

To ensure that the RAG model can correctly interpret and use the information, here's the reformatted version of the policy details provided:

1. In-patient Hospitalization Treatment

- **Eligibility: Hospitalization on the advice of a Medical Practitioner due to Illness or Accidental Bodily Injury during the Policy Period.**
- **Coverage:**
 - **Room Rent & Boarding:**
 - **Silver Plan: Up to 1% of Sum Insured per day (excluding Cumulative Bonus).**
 - **Gold & Platinum Plan:**
 - **Sum Insured 3 to 7.5 lacs: Single private AC room.**
 - **Sum Insured 10 lacs and above: Any room category.**
 - **ICU: Actual ICU expenses covered.**
 - **Nursing Expenses: As provided by the hospital.**
 - **Medical Fees: Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialists.**
 - **Medical Expenses: Includes Anesthesia, Blood, Oxygen, OT Charges, surgical appliances, Medicines & Drugs, Dialysis, Chemotherapy, Radiotherapy, Prosthetic devices, and relevant laboratory tests.**

- **Note: If room rent exceeds the limits, reimbursement of other expenses will be proportional, except for pharmacy, consumables, implants, medical devices, and diagnostics.**

2. Pre-Hospitalization

- **Coverage: Medical Expenses incurred 60 days before hospitalization for the same illness/injury leading to hospitalization.**
- **Condition: Hospitalization claim under Section A.1 must be accepted.**

3. Post-Hospitalization

- **Coverage: Medical Expenses incurred 90 days after discharge for the same illness/injury.**
- **Condition: Hospitalization claim under Section A.1 must be accepted.**

4. Road Ambulance

- **Coverage: Up to Rs. 20,000 per Policy Year for ambulance services to the nearest hospital with emergency facilities.**
- **Conditions:**
 - **Life-threatening emergency certified by a Medical Practitioner.**
 - **Hospitalization claim under Section A.1 or Day Care Procedures must be accepted.**

5. Day Care Procedures

- **Coverage:** Medical expenses for Day Care procedures/surgeries taken as an inpatient in a hospital or day care center. Refer to Annexure I for the list of procedures.

6. Organ Donor Expenses

- **Coverage:** Expenses for the organ donor's treatment for harvesting the donated organ.
- **Conditions:**
 - Organ donation must comply with THE TRANSPLANTATION OF HUMAN ORGANS (AMENDMENT) BILL, 2011.
 - Hospitalization claim for the Insured under Section A.1 must be accepted.

7. Convalescence Benefit

- **Coverage:** Benefit amount for hospitalization exceeding 10 days.
- **Limits:**
 - Silver Plan: Rs. 5,000 per Policy Year.
 - Gold & Platinum Plan: Rs. 5,000 for Sum Insured up to Rs. 5 lacs, Rs. 7,500 for Sum Insured 7.5 lacs and above per Policy Year.
- **Condition:** Hospitalization claim under Section A.1 must be accepted.

8. Daily Cash Benefit for Accompanying an Insured Child

- **Coverage:** Rs. 500 per day for up to 10 days for accommodation expenses of one parent/legal guardian accompanying a minor insured (under 12 years).
- **Condition:** Hospitalization claim under Section A.1 must be accepted.

9. Sum Insured Reinstatement Benefit

- **Coverage:** 100% reinstatement of the Base Sum Insured if exhausted due to claims.
- **Conditions:**
 - Triggered only after exhaustion of Inpatient Hospitalization Treatment Sum Insured and Cumulative/Super Cumulative Bonus.
 - Applicable only once per Policy Year and for claims regarding Cancer and Kidney Failure.
 - Additional premium not required.

10. Preventive Health Check-Up

- **Coverage:** Free health check-up at the end of a specified block of years.
- **Limits:**
 - **Silver Plan:** 1% of the Sum Insured, max Rs. 2000 per Insured in 3 years.

- **Gold Plan: 1% of the Sum Insured, max Rs. 5000 per Insured in 3 years.**
- **Platinum Plan: 1% of the Sum Insured, max Rs. 5000 per Insured in 2 years.**

11. Bariatric Surgery Cover

- **Coverage: Expenses for Bariatric Surgery due to specific conditions (BMI \geq 40 or BMI \geq 35 with severe co-morbidities).**
- **Eligibility: Subject to a waiting period of 36 months from the first policy commencement.**

12. Wellness Benefits

- **Discount: Based on meeting certain health parameters during the preceding Policy Year.**
- **Criteria: HbA1c, Fasting Blood Sugar, Blood Pressure, BMI, Serum Cholesterol, Step Count, Hemoglobin.**

13. Ayurvedic/Homeopathic Hospitalization Expenses (Gold & Platinum Plan only)

- **Coverage: Medical expenses for Ayurvedic and Homeopathic treatments, up to Rs. 20,000 per Policy Year.**

14. Maternity Expenses (Gold & Platinum Plan only)

- **Coverage:** Medical Expenses for delivery or lawful termination of pregnancy, limited to two events.
- **Condition:** Waiting period of 72 months applies.

15. New Born Baby Cover (Gold & Platinum Plan only)

- **Coverage:** Medical Expenses for a new born baby within the limit of the Sum Insured under Maternity Expenses.

Coverage Details

1. In-patient Hospitalization Treatment

- **Eligibility:** Hospitalization on the advice of a Medical Practitioner due to Illness or Accidental Bodily Injury.
- **Expenses Covered:**
 - **Room rent and Boarding expenses:**
 - **Silver Plan:** Up to 1% of Sum Insured per day.
 - **Gold and Platinum Plans:**
 - **Sum Insured 3-7.5 lacs:** Single private Air-Conditioned room.
 - **Sum Insured 10 lacs and above:** Any room category.
 - **ICU:** Actual ICU expenses.
 - **Nursing Expenses.**

- **Surgeon, Anesthetist, Medical Practitioner, Consultants, Specialists Fees.**
- **Anesthesia, Blood, Oxygen, Operation Theatre Charges, surgical appliances, Medicines & Drugs, etc.**
- **Proportionate Deduction: Applicable if room rent exceeds limits.**

2. Pre-Hospitalization

- **Eligibility: Medical expenses incurred 60 days before hospitalization.**
- **Condition: Must be for the same illness/injury that led to hospitalization and claim accepted under In-patient Hospitalization Treatment.**

3. Post-Hospitalization

- **Eligibility: Medical expenses incurred 90 days after discharge.**
- **Condition: Must be for the same illness/injury that led to hospitalization and claim accepted under In-patient Hospitalization Treatment.**

4. Road Ambulance

- **Coverage: Up to ₹20,000 per policy year.**
- **Conditions:**
 - **Life-threatening emergency certified by a Medical Practitioner.**

- **Claim accepted under In-patient Hospitalization Treatment or Day Care Procedures.**

5. Day Care Procedures

- **Coverage: Medical expenses for procedures/surgeries requiring hospitalization but not outpatient treatment.**
- **Refer to: Annexure I for the list of Day Care Procedures.**

6. Organ Donor Expenses

- **Coverage: Expenses towards the organ donor's treatment for harvesting.**
- **Conditions:**
 - **Donor must comply with THE TRANSPLANTATION OF HUMAN ORGANS (AMENDMENT) BILL, 2011.**
 - **Claim accepted under In-patient Hospitalization Treatment.**

7. Convalescence Benefit

- **Eligibility: Hospitalization exceeding 10 days.**
- **Benefit Amount:**
 - **Silver Plan: ₹5,000 per policy year.**
 - **Gold and Platinum Plans:**
 - **Up to ₹5 lacs Sum Insured: ₹5,000 per policy year.**

- **7.5 lacs Sum Insured and above: ₹7,500 per policy year.**

8. Daily Cash Benefit for Accompanying an Insured Child

- **Coverage: ₹500 per day, maximum 10 days per policy year.**
- **Condition: Accommodation for one parent/legal guardian of a minor insured under age 12.**

9. Sum Insured Reinstatement Benefit

- **Reinstatement: 100% of the base Sum Insured after exhaustion.**
- **Conditions:**
 - **Only triggered after the entire Sum Insured and Cumulative Bonus is exhausted.**
 - **Applies once per policy year, not carried forward.**
 - **Special conditions for Cancer and Kidney Failure.**

10. Preventive Health Check-Up

- **Coverage:**
 - **Silver Plan: 1% of Sum Insured, max ₹2,000 per insured every 3 years.**
 - **Gold Plan: 1% of Sum Insured, max ₹5,000 per insured every 3 years.**

- **Platinum Plan: 1% of Sum Insured, max ₹5,000 per insured every 2 years.**

11. Bariatric Surgery Cover

- **Eligibility: BMI ≥ 40 or ≥ 35 with co-morbidities.**
- **Conditions:**
 - **36-month waiting period.**
 - **Coverage limited to 25% (Silver) or 50% (Gold, Platinum) of Sum Insured.**

12. Wellness Benefits

- **Discount: Based on Health Parameters (HbA1c, BMI, etc.).**
- **Discount Slabs: 5%, 7.5%, or 10% depending on the number of criteria met.**

13. Ayurvedic / Homeopathic Hospitalization Expenses (Gold & Platinum Plan Only)

- **Coverage: Up to ₹20,000 per policy year.**
- **Conditions:**
 - **Minimum 24 hrs hospitalization in an accredited hospital.**
 - **Only for treatments that cannot be done on an outpatient basis.**

14. Maternity Expenses (Gold & Platinum Plan Only)

- **Coverage:**

- Medical expenses for delivery (including C-section) and termination of pregnancy (up to 2 events).
- Pre-natal and post-natal hospitalization up to 90 days.
- Waiting Period: 72 months.

15. New Born Baby Cover (Gold & Platinum Plan Only)

- Coverage:
 - Expenses for the newborn during the mother's hospitalization.
 - Post-birth hospitalization for the newborn up to 90 days.
 - Mandatory vaccinations up to 90 days.

Covers Applicable for Platinum Plan Only

16. Super Cumulative Bonus

- Bonus: 50% increase in the first 2 years, 10% in the next 5 years.
- Max Bonus: 150% of the Sum Insured.
- Condition: No claim in the preceding year.

17. Recharge Benefit

- Coverage: Additional Sum Insured if the claim exceeds the limit.

- **Recharge Amount: Varies by Sum Insured (up to ₹5 lacs).**
- **Conditions:**
 - **Applicable once per policy year.**
 - **Not carried forward to subsequent renewals.**

I. Waiting Period (Applicable for Silver, Gold, and Platinum Plan)

1. Pre-existing Diseases Waiting Period (Excl01)

- **Duration: 36 months from the inception of the first Health Guard Policy.**
- **Details:**
 - **Applies to pre-existing diseases (PED) and related complications.**
 - **Exclusion applies afresh if Sum Insured is increased.**
 - **Waiting period reduced by the duration of prior continuous coverage if the policy is ported.**
 - **Coverage after 36 months is subject to the condition that the PED was declared at the time of policy application.**

2. Specified Disease/Procedure Waiting Period (Excl02)

- **Duration: 24 months from the inception of the first Health Guard Policy.**

- **Details:**
 - Applies to listed conditions/surgeries.
 - Exclusion applies afresh if Sum Insured is increased.
 - Longer waiting period applies if specified disease/procedure falls under the PED waiting period.
 - Waiting period applies even if the condition was contracted after the policy inception or declared and accepted without specific exclusion.
 - Waiting period reduced by the duration of prior continuous coverage if the policy is ported.
- **List of Specified Diseases/Procedures:**
 1. Gastrointestinal ulcers
 2. Cataracts
 3. Any type of fistula
 4. Macular Degeneration
 5. Benign prostatic hypertrophy
 6. Hernia of all types
 7. All types of sinuses
 8. Fissure in ano
 9. Haemorrhoids, piles
 10. Hydrocele
 11. Dysfunctional uterine bleeding
 12. Fibromyoma

- 13. Endometriosis**
- 14. Hysterectomy**
- 15. Uterine Prolapse**
- 16. Stones in urinary and biliary systems**
- 17. Surgery on ears/tonsils/adenoids/paranasal sinuses**
- 18. Surgery on internal/external tumors, cysts, nodules, polyps including breast lumps**
- 19. Mental illness**
- 20. Diseases of the gallbladder, including cholecystitis**
- 21. Pancreatitis**
- 22. All forms of cirrhosis**
- 23. Gout and rheumatism**
- 24. Tonsillitis**
- 25. Surgery for varicose veins and varicose ulcers**
- 26. Chronic kidney disease**
- 27. Alzheimer's disease**

3. Surgery and Condition-Specific Waiting Period

- Duration: First three consecutive annual periods of the Health Guard Policy.**
- Conditions Covered:**
 - Joint replacement surgery.**
 - Surgery for vertebral column disorders (unless due to an accident).**

- **Surgery to correct deviated nasal septum.**
- **Hypertrophied turbinate.**
- **Congenital internal diseases or anomalies.**
- **Eye surgery for refractive error with ≥ 7.5 dioptres.**
- **Bariatric surgery.**
- **Parkinson's disease.**
- **Genetic disorders.**

4. 30-Day Waiting Period (Excl03)

- **Duration: 30 days from the first policy commencement date.**
- **Details:**
 - **Applies to treatment of any illness within the first 30 days, except for claims arising from accidents.**
 - **Exclusion does not apply if there is continuous coverage for more than 12 months.**
 - **Applies afresh if Sum Insured is increased.**

II. Waiting Period for Maternity Expenses (Gold and Platinum Plan Only)

- **Duration: 72 months continuous coverage.**
- **Details:**
 - **Applies to treatment arising from or traceable to pregnancy and childbirth, including C-sections.**

- Excludes ectopic pregnancy if life-threatening and certified by a medical practitioner.

III. General Exclusions (Silver Plan)

1. Maternity (Excl 18)

- **Details:**
 - Medical treatment expenses related to childbirth (including complicated deliveries and C-sections), except ectopic pregnancy.
 - Expenses for miscarriage (unless due to an accident) and lawful termination of pregnancy during the policy period.

2. Alternative Medicine

- **Details:** Expenses related to any treatment other than modern medicine (allopathy) are excluded.

IV. General Exclusions (Silver, Gold, and Platinum Plan)

1. Dental Treatment:

- Excludes cosmetic surgery, dentures, dental prosthesis, implants, orthodontics, except when required due to accidental injury to natural teeth requiring hospitalization.

2. Non-Warranted Inpatient Care:

- Excludes medical expenses where inpatient care is not warranted or doesn't require round-the-clock supervision by qualified nursing staff and medical practitioners.

3. War-Related Events:

- Excludes expenses related to war, invasion, acts of foreign enemies, civil war, commotion, rebellion, revolution, and related military events.
- Medical expenses due to terrorism are covered.

4. Investigation & Evaluation (Excl04):

- Excludes expenses related to admission primarily for diagnostics and evaluation purposes, and diagnostic expenses not related to current diagnosis and treatment.

5. Rest Cure, Rehabilitation, Respite Care (Excl05):

- Excludes expenses for enforced bed rest, custodial care, and services for terminally ill patients for non-medical needs.

6. Obesity/Weight Control (Excl06):

- Excludes expenses for surgical treatment of obesity unless meeting specific conditions (e.g., BMI criteria, severe co-morbidities).

7. Change-of-Gender Treatments (Excl07):

- Excludes expenses related to any treatment for changing gender characteristics.

8. Cosmetic or Plastic Surgery (Excl08):

- Excludes expenses for cosmetic or plastic surgery unless required due to an accident, burns, cancer, or as part of medically necessary treatment.

9. External Appliances and Devices:

- Excludes expenses for spectacles, contact lenses, hearing aids, crutches, dentures, etc., except for prosthetic devices implanted during surgery.

10. Breach of Law (Excl10):

- Excludes expenses arising from any insured person committing or attempting to commit a breach of law with criminal intent.

11. Excluded Providers (Excl11):

- Excludes expenses incurred towards treatment by any hospital or medical practitioner specifically excluded by the insurer, except in life-threatening situations or after an accident up to stabilization.

12. Treatment for Alcoholism, Drug or Substance Abuse (Excl12):

- Excludes expenses related to treatment for alcoholism, drug, or substance abuse.

13. Non-Medical Establishments (Excl13):

- Excludes treatments received in health hydros, nature cure clinics, spas, etc., or private beds

attached to such establishments.

14. Dietary Supplements:

- **Excludes expenses for dietary supplements and substances unless prescribed as part of hospitalization or day care procedure.**

15. Refractive Error (Excl15):

- **Excludes expenses related to the treatment for correction of eyesight with refractive error less than 7.5 dioptres.**

16. Unproven Treatments (Excl16):

- **Excludes expenses for unproven treatments, services, and supplies that lack significant medical documentation.**

17. Sterility and Infertility (Excl17):

- **Excludes expenses related to sterility and infertility, including contraception, sterilization, assisted reproduction, gestational surrogacy, and sterilization reversal.**

18. External Medical Equipment:

- **Excludes expenses for external medical equipment used at home for post-hospitalization care, including CPAP, CPAD, oxygen concentrators, etc.**

19. Congenital External Diseases or Defects:

- **Excludes expenses for congenital external diseases, growth hormone therapy, and stem cell**

implantation or surgery, except for hematopoietic stem cells for bone marrow transplant.

20. Intentional Self-Injury:

- **Excludes expenses related to intentional self-injury, including misuse of intoxicating drugs or alcohol.**

21. Vaccination or Inoculation:

- **Excludes vaccination or inoculation expenses unless part of post-bite treatment or medically necessary as recommended by the treating medical practitioner.**

22. Non-Medical Items:

- **Excludes all non-medical items as per Annexure II.**

23. Treatment Outside India:

- **Excludes any treatment received outside India.**

24. Circumcision:

- **Excludes expenses for circumcision unless required for the treatment of illness or accidental bodily injury.**