

COCOCure

PROSPECTUS



I. ELIGIBILITY

A. AGE

- Minimum Entry Age (Child): 91 days
- Minimum Entry Age (Adult): 18 years
- Maximum Entry Age: No limit on age for the Sum Insured of ₹ 2 Lac; For all other Sum Insured, the maximum entry age is limited to 70 years.
- Children aged 91 days to 5 years can be covered with at least one parent covered with Us.
- Renewable (Adult): Lifetime.
- Renewable (Dependent Child): Up to 30 Years.



B. COVERTYPE

- The Policy can be opted on an Individual basis or Family Floater basis.
- Family Floater: One Family will share a single Sum Insured. A Family Floater policy can cover Self, legal spouse, 3 dependent children, Parents/Parents-in-Law.
- Non-Floater: Each Insured Person under the Policy will have a separate Sum Insured.

C. POLICY TENURE

- This policy will be available for 1/2/3 years.

II. FEATURES

This Policy offers following benefits up to the applicable Sum Insured for each benefit.

1 In Patient Hospitalisation

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

- a) Room Rent charges;
- b) Intensive Care Unit (ICU) charges;
- c) Operation Theatre charges;
- d) Fees of Medical Practitioner / Surgeon / Anaesthetist / Specialists;
- e) Nursing charges;
- f) Physiotherapy, Investigation & Diagnostic procedures;
- g) Medicines, Drugs and Consumables;
- h) Blood, Oxygen, Surgical appliances;
- i) The cost of prosthetic and other devices or equipment recommended by the attending Medical Practitioner and if implanted internally during a Surgical Procedure.



Mental Illness

We will cover Mental Illness as per the provisions of Mental Healthcare Act, 2017. However, in case of following mental illnesses the Inpatient Hospitalization benefit will be restricted to Policy Sum Insured or 3 lacs, whichever is Lower;

Navi General Insurance Limited

(Formerly known as DHFL General Insurance Limited)

COCOCure | UIN : DHFHLIP18051V011819

Registered & Corporate Office : 402, 403 & 404, A & B Wing, 4th Floor, Fulcrum, Sahar Road, Next to Hyatt Regency, Andheri (East), Mumbai - 400 099.

Toll Free : 1800-123-0004 | Fax : 022-4001 8251 | Website : www.cocogeneralinsurance.com | Email : mycare@cocogeneralinsurance.com

CIN : U66000MH2016PLC283275 | IRDAI Registration Number : 155

1. Schizophrenia (ICD - F20 ; F21;F25)
2. Bipolar Affective Disorders (ICD - F31; F34)
3. Depression (ICD - F32; F33)
4. Obsessive Compulsive Disorders (ICD - F42; F60.5)
5. Psychosis (ICD - F 22 ; F23 ; F28 ; F29)



HIV & AIDS

We will cover upto the Sum Insured in case Inpatient hospitalization (including Day Care Treatment) for the treatment arising out of HIV or any condition caused by or associated with Acquired Immuno-Deficiency Syndrome (AIDS).

We will cover only the cost of Anti-Retro Viral Therapy (ART) in Pre-Hospitalization & Post Hospitalization period restricted to a maximum of Rs 20,000 in a Policy Year. This amount is in addition to the Inpatient hospitalisation benefit amount.

Extra Care Cover

You are exposed to various seasonal ailments especially during rainy season and policy provides extra protection during such times.

In case Hospitalisation is due to following Illnesses, then your sum insured remains intact up to Hospitalisation expenses of ₹ 20,000/- during the Policy Year.

1. Dengue
2. Chikungunya
3. Malaria
4. Leptospirosis
5. Japanese Encephalitis
6. Swine Flu



If admissible claim amount exceeds ₹ 20,000/- then only the amount in excess of ₹ 20,000/- will be reduced from the Sum Insured during a Policy Year.

We however will not pay for first 15 days from inception of the first Policy with Us.

2 Day Care Treatment

Medical Expenses incurred for a day care procedure/ treatment/ surgery as an Inpatient requiring less than 24 hours of hospitalisation due to advancement in medical science. Any treatment in an Out-Patient Department (OPD) is not covered.



The list of Day Care Treatments/Procedures is available as an Annexure to the Policy and on our website.

3 Pre-Hospitalisation

Pre-hospitalisation Medical Expenses incurred immediately before the Insured Person's hospitalisation up to 90 days. Claim under In-Patient hospitalisation or Day Care Treatment must be admissible.

4 Post Hospitalisation

Post-Hospitalisation Medical Expenses incurred immediately after the Insured Person's discharge from the hospital up to 180 days. Claim under In-Patient hospitalisation or Day Care Treatment must be admissible.

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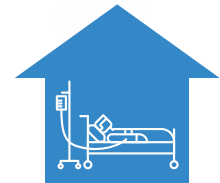
5 Domiciliary Hospitalisation

Domiciliary Hospitalisation i.e. treatment at home (including pre and post Hospitalisation medical expenses) if medical treatment is continuously required for at least three (3) days, in which case the cost of medical treatment for the entire period shall be payable subject to:

- (i) the condition of the patient is such that he/she is not in a condition to be removed to a Hospital, or
- (ii) the patient takes treatment at home on account of non-availability of room in a Hospital.

Policy does not provide cover in respect of the following:

- a) Asthma, bronchitis, tonsillitis and upper respiratory tract infection including laryngitis and pharyngitis, cough and cold, influenza;
- b) Arthritis, gout and rheumatism;
- c) Chronic nephritis and nephritic syndrome;
- d) Diarrhoea and all type of dysenteries including gastroenteritis;
- e) Diabetes mellitus and insipidus;
- f) Epilepsy;
- g) Hypertension;
- h) Psychiatric or psychosomatic disorders of all kinds;
- i) Pyrexia of unknown origin.



6 Organ Donor Expenses

Surgical Expenses incurred towards donor in case of major organ transplant for harvesting of the organ for the use of the Insured person.

Policy does not provide cover for Pre-Post hospitalization expenses towards the donor, cost towards donor screening, cost directly or indirectly associated with the acquisition of the organ or any other medical treatment for the donor consequent to the harvesting.

7 Emergency Road Ambulance/Repatriation of Mortal Remains (RMR)/Funeral Expenses

Expenses incurred towards transportation by an ambulance for treatment in a hospital in case of an emergency, shifting to another hospital for super speciality treatment and also when ambulance service required for shifting to home after discharge from the hospital. The necessity of an ambulance must be certified by the treating Medical Practitioner.

Policy also covers for the following expenses if the Person dies in the Hospital during the course of Hospitalisation.

- (i) Transportation of Mortal remains from Hospital to home and/or to cremation ground for funeral purpose;
- (ii) Cremation Expenses;
- (iii) Coffin Charges.

8 Emergency Air Ambulance

Expenses incurred towards transportation by an Air Ambulance for treatment of a disease / illness / injury in case of an emergency, that requires admission to a Hospital. The necessity of an ambulance must be certified by the treating Medical Practitioner.



Policy does not provide cover for the return transportation of Insured Person's to his home by air ambulance.

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9 Hospital Daily Cash

Policy provides fixed cash amount up to 30 days of hospitalisation in a Policy Year, for each day of hospitalisation. Benefit will be twice the daily cash amount if the hospitalisation is in an Intensive Care Unit. Claim must be admissible under In-Patient hospitalisation. This coverage shall not be applicable if the Inpatient hospitalisation is for mental illness.

10 Bariatric Procedure

Policy covers Medical Expenses for undergoing Bariatric Surgery on the advice of a Medical Practitioner for the Insured Person aged 18 years or above and with the following conditions;

- 1) BMI \geq 40 or
- 2) BMI \geq 35 with one of the following co-morbid conditions:
 - i) Coronary Artery Disease
 - ii) Type-2 Diabetes
 - iii) Obstructive Sleep Apnoea
 - iv) Hypertension



You can opt for this cover up to ₹ 5 Lac subject to underwriting guidelines. Waiting Period of 36 months will be applicable.

11 AYUSH

Medical expenses incurred for in-patient hospitalisation for the treatment taken under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homoeopathy in a government hospital, teaching hospitals of AYUSH colleges and AYUSH hospitals recognised by a government authority upto the sum insured.

12 Reinstatement of In Patient hospitalisation Sum Insured

Base Sum Insured will be automatically reinstated, once during the Policy Year, if the Policy Sum Insured and accrued Cumulative Bonus and / or medical inflation, if any, exhausts completely due to a claim in the Policy. Claim must be admissible under In-Patient hospitalisation.

Reinstated amount shall not be available for the claim which has exhausted the base sum insured including accrued cumulative bonus &/ or medical inflation, if any. It will also not be applicable to the claims related to relapse of same illness / injury within 45 days. The reinstated sum insured can be availed by the Insured person for any subsequent hospitalization(s).

This benefit will be available only once during the lifetime, for claims related to Cancer and Chronic Kidney Disease.

Any unutilised reinstated Sum Insured under this cover will not be carried forward to the next Policy Year.

A detailed illustration is available in Annexure 1 – Illustration 2.

13 Maternity and New Born Baby

Maternity Expenses

Maternity Expenses up to a maximum of 2 deliveries or terminations during the lifetime of a Female prospect of age 18 years and above. Waiting Period of 24 months will be applicable.



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New Born Baby

Policy covers medical expenses towards treatment of a new born baby post birth up to 90 days from the date of delivery and also covers vaccination expenses for the new born baby, till the baby completes 1 year. Claim must be admissible under Maternity Expenses Cover.

The New Born Baby Expenses available under this benefit will be within the limits of Maternity Expenses Cover.

Vaccines	Age (Completed weeks/months)	Frequency
BCG	At Birth	1
OPV	At Birth, 6 months, 9 months	3
Hepatitis B	At Birth, 6 weeks, 6 months	3
IPV	6, 10, 14 weeks	3
DPT	6, 10, 14 weeks	3
Hib	6, 10, 14 weeks	3
Rotavirus	6, 10, 14 weeks	3
PCV	6, 10, 14 weeks	3
MMR	9 months	1



14 Worldwide Emergency Hospitalisation

Expenses for in patient hospitalisation due to life threatening illness incurred outside India, up to the Policy Sum Insured provided that the hospitalisation is medically necessary, and the medical practitioner certifies that the insured is suffering from a life-threatening illness which requires Emergency Care and such treatment cannot be postponed until the Insured Person returns to India.

Medical expenses will be payable for in-patient hospitalisation and this benefit will be honoured through reimbursement facility only.

This cover can only be availed once in a policy year. The reinstatement of Sum Insured benefit will not be applicable for this benefit.

15 Cumulative Bonus

Sum Insured will be enhanced by 10% on each claim free policy year subject to a maximum of 50%. In case of a claim in a given policy year, the Cumulative Bonus shall be decreased by 10% in the subsequent policy year but will not reduce the Base Sum Insured.

A detailed illustration is available in Annexure I – Illustration I.

16 Medical Second Opinion

Policy provides for a Medical Second Opinion in case the insured person opts for it post the diagnosis of a specified Critical Illness or has been advised for a surgery during the Policy Year.

Covered Critical Illness shall include:

1. Cancer of specified severity
2. Myocardial Infarction
3. Open Chest CABG



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4. Open Heart Replacement or Repair of Heart Valves
5. Kidney Failure Requiring Regular Dialysis
6. Stroke Resulting in Permanent Symptoms
7. Major Organ/Bone Marrow Transplant
8. Permanent Paralysis of Limbs
9. Multiple Sclerosis with Persisting Symptoms
10. Third Degree Burns

17 Counselling

Policy provides cover for Counselling to help the insured to deal with stress, emotional and behavioural disorders.

A total of 5 counselling sessions with a maximum limit of ₹ 1500/- per session, are allowed under the policy during the Policy Year.

18 Healthcare and Wellness

Following Healthcare and Wellness services are provided during the Policy Period.

A) Health Check Up

- Health check-up benefit is available for each insured member ≥ 18 years of age, at the end of every claim free policy year as per the grid below.

Age / Sum Insured	Up to ₹ 10 Lac	₹ 15 - 25 Lac	₹ 50 - 100 Lac
18 - 45 yrs.	Set - I	Set - II	Set - III
46 - 55 yrs.	Set - II	Set - III	Set - IV
Above 55 yrs.	Set - II	Set - III	Set - IV



Set	List of Medical Tests
Set - I	Complete Blood Count, ESR, Blood Group, Total Cholesterol, SGPT, Sr. Creatinine, FBSL, ECG, Urine Routine
Set - II	Complete Blood Count, ESR, Blood Group, Total Cholesterol, SGOT, SGPT, Bilirubin, Sr. Creatinine, FBSL, PPBSL, ECG, Urine Routine, Consultation on the reports
Set - III	Complete Blood Count, ESR, Blood Group, Lipid Profile, SGOT, SGPT, Bilirubin, Sr. Creatinine, BUN, HbA1c, ECG, Urine Routine, Consultation on the reports
Set - IV	Complete Blood Count, Blood Group, Lipid Profile, Bilirubin, Sr. Creatinine, HbA1c, 2D-Echo, Urine Routine, Consultation on the reports, PAP smear (Females)/PSA (Males)

- A. This benefit is offered on cashless basis at our empanelled service providers only and as per the above grid.
- B. The benefit will be available on reimbursement basis only if, there is no empanelled service providers within the municipal limits of the insured's City of residence.
 - In such a case, the Insured Person can opt for Health Check-up as per the above grid at any of the Diagnostic Centre of his choice near to his residence.
 - Policy covers the cost of health check-up up to the limit defined in the below grid or at actuals, whichever is lesser.

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Age / Sum Insured	Up to ₹ 10 Lac	₹ 15 – 25 Lac	₹ 50 – 100 Lac
18 – 45 yrs.	₹ 750	₹ 1000	₹ 1500
46 – 55 yrs.	₹ 1000	₹ 1500	₹ 2500
Above 55 yrs.	₹ 1000	₹ 1500	₹ 2500



B) Wellness

Wellness is a conscious, self-directed and evolving process of achieving a healthy life. Maintaining an optimal level of wellness is crucial to live a higher quality of life.

We encourage you to achieve optimal wellness to subdue stress, reduce the risk of illness and ensure positive interactions.

i) Health Risk Assessment (HRA)

It is a health specific questionnaire to assess Your lifestyle habits and health history to determine how healthy You are and whether You are at risk for certain chronic diseases or illness.

You can complete the online HRA at the time of buying the policy and avail an individual discount equivalent to 0.5% of the policy premium, for participation. In case of family floater, discount shall be applied on the individual who has completed the HRA.

In case You have not completed the HRA at the time of buying the policy, then You can enrol and complete the same online anytime during the Policy Period. In such a case, the discount will be applicable at subsequent renewal only.

Once You complete the HRA, you will receive a report which contains a health score based on the assessment of your current health.

If Your health score is optimal (≥ 70), you will earn an additional discount in premium equivalent to 2%, which would be applied on the Policy Premium of the respective Individual.

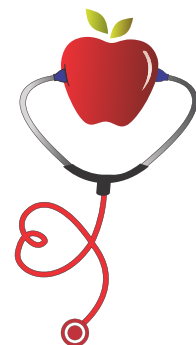
We will allow above discount once either at the time of obtaining first policy from us or at any subsequent renewal depending upon when you have completed HRA. In case Your score indicates risk of developing any lifestyle related diseases, then We will provide necessary counselling and guidance on healthy diet, nutrition and Stress management.

ii) Self-Disease Management

You can earn discounts for controlling/managing your chronic disease (Hypertension/Diabetes /Hyperlipidaemia) by yourself by adopting to the healthy lifestyle practices such as healthy diet, regular physical activity, quitting smoking and good compliance to medication.

Normal level of the parameters pertaining to the chronic disease/s are as below.

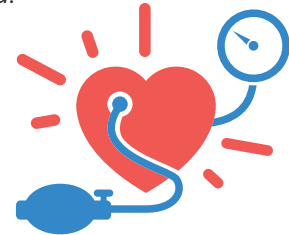
Chronic Disease	Parameter	Normal Level
Hypertension	Blood Pressure	SBP - ≤ 119 mmHg
		DBP - ≤ 79 mmHg
Diabetes Mellitus	HbA1c	≤ 5.6
Hyperlipidaemia	Cholesterol	≤ 200 mg/dl



In case you are diagnosed, or you acquire the specified chronic disease during the Policy Year, then you have to undergo 1st health screening based on the screening test related to the specified chronic disease as provided below at the beginning of the next Policy Year in any one of Our Empanelled Network Provider only, at your own cost. You will also have to undergo the 2nd health screening test based on defined set of medical tests in Our network diagnostic centres only, at your own cost, 90 days before the expiry of the *Policy Period*.

If you are suffering from the chronic disease as mentioned above and have been covered under the Policy after undergoing pre-policy medical tests, then You have to undergo the 2nd health screening based on the screening test related to the specified chronic disease as provided below in Our Empanelled Service Provider only, at your own cost, 90 days before the expiry of the *Policy Period*.

Chronic Disease	Health Screening Tests
Hypertension	Blood pressure
Diabetes Mellitus	HbA1c (Glycated Haemoglobin)
Hyperlipidaemia	Total Lipids



Healthy Discount:

If you manage these disease/s successfully as per laid down parameter, you will be entitled to discount in renewal premium at the end of Policy Period, based on the range of the values obtained from the medical tests as per the below grid. In case of management of more than one specified chronic disease, the cumulative discounts shall be offered up to a maximum of 10% at the end of the Policy Period.

HYPERTENSION MANAGEMENT				
Category	Blood Pressure at 1st test	Blood Pressure at 2nd test	Discount if Blood Pressure is controlled	Discount if all the health screening tests are controlled
Pre-Hypertension	*SBP: 120-139 mmHg *DBP: 80-89 mmHg	SBP: ≤ 119 mmHg DBP: ≤ 79 mmHg	2%	3%
Hypertension	SBP: ≥ 140 mmHg DBP: ≥ 90 mmHg	SBP: 120-139 mmHg DBP: 80-89 mmHg	3%	5%
		SBP: ≤ 119 mmHg DBP: ≤ 79 mmHg	5%	8%

SBP: Systolic Blood Pressure; DBP: Diastolic Blood Pressure

DIABETES MANAGEMENT				
Category	HbA1C at 1st test	HbA1C at 2nd test	Discount if Blood Sugar is controlled	Discount if all the health screening tests are controlled
Pre-Diabetes	5.7-6.4%	≤ 5.6	2%	3%
Diabetes	≥ 6.5	5.7-6.4%	3%	5%
		≤ 5.6	5%	8%

HYPERLIPIDEMIA MANAGEMENT				
Category	Cholesterol at 1st test	Cholesterol at 2nd test	Discount if Total Cholesterol is controlled	Discount if all the health screening tests are controlled
Borderline High	> 200 - 240 mg/dl	≤ 200 mg/dl	2%	3%
High	> 240 mg/dl	200 - 240 mg/dl	3%	5%
		≤ 200	5%	8%

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Note: Above discounts shall be applied on the premium of the respective Insured Person based on their individual health score.

iii) Stay Fit

It is a pedometer based simple walking program designed for You to walk your way to a more active and healthier lifestyle. Insured Persons 18 years of age and above will only be eligible for this programme.

You may enrol in this programme at any time during the policy period by downloading Our mobile application. However, to avail maximum discount, You must enrol in this programme within 1 month of the Policy start date. The average step count walked by the Insured Person shall be recorded on the mobile application.

In case you are already using a health gadget (Fitbit, apple health and google fit) to calculate your steps, you may authenticate and synchronise the gadget with our application.

A discount as specified in the grid below can be availed at each Renewal, if the Insured Person achieves an average step count per day for specified number of days as per the table below.

In a Non-FLOATER Policy, the average step count shall be calculated per individual Insured Person. In a Family FLOATER Policy, average step count will be calculated by considering step counts of all adult members (18 years and above) covered.

In Non-FLOATER Policies, the discount percentage (%) would be applied on premium applicable per Insured Person and in a Family FLOATER Policy, it would be applied on premium applicable on the Policy.

1 Year Policy		
Average No. of Steps per day	Total No. of Days	
	≥ 200	≥ 250
≥ 6000	3%	5%
≥ 8000	5%	7%
≥ 10000	7%	10%

2 Year Policy		
Average No. of Steps per day	Total No. of Days	
	≥ 420	≥ 520
≥ 6000	3%	5%
≥ 8000	5%	7%
≥ 10000	7%	10%

3 Year Policy		
Average No. of Steps per day	Total No. of Days	
	≥ 700	≥ 800
≥ 6000	3%	5%
≥ 8000	5%	7%
≥ 10000	7%	10%



Note: Cumulative discounts under section - Wellness for I. Health Risk Assessment II. Self Disease management and III. Stay fit shall not exceed 15% every policy year.

C) Health Helpline

This is an assistance service only and on your own discretion and choice, You will have access to medical practitioner for any medical opinion on health related issue or queries from our empanelled service provider through our mobile application /website or telephonic mode for 24 by 7 hours during the policy period. You may contact us on our toll-free helpline number for availing this service.

The information services provided under this assistance does not substitute for any medical advice and You will be free to consider or not consider the opinion provided and We or our empanelled service provider will not be liable for any damages sustained due to reliance by the insured person on such information provided by medical Practitioner.

You may purchase medicines and diagnostic services from our empanelled service provider on your own discretion and choice provided that the cost for the purchase shall be borne by you.

Note:

a) *Empanelled Service Provider means any person, clinic, organisation, institution that has been empanelled with Us to provide the Healthcare & Wellness Services provided under this cover. (List provided on our website: www.cocogeneralinsurance.com).*

19 Voluntary CoPayment

You will have to bear the cost sharing percentage, that you have opted at the time of proposal application, of the admissible claim amount of each claim. A Co- Payment does not reduce the Sum Insured.

Co Payment options – 10%/20%/30%

20 Deductible

It is an amount that you must bear in respect of each claim reported under the policy. A deductible does not reduce the Sum Insured.

Sum Insured (in ₹)	Deductible Options (in ₹ in '000)
2,3,4,5 Lac	10/20/30/40/50
6,7,8,9,10,15 Lac	20/30/40/50/75/100
20,25,50,75,100 Lac	20/30/40/50/75/100/125/150/200



21 Waiver of Mandatory Co Payment

Mandatory co-payment will be applicable if the age of the Insured Person is 61 years or above on the date of inception of 1st policy with Us.

If You opt this cover by paying additional premium, the mandatory co-pay clause will not apply.

Age at Entry	Co-Payment
61-65 years	10%
66-70 years	20%
Above 70 years (Only for ₹ 2 Lac S.I)	30%

22 Out Patient Treatment

Expenses incurred for Out-patient consultations, Diagnostic Examinations, cost of medicines, dental care, spectacles or contact lenses and hearing aids at any Company's Empanelled Service Providers.

Any unutilised amount under this cover will not be carried forward to the next Policy Year.



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Policy Sum Insured	₹ 2 Lac – ₹ 100 Lac	₹ 6 Lac – ₹ 100 Lac	₹ 20 Lac – ₹ 100 Lac	
Cover	OPD Sum Insured Sublimit (in ₹)			
Consultations	2000	4000	6000	8000
Diagnostic Tests	3000	6000	9000	12000
Medicines				
Dental Care				
Spectacles or contact lenses				
Hearing Aids				
Total Sum Insured	5000	10000	15000	20000

Note: Empanelled Service Provider means any person, clinic, organisation, institution that has been empanelled with Us to provide the Healthcare & Wellness Services provided under this cover. (List provided on our website: www.cocogeneralinsurance.com).

23 Infertility

Policy provides cover for the Medical Expenses for two In-Vitro Fertilisation Cycles in the lifetime of the female for the treatment of infertility. The coverage is available for female aged between 25 and 40 years only. You can opt for this cover up to ₹ 3 Lac subject to underwriting guidelines. Waiting Period of 36 months will be applicable.

24 Medical Inflation

Sum Insured will be enhanced by 10% of the Base sum insured, on cumulative basis for each completed policy year subject to a maximum of 50% irrespective of a claim in the expiring policy year.

A detailed illustration is available in Annexure 1 – Illustration 3.

25 Critical Illness Benefit

On diagnosis of a specified Critical Illness, Sum Insured will be paid as a lump sum if the below conditions are satisfied:

1. The Insured Person is diagnosed with a Critical Illness specifically defined in this Policy, during the Policy Period; and
2. Such Critical Illness occurs or manifests itself as a first incidence; and
3. The of such Critical Illness commences after a waiting period of 90 days from the inception of the first Policy with Us; and
4. The Insured Person survives such Critical Illness for at least 30 days, from the date of Diagnosis/date of undergoing the Surgical Procedure.
5. If a claim is settled under this cover, this benefit shall automatically terminate for that insured person and this benefit shall not be available for further renewal.

Covered Critical Illness shall include:

1. Cancer of specified severity
2. Myocardial Infarction
3. Open Chest CABG
4. Open Heart Replacement or Repair of Heart Valves
5. Kidney Failure Requiring Regular Dialysis



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6. Stroke Resulting in Permanent Symptoms
7. Major Organ/Bone Marrow Transplant
8. Permanent Paralysis of Limbs
9. Multiple Sclerosis with Persisting Symptoms
10. Third Degree Burns

III. SUM INSURED

Following are the Sum Insured (in ₹) offered in this product:

2/3/4/5/6/7/8/9/10/15/20/25/50/75/100 Lac

IV. PLAN

Following are the features available under various Plans in the Policy.

	Plan Name	Silver	Gold	Diamond	My COCOCure
1	Sum Insured	2,3,4,5 Lac	6,7,8,9,10,15 Lac	20,25,50,75,100 Lac	2,3,4,5,6,7,8,9,10,15, 20,25,50,75,100 Lac
2	In-Patient Hospitalisation	<p>Covered up to the S.I.</p> <p>In Patient Hospitalisation - (Extra Care Cover)</p> <p>In case of hospitalisation for the specific illness (Dengue, Chikungunya, Malaria, Leptospirosis, Japanese Encephalitis, Swine Flu) & if the claim amount is up to ₹ 20K, then the Sum Insured will not be reduced.</p> <p>Waiting Period in this case will be 15 days.</p> <p><u>Example</u> – SI-3 Lac; Admissible Claim cost for Dengue – 20K; In this case, the claims will be payable for the amount of ₹ 20K, but the Sum Insured will not be reduced. If the claim amount is ₹30K, then the amount in excess of 20K i.e., 10K will be reduced and hence the balance S.I will be ₹ 2.9 Lac.</p> <p>In Patient Hospitalisation (HIV&AIDS / Mental Illness)</p> <p>In case, Insured Person is diagnosed to be suffering from a Mental Illness or HIV & AIDS then We will cover the Medical Expenses related to Hospitalization required for a Medically Necessary Treatment as per the following:</p> <p>a) <u>HIV & AIDS</u> - Upto Sum Insured - Additional amount upto 20 K only for Anti-Retro Viral Therapy (ART) in Pre/post hospitalisation.</p> <p>b) <u>Mental Illness</u> – Upto Sum Insured For following illnesses, restricted upto SI or 3 lac whichever is lower. Schizophrenia, Bipolar Affective Disorders, Depression, Obsessive Compulsive Disorders, Psychosis</p>			
3	Pre-Hospitalisation	30 days	60 days	90 days	30/60/90 days
4	Post-Hospitalisation	60 days	90 days	180 days	60/90/180 days

Navi General Insurance Limited

(Formerly known as DHFL General Insurance Limited)

COCOCure | UIN : DHFHLIP18051V011819

Registered & Corporate Office : 402, 403 & 404, A & B Wing, 4th Floor, Fulcrum, Sahar Road, Next to Hyatt Regency, Andheri (East), Mumbai - 400 099.

Toll Free : 1800-123-0004 | Fax : 022-4001 8251 | Website : www.cocogeneralinsurance.com | Email : mycare@cocogeneralinsurance.com

CIN : U66000MH2016PLC283275 | IRDAI Registration Number : 155

5	Day Care Treatment	393 procedures covered; Up to the Sum Insured			
		<p>Disclaimer: The list of the 393 procedures is exhaustive. Any addition / deletion in this list shall be subject to IRDAI's approval.</p> <p>The standard exclusions and waiting periods are applicable to all of the above Day Care Procedures.</p>			
6	Domiciliary Hospitalisation	Up to the Sum Insured			
7	Counselling (For insured aged 18 years & above)	5 Sessions; Per session liability - ₹ 1500/-			
8	Healthcare and Wellness	<ul style="list-style-type: none"> Health Risk Assessment – Reward Based. Self Disease Management – Reward Based. Stay Fit – Reward Based. 			
		<p>Health Check up at the end of every claim free policy year</p> <ul style="list-style-type: none"> <u>Cashless</u> - At our panelled Diagnostic Centres & medical grid; <u>Reimbursement</u> - At any Diagnostic centre (Locations where panelled DC's are not available with the municipal limits of the City) 			
		<p>Health Helpline - call/chat online with medical practitioner's empanelled with Us</p>			
9	Reinstatement of Inpatient Hospitalisation Sum Insured	100% of S.I will be reinstated in case the S.I is completely exhausted			
10	Organ Donor Expenses	Covers surgical expenses for harvesting the Organ; Covered up to the S.I.			
		Not Covered	Covered	Covered	Cover can be opted
11	AYUSH (Up to the Sum Insured)	Not Covered	Covered	Covered	Cover can be opted
12	Emergency Road Ambulance/ Repatriation of Mortal Remains (RMR)/ Funeral Expenses (per hospitalisation)	Not Covered	₹ 10,000/-	₹ 20,000/-	Up to 5 Lac - No Cover/5K/7.5K/10K
					6-15 Lac - No Cover /5K/7.5K/10K/ 15K
					20-100 Lac - No Cover/10K/15K/20K/ 25K/30K
13	Cumulative Bonus	Additional Sum Insured of 10% on every claim free year, up to a max of 50%			
		Not Covered	Not Covered	Covered	Cover can be opted

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14	Maternity (including pre- and post - natal expenses) Waiting Period - 2 yrs	Options A - Normal-20K/Caesarean - 50K B - Normal-50K/Caesarean - 75 K C - Normal-75K/Caesarean - 1 Lac D - Normal-1 Lac/Caesarean - 1.5 Lac E - Normal-1.5 Lac/Caesarean - 2 Lac			
		Not Covered	Not Covered	Normal - 75K Caesarean - 1 Lac	Up to 5 Lac - No Cover/A
					6-15 Lac - No Cover/A/B 20-100 Lac - No Cover/A/B/C/D/E
New Born Baby (Only applicable, if Maternity is opted)	Covers medical expenses (Up to maternity limits) for the treatment of a new born baby post birth up to 90 days from date of delivery				
	Not Covered	Not Covered	1st yr. Vaccination up to 15K	Up to 5 Lac - 1st yr. Vaccination up to 7K	
				6-15 Lac - 1st yr. Vaccination up to 10K 20-100 Lac - 1st yr. Vaccination up to 15K	
15	Hospital Daily Cash (Max. up to 30 days hospitalisation per policy year & Min. 24 hrs hospitalisation Required)	Not Covered	Not Covered	₹ 4,000/-	Up to 5 Lac - No Cover/500/1K/1.5K
					6-15 Lac - No Cover/1K/1.5K/2K/3K
					20-100 Lac - No Cover/1K/2K/3K/4K/5K/7K/10K
16	Worldwide Emergency Hospitalisation	Not Covered	Not Covered	Covered	Up to 5 Lac - Not Covered
					Rest S.I - Cover can be opted
17	Medical Inflation	Additional Sum Insured of 10% on every Policy year, up to a max of 50%			
		Not Covered	Not Covered	Not Covered	Cover can be opted
18	Medical Second Opinion (on diagnosis of specified Critical Illness/ for surgical procedures)	Floater - Covered once every policy year for any one insured member. Non- Floater - Covered once every policy year for each insured member.			
		Not Covered	Not Covered	Not Covered	Cover can be opted

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19	Emergency Air Ambulance	Not Covered	Not Covered	Not Covered	Up to 5 Lac - Not Covered
					6-15 Lac - No Cover/1Lac/2Lac/3Lac
					20-100 Lac - No Cover/1Lac/2Lac/3Lac/5Lac
20	Out Patient Treatment/ year (Consultations /Diagnostics/ Pharmacy)	Options A- Consultation-2K; Diagnostic/ medicines/ spectacles/ Hearing Aids – 3K B- Consultation-4K; Diagnostic/ medicines/ spectacles/ Hearing Aids – 6K C- Consultation-6K; Diagnostic/ medicines/ spectacles/ Hearing Aids – 9K D- Consultation-8K; Diagnostic/ medicines/ spectacles/ Hearing Aids – 12K			
		Not Covered	Not Covered	Not Covered	Up to 5 Lac - No Cover/A
					6-15 Lac - No Cover/A/B
					20-100 Lac - No Cover/A/B/C/D
21	Bariatric Procedure (Waiting Period - 3 years)	In-patient hospitalisation expenses for weight reduction surgery (where BMI is more than 40/more than 35 with any of the co-illness i.e., Coronary Artery Disease, Type-2 Diabetes, Obstructive Sleep Apnoea, Hypertension)			
		Not Covered	Not Covered	Not Covered	Up to 5 Lac - Not Covered
					6-15 Lac - No Cover/1/2 Lac
					20-100 Lac - No Cover/1/2/3/5Lac
22	Infertility (Waiting Period-3 years)	Covers medical expenses incurred for 2 IVF cycles for infertility treatment. Waiting Period – 3 years			
		Not Covered	Not Covered	Not Covered	Up to 5 Lac - Not Covered
					6-15 Lac - 1/2 Lac
					20-100 Lac - 1/2/3 Lac
23	Deductibles*	Not Available	Not Available	Not Available	Up to 5 Lac - 10K/20K/30K/40K/50K
					6-15 Lac - 20K/30K/40K/ 50K/75K/1Lac
					20-100 Lac - 20K/30K/40K/50K/75K/1Lac/1.25Lac/1.5Lac/2Lac

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24	Voluntary Co Pay* (In case of Accidental Hospitalisation, co pay will not apply)	Not Available	Not Available	Not Available	10%/20%/30%
25	Waiver of mandatory Co-Payment	Not Available	Not Available	Not Available	Waiver can be opted
26	Critical Illness Benefit	Not Covered	Not Covered	Not Covered	1 Lac-10 Lac (in multiples of 1 Lac); Lump Sum Benefit on diagnosis of named 10 Critical Illness
27	Room Rent	No Capping	No Capping	No Capping	Capping can be opted Up to 5 Lac - 1K/2K/3K/No Capping 6-15 Lac - 2K/3K/4K/No Capping 20-100 Lac - 5K/7K/10K/No Capping
	ICU Charges	No Capping	No Capping	No Capping	1.5 times the Room Rent selected
*Either of "Deductibles" or "Voluntary co Pay" can be opted by the client."					



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IMPORTANT CONDITIONS					
	Plan Name	Silver	Gold	Diamond	My COCOCure
1	Entry Age	Minimum Entry Age - 91 Days; Maximum Entry Age (Dependent Child)- 30 Years; Maximum Entry Age (Adult) - No Limit for 2 Lac S.I; For all other S.I - Max. entry age is limited to 70 years; 91 days - 5yrs - Can be covered with at least 1 parent	Minimum Entry Age - 91 Days; Maximum Entry Age (Dependent Child)- 30 Years; Max. entry age is limited to 70 years; 91 days - 5yrs - Can be covered with at least 1 parent	Minimum Entry Age - 91 Days; Maximum Entry Age (Dependent Child) - 30 Years; Max. entry age is limited to 70 years; 91 days - 5yrs - Can be covered with at least 1 parent	Minimum Entry Age - 91 Days; Maximum Entry Age (Dependent Child) - 30 Years; Maximum Entry Age (Adult) - No Limit for 2 Lac S.I; For all other S.I - Max. entry age is limited to 70 years; 91 days - 5yrs - Can be covered with at least 1 parent
2	Exit Age	Adult - No Limit Dependent Child - 30 years			
3	Family Definition	Floater A - 2 Adults+ 3 Dependent Children+2 Parents /Parents in Law Floater B - Parents and parents-in-law can be covered under a separate floater; Individual - Any number of members of any age with any defined relationship			
4	Relationship Covered	Self, Spouse, Children, Siblings, Parents, Parents in law			
5	Tenure	1/2/3 Years			
6	Initial Waiting Period	30 days; Exception - Accidental Hospitalisation & Hospitalisation due to Specified Critical Illness (Cancer, Myocardial Infarction, Stroke)			
7	Named Ailments Waiting	2 Years	2 Years	1 Year	Up to 5 Lac - 2 Years
					Rest S.I - 1/2 Years
8	Pre-Existing Disease Waiting Period	4 Years	3 Years	2 Years	6-15 Lac - 3/4 years
					20-100 Lac - 2/3/4 years
9	Waiting Period for coverage of Internal Congenital Anomaly	24 Months			

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10	Waiting Period for Named Mental Illness	24 Months			
11	Waiting Period for coverage of HIV & AIDS	48 Months			
12	Mandatory Co-Pay	For members with entry age to the first policy as - 61 to 65 years – 10% Co-Pay 66 to 70 years – 20% Co-Pay Above 70 yrs – 30% Co-Pay (only for S.I of Rs. 2 Lac) Co-Pay as applicable to the member at inception of 1st policy, will be applied on all subsequent renewals	For members with entry age to the first policy as - 61 to 65 years – 10% Co-Pay 66 to 70 years – 20% Co-Pay Co-Pay as applicable to the member at inception of 1st policy, will be applied on all subsequent renewals	For members with entry age to the first policy as - 61 to 65 years – 10% Co-Pay 66 to 70 years – 20% Co-Pay Co-Pay as applicable to the member at inception of 1st policy, will be applied on all subsequent renewals	For members with entry age to the first policy as - 61 to 65 years – 10% Co-Pay 66 to 70 years – 20% Co-Pay Above 70 yrs – 30% Co-Pay (only for S.I of Rs. 2 Lac) Co-Pay as applicable to the member at inception of 1st policy, will be applied on all subsequent renewals
14	Medical Check Up (pre -Policy)	Based on S.I and age, medical tests will be applicable			
15	Zone	<p>Zone I: Mumbai (All municipal regions under Mumbai Metropolitan Region), Delhi, NCR (Municipal limits of Faridabad, Gurgaon, Noida, Ghaziabad), Bangalore (All municipal regions under Bangalore Metropolitan Region).</p> <p>Zone II: Chennai (all municipal regions under Chennai Metropolitan Area), Kolkata (all municipal regions under Kolkata Metropolitan Area), Hyderabad (All municipal regions under Hyderabad Metropolitan Region), Pune (All municipal regions under Pune metropolitan Region), Ahmedabad (All municipal regions under Ahmedabad municipal corporation).</p> <p>Zone III: All municipal regions of, state capitals not included in Zone I and II, Nagpur, Indore, Kochi, Coimbatore, Baroda, Surat, Ludhiana, Jalandhar.</p> <p>Zone IV: Rest of India excluding cities included in Zone I, Zone II and Zone III.</p>			

V. PREMIUM

The premium for this policy depends on Age, Gender, Plan, Sum Insured, Cover Type, Zone of Cover, Policy tenure, health status of the individual and Optional Covers opted.

Mode of Payment: Payment of premium will be available as onetime payment of annual premium or in instalment options (Monthly/Quarterly/Half Yearly), as opted by the Policyholder.

OFFICE PREMIUM (PRE - TAX)

Base Rate Table (for MyCOCOCure Plan)

Age/Sum Insured	2,00,000	3,00,000	4,00,000	5,00,000	6,00,000	7,00,000	8,00,000	9,00,000
91D-17Y	2,215	2,665	3,108	3,310	3,510	3,657	3,778	3,898
18-25	2,963	3,582	4,185	4,462	4,752	4,953	5,120	5,282
26-30	3,443	4,175	4,888	5,217	5,557	5,797	5,993	6,187
31-35	3,862	4,690	5,503	5,878	6,262	6,535	6,760	6,980
36-40	4,440	5,408	6,357	6,792	7,238	7,557	7,820	8,077
41-45	5,577	6,817	8,032	8,590	9,157	9,565	9,905	10,233
46-50	7,193	8,813	10,403	11,133	11,887	12,425	12,867	13,300
51-55	8,440	10,360	12,242	13,107	13,993	14,630	15,158	15,670
56-60	13,022	16,033	18,990	20,352	21,718	22,720	23,550	24,358
61-65	18,810	23,207	27,518	29,507	31,488	32,953	34,167	35,350
66-70	23,547	29,080	34,510	37,015	39,505	41,355	42,888	44,387
>70	35,372	43,737	51,948	55,745	59,495	62,302	64,633	66,910

Age/Sum Insured	10,00,000	15,00,000	20,00,000	25,00,000	50,00,000	75,00,000	1,00,00,000
91D-17Y	4,043	4,702	5,250	6,127	9,748	10,735	11,285
18-25	5,470	6,317	7,098	8,282	13,168	14,502	15,242
26-30	6,410	7,412	8,328	9,733	15,523	17,102	17,980
31-35	7,233	8,355	9,315	10,895	17,410	19,187	20,173
36-40	8,375	9,687	10,777	12,512	20,033	22,087	23,225
41-45	10,615	12,297	13,685	15,880	25,287	27,887	29,333
46-50	13,800	16,002	17,847	20,718	32,960	36,052	37,923
51-55	16,265	18,873	21,043	24,447	38,952	42,532	44,372
56-60	25,293	29,392	32,758	38,110	60,905	66,538	69,287
61-65	36,717	42,705	47,587	55,402	88,693	96,927	1,00,953
66-70	46,117	53,665	59,802	69,660	1,11,623	1,22,023	1,27,123
>70	69,540	80,972	90,235	1,05,173	1,68,718	1,84,498	1,92,260

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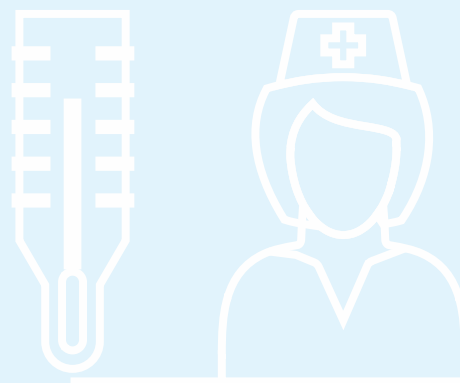
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Plan wise Rate Table

SILVER				
Age/Sum Insured	2,00,000	3,00,000	4,00,000	5,00,000
91D-17Y	2,215	2,665	3,108	3,310
18-25	2,963	3,582	4,185	4,462
26-30	3,443	4,175	4,888	5,217
31-35	3,862	4,690	5,503	5,878
36-40	4,440	5,408	6,357	6,792
41-45	5,577	6,817	8,032	8,590
46-50	7,193	8,813	10,403	11,133
51-55	8,440	10,360	12,242	13,107
56-60	13,022	16,033	18,990	20,352
61-65	18,810	23,207	27,518	29,507
66-70	23,547	29,080	34,510	37,015
>70	35,372	43,73	51,948	55,745



GOLD						
Age/Sum Insured	6,00,000	7,00,000	8,00,000	9,00,000	10,00,000	15,00,000
91D-17Y	4,040	4,202	4,335	4,467	4,627	5,350
18-25	5,502	5,728	5,915	6,095	6,307	7,255
26-30	6,517	6,790	7,013	7,235	7,488	8,630
31-35	7,478	7,797	8,058	8,315	8,610	9,917
36-40	8,618	8,988	9,295	9,595	9,942	11,470
41-45	10,858	11,335	11,730	12,113	12,558	14,517
46-50	14,347	14,988	15,513	16,028	16,623	19,243
51-55	17,147	17,917	18,557	19,177	19,895	23,052
56-60	27,170	28,413	29,442	30,445	31,603	36,685
61-65	39,317	41,133	42,638	44,105	45,800	53,225
66-70	49,298	51,592	53,493	55,352	57,497	66,857
>70	74,238	77,718	80,610	83,433	86,693	1,00,870


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DIAMOND					
Age/Sum Insured	20,00,000	25,00,000	50,00,000	75,00,000	1,00,00,000
91D-17Y	7,828	8,955	13,608	14,877	15,583
18-25	13,298	14,860	21,312	23,072	24,048
26-30	16,367	18,272	26,117	28,255	29,445
31-35	18,097	20,292	29,348	31,817	33,188
36-40	18,518	21,000	31,755	34,692	36,320
41-45	22,945	26,083	39,535	43,253	45,322
46-50	29,197	33,460	51,640	56,230	59,010
51-55	34,860	40,017	61,992	67,415	70,202
56-60	54,738	63,087	98,647	1,07,435	1,11,722
61-65	79,212	91,403	1,43,338	1,56,182	1,62,463
66-70	99,377	1,14,757	1,80,218	1,96,443	2,04,398
>70	1,47,445	1,70,450	2,68,308	2,92,610	3,04,563



Optional Cover Rates - My COCOCure Plan

Covers	
Organ Donor	167.00

Road Ambulance/Repatriation of Mortal Remains/Funeral Expenses							
Age - Bands / Cover Limits	5000	7500	10000	15000	20000	25000	30000
91D-17Y	10	11	12	15	17	18	20
18-25	11	12	14	16	19	20	22
26-30	12	13	15	18	21	22	24
31-35	13	14	16	20	23	24	27
36-40	14	17	19	24	28	29	33
41-45	18	21	25	32	39	40	46
46-50	24	29	35	47	59	62	72
51-55	29	39	49	68	88	92	109
56-60	44	59	73	103	132	139	164
61-65	62	83	105	147	190	201	237
66-70	81	113	145	209	273	289	344
>70	139	218	298	457	616	655	791



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Emergency Air Ambulance				
Age - Bands / Sum Insured Levels	100000	200000	300000	500000
91D-17Y	6	12	18	29
18-25	7	13	20	33
26-30	7	14	21	36
31-35	8	15	23	38
36-40	8	17	25	42
41-45	10	20	30	50
46-50	13	25	38	63
51-55	14	28	43	71
56-60	22	43	65	108
61-65	30	60	90	150
66-70	37	73	110	183
>70	50	100	150	250



Bariatric Surgery				
Sum Insured Levels	100000	200000	300000	500000
Office Premium	8.00	17.00	23.00	28.00

Hospital Daily Cash									
Age - Bands / Sum Insured Levels	500	1000	1500	2000	3000	4000	5000	7000	10000
91D-17Y	112	225	337	450	673	898	1,123	1,572	2,247
18-25	128	257	385	513	770	1,027	1,283	1,797	2,567
26-30	137	273	408	545	818	1,092	1,363	1,908	2,727
31-35	145	288	433	578	867	1,155	1,443	2,022	2,888
36-40	160	322	482	642	963	1,283	1,605	2,247	3,208
41-45	193	385	578	770	1,155	1,540	1,925	2,695	3,850
46-50	240	482	722	963	1,443	1,925	2,407	3,368	4,813
51-55	273	545	818	1,092	1,637	2,182	2,727	3,818	5,455
56-60	417	835	1,252	1,668	2,503	3,337	4,172	5,840	8,342
61-65	578	1,155	1,733	2,310	3,465	4,620	5,775	8,085	11,550
66-70	707	1,412	2,118	2,823	4,235	5,647	7,058	9,882	14,117
>70	963	1,925	2,888	3,850	5,775	7,700	9,625	13,475	19,250



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Infertility Cover			
Sum Insured Levels	100000	200000	300000
Office Premium	208	417	625

Maternity Expenses					
Age - Bands / Benefit Options offered	Option A	Option B	Option C	Option D	Option E
18 - 25	838	1,615	2,303	3,232	4,607
26 - 35	1,175	2,262	3,225	4,523	6,448
36 - 45	503	970	1,382	1,938	2,763
46 - 55	168	323	460	647	922

New Born Baby Cover				
Age - Bands / Cover Limits	7000	10000	15000	20000
18 - 25	193	275	413	550
26 - 35	270	385	578	770
36 - 45	115	165	248	330
46 - 55	38	55	83	110



Outpatient Treatment				
Benefit Options Offered	Option A	Option B	Option C	Option D
Office Premium	4167.00	7833.00	10500.00	12500.00

Health Care & Wellness			
Health Check-up			
Age - Bands / Sum Insured Levels	2,00,000-5,00,000	6,00,000-15,00,000	20,00,000-1,00,00,000
91D-17Y	0.00	0.00	0.00
18-25	60	80	120
26-30	60	80	120
31-35	60	80	120
36-40	60	80	118
41-45	58	78	118
46-50	77	115	193
51-55	77	115	190
56-60	73	108	182
61-65	68	103	172
66-70	65	98	163
>70	58	88	147

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Wellness Benefit	250.00
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Reinstatement of In-Patient Hospitalization Sum Insured								
Age - Bands/Sum Insured Levels	2,00,000	3,00,000	4,00,000	5,00,000	6,00,000	7,00,000	8,00,000	9,00,000
91D-17Y	150	163	168	152	132	103	72	38
18-25	227	253	265	247	222	187	147	102
26-30	270	300	313	292	262	222	173	122
31-35	337	378	403	383	353	312	262	205
36-40	428	487	525	505	477	432	377	315
41-45	592	678	740	720	690	638	573	498
46-50	830	957	1,053	1,037	1,005	945	865	775
51-55	1,047	1,215	1,347	1,337	1,308	1,245	1,160	1,060
56-60	1,745	2,035	2,268	2,268	2,238	2,152	2,028	1,885
61-65	2,690	3,152	3,530	3,550	3,530	3,420	3,257	3,063
66-70	3,735	4,410	4,982	5,058	5,085	4,992	4,825	4,623
>70	6,160	7,315	8,317	8,508	8,623	8,547	8,355	8,108

Age - Bands/Sum Insured Levels	1000000	1500000	2000000	2500000	5000000	7500000	10000000
91D-17Y	8	10	10	12	20	22	23
18-25	53	13	15	17	27	30	32
26-30	63	15	17	20	32	35	37
31-35	143	83	18	22	37	40	42
36-40	248	195	110	25	42	47	48
41-45	418	370	277	163	53	58	62
46-50	678	638	538	423	343	75	80
51-55	953	935	842	743	803	443	93
56-60	1,730	1,745	1,635	1,542	1,875	1,382	727
61-65	2,857	2,942	2,837	2,783	3,613	2,993	2,102
66-70	4,410	4,670	4,670	4,812	6,693	6,162	5,188
>70	7,853	8,470	8,663	9,182	13,243	12,802	11,550



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Critical Illness Benefit					
Age - Bands/Sum Insured Levels	100000	200000	300000	400000	500000
91D-17Y	47.00	94.00	142.00	189.00	236.00
18-25	99.00	197.00	296.00	394.00	493.00
26-30	160.00	319.00	479.00	638.00	798.00
31-35	243.00	487.00	730.00	973.00	1216.00
36-40	419.00	838.00	1257.00	1676.00	2095.00
41-45	763.00	1525.00	2288.00	3051.00	3814.00
46-50	1256.00	2513.00	3769.00	5025.00	6282.00
51-55	2101.00	4202.00	6303.00	8405.00	10506.00
56-60	3418.00	6837.00	10255.00	13673.00	17092.00
61-65	5897.00	11795.00	17692.00	23590.00	29487.00
66-70	8198.00	16397.00	24595.00	32794.00	40992.00
>70	12723.00	25445.00	38168.00	50891.00	63613.00

Age - Bands/Sum Insured Levels	600000	700000	800000	900000	1000000
91D-17Y	283.00	330.00	377.00	425.00	472.00
18-25	591.00	690.00	788.00	887.00	985.00
26-30	957.00	1117.00	1277.00	1436.00	1596.00
31-35	1460.00	1703.00	1946.00	2189.00	2433.00
36-40	2513.00	2932.00	3351.00	3770.00	4189.00
41-45	4576.00	5339.00	6102.00	6864.00	7627.00
46-50	7538.00	8794.00	10051.00	11307.00	12563.00
51-55	12607.00	14708.00	16809.00	18910.00	21011.00
56-60	20510.00	23929.00	27347.00	30765.00	34184.00
61-65	35385.00	41282.00	47180.00	53077.00	58975.00
66-70	49191.00	57389.00	65588.00	73786.00	81985.00
>70	76336.00	89059.00	101781.00	114504.00	127227.00



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Medical Second Opinion	
Age - Bands/ Sum Insured Levels	Premium
91D-17Y	2
18-25	4
26-30	6
31-35	9
36-40	15
41-45	27
46-50	45
51-55	76
56-60	123
61-65	212
66-70	295
>70	458



Counselling	63.00
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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

- i) Correction in Name of the Policyholder/Insured Person
- ii) Correction in Gender of the Policyholder/Insured Person
- iii) Correction in Relationship of the Policyholder/Insured Person
- iv) Correction in Date of Birth of the Policyholder/Insured Person (if the change of age does not result in change of premium)
- v) Change in correspondence address of the Policyholder (if the change of Address does not result in change of zone)
- vi) Change/Updation in the contact details
- vii) Change of Nominee details

b) Premium Bearing Endorsement

- i) Addition of members/dependents to the Policy
- ii) Deletion of members/dependents from the Policy
- iii) Change in Date of Birth/Age
- iv) Change in Address (resulting in change in zone)

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VII. PRE-POLICY MEDICAL CHECK UP

You may need to undergo pre-policy medical check-up based on your age, plan and Sum Insured opted as provided in the grid below.

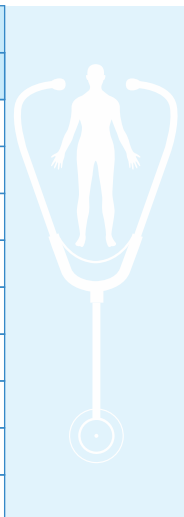


Irrespective of age, plan and sum insured opted, whenever any pre-existing disease or any other adverse medical history is declared, we may request such person to undergo specific medical tests as We may deem fit to evaluate the health condition of such person.

Wherever required we may request for additional medical tests to be conducted based on the declarations in the proposal form and the results of any medical tests that we have received.

50% of cost of all such tests will be borne by us for all accepted proposals. In case of rejected proposals or where a counter offer is not accepted by You, then You have to bear the full cost of medical tests.

Age	Sum Insured (in ₹)			
	2,3,4,5 Lac	6,7,8,9,10 Lac	15,20, 25 Lac	50,75,100 Lac
Up to 25 yrs.	Nil	Nil	Nil	Set-I
26-35 yrs.	Nil	Nil	Nil	Set-II
36-45 yrs.	Nil	Nil	Set-II	Set-II
46-50 yrs.	Nil	Set-II	Set-II	Set-III
51-55 yrs.	Set-I	Set-II	Set-III	Set-III
56-60 yrs.	Set-II	Set-III	Set-III	Set-IV
61-65 yrs.	Set-III	Set-IV	Set-IV	Set-IV
66-70 yrs.	Set-III	Set-IV	Set-IV	Set-IV
71 yrs. & above	Set-IV	NA	NA	NA



Set - I	MER, CBC with ESR, Total Cholesterol, SGOT, SGPT, Sr. Creatinine, FBSL, ECG, Urine R/M
Set - II	MER, CBC with ESR, Lipid Profile, SGOT, SGPT, GGT, Bilirubin, Sr. Creatinine, HbA1c, ECG, Urine R/M
Set - III	MER, CBC with ESR, Lipid Profile, SGOT, SGPT, GGT, Bilirubin, Sr. Creatinine, TMT, Chest X-Ray, PSA (Men), PAP (Female), HBsAg, HbA1c, Urine R/M
Set - IV	MER, CBC with ESR, Lipid Profile, SGOT, SGPT, GGT, Bilirubin, BUN, Sr. Creatinine, TMT, Chest X-Ray, USG Abdomen, PSA (Men), PAP (Female), HBsAg, HbA1c, Urine R/M



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VIII. DISCOUNTS

1 Family Floater Discount

If the policy is issued on floater basis and the discount applicable will be as per the below grid:



Family Combination	Discount computed from model (A)	Saving in Expenses (B)	Total Discount (A + B)
Sum Insured - Up to INR 500,000			
2 Adults	11%	5%	16%
2 Adults+1 Child	15%	5%	20%
2 Adults +2 Children	20%	5%	25%
2 Adults +1 Parent +1 Child	25%	5%	30%
2 Adults + 2 Parents	30%	5%	35%
2 Adults + 2 Parents +2 Children	35%	5%	40%
Sum Insured - 6 Lakhs to 15 Lakhs			
2 Adults	7%	5%	12%
2 Adults+1 Child	10%	5%	15%
2 Adults +2 Children	12%	5%	17%
2 Adults +1 Parent +1 Child	14%	5%	19%
2 Adults + 2 Parents	23%	5%	28%
2 Adults + 2 Parents +2 Children	25%	5%	30%
Sum Insured - Above 15 Lakhs			
2 Adults	3%	7%*	10%
2 Adults+1 Child	4%	8%*	12%
2 Adults +2 Children	5%	10%*	15%
2 Adults +1 Parent +1 Child	6%	10%*	16%
2 Adults + 2 Parents	11%	10%*	22%
2 Adults + 2 Parents +2 Children	13%	12%*	25%

2 Non-Floater Discount

If the policy is issued on non-floater basis and the number of members in the same policy is more than 1, then the discount of 5% will be offered on the Policy premium.

3 Long Term Discount

If the policy is issued with tenure as:

- 2 years: A discount of 8% will be applicable on 2nd Year Premium
- 3 Years: A discount of 15% will be applicable on 3rd Year Premium

4 Online Purchase Discount

A discount of 15% will be offered, if the purchase of the Policy is done online.

5 Zonal Discount

Since the cost of medical care is higher in metro cities than in smaller cities, Zone wise discount is offered as per the below grid based on your area of residence:

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Zone Change	Discount
Zone II	12%
Zone III	25%
Zone IV	35%



Note: Refer Section XVIII) 9) for Zonal Classification.

6 Navi Duniya Discount (Loyalty Discount)

A discount of 5% will be offered on the purchase of new policy, to the existing customers of Navi General Insurance Limited.

7 Additional Family member discount

A discount of 5% per member will be given on the overall policy premium.

Note: NAVIGI Duniya Discount (Loyalty Discount) and Additional Family Member(s) Discount is restricted to 5% in totality i.e. the policyholder will be applicable for either of the two discounts.

IX. SUB STANDARD RISK LOADING

We may apply risk loading on premium payable based on the information revealed in the Proposal Form and the current health status of the person.

The maximum risk loading for an individual shall not exceed 100%.

These loadings are applicable from commencement date of policy including subsequent renewal(s) with Us.

We will inform You about the applicable risk loading through a counter offer letter and We will only issue the Policy once We receive your consent and applicable additional premium.

A detailed list of applicable loadings by illness and by change in values of medical tests are listed below. These loadings may only be applied if the proposal is accepted with the declared illness/ with the deviated value of medical test report, at the time of underwriting.

Sr. No.	Illness/Condition	Underwriting Loading
1	Epilepsy	0 to 20%
2	Cataract	0 to 10%
3	Nasal Polyp	0 to 10%
4	Deviated Nasal Septum	0 to 10%
5	Perforated Tympanic Membrane	0 to 10%
6	Asthma	0 to 20%
7	Biliary Stones	0 to 20%
8	Gall Stones	0 to 20%
9	Inguinal Hernia	0 to 20%
10	Umbilical Hernia	0 to 20%
11	Anal Fistula	0 to 10%
12	Anal Fissure	0 to 10%

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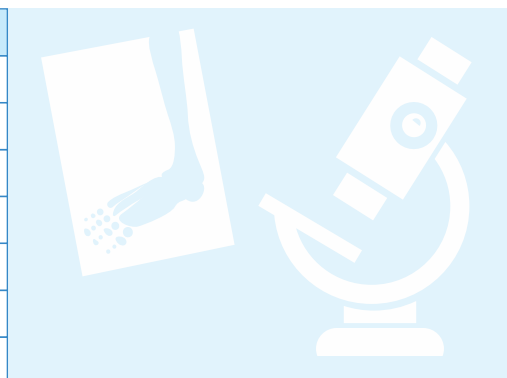
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Sr. No.	Illness/Condition	Underwriting Loading
13	Haemorrhoids	0 to 10%
14	Renal Stones	0 to 20%
15	Uterine Fibroids	0 to 20%
16	Ovarian Cysts	0 to 20%
17	Fibroadenoma Breast	0 to 20%
18	Hydrocele	0 to 10%
19	Benign Prostatic Hyperplasia	0 to 10%
20	Thyroid Disorders (Hypothyroidism/ Hyperthyroidism)	0 to 10%
21	Dyslipidaemia	0 to 20%
22	Diabetes	0 to 20%
23	Anaemia	0 to 10%
24	Varicose Veins	0 to 10%
25	Hypertension	0 to 20%
26	Smoking/Tobacco Consumption	0 to 20%
27	Alcohol Consumption	0 to 20%
28	Poliomyelitis	0 to 10%
29	Mental Illness	0 to 20%
30	HIV & AIDS	0 to 20%

Sr. No.	Medical Test	Range of loading
1	CBC with ESR	0 to 10%
2	Lipid Profile	0 to 10%
3	Liver Function Test	0 to 10%
4	USG Abdomen	0 to 20%
5	X- Ray Chest	0 to 20%
6	PSA	0 to 10%
7	Urine Routine/Microscopy	0 to 20%



X. PREMIUM PAYMENT TERM

Premium Payment for policy can be done in instalments. The options are available with an loadings as described below:

Mode/Term	1 year	2 years	3 years
Annual	0%	0%	0%
Half - Yearly	2%	4%	6%
Quarterly	4%	6%	8%
Monthly	6%	8%	10%



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XI. CHANGE IN SUM INSURED

Enhancement

- Sum Insured can be enhanced at the time of renewal only.
- For enhancement of Sum Insured, all waiting periods will apply as fresh only to the extent of the enhanced Sum Insured and from the effective date of such enhancement.
- Any enhanced Sum Insured during any policy renewals will not be available for an illness, disease, injury already contracted under the previous policy periods.

You can submit a request for the enhancement in Sum Insured by filling the Change Request Form. Such requests will be processed as per the Underwriting Guidelines of the Company.

Reduction

- Sum Insured can be reduced at the time of renewal only.
- You can submit a request for the reduction in Sum Insured by filling the Change Request Form.

XII. CHANGE OF POLICYHOLDER

The Policyholder may be changed only at the time of renewal. The new Policyholder must be a member of insured person's family (Spouse/ Son/ Daughter/ Parents).

The Policyholder may be changed during the policy period upon request in case of death of the Policyholder, emigration of Policyholder from India or in case of divorce of the Policyholder.

XIII. ADDITION OF INSURED PERSON

Addition of insured person can be made during the Policy Period for child between the age of 91 days and 180 days (both days inclusive) and for newly married spouse within 3 months of marriage.

Addition of insured person can also be done at renewal subject to underwriting.

For newly added insured person, all waiting periods will apply afresh.

XIV. INCLUSION OF COVER DURING POLICY PERIOD

You can include following covers in the Policy during the Policy Period subject to our underwriting guidelines. In such a case, all the waiting periods as described in section 4 will be applicable from the date of endorsement.

Sr. No.	Cover	Sum Insured	30 days waiting period	Internal Congenital Anomaly Waiting Period	Named Ailments Waiting Period	Pre-Existing Disease Waiting Period	Mental illness Waiting Period	HIV Waiting Period
1	Emergency Road Ambulance/ Repatriation of Mortal Remains/ Funeral Expenses (per hospitalisation)	All Sum Insureds	Applicable from the date of Endorsement					
2	Organ Donor Expenses							

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Sr. No.	Cover	Sum Insured	30 days waiting period	Internal Congenital Anomaly Waiting Period	Named Ailments Waiting Period	Pre-Existing Disease Waiting Period	Mental illness Waiting Period	HIV Waiting Period
3	AYUSH							
4	Hospital Daily Cash							
5	Maternity and New Born Baby							
6	Cumulative Bonus							
7	Medical Inflation							
8	Medical Second Opinion							
9	Outpatient Treatment							
10	Infertility	₹ 6 - 100						
11	Worldwide Emergency Hospitalisation	Lac						
12	Emergency Air Ambulance							
13	Bariatric Procedure							

XV. WAITING PERIODS AND EXCLUSIONS UNDER THIS POLICY

- 30 days waiting period:** Policy does not provide cover for first 30 days from inception of the first Policy with Us except for the treatments required due to an Accident/ for treatment for the critical illness i.e., Cancer, Myocardial Infarction and Stroke.
- Waiting period of 15 days will be applicable for illnesses under Extra Care cover.
- Waiting Period for Named Ailments:** Policy does not provide cover for the treatment of named Specific disease/conditions except where underlying cause is cancer, up to 2 years from inception of first policy with Us.
- Pre-Existing Disease:** Policy does not provide cover for any treatment for any pre-existing disease/illness/injury, up to 48 months from the inception of first policy with Us.
- Internal Congenital Anomaly:** Policy does not cover in respect of internal congenital anomaly within first 24 months from the date of inception of first policy with Us.
- Named Mental Illness:** Policy does not provide cover for the treatment of named mental illnesses upto 24 months from the inception of first policy with us.
- HIV & AIDS:** Policy does not provide cover any HIV, AIDS or related conditions upto 48 months from the inception of first policy with us.

XVI. EXCLUSIONS

Policy does not cover any claim in respect of any Insured Person in any way resulting directly or indirectly from or attributable to any of the following unless specifically covered:

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STANDARD EXCLUSIONS

1. **Breach of Law:** Expense related to Insured Person committing or attempting to commit a breach of law with criminal intent.
2. **Chemical & Nuclear Exposure:** Treatment costs directly or indirectly caused by or contributed to or arising from nuclear weapons/materials, radioactive material, nuclear waste, nuclear fuel or from the combustion of nuclear fuel, chemical or biological weapons.
3. **War:** Treatment related to any condition resulting directly or indirectly from, or as a consequence of War, invasion, act of foreign enemy, war like operations (whether war be declared or not), civil war, public defence, rebellion, revolution, insurrection, military or usurped acts.

EXCLUSIONS SPECIFIC TO THE POLICY WHICH CANNOT BE WAIVED

1. **Alcohol and drug abuse & de – addiction programs:** Treatment (including cessation programs) resulting from dependency on or abuse of intoxicants or hallucinogenic substances, alcohol, drugs, nicotine and any illness or injury arising directly or indirectly from such dependency or abuse.
2. **Ancillary Hospital Charges:** Charges related to admission, discharge, administration, registration, documentation & filing, Home Visit Charges, service charge, surcharges and Luxury tax levied by the Hospital.
3. **Cosmetic surgery:** Plastic Surgery or cosmetic Surgery or any aesthetic treatment unless medically necessary as a part of treatment certified by the attending Medical Practitioner for reconstruction following an Accident, Cancer or Burns.
4. **Circumcision:** Circumcisions unless necessary for the treatment of a disease or necessitated by an Injury.
5. **General Debility:** Expense related to convalescence, supervision, rest cure, sanatorium treatment, rehabilitation measures, private duty nursing, respite care, long-term nursing care, hospice care, custodial care, general debility or exhaustion (run-down condition).
6. **External Congenital Anomaly:** We will not cover for screening, counselling and treatment related to External congenital anomalies.
7. **Dental Care:** Dental Treatment and Surgery of any kind, other than arising out of an Accident and subsequently requiring Hospitalisation.
8. **Developmental Disorders:** Treatment of developmental, behavioural or learning disorders, Attention deficit hyperactivity disorder (ADHD), speech disorders or dyslexia and physical developmental disorder.
9. **Dangerous Acts (Adventure/Professional Sports/Defence Operation):** Any Insured Person's participation or involvement in naval, military or air force operation, or any adventure sports such as racing, diving, aviation, scuba diving, parachuting, hang-gliding, rock or mountain climbing etc. in a professional nature.
10. **Dietary supplements:** Substances that can be purchased without prescription, including but not limited to vitamins, minerals, nutritional / electrolyte supplements and tonics unless certified to be required by the attending Medical Practitioner as a direct consequence of an otherwise covered claim.
11. **Experimental treatment:** Treatments which are experimental, investigational or unproven, which are not consistent with or incidental to the Diagnosis and treatment of the positive existence, devices, pharmacological regimens, stem cell implantation/ therapy or Surgery.
12. **Eyesight, Hearing Aids & External prosthesis:**
 - i. Treatment related to correction of refractive errors of the eye, routine eyesight checking or hearing tests including optometric therapy.
 - ii. Cost of hearing aids / Cochlear Implants, Spectacles or Contact Lenses.
 - iii. Cost related to providing, maintaining and fitting of external and or durable medical/non-medical equipment (as listed in non – medical expenses list) used for Diagnosis and or treatment including Continuous Positive Airway Pressure (CPAP), Continuous Ambulatory Peritoneal Dialysis (CAPD) or

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Infusion Pump, ambulatory devices – walkers, crutches, belts, collars, caps, splints, slings, braces, stockings of any kind, any artificial limb also any medical equipment which is subsequently used at home (except when used intra-operatively).

- 13. Gender Change:** Treatment / Surgery for change of sex or gender reassignments including any complication arising from these treatments.
- 14. Sexually Transmitted Disease:** Treatment related to any condition directly or indirectly caused by or associated with any sexually transmitted disease, Genital Warts, Syphilis, Gonorrhoea, Genital Herpes, Chlamydia, Pubic Lice and Trichomoniasis, Human T-Cell Lymphotropic Virus Type III (HTLV-III or IITLB-III) or Lymphadenopathy Associated Virus (LAV) or the mutants derivative or Variations Deficiency Syndrome or any Syndrome or condition of a similar – Lymphomas in brain, Kaposi's sarcoma, tuberculosis.
- 15. Incidental Services & Supplies:** Items of personal comfort and convenience like – charges for television, telephone calls, internet, foodstuffs (except patient's diet), cosmetics, hygiene articles, body care products, toiletry items, barber or beauty service, guest service or any other similar services and supplies.
- 16. Neurodevelopmental delays and other disorders:** Expenses related to erectile dysfunction; treatment for neurodegenerative disorders – Dementia, Parkinson and Alzheimer's disease; Disorders of speech and language including stammering, dyslexia.
- 17. Medically Necessary Expenses:** Treatment or part of a treatment that is not reasonable and medically necessary and drugs or treatments which are not supported by a prescription.
- 18. Non-Medical Expenses:** Non-medical expenses as listed on our website at www.cocogeneralinsurance.com.
- 19. Non-Allopathic Treatment:** Expenses related to Non-Allopathic treatment.
- 20. Obesity:** Expenses related to treatment of Obesity and any weight control program.
- 21. Off Label Drug or Treatment:** Use of pharmaceutical drugs for an unapproved indication or in an unapproved age group, dosage, or route of administration as regulated and approved by Central Drugs Standard Control Organisation (CDSCO).
- 22. Maternity Expenses:** Treatment arising from or traceable to pregnancy (including voluntary termination), miscarriage (except as a result of an Accident or Illness), abortion or complications except abdominal operation for extra uterine pregnancy (Ectopic Pregnancy), which is proved by submission of Ultra Sonographic Report and Certification by Gynaecologist that it is life threatening one if left untreated.
- 23. Preventive Vaccinations:** Expenses 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.
- 24. Birth control expenses and Reproductive treatment:** Expenses related to birth control, and similar procedures including complications arising out of the same, infertility services, artificial insemination and advanced reproductive technologies such as In vitro fertilization (IVF), Zygote intrafallopian transfer (ZIFT), Gamete intrafallopian transfer (GIFT), Intracytoplasmic sperm injection (ICSI), Gestational Surrogacy.
- 25. Self-inflicted injuries or attempted suicide:** Expenses for treatment resulting directly or indirectly from self-inflicted injury or suicide, attempted suicide while sane or insane.
- 26. Sleep disorders:** Treatment related to sleep disorders such as sleep apnoea.
- 27. 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.
- 28. Time bound Exclusions:** Any specific time bound exclusion(s) applied by Us and mentioned in the Schedule and accepted by the Insured Person.
- 29. Unrelated diagnostic procedures:** Diagnostic, X-ray or laboratory examinations or other diagnostic studies which are not consistent with or incidental to the Diagnosis and treatment of the positive existence or presence of any Illness for which confinement is required at a Hospital.

XVII. CLAIMS PROCEDURE

1 Claim Intimation

Notification of the claim must be made to Us/Our TPA in writing or at call centre.

In case of planned hospitalisation, notification of the claim must be done at least 48 hours prior to admission while for emergency hospitalisation, it should be done within 24 hours of admission to the hospital or before discharge whichever is earlier.

The following details are to be provided to Us at the time of intimation of Claim:

- Policy Number
- Health Card ID No.
- 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

2 Cashless Facility

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

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

Notification should be done at least within 48 hrs prior to admission for planned hospitalisation and within 24 hrs of admission for emergency hospitalisation.

Pre-Authorisation request Form will be sent by the hospital to the Cashless department of TPA.

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

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

At the time of discharge, the hospital shall forward a final authorisation request.

Discharge will be done post receipt of the final authorisation letter by the hospital.

3 Reimbursement Process

Documents for reimbursement of the claim must be submitted to TPA/ Our office within 15 days from the date of discharge.

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Documents to be submitted are:

- Claim Form Duly Filled and Signed
- Original Discharge/Death Summary
- Operation Theatre Notes (if any)
- Original Hospital Main Bill along with break up Bill and original receipts
- Original investigation reports, X Ray, MRI, CT films, HPE etc.
- Doctors Reference Slips for Investigations/Pharmacy
- Original Pharmacy Bills
- MLC/FIR Report/Post Mortem Report (if applicable and conducted).
- Details of the implants including the sticker indicating the type as well as invoice towards the cost of implant
- KYC documents (Photo ID proof, Pan Card, Aadhar Card etc.)
- Cancelled cheque for NEFT payment

4 Notification of any deficiency of documents shall be done by the TPA within 3 working days of receiving claim documents.

First reminder for deficient documents shall be sent within 7 days and second reminder shall be sent within 10 days of first deficiency letter.

In case the deficient documents are not received after 15 days of the final reminder letter, the claim shall be rejected.

5 Claim documents for Pre-& Post hospitalisation should be sent to TPA within 15 days of completion of treatment.

6 Claim shall be settled/rejected within 30 days of the receipt of the last necessary documents or within 45 days in case where we have initiated investigation.

7 In case of delay in the payment beyond the stipulated timelines, we shall be liable to pay interest at a rate of two percent (2%) above the Bank Rate from the receipt of the last relevant document from the insured /claimant by Us till the date of actual payment.

8 TPA Details

For Intimation of claim, Submission of claim related documents and any claim related query, You can contact TPA as selected by You and which is appearing on your Policy Schedule and Health Card.

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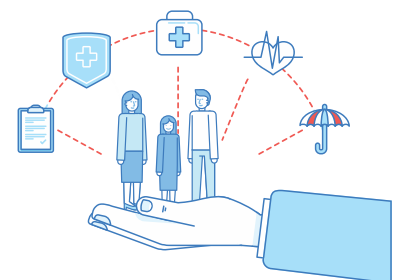
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TPA Details	TPA Contact Details
PARAMOUNT HEALTH SERVICES & INSURANCE TPA PRIVATE LIMITED Plot No. A-442, Road No. 28, MIDC Industrial Area, Wagle Estate, Ram Nagar, Near Vitthal Rukhmani Mandir, Thane (W), Maharashtra 400604 www.paramounttpa.com IRDAI Reg No: 006	Email: navi.insurance@paramounttpa.com Toll Free: 1800 2256 01
FAMILY HEALTH PLAN INSURANCE TPA LIMITED No: 8-2-269/A/2-1 To 6, 2nd Floor, Srinilaya Cyber Spazio, Road No. 2, Banjara Hills, Hyderabad, Telangana 500034 www.fhpl.net IRDAI Reg No: 013	Email: navi.insurance@fhpl.net Toll Free: 1800 599 2488
RAKSHA HEALTH INSURANCE TPA PRIVATE LIMITED C/O Escorts Corporate Centre, 15/5, Mathura Road, Faridabad 121003 Haryana www.rakshatpa.com IRDAI Reg No: 015	Email: navi.insurance@rakshatpa.com Toll Free: 1800 180 1555

XVIII. TERMS AND CONDITIONS

1 Cancellation of Policy

- We may cancel this Policy on grounds of misrepresentation, fraud, non-disclosure of material facts, and non-cooperation by You or anyone acting on Your behalf. When such cancellation of the Policy will be on the grounds of misrepresentation, fraud and non-disclosure of material facts, it will be from inception date or the renewal date (as the case may be) upon 15 days written notice delivered to or mailed to Your last address as shown in our records followed by an endorsement without refund of any premium. In case of cancellation of the policy by Us on account of non-cooperation, you shall be entitled to get refund of prorated premium for the unexpired portion of the policy on the date of cancellation provided no claim (including utilisation of Second Medical Opinion) has been paid or is payable under the policy.
- You may cancel this Policy at any time by sending notice in writing to Us, stating when cancellation is to take effect. In the event of such cancellation, we shall refund premium for the unexpired period of this Policy in accordance with the short-period rate table below. However, there will be no refund of premium if a claim (including utilisation of Second Medical Opinion) is made under the Policy.



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Period on Risk (in Months)	1 Year Policy Term	2 Year Policy Term	3 Year Policy Term
	Rate of Premium to be refunded	Rate of Premium to be refunded	Rate of Premium to be refunded
1	79%	87%	90%
2	71%	83%	88%
3	63%	79%	85%
4	55%	75%	82%
5	47%	71%	80%
6	39%	67%	77%
7	31%	63%	74%
8	23%	59%	72%
9	9%	55%	69%
10	1%	51%	66%
11	0%	47%	64%
12	0%	43%	61%
13		39%	58%
14		35%	56%
15		31%	53%
16		27%	50%
17		23%	48%
18		19%	45%
19		15%	42%
20		11%	40%
21		5%	37%
22		1%	34%
23		0%	32%
24		0%	29%
25			26%
26			24%
27			21%
28			18%
29			16%
30			13%
31			10%
32			8%
33			3%
34			0%
35			0%
36			0%

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2 Free Look Period

You may review the terms and conditions of the Policy within 15 days from the date of receipt of Policy Documents. After review, if You wish to cancel the policy, you may place a request for its cancellation. Premium will be refunded after deducting the amounts spent on any medical check-up, stamp duty charges and proportionate risk premium.

Such cancellation will only be done if there are no claims made under the Policy.

Free Look Period is only available for new policies and not for renewals and portability.

3 Renewal

1. The policy is ordinarily renewable for life subject to the renewal premium being paid to Us on or before the date of expiry of the Policy.
2. A grace period of 30 days is allowed for renewal of the policy.
3. Coverage will not be available for the period for which no premium is received.
4. No additional loading will be applied based on the previous claim experience.

4 Portability

You can opt to port your existing health insurance policy to this product subject to the following:

1. You should submit application for portability with complete documentation at least 45 days prior to expiry of your existing health insurance policy.
2. You were covered under Retail Health Insurance Policy from a Non-Life Insurance Company registered with IRDAI.
3. If the previous policy Sum Insured is lower than the Sum Insured opted under this policy, waiting periods will apply to the amount of proposed increase in Sum Insured only.
4. Portability benefit will be credited up to the extent of the sum of previous Sum Insured and cumulative bonus (if any).
5. In case previous policy has permanent exclusions for Maternity, Bariatric procedure, infertility, Mental Illness and HIV/AIDS then waiting period for these conditions will be afresh.
6. In case previous policy has coverage for Maternity, Bariatric procedure, infertility, Mental Illness and HIV/AIDS then as per portability guidelines waiting period credit for these covers is permissible.
7. All waiting periods shall be applicable individually for each insured person.
8. Acceptance of the portability application will be based on the underwriting guidelines of the Company. We may at Our sole discretion restrict the terms on which we may offer the cover.
9. There is no obligation on Us to insure all Insured Persons on the proposed terms, even if we have received all the documentation from you.
10. In case You opt to port to any other Insurance Company for renewal, under the portability provision and the outcome of such portability request is awaited from the new insurer on the date of renewal:
 - i. On Your request, we may extend this policy for a period of not less than one month at an additional premium to be paid on a prorated basis.
 - ii. If a claim is reported during this extension period, you will be required to first pay the full annual policy premium. Our liability for the payment of such claim shall commence only once such premium is received.

5 Withdrawal of the product

The product may be withdrawn after due approval from the Authority. In such case, we will provide one-time option to all the Policyholders whose Policy is falling due for Renewal within 90 days of withdrawal of the

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product to renew the existing Policy or migrate to modified or other suitable Individual Health Insurance Policy with Us subject to Portability norms in vogue. All those Policyholders who choose to renew the existing Policy will be migrated to modified or other suitable Individual Health Insurance Policy at the time of next Renewal. However, if the Policyholder do not respond to Our intimation in case of such withdrawal, the Policy will be withdrawn on the Renewal date. All those Policyholders whose Renewal fall after 90 days of withdrawal of product will require to migrate to modified or other suitable Individual Health Insurance Policy.

6 Revision and Modification of the product

Any revision or modification will be done with the approval of the Authority.

We shall notify You about revision / modification in the product including premium. Such information shall be given to You at least ninety (90) days prior to the effective date of modification or revision coming into effect.

7 Instalment Premium

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

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

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

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

8 Mandatory Co Payment

If the entry age of the Insured Person at the first inception of policy with Us is 61 years or above, the Co-Payment will be applicable as per the below grid.

Age at Entry	Co-Payment
61-65 years	10%
66-70 years	20%
Above 70 years (Only for S.I. ₹ 2 Lac)	30%

9 Zonal Classification

Zone – I: Delhi, NCR (Municipal limits of Faridabad, Gurgaon, Noida, Ghaziabad), Mumbai (All municipal regions under Mumbai Metropolitan Region), Bangalore (All municipal regions under Bangalore Metropolitan Region)

Zone – II: Hyderabad (All municipal regions under Hyderabad Metropolitan Region), Pune (All municipal regions under Pune metropolitan Region), Chennai (all municipal regions under Chennai Metropolitan Area), Kolkata (all municipal regions under Kolkata Metropolitan Area), Ahmedabad (All municipal regions under Ahmedabad municipal corporation)

Zone – III: All municipal regions of state capitals not included in Zone I and Zone II, Nagpur, Indore, Kochi, Coimbatore, Baroda, Surat, Ludhiana, Jalandhar.

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Zone – IV: Rest of India excluding the cities included in Zone-I, Zone-II and Zone III.

Policyholder's paying Zone-I premium can avail treatment all over India without any Co-Payment.

Policyholder's paying Zone-II premium can avail treatment in Zone-II, Zone-III and Zone-IV without any Co-Payment but shall have to bear a Co-Payment of 12% of each and every claim if treatment in Zone-I is availed.

Policyholder's paying Zone-III premium can avail treatment in Zone-III and Zone-IV without any Co-Payment but shall have to bear a Co-Payment of

- 25% of each and every claim if treatment in Zone-I is availed
- 15% of each and every claim if treatment in Zone-II is availed

Policyholder's paying Zone-IV premium can avail treatment in Zone-IV without any Co-Payment but shall have to bear a Co-Payment of

- 35% of each and every claim if treatment in Zone-I is availed
- 25% of each and every claim if treatment in Zone-II is availed
- 10% of each and every claim if treatment in Zone-III is availed

XIX. GRIEVANCE REDRESSAL PROCEDURE

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

- Call Us on Our Toll Free **1800-123-0004** (From 8 am to 8 pm) for any queries that You may have!
- Email Your Policy related queries to mycare@cocogeneralinsurance.com
- For Senior Citizens, we have a special cell and Our Senior Citizen customers can email Us at seniorcare@cocogeneralinsurance.com for priority resolution
- Visit Our website www.cocogeneralinsurance.com to register & track Your queries
- Please walk in to any of Our branches or partner locations
- You can also dispatch Your letters to Us at:
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Fulcrum, Sahar Road, Next to Hyatt Regency,
Andheri (East), Mumbai - 400099. Maharashtra

We request You to please mention Your complete details: Full Name, Policy Number and Contact Details in all Your communications, to enable Our customer experience expert to connect with You and provide You with the quickest possible solution.

We'll make sure to acknowledge Your service request within 3 working days—and try and resolve it to Your satisfaction within 15 working days. That's a promise!

Escalation

Level – 1

While We attempt to give You best-in-class and prompt resolution for any concerns—sometimes it may not be

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perfect. If You felt that You weren't offered a perfect resolution, please feel free to share Your feedback to Our Customer Experience team at Manager.CustomerExperience@cocogeneralinsurance.com

Level – 2

If You still are not happy about the resolution provided then You may write to Our Head Customer Experience and Grievance Redressal Officer at Head.CustomerExperience@cocogeneralinsurance.com or contact GRO at 022 - 40018100.

Level – 3

If you are not happy with the resolution, you may approach IRDAI by calling on the Toll Free no. 155255 (or) 1800 4254 732. You can also register an online complaint on the website <http://igms.irda.gov.in>.

If Your concern remains unresolved after having followed the above escalation procedure then You may please approach the Insurance Ombudsman for Redressal. To know who Your Insurance Ombudsman is, please refer to Our website at www.cocogeneralinsurance.com

Disclaimer

This is only a summary of the product features. The actual benefits shall be described in the policy, and will be subject to the policy terms, conditions and exclusions.

For more details on risk factors, terms and conditions, read the sales brochure carefully before concluding a sale.

IRDA Regulation No. 17

This Policy is subject to regulation 17 of IRDAI (Protection of Policyholder's Interests) Regulation 2017 or any amendment thereof from time to time.

Prohibition of Rebates: Section 41 of the Insurance Act, 1938 (and amendments thereof)

- 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.
- 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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Annexure – 1

Illustration 1: Cumulative Bonus								
If Insured Person has a non-ported policy of Sum Insured 1 Lac. Let's see how cumulative bonus will work in renewals.								
	Policy Year	Claim Status	Current Year CB (%)	Current Year CB (₹)	Accumulated CB	Unutilized Policy Sum Insured		Accumulated Sum Insured (Unutilized Policy SI + Accumulated CB)
						(Policy Sum Insured - Claim Amt)		
Scenario 1	1 Year	No Claim	NIL	NIL	NIL	1,00,000		1,00,000
	2 Year	No Claim	10%	10,000	10,000	1,00,000		1,10,000
	3 Year	No Claim	10%	10,000	20,000	1,00,000		1,20,000
	4 Year	No Claim	10%	10,000	30,000	1,00,000		1,30,000
	5 Year	No Claim	10%	10,000	40,000	1,00,000		1,40,000
	6 Year	No Claim	10%	10,000	50,000	1,00,000		1,50,000
	7 Year	No Claim	Not Available - Since CB cannot accumulate more than 50% of Sum Insured		50,000		1,00,000	
Scenario 2	1 Year	No Claim	NIL	NIL	NIL	1,00,000		1,00,000
	2 Year	No Claim	10%	10,000	10,000	1,00,000		1,10,000
	3 Year	No Claim	10%	10,000	20,000	1,00,000		1,20,000
	4 Year	No Claim	10%	10,000	30,000	1,00,000		1,30,000
	5 Year	Claim ₹ 80,000	10%	10,000	40,000	20,000		60,000
	6 Year	Claim ₹ 40,000	-10%	-10,000	30,000	60,000	90,000	
			CB reduced by 10% due to claim in previous year.					
	7 Year	Claim ₹ 1,50,000	-10%	-10,000	20,000	0	0	
			CB reduced by 10% due to claim in previous year.					
	8 Year	No Claim	0%	0	0	1,00,000	1,00,000	
				As accumulated CB of previous years is completely utilised in last year				
9 Year	No Claim	10%	10,000	10,000	1,00,000		1,10,000	
10 Year	No Claim	10%	10,000	20,000	1,00,000		1,20,000	

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Illustration 2: Reinstatement of In-patient Hospitalisation Sum Insured								
In case an Insured person opts for a Sum Insured of 1 Lac. Let's understand how reinstatement benefit will apply to the Insured person.								
	Policy Term	Claim Status	Balance / Unutilised Sum Insured (₹) (Policy SI - Claim Amt)	Current Year CB (%)	Current Year CB (₹)	Accumulated CB	Total Accumulated SI including CB (₹)	Will Reinstatement Trigger
Scenario 1	1 Year	No Claim	1,00,000	NA	NA	NA	1,00,000	No
	2 Year	No Claim	1,00,000	10%	10,000	10,000	1,10,000	No
	3 Year	Claim – ₹ 90,000	10000	10%	10,000	20,000	30,000 (Unutilised SI = ₹ 10,000 + Accumulated CB = ₹ 20,000)	No Sum Insured is still available.
Scenario 2	1 Year	No Claim	1,00,000	NIL	NIL	Nil	1,00,000	No
	2 Year	No Claim	1,00,000	10%	10,000	10,000	1,10,000	No
	3 Year	No Claim	1,00,000	10%	10,000	20,000	1,20,000	No
	4 Year	No Claim	1,00,000	10%	10,000	30,000	1,30,000	No
	5 Year	No Claim	1,00,000	10%	10,000	40,000	1,40,000	No
	6 Year	Claim – ₹ 1,55,000	0	10%	10,000	50,000	0 Total Amount paid under the policy is ₹ 1,50,000 (Policy SI = ₹ 1,00,000 + accumulated CB = ₹ 50,000).	Yes Policy SI reinstated for ₹ 1,00,000 Reinstated amount shall not be available for this Claim which has exhausted the base SI including CB.
Reinstatement will trigger in 6 th year as the insured person has completely exhausted the total sum insured amount eligible for the year i.e Base Sum Insured and cumulative bonus. Reinstated Amount not applicable for Cumulative Bonus and Medical Inflation.								

Illustration 3: Medical Inflation (MI)							
If Insured Person has a policy of 1 Lac. Let's understand how Medical Inflation benefit will work in renewal							
	Policy Term	Claim Status	Balance Insured (SI-Claim Amt)	Sum (₹)	Medical Inflation (%)	Medical Inflation (₹)	Total Accumulated MI (₹)
Scenario 1	1 Year	No Claim	1,00,000		NA	NA	NA
	2 Year	No Claim	1,00,000		10%	10,000	10,000
	3 Year	No Claim	1,00,000		10%	10,000	20,000
	4 Year	Claim ₹ 80,000	20,000		10%	10,000	30,000
	5 Year	Claim ₹ 40,000	60,000		10%	10,000	40,000
	6 Year	No Claim	1,00,000		10%	10,000	50,000
	7 Year	No Claim	1,00,000		Not Available- Since CB cannot accumulate more than 50% of Sum Insured		50,000

Navi General Insurance Limited

(Formerly known as DHFL General Insurance Limited)

COCOCure | UIN : DHFHLIP18051V011819

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CIN : U66000MH2016PLC283275 | IRDAI Registration Number : 155

Illustration 4: Reinstatement and Combined Additive effect of Cumulative Bonus & Medical Inflation

If Insured Person has a policy of 1 Lac. Let's understand how Medical Inflation benefit will work in renewal and how medical inflation & cumulative bonus will work at the time of claim.

	Policy Term	Policy SI	Claim Status	Balance Base Sum Insured (₹)	Medical Inflation (%)	Total Accumulated MI (₹)	Current Year CB (%)	Accumulated CB	Balance Policy SI	Will Reinstatement Trigger
		(Base SI + MI)		(Base SI - Claim Amt)					(Policy SI - Claim Amount)	
Scenario 1	1 Year	1,00,000	No Claim	1,00,000	NA	NA	NA	NA	1,00,000	No
	2 Year	1,10,000	No Claim	1,00,000	10% of Base SI	10,000	10% of Base SI	10,000	1,10,000	No
	3 Year	1,20,000	No Claim	1,00,000	10% of Base SI	20,000	10% of Base SI	20,000	1,20,000	No
	4 Year	1,30,000	Claim	20,000	10% of Base SI	30,000	10% of Base SI	30,000	50,000	No
			₹ 80,000							
	5 Year	1,40,000	Claim	0	10% of Base SI	40,000	- 10% of Base SI	20,000	0	Yes
			₹ 1,70,000		Irrespective of Claim in Previous Policy Year		Claim in Previous Policy Year		₹ 1,60,000 is paid = 1,40,000 (Policy SI) + ₹ 20,000 (Accumulated CB)	Reinstated Amt 1,00,000 for rest of the policy Year
6 Year	1,00,000	No Claim	1,00,000	10% of Base SI	10,000	- 10% of Base SI	0	1,00,000	No	
7 Year	1,10,000	No Claim	1,00,000	10% of Base SI	20,000	10% of Base SI	10,000	1,10,000	No	

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