

Raheja QBE General Insurance Company Limited
 5th Floor, A Wing, Fulcrum, 1A Project Road, Sahar, Andheri East, Mumbai – 400059, India.
 Tel: 022 69155050 | Email: customercare@rahejaqbe.com | Website: www.rahejaqbe.com
 CIN: U66030MH2007PLC173129, IRDAI Reg. No. 141

This document provides key information about your policy. You are also advised to go through your policy document.			
Customer Information Sheet/Know your policy			
Sr. No	Title	Description	Refer to Policy clause number
1	Product Name	Health QuBE Super TopUp	
2	Policy Number	XXXXXXX	
3	Type of Insurance Product/Policy	Indemnity Product	
4	Sum Insured	Individual Sum Insured/Family Floater Sum Insured	
5	Policy Coverage	List of Benefits	
	Base Cover	Hospitalization Expenses: The Company shall indemnify Medical Expense incurred for Hospitalization of the Insured Person during the Policy year, up to the Sum Insured and Cumulative Bonus specified in the Policy Schedule, for, i. Room Rent, Boarding Expenses, Nursing Expenses as provided by the Hospital/ nursing home upto Single Private AC Room and we shall pay additional allowance of Rs. 1000/- per day upto the chosen sum insured limits, if insured has opted for the shared accommodation. ii. Intensive Care Unit (ICU) / Intensive Cardiac Cate Unit (ICCU) expenses covered without any sublimits. iii. Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialist Fees provided they form part of and included in the Hospital Bill iv. Anesthesia, blood, oxygen, operation theatre charges, surgical appliances, medicines and drugs, costs towards diagnostics, diagnostic imaging modalities and such similar other expenses. v. Daycare treatments as mentioned in the annexure in policy wordings. vi. Dental treatment necessitated due to disease or injury. Conditions - The above coverage is subject to fulfillment of following conditions: 1. Expenses of Hospitalization for a minimum period of 24 consecutive hours only shall be admissible. However, the time limit shall not apply in respect of Day Care Treatment. 2. In case of admission to a room higher than the Single Private AC Room, i.e. Super Deluxe room, Suite or any other premium category room over and above Single Private AC room, all the rates exceeding the aforesaid limits will be effected in the same proportion as the admissible rate per day.	Clause 4.1

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5	Base Cover	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.	Annexure II
		Pre- Hospitalization: The Company shall indemnify Pre-Hospitalization Medical Expenses incurred, related to an admissible Hospitalization requiring Inpatient Care, for a period of 60 days prior to the date of admissible Hospitalization covered under the Policy.	Clause 4.5
		Post-Hospitalization: The Company shall indemnify Post Hospitalization Medical Expenses incurred, related to an admissible Hospitalization requiring Inpatient Care, for a period of 90 days from the date of discharge from the Hospital, towards Consultant fees, Diagnostic charges, Medicines and Drugs wherever required and recommended by the Hospital/ Medical Practitioner, where the treatment was taken, following an admissible Hospitalization covered under the Policy.	Clause 4.6
		Room rent Limit: Room Rent, Boarding Expenses, Nursing Expenses as provided by the Hospital/ nursing home upto Single Private AC Room and we shall pay additional allowance of Rs. 1000/- per day upto the chosen sum insured limits, if insured has opted for the shared accommodation.	Clause 4.1

5	Base Cover	Donor's Medical Expenses: Covered upto Rs. 200,000/-. The Company shall indemnify Medical expenses subject to mentioned limit in the policy schedule, during each Policy Year as specified in the policy schedule, incurred for an organ donor's treatment for the harvesting of the organ donated provided that: i. The organ donor is any person whose organ has been made available in accordance and in compliance with THE TRANSPLANTATION OF HUMAN ORGANS (AMENDMENT) BILL, 2011 and the organ donated is for the use of the Insured Person, and ii. We will not pay the donor's screening expenses or pre and post hospitalization expenses or for any other medical treatment for the donor consequent on the harvesting iii. We have accepted claim under hospitalization for the Insured Person and the Insured Person has been Medically Advised to undergo an organ transplant; iv. Costs directly or indirectly associated with the acquisition of the donor's organ will not be covered. v. These expenses shall be covered under the recipient's policy.	Clause 4.3
		Domiciliary Hospitalization Expenses: Reasonable and Customary Charges towards Domiciliary Hospitalization exceeding 3 days as defined in Policy definition subject the Sum Insured maximum up to INR 50,000 whichever is less. However domiciliary hospitalization benefits shall not cover Expenses incurred for treatment for any of the following Diseases:- i. Asthma ii. Bronchitis iii. Chronic Nephritis and Nephritic Syndrome iv. Diarrhea and all type of Dysenteries including Gastro-enteritis v. Diabetes Mellitus and Insipidus vi. Epilepsy vii. Hypertension viii. Influenza, Cough and Cold x. Pyrexia of unknown Origin for less than 10 days xi. Tonsillitis and Upper Respiratory Tract Infection including Laryngitis and Pharyngitis xii. Arthritis, Gout and Rheumatism	Clause 4.4

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5	Base Cover	In Patient AYUSH Hospitalization: The Company shall indemnify Medical Expenses incurred for Inpatient Care treatment under Ayurveda, Yoga and Naturopathy, Unani, Sidha and Homeopathy systems of medicines subject to the limits mentioned in policy schedule during each Policy Year as specified in the policy schedule. Provided that, the AYUSH treatment is undergone in i. A government hospital, or ii. An institute recognized by the government and/or accredited by Quality Council of India/ National Accreditation Board for Health, or iii. Teaching Hospitals of AYUSH Colleges recognized by Central Council of Indian Medicine (CCIM) and Central Council of Homeopathy (CCH), or iv. AYUSH Hospitals having registration with a Government Authority under appropriate Act in the State/ UT and complies with the following as minimum criteria: a. Has at least fifteen in-patient beds; b. Has minimum five qualified and registered AYUSH doctors; c. Has qualified paramedical staff under its employment round the clock d. Has dedicated AYUSH therapy sections e. Maintains daily records of patients and makes these accessible to the Company's authorized personnel	Clause 4.2
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	Optional cover	Restoration Benefit : If insured has opted for this cover, We will restore up to 100% of the Sum insured once in a policy year in case the Sum insured including accrued Additional Sum Insured (if any) is insufficient as a result of previous claims in that policy year, provided that: 1. The total amount of restore will not exceed the Sum Insured for that policy year. 2. The restore amount can only be used for all future claims within the same policy year, not related to the illness/ disease/ injury for which a claim has been paid in that policy year for the same person 3. Restore will not trigger for the first claim. 4. For individual policies, restore Sum Insured will be available on individual basis whereas for floater policies, it will be available on floater basis 5. Any unutilized restore Sum Insured will not be carried forward to subsequent policy year 6. Such restore will be available only once during a Policy year to each insured in case of individual policy and can be utilized by insured persons who stand covered under the Policy before the Sum Insured was exhausted. 7. For any single claim during a policy year, the maximum claim amount payable shall not exceed the sum of the Sum Insured and Cumulative Bonus Sum Insured 8. During a Policy Year, the aggregate claim amount payable, shall not exceed the sum insured, Cumulative Bonus Sum Insured and Restore Sum Insured. These benefits are available w.r.t. the members, for whom these optional covers have been opted by You by paying additional premium.	Clause 7.1
6	Exclusions	Investigation & Evaluation: a) Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded. b) Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded. Exclusion Name: Rest Cure, rehabilitation and respite care: a) Expenses related to any admission primarily for enforced bed rest and not for receiving treatment. This also includes: i. Custodial care either at home or in a nursing facility for personal care such as help with activities of daily living such as bathing, dressing, moving around either by skilled nurses or assistant or non-skilled persons. ii. Any services for people who are terminally ill to address physical, social, emotional and spiritual needs.	Clause 9.1-9.20

6	Exclusions	2) The surgery/Procedure conducted should be supported by clinical protocols 3) The member has to be 18 years of age or older and 4) Body Mass Index (BMI); a) greater than or equal to 40 or b) greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss: i. Obesity-related cardiomyopathy ii. Coronary heart disease iii. Severe Sleep Apnea iv. Uncontrolled Type2 Diabetes Change-of-Gender treatments: Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex. Cosmetic or plastic Surgery: Expenses for cosmetic or plastic surgery or any treatment to change appearance unless for reconstruction following an Accident, Burn(s) or Cancer or as part of medically necessary treatment to remove a direct and immediate health risk to the insured. For this to be considered a medical necessity, it must be certified by the attending Medical Practitioner. Hazardous or Adventure sports: Expenses related to any treatment necessitated due to participation as a professional in hazardous or adventure sports, including but not limited to, para-jumping, rock climbing, mountaineering, rafting, motor racing, horse racing or scuba diving, hand gliding, sky diving, deep-sea diving. Breach of law: Expenses for treatment directly arising from or consequent upon any Insured Person committing or attempting to commit a breach of law with criminal intent. Excluded Providers: Expenses incurred towards treatment in any hospital or by any Medical Practitioner or any other provider specifically excluded by the Insurer and disclosed in its website / notified to the policyholders are not admissible. However, in case of life threatening situations or following an accident, expenses up to the stage of stabilization are payable but not the complete claim. (Explanation: Details of excluded providers shall be provided with the policy document. Insurers to use various means of communication to notify the policyholders, such as e-mail, SMS about the updated list being uploaded in the website.)	Clause 9.1-9.20
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7	Waiting Period	a) Initial waiting period: 30 days for all illnesses (except Hospitalization due to injury). 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)	Clause 8.1, 8.2 and 8.3
8	Financial limits of coverage	Room rent Limit: Room Rent, Boarding Expenses, Nursing Expenses as provided by the Hospital/ nursing home upto Single Private AC Room and we shall pay additional allowance of Rs. 1000/- per day upto the chosen sum insured limits, if insured has opted for the shared accommodation. Donor's Medical Expenses: Covered upto Rs. 200,000/-. Domiciliary Hospitalization Expenses: Reasonable and Customary Charges towards Domiciliary Hospitalization exceeding 3 days as defined in Policy definition subject the Sum Insured maximum up to INR 50,000 whichever is less.	
9	Claims /Claims Procedure	For Claims visit : https://www.rahejaqbe.com/claims/health-claims Details of procedure to be followed for cashless service as well as for reimbursement of claim including pre and post hospitalization. Turn Around Time (TAT) for claims settlement: TAT for preauthorization of cashless facility: 1 Hours TAT for cashless final bill authorization: 3 Hours Network Hospital details: https://www.rahejaqbe.com/hospital-locator Helpline number: 18001027723 Blacklisted Hospitals list (No claims will be accepted): https://www.rahejaqbe.com/frontend/images/network-hospital/Raheja_QBE_General_Insurance_List_of_Excluded_Providers.pdf Download claim form https://www.rahejaqbe.com/frontend/images/health-qube-super-topup/pdf/download/claim-form.pdf	Clause 11

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10	Policy Servicing	customercare@rahejaqbe.com Toll Free No -1800 102 7723 (9 am to 8 pm, Mon to Sat)	Clause 12
11	Grievances /Complaints	The Grievance Cell, Raheja QBE General Insurance Company Limited Fulcrum, 501 & 502, A wing, 5th Floor, International Airport project road, Sahar, Andheri East, Mumbai - 400059, India. Toll free: 1800-102-7723 (Toll Free - 9 Am to 8 PM, Monday to Saturday) E-mail: customercare@rahejaqbe.com Escalation level 1- complaintsofficer@rahejaqbe.com Escalation level 2- grievancehead@rahejaqbe.com For Senior Citizen: Telephone : 022-69155050 Email: seniorcitizencare@rahejaqbe.com IRDAI Integrated Grievance Management System – https://bimabharosa.irdai.gov.in/ Insurance Ombudsman – The contact details of the Insurance Ombudsman offices have been provided as Annexure-B of Policy document or on below website: https://www.cioins.co.in/	Clause 13

12	Things to remember	Free Look cancellation: You may cancel the insurance policy if you do not want it, within 30 days from the beginning of the policy. Process as per policy wordings. Policy renewal: Except on grounds of fraud, moral hazard or misrepresentation or non-cooperation, renewal of your policy shall not be denied, provided the policy is not withdrawn. Migration and Portability: When your policy is due for renewal, you may migrate to another policy with us or port your policy to another insurer. For Detailed Guidelines on portability and migration, kindly refer the link http://www.rahejaqbe.com/frontend/images/health-basic-guideline/pdf/download/Portability_Migration_Guideline.pdf Change in Sum Insured: Sum Insured can be changed (increased/decreased) only at the time of renewal or at any time, subject to underwriting by the company. For increase in SI, the waiting period if any shall start afresh only for the enhanced portion of the sum insured. Moratorium Period: After completion of five continuous years under the policy no look back to be applied. This period of five years is called as moratorium period. The moratorium would be applicable for the sum insured of the first policy and subsequently completion of five continuous years would be applicable from date of enhancement or sum insured only on the enhanced limits. After the expiry of Moratorium Period no health insurance policy shall be contestable except for proven fraud and permanent exclusions specified in the policy contract.	
13	Your Obligations	Please disclose all pre-existing disease/s or condition/s, personal habits, major illness or hospitalization history before buying a policy. Non-disclosure may affect the claim settlement.	

Declaration by the Policy Holder

I have read the above and confirm having noted the details.

Place

Date

(Signature of the Policy Holder)

Note	1. You may find product related documents on https://www.rahejaqbe.com/health-insurance/health-qbe-super-topup
	2. In case of any conflict, the terms and conditions mentioned in the policy document shall prevail


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