

## Health QuBE

### PROSPECTUS

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 your insurance adviser.

### Why Health Insurance Protection?

No one plans to get sick or hurt, but most people require medical care at some point in their lives. Health insurance can cover these costs with many other benefits.

Without Health Insurance you may not be able to pay expensive medical expenses when you need them most.

You require health insurance so that you are not out of pocket when paying up your medical expenses.

### The policy will cover whom?

The Policy would cover all the persons from the age group of 90 days to 65 years. The minimum adult entry age is 18 years, and the maximum entry age is 65 years.

Children up to 25 Years of age can be insured under the policy

Children from 90 days till 5 years can only be covered provided either of his/her parent or legal guardian is insured with under the same policy (family floater).

Maximum cover ceasing age for children is 25 Years. In case of Family floater policies, the young adult would have an option on renewal to continue as an adult with the suitable change in premium slab. If the Plan cannot accommodate the young adult. We would offer him an Individual policy with equivalent SI and NCB vested at corresponding premium slab.

The policy provides for lifelong renewals.

The Policy can be issued for 1 or 2 years. The benefits are on policy year basis. The policy can be issued on an Individual or Floater cover basis.

We cover maximum 6 members in a family floater and individual type of cover.

In a family floater policy age of eldest member is taken into consideration while computing the premium.

### Premium Payment Options:

Insured has option to pay premium as Annually, Half Yearly and Quarterly

## Variants offered by the policy

The Policy is available with sum insured options from Rs. 1 Lakh to Rs. 50 Lakh. The following four plans are available under the policy:

- 1. Basic Plan:** This plan has in-built health insurance benefits but does not contain an option to include any Optional Covers.
- 2. Comprehensive Plan:** This plan contains in-built health insurance benefits and contains Optional cover for Sub Limit Waiver.
- 3. Super Saver Plan:** This plan contains in-built health insurance benefits and contains optional cover for Co-Pay.
- 4. A la carte Plan:** This plan contains in-built health insurance benefits and permits You to select from the Optional covers available depending on Your requirements. In this policy you can opt to change your plan on renewal

## In-built Health Insurance Benefits Available under all Variants:

### Section a. Inpatient Benefit/ Hospitalization Benefit

This policy covers Medical Expenses incurred in respect of the Insured Person in case of Medically Necessary Hospitalization or Day Care Procedures as defined, that arises from an Accident or Illness.

We will cover the Medical Expenses for one or more of the following arising out of an Insured Person's Hospitalization during the Policy Period following an Illness or Injury that occurs during the Policy Period: Reasonable and Customary Charges for Room Rent for accommodation in Hospital room and other boarding charges up to the limits as specified in the Policy Schedule /

Product Benefit Table of this Policy;

ICU Charges; Medical Practitioner's fees, including fees of surgeon, consultants, physicians, specialists and anesthetists treating the Insured Person; Qualified Nurses charges; Operation theatre expenses, Anesthesia, blood, oxygen and blood transfusion charges, Cost of Pacemaker, Diagnostic materials and X rays, Dialysis, Chemotherapy, radiotherapy; Medicines, drugs and other allowable consumables prescribed by the treating Medical Practitioner; Investigative tests or diagnostic procedures directly related to the Injury/Illness for which the Insured Person is Hospitalized; Surgical appliances and allowable prosthetic devices recommended by the attending Medical Practitioner that are used intra operatively during a Surgical Procedure.

Note: -

- 1) The Hospitalization is medically necessary and follows the written advice of a Medical Practitioner.
- 2) If the Insured Person is admitted in a room category/limit that is higher than the one that is specified in the Policy Schedule/ Product Benefit Table of this Policy, then the Insured Person shall bear a ratable proportion of the total Associated Medical Expenses in the proportion of the

difference between the Room Rent of the entitled room category to the Room Rent actually incurred.

(i) For the purpose of this Section “Associated Medical Expenses” shall include - Room Rent, nursing charges, operation theatre charges, Practitioner including surgeon/ anesthetist/ specialist within the same Hospital where the Insured Person has been admitted. “Associated Medical Expenses” does not include cost of pharmacy and consumables, cost of implants and medical devices and cost of diagnostics.

(ii) Proportionate deductions are not applicable for ICU charges. (iii) Proportionate deductions are not applied in respect of the hospitals which do not follow differential billing or for those expenses in respect of which differential billing is not adopted based on the room category.

### **Section b: Pre/Post Hospitalization Benefit**

We will reimburse the Pre- Hospitalisation Medical Expenses incurred in respect of the Insured Person at actual up to the fixed number of days immediately prior to the Insured Persons date of Hospitalization or commencement of treatment as Domiciliary Hospitalization as mentioned on the Policy Schedule.

In addition, We will reimburse the Post- Hospitalisation Medical Expenses incurred in respect of the Insured Person at actuals up to the fixed number of days as specified in the Policy Schedule after discharge from the Hospital or end of treatment as Domiciliary Hospitalization.

### **Section c: Ambulance Cover**

We will cover the Reasonable and Customary Charges incurred at actual on an Ambulance in course of an Emergency in respect of the Insured Person, subject to the amount mentioned on the Policy Schedule. Ambulance from home to hospital or inter-hospital shifts is covered under the policy, in case of medical emergency.

### **Section d: Daily Allowance**

In case of Hospitalization of the Insured Person during the Policy Period We will pay the Daily Cash Allowance as set out in the Policy Schedule in respect of the Insured Person for each completed day of the Hospitalization. Further, the benefit under this section is only payable for continuous and completed periods of 24 hours of Hospitalization (as an In-patient) and is subject to a limit of 6 consecutive days of Hospitalization per claim.

### **Section e: Organ Donor Benefit**

We will cover the Medical Expenses of the organ donor for harvesting the organ for the use of the Insured Person who has been asked to undergo an organ transplant on medical advice, at actual up to the limit specified in the Policy Schedule However, we will not pay for:

1. The claims which are not admitted under Section (a).
2. The admission is not compliant under Transportation of Human Organs Act 1991 as amended.
3. The organ donors pre and post Hospitalization charges.

### **Section f: Recharge/Replenish Benefit**

If the applicable Sum Insured under the Policy in respect of the Insured Person is exhausted due to claims paid during the Policy Year, then We will reinstate the Sum Insured to the full original amount at the policy inception subject to the following conditions:

1. We will reinstate the Sum Assured only once in each Policy Year.
2. The claim under this section would only be admissible if the claim is admissible under Section (a).
3. The recharged/replenished Sum Assured cannot be carried forward to other Policy Years.
4. The recharged/replenish Sum Assured would only be available for all future claims and not in relation to any Illness or injury for which a claim has already been admitted for that Insured Person during the Policy Year.
5. No Claim Bonus under Section (k) will not be applicable on the recharged/replenished Sum Assured.

### Section g: 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 with Our Network Provider. Health Check Ups will be and arranged by Us and conducted at Our Network Providers.

Provided that :

1. The Insured Person is an Adult (Aged 18 Years and above)
2. It is available only once a year.

Set Serial Number	List of Tests
1	Complete Blood Count (CBC), Urine routine, Fasting Blood Sugar, SGPT, Creatinine, Blood Group,
2	Complete Blood Count( CBC), Urine routine, Fasting Blood Sugar, SGPT, Serum Creatinine, ECG, Blood Group S Cholesterol
3	Complete Blood Count (CBC), Urine routine, Fasting Blood Sugar, SGPT, Serum Creatinine, ECG, Blood Group S Cholesterol, Lipid Profile, Kidney Function Test
4	Complete Blood Count (CBC), Urine routine, Fasting Blood Sugar, SGPT, Serum Creatinine, ECG, Blood Group S Cholesterol. Lipid Profile, Kidney Function Test, TMT

### Section h: Non-Medical Expenses

We will reimburse the Expenses that are not admissible in Annexure I to this Policy, incurred in respect of the Insured Person subject to the Maximum amount as noted under, Non-Medical Expenses limit specified in the Policy Schedule, provided that these expenses are incurred in course of the continuous and completed period of at least 24 hours of Hospitalization (as an In-patient) of the Insured Person and Cashless Facility is opted for at Our Network Providers.

### Section i: Sum Insured Increase

UIN: RQBHLIP25036V042425

In case of Cashless Hospitalization, insured will get benefit of additional sum insured of 10% of the Claimed amount. i.e., we will reduce only 90% of the claim amount from the sum insured of the member, if the Cashless Facility is opted for at Our Network Providers and provided that the claim is admissible under Section (a).

(Illustration attached in Annexure V)

### **Section j: Domiciliary Hospitalization**

We will cover the Medical Expenses incurred in respect of the Insured Person during the Policy Year for Domiciliary Hospitalisation up to the limit specified in the Policy Schedule. subject to the exclusions listed below and provided that the treatment continues for at least more than three consecutive days.

We will not be liable to cover any Medical Expenses under this Section which are incurred for the treatment in relation to any of the following diseases:

- a. Chronic Nephritis and Nephritic Syndrome,
- b. Diarrhea,
- c. All Dysenteries including Gastroenteritis,
- d. Pyrexia of unknown origin,
- e. Diabetes Mellitus and Insipidus.
- f. Asthma, Bronchitis, Tonsillitis and Upper Respiratory Tract infection including Laryngitis and Pharyngitis,
- g. Cough and Cold, Influenza,
- h. Arthritis, Gout and Rheumatism,
- i. Epilepsy,
- j. Hypertension,
- k. Psychiatric or Psychosomatic disorders of all kinds

### **Section k: No Claim Bonus (NCB)**

If no claim has been made under Section 4 of this Policy and the Policy is renewed with Us without any break, then insured is eligible for a No Claim Bonus which can be redeemed by choosing any one of the following options at the time of renewal:

#### **Option 1: Increase in Sum insured**

- a) If no claim has been made under Section (a) of this Policy and the Policy is renewed with Us without any break, We will apply a No Claim Bonus (NCB) to the next policy Year by automatically increasing the Sum Insured for the next Policy Year by 5% of the Sum Insured for the expiring Policy Year, provided that the maximum NCB in any Policy Year will not exceed 100% of the original Sum Insured at the time of inception of the Policy for the first time.
- b) In case, of a Family Floater Policy, the NCB shall be available on a floater basis and accrue only if no claims have been made in respect of any Insured Person during the expiring Policy Year.
- c) If a NCB has been applied and a claim is made in two consecutive Policy Years, then in the subsequent (third) Policy Year We will automatically

decrease the accrued NCB at the same rate at which it accrued in the expiring Policy Year. Any claims for Health check-up or claims amounting up to 10% of sum insured or INR 50000/-, whichever is less, will not be considered for reduction in NCB.

- d) However, this reduction will not reduce the Sum Insured below the Sum Insured applicable before the commencement of the expiring Policy Year, and only the accrued NCB will be decreased.
- e) If the Insured Persons in the expiring policy are covered on individual basis and thus have accumulated the NCB for each member in the expiring policy, and such expiring policy is renewed with Us on a Family Floater basis, then the NCB which will be carried forward for credit in the Policy will be the least NCB amongst all the Insured Persons.
- f) The portability benefit under this Policy will be offered to the extent of sum of previous sum insured and accrued NCB, portability benefit shall not apply to any other additional increased Sum Insured.

In policies with a two-year Policy Period, the application of the above provisions of NCB shall become applicable only after the completion of the first Policy Year.

### **Option 2: Discount in renewal Premium**

A discount of 1% shall be awarded on the renewal premium.

In case a claim is made in any particular year, no discount in premium will be offered at the time of renewal. If a claim is made in the expiring Policy Year and is notified to Us after the acceptance of Renewal premium any discount awarded shall be withdrawn and same needs to be paid to us before policy renewal or Grace period, for policy to be effective and in-force.

\*Illustrations attached in Annexure V

### **Section I: Advance Treatment**

We will pay the cost of the treatment listed below or part of the treatments (wherever medically indicated) either as in-patient or as part of domiciliary hospitalization or as day care treatment in a hospital. A co-payment of 50% will be applicable for all admissible claims under this benefit.

1. Uterine Artery Embolization and HIFU (High intensity focused ultrasound)
2. Balloon Sinuplasty
3. Deep Brain stimulation
4. Oral chemotherapy
5. Immunotherapy- Monoclonal Antibody to be given as injection
6. Intravitreal injections
7. Robotic surgeries
8. Stereotactic radio surgeries
9. Bronchial Thermoplasty

10. Vaporization of the prostate (Green laser treatment or holmium laser treatment)
11. IONM - (Intra Operative Neuro Monitoring)
12. Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditions to be covered.

### **Section m: Optional Covers**

#### **I. Sub Limit Waiver:**

In consideration of the payment of additional premium to Us, it is hereby declared and agreed that notwithstanding anything to the contrary in the Policy, the sub limits specified for the Room Rent, ICU Charges and Medical Practitioner fees as specified in the Policy Schedule are waived off. subject otherwise to the terms, conditions and exclusions of the Policy.

#### **II. Voluntary Co-Payment Option:**

It is hereby agreed and declared that the Policyholder shall bear 20% of the final admissible claim amount (assessed by Us in accordance with Clause 5.5) above and Our liability under the Policy shall be restricted to only the balance 80% of the final claim amount assessed by Us in accordance with Clause 5.5 of the Policy

#### **III. Home care treatment expenses**

- i. If Insured has opted for this Cover, Home Care Treatment means Treatment availed by the Insured Person at home for illness or accident, which in normal course would require care and treatment at a hospital but is actually taken at home maximum up to 14 days per incident provided that:
- ii. The Medical practitioner advises the Insured person to undergo treatment at home.
- iii. 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.
- iv. Daily monitoring chart including records of treatment administered duly signed by the treating doctor is maintained.
- v. Insured shall be permitted to avail the services as prescribed by the medical practitioner. Cashless or reimbursement facility shall be offered under home care expenses subject to claim settlement policy disclosed in the website.
- vi. 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.
- vii. The payment under this benefit is within the Base Cover, subject to limits specified, if any.

#### IV. OPD Rider

If Insured has opted for this cover, we will cover the reasonable and customary charges incurred towards doctor consultation charges for medical illness or injury of the insured person in an outpatient setup as specified in the Policy schedule provided that

- i. the medical consultation fees are necessary as per the medical practitioner.
- ii. The benefits payable under outpatient cover shall be upto the limit specified in the Policy schedule and the copay and deductible shall be applicable as specified in the Policy schedule.

The payment under this benefit is over and above the Base Cover, subject to limits specified, if any Specific exclusions for this cover:

1. Dentures, dental treatment, and surgery of any kind.
2. Complications arising out of pregnancy, miscarriage, etc.
3. Sterility, infertility, and other related conditions.
4. Investigational treatments or experiments.
5. Vaccination including inoculation and immunizations except in case of post-bite treatment such as a dog bite.
6. OPD treatment outside India.
7. Cost of spectacles, lenses, implants, hearing aids, prosthetic devices, braces, etc.
8. Treatments for beautification, purification, detoxification, panchakarma, etc.
9. Facilities or services availed for rejuvenation, pleasure, etc.

The exclusion mentioned in section 5.18 stands deleted if this cover is opted. All other exclusions mentioned in the policy will be applicable.

#### Waiting period(s)

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

#### Pre-Existing Diseases (Code- Excl01)

- 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.
- b) In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
- c) If the Insured Person is continuously covered without any break as defined under the portability norms of the extant IRDAI Insurance Regulatory and Development Authority of India (Insurance Products) Regulations, 2024 read with Master Circular on IRDAI (Insurance Products) Regulations 2024 - Health Insurance as amended from time to time, then waiting period for the same would be reduced to the extent of prior coverage.
- 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.



**First Thirty Days Waiting Period (Code- Excl03)**

- 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.
- ii. This exclusion shall not, however, apply if the Insured Person has Continuous Coverage for more than twelve months.
- iii. The within referred waiting period is made applicable to the enhanced sum insured in the event of granting higher sum insured subsequently.

**Specific Waiting Period: (Code- Excl02)**

- 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.
- b) In case of enhancement of sum insured the exclusion shall apply afresh to the extent of sum insured increase.
- 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.
- d) The waiting period for listed conditions shall apply even if contracted after the policy or declared and accepted without a specific exclusion.
- 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.

**24 Months waiting period**

- i. Calculus diseases of gall bladder including Cholecystitis
- ii. Pancreatitis
- iii. Fissure/fistula in anus, hemorrhoids, pilonidal sinus
- iv. Ulcer and erosion of stomach and duodenum
- v. Gastroesophageal Reflux Disorder (GERD)
- vi. Cirrhosis (cirrhosis due to alcohol will be permanent exclusion).
- vii. Perineal and/or Perianal Abscesses
- viii. Cholecystectomy and/or Surgery of hernia
- ix. Surgery of Hydrocele/Rectocele
- x. Calculus diseases of Urogenital System and/or Surgery of prostate

- xi. Cataract
- xii. Dilatation and curettage (D&C)
- xiii. Non infective arthritis, Osteoarthritis /Gout / Rheumatism / Spondylosis / Spondylitis / Intervertebral Disc Prolapse and joint replacement surgeries (other than cause by an accident).
- xiv. Varicose veins and Varicose Ulcers.
- xv. Internal tumors, cysts, nodules, polyps, skin tumors and any type of breast lumps
- xvi. Chronic Suppurative Otitis Media (CSOM), Deviated Nasal Septum, Sinusitis, Surgery on Tonsils/ Adenoids, Tympanoplasty and any other benign ear, nose and throat disorder or surgery.
- xvii. Hysterectomy for menorrhagia or fibromyoma or prolapsed of uterus unless necessitated by malignancy, myomectomy for fibroids

**36 Months waiting period**

- 1. Waiting period of 36 months will be applicable under the Policy to all Pre-existing Diseases, and those specifically declared and accepted at the time of proposal.
- 2. Schizophrenia (ICD code: F20 to F29)
- 3. Psychosis (ICD code: F29)
- 4. Dissociative and conversion disorder (ICD Code: F44.9)

**Exclusions**

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:

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

- 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

**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.

**Obesity/ Weight Control: (Code- Excl06)**

Expenses related to the surgical treatment of obesity that does not fulfil all the below conditions:

- 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);
  - 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:
    1. Obesity-related cardiomyopathy
    - ii. Coronary heart disease
    - iii. Severe Sleep Apnea
    - iv. Uncontrolled Type2 Diabetes

**Change-of-Gender treatments:(Code-Excl07)**

Expenses related to any treatment. including surgical management. to change characteristics of the body to those of the opposite sex.

**Cosmetic or plastic Surgery: (Code- Excl08)**

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: (Code- Excl09)**

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: (Code- Excl10)**

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: (Code-Excl11)**

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.

Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof. (Code- Excl12)

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)

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)

**Refractive Error: (Code- Excl15)**

Expenses related to the treatment for correction of eyesight due to refractive error less than 7.5 diopters.

**Unproven Treatments: (Code- Excl16)**

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.

**Sterility and Infertility: (Code- Excl17)**

Expenses related to sterility and infertility. This includes:

- (i) Any type of contraception, sterilization
- (ii) Assisted Reproduction services including artificial insemination and advanced reproductive technologies such as IVF, ZIFT, GIFT, ICSI
- (iii) Gestational Surrogacy
- (iv) Reversal of sterilization

**Maternity Expenses: (Code - Excl18):**

- i. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalization) except ectopic pregnancy;
- ii. Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period.

War (whether declared or not) and or invasion, acts of foreign enemies, hostilities, civil war, rebellion, revolutions. insurrections. mutiny, military or usurped power, seizure. capture, arrest, restraints and detainment of all kinds.

Nuclear, chemical or biological attack as define below:

- a) Nuclear attack or weapons means the use of any nuclear weapon or device or waste or combustion of nuclear fuel or the emission, discharge. dispersal, release or escape of fissile/ fusion material emitting a level of radioactivity capable of causing any illness, incapacitating disablement or death.
- b) Chemical attack or weapons means the emission, discharge, dispersal, release or escape of any solid, liquid or gaseous chemical compound which, when suitably distributed, is capable of causing any illness, incapacitating disablement or death.
- c) Biological attack or weapons means the emission, discharge, dispersal, release or escape of any pathogenic (disease producing) micro-organisms and/or biologically produced toxins (including genetically modified organisms and chemically synthesized toxins) which are capable of causing any illness, incapacitating disablement or death.

Any expenses incurred on OPD treatment.

Treatment taken outside the geographical limits of India.

In respect of the existing diseases, disclosed by the insured and mentioned in the policy schedule (based on insured's consent), policyholder is not entitled to get the coverage for specified ICD codes.

Any expense, condition or treatment not admissible in Annexure - I, List - I (Non-Medical Expenses) except to the extent covered under Section (h) - Non-Medical Expenses (if applicable) under the Policy.

Dental Treatment, dentures or surgery of any kind unless necessitated due to an accident and requiring minimum 24 hours hospitalization.

Circumcision unless necessary for treatment of an illness or as may be necessitated due to an Accident.

## **CLAIM PROCEDURE:**

### **Claim Notification:**

(I) The Policyholder or Insured Person or the claimant, shall notify Us in writing or at Our call center within 48 hours of Hospitalisation or before the discharge whichever is earlier

(ii) However, We may condone the delay on merits of the claim subject to getting satisfied that the delay in notification was due to reasons beyond the control of the Insured/Insured Person/claimant.

(iii) If the Insured Person is to undergo planned Hospitalization, the Policyholder or Insured Person shall give written intimation to Us of the proposed Hospitalization at least 48 hours prior to the planned date of admission to It is agreed and understood that the following details are to be provided to Us at the time of Notification of Claim:

I Policy Number;

UIN: RQBHLIP25036V042425

- II Name of the Policyholder;
- III Name of the Insured Person in respect of whom the Claim is being made:
- IV Complete address and contact nos. Where the Insured was residing at the time of Hospitalization
- V Nature of Illness or Injury and its cause
- VI Name and address of the attending Medical Practitioner and Hospital;
- VII Date of admission to Hospital or proposed date of admission to Hospital for planned Hospitalization;
- VIII Any other information, documentation or details requested by the Company.

**Procedure for reimbursement of medical expenses:**

We shall be give written intimation about the Hospitalization either directly or at Our call center at least 48 hours before the commencement of a planned Hospitalization or within 48 hours of admission to Hospital or before discharge from Hospital whichever is earlier if the

Hospitalization is required in an Emergency. It is agreed and understood that in all cases where intimation of a claim has been provided under this provision, all the information and documentation specified in Clause 5.4 below shall be submitted (at the Policyholder or Insured Person's or claimant's expense) to Us immediately and in any event within 15 days of Insured Person's discharge from Hospital.

**Procedure to avail cashless facility:**

(I) Cashless Facility is available only at Our Network Providers. The Insured Person can avail of this Cashless Facility at the time of admission into a Network Provider, by presenting the health membership number provided by Us under this Policy along with a valid photo identification document (Voter ID card/Driving License/Passport/PAN Card or any other identification documentation as approved/issued by Us).

(ii) In addition to the foregoing, in order to avail the Cashless Facility, the following procedure must be followed:

I. Pre-authorization: The Policyholder or Insured Person or the claimant must call Our call center and request authorization for the proposed treatment by way of submission of a completed pre-authorization form at least 48 hours before the commencement of planned Hospitalization or within 48 hours of admission to Hospital or before discharge from hospital whichever is earlier, in case of an Emergency.

II. We will process the request for authorization after having obtained accurate and complete information in respect of the Illness or Injury and treatment for which Cashless Facility is sought to be availed. We will confirm in writing authorization or rejection of the request to avail Cashless Facility for the Insured Person's Hospitalization.

III. If the request for availing Cashless Facility is authorized by Us, then payment for the Medical Expenses incurred in respect of the Insured Person shall not have to be made to the extent that such Medical Expenses are covered under this Policy and fall within the

amount authorized in writing by Us for availing Cashless Facility. Payment in respect of Co-payments (if applicable) or any other costs and expenses not authorized under the Cashless Facility shall be made directly by the Policyholder or Insured Person or claimant to the Network Provider. All original bills and evidence of treatment for the Medical Expenses incurred in respect of the Hospitalization of the Insured Person and all other information and documentation specified at Clause 5.4 shall be submitted to the Network Provider immediately and in any event before the Insured Person's discharge from Hospital.

IV. If We do not authorize the Cashless Facility due to insufficient Sum Insured or if insufficient information is provided to Us to determine the admissibility of the claim, payment for the treatment will have to be made by the Policyholder or Insured Person or the claimant to the Network Provider. following which a claim for reimbursement may be made to Us and the same will be considered by Us subject to the terms and conditions of this Policy.

It is agreed and understood that We may, at Our sole discretion, modify or add to the list of Network Provider or modify or restrict the extent of Cashless Facilities that may be availed at any particular Network Provider. For an updated list of Network Provider and the extent of Cashless Facilities available at each Network Provider, the Policyholder or Insured Person or claimant can refer to the list of Network Provider available on Our website or with Our call centre.

List of TPA link - <https://www.rahejaqbe.com/claims/health-claims>

List of Blacklisted hospitals - <https://www.rahejaqbe.com/hospital-locator>

## **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.

(Note: “Material facts“ for the purpose of this policy shall mean all important, essential and relevant information sought by the company in the proposal form and other connected documents to enable him to take informed decision in the context of underwriting the risk)

### **Condition Precedent to Admission of Liability**

The due observance and fulfilment of the terms and conditions of the policy, by the insured person. shall be a condition precedent to any liability of the Company to make any payment for claim(s) arising under the policy.

### **Material Change**

The Insured shall notify the Company in writing of any material change in the risk in relation to the declaration made in the proposal form or medical examination report at each Renewal and the Company may, adjust the scope of cover and / or premium, if necessary, accordingly.

## **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 under this Policy at any time during the Policy Period or until the final adjustment, if any and resolution of all Claims under this Policy.

## **No Constructive Notice**

Any knowledge or information of any circumstances or condition in relation to the Insured Person which is in the possession of the Company other than that expressly disclosed in the Proposal Form or otherwise in writing to, shall not be held to bind or prejudicially affect the Company notwithstanding subsequent acceptance of any premium.

## **Complete Discharge**

Any payment to the insured person or his/ her nominees or his/ her legal representative or to the Hospital/Nursing Home or assignee, as the case may be, for any benefit under the policy shall in all cases be a full, valid and an effectual 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 the Policy should be made in writing.
- ii. Such communication shall be sent to the address of the Company specified in the Policy Schedule.
- iii. The Company shall communicate to the Insured at the address 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**

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 Insured person shall have the right 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.

II. Policyholder having multiple policies shall also have the right to prefer claims under this policy for the amounts disallowed under any other policy / policies, even if the sum insured is not exhausted. Then the Insurer(s) shall independently settle the claim subject to the terms and conditions of this policy.

III. If the amount to be claimed exceeds the sum insured under a single policy, the Insured person shall have the right to choose insurers from whom he/she wants to claim the balance amount.



IV. Where an insured person 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 o 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 which are found fraudulent later under this Policy shall be repaid by all person(s) named in the Policy Schedule, 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, 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 person does not believe to be true;
- b) the active concealment of a fact by the insured person having knowledge or belief 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. Onus of disproving is upon the policyholder, if alive, or beneficiaries.

## **RENEWALS:**

The Policy shall ordinarily be renewable except on grounds of fraud, moral hazard, misrepresentation by the insured person provided that the policy is not withdrawn and also subject to conditions stated under clause 2.15. The renewal premium shall be paid to the Company on or before the date of expiry of the Policy or of the subsequent renewal thereof.

- i. The Company shall endeavor to give notice for renewal. However, the Company is not bound to give any notice for renewal.
- ii. Renewal shall not be denied on the ground that the insured had made a claim or claims in the preceding policy years.

- iii. Request for renewal along with requisite premium shall be received by the Company before the end of the policy period.
  - iii. At the end of the policy period, the policy shall terminate and can be renewed within the Grace Period to maintain continuity of benefits without Break-in Policy. Coverage is not available during the grace period.
- v. If not renewed within Grace Period after due renewal date, the Policy shall terminate.
- vi. No loading shall apply on renewals based on individual claims experience.

### **Automatic change In Coverage under the policy**

The coverage for the Insured Person shall automatically terminate:

In the case of his/ her (Insured Person) demise.

However, the cover shall continue for the remaining Insured Persons till the end of Policy Period. The other Insured Persons may also apply to renew the Policy. In case, the Insured Person is minor, the Policy shall be renewed only through any one of his/her natural guardian or guardian appointed by Court. All relevant particulars in respect of such person (including his/her relationship with the Insured person) must be submitted to 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.

### **Portability**

The insured person will have the option to port the policy to other insurers by applying to such insurer to port the entire policy along with all the members of the family, if any, at least 45 days before, but not earlier than 60 days from the premium due date of his/her existing policy as per extant guidelines related to portability. If such person is presently covered and has been continuously covered without any lapses under any health insurance policy with an Indian General/Health insurer, the proposed insured person will get the accrued continuity benefits in waiting periods as per extant guidelines on portability.

For Detailed Guidelines on portability, kindly refer the link - [https://www.rahejaqbe.com/frontend/images/health-basic-guideline/pdf/download/Portability\\_Migration\\_Guideline.pdf](https://www.rahejaqbe.com/frontend/images/health-basic-guideline/pdf/download/Portability_Migration_Guideline.pdf)

### **Renewal of Policy**

The Policy shall ordinarily be renewable except on grounds of fraud, moral hazard, misrepresentation by the insured person.

- i. The Company shall endeavor to give notice for renewal. However, the Company is not bound to give any notice for renewal.

- ii. Renewal shall not be denied on the ground that the insured had made a claim or claims in the preceding policy years.
- iii. Request for renewal along with requisite premium shall be received by the Company before the end of the policy period.
- iv. At the end of the policy period, the policy shall terminate and can be renewed within the Grace Period to maintain continuity of benefits without Break in Policy. Coverage is not available during the grace period.
- V. If not renewed within Grace Period after due renewal date, the Policy shall terminate.
- Vi. No loading shall apply on renewals based on individual claims experience.

### **Possibility of Revision of Terms of the Policy Including the Premium Rates**

The Company, with prior approval of IRDAI, may revise or modify the terms of the policy including the premium rates. The insured person shall be notified before the changes are effected.

### **Free look period**

The Free Look Period shall be applicable at the inception of the Policy and not on renewals or at the time of porting the policy.

The insured shall be allowed a period of thirty days from date of receipt of the Policy, whether received electronically or otherwise, to review the terms and conditions of the Policy. If the insured has not made any claim during the Free Look Period, the insured shall be entitled to

- i. a refund of the premium paid less any expenses incurred by the Company on medical examination of the insured person and the stamp duty charges; or
- ii. where the risk has already commenced and the option of return of the Policy is exercised by the insured, a deduction towards the proportionate risk premium for period of cover or
- iii. Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period

### **Alterations in the Policy**

This Policy constitutes the complete contract of insurance. No change or alteration shall be valid or effective unless approved, evidenced by a written endorsement signed and stamped by the Company.

### **Change of Sum Insured**

Sum insured can be changed (increased/ decreased) only at the time of renewal, subject to underwriting by the Company. For any increase in SI, the waiting period shall start afresh for the incremental portion of the sum insured.

### **Terms and condition of the Policy**

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

## Electronic Transactions

The Insured agrees to adhere to and comply with policy terms and conditions as the Company may prescribe from time to time. and hereby agrees and confirms that all transactions effected by or through facilities for conducting remote transactions including the Internet, World Wide Web, electronic data interchange, call centers, tele-service operations (whether voice, video, data or combination thereof) or by means of electronic, computer, automated machines network or through other means of telecommunication, established by or on behalf of the Company, for and in respect of the Policy or its terms, shall constitute legally binding and valid transactions when done in adherence to and in compliance with the Company's terms and conditions for such facilities, as may be prescribed from time to time.

Sales through such electronic transactions shall ensure that all conditions of Section 41 of the Insurance Act, 1938 prescribed for the proposal form and all necessary disclosures on terms and conditions and exclusions are made known to the Insured. A voice recording in case of tele-sales or other evidence for sales through the World Wide Web shall be maintained and such consent will be subsequently validated/ confirmed by the Insured.

## Migration

The insured person will have the option to migrate the policy to other health insurance products/plans offered by the company policy by applying for migration of the policy 30 days before the premium due date of his/her existing policy as per extant guidelines on Migration. If such person is presently covered and has been continuously covered without any lapses under any health insurance product/plan offered by the company, the proposed insured person will get the accrued continuity benefits in waiting periods as per extant guidelines on migration. For Detailed Guidelines on migration, kindly refer the link - [https://www.rahejaqbe.com/frontend/images/health-basic-guideline/pdf/download/Portability\\_Migration\\_Guideline.pdf](https://www.rahejaqbe.com/frontend/images/health-basic-guideline/pdf/download/Portability_Migration_Guideline.pdf)

## Tax Benefit:

The premium amount paid under this policy qualifies for deduction under Section 80D of the Income Tax Act

## Cancellation (other than free look):

- a) The policyholder may cancel this policy by giving 7 days written notice.
- b) In case the Policyholder requests cancellation of the Policy, where no claims are made under the Policy, the Company shall refund proportionate premium for the unexpired policy period on prorated basis.
- c) In case the Policyholder requests for cancellation of the Policy, where there are claims made under the Policy, then there shall be no refund of premium for the unexpired policy period.
- d) The Company may cancel the policy at any time on grounds of misrepresentation, non-disclosure of material facts, fraud or non-cooperation by the insured person by giving 15

days' written notice. There would be no refund of premium upon cancellation on the abovementioned grounds.

### **Premium Payment in Instalment**

If the Insured Person has opted for Payment of Premium on an instalment basis i.e. Half Yearly, Quarterly or Monthly, as mentioned in the Policy Schedule/Certificate of Insurance, the following Conditions shall apply (notwithstanding any terms contrary elsewhere in the Policy)

Grace Period of following Days would be given to Pay the instalment premium due for the Policy.

<b>Options</b>	<b>Installment Premium Option</b>	<b>Grace Period Applicable</b>
Option 1	Yearly	30 Days
Option 2	Half yearly	30 Days
Option 3	Quarterly	30 Days

- i. The Benefits provided under - "Waiting Periods", "Specific Waiting Periods" Sections shall continue in the event of payment of premium within the stipulated grace Period.
- ii. No interest will be charged If the instalment premium is not paid on due date.
- iii. In case of instalment premium due not received within the grace period, the policy will get cancelled and a fresh policy would be issued with fresh waiting periods after obtaining consent from the customer.
- iv. In case of failure of transaction in ECS mode of payment and/or instalment premium due not received within the grace period, the policy will get cancelled and fresh policy would be issued with fresh waiting periods after obtaining consent from the customer.
- v. In case of change in terms and conditions of the policy contract or in premium rate, the ECS authorization shall be obtained afresh ensuring an informed choice to the policy holder.
- vi. The insurer can withdraw ECS mode of payment by giving 15 days' notice prior to the due date of premium payable.
- vii. All terms and conditions for this product are as per Insurance Regulatory and Development Authority of India (Insurance Products) Regulations, 2024 read with Master Circular on IRDAI (Insurance Products) Regulations 2024 – Health Insurance as amended from time to time in respect of break in policy

### **Disclaimer**

This is only a summary of the product features. The actual benefits shall be described in the policy and will be subject to the policy terms, conditions and exclusions. For more details on risk factors, terms and conditions, read the sales brochure carefully before concluding a sale.

This Policy is subject to Master Circular on Operations and Allied Matters of Insurers 2024 - Health Insurance & Insurance Regulatory and Development Authority of India (Protection of Policyholders'

UIN: RQBHLIP25036V042425

Interests, Operations and Allied Matters of Insurers) Regulations, 2024 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 policy accept any rebate, except such rebate as may be allowed in accordance with the prospectus or tables of the insurers.
- 2) Any person making default in complying with the provisions of this section shall be liable for penalty which may extend to ten lakh rupees.

**SCHEDULE OF BENEFITS**

SI Limits	Basic		Comprehensive^	Super Saver		A la carte	
	1 to 2 Lakhs	3 to 50Lakh	3 to 50Lakh	1 to 2 Lakhs	3 to 50 Lakh	1 to 2 Lakhs	3 to 50Lakh
<b>Section a</b>							
In patient Hospitalization	Covered	Covered	Covered	Covered	Covered	Covered	Covered
Room Rent	1% of Sum Insured per day		No Limit	1% of Sum Insured per day		1% of Sum Insured Per Day	
ICU Charges	2% of Sum Insured per day		No Limit	2% of Sum Insured per day		2% of Sum Insured Per Day	
Doctor Fees (Medical Practitioners fees)	25% of Sum Insured per claim		No Limit	25% of Sum Insured per claim		25% of Sum Insured Per Claim	
<b>Section b</b>							
Pre Hospitalization	30 Days	60 Days	60 Days	30 Days	60 Days	30 Days	60 Days
Post Hospitalization	60 Days	90 Days	90 Days	60 Days	90 Days	60 Days	90 Days
<b>Section c</b>							
Ambulance Charges	Yes#	Yes#	Yes#	Yes#	Yes#	Yes#	Yes#
<b>Section d</b>							
Daily Allowance	500 per day	NA	NA	500 per day	NA	500 per day	NA
<b>Section e</b>							
Organ Donor Benefit	NA	20% of SI	20% of SI	NA	20% of SI	NA	20% of SI
<b>Section f</b>							
Recharge/Replenish Benefit	Yes	Yes	Yes	Yes	Yes	Yes	Yes
<b>Section g</b>							
Medical Checkup (Slab Attached)	Yes	Yes	Yes	Yes	Yes	Yes	Yes
<b>Section h</b>							
Non-Medical Expenses (on Cashless Facility)	NA	Yes~	Yes~	NA	Yes~	NA	Yes~
<b>Section i</b>							
Sum Insured Increase	10% on Cashless claim payment	10% on Cashless claim payment	10% on Cashless claim payment	10% on Cashless claim payment	10% on Cashless claim payment	10% on Cashless claim payment	10% on Cashless claim payment
<b>Section j</b>							
Domiciliary Hospitalization@	Yes@	Yes@	Yes@	Yes@	Yes@	Yes@	Yes@

Section k								
	No Claim Bonus	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Section I								
Optional Cover								
1	Sub limit waiver*	NA	NA	Inbuilt	NA	NA	NA	Optional
2	Voluntary Co - Pay - 20%	NA	NA	NA	NA	NA	Optional	Optional
2 Year Policy Availability		Yes	Yes	Yes	Yes	Yes	Yes	Yes
Mandatory 20% Co-pay	If entry age is 60 years and above	If entry age is 60 years and above	If entry age is 60 years and above	If entry age is 60 years and above	Inbuilt for all age/insured person	Inbuilt for all age/insured person	If entry age is 60 years and above	If entry age is 60 years and above

Note: Family floater starts at 2 lakh Sum insured and above

"Optional" means available on payment of extra premium as per slab "Inbuilt" means available as part of plan without payment of premium

\* In 20 Lakh and above Sum Insured, the Base coverage doesn't have Sublimit of Section a.

^comprehensive plan is not available for 1 Lakh and 2 Lakh Sum Insured.

### Medical Checkup Slab

SI Band	1 to 5 Lakh	6 to 7 Lakh	8 to 10 Lakh	15 to 50 Lakh
Set of Test	Set 1	Set 2	Set 3	Set 4

### Non-Medical Expenses

SI Band	Maximum Amount Per Day
3 to 6 Lakh	1000
7 to 9 Lakh	2000
10 to 15 Lakh	3000
20 to 50 Lakh	5000

### #Ambulance Charges

SI Band	Maximum Amount Per Hospitalization
1 to 2 Lakh	1000
3 to 9 Lakh	1500

10 to 50 Lakh	2500
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### @Domiciliary Hospitalization

SI Band	Max Amount
1 to 2 Lakh	15,000
3 to 9 Lakh	25,000
10 to 20 Lakh	50,000
25 to 50 Lakh	1,50,000

### Illustration of Restore/Replenish Benefit:

**Policy period-** 1st Jan 2023 till 31st Dec 2024

	All Plans (Basic, Super Saver, Comprehensive and A la Carte)		
	Case1	Case 2	Case 3
Sum Assured at beginning of the Year	5,00,000	5,00,000	5,00,000
NCB SI added	1,00,000	NA	NA
Total eligible SI	6,00,000	5,00,000	5,00,000
Claim on 15th Sep 2023 (Amount Payable by US)	6,00,000	5,00,000	4,00,000
Recharge/Replenish Benefit	Triggered	Triggered	Not Triggered
SI applicable for reminder period of the policy	5,00,000	5,00,000	1,00,000
SI on Policy renewal	5,00,000	5,00,000	5,00,000
NCB SI on renewal	75,000	NA	NA

### Pre- Acceptance Medical Test:

Pre-Policy Checkup at our network hospitals may be required based upon the age and Sum Insured. We will bear 100% of the expenses incurred per insured person on the acceptance of the proposal and also facilitate fixing of appointment for such tests.

The medical reports are valid for a period of 90 days from the date of Pre-Policy Checkup.



Age/Sum Insured	Sum Insured up to 10 Lac	Sum Insured above 10 Lac
91 days to 18 years	NIL	MER*
19 years to 50 years	NIL	SET I
51 years to 55 Years	NIL	SET II
55 Years and above	SET II	SET II

**Set I :** Medical Examination Report. Electrocardiogram, Total Cholesterol, HDL, LDL Serum Triglycerides, Hb1AC. Serum Creatinine, Complete Blood Count and Urinalysis

**Set II :** Medical Examination Report, Electrocardiogram, Complete Blood Count, Lipid Profile, Hb1AC, Serum Creatinine, Urinalysis SGOT, SGPT and GGT.

The Company reserves its right to require any individual to undergo medical tests or where required any further additional tests, at the sole discretion of the Company to determine the acceptance of a Proposal. Cost of additional test would be borne 100% by the company.

## Loadings

We may apply a risk loading on the premium payable (based upon the declarations made in the proposal form and the health status of the persons proposed for insurance). The maximum risk loading applicable for an individual shall not exceed above 100% per diagnosis/medical condition and an overall risk loading of over 150% per person. These loadings are applied from inception of the Policy including subsequent renewal(s) with Us or on the receipt of the request of increase in Sum Insured. We will inform You about the applicable risk loading through a counter offer letter/email/phone. You shall revert to Us with your acceptance and additional premium (if any), within 15 days of the issuance of such counter offer. In case, You neither accept the counter offer nor revert to Us within 15 days, We shall cancel Your Policy and refund the premium paid within the next 15 days as per Policy terms and conditions.

## Pricing tables

Attached as separate document "Rate Card"

10% discount on policies purchased directly on our website [www.rahejaqbe.com](http://www.rahejaqbe.com). The discount availed would be applicable on renewals also. Payment of Instalment Premium is not permitted under this policy. Only single premium payment option is available.

Any revision or modification in the policy which is approved by the Authority shall be notified to Policyholder prior to the date when such revision or modification comes into effect. The notice shall set out the reasons for such revision or modification.

The Policy will be serviced by a Third Party Administrator. Initially We would be allocating the TPA of your choice. During Renewals the Policyholder may opt at its choice for any other TPAs empanelled with Us for this product upon giving Us a written application.

### Important Notice:

This document is for your information and the description herein is a summary only. It does not attempt to provide full details of every aspect of cover, nor all exclusions or limitations which apply. For full details or clarifications, please read our policy wordings which are available on request or contact your insurance advisor.

Insurance is the subject matter of solicitation.

### Annexure V

#### No Claim Bonus (NCB) Illustration

Health QuBE	Scenario 1		
Option opted	Increase in Sum insured	1% discount at renewal premium	Increase in Sum insured
Policy year	1st renewal	2nd renewal	3rd renewal
Policy Type	1A	1A	1A
Age (eldest member)	24	24	24
Sum insured	5,00,000	5,00,000	5,00,000
Premium (excl Tax)	2,563	2,563	2,563
Claims	Nil	Nil	Nil
NCB	25,000	-25.63	50,000
Renewal premium	2,563	2,537	2,563
Renewal Sum insured	5,25,000	5,25,000	5,50,000

Health QuBE	Scenario 2			
Option opted	Increase in Sum insured	1% discount at renewal premium	Increase in Sum insured	Increase in Sum insured
Policy year	1st renewal	2nd renewal	3rd renewal	4th renewal
Policy Type	1A	1A	1A	1A
Age (eldest member)	24	24	24	24
Sum insured	5,00,000	5,00,000	5,00,000	5,00,000
Premium (excl Tax)	2,563	2,563	2,563	2,563
Claims	Nil	Nil	Yes	Yes
NCB	25,000	-25.63	50,000	25,000
Renewal premium	2,563	2,537	2,563	2,563
Renewal Sum insured	5,25,000	5,25,000	5,50,000	5,25,000

Health QuBE	Scenario 3			
Option opted	Increase in Sum insured	1% discount at renewal premium	Increase in Sum insured	1% discount at renewal premium
Policy year	1st renewal	2nd renewal	3rd renewal	4th renewal
Sum insured	5,00,000	5,00,000	5,00,000	5,00,000
Premium (excl Tax)	2,563	2,563	2,563	2,563
Claims	Nil	Nil	Yes	Yes
NCB	25,000	-25.63	50,000	25,000
Renewal premium	2,563	2,537	2,563	2,563
Renewal Sum insured	5,25,000	5,25,000	5,50,000	5,25,000

**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](mailto:customercare@rahejaqbe.com) | Website: [www.rahejaqbe.com](http://www.rahejaqbe.com)

CIN: U66030MH2007PLC173129, IRDAI Reg. No. 141

Policy Type	1A	1A	1A	1A
Age (eldest member)	24	24	24	24
Sum insured	5,00,000	5,00,000	5,00,000	5,00,000
Premium (excl'd Tax)	2,563	2,563	2,563	2,563
Claims	Yes	Yes	No	Yes
NCB	0	0.00	25,000	-25.63
Renewal premium	2,563	2,563	2,563	2,563
Renewal Sum insured	5,00,000	5,00,000	5,25,000	5,25,000



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CIN: U66030MH2007PLC173129, IRDAI Reg. No. 141

Plan- Floater- 2 Adults - Basic Plan																
Age Band / SI	1,00,000	2,00,000	3,00,000	4,00,000	5,00,000	6,00,000	7,00,000	8,00,000	9,00,000	10,00,000	15,00,000	20,00,000	25,00,000	30,00,000	40,00,000	50,00,000
19 to 25	3,552	3,741	3,974	4,199	4,712	4,914	5,157	5,546	5,710	8,963	10,795	11,581	12,324	13,695	14,953	6,766
26 to 30	4,449	4,746	5,046	5,339	5,980	6,245	6,547	7,036	7,247	10,836	13,213	14,235	15,203	16,992	18,630	9,242
31 to 35	5,321	5,692	6,061	6,421	7,154	7,481	7,840	8,409	8,665	12,543	15,431	16,684	17,874	20,069	22,082	11,523
36 to 40	5,856	6,239	6,649	7,049	7,820	8,180	8,576	9,177	9,463	13,490	16,673	18,066	19,386	21,826	24,063	13,663
41 to 45	7,501	8,008	8,531	9,044	10,012	10,476	11,045	11,786	12,144	16,950	21,009	22,792	24,489	27,620	30,491	14,892
46 to 50	9,177	9,825	10,474	11,115	12,263	12,842	13,519	14,413	14,851	20,210	25,248	27,467	29,582	33,486	37,066	18,879
51 to 55	13,402	14,203	15,019	15,833	17,218	17,952	18,828	19,910	20,453	25,314	31,648	34,452	37,129	42,072	46,604	22,955
56 to 60	19,647	20,876	22,109	23,359	25,323	26,451	27,702	29,284	30,064	36,312	45,958	50,222	54,325	61,896	68,839	28,869
61 to 65	23,237	24,640	26,094	27,608	29,850	31,213	32,719	34,559	35,412	42,776	54,350	59,444	64,389	73,517	81,885	42,650
66 to 70	36,634	38,843	41,143	43,655	47,079	49,339	51,706	54,632	55,797	67,239	86,219	94,469	1,02,608	1,17,629	1,31,400	50,722
> 70	76,456	81,260	85,863	91,366	97,792	1,02,729	1,07,664	1,13,565	1,15,138	1,38,166	1,78,847	1,96,143	2,13,712	2,46,139	2,75,870	81,362

*Premium rates above for ages 61 and above are with 20% Co-Pay*

Plan- Floater- 2 Adults - Basic Plan										
Add on Option 1- Sublimit Waiver Premium										
Age Band / SI	3,00,000	4,00,000	5,00,000	6,00,000	7,00,000	8,00,000	9,00,000	10,00,000	15,00,000	20,00,000
19 to 25	1,308	1,218	1,140	1,121	992	849	915	947	1,164	1,500
26 to 30	1,698	1,583	1,484	1,448	1,284	1,100	1,185	1,226	1,500	1,806
31 to 35	2,071	1,931	1,814	1,757	1,554	1,329	1,433	1,478	1,806	1,977
36 to 40	2,285	2,130	2,003	1,925	1,713	1,464	1,572	1,619	1,977	2,507
41 to 45	2,918	2,719	2,557	2,458	2,179	1,860	1,995	2,060	2,507	3,095
46 to 50	3,623	3,380	3,178	3,035	2,697	2,310	2,467	2,548	3,095	3,866
51 to 55	4,572	4,262	4,006	3,814	3,389	2,897	3,091	3,188	3,866	5,844
56 to 60	6,992	6,513	6,121	5,796	5,152	4,412	4,696	4,838	5,844	8,721
61 to 65	10,551	9,815	9,230	8,702	7,739	6,621	7,039	7,231	8,721	14,230
66 to 70	17,473	16,212	15,246	14,301	12,724	10,897	11,555	11,818	14,230	30,185
> 70	38,151	35,218	33,140	30,782	27,405	23,487	24,819	25,166	30,185	

*Premium rates above for ages 61 and above are with 20% Co-Pay*

Plan- Floater- 2 Adults - Basic Plan															
Add on Option 2- 20% Co- Payment Discount															
Age Band / SI	2,00,000	3,00,000	4,00,000	5,00,000	6,00,000	7,00,000	8,00,000	9,00,000	10,00,000	15,00,000	20,00,000	25,00,000	30,00,000	40,00,000	50,00,000
19 to 25	633	671	717	762	860	902	939	1,019	1,050	1,292	1,658	1,815	1,965	2,238	2,490
26 to 30	813	873	932	992	1,116	1,167	1,218	1,316	1,358	1,667	2,143	2,346	2,540	2,897	3,224
31 to 35	986	1,059	1,134	1,206	1,349	1,415	1,478	1,590	1,641	2,008	2,585	2,836	3,073	3,512	3,917
36 to 40	1,094	1,170	1,253	1,331	1,482	1,554	1,625	1,743	1,802	2,197	2,834	3,113	3,376	3,865	4,313
41 to 45	1,397	1,497	1,601	1,704	1,886	1,979	2,069	2,219	2,288	2,787	3,596	3,953	4,294	4,919	5,495
46 to 50	1,730	1,860	1,990	2,118	2,337	2,454	2,564	2,744	2,830	3,439	4,446	4,891	5,313	6,093	6,808
51 to 55	2,183	2,342	2,507	2,669	2,931	3,079	3,221	3,437	3,547	4,297	5,563	6,124	6,660	7,649	8,556
56 to 60	3,340	3,584	3,830	4,082	4,460	4,687	4,903	5,218	5,374	6,498	8,426	9,279	10,100	11,612	13,002

*Premium rates above for ages 61 and above are with 20% Co-Pay*

Plan- Floater- 2 Adults - Comprehensive Plan														
Age Band / SI	3,00,000	4,00,000	5,00,000	6,00,000	7,00,000	8,00,000	9,00,000	10,00,000	15,00,000	20,00,000	25,00,000	30,00,000	40,00,000	50,00,000
19 to 25	5,049	5,192	5,339	5,833	5,906	6,006	6,462	6,657	10,127	10,795	11,581	12,324	13,695	14,953
26 to 30	6,444	6,629	6,824	7,429	7,529	7,647	8,222	8,472	12,336	13,213	14,235	15,203	16,992	18,630
31 to 35	7,764	7,992	8,235	8,911	9,035	9,170	9,842	10,142	14,349	15,431	16,684	17,874	20,069	22,082
36 to 40	8,524	8,779	9,052	9,745	9,893	10,040	10,750	11,082	15,467	16,673	18,066	19,386	21,826	24,063
41 to 45	10,926	11,250	11,601	12,470	12,656	12,905	13,781	14,204	19,457	21,009	22,792	24,489	27,620	30,491
46 to 50	13,448	13,854	14,293	15,298	15,539	15,829	16,881	17,399	23,305	25,248	27,467	29,582	33,486	37,066
51 to 55	18,775	19,282	19,838	21,032	21,342	21,725	23,002	23,641	29,180	31,648	34,452	37,129	42,072	46,604
56 to 60	27,869	28,622	29,480	31,119	31,602	32,114	33,981	34,902	42,156	45,958	50,222	54,325	61,896	68,839
61 to 65	35,191	35,909	36,838	38,552	38,952	39,340	41,597	42,643	51,497	54,350	59,444	64,389	73,517	81,885
66 to 70	56,316	57,354	58,901	61,380	62,063	62,603	66,187	67,615	81,469	86,219	94,469	1,02,608	1,17,629	1,31,400
> 70	1,19,411	1,21,080	1,24,507	1,28,574	1,30,134	1,31,152	1,38,384	1,40,304	1,68,351	1,78,847	1,96,143	2,13,712	2,46,139	2,75,870

*Premium rates above for ages 61 and above are with 20% Co-Pay*

Plan- Floater- 2 Adults - Super Saver Plan															
Age Band / SI	2,00,000	3,00,000	4,00,000	5,00,000	6,00,000	7,00,000	8,00,000	9,00,000	10,00,000	15,00,000	20,00,000	25,00,000	30,00,000	40,00,000	50,00,000
19 to 25	2,919	3,070	3,257	3,437	3,852	4,012	4,218	4,527	4,660	7,671	9,137	9,766	10,359	11,457	12,463
26 to 30	3,636	3,873	4,114	4,348	4,865	5,077	5,329	5,721	5,888	9,170	11,070	11,889	12,682	14,095	15,406
31 to 35	4,335	4,633	4,928	5,216	5,805	6,066	6,363	6,819	7,024	10,535	12,846	13,848	14,800	16,557	18,165
36 to 40	4,761	5,069	5,397	5,717	6,338	6,626	6,951	7,434	7,662	11,293	13,839	14,953	16,010	17,961	19,750
41 to 45	6,104	6,511	6,929	7,340	8,126	8,497	8,976	9,568	9,856	14,164	17,413	18,840	20,196	22,701	24,996
46 to 50	7,448	7,965	8,484	8,998	9,926	10,389	10,955	11,669	12,020	16,772	20,802	22,576	24,269	27,393	30,258
51 to 55	11,220	11,861	12,513	13,164	14,287	14,873	15,608	16,474	16,906	21,017	26,085	28,327	30,470	34,422	38,048
56 to 60	16,307	17,292	18,278	19,277	20,863	21,763	22,799	24,066	24,689	29,814	37,532	40,944	44,225	50,284	55,837
61 to 65	23,237	24,640	26,094	27,608	29,850	31,213	32,719	34,559	35,412	42,776	54,350	59,444	64,389	73,517	81,885
66 to 70	36,634	38,843	41,143	43,655	47,079	49,339	51,706	54,632	55,797	67,239	86,219	94,469	1,02,608	1,17,629	1,31,400
> 70	76,456	81,260	85,863	91,366	97,792	1,02,729	1,07,664	1,13,565	1,15,138	1,38,166	1,78,847	1,96,143	2,13,712	2,46,139	2,75,870

*Premium rates above for ages 61 and above are with 20% Co-Pay*

Plan- Floater- 1 Adult + 1 Child - Basic Plan															
Age Band / SI	2,00,000	3,00,000	4,00,000	5,00,000	6,00,000	7,00,000	8,00,000	9,00,000	10,00,000	15,00,000	20,00,000	25,00,000	30,00,000	40,00,000	50,00,000
19 to 25	3,346	3,523	3,740	3,951	4,431	4,622	4,849	5,213	5,367	8,413	10,129	10,865	11,561	12,845	14,023
26 to 30	4,185	4,463	4,744	5,020	5,619	5,867	6,150	6,608	6,806	10,167	12,394	13,351	14,258	15,933	17,467
31 to 35	5,003	5,350	5,695	6,032	6,719	7,025	7,362	7,894	8,134	11,767	14,471	15,644	16,758	18,814	20,700
36 to 40	5,503	5,862	6,246	6,620	7,343	7,680	8,051	8,613	8,882	12,653	15,634	16,938	18,175	20,460	22,555
41 to 45	7,043	7,518	8,009	8,489	9,395	9,830	10,363	11,057	11,393	15,893	19,695	21,366	22,954	25,886	28,576
46 to 50	8,613	9,220	9,829	10,429	11,504	12,047	12,680	13,517	13,927	18,947	23,665	25,744	27,726	31,380	34,734
51 to 55	12,570	13,321	14,086	14,847	16,145	16,833	17,653	18,666	19,175	23,726	29,660	32,286	34,793	39,422	43,667
56 to 60	18,420	19,570	20,725	21,896	23,735	24,791	25,964	27,446	28,175	34,028	43,062	47,056	50,898	57,989	64,493
61 to 65	21,781	23,096	24,457	25,874	27,974	29,251	30,662	32,384	33,186	40,080	50,921	55,692	60,325	68,874	76,711
66 to 70	34,329	36,399	38,552	40,905	44,112	46,229	48,444	51,187	52,276	62,994	80,769	88,496	96,120	1,10,187	1,23,085
> 70	71,625	76,125	80,435	85,591	91,608	96,232	1,00,854	1,06,380	1,07,854	1,29,421	1,67,523	1,83,721	2,00,177	2,30,547	2,58,393

Premium rates above for ages 61 and above are with 20% Co-Pay

Plan- Floater- 1 Adult + 1 Child - Basic Plan									
Add on Option 1- Sublimit Waiver Premium									
Age Band / SI	3,00,000	4,00,000	5,00,000	6,00,000	7,00,000	8,00,000	9,00,000	10,00,000	15,00,000
19 to 25	1,226	1,141	1,068	1,050	929	795	858	886	1,091
26 to 30	1,591	1,483	1,391	1,357	1,203	1,030	1,111	1,148	1,405
31 to 35	1,940	1,809	1,699	1,645	1,456	1,246	1,341	1,384	1,692
36 to 40	2,140	1,995	1,876	1,803	1,604	1,372	1,473	1,517	1,853
41 to 45	2,733	2,547	2,395	2,302	2,041	1,742	1,869	1,930	2,348
46 to 50	3,394	3,167	2,976	2,843	2,527	2,164	2,311	2,386	2,898
51 to 55	4,283	3,993	3,751	3,573	3,175	2,713	2,895	2,986	3,622
56 to 60	6,549	6,100	5,733	5,428	4,825	4,132	4,398	4,532	5,473
61 to 65	9,882	9,193	8,645	8,149	7,248	6,201	6,592	6,773	8,169
66 to 70	16,365	15,183	14,279	13,394	11,918	10,205	10,822	11,068	13,329
> 70	35,732	32,984	31,040	28,830	25,667	21,998	23,245	23,571	28,270

Premium rates above for ages 61 and above are with 20% Co-Pay

Plan- Floater- 1 Adult + 1 Child - Basic Plan															
Add on Option 2- 20% Co- Payment Discount															
Age Band / SI	2,00,000	3,00,000	4,00,000	5,00,000	6,00,000	7,00,000	8,00,000	9,00,000	10,00,000	15,00,000	20,00,000	25,00,000	30,00,000	40,00,000	50,00,000
19 to 25	593	629	673	715	806	845	880	954	984	1,210	1,553	1,701	1,840	2,096	2,332
26 to 30	762	818	873	929	1,045	1,094	1,141	1,232	1,273	1,560	2,008	2,197	2,379	2,713	3,020
31 to 35	923	993	1,062	1,129	1,264	1,325	1,384	1,490	1,537	1,881	2,422	2,656	2,878	3,289	3,669
36 to 40	1,025	1,095	1,173	1,247	1,389	1,456	1,522	1,633	1,687	2,058	2,655	2,915	3,161	3,620	4,040
41 to 45	1,308	1,402	1,500	1,596	1,766	1,854	1,938	2,078	2,144	2,611	3,369	3,703	4,021	4,607	5,147
46 to 50	1,620	1,742	1,864	1,984	2,190	2,299	2,402	2,570	2,651	3,221	4,165	4,580	4,977	5,706	6,377
51 to 55	2,045	2,194	2,348	2,500	2,746	2,884	3,016	3,219	3,322	4,024	5,211	5,736	6,237	7,164	8,014
56 to 60	3,128	3,357	3,588	3,824	4,178	4,390	4,593	4,887	5,034	6,086	7,892	8,691	9,459	10,876	12,177

Premium rates above for ages 61 and above are with 20% Co-Pay

Plan- Floater- 1 Adult + 1 Child- Comprehensive Plan														
Age Band / SI	3,00,000	4,00,000	5,00,000	6,00,000	7,00,000	8,00,000	9,00,000	10,00,000	15,00,000	20,00,000	25,00,000	30,00,000	40,00,000	50,00,000
19 to 25	4,749	4,881	5,020	5,481	5,551	5,644	6,071	6,253	9,504	10,129	10,865	11,561	12,845	14,023
26 to 30	6,054	6,227	6,410	6,977	7,070	7,180	7,719	7,954	11,573	12,394	13,351	14,258	15,933	17,467
31 to 35	7,290	7,504	7,730	8,364	8,481	8,608	9,236	9,518	13,459	14,471	15,644	16,758	18,814	20,700
36 to 40	8,002	8,242	8,497	9,146	9,284	9,422	10,086	10,399	14,506	15,634	16,938	18,175	20,460	22,555
41 to 45	10,251	10,556	10,884	11,697	11,871	12,105	12,926	13,323	18,241	19,695	21,366	22,954	25,886	28,576
46 to 50	12,614	12,996	13,405	14,348	14,573	14,844	15,828	16,314	21,845	23,665	25,744	27,726	31,380	34,734
51 to 55	17,603	18,079	18,599	19,718	20,007	20,366	21,561	22,161	27,348	29,660	32,286	34,793	39,422	43,667
56 to 60	26,119	26,826	27,629	29,164	29,616	30,096	31,844	32,707	39,502	43,062	47,056	50,898	57,989	64,493
61 to 65	32,978	33,651	34,519	36,123	36,500	36,864	38,977	39,959	48,249	50,921	55,692	60,325	68,874	76,711
66 to 70	52,764	53,736	55,184	57,506	58,146	58,650	62,009	63,344	76,323	80,769	88,496	96,120	1,10,187	1,23,085
> 70	1,11,857	1,13,420	1,16,631	1,20,438	1,21,900	1,22,852	1,29,626	1,31,425	1,57,692	1,67,523	1,83,721	2,00,177	2,30,547	2,58,393

Premium rates above for ages 61 and above are with 20% Co-Pay

Plan- Floater- 1 Adult + 1 Child - Super Saver Plan															
Age Band / SI	2,00,000	3,00,000	4,00,000	5,00,000	6,00,000	7,00,000	8,00,000	9,00,000	10,00,000	15,00,000	20,00,000	25,00,000	30,00,000	40,00,000	50,00,000
19 to 25	2,752	2,894	3,067	3,237	3,625	3,777	3,969	4,259	4,383	7,204	8,576	9,164	9,721	10,749	11,691
26 to 30	3,423	3,646	3,871	4,090	4,575	4,772	5,008	5,376	5,533	8,607	10,386	11,154	11,878	13,220	14,448
31 to 35	4,079	4,357	4,633	4,903	5,455	5,700	5,978	6,405	6,597	9,886	12,049	12,988	13,880	15,525	17,030
36 to 40	4,478	4,767	5,073	5,373	5,954	6,224	6,528	6,980	7,195	10,595	12,979	14,023	15,014	16,840	18,516
41 to 45	5,735	6,116	6,509	6,892	7,629	7,976	8,425	8,979	9,249	13,283	16,326	17,663	18,933	21,279	23,429
46 to 50	6,993	7,478	7,965	8,445	9,315	9,748	10,278	10,947	11,276	15,726	19,501	21,164	22,749	25,674	28,357
51 to 55	10,526	11,127	11,738	12,348	13,399	13,949	14,636	15,447	15,853	19,702	24,450	26,549	28,556	32,258	35,654
56 to 60	15,292	16,214	17,137	18,072	19,557	20,401	21,371	22,559	23,141	27,942	35,170	38,365	41,438	47,113	52,316
61 to 65	21,781	23,096	24,457	25,874	27,974	29,251	30,662	32,384	33,186	40,080	50,921	55,692	60,325	68,874	76,711
66 to 70	34,329	36,399	38,552	40,905	44,112	46,229	48,444	51,187	52,276	62,994	80,769	88,496	96,120	1,10,187	1,23,085
> 70	71,625	76,125	80,435	85,591	91,608	96,232	1,00,854	1,06,380	1,07,854	1,29,421	1,67,523	1,83,721	2,00,177	2,30,547	2,58,393

Premium rates above for ages 61 and above are with 20% Co-Pay

Plan- Floater- 2 Adults + 1 Child - Basic Plan															
Age Band / SI	2,00,000	3,00,000	4,00,000	5,00,000	6,00,000	7,00,000	8,00,000	9,00,000	10,00,000	15,00,000	20,00,000	25,00,000	30,00,000	40,00,000	50,00,000
19 to 25	4,755	5,004	5,309	5,605	6,285	6,551	6,874	7,387	7,598	11,893	14,314	15,348	16,328	18,140	19,801
26 to 30	5,945	6,335	6,729	7,116	7,962	8,311	8,712	9,358	9,630	14,368	17,509	18,853	20,131	22,494	24,659
31 to 35	7,105	7,591	8,073	8,548	9,518	9,947	10,425	11,176	11,502	16,625	20,440	22,088	23,658	26,560	29,217
36 to 40	7,812	8,316	8,852	9,380	10,397	10,874	11,396	12,193	12,556	17,875	22,081	23,913	25,659	28,880	31,833
41 to 45	9,995	10,660	11,344	12,024	13,299	13,914	14,666	15,646	16,100	22,447	27,813	30,158	32,398	36,533	40,325
46 to 50	12,226	13,072	13,919	14,770	16,281	17,048	17,944	19,127	19,680	26,759	33,415	36,332	39,128	44,285	49,012
51 to 55	17,827	18,872	19,939	21,015	22,839	23,811	24,970	26,400	27,082	33,503	41,878	45,560	49,097	55,625	61,613
56 to 60	26,148	27,750	29,350	31,009	33,591	35,084	36,743	38,841	39,798	48,058	60,808	66,403	71,823	81,826	91,000
61 to 65	30,979	32,799	34,676	36,686	39,628	41,439	43,434	45,873	46,889	56,625	71,935	78,606	85,139	97,202	1,08,260
66 to 70	49,000	51,839	54,778	58,120	62,602	65,604	68,744	72,639	73,909	89,054	1,14,181	1,24,938	1,35,699	1,55,556	1,73,763
> 70	1,02,920	1,09,006	1,14,761	1,22,116	1,30,456	1,37,044	1,43,623	1,51,494	1,52,690	1,83,215	2,37,154	2,59,550	2,82,796	3,25,696	3,65,034

Premium rates above for ages 61 and above are with 20% Co-Pay

Plan- Floater- 2 Adults + 1 Child - Basic Plan Add on Option 1- Sublimit Waiver Premium										
Age Band / SI	3,00,000	4,00,000	5,00,000	6,00,000	7,00,000	8,00,000	9,00,000	10,00,000	15,00,000	20,00,000
19 to 25	1,730	1,613	1,511	1,475	1,316	1,119	1,209	1,250	1,537	1,537
26 to 30	2,250	2,097	1,969	1,915	1,699	1,449	1,570	1,615	1,984	1,984
31 to 35	2,736	2,554	2,397	2,321	2,055	1,756	1,894	1,955	2,384	2,384
36 to 40	3,021	2,815	2,646	2,549	2,263	1,933	2,079	2,145	2,615	2,615
41 to 45	3,865	3,602	3,382	3,248	2,879	2,461	2,637	2,723	3,311	3,311
46 to 50	4,807	4,478	4,205	4,024	3,570	3,058	3,267	3,364	4,088	4,088
51 to 55	6,057	5,645	5,304	5,048	4,485	3,834	4,098	4,219	5,114	5,114
56 to 60	9,286	8,640	8,115	7,679	6,827	5,846	6,219	6,390	7,729	7,729
61 to 65	14,034	13,030	12,251	11,540	10,266	8,789	9,338	9,566	11,540	11,540
66 to 70	23,312	21,576	20,291	19,008	16,909	14,481	15,358	15,643	18,840	18,840
> 70	51,182	47,070	44,291	41,057	36,554	31,330	33,097	33,368	40,222	40,222

Premium rates above for ages 61 and above are with 20% Co-Pay

Plan- Floater- 2 Adults + 1 Child - Basic Plan Add on Option 2- 20% Co- Payment Discount															
Age Band / SI	2,00,000	3,00,000	4,00,000	5,00,000	6,00,000	7,00,000	8,00,000	9,00,000	10,00,000	15,00,000	20,00,000	25,00,000	30,00,000	40,00,000	50,00,000
19 to 25	836	888	948	1,007	1,140	1,190	1,244	1,347	1,390	1,706	2,190	2,397	2,594	2,958	3,287
26 to 30	1,076	1,155	1,233	1,309	1,475	1,544	1,611	1,739	1,796	2,202	2,831	3,101	3,354	3,827	4,259
31 to 35	1,306	1,406	1,501	1,596	1,786	1,872	1,955	2,105	2,168	2,654	3,416	3,746	4,060	4,641	5,172
36 to 40	1,449	1,551	1,658	1,762	1,960	2,058	2,147	2,306	2,380	2,903	3,744	4,110	4,461	5,105	5,694
41 to 45	1,851	1,984	2,119	2,254	2,496	2,620	2,739	2,934	3,024	3,682	4,755	5,224	5,671	6,500	7,258
46 to 50	2,295	2,464	2,634	2,805	3,093	3,248	3,392	3,630	3,742	4,544	5,874	6,457	7,017	8,051	8,994
51 to 55	2,898	3,107	3,321	3,535	3,881	4,077	4,264	4,550	4,684	5,677	7,355	8,091	8,796	10,100	11,300
56 to 60	4,440	4,758	5,079	5,411	5,910	6,209	6,494	6,915	7,105	8,590	11,139	12,257	13,343	15,343	17,177

Premium rates above for ages 61 and above are with 20% Co-Pay

Plan- Floater- 2 Adults + 1 Child- Comprehensive Plan															
Age Band / SI	3,00,000	4,00,000	5,00,000	6,00,000	7,00,000	8,00,000	9,00,000	10,00,000	15,00,000	20,00,000	25,00,000	30,00,000	40,00,000	50,00,000	
19 to 25	6,734	6,922	7,116	7,760	7,866	7,993	8,596	8,848	13,430	14,314	15,348	16,328	18,140	19,801	
26 to 30	8,584	8,826	9,086	9,877	10,010	10,161	10,928	11,245	16,352	17,509	18,853	20,131	22,494	24,659	
31 to 35	10,328	10,627	10,945	11,839	12,003	12,180	13,069	13,456	19,009	20,440	22,088	23,658	26,560	29,217	
36 to 40	11,338	11,668	12,025	12,945	13,137	13,330	14,272	14,701	20,490	22,081	23,913	25,659	28,880	31,833	
41 to 45	14,525	14,946	15,406	16,547	16,793	17,127	18,283	18,823	25,758	27,813	30,158	32,398	36,533	40,325	
46 to 50	17,879	18,397	18,974	20,304	20,618	21,001	22,394	23,044	30,847	33,415	36,332	39,128	44,285	49,012	
51 to 55	24,930	25,584	26,319	27,888	28,296	28,804	30,498	31,302	38,617	41,878	45,560	49,097	55,625	61,613	
56 to 60	37,035	37,990	39,124	41,271	41,911	42,588	45,060	46,188	55,787	60,808	66,403	71,823	81,826	91,000	
61 to 65	46,834	47,706	48,936	51,168	51,706	52,224	55,211	56,455	68,165	71,935	78,606	85,139	97,202	1,08,260	
66 to 70	75,151	76,354	78,411	81,610	82,513	83,225	87,997	89,552	1,07,894	1,14,181	1,24,938	1,35,699	1,55,556	1,73,763	
> 70	1,60,188	1,61,831	1,66,407	1,71,513	1,73,598	1,74,953	1,84,590	1,86,059	2,23,237	2,37,154	2,59,550	2,82,796	3,25,696	3,65,034	

Premium rates above for ages 61 and above are with 20% Co-Pay

Plan- Floater- 2 Adults + 1 Child - Super Saver Plan															
Age Band / SI	2,00,000	3,00,000	4,00,000	5,00,000	6,00,000	7,00,000	8,00,000	9,00,000	10,00,000	15,00,000	20,00,000	25,00,000	30,00,000	40,00,000	50,00,000
19 to 25	3,919	4,116	4,361	4,598	5,145	5,361	5,630	6,039	6,208	10,187	12,124	12,951	13,735	15,182	16,514
26 to 30	4,870	5,180	5,496	5,807	6,487	6,767	7,101	7,620	7,833	12,166	14,678	15,753	16,777	18,668	20,401
31 to 35	5,798	6,185	6,572	6,952	7,732	8,075	8,470	9,071	9,333	13,971	17,024	18,342	19,599	21,919	24,045
36 to 40	6,363	6,765	7,194	7,617	8,436	8,816	9,250	9,886	10,176	14,972	18,337	19,803	21,198	23,775	26,139
41 to 45	8,144	8,676	9,226	9,770	10,803	11,295	11,927	12,712	13,076	18,765	23,058	24,934	26,727	30,334	33,067
46 to 50	9,930	10,608	11,285	11,964	13,188	13,800	14,551	15,497	15,938	22,215	27,540	29,875	32,112	36,235	40,018
51 to 55	14,929	15,765	16,618	17,480	18,958	19,734	20,706	21,851	22,398	27,826	34,523	37,469	40,301	45,525	50,313
56 to 60	21,708	22,992	24,271	25,597	27,681	28,875	30,248	31,926	32,693	39,467	49,669	54,145	58,480	66,483	73,823
61 to 65	30,979	32,799	34,676	36,686	39,628	41,439	43,434	45,873	46,889	56,625	71,935	78,606	85,139	97,202	1,08,260
66 to 70	49,000	51,839	54,778	58,120	62,602	65,604	68,744	72,639	73,909	89,054	1,14,181	1,24,938	1,35,699	1,55,556	1,73,763
> 70	1,02,920	1,09,006	1,14,761	1,22,116	1,30,456	1,37,044	1,43,623	1,51,494	1,52,690	1,83,215	2,37,154	2,59,550	2,82,796	3,25,696	3,65,034

Premium rates above for ages 61 and above are with 20% Co-Pay

Plan- Floater- 2 Adults + 2 Children - Basic Plan															
Age Band / SI	2,00,000	3,00,000	4,00,000	5,00,000	6,00,000	7,00,000	8,00,000	9,00,000	10,00,000	15,00,000	20,00,000	25,00,000	30,00,000	40,00,000	50,00,000
19 to 25	5,752	6,058	6,420	6,778	7,587	7,909	8,292	8,906	9,156	14,297	17,192	18,426	19,602	21,767	23,754
26 to 30	7,176	7,656	8,125	8,588	9,599	10,018	10,497	11,274	11,588	17,260	21,017	22,620	24,152	26,979	29,571
31 to 35	8,563	9,162	9,736	10,307	11,463	11,978	12,549	13,450	13,831	19,960	24,527	26,494	28,371	31,842	35,024
36 to 40	9,409	10,031	10,668	11,302	12,518	13,089	13,714	14,669	15,093	21,458	26,490	28,676	30,764	34,621	38,153
41 to 45	12,020	12,844	13,657	14,473	15,999	16,732	17,633	18,806	19,335	26,931	33,354	36,150	38,832	43,779	48,318
46 to 50	14,689	15,743	16,749	17,766	19,574	20,492	21,566	22,984	23,620	32,094	40,062	43,540	46,886	53,058	58,715
51 to 55	21,390	22,699	23,961	25,255	27,434	28,597	29,986	31,702	32,484	40,170	50,196	54,587	58,817	66,632	73,797
56 to 60	31,344	33,382	35,271	37,260	40,341	42,131	44,124	46,636	47,718	57,607	72,878	79,539	86,027	98,002	1,08,979
61 to 65	37,124	39,492	41,699	44,114	47,618	49,792	52,185	55,114	56,229	67,888	86,231	94,160	1,01,983	1,16,421	1,29,661
66 to 70	58,681	62,526	65,952	69,977	75,301	78,914	82,688	87,365	88,649	1,06,802	1,36,918	1,49,672	1,62,556	1,86,336	2,08,140
> 70	1,23,185	1,31,963	1,38,559	1,47,438	1,57,285	1,65,227	1,73,158	1,82,645	1,83,287	2,19,915	2,84,645	3,11,043	3,38,897	3,90,303	4,37,437

Premium rates above for ages 61 and above are with 20% Co-Pay

Plan- Floater- 2 Adults + 2 Children - Basic Plan Add on Option 1- Sublimit Waiver Premium										
Age Band / SI	3,00,000	4,00,000	5,00,000	6,00,000	7,00,000	8,00,000	9,00,000	10,00,000	15,00,000	20,00,000
19 to 25	2,074	1,932	1,805	1,773	1,569	1,341	1,455	1,495	1,833	1,833
26 to 30	2,692	2,512	2,356	2,294	2,038	1,739	1,876	1,932	2,370	2,370
31 to 35	3,285	3,061	2,870	2,777	2,467	2,109	2,265	2,336	2,853	2,853
36 to 40	3,620	3,379	3,171	3,050	2,709	2,319	2,487	2,563	3,124	3,124
41 to 45	4,638	4,317	4,052	3,885	3,455	2,950	3,166	3,260	3,965	3,965
46 to 50	5,763	5,369	5,047	4,817	4,280	3,664	3,910	4,033	4,893	4,893
51 to 55	7,269	6,772	6,360	6,047	5,376	4,596	4,902	5,050	6,119	6,119
56 to 60	11,145	10,366	9,741	9,213	8,193	7,008	7,466	7,656	9,258	9,258
61 to 65	16,885	15,652	14,718	13,850	12,325	10,552	11,208	11,458	13,828	13,828
66 to 70	28,110	25,959	24,416	22,853	20,327	17,414	18,465	18,759	22,584	22,584
> 70	61,958	56,823	53,467	49,500	44,067	37,770	39,901	40,049	48,030	48,030

Premium rates above for ages 61 and above are with 20% Co-Pay

Plan- Floater- 2 Adults + 2 Children - Basic Plan Add on Option 2- 20% Co- Payment Discount															
Age Band / SI	2,00,000	3,00,000	4,00,000	5,00,000	6,00,000	7,00,000	8,00,000	9,00,000	10,00,000	15,00,000	20,00,000	25,00,000	30,00,000	40,00,000	50,00,000
19 to 25	1,000	1,063	1,134	1,208	1,364	1,427	1,487	1,612	1,663	2,044	2,623	2,888	3,107	3,538	3,933
26 to 30	1,288	1,384	1,478	1,569	1,765	1,847	1,930	2,086	2,148	2,637	3,387	3,706	4,012	4,581	5,098
31 to 35	1,563	1,686	1,799	1,913	2,140	2,243	2,339	2,521	2,597	3,177	4,090	4,482	4,857	5,550	6,189
36 to 40	1,733	1,858	1,987	2,112	2,351	2,464	2,572	2,766	2,847	3,476	4,482	4,920	5,337	6,107	6,812
41 to 45	2,214	2,376	2,538	2,703	2,993	3,137	3,283	3,516	3,620	4,408	5,692	6,249	6,786	7,775	8,684
46 to 50	2,745	2,955	3,158	3,359	3,709	3,891	4,067	4,351	4,476	5,439	7,034	7,727	8,398	9,633	10,764
51 to 55	3,467	3,732	3,982	4,240	4,655	4,885	5,113	5,454	5,610	6,797	8,804	9,682	10,526	12,092	13,524
56 to 60	5,312	5,721	6,096	6,494	7,087	7,445	7,792	8,292	8,511	10,285	13,339	14,672	15,970	18,366	20,560

Premium rates above for ages 61 and above are with 20% Co-Pay

Plan- Floater- 2 Adults + 2 Children - Comprehensive Plan															
Age Band / SI	3,00,000	4,00,000	5,00,000	6,00,000	7,00,000	8,00,000	9,00,000	10,00,000	15,00,000	20,00,000	25,00,000	30,00,000	40,00,000	50,00,000	
19 to 25	8,133	8,352	8,583	9,361	9,478	9,633	10,361	10,651	16,131	17,192	18,426	19,602	21,767	23,754	
26 to 30	10,347	10,637	10,944	11,893	12,056	12,236	13,149	13,521	19,630	21,017	22,620	24,152	26,979	29,571	
31 to 35	12,447	12,797	13,178	14,240	14,445	14,657	15,716	16,167	22,813	24,527	26,494	28,371	31,842	35,024	
36 to 40	13,651	14,047	14,473	15,568	15,798	16,033	17,156	17,656	24,582	26,490	28,676	30,764	34,621	38,153	
41 to 45	17,462	17,974	18,526	19,884	20,187	20,583	21,972	22,595	30,896	33,354	36,150	38,832	43,779	48,318	
46 to 50	21,506	22,117	22,813	24,391	24,772	25,230	26,894	27,653	36,987	40,062	43,540	46,886	53,058	58,715	
51 to 55	29,969	30,733	31,614	33,481	33,973	34,581	36,604	37,534	46,289	50,196	54,587	58,817	66,632	73,797	
56 to 60	44,527	45,638	47,002	49,553	50,324	51,131	54,101	55,373	66,865	72,878	79,539	86,027	98,002	1,08,979	
61 to 65	56,377	57,351	58,832	61,468	62,117	62,737	66,322	67,687	81,716	86,231	94,160	1,01,983	1,16,421	1,29,661	
66 to 70	90,636	91,912	94,393	98,154	99,241	1,00,102	1,05,830	1,07,408	1,29,386	1,36,918	1,49,672	1,62,556	1,86,336	2,08,140	
> 70	1,93,921	1,95,381	2,00,905	2,06,786	2,09,294	2,10,928	2,22,546	2,23,336	2,67,946	2,84,645	3,11,043	3,38,897	3,90,303	4,37,437	

Premium rates above for ages 61 and above are with 20% Co-Pay

Plan- Floater- 2 Adults + 2 Children - Super Saver Plan															
Age Band / SI	2,00,000	3,00,000	4,00,000	5,00,000	6,00,000	7,00,000	8,00,000	9,00,000	10,00,000	15,00,000	20,00,000	25,00,000	30,00,000	40,00,000	50,00,000
19 to 25	4,751	4,996	5,286	5,570	6,223	6,482	6,805	7,294	7,493	12,253	14,569	15,558	16,495	18,229	19,821
26 to 30	5,888	6,271	6,647	7,019	7,834	8,170	8,567	9,188	9,440	14,623	17,630	18,914	20,140	22,398	24,473
31 to 35	7,000	7,476	7,936	8,394	9,323	9,736	10,210	10,929	11,234	16,783	20,437	22,012	23,514	26,291	28,835
36 to 40	7,676	8,173	8,681	9,190	10,168	10,625	11,142	11,903	12,245	17,982	22,008	23,757	25,427	28,514	31,340
41 to 45	9,806	10,469	11,119	11,770	13,006	13,595	14,351	15,291	15,715	22,523	27,661	29,900	32,046	36,004	39,634
46 to 50	11,944	12,788	13,591	14,407	15,865	16,601	17,499	18,632	19,144	26,655	33,028	35,813	38,488	43,424	47,951
51 to 55	17,923	18,968	19,979	21,015	22,779	23,711	24,873	26,248	26,874	33,373	41,392	44,904	48,292	54,540	60,272
56 to 60	26,032	27,661	29,175	30,766	33,254	34,686	36,332	38,344	39,206	47,322	59,539	64,867	70,057	79,636	88,419
61 to 65	37,124	39,492	41,699	44,114	47,618	49,792	52,185	55,114	56,229	67,888	86,231	94,160	1,01,983	1,16,421	1,29,661
66 to 70	58,681	62,526	65,952	69,977	75,301	78,914	82,688	87,365	88,649	1,06,802	1,36,918	1,49,672	1,62,556	1,86,336	2,08,140
> 70	1,23,185	1,31,963	1,38,559	1,47,438	1,57,285	1,65,227	1,73,158	1,82,645	1,83,287	2,19,915	2,84,645	3,11,043	3,38,897	3,90,303	4,37,437

Premium rates above for ages 61 and above are with 20% Co-Pay

























