

Raheja QBE General Insurance Company Limited

5th Floor, A Wing, Fulcrum, IA 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

CUSTOMER INFORMATION SHEET

This document provides key information about your policy. You are also advised to go through your policy document.

Sr. No	Title	Description	Refer to Policy clause number
1	Product Name	Arogya Sanjeevani Policy	
2	Policy Number	XXXXXXXXXX	
3	Type of Insurance Product/Policy	Indemnity Product	
4	Sum Insured	Individual Sum Insured/Family Floater Sum Insured	
5	Policy Coverage	Policy Coverage The covers listed below are in-built Policy benefits and shall be available to all Insured Persons in accordance with the procedures set out in	
5	Type of Cover	Coverage	Section 4
	Base Cover	The covers listed below are in-built Policy benefits and shall be available to all Insured Persons in accordance with the procedures set out in this Policy.	Clause 4.1
		<p>The Company shall indemnify medical expenses incurred for Hospitalization of the Insured Person during the Policy year, up to the Sum Insured and No claim bonus (if opted for sum insured increase) as specified in the policy schedule, for,</p> <ul style="list-style-type: none"> i. Room Rent, Boarding, Nursing Expenses as provided by the Hospital / Nursing Home up to 2% of the sum insured subject to maximum of Rs.5000/-, per day. ii. Intensive Care Unit (ICU) / Intensive Cardiac Care Unit (ICCU) expenses up to 5% of sum insured subject to maximum of Rs.10,000/- per day. iii. Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialist Fees whether paid directly to the treating doctor / surgeon or to the hospital iv. Anesthesia, blood, oxygen, operation theatre charges, surgical appliances, medicines and drugs, costs towards diagnostics, diagnostic imaging modalities and such similar other expenses. 	

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	Base cover	<p>Other Expenses:</p> <ul style="list-style-type: none"> i. Expenses incurred on treatment of cataract subject to the sub limits ii. Dental treatment, necessitated due to disease or injury iii. Plastic surgery necessitated due to disease or injury iv. All the day care treatments v. Expenses incurred on road Ambulance subject to a maximum of Rs.2000/- per hospitalisation. <p>Note:</p> <ul style="list-style-type: none"> 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/ICU/ICCU at rates exceeding the aforesaid limits, the reimbursement/payment of all other expenses incurred at the Hospital, with the exception of cost of medicines, shall be effected in the same proportion as the admissible rate per day bears to the actual rate per day of Room Rent/ICU/ICCU charges. 	4.1
	Base Cover	<p>The following procedures will be covered (wherever medically indicated) either as in patient or as part of day care treatment in a hospital upto 50% of Sum Insured, specified in the policy schedule, during the policy period:</p> <ul style="list-style-type: none"> A. Uterine Artery Embolization and HIFU (High intensity focused ultrasound) B. Balloon Sinuplasty C. Deep Brain stimulation D. Oral chemotherapy E. Immuno therapy- Monoclonal Antibody to be given as injection F. Intra vitreal injections G. Robotic surgeries 	4.1

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Base cover	<p>H. Stereotactic radio surgeries I. Bronchical Thermoplasty J. Vaporisation of the prostate (Green laser treatment or holmium laser treatment) K. IONM - (Intra Operative Neuro Monitoring) L. Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditions to be covered.</p> <p>Day care procedures: Medical expenses for day care procedures</p> <p>AYUSH Treatment: The Company shall indemnify medical expenses incurred for inpatient care treatment under Ayurveda, Yoga and Naturopathy, Unani, Siddha and Homeopathy systems of medicines during each Policy Year up to the limit of sum insured as specified in the policy schedule in any AYUSH Hospital.</p> <p>Cataract Treatment: The Company shall indemnify medical expenses incurred for treatment of Cataract, subject to a limit of 25% of Sum Insured or Rs.40,000/-, whichever is lower, per each eye in one policy year.</p> <p>Pre Hospitalization: The company shall indemnify pre-hospitalization medical expenses incurred, related to an admissible hospitalization requiring inpatient care, for a fixed period of 30 days prior to the date of admissible hospitalization covered under the policy.</p> <p>Post Hospitalisation: The company shall indemnify post hospitalization medical expenses incurred, related to an admissible hospitalization requiring inpatient care, for a fixed period of 60 days from the date of discharge from the hospital, following an admissible hospitalization covered under the policy.</p>	<p>4.1</p> <p>Clause 4.1.1</p> <p>Clause 4.2</p> <p>Clause 4.3</p> <p>Clause 4.4</p> <p>Clause 4.5</p>

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6 Exclusions	<p>The Company shall not be liable to make any payment under the policy, in respect of any expenses incurred in connection with or in respect of:</p> <p>Investigation & Evaluation:</p> <ul style="list-style-type: none"> a) Expenses related to any admission primarily for diagnostics and evaluation purposes. b) Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment 	Section 7
	<p>Rest Cure, rehabilitation and respite care:</p> <ul style="list-style-type: none"> 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 7.1
	<p>Obesity/ Weight Control:</p> <p>Expenses related to the surgical treatment of obesity that does not fulfil all the below conditions:</p> <ul style="list-style-type: none"> 1) Surgery to be conducted is upon the advice of the Doctor 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); <ul style="list-style-type: none"> 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 	Clause 7.2
		Clause 7.3

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6 Exclusions	<p>Change-of-Gender treatments: Expenses related to any treatment, including surgical management, to change characteristics of the body to those of the opposite sex.</p>	Clause 7.4
	<p>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</p>	Clause 7.5
	<p>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.</p>	Clause 7.6
	<p>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.</p>	Clause 7.7
	<p>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</p>	Clause 7.8

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7	Waiting Period	<p>Pre-Existing Diseases: a) Expenses related to the treatment of a pre-existing Disease (PED) and its direct complications shall be excluded until the expiry of 36 months of continuous coverage after the date of inception of the first policy with us.</p> <p>b) In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.</p> <p>c) If the Insured Person is continuously covered without any break as defined under the portability norms of the extant IRDAI (Health Insurance) Regulations then waiting period for the same would be reduced to the extent of prior coverage.</p> <p>d) Coverage under the policy after the expiry of 36 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by us.</p>	Section 6.1
		<p>First Thirty Days Waiting Period:</p> <p>i. Expenses related to the treatment of any illness within 30 days from the first policy commencement date shall be excluded except claims arising due to an accident, provided the same are covered.</p> <p>ii. This exclusion shall not, however, apply if the Insured Person has Continuous Coverage for more than twelve months.</p> <p>iii. The within referred waiting period is made applicable to the enhanced sum insured in the event of granting higher sum insured subsequently.</p>	Section 6.2

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	<p>Specific Waiting Period:</p> <p>a) Expenses related to the treatment of the following listed conditions, surgeries/treatments shall be excluded until the expiry of 24/36 months of continuous coverage, as may be the case after the date of inception of the first policy with the insurer. This exclusion shall not be applicable for claims arising due to an accident.</p> <p>b) In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.</p> <p>c) If any of the specified disease/procedure falls under the waiting period specified for pre-existing diseases, then the longer of the two waiting periods shall apply.</p> <p>d) The waiting period for listed conditions shall apply even if contracted after the policy or declared and accepted without a specific exclusion.</p> <p>e) If the Insured Person is continuously covered without any break as defined under the applicable norms on portability stipulated by IRDAI, then waiting period for the same would be reduced to the extent of prior coverage.</p>	
	<p>I. 24 Months waiting period</p> <p>1. Benign ENT disorders</p> <p>2. Tonsillectomy</p> <p>3. Adenoidectomy</p> <p>4. Mastoidectomy</p> <p>5. Tympanoplasty</p> <p>6. Hysterectomy</p> <p>7. All internal and external benign tumours, cysts, polyps of any kind, including benign breast lumps</p> <p>8. Benign prostate hypertrophy</p> <p>9. Cataract and age related eye ailments</p> <p>10. Gastric/ Duodenal Ulcer</p> <p>11. Gout and Rheumatism</p> <p>12. Hernia of all types</p> <p>13. Hydrocele</p> <p>14. Non Infective Arthritis</p> <p>15. Piles, Fissures and Fistula in anus</p> <p>16. Pilonidal sinus, Sinusitis and related disorders</p> <p>17. Prolapse inter Vertebral Disc and Spinal Diseases unless arising from accident</p> <p>18. Calculi in urinary system, Gall Bladder and Bile duct, excluding malignancy.</p> <p>19. Varicose Veins and Varicose Ulcers</p>	Section 6.3

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7	Waiting period	ii. 36 Months waiting period 1. Treatment for joint replacement unless arising from accident 2. Age-related Osteoarthritis & Osteoporosis	Section 6.3
8	Financial Limits	As per policy wording and certificate of insurance	
9	Claims /Claims Procedure	<p>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.</p> <p>Turn Around Time (TAT) for claims settlement: TAT for preauthorization of cashless facility: 1 Hours TAT for cashless final bill authorization: 3 Hours</p> <p>Network Hospital details: https://www.rahejaqbe.com/hospital-locator Helpline number: 18001027723</p> <p>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</p> <p>Download claim form https://www.rahejaqbe.com/frontend/images/arogya-sanjeevani/pdf/download/claim-form.pdf</p>	Clause 9
10	Policy Servicing	customercare@rahejaqbe.com Toll Free No -1800 102 7723 (9 am to 8 pm, Mon to Sat)	

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11	Grievances /Complaints	<p>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) Telephone : 022-69155050 E-mail: customercare@rahejaqbe.com Escalation level 1- complaintsofficer@rahejaqbe.com Escalation level 2- grievancehead@rahejaqbe.com</p> <p>For Senior Citizen: Telephone: 022-69155050 Email: seniorcitizencare@rahejaqbe.com</p> <p>IRDAI Integrated Grievance Management System – https://bimabharosa.irdai.gov.in/</p> <p>Insurance Ombudsman – The contact details of the Insurance Ombudsman offices have been provided in the Policy document or on below website: https://www.cioins.co.in/</p>	Clause 11
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12	Things to remember	<p>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.</p> <p>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.</p> <p>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</p> <p>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.</p> <p>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 sums 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.</p>	

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13	Your Obligations	<p>Please disclose all pre-existing disease/s or condition/s, personal habits, major illness or hospitalization history before buying a policy.</p> <p>Non-disclosure may affect the claim settlement.</p>	
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Declaration by the Policy Holder

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

Place

Date

(Signature of the Policy holder)

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