

Raheja QBE General Insurance Company Limited

5th Floor, A Wing, Fulcrum, IA Project Road, Sahar, Andheri East, Mumbai – 400059, India.

Tel: 022 69155050 | Email: customercare@rahejaqbe.com | Website: www.rahejaqbe.com

CIN: U66030MH2007PLC173129, IRDAI Reg. No. 141

CUSTOMER INFORMATION SHEET

This document provides key information about your policy. You are also advised to go through your policy document.

Sr. No	Title	Description	Refer to Policy clause number
1	Product Name	Health QuBE Ala Carte	
2	Policy Number	XXXXXXXXXX	
3	Type of Insurance Product/Policy	Indemnity Product	
4	Sum Insured	Individual Sum Insured/Family Floater Sum Insured	
5	Policy Coverage	List of Benefits	
		Inpatient Benefit / Hospitalization Benefit: Hospitalisation expenses for a period of more than 24 Hours.	Section A
		Day care procedures (procedures requiring less than 24 hours hospitalization) covered.	
		Pre /Post Hospitalization Benefit: Medical expenses incurred upto fixed days, 30 days for pre-hospitalization and 60 days for post hospitalization.	Section B
		Ambulance Charges: Up to a maximum of **** INR based upon the SI	Section C
		Daily Cash Allowance: Hospital daily cash benefit of Rs.	Section D
		Organ Donor Benefit: Medical Expenses on harvesting the organ from the donor for organ transplantation upto 20% of Sum insured.	Section E
		Recharge/Replenish Benefit: Replenishment of the basic sum insured if the basic sum insured has been exhausted during the policy year.	Section F
		Health Checkup: Free Health Checkup based upon the SI Selected irrespective of the claims.	Section G
		Non Medical Expenses: Reimbursement of Non-Medical	Section H
		Sum Insured Increase: In case of Cashless claim we would reduce your limit only by 90%.	Section I

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		Domiciliary Hospitalisation: Medical expenses incurred for availing medical treatment at home which would otherwise have required hospitalisation, upto ****INR	Section J
	Optional Covers	Sublimit Waiver: On payment of additional premium as specified we would waive the sub-limits pertaining to room rent, ICU charges, Medical Practitioners' fees and disease related sub-limits	Section L (I)
		Voluntary Co Pay: Built-in co-pay of 20%. Policy holder shall bear 20% of the final admissible claim amount and our liability under the policy shall be restricted to only the balance of 80% of the final claim amount assessed by us.	Section L (II)
		OPD rider: Doctor consultation charges for medical illness or injury maximum upto Rs. 5000	Section M (IV)
6	Exclusions	Investigation & Evaluation (Code- ExclO4) a) Expenses related to any admission primarily for diagnostics and evaluation purposes. b) Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment	Clause 4
		Rest Cure, rehabilitation and respite care (Code- ExclO5) Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes: 1. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons. ii. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.	

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		<p>Obesity/ Weight Control (Code- ExclO6) Expenses related to the surgical treatment of obesity that does not fulfil all the below conditions: 1) Surgery to be conducted is upon the advice of the Doctor 2) The surgery/Procedure conducted should be supported by clinical protocols 3) The member has to be 18 years of age or older and 4) Body Mass Index (BMI): a) greater than or equal to 40 or b) greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss: i.Obesity-related cardiomyopathy ii.Coronary heart disease iii.Severe Sleep Apnea iv.Uncontrolled Type2 Diabetes</p>	clause 4
		<p>Change-of-Gender treatments: (Code- ExclO7) Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex.</p>	
		<p>Cosmetic or plastic Surgery: (Code- ExclO8) Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) or Cancer or as part of medically necessary treatment to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity. it must be certified by the attending Medical Practitioner.</p>	
		<p>Hazardous or Adventure sports: (Code- ExclO9) Expenses related to any treatment necessitated due to participation as a professional in hazardous or adventure sports, including but not limited to, para- jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving.</p>	
		<p>Breach of law: (Code- Excl40) Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal</p>	

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		Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. (Code-Excl12)	
		Treatments received in health hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged whole or partly for domestic reasons. (Code- Excl13)	
		Dietary supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unless prescribed by a medical practitioner as part of hospitalization claim or day care procedure (Code-Excl14)	
		Refractive Error: (Code- Excl5) Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 diopters.	
		Unproven Treatments: (Code- Excl16) Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness.	
		Sterility and Infertility : Code: (Code- Excl7) Expenses related to sterility and infertility. This includes: (I) Any type of contraception. sterilization (ii) Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI (iii) Gestational Surrogacy (Iv) Reversal of sterilization	

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		<p>War (whether declared or not) or invasion, acts of foreign enemies, hostilities, civil war, rebellion, revolutions, insurrections, mutiny, military or usurped power, seizure, capture, arrest, restraints and detainment of all kinds.</p>	
		<p>Nuclear, chemical or biological attack or weapons, contributed to, caused by, resulting from or from any other cause or event contributing concurrently or in any other sequence to the loss, claim or expense. For the purpose of this exclusion: a) Nuclear attack or weapons means the use of any nuclear weapon or device or waste or combustion of nuclear fuel or the emission, discharge, dispersal, release or escape of fissile/ fusion material emitting a level of radioactivity capable of causing any illness, incapacitating disablement or death. b) Chemical attack or weapons means the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical compound which, when suitably distributed, is capable of causing any illness, incapacitating disablement or death. c) Biological attack or weapons means the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) micro-organisms and/or biologically produced toxins (including genetically modified organisms and chemically synthesized toxins) which are capable of causing any illness, incapacitating disablement or death. Any expenses incurred on OPD treatment. This exclusion stands deleted if OPD rider is opted.</p>	
		<p>Treatment taken outside the geographical limits of India</p>	
		<p>In respect of the existing diseases, disclosed by the insured and mentioned in the policy schedule (based on insured's consent), policyholder is not entitled to get the coverage for specified ICD codes.</p>	

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		Any expense, condition or treatment not admissible in Annexure - I, List - I (Non Medical Expenses) except to the extent covered under Section (h) - Non- Medical Expenses (if applicable) under the Policy.	
		Dental Treatment, dentures or surgery of any kind unless necessitated due to an accident and requiring minimum 24 hours hospitalization. Circumcision unless necessary for treatment of an illness or as may be necessitated due to an Accident.	
7	Waiting Period	Initial waiting period: 30 days for all illnesses (not applicable for renewals or for accidental hospitalisation)	Clause 4
		24 months for certain diseases like; Cataract, Piles, Fissures, Hypertension & Diabetes, Joint Replacements etc	
		Pre-existing diseases covered after 36 months of continuous renewals	
8	Financial Limits	<p>Room Rent Limit: Sub-limits pertaining to room rent (1% per claim), ICU charges (2% per claim), Medical practitioner's fees (25% per claim) and diseases as per policy wording.</p> <p>Ambulance Charges: Up to a maximum of **** INR based upon the SI.</p> <p>Non Medical Expenses: Reimbursement of Non-Medical Expenses upto the limit specified.</p> <p>Domiciliary Hospitalisation: Medical expenses incurred for availing medical treatment at home which would otherwise have required hospitalisation upto ****INR</p>	

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9	Claims /Claims Procedure	<p>For Claims visit : https://www.rahejaqbe.com/claims/health-claims Details of procedure to be followed for cashless service as well as for reimbursement of claim including pre and post hospitalization.</p> <p>Turn Around Time (TAT) for claims settlement: TAT for preauthorization of cashless facility: 1 Hours TAT for cashless final bill authorization: 3 Hours</p> <p>Network Hospital details: https://www.rahejaqbe.com/hospital-locator Helpline number: 18001027723</p> <p>Blacklisted Hospitals list (No claims will be accepted): https://www.rahejaqbe.com/frontend/images/network-hospital/Raheja_QBE_General_Insurance_List_of_Excluded_Providers.pdf</p> <p>Download claim form https://www.rahejaqbe.com/frontend/images/health-qube-super-saver-plan/pdf/download/Retail_Health_Claim_Form.pdf</p>	Section 7
10	Policy Servicing	<p>customercare@rahejaqbe.com Toll Free No -1800 102 7723 (9 am to 8 pm, Mon to Sat)</p>	

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11	Grievances /Complaints	<p>The Grievance Cell, Raheja QBE General Insurance Company Limited Fulcrum, 501 & 502, A wing, 5th Floor, International Airport project road, Sahar, Andheri East, Mumbai - 400059, India. Toll free: 1800-102-7723 (Toll Free - 9 Am to 8 PM, Monday to Saturday)</p> <p>E-mail: customercare@rahejaqbe.com Escalation level 1- complaintsofficer@rahejaqbe.com Escalation level 2- grievancehead@rahejaqbe.com</p> <p>For Senior Citizen: Telephone : 022-69155050 Email: seniorcitizencare@rahejaqbe.com</p> <p>IRDAI Integrated Grievance Management System – https://bimabharosa.irdai.gov.in/</p> <p>Insurance Ombudsman – The contact details of the Insurance Ombudsman offices have been provided as Annexure-B of Policy document or on below website: https://www.cioins.co.in/</p>	Clause 10
12	Things to remember	<p>Free Look cancellation: You may cancel the insurance policy if you do not want it, within 30 days from the beginning of the policy. Process as per policy wordings.</p> <p>Policy renewal: Except on grounds of fraud, moral hazard or misrepresentation or non-cooperation, renewal of your policy shall not be denied, provided the policy is not withdrawn.</p> <p>Migration and Portability: When your policy is due for renewal, you may migrate to another policy with us or port your policy to another insurer. For Detailed Guidelines on portability and migration, kindly refer the link http://www.rahejaqbe.com/frontend/images/health-basic-guideline/pdf/download/Portability_Migration_Guideline.pdf</p>	

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		Change in Sum Insured: Sum Insured can be changed (increased/decreased) only at the time of renewal or at any time, subject to underwriting by the company. For increase in SI, the waiting period if any shall start afresh only for the enhanced portion of the sum insured.	
		Moratorium Period: After completion of five continuous years under the policy no look back to be applied. This period of five years is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy and subsequently completion of five continuous years would be applicable from date of enhancement or sum insured only on the enhanced limits. After the expiry of Moratorium Period no health insurance policy shall be contestable except for proven fraud and permanent exclusions specified in the policy contract.	
13	Your Obligations	Please disclose all pre-existing disease/s or condition/s, personal habits, major illness or hospitalization history before buying a policy. Non-disclosure may affect the claim settlement.	

Declaration by the Policy Holder

I have read the above and confirm having noted the details.

Place

Date

(Signature of the Policy holder)

Note	1. You may find product related documents on https://www.rahejaqbe.com/health-insurance/health-qube-plans/a-la-carte-plans
	2. In case of any conflict, the terms and conditions mentioned in the policy document shall prevail.