

Customer Information Sheet (Description is illustrative and not exhaustive)				
No.	TITLE	DESCRIPTION	Refer to policy clause number	
1.	Product Name	Group Health Insurance Policy		
2.	What am I covered for	Base Cover		
		1. In-Patient Hospitalization Accident & illness cover	Medical Expenses of Hospitalization for Illness or injury for a minimum period of 24 consecutive hours only shall be admissible upto the Sum Insured specified in the Policy Schedule/Certificate of Insurance.	4.1.A
		2. Day Care treatment	Medical Expenses for Illness or injury which are treated on the same day, which would have otherwise required hospitalization of more than 24 hrs.	4.1.A.1
		3. Domiciliary Hospitalization	Medical Expenses incurred by Insured for any illness or Injury requiring medical treatment taken at home, which would otherwise have required Hospitalization subject to conditions specified in Policy wording.	4.1.A.2
		4. Pre-Hospitalization	For mentioned days in the policy schedule/certificate of insurance prior to the date of hospitalization/home care treatment	4.1.A.3
		5. Post-Hospitalization	For mentioned days in the policy schedule/certificate of insurance from the date of discharge from the hospital/completion of home care treatment	4.1.A.4
		6. In-patient Hospitalization Accident	Medical Expenses of Hospitalization for injury for a minimum period of 24 consecutive hours only shall be admissible upto the Sum Insured specified in the policy schedule/Certificate of insurance	4.1.B.
		7. Day Care treatment	Medical Expenses for accidental injury which are treated on the same day, which would have otherwise required hospitalization of more than 24 hrs.	4.1.B.1
		8. Domiciliary Hospitalization	Medical Expenses incurred by Insured for any accidental Injury requiring medical treatment taken at home, which would otherwise have required Hospitalization subject to conditions specified in Policy wording.	4.1.B.2
		9. Pre-Hospitalization	For mentioned days in the policy schedule/certificate of insurance prior to the date of hospitalization/home care treatment	4.1.B.3
		10. Post-Hospitalization	For mentioned days in the policy schedule/certificate of insurance from the date of discharge from the hospital/completion of home care treatment	4.1.B.4
		Add-On Cover		
		11. Home care Treatment	The Company shall indemnify costs of treatment incurred by the Insured person on availing treatment at home for illness or injury maximum up to 14 days per incident , which in the normal course would require care and treatment at a hospital but is actually taken while confined at home subject to policy terms and conditions.	8.1.

	12. AYUSH Benefit	Medical Expenses incurred for Inpatient Care treatment for illness or injury under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems of medicines shall be covered during the Policy period as per the limit specified in the policy schedule/certificate of insurance.	8.2
	13. Organ Donor Cover	Medical Expenses incurred towards in-patient Hospitalization of an organ donor for Insured Person's organ transplant Surgery during the Policy period as specified in the Policy schedule/certificate of insurance.	8.3
	14. Health Check Up	The Insured Person/s covered under the policy may avail the set of health check-ups as specified in the Policy Schedule/Certificate of Insurance with Our Network Provider.	8.4
	15. Maternity	Maternity Expenses of first two living children incurred towards the delivery of a baby and/or treatment related to any complication of pregnancy or medically necessary termination during the Policy period upto the limit specified in the policy schedule/Certificate of Insurance.	8.5
	16. Baby Day One Cover	We shall cover newborn baby from birth upto the sum insured.	8.6
	17. Pre and Post Natal Expenses	We will pay for pre and post-natal medical expenses as an outpatient/inpatient treatment, including but not limited to expenses for antenatal check-ups, doctor's consultations, arising therefrom up to maternity sum insured specified in the Policy schedule/ Certificate of Insurance.	8.7
	18. Reinstatement of Sum Insured	The insured can reinstate basic sum insured upto 100%, incase the original sum insured is all used up in treatment. This reinstated sum insured cannot be used for same illness/injury that the Insured person was treated for during the Policy Period.	8.8
	19. Recharge of Sum Insured	The insured can recharge basic sum insured upto 100%, in case the original sum is all used up in treatment. This recharged sum insured can be used for same illness/injury that the Insured person was treated for during the Policy Period.	8.9
	20. Co-payment	If Insured has opted for this benefit, then insured will be liable to bear the percentage of the claimed amount opted for, if the claim is payable as per terms and condition.	8.10
	21. Emergency Ambulance	We will pay for the expenses incurred towards transportation of Insured to the nearby Hospital or health care center incase of an medical emergency on the medical practitioners recommendation upto the sum insured specified in the Policy schedule/ Certificate of Insurance.	8.11
	22. Air Ambulance	We will pay for the expenses incurred towards Insured's transportation in an airplane or helicopter certified to be used as an ambulance to the nearest Hospital with adequate facilities in an Emergency following an Illness or Injury which occurs during the Policy Period upto the limit specified in the Policy schedule/ Certificate of Insurance.	8.12

	23. Corporate Buffer	An additional sum insured as mentioned in the Policy schedule will be available to the Insured which is in addition to the basic Sum Insured mention in the Policy Schedule/ Certificate of Insurance.	8.13
	24. Outpatient Cover	We will cover the reasonable and customary charges incurred towards medical illness or injury of the insured person in an outpatient setup as specified in the Policy schedule/ Certificate of Insurance.	8.14
	25. Well Child Cover	We will provide cover for expenses incurred towards regular preventive care, diagnostic tests and vaccines upto the first 2 years of child birth and upto the limit specified in the Policy schedule/ Certificate of Insurance.	8.15
	26. Well Women Cover	We will provide cover for expenses incurred towards preventive care like screening, lab tests and counselling for women upto the limit specified in the Policy schedule/ Certificate of Insurance.	8.16
	27. Wellness Benefit	We intend to incentivize the Insured Person(s) for taking care of his/her health/fitness and maintaining healthy lifestyle through such preventative and wellness services as mentioned in the Policy schedule/ Certificate of Insurance.	8.17
	28. Disease Wise Sublimit	The disease sub limit shall be applicable for the mentioned limit in the Policy schedule/ Certificate of Insurance.	8.18
	29. Accidental Death	Policy provides for payment of compensation on the Insured Person's death caused by injury arising out of accidental, violent, external and visible means during the policy period and resulting in death within 365 days from the date of accident.	8.19
	30. Permanent Total Disablement	Policy provides cover if insured suffers an Injury due to an Accident during the Policy Period, which is the sole and direct cause of "Permanent Total Disablement" within 365 days from the Date of accident, then We will pay the sum insured as specified in the table of losses.	8.20
	31. Permanent Partial Disablement	Policy provides cover if insured suffers an Injury due to an Accident during the Policy Period, which is the sole and direct cause of "Permanent Partial Disablement" within 365 days from the Date of accident, then We will pay the sum insured as specified in the table of losses.	8.21
	32. Convalescence Benefit	We will pay Insured the amount as mentioned in the Policy Schedule/ Certificate of Insurance for this benefit if the Insured Person is admitted in a Hospital for a minimum period as specified in the Policy schedule/ Certificate of Insurance.	8.22

	33. Critical Illness Indemnity Cover	Medical Expenses of Hospitalization for Critical illness specified in the Policy schedule only after the base sum insured is exhausted the additional sum insured will be used for the treatment of the listed critical illness.	8.23
	34. Critical Illness benefit Cover	We will pay Insured the additional Sum Insured as mentioned in the Policy Schedule/ Certificate of Insurance, in case Insured is diagnosed as suffering from any of the Critical Illnesses or undergoing covered Surgical Procedures of the listed critical illness.	8.24
	35. Vaccination	We will pay vaccination including inoculation and immunisation up to the limits specified in the Policy schedule/ Certificate of Insurance.	8.25
	36. Family transportation	We will reimburse the amount up to the limit specified against this family transportation in the Policy Schedule/Certificate of Insurance, incurred in respect of a maximum of two of Insured Person's Immediate Family Members for two way airfare or two way first class railway ticket in a licensed common carrier to the place where Insured Person is Hospitalized.	8.26
	37. Daily Hospital Cash benefit	We will pay daily cash as specified in the policy schedule/certificate, if the Insured person is admitted in hospital due to sickness/injury and such hospitalization is medically necessary & recommended by the Medical Practitioner.	8.27
	38. Lasik Cover	We will pay in case of compound myopic astigmatism, to the level of refractive errors specified.	8.28
	39. Infertility treatment	We will pay for Invitro fertilization (IVF), Gamete intrafallopian transfer (GIFT) procedures, and zygote intrafallopian transfer (ZIFT) procedures, and any related prescription medication treatment. This extension would also cover embryo transport, donor ovum and semen and related costs, including collection and preparation, required towards treatment related to infertility and sterilization, up to the amount mentioned in the Policy Schedule. The Insured Person should be between 18 and 50 years old.	8.29
	40. Super Top Up Cover	We will pay Insured if he/she suffers an Illness or Accident during the Policy Year requiring Hospitalization on an inpatient basis or treatment defined as a Day Care Procedure, and cumulative Hospitalization Expenses during the Policy Year exceeds the Deductible specified in the Policy Schedule/ Certificate of Insurance, We will reimburse the portion of the Medical Expenses for such	8.30

			Hospitalization or any subsequent Hospitalization which exceeds the Deductible.	
		41. Tele Consultation	We will provide services to insured upto the limit specified in the Policy schedule/ Certificate of Insurance to take consultation from a Doctor through virtual medium, such as audio, video, online portal, chat or mobile application for a routine health query or for first and second opinions. This will also include consulting a professional expert through a hotline number for any social, mental, emotional, and environmental or other issue faced by the Insured Person which affects his / her wellbeing. This facility is meant to give him / her access to consultations and is not a substitute for meeting a doctor.	8.31
		42. Assistance Services	We will provide services to insured if he/she is more than 150 Kilometers away from home (the address last known), is within Indian territory, and has not been away from that address for more than 90 days.	8.32
		43. Second Opinion	If the Insured Person is diagnosed with any specified critical Illness or has to undergo any Surgery or Surgical Procedure during the Policy Year then at the Insured Person's request, We will arrange the second opinion from a Medical Practitioner selected by the Insured Person from Our Service Provider's panel.	8.33
		44. Excess/Deductible	If Insured has opted for this cover, all admissible claims under this Policy is subject to the excess/deductible amount as specified in the Policy schedule/ Certificate of Insurance for all Insured Persons covered under the Policy.	8.34
		45. Advance treatment	Listed advance treatment are covered upto the limit mentioned in the policy schedule/certificate of insurance.	8.35
3.	What are the Major exclusions in the policy	Exclusions which can be waived off by additional Premium <ul style="list-style-type: none"> • Obesity/ Weight Control (Code- Excl06) • Hazardous or Adventure sports: (Code- Excl09) • Refractive Error: (Code- Excl15) • Sterility and Infertility: (Code- Excl17) • Maternity Expenses (Code: Excl 18) Exclusions Which cannot be waived off <ul style="list-style-type: none"> • Investigation & Evaluation (Code- Excl04) 		5.2 5.3 5.4 5.5 5.6

		<ul style="list-style-type: none"> Exclusion Name: Rest Cure, rehabilitation and respite care (Code- Excl05) Change-of-Gender treatments: (Code- Excl07) Cosmetic or plastic Surgery: (Code- Excl08) Breach of law: (Code-Excl10) 	5.12 5.13 5.14 5.15 5.16												
4.	Waiting period	<ul style="list-style-type: none"> Pre-Existing Diseases: (Code- Excl01) Specific Illness Waiting Period: (Code- Excl02) 30-day waiting period: (Code- Excl03) 	5.1-A-B-C												
5.	Payment basis	Payment on Indemnity basis (Cashless and Reimbursement)													
6.	Cancellation	<p>I. The Insured may cancel this Policy by giving 15days written notice, and in such an event, the Company shall refund premium on short term rates for the unexpired Policy Period. Notwithstanding anything contained herein or otherwise, no refunds of premium shall be made in respect of Cancellation where, any claim has been admitted or has been lodged or any Benefit has been availed by the Insured Person under the Policy.</p> <p>II. 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. There would be no refund of premium on cancellation on grounds of mis-representation, non-disclosure of material facts or fraud.</p>	6.26												
8.	Claims	a. For Cashless Service: https://www.rahejaqbe.com/claims/health-claims	6.1												
		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.	6.2												
		<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>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> </tbody> </table>	Sl No	Type of Claim	Prescribed Time limit	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	
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For details on claim procedure please refer the policy document.															
9	Policy Servicing	customercare@rahejaqbe.com Toll Free No -1800 102 7723 (9 am to 8 pm, Mon to Sat)	7												
	Grievances/Complaints	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	7												

		<p>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. <u>Insurance Ombudsman</u> – The contact details of the Insurance Ombudsman offices have been provided as Annexure-B of Policy document.</p>																
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> <p>i. 48 Hours prior to admission for any planned treatment or Hospitalisation.</p> <p>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).</p> </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	<p>i. 48 Hours prior to admission for any planned treatment or Hospitalisation.</p> <p>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).</p>	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	6.3 & 6.2
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11	Insured's Obligations	<p>Please disclose all available information of the Insured including past Policy detail. Non-disclosure may result in claim not being paid.</p>																
<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>																		