

# VANTAGE Health Shield – Policy Terms & Conditions

**Product Name:** Select Health H-200

**UIN:** HL-221-44

**Sum Insured:** ₹5,00,000

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## Section A. Preamble

This Policy is a contract of insurance between You (the Policyholder) and Us (Vantage Insurance Co.) subject to the receipt of premium. The Policy Schedule specifies which covers are in force and available for the Insured Persons during the Policy Period.

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## Section B. Key Definitions

- **Ayush Treatment:** Medical treatment given under Ayurveda, Yoga, Naturopathy, Unani, Siddha, and Homeopathy systems.
  - **Cashless Facility:** A facility where the insurer pays the Network Provider directly for the costs of treatment.
  - **Co-payment:** A cost-sharing requirement where the policyholder bears a specified percentage of the admissible claims amount.
  - **Day Care Treatment:** Medical treatment or surgical procedure undertaken under General or Local Anesthesia in a hospital/day care center in less than 24 hours.
  - **Grace Period:** A period of 15 days (for monthly premiums) or 30 days (for annual premiums) immediately following the premium due date during which payment can be made to renew the policy without loss of continuity benefits.
  - **Pre-Existing Disease (PED):** Any condition, ailment, or injury diagnosed or treated up to 36 months prior to the policy inception.
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## Section C. Benefits Covered

### 1. In-patient Hospitalization

We will cover Medical Expenses for hospitalization (minimum 24 hours) arising from Illness or Injury, including:

- Room Rent, Boarding, and Nursing expenses (up to the limit in Policy Schedule).
- ICU Charges, Operation Theatre expenses, and Surgeon/Anesthetist fees.
- Medicines, drugs, and consumables prescribed by the treating Medical Practitioner.

## 2. Pre & Post Hospitalization

- **Pre-Hospitalization:** Medical expenses incurred up to **30 days before** admission.
- **Post-Hospitalization:** Medical expenses incurred up to **60 days after** discharge.
- *Condition:* These are payable only if the main In-patient Hospitalization claim is accepted.

## 3. Day Care Treatment

We will cover medical expenses for Day Care Treatments (procedures requiring <24 hours hospitalization) listed in our Day Care Annexure, provided they are Medically Necessary.

## 4. Domiciliary (Home) Hospitalization

We cover medical treatment taken at home if:

- The patient cannot be moved to a hospital due to their condition, OR
- No hospital beds are available.
- Treatment continues for at least 3 consecutive days.

## 5. Road Ambulance Cover

We cover expenses for transporting the Insured Person to the nearest Hospital in an Emergency, up to the limit specified in the Policy Schedule.

## 6. Organ Donor Expenses

We cover surgical expenses for harvesting the organ from a donor for the Insured Person, provided the donation conforms to the Transplantation of Human Organs Act.

## 7. Reload of Sum Insured

If the Sum Insured is exhausted due to claims, We will **reload the full Sum Insured** once per Policy Year for subsequent claims.

- *Restriction:* The reloaded amount cannot be used for the *same* illness/injury for which a claim was already paid in the current year.

## 8. Cumulative Bonus (No Claim Bonus)

For every claim-free year, the Sum Insured will be increased by **10%**, up to a maximum of **50%**, without an increase in premium. In the event of a claim, the bonus reduces by 10% in the subsequent year.

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**Section D. Exclusions (What is NOT Covered)**

**I. Standard Exclusions**

- 1. **Pre-Existing Diseases (PED):** Not covered until 36 months of continuous coverage have elapsed.
- 2. **30-Day Waiting Period:** Any illness diagnosed within the first 30 days of the policy start date is excluded (except Accidents).
- 3. **Specified Procedures (24 Months):** Cataract, Hernia, Joint Replacement, Kidney Stones, etc., are not covered during the first 24 months.

**II. Permanent Exclusions**

- **Investigation & Evaluation:** Admission primarily for diagnostics/monitoring with no active treatment.
- **Cosmetic Surgery:** Plastic surgery or aesthetic treatments unless required due to an Accident/Burn.
- **Hazardous Sports:** Injuries from skydiving, scuba diving, racing, etc..
- **Breach of Law:** Treatment arising from the Insured committing a criminal act.
- **Alcohol/Drug Abuse:** Treatment for alcoholism, drug addiction, or conditions caused by substance abuse.
- **Unproven/Experimental Treatments:** Treatments lacking significant medical documentation.

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**Section E: Sum Insured & Disease-Specific Limits**

The total liability for all claims in a Policy Year is capped at the **Base Sum Insured of ₹5,00,000**. However, specific treatments are subject to the following sub-limits (capping):

Treatment / Disease Type	Coverage Limit (Sub-limit)
Cataract Surgery	Up to ₹40,000 per eye

Treatment / Disease Type	Coverage Limit (Sub-limit)
Mental Healthcare	Up to 25% of Sum Insured (₹1,25,000)
Modern Treatments (e.g., Robotic Surgeries)	Up to 50% of Sum Insured (₹2,50,000)
AYUSH Treatment	Up to ₹50,000 per year
Domiciliary Hospitalization	Up to 10% of Sum Insured (₹50,000)

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### Section F: Network Hospitals in India (Cashless Facility)

You can avail of **Cashless Treatment** at our Network Providers. Below is a sample list of authorized network hospitals across India for your project demo:

City	Hospital Name	System/Type
Mumbai	New Family Hospital	Multi-Specialty
Delhi	Nipun Hospital (Rohini)	General Surgery
Bangalore	Sai Sree Hospital	Heart & Trauma
Lucknow	Maa Hospital & Trauma Center	Emergency Care
Pune	Sai Sanjeevani Hospital	Multi-Specialty
Surat	Life Line Hospital	Critical Care

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## Section G. General Terms & Clauses

### 1. Cancellation

- **By You:** You may cancel by giving 7 days' notice. Refund is on a pro-rata basis if no claims were made.
- **By Us:** We may cancel for fraud, misrepresentation, or non-disclosure by giving 15 days' notice (no refund).

### 2. Portability & Migration

You can transfer your policy to another insurer (Portability) or another plan within Vantage (Migration) with credit for waiting periods, provided you apply 45 days before renewal.

### 3. Free Look Period

You have **15 days** from receiving the policy to review terms. If unsatisfied, you can cancel for a full refund (less stamp duty/medical costs), provided no claim has been made.

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## Section H. Claims Procedure

### 1. Cashless Claims (Network Hospitals)

- **Planned Hospitalization:** Notify Vantage TPA at least **72 hours** prior to admission.
- **Emergency Hospitalization:** Notify Vantage TPA within **24 hours** of admission.
- **Process:** Show your Vantage Health Card and ID at the hospital insurance desk. We authorize payment directly to the hospital.

### 2. Reimbursement Claims (Non-Network Hospitals)

- Notify us within **48 hours** of admission.
- Pay the hospital bill in full at discharge.
- Submit the following documents within **30 days** of discharge:
  1. Duly filled Claim Form.
  2. Original Hospital Discharge Summary.
  3. Original Final Bill and Payment Receipts.
  4. Pharmacy/Lab invoices with prescriptions.

## 5. KYC Documents (ID Proof).

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### Section I: Standard Waiting Periods

To prevent immediate claims for existing conditions, the following waiting periods apply:

1. **Initial Waiting Period (30 Days):** No claims accepted for any illness diagnosed within the first 30 days, except those arising from an **Accident**.
  2. **Specific Disease Waiting Period (24 Months):** Treatments for Cataract, Hernia, Joint Replacement, and Stones are covered only after 2 years of continuous renewal.
  3. **Pre-Existing Disease (PED) Waiting Period (36 Months):** Any condition diagnosed or treated 36 months before the policy start date is covered only after 3 years of continuous coverage
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### Section J: Key Exclusions

- **Cosmetic Surgery:** Not covered unless resulting from an accident.
  - **Self-Injury:** Intentional harm or suicide attempts.
  - **Substance Abuse:** Treatment for alcoholism or drug addiction.
  - **Weight Control:** Obesity treatments are excluded unless they meet strict medical criteria.
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### Section K. Grievance Redressal

In case of any grievance, the Insured Person may contact us via:

- **Toll-Free:** 1800-VANTAGE-HELP
- **Email:** [grievances@vantagehealth.com](mailto:grievances@vantagehealth.com)
- **Website:** [www.vantagehealth.com/support](http://www.vantagehealth.com/support)

If unsatisfied with the resolution, you may approach the **Insurance Ombudsman**.

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