

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	Inpatient Treatment	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
	Home Care Treatment	Treatment at Home		Upto 25% of Sum Insured or ₹ 30,000/- whichever is less
	OPD Treatment	OPD Consultations including AYUSH - Medical Practitioner Expense - Diagnostic Tests - Pharmacy		Upto 25% of Sum Insured or ₹ 30,000/- whichever is less
	Coverages	Sum Insured/ Limits = ₹ 2.5 K / 5 K / 7.5 K 10 K		
Benefit	Fixed Cash Benefit	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.

COCO Seasonal Byte | UIN : NAVHLIP21358V022021

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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

3. **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.
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 NAVIGI.
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** – The Free Look Period shall be applicable on new individual health insurance policies and not on renewals or at the time of porting/migrating the policy.

You shall be allowed free look period of fifteen days from date of receipt of the policy document to review the terms and conditions of the policy, and to return the same if not acceptable.

If You have not made any claim during the Free Look Period, you shall be entitled to -

- i. a refund of the premium paid less any expenses incurred by the Company on medical examination of the insured person and the stamp duty charges or
 - ii. where the risk has already commenced and the option of return of the policy is exercised by the insured person, a deduction towards the proportionate risk premium for period of cover or
 - iii. Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period.
- 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 Process** - 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 prorated basis.

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- 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 of Policy -**

The policy shall ordinarily be renewable except on grounds of fraud, misrepresentation by the insured person.

- i. The Company shall endeavor to give notice for renewal. However, the Company is not under obligation to give any notice for renewal.
- ii. Renewal shall not be denied on the ground that the insured person had made a claim or claims in the preceding policy years.
- iii. Request for renewal along with requisite premium shall be received by the Company before the end of the policy period.
- iv. At the end of the policy period, the policy shall terminate and can be renewed within the Grace Period of thirty (30) days to maintain continuity of benefits without break in policy. Coverage is not available during the grace period.
- v. No loading shall apply on renewals based on individual claims experience.

v. **Cancellation -**

- a. You may cancel this policy by giving 15days' written notice and in such an event, the Company shall refund premium for the unexpired policy period as detailed below.

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%

Notwithstanding anything contained herein or otherwise, no refunds of premium shall be made in respect of Cancellation where, any claim has been admitted or has been lodged or any benefit has been availed by the insured person under the policy.

- b. The Company may cancel the policy at any time on grounds of misrepresentation non-disclosure of material facts, fraud by the insured person by giving 15 days' written notice. There would be no refund of premium on cancellation on grounds of misrepresentation, non-disclosure of material facts or fraud.

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**.

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3. Comorbid Conditions
Any medical expenses or non-medical expenses related to Comorbid Conditions.
4. Geography
Diagnosis and treatment outside India.
5. Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a medical practitioner as part of hospitalization claim or day care procedure. **Code- Excl14**
6. Medically Necessary Expenses
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.
7. Preventive Vaccinations
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.
8. Investigation & Evaluation – Code – Excl04 -
 - a) Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded.
 - b) Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded.
9. Congenital anomalies
Screening, counselling and treatment related to External **congenital anomalies**.
10. 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.
11. Maternity Expenses - Code – Excl18 -
 - i. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy;
 - ii. Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period.
12. Unproven Treatments – Code – Excl16 - Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.

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:

For intimation of claim, submission of claim related documents and any claim related query, You can contact TPA assigned as per zone wise and /or as selected by You and which is appearing on your Policy Schedule and Health Card.

Region	TPA Address & Contact Details
WEST DADRA & NAGAR HAVELI DAMAN & DIU GOA GUJARAT MADHYA PRADESH MAHARASHTRA	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 Website - www.paramounttpa.com IRDAI Reg No: 006 Email - navigi@paramounttpa.com Toll Free - 1800 2256 01
SOUTH ANDAMAN & NICOBAR ISLANDS ANDHRA PRADESH KARNATAKA KERALA LAKSHADWEEP TAMIL NADU TELANGANA PUDUCHERRY	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 Website - www.fhpl.net IRDAI Reg No: 013 Email - navigi@fhpl.net Toll Free - 1800 599 2488
EAST & NORTH ARUNACHAL PRADESH ASSAM BIHAR CHHATTISGARH JHARKHAND MANIPUR MEGHALAYA MIZORAM NAGALAND ODISHA SIKKIM TRIPURA WEST BENGAL CHANDIGARH DELHI HARYANA HIMACHAL PRADESH	RAKSHA HEALTH INSURANCE TPA PRIVATE LIMITED C/O Escorts Corporate Centre, 15/5, Mathura Road, Faridabad - 121003 Haryana Website - www.rakshatpa.com IRDAI Reg No: 015 Email - navigi@rakshatpa.com Toll Free - 1800 180 1555

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JAMMU & KASHMIR PUNJAB RAJASTHAN UTTAR PRADESH UTTARAKHAND	
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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@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

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- 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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Sahar Road, Next to Hyatt Regency,
Andheri (East),
Mumbai, Maharashtra – 400 099

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 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.

	Illness	Defined Laboratory Investigation
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.

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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.

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:

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

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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
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

(B) Fixed Benefit

Sum Insured	Office Premium
2,500	21
5,000	41.5
7,500	63.5
10,000	84

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/-