Floater Policy Or Rs. 10,000/- per Family Floater Policy	No Cover	Rs. 5,000/- per Member under Individual/ Non Floater Policy Or Rs. 10,000/- per Family Floater Policy	<ul style="list-style-type: none"> Rs. 5,000/- per Member under Individual/ Non Floater Policy; Rs. 10,000/- per Family Floater Policy; or No Cover;

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Benefit/ Plans	Plan 1	Plan 2	Plan 3	Plan 4	Plan 5	Select
Wellness Benefit (Complementary Health Checkup, Health Status Reward, Fitness Status Reward)	Yes	Yes	Yes	Yes	Yes	Yes
Pre-existing Disease Waiting Period	3 years	1 year	1 year	1 year	1 year	<ul style="list-style-type: none"> • 4 years; • 3 years; • 2 years; • 1 year; or • No waiting period
Specific Illness Waiting Period	2 years	1 year	1 year	1 year	1 year	<ul style="list-style-type: none"> • 2 years; • 1 year; or • No waiting period

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, if you are more than 45 years of age or have opted Sum Insured coverage of Rs 20,00,000/- and more.
- (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.

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- (c) Wherever required we may request for additional medical tests to be conducted based on the results of 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. **Family discount for policies insuring two or more members on Non-Floater Sum Insured basis:** 5% on the total premium.
3. **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.
4. **Long-Term Policy Discount:**
 - a. 7.5% on the total premium if term is 2 years
 - b. 10% on the total premium if term is 3 years
5. **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
6. **Fitness status Reward for renewals:**
 - a. 5% discount on the premium for the insured person for completing 4000 average daily steps for at least 250 days in the previous Policy year
 - b. Additional 1% discount for every 1000 completed average footsteps
 - c. Maximum discount is 10%
 - d. For Policy term of 2 and 3 years, Insured Person should walk for minimum 500 and 750 days respectively, to avail this discount

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

For Maternity Coverage and Outpatient Coverage, only the following two discounts are applicable:

- Direct Discount
- Long Term Discount

IX. LOADING

a) 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 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

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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 between the age of 91 days and 180 days (both days inclusive); or (ii) a newly married spouse and such addition is requested for within 3 months of the marriage.
- (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 –

<p>Ear Nose Throat</p> <ul style="list-style-type: none"> • Sinusitis • Chronic Suppurative Otitis Media (CSOM) • Tonsillectomy • Adenoidectomy • Mastoidectomy • Tympanoplasty • Surgery for Deviated Nasal Septum • Surgery for turbinate/Concha • Any other benign ear, nose and throat disorder or Surgery 	<p>Gastrointestinal</p> <ul style="list-style-type: none"> • Calculus Diseases of Gall Bladder including Cholecystectomy. • All types of Surgery of Hernia • Fissure/Fistula in anus, Haemorrhoids, Pilonidal Sinus • Ulcer of Stomach & Duodenum • Gastroesophageal Reflux Disorder (GRD) • Perianal / Perineal Abscess • Rectal Prolapse
<p>Urogenital</p> <ul style="list-style-type: none"> • 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 	<p>Eye</p> <ul style="list-style-type: none"> • Cataract • Surgical Management of Glaucoma • Retinopathy
<p>Gynaecological</p> <ul style="list-style-type: none"> • Cysts, polyps • Any type of Breast lumps (unless malignant) • Polycystic Ovarian Disease (PCOD) • Fibroids (Fibromyoma) 	<p>Orthopaedic</p> <ul style="list-style-type: none"> • Non-Infectious Arthritis • Gout and Rheumatism • Osteoarthritis and Osteoporosis

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<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • 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)
<p>Others</p> <ul style="list-style-type: none"> • Varicose veins and Varicose ulcers 	<p>General (Applicable to organ systems/organs/disciplines whether or not described above)</p> <ul style="list-style-type: none"> • Any type of cysts / Nodules / Polyps / Internal tumours / Skin tumours / Lump / growth

3. 30 - day Waiting Period – Code – Excl03

- 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.
- This exclusion shall not, however, apply if the Insured Person has Continuous Coverage for more than twelve months.
- 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

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

- Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes:
 - Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons.
 - 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:

- Surgery to be conducted is upon the advice of the doctor
- The surgery/Procedure conducted should be supported by clinical protocols
- The member has to be 18 years of age or older and
- Body Mass Index (BMI);
 - greater than or equal to 40 or

- b) greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss:
- i. Obesity-related cardiomyopathy
 - ii. Coronary heart disease
 - iii. Severe Sleep 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, sky diving, 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 stabilization 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 health 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 hospitalization 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 dioptries.

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, sterilization; (b) Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI; (c) Gestational Surrogacy; (d) Reversal of sterilization

18. Maternity – Code – Excl18 -

(a) Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during Hospitalization) 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 synthesized 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.**

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- 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 Medical Practitioner.
- 7) **Non-Medical Expenses –** Expenses incurred for utilization 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

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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 15 days' written notice and in such an event, the Company shall refund premium for the unexpired Policy Period as per the rates detailed below.

Cancellation grid for Annual Premium option			
Period on Risk	Policy Period 1 Year	Policy Period 2 Year	Policy Period 3 Year
Within 15 Days	Free look period cancellation		
Exceeding 15 days but less than or equal to 1 month	75%	87.5%	90%
Exceeding 1 months but less than or equal to 3 months	50%	75%	87.5%
Exceeding 3 months but less than or equal to 6 months	25%	62.5%	75%
Exceeding 6 months but less than or equal to 12 months	Nil	50%	60%
Exceeding 12 months but less than or equal to 15 months		25%	50%
Exceeding 15 months but less than or equal to 18 months		12%	25%
Exceeding 18 months but less than or equal to 24 months		Nil	12%
Exceeding 24 months but less than or equal to 27 months			Nil
Exceeding 27 months but less than or equal to 30 months	Nil		
Exceeding 30 months but less than or equal to 36 months	Nil		

Cancellation grid for Instalment Premium option		
Period on Risk (From Last instalment paid date)	% of Quarterly Premium	% of Half Yearly Premium
Up to 15 days from 1st Instalment Date	Free look period cancellation	
Exceeding 15 days but less than or equal to 1 month	50%	62.5%
Exceeding 1 month but less than or equal to 2 months	16.7%	33.3%
Exceeding 2 months but less than or equal to 3 months	Nil	25%
Exceeding 3 months but less than or equal to 4 months		8%
Exceeding 4 months but less than or equal to 5 months		4%

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Cancellation grid for Annual Premium option		
Exceeding 5 months but less than or equal to 6 months		Nil

Note- For monthly premium payment frequency, no refund shall be applicable for cancellation of the Policy. Free look period cancellation is applicable only in case of first time health insurance Policy customers. In case of Renewal Policy, please read the Period on Risk- “Exceeding 15 days but less than or equal to 1 month” as “Within 1 month”

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) The Company shall endeavour to give notice for Renewal. However, the Company is not under obligation to give any notice for Renewal.
- (b) Renewal shall not be denied on the ground that the Insured had made a claim or claims in the preceding Policy Years.
- (c) Request for Renewal along with requisite premium shall be received by the Company before the end of the Policy Period.
- (d) 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, with prior approval of IRDAI, may revise or modify the terms of the Policy including the premium rates. The Insured Person shall be notified three months before the changes are affected

11) Free look period

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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 free look period of fifteen days from date of receipt of the Policy document to review the terms and conditions of the Policy, and to return the same if not acceptable.

If the Insured has not made any claim during the Free Look Period, the Insured shall be entitled to:

- (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 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 eight continuous years under the Policy no look back to be applied. This period of eight years is called as moratorium period. The moratorium would be applicable for the sums Insured of the first Policy and subsequently completion of 8 continuous years would be applicable from date of enhancement of sums Insured only on the enhanced limits. After the expiry of Moratorium Period no health insurance claim shall be contestable except for proven fraud and permanent exclusions specified in the Policy contract. The policies would however be subject to all limits, sub limits, co-payments, deductibles as per the Policy contract.

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 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 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 last necessary document. In such cases, the Company shall settle or reject the claim within 45 days from the date of receipt of 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 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

Toll free: 1800-123-0004

E-mail: insurance.help@navi.com

Courier: Navi General Insurance Limited

1st floor, Salarpuria Business Centre,

4th B Cross Road, 5th Block, Koramangala,

Bengaluru, Karnataka, India- 560095

(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 the link - www.naviinsurance.com/service/. For senior citizens, We have a special cell, and our senior citizen customers can email Us at seniorcare@navi.com for priority resolution.

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

CONTACT DETAILS	JURISDICTION
<p>BENGALURU Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No.57-27-N-19, Ground Floor, 19/19, 24th Main Road, JP Nagar, 1st Phase, Bengaluru-560 078. Tel.:- 080-26652048 / 26652049 Email:- bimalokpal.bengaluru@gbic.co.in</p>	<p>Karnataka.</p>

For all other Ombudsman Offices & Addresses: please refer the link - <http://ecoi.co.in/ombudsman.html>

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 would be given to pay the instalment premium due for the Policy.

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- b) During such grace period, coverage will not be available from the due date of instalment premium till the date of receipt of premium by Company.
- 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 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 online channel including 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
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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 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, Hospitalization of the Policy.
- vii) You must leave the original bills and evidence of treatment in respect of the Hospitalization with the Network Provider and ensure to take photocopies of relevant medical records for future reference. Pre-authorization 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:

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- 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 Hospitalization.

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, reserves 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 from 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.

Cashless process to avail Outpatient Treatment benefit or 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 OPD benefit or Complimentary Health Check-up benefit on Our mobile application

5) Delay in Claim Settlement

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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 authorized by Us to examine You to establish Our liability in case of a claim under the Policy. The cost towards performing such medical examination shall be borne by Us.

7) Claim Related Information

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

Website: www.naviinsurance.com

Toll free: 809-584-0012

E-mail: claim.help@navi.com

8) Family Floater Benefit Illustration

PLAN 2 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 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 1										
31	5,446	5 Lakhs	5,446	5%	5,174	5 Lakhs	5,446	25%	4,085	5 Lakhs
28	4,626	5 Lakhs	4,626		4,395	5 Lakhs	4,626		3,470	
5	3,810	5 Lakhs	3,810		3,620	5 Lakhs	3,810		2,858	
TOTAL	Total Premium for all members of family is Rs 13,882 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 13,188 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 10,412 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)			

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	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	13,924	5 Lakhs	13,924	5%	13,228	5 Lakhs	13,924	20%	11,139	5 Lakhs
48	10,465	5 Lakhs	10,465		9,942	5 Lakhs	10,465		8,372	
TOTAL	Total Premium for all members of family is Rs 24,389 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 23,170 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 19,511 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	33,804	5 Lakhs	33,804	5%	32,114	5 Lakhs	33,804	20%	27,043	5 Lakhs
63	27,756	5 Lakhs	27,756		26,368	5 Lakhs	27,756		22,205	
	Total Premium for all members of family is Rs. 61,560 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. 58,482 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. 49,248 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 term of one year.

- The premium will be based on the completed age of the individual insured member as per the Rate Chart below.
- If two or more family members are covered under the Non-Floater policy, then Family Discount is applicable
- 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.

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4. The premium at renewal may change due to a change in age or changes in the applicable tax rate
5. Premium rates are subject to change with prior approval from IRDA
6. The premium will be computed basis 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
7. Premium rates and policy terms and conditions are for standard healthy individuals. These may change post underwriting of proposal based on medical tests (where applicable) and information provided on the proposal form.

PREMIUM BY COVERAGE FOR 'SELECT' PLAN (ZONE I):

1. Premium per member for all Sum Insured options for the following coverage:

- Coverage 3.1 as per Policy Wording: Hospitalization
- Coverage 3.2 as per Policy Wording: Pre-Hospitalization Medical Expenses covered for 30 days
- Coverage 3.3 as per Policy Wording: Post-Hospitalization Medical Expenses covered for 60 days
- Coverage 3.4 as per Policy Wording: Daily cash for shared room occupancy
- Coverage 3.5 as per Policy Wording: Emergency Road Transportation
- Coverage 3.9 as per Policy Wording: Online Doctor Consultations
- Coverage 3.17 as per Policy Wording: Wellness Benefits
- Specified disease / procedure waiting period is 2 years

SUM INSURED / AGE	91Days to 17Years	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
2 Lakh	2,253	2,784	3,250	3,764	4,612	6,127	8,116	11,341	15,936	19,384	27,093
3 Lakh	2,615	3,213	3,759	4,360	5,354	7,128	9,461	13,240	18,623	22,664	31,695
4 Lakh	2,978	3,644	4,268	4,959	6,096	8,132	10,805	15,138	21,309	25,943	36,296
5 Lakh	3,292	4,017	4,711	5,478	6,743	9,004	11,974	16,789	23,646	28,794	40,299
6 Lakh	3,528	4,296	5,044	5,868	7,228	9,658	12,852	18,028	25,399	30,933	43,300
7 Lakh	3,765	4,576	5,375	6,258	7,712	10,312	13,728	19,264	27,151	33,071	46,301
8 Lakh	3,922	4,764	5,597	6,517	8,036	10,749	14,312	20,090	28,319	34,496	48,303
9 Lakh	4,080	4,951	5,818	6,778	8,359	11,184	14,898	20,916	29,487	35,922	50,303
10 Lakh	4,237	5,138	6,040	7,037	8,682	11,621	15,482	21,741	30,655	37,348	52,304
15 Lakh	4,867	5,884	6,925	8,077	9,973	13,365	17,821	25,042	35,328	43,050	60,308
20 Lakh	5,341	6,445	7,589	8,856	10,943	14,674	19,575	27,519	38,832	47,327	66,309
25 Lakh	5,656	6,818	8,032	9,376	11,589	15,546	20,744	29,168	41,168	50,178	70,311
50 Lakh	6,759	8,125	9,583	11,194	13,850	18,599	24,836	34,946	49,346	60,157	84,317
75 Lakh	7,389	8,872	10,469	12,234	15,143	20,343	27,175	38,248	54,020	65,860	92,320
1 Crore	8,019	9,620	11,354	13,272	16,434	22,088	29,512	41,549	58,692	71,562	1,00,324

2. Additional Premium per member if Coverage 3.2 as per Policy Wording "Pre-Hospitalization Medical Expenses" is covered for 60 days instead of 30 days:

SUM INSURED / AGE	91Days to 17Years	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
2 Lakh	11	13	14	18	22	29	38	56	78	96	134
3 Lakh	13	14	18	21	26	34	46	64	91	112	157
4 Lakh	14	18	19	24	29	40	53	74	106	128	181

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5 Lakh	16	19	22	26	32	43	59	83	117	142	200
6 Lakh	18	21	24	27	35	46	62	88	125	154	214
7 Lakh	18	21	26	30	37	50	67	94	134	163	230
8 Lakh	19	22	27	30	38	53	70	99	141	171	240
9 Lakh	19	24	27	32	40	54	74	102	146	178	250
10 Lakh	21	24	29	34	42	56	77	107	152	186	261
15 Lakh	24	29	34	38	48	66	88	123	176	214	301
20 Lakh	26	30	37	43	53	72	96	136	192	235	330
25 Lakh	27	32	38	45	56	77	102	144	205	250	350
50 Lakh	34	40	46	54	67	91	123	173	245	299	421
75 Lakh	37	43	51	59	74	101	134	190	269	328	461
1 Crore	40	46	56	66	80	109	146	206	293	357	501

3. Additional Premium per member if Coverage 3.2 as per Policy Wording “Pre-Hospitalization Medical Expenses” is covered for 90 days instead of 30 days:

SUM INSURED / AGE	91Days to 17Years	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
2 Lakh	21	26	30	35	43	59	78	110	157	190	269
3 Lakh	24	29	35	40	51	69	91	130	184	224	314
4 Lakh	29	34	40	46	58	78	106	149	210	256	360
5 Lakh	32	37	45	51	64	88	117	165	234	285	400
6 Lakh	34	40	48	56	69	94	126	178	251	307	430
7 Lakh	37	43	51	59	74	101	134	190	269	328	461
8 Lakh	38	45	53	62	77	104	141	198	280	342	480
9 Lakh	40	46	56	66	80	109	146	206	293	357	501
10 Lakh	42	48	58	67	85	114	152	214	304	371	520
15 Lakh	48	56	67	78	98	131	176	248	350	427	600
20 Lakh	53	62	74	86	107	144	194	272	386	470	661
25 Lakh	54	66	77	91	114	152	205	290	410	499	701
50 Lakh	66	78	93	109	136	182	245	347	491	598	840
75 Lakh	72	86	102	120	149	200	269	379	538	656	920
1 Crore	78	93	110	130	162	218	293	413	584	714	1,000

4. Additional Premium per member if Coverage 3.3 as per Policy Wording “Post-Hospitalization Medical Expenses” is covered for 90 days instead of 60 days:

SUM INSURED / AGE	91Days to 17Years	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
2 Lakh	21	26	30	35	43	59	78	110	157	190	269
3 Lakh	24	29	35	40	51	69	91	130	184	224	314
4 Lakh	29	34	40	46	58	78	106	149	210	256	360
5 Lakh	32	37	45	51	64	88	117	165	234	285	400
6 Lakh	34	40	48	56	69	94	126	178	251	307	430
7 Lakh	37	43	51	59	74	101	134	190	269	328	461
8 Lakh	38	45	53	62	77	104	141	198	280	342	480
9 Lakh	40	46	56	66	80	109	146	206	293	357	501

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10 Lakh	42	48	58	67	85	114	152	214	304	371	520
15 Lakh	48	56	67	78	98	131	176	248	350	427	600
20 Lakh	53	62	74	86	107	144	194	272	386	470	661
25 Lakh	54	66	77	91	114	152	205	290	410	499	701
50 Lakh	66	78	93	109	136	182	245	347	491	598	840
75 Lakh	72	86	102	120	149	200	269	379	538	656	920
1 Crore	78	93	110	130	162	218	293	413	584	714	1,000

5. Additional Premium per member if Coverage 3.3 as per Policy Wording “Post-Hospitalization Medical Expenses” is covered for 180 days instead of 60 days:

SUM INSURED / AGE	91Days to 17Years	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
2 Lakh	42	50	59	70	87	117	157	221	313	382	536
3 Lakh	49	59	70	82	101	137	184	259	367	448	628
4 Lakh	57	67	80	94	116	157	210	297	421	513	720
5 Lakh	63	75	89	104	129	174	234	330	467	570	800
6 Lakh	68	80	95	112	139	188	251	355	502	613	860
7 Lakh	72	86	102	120	149	201	269	380	537	656	920
8 Lakh	76	90	106	125	155	209	281	396	561	684	960
9 Lakh	79	93	111	130	162	218	292	413	584	713	1,000
10 Lakh	82	97	115	135	168	227	304	429	607	741	1,040
15 Lakh	95	112	133	156	194	262	351	495	701	855	1,201
20 Lakh	104	123	146	171	213	288	386	545	771	941	1,321
25 Lakh	110	131	155	182	226	305	409	578	818	998	1,401
50 Lakh	132	157	186	218	271	366	491	693	981	1,198	1,681
75 Lakh	145	172	204	239	297	401	538	759	1,075	1,312	1,841
1 Crore	158	187	221	260	323	436	585	825	1,168	1,426	2,001

6. Premium per member for Coverage 3.6 as per Policy Wording “AYUSH”:

SUM INSURED / AGE	91Days to 17Years	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
2 Lakh	97	115	137	160	199	269	360	509	720	879	1,233
3 Lakh	114	135	160	188	233	315	422	596	844	1,030	1,445
4 Lakh	130	155	183	215	267	361	484	683	967	1,180	1,657
5 Lakh	145	172	204	239	297	401	538	759	1,075	1,312	1,841
6 Lakh	156	185	219	257	319	431	578	816	1,155	1,410	1,979
7 Lakh	167	198	234	275	342	461	619	873	1,236	1,508	2,117
8 Lakh	174	206	244	287	357	481	645	911	1,290	1,574	2,209
9 Lakh	181	215	255	299	372	502	672	949	1,343	1,639	2,301
10 Lakh	188	223	265	311	386	522	699	987	1,397	1,705	2,393
15 Lakh	217	258	306	359	446	602	807	1,139	1,612	1,967	2,761
20 Lakh	239	284	336	394	490	662	887	1,253	1,773	2,164	3,037
25 Lakh	254	301	357	418	520	702	941	1,329	1,881	2,295	3,221
50 Lakh	304	361	428	502	624	843	1,129	1,595	2,257	2,754	3,866
75 Lakh	333	395	469	550	684	923	1,237	1,746	2,472	3,017	4,234
1 Crore	362	430	509	598	743	1,003	1,345	1,898	2,687	3,279	4,602

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7. Premium per member for Coverage 3.7 as per Policy Wording “Domiciliary Hospitalization”:

SUM INSURED / AGE	91Days to 17Years	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
2 Lakh	5	6	7	9	11	15	20	28	39	48	67
3 Lakh	6	7	9	10	13	17	23	32	46	56	79
4 Lakh	7	8	10	12	15	20	26	37	53	64	90
5 Lakh	8	9	11	13	16	22	29	41	58	71	100
6 Lakh	8	10	12	14	17	23	31	44	63	77	108
7 Lakh	9	11	13	15	19	25	34	47	67	82	115
8 Lakh	9	11	13	16	19	26	35	50	70	86	120
9 Lakh	10	12	14	16	20	27	37	52	73	89	125
10 Lakh	10	12	14	17	21	28	38	54	76	93	130
15 Lakh	12	14	17	19	24	33	44	62	88	107	150
20 Lakh	13	15	18	21	27	36	48	68	96	118	165
25 Lakh	14	16	19	23	28	38	51	72	102	125	175
50 Lakh	17	20	23	27	34	46	61	87	123	150	210
75 Lakh	18	21	25	30	37	50	67	95	134	164	230
1 Crore	20	23	28	32	40	55	73	103	146	178	250

8. Premium per member for Coverage 3.8 as per Policy Wording “Organ Donor Expenses”:

SUM INSURED / AGE	91Days to 17Years	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
2 Lakh	5	6	7	9	11	15	20	28	39	48	67
3 Lakh	6	7	9	10	13	17	23	32	46	56	79
4 Lakh	7	8	10	12	15	20	26	37	53	64	90
5 Lakh	8	9	11	13	16	22	29	41	58	71	100
6 Lakh	8	10	12	14	17	23	31	44	63	77	108
7 Lakh	9	11	13	15	19	25	34	47	67	82	115
8 Lakh	9	11	13	16	19	26	35	50	70	86	120
9 Lakh	10	12	14	16	20	27	37	52	73	89	125
10 Lakh	10	12	14	17	21	28	38	54	76	93	130
15 Lakh	12	14	17	19	24	33	44	62	88	107	150
20 Lakh	13	15	18	21	27	36	48	68	96	118	165
25 Lakh	14	16	19	23	28	38	51	72	102	125	175
50 Lakh	17	20	23	27	34	46	61	87	123	150	210
75 Lakh	18	21	25	30	37	50	67	95	134	164	230
1 Crore	20	23	28	32	40	55	73	103	146	178	250

9. Premium per member for Coverage 3.10 as per Policy Wording “Cumulative (No Claim) Bonus” of 25% per claim free year up to a maximum of 50%:

SUM INSURED / AGE	91Days to 17Years	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
2 Lakh	137	163	193	226	281	380	509	719	1,018	1,242	1,743

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3 Lakh	161	191	226	265	330	445	597	842	1,192	1,455	2,042
4 Lakh	184	219	259	304	378	510	684	966	1,367	1,668	2,341
5 Lakh	205	243	288	338	420	567	760	1,073	1,519	1,853	2,601
6 Lakh	220	261	310	363	451	609	817	1,153	1,633	1,992	2,796
7 Lakh	236	279	331	388	483	652	874	1,234	1,746	2,131	2,991
8 Lakh	246	291	345	405	504	680	912	1,288	1,822	2,224	3,121
9 Lakh	256	303	360	422	525	709	950	1,341	1,898	2,317	3,251
10 Lakh	266	316	374	439	546	737	988	1,395	1,974	2,409	3,381
15 Lakh	307	364	432	507	630	850	1,140	1,609	2,278	2,780	3,902
20 Lakh	338	401	475	557	693	935	1,254	1,770	2,506	3,058	4,292
25 Lakh	358	425	504	591	735	992	1,330	1,878	2,658	3,243	4,552
50 Lakh	430	510	605	709	882	1,191	1,596	2,253	3,189	3,892	5,462
75 Lakh	471	558	662	777	966	1,304	1,748	2,468	3,493	4,263	5,982
1 Crore	512	607	720	844	1,050	1,417	1,900	2,682	3,797	4,633	6,503

10. Premium per member for Coverage 3.10 as per Policy Wording “Cumulative (No Claim) Bonus” of 25% per claim free year up to a maximum of 100%:

SUM INSURED / AGE	91Days to 17Years	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
2 Lakh	211	250	297	348	433	584	783	1,106	1,565	1,910	2,681
3 Lakh	247	293	348	408	507	685	918	1,296	1,834	2,238	3,141
4 Lakh	284	336	399	468	581	785	1,052	1,486	2,103	2,566	3,601
5 Lakh	315	373	443	520	646	872	1,169	1,651	2,336	2,851	4,002
6 Lakh	339	401	476	559	695	938	1,257	1,775	2,512	3,065	4,302
7 Lakh	362	429	509	598	743	1,003	1,345	1,898	2,687	3,279	4,602
8 Lakh	378	448	532	624	775	1,047	1,403	1,981	2,804	3,421	4,802
9 Lakh	394	467	554	650	808	1,090	1,462	2,063	2,920	3,564	5,002
10 Lakh	410	486	576	676	840	1,134	1,520	2,146	3,037	3,707	5,202
15 Lakh	473	560	664	780	969	1,308	1,754	2,476	3,505	4,277	6,003
20 Lakh	520	616	731	857	1,066	1,439	1,929	2,724	3,855	4,704	6,603
25 Lakh	552	654	775	909	1,131	1,526	2,046	2,889	4,089	4,990	7,003
50 Lakh	662	784	930	1,091	1,357	1,832	2,455	3,466	4,906	5,988	8,404
75 Lakh	725	859	1,019	1,195	1,486	2,006	2,689	3,797	5,374	6,558	9,204
1 Crore	788	934	1,107	1,299	1,615	2,181	2,923	4,127	5,841	7,128	10,004

11. Premium per member for Coverage 3.10 as per Policy Wording “Cumulative (No Claim) Bonus” of 50% per claim free year up to a maximum of 150%:

SUM INSURED / AGE	91Days to 17Years	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
2 Lakh	317	375	445	522	649	877	1,175	1,659	2,348	2,865	4,022
3 Lakh	371	440	522	612	761	1,027	1,377	1,944	2,751	3,357	4,712
4 Lakh	426	504	598	702	872	1,177	1,578	2,228	3,154	3,849	5,402
5 Lakh	473	560	664	779	969	1,308	1,754	2,476	3,505	4,277	6,003
6 Lakh	508	602	714	838	1,042	1,406	1,885	2,662	3,768	4,598	6,453
7 Lakh	544	644	764	896	1,115	1,505	2,017	2,847	4,030	4,918	6,903
8 Lakh	567	672	797	935	1,163	1,570	2,105	2,971	4,206	5,132	7,203

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9 Lakh	591	700	830	974	1,212	1,635	2,192	3,095	4,381	5,346	7,503
10 Lakh	614	728	864	1,013	1,260	1,701	2,280	3,219	4,556	5,560	7,803
15 Lakh	709	840	996	1,169	1,454	1,962	2,631	3,714	5,257	6,415	9,004
20 Lakh	780	924	1,096	1,286	1,599	2,159	2,894	4,086	5,783	7,057	9,904
25 Lakh	827	980	1,163	1,364	1,696	2,290	3,069	4,333	6,133	7,484	10,504
50 Lakh	993	1,176	1,395	1,637	2,035	2,748	3,683	5,200	7,360	8,981	12,605
75 Lakh	1,087	1,289	1,528	1,793	2,229	3,009	4,034	5,695	8,061	9,837	13,806
1 Crore	1,182	1,401	1,661	1,949	2,423	3,271	4,385	6,190	8,761	10,692	15,006

12. Premium per member for Coverage 3.11 as per Policy Wording “Additional Sum Insured for Inpatient Care treatment of Accidental Injury”: Rs. 22

13. Premium per member for Coverage 3.12 as per Policy Wording “Automatic Restoration of Sum Insured” for One Time:

SUM INSURED / AGE	91Days to 17Years	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
2 Lakh	42	50	59	70	87	117	157	221	313	382	536
3 Lakh	49	59	70	82	101	137	184	259	367	448	628
4 Lakh	57	67	80	94	116	157	210	297	421	513	720
5 Lakh	63	75	89	104	129	174	234	330	467	570	800
6 Lakh	68	80	95	112	139	188	251	355	502	613	860
7 Lakh	72	86	102	120	149	201	269	380	537	656	920
8 Lakh	76	90	106	125	155	209	281	396	561	684	960
9 Lakh	79	93	111	130	162	218	292	413	584	713	1,000
10 Lakh	82	97	115	135	168	227	304	429	607	741	1,040
15 Lakh	95	112	133	156	194	262	351	495	701	855	1,201
20 Lakh	104	123	146	171	213	288	386	545	771	941	1,321
25 Lakh	110	131	155	182	226	305	409	578	818	998	1,401
50 Lakh	132	157	186	218	271	366	491	693	981	1,198	1,681
75 Lakh	145	172	204	239	297	401	538	759	1,075	1,312	1,841
1 Crore	158	187	221	260	323	436	585	825	1,168	1,426	2,001

14. Premium per member for Coverage 3.12 as per Policy Wording “Automatic Restoration of Sum Insured” for Unlimited number of times:

SUM INSURED / AGE	91Days to 17Years	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
2 Lakh	74	88	104	122	152	205	274	387	548	669	938
3 Lakh	87	103	122	143	178	240	321	454	642	783	1,099
4 Lakh	99	118	139	164	204	275	368	520	736	898	1,261
5 Lakh	110	131	155	182	226	305	409	578	818	998	1,401
6 Lakh	119	141	167	195	243	328	440	621	879	1,073	1,506
7 Lakh	127	150	178	209	260	351	471	664	940	1,148	1,611
8 Lakh	132	157	186	218	271	366	491	693	981	1,198	1,681
9 Lakh	138	163	194	227	283	382	512	722	1,022	1,247	1,751

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10 Lakh	143	170	202	236	294	397	532	751	1,063	1,297	1,821
15 Lakh	165	196	233	273	339	458	614	867	1,227	1,497	2,101
20 Lakh	182	216	256	300	373	504	675	953	1,349	1,647	2,311
25 Lakh	193	229	271	318	396	534	716	1,011	1,431	1,746	2,451
50 Lakh	232	275	326	382	475	641	859	1,213	1,717	2,096	2,941
75 Lakh	254	301	357	418	520	702	941	1,329	1,881	2,295	3,221
1 Crore	276	327	388	455	565	763	1,023	1,444	2,044	2,495	3,501

15. Premium per member for Coverage 3.13 as per Policy Wording “Maternity Expenses and New-born Baby Benefit”:

The following premium is applicable to the female member insured for this benefit:

Age of the insured female member	Premium (in Rs.)
18 to 25 years	840
26 to 35 years	1,176
36 to 45 years	504
46 to 50 years	168

16. Premium per member for Coverage 3.14 as per Policy Wording “Non-Payable Expenses”:

SUM INSURED / AGE	91Days to 17Years	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
2 Lakh	158	188	223	261	325	438	588	829	1,174	1,433	2,011
3 Lakh	186	220	261	306	380	513	688	972	1,376	1,679	2,356
4 Lakh	213	252	299	351	436	589	789	1,114	1,577	1,925	2,701
5 Lakh	236	280	332	390	485	654	877	1,238	1,752	2,138	3,001
6 Lakh	254	301	357	419	521	703	943	1,331	1,884	2,299	3,226
7 Lakh	272	322	382	448	557	752	1,008	1,424	2,015	2,459	3,451
8 Lakh	284	336	399	468	582	785	1,052	1,486	2,103	2,566	3,602
9 Lakh	295	350	415	487	606	818	1,096	1,548	2,190	2,673	3,752
10 Lakh	307	364	432	507	630	850	1,140	1,609	2,278	2,780	3,902
15 Lakh	354	420	498	585	727	981	1,315	1,857	2,628	3,208	4,502
20 Lakh	390	462	548	643	800	1,079	1,447	2,043	2,891	3,528	4,952
25 Lakh	414	490	581	682	848	1,145	1,535	2,166	3,066	3,742	5,252
50 Lakh	496	588	698	818	1,018	1,374	1,842	2,600	3,680	4,491	6,303
75 Lakh	544	644	764	896	1,115	1,505	2,017	2,847	4,030	4,918	6,903
1 Crore	591	700	830	974	1,211	1,635	2,192	3,095	4,381	5,346	7,503

17. Premium per member for Coverage 3.15 as per Policy Wording “Prolonged Hospitalization Benefit”:

SUM INSURED / AGE	91Days to 17Years	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
All SI	56	64	68	74	80	108	132	176	236	288	384

18. Premium per member for Coverage 3.16 as per Policy Wording “Air Ambulance”:

SUM INSURED / AGE	91Days to 17Years	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
All SI	28	32	34	37	40	54	66	88	118	144	192

19. Premium for Coverage 3.18 as per Policy Wording “Outpatient Treatment Benefit”:

- Rs. 1650 for Insured Person if covered under individual/ Non-Floater Policy basis
- If the policy is on family floater sum insured basis:
 - Rs. 2500 for the family if the family composition is “2 Adults” or “1 Adult + 1 Child”
 - Rs. 3300 for the family if the family composition is “2 Adults + 1 Child” or “2 Adults + Children” or “1 Adult + Children”

20. Additional Premium per member if Waiting Period for Specified Diseases / Procedure is 1 Year instead of 2 Years:

SUM INSURED / AGE	91Days to 17Years	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
2 Lakh	5	6	17	20	43	58	78	110	313	382	536
3 Lakh	6	7	20	24	50	68	91	129	366	447	628
4 Lakh	7	8	23	28	58	78	105	148	420	513	720
5 Lakh	7	9	26	31	64	87	116	165	467	570	800
6 Lakh	8	10	28	33	69	93	125	177	502	613	860
7 Lakh	9	10	30	35	74	100	134	189	537	655	920
8 Lakh	9	11	31	37	77	104	140	198	560	684	960
9 Lakh	9	11	33	38	80	109	146	206	584	712	1,000
10 Lakh	10	12	34	40	84	113	152	214	607	741	1,040
15 Lakh	11	14	39	46	96	130	175	247	700	855	1,200
20 Lakh	13	15	43	51	106	143	192	272	771	940	1,320
25 Lakh	13	16	46	54	113	152	204	288	817	997	1,400
50 Lakh	16	19	55	65	135	183	245	346	981	1,197	1,680
75 Lakh	18	21	61	71	148	200	268	379	1,074	1,311	1,840
1 Crore	19	23	66	77	161	218	292	412	1,168	1,425	2,000

21. Additional Premium per member if Waiting Period for Specified Diseases / Procedure is 0 Year instead of 2 Years:

SUM INSURED / AGE	91Days to 17Years	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
2 Lakh	10	12	35	41	86	116	156	221	626	764	1,072
3 Lakh	12	14	41	48	101	136	183	259	733	895	1,256
4 Lakh	14	16	47	56	116	156	210	297	841	1,026	1,440
5 Lakh	15	18	53	62	129	174	233	330	934	1,140	1,600
6 Lakh	16	20	57	67	138	187	251	354	1,004	1,226	1,720

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7 Lakh	18	21	61	71	148	200	268	379	1,074	1,311	1,840
8 Lakh	18	22	63	74	155	209	280	396	1,121	1,368	1,920
9 Lakh	19	23	66	77	161	218	292	412	1,168	1,425	2,000
10 Lakh	20	24	69	81	168	226	304	429	1,214	1,482	2,080
15 Lakh	23	28	79	93	193	261	350	495	1,401	1,710	2,401
20 Lakh	26	30	87	102	213	287	385	544	1,542	1,881	2,641
25 Lakh	27	32	93	109	226	305	409	577	1,635	1,995	2,801
50 Lakh	33	39	111	130	271	366	491	693	1,962	2,395	3,361
75 Lakh	36	42	122	143	297	401	537	759	2,149	2,623	3,681
1 Crore	39	46	132	155	323	436	584	825	2,336	2,851	4,001

PREMIUM FOR PLANS 1 TO 5 (ZONE I):

1. Premium per member for PLAN 1:

SUM INSURED / AGE	91Days to 17Years	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
2 Lakh	2,442	3,009	3,516	4,078	5,002	6,654	8,822	12,337	17,345	21,104	29,506
3 Lakh	2,837	3,477	4,073	4,727	5,811	7,744	10,288	14,405	20,274	24,679	34,523
4 Lakh	3,233	3,946	4,627	5,381	6,620	8,839	11,751	16,475	23,203	28,252	39,537
5 Lakh	3,576	4,353	5,110	5,946	7,324	9,789	13,026	18,274	25,748	31,359	43,900
6 Lakh	3,832	4,657	5,473	6,371	7,852	10,501	13,982	19,624	27,660	33,692	47,172
7 Lakh	4,091	4,963	5,834	6,796	8,382	11,215	14,939	20,972	29,568	36,022	50,442
8 Lakh	4,262	5,167	6,074	7,079	8,733	11,690	15,575	21,874	30,842	37,576	52,624
9 Lakh	4,435	5,371	6,317	7,362	9,086	12,165	16,214	22,774	32,115	39,130	54,804
10 Lakh	4,605	5,575	6,557	7,645	9,438	12,641	16,850	23,673	33,388	40,684	56,985
15 Lakh	5,293	6,388	7,524	8,778	10,845	14,543	19,400	27,270	38,483	46,899	65,711
20 Lakh	5,809	6,999	8,246	9,626	11,903	15,969	21,311	29,970	42,301	51,562	72,252
25 Lakh	6,152	7,406	8,729	10,195	12,606	16,919	22,585	31,768	44,848	54,669	76,614
50 Lakh	7,355	8,832	10,420	12,175	15,071	20,248	27,045	38,066	53,762	65,547	91,880
75 Lakh	8,041	9,644	11,385	13,310	16,480	22,148	29,595	41,665	58,856	71,763	1,00,603
1 Crore	8,729	10,460	12,351	14,440	17,887	24,051	32,143	45,262	63,949	77,977	1,09,328

2. Premium per member for PLAN 2:

SUM INSURED / AGE	91Days to 17Years	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
2 Lakh	2,607	3,201	3,748	4,347	5,349	7,114	9,429	13,188	18,697	22,749	31,807
3 Lakh	3,026	3,695	4,342	5,038	6,214	8,280	10,996	15,399	21,854	26,602	37,214
4 Lakh	3,447	4,196	4,930	5,735	7,078	9,450	12,563	17,611	25,012	30,454	42,621
5 Lakh	3,810	4,626	5,446	6,336	7,829	10,465	13,924	19,535	27,756	33,804	47,324
6 Lakh	4,084	4,951	5,833	6,788	8,395	11,225	14,946	20,977	29,816	36,321	50,850
7 Lakh	4,358	5,273	6,217	7,241	8,960	11,989	15,969	22,415	31,874	38,830	54,377
8 Lakh	4,538	5,491	6,474	7,542	9,334	12,497	16,649	23,381	33,247	40,506	56,728
9 Lakh	4,722	5,708	6,732	7,845	9,712	13,004	17,334	24,341	34,620	42,180	59,079
10 Lakh	4,905	5,924	6,989	8,146	10,091	13,513	18,013	25,303	35,992	43,858	61,430
15 Lakh	5,634	6,789	8,018	9,352	11,593	15,546	20,738	29,149	41,484	50,556	70,835

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20 Lakh	6,183	7,436	8,788	10,257	12,724	17,070	22,779	32,034	45,599	55,581	77,886
25 Lakh	6,545	7,869	9,299	10,861	13,477	18,085	24,141	33,956	48,346	58,932	82,588
50 Lakh	7,825	9,383	11,101	12,971	16,110	21,642	28,907	40,687	57,954	70,657	99,045
75 Lakh	8,553	10,246	12,131	14,179	17,616	23,674	31,632	44,534	63,446	77,358	1,08,448
1 Crore	9,282	11,111	13,159	15,385	19,119	25,709	34,357	48,379	68,936	84,059	1,17,852

3. Premium for PLAN 3:

To the Premium for PLAN 2, the following Premium for Coverage 3.18 as per Policy Wording “Outpatient Treatment Benefit” is to be added:

- Rs. 1650 for Insured Person if covered under individual/ Non Floater Policy basis
- If the policy is on family floater sum insured basis:
 - Rs. 2500 for the family if the family composition is “2 Adults” or “1 Adult + 1 Child”
 - Rs. 3300 for the family if the family composition is “2 Adults + 1 Child” or “2 Adults + Children” or “1 Adult + Children”

4. Premium for PLAN 4:

To the Premium for PLAN 2, the following Premium for Coverage 3.13 as per Policy Wording “Maternity Expenses and Newborn Baby Benefit”: is to be added:

The following premium is applicable to the female member insured for this benefit:

Age of the insured female member	Premium (in Rs.)
18 to 25 years	840
26 to 35 years	1,176
36 to 45 years	504
46 to 50 years	168

5. Premium for PLAN 5:

Base premium per member

SUM INSURED / AGE	91Days to 17Years	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
2 Lakh	3,083	3,762	4,403	5,105	6,274	8,364	11,086	15,508	21,963	26,734	37,370
3 Lakh	3,570	4,338	5,091	5,908	7,276	9,715	12,901	18,074	25,621	31,198	43,633
4 Lakh	4,059	4,916	5,774	6,716	8,279	11,071	14,717	20,637	29,276	35,659	49,895
5 Lakh	4,480	5,417	6,372	7,413	9,151	12,249	16,297	22,868	32,456	39,540	55,343
6 Lakh	4,797	5,793	6,820	7,939	9,806	13,131	17,482	24,542	34,842	42,454	59,428
7 Lakh	5,117	6,169	7,266	8,463	10,463	14,017	18,668	26,211	37,225	45,361	63,512
8 Lakh	5,326	6,421	7,563	8,814	10,898	14,604	19,457	27,329	38,816	47,302	66,236
9 Lakh	5,539	6,671	7,864	9,164	11,336	15,195	20,248	28,445	40,406	49,241	68,959
10 Lakh	5,749	6,922	8,162	9,513	11,773	15,785	21,037	29,558	41,995	51,183	71,681
15 Lakh	6,596	7,926	9,355	10,914	13,517	18,141	24,198	34,019	48,355	58,942	82,575
20 Lakh	7,234	8,679	10,248	11,962	14,827	19,909	26,566	37,365	53,124	64,764	90,743
25 Lakh	7,655	9,181	10,844	12,664	15,700	21,086	28,145	39,593	56,304	68,643	96,189
50 Lakh	9,138	10,937	12,934	15,112	18,754	25,212	33,672	47,400	67,435	82,226	1,15,251

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75 Lakh	9,984	11,940	14,128	16,514	20,501	27,567	36,833	51,858	73,795	89,988	1,26,143
1 Crore	10,831	12,945	15,319	17,912	22,244	29,926	39,993	56,318	80,153	97,749	1,37,035

The following Premium is to be added to the Premium as per the Chart above:

- **the Premium for Coverage 3.18 as per Policy Wording “Outpatient Treatment Benefit”:**
Rs. 1650 for Insured Person if covered under individual/ Non Floater Policy basis
If the policy is on family floater sum insured basis:
 - Rs. 2500 for the family if the family composition is “2 Adults” or “1 Adult + 1 Child”
 - Rs. 3300 for the family if the family composition is “2 Adults + 1 Child” or “2 Adults + Children” or “1 Adult + Children”
- **the Premium for Coverage 3.13 as per Policy Wording “Maternity Expenses and Newborn Baby Benefit”:**
The following premium is applicable to the female member insured for this benefit:

Age of the insured female member	Premium (in Rs.)
18 to 25 years	840
26 to 35 years	1,176
36 to 45 years	504
46 to 50 years	168

PREMIUM BY COVERAGE FOR ‘SELECT’ PLAN (ZONE II):

1. Premium per member for all Sum Insured options for the following coverage:

- Coverage 3.1 as per Policy Wording: Hospitalization
- Coverage 3.2 as per Policy Wording: Pre-Hospitalization Medical Expenses covered for 30 days
- Coverage 3.3 as per Policy Wording: Post-Hospitalization Medical Expenses covered for 60 days
- Coverage 3.4 as per Policy Wording: Daily cash for shared room occupancy
- Coverage 3.5 as per Policy Wording: Emergency Road Transportation
- Coverage 3.9 as per Policy Wording: Online Doctor Consultations
- Coverage 3.17 as per Policy Wording: Wellness Benefits
- Specified disease / procedure waiting period is 2 years

SUM INSURED / AGE	91Days to 17Years	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
2 Lakh	2,028	2,506	2,925	3,388	4,151	5,514	7,304	10,207	14,342	17,446	24,384
3 Lakh	2,354	2,892	3,383	3,924	4,819	6,415	8,515	11,916	16,761	20,398	28,526
4 Lakh	2,680	3,280	3,841	4,463	5,486	7,319	9,725	13,624	19,178	23,349	32,666
5 Lakh	2,963	3,615	4,240	4,930	6,069	8,104	10,777	15,110	21,281	25,915	36,269
6 Lakh	3,175	3,866	4,540	5,281	6,505	8,692	11,567	16,225	22,859	27,840	38,970
7 Lakh	3,389	4,118	4,838	5,632	6,941	9,281	12,355	17,338	24,436	29,764	41,671
8 Lakh	3,530	4,288	5,037	5,865	7,232	9,674	12,881	18,081	25,487	31,046	43,473
9 Lakh	3,672	4,456	5,236	6,100	7,523	10,066	13,408	18,824	26,538	32,330	45,273
10 Lakh	3,813	4,624	5,436	6,333	7,814	10,459	13,934	19,567	27,590	33,613	47,074
15 Lakh	4,380	5,296	6,233	7,269	8,976	12,029	16,039	22,538	31,795	38,745	54,277
20 Lakh	4,807	5,801	6,830	7,970	9,849	13,207	17,618	24,767	34,949	42,594	59,678

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25 Lakh	5,090	6,136	7,229	8,438	10,430	13,991	18,670	26,251	37,051	45,160	63,280
50 Lakh	6,083	7,313	8,625	10,075	12,465	16,739	22,352	31,451	44,411	54,141	75,885
75 Lakh	6,650	7,985	9,422	11,011	13,629	18,309	24,458	34,423	48,618	59,274	83,088
1 Crore	7,217	8,658	10,219	11,945	14,791	19,879	26,561	37,394	52,823	64,406	90,292

2. Additional Premium per member if Coverage 3.2 as per Policy Wording “Pre-Hospitalization Medical Expenses” is covered for 60 days instead of 30 days:

SUM INSURED / AGE	91Days to 17Years	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
2 Lakh	10	12	13	16	20	26	34	50	70	86	121
3 Lakh	12	13	16	19	23	31	41	58	82	101	141
4 Lakh	13	16	17	22	26	36	48	67	95	115	163
5 Lakh	14	17	20	23	29	39	53	75	105	128	180
6 Lakh	16	19	22	24	32	41	56	79	113	139	193
7 Lakh	16	19	23	27	33	45	60	85	121	147	207
8 Lakh	17	20	24	27	34	48	63	89	127	154	216
9 Lakh	17	22	24	29	36	49	67	92	131	160	225
10 Lakh	19	22	26	31	38	50	69	96	137	167	235
15 Lakh	22	26	31	34	43	59	79	111	158	193	271
20 Lakh	23	27	33	39	48	65	86	122	173	212	297
25 Lakh	24	29	34	41	50	69	92	130	185	225	315
50 Lakh	31	36	41	49	60	82	111	156	221	269	379
75 Lakh	33	39	46	53	67	91	121	171	242	295	415
1 Crore	36	41	50	59	72	98	131	185	264	321	451

3. Additional Premium per member if Coverage 3.2 as per Policy Wording “Pre-Hospitalization Medical Expenses” is covered for 90 days instead of 30 days:

SUM INSURED / AGE	91Days to 17Years	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
2 Lakh	19	23	27	32	39	53	70	99	141	171	242
3 Lakh	22	26	32	36	46	62	82	117	166	202	283
4 Lakh	26	31	36	41	52	70	95	134	189	230	324
5 Lakh	29	33	41	46	58	79	105	149	211	257	360
6 Lakh	31	36	43	50	62	85	113	160	226	276	387
7 Lakh	33	39	46	53	67	91	121	171	242	295	415
8 Lakh	34	41	48	56	69	94	127	178	252	308	432
9 Lakh	36	41	50	59	72	98	131	185	264	321	451
10 Lakh	38	43	52	60	77	103	137	193	274	334	468
15 Lakh	43	50	60	70	88	118	158	223	315	384	540
20 Lakh	48	56	67	77	96	130	175	245	347	423	595
25 Lakh	49	59	69	82	103	137	185	261	369	449	631
50 Lakh	59	70	84	98	122	164	221	312	442	538	756
75 Lakh	65	77	92	108	134	180	242	341	484	590	828
1 Crore	70	84	99	117	146	196	264	372	526	643	900

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4. Additional Premium per member if Coverage 3.3 as per Policy Wording “Post-Hospitalization Medical Expenses” is covered for 90 days instead of 60 days:

SUM INSURED / AGE	91Days to 17Years	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
2 Lakh	19	23	27	32	39	53	70	99	141	171	242
3 Lakh	22	26	32	36	46	62	82	117	166	202	283
4 Lakh	26	31	36	41	52	70	95	134	189	230	324
5 Lakh	29	33	41	46	58	79	105	149	211	257	360
6 Lakh	31	36	43	50	62	85	113	160	226	276	387
7 Lakh	33	39	46	53	67	91	121	171	242	295	415
8 Lakh	34	41	48	56	69	94	127	178	252	308	432
9 Lakh	36	41	50	59	72	98	131	185	264	321	451
10 Lakh	38	43	52	60	77	103	137	193	274	334	468
15 Lakh	43	50	60	70	88	118	158	223	315	384	540
20 Lakh	48	56	67	77	96	130	175	245	347	423	595
25 Lakh	49	59	69	82	103	137	185	261	369	449	631
50 Lakh	59	70	84	98	122	164	221	312	442	538	756
75 Lakh	65	77	92	108	134	180	242	341	484	590	828
1 Crore	70	84	99	117	146	196	264	372	526	643	900

5. Additional Premium per member if Coverage 3.3 as per Policy Wording “Post-Hospitalization Medical Expenses” is covered for 180 days instead of 60 days:

SUM INSURED / AGE	91Days to 17Years	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
2 Lakh	38	45	53	63	78	105	141	199	282	344	482
3 Lakh	44	53	63	74	91	123	166	233	330	403	565
4 Lakh	51	60	72	85	104	141	189	267	379	462	648
5 Lakh	57	68	80	94	116	157	211	297	420	513	720
6 Lakh	61	72	86	101	125	169	226	320	452	552	774
7 Lakh	65	77	92	108	134	181	242	342	483	590	828
8 Lakh	68	81	95	113	140	188	253	356	505	616	864
9 Lakh	71	84	100	117	146	196	263	372	526	642	900
10 Lakh	74	87	104	122	151	204	274	386	546	667	936
15 Lakh	86	101	120	140	175	236	316	446	631	770	1,081
20 Lakh	94	111	131	154	192	259	347	491	694	847	1,189
25 Lakh	99	118	140	164	203	275	368	520	736	898	1,261
50 Lakh	119	141	167	196	244	329	442	624	883	1,078	1,513
75 Lakh	131	155	184	215	267	361	484	683	968	1,181	1,657
1 Crore	142	168	199	234	291	392	527	743	1,051	1,283	1,801

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6. Premium per member for Coverage 3.6 as per Policy Wording “AYUSH”:

SUM INSURED / AGE	91Days to 17Years	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
2 Lakh	87	104	123	144	179	242	324	458	648	791	1,110
3 Lakh	103	122	144	169	210	284	380	536	760	927	1,301
4 Lakh	117	140	165	194	240	325	436	615	870	1,062	1,491
5 Lakh	131	155	184	215	267	361	484	683	968	1,181	1,657
6 Lakh	140	167	197	231	287	388	520	734	1,040	1,269	1,781
7 Lakh	150	178	211	248	308	415	557	786	1,112	1,357	1,905
8 Lakh	157	185	220	258	321	433	581	820	1,161	1,417	1,988
9 Lakh	163	194	230	269	335	452	605	854	1,209	1,475	2,071
10 Lakh	169	201	239	280	347	470	629	888	1,257	1,535	2,154
15 Lakh	195	232	275	323	401	542	726	1,025	1,451	1,770	2,485
20 Lakh	215	256	302	355	441	596	798	1,128	1,596	1,948	2,733
25 Lakh	229	271	321	376	468	632	847	1,196	1,693	2,066	2,899
50 Lakh	274	325	385	452	562	759	1,016	1,436	2,031	2,479	3,479
75 Lakh	300	356	422	495	616	831	1,113	1,571	2,225	2,715	3,811
1 Crore	326	387	458	538	669	903	1,211	1,708	2,418	2,951	4,142

7. Premium per member for Coverage 3.7 as per Policy Wording “Domiciliary Hospitalization”:

SUM INSURED / AGE	91Days to 17Years	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
2 Lakh	5	5	6	8	10	14	18	25	35	43	60
3 Lakh	5	6	8	9	12	15	21	29	41	50	71
4 Lakh	6	7	9	11	14	18	23	33	48	58	81
5 Lakh	7	8	10	12	14	20	26	37	52	64	90
6 Lakh	7	9	11	13	15	21	28	40	57	69	97
7 Lakh	8	10	12	14	17	23	31	42	60	74	104
8 Lakh	8	10	12	14	17	23	32	45	63	77	108
9 Lakh	9	11	13	14	18	24	33	47	66	80	113
10 Lakh	9	11	13	15	19	25	34	49	68	84	117
15 Lakh	11	13	15	17	22	30	40	56	79	96	135
20 Lakh	12	14	16	19	24	32	43	61	86	106	149
25 Lakh	13	14	17	21	25	34	46	65	92	113	158
50 Lakh	15	18	21	24	31	41	55	78	111	135	189
75 Lakh	16	19	23	27	33	45	60	86	121	148	207
1 Crore	18	21	25	29	36	50	66	93	131	160	225

8. Premium per member for Coverage 3.8 as per Policy Wording “Organ Donor Expenses”:

SUM INSURED / AGE	91Days to 17Years	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
2 Lakh	5	5	6	8	10	14	18	25	35	43	60
3 Lakh	5	6	8	9	12	15	21	29	41	50	71
4 Lakh	6	7	9	11	14	18	23	33	48	58	81

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5 Lakh	7	8	10	12	14	20	26	37	52	64	90
6 Lakh	7	9	11	13	15	21	28	40	57	69	97
7 Lakh	8	10	12	14	17	23	31	42	60	74	104
8 Lakh	8	10	12	14	17	23	32	45	63	77	108
9 Lakh	9	11	13	14	18	24	33	47	66	80	113
10 Lakh	9	11	13	15	19	25	34	49	68	84	117
15 Lakh	11	13	15	17	22	30	40	56	79	96	135
20 Lakh	12	14	16	19	24	32	43	61	86	106	149
25 Lakh	13	14	17	21	25	34	46	65	92	113	158
50 Lakh	15	18	21	24	31	41	55	78	111	135	189
75 Lakh	16	19	23	27	33	45	60	86	121	148	207
1 Crore	18	21	25	29	36	50	66	93	131	160	225

9. Premium per member for Coverage 3.10 as per Policy Wording “Cumulative (No Claim) Bonus” of 25% per claim free year up to a maximum of 50%:

SUM INSURED / AGE	91Days to 17Years	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
2 Lakh	123	147	174	203	253	342	458	647	916	1,118	1,569
3 Lakh	145	172	203	239	297	401	537	758	1,073	1,310	1,838
4 Lakh	166	197	233	274	340	459	616	869	1,230	1,501	2,107
5 Lakh	185	219	259	304	378	510	684	966	1,367	1,668	2,341
6 Lakh	198	235	279	327	406	548	735	1,038	1,470	1,793	2,516
7 Lakh	212	251	298	349	435	587	787	1,111	1,571	1,918	2,692
8 Lakh	221	262	311	365	454	612	821	1,159	1,640	2,002	2,809
9 Lakh	230	273	324	380	473	638	855	1,207	1,708	2,085	2,926
10 Lakh	239	284	337	395	491	663	889	1,256	1,777	2,168	3,043
15 Lakh	276	328	389	456	567	765	1,026	1,448	2,050	2,502	3,512
20 Lakh	304	361	428	501	624	842	1,129	1,593	2,255	2,752	3,863
25 Lakh	322	383	454	532	662	893	1,197	1,690	2,392	2,919	4,097
50 Lakh	387	459	545	638	794	1,072	1,436	2,028	2,870	3,503	4,916
75 Lakh	424	502	596	699	869	1,174	1,573	2,221	3,144	3,837	5,384
1 Crore	461	546	648	760	945	1,275	1,710	2,414	3,417	4,170	5,853

10. Premium per member for Coverage 3.10 as per Policy Wording “Cumulative (No Claim) Bonus” of 25% per claim free year up to a maximum of 100%:

SUM INSURED / AGE	91Days to 17Years	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
2 Lakh	190	225	267	313	390	526	705	995	1,409	1,719	2,413
3 Lakh	222	264	313	367	456	617	826	1,166	1,651	2,014	2,827
4 Lakh	256	302	359	421	523	707	947	1,337	1,893	2,309	3,241
5 Lakh	284	336	399	468	581	785	1,052	1,486	2,102	2,566	3,602
6 Lakh	305	361	428	503	626	844	1,131	1,598	2,261	2,759	3,872
7 Lakh	326	386	458	538	669	903	1,211	1,708	2,418	2,951	4,142
8 Lakh	340	403	479	562	698	942	1,263	1,783	2,524	3,079	4,322
9 Lakh	355	420	499	585	727	981	1,316	1,857	2,628	3,208	4,502

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10 Lakh	369	437	518	608	756	1,021	1,368	1,931	2,733	3,336	4,682
15 Lakh	426	504	598	702	872	1,177	1,579	2,228	3,155	3,849	5,403
20 Lakh	468	554	658	771	959	1,295	1,736	2,452	3,470	4,234	5,943
25 Lakh	497	589	698	818	1,018	1,373	1,841	2,600	3,680	4,491	6,303
50 Lakh	596	706	837	982	1,221	1,649	2,210	3,119	4,415	5,389	7,564
75 Lakh	653	773	917	1,076	1,337	1,805	2,420	3,417	4,837	5,902	8,284
1 Crore	709	841	996	1,169	1,454	1,963	2,631	3,714	5,257	6,415	9,004

11. Premium per member for Coverage 3.10 as per Policy Wording “Cumulative (No Claim) Bonus” of 50% per claim free year up to a maximum of 150%:

SUM INSURED / AGE	91Days to 17Years	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
2 Lakh	285	338	401	470	584	789	1,058	1,493	2,113	2,579	3,620
3 Lakh	334	396	470	551	685	924	1,239	1,750	2,476	3,021	4,241
4 Lakh	383	454	538	632	785	1,059	1,420	2,005	2,839	3,464	4,862
5 Lakh	426	504	598	701	872	1,177	1,579	2,228	3,155	3,849	5,403
6 Lakh	457	542	643	754	938	1,265	1,697	2,396	3,391	4,138	5,808
7 Lakh	490	580	688	806	1,004	1,355	1,815	2,562	3,627	4,426	6,213
8 Lakh	510	605	717	842	1,047	1,413	1,895	2,674	3,785	4,619	6,483
9 Lakh	532	630	747	877	1,091	1,472	1,973	2,786	3,943	4,811	6,753
10 Lakh	553	655	778	912	1,134	1,531	2,052	2,897	4,100	5,004	7,023
15 Lakh	638	756	896	1,052	1,309	1,766	2,368	3,343	4,731	5,774	8,104
20 Lakh	702	832	986	1,157	1,439	1,943	2,605	3,677	5,205	6,351	8,914
25 Lakh	744	882	1,047	1,228	1,526	2,061	2,762	3,900	5,520	6,736	9,454
50 Lakh	894	1,058	1,256	1,473	1,832	2,473	3,315	4,680	6,624	8,083	11,345
75 Lakh	978	1,160	1,375	1,614	2,006	2,708	3,631	5,126	7,255	8,853	12,425
1 Crore	1,064	1,261	1,495	1,754	2,181	2,944	3,947	5,571	7,885	9,623	13,505

12. Premium per member for Coverage 3.11 as per Policy Wording “Additional Sum Insured for Inpatient Care treatment of Accidental Injury”: Rs. 20

13. Premium per member for Coverage 3.12 as per Policy Wording “Automatic Restoration of Sum Insured” for One Time:

SUM INSURED / AGE	91Days to 17Years	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
2 Lakh	38	45	53	63	78	105	141	199	282	344	482
3 Lakh	44	53	63	74	91	123	166	233	330	403	565
4 Lakh	51	60	72	85	104	141	189	267	379	462	648
5 Lakh	57	68	80	94	116	157	211	297	420	513	720
6 Lakh	61	72	86	101	125	169	226	320	452	552	774
7 Lakh	65	77	92	108	134	181	242	342	483	590	828
8 Lakh	68	81	95	113	140	188	253	356	505	616	864
9 Lakh	71	84	100	117	146	196	263	372	526	642	900
10 Lakh	74	87	104	122	151	204	274	386	546	667	936
15 Lakh	86	101	120	140	175	236	316	446	631	770	1,081

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20 Lakh	94	111	131	154	192	259	347	491	694	847	1,189
25 Lakh	99	118	140	164	203	275	368	520	736	898	1,261
50 Lakh	119	141	167	196	244	329	442	624	883	1,078	1,513
75 Lakh	131	155	184	215	267	361	484	683	968	1,181	1,657
1 Crore	142	168	199	234	291	392	527	743	1,051	1,283	1,801

14. Premium per member for Coverage 3.12 as per Policy Wording “Automatic Restoration of Sum Insured” for Unlimited number of times:

SUM INSURED / AGE	91Days to 17Years	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
2 Lakh	67	79	94	110	137	185	247	348	493	602	844
3 Lakh	78	93	110	129	160	216	289	409	578	705	989
4 Lakh	89	106	125	148	184	248	331	468	662	808	1,135
5 Lakh	99	118	140	164	203	275	368	520	736	898	1,261
6 Lakh	107	127	150	176	219	295	396	559	791	966	1,355
7 Lakh	114	135	160	188	234	316	424	598	846	1,033	1,450
8 Lakh	119	141	167	196	244	329	442	624	883	1,078	1,513
9 Lakh	124	147	175	204	255	344	461	650	920	1,122	1,576
10 Lakh	129	153	182	212	265	357	479	676	957	1,167	1,639
15 Lakh	149	176	210	246	305	412	553	780	1,104	1,347	1,891
20 Lakh	164	194	230	270	336	454	608	858	1,214	1,482	2,080
25 Lakh	174	206	244	286	356	481	644	910	1,288	1,571	2,206
50 Lakh	209	248	293	344	428	577	773	1,092	1,545	1,886	2,647
75 Lakh	229	271	321	376	468	632	847	1,196	1,693	2,066	2,899
1 Crore	248	294	349	410	509	687	921	1,300	1,840	2,246	3,151

15. Premium for Coverage 3.13 as per Policy Wording “Maternity Expenses and Newborn Baby Benefit”:

The following premium is applicable to the female member insured for this benefit:

Age of the insured female member	Premium (in Rs.)
18 to 25 years	756
26 to 35 years	1,058
36 to 45 years	454
46 to 50 years	151

16. Premium per member for Coverage 3.14 as per Policy Wording “Non Payable Expenses”:

SUM INSURED / AGE	91Days to 17Years	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
2 Lakh	142	169	201	235	293	394	529	746	1,057	1,290	1,810
3 Lakh	167	198	235	275	342	462	619	875	1,238	1,511	2,120
4 Lakh	192	227	269	316	392	530	710	1,003	1,419	1,733	2,431
5 Lakh	212	252	299	351	437	589	789	1,114	1,577	1,924	2,701

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6 Lakh	229	271	321	377	469	633	849	1,198	1,696	2,069	2,903
7 Lakh	245	290	344	403	501	677	907	1,282	1,814	2,213	3,106
8 Lakh	256	302	359	421	524	707	947	1,337	1,893	2,309	3,242
9 Lakh	266	315	374	438	545	736	986	1,393	1,971	2,406	3,377
10 Lakh	276	328	389	456	567	765	1,026	1,448	2,050	2,502	3,512
15 Lakh	319	378	448	527	654	883	1,184	1,671	2,365	2,887	4,052
20 Lakh	351	416	493	579	720	971	1,302	1,839	2,602	3,175	4,457
25 Lakh	373	441	523	614	763	1,031	1,382	1,949	2,759	3,368	4,727
50 Lakh	446	529	628	736	916	1,237	1,658	2,340	3,312	4,042	5,673
75 Lakh	490	580	688	806	1,004	1,355	1,815	2,562	3,627	4,426	6,213
1 Crore	532	630	747	877	1,090	1,472	1,973	2,786	3,943	4,811	6,753

17. Premium per member for Coverage 3.15 as per Policy Wording “Prolonged Hospitalization Benefit”:

SUM INSURED / AGE	91Days to 17Years	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
All SI	50	58	61	67	72	97	119	158	212	259	346

18. Premium per member for Coverage 3.16 as per Policy Wording “Air Ambulance”:

SUM INSURED / AGE	91Days to 17Years	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
All SI	25	29	31	33	36	49	59	79	106	130	173

19. Premium for Coverage 3.18 as per Policy Wording “Outpatient Treatment Benefit”:

- Rs. 1485 for Insured Person if covered under individual/ Non Floater Policy basis
- If the policy is on family floater sum insured basis:
 - Rs. 2250 for the family if the family composition is “2 Adults” or “1 Adult + 1 Child”
 - Rs. 2970 for the family if the family composition is “2 Adults + 1 Child” or “2 Adults + Children” or “1 Adult + Children”

20. Additional Premium per member if Waiting Period for Specified Diseases / Procedure is 1 Year instead of 2 Years:

SUM INSURED / AGE	91Days to 17Years	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
2 Lakh	5	5	15	18	39	52	70	99	282	344	482
3 Lakh	5	6	18	22	45	61	82	116	329	402	565
4 Lakh	6	7	21	25	52	70	95	133	378	462	648
5 Lakh	6	8	23	28	58	78	104	149	420	513	720
6 Lakh	7	9	25	30	62	84	113	159	452	552	774
7 Lakh	8	9	27	32	67	90	121	170	483	590	828
8 Lakh	8	10	28	33	69	94	126	178	504	616	864
9 Lakh	8	10	30	34	72	98	131	185	526	641	900
10 Lakh	9	11	31	36	76	102	137	193	546	667	936
15 Lakh	10	13	35	41	86	117	158	222	630	770	1,080
20 Lakh	12	14	39	46	95	129	173	245	694	846	1,188
25 Lakh	12	14	41	49	102	137	184	259	735	897	1,260

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50 Lakh	14	17	50	59	122	165	221	311	883	1,077	1,512
75 Lakh	16	19	55	64	133	180	241	341	967	1,180	1,656
1 Crore	17	21	59	69	145	196	263	371	1,051	1,283	1,800

21. Additional Premium per member if Waiting Period for Specified Diseases / Procedure is 0 Year instead of 2 Years:

SUM INSURED / AGE	91Days to 17Years	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
2 Lakh	9	11	32	37	77	104	140	199	563	688	965
3 Lakh	11	13	37	43	91	122	165	233	660	806	1,130
4 Lakh	13	14	42	50	104	140	189	267	757	923	1,296
5 Lakh	14	16	48	56	116	157	210	297	841	1,026	1,440
6 Lakh	14	18	51	60	124	168	226	319	904	1,103	1,548
7 Lakh	16	19	55	64	133	180	241	341	967	1,180	1,656
8 Lakh	16	20	57	67	140	188	252	356	1,009	1,231	1,728
9 Lakh	17	21	59	69	145	196	263	371	1,051	1,283	1,800
10 Lakh	18	22	62	73	151	203	274	386	1,093	1,334	1,872
15 Lakh	21	25	71	84	174	235	315	446	1,261	1,539	2,161
20 Lakh	23	27	78	92	192	258	347	490	1,388	1,693	2,377
25 Lakh	24	29	84	98	203	275	368	519	1,472	1,796	2,521
50 Lakh	30	35	100	117	244	329	442	624	1,766	2,156	3,025
75 Lakh	32	38	110	129	267	361	483	683	1,934	2,361	3,313
1 Crore	35	41	119	140	291	392	526	743	2,102	2,566	3,601

PREMIUM FOR PLANS 1 TO 5 (ZONE II):

1. Premium per member for PLAN 1:

SUM INSURED / AGE	91Days to 17Years	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
2 Lakh	2,199	2,708	3,164	3,670	4,502	5,990	7,940	11,103	15,611	18,994	26,555
3 Lakh	2,553	3,129	3,665	4,255	5,231	6,969	9,260	12,965	18,246	22,211	31,071
4 Lakh	2,909	3,551	4,164	4,844	5,959	7,955	10,576	14,826	20,883	25,428	35,584
5 Lakh	3,219	3,919	4,599	5,352	6,591	8,811	11,724	16,447	23,173	28,224	39,510
6 Lakh	3,448	4,192	4,927	5,735	7,066	9,451	12,584	17,663	24,895	30,323	42,454
7 Lakh	3,682	4,467	5,252	6,117	7,544	10,095	13,446	18,875	26,610	32,420	45,399
8 Lakh	3,835	4,651	5,468	6,372	7,861	10,520	14,019	19,686	27,758	33,819	47,362
9 Lakh	3,991	4,835	5,686	6,625	8,178	10,948	14,592	20,498	28,905	35,217	49,325
10 Lakh	4,144	5,017	5,903	6,881	8,494	11,376	15,165	21,307	30,049	36,616	51,287
15 Lakh	4,764	5,751	6,772	7,900	9,762	13,090	17,461	24,544	34,634	42,209	59,140
20 Lakh	5,229	6,301	7,421	8,664	10,713	14,372	19,180	26,973	38,070	46,406	65,028
25 Lakh	5,538	6,665	7,857	9,177	11,345	15,228	20,327	28,591	40,363	49,203	68,954
50 Lakh	6,619	7,949	9,379	10,957	13,565	18,222	24,341	34,260	48,387	58,993	82,693
75 Lakh	7,237	8,680	10,248	11,979	14,831	19,934	26,635	37,499	52,972	64,588	90,543
1 Crore	7,856	9,414	11,116	12,997	16,099	21,646	28,930	40,737	57,553	70,179	98,396

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2. Premium per member for PLAN 2:

SUM INSURED / AGE	91Days to 17Years	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
2 Lakh	2,349	2,880	3,373	3,913	4,816	6,405	8,487	11,868	16,828	20,474	28,626
3 Lakh	2,723	3,326	3,908	4,535	5,593	7,452	9,897	13,860	19,669	23,942	33,493
4 Lakh	3,102	3,776	4,437	5,162	6,372	8,506	11,307	15,849	22,511	27,409	38,360
5 Lakh	3,429	4,164	4,903	5,703	7,046	9,420	12,531	17,583	24,980	30,425	42,592
6 Lakh	3,675	4,457	5,250	6,110	7,556	10,103	13,452	18,880	26,836	32,690	45,765
7 Lakh	3,922	4,747	5,596	6,518	8,065	10,792	14,374	20,174	28,686	34,948	48,941
8 Lakh	4,084	4,943	5,828	6,788	8,401	11,247	14,986	21,043	29,923	36,456	51,056
9 Lakh	4,250	5,138	6,060	7,059	8,741	11,704	15,600	21,908	31,160	37,962	53,173
10 Lakh	4,415	5,332	6,291	7,331	9,084	12,162	16,212	22,774	32,393	39,472	55,288
15 Lakh	5,072	6,111	7,217	8,417	10,434	13,992	18,666	26,234	37,335	45,500	63,752
20 Lakh	5,566	6,694	7,909	9,232	11,451	15,364	20,502	28,831	41,039	50,024	70,099
25 Lakh	5,893	7,081	8,369	9,777	12,129	16,277	21,728	30,561	43,512	53,039	74,331
50 Lakh	7,042	8,446	9,992	11,675	14,500	19,478	26,019	36,618	52,160	63,591	89,142
75 Lakh	7,698	9,222	10,919	12,762	15,854	21,307	28,469	40,081	57,103	69,623	97,604
1 Crore	8,353	10,001	11,842	13,847	17,209	23,139	30,923	43,542	62,043	75,654	1,06,068

3. Premium for PLAN 3:

To the Premium for PLAN 2, the following Premium for Coverage 3.18 as per Policy Wording “Outpatient Treatment Benefit” is to be added:

- Rs. 1485 for Insured Person if covered under individual/ Non-Floater Policy basis
- If the policy is on family floater sum insured basis:
 - Rs. 2250 for the family if the family composition is “2 Adults” or “1 Adult + 1 Child”
 - Rs. 2970 for the family if the family composition is “2 Adults + 1 Child” or “2 Adults + Children” or “1 Adult + Children”

4. Premium for PLAN 4:

To the Premium for PLAN 2, the following Premium for Coverage 3.13 as per Policy Wording “Maternity Expenses and Newborn Baby Benefit”: is to be added:

The following premium is applicable to the female member insured for this benefit:

Age of the insured female member	Premium (in Rs.)
18 to 25 years	756
26 to 35 years	1,058
36 to 45 years	454
46 to 50 years	151

5. Premium per member for PLAN 5:

SUM INSURED / AGE	91Days to 17Years	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
2 Lakh	2,776	3,386	3,963	4,596	5,648	7,529	9,978	13,956	19,767	24,062	33,633

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3 Lakh	3,212	3,905	4,583	5,318	6,550	8,743	11,612	16,267	23,058	28,078	39,271
4 Lakh	3,651	4,426	5,197	6,046	7,452	9,964	13,245	18,572	26,348	32,095	44,907
5 Lakh	4,032	4,877	5,737	6,673	8,236	11,026	14,667	20,581	29,211	35,587	49,810
6 Lakh	4,316	5,216	6,139	7,146	8,825	11,819	15,735	22,088	31,359	38,209	53,485
7 Lakh	4,605	5,554	6,542	7,618	9,418	12,618	16,802	23,590	33,501	40,825	57,163
8 Lakh	4,793	5,780	6,808	7,933	9,809	13,144	17,514	24,595	34,934	42,573	59,614
9 Lakh	4,985	6,006	7,080	8,246	10,203	13,676	18,222	25,601	36,368	44,317	62,066
10 Lakh	5,174	6,231	7,349	8,562	10,597	14,207	18,934	26,603	37,794	46,066	64,515
15 Lakh	5,937	7,135	8,419	9,823	12,166	16,329	21,780	30,617	43,518	53,048	74,319
20 Lakh	6,512	7,815	9,222	10,767	13,344	17,919	23,910	33,629	47,811	58,288	81,671
25 Lakh	6,892	8,262	9,760	11,400	14,129	18,980	25,332	35,633	50,673	61,780	86,573
50 Lakh	8,223	9,844	11,642	13,601	16,881	22,691	30,307	42,660	60,692	74,004	1,03,728
75 Lakh	8,986	10,748	12,717	14,863	18,451	24,812	33,149	46,672	66,417	80,990	1,13,530
1 Crore	9,747	11,652	13,787	16,122	20,022	26,935	35,997	50,688	72,137	87,975	1,23,333

The following Premium is to be added to the Premium as per the Chart above:

- **the Premium for Coverage 3.18 as per Policy Wording “Outpatient Treatment Benefit”:**
Rs. 1485 for Insured Person if covered under individual/ Non Floater Policy basis
If the policy is on family floater sum insured basis:
 - Rs. 2250 for the family if the family composition is “2 Adults” or “1 Adult + 1 Child”
 - Rs. 2970 for the family if the family composition is “2 Adults + 1 Child” or “2 Adults + Children” or “1 Adult + Children”
- **the Premium for Coverage 3.13 as per Policy Wording “Maternity Expenses and New-born Baby Benefit”:**
The following premium is applicable to the female member insured for this cover:

Age of the insured female member	Premium (in Rs.)
18 to 25 years	756
26 to 35 years	1,058
36 to 45 years	454
46 to 50 years	151

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.

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