

COCO HOSPICASH – NAVI GENERAL INSURANCE

PROSPECTUS

Life is unpredictable and follows no fixed pattern where sudden illness / disease or accidental bodily injuries can visit you uninvited and more often than not leave you financially stressed. With COCO HospiCash, such financial stress can be taken care of well.

COCO HospiCash guards you and your family against the trauma that you face because of increased ancillary expenses during the hospitalization. The cover provides you with fixed amount for each day of hospitalization irrespective of the actual medical cost. Thus, provides you the flexibility to allocate these funds according to your unique situation like - travelling to and fro to the hospital, attendant expenses, loss of income and post discharge expenses etc.

I. Features you'll appreciate

1. Sum Insured Options – You have the option to choose from the wide range of Daily Benefit Amount across our 3 plans.

- The daily benefit amount ranges from ₹ 100 to ₹ 1000 (in multiples of ₹ 50) & from ₹ 1000 to ₹ 5000 (in multiples of ₹ 1000).
- The Sum Insured available under Accidental Death Benefit ranges from ₹ 25,000 to ₹ 20 lakhs.

2. Plan - This policy is available under three (3) plans with a choice of maximum number of hospitalisation days per year. You can choose the plan & hospitalisation days as per your need.

A. You have an option to choose the Maximum Number of Hospitalisation Days (per Year) = 5/10/15/20/30/60/90/180 days

B. Based on the Number of Hospitalisation Days selected, you will be entitled for a fixed number of ICU days which are inclusive in Number of Hospitalisation Days opted by you. Entitlement of ICU days is presented below -

	Total Hospitalisation Days Opted	Max Eligibility of ICU days in Total Hospitalisation Days Opted
1	5 Days	5 Days
2	10 Days	10 Days
3	15/20/30/60/90/180 Days	15 Days

C. Select your Plan – Based on your requirement, you can select your plan which will suit you/family the best.

COCO HospiCash - Navi General Insurance | UIN : NAVHLIP21359V022021

Registered & Corporate Office: Navi General Insurance Limited
 402, 403 & 404, A & B Wing, 4th Floor, Fulcrum, Sahar Road, Next to Hyatt Regency, Andheri (E), Mumbai -400099
 Toll-free number: 1800 123 0004 | Fax: 022-4001 8251 | Website: www.naviinsurance.com | Email: mycare@navi.com
 CIN: U66000MH2016PLC283275 | IRDAI Registration Number: 155

Plans				
S.No	Coverages	Basic Plan	Essential Plan	My COCOHospiCash Plan #
1	Sickness Hospital Cash	Covered	Covered	Covered
2	Accident Hospital Cash	Covered	Covered	<input type="checkbox"/>
3	Day Care Procedure Cash	Covered	Covered	<input type="checkbox"/>
4	Convalescence Benefit	Covered	Covered	<input type="checkbox"/>
5	Accommodation Benefit		Covered	<input type="checkbox"/>
6	Accidental Double Cash		Covered	<input type="checkbox"/>
7	Maternity Benefit		<input type="checkbox"/>	
8	Accidental Death Benefit ##		<input type="checkbox"/>	
9	International Emergency Benefit		<input type="checkbox"/>	
10	Deductible *	<input type="checkbox"/> 1 day <input type="checkbox"/> 2 days <input type="checkbox"/> 3 days	<input type="checkbox"/> 1 day <input type="checkbox"/> 2 days <input type="checkbox"/> 3 days	<input type="checkbox"/> 1 day <input type="checkbox"/> 2 days <input type="checkbox"/> 3 days
11	Franchise*	<input type="checkbox"/> 2 days <input type="checkbox"/> 3 days	<input type="checkbox"/> 2 days <input type="checkbox"/> 3 days	<input type="checkbox"/> 2 days <input type="checkbox"/> 3 days
12	Waiting Period for Pre-Existing Disease/Condition (Reduction)	<input type="checkbox"/> 36 months <input type="checkbox"/> 24 months <input type="checkbox"/> 12 months	<input type="checkbox"/> 36 months <input type="checkbox"/> 24 months <input type="checkbox"/> 12 months	<input type="checkbox"/> 36 months <input type="checkbox"/> 24 months <input type="checkbox"/> 12 months
13	Deletion of Waiting period for Pre-Existing Disease/Condition	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
14	Deletion of Waiting period for named ailments	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
15	Deletion of Initial Waiting period	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

* = Either deductible / franchise can be opted not both.
= Choice is available to add the required covers in your plan
 # = Cover 1 is Mandatory to be opted for this plan
 ## - Sum Insured will be based on the Annual Income Criteria -

- Salaried Person – 15 times of Annual Income (as appearing in Form 16/ Salary Slip/ IT acknowledgement).
- Self Employed Person – 20 times of Annual Income (as appearing in IT acknowledgement / Audited Profit & Loss Account statement)
- Person with age 60 years & above - Maximum Sum Insured will be 7 times of Annual Income (as appearing in Form 16/ IT acknowledgement /Salary or Pension Slip / Audited Profit & Loss Account Statement).
- In case of Family Policy – Sum Insured for Working Spouse will be as per his/her Annual Income Criteria. Sum Insured for Non-Working Spouse will be limited to 50% of the Proposer’s Sum Insured (Maximum 20 Lacs) and Dependent Child will be limited to 25% of the Proposer’s Sum Insured (Maximum 15 Lacs).

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

3. Waiting Period – We shall not be liable to make any payment under this Policy directly or indirectly caused by, based on, arising out of or howsoever attributable to any of the following waiting periods. All the waiting periods shall be applicable individually for each Insured Person and claims shall be assessed accordingly.

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- a. Initial Waiting Period – 30 days
- b. Waiting period for Named Ailments – 12 months (Refer List in Annexure – 3)
- c. Waiting period for Named Mental Illnesses – 24 months (Refer List in Annexure – 3)
- d. Waiting Period for Pre-existing Disease / Conditions – 48 months
- e. Waiting Period for Internal Congenital Conditions - 48 months
- f. Waiting Period for Maternity Benefit – 9 months

4. Age Eligibility - Minimum age at entry under this Policy is 91 days and Maximum age at entry is 65 years. For Dependent Child(ren), maximum age restriction is upto 25 Years.

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 - This policy can be issued in following ways –

- a. Policy to Individual – Can be issued on an Individual Daily Benefit Amount basis.
- b. Policy to Family – Can be issued on an Individual Daily Benefit Amount basis to each family member.
- c. Policy to Family on a Family Floater – In this case, number of hospitalisation days (per year) shall be shared with the family members and Daily Benefit Amount will be same for all family members.

7. Family Composition - Family includes - Self, Spouse, financially dependent children (Maximum 4), and financially dependent siblings.

Number of members covered under each type of policy are –

S. No.	Type of Policy	No. of Members Covered under the Policy
1	Individual	Self
2	Family (Non-Floater)	Any number of members of any age with defined relationship i.e Self , spouse, financially dependent children and financially dependent siblings.
3	Family Floater	Self , spouse, financially dependent children and financially dependent siblings.

8. Pre-Policy Check Up – There is no Pre-Policy Check Up to get this policy.

9. Geography – Policy covers for events within the territorial limits of India except for cover – International Emergency Benefit & Accidental Death Benefit. However, all payments under the Policy will only be made in Indian Rupees.

10. Premium - The Premium charged on the Policy will depend on the Plan, Daily Benefit Amount; Number of hospitalisation days (per year), Age, additional coverages opted and Policy Tenure. Additionally, the health status of the individual will also be considered.

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Premiums will be payable either by Single premium mode or in instalments.

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.

11. 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 of 8% & 15% on selecting a 2 year and 3 year Policy respectively. Long Term Discount will apply only in case of Single Premium Policies.
- ii. **Navi Duniya Discount (Loyalty Discount):** 5% discount shall be offered on purchase of new policy if you are an existing customer of Navi General Insurance Limited.

12. 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).

13. 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.
- 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 age 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 and migration guidelines issued by IRDAI.
- iii. **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.

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- We will not apply any additional loading on your policy premium at renewal based on your claim experience.
- Sum Insured Enhancement – Daily Benefit Amount can be enhanced only at the time of renewal. However, the quantum of increase shall be as per underwriting guidelines of the company. Also, for any enhanced Daily Cash Amount opted on renewals, waiting periods as mentioned above shall apply afresh for this enhanced limit from the effective date of such enhancement.
- 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 migration 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.

iv. **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
1	79%	87%	90%
2	72%	83%	87%
3	65%	80%	85%
4	58%	76%	82%
5	50%	72%	80%
6	58%	68%	77%
7	36%	64%	75%
8	29%	61%	72%
9	22%	57%	69%
10	14%	53%	67%
11	0%	49%	64%
12	0%	46%	62%
13		42%	59%
14		38%	57%
15		34%	54%
16		30%	51%
17		27%	49%
18		30%	46%
19		19%	44%

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20		23%	41%
21		11%	39%
22		8%	36%
23		4%	33%
24		0%	31%
25			28%
26			26%
27			23%
28			21%
29			18%
30			21%
31			13%
32			15%
33			8%
34			5%
35			0%
36			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 make payment for a claim resulting directly or indirectly from or attributable to any of the following :

A. STANDARD EXCLUSIONS APPLICABLE TO ALL POLICIES

- Breach of Law** - We will not pay any expense related to Insured Person committing or attempting to commit a breach of law with criminal intent.
- Chemical & Nuclear Exposure** - We will not pay for the treatment costs directly or indirectly caused by or contributed to or arising from nuclear weapons/materials, radioactive material, nuclear waste, nuclear fuel, chemical weapons / material or biological weapons/material.
- War** - We will not pay for the treatment related to any condition resulting from, or as a consequence of War, invasion, act of foreign enemy, civil war, public defence, rebellion, revolution, insurrection, military or usurped acts.

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B. EXCLUSIONS SPECIFIC TO THE POLICY WHICH CANNOT BE WAIVED

- 4. Alcohol and drug abuse** - We will not pay –
 - a. for the treatment (including cessation programs) resulting from dependency on or abuse of intoxicants or hallucinogenic substances such as alcohol, drugs, nicotine, and any illness or injury arising directly or indirectly from such dependency or abuse.
 - b. if being under the influence of drugs, alcohol or other intoxicants or hallucinogens unless properly prescribed by a Physician and taken as prescribed.
- 5. Birth control expenses and Reproductive treatment** - We will not pay for the treatment related to birth control and its procedures including complications arising out of the same, infertility services including artificial insemination and advanced reproductive technologies, In vitro fertilization (IVF), Zygote intrafallopian transfer (ZIFT), Gamete intrafallopian transfer (GIFT), Intracytoplasmic sperm injection (ICSI), Gestational Surrogacy.
- 6. Cosmetic surgery** - We will not pay for the 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.
- 7. Circumcision** - We will not pay for Circumcision unless necessary for the treatment of a disease or necessitated by an Injury.
- 8. Dental Treatment or Surgery** – We will not pay for Dental Treatment or Surgery of any kind unless requiring hospitalisation.
- 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 in a professional nature.
- 10. Experimental treatment** - We will not pay for the treatments which are unproven/ experimental, investigational, which are not consistent with or incidental to the Diagnosis and treatment of the positive existence.
- 11. External Congenital Conditions:** We will not pay for any screening, counselling or treatment related to external congenital conditions.
- 12. Eyesight** - We will not pay for treatment related to correction of refractive errors of the eye and optometric therapy.
- 13. Gender Identity/Sexual Dysfunction** - We will not pay for any treatment / Surgery for change of sex or gender reassignments including any complication arising from these treatments.

- 14. Neurodevelopmental delays and other disorders** - We will not pay any treatment related to erectile dysfunction; treatment for neurodegenerative disorders– Dementia, Parkinson and Alzheimer’s disease; Disorders of speech and language - stammering, dyslexia; treatment of developmental, behavioural or learning disorders - Attention Deficit Hyperactivity Disorder (ADHD) and Physical developmental disorder.
- 15. Non – Allopathy Treatment** – We will not pay any hospitalisation related to non-allopathic treatment.
- 16. Obesity** - We will not pay any hospitalisation related to treatment of Obesity and any weight control program.
- 17. Private Duty nursing:** We will not pay for skilled nursing care utilised to assist the Insured person to develop caregiver competencies through training and education, and to optimize patient health status and outcomes.
- 18. Rehabilitation & Hospice** - We will not pay for any sanatorium treatment (treatment for long term illness), rehabilitation measures, respite care (temporary care of a sick, elderly, or disabled person, providing relief), hospice care (care that focuses on care of a chronically ill, terminally ill patients), custodial care (non-medical assistance for activities of daily life (such as bathing , eating, dressing, cleaning etc) which a person is unable to perform without help), general debility (weakness) or exhaustion (run-down condition)
- 19. Self-inflicted injuries or attempted suicide** - We will not pay for any treatment/ claim resulting directly or indirectly from self-inflicted Injury or suicide, attempted suicide while sane or insane.
- 20. Sleep disorders** - We will not pay for treatment related to sleep disorders, sleep apnoea.
- 21. Treatment by outside discipline** - We will not pay for treatment rendered by someone who is not licensed to practice the discipline.

C. EXCLUSIONS SPECIFIC TO THE POLICY, WHICH CAN BE WAIVED ON PAYMENT OF ADDITIONAL PREMIUM

- 23. Maternity Expenses** - We will not pay for pregnancy (including voluntary termination), miscarriage (except as a result of an Accident or Illness), maternity or birth ; 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.
- 24. Time Bound Exclusions:** We will not pay for any specific time bound exclusion(s) applied by Us and mentioned in the Policy Schedule and accepted by the Insured Person.
- 25. Geography** - We will not cover for the hospitalisation outside Republic of India.

III. Claims Process

Intimation & Assistance – You shall inform Us 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
- Nature of Illness / Injury
- Diagnosis
- Name and Address of the attending Medical Practitioner and Hospital (if admission has taken place)
- Date of Admission / Hospitalisation period
- Any other information, documentation as requested by us

Note - Upon the occurrence of any event, that may give rise to a claim under this Policy, You or Nominee, must notify Us immediately at the call center or in writing within five (5) days of occurrence of such event.

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 5 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.

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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@navi.com
- c. For Senior Citizens, we have a special cell and Our Senior Citizen customers can email Us at seniorcare@navi.com for priority resolution
- d. Visit Our website www.naviinsurance.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.CustomerExperience@navi.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@navi.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.naviinsurance.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)

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

Annexure – 1 - How Your Coverages Work?

This policy provides a fixed Daily Benefit Amount to You for each continuous and completed period of 24 hours of Hospitalization resulting due to an Illness or Injury which occurs during the Policy Period.

Following coverages are available in 3 plans (as shown in Section I)2))

A. SICKNESS HOSPITAL CASH

If You are admitted in a hospital due to an illness and such hospitalisation is medically necessary & recommended by the Medical Practitioner, then

1. We will pay the Daily Benefit amount for the number of days You are Hospitalised.
2. In case of admission in ICU, we will pay twice the Daily Benefit amount for each Day You are admitted in an Intensive Care Unit.

Note - Our maximum liability will be limited to the Daily Benefit amount & number of hospitalisation days opted.

B. ACCIDENT HOSPITAL CASH

If You are admitted in a hospital due to an accidental injury and such hospitalisation is medically necessary & recommended by the Medical Practitioner, then

1. We will pay the Daily Benefit amount for the number of days Insured Person is Hospitalised,
2. We will pay twice the Daily Benefit amount for each Day that the Insured Person is admitted in an Intensive Care Unit,
3. Such Hospitalisation must be within 30 days of suffering injuries from the date of accident. In case, the hospitalisation takes place after such period then the diagnosis & injuries due to accident needs to be verified and certified by the Treating Medical Practitioner stating the impact of accident to this effect.

Note - Our maximum liability will be limited to the Daily Benefit amount & number of hospitalisation days opted.

C. DAY CARE PROCEDURE CASH

If You undertakes a day care procedure as an inpatient for less than 24 hours in a hospital or in a standalone day care centre, and such treatment is medically necessary & recommended by the Medical Practitioner, then

1. We will pay the Daily Benefit amount for the Day Insured Person is Hospitalised,
2. We will pay the Daily Benefit Amount if the Insured person undertakes any of the procedure as listed in Annexure 1 of the Policy Wordings.

Note - Our maximum liability will be limited to the Daily Benefit Amount & number of hospitalisation days specified in the Policy Schedule.

D. CONVALESCENCE BENEFIT

If You suffer an Illness or accident during the Policy Year that requires hospitalisation for more than 10 days then,

1. We will pay a lumpsum amount towards your recovery.
2. This lumpsum amount is ten times of your Daily Benefit Amount.
3. Daily Benefit Amount for this cover shall be 50% of Daily Benefit Amount opted OR Rs 1000 whichever is lower.
4. This benefit is payable only if there is an admissible claim under Sickness Hospital Cash or Accident Hospital Cash benefit.
5. The payment under this benefit will be in addition to the payment made under Sickness Hospital Cash or Accident Hospital Cash benefit.

E. MATERNITY BENEFIT

We will pay the Daily Benefit amount towards Your Hospitalization for child birth during the Policy Year for the number of days You were admitted, provided that –

1. This benefit is payable to female Insured Person only;
2. A nine-month waiting period shall apply to the female Insured person.
3. This benefit will be payable for first two living children only.

F. ACCOMMODATION BENEFIT

If You suffers an Illness or accident during the Policy Year that requires continuous hospitalisation for more than 3 Days then,

1. We will pay an amount equal to Daily Benefit amount towards Parent/Companion accommodation upto a maximum of 10 days per policy Year.
2. This benefit is payable only if there is an admissible claim under Sickness Hospital Cash or Accident Hospital Cash benefit.
3. The payment under this benefit will be in addition to the payment made under Sickness Hospital Cash or Accident Hospital Cash Benefit.

G. ACCIDENTAL DOUBLE CASH

If You are admitted in a hospital during the Policy Year due to an accidental injury and such hospitalisation is medically necessary & recommended by the Medical Practitioner, then

1. We will pay an amount equal to the amount payable under Accident Hospital Cash Benefit.
2. This benefit is payable only if there is an admissible claim under Accident Hospital Cash Benefit.
3. The payment under this benefit will be in addition to the payment under Accident Hospital Cash Benefit.

H. ACCIDENTAL DEATH BENEFIT

If You suffer an Injury directly due to an Accident that occurs during the Policy Period, resulting in the death within twelve (12) months of the occurrence of the Accident, then We will pay the Sum Insured to the Nominee.

Once the claim is admitted under this Benefit, coverage under the Policy for that Insured Person shall immediately and automatically terminate.

Note – This coverage shall have an individual sum insured for each member covered under the policy.

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Toll-free number: 1800 123 0004 | Fax: 022-4001 8251 | Website: www.naviinsurance.com | Email: mycare@navi.com
CIN: U66000MH2016PLC283275 | IRDAI Registration Number: 155

I. INTERNATIONAL EMERGENCY BENEFIT

If You get admitted in a hospital or Intensive Care Unit (ICU) outside India due to an illness / injury that occurs during the Policy Period and such hospitalisation is medically necessary & recommended by the Medical Practitioner, then We will pay twice the Daily Benefit amount for the number of days You were Hospitalized.

NOTE - Our maximum liability will be limited to the number of days specified in the Policy Schedule.

J. DELETION / REDUCTION OF WAITING PERIOD FOR PRE-EXISTING DISEASE / CONDITION

You have got ways to customize your 48 months Pre-existing Disease / Conditions waiting period as per your needs. You have an option either to -

- **Delete the Waiting Period** – If you opt for this, 48 months waiting period for “Pre-existing Disease / Conditions” stands deleted for all Insured Persons covered under this Policy.
- **Reduce the Waiting Period** - If you opt for this, 48 months Waiting Period for “Pre-existing Disease / Conditions” stands reduced to the duration as opted by You (i.e 36 / 24 / 12 months) for all Insured Persons covered under this Policy.

K. DELETION OF WAITING PERIOD FOR NAMED AILMENTS

You have got ways to customize your 12 months waiting period as per your needs. You have the below option which will get your waiting period waived off.

- **Deletion of Waiting Period** – 12 months waiting period for “Named Ailments” stands deleted for all Insured Persons covered under this Policy.

L. DELETION OF INITIAL WAITING PERIOD

You have got ways to customize your 30 days waiting period as per your needs. You have the below option which will get your waiting period waived off.

- **Deletion of Waiting Period** – Waiting Period for 30 days stands deleted a for all Insured Persons covered under this Policy.

M. DEDUCTIBLE

If You opt for this cover then all your hospitalisation claims under this Policy shall be subject to the Deductible (days) as opted by you (i.e. 1/2/3 days) for all Insured Persons covered under this Policy.

Note – This shall not apply on any claim admissible under Day Care Procedure Cash.

N. FRANCHISE

If You opt for this cover then all your hospitalisation claims under this Policy shall be subject to the Franchise (days) as opted by You (i.e 2 / 3 days) for all Insured Persons covered under this Policy.

Note – This shall not apply on any claim admissible under Day Care Procedure Cash.

Franchise means a threshold that, when exceeded, transfers liability for the entire period to the insurer. For Example, if the franchise of 3 days is opted, then a claim for hospitalisation of 2 days will be borne by You and a claim of 4 days hospitalisation will be borne entirely by Us.

COCO HospiCash - Navi General Insurance | UIN : NAVHLIP21359V022021

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Annexure 2 – Rate Chart (Pre Tax Rates – per mille)

Sickness Hospital Cash

Age Band / Days	5	10	15	20	30	60	90	180
91D-17	158	186	195	195	208	222	238	255
18-25	181	213	222	223	237	254	272	291
26-30	192	226	236	237	252	269	289	309
31-35	203	239	250	251	267	285	306	327
36-40	226	266	278	279	296	317	340	364
41-45	271	319	333	335	356	380	409	437
46-50	339	399	417	418	445	475	511	546
51-55	384	452	472	474	504	539	579	619
56-60	587	691	722	725	771	824	885	946
61-65	813	956	1,000	1,004	1,067	1,141	1,226	1,310
66-70	994	1,169	1,223	1,227	1,305	1,395	1,498	1,601
>70	1,355	1,594	1,667	1,673	1,779	1,902	2,043	2,183

Accident Hospital Cash

Age Band / Days	5	10	15	20	30	60	90	180
91D-17	21	25	26	26	28	30	32	34
18-25	24	28	30	30	32	34	36	39
26-30	26	30	31	32	34	36	39	41
31-35	27	32	33	33	36	38	41	44
36-40	30	35	37	37	40	42	45	49
41-45	36	43	44	45	47	51	54	58
46-50	45	53	56	56	59	63	68	73
51-55	51	60	63	63	67	72	77	82
56-60	78	92	96	97	103	110	118	126
61-65	108	128	133	134	142	152	163	175
66-70	133	156	163	164	174	186	200	213
>70	181	213	222	223	237	254	272	291

Day Care Procedure Cash

Age Band / Days	5	10	15	20	30	60	90	180
91D-17	32	37	39	39	42	44	48	51
18-25	36	43	44	45	47	51	54	58
26-30	38	45	47	47	50	54	58	62
31-35	41	48	50	50	53	57	61	65
36-40	45	53	56	56	59	63	68	73
41-45	54	64	67	67	71	76	82	87
46-50	68	80	83	84	89	95	102	109
51-55	77	90	94	95	101	108	116	124
56-60	117	138	144	145	154	165	177	189

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61-65	163	191	200	201	213	228	245	262
66-70	199	234	245	245	261	279	300	320
>70	271	319	333	335	356	380	409	437

Convalescence Benefit

Age Band	Office Rate per mille	Max. Office Premium
91D-17	15	29
18-25	17	33
26-30	18	35
31-35	19	38
36-40	21	42
41-45	25	50
46-50	31	63
51-55	35	71
56-60	54	108
61-65	75	150
66-70	92	183
>70	125	250

Maternity Benefit (Rate per mille)

9 months waiting period	
Age	Premium
18-25	150
26-35	210
36-45	90
46-65	30

Accommodation Benefit (Rate per mille)

Age band	5 days	10 days & More
91D-17	94	123
18-25	108	140
26-30	114	149
31-35	121	158
36-40	135	175
41-45	162	211
46-50	202	263
51-55	229	298
56-60	350	456
61-65	485	632
66-70	592	772
>70	808	1053

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Accidental Double Cash

	Accidental Double Cash
Loading to the sum of Annual Office Premium of Sickness Hospital Cash, Accident Hospital Cash & Day Care procedure Cash	10%

Accidental Death Benefit

Annual Office Rate per mille	0.527
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International Emergency Benefit

	International Emergency Benefit
Loading to the sum of Annual Office Premium of Sickness Hospital Cash, Accident Hospital Cash & Day Care procedure Cash	7%

Deductible

Hospitalization Days per year	5			10			15			20		
Deductible	1	2	3	1	2	3	1	2	3	1	2	3
Discount	36%	61%	79%	31%	52%	67%	29%	49%	64%	28%	47%	62%

Hospitalization Days per year	30			60			90			180		
Deductible	1	2	3	1	2	3	1	2	3	1	2	3
Discount	26%	44%	58%	25%	42%	54%	23%	39%	50%	21%	36%	47%

Franchise

Hospitalization Days per year	5		10		15		20	
Franchise	2	3	2	3	2	3	2	3
Discount	24%	42%	20%	36%	19%	34%	18%	33%

Hospitalization Days per year	30		60		90		180	
Franchise	2	3	2	3	2	3	2	3
Discount	17%	31%	16%	29%	15%	27%	14%	25%

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Deletion/Reduction of Waiting period for Pre-Existing Disease/Condition (Reduction/Deletion)				
Age Band	36 months	24 months	12 months	0 months
91D-17	3.00%	5.00%	7.50%	7.50%
18-25	5.00%	7.50%	10.00%	10.00%
26-30	5.00%	7.50%	10.00%	12.00%
31-35	7.50%	10.00%	12.50%	15.00%
36-40	7.50%	12.00%	15.00%	20.00%
41-45	7.50%	12.00%	15.00%	20.00%
46-50	10.00%	15.00%	18.00%	25.00%
51-55	12.00%	18.00%	20.00%	28.00%
56-60	15.00%	20.00%	25.00%	30.00%
61-65	15.00%	20.00%	25.00%	30.00%
66-70	15.00%	20.00%	25.00%	30.00%
>70	15.00%	20.00%	25%	30%

Deletion of Waiting period for Named Ailments	
Amendment of 1 Year Waiting Period	
Age Band	0 months
91D-17	1.00%
18-25	2.00%
26-30	3.00%
31-35	3.00%
36-40	5.00%
41-45	5.00%
46-50	7.50%
51-55	7.50%
56-60	10.00%
61-65	10.00%
66-70	10.00%
>70	10.00%

Deletion of Initial Waiting period	
Waiting Period	Loading
Nil days	10% loading

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DISCOUNTS & LOADINGS

Family Floater Premium

Premium of Self	Premium calculation as per highest age of family member
Premium of Spouse / Sibling	50% of Self Premium
Premium of Child	25% of Self Premium

Long term discount

Term	Discount
1	0%
2	8%
3	15%

Premium Payment term Loading

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%

Navi Duniya Discount (Loyalty Discount)

Navi Duniya Discount (Loyalty Discount)	5%
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12 Months Waiting Period for below Named Ailments

S. No.	Organ / Organ Systems	Illness / Surgeries
1.	Ear Nose Throat (ENT)	<ul style="list-style-type: none"> a. Sinusitis b. Chronic Suppurative Otitis Media (CSOM) c. Tonsillectomy d. Adenoidectomy e. Mastoidectomy f. Tympanoplasty g. Surgery for Deviated Nasal Septum h. Surgery for turbinate/Concha i. Any other benign ear, nose and throat disorder or surgery
2.	Eye	<ul style="list-style-type: none"> a. Cataract b. Surgical Management of Glaucoma c. Retinopathy
3.	Gastrointestinal	<ul style="list-style-type: none"> a. Calculus Diseases of Gall Bladder including Cholecystectomy b. All types of Surgery of Hernia c. Fissure/Fistula in anus, Hemorrhoids, Pilonidal Sinus d. Ulcer of Stomach & Duodenum e. Gastroesophageal Reflux Disorder (GRD) f. Perianal / Perineal Abscess g. Rectal Prolapse
4.	Gynaecological	<ul style="list-style-type: none"> a. Cysts, polyps b. Any type of Breast lumps (unless malignant) c. Polycystic Ovarian Disease (PCOD) d. Fibroids (Fibromyoma) e. Myomectomy for fibroids f. Prolapse of Uterus unless necessitated by malignancy g. Adenomyosis h. Endometriosis i. Menorrhagia and Dysfunctional Uterine Bleeding (DUB) j. Dilatation & Curettage (D & C) k. Hysterectomy unless due to malignancy
5.	Orthopaedic	<ul style="list-style-type: none"> a. Non-Infectious Arthritis b. Gout and Rheumatism c. Osteoarthritis and Osteoporosis d. Ligament, Tendon & Meniscal Tear (other than caused by Accident) e. Spondylitis/Spondylosis/Spondylolisthesis f. Surgery for Prolapsed intervertebral disc (other than caused by Accident) g. Joint Replacement Surgeries (other than caused by Accident)

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6.	Urogenital	<ul style="list-style-type: none"> a. Calculus of Urinary system (Kidney Stone/Urinary Bladder/Ureteric Stone) b. Any surgery of the genitourinary system unless necessitated by malignancy. c. Benign Hyperplasia of Prostate d. Surgery for Hydrocele/Rectocele
7.	Others	<ul style="list-style-type: none"> a. Varicose veins and Varicose ulcers
8.	General (Applicable to organ systems/organs/disciplines whether or not described above)	<ul style="list-style-type: none"> a. Any type of cysts / Nodules / Polyps / Internal tumours / Skin tumours / Lump, growth.

24 Months Waiting Period for below Mental Illnesses

S. No.	Organ / Organ Systems	Illness / Surgeries
1.	Mental Disorders	<ul style="list-style-type: none"> a. Schizophrenia (ICD - F20 ; F21;F25) b. Bipolar Affective Disorders (ICD - F31; F34) c. Depression (ICD - F32; F33) d. Obsessive Compulsive Disorders(ICD - F42 ; F60.5) e. Psychosis (ICD - F 22 ; F23 ; F28 ; F29)