# Prospectus

## Group Corona Kavach Policy, Raheja QBE General Insurance Company Limited

The Prospectus is intended to facilitate an easier understanding of the Policy terms, conditions and exclusions. It only gives a summary of the significant benefits and exclusions associated with this product. When issued the Policy attached with this statement represents the legal contract between yourself and Raheja QBE and should be seen for complete details.

If you need any clarification on coverage, please call your nearest Raheja QBE office or yourinsurance adviser.

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|---|---|
| Name | Group Corona Kavach Policy, Raheja QBE General Insurance Company Limited. |
| Product Type | Individual/ Floater |
| Category of Cover | Indemnity |
| Sum insured | Rs 50,000/- (Fifty Thousand) to 5,00,000/- (Five Lakh) (in the multiples of fifty thousand)<br>On Individual basis – SI shall apply to each individual family member<br>On Floater basis – SI shall apply to the entire family |
| Policy Period | Three and Half Months (3 ½ months) 105 Days, Six and Half Months (6 ½ months) 195Days, Nine and Half Months (9 ½ months) 285 Days including waiting period. |
| Eligibility | Policy can be availed by persons between the age of 18 years up to 100 years, as Proposer. Proposer with higher age can obtain policy for family, without covering self.<br>Policy can be availed for Self and the following family members<br>**i.** legally wedded spouse.<br>**ii.** Parents and Parents-in-law.<br>**iii.** Dependent Children (i.e. natural or legally adopted) between the day 1 of age to 25 years. If the child above 18 years of age is financially independent, he or she shall be ineligible. |
| Hospitalization Expenses | Medical Expenses of Hospitalization for Covid for a minimum period of 24 consecutive hours only shall be admissible |
| Pre-Hospitalization | For 15 days prior to the date of hospitalization/home care treatment |

| | |
|---|---|
| Post-Hospitalization | For 30 days from the date of discharge from the hospital/completion of home care treatment |
| Hospital Daily Cash (Optional Cover) | Hospital Daily Cash: 0.5% of Sum Insured per day subject to maximum of 15 days in a policy period for every insured member<br>Home care treatment: Maximum up to 14 days per incident |
| AYUSH | Medical Expenses incurred for Inpatient Care treatment for Covid under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems of medicines shall be covered upto sum insured during the Policy period as specified in the policy schedule. |
| Home Care Treatment Expenses | The Company shall indemnify costs of treatment incurred by the Insured person on availing treatment at home for Covid on Positive diagnosis of Covid in a government authorized diagnostic centre 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. |
| Modes of premium payment | Single premium |
| Renewal, Portability and Migration | Lifelong renewability, migration and portability stipulated under Regulation 13 and 17 of IRDAI (Health Insurance) Regulations, 2016 respectively as amended from time to time are not applicable. |
| Premium Details | Premium applicable as per the age progression<br>Refer Annexure A |

## I. Base cover:

1. **COVID Hospitalization Expenses:** The Hospitalization expenses incurred by the insured person for the treatment of Covid on Positive diagnosis of Covid in a government authorized diagnostic centre. This section shall cover the following:
   a) Room, Boarding, Nursing Expenses as provided by the Hospital / Nursing Home.
   b) Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialist Fees (including consultation through telemedicine as per Telemedicine Practice Guideline of 25th March 2020) whether paid directly to the treating doctor / surgeon or to the hospital.
   c) Anesthesia, blood, oxygen, operation theatre charges, surgical appliances, ventilator charges, medicines and drugs, costs towards diagnostics, diagnostic imaging modalities, PPE Kit, gloves, mask and such other similar expenses (Expenses on Hospitalization for a minimum period of 24 hours are admissible.)
   d) Intensive Care Unit (ICU) / Intensive Cardiac Care Unit (ICCU) expenses.

e) Expenses incurred on road Ambulance subject to a maximum of Rs.2000/- per hospitalization.

2. **Home Care Treatment Expenses:** Insurer shall cover the costs of treatment of COVID incurred by the Insured person on availing treatment at home maximum up to 14 days per incident provided that:
   a) The Medical practitioner advices the Insured person to undergo treatment at home.
   b) There is a continuous active line of treatment with monitoring of the health status by a medical practitioner for each day through the duration of the home care treatment.
   c) Daily monitoring chart including records of treatment administered duly signed by the treating doctor is maintained.
   d) Insured shall be permitted to avail the services as prescribed by the medical practitioner. Cashless or reimbursement facility are offered under homecare expenses subject to claim settlement policy disclosed in the website of the Insurer.
   e) In case the insured intends to avail the services of non-network provider, claim shall be subject to reimbursement, a prior approval from the Insurer needs to be taken before availing such services. Insurer shall respond to approval request within 2 hrs of receiving the last necessary requirement.

In this benefit, the following shall be covered if prescribed by the treating medical practitioner and is related to treatment of COVID,

a. Diagnostic tests undergone at home or at diagnostics centre
b. Medicines prescribed in writing
c. Consultation charges of the medical practitioner
d. Nursing charges related to medical staff
e. Medical procedures limited to parenteral administration of medicines
f. Cost of Pulse oximeter, Oxygen cylinder and Nebulizer

Subject to other terms, conditions and exclusions of the policy, expenses payable during the Policy period shall not in aggregate exceed the maximum Sum Insured as specified in the Policy Schedule against this Benefit.

3. **AYUSH Treatment:** The Medical expenses incurred on hospitalization under AYUSH (as defined in IRDAI (Health Insurance) Regulations, 2016 as amended from time to time) systems of medicine for the treatment of Covid on Positive diagnosis of Covid in a government authorized diagnostic centre shall be covered up to the Sum Insuredwithout any sub-limits.

4. **Pre-Hospitalization** medical expenses incurred for a period of 15days prior to the date of hospitalization/home care treatment following an admissible claim under this policy shall be covered. Pre hospitalization expenses shall also cover the costs of diagnostics towards Covid.

5. **Post-Hospitalization** medical expenses incurred for a period of 30days from the date of discharge from the hospital/completion of home care treatment, following an admissible claim under this policy shall be covered.

6. No deductibles are permitted in this product.

7. The Policy shall include the cost of treatment for any comorbid condition including pre-existing comorbid condition (s)along with the treatment for Covid.

**II. Optional cover:**

8. **Hospital Daily Cash**: The Company will pay 0.5% of sum insured per day for each 24 hours of continuous hospitalization for treatment of Covid following an admissible hospitalization claim under this policy.

   The benefit shall be payable maximum up to 15 days during a policy period in respectof every insured person.

**Waiting Period**

The Company shall not be liable to make any payment under the policy in connectionwith or in respect of following expenses till the expiry of waiting period mentioned below:

**First Fifteen Days Waiting Period**

Expenses related to the treatment of Covid within 15 days from the policy commencementdate shall be excluded.

**EXCLUSIONS**

The Company shall not be liable to make any payment under the policy, in respect of anyexpenses incurred in connection with or in respect of:

- **Investigation & Evaluation(Code- Excl04)**

  Expenses related to any admission primarily for diagnostics and evaluation purposes. Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment

- **Rest Cure, rehabilitation and respite care (Code- Excl05)**

  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.

- **Dietary** supplements and substances that can be purchased without prescription, including but not limited to Vitamins, minerals and organic substances unlessprescribed by a medical practitioner as part of hospitalization claim or Home care treatment.

- **Unproven Treatments**:

  Expenses related to any unproven treatment, services and supplies for or in connection with any treatment. Unproven treatments are treatments, procedures or supplies that lack significant medical documentation to support their effectiveness. However, treatment authorized by the government for the treatment of COVID shall becovered.

- **Any** claim in relation to Covid where it has been diagnosed prior to Policy Start Date.

- **Any** expenses incurred on Day Care treatment and OPD treatment

- **Diagnosis** /Treatment outside the geographical limits of India

- **Testing** done at a Diagnostic centre which is not authorized by the Government shallnot be recognized under this Policy

- **All covers** under this Policy shall cease if the Insured Person travels to any countryplaced under travel restriction by the Government of India.

## CLAIM PROCEDURE

**Procedure for Cashless claims**:

(i) Treatment may be taken in a network provider and is subject to pre authorization by the Company or its authorized TPA. (ii) Cashless request form available with the network provider and TPA shall be completed and sent to the Company/TPA for authorization. (iii) The Company/ TPA upon getting cashless request form and related medical information

from the insured person/ network provider will issue pre-authorization letter to the hospital after verification. (iv) At the time of discharge, the insured person has to verify and sign the discharge papers, pay for non-medical and inadmissible expenses. (v) The Company / TPA reserves the right to deny pre-authorization in case the insured person is unable toprovide the relevant medical details. (vi)In case of denial of cashless access, the insured person may obtain the treatment as per treating doctor's advice and submit the claim documents to the Company / TPA for reimbursement.

Procedure for reimbursement of claims:

For reimbursement of claims the insured person may submit the necessary documents to TPA (if applicable)/Company within the prescribed time limit as specified hereunder.

| **Sl No** | **Type of Claim** | **Prescribed Time limit** |
|---|---|---|
| 1. | Reimbursement of hospitalization andpre hospitalization expenses | Within thirty days of date of discharge from hospital |
| 2. | Reimbursement of post hospitalization expenses | Within fifteen days from completionof post hospitalization treatment |
| 3 | Reimbursement of Home Care expenses | Within thirty days from completionof home care treatment |

**Notification of Claim**

Notice with full particulars shall be sent to the Company/TPA (if applicable) as under:

i. Within 24 hours from the date of emergency hospitalization/cashless home care treatment.

ii. At least 48 hours prior to admission in Hospital in case of a planned Hospitalization.

Documents to be submitted:

The claim is to be supported with the following documents and submitted within theprescribed time limit.

| **Benefits** | **Claims Documents Required** |
|---|---|
| 1. Covid Hospitalization Cover | i. Duly filled and signed Claim Form<br>ii. Copy of Insured Person's passport, if available (Allpages) |

| | |
|---|---|
| | iii. Photo Identity proof of the patient (if insured person does not own a passport)<br><br>iv. Medical practitioner's prescription advising admission<br>v. Original bills with itemized break-up<br>vi. Payment receipts<br>vii. Discharge summary including complete medical historyof the patient along with other details.<br><br>viii. Investigation reports including Insured Person's testreports from Authorized diagnostic centre for COVID<br><br>ix. OT notes or Surgeon's certificate giving details of the operation performed, wherever applicable<br>x. Sticker/Invoice of the Implants, wherever applicable.<br>xi. NEFT Details (to enable direct credit of claim amount inbank account) and cancelled cheque<br>xii. KYC (Identity proof with Address) of the proposer, where claim liability is above Rs 1 Lakh as per AML Guidelines<br>xiii. Legal heir/succession certificate, wherever applicable<br>xiv. Any other relevant document required by Company/TPA for assessment of the claim. |
| 2. Home Care treatment expenses | i. Duly filled and signed Claim Form<br>ii. Copy of Insured Person's passport, if available (All pages)<br>iii. Photo Identity proof of the patient (if insured persondoes not own a passport)<br>iv. Medical practitioners' prescription advising hospitalization<br>v. A certificate from medical practitioner advising treatment at home or consent from the insured person on availing home care benefit.<br>vi. Discharge Certificate from medical practitionerspecifying date of start and completion of home caretreatment.<br>vii. Daily monitoring chart including records of treatment administered duly signed by the treating doctor is maintained. |

**Note:**

1. The company shall only accept bills/invoices/medical treatment related documentsonly in the Insured Person's name for whom the claim is submitted
2. In the event of a claim lodged under the Policy and the original documents havingbeen submitted to any other insurer, the Company shall accept the copy of the

documents and claim settlement advice, duly certified by the other insurer subject to satisfaction of the Company

3. Any delay in notification or submission may be condoned on merit where delay is proved to be for reasons beyond the control of the Insured Person

**Claim Settlement (provision for Penal Interest)**

i. The Company shall settle or reject a claim, as the case may be, within 30 days from the date of receipt of last necessary document.
ii. In the case of delay in the payment of a claim, the Company shall be liable to pay interest from the date of receipt of last necessary document to the date of payment ofclaim at a rate 2% above the bank rate.
iii. However, where the circumstances of a claim warrant an investigation in the opinionof the Company, it shall initiate and complete such investigation at the earliest in anycase not later than 30 days from the date of receipt of last necessary document. In such cases, the Company shall settle the claim within 45 days from the date of receipt of last necessary document.
iv. In case of delay beyond stipulated 45 days the company shall be liable to pay interestat a rate 2% above the bank rate from the date of receipt of last necessary documentto the date of payment of claim.

**Services Offered by TPA**

Servicing of claims, i.e., claim admissions and assessments, under this Policy by way of pre-authorization of cashless treatment or processing of claims other than cashless claims or both, as per the underlying terms and conditions of the policy.
The services offered by a TPA shall not include

i. Claim settlement and claim rejection;
ii. Any services directly to any insured person or to any other person unless such serviceis in accordance with the terms and conditions of the Agreement entered into with theCompany.

**Payment of Claim**

All claims under the policy shall be payable in Indian currency only.

**TPA Contact Details**

Medi Assist Insurance TPA Pvt Ltd
Ltd. IBC Knowledge Park, Tower D, 4th Floor, Bannerghatta Main Rd, 4/1,
Bengaluru, Karnataka 560029 Toll Free Number: 1800-4259-449
Email Address: info@mediassistindia.com

**GENERAL TERMS &CONDITIONS**

**Disclosure of Information**

The Policy shall be void and all premium paid thereon shall be forfeited to the Company in the event of misrepresentation, mis-description or non-disclosure of any material fact by the policyholder.

**Condition Precedent to Admission of Liability**

The terms and conditions of the policy must be fulfilled by the insured person for the Company to make any payment for claim(s) arising under the policy.

**Records to be maintained**

The Insured Person shall keep an accurate record containing all relevant medical records and shall allow the Company or its representatives to inspect such records. The Policyholder or Insured Person shall furnish such information as the Company may require for settlement of any claim under the Policy, within reasonable time limit and withinthe time limit specified in the Policy

**Complete Discharge**

Any payment to the policyholder, insured person or his/ her nominees or his/ her legal representative or assignee or to the Hospital, as the case may be, for any benefit under the policy shall be a valid discharge towards payment of claim by the Company to the extent of that amount for the particular claim.

**Notice & Communication**

i. Any notice, direction, instruction or any other communication related to thePolicy should be made in writing.
ii. Such communication shall be sent to the address of the Company or throughany other electronic modes specified in the Policy Schedule.
iii. The Company shall communicate to the Insured at the address or through anyother electronic mode mentioned in the schedule.

**Territorial Limit**

All medical treatment for the purpose of this insurance will have to be taken in India only.

**Multiple Policies**

1. In case of multiple policies taken by an insured during a period from the same or one or more insurers to indemnify treatment costs, the policyholder shall have theright to require a settlement of his/her claim in terms of any of his/her policies. In all such cases the insurer if chosen by the policy holder shall be obliged to settle the claim as long as the claim is within the limits of and according to the terms of the chosen policy.

2. Policyholder having multiple policies shall also have the right to prefer claims under this policy for the amounts disallowed under any other policy / policies, evenif the sum insured is not exhausted. Then the Insurer(s) shall independently settlethe claim subject to the terms and conditions of this policy.
3. If the amount to be claimed exceeds the sum insured under a single policy, the policyholder shall have the right to choose insurers from whom he/she wants to claim the balance amount.
4. Where an insured has policies from more than one insurer to cover the same risk on indemnity basis, the insured shall only be indemnified the hospitalization costs in accordance with the terms and conditions of the chosen policy.

**Fraud**

If any claim made by the insured person, is in any respect fraudulent, or if any false statement, or declaration is made or used in support thereof, or if any fraudulent means or devices are used by the insured person or anyone acting on his/her behalf to obtain any benefit under this policy, all benefits under this policy shall be forfeited.

Any amount already paid against claims made under the policy which are found fraudulent later under this policy shall be repaid by all recipient(s)/policyholder(s), who has made that particular claim, who shall be jointly and severally liable for such repayment.

For the purpose of this clause, the expression "fraud" means any of the following acts committed by the Insured Person or by his agent or the hospital/doctor/any other party, with intent to deceive the insurer or to induce the insurer to issue an insurance Policy:

(a) the suggestion, as a fact of that which is not true and which the Insured Persondoes not believe to be true;

(b) the active concealment of a fact by the Insured Person having knowledge orbelief of the fact;

(c) any other act fitted to deceive; and

(d) any such act or omission as the law specially declares to be fraudulent

The company shall not repudiate the policy on the ground of fraud, if the insured person / beneficiary can prove that the misstatement was true to the best of his knowledge and there was no deliberate intention to suppress the fact or that such mis-statement of or suppression of material fact are within the knowledge of the insurer.

**Cancellation**

The Company may cancel the Policy at any time on grounds of mis-representation, non-disclosure of material facts, fraud by the Insured Person, by giving 7 days' written notice.There would be no refund of premium on cancellation on grounds of mis-representation, non-disclosure of material facts or fraud.

## Group Administrator

The Group Administrator i.e. Policyholder shall take all reasonable steps to cover their members or employees of the company and ensure timely payment of premium in respect of the persons covered. The Group administrator will collect premium from members wherever applicable as mentioned in the Group/Master policy issued to the Group administrator. The Group administrator will neither charge more premium nor alter the scope of coverage offered under the Group/Master policy.
Group/Master policy will be issued to the group administrator and all members wherever required will be provided with the certificate of insurance by Us. Wherever mutually agreed group administrator will issue the certificate of insurance to its member as per agreed terms and conditions and in the format prescribed by us and shall keep the record of such issuance. We reserve the right to inspect the record at any time to ensure that terms and conditions of group policy and provisions of IRDAI group guidelines containedin circular ref: 15/IRDA/Life/Circular/GI Guidelines/2005 dated 14th July 2005 and any amendments thereto are being adhered. We may also require submission of certificate of compliance from Your Group Administrator auditors.
The Group administrator will provide all possible help to its member and facilitate any service required under the Policy including claims. Notwithstanding this a member of thegroup covered under the Policy shall be free to contact Us directly for filing the claim or any assistance required under the Policy.

## Automatic change in Coverage under the policy

The coverage for the Insured Person(s) shall automatically terminate:
In the case of demise of the insured person. However, the cover shall continue for the remaining Insured Persons till the end of Policy Period. All relevant particulars in respectof such person (including his/her relationship with the insured person) must be submittedto the company along with the application. Provided no claim has been made, and termination takes place on account of death of the insured person, pro-rata refund of premium of the deceased insured person for the balance period of the policy will be effective.

## Territorial Jurisdiction

All disputes or differences under or in relation to the interpretation of the terms, conditions,validity, construct, limitations and/or exclusions contained in the Policy shall be determined by the Indian court and according to Indian law.

## Arbitration

i. If any dispute or difference shall arise as to the quantum to be paid by the Policy, (liability being otherwise admitted) such difference shall independently of all other questions, be referred to the decision of a sole arbitrator to be appointed in writing by the parties here to or if they cannot agree upon a single arbitrator within thirty days of any party invoking arbitration, the same shall be referred to a panel of three arbitrators, comprising two arbitrators, one to be appointed by each of the parties to the dispute/difference and the third arbitrator to be appointed by such two arbitrators and arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act 1996, as amended by Arbitration and Conciliation (Amendment) Act, 2015 (No. 3 of 2016).

ii. It is clearly agreed and understood that no difference or dispute shall be preferable to arbitration as herein before provided, if the Company has disputed or not accepted liability under or in respect of the policy.

iii. It is hereby expressly stipulated and declared that it shall be a condition precedent to any right of action or suit upon the policy that award by such arbitrator/arbitrators of the amount of expenses shall be first obtained.

**Endorsements (Changes in Policy)**

i. This policy constitutes the complete contract of insurance. This Policy cannot be modified by anyone (including an insurance agent or broker) except the company. Any change made by the company shall be evidenced by a written endorsement signed and stamped.

ii. The policyholder may be changed during the Policy Period only in case of his/her demise or him/her moving out of India. The new policyholder must be the legal heir/immediate family member. Such change would be subject to acceptance by the company and payment of premium (if any).

**Terms and conditions of the Policy**

The terms and conditions contained herein, Policy wording and in the Policy Schedule shall be deemed to form part of the Policy and shall be read together as one document.

**Nomination:**

The policyholder is required at the inception of the policy to make a nomination for the purpose of payment of claims under the policy in the event of death of the policyholder. Any change of nomination shall be communicated to the company in writing and such change shall be effective only when an endorsement on the policy is made. For Claim settlement under reimbursement, the Company will pay the policyholder. In the event of death of the policyholder, the Company will pay the nominee {as named in the Policy Schedule/Policy Certificate/Endorsement (if any)} and in case there is no subsisting nominee, to the legal heirs or legal representatives of the Policyholder whose discharge shall be treated as full and final discharge of its liability under the Policy.

**IRDAI (Protection of Policy Holder's Interest) Regulation 2017**

This Policy is subject to IRDAI (Protection of Policyholder's Interests) Regulation 2017 or any amendment thereof from time to time.

**Prohibition of Rebates: Section 41 of the Insurance Act, 1938 (and amendments thereof)**

1) No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out or continue an insurance in respect of any kind of risk relating to lives or property in India, any rebate of the whole or part of the commission payable or any rebate of premium shown on the policy, nor shall any person taking out or renewing or continuing a policyaccept any rebate, except such rebate as may be allowed in accordance with the prospectus ortables of the insurers.

2) Any person making default in complying with the provisions of this section shall be liable forpenalty which may extend to ten lakh rupees.

**Disclaimer**

This is only a summary of the product features. The actual benefits shall be described in thepolicy, and will be subject to the policy terms, conditions and exclusions.

**Company details**

Raheja QBE General Insurance Company Limited, CIN: U66030MH2007PLC173129, IRDAI Registration Number: 141, Registered Office - Fulcrum, 501 & 502, A wing, 5th Floor, International Airport project road, Sahar, Andheri East, Mumbai - 400059,

Website - http://www.rahejaqbe.com,

Service mail ID - customercare@rahejaqbe.com , seniorcitizencare@rahejaqbe.comContact No.- 022-41715050, Toll free No. 1800-102-7723,

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