

OneHealth
SENIOR

PROSPECTUS



 **MAGMA HDI**

General Insurance Company Ltd.

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.

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 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
- Vaporisation 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.magma-hdi.co.in 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 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 12months
- 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.magma.hdi.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 HDI 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/whatsNew/Layout.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.magmahdi.com

Toll free: 1800 266 3202

E-mail: Gro@magma-hdi.co.in

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 HDI General Insurance Co Ltd
Equinox Business Park, Tower 3,
2nd Floor, Unit no. 1A and 1B, LBS Marg,
Kurla West, Mumbai, Maharashtra 400070.
E mail id: gro@magma-hdi.co.in

For updated details of grievance officer, kindly refer the link <https://www.magmahdi.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:

Trade logo displayed above belongs to Magma Ventures Private Limited and HDI Global SE and used by Magma HDI General Insurance Company Limited under license.

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, JeevanSevaAnnexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022 - 69038821/23/24/25/26/27/28/28/ 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

Sl. No.	Item
195	OTHER OPERATIONS ON THE UTERINE CERVIX
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

Sl. No.	Item
NEUROLOGY RELATED	
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

Sl. No.	Item
283	TELECESIUM THERAPY
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

Sl. No.	Item
317	FREE SKIN TRANSPLANTATION, DONOR SITE
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
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

Sl. No.	Item
389	SYME'S AMPUTATION
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

Sl. No.	Item
433	INCISION, EXCISION AND DESTRUCTION IN THE MOUTH
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 CAUSTIC 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

Sl. No.	Item
472	THORACOSCOPY LIGATION THORACIC DUCT
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-VEINOUS 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
540	ORCHIECTOMY
541	CYSTOSCOPY AND REMOVAL OF FB

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