

CUSTOMER INFORMATION SHEET (DESCRIPTION IS ILLUSTRATIVE AND NOT EXHAUSTIVE)

Sr No	Title	Description	Refer to policy clause number									
1	Product Name	Arogya Sanjeevani Policy, Raheja QBE General Insurance Company Limited										
2	What am I covered for?	a. Hospitalization expenses- Expenses incurred on hospitalization for minimum period of 24 hours including pre-hospitalization expenses for a period of 30 days and post hospitalization expenses for a period of 60 days. b. Day Care Procedures- Medical expenses for day care procedures. c. AYUSH Coverage- Expenses incurred on hospitalization under AYUSH Treatment. d. Expenses incurred on treatment of cataract. e. Expenses incurred on dental treatment and Plastic Surgery: Necessitated due to disease or injury. f. Ambulance Charges: Expenses on road Ambulance subject to a maximum of Rs.2000/- per hospitalization.	4.1 4.1.1 4.2 4.3 4.1.1									
3	What are the Major exclusions in the policy	Following is a partial list of the policy exclusions. Please refer to the policy document for the complete list of exclusions: a. Admission primarily for investigation & evaluation b. Admission primarily for rest Cure, rehabilitation and respite care c. Expenses related to the surgical treatment of obesity that do not fulfill certain conditions d. Change-of-Gender treatments e. Expenses for cosmetic or plastic surgery f. Expenses related to any treatment necessitated due to participation in hazardous or adventure sports	7.1 7.2 7.3 7.4 7.5 7.6									
4	Waiting period	a. Pre-Existing Diseases will be covered after a waiting period of forty eight (48) months of continuous coverage b. Expenses related to the treatment of any illness within 30 days from the first policy commencement date shall be excluded except claims arising due to an accident. c. Specified surgeries/treatments/diseases are covered after specific waiting period of 24 months d. Specified surgeries/treatments/diseases are covered after specific waiting period of 48 months	6.1 6.2 6.3									
5	Payment basis	Payment on indemnity basis (Cashless / Reimbursement)										
6	Loss sharing	In case of a claim, this policy requires you to share the following costs: a. Expenses exceeding the following Sub-limits: i. Room Charges(Hospitalization): a. Room Rent - Up to 2% of SI, subject to max of INR 5,000 per day b. ICU charges - Up to 5% of SI subject to max of INR 10,000 per day. c. In case Room/ICU/ICCU rent exceeds the limits specified the claim shall be subject to the proportionate deduction. ii. Cataract - Up to 25% of Sum Insured or Rs.40,000/- whichever is lower. iii. Modern treatment methods and Advancements in technology: Up to 50% of the Sum insured. b. Each and every claim under the Policy shall be subject to a Copayment of 5% applicable to claim amount admissible and payable as per the terms and conditions of the Policy	4.1 4.3 4.6 9.3									
7	Renewal Conditions	The policy shall ordinarily be renewable except on grounds of fraud, moral hazard, misrepresentation by the insured person. Renewal shall not be denied on the ground that the insured had made a claim or claims in the preceding policy years.	10.16									
8	Renewal Benefits	Cumulative bonus: a. Increase in the sum insured by 5% in respect of each claim free year subject to a maximum of 50% of SI. b. In the event of claim the cumulative bonus shall be reduced at the same rate.	5									
9	Cancellation	a. The Insured may cancel this Policy by giving 15 days' written notice, and in such an event, the Company shall refund premium on short term rates for the unexpired Policy Period as per the rates detailed in the policy terms and conditions. b. The Company may cancel the policy at any time on grounds of misrepresentation, non-disclosure of material facts ,fraud by the Insured Person by giving 15 days' written notice.	10.10									
10	Claims	a. For Cashless Service: Hospital Network List Link https://www.medibuddy.in/networkHospitals b. For Reimbursement of Claim : For reimbursement of claims the insured person may submit the necessary documents to TPA/Company within the prescribed time limit as specified hereunder. <table border="1" style="margin-left: 20px;"> <thead> <tr> <th>No.</th> <th>Type of Claim</th> <th>Prescribed Time limit</th> </tr> </thead> <tbody> <tr> <td>1)</td> <td>Reimbursement of hospitalization, day care and pre hospitalization expenses</td> <td>Within thirty days of date of discharge from hospital</td> </tr> <tr> <td>2)</td> <td>Reimbursement of post hospitalization expenses</td> <td>Within fifteen days from completion of post hospitalization treatment</td> </tr> </tbody> </table>	No.	Type of Claim	Prescribed Time limit	1)	Reimbursement of hospitalization, day care and pre hospitalization expenses	Within thirty days of date of discharge from hospital	2)	Reimbursement of post hospitalization expenses	Within fifteen days from completion of post hospitalization treatment	9
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For details on claim procedure please refer the policy document.												

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11	Policy Servicing	Address: Ground Floor, P & G Plaza, Cardinal Gracious Road, Chakala, Andheri (East), Mumbai 400099 – India, Telephone: 022-4171 5050 Contact No: 1800 102 7723 (9 am to 8 pm, Mon to Sat) Email ID: customercare@rahejaqbe.com Website: www.rahejawbe.com									
	Grievances/Complaints	a. Details of Grievance redressal officer http://www.rahejaqbe.com/grievance-redressal b. IRDAI Integrated Grievance Management System - https://igms.irda.gov.in/ c. Insurance Ombudsman – The contact details of the Insurance Ombudsman offices have been provided as Annexure-B of Policy document.		11							
12	Insured's Rights	a. Free Look period of 15 days from the date of receipt of the policy shall be applicable at the inception.		10.19							
		b. Lifelong renewability (except on certain specific grounds)		10.16							
		c. Right to migrate from one product to another product of the company (Note: Insurer to provide e-mail and address of the Person to be contacted)		10.14							
		d. Right to port the from one company to another company (Note: Insurer to provide e-mail and address of the Person to be contacted)		10.15							
		e. Change in SI during the policy term or at the time of renewal (Insurer to provide the contact details)		10.21							
		f. Insurer to specify the norms on TAT for Pre-Auth and Settlement of reimbursement.									
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13	Insured's Obligations	Please disclose all pre-existing disease/s or condition/s before buying a policy. Non-disclosure may result in claim not being paid.									

Legal Disclaimer Note: The information must be read in conjunction with the product brochure and policy document. In case of any conflict between the CIS and the policy document, the terms and conditions mentioned in the policy document shall prevail.