

Customer Information Sheet (Description is illustrative and not exhaustive)									
No	TITLE	DESCRIPTION	Refer to policy clause number						
1.	Product Name	Group Corona Kavach Policy, Raheja QBE General Insurance Company Limited							
2.	What am I covered for	a. Hospitalization expenses- Medical expenses incurred on hospitalization for Covid for minimum period of 24 hours including pre-hospitalization expenses for a period of 15 days and post hospitalization expenses for a period of 30days.	4.1,4.4,4.5						
		b. Ambulance Charges: Expenses on road Ambulance subject to a maximum of Rs.2000/- per hospitalization.	4.1						
		c. Home Care treatment expenses-Costs of treatment incurred by the insured person on availing treatment at home maximum up to 14 days per admission as per policy terms and conditions including pre-hospitalization expenses for a period of 15 days and post hospitalization expenses for a period of 30 days.	4.2						
		d. AYUSH Coverage- Medical expenses incurred on hospitalization for Covid under AYUSH Treatment	4.3						
		e. Hospital Daily Cash	5.1						
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	7.1						
		b. Admission primarily for rest Cure, rehabilitation and respite care	7.2						
		c. Any claim in relation to Covid where it has been diagnosed prior to Policy Start Date.	7.5						
		d. Day Care treatment and OPD treatment	7.6						
4.	Waiting period	Expenses related to the treatment of Covid within 15 days from the policy commencement date shall be excluded	6.1						
5.	Payment basis	The Base Cover is on indemnity basis and Optional Cover is on Benefit Basis.							
6.	Cancellation	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 7 days' written notice.	9.9						
8.	Claims	a. For Cashless Service: https://www.rahejaqbe.com/claims/health-claims	8.1,8.2						
		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"> <thead> <tr> <th>Sl No</th> <th>Type of Claim</th> <th>Prescribed Time limit</th> </tr> </thead> <tbody> <tr> <td> </td> <td> </td> <td> </td> </tr> </tbody> </table>	Sl No	Type of Claim	Prescribed Time limit				
Sl No	Type of Claim	Prescribed Time limit							

		<table border="1"> <tr> <td>1</td> <td>Reimbursement of hospitalization 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> <tr> <td>3</td> <td>Reimbursement of Home Care expenses</td> <td>Within thirty days from completion of home care treatment</td> </tr> </table> <p>For details on claim procedure please refer the policy document.</p>	1	Reimbursement of hospitalization 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	3	Reimbursement of Home Care expenses	Within thirty days from completion of home care treatment							
1	Reimbursement of hospitalization 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																
3	Reimbursement of Home Care expenses	Within thirty days from completion of home care treatment																
9	Policy Servicing	customercare@rahejaqbe.com Toll Free No -1800 102 7723 (9 am to 8 pm, Mon to Sat)																
	Grievances/ Complaints	<p>a. Details of Grievance redressal officer The Grievance Cell, Raheja QBE General Insurance Company Limited Ground Floor, P & G Plaza, Cardinal Gracious road, Chakala, Andheri (East), Mumbai - 400 099, India Toll free: 1-800-102- (RQBE) 7723 e-mail customercare@rahejaqbe.com Telephone : 1800-102-7723 (Toll Free - 9 Am to 8 PM, Monday to Saturday)</p> <p>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.</p>	10															
10	Insured's Rights	<p>Insurer to specify the norms on TAT for Pre-Auth and Settlement of reimbursement.</p> <table border="1"> <thead> <tr> <th>Sl No</th> <th>Type of Claim</th> <th>Prescribed Time limit</th> </tr> </thead> <tbody> <tr> <td>1</td> <td>Pre Auth</td> <td> i. 48 Hours prior to admission for any planned treatment or Hospitalisation. ii. Within 24 Hours after the treatment or Hospitalisation in the case of an emergency (namely a sudden, urgent, unexpected occurrence or event, bodily injury or occasion requiring immediate medical attention). </td> </tr> <tr> <td>2</td> <td>Reimbursement of hospitalization and pre hospitalization expenses</td> <td>Within thirty days of date of discharge from hospital</td> </tr> <tr> <td></td> <td>Reimbursement of post hospitalization expenses</td> <td>Within fifteen days from completion of post hospitalization treatment</td> </tr> <tr> <td></td> <td>Reimbursement of Home Care expenses</td> <td>Within thirty days from completion of home care treatment</td> </tr> </tbody> </table>	Sl No	Type of Claim	Prescribed Time limit	1	Pre Auth	i. 48 Hours prior to admission for any planned treatment or Hospitalisation. ii. Within 24 Hours after the treatment or Hospitalisation in the case of an emergency (namely a sudden, urgent, unexpected occurrence or event, bodily injury or occasion requiring immediate medical attention).	2	Reimbursement of hospitalization and pre hospitalization expenses	Within thirty days of date of discharge from hospital		Reimbursement of post hospitalization expenses	Within fifteen days from completion of post hospitalization treatment		Reimbursement of Home Care expenses	Within thirty days from completion of home care treatment	
Sl No	Type of Claim	Prescribed Time limit																
1	Pre Auth	i. 48 Hours prior to admission for any planned treatment or Hospitalisation. ii. Within 24 Hours after the treatment or Hospitalisation in the case of an emergency (namely a sudden, urgent, unexpected occurrence or event, bodily injury or occasion requiring immediate medical attention).																
2	Reimbursement of hospitalization and pre hospitalization expenses	Within thirty days of date of discharge from hospital																
	Reimbursement of post hospitalization expenses	Within fifteen days from completion of post hospitalization treatment																
	Reimbursement of Home Care expenses	Within thirty days from completion of home care treatment																
11	Insured's Obligations	Please disclose date of birth of the insured lives. Non-disclosure may result in claim not being paid.																
<p>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.</p>																		