

## COCO SEASONAL BYTE – PROSPECTUS

Mosquito borne diseases are plaguing India at an alarming rate. Whether you're in northern part of the country or planning on spending time at the coast or just enjoying a sunset picnic at the park, avoiding getting bitten from mosquitos is not possible. Hence, it's a time that you should think of having a specific health insurance which can safeguard your family and yourself against mosquito attacks.

**COCO Seasonal Byte** safeguards You & your family by providing coverage for - Dengue Fever; Zika Fever; Chikungunya; Malaria; Leptospirosis; Swine Flu and Vector Borne Encephalitis.

### I. Features you'll appreciate

- Sum Insured Options** – You can choose the sum insured of your choice –
  - Indemnity Plan** – (SI Variants– 2.5 K / 5 K / 10 K / 25K/ 50K/ 75 K/ 1 Lac/ 2 Lac)
  - Benefit Plan** – (SI Variants – 2.5 K / 5 K/ 7.5 K / 10 K)
- Plan** – This policy is designed to offer either Indemnity based or benefit-based plan. You can choose the plan as per your need.

Plan	Coverages	Sum Insured/ Limits = ₹ 2.5 K / 5 K / 10 K / 25 K / 50 K / 75 K / 1 Lac / 2 Lac		
Indemnity	<b>Inpatient Treatment</b>	1	Inpatient Hospitalisation	Upto Sum Insured
		2	Pre – Hospitalisation (15 Days)	
		3	Post Hospitalisation (15 Days)	
		4	Ayush	
	5	Road Ambulance / Repatriation of Mortal Remains (RMR) / Funeral Expenses	Upto ₹ 2000 per hospitalisation	
	<b>Home Care Treatment</b>	Treatment at Home		Upto 25% of Sum Insured or ₹ 30,000/- whichever is less
	<b>OPD Treatment</b>	OPD Consultations including AYUSH - Medical Practitioner Expense - Diagnostic Tests - Pharmacy		Upto 25% of Sum Insured or ₹ 30,000/- whichever is less
	<b>Coverages</b>	<b>Sum Insured/ Limits = ₹ 2.5 K / 5 K / 7.5 K 10 K</b>		
Benefit	<b>Fixed Cash Benefit</b>	Lumpsum payout on diagnosis of Dengue / Malaria subject to the defined laboratory tests.		

Refer **Annexure 1** - “**How your coverages work?**”, attached along with this document.

- Waiting Period** – 15 days waiting period from the commencement date of the Policy. This is applicable in the first year and is not applicable in subsequent renewals.

**Navi General Insurance Limited**  
 (Formerly known as DHFL General Insurance Limited)

COCO Seasonal Byte | UIN : DHFHLIP20024V011920

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

4. **Age Eligibility** - Minimum age at entry under this Policy is 91 days and Maximum age at entry is 75 years. For Dependent Child(ren), there is no maximum age restriction if he / she is completely financially dependent on Parents with no source of independent income and has not established his/her own independent households.

Renewals will be available for lifetime upon payment of premium.

5. **Policy Period Option** - Policy can be issued or renewed for one (1), two (2) or three (3) continuous years at the option of the Insured.
6. **Sum Insured to Individual & Family** - The Indemnity plan can be issued to an individual on an Individual Sum Insured basis and/or to a family on an Individual Sum Insured or on a Family Floater Sum Insured basis. However, Benefit Plan can be issued to an individual/family on an Individual Sum Insured basis only.
7. **Family Composition** - Family includes - Self, Spouse, Dependent Children, Dependent Parents and Dependent Parents-in Law.
8. **Premium** - The Premium charged on the Policy will depend on the Sum Insured and Policy Tenure. Premium will be payable by Single Premium Mode.

For a detailed Premium chart, please refer **Annexure 2 - "Rate Chart"**, attached along with this document.

Premium rates are subject to change with prior approval from IRDAI.

9. **Discounts under the Policy** - You can avail the following discounts on the applicable Premium on your Policy.
- i. **Long Term Policy Discount:** You can avail a long-term discount including renewals of 5% & 10% on selecting a 2 and 3-year Policy respectively. Long Term Discount will apply only in case of Single Premium Policies.
  - ii. **Navi GI Duniya Discount (Loyalty Discount):** 5% on new policy if you are an existing customer of Navi General Insurance (Navi GI).
10. **Income Tax Benefit** - Premium paid under the Policy shall be eligible for income tax deduction benefit under Section 80 D as per the Income Tax Act, 1961. (Tax benefits are subject to change as per the tax laws).
11. **Terms & Conditions**
- i. **Free Look Period** - You have 15 days from the date of receipt of the Policy to review the terms and conditions. After review of the policy, if the terms of the policy are not acceptable, you have an option to cancel the policy provided you have not made any claim under the policy. Premium paid for the policy will be refunded in your account within 15 days from your request of policy cancellation. Your premium refund will be subject to deduction of amount spent on stamp duty charges and proportionate risk premium. Free Look Period is only available for new policies and not for renewals and portability.

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- ii. **Continuity** - You will have an option to migrate to our other individual health insurance product(s), if available, subject to our underwriting guidelines. Similarly, children when exiting on account of being not financially dependent on parents will also be given an option to migrate to our individual health insurance products subject to our underwriting guidelines. You will be entitled for accrued continuity benefits, if any, as per prevailing portability guidelines issued by IRDAI.
- iii. **Portability** - Insured Persons covered under this Policy or any other Retail Health Insurance Policy from a Non-Life Insurance Company/Health Insurance Company registered with the Authority shall have the right to migrate from such policy to a suitable Individual health insurance Policy offered by Us provided that:
- a. You should submit application for portability with complete documentation at least 45 days prior to expiry of your existing health insurance Policy
  - b. Portability benefit will be credited up to the extent of the sum of previous Sum Insured
  - c. All waiting periods, if any shall be applicable individually for each Insured Person.
  - d. 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.
  - e. 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.
  - f. 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 prorata basis.
    - ii. If a claim is reported during this extension period, You shall 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.
- iv. **Renewal Conditions**
- You may renew the policy on or before the end of the Policy Period. Renewal of policy is subject to realization of renewal premium.
  - We are NOT under any obligation to send renewal notice or reminders.
  - We may not renew the policy on grounds of fraud, misrepresentation, non- cooperation, moral hazard or suppression of any material fact either at the time of taking the Policy or any time during the policy period.
  - Grace Period of 30 days is available for renewing the Policy.
  - Any revision / modification in the product will be done with the approval of IRDAI and will be intimated to You at least 90 days prior to the effective date of modification or revision coming into effect.
  - We will not apply any additional loading on your policy premium at renewal based on your claim experience.
  - **Sum Insured Enhancement** - Sum Insured can be enhanced only at the time of renewal. However, the quantum of increase shall be as per underwriting guidelines of the company.

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- Withdrawal of Product

- The product may be withdrawn subject to prior approval of IRDAI. Such information shall be communicated to you at least 3 months prior to the date when such withdrawal comes into effect.
- In such case, you will get one-time option to renew the existing policy or migrate to modified or other suitable Individual health Insurance Policy with us subject to Portability norms in vogue.
- If you choose to renew the existing policy, you will be migrated to modified or other suitable Individual health insurance Policy at the time of next renewal.
- However, if you do not respond to our intimation in case of such withdrawal, the Policy will be withdrawn on the renewal date.
- If your renewal falls after 90 days of withdrawal of product you will require to migrate to modified or other suitable Individual health insurance Policy.

**v. Cancellation**

**Cancellation by You** - You may cancel this Policy any time by giving Us 15 days' notice in writing. Your premium shall be refunded as per below table provided no claim has been made under this Policy.

Months	1 year	2 years	3 years
< 6	30%	59%	68%
6 -11	0%	37%	54%
12 - 17	0%	15%	39%
18 - 23	0%	0%	25%
24 - 29	0%	0%	10%
30 - 36	0%	0%	0%

**Cancellation by Us** - We may cancel this Policy on grounds of misrepresentation, moral hazard, fraud, non-disclosure of material facts, non-cooperation by You or anyone acting on your behalf. Cancellations on the ground of misrepresentation, fraud, non-disclosure of material facts, will be effected after giving 15 days written notice. Such cancellations are from the date of inception of the policy or the renewal date (as the case may be) without refund of any premium.

When Cancellation is effected on the ground of non-cooperation, you will be entitled to get refund of prorata premium for the unexpired portion of the policy on the date of cancellation provided no claim has been paid or is payable under the policy.

**II. What are the Exclusions?**

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

1. Any Illness(es) which is not specified under Specified Illness.
2. Any specified illness that is not diagnosed by the Medical Practitioner.
3. Comorbid Conditions

We will not pay for the medical expenses or non-medical expenses related to Comorbid Conditions.

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4. Geography  
Diagnosis and treatment outside India.
5. Ancillary Charges  
We will not pay for the charges related to admission, discharge, administration, registration, documentation & filing, service charge, surcharges and Luxury tax levied by the Hospital or by home healthcare service provider.
6. Dietary supplements  
We will not pay for the substances that can be purchased without prescription, 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.
7. Incidental Services & Supplies  
We will not pay for the following Items of personal comfort and convenience – charges for television, telephone calls, internet, foodstuffs (except patient's diet), cosmetics, hygiene articles, body care products, toiletry items, barber or beauty service and guest service.
8. Medically Necessary Expenses  
We will not pay for any treatment or part of a treatment that is not reasonable and medically necessary and drugs or treatments which are not supported by a prescription.
9. Preventive Vaccinations  
We will not pay for the expenses towards any treatment related to preventive care, vaccination, 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.
10. Unrelated diagnostic procedures  
We will not pay for 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.
11. Sexually Transmitted Disease  
Any sexually transmitted disease, Genital Warts, Syphilis, Gonorrhoea, Genital Herpes, Chlamydia, Pubic Lice and Trichomoniasis.
12. Congenital anomalies  
We will not cover for screening, counselling and treatment related to External congenital anomalies.
13. Unrecognized Physician  
Certification/diagnosis/treatment from persons not registered as Medical Practitioners, or from a Medical Practitioner who is practicing outside the discipline that he/she is licensed for.
14. Maternity and Pregnancy  
Pregnancy, voluntary termination, miscarriage (unless due to an Accident), childbirth, maternity (including Caesarean section), abortion or complications of any of these.

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15. Experimental or Unrecognized Treatment

Treatments which are experimental, investigational or unproven, which are not consistent with or incidental to the Diagnosis and treatment of the positive existence, pharmacological regimens, stem cell implantation/ therapy or Surgery.

**III. Claims Process**

**Intimation & Assistance** – You shall inform Us/ Our TPA with following information in writing in case of any occurrence of an event which might give rise to a claim.

- Policy Number
- Name of the insured person in whose relation the claim is being lodged
- Name of critical illness event
- Date of diagnosis
- Name and Address of the attending Medical Practitioner and Hospital (if admission has taken place)
- Date of Admission, if applicable
- Any other information, documentation as requested by us

In case of planned hospitalisation, intimation 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.

**TPA Details: (Applicable for Indemnity Plan)**

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.

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

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### **Documents to be submitted**

- Please send the duly signed claim form and the required documents/ information as mentioned in the policy wordings within 15 days of the occurrence of the Insured event.
- In case of any deficiency in the documents/information submitted by you, we will send the deficiency letter within 7 days of receipt of the claim documents.

### **Claim Settlement:**

Claims shall be settled within 30 days of submission of all necessary documents / information. In case, the claim warrants an investigation, the same shall be completed within 30 days from the date you submit the last necessary document / information to us. In such cases, the settlement shall be within 45 days from the date of receipt of last necessary document.

In case, we fail to make payment within these timelines, we shall pay you interest at the rate of two percent (2%) above the Bank Rate or as per the applicable / extant IRDAI regulation. Such interest shall be paid from the date of receipt of last relevant and necessary document till the date of the actual payment.

The payment will be in Indian Rupees.

## **IV. How can I buy the Policy?**

**Step 1:** Please read and understand the coverages, plans, exclusions and premium details before buying the Product.

**Step 2:** If the terms / conditions of the product are agreeable, fill the Proposal Form wherein details of the prospective Insured persons including medical information must be provided as accurately as possible.

**Step 3:** Based on the above information, we will process your proposal for Insurance and a Policy kit containing the Policy Schedule, Policy Wordings and associated documents will be sent to you.

In case we are unable to underwrite i.e. if the Proposal is rejected, we will intimate the same to you promptly.

## **V. 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.

- a. Call Us on Our Toll Free 1800-123-0004 (From 8 am to 8 pm) for any queries that You may have!
- b. Email Your Policy related queries to [mycare@cocogeneralinsurance.com](mailto:mycare@cocogeneralinsurance.com)
- c. For Senior Citizens, we have a special cell and Our Senior Citizen customers can email Us at [seniorcare@cocogeneralinsurance.com](mailto:seniorcare@cocogeneralinsurance.com) for priority resolution
- d. Visit Our website [www.cocogeneralinsurance.com](http://www.cocogeneralinsurance.com) to register & track Your queries
- e. Please walk in to any of Our branches or partner locations
- f. You can also dispatch Your letters to Us at:  
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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 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.CustomeExperience@cocogeneralinsurance.com](mailto:Manager.CustomeExperience@cocogeneralinsurance.com)

### **Level 2:**

If **you** still are not happy about the resolution provided then you may please write to **our** Head Customer Experience and Grievance Redressal Officer at [Head.CustomerExperience@cocogeneralinsurance.com](mailto: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 till one month from the date of registering your complaint, you may please approach the Insurance Ombudsman for redressal. To know who your Insurance Ombudsman is, simply refer to the Ombudsman list overleaf.

**Ombudsman & Addresses:** Refer the link - <http://ecoi.co.in/ombudsman.html>

#### **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)**

- 1) No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of premium shown on the policy, nor shall any person taking out or renewing or continuing a policy accept any rebate, except such rebate as may be allowed in accordance with the prospectus or tables of the insurers.
- 2) Any person making default in complying with the provisions of this section shall be liable for penalty which may extend to ten lakh rupees.

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## Annexure – 1 – How Your Coverages Work?

This Policy covers treatment for *Specified Illness(es)*.

**Specified Illness(es)** means diagnosis of below listed illness(es) confirmed by the Medical Practitioner on the basis of defined laboratory investigations or any other laboratory diagnosis as per the guidelines laid by Ministry of health & Family Welfare, Govt of India.

	<b>Illness</b>	<b>Defined Laboratory Investigation</b>
1	Dengue Fever	Non-Structural Protein-1 Antigen Positive/IgM Antibody Capture ELISA (MAC - ELISA)
2	Zika Fever	Viral Nucleic Acid detection/Real Time-Polymerase Chain Reaction
3	Chikungunya	IgM Antibody Capture ELISA (MAC- ELISA)/Real Time-Polymerase Chain Reaction
4	Malaria	Microscopic laboratory testing or by a rapid diagnostic test
5	Leptospirosis	Microscopic agglutination test (MAT) or IgM-ELISA/ Polymerase Chain Reaction
6	Swine Flu	Real-time reverse transcriptase-polymerase chain reaction (rRT-PCR)
7	Vector Borne Encephalitis	Antibody Detection/Antigen Detection/isolation/IgM-Enzyme Linked Immuno-Sorbent Assay/RT-PCR

### A. INDEMNITY PLAN

The coverages under the policy are applicable only if –

- a. The **Insured Person** is diagnosed with any of the above **Specified Illness**; and
- b. Such **Specified Illness** is diagnosed after 15 days from the date of commencement of first **Policy** and being renewed thereafter within the **Grace Period**.

### I. INPATIENT TREATMENT

#### a. Inpatient Hospitalisation

Covers hospitalisation expenses for period more than 24 hours.

#### b. Pre – Hospitalisation

Covers medical expenses incurred before the date of admission to the hospital upto 15 days.

#### c. Post – Hospitalisation

Covers medical expenses incurred after the date of discharge from the hospital upto 15 days.

#### d. 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.

#### e. Road Ambulance/Repatriation of Mortal Remains/ Funeral Expenses

Covers expenses upto the sub-limit, 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.

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## II. HOME CARE TREATMENT

### Treatment at Home

Covers medical expenses incurred for necessary medical treatment taken by the Insured Person at home provided such treatment requires continuous care and observation at home and is non-emergency for admission in hospital. Such treatment is certified by treating medical practitioner and is applicable for maximum period of 30 days from date of diagnosis of specified illness.

## III. OPD TREATMENT

**OPD Consultations including AYUSH** – Covers the **medical expenses** incurred towards the **medically necessary treatment** taken on Outpatient basis –

### i. Medical Practitioner Expenses

Covers medical expenses incurred for the consultation service of Medical Practitioner availed by the Insured Person for Outpatient Treatment.

### ii. Diagnostic Tests

Covers medical expenses incurred for laboratory investigations and /or Diagnostic examinations , if recommended by the treating Medical Practitioner.

### iii. Pharmacy

Covers medical expenses incurred for medicines purchased from a pharmacy, if prescribed by the treating Medical Practitioner.

## B. BENEFIT PLAN

**FIXED CASH BENEFIT** – We will Pay lumpsum amount, if the insured Person is diagnosed with Dengue / Malaria during the Policy Year subject to the terms, conditions and exclusions of this Policy provided that:

- The **Insured Person** is diagnosed with the Dengue / Malaria as per specified illness & defined laboratory investigations;
- Such said **Illness** is diagnosed after 15 days from the date of commencement of first Policy and being renewed thereafter within the **Grace Period**.

### Annexure 2 – Rate Chart

The rates mentioned below are Individual Policy rates for 1 Year and are exclusive of service tax:

#### (A) Indemnity Plan

Sum Insured	Office Premium (Pre Tax)
2,500	21
5,000	41.5
10,000	84
25,000	169
50,000	338
75,000	465
1,00,000	508
2,00,000	762

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In case of Family Floater Policy, below multiplier will be applied on individual premium.

Number of members/Sum Insured	2500	5000	10,000	25,000	50,000	75,000	100,000	200,000
2	1.05	1.10	1.15	1.25	1.35	1.50	1.60	1.70
3	1.55	1.60	1.65	1.75	1.95	2.10	2.35	2.45
4	2.05	2.10	2.15	2.25	2.55	2.70	3.10	3.20
5	2.55	2.60	2.65	2.75	3.15	3.30	3.85	3.95
6	3.05	3.10	3.15	3.25	3.75	3.90	4.60	4.70
7+	3.55	3.60	3.65	3.75	4.35	4.50	5.35	5.45

**Illustration to compute Family Floater Premium:**

Sum Insured: 100,000

Number of members: 4

Plan: Indemnity

**Family Floater Premium (excluding taxes) = 508 \* 3.10 = ₹ 1,574.80/-**

**Family Floater Premium (including taxes) = 1,574.80 \* 1.18 = ₹ 1,858/-**

**(B) Fixed Benefit**

Sum Insured	Office Premium (Pre Tax)
2,500	21
5,000	41.5
7,500	63.5
10,000	84

**Navi General Insurance Limited**

(Formerly known as DHFL General Insurance Limited)

COCO Seasonal Byte | UIN : DHFHLIP20024V011920

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

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