

Customer Information Sheet



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.








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CIN : U66000MH2016PLC283275 | IRDAI Registration Number : 155

SCOPE OF COVER (Refer Policy Clause No 2.1 – 2.25)

In-patient hospitalisation covers hospitalisation expenses if hospitalised for a minimum period of 24 hours.

Expenses shall include -

 <p>Room rent and nursing charges</p>	 <p>Intensive Care Unit (ICU) charges</p>	 <p>Operation theatre charges</p>	 <p>Fees of medical practitioner/ surgeon/anaesthetist/specialities</p>
 <p>Physiotherapy, investigation & diagnostic procedures</p>	 <p>Medicines, drugs and consumables</p>	 <p>Blood, oxygen, surgical appliances</p>	<p>The cost of prosthetic and other devices or equipment recommended by the attending medical practitioner and if implanted internally during a surgical procedure</p>

Mental Illness

Covers mental illness as per the Provisions of Mental Healthcare Act, 2017. However, in case of following Mental Illnesses the **in-patient hospitalisation** benefit will be restricted to policy sum insured or 3 lacs, whichever is Lower;

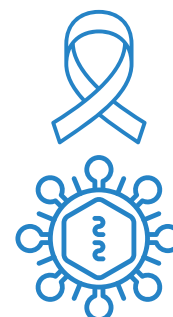
- Schizophrenia
- Bipolar affective disorders
- Depression
- Obsessive compulsive disorders
- Psychosis



HIV & AIDS

Covers up to the sum insured In case **in-patient hospitalisation** (including day care treatment) for the treatment arising out of HIV or any condition caused by or associated with Acquired Immuno-Deficiency Syndrome (AIDS).

Covers only the cost of Anti-Retro Viral Therapy (ART) in pre-hospitalisation & post hospitalisation period restricted to a maximum of ₹ 20,000 in a policy year. This amount is in addition to the **in-patient hospitalisation** benefit amount.



Extra Care

The sum insured will not be reduced up to ₹ 20,000/- in a policy year, if the claim is due to the following illness:

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



Day Care Treatment: Covers medical expenses for 393 day-care procedures where hospitalisation is for less than 24 hrs. This does not cover OPD treatment.



Pre-hospitalisation: Covers medical expenses incurred before the hospitalisation up to 90 days.



Post-hospitalisation: Covers medical expenses incurred after the discharge from hospital up to 180 days.



Domiciliary Hospitalisation: Covers medical expenses incurred for treatment availed at home, which would otherwise have required hospitalisation for at least three days, due 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.



Organ Donor Expenses: Covers surgical expenses incurred for harvesting an organ from the donor.



Emergency Road Ambulance/Repatriation of Mortal Remains (RMR)/Funeral Expenses: Covers expenses incurred for transportation of an insured person by an ambulance and also expenses incurred for repatriation of mortal remains and funeral if death occurs during hospitalisation.



Emergency Air Ambulance: Covers expenses incurred for transportation of an insured person by an air ambulance.

Hospital Daily Cash: Provides fixed amount for each day of hospitalisation.



Bariatric Procedure: Covers medical expenses for undergoing bariatric surgery up to ₹ 5 lac, subject to the insured person being aged ≥ 18 years and satisfies the following conditions:

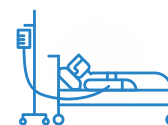
- 1) BMI ≥ 40 or;
- 2) BMI ≥ 35 with one of the following co-morbid conditions:
 - i) Coronary Artery Disease
 - ii) Type-2 Diabetes
 - iii) Obstructive Sleep Apnoea
 - iv) Hypertension



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



Reinstatement of In-patient Hospitalisation Sum Insured: Sum insured will be automatically reinstated, once during the policy year, if the policy sum insured and cumulative bonus, if any, exhausts due to claims paid and payable (payable here means the claim where liability under the policy is admitted and amount of claim is established).



Maternity and New Born Baby

- I. **Maternity expenses:** Covers maternity expenses up to a maximum of two deliveries or terminations in the life time.
- II. **New born baby:** Covers medical expenses for the treatment of a new born baby post birth up to 90 days from date of delivery.



Worldwide Emergency Hospitalisation: Covers medical expenses for in-patient hospitalisation incurred outside India due to life threatening illness.

Cumulative Bonus: The sum insured will be enhanced by 10% for each claim free policy year subject to a maximum 50%.

Medical Second Opinion: The Insured Person can opt to obtain a medical second opinion post the diagnosis of a specified critical illness or in case advised to undergo a surgery.



Counselling: Covers cost of five sessions of counselling during a policy year to help the insured to deal with anxiety, stress, depression, relational problems, substance related disorders, emotional and behavioural disorders.



Healthcare and Wellness

i) Health Check-up: This benefit will be available for each insured person (≥ 18 years of age) at the end of every claim free policy year.



ii) Wellness Benefits: You have an option to enrol and participate in our below mentioned wellness programs to lead a healthier lifestyle.

- 1) **Health Risk Assessment (HRA):** It is a screening tool based on questionnaire to assess Your lifestyle habits and health history so as to determine how healthy you are and whether you are at risk for certain chronic diseases or illness.

You can earn discounts equivalent to 0.5% of the premium for participation and 2% of the premium for optimal health score (≥ 70).

- 2) **Self-Disease Management:** Adopting healthy lifestyle practices such as healthy diet, regular physical activity, quitting smoking and good compliance to medication can prevent or control the onset of debilitating complications of chronic diseases.

You can earn discounts up to 10% of the previous policy premium for controlling/managing your chronic disease (Hypertension/Diabetes/Hyperlipidaemia) by yourself by adopting to the healthy lifestyle practices.

- 3) **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 of age 18 years and above will only be eligible for this program.

You can earn discounts up to 10% of the previous policy premium.

- iii) **Health Helpline:** You can call/chat online with medical practitioner's empanelled with Us. You may contact us on our toll-free helpline to avail this service.

Voluntary Co-payment: You will bear the opted percentage of the admissible claim amount of each claim. A Co-payment does not reduce the sum insured.

Deductible: It is an amount that You have to bear before a claim becomes payable in the Policy. The deductible amount that you have opted will apply on each claim. A deductible does not reduce the Sum Insured.

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 first policy with Us. If You opt this cover by paying additional premium the mandatory co-pay clause will not apply.

Out-patient Treatment: Covers expenses incurred for out-patient consultations, Diagnostic examinations, cost of medicines, dental care, spectacles or contact lenses and hearing aids.

Infertility: Covers medical expenses for two In-Vitro Fertilisation cycles up to ₹ 3 Lac, in the lifetime of the female insured person between the ages of 25 years and 40 years.

Medical Inflation: The sum insured will be enhanced by 10% every policy year irrespective of claim subject to a maximum accumulation of 50%.

Critical Illness Benefit: Provides payment of lump sum amount on the diagnosis of specified critical illness.

What are the Major Exclusions in the Policy (Refer Policy Clause No 4.1 – 4.2)

We will not pay for any claims arising directly or indirectly from:

STANDARD EXCLUSIONS

- a) Breach of Law with criminal intent
- b) Chemical and nuclear exposure
- c) War



EXCLUSIONS SPECIFIC TO THE POLICY WHICH CANNOT BE WAIVED

- a) Alcohol and drug abuse
- b) Cosmetic surgery
- c) External congenital anomaly
- d) Dental treatment except as covered under out-patient treatment
- e) Developmental Disorders such as Attention deficit hyperactive disorder, speech disorder and physical developmental disorders
- f) Participation in dangerous acts (adventure/professional sports/defence operation)
- g) Experimental and unproven treatment
- h) Eyesight, hearing aids and external prosthesis except as covered under out-patient treatment
- i) Sexually transmitted diseases
- j) Neurodevelopmental delays and other disorders such as dementia, Parkinson's and Alzheimer's disease.
- k) Non-allopathic treatment
- l) Obesity unless opted to cover
- m) Maternity expenses unless opted to cover
- n) Birth control expenses and reproductive treatment
- o) Self-Inflicted Injuries or attempted suicide
- p) Sleep disorders



(Note: The above is a partial listing of the policy exclusions. Please refer to the policy clauses for the full listing)



Waiting Periods

(Refer Policy Clause No 3.1 – 3.6; 2.1; 2.10; 2.13; 2.23)

- 30 days' waiting period from the inception of first policy will be applicable for any hospitalisation unless due to accident or for the treatments of the critical illness i.e., cancer, myocardial infarction and stroke.
- Waiting period for the named ailments (such as sinusitis, tonsillectomy, cataract, surgery for hernia, uterine fibroids, osteoarthritis, joint replacement surgeries, kidney stones, gall stones, varicose veins) will be applicable up to two years from the first policy inception date. Please refer the policy for complete list.
- Waiting period for the pre-existing disease will be applicable up to 4 years from the first policy inception date.
- Waiting period for the maternity expenses is 24 months from the date of inception of the first policy with us.
- Waiting period for the infertility is 36 months from the date of inception of the first policy with us.
- Waiting period for the bariatric procedure is 36 months from the date of inception of the first policy with us.
- Waiting period for the internal congenital is 24 months from the date of inception of the first policy with us.
- Waiting period for illness under extra care is 15 days.
- Waiting period for named mental illness is 24 months from the date of inception of the first policy with us.
- Waiting period for coverage of HIV & AIDS is 48 months from the date of inception of the first policy with us.

Payment Basis

- For all covers (excluding Critical Illness and Hospital Daily Cash Benefit) pay-out will be on reimbursement of actual expenses either by way of cashless to the hospital/network provider when a cashless facility is availed or directly to you as a reimbursement against the bills when you have paid for the expenses.
- Critical Illness benefit: Pay-out will be lump-sum fixed amount.
- Hospital Daily Cash: Provides fixed amount for each day of hospitalisation. Our maximum liability is restricted to 30 days of hospitalisation in a policy year.



Loss Sharing (Refer Policy Clause No 5.1.6; 2.19; 2.20; 5.1.7)

- A mandatory co-payment as per the below grid will be applicable for the insured persons whose entry age at the first inception of policy with us is 61 years or above.

Age at Entry	Co-Payment
61 - 65 years	10%
66 - 70 years	20%
Above 70 years (only for ₹ 2 Lac SI)	30%

- A voluntary co-pay percentage as opted by you will be applicable on admissible claim amount of each claim.
- A deductible amount as opted by you will be applicable on each claim. Any claim over and above this limit will become payable under the policy.
- Persons opting to take treatment outside their zone will bear a co-pay as per below:
 - Zone II to Zone I – 12%
 - Zone III to Zone II – 15%
 - Zone III to Zone I – 25%
 - Zone IV to Zone III – 10%
 - Zone IV to Zone II – 25%
 - Zone IV to Zone I – 35%

Renewal Conditions (Refer Policy Clause No 5.4.1)

- 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.
- Grace period of 30 days is allowed for renewal of the policy.
- Coverage will not be available for the period for which no premium is received.

Renewal Benefits (Refer Policy Clause No 2.18.1; 2.15; 2.24)

- For every claim free policy year, insured can opt for health check-up benefit.
- **Cumulative Bonus:** The sum insured will be enhanced by 10% for each claim free policy year subject to maximum of 50%.
- **Medical Inflation:** The sum insured will be enhanced by 10% every year subject to maximum of 50% irrespective of claim.

Cancellation (Refer Policy Clause No 5.2.2)

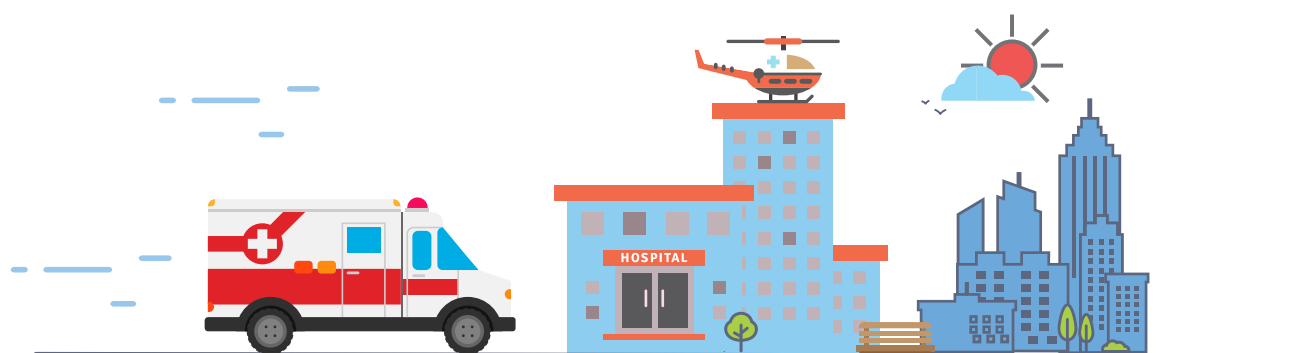
- This policy may be cancelled on grounds of misrepresentation, fraud, non-disclosure of material facts and non-cooperation by the insured, upon 15 days' notice. No refund will be allowed except in case of non-cooperation where we will allow pro-rate refund of premium.
- Insured can notify Us for cancellation of this policy by giving notice about effective date of cancellation and we shall refund the premium based on short period rate as mentioned in the policy.

Claims (Refer Policy Clause No 5.3.2)

- Claim Intimation: Notification of the claim must be made to us/our TPA in writing or at our call centre.
- Cashless facility is available only at our network provider. The insured person can avail cashless facility at the time of admission into any network provider, by presenting the health card as provided by us with this policy, along with a valid photo identification proof (voter ID card/Driving license/Passport/PAN card/Aadhar card, any other identity proof as approved by us).

Network provider list is available at our website www.cocogeneralinsurance.com.

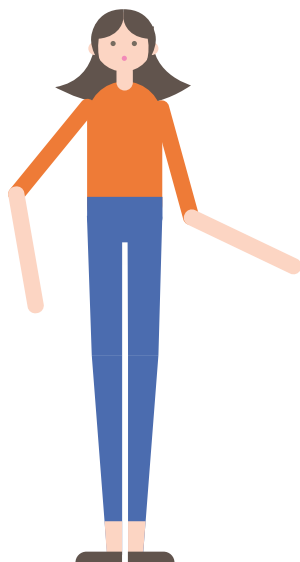
- Wherever you have opted for reimbursement of expenses, You may submit the documents for reimbursement of the claim to our/TPA office not later than 15 days from the date of discharge from the hospital. You can obtain a claim form from any of our/TPA offices or download a copy from our website.
- We shall scrutinise the claim and accompanying documents. Any deficiency of documents, shall be intimated to You and the network provider, as the case may be and subsequent reminders will follow.
- We shall settle a claim including its rejection within 30 days of the receipt of the last 'necessary' documents or 45 days in case where we have initiated investigation.



Policy Servicing/Grievances/Complaints

(Refer Policy Clause No 6)

In case of any grievance, you can contact us through



Call our toll-free number
1800 123 0004
(From 8 am to 8 pm)



Email your policy-related queries to
mycare@cocogeneralinsurance.com

Senior citizen customers can e-mail us at
seniorcare@cocogeneralinsurance.com



Visit our website
www.cocogeneralinsurance.com
to register & track Your queries

You can also dispatch your letters to us at:
Navi General Insurance Limited
402,403 & 404, A & B Wing, 4th Floor,
Fulcrum, Sahar Road, Next to Hyatt Regency,
Andheri (East), Mumbai – 400099. Maharashtra.

We'll acknowledge your service request within three working days—and try and resolve it to Your satisfaction within 15 working days.

Escalation Level 1: If you felt that you weren't offered a perfect resolution, you may share your feedback with our Customer Experience Team at **Manager.CustomerExperience@cocogeneralinsurance.com**

Escalation Level 2: If you are still not happy with 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**

Escalation 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, you may approach the Insurance Ombudsman at **http://ecoi.co.in/ombudsman.html**



Insured's Rights

Renewability (Refer Policy Clause No 5.4.1)

- i) 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.
- ii) Grace period of 30 days is allowed for renewal of the policy.

Portability (Refer Policy Clause No 3.7)

- i) Any person insured under an individual health insurance policy of any other insurer can migrate to us. The insured covered under this COCOCure policy can opt to migrate to a suitable individual health insurance policy offered by us.
- ii) The member shall apply for portability at least 45 days before the premium renewal date.
- iii) For portability, the insured person can contact us through email at mycare@cocogeneralinsurance.com or can call Us on our toll-free number 1800 123 0004 (from 8 am to 8 pm).

Claims Terms (Refer Policy Clause No 5.3.2)

We shall settle a claim including its rejection within 30 days of the receipt of the last 'necessary documents'.

Insured's Obligations

- The insured person must disclose all the pre-existing diseases or conditions at the time of applying for purchasing this policy.
- Any non-disclosure may result in rejection of a claim & cancellation of the policy without any refund.
- The insured shall notify us regarding any changes in medical condition during the policy period at the time of renewal if any change in cover is requested.

Legal Disclaimer Note: The information must be read in conjunction with the product brochure and policy document. In case of any conflict between the CIS and the policy document, the terms and conditions mentioned in the policy document shall prevail.

