

## CUSTOMER INFORMATION SHEET

Sr No	Title	Description	Refer to Policy Wordings	
1.	<b>Product Name</b>	<b>Health QuBE Super Top Up</b>		
2.	<b>What am I covered for</b>	Hospitalization Expenses	Expenses of Hospitalization for a minimum period of 24 consecutive hours only shall be admissible.	Refer Clause No. 4.1
		Day-Care Treatment	Medical expenses for day care procedures where such procedures are undertaken by an Insured Person as an In-patient in a Hospital for continuous period of less than 24 hours.	Refer Annexure II
		Pre & Post Hospitalization	Medical Expenses incurred due to Illness up to 30 days period immediately before and 60 days immediately after an Insured Person's admission to a Hospital.	Refer Clause No. 4.5 & 4.6
		Room rent Limit	No Room rent limit upto Single Private AC Room opted.	Refer Clause No. 4.1
		Donor's Medical Expenses	Covered upto Rs. 200,000/-	Refer Clause No. 4.3
		Domiciliary Hospitalization Expenses	Covered upto Rs. 50,000	Refer Clause No. 4.4
		In Patient AYUSH Hospitalization	Covered upto Rs. 50,000	Refer Clause No. 4.2
		Cumulative Bonus	Cumulative Bonus of 10% every claims free year and maximum upto 50% of Basic Sum Insured	Refer Clause No. 5
		Restoration Benefit (Optional Benefit)	Restoration of the basic sum insured if the basic sum insured has been exhausted during the policy year. (For 3 Lakh and above sum insured & deductible)	Refer Clause No. 6
3.	<b>What are the major exclusions in the policy</b>	1. Investigation & Evaluation (Code- Excl04)	Refer Clause No. 8.1 to 8.19	
		2. Exclusion Name: Rest Cure, rehabilitation and respite care (Code- Excl05)		
		3. Obesity/ Weight Control(Code- Excl06)		
		4. Change-of-Gender treatments: (Code- Excl07)		
		5. Cosmetic or plastic Surgery: (Code- Excl08)		
		6. Hazardous or Adventure sports: (Code- Excl09)		
		7. Breach of law: Code- (Excl10)		
		8. Excluded Providers: Code- (Excl11)		
		9. Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. (Code- Excl12)		
		10. 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 wholly or partly for domestic reasons. (Code- Excl13)		
		11. 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)		
		12. Refractive Error: (Code- Excl15) Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptries.		
		13. Unproven Treatments:(Code- Excl16)		
		14. Sterility and Infertility: (Code- Excl17)		
		15. Maternity Expenses: (Code:Excl 18)		
		16. Any expenses incurred on Outpatient treatment (OPD treatment).		
		17. Treatment taken outside the geographical limits of India.		
		18. Injury or Disease directly or indirectly caused by or arising from or attributable to War, Invasion, Act of Foreign Enemy, War like operations (whether war be declared or not)		
		19. Any medical expenses incurred on new - born /children below age of 91 days will not be covered under the Policy.		
		20. In respect of existing diseases, disclosed by the insured and mention in the policy schedule (based on the insured consent), policy holder is not entitled to get the coverage for specified ICD codes.		
4.	<b>Waiting Period</b>	a) Initial waiting period: 30 days for all illnesses (except Hospitalization due to injury).	Refer Clause No. 7.1, 7.2 & 7.3	
		b) Specific waiting period: First 12 months, for specific Illness and treatment. (Please refer to the policy clauses for the full listing)		
		c) Pre-existing diseases: Covered after 36 months of continuous coverage. (Please refer to the policy clauses for the full listing)		
5.	<b>Payout Basis</b>	Cashless facility for hospitalization expenses in network hospitals. Reimbursement of covered expenses up to specified limits.	Refer Clause No. 10.4	
6.	<b>Loss Sharing</b>	In case of insured person's admission to a room at rates exceeding the per day limits for Hospitalization Expenses, then all expenses incurred at the Hospital (including applicable surcharges and taxes thereon) with the exception of cost of medicines and consumables, shall be payable in the same proportion of the difference between the admissible rate per day and the actual rate per day of room rent charges.	Refer Clause No. 4.1	
7.	<b>Renewal Benefits</b>	a) 5% Cumulative Bonus for every claim free renewal of the Policy, maximum accumulation upto 50%.	Refer Clause No. 5	
		b) Life Long renewal		
8.	<b>Renewal Condition</b>	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	Refer Clause No. 11.21	

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9.	<b>Cancellation</b>	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.	Refer Clause No. 11.14									
10.	<b>Claims</b>	<ol style="list-style-type: none"> <li>For Cashless Service: The Company must be contacted to preauthorize Cashless Facility for planned treatment at least 48 hours prior to the proposed treatment.            Name of TPA: MediAssist            Contact Details of TPA: 1800-4259-449            Network List Link: <a href="http://www.rahejaqbe.com/hospital-locator">http://www.rahejaqbe.com/hospital-locator</a></li> <li>For Reimbursement of Claim: information details should be provided to the Company within 48 hours of admission to the Hospital or before discharge from the Hospital, which ever is earlier.            We will settle the claims within 30 days from the receipt of the last documents.</li> </ol> <table border="1" style="margin-left: 40px;"> <thead> <tr> <th>Sr 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 30 days of date of discharge</td> </tr> <tr> <td>2.</td> <td>Reimbursement of post hospitalization expenses</td> <td>Within thirty days from completion of post hospitalization treatment.</td> </tr> </tbody> </table>	Sr No	Type of Claim	Prescribed Time Limit	1.	Reimbursement of hospitalization, day care and pre hospitalization expenses	Within 30 days of date of discharge	2.	Reimbursement of post hospitalization expenses	Within thirty days from completion of post hospitalization treatment.	Refer clause No. 10
Sr No	Type of Claim	Prescribed Time Limit										
1.	Reimbursement of hospitalization, day care and pre hospitalization expenses	Within 30 days of date of discharge										
2.	Reimbursement of post hospitalization expenses	Within thirty days from completion of post hospitalization treatment.										
11.	<b>Policy Servicing/ Grievances/ Complaints</b>	<ol style="list-style-type: none"> <li>Company Officials: Website: <a href="http://www.rahejaqbe.com">www.rahejaqbe.com</a>            Email: <a href="mailto:Customercare@rahejaqbe.com">Customercare@rahejaqbe.com</a>            Contact No.: 1800-102-7723 (Monday to Saturday from 9 AM to 8 PM)            Courier: Any of Company's Branch Office or corporate office.</li> <li>IRDAI/(IGMS/Call Centre): Toll free number: 155255 (or) 1800 42 54 732            Timings: 8 AM to 8 PM - (Monday to Saturday)</li> <li>Ombudsman: In case you/insured person are not satisfied with our decision/ resolution, you may approach the Insurance Ombudsman.</li> </ol>	Refer clause No. 12									
12.	<b>Insured's Rights</b>	<ol style="list-style-type: none"> <li>Free Look Period: You have a free look period of 15 days from the date of receipt of the Policy Document. You can cancel your Policy only if you have not made any claims under the Policy.</li> <li>Implied Renewability: The Policy will be renewed except on grounds of misrepresentation/non disclosure of material fact asdeclared in the Proposal form and at the time of claim, fraud committed/ moral hazard non-cooperation of the insured subjectto grace period of 30 days from the renewal date.</li> <li>Portability: If you are insured continuously in any Health Insurance Plan with an Indian non-life insurer and health insurer and want to shift to us on renewal, this Policy will allow so as per guidelines on portability issued by IRDAI.</li> <li>Increase in Sum Insured during the Policy Term: Change or alteration with respect to increase of the sum insured shall be permissible only at the time of renewal of the Policy subject to medical under writing wherever applicable.</li> <li>Turn Around Time (TAT) for settlement of Reimbursement: The Company shall settle the claim within 30 days from the date of receipt of last necessary document in accordance with the provisions of Regulation 27 of IRDAI (Health Insurance) Regulations, 2016.</li> </ol>	Refer clause No. 11.22 Refer clause No. 11.19 Refer clause No. 11.18 Refer clause No. 11.24 Refer clause No. 10.6									
13.	<b>Insured's Obligation</b>	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.