

COCOCure Super Top Up – Navi General Insurance
POLICY WORDINGS

1. TERMS & CONDITIONS

This is Your COCOCure Super Top Up Policy, which has been issued by Us relying on the Information disclosed by You in Your Proposal for this Policy or its preceding Policy/Policies of which this is a Renewal. The insurance cover is provided under this Policy to the Insured Person/s up to the Sum Insured and shall be subject to (a) the terms, conditions and exclusions to this Policy (b) the receipt of premium, and (c) Disclosure to Information Norm for Yourself and on behalf of each of the Insured Persons.

2. INTERPRETATIONS & DEFINITIONS

For easy understanding of this Policy, the following words or phrases shall have the meanings attributed to them wherever they appear in this Policy. For this purpose and where the context permits the singular shall include the plural, the male gender shall include the female, and references to any statutory enactment shall include subsequent amendments to the same.

S. No	Words/ Phrases	Definition
1	Accident/Accidental	means sudden, unforeseen and involuntary event caused by external, visible and violent means.
2	Admissible claim amount	means the amount that is admissible as per policy terms and conditions before applying deductible/co-payment. Any deductible/co-payment will be applied on the admissible claim amount. The amount so arrived after application of deductible/co-payment, will be payable under the policy but not exceeding the Sum Insured.
3	Adventure Sports	means those sports / activities which involves speed, height, a high level of physical exertion and high degree of inherent danger. Such sports are racing on wheels or horseback, power boat racing, ski racing, hunting or equestrian activities, big game hunting, rock climbing/trekking/mountaineering, winter sports, Skydiving, Parachuting, paragliding/parapenting, Scuba Diving, ski doo riding, cavin/pot holing, bungee jumping, hell skiing, ski acrobatics, ski jumping, water ski jumping, ice hockey, ice speedway, ballooning, hand gliding, river rafting, black water rafting, yachting or boating outside coastal waters, canoeing involving rapid waters, micro-lighting, motor rallying, piloting

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		aircraft, power lifting, quad biking, river boarding, river bugging, rodeo, roller hockey.
4	Age or Aged	means the completed Age in years as at the Commencement Date.
5	Annexure	means the document attached and marked as Annexure to this Policy.
6	Any one Illness	means continuous period of Illness and it includes relapse within 45 days from the date of last consultation with the Hospital/Nursing Home where treatment was taken.
7	Authority	means the Insurance Regulatory and Development Authority of India established under the provisions of section 3 of the Insurance Regulatory and development Authority Act, 1999 (41 of 1999).
8	Bank Rate	means Bank Rate fixed by the Reserve Bank of India (RBI) at the beginning of the financial year in which claim has fallen due.
9	Cashless Facility	means a facility extended by the Insurer to the Insured where the payments, of the costs of treatment undergone by the Insured in accordance with the Policy terms and conditions, are directly made to the Network Provider by the Insurer to the extent pre-authorization is approved.
10	Cancellation (of Policy)	means the terms on which the policy contract can be terminated either by the insurer or the insured by giving sufficient notice to other which is not lower than a period of fifteen days. The terms of cancellation may differ from insurer to insurer.
11	Complaint or Grievance	means written expression (includes communication in the form of electronic mail or other electronic scripts), of dissatisfaction by a Complainant with insurer, distribution channels, intermediaries, insurance intermediaries or other regulated entities about an action or lack of action about the standard of service or deficiency of service of such insurer, distribution channels, intermediaries, insurance intermediaries or other regulated entities.
12	Complainant	means a Policyholder or prospect or any beneficiary of an insurance Policy who has filed a Complaint or Grievance against an insurer or a distribution channel.

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13	Commencement Date	means the start date of this Policy as specified in the Policy Schedule.
14	Condition Precedent	means a Policy term or condition upon which the Insurer's liability under the Policy is conditional upon.
15	Congenital Anomaly	means a condition which is present since birth, and which is abnormal with reference to form, structure or position <ul style="list-style-type: none"> i. Internal Congenital Anomaly: Congenital Anomaly which is not in the visible and accessible parts of the body. ii. External Congenital Anomaly: Congenital Anomaly which is in the visible and accessible parts of the body.
16	Co-Payment	means a cost-sharing requirement under a health insurance Policy that provides that the Policyholder/Insured will bear a specified percentage of the admissible claim amount. A Co-Payment does not reduce the Sum Insured.
17	Daily Benefit Amount	means the amount payable for each Day of Hospitalisation.
18	Day Care Centre	means any institution established for Day Care Treatment of Illness and / or Injuries or a medical setup with a Hospital and which has been registered with the local authorities, wherever applicable, and is under supervision of a registered and qualified Medical Practitioner AND must comply with all minimum criterion as under: <ul style="list-style-type: none"> i. has qualified nursing staff under its employment; ii. has qualified Medical Practitioner (s) in charge; iii. has a fully equipped operation theatre of its own where Surgical Procedures are carried out; iv. maintains daily records of patients and will make these accessible to the Insurance company's authorized personnel.

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19	Day Care treatment	<p>means medical treatment, and/or Surgical Procedure which is:</p> <ul style="list-style-type: none"> i. undertaken under General or Local Anaesthesia in a Hospital / Day Care Centre in less than 24 hrs because of technological advancement, and ii. which would have otherwise required Hospitalisation of more than 24 hours. <p>Note - Treatment normally taken on an Out-patient basis is not included in the scope of this definition.</p>
20	Deductible	<p>means a cost sharing requirement under a health insurance Policy that provides that the Insurer will not be liable for a specified rupee amount in case of indemnity policies and for a specified number of days/hours in case of hospital cash policies which will apply before any benefits are payable by the Insurer. A Deductible does not reduce the Sum Insured.</p>
21	Dental Treatment	<p>means a treatment related to teeth or structures supporting teeth including examinations, fillings (where appropriate), crowns, extractions and Surgery.</p>
22	Dependent Child	<p>means biologically or legally adopted son or daughter of the Policyholder whose completed age is less than or equal to 30 years and who is financially dependent on the Policyholder with no source of income and have not established his/her own independent households.</p>
23	Diagnosis	<p>means conclusion drawn by a registered Medical Practitioner, supported by acceptable clinical, radiological, histological, histo-pathological, and laboratory evidence wherever applicable.</p>
24	Disclosure to Information Norm	<p>The Policy shall be void and all premium paid thereon shall be forfeited to Us in the event of misrepresentation, mis-description or non-disclosure of any material fact.</p>

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25	Domiciliary Hospitalisation	<p>means medical treatment for an Illness/disease/Injury which in the normal course would require care and treatment at a Hospital but is actually taken while confined at home under any of the following circumstances:</p> <ul style="list-style-type: none"> i. the condition of the patient is such that he/she is not in a condition to be removed to a Hospital, or ii. the patient takes treatment at home on account of non-availability of room in a Hospital.
26	Each Day of Hospitalisation	<p>means a period of 24 consecutive hours during a period of confinement. The first Day of confinement shall commence at the time of admission to the Hospital and each subsequent Day shall commence 24 hours after the commencement of the previous Day. In the event of the time of discharge of the Insured Person from the Hospital being more than 12 hours, but less than 24 hours from the end of the previous Day, then the day of discharge shall also be regarded as a Day.</p>
27	Emergency	<p>means a severe Illness or Injury which results in symptoms which occur suddenly and unexpectedly and requires immediate care by a Medical Practitioner to prevent death or serious long-term impairment of the Insured Person's health.</p>
28	Emergency Care	<p>means management for an Illness or Injury which results in symptoms which occur suddenly and unexpectedly and requires immediate care by a Medical Practitioner to prevent death or serious long-term impairment of the Insured Person's health.</p>
29	Family	<p>means the persons named in the Policy Schedule who are the Insured Person's –</p> <ul style="list-style-type: none"> i. Spouse – The Insured's legally married spouse as long as she continues to be married to the Primary Insured. ii. Children – The Insured's children as long as they are financially dependent on him/her with no source of independent income and have not established their own independent households. iii. Parents – The Insured's natural parents or parents that have legally adopted him.

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30	Family Floater	means a Policy described as such in the Policy Schedule where You and Your Family named in the Policy Schedule are covered under this Policy as at the Commencement Date. The Sum Insured for a Family Floater is the amount shown in the Policy Schedule which represents Our maximum liability for any and all claims made by You and/or all of Your Family during each Policy Year.
31	Grace Period	means the specified period of time immediately following the premium due date during which a payment can be made to renew or continue a Policy in force without loss of continuity benefits such as waiting periods and coverage of Pre-Existing Diseases. Coverage is not available for the period for which no premium is received.
32	Harvesting	means a Surgical Procedure to remove organs or tissues from a donor (Cadaveric or live), for the purpose of organ transplantation.
33	Hospital	<p>means any institution established for in-patient care and day care treatment of illness and/or injuries and which has been registered as a Hospital with the local authorities under Clinical Establishments (Registration and Regulation) Act 2010 or under enactments specified under the Schedule of Section 56(1) and the said act or complies with all minimum criteria as under:</p> <ul style="list-style-type: none"> i. has qualified nursing staff under its employment round the clock; ii. has at least 10 in-patient beds in towns having a population of less than 10,00,000 and at least 15 in-patient beds in all other places; iii. has qualified Medical Practitioner(s) in charge round the clock; iv. has a fully equipped operation theatre of its own where Surgical Procedures are carried out; v. maintains daily records of patients and makes these accessible to the Our authorized personnel.
34	Hospitalization	means admission in a Hospital for a minimum period of twenty-four (24) consecutive 'In-patient Care' hours except for specified procedures/ treatments, where such admission could be for a period of less than twenty-four (24) consecutive hours.

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35	In-patient Care	means treatment for which the Insured Person has to stay in a Hospital for more than 24 hours for a covered event.
36	IRDAI	means the Insurance Regulatory and Development Authority of India.
37	Illness	<p>means a sickness or a disease or pathological condition leading to the impairment of normal physiological function and requires medical treatment.</p> <p>i. <u>Acute condition</u> - Acute condition is a disease, Illness or Injury that is likely to respond quickly to treatment which aims to return the person to his or her state of health immediately before suffering the disease/ Illness/ Injury which leads to full recovery.</p> <p>ii. <u>Chronic condition</u> - A chronic condition is defined as a disease, Illness, or Injury that has one or more of the following characteristics:</p> <ul style="list-style-type: none"> a. it needs ongoing or long-term monitoring through consultations, examinations, check-ups, and /or tests b. it needs ongoing or long-term control or relief of symptoms c. it requires rehabilitation for the patient or for the patient to be specially trained to cope with it d. it continues indefinitely e. it recurs or is likely to recur
38	Infertility	means a disease of the reproductive system defined by the failure to achieve a clinical pregnancy after 12 months or more of regular unprotected sexual intercourse.
39	Injury	means Accidental physical bodily harm excluding Illness or disease solely and directly caused by external, violent, visible and evident means which is verified and certified by a Medical Practitioner.
40	Insured Person (Insured)	means a person whose name specifically appears in the Policy Schedule and with respect to whom the premium has been received by Us.

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41	Intensive Care Unit (ICU)	means an identified section, ward or wing of a Hospital which is under the constant supervision of a dedicated Medical Practitioner(s), and which is specially equipped for the continuous monitoring and treatment of patients who are in a critical condition or require life support facilities and where the level of care and supervision is considerably more sophisticated and intensive than in the ordinary and other wards.
42	ICU (Intensive Care Unit) Charges	means the amount charged by a Hospital towards ICU expenses which shall include the expenses for ICU bed, general medical support services provided to any ICU patient including monitoring devices, critical care nursing and intensivist charges.
43	Material Fact	means a fact deemed so important that It would change the decision made by an Insurer if it were kept hidden.
44	Maternity Expenses	means: <ul style="list-style-type: none"> i. medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during Hospitalisation); ii. expenses towards lawful medical termination of pregnancy during the Policy Period.
45	Medical Advice	means any consultation or advice from a Medical Practitioner including the issuance of any prescription or follow-up prescription.
46	Medical Expenses	means those expenses that an Insured Person has necessarily and actually incurred for medical treatment on account of Illness or Accident on the advice of a Medical Practitioner, as long as these are no more than would have been payable if the Insured Person had not been insured and no more than other Hospitals or doctors in the same locality would have charged for the same medical treatment.
47	Medical Practitioner	is a person who holds a valid registration from the Medical Council of any State or Medical Council of India or Council for Indian Medicine or for Homoeopathy set up by the Government of India or a State Government and is thereby entitled to practice medicine within its jurisdiction; and is acting within its scope and jurisdiction of license. Medical Practitioner should not be the Insured Person or his/her immediate Family Member or anyone who is living in the same household as the Insured Person.

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48	Medically Necessary Treatment	means any treatment, tests, medication, or stay in Hospital or part of a stay in Hospital which: <ul style="list-style-type: none"> i. is required for the medical management of the Illness or Injury suffered by the Insured; ii. must not exceed the level of care necessary to provide safe, adequate and appropriate medical care in scope, duration or intensity; iii. must have been prescribed by a Medical Practitioner; iv. must conform to the professional standards widely accepted in international medical practice or by the medical community in India.
49	The Mental Healthcare Act, 2017	means Act as notified by Government of India in the Official Gazette.
50	Network Provider	means hospitals or health care providers enlisted by an insurer, TPA or jointly by an Insurer and TPA to provide medical services to an Insured by a cashless facility.
51	New Born Baby	means baby born during the Policy Period and is aged up to 90 days.
52	Non-Network Provider	means any Hospital, Day Care Centre or other provider that is not part of the network.
53	Non-Allopathic Treatment	means forms of treatments other than “Allopathy” or “modern medicine” and includes Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy in the Indian context.
54	Non-Floater	means a Policy where You and Your Family members named in the Policy Schedule are covered under this Policy as at the commencement date. The Sum Insured for Non-Floater is the amount shown in the Policy Schedule against each individual Insured Person which also represents Our maximum liability for that Insured Person.
55	Nominee	means the person named in the Policy Schedule who is nominated by the Policyholder/Insured Person, to receive the benefits under this Policy in accordance with the terms of the Policy, if the Policyholder/Insured Person is deceased.

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56	Notification of Claim	means the process of intimating a claim to the insurer or TPA through any of the recognized modes of communication.
57	Outpatient (OPD) Treatment	means the one in which the Insured visits a clinic/ Hospital or associated facility like a consultation room for Diagnosis and treatment based on the advice of a Medical Practitioner. The Insured is not admitted as a day care or in-patient.
58	Policy	means this Policy document together with the Policy Schedule, Your Proposal Form including any attachment like endorsement, rider, condition, warranty, declaration etc.
59	Policyholder	means the person named in the Policy Schedule as the Policyholder.
60	Policy Period	means the period commencing from Policy start date and time as specified in the Schedule and terminating at midnight on the Policy end date as specified in the Schedule to this Policy.
61	Policy Schedule	means the document attached to and forming part of this Policy mentioning the details of the Insured Persons, the Sum Insured, the Policy Period and the limits, conditions etc. to which benefits under the Policy are subject to including any annexures and / or endorsements.
62	Policy Year	means a period of 12 consecutive months commencing from the Policy Period Start Date and such 12 consecutive months thereafter but not beyond the Policy Period.
63	Portability	means the right accorded to an individual health insurance policyholder (including family cover), to transfer the credit gained for pre-existing conditions and time bound exclusions from one insurer to another or from one plan to another plan of the same insurer.

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64	Post Hospitalisation Medical Expenses	means Medical Expenses incurred during pre-defined number of days immediately after the Insured Person is discharged from the Hospital provided that: i. Such Medical Expenses are for the same condition for which the Insured Person's Hospitalisation was required, and ii. The inpatient Hospitalisation claim for such Hospitalisation is admissible by the insurance company.
65	Pre-Hospitalisation Medical Expenses	means Medical Expenses incurred during pre-defined number of days preceding the Hospitalisation of the Insured Person, provided that: i. Such Medical Expenses are incurred for the same condition for which the Insured Person's Hospitalisation was required, and ii. The In-patient Hospitalisation claim for such Hospitalisation is admissible by the Insurance Company.
66	Pre-Existing Disease	means any condition, ailment or Injury or related condition(s) for which there were signs or symptoms, and / or were diagnosed, and / or for which Medical Advice / treatment was received within forty-eight (48) months prior to the first Policy issued by the insurer and renewed continuously thereafter.
67	Proposal Form	means a form to be filled in by the prospect in written or electronic or any other format as approved by the Authority, for furnishing all material information as required by the insurer in respect of a risk, in order to enable the insurer to take informed decision in the context of underwriting the risk, and in the event of acceptance of the risk, to determine the rates, benefits, terms and conditions of the cover to be granted.
68	Qualified Nurse	means a person who holds a valid registration from the Nursing Council of India or the Nursing Council of any state in India.
69	Reasonable & Customary charges	means the charges for services or supplies, which are the standard charges for a specific provider and consistent with the prevailing charges in the geographical area for identical or similar services, taking into account the nature of Illness/ Injury involved.

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70	Renewal	means the terms on which the contract of insurance can be renewed on mutual consent with a provision of Grace Period for treating the Renewal continuous for gaining credit for Pre-Existing Diseases, time-bound exclusions and for all waiting periods.
71	Relaxation Period	means the specified period immediately following the premium instalment due date during which a payment can be made to continue a Policy in force without loss of continuity of waiting periods and coverage of Pre-existing diseases.
72	Road Ambulance	means a motor vehicle operated by a licenced/authorised service provider and equipped for taking sick or injured people requiring medical attention to and from Hospital in emergencies.
73	Room Rent	means the amount charged by a Hospital towards Room and Boarding expenses and shall include the associated Medical Expenses.
74	Specialized Medical Practitioner	is a person who holds a master's degree in the field of medicine or Surgery and valid registration from the medical council of any state of India and is thereby entitled to practice medicine within its jurisdiction; and is acting within the scope and jurisdiction of his license.
75	Sum Insured	means the sum as specified in the Policy Schedule against each of the Insured Persons/cover. It is Our maximum liability for the Insured Person for all benefits claimed for during the Policy Period.
76	Surgery or Surgical Procedure	means manual and / or operative procedure (s) required for treatment of an Illness or Injury, correction of deformities and defects, Diagnosis and cure of diseases, relief from suffering and prolongation of life, performed in a Hospital or day care centre by a Medical Practitioner.
77	TPA	means any person who is registered under the IRDAI (Third Party Administrators - Health Services) Regulations, 2016 notified by the Authority, and is engaged, for a fee or remuneration by an insurance company, for the purposes of providing health services.
78	Unproven/Experimental treatment	means the treatment including drug experimental therapy which is not based on established medical practice in India, is treatment experimental or unproven.

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79	Waiting Period	<p>means the specified period from the commencement date of the policy during which we shall not be liable to make any payment for any claim.</p> <p>Any Claim manifested during the Waiting Period shall be excluded from coverage for the entire Policy Period including renewals.</p>
80	We/Our/Us/Insurer	means Navi General Insurance Limited.
81	You/Your/Policyholder	means the Policyholder or Primary Insured named in the Policy Schedule.

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3. SCOPE OF COVER

This Policy provides coverage(s) subject to the Sum Insured as specified in the Policy Schedule for the events described below and occurring during the Policy Year only if the aggregate of covered **medical expenses** exceed the Deductible . Assessment of all the claims including those falling within the deductible shall be as per the terms and conditions of this Policy. Each coverage is subject to terms, conditions and exclusions of this Policy.

3.1. Inpatient Hospitalization

We will cover the Medical Expenses incurred for Medically Necessary Treatment when the Insured Person is admitted as In-Patient in a Hospital for more than 24 consecutive hours.

Expenses shall include -

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

Mental Illness:

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

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

HIV & AIDS

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

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

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3.2. Day Care Treatment

We will cover the Day Care Treatment undertaken in Hospital / Day Care Centre. List of such treatment is available in **Annexure I** of this document.

3.3. Pre-Hospitalization

We will cover the Pre-hospitalisation Medical Expenses incurred immediately before the Insured Person's Hospitalisation (including Day Care Treatment) for the number of days specified in the Policy Schedule.

Please be informed that the date of admission to the Hospital for this coverage shall be the date of the Insured Person's first admission to the Hospital in relation to Any One Illness.

3.4. Post Hospitalization

We will cover the Post-Hospitalisation Medical Expenses incurred immediately after the Insured Person's discharge from the Hospital (including Day Care Treatment) for the number of days specified in the Policy Schedule.

Please be informed that in case of **Any one illness** where insured person undergoes more than one hospitalisation within 45 days, the cover for post hospitalisation expenses cumulatively shall not exceed the number of days mentioned in the Policy Schedule.

3.5. Domiciliary Hospitalization

We will cover Domiciliary Hospitalisation including Pre - Hospitalization and Post Hospitalization medical expenses if medical treatment is continuously required for at least three (3) days, in which case the cost of medical treatment for the entire period shall be payable.

Please be informed that We will not pay for any Medical Expenses under this section for the treatment of the following diseases:

- a. Asthma, bronchitis, tonsillitis and upper respiratory tract infection including laryngitis and pharyngitis, cough and cold, influenza;
- b. Arthritis, gout and rheumatism;
- c. Chronic nephritis and nephritic syndrome
- d. Diarrhoea and all type of dysenteries including gastroenteritis
- e. Diabetes Mellitus and Insipidus
- f. Epilepsy
- g. Hypertension
- h. Following Psychiatric or psychosomatic disorders of all kinds -
 - i. Schizophrenia (ICD - F20 ; F21; F25)
 - ii. Bipolar Affective Disorders (ICD - F31; F34)
 - iii. Depression (ICD - F32; F33)

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- iv. Obsessive Compulsive Disorders (ICD - F42 ; F60.5)
- v. Psychosis (ICD - F 22 ; F23 ; F28 ; F29)
- i. Pyrexia of unknown origins.

3.6. Organ Donor Expenses

We will cover the Surgical Expenses incurred towards donor in case of major organ transplant for Harvesting of the organ provided that:

- a. The organ donor is any person whose organ has been made available in accordance and in compliance with the Transplantation of Human Organs Act 1994 and amendments thereof and other applicable laws & rules.
- b. The organ donated is for the use of the Insured Person.
- c. The Insured Person (recipient) has been medically advised to undergo an organ transplant.
- d. We will cover the expenses incurred for transportation including preservation during transportation of the Organ subject to a maximum of Rs. 20,000/- per such event.
- e. We have accepted claim under In-patient Hospitalisation - 3.1.

Please be informed that We will not pay for –

- a. Any expense other than specified above.
- b. Cost towards donor screening.
- c. Pre / post hospitalisation Medical Expenses of the organ donor.
- d. Cost directly or indirectly associated with acquisition of the organ.
- e. Any other medical treatment for the donor consequent to the Harvesting.
- f. Expenses related to only organ preservation.
- g. Transplant of any organ/tissue where the transplant is experimental or investigational.
- h. Expenses incurred by an insured person while donating organ

3.7. AYUSH

We will cover the Medical Expenses incurred on In-patient Hospitalisation (3.1) up to the Sum Insured for Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy treatment undergone in:

- a. A government Hospital or in any institute recognized by government and/or accredited by Quality Council of India/National Accreditation Board on Health.
- b. Teaching Hospitals of AYUSH colleges recognised by Central Council of Indian Medicine (CCIM) and Central Council of Homoeopathy (CCH).
- c. AYUSH Hospitals having a registration with a Government authority under the appropriate Act in the State/UT and complies with the following as minimum criteria:
 - i. Has at least 15 in-patient beds
 - ii. Has minimum five qualified and registered AYUSH doctors

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- iii. Has qualified paramedical staff under its employment round the clock
- iv. Has dedicated AYUSH therapy sections
- v. Maintains daily records of patients and makes these accessible to the insurance company's authorised personnel.

3.8. Mandatory Co-payment

A mandatory Co-payment on each and every claim as specified below shall apply on the **admissible claim amount** in respect of an Insured Person whose age at the first inception of the policy with us is 61 years or above.

Age at Entry	Co-Payment
61-79 years	10%
80 Years and above	20%

Please be informed that Insured person(s) who have opted for a 'Waiver of Mandatory Co-payment', this Co-payment shall not apply.

3.9. ReCover

If the Policy Sum Insured is exhausted due to claims paid during the Policy Year, then We will reinstate the amount equivalent to the Deductible amount opted or sum insured whichever is less , for the Policy Year provided that,

- a. The reinstated amount will only be applicable for the benefits described under Section – 3.1 – In-Patient Hospitalisation .
- b. Reinstated amount shall not be available for the illness/injury for which claim has been paid under the Policy . It will also not be applicable to the claims related to relapse of same illness / injury within 45 days. The reinstated sum insured can only be availed by the Insured person for subsequent hospitalization(s) for any other illness/injury.
- c. This reinstatement of the Sum Insured will be done only once during the Policy Year.
- d. For claims related to Cancer and Chronic Kidney Disease requiring regular dialysis, this benefit will be applicable only once during the lifetime of the Insured Person.
- e. For Family Floater Policies, the reinstated Sum Insured will be available on a floater basis for all the Insured Persons in the Family.
- f. The unutilised reinstated Sum Insured cannot be carried forward to any subsequent Policy Year.
- g. During a Policy Year, the aggregate of all claims payable under the Policy, shall not exceed the sum of:
 - 1. Sum Insured
 - 2. Reinstated Sum Insured

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3.10 EmPower

If Insured Person loses his job on account of any Chronic illness or injury /critical illness/disability suffered during the policy period which renders the Insured Person completely unfit to pursue the job and the same is certified by the Medical Practitioner, then during the period of such unemployment, we will cover medically necessary treatment for Inpatient hospitalisation of that Insured Person upto the deductible amount opted or sum insured whichever is less, only once during the policy year, provided that -

1. The Loss of Job occurs after a waiting period of 6 (Six) months after the Policy Inception date and during the Policy Period.
2. This benefit is applicable only for a maximum period of 3 (Three) consecutive months from the date of Loss of Job, and
3. The Insured Person remains unemployed during this period for which the benefit under this policy is paid and shall provide all necessary proofs in order to substantiate his unemployment.

Please be informed that –

- a. Claim amount paid under this coverage will not be considered for deductible.
- b. Mandatory Co-payment & Deductible shall not be applied under this coverage.
- c. We will not pay in respect of:
 - i. Self-employed persons;
 - ii. Unemployment at the time of inception of the *Policy Period* or arising within One Hundred Eighty (180) days of inception of first *Policy* with Us.
 - iii. Any suspension from employment on account of any pending enquiry being conducted by the employer/ Public Authority.

3.11 CoPayRent

If a claim for Inpatient hospitalization is paid or admissible for the Insured Person under any Indemnity Health Insurance Policy from us or any Non-Life Insurance Company/Health Insurance Company registered with the Authority , then we will cover the following expenses not paid under such in-patient hospitalisation claim, upto the deductible amount or sum insured whichever is less.

- a. Co-payment
- b. Non-Medical Expenses
- c. Prosthesis

Please be informed that –

1. Claim amount under this coverage will not be considered for deductible.
2. Clause 6.2) xii)c) will not be applicable to the extent of cover provided under this section.

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4. OPTIONAL COVERAGES

Optional Coverage(s) shall be available only if the same is specifically mentioned in your Policy Schedule. These coverages are subject to (a) the terms, conditions and exclusions to this Policy (b) the receipt of premium.

4.1. Daily Cash Allowance

If We have accepted a claim under Inpatient Hospitalisation – 3.1, then We will pay a **Daily Benefit amount** stated in the Policy Schedule, for **Each Day of Hospitalisation**, during the Policy Year for treatment of an Illness /disease/ Injury provided that:

- a. The Insured Person has been hospitalised for a minimum continuous period of 24 hours.
- b. We will pay twice the daily benefit amount for each day that the Insured Person spends in an Intensive Care Unit.
- c. In case, insured person spends a day partly in ICU and partly in Non-ICU then we will pay twice the daily cash amount for such day.
- d. Our maximum liability will be limited to 5 days for, each hospitalisation and 30 days during a Policy Year.
- e. The payment under this benefit will be in addition to the payment made under Section 3.1 of the Policy.
- f. Mandatory Co-Payment shall not be applicable under this benefit.

4.2. Waiver of Mandatory Co-Payment

Mandatory Co Payment under Section – 3.8 stands deleted as specified in the Policy Schedule.

4.3. Reduction in Named Ailments Waiting Period

24 months Waiting Period for Named ailments as mentioned under Section 5.2 stands reduced to 12 months for all Insured Persons covered under this Policy.

4.4. Reduction in Pre-Existing Disease Waiting Period

36 months Waiting Period for “Pre-existing Disease / Conditions” as mentioned under Section 5.3 stands reduced to 24 months for all Insured Persons covered under this Policy.

4.5. Extension in Pre- Hospitalization Period

30 days Period for Pre-Hospitalization Medical Expenses under Section 3.3 stands extended to 60 days for all Insured Persons covered under this Policy.

4.6. Extension in Post Hospitalization Period

60 days Period for Post-Hospitalization Medical Expenses under Section 3.4 stands extended to 90 days for all Insured Persons covered under this Policy.

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4.7. Room Rent Sublimit

Room Rent under section 3.1 - Inpatient Hospitalization stands limited to the amount as specified in the Policy Schedule for all Insured persons covered under this policy.

Please be informed that If the Insured Person is admitted in the Hospital room where the Room Rent is higher than the sublimit amount as specified in the Policy Schedule, then We shall be liable to pay only a rateable proportion of the loss under (a), (b), (c), (d) & (e) clause(s) of section 3.1. (including surcharge or taxes thereon) to the Room Rent actually incurred.

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5. WAITING PERIOD

5.1. 30 days Waiting Period - We will not pay for any Hospitalisation unless the Hospitalisation is due to an Accident or for the treatment of three critical illnesses i.e. Cancer, Myocardial Infarction and Stroke, during the first 30 days from inception of first Policy with Us.

5.2. Waiting Period for Named Ailments - We will not pay for any Hospitalisation for the treatment of disease/conditions mentioned below or any complication arising from the same except where underlying cause is cancer during the the period specified in the Policy Schedule from inception of first Policy with Us.

S. No.	Organ / Organ Systems	Illness / Surgeries
1.	Ear Nose Throat	<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, Haemorrhoids, 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

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		<ul style="list-style-type: none"> 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)
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

5.3. Waiting Period for Pre-Existing Disease / Conditions - We will not pay for any treatment / Hospitalisation with respect to any Pre-Existing Disease/Illness/Injury or any complication arising from the same, during the period specified in the policy from the inception of first Policy with Us.

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- 5.4. Waiting Period for Named Mental Illness** - We will not pay for any treatment / Hospitalisation mentioned below or any complication arising from the same, during first twenty four (24) months from the inception of first Policy with Us.

S. No.	Organ / Organ Systems	Illness
1.	Mental Disorders	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)

- 5.5. Waiting Period for coverage of Internal Congenital Anomaly** - We will not pay in respect of Internal Congenital Anomaly within first 24 months from inception of first Policy with Us.
- 5.6. Waiting Period for coverage of HIV (Human Immunodeficiency Virus) & AIDS (Acquired Immuno Deficiency Syndrome)** - We will not pay for any treatment / Hospitalisation with respect to HIV & or any complication arising from the same including AIDS, within first 48 months from inception of first Policy with Us

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6. EXCLUSIONS

We will not make payment for a claim in respect of any Insured Person in any way resulting directly or indirectly from or attributable to any of the following unless specifically covered elsewhere in this Policy:

6.1. STANDARD EXCLUSIONS

- i. **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.
- ii. **Chemical and Nuclear Exposure** - We will not pay for the treatment costs directly or indirectly caused by or contributed to or arising from Nuclear Weapons/materials, radiations of any kind, contamination by radioactive material, nuclear waste, nuclear fuel or from the combustion of nuclear fuel, chemical or biological Weapons.
- iii. **War** - We will not pay for the treatment related to any condition resulting directly or indirectly from, or as a consequence of War, invasion, act of foreign enemy, war like operations (whether war be declared or not), civil war, public defence, rebellion, revolution, insurrection, military or usurped acts.

6.2. EXCLUSIONS SPECIFIC TO THE POLICY WHICH CANNOT BE WAIVED

- i. **Alcohol and drug abuse & de – addiction programs** – We will not pay for the treatment (including cessation programs) resulting from dependency on or abuse of intoxicants or hallucinogenic substances, alcohol, drugs, nicotine or any other addictive substances and any Illness or Injury arising directly or indirectly from such dependency or abuse.
- ii. **Ancillary Hospital Charges** - We will not pay for the charges related to admission, discharge, administration, registration, documentation & filing, Home Visit Charges, service charge, surcharges and Luxury tax levied by the Hospital
- iii. **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.
- iv. **Circumcision** - We will not pay for Circumcisions unless necessary for the treatment of a disease or necessitated by an Injury

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- v. **General Debility** - We will not pay for any expense related to convalescence, supervision, rest cure, sanatorium treatment, rehabilitation measures, private duty nursing, respite care, long-term nursing care, hospice care, custodial care, general debility or exhaustion (run-down condition)
- vi. **External Congenital anomaly** - We will not cover for screening, counselling and treatment related to External congenital anomalies.
- vii. **Dental Care** - We will not pay for the Dental Treatment and Surgery of any kind, other than arising out of an Accident and subsequently requiring Hospitalisation.
- viii. **Developmental Disorders** - We will not pay for the treatment of developmental, behavioural or learning disorders, Attention deficit hyperactivity disorder (ADHD), speech disorders or dyslexia and physical developmental disorder.
- ix. **Dangerous Acts (Adventure/Professional Sports/Defence Operation)** - Participation or involvement in naval, military or air force operation, racing, diving, aviation, scuba diving, parachuting, hang-gliding, rock or mountain climbing etc. in a professional nature. Participation in any flying activity, except as a bonafide, fare-paying passenger of a recognized airline on regular routes and on a scheduled timetable.
- x. **Dietary supplements** - We will not pay for the substances that can be purchased without prescription, including 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.
- xi. **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 or any medication or treatment given for unapproved indication
- xii. **Eyesight, Hearing Aids & External prosthesis**
 - (a) **Eyesight** - We will not pay for treatment related to correction of refractive errors of the eye, routine eyesight checking or hearing tests including optometric therapy.
 - (b) **Hearing Aids** - We will not pay for any cost of hearing aids / Cochlear Implants, Spectacles or Contact Lenses.

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- (c) **External Prosthesis** - We will not pay for any cost related to providing, maintaining and fitting of external and or durable medical/non-medical equipment, used for Diagnosis and or treatment, including Continuous Positive Airway Pressure (CPAP), Continuous Ambulatory Peritoneal Dialysis (CAPD) or Infusion Pump, ambulatory devices - walkers, crutches, belts, collars, caps, splints, slings, braces, stockings of any kind, artificial limb and also medical equipment which is subsequently used at home (except when used intra-operatively) as listed in Annexure II – Non Medical Expenses.
- xiii. **Gender Identity Disorders** - We will not pay for any treatment / Surgery for treatment for gender identity change of sex or gender reassignments including any complication arising from these treatments.
- xiv. **Sexually Transmitted Disease** - We will not pay for treatment related to any condition directly or indirectly caused by or associated with any sexually transmitted disease, Genital Warts, Syphilis, Gonorrhoea, Genital Herpes, Chlamydia, Pubic Lice and Trichomoniasis, Human T-Cell Lymphotropic Virus Type III (HTLV-III or IITLB-III) or Lymphadenopathy Associated Virus (LAV) or the mutants derivative or Variations Deficiency Syndrome or any Syndrome or condition of a similar kind unless leading to AIDS.
- xv. **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.
- xvi. **Neurodevelopmental delays and other disorders** - We will not pay any expenses related to erectile dysfunction; treatment for neurodegenerative disorders, Dementia, Parkinson and Alzheimer’s disease; Disorders of speech and language , stammering, dyslexia.
- xvii. **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.
- xviii. **Non-Medical Expenses** - We will not pay for any Non-medical expenses defined in Annexure-II.
- xix. **Obesity** - We will not pay any expenses related to treatment of Obesity and any weight control program.

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- xx. **Maternity and Pregnancy** - Pregnancy (including abortions or complications) , Maternity Expenses 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.
- xxi. **Preventive Vaccinations** - We will not pay for the expenses towards any treatment related to preventive care, vaccination including inoculation and immunizations (except in case of post-bite vaccination treatment) unless certified and recommended by the attending Medical Practitioner as part of in-patient treatment as a direct consequence of an otherwise covered claim.
- xxii. **Birth control expenses and Reproductive treatment** - We will not pay for the expenses related to birth control and its procedures including complications arising out of the same, infertility services including artificial insemination and advanced reproductive technologies namely In vitro fertilization (IVF), Zygote intrafallopian transfer (ZIFT), Gamete intrafallopian transfer (GIFT), Intracytoplasmic sperm injection (ICSI), Gestational Surrogacy.
- xxiii. **Self-inflicted injuries or attempted suicide** - We will not pay any expenses for treatment resulting directly or indirectly from self-inflicted Injury or suicide, attempted suicide while sane or insane.
- xxiv. **Sleep disorders** - We will not pay for treatment related to sleep disorders.
- xxv. **Treatment by a Medical Practitioner outside discipline** - We will not pay any expenses for treatment rendered by Persons not registered as Medical Practitioner or from a Medical Practitioner practising outside the discipline that he/she is licensed for.
- xxvi. **Time bound Exclusions** - We will not pay for any specific time bound exclusion(s) applied by Us and mentioned in the Schedule and accepted by the Insured Person.
- xxvii. **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.
- xxix. **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.

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7. GENERAL TERMS & CONDITIONS

7.1. CONDITIONS PRECEDENT TO THE POLICY

i. AGE

A person shall be eligible to become an Insured Person if he/she is not younger than 91 days.

ii. CONDITION PRECEDENT

This Policy requires fulfilment of the terms and conditions of this Policy at all times by You or any of the Insured Persons, payment of premium (including payment of instalment premium by the due dates as mentioned in the Policy Schedule) and Disclosure to Information Norm. This is a precondition to any liability under the Policy.

iii. DISCLOSURE TO INFORMATION NORM

The Policy shall be void and all premium paid shall be forfeited to Us, in the event of misrepresentation, mis-description or non-disclosure of any Material Fact. In the event of untrue or incorrect statements, misrepresentation, mis-description or non-disclosure of any material particulars in the proposal form, personal statement, declaration and connected documents, or any material information having been withheld, or a Claim being fraudulent or any fraudulent means or device being used by the Policyholder/ Insured Person or any one acting on his/ their behalf to obtain a benefit under this Policy, We may cancel this Policy at Our sole discretion. In such a case, the premium paid shall be forfeited and any benefit paid under the Policy shall also be forfeited and (if appropriate) shall be recoverable.

iv. ELECTRONIC TRANSACTIONS

The Policy holder / Insured Person agrees to adhere to and comply with all terms and conditions as may be imposed for electronic transactions from time to time. The Policyholder hereby agrees and confirms that all transactions effected by or through facilities including the Internet, , call centers, tele-service operations (whether voice, video, data or combination thereof) or by means of automated machines network or through other means of telecommunication, established by or on behalf of Us, for and in respect of the Policy or its terms, shall constitute legally binding and valid when done in adherence to and in compliance with the terms and conditions for such facilities and as may be prescribed from time to time and shall be within the terms and conditions of this contract. However, these terms and condition shall not override provisions of any law(s) or statutory regulations as amended from time to time.

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v. NO CONSTRUCTIVE NOTICE

Any knowledge or information of any circumstance or condition in relation to the Policyholder/ Insured Person which is in Our possession and not specifically informed by the Policyholder/ Insured Person shall not be held to bind or prejudicially affect Us notwithstanding subsequent acceptance of any premium.

7.2. CONDITIONS APPLICABLE DURING THE CONTRACT

i. ALTERATIONS TO THE POLICY

The proposal form, declaration, Policy Schedule and Policy constitutes the complete contract of insurance. This Policy cannot be changed by any one (including an insurance agent or broker) except Us. Any change that We make will be communicated to You by a written endorsement signed and stamped by Us.

ii. CANCELLATION OF POLICY

a. We may cancel this Policy on grounds of misrepresentation, fraud, non-disclosure of Material Facts, non-cooperation by You or anyone acting on Your behalf. When such cancellation of the Policy will be on the grounds of misrepresentation, fraud, non-disclosure of Material Facts, it will be from inception date or the Renewal date (as the case may be) upon 15 days' notice, delivered to or mailed to Your last address as shown in the records followed by an endorsement without refund of any premium.

In case of cancellation of the Policy by Us on account of non-cooperation, You shall be entitled to refund of pro-rata premium for the unexpired portion of the Policy on the date of cancellation except for those Insured Person(s) for whom a claim has been paid or is payable under the Policy.

b. You may cancel this Policy at any time by sending fifteen (15) days' notice in writing to Us stating when cancellation is to take effect. In the event of such cancellation, We shall refund premium for the unexpired period of the Policy in accordance with the short period rate table given below.

However, there will be no refund of premium in respect of the Insured Person for whom a claim has been paid or is payable under the Policy.

Months	1 Year	2 Years	3 Years
1	87%	91%	93%
2	79%	87%	90%
3	71%	83%	87%
4	63%	79%	85%
5	55%	75%	82%
6	63%	71%	79%

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7	39%	67%	77%
8	32%	63%	74%
9	24%	59%	71%
10	16%	55%	69%
11	0%	52%	66%
12	0%	48%	63%
13		44%	61%
14		40%	58%
15		36%	56%
16		32%	53%
17		28%	50%
18		32%	48%
19		20%	45%
20		24%	42%
21		12%	40%
22		8%	37%
23		4%	34%
24		0%	32%
25			29%
26			26%
27			24%
28			21%
29			19%
30			21%
31			13%
32			16%
33			8%
34			5%
35			0%
36			0%

iii. **COMMUNICATIONS & NOTICES**

- a. Any notice, direction or instruction under this Policy shall be in writing and if it is:
- To any Insured Person, then it shall be sent to You at Your last updated address as shown in Our records and You shall act for all Insured Persons for these purposes.
 - To Us, it shall be delivered to Our address specified in the Schedule.

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- b. No insurance agents, brokers or other person or entity is authorised to receive any notice, direction or instruction on Our behalf unless We have expressly stated to the contrary in writing.
- c. Notice and instructions will be deemed served ten (10) days after posting or immediately upon receipt in the case of hand delivery, facsimile or e-mail after posting.
- d. You must immediately bring to Our notice any change in the address or contact details. If You fail to inform Us, We shall send notice to the last known address and it would be considered that the notice has been sent to You.
- e. You must include Your Policy number for any communication with Us.

iv. FREE LOOK PERIOD

You have a period of 15 days from the date of receipt of the Policy Documents to review the terms and conditions of the Policy. If You have any objections to any of the terms and conditions, You have the option of cancelling the Policy stating the reasons for cancellation and You will be refunded the premium paid by You after adjusting the amounts spent on any medical check-up, stamp duty charges and proportionate risk premium. You can cancel Your Policy only if You have not made any claims under the Policy. All Your rights under this Policy will immediately stand extinguished on the free look cancellation of the Policy. Free look provision is not applicable for Portability and at the time of Renewal of the Policy

v. GEOGRAPHY

This Policy covers for events within the territorial limits of India. All payments under this Policy will only be made in Indian Rupees.

vi. INSTALMENT PREMIUM

In case premium is payable in instalments as specified in the Policy Schedule, then:

- a. Instalments shall be payable on or before the due date for continuity of coverage under the Policy.
- b. You will have Relaxation Period of 15 days from the due date for payment of instalment. We will not charge interest on the instalment premium paid during the Relaxation Period and there will be no impact on coverage of Pre-Existing Disease and continuity of waiting periods
- c. In case We do not receive the premium within the Relaxation Period, the Policy will be terminated.
- d. In the event of a claim during the Relaxation Period, all the subsequent premium instalments shall immediately become due and payable.
- e. We shall have the right to recover and deduct any or all the pending instalments from the claim amount due under the Policy.

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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

If You are opting for Instalment premium payment, then kindly ensure that:

- a. Electronic Clearing Service (ECS) Mandate form is completely filled & signed by You.
- b. The Premium amount which would be auto debited & frequency of instalment is duly filled in the ECS Mandate form.
- c. New ECS Mandate Form is required to be filled in case of any change in the Premium due to change of Sum Insured / age / plan /coverages/revision in premium.
- d. You need to inform us at least 15 days prior to the due date of instalment premium if You wish to discontinue with the ECS facility.
- e. Non-payment of premium on due date as opted by You in the mandate form subject to an additional 15 days of Relaxation Period will lead to termination of the policy.

vii. POLICY DISPUTES

Any and all disputes or differences concerning the interpretation of the coverage, terms, conditions, limitations and/ or exclusions under this Policy shall be governed by Indian law and shall be subject to the jurisdiction of the Indian Courts.

viii. PROTECTION OF POLICY HOLDERS INTEREST

This Policy is subject to IRDAI (Protection of Policyholders' Interest) Regulation, 2017 or any amendment thereof from time to time.

ix. RECORDS TO BE MAINTAINED

You or the Insured Person, as the case may be shall keep an accurate record containing all relevant medical records pertaining to the treatment taken for any liability under the Policy and shall allow Us or Our representative(s) to inspect such records. You or the Insured Person as the case may be, shall furnish such information as may be required by Us under this Policy at any time during the Policy Period and up to three years after the Policy expiration, or until final adjustment (if any) and resolution of all claims under this Policy.

x. REVISION & MODIFICATION OF PRODUCT

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

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xi. TERMINATION OF POLICY

This Policy terminates on earliest of the following events-

- a. Cancellation of Policy as per the cancellation provision.
- b. On the Policy expiry date.

xii. WITHDRAWAL OF THE PRODUCT

The product may be withdrawn after due approval from the Authority. In such case, We will provide one-time option to all the Policyholders whose Policy is falling due for Renewal within 90 days of withdrawal of the product to renew the existing Policy or migrate to modified or other suitable Individual Health Policy with Us subject to Portability norms in vogue. All those Policyholders who choose to renew the existing Policy will be migrated to modified or other suitable Individual Health Insurance Policy at the time of next Renewal. However, if the Policyholder do not respond to Our intimation in case of such withdrawal, the Policy will be withdrawn on the Renewal date. All those Policyholders whose Renewal fall after 90 days of withdrawal of product will require to migrate to modified or other suitable Individual Health Insurance Policy.

xiii. LOADINGS

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

- a. The maximum risk loading for an individual shall not exceed 100%.
- b. These loadings are applicable from commencement date of policy including subsequent renewal(s) with Us.
- c. We will inform You about the applicable risk loading through a counter offer letter and We will only issue the Policy once We receive your consent and applicable additional premium

7.3. CONDITIONS FOR RENEWAL OF CONTRACT

i. CONTINUITY

Insured Person would have an option to migrate to Our other individual Health insurance product(s), if available, subject to Our underwriting guidelines. Likewise, children covered under the Policy when exiting on account of being not dependent on parents will also be given an option to migrate to Our individual Health insurance plans subject to Our underwriting guidelines. Insured Person will be entitled for accrued continuity benefits as per prevailing Portability guidelines issued by the regulator.

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ii. PORTABILITY

Insured Persons covered continuously under this Policy or any other Retail Health Insurance Policy from a Non-Life Insurance Company/Health Insurance Company registered with the Authority without any break 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 is available only at the time of renewal of the existing health insurance policy.
- c. Portability benefit will be credited up to the extent of the sum of expiring policy sum insured.
 - i. If the expiring Policy Sum Insured is lower than the Sum Insured opted under this Policy, waiting periods will apply to the amount of proposed increase in Sum Insured only.
 - ii. If the expiring Policy Sum Insured is higher than or equal to the Sum Insured opted under this Policy, then the waiting periods will be reduced by the number of months of continuous coverage under the previous policy.
- d. In case, expiring policy has permanent exclusions for Mental Illness and HIV/AIDS then waiting period for these conditions will be afresh.
- e. In case, expiring policy has coverage for Mental Illness and HIV/AIDS then as per portability guidelines waiting period credit for these covers is permissible.
- f. All waiting periods, if any shall be applicable individually for each Insured Person.
- g. Acceptance of the Portability application will be based on the underwriting guidelines of the Company. We may at Our sole discretion restricts the terms on which We may offer the cover.
- h. 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.
- i. 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.

iii. RENEWAL TERMS

The Policy is ordinarily renewable for life . You can renew your policy on or before the end of the Policy Period subject to realization of Renewal premium. However, We shall not be bound to give notice that such Renewal premium is due. We may exercise option of

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not renewing 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 currency of the Policy.

A Grace Period of 30 days from the premium due date is allowed where you can still pay your premium and continue your Policy. Coverage would not be available for the period for which no premium has been received. Post 30 days from premium due date, if the premium is not paid, the Policy will lapse i.e. be terminated.

Your Renewal premium for this Policy will not change unless We have revised the premium and obtained due approval from Authority. Premium otherwise will only change on account of age or if You opt for a change in the Sum Insured/ plan /tenure of the Policy.

We will not apply any additional loading on Your Policy premium at Renewal based on Your claim experience.

You may add or delete Insured Persons (except due to marriage or death) only at the time of Renewal of the Policy. However, such changes shall be subject to underwriting guidelines of the company.

iv. CHANGE OF POLICYHOLDER

The Policyholder may be changed only at the time of Renewal. The new Policyholder must be a member of insured person's Family.

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

vi. ADDITION OF INSURED PERSON

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

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

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

vii. CHANGE IN SUM INSURED

ENHANCEMENT -

Sum Insured can be enhanced at the time of renewal only. All waiting periods will apply afresh to the enhanced Sum Insured from the effective date of such enhancement.

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

REDUCTION –

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

7.4. CONDITIONS WHEN A CLAIM ARISES

i. ARBITRATION

If We admit liability for any claim but any difference or dispute arises as to the amount payable for any claim the same shall be decided by reference to Arbitration. The Arbitrator shall be appointed in accordance with the provisions of the Arbitration and Conciliation Act, 1996 or any amendment thereto. No reference to Arbitration shall be made unless We have admitted Our liability for a claim in writing.

ii. DISCLAIMER OF CLAIM

If We shall disclaim liability to the Insured for any claim and if the Insured shall not, within twelve (12) calendar months from the date or receipt of the notice of such disclaimer notify Us in writing that he does not accept such disclaimer and intends to recover his claim from Us, then the claim shall for all purposes be deemed to have been abandoned and shall not thereafter be recoverable under the Policy.

iii. COMPLETE DISCHARGE

Payment made by Us to You /Assignee/Nominee/legal representative, as the case may be, in respect of any benefit under the Policy shall in all cases be complete and construe as an effectual discharge in favour of Us.

iv. PHYSICAL EXAMINATION

Any Medical Practitioner authorized by Us shall be allowed to examine the Insured Person in case of any alleged disease/Illness/Injury requiring Hospitalization. Non-cooperation by the Insured Person will result into rejection of his/her claim. We will bear the cost towards performing such medical examination (at the specified location) of the Insured Person.

v. CLAIMS PROCESS & MANAGEMENT

a. POLICYHOLDER'S / INSURED PERSON'S DUTIES AT THE TIME OF CLAIM

On occurrence of an event which will eventually lead to a Claim under this Policy, the Policyholder/ Insured Person shall:

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- i. Forthwith intimate / file / submit a Claim in accordance with section 6.3.1 (ii) Claim intimation of this Policy.
- ii. Completed claim forms and processing documents must be furnished to Us / TPA within the stipulated timelines for reimbursement of all claims. Failure to furnish this documentation within the time required shall not invalidate nor reduce any claim if You can satisfy that it was not reasonably possible for You to submit / give proof within such time.
- iii. Cashless and Reimbursement Claim processing is through Our service partner TPA, details of the same will be available on the Health Card issued by Us on Our /TPA website. For the latest list of Network Providers, you can log on to Our /TPA website. TPA will facilitate health claims processing
- iv. Assist and not hinder or prevent Our representatives in pursuance of their duties for ascertaining the admissibility of the Claim under the Policy.

b. CLAIM INTIMATION

Upon the occurrence of any Insured Claim Event that may give rise to a claim under this Policy, then the Policyholder/ Insured Person, must notify Us either at the call centre or in writing as per the following claim procedure:

Type of Hospitalisation		Notify Us or Our TPA
1)	Planned Hospitalisation	Immediately and in any event at least 48 hours prior to Your admission.
2)	Emergency Hospitalisation	Within 24 hours of Your admission to Hospital or before discharge whichever is earlier

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

- a. Policy Number
- b. Name of the Policyholder
- c. Employee /Member Number
- d. Name of the Insured Person in whose relation the Claim is being lodged
- e. Name of Illness
- f. Name and Address of the attending Medical Practitioner and Hospital (if admission has taken place)
- g. Date of Diagnosis of Illness
- h. Incident/Accident details
- i. Date of occurrence and place of Incident/Accident
- j. Any other information, documentation as requested by Us

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Failure to intimate a claim within the time required shall not invalidate nor reduce any claim if You can satisfy that it was not reasonably possible for You to intimate the claim within such time.

c. CASHLESS FACILITY

Cashless Facility is available for Hospitalisation only at Our Network Provider. The Insured Person can avail Cashless Facility at Network Provider, by presenting the health card as provided by Us with this Policy, along with a valid photo identification proof (Voter ID card / Driving License / Passport / PAN Card / Aadhar Card, any other identity proof as approved by Us)

1. For Planned Hospitalisation:

- a. The Insured Person should at least 48 hrs prior to admission to the Hospital approach the Network Provider for Hospitalisation for medical treatment.
- b. The Network Provider will issue the request for authorization letter for Hospitalisation in the pre-authorization form prescribed by the Authority.
- c. The Network Provider shall electronically send the pre-authorization form along with all the relevant details to the 24 (twenty-four) hour authorization/cashless department of the TPA along with contact details of the treating Medical Practitioner and the Insured Person.
- d. Upon receiving the pre-authorization form and all related medical information from the Network Provider, the eligibility of cover under the Policy will be verified.
- e. Wherever the information provided in the request is sufficient to ascertain the authorisation, the authorisation letter will be issued to the Network Provider. Wherever additional information or documents are required, the same will be called for from the Network Provider and upon satisfactory receipt of last necessary documents the authorisation will be issued. All authorisations will be issued within a period of 3 hours from the receipt of last complete documents.
- f. The Authorisation letter will include details of sanctioned amount, any specific limitation on the claim, any Co-Payments or Deductibles and non-payable items if applicable.
- g. The authorisation letter shall be valid only for a period of 15 days from the date of issuance of authorization

In the event that the cost of Hospitalisation exceeds the authorized limit as mentioned in the authorization letter:

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- a. The Network Provider shall request for an enhancement of authorisation limit. Eligibility will be verified, and the enhancement will be evaluated on the availability of further limits.
- b. We shall accept or decline such additional expenses within 3 hours of receiving the request for enhancement

At the time of Discharge

- a. The Network Provider may forward a final request for authorization for any residual amount along with the discharge summary and the billing format in accordance with the process.
- b. Upon receipt of the final authorisation letter, Insured may be discharged by the Network Provider.
- c. Network provider to ensure that the final authorization letter is signed by Insured.
- d. Insured must ensure to take photocopies of relevant medical records for future reference

2. In case of Emergency Hospitalisation:

- a. The Insured Person may approach the Network Provider for Hospitalisation.
- b. Insured Person will need to provide health Card / Health insurance Policy details at Hospital admission counter.
- c. The Network Provider shall forward the request for authorization within 24 hours of admission to the Hospital or before discharge whichever is earlier.
- d. In the interim, the Network Provider may either consider treating the Insured Person by taking a token deposit or treating as per their norms.
- e. The Network Provider shall refund the deposit amount to you barring a token amount to take care of non-covered expenses once the authorization is issued

The Network Provider will send the claim documents to TPA within 15 days from the date of discharge from Hospital

- i. Claim Form Duly Filled and Signed
- ii. Original signed pre-authorisation request
- iii. Copy of authorisation approval letter (s)
- iv. Copy of Photo ID of Patient Verified by the Hospital
- v. Original Discharge/Death Summary
- vi. Operation Theatre Notes (if any)
- vii. Original Hospital Main Bill along with break up Bill and original receipts
- viii. Original Investigation Reports, X Ray, MRI, CT Films, HPE

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- ix. Details of the implants including the sticker indicating the type as well as invoice towards the cost of implant
- x. Doctors Reference Slips for Investigations/Pharmacy
- xi. Original Pharmacy Bills
- xii. MLC/FIR Report/Post Mortem Report (if applicable and conducted).

Any additional documents may be called as required based on the circumstances of the claim.

There can be instances where Cashless Facility may be denied for Hospitalisation due to insufficient Sum Insured or insufficient information to determine admissibility in which case You/Insured Person may be required to pay for the treatment and submit the claim for reimbursement to TPA which will be considered subject to the Policy Terms & Conditions.

We in Our sole discretion, reserves the right to modify, add or restrict any Network Provider for Cashless services under the Policy. Before availing the Cashless service, the Policyholder / Insured Person is required to check the applicable/latest list of Network Provider on TPA's website or by calling call centre.

d. CLAIM REIMBURSEMENT PROCESS

Wherever You have opted for a reimbursement of expenses, You may submit the documents for reimbursement of the claim to Our / TPA office not later than 15 days from the date of discharge from the Hospital. You can obtain a Claim Form from any of Our / TPA Offices or download a copy from Our website at www.cocogeneralinsurance.com. The necessary claim documents to be submitted for reimbursement are as following:

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

We may call for any additional documents/information as required based on the circumstances of the claim.

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e. CLAIMS DOCUMENTS

In case of any Claim for the covered Benefit, the list of necessary documents as mentioned below shall be provided by the Policyholder/Insured Person, immediately but not later than thirty (30) days of date of occurrence of an Insured event, to avail the Claim.

Completed claim forms and processing documents must be furnished to Us within the stipulated timelines for all claims. We may consider the delay in extreme cases of hardship where it is proved to Our satisfaction that under the circumstances in which the Insured Person was placed, it was not possible for him or any other person to give documents.

Original Documents are required for Claims processing:

1. Claim Form Duly Filled and Signed
2. Hospital summary / Discharge Summary / Death Summary
3. Operation Theatre Notes / Indoor case papers
4. Final Hospital Bill with Bill break up and receipt
5. Doctor reference slip for investigation tests
6. Pathological / Investigation reports with payment receipts
7. Pharmacy bills
8. Details of the implants including the sticker indicating the type as well as invoice towards the cost of implant
9. Copy of attested Death Certificate issued by Hospital and Local Authority (In death cases)
10. MLC/FIR Report/Post Mortem Report (if applicable and conducted) duly attested by concern authority (in death cases).
11. Confirmation from Employer on Insured Person's employment status (Applicable only in Empower benefit)
12. Settlement letter from the other insurer who has paid the claim and made deductions with respect to – Copayment / Prosthesis / Non-Medical Expenses (Applicable only in CoPayRent benefit)
13. Copy of KYC documents (Photo ID proof, Pan Card, Aadhar Card etc.)
14. Cancelled cheque for NEFT payment

f. SCRUTINY OF CLAIM DOCUMENTS

- i. We shall scrutinize the Claim and accompanying documents. Any deficiency of documents shall be intimated within five (5) days of their receipt.
- ii. First reminder for deficient documents will be sent within 10 days of first deficiency letter and Second reminder - within 10 days of first reminder

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deficiency letter. Final reminder letter will be sent from 10 days from second reminder.

- iii. We will send a maximum of three (3) reminders following which, We will send a rejection letter after 15 days from the last reminder if the documents are not received.

g. CLAIM INVESTIGATION

We may investigate claims if reasonably required to determine the validity of claim. Verification carried out, if any, will be done by Individuals or Medical Practitioners or entities authorized by Us to carry out such verification / investigation(s) and the costs for such verification / investigation shall be borne by Us.

You additionally hereby consent to disclose Us of documentation and information that may be held with Your Medical Practitioner and other insurers.

h. PRE- HOSPITALIZATION & POST HOSPITALIZATION

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

i. SETTLEMENT AND REPUDIATION OF A CLAIM

- i. We shall be under no obligation to make any payment under this Policy unless We have been provided with the documentation and information to establish the validity of the claim.
- ii. We shall ordinarily settle a Claim including its rejection within thirty (30) days of the receipt of the last "necessary" documents as listed in the section 5.4) v) c) - Claim Documents. However, where the circumstances of a claim warrant an investigation We shall initiate and complete such investigation at the earliest, in any case not later than 30 days from the date of receipt of last necessary document.
- iii. In such cases, We shall settle the claim within 45 days from the date of receipt of last necessary document.
- iv. Repudiated' claims will be informed to You in writing with appropriate reasons of repudiation.
- v. We will only make payment to Policyholder under this Policy. Policy holder's receipt shall be considered as a complete discharge of Our liability against any claim under this Policy. In the event of Policyholder's death, We will make payment to the Nominee/Assignee (as named in the Schedule).
- vi. In case of delay in the payment beyond the stipulated timelines, We shall be liable to pay interest at a rate of two percent (2%) above the Bank Rate or as per the applicable / extant IRDAI regulation. Such interest shall be paid from the date of receipt of the last relevant and necessary document from the Insured /claimant by insurer till the date of actual payment.

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j. MULTIPLE POLICIES

In case of multiple policies which provide fixed benefits, on the occurrence of the insured event, each insurer shall make the claim payments independently of payments received under other similar policies in accordance with the terms and conditions of its policy.

If two or more policies are taken by an Insured during a period from one or more insurers to indemnify treatment costs, the Policyholder shall have the right to require a settlement of his/her claim in terms of any of his/her policies.

- i. In all such cases the insurer who has issued the chosen Policy shall be obliged to settle the claim as long as the claim is within the limits of and according to the terms of the chosen Policy.
- ii. If the amount to be claimed exceeds the Sum Insured under a single Policy after considering the Deductibles or Co-Payments, the Policyholder shall have the right to choose other insurers from whom he/she wants to claim the balance amount.
- iii. Claims under other policy/ies may be made after exhaustion of Sum Insured in the earlier chosen policy / policies
- iv. Where an Insured has policies from more than one insurer to cover the same risk on indemnity basis, the Insured shall only be indemnified the hospitalisation costs in accordance with the terms and conditions of the chosen Policy.
- v. The Insured shall have rights to prefer claims from other Policy/ policies for the amount disallowed under the earlier chosen policy/policies, even if the Sum Insured is not exhausted. Then the insurers shall settle the claim subject to the terms and conditions of the other policy / policies so chosen

k. TPA RELATED INFORMATION

For intimation of claim, submission of claim related documents and any claim related query, You can contact TPA through:

TPA Name	<<Name of the TPA>>
Address	<<XXXX>>
Website	<<www.tpaname.com>>
E-mail Id	<<info@tpaname.com>>
Toll Free Number	<<XXX XXXXX XXX>>

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8. GRIEVANCE REDRESSAL PROCEDURE

At Navi General Insurance Limited, we want your relationship with insurance to be much beyond than what you've experienced yet. To understand, appreciate, and enjoy insurance-we're here for you.

You can 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. E-mail your queries to mycare@cocogeneralinsurance.com
- c. For Senior Citizens, we have a special cell and our Senior Citizen Customers can email us at - seniorcare@cocogeneralinsurance.com for priority resolution.
- d. Visit our website www.cocogeneralinsurance.com to register your policy related requests.
- 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 / Certificate of Insurance Number
- Contact Details

in all your communications, to enable our customer experience expert to connect with you and provide you with quickest possible solution.

We'll ensure 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 Matrix

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 feel that you weren't offered a perfect resolution, please feel free to share your feedback with our Manager Customer Experience team at

Manager.CustomerExperience@cocogeneralinsurance.com

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Level 2

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

Level 3

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

If your concern still remains unresolved after having followed the above three escalation procedures, then 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>

S. No.	AREAS OF JURISDICTION	OFFICE OF THE INSURANCE OMBUDSMAN
1	Gujarat and Union Territories of Dadra & Nagar Haveli, Daman and Diu	Office of the Insurance Ombudsman, 2nd floor, Ambica House, Near C.U. Shah College, 5, Navyug Colony, Ashram Road, Ahmedabad – 380 014. Tel.: 079 - 27546150 / 27546139 Fax: 079 - 27546142 Email: bimalokpal.ahmedabad@ecoi.co.in
2	Karnataka	Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, 1st Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@ecoi.co.in
3	Madhya Pradesh and Chhattisgarh	Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, Bhopal – 462 003. Tel.: 0755 - 2769201 / 2769202 Fax: 0755 - 2769203 ecoi.co.in Email: bimalokpal.bhopal@ecoi.co.in

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4	Odisha	Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar – 751 009. Tel.: 0674 - 2596461 /2596455 Fax: 0674 - 2596429 <u>Email: bimalokpal.bhubaneswar@ecoi.co.in</u>
5	Punjab, Haryana, Himachal Pradesh, Jammu & Kashmir and Union territory of Chandigarh	Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17 – D, Chandigarh – 160 017. Tel.: 0172 - 2706196 / 2706468 Fax: 0172 - 2708274 <u>Email: bimalokpal.chandigarh@ecoi.co.in</u>
6	Tamil Nadu and Union Territories - Pondicherry Town and Karaikal (which are part of Union Territory of Pondicherry).	Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24335284 Fax: 044 - 24333664 <u>Email: bimalokpal.chennai@ecoi.co.in</u>
7	Delhi	Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 23239633 / 23237532 Fax: 011 - 23230858 <u>Email: bimalokpal.delhi@ecoi.co.in</u>
8	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura.	Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001(ASSAM). Tel.: 0361 - 2132204 / 2132205 Fax: 0361 - 2732937 <u>Email: bimalokpal.guwahati@ecoi.co.in</u>

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9	Andhra Pradesh, Telangana and Union Territory of Yanam - a part of the Union Territory of Pondicherry	Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 65504123 / 23312122 Fax: 040 - 23376599 Email: bimalokpal.hyderabad@ecoi.co.in
10	Rajasthan	Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 - 2740363 Email: Bimalokpal.jaipur@ecoi.co.in
11	Kerala, UT of (a) Lakshadweep, (b) Mahe - a part of UT of Pondicherry	Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682 015. Tel.: 0484 - 2358759 / 2359338 Fax: 0484 - 2359336 Email: bimalokpal.ernakulam@ecoi.co.in
12	West Bengal, Union Territories of Andaman and Nicobar Islands, Sikkim	Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124340 Fax : 033 - 22124341 Email: bimalokpal.kolkata@ecoi.co.in

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<p>13</p>	<p>District of Uttar Pradesh: Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varansi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sulanpur, Maharajganj, Santkabirnagar, Azamgarh, Kaushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar.</p>	<p>Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 2231330 / 2231331 Fax: 0522 - 2231310 <u>Email: bimalokpal.lucknow@ecoi.co.in</u></p>
<p>14</p>	<p>Goa, Mumbai Metropolitan Region excluding Navi Mumbai & Thane.</p>	<p>Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022 - 26106552 / 26106960 Fax: 022 - 26106052 <u>Email: bimalokpal.mumbai@ecoi.co.in</u></p>
<p>15</p>	<p>States of Uttaranchal and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozabad, Gautam Budh Nagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur</p>	<p>Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddha Nagar, U.P-201301. Tel.: 0120-2514250 / 2514251 / 2514253 <u>Email: bimalokpal.noida@ecoi.co.in</u></p>

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16	Bihar and Jharkhand	Office of the Insurance Ombudsman, 1st Floor, Kalpana Arcade Building,, Bazar Samiti Road, Bahadurpur, Patna 800 006. Tel.: 0612-2680952 Email: bimalokpal.patna@ecoi.co.in
17	Maharashtra, Area of Navi Mumbai and Thane excluding Mumbai Metropolitan Region	Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020 - 32341320 Email: bimalokpal.pune@ecoi.co.in

IRDAI 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.

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ANNEXURE 1 - DAY CARE PROCEDURES

Sr. No	System	Procedure
1	ENT	Adenoidectomy with Grommet insertion
2		Adenoidectomy without Grommet insertion
3		Conchoplasty
4		Endolymphatic Sac Surgery for Meniere's Disease
5		Excision and destruction of lingual tonsils
6		Excision of Angioma Septum
7		Fenestration of the inner ear
8		Incision & Drainage of Pharyngeal Abscess
9		Incision and drainage – Hematoma Auricle
10		Incision and drainage of perichondritis
11		Labyrinthectomy for severe Vertigo
12		Myringoplasty
13		Myringotomy with Grommet Insertion
14		Ossiculoplasty
15		Palatoplasty
16		Pseudocyst of the Pinna - Excision
17		Reduction of fracture of Nasal Bone
18		Removal of Tympanic Drain under LA
19		Septoplasty
20		Stapedectomy under GA
21		Stapedectomy under LA
22		Stapedotomy
23		Thyroplasty Type I
24		Tonsillectomy with adenoidectomy
25		Tonsillectomy without adenoidectomy
26		Tracheoplasty
27		Tracheostomy
28		Transoral incision and drainage of a pharyngeal abscess
29		Turbinectomy
30		Turbinoplasty
31		Tympanoplasty
32		Uvulo Palato Pharyngo Plasty
33		Vestibular Nerve section
34		Vocal Cord lateralisation Procedure
35		Mastoidectomy
36	Ophthalmology	Biopsy of tear gland

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37		Corrective surgery of blepharoptosis
38		Corrective surgery of the entropion and ectropion
39		Excision and destruction of the diseased tissue of the eyelid
40		Incision of diseased eyelids
41		Incision of tear glands
42		Incision of the cornea
43		Operation on the canthus and epicanthus
44		Operations for pterygium
45		Removal of foreign body from eye
46		Surgery for cataract
47		Treatment of retinal lesion
48		Other operation on the tear ducts
49		Other operations on the cornea
50		Enucleation of Eye Without Implant
51		Dacryocystorhinostomy for Various Lesions of Lacrimal Gland
52	Oncology	2D Radiotherapy
53		3D Brachytherapy
54		3D Conformal Radiotherapy
55		Adjuvant chemotherapy
56		Adjuvant Radiotherapy
57		Afterloading Catheter Brachytherapy
58		CCRT-Concurrent Chemo + RT
59		Conditioning Radiotherapy for BMT
60		Consolidation chemotherapy
61		Continuous Infusional Chemotherapy
62		Electron Therapy
63		External mould Brachytherapy
64		Extracorporeal Irradiation of Blood Products
65		Extracorporeal Irradiation to the Homologous Bone grafts
66		FSRT-Fractionated SRT
67		Gamma knife SRS
68		HBI-Hemibody Radiotherapy
69		HDR Brachytherapy
70		Helical Tomotherapy
71		IGRT- Image Guided Radiotherapy
72		Implant Brachytherapy
73		IMRT- DMLC
74		IMRT- Step & Shoot
75		Induction chemotherapy

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76		Infusional Bisphosphonates
77		Infusional Chemotherapy
78		Infusional Targeted therapy
79		Interstitial Brachytherapy
80		Intracavity Brachytherapy
81		intraluminal Brachytherapy
82		Intravesical Brachytherapy
83		IV Push Chemotherapy
84		LDR Brachytherapy
85		Maintenance chemotherapy
86		Neoadjuvant chemotherapy
87		Neoadjuvant radiotherapy
88		Palliative chemotherapy
89		Palliative Radiotherapy
90		Radical chemotherapy
91		Radical Radiotherapy
92		Rotational Arc Therapy
93		SBRT-Stereotactic Body Radiotherapy
94		SC administration of Growth Factors
95		SRS-Stereotactic Radiosurgery
96		SRT-Stereotactic Arc Therapy
97		TBI- Total Body Radiotherapy
98		Tele gamma therapy
99		Telescesium Therapy
100		Telecobalt Therapy
101		Template Brachytherapy
102		TSET-Total Electron Skin Therapy
103		VMAT-Volumetric Modulated Arc Therapy
104		X-Knife SRS
105	Plastic Surgery	Breast reconstruction surgery after mastectomy
106		Construction skin pedicle flap
107		Fibro myocutaneous flap
108		Gluteal pressure ulcer-Excision
109		Muscle-skin graft duct fistula
110		Muscle-skin graft, leg
111		Myocutaneous flap
112		Plastic surgery to the floor of the mouth under GA
113		Removal cartilage graft
114		Removal of bone for graft

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115		Sling operation for facial palsy
116		Split Skin Grafting under RA
117		Wolfe skin graft
118	Urology	Anderson hynes operation
119		AV fistula - wrist
120		Bladder Neck Incision
121		Cystoscopic Litholapaxy
122		Cystoscopy & Biopsy
123		Cystoscopy and "SLING" procedure.
124		Cystoscopy and removal of FB
125		Cystoscopy and removal of polyp
126		Drainage of prostate abscess
127		ESWL
128		Excision of urethral diverticulum
129		Excision of urethral prolapse
130		Frenular tear repair
131		Haemodialysis
132		injury prepuce- circumcision
133		Kidney endoscopy and biopsy
134		Meatotomy for meatal stenosis
135		Mega-ureter reconstruction
136		Orchiectomy
137		Paraphimosis surgery
138		Percutaneous nephrostomy
139		Removal of urethral Stone
140		Repair of penile torsion
141		Suprapubic cystostomy
142		Surgery filarial scrotum
143		Surgery for fournier's gangrene scrotum
144		Surgery for pelvi ureteric junction obstruction
145		Surgery for watering can perineum
146		TUNA- prostate
147		Ureter endoscopy and treatment
148		URSL with lithotripsy
149		URSL with stenting
150	Vesico ureteric reflux correction	
151	Neurology	Diagnostic cerebral angiography
152		Entrapment neuropathy Release
153		Epidural steroid injection

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154		Facial nerve physiotherapy
155		Glycerol rhizotomy
156		Intrathecal Baclofen therapy
157		Motor cortex stimulation
158		Muscle biopsy
159		Nerve biopsy
160		Percutaneous Cordotomy
161		Spinal cord stimulation
162		Stereotactic Radiosurgery
163		Ventriculoatrial shunt
164		VP shunt
165	Thoracic Surgery	Bronchoscopic treatment of bleeding lesion
166		Bronchoscopic treatment of fistula / stenting
167		Bronchoalveolar lavage & biopsy
168		Coronary Angiography
169		Direct Laryngoscopy with biopsy
170		EBUS + Biopsy
171		Endoscopic thoracic sympathectomy
172		Laser Ablation of Barrett's oesophagus
173		Pleurodesis
174		Thoracoscopy and Lung Biopsy
175		Thoracoscopy and pleural biopsy
176		Thoracoscopy assisted empyema drainage
177		Thoracoscopy ligation thoracic duct
178	Gastroenterology	Colonoscopy ,lesion removal
179		Colonoscopy stenting of stricture
180		Construction of gastrostomy tube
181		ERCP
182		ERCP + placement of biliary stents
183		ERCP and choledochoscopy
184		ERCP and papillotomy
185		ERCP and sphincterotomy
186		Esophageal stent placement
187		Esophagoscope and sclerosant injection
188		EUS + aspiration pancreatic cyst
189		EUS + coeliac node biopsy
190		EUS + submucosal resection
191		EUS and pancreatic pseudo cyst drainage
192		Pancreatic pseudocyst EUS & drainage

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193		Percutaneous Endoscopic Gastrostomy
194		Proctosigmoidoscopy volvulus detorsion
195		RF ablation for barrett's Esophagus
196		Sigmoidoscopy
197		Small bowel endoscopy (therapeutic)
198	General Surgery	Abscess-Decompression
199		Axillary lymphadenectomy
200		Breast abscess I& D
201		Cervical lymphadenectomy
202		Circumcision for Trauma
203		Colonoscopy
204		Colostomy
205		colostomy closure
206		Drainage of pyelonephrosis / perinephric abscess
207		Epididymectomy
208		ERCP - Bile duct stone removal
209		ERCP - pancreatic duct stone removal
210		Esophageal Growth stent
211		Eversion of Sac
212		Excision of Cervical RIB
213		Excision of Ranula under GA
214		Feeding Gastrostomy
215		Feeding Jejunostomy
216		Fibroadenoma breast excision
217		Fissure in Ano- fissurectomy
218		Fissure in ano sphincterotomy
219		Glossectomy
220		Surgical treatment of Hydrocele
221		Ileostomy
222		Ileostomy closure
223	Incision and drainage of Abscess	
224	Incision of a pilonidal sinus / abscess	
225	Infected keloid excision	
226	Infected lipoma excision	
227	Infected sebaceous cyst	
228	Inguinal lymphadenectomy	
229	Intersphincteric abscess incision and drainage	
230	Jaboulay's Procedure	
231	Laparoscopic cardiomyotomy(Hellers)	

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232	Laparoscopic pyloromyotomy(Ramstedt)
233	Laparoscopicreduction of intussusception
234	Liver Abscess- catheter drainage
235	Lord's plication
236	Maximal anal dilatation
237	Meatoplasty
238	Microdochectomy breast
239	Oesophageal varices Sclerotherapy
240	Oesophagoscopy and biopsy of growth oesophagus
241	PAIR Procedure of Hydatid Cyst liver
242	Pancreatic Pseudocysts Endoscopic Drainage
243	Parastomal hernia
244	Perianal abscess I&D
245	Perianal hematoma Evacuation
246	Photodynamic therapy or esophageal tumour and Lung tumour
247	Piles
248	Pneumatic reduction of intussusception
249	Polypectomy colon
250	Prolapsed colostomy- Correction
251	Psoas Abscess Incision and Drainage
252	Resection of Salivary Gland
253	Rigid Oesophagoscopy for dilation of benign Strictures
254	Rigid Oesophagoscopy for FB removal
255	Rigid Oesophagoscopy for Plummer vinson syndrome
256	Scalp Suturing
257	Scrotoplasty
258	Sentinel node biopsy
259	Sentinel node biopsy malignant melanoma
260	Splenic abscesses Laparoscopic Drainage
261	Subcutaneous mastectomy
262	Submandibular salivary duct stone removal
263	Surgery for fracture Penis
264	Surgical treatment of varicocele
265	Suturing of lacerations
266	Testicular biopsy
267	Thyroid abscess Incision and Drainage
268	TIPS procedure for portal hypertension
269	Tru cut liver biopsy
270	UGI scopy and injection of adrenaline, sclerosants - bleeding ulcers

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271		UGI scopy and Polypectomy oesophagus
272		UGI Scopy and Polypectomy stomach
273		Varicose veins legs - Injection sclerotherapy
274		Wound debridement and Cover
275		ZADEK's Nail bed excision
276	Orthopedic	Abscess knee joint drainage
277		Amputation follow-up surgery
278		Amputation of metacarpal bone
279		Arthroplasty
280		Arthroscopic Meniscle repiar
281		Arthroscopic Repair of ACL tear knee
282		Arthroscopic repair of PCL tear knee
283		Arthroscopic Shoulder surgery
284		Arthrotomy Hip joint
285		Aspiration of Hematoma
286		Biopsy elbow joint lining
287		Biopsy finger joint lining
288		Calcaneum spur hydrocort injection
289		Carpal tunnel release
290		Closed reduction and external fixation
291		Closed reduction of dislocation / Fracture
292		Decompress forearm space
293		Elbow arthroscopy
294		Excision of dupuytren's contracture
295		Excision of various lesions in Coccyx
296		Exploration of ankle joint
297		Fixation of knee joint
298		Ganglion wrist hyalase injection
299		Haemarthrosis knee- lavage
300		Implant removal minor
301		Incision of foot fascia
302		Intra articular steroid injection
303		Joint Aspiration - Daignostic / Theraputic
304		K wire removal
305		Lengthening of hand tendon
306		Lengthening of thigh tendons
307		ORIF with K wire fixation- small bones
308		ORIF with plating- Small long bones
309	Partial removal of metatarsal	

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310		Partial removal of rib
311		POP application under GA
312		Release of midfoot joint
313		Release of thumb contracture
314		Removal of elbow bursa
315		Removal of fracture pins/ nails
316		Removal of knee cap bursa
317		Removal of tumor of arm/ elbow under RA/GA
318		Removal of wrist prosthesis
319		Remove/graft bone lesion
320		Repair of knee joint
321		Repair of ruptured tendon
322		Revision of neck muscle (Torticollis release)
323		Revision/Removal of Knee cap
324		Surgery of bunion
325		Syme's amputation
326		Tendon lengthening
327		Tendon shortening
328		Tendon transfer procedure
329		Tennis elbow release
330		Treatment fracture of radius & ulna
331		Treatment of clavicle dislocation
332		Treatment of foot dislocation
333		Treatment of fracture of ulna
334		Treatment of scapula fracture
335		Treatment of sesamoid bone fracture
336		Treatment of shoulder dislocation
337		Excision of any other bursitis
338	Paediatric surgery	Cystic hygroma - Injection treatment
339		Detorsion of torsion Testis
340		Dilatation of accidental caustic stricture oesophageal
341		EUA + biopsy multiple fistula in ano
342		Excision Juvenile polyps rectum
343		Excision of cervical teratoma
344		Excision of fistula-in-ano
345		Excision of soft tissue rhabdomyosarcoma
346		Excision Sigmoid Polyp
347		High Orchiectomy for testis tumours
348		Infantile Hypertrophic Pyloric Stenosis pyloromyotomy

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349		lap.Abdominal exploration in cryptorchidism
350		Mediastinal lymph node biopsy
351		Orchidopexy for undescended testis
352		Presacral Teratomas Excision
353		Rectal prolapse (Delorme's procedure)
354		Rectal-Myomectomy
355		Removal of vesical stone
356		Sternomastoid Tenotomy
357		Vaginoplasty
358	Gynaecology	Bartholin Cyst excision
359		Conization
360		Cryocauterisation of Cervix
361		D&C
362		Endometrial ablation
363		Hymenectomy(imperforate Hymen)
364		Hysteroscopic adhesiolysis
365		Hysteroscopic removal of myoma
366		Hysteroscopic resection of endometrial polyp
367		Hysteroscopic resection of fibroid
368		Hysteroscopic resection of septum
369		Laparoscopic cystectomy
370		Laparoscopic Myomectomy
371		Laparoscopic oophorectomy
372		Laparoscopic cyst excision
373		Large loop excision of the transformation zone
374		Loop Electrosurgical excision procedure
375		MIRENA insertion for therapeutic use
376		Pelvic floor repair(excluding Fistula repair)
377		Polypectomy
378		Repair of vagina (vaginal atresia)
379		Repair recto- vagina fistula
380		Surgery for Stress Urinary Incontinence
381		Thermal Cauterisation of Cervix
382		Transurethral Resection of Bladder Tumor
383		Ureterocoele repair - congenital internal
384		Uterine artery embolization
385		Vaginal mesh For POP
386		Vaginal wall cyst excision
387		Vulval cyst Excision

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388		Vulval wart excision
389	Dental	FNAC
390		Oral biopsy in case of abnormal tissue presentation
391		Splinting of avulsed teeth
392		Suturing lacerated lip
393		Suturing oral mucosa

Note:

- a) The above list is exhaustive. Any addition / deletion in this list shall be subject to IRDAI's approval.
- b) The standard exclusions and waiting periods are applicable to all of the above Day Care Procedures.

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ANNEXURE II - NON-MEDICAL EXPENSES LIST

SR NO	ITEMS	Payable /Non-Payable
I	TOILETRIES/COSMETICS/PERSONAL COMFORT OR CONVENIENCE ITEMS/SIMILAR EXPENSES	
1	HAIR REMOVAL CREAM	Payable - for site preparation
2	BABY CHARGES (UNLESS SPECIFIED/INDICATED)	Not Payable
3	BABY FOOD	Not Payable
4	BABY UTILITES CHARGES	Not Payable
5	BABY SET	Not Payable
6	BABY BOTTLES	Not Payable
7	BRUSH	Not Payable
8	COSY TOWEL	Not Payable
9	HAND WASH	Not Payable
10	MOISTURISER PASTE BRUSH	Not Payable
11	POWDER	Not Payable
12	RAZOR	Payable
13	SHOE COVER	Not Payable
14	BEAUTY SERVICES	Not Payable
15	BELTS/ BRACES	Payable for 1 (Qty) only in surgical cases of Thoracic or Lumbar Spine
16	BUDS	Not Payable
17	BARBER CHARGES	Not Payable
18	CAPS	Not Payable
19	COLD PACK/HOT PACK	Not Payable
20	CARRY BAGS	Not Payable
21	CRADLE CHARGES	Not Payable
22	COMB	Not Payable
23	DISPOSABLES RAZORS CHARGES (for site preparations)	Payable
24	EAU-DE-COLOGNE / ROOM FRESHNERS	Not Payable
25	EYE PAD	Payable
26	EYE SHEILD	Payable
27	EMAIL / INTERNET CHARGES	Not Payable
28	FOOD CHARGES (OTHER THAN PATIENT's DIET PROVIDED BY HOSPITAL)	Not Payable
29	FOOT COVER	Not Payable
30	GOWN	Only sterile gown is payable in surgical cases, otherwise not payable

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31	LEGGINGS	Payable in cases of Varicose Veins and DVT if the claim is payable as per the Policy
32	LAUNDRY CHARGES	Not Payable
33	MINERAL WATER	Not Payable
34	OIL CHARGES	Not Payable
35	SANITARY PAD	Not Payable
36	SLIPPERS	Not Payable
37	TELEPHONE CHARGES	Not Payable
38	TISSUE PAPER	Not Payable
39	TOOTH PASTE	Not Payable
40	TOOTH BRUSH	Not Payable
41	GUEST SERVICES	Not Payable
42	BED PAN	Not Payable
43	BED UNDER PAD CHARGES	Not Payable
44	CAMERA COVER	Not Payable
45	CLINIPLAST	Not Payable
46	CREPE BANDAGE	Not Payable
47	CURAPORE	Not Payable
48	DIAPER OF ANY TYPE	Not Payable
49	DVD, CD CHARGES	Not Payable
50	EYELET COLLAR	Not Payable
51	FACE MASK	Not Payable
52	FLEXI MASK	Payable
53	GAUSE SOFT	Not Payable
54	GAUZE	Not Payable
55	HAND HOLDER	Not Payable
56	HANSAPLAST/ ADHESIVE BANDAGES	Not Payable
57	INFANT FOOD	Not Payable
58	SLINGS	Payable for 1 (Qty) only for Fracture of upper arm cases
59	WEIGHT CONTROL PROGRAMS / SUPPLIES / SERVICES	Not payable, unless specified in policy
60	COST OF SPECTACLES / CONTACT LENSES / HEARING AIDS ETC	Not payable, unless specified in policy
61	HOME VISIT CHARGES	Not payable, unless specified in policy
62	DONOR SCREENING CHARGES	Not Payable
63	ADMISSION / REGISTRATION CHARGES	Not Payable
64	HOSPITALISATION FOR EVALUATION / DIAGNOSTIC PURPOSE	Not Payable
65	EXPENSES FOR INVESTIGATION / TREATMENT IRRELEVANT TO THE	Not Payable

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	DISEASE FOR WHICH ADMITTED OR DIAGNOSED	
66	WARD AND THEATRE BOOKING CHARGES	Payable under OT Charges
67	ARTHROSCOPY AND ENDOSCOPY INSTRUMENTS	Payable under OT Charges
68	MICROSCOPE COVER	Payable under OT Charges
69	SURGICAL BLADES, HARMONIC SCALPEL, SHAVER	Payable under OT Charges
70	SURGICAL DRILL	Payable under OT Charges
71	EYE KIT	Payable under OT Charges
72	EYE DRAPE	Payable
73	X-RAY FILM	Payable under Radiology Charges
74	SPUTUM CUP	Payable under Investigation Charges, not as consumable
75	BOYLES APPARATUS CHARGES	Payable under OT Charges
76	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES	Part of Cost of Blood, not payable
77	ANTISEPTIC OR DISINFECTANT LOTIONS	Not Payable - Part of Dressing charges
78	BAND AIDS, BANDAGES, STERILE INJECTIONS, NEEDLES, SYRINGES	Not Payable - Part of Dressing charges
79	COTTON	Not Payable - Part of Dressing charges
80	COTTON BANDAGE	Not Payable - Part of Dressing charges
81	MICROPORE / SURGICAL TAPE	Not Payable - Part of Dressing charges
82	BLADE	Not Payable
83	APRON	Not Payable - Part of Hospital Services/ Disposable linen to be part of OT/ICU charges
84	TORNIQUET	Not Payable (service Is Charged by Hospitals Consumables Cannot Be Separately Charged)
85	ORTHOBUNDLE, GYNAEC BUNDLE	Not Payable - Part of Dressing charges
86	URINE CONTAINER	Not Payable
II	ELEMENTS OF ROOM CHARGE	
87	LUXURY TAX	Part of Room charge not payable separately
88	HVAC	Part of Room charge not payable separately
89	HOUSE KEEPING CHARGES	Part of Room charge not payable separately
90	SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED	Part of Room charge not payable separately
91	TELEVISION AND AIR CONDITIONER CHARGES	Payable under Room charges
92	SURCHARGES	Part of Room charge not payable separately
93	ATTENDANT CHARGES	Not Payable - Part of Room charges

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94	IM IV INJECTION CHARGES	Part of Nursing charges, not payable separately
95	CLEAN SHEET	Part of Laundry/ Housekeeping not payable separately
96	EXTRA DIET OF PATIENT (OTHER THAN THAT WHICH FORMS PART OF BED CHARGE)	Patient Diet provided by hospital is payable
97	BLANKET / WARMER BLANKET	Not Payable - Part of Room charges
III	ADMINISTRATIVE OR NON-MEDICAL CHARGES	
98	ADMISSION KIT	Not Payable
99	BIRTH CERTIFICATE	Not Payable
100	BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES	Not Payable
101	CERTIFICATE CHARGES	Not Payable
102	COURIER CHARGES	Not Payable
103	CONVENYANCE CHARGES	Not Payable
104	DIABETIC CHART CHARGES	Not Payable
105	DOCUMENTATION CHARGES / ADMINISTRATIVE EXPENSES	Not Payable
106	DISCHARGE PROCEDURE CHARGES	Not Payable
107	DAILY CHART CHARGES	Not Payable
108	ENTRANCE PASS / VISITORS PASS CHARGES	Not Payable
109	EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE	To be claimed by patient under Post Hosp where admissible
110	FILE OPENING CHARGES	Not Payable
111	INCIDENTAL EXPENSES / MISC. CHARGES (NOT EXPLAINED)	Not Payable
112	MEDICAL CERTIFICATE	Not Payable
113	MAINTAINANCE CHARGES	Not Payable
114	MEDICAL RECORDS	Not Payable
115	PREPARATION CHARGES	Not Payable
116	PHOTOCOPIES CHARGES	Not Payable
117	PATIENT IDENTIFICATION BAND / NAME TAG	Not Payable
118	WASHING CHARGES	Not Payable
119	MEDICINE BOX	Not Payable
120	MORTUARY CHARGES	Not payable, unless specified in policy
121	MEDICO LEGAL CASE CHARGES (MLC CHARGES)	Not Payable
IV	EXTERNAL DURABLE DEVICES	

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122	WALKING AIDS CHARGES	Not Payable
123	BIPAP MACHINE	Device Not Payable. Rental charges for use during hospital are payable
124	COMMODOE	Not Payable
125	CPAP / CAPD EQUIPMENTS	Device Not Payable. Rental charges for use during hospital are payable
126	INFUSION PUMP – COST	Device Not Payable. Rental charges for use during hospital are payable
127	OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)	Not Payable
128	PULSEOXYMETER CHARGES	Device Not Payable. Rental charges for use during hospital are payable
129	SPACER	Not Payable
130	SPIROMETRE	Payable
131	SPO2 PROBE	Not Payable
132	NEBULIZER KIT	Device Not Payable. Rental charges for use during hospital are payable
133	STEAM INHALER	Not Payable
134	ARMSLING	Payable for 1 (Qty) only for Fracture of upper arm cases
135	THERMOMETER	Not Payable
136	CERVICAL COLLAR	Not Payable
137	SPLINT	Not Payable
138	DIABETIC FOOT WEAR	Not Payable
139	KNEE BRACES (LONG / SHORT / HINGED)	Not Payable
140	KNEE IMMOBILIZER / SHOULDER IMMOBILIZER	Not Payable
141	LUMBO SACRAL BELT	Payable for 1 (Qty) only for Fracture/Surgery Of Lumbar Spine.
142	NIMBUS BED OR WATER OR AIR BED CHARGES	Payable for any ICU patient requiring more than 3 days in ICU, All patients with Paraplegia/Quadriplegia for any reason is payable within Room Limit.
143	AMBULANCE COLLAR	Not Payable
144	AMBULANCE EQUIPMENT	Not Payable
145	MICROSHEILD	Not Payable
146	ABDOMINAL BINDER	Payable for 1 (Qty) only for Post Surgery Patients of Major Abdominal Surgery Including TAH, LSCS, Incisional Hernia Repair, Exploratory Laparotomy for intestinal Obstruction, Liver Transplant Etc.

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V	ITEMS PAYABLE IF SUPPORTED BY A PRESCRIPTION	
147	BETADINE \ HYDROGEN PEROXIDE \ SPIRIT \ DISINFECTANTS ETC	Payable under Hospital services
148	PRIVATE NURSES CHARGES - SPECIAL NURSING CHARGES	Not Payable
149	NUTRITION PLANNING CHARGES - DIETICIAN CHARGES - DIET CHARGES	Patient Diet provided by hospital is payable
150	SUGAR FREE TABLETS	Payable - Sugar free variants of admissible medicines are not excluded
151	CREAMS POWDERS LOTIONS (Toiletries are not payable, only prescribed medical pharmaceuticals payable)	Payable when prescribed
152	DIGESTION GELS	Payable when prescribed
153	ECG ELECTRODES	Payable
154	GLOVES	Sterilized Gloves payable / unsterilized gloves not payable
155	HIV KIT	Payable - payable Pre operative screening
156	LISTERINE / ANTISEPTIC MOUTHWASH	Payable when prescribed
157	LOZENGES	Payable when prescribed
158	MOUTH PAINT	Payable when prescribed
159	NEBULISATION KIT	Payable for IPD patients
160	NOVARAPID	Payable when prescribed
161	VOLINI GEL / ANALGESIC GEL	Payable when prescribed
162	ZYTEE GEL	Payable when prescribed
163	VACCINATION CHARGES	Not payable, unless specified in policy
VI	PART OF HOSPITAL'S OWN COSTS AND NOT PAYABLE	
164	AHD	Not Payable - Part of Hospital's internal Cost
165	ALCOHOL SWABES	Not Payable - Part of Hospital's internal Cost
166	SCRUB SOLUTION/STERILLIUM	Not Payable - Part of Hospital's internal Cost
VII	OTHERS	
167	VACCINE CHARGES FOR BABY	Not payable, unless specified in policy
168	TPA CHARGES	Not Payable
169	VISCO BELT CHARGES	Payable for surgical cases like thoracic and lumbar spine
170	ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC]	Not Payable
171	EXAMINATION GLOVES	Not Payable
172	KIDNEY TRAY	Not Payable
173	MASK	Not Payable
174	OUNCE GLASS	Not Payable

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175	OUTSTATION CONSULTANT'S/ SURGEON'S FEES	Not Payable
176	OXYGEN MASK	Not Payable
177	PAPER GLOVES	Not Payable
178	PELVIC TRACTION BELT	Payable for 1 (Qty) only for Of PIVD Requiring Traction.
179	REFERAL DOCTOR'S FEES	Not Payable
180	ACCU CHECK (Glucometry / Strips)	Not Payable
181	PAN CAN	Not Payable
182	SOFNET	Not Payable
183	TROLLY COVER	Not Payable
184	UROMETER, URINE JUG	Not Payable
185	AMBULANCE	Not payable, unless specified in policy
186	TEGADERM / VASOFIX SAFETY	Payable
187	URINE BAG	Payable
188	SOFTOVAC	Not Payable
189	STOCKINGS	Payable in cases of Varicose Veins and DVT if the claim is payable as per the Policy

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ANNEXURE III – Illustration on how COCOCure Super Top Up will work

Shanti has a COCOCure Super Top Up Policy with Deductible of ₹ 3,00,000 & Sum Insured ₹ 5,00,000. Let's see the payout in various situations.

	Description of Case	How the Claim payment will be considered								
<p>Admissible Expenses means the amount payable under the policy as per the terms and conditions of this policy.</p>										
Case 1	<p>Shanti is hospitalised during the policy period.</p> <p>Inpatient Hospitalisation = Rs 3 Lakhs Pre / Post expenses = Rs 1 Lakh Total incurred expenses – Rs 4 Lakhs</p>	<p>Scenario 1: Admissible expenses is Rs 2.50 Lakhs, which is within the Deductible. So, nothing is payable under the policy.</p> <p>Scenario 2: Admissible expenses is Rs.3.50 Lakhs, which has exceeded the Deductible by Rs 50,000, so the amount payable under the policy is Rs 50,000/-.</p>								
Case 2	<p>Shanti has been hospitalised twice during the policy period.</p> <p><u>Hospitalisation # 1</u> Inpatient Hospitalisation = Rs 2 Lakhs Pre & post Hospitalisation = Rs 1 Lakh Total Expenses Incurred = Rs 3 Lakhs</p> <p><u>Hospitalisation # 2</u> Inpatient Hospitalisation = Rs 1.75 Lakhs Pre & post expenses = Rs 50,000 Total Expenses Incurred = Rs 2.25 Lakhs</p>	<p>Admissible expenses of the two hospitalisations are as under;</p> <table border="1"> <thead> <tr> <th>Claim</th> <th>Admissible Expenses</th> </tr> </thead> <tbody> <tr> <td>Hospitalisation # 1</td> <td>Rs 2.30 Lakhs</td> </tr> <tr> <td>Hospitalisation # 2</td> <td>Rs 1.90 Lakhs</td> </tr> <tr> <td>Total</td> <td>Rs 4.20 Lakhs</td> </tr> </tbody> </table> <p>No claim will be payable after first hospitalisation as admissible expenses is within the deductible limit. Subsequent to second hospitalisation during the policy period, since, total admissible expenses under both the claims = 4.20 Lakhs, which has exceeded the Deductible by Rs 1.20 Lakh, so the amount payable under the policy after second hospitalisation is Rs 1.20 Lakh.</p>	Claim	Admissible Expenses	Hospitalisation # 1	Rs 2.30 Lakhs	Hospitalisation # 2	Rs 1.90 Lakhs	Total	Rs 4.20 Lakhs
Claim	Admissible Expenses									
Hospitalisation # 1	Rs 2.30 Lakhs									
Hospitalisation # 2	Rs 1.90 Lakhs									
Total	Rs 4.20 Lakhs									
Case 3	<p>Shanti is hospitalised during the policy period.</p> <p>Inpatient Hospitalisation = Rs 8.50 lakhs Pre / Post expenses = Rs 1 Lakh Total incurred expenses – Rs 9.50 Lakhs</p>	<p>Admissible expenses = Rs 8.30 lakhs Deductible = Rs 3 Lakhs Amount after applying deductible = Rs 5.30 Lakhs Sum Insured = Rs 5 Lakhs Payable Amount = Rs 5 Lakhs</p>								

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		<p>Expenses after considering the Deductible, is Rs 5.30 Lakhs, which is greater than the Sum Insured (Rs 5 Lakhs). Hence, amount payable in this case under the policy is Rs 5 Lakhs only and not Rs 5.30 Lakhs.</p>										
<p>Case 4</p>	<p>Shanti has undergone multiple hospitalisation under the policy.</p> <p><u>Hospitalisation # 1 = Maternity</u> Inpatient Hospitalisation for Maternity = Rs 4.50 Lakhs Pre & post Hospitalisation = Rs 1 Lakh Total Expenses Incurred = Rs 5.50 Lakhs</p> <p><u>Hospitalisation # 2 = Gastroenteritis</u> Inpatient Hospitalisation = Rs 1.75 Lakhs Pre & post hospitalisation = Rs 0.65 Lakhs Total incurred expenses = Rs 2.40 Lakhs</p> <p><u>Hospitalisation # 3 = Injury</u> Inpatient Hospitalisation = Rs 1.75 Lakhs Pre & post hospitalisation = Rs 0.75 Lakhs Total incurred expenses = Rs 2.50 Lakhs</p>	<p>Hospitalisation # 1 relates to Maternity and is not admissible since it is not covered in this policy.</p> <p>In Hospitalisation # 2 admissible amount is Rs.2.1 Lakhs which has not exceeded the Deductible; hence nothing is payable.</p> <p>Hospitalisation # 3 – Admissible amount is Rs.2.2 Lakhs.</p> <table border="1" data-bbox="847 787 1440 984"> <thead> <tr> <th>Claim</th> <th>Admissible Expenses</th> </tr> </thead> <tbody> <tr> <td>Hospitalisation # 1</td> <td>Not Payable. Hence Nil</td> </tr> <tr> <td>Hospitalisation # 2</td> <td>Rs 2.10 Lakhs</td> </tr> <tr> <td>Hospitalisation # 3</td> <td>Rs 2.20 Lakhs</td> </tr> <tr> <td>Total</td> <td>Rs 4.30 Lakhs</td> </tr> </tbody> </table> <p>Aggregate of all claims is Rs 4.30 Lakhs, which has exceeded the Deductible by Rs 1.30 Lakhs. Hence, the amount payable under the policy is Rs 1.30 Lakhs after hospitalisation # 3.</p>	Claim	Admissible Expenses	Hospitalisation # 1	Not Payable. Hence Nil	Hospitalisation # 2	Rs 2.10 Lakhs	Hospitalisation # 3	Rs 2.20 Lakhs	Total	Rs 4.30 Lakhs
Claim	Admissible Expenses											
Hospitalisation # 1	Not Payable. Hence Nil											
Hospitalisation # 2	Rs 2.10 Lakhs											
Hospitalisation # 3	Rs 2.20 Lakhs											
Total	Rs 4.30 Lakhs											

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