

ONEHEALTH SENIOR PROSPECTUS



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Eligibility

- This Policy can be offered as an Individual Policy covering one member or as a Family Floater Policy covering two members.
- For individual Policies, minimum entry age is 56 years.
- No cap on maximum entry age.
- Proposer (Policyholder) should be 18 years or above.
- Lifetime renewability.
- Insured persons under Family Floater must be related to each other as legally married spouse.

Policy Period

The Policy will be issued for 1 year or 2 years or 3 years period.

Sum Insured

| Plan Name | Sum Insured options |
|-----------|--|
| Gold | 3 Lakh / 4 Lakh / 5 Lakh/ 7.5 lakh/ 10 Lakh/ 15 Lakh/ 20 lakh/ 25 Lakh |
| Platinum | 3 Lakh / 4 Lakh / 5 Lakh/ 7.5 lakh/ 10 Lakh/ 15 Lakh/ 20 lakh/ 25 Lakh |

Benefits

The Benefits under this Policy are subject always to the Sum Insured and Cumulative Bonus, if any, any subsidiary limit specified in the Policy Schedule/Product Benefits Table, the terms, conditions, limitations and exclusions mentioned in the Policy.

A **Base Covers**

1. **Inpatient Care**

We shall cover the Reasonable and Customary Charges for the Medical Expenses (specified in the Policy) incurred by the Insured Person, if during the Policy Period, the Insured Person requires Hospitalization on the written Medical Advice of a Medical Practitioner for any Illness or Injury which is contracted or sustained by the Insured Person during the Policy Period and is covered under this Policy.

Room Rent Capping & Proportionate Deduction

For Gold plan (up to 5 Lakh SI) reimbursement or payment of Room Rent and associated charges incurred at the Hospital shall not exceed 1% of the Sum Insured per day. In case of admission to Intensive Care Unit or Intensive Cardiac Care Unit (ICCU), reimbursement or payment of associated Medical Expenses shall not exceed 2% of the Sum Insured per day.

For Gold plan (SI >5 Lakh) and Platinum plan reimbursement or payment of Room Rent and associated expenses incurred at the Hospital shall be as per "Single private AC" room category.

In case of admission to room exceeding above stated limits, proportionate deduction on associated charges shall apply.

Sublimits:

For following procedures and Medical treatment (including In-patient care as per 2.A.1, Pre-hospitalization as per

2.2 and Post hospitalization as per 2.3), sublimits will be applicable. Co-pay as specified in section 5.2 will be not be applicable.

- a) **Cataract:**
A sublimit per eye per policy year shall be applicable as specified in the Policy Schedule/Product Benefits Table.
- b) **Major surgeries sublimit:**
As specified in the Policy Schedule/Product Benefits Table.
Major surgeries here comprises of Cancer, Cerebro vascular Accident, Cardiovascular diseases, Renal diseases, Intestinal obstruction surgery, Bilo Pancreatic surgery, Gastro-Intestinal surgeries and Genito urinary tract surgeries.
- c) **Sublimit for Hernia, Hysterectomy & Prostate procedures:**
As specified in the Policy Schedule/Product Benefits Table.

2. Pre- Hospitalization Expenses

We shall, on a reimbursement basis, cover the Insured Person's Pre-hospitalization Medical Expenses incurred in respect of an Injury or Illness that occurs during the Policy Period, immediately prior to the Insured Person's date of Hospitalization and up to the limits specified in the Policy Schedule/Product Benefits Table, provided that a claim has been admitted by Us under Inpatient Care and is related to the same Illness/Injury/condition.

3. Post- Hospitalization Expenses

We shall, on a reimbursement basis, cover the Insured Person's Post-hospitalization Medical Expenses incurred due to an Injury or Illness that occurs during the Policy Period, immediately after the Insured Person's discharge from the Hospital and up to the limits specified in the Policy Schedule/Product Benefits Table, provided that a claim has been

admitted by Us under Inpatient Care and is related to the same Illness/Injury/condition.

4. Day Care Treatment

We will cover the Medical Expenses incurred on the Insured Person's Day Care Treatment on the recommendation of a Medical Practitioner following an Illness or Injury which occurs during the Policy Period provided that the Medical Expenses incurred are for Medically Necessary Treatment and up to the limits specified in the Policy Schedule/Product Benefits Table.

Any OPD treatment undertaken in a Hospital/Day Care Centre will not be covered under this Benefit. Pre-hospitalization Medical Expenses and Post-hospitalization Medical Expenses are not payable under this Benefit.

5. Ambulance Cover

We will cover the Reasonable and Customary Charges up to the limit specified in the Policy Schedule/Product Benefits Table that are incurred towards the Insured Person's transportation by road ambulance to the nearest Hospital with adequate facilities in an Emergency following an Illness or Injury which occurs during the Policy Period provided that the ambulance service is offered by a registered healthcare or ambulance service provider and a claim has been admitted by Us under Inpatient Care. In Platinum plan, We will also cover expenses towards transportation in an airplane or helicopter certified to be used as an ambulance.

6. Domiciliary Hospitalisation

We will on reimbursement basis, cover the Medical Expenses incurred for the Insured Person's Domiciliary Hospitalization during the Policy Period following an Illness or Injury that occurs during the Policy Period provided that the Domiciliary Hospitalization continues for an uninterrupted period of at least 3 days and the condition for which treatment is taken would otherwise have necessitated Hospitalization.

7. AYUSH Treatment

We will, cover the Insured Person's Medical Expenses incurred for Inpatient Care during the Policy Period on treatment taken under AYUSH Treatment in a government Hospital or in any institute recognized by the government and/or accredited by the Quality Council of India/National Accreditation Board on Health.

8. Modern treatment Procedures

The following procedures will be covered (wherever medically indicated), during the policy period:

- Uterine Artery Embolization and HIFU (High intensity focused ultrasound)
- Balloon Sinuplasty
- Deep Brain stimulation
- Oral chemotherapy
- Immunotherapy- Monoclonal Antibody to be given as injection

- Intra vitreal injections
- Robotic surgeries
- Stereotactic radio surgeries
- Bronchical Thermoplasty
- Vapourisation of the prostate (Green laser treatment or holmium laser treatment)
- IONM - (Intra Operative Neuro Monitoring)
- Stem cell therapy: Hematopoietic stem cells for bone marrow transplant for haematological conditions to be covered.

9. E- Opinion for Critical Illness

If the Insured Person is diagnosed with a Critical Illness during the Policy Period, then the Insured Person may, at his/her sole discretion choose to avail of a second e-opinion from Our panel of Medical Practitioners for the Critical Illness and We shall arrange for and cover the e-opinion if the Insured Person has requested for the same.

10. Annual Health Check- up

Insured can avail a annual health check-up in this Policy. If requested by You. We will cover health check-ups arranged by Us through Our empanelled Network Providers, OR You can get reimbursement up to the limit defined for preventive health check-up done at any provider; provided that:

- a) This Benefit shall be available once per Policy Year per Insured Person.
- b) This Benefit will be provided irrespective of any claim being made in the Policy Year.

11. Wellness Services

- a) Doctor on call: Consultation with a Medical Practitioner from Our panel of Network Providers to discuss any health related query. This service can be availed maximum 3 times per Policy Year.
- b) Specialist's e-opinion: Avail a specialist Medical Practitioner's opinion on health queries that require such specialist Medical Practitioner's consideration. This service can be availed maximum 3 times per Policy Year.
- c) Nutritional e-counselling: On Your request, We will provide You with a Dietician and nutritional e-counselling. This service can be availed maximum 3 times per Policy Year.
- d) We may provide information on offers related to healthcare services like consultation, diagnostics, medical equipments and pharmacy. Please visit our website www.magmainsurance.com to know about such offers.

12. Shared Room Daily Cash

A daily cash amount will be payable per day if the Insured Person is Hospitalised in a shared accommodation at a Network Provider for each continuous and completed period of 24 hours if the Hospitalisation exceeds 48 hours.

13. Organ Donor Expenses

We will cover the Medical Expenses incurred towards inpatient hospitalization of an organ donor for the Insured Person's organ transplant Surgery during the Policy Year provided that the organ donated is for the use of the Insured Person and the organ donor conforms to the provisions of The Transplantation of Human Organs Act, 1994 and other applicable laws.

B. Optional Covers

All Optional Covers issued under this Policy shall be subject to the terms, conditions and exclusions of this Policy. All other Policy terms, conditions and exclusions shall remain unchanged.

1. Enhanced Post hospitalization Cover

If this optional cover is in force, the limit of coverage in terms of number of days immediately after Your discharge from the Hospital of this Policy will be 90 days.

2. Reduction in Co-payment

If this optional cover is in force, the Co-payment as applicable per Section 5.2 of this policy shall be reduced to the Co-pay limit as defined against this optional cover in Product Benefit Table/Policy Schedule.

3. Nursing at Home

We will cover the expenses for the medical services of a Qualified Nurse at Your home, provided the the claim is admissible as per In-patient Care section and the nursing services are directly related to Illness or Injury, with respect to which In-patient Care was availed.

4. Hospital cash

In case of Hospitalization for which Inpatient Care claim is admissible, then additionally, a daily cash amount for each continuous and completed period of 24 hours of Hospitalization shall be paid. Hospitalization must be for a minimum period of 48 hours continuously. This benefit shall be paid for maximum 30 days of Hospitalisation in total under any Policy Year.

5. OPD Cover

We will cover expenses for consultations with a Medical Practitioner on an out-patient basis, for undergoing any Diagnostic Tests and medicines purchased under and supported with a Medical Practitioner's prescription.

Expenses for Dental treatment; cost of spectacles, contact lenses and hearing aids shall not be covered under this Benefit.

Initial waiting period of 30 days, pre-existing disease waiting period and specific disease waiting period shall be applicable as specified in section 3 of the policy.

6. Recharge of Sum Insured

We will provide a 100% Recharge of the Sum Insured, provided that:

- The Sum Insured and Cumulative Bonus (if any) is insufficient for a claim as a result of previous claims in that Policy Year.
- The Recharge of Sum Insured shall not be available for claims towards an Illness or Injury (including complications) for which a claim has been paid or accepted as payable in the current Policy Year for the same Insured Person under Inpatient Care or under Recharge of Sum Insured.
- The Recharge of Sum Insured shall be available only in respect of Your future claims that become payable under Base Covers of the Policy and shall not be applicable to the first claim in the Policy Year.

7. Cumulative Bonus

In a Policy Year, if there are no claims paid or outstanding under Base Covers Section, then at the time of Renewal of the Policy, We shall apply a Cumulative Bonus on the Sum Insured for each such claim free Policy Year provided the Policy has been Renewed with Us without a break. The percentage of the Sum Insured and maximum Cumulative Bonus that can be accrued shall be 10% and 100% respectively. If a Cumulative Bonus has been applied and a claim is made in any Policy Year, then in the subsequent Policy Year We shall not decrease the accrued Cumulative Bonus except if, and to the extent, it is utilized as claim payout.

8. Non-payable expense Cover

We shall also cover the expenses as listed under "List I – Item for which coverage is not available in the policy" of Annexure II of this Policy under Inpatient Care and Day Care treatment.

9. Increase in Co-payment

If this optional cover is in force, the Co-payment as applicable per Section 5.2 of this policy shall be increased as per the additional co-pay opted against this optional cover.

3. Exclusions

3.1 Standard Exclusions

3.1.1) 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 12 months
- 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 (Health Insurance) Regulations then waiting period for the same would be reduced to the extent of prior coverage.
- d) Coverage under the policy after the expiry of above defined months for any pre-existing disease is subject to the same being declared at the time of application and accepted by us.

3.1.2) Specific Diseases 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 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.

List of these diseases is:

1. Cataract
2. Stones in biliary and urinary systems
3. Hernia / Hydrocele
4. Hysterectomy for any benign disorder
5. Lumps / cysts / nodules / polyps / internal tumours
6. Gastric and Duodenal Ulcers
7. Surgery on tonsils / adenoids
8. Osteoarthritis / Arthritis / Gout / Rheumatism / Spondylosis / Spondylitis / Intervertebral Disc Prolapse
9. Fissure / Fistula / Haemorrhoid
10. Sinusitis / Deviated Nasal Septum / Tympanoplasty / Chronic Suppurative Otitis Media
11. Benign Prostatic Hypertrophy
12. Knee/Hip Joint replacement and any ligament, tendon or muscle tear
13. Dilatation and Curettage
14. Varicose veins
15. Dysfunctional Uterine Bleeding / Fibroids / Prolapse Uterus / Endometriosis
16. Chronic Renal Failure or end stage Renal Failure
17. Internal congenital anomalies/diseases/defects

3.1.3) 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.

3.1.4) Investigation & Evaluation (Code- Excl04)

- a) Expenses related to any admission primarily for diagnostics and evaluation purposes only are excluded.
- b) Any diagnostic expenses which are not related or not incidental to the current diagnosis and treatment are excluded.

3.1.5) 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.

3.1.6) 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:
 - i. Obesity-related cardiomyopathy
 - ii. Coronary heart disease
 - iii. Severe Sleep Apnea
 - iv. Uncontrolled Type2 Diabetes

3.1.7) Change of Gender treatment (Code- Excl07)

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

3.1.8) 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.

3.1.9) 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.

3.1.10) 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.

3.1.11) 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.

List of these have been provided on Our website.

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

3.1.13) Treatment 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)

3.1.14) 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)

3.1.15) Refractive Error (Code- Excl15)

Expenses related to the treatment for correction of eye sight due to refractive error less than 7.5 dioptries.

3.1.16) 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

3.1.17) 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

3.1.18) 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.

3.2) Specific Exclusions:

3.2.1) A special waiting period, not exceeding 36 months, may be applied to individual Insured Persons depending upon the declarations made in the proposal form and existing health conditions. Such waiting periods shall be specifically stated in the Policy Schedule and will be applied only after receiving the Insured Person's specific consent. Any special waiting period in respect of Pre-Existing diseases shall not exceed 36 months.

3.2.2) Any Alternative Treatment except for the Benefits under Section 2.A.7 (AYUSH Treatment).

3.2.3) Charges related to a Hospital stay not expressly mentioned as being covered. Service charges levied by the Hospital under whatever head. Complete list of these excluded expenses are mentioned in Annexure II of this Policy The list is available on our website www.magmainurance.com.

3.2.4) Expenses for Artificial life maintenance, including life support machine used to sustain a person, incurred after confirmation by the treating doctor that the patient is in vegetative state.

3.2.5) Any charges incurred to procure any medical certificate, medical records, treatment or Illness/Injury related documents pertaining to any period of Hospitalization/Day Care Treatment undertaken for any Illness or Injury.

3.2.6) Circumcision unless necessary for the treatment of an Illness or disease or necessitated by an Accident.

3.2.7) Treatment for any Illness or Injury resulting from nuclear or chemical contamination, war, riot, revolution or acts of terrorism (other than natural disaster or calamity).

3.2.8) Treatment for any External Congenital Anomaly.

3.2.9) Dental Treatment including Surgical Procedures for the treatment of bone disease when related to gum disease or damage, or treatment for, or treatment arising from, disorders of the temporomandibular joint.

EXCEPTION: We will pay for a Surgical Procedure wherein the Insured Person Hospitalized as a result of an Accident and which is undertaken for Inpatient Care in a Hospital and carried out by a Medical Practitioner.

3.2.10) Any drugs or Surgical dressings that are provided or prescribed in the case of OPD treatment, or for the Insured Person to take home on leaving the Hospital, for any condition, except as included in Post-hospitalization Medical

Expenses under Section 2.A.3 and Section 2.B.5 (if opted) above.

3.2.11) We will not pay for routine eye examinations, contact lenses spectacles, hearing aids, dentures and artificial teeth.

3.2.12) Any treatment arising from and/or taken for Crohn's Disease, Ulcerative colitis, Cystic kidneys, Neurofibromatosis, Factor V Leiden Thrombophilia, Familial Hypercholesterolemia, Haemophilia, Hereditary Fructose Intolerance, Hereditary Hemochromatosis, Hereditary Spherocytosis.

3.2.13) Private nursing/attendant's charges incurred during pre-hospitalization or post-hospitalization.

3.2.14) Drugs or treatment not supported by prescription.

3.2.15) Issue of fitness certificate and fitness examinations.

3.2.16) Any charges incurred to procure any treatment/ Illness related documents pertaining to any period of Hospitalization/Illness.

3.2.17) External and/ or durable medical/non-medical equipment used for diagnosis and/ or treatment.

3.2.18) Ambulatory devices, walkers, crutches, belts, collars, caps, splints, slings, braces, stockings of any kind, diabetic foot wear, glucometer/thermometer and also any medical equipment which is subsequently used at home.

3.2.19) OPD treatment is not covered.

3.2.20) All preventive care, vaccination including inoculation and immunisations.

3.2.21) Treatment for, or arising from, an Injury that is intentionally self-inflicted, including attempted suicide.

3.2.22) Treatment for sleep apnea, snoring, or any other sleep-related breathing problem.

3.2.23) Any treatment received outside India.

3.2.24) Treatment provided by a Medical Practitioner who is not recognized by the Medical Council of India.

3.2.25) Treatment provided by anyone with the same residence as the Insured Person or who is a member of the Insured Person's immediate family.

3.2.26) X-Ray or laboratory examinations or other diagnostic studies, not consistent with or incidental to the diagnosis and treatment of the positive existence or presence of any Illness or Injury, whether or not requiring Hospitalization.

Premium illustration:

| Benefit Illustration in respect of policies offered on individual and family floater basis | | | | | | | | | | |
|---|---|-------------------|---|--------------------|------------------------------|-------------------|--|----------------------------|------------------------------|-------------------|
| Age of the Members insured (in yrs) | Coverage opted on individual basis covering each member of the family separately (at a single point of time) | | Coverage opted on individual basis covering multiple members of the family under a single policy (Sum insured is available for each member of the family) | | | | Coverage opted on family floater basis with overall Sum insured (Only one sum insured is available for the entire family) | | | |
| | Premium (Rs.) | Sum Insured (Rs.) | Premium (Rs.) | Discount, (if any) | Premium After Discount (Rs.) | Sum Insured (Rs.) | Premium or consolidated premium for all members of family (Rs.) | Floater Discount, (if any) | Premium After Discount (Rs.) | Sum Insured (Rs.) |
| Illustration 1 (Gold Plan) | | | | | | | | | | |
| 56 | 7,346 | 3 Lakh | Not Available | | | | 17,104 | - | - | 3 Lakh |
| 61 | 10,690 | 3 Lakh | Not Available | | | | | - | - | |
| | Total Premium for all members of the family is Rs.18,036/-, when each member is covered separately. Sum insured available for each individual is Rs.3,00,000/- | | - | | | | Total Premium when policy is opted on floater basis is Rs.17,104/-, Sum insured of Rs.3,00,000/- is available for the entire family (2Adults) | | | |
| Illustration 2 (Platinum Plan) | | | | | | | | | | |
| 66 | 29,404 | 15 lakh | Not Available | | | | 47,046 | - | - | 15 Lakh |
| 70 | 29,404 | 15 lakh | Not Available | | | | | - | - | |
| | Total Premium for all members of the family is Rs.58,808/-, when each member is covered separately. Sum insured available for each individual is Rs.15,00,000/- | | - | | | | Total Premium when policy is opted on floater basis is Rs.47,046/-, Sum insured of Rs.15,00,000/- is available for the entire family (2Adults) | | | |
| Note: Premium rates specified in the above illustration are standard premium rates without considering any loading. Also, the premium rates are exclusive of taxes applicable. | | | | | | | | | | |

Discount/ Loading Factors:

Maximum up to 20% discount shall be offered based on following parameters. The discount is applicable on insured level in case of Individual policy. In case of Family floater policy, the discount is on policy level and not on insured level.

1. Tenure discount

| Policy Period | Discount percentage |
|---------------|---------------------|
| 2 years | 10% |
| 3 years | 12.5% |

2. Cross sell discount: A discount of 5% will be offered if the proposer is a Policyholder with Magma General Insurance Limited on or prior to inception of this Policy.

3. Direct Sourcing Discount: A discount of 10% will be offered if the Policy is purchased through direct channel of distribution.

Loading: We shall apply a risk loading on the premium payable as per Our board approved underwriting policy (based upon the declarations made in the proposal form and the health status of the persons proposed for insurance), which shall be mentioned specifically in the Policy Schedule. The maximum risk loading applicable shall not exceed 100% per diagnosis / medical condition and an overall risk loading of 150%. These loadings are applied from the Policy Inception Date including subsequent Renewal(s) with Us or on the receipt of a request for increase in Sum Insured (for which the loading shall be applied on the increased Sum Insured). No loading shall be applied at the time of Renewal on the basis of individual claim experience.

Loading for Instalment Option: If You want to opt for premium payment in instalments following loading shall be applicable. Tenure discount shall not be applicable if instalment option is chosen.

| Instalment Option | Factor to be applicable on premium for one year tenure Policy | Factor to be applicable on premium for two year tenure Policy | Factor to be applicable on premium for three year tenure Policy |
|-------------------|---|---|---|
| Monthly | 1.05/12 | 1.05/24 | 1.05/36 |
| Quarterly | 1.04/12 | 1.04/24 | 1.04/36 |
| Semi Annual | 1.03/12 | 1.03/24 | 1.03/36 |

Salient Features of the Policy

- **Cashless facility:** The Insured Person can avail of Cashless Facility at any of Our Network Providers in accordance with the process set out in the Policy. In case the Insured Person avails treatment in a Non-Network Hospital or if Cashless facility is not availed, Reimbursement of Claims can be availed. Claim intimation must be done at least 72 hours before admission to the Hospital in case of planned Hospitalization, and within 24 hours of admission to the Hospital, in case of Emergency Hospitalization. Claims documents must be submitted within 30 days from the date of discharge from the Hospital.

Free Look Provision: The Free Look Period shall be applicable on new individual health insurance policies and not on renewals or at the time of porting/migrating the policy.

The insured shall be allowed a free look provision of thirty days from date of receipt of the Policy document to review

the terms and conditions of the Policy, and to return the same if not acceptable.

If the insured has not made any claim during the Free Look Period, the insured shall be entitled to

- 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
- Where the risk has already commenced and the option of return of the Policy is exercised by the insured person, a deduction towards the proportionate risk premium for period of cover or
- Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period;
 - Pre-Policy Medical Check up may be required based on age, Sum Insured opted and Pre-Existing Disease. We shall reimburse at least 50% of the expenses incurred by the Insured on pre-Policy medical health check up once the proposal is accepted.

• **Co-Payment:**

A Co-payment of 30% shall be applicable.

Such Co-payment shall not be applicable for claim arising out of an Accident.

For procedures, where sublimits are defined, above co-pay shall not be applicable.

For Joint replacement procedures, additional co-pay of 30% (for Gold plan) and 20% (for Platinum plan) shall be applicable.

Renewal

A health insurance policy shall be renewable provided the product is not withdrawn, except in case of established fraud or non-disclosure or misrepresentation by the Insured.

- The Company shall endeavour to give notice for renewal. However, the Company is not under obligation to give any notice for renewal.
- An Insurer shall not deny the renewal on the ground that the policyholder had made a claim (s) in the preceding policy years.
- Request for renewal along with requisite premium shall be received by the Company before the end of the Policy Period.
- At the end of the Policy Period, the policy shall terminate and can be renewed within the Grace Period of 30 days to maintain continuity of benefits with Break in Policy. Coverage is not available during the grace period.
- An Insurer shall not resort to fresh underwriting unless there is an increase in sum insured. In case increase in sum insured is requested by the policyholder, the Insurer may underwrite only to the extent of increased sum insured.

Cancellation of Policy

- The policyholder may cancel his/her policy at any time during the term, by giving 7 days notice in writing. The Insurer shall
 - Refund proportionate premium for unexpired policy period, if the term of policy upto one year and there is no claim (s) made during the policy period.

- b. Refund premium for the unexpired policy period, in respect of policies with term more than 1 year and risk coverage for such policy years has not commenced.
- (ii) The Company may cancel the policy at any time on grounds of established fraud by the Insured Person, by giving 7 days' written notice. There would be no refund of premium on cancellation.

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)

- i. The grace period for payment of the premium for all types of insurance policies shall be: fifteen days where premium payment mode is monthly and thirty days in all other cases.
- ii. During such grace period, coverage will not be available from the due date of instalment premium till the date of receipt of premium by Company.
- iii. The insured person will get the accrued continuity benefits in respect of the "Waiting Periods", "Specific Waiting Periods" in the event of payment of premium within the stipulated grace Period.
- iv. No interest will be charged if the instalment premium is not paid on due date.
- v. In case of instalment premium due not received within the grace period, the policy will get cancelled.
- vi. In the event of a claim, all subsequent premium instalments shall immediately become due and payable.
- vii. The company has the right to recover and deduct all the pending instalments from the claim amount due under the policy.

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 policy renewal date as per IRDAI 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 IRDAI guidelines on portability.

For Detailed Guidelines on portability, kindly refer the link <https://www.irdai.gov.in/ADMINCMS/cms/whatsNewLayout.aspx?page=PageNo3987&flag=1>

Withdrawal of the Policy

- i. In the likelihood of this product being withdrawn in future, the Company will intimate the insured person about the same 90 days prior to expiry of the Policy.
- ii. Insured person will have the option to migrate to similar health insurance product available with the Company at the time of renewal with all the accrued continuity benefits such as cumulative bonus, waiver of waiting period, as per IRDAI guidelines, provided the policy has been maintained without a break.

Migration:

The insured person will have the option to migrate the policy to other health insurance products/plans offered by the company by applying for migration of the Policy at least 30 days before the policy renewal date as per IRDAI 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 insured person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on migration.

Endorsements

We may allow the following endorsements. The Policyholder should request for any endorsement in writing. Any endorsement that is accepted by Us shall be effective from the date of the request as received from the Policyholder, or the date of receipt of premium, whichever is later.

- (i) Non-Financial Endorsements – which do not affect the premium.
 - (1) Minor rectification/correction in name of the Policyholder/ Insured Person
 - (2) Rectification in gender
 - (3) Rectification in relationship of the Insured Person with the Policyholder
 - (4) Rectification of date of birth of the Insured Person (if this does not impact the premium)
 - (5) Change in the address of the Policyholder
 - (6) Change/Updation in the contact details
 - (7) Change in Nominee Details
- (ii) Financial Endorsements – which result in alteration in premium
 - (1) Addition of any Insured Person
 - (2) Deletion of Insured Person
 - (3) Change in Age/Date of Birth (if this impacts the premium)
 - (4) Change in Plan and/ or Sum Insured
 - (5) Addition/removal of Optional Cover(s)

Financial endorsements (1), as mentioned above, can be allowed during the term of Policy, all other financial endorsements are allowed at the time of renewal only.

We reserve the rights to do underwriting in case of any such endorsement requests.

Fresh waiting period shall be applicable with respect to the Insured person added after Policy Inception Date. Where the Policy is Renewed for enhanced Sum Insured, all waiting periods would start and apply afresh for the amount of increase in Sum Insured.

Redressal of Grievance

In case of any grievance, the insured person may contact the Company through

Website: www.magmainsurance.com

Toll free: 1800 266 3202

E-mail: gro@magmainsurance.com

Fax: 91 033 4401 7471

Courier: Any of Our branch offices or corporate office during business hours

Insured person may also approach the grievance cell at any of the company's branches with the details of grievance.

If Insured Person is not satisfied with the redressal of grievance through one of the above methods, insured person may contact the grievance officer at:

Magma General Insurance Limited
Equinox Business Park, Tower 3,
2nd Floor, Unit no. 1A and 1B, LBS Marg,
Kurla West, Mumbai, Maharashtra 400070.
E mail id: gro@magmainurance.com

For updated details of grievance officer, kindly refer the link <https://www.magmainurance.com/grievance-redressal>.

If Insured Person is not satisfied with the redressal of grievance through above methods, insured person may also approach the office of Insurance Ombudsman of the respective area/region for redressal of grievance as per Insurance Ombudsman Rules, 2017. The contact details of the Insurance Ombudsman offices have been provided as Annexure-I. Detailed process along with list of Ombudsman offices are available at council of Insurance Ombudsman <https://www.cioins.co.in/>

Grievance may also be lodged at IRDAI Integrated Grievance management System: <https://bimabharosa.irdai.gov.in>

Tax Benefit- Income Tax benefits on the premium paid can be availed as per the provisions of Income Tax Act, 1961 section 80D and amendments made thereto.

Note: Policy terms & conditions and Premium rates are subject to change with prior approval from IRDAI.

Disclaimer: The foregoing is only an indication of the cover offered. For complete details on coverage, terms, conditions and exclusions, please read the Policy document before concluding sale.

Trade Logo disclaimer:

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Statutory Warning –

Prohibition of Rebates Under Section 41 of Insurance Law (Amendment) Act, 2015

1. No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take out or renew 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 the 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 published prospectuses or tables of the Insurer.
2. Any person making default in complying with the provisions of this section shall be liable for a penalty which may extend to ten lakh rupees.

Annexure I

The contact details of the **Insurance Ombudsman** offices are as below-

| Jurisdiction | Contact Details | Office of the Ombudsman |
|---|--|-------------------------|
| Gujarat, UT of Dadra and Nagar Haveli, Daman and Diu. | Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, Ahmedabad - 380 001. Tel.: 079 - 25501201/02/05/06 Email: bimalokpal.ahmedabad@cioins.co.in | AHMEDABAD |
| Karnataka. | Office of the Insurance Ombudsman, Jeevan Soudha Building, PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, 1st Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@cioins.co.in | BENGALURU |
| Madhya Pradesh and Chhattisgarh. | Office of the Insurance Ombudsman, Janak Vihar Complex, 2nd Floor, 6, Malviya Nagar, Opp. Airtel Office, Near New Market, Bhopal – 462 003. Tel.: 0755 - 2769201 / 2769202 Email: bimalokpal.bhopal@cioins.co.in | BHOPAL |
| Odisha. | Office of the Insurance Ombudsman, 62, Forest park, Bhubneshwar – 751 009. Tel.: 0674 - 2596461 /2596455 Email: bimalokpal.bhubaneswar@cioins.co.in | BHUBANESHWAR |

| Jurisdiction | Contact Details | Office of the Ombudsman |
|---|---|--------------------------------|
| Punjab, Haryana (excluding Gurugram, Faridabad, Sonapat and Bahadurgarh), Himachal Pradesh, UT of Jammu and Kashmir, Ladakh & Chandigarh. | Office of the Insurance Ombudsman, S.C.O. No. 101, 102 & 103, 2nd Floor, Batra Building, Sector 17 – D, Chandigarh – 160 017. Tel.: 0172 - 2706196 / 2706468 Email: bimalokpal.chandigarh@cioins.co.in | CHANDIGARH |
| Tamil Nadu, Puducherry Town and Karaikal (which are part of UT of Puducherry)+C8. | Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24335284 Email: bimalokpal.chennai@cioins.co.in | CHENNAI |
| Delhi & following Districts of Haryana - Gurugram, Faridabad, Sonapat & Bahadurgarh. | Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 23232481/23213504 Email: bimalokpal.delhi@cioins.co.in | DELHI |
| Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura. | Office of the Insurance Ombudsman, JeevanNivesh, 5th Floor, Nr. Panbazar over bridge, S.S. Road, Guwahati – 781001 (ASSAM). Tel.: 0361 - 2632204 / 2602205 Email: bimalokpal.guwahati@cioins.co.in | GUWAHATI |
| Andhra Pradesh, Telangana, Yanam and part of the UT of Puducherry. | Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp. Saleem Function Palace, A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 67504123 / 23312122 Email: bimalokpal.hyderabad@cioins.co.in | HYDERABAD |
| Rajasthan. | Office of the Insurance Ombudsman, JeevanNidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141 - 2740363 Email: bimalokpal.jaipur@cioins.co.in | JAIPUR |
| Kerala, Lakshadweep, Mahe – a part of UT of Puducherry. | Office of the Insurance Ombudsman, 2nd Floor, Pulinat Bldg., Opp. Cochin Shipyard, M. G. Road, Ernakulam - 682 015. Tel.: 0484 - 2358759 / 2359338 Fax: 0484 - 2359336 Email: bimalokpal.ernakulam@cioins.co.in | ERNAKULAM |
| West Bengal, UT of Andaman and Nicobar Islands. | Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 4th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124340 Email: bimalokpal.kolkata@cioins.co.in | KOLKATA |

| Jurisdiction | Contact Details | Office of the Ombudsman |
|--|--|-------------------------|
| Districts of Uttar Pradesh : Laitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhadra, Fatehpur, Pratapgarh, Jaunpur, Varanasi, Gazipur, Jalaun, Kanpur, Lucknow, Unnao, Sitapur, Lakhimpur, Bahraich, Barabanki, Raebareli, Sravasti, Gonda, Faizabad, Amethi, Kaushambi, Balrampur, Basti, Ambedkarnagar, Sultanpur, Maharajgang, Santkabirnagar, Azamgarh, Kushinagar, Gorkhpur, Deoria, Mau, Ghazipur, Chandauli, Ballia, Sidharathnagar. | Office of the Insurance Ombudsman, 6th Floor, JeevanBhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 2231330 / 2231331 Email: bimalokpal.lucknow@cioins.co.in | LUCKNOW |
| Goa, Mumbai Metropolitan Region (Excluding Navi Mumbai & Thane). | Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022 - 69038821/23/24/25/26/27/28/ 29/30/31 Email: bimalokpal.mumbai@cioins.co.in | MUMBAI |
| State of Uttarakhand and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kanooj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautambodhanagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur. | Office of the Insurance Ombudsman, BhagwanSahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: GautamBuddh Nagar, U.P-201301. Tel.: 0120-2514252 / 2514253 Email: bimalokpal.noida@cioins.co.in | NOIDA |
| Bihar, Jharkhand. | Office of the Insurance Ombudsman, 2nd Floor, Lalit Bhawan, Bailey Road, Patna 800 001. Tel.: 0612-2547068 Email: bimalokpal.patna@cioins.co.in | PATNA |
| Maharashtra, Area of Navi Mumbai and Thane (Excluding Mumbai Metropolitan Region). | Office of the Insurance Ombudsman, JeevanDarshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020 - 41312555 Email: bimalokpal.pune@cioins.co.in | PUNE |

Annexure II

List I – Item for which coverage is not available in the policy

| Sl. No. | Item |
|---------|--|
| 1 | BABY FOOD |
| 2 | BABY UTILITIES CHARGES |
| 3 | BEAUTY SERVICES |
| 4 | BELTS/ BRACES |
| 5 | BUDS |
| 6 | COLD PACK/HOT PACK |
| 7 | CARRY BAGS |
| 8 | EMAIL / INTERNET CHARGES |
| 9 | FOOD CHARGES (OTHER THAN PATIENT'S DIET PROVIDED BY HOSPITAL) |
| 10 | LEGGINGS |
| 11 | LAUNDRY CHARGES |
| 12 | MINERAL WATER |
| 13 | SANITARY PAD |
| 14 | TELEPHONE CHARGES |
| 15 | GUEST SERVICES |
| 16 | CREPE BANDAGE |
| 17 | DIAPER OF ANY TYPE |
| 18 | EYELET COLLAR |
| 19 | SLINGS |
| 20 | BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES |
| 21 | SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED |
| 22 | TELEVISION CHARGES |
| 23 | SURCHARGES |
| 24 | ATTENDANT CHARGES |
| 25 | EXTRA DIET OF PATIENT (OTHER THAN THAT WHICH FORMS PART OF BED CHARGE) |
| 26 | BIRTH CERTIFICATE |
| 27 | CERTIFICATE CHARGES |
| 28 | COURIER CHARGES |
| 29 | CONVEYANCE CHARGES |
| 30 | MEDICAL CERTIFICATE |
| 31 | MEDICAL RECORDS |
| 32 | PHOTOCOPIES CHARGES |
| 33 | MORTUARY CHARGES |
| 34 | WALKING AIDS CHARGES |
| 35 | OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL) |
| 36 | SPACER |
| 37 | SPIROMETRE |
| 38 | NEBULIZER KIT |
| 39 | STEAM INHALER |
| 40 | ARMSLING |
| 41 | THERMOMETER |

| Sl. No. | Item |
|---------|--|
| 42 | CERVICAL COLLAR |
| 43 | SPLINT |
| 44 | DIABETIC FOOT WEAR |
| 45 | KNEE BRACES (LONG/ SHORT/ HINGED) |
| 46 | KNEE IMMOBILIZER/SHOULDER IMMOBILIZER |
| 47 | LUMBO SACRAL BELT |
| 48 | NIMBUS BED OR WATER OR AIR BED CHARGES |
| 49 | AMBULANCE COLLAR |
| 50 | AMBULANCE EQUIPMENT |
| 51 | ABDOMINAL BINDER |
| 52 | PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES |
| 53 | SUGAR FREE Tablets |
| 54 | CREAMS POWDERS LOTIONS (Toiletries are not payable, only prescribed medical pharmaceuticals payable) |
| 55 | ECG ELECTRODES |
| 56 | GLOVES |
| 57 | NEBULISATION KIT |
| 58 | ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC] |
| 59 | KIDNEY TRAY |
| 60 | MASK |
| 61 | OUNCE GLASS |
| 62 | OXYGEN MASK |
| 63 | PELVIC TRACTION BELT |
| 64 | PAN CAN |
| 65 | TROLLY COVER |
| 66 | UROMETER, URINE JUG |
| 67 | AMBULANCE |
| 68 | VASOFIX SAFETY |

List II – Items that are to be subsumed into Room Charges

| Sl. No. | Item |
|---------|---|
| 1 | BABY CHARGES (UNLESS SPECIFIED/INDICATED) |
| 2 | HAND WASH |
| 3 | SHOE COVER |
| 4 | CAPS |
| 5 | CRADLE CHARGES |
| 6 | COMB |
| 7 | EAU-DE-COLOGNE / ROOM FRESHNERS |
| 8 | FOOT COVER |
| 9 | GOWN |
| 10 | SLIPPERS |
| 11 | TISSUE PAPER |
| 12 | TOOTH PASTE |
| 13 | TOOTH BRUSH |

| Sl. No. | Item |
|---------|---|
| 14 | BED PAN |
| 15 | FACE MASK |
| 16 | FLEXI MASK |
| 17 | HAND HOLDER |
| 18 | SPUTUM CUP |
| 19 | DISINFECTANT LOTIONS |
| 20 | LUXURY TAX |
| 21 | HVAC |
| 22 | HOUSE KEEPING CHARGES |
| 23 | AIR CONDITIONER CHARGES |
| 24 | IM IV INJECTION CHARGES |
| 25 | CLEAN SHEET |
| 26 | BLANKET/WARMER BLANKET |
| 27 | ADMISSION KIT |
| 28 | DIABETIC CHART CHARGES |
| 29 | DOCUMENTATION CHARGES / ADMINISTRATIVE EXPENSES |
| 30 | DISCHARGE PROCEDURE CHARGES |
| 31 | DAILY CHART CHARGES |
| 32 | ENTRANCE PASS / VISITORS PASS CHARGES |
| 33 | EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE |
| 34 | FILE OPENING CHARGES |
| 35 | INCIDENTAL EXPENSES / MISC. CHARGES (NOT EXPLAINED) |
| 36 | PATIENT IDENTIFICATION BAND / NAME TAG |
| 37 | PULSEOXYMETER CHARGES |

List III – Items that are to be subsumed into Procedure Charges

| Sl. No. | Item |
|---------|--|
| 1 | HAIR REMOVAL CREAM |
| 2 | DISPOSABLES RAZORS CHARGES (for site preparations) |
| 3 | EYE PAD |
| 4 | EYE SHEILD |
| 5 | CAMERA COVER |
| 6 | DVD, CD CHARGES |
| 7 | GAUSE SOFT |
| 8 | GAUZE |
| 9 | WARD AND THEATRE BOOKING CHARGES |
| 10 | ARTHROSCOPY AND ENDOSCOPY INSTRUMENTS |
| 11 | MICROSCOPE COVER |
| 12 | SURGICAL BLADES, HARMONICSCALPEL,SHAVER |
| 13 | SURGICAL DRILL |
| 14 | EYE KIT |
| 15 | EYE DRAPE |

| Sl. No. | Item |
|---------|----------------------------|
| 16 | X-RAY FILM |
| 17 | BOYLES APPARATUS CHARGES |
| 18 | COTTON |
| 19 | COTTON BANDAGE |
| 20 | SURGICAL TAPE |
| 21 | APRON |
| 22 | TORNIQUET |
| 23 | ORTHOBUNDLE, GYNAEC BUNDLE |

List IV – Items that are to be subsumed into costs of treatment

| Sl. No. | Item |
|---------|--|
| 1 | ADMISSION/REGISTRATION CHARGES |
| 2 | HOSPITALISATION FOR EVALUATION/ DIAGNOSTIC PURPOSE |
| 3 | URINE CONTAINER |
| 4 | BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES |
| 5 | BIPAP MACHINE |
| 6 | CPAP/ CAPD EQUIPMENTS |
| 7 | INFUSION PUMP– COST |
| 8 | HYDROGEN PEROXIDE\SPIRIT\ DISINFECTANTS ETC |
| 9 | NUTRITION PLANNING CHARGES - DIETICIAN CHARGES- DIET CHARGES |
| 10 | HIV KIT |
| 11 | ANTISEPTIC MOUTHWASH |
| 12 | LOZENGES |
| 13 | MOUTH PAINT |
| 14 | VACCINATION CHARGES |
| 15 | ALCOHOL SWABES |
| 16 | SCRUB SOLUTION\STERILLIUM |
| 17 | Glucometer& Strips |
| 18 | URINE BAG |

Annexure III

List of Day Care Surgeries

| Sl. No. | Item |
|---------------------------|--|
| CARDIOLOGY RELATED | |
| 1 | CORONARY ANGIOGRAPHY |
| | CRITICAL CARE RELATED |
| 2 | INSERT NON- TUNNEL CV CATH |
| 3 | INSERT PICC CATH (PERIPHERALLY INSERTED CENTRAL CATHETER) |
| 4 | REPLACE PICC CATH (PERIPHERALLY INSERTED CENTRAL CATHETER) |

| Sl. No. | Item |
|-----------------------|---|
| 5 | INSERTION CATHETER, INTRA ANTERIOR |
| 6 | INSERTION OF PORTACATH |
| DENTAL RELATED | |
| 7 | SPLINTING OF AVULSED TEETH |
| 8 | SUTURING LACERATED LIP |
| 9 | SUTURING ORAL MUCOSA |
| 10 | ORAL BIOPSY IN CASE OF ABNORMAL TISSUE PRESENTATION |
| 11 | FNAC |
| 12 | SMEAR FROM ORAL CAVITY |
| 13 | MYRINGOTOMY WITH GROMMET INSERTION |
| 14 | TYMPANO PLASTY (CLOSURE OF ANEARDRUM PERFORATION/RECONSTRUCTION OF THE AUDITORY OSSICLES) |
| 15 | REMOVAL OF A TYMPANIC DRAIN |
| 16 | KERATOSIS REMOVAL UNDER GA |
| 17 | OPERATIONS ON THE TURBINATES (NASAL CONCHA) |
| 18 | TYMPANO PLASTY (CLOSURE OF ANEARDRUM PERFORATION/RECONSTRUCTION OF THE AUDITORY OSSICLES) |
| 19 | REMOVAL OF KERATOSIS OBTURANS |
| 20 | STAPEDOTOMY TO TREAT VARIOUS LESIONS IN MIDDLE EAR |
| 21 | REVISION OF A STAPEDECTOMY |
| 22 | OTHER OPERATIONS ON THE AUDITORY OSSICLES |
| 23 | MYRINGOPLASTY (POST-AURA/ENDAURAL APPROACH AS WELL AS SIMPLE TYPE -I TYMPANOPLASTY) |
| 24 | FENESTRATION OF THE INNER EAR |
| 25 | REVISION OF A FENESTRATION OF THE INNER EAR |
| 26 | PALATOPLASTY |
| 27 | TRANSORAL INCISION AND DRAINAGE OF A PHARYNGEAL ABSCESS |
| 28 | TONSILLECTOMY WITHOUT ADENOIDECTOMY |
| 29 | TONSILLECTOMY WITH ADENOIDECTOMY |
| 30 | EXCISION AND DESTRUCTION OF A LINGUAL TONSIL |
| 31 | REVISION OF A TYMPANOPLASTY |
| 32 | OTHER MICROSURGICAL OPERATIONS ON THE MIDDLE EAR |
| 33 | INCISION OF THE MASTOID PROCESS AND MIDDLE EAR |
| 34 | MASTOIDECTOMY |
| 35 | RECONSTRUCTION OF THE MIDDLE EAR |
| 36 | OTHER EXCISIONS OF THE MIDDLE AND INNER EAR |
| 37 | INCISION (OPENING) AND DESTRUCTION (ELIMINATION) OF THE INNER EAR |

| Sl. No. | Item |
|---------------------------------|--|
| 38 | OTHER OPERATIONS ON THE MIDDLE AND INNER EAR |
| 39 | EXCISION AND DESTRUCTION OF DISEASED TISSUE OF THE NOSE |
| 40 | OTHER OPERATIONS ON THE NOSE |
| 41 | NASAL SINUS ASPIRATION |
| 42 | FOREIGN BODY REMOVAL FROM NOSE |
| 43 | OTHER OPERATIONS ON THE TONSILS AND ADENOIDS |
| 44 | ADENOIDECTOMY |
| 45 | LABYRINTHECTOMY FOR SEVERE VERTIGO |
| 46 | STAPEDECTOMY UNDER GA |
| 47 | STAPEDECTOMY UNDER LA |
| 48 | TYMPANOPLASTY (TYPE IV) |
| 49 | ENDOLYMPHATIC SAC SURGERY FOR MENIERE'S DISEASE |
| 50 | TURBINECTOMY |
| 51 | ENDOSCOPIC STAPEDECTOMY |
| 52 | INCISION AND DRAINAGE OF PERICHONDritis |
| 53 | SEPTOPLASTY |
| 54 | VESTIBULAR NERVE SECTION |
| 55 | THYROPLASTY TYPE I |
| 56 | PSEUDOCYST OF THE PINNA - EXCISION |
| 57 | INCISION AND DRAINAGE - HAEMATOMA AURICLE |
| 58 | TYMPANOPLASTY (TYPE II) |
| 59 | REDUCTION OF FRACTURE OF NASAL BONE |
| 60 | THYROPLASTY TYPE II |
| 61 | TRACHEOSTOMY |
| 62 | EXCISION OF ANGIOMA SEPTUM |
| 63 | TURBINOPLASTY |
| 64 | INCISION & DRAINAGE OF RETRO PHARYNGEAL ABSCESS |
| 65 | UVULO PALATO PHARYNGO PLASTY |
| 66 | ADENOIDECTOMY WITH GROMMET INSERTION |
| 67 | ADENOIDECTOMY WITHOUT GROMMET INSERTION |
| 68 | VOCAL CORD LATERALISATION PROCEDURE |
| 69 | INCISION & DRAINAGE OF PARA PHARYNGEAL ABSCESS |
| 70 | TRACHEOPLASTY |
| GASTROENTEROLOGY RELATED | |
| 71 | CHOLECYSTECTOMY AND CHOLEDOCHO-JEJUNOSTOMY/ DUODENOSTOMY/ GASTROSTOMY/EXPLORATION COMMON BILE DUCT |
| 72 | ESOPHAGOSCOPY, GASTROSCOPY, DUODENOSCOPY WITH POLYPECTOMY/ REMOVAL OF FOREIGN BODY/DIATHERMY OF BLEEDING LESIONS |

| Sl. No. | Item |
|---------|--|
| 73 | PANCREATIC PSEUDOCYST EUS & DRAINAGE |
| 74 | RF ABLATION FOR BARRETT'S OESOPHAGUS |
| 75 | ERCP AND PAPILOTOMY |
| 76 | ESOPHAGOSCOPE AND SCLEROSANT INJECTION |
| 77 | EUS + SUBMUCOSAL RESECTION |
| 78 | CONSTRUCTION OF GASTROSTOMY TUBE |
| 79 | EUS + ASPIRATION PANCREATIC CYST |
| 80 | SMALL BOWEL ENDOSCOPY (THERAPEUTIC) |
| 81 | COLONOSCOPY, LESION REMOVAL |
| 82 | ERCP |
| 83 | COLONOSCOPY STENTING OF STRICTURE |
| 84 | PERCUTANEOUS ENDOSCOPIC GASTROSTOMY |
| 85 | EUS AND PANCREATIC PSEUDO CYST DRAINAGE |
| 86 | ERCP AND CHOLEDOCHOSCOPY |
| 87 | PROCTOSIGMOIDOSCOPY VOLVULUS DETORSION |
| 88 | ERCP AND SPHINCTEROTOMY |
| 89 | ESOPHAGEAL STENT PLACEMENT |
| 90 | ERCP + PLACEMENT OF BILIARY STENTS |
| 91 | SIGMOIDOSCOPY W / STENT |
| 92 | EUS + COELIAC NODE BIOPSY |
| 93 | UGI SCOPY AND INJECTION OF ADRENALINE, SCLEROSANTS BLEEDING ULCERS |
| | GENERAL SURGERY RELATED |
| 94 | INCISION OF A PILONIDAL SINUS / ABSCESS |
| 95 | FISSURE IN ANO SPHINCTEROTOMY |
| 96 | SURGICAL TREATMENT OF A VARICOCELE AND A HYDROCELE OF THE SPERMATIC CORD |
| 97 | ORCHIDOPEXY |
| 98 | ABDOMINAL EXPLORATION IN CRYPTORCHIDISM |
| 99 | SURGICAL TREATMENT OF ANAL FISTULAS |
| 100 | DIVISION OF THE ANAL SPHINCTER (SPHINCTEROTOMY) |
| 101 | EPIDIDYMECTOMY |
| 102 | INCISION OF THE BREAST ABSCESS |
| 103 | OPERATIONS ON THE NIPPLE |
| 104 | EXCISION OF SINGLE BREAST LUMP |
| 105 | INCISION AND EXCISION OF TISSUE IN THE PERIANAL REGION |
| 106 | SURGICAL TREATMENT OF HEMORRHOIDS |
| 107 | OTHER OPERATIONS ON THE ANUS |
| 108 | ULTRASOUND GUIDED ASPIRATIONS |
| 109 | SCLEROTHERAPY, ETC. |
| 110 | LAPAROTOMY FOR GRADING LYMPHOMA WITH SPLENECTOMY/LIVER/LYMPH NODE BIOPSY |
| 111 | THERAPEUTIC LAPAROSCOPY WITH LASER |

| Sl. No. | Item |
|---------|--|
| 112 | APPENDICECTOMY WITH/WITHOUT DRAINAGE |
| 113 | INFECTED KELOID EXCISION |
| 114 | AXILLARY LYMPHADENECTOMY |
| 115 | WOUND DEBRIDEMENT AND COVER |
| 116 | ABSCESS-DECOMPRESSION |
| 117 | CERVICAL LYMPHADENECTOMY |
| 118 | INFECTED SEBACEOUS CYST |
| 119 | INGUINAL LYMPHADENECTOMY |
| 120 | INCISION AND DRAINAGE OF ABSCESS |
| 121 | SUTURING OF LACERATIONS |
| 122 | SCALP SUTURING |
| 123 | INFECTED LIPOMA EXCISION |
| 124 | MAXIMAL ANAL DILATATION |
| 125 | PILES |
| 126 | A)INJECTION SCLEROTHERAPY |
| 127 | B)PILES BANDING |
| 128 | LIVER ABSCESS- CATHETER DRAINAGE |
| 129 | FISSURE IN ANO- FISSURECTOMY |
| 130 | FIBROADENOMA BREAST EXCISION |
| 131 | OESOPHAGEAL VARICES SCLEROTHERAPY |
| 132 | ERCP - PANCREATIC DUCT STONE REMOVAL |
| 133 | PERIANAL ABSCESS I&D |
| 134 | PERIANAL HEMATOMA EVACUATION |
| 135 | UGI SCOPY AND POLYPECTOMY OESOPHAGUS |
| 136 | BREAST ABSCESS I& D |
| 137 | FEEDING GASTROSTOMY |
| 138 | OESOPHAGOSCOPY AND BIOPSY OF GROWTH OESOPHAGUS |
| 139 | ERCP - BILE DUCT STONE REMOVAL |
| 140 | ILEOSTOMY CLOSURE |
| 141 | COLONOSCOPY |
| 142 | POLYPECTOMY COLON |
| 143 | SPLenic ABSCESES LAPAROSCOPIC DRAINAGE |
| 144 | UGI SCOPY AND POLYPECTOMY STOMACH |
| 145 | RIGID OESOPHAGOSCOPY FOR FB REMOVAL |
| 146 | FEEDING JEJUNOSTOMY |
| 147 | COLOSTOMY |
| 148 | ILEOSTOMY |
| 149 | COLOSTOMY CLOSURE |
| 150 | SUBMANDIBULAR SALIVARY DUCT STONE REMOVAL |
| 151 | PNEUMATIC REDUCTION OF INTUSSUSCEPTION |
| 152 | VARICOSE VEINS LEGS - INJECTION SCLEROTHERAPY |
| 153 | RIGID OESOPHAGOSCOPY FOR PLUMMER VINSON SYNDROME |
| 154 | PANCREATIC PSEUDOCYSTS ENDOSCOPIC DRAINAGE |

| Sl. No. | Item |
|----------------------------|--|
| 155 | ZADEK'S NAIL BED EXCISION |
| 156 | SUBCUTANEOUS MASTECTOMY |
| 157 | EXCISION OF RANULA UNDER GA |
| 158 | RIGID OESOPHAGOSCOPY FOR DILATION OF BENIGN STRICTURES |
| 159 | EVERSION OF SAC |
| 160 | UNILATERAL |
| 161 | ILATERAL |
| 162 | LORD'S PLICATION |
| 163 | JABOULAY'S PROCEDURE |
| 164 | SCROTOPLASTY |
| 165 | CIRCUMCISION FOR TRAUMA |
| 166 | MEATOPLASTY |
| 167 | INTERSPHINCTERIC ABSCESS INCISION AND DRAINAGE |
| 168 | PSOAS ABSCESS INCISION AND DRAINAGE |
| 169 | THYROID ABSCESS INCISION AND DRAINAGE |
| 170 | TIPS PROCEDURE FOR PORTAL HYPERTENSION |
| 171 | ESOPHAGEAL GROWTH STENT |
| 172 | PAIR PROCEDURE OF HYDATID CYST LIVER |
| 173 | TRU CUT LIVER BIOPSY |
| 174 | PHOTODYNAMIC THERAPY OR ESOPHAGEAL TUMOUR AND LUNG TUMOUR |
| 175 | EXCISION OF CERVICAL RIB |
| 176 | LAPAROSCOPIC REDUCTION OF INTUSSUSCEPTION |
| 177 | MICRODOCHECTOMY BREAST |
| 178 | SURGERY FOR FRACTURE PENIS |
| 179 | SENTINEL NODE BIOPSY |
| 180 | PARASTOMAL HERNIA |
| 181 | REVISION COLOSTOMY |
| 182 | PROLAPSED COLOSTOMY- CORRECTION |
| 183 | TESTICULAR BIOPSY |
| 184 | LAPAROSCOPIC CARDIOMYOTOMY (HELLERS) |
| 185 | SENTINEL NODE BIOPSY MALIGNANT MELANOMA |
| 186 | LAPAROSCOPIC PYLOROMYOTOMY (RAMSTEDT) |
| GYNAECOLOGY RELATED | |
| 187 | OPERATIONS ON BARTHOLIN'S GLANDS (CYST) |
| 188 | INCISION OF THE OVARY |
| 189 | INSUFFLATIONS OF THE FALLOPIAN TUBES |
| 190 | OTHER OPERATIONS ON THE FALLOPIAN TUBE |
| 191 | DILATATION OF THE CERVICAL CANAL |
| 192 | CONISATION OF THE UTERINE CERVIX |
| 193 | THERAPEUTIC CURETTAGE WITH COLPOSCOPY / BIOPSY / DIATHERMY / CRYOSURGERY |
| 194 | LASER THERAPY OF CERVIX FOR VARIOUS LESIONS OF UTERUS |
| 195 | OTHER OPERATIONS ON THE UTERINE CERVIX |

| Sl. No. | Item |
|--------------------------|--|
| 196 | INCISION OF THE UTERUS (HYSTERECTOMY) |
| 197 | LOCAL EXCISION AND DESTRUCTION OF DISEASED TISSUE OF THE VAGINA AND THE POUCH OF DOUGLAS |
| 198 | INCISION OF VAGINA |
| 199 | INCISION OF VULVA |
| 200 | CULDOTOMY |
| 201 | SALPINGO-OOPHORECTOMY VIA LAPAROTOMY |
| 202 | ENDOSCOPIC POLYPECTOMY |
| 203 | HYSTEROSCOPIC REMOVAL OF MYOMA |
| 204 | D&C |
| 205 | HYSTEROSCOPIC RESECTION OF SEPTUM |
| 206 | THERMAL CAUTERISATION OF CERVIX |
| 207 | MIRENA INSERTION |
| 208 | HYSTEROSCOPIC ADHESIOLYSIS |
| 209 | LEEP |
| 210 | CRYOCAUTERISATION OF CERVIX |
| 211 | POLYPECTOMY ENDOMETRIUM |
| 212 | HYSTEROSCOPIC RESECTION OF FIBROID |
| 213 | LLETZ |
| 214 | CONIZATION |
| 215 | POLYPECTOMY CERVIX |
| 216 | HYSTEROSCOPIC RESECTION OF ENDOMETRIAL POLYP |
| 217 | VULVAL WART EXCISION |
| 218 | LAPAROSCOPIC PARAOVARIAN CYST EXCISION |
| 219 | UTERINE ARTERY EMBOLIZATION |
| 220 | LAPAROSCOPIC CYSTECTOMY |
| 221 | HYMENECTOMY (IMPERFORATE HYMEN) |
| 222 | ENDOMETRIAL ABLATION |
| 223 | VAGINAL WALL CYST EXCISION |
| 224 | VULVAL CYST EXCISION |
| 225 | LAPAROSCOPIC PARATUBAL CYST EXCISION |
| 226 | REPAIR OF VAGINA (VAGINAL ATRESIA) |
| 227 | HYSTEROSCOPY, REMOVAL OF MYOMA |
| 228 | TURBT |
| 229 | URETEROCOELE REPAIR - CONGENITAL INTERNAL |
| 230 | VAGINAL MESH FOR POP |
| 231 | LAPAROSCOPIC MYOMECTOMY |
| 232 | SURGERY FOR SUI |
| 233 | REPAIR RECTO- VAGINA FISTULA |
| 234 | PELVIC FLOOR REPAIR (EXCLUDING FISTULA REPAIR) |
| 235 | URS + LL |
| 236 | LAPAROSCOPIC OOPHORECTOMY |
| 237 | NORMAL VAGINAL DELIVERY AND VARIANTS |
| NEUROLOGY RELATED | |

| Sl. No. | Item |
|---------|--|
| 238 | FACIAL NERVE PHYSIOTHERAPY |
| 239 | NERVE BIOPSY |
| 240 | MUSCLE BIOPSY |
| 241 | EPIDURAL STEROID INJECTION |
| 242 | GLYCEROL RHIZOTOMY |
| 243 | SPINAL CORD STIMULATION |
| 244 | MOTOR CORTEX STIMULATION |
| 245 | STEREOTACTIC RADIOSURGERY |
| 246 | PERCUTANEOUS CORDOTOMY |
| 247 | INTRATHECAL BACLOFEN THERAPY |
| 248 | ENTRAPMENT NEUROPATHY RELEASE |
| 249 | DIAGNOSTIC CEREBRAL ANGIOGRAPHY |
| 250 | VP SHUNT |
| 251 | VENTRICULOATRIAL SHUNT |
| 252 | RADIOTHERAPY FOR CANCER |
| 253 | CANCER CHEMOTHERAPY |
| 254 | IV PUSH CHEMOTHERAPY |
| 255 | HBI-HEMIBODY RADIOTHERAPY |
| 256 | INFUSIONAL TARGETED THERAPY |
| 257 | SRT-STEREOTACTIC ARC THERAPY |
| 258 | SC ADMINISTRATION OF GROWTH FACTORS |
| 259 | CONTINUOUS INFUSIONAL CHEMOTHERAPY |
| 260 | INFUSIONAL CHEMOTHERAPY |
| 261 | CCRT-CONCURRENT CHEMO + RT |
| 262 | 2D RADIOTHERAPY |
| 263 | 3D CONFORMAL RADIOTHERAPY |
| 264 | IGRT- IMAGE GUIDED RADIOTHERAPY |
| 265 | IMRT- STEP & SHOOT |
| 266 | INFUSIONAL BISPHOSPHONATES |
| 267 | IMRT- DMLC |
| 268 | ROTATIONAL ARC THERAPY |
| 269 | TELE GAMMA THERAPY |
| 270 | FSRT-FRACTIONATED SRT |
| 271 | VMAT-VOLUMETRIC MODULATED ARC THERAPY |
| 272 | SBRT-STEREOTACTIC BODY RADIOTHERAPY |
| 273 | HELICAL TOMOTHERAPY |
| 274 | SRS-STEREOTACTIC RADIOSURGERY |
| 275 | X-KNIFE SRS |
| 276 | GAMMAKNIFE SRS |
| 277 | TBI- TOTAL BODY RADIOTHERAPY |
| 278 | INTRALUMINAL BRACHYTHERAPY |
| 279 | ELECTRON THERAPY |
| 280 | TSET-TOTAL ELECTRON SKIN THERAPY |
| 281 | EXTRACORPOREAL IRRADIATION OF BLOOD PRODUCTS |
| 282 | TELECOBALT THERAPY |
| 283 | TELECESIUM THERAPY |

| Sl. No. | Item |
|---|---|
| 284 | EXTERNAL MOULD BRACHYTHERAPY |
| 285 | INTERSTITIAL BRACHYTHERAPY |
| 286 | INTRACAVITY BRACHYTHERAPY |
| 287 | 3D BRACHYTHERAPY |
| 288 | IMPLANT BRACHYTHERAPY |
| 289 | INTRAVESICAL BRACHYTHERAPY |
| 290 | ADJUVANT RADIOTHERAPY |
| 291 | AFTERLOADING CATHETER BRACHYTHERAPY |
| 292 | CONDITIONING RADIOTHERAPY FOR BMT |
| 293 | EXTRACORPOREAL IRRADIATION TO THE HOMOLOGOUS BONE GRAFTS |
| 294 | RADICAL CHEMOTHERAPY |
| 295 | NEOADJUVANT RADIOTHERAPY |
| 296 | LDR BRACHYTHERAPY |
| 297 | PALLIATIVE RADIOTHERAPY |
| 298 | RADICAL RADIOTHERAPY |
| 299 | PALLIATIVE CHEMOTHERAPY |
| 300 | TEMPLATE BRACHYTHERAPY |
| 301 | NEOADJUVANT CHEMOTHERAPY |
| 302 | ADJUVANT CHEMOTHERAPY |
| 303 | INDUCTION CHEMOTHERAPY |
| 304 | CONSOLIDATION CHEMOTHERAPY |
| 305 | MAINTENANCE CHEMOTHERAPY |
| 306 | HDR BRACHYTHERAPY |
| OPERATIONS ON THE SALIVARY GLANDS AND SALIVARY DUCTS | |
| 307 | INCISION AND LANCING OF A SALIVARY GLAND AND A SALIVARY DUCT |
| 308 | EXCISION OF DISEASED TISSUE OF A SALIVARY GLAND AND A SALIVARY DUCT |
| 309 | RESECTION OF A SALIVARY GLAND |
| 310 | RECONSTRUCTION OF A SALIVARY GLAND AND A SALIVARY DUCT |
| 311 | OTHER OPERATIONS ON THE SALIVARY GLANDS AND SALIVARY DUCTS |
| OPERATIONS ON THE SKIN & SUBCUTANEOUS TISSUE | |
| 312 | OTHER INCISIONS OF THE SKIN AND SUBCUTANEOUS TISSUES |
| 313 | SURGICAL WOUND TOILET (WOUND DEBRIDEMENT) AND REMOVAL OF DISEASED TISSUE OF THE SKIN AND SUBCUTANEOUS TISSUES |
| 314 | LOCAL EXCISION OF DISEASED TISSUE OF THE SKIN AND SUBCUTANEOUS TISSUES |
| 315 | OTHER EXCISIONS OF THE SKIN AND SUBCUTANEOUS TISSUES |
| 316 | SIMPLE RESTORATION OF SURFACE CONTINUITY OF THE SKIN AND SUBCUTANEOUS TISSUES |
| 317 | FREE SKIN TRANSPLANTATION, DONOR SITE |

| Sl. No. | Item |
|---------------------------------|---|
| 318 | FREE SKIN TRANSPLANTATION, RECIPIENT SITE |
| 319 | REVISION OF SKIN PLASTY |
| 320 | OTHER RESTORATION AND RECONSTRUCTION OF THE SKIN AND SUBCUTANEOUS TISSUES. |
| 321 | CHEMOSURGERY TO THE SKIN. |
| 322 | DESTRUCTION OF DISEASED TISSUE IN THE SKIN AND SUBCUTANEOUS TISSUES |
| 323 | RECONSTRUCTION OF DEFORMITY/DEFECT IN NAIL BED |
| 324 | EXCISION OF BURSIRTIS |
| 325 | TENNIS ELBOW RELEASE |
| OPERATIONS ON THE TONGUE | |
| 326 | INCISION, EXCISION AND DESTRUCTION OF DISEASED TISSUE OF THE TONGUE |
| 327 | PARTIAL GLOSSECTOMY |
| 328 | GLOSSECTOMY |
| 329 | RECONSTRUCTION OF THE TONGUE |
| 330 | OTHER OPERATIONS ON THE TONGUE |
| OPHTHALMOLOGY RELATED | |
| 331 | SURGERY FOR CATARACT |
| 332 | INCISION OF TEAR GLANDS |
| 333 | OTHER OPERATIONS ON THE TEAR DUCTS |
| 334 | INCISION OF DISEASED EYELIDS |
| 335 | EXCISION AND DESTRUCTION OF DISEASED TISSUE OF THE EYELID |
| 336 | OPERATIONS ON THE CANTHUS AND EPICANTHUS |
| 337 | CORRECTIVE SURGERY FOR ENTROPION AND ECTROPION |
| 338 | CORRECTIVE SURGERY FOR BLEPHAROPTOSIS |
| 339 | REMOVAL OF A FOREIGN BODY FROM THE CONJUNCTIVA |
| 340 | REMOVAL OF A FOREIGN BODY FROM THE CORNEA |
| 341 | INCISION OF THE CORNEA |
| 342 | OPERATIONS FOR PTERYGIUM |
| 343 | OTHER OPERATIONS ON THE CORNEA |
| 344 | REMOVAL OF A FOREIGN BODY FROM THE LENS OF THE EYE |
| 345 | REMOVAL OF A FOREIGN BODY FROM THE POSTERIOR CHAMBER OF THE EYE |
| 346 | REMOVAL OF A FOREIGN BODY FROM THE ORBIT AND EYEBALL |
| 347 | CORRECTION OF EYELID PTOSIS BY LEVATOR PALPEBRAE SUPERIORIS RESECTION (BILATERAL) |
| 348 | CORRECTION OF EYELID PTOSIS BY FASCIA LATA GRAFT (BILATERAL) |
| 349 | DIATHERMY/CRYOTHERAPY TO TREAT RETINAL TEAR |

| Sl. No. | Item |
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| 350 | ANTERIOR CHAMBER PARACENTESIS / CYCLODIATHERMY / CYCLOCRYOTHERAPY / GONIOTOMY / TRABECULOTOMY AND FILTERING AND ALLIED OPERATIONS TO TREAT GLAUCOMA |
| 351 | ENUCLEATION OF EYE WITHOUT IMPLANT |
| 352 | DACRYOCYSTORHINOSTOMY FOR VARIOUS LESIONS OF LACRIMAL GLAND |
| 353 | LASER PHOTOCOAGULATION TO TREAT RATINAL TEAR |
| 354 | BIOPSY OF TEAR GLAND |
| 355 | TREATMENT OF RETINAL LESION |
| ORTHOPAEDICS RELATED | |
| 356 | SURGERY FOR MENISCUS TEAR |
| 357 | INCISION ON BONE, SEPTIC AND ASEPTIC |
| 358 | CLOSED REDUCTION ON FRACTURE, LUXATION OR EPIPHYSEOLYSIS WITH OSTEOSYNTHESIS |
| 359 | SUTURE AND OTHER OPERATIONS ON TENDONS AND TENDON SHEATH |
| 360 | REDUCTION OF DISLOCATION UNDER GA |
| 361 | ARTHROSCOPIC KNEE ASPIRATION |
| 362 | SURGERY FOR LIGAMENT TEAR |
| 363 | SURGERY FOR HEMOARTHROSIS/ PYOARTHROSIS |
| 364 | REMOVAL OF FRACTURE PINS/NAILS |
| 365 | REMOVAL OF METAL WIRE |
| 366 | CLOSED REDUCTION ON FRACTURE, LUXATION |
| 367 | REDUCTION OF DISLOCATION UNDER GA |
| 368 | EPIPHYSEOLYSIS WITH OSTEOSYNTHESIS |
| 369 | EXCISION OF VARIOUS LESIONS IN COCCYX |
| 370 | ARTHROSCOPIC REPAIR OF ACL TEAR KNEE |
| 371 | CLOSED REDUCTION OF MINOR FRACTURES |
| 372 | ARTHROSCOPIC REPAIR OF PCL TEAR KNEE |
| 373 | TENDON SHORTENING |
| 374 | ARTHROSCOPIC MENISCECTOMY - KNEE |
| 375 | TREATMENT OF CLAVICLE DISLOCATION |
| 376 | HAEMARTHROSIS KNEE- LAVAGE |
| 377 | ABSCESS KNEE JOINT DRAINAGE |
| 378 | CARPAL TUNNEL RELEASE |
| 379 | CLOSED REDUCTION OF MINOR DISLOCATION |
| 380 | REPAIR OF KNEE CAP TENDON |
| 381 | ORIF WITH K WIRE FIXATION- SMALL BONES |
| 382 | RELEASE OF MIDFOOT JOINT |
| 383 | ORIF WITH PLATING- SMALL LONG BONES |
| 384 | IMPLANT REMOVAL MINOR |
| 385 | K WIRE REMOVAL |
| 386 | POP APPLICATION |
| 387 | CLOSED REDUCTION AND EXTERNAL FIXATION |
| 388 | ARTHROTOMY HIP JOINT |
| 389 | SYME'S AMPUTATION |

| Sl. No. | Item |
|---|---|
| 390 | ARTHROPLASTY |
| 391 | PARTIAL REMOVAL OF RIB |
| 392 | TREATMENT OF SESAMOID BONE FRACTURE |
| 393 | SHOULDER ARTHROSCOPY / SURGERY |
| 394 | ELBOW ARTHROSCOPY |
| 395 | AMPUTATION OF METACARPAL BONE |
| 396 | RELEASE OF THUMB CONTRACTURE |
| 397 | INCISION OF FOOT FASCIA |
| 398 | CALCANEUM SPUR HYDROCORT INJECTION |
| 399 | GANGLION WRIST HYALASE INJECTION |
| 400 | PARTIAL REMOVAL OF METATARSAL |
| 401 | REPAIR / GRAFT OF FOOT TENDON |
| 402 | REVISION/REMOVAL OF KNEE CAP |
| 403 | AMPUTATION FOLLOW-UP SURGERY |
| 404 | EXPLORATION OF ANKLE JOINT |
| 405 | REMOVE/GRAFT LEG BONE LESION |
| 406 | REPAIR/GRAFT ACHILLES TENDON |
| 407 | REMOVE OF TISSUE EXPANDER |
| 408 | BIOPSY ELBOW JOINT LINING |
| 409 | REMOVAL OF WRIST PROSTHESIS |
| 410 | BIOPSY FINGER JOINT LINING |
| 411 | TENDON LENGTHENING |
| 412 | TREATMENT OF SHOULDER DISLOCATION |
| 413 | LENGTHENING OF HAND TENDON |
| 414 | REMOVAL OF ELBOW BURSA |
| 415 | FIXATION OF KNEE JOINT |
| 416 | TREATMENT OF FOOT DISLOCATION |
| 417 | SURGERY OF BUNION |
| 418 | INTRA ARTICULAR STEROID INJECTION |
| 419 | TENDON TRANSFER PROCEDURE |
| 420 | REMOVAL OF KNEE CAP BURSA |
| 421 | TREATMENT OF FRACTURE OF ULNA |
| 422 | TREATMENT OF SCAPULA FRACTURE |
| 423 | REMOVAL OF TUMOR OF ARM/ ELBOW UNDER RA/GA |
| 424 | REPAIR OF RUPTURED TENDON |
| 425 | DECOMPRESS FOREARM SPACE |
| 426 | REVISION OF NECK MUSCLE (TORTICOLLIS RELEASE) |
| 427 | LENGTHENING OF THIGH TENDONS |
| 428 | TREATMENT FRACTURE OF RADIUS & ULNA |
| 429 | REPAIR OF KNEE JOINT |
| OTHER OPERATIONS ON THE MOUTH & FACE | |
| 430 | EXTERNAL INCISION AND DRAINAGE IN THE REGION OF THE MOUTH, JAW AND FACE |
| 431 | INCISION OF THE HARD AND SOFT PALATE |
| 432 | EXCISION AND DESTRUCTION OF DISEASED HARD AND SOFT PALATE |
| 433 | INCISION, EXCISION AND DESTRUCTION IN THE MOUTH |

| Sl. No. | Item |
|-----------------------------------|---|
| 434 | OTHER OPERATIONS IN THE MOUTH |
| PAEDIATRIC SURGERY RELATED | |
| 435 | EXCISION OF FISTULA-IN-ANO |
| 436 | EXCISION JUVENILE POLYPS RECTUM |
| 437 | VAGINOPLASTY |
| 438 | DILATATION OF ACCIDENTAL C AUSTIC STRICTURE OESOPHAGEAL |
| 439 | PRESACRAL TERATOMAS EXCISION |
| 440 | REMOVAL OF VESICAL STONE |
| 441 | EXCISION SIGMOID POLYP |
| 442 | STERNOMASTOID TENOTOMY |
| 443 | INFANTILE HYPERTROPHIC PYLORIC STENOSIS PYLOROMYOTOMY |
| 444 | EXCISION OF SOFT TISSUE RHABDOMYOSARCOMA |
| 445 | MEDIASTINAL LYMPH NODE BIOPSY |
| 446 | HIGH ORCHIDECTOMY FOR TESTIS TUMOURS |
| 447 | EXCISION OF CERVICAL TERATOMA |
| 448 | RECTAL-MYOMECTOMY |
| 449 | RECTAL PROLAPSE (DELORME'S PROCEDURE) |
| 450 | DETORSION OF TORSION TESTIS |
| 451 | EUA + BIOPSY MULTIPLE FISTULA IN ANO |
| 452 | CYSTIC HYGROMA - INJECTION TREATMENT |
| PLASTIC SURGERY RELATED | |
| 453 | CONSTRUCTION SKIN PEDICLE FLAP |
| 454 | GLUTEAL PRESSURE ULCER-EXCISION |
| 455 | MUSCLE-SKIN GRAFT, LEG |
| 456 | REMOVAL OF BONE FOR GRAFT |
| 457 | MUSCLE-SKIN GRAFT DUCT FISTULA |
| 458 | REMOVAL CARTILAGE GRAFT |
| 459 | MYOCUTANEOUS FLAP |
| 460 | FIBRO MYOCUTANEOUS FLAP |
| 461 | BREAST RECONSTRUCTION SURGERY AFTER MASTECTOMY |
| 462 | SLING OPERATION FOR FACIAL PALSY |
| 463 | SPLIT SKIN GRAFTING UNDER RA |
| 464 | WOLFE SKIN GRAFT |
| 465 | PLASTIC SURGERY TO THE FLOOR OF THE MOUTH UNDER GA |
| THORACIC SURGERY RELATED | |
| 466 | THORACOSCOPY AND LUNG BIOPSY |
| 467 | EXCISION OF CERVICAL SYMPATHETIC CHAIN THORACOSCOPIC |
| 468 | LASER ABLATION OF BARRETT'S OESOPHAGUS |
| 469 | PLEURODESIS |
| 470 | THORACOSCOPY AND PLEURAL BIOPSY |
| 471 | EBUS + BIOPSY |
| 472 | THORACOSCOPY LIGATION THORACIC DUCT |

| Sl. No. | Item |
|------------------------|--|
| 473 | THORACOSCOPY ASSISTED EMPYEMA DRAINAGE |
| UROLOGY RELATED | |
| 474 | HAEMODIALYSIS |
| 475 | LITHOTRIPSY/NEPHROLITHOTOMY FOR RENAL CALCULUS |
| 476 | EXCISION OF RENAL CYST |
| 477 | DRAINAGE OF PYONEPHROSIS/PERINEPHRIC ABSCESS |
| 478 | INCISION OF THE PROSTATE |
| 479 | TRANSURETHRAL EXCISION AND DESTRUCTION OF PROSTATE TISSUE |
| 480 | TRANSURETHRAL AND PERCUTANEOUS DESTRUCTION OF PROSTATE TISSUE |
| 481 | OPEN SURGICAL EXCISION AND DESTRUCTION OF PROSTATE TISSUE |
| 482 | RADICAL PROSTATOVESICULECTOMY |
| 483 | OTHER EXCISION AND DESTRUCTION OF PROSTATE TISSUE |
| 484 | OPERATIONS ON THE SEMINAL VESICLES |
| 485 | INCISION AND EXCISION OF PERIPROSTATIC TISSUE |
| 486 | OTHER OPERATIONS ON THE PROSTATE |
| 487 | INCISION OF THE SCROTUM AND TUNICA VAGINALIS TESTIS |
| 488 | OPERATION ON A TESTICULAR HYDROCELE |
| 489 | EXCISION AND DESTRUCTION OF DISEASED SCROTAL TISSUE |
| 490 | OTHER OPERATIONS ON THE SCROTUM AND TUNICA VAGINALIS TESTIS |
| 491 | INCISION OF THE TESTES |
| 492 | EXCISION AND DESTRUCTION OF DISEASED TISSUE OF THE TESTES |
| 493 | UNILATERAL ORCHIDECTOMY |
| 494 | BILATERAL ORCHIDECTOMY |
| 495 | SURGICAL REPOSITIONING OF AN ABDOMINAL TESTIS |
| 496 | RECONSTRUCTION OF THE TESTIS |
| 497 | IMPLANTATION, EXCHANGE AND REMOVAL OF A TESTICULAR PROSTHESIS |
| 498 | OTHER OPERATIONS ON THE TESTIS |
| 499 | EXCISION IN THE AREA OF THE EPIDIDYMIS |
| 500 | OPERATIONS ON THE FORESKIN |
| 501 | LOCAL EXCISION AND DESTRUCTION OF DISEASED TISSUE OF THE PENIS |
| 502 | AMPUTATION OF THE PENIS |
| 503 | OTHER OPERATIONS ON THE PENIS |
| 504 | CYSTOSCOPICAL REMOVAL OF STONES |
| 505 | CATHETERISATION OF BLADDER |
| 506 | LITHOTRIPSY |

| Sl. No. | Item |
|---------|---|
| 507 | BIOPSY OF TEMPORAL ARTERY FOR VARIOUS LESIONS |
| 508 | EXTERNAL ARTERIO-VEIN SHUNT |
| 509 | AV FISTULA - WRIST |
| 510 | URSL WITH STENTING |
| 511 | URSL WITH LITHOTRIPSY |
| 512 | CYSTOSCOPIC LITHOLAPAXY |
| 513 | ESWL |
| 514 | BLADDER NECK INCISION |
| 515 | CYSTOSCOPY & BIOPSY |
| 516 | CYSTOSCOPY AND REMOVAL OF POLYP |
| 517 | SUPRAPUBIC CYSTOSTOMY |
| 518 | PERCUTANEOUS NEPHROSTOMY |
| 519 | CYSTOSCOPY AND "SLING" PROCEDURE. |
| 520 | TUNA- PROSTATE |
| 521 | EXCISION OF URETHRAL DIVERTICULUM |
| 522 | REMOVAL OF URETHRAL STONE |
| 523 | EXCISION OF URETHRAL PROLAPSE |
| 524 | MEGA-URETER RECONSTRUCTION |
| 525 | KIDNEY RENOSCOPY AND BIOPSY |
| 526 | URETER ENDOSCOPY AND TREATMENT |
| 527 | VESICO URETERIC REFLUX CORRECTION |
| 528 | SURGERY FOR PELVI URETERIC JUNCTION OBSTRUCTION |
| 529 | ANDERSON HYNES OPERATION |
| 530 | KIDNEY ENDOSCOPY AND BIOPSY |
| 531 | PARAPHIMOSIS SURGERY |
| 532 | INJURY PREPUCE- CIRCUMCISION |
| 533 | FRENULAR TEAR REPAIR |
| 534 | MEATOTOMY FOR MEATAL STENOSIS |
| 535 | SURGERY FOR FOURNIER'S GANGRENE SCROTUM |
| 536 | SURGERY FILARIAL SCROTUM |
| 537 | SURGERY FOR WATERING CAN PERINEUM |
| 538 | REPAIR OF PENILE TORSION |
| 539 | DRAINAGE OF PROSTATE ABSCESS |
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