

# Raheja QBE General Insurance Company Limited

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## CUSTOMER INFORMATION SHEET

Title	Description	Policy Clause
Product Name	Health QuBE Insurance Policy	
What am I covered for	Inpatient Benefit / Hospitalization Benefit : Hospitalisation expenses for a period of more than 24 Hours	3 . Section a
	Day care procedures (procedures requiring less than 24 hours hospitalization) covered.	3. Section a
	Pre /Post Hospitalization Benefit : Medical expenses incurred upto fixed days specified as per SI Band/Plans	3. Section b
	Ambulance Charges : upto a maximum of 2500/- based upon the SI & Plan opted	3. Section c
	Daily Cash Allowance : Hospital daily cash benefit of upto maximum of 6 days	3. Section d
	Organ Donor Benefit : Medical Expenses on harvesting the organ from the donor for organ transplantation.	3. Section e
	Recharge/Replenish Benefit: Replenishment of the basic sum insured if the basic sum insured has been exhausted during the policy year.	3. Section f
	Health Checkup: Free Health Checkup based upon the SI Selected irrespective of the claims	3. Section g
	Non Medical Expenses: Reimbursement of Non-Medical Expenses upto the limit specified in case Cashless Facility is opted	3. Section h
	Sum Insured Increase: In case of Cashless claim we would reduce your limit only by 90% .	3. Section i
	Domicillary Hospitalisation : Medical expenses incurred for availing medical treatment at home which would otherwise have required hospitalisation.	3. Section j
Optional Addons:	1. 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.	Annexure III
	2. Co Pay: If you opt for co-pay of 20% we would give you a premium discount.	
What are the major exclusions in the policy	Any condition directly or indirectly caused by or associated with any sexually transmitted disease	Clause 4.2
	Any treatment arising from or traceable to pregnancy	
	Any treatment arising from or traceable to any fertility, sterilization, birth control procedures, contraceptive supplies or services	
	Any hospitalisation primarily for investigation / diagnostic purpose	
	Unproven/Experimental treatments or investigational treatments	
	Non-allopathic treatment.	
	Any OPD Treatment	
Treatment received outside India		
Waiting Period	Initial waiting period: 30 days for all illnesses (not applicable for renewals or for accidental hospitalisation)	Clause 4.1
	24 months for certain diseases like; Cataract, Piles, Fissures, Hypertension & Diabetes, Joint Replacements etc	
	Pre-existing diseases covered after 48 months of continuous renewals	
Payout basis	Cashless facility for hospitalization expenses in network hospitals	Clause 5.2
	Reimbursement of covered expenses up to specified limits.	
Cost Sharing	In case you opt for Addon Cover ( Copay ), then a copay of 20% is applicable	Clause Annexure III
Renewal benefits	5% Cumulative Bonus for every claim free renewal of the Policy, maximum accumulation upto 50%	3. Section 11
Renewal Conditions	Policy is renewable for the lifetime.	Section 6.13
	Renewals will be accepted with continuity benefits when received within a period of 30 days from the date of expiry of current policy. A renewal will not be denied except on grounds of misrepresentation, fraud, non disclosure from the Insured	
Cancellation	Policy will only be cancelled in case of fraud, misrepresentation or non disclosure of material fact or non-cooperation. You can request for cancellation by giving 15 days notice after which the company will refund the eligible premium provided there are no claims made.	Clause 6.14