

Health QuBE Insurance Policy

Flexibility to choose the best health plan
that suits your requirement.



About Raheja QBE

Raheja QBE is a joint venture between Rajan Raheja Group and QBE Insurance, Australia's second largest global insurer. Raheja QBE has been established to help create the most conducive environment for consumers and partners in the insurance sector. While Rajan Raheja Group brings in its extensive knowledge across various business sectors in India, QBE insurance offers global expertise in insurance that together results in innovative insurance solutions for diverse consumers.

What makes us different in the General Insurance space?

When it comes to insurance, every entity and individual has diverse needs. Raheja QBE collaborates internally and externally for assuring the delivery of highly adaptable insurance solutions that can cater to these multiplicities in requirement.



Large Cashless Network

Cashless facility enabled through 5000+TPA network hospitals.



Hassle-Free Processes, As Easy As 1-2-3

Simple processes, products & communications.



Complete Transparency

Quick response in resolving issues with no hidden agendas.



Customer-Oriented Approach

Customer needs at the forefront of every transaction to ensure complete satisfaction.

Health Qube Highlights

Expensive medical treatment from unforeseen events of hospitalisation can cause financial burden for families. Health Insurance helps you to safeguard your finances & take care of yourself & your family members. During hospitalisation, our Health Qube plans provide unique & comprehensive coverages:



Four different plans to choose from with the option of individual or family floater.



Free annual health check-up as specified under the policy (regardless of the claim).



Benefits up to the basic sum insured are restored or recharged once in the policy year when the basic sum insured gets exhausted.



10% lesser deductions of the claimed amount from the sum insured in case of an increase in the sum insured during cashless hospitalisation.



Medical expenses covered for the organ donor as specified under the policy.



Lifelong renewability.



Cumulative bonus/no claim bonus 5% of the basic sum insured per policy year up to a maximum of 100% of the basic sum insured.



Tax benefits can be availed of against the premium paid for this policy.*

* Tax benefit is subject to changes in tax laws.

Eligibility



Adult from 18 years to 65 years can be covered



Children from 3 months to 25 years of age can be covered under the family floater variant.



The family floater variant can cover a maximum of 4 adults and 2 children.



Upto 6 members can be covered under 1 policy.



Parent or parents in-law can be covered under the policy.

Synopsis of the four plans

The four plans for insurance cover offered by us are in sync with your needs, which enable highly adaptable solutions to your requirements. Here's a quick analysis of the four plans.

Basic	Comprehensive	Super Saver	A la Carte
<ul style="list-style-type: none"> Hospitalisation expenses covered. 	<ul style="list-style-type: none"> Hospitalisation expenses covered. Inbuilt sublimit waiver i.e. no sublimit for room rent; ICU charges & doctor fees. 	<ul style="list-style-type: none"> Hospitalisation expenses covered. Inbuilt 20% co-payment that provides premium discount. 	<ul style="list-style-type: none"> Hospitalisation expenses covered. The choice to select an optional cover. <ol style="list-style-type: none"> 20% co-payment Sublimit waiver (Room rent; ICU charges & doctor fees)

Schedule of Benefits

	Basic		Comprehensive	Super Saver		A la carte	
	1 to 2Lakhs	3to50Lakh	3to50Lakh	1 to 2Lakhs	3to50Lakh	1 to 2Lakhs	3to50Lakh
Sum Insured Limits	1 to 2Lakhs	3to50Lakh	3to50Lakh	1 to 2Lakhs	3to50Lakh	1 to 2Lakhs	3to50Lakh
In patient Hospitalisation	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	25% of Sum Insured Per Claim		No Limit	25% of Sum Insured Per Claim		25% of Sum Insured Per Claim	
Pre Hospitalisation	30 Days	60 Days	60 Days	30 Days	60 Days	30 Days	60 Days
Post Hospitalisation	60 Days	90 Days	90 Days	60 Days	90 Days	60 Days	90 Days
Ambulance Charges	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Daily Allowance	500 per day	NA	NA	500 per day	NA	500 per day	NA
Organ Donor Benefit	NA	20% of SI	20% of SI	NA	20% of SI	NA	20% of SI
Recharge/Replenish Benefit	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Medical Check-up (Slab Attached)	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Non-Medical Expenses (on Cashless Facility)	NA	Yes (As per sub limit)	Yes (As per sub limit)	NA	Yes (As per sub limit)	NA	Yes (As per sub limit)
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
Domiciliary Hospitalisation	Yes	Yes	Yes	Yes	Yes	Yes	Yes
No Claim Bonus	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Sub limit wavier (Opt. Cover)	NA	NA	Inbuilt	NA	NA	NA	Optional
20% Co-payment (Opt. Cover)	NA	NA	NA	Inbuilt	Inbuilt	Optional	Optional
2 Year Policy Availability	Yes	Yes	Yes	Yes	Yes	Yes	Yes
Mandatory 20% Co-pay	If entry age is above 60yrs of age.	If entry age is above 60yrs of age.	If entry age is above 60yrs of age.			If entry age is above 60yrs of age.	If entry age is above 60yrs of age.

Family floater starts at 2 lakh Sum insured and above. In 20 Lakh and above Sum Insured, the Base coverage don't have Sublimit of Section a. "Optional" means available on payment of extra or discounted premium as per slab "Inbuilt" means available as part of plan without extra premium comprehensive plan is not available for 1 Lakh and 2 Lakh Sum Insured.

What more do I need to know?

Non Medical Expenses

Sum Insured	Maximum Amount Per Day (in ₹)
3 to 6 Lakhs	1000
7 to 9 Lakhs	2000
10 to 15 Lakhs	3000
20 to 50 Lakhs	5000

Ambulance Charges

Sum Insured	Maximum Amount Per Hospitalisation (in ₹)
1 to 2 Lakhs	1000
3 to 9 Lakhs	1500
10 to 50 Lakhs	2500

Domiciliary Hospitalisation

Sum Insured	Maximum Amount (in ₹)
1 to 2 Lakhs	15,000
3 to 9 Lakhs	25,000
10 to 20 Lakhs	50,000
25 to 50 Lakhs	1,50,000

Illness / Procedure Sub limits:

Surgery	Maximum Amount Payable (in ₹)
Cataract (inclusive of lens charges)	50,000
Joint replacement surgery (inclusive of implants and revision surgery)	3,00,000
Schizophrenia	50,000
Obsessive Compulsive Disorders	50,000
Psychosis	50,000

Waiting periods

- Initial waiting period of 30 days for all illnesses (not applicable for renewals or for accidental hospitalisation).
- 24 months waiting period for certain ailments & conditions.
- 48 months waiting period for all pre-existing diseases.

Major exclusions in the plan

- Pre-existing diseases (Code- Excl01)
- First thirty days waiting period (Code- Excl03)
- Investigation & evaluation (Code- Excl04)
- Rest cure, rehabilitation and respite care (Code- Excl05)
- Obesity/weight control (Code- Excl06)
- Cosmetic or plastic Surgery (Code- Excl08)

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.

Raheja QBE General Insurance Company Limited,

CIN: U66030MH2007PLC173129, IRDAI Registration Number: 141, Registered Office - Ground Floor, P&G Plaza, Cardinal Gracious Road, Chakala, Andheri East, Mumbai 400099, Contact No: 022-41715050, Toll free No. 1800-102-7723, Trade logo displayed belongs to R Raheja Investments Pvt. Ltd. & QBE Insurance Group Ltd. and used by Raheja QBE General Insurance Company Limited under License. For more details on risk factors, terms and conditions, please read the sales brochure/policy wording before concluding a sale.

Health Qube UIN: RQBHLIP20141V031920 ARN: RQBE/AD/2020-21/73

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