MAGMA
General Insurance Limited

OneHealth

Prospectus



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Eligibility

- This Policy can be offered as an Individual Policy covering one member or as a Family Floater Policy.
- For individual Policies, minimum entry age is 5 years
- For Family Floater Policy dependent child, grandchild can be of age minimum 91 days. An insured Child under a Family Floater policy, on reaching age 26 years will be considered as Adult on renewal. If such Policy was already consisting of 4 Adults, such individual will be moved to a separate individual policy with continuity benefit on waiting periods.
- No cap on maximum entry age.
- Proposer (Policyholder) should be 18 years or above.
- Your employer can also be the Proposer (Policyholder).
- Lifetime renewability.
- Family includes self, spouse, dependent children, dependent parent(s) dependent parents-in-law, son-in-law, daughter-in-law, dependent grandchild(ren), brother and sister. However, the maximum number of Insured Persons in a Policy can be 4 adults and 3 children.

Policy Period

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

Sum Insured

Plan Name	Sum Insured options
Support	2 Lakh / 3 Lakh / 4 Lakh / 5 Lakh
Secure	2 Lakh / 3 Lakh / 4 Lakh / 5 Lakh/ 7.5 Lakh/ 10 Lakh / 15Lakh / 20Lakh / 25Lakh
Support Plus	2 Lakh / 3 Lakh / 4 Lakh / 5 Lakh/ 7.5 Lakh/ 10 Lakh / 15Lakh / 20Lakh / 25Lakh
Shield	5 Lakh / 7.5 Lakh / 10 Lakh / 15 Lakh / 20 Lakh/ 25 Lakh/ 30 Lakh/ 50 Lakh / 1 Crore
Premium	10 Lakh/ 15 Lakh/ 20 Lakh / 25 Lakh/ 30 Lakh / 50 Lakh/ 1 Crore / 2 Crore / 3 Crore

Aggregate Deductible Options

SI option	Aggregate Deductible Option
2 Lakh & 3 Lakh	1Lakh/ 2Lakh/ 3Lakh
4 Lakh	1Lakh/ 2Lakh/ 3Lakh/ 4Lakh
5 Lakh	1Lakh/ 2Lakh/ 3Lakh/ 4Lakh/ 5 lakh
7.5 Lakh	2Lakh/ 3Lakh/ 4Lakh/ 5 lakh
10 Lakh, 15 lakh, 20 Lakh	2Lakh/ 3Lakh/ 4Lakh/ 5 lakh/ 10 Lakh

25 Lakh, 30 Lakh, 50 Lakh	3Lakh/ 4Lakh/ 5 lakh/ 10 Lakh
1 Crore	5 lakh/ 10 Lakh

Voluntary Co-Payment Options: 10% and 20%

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 Deducton:

For Support plan (all Sum Insured) 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 Secure plan (all Sum Insured) reimbursement or payment of Room Rent and associated expenses incurred at the Hospital shall be as per "Single private room category.

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

For Cataract, following sublimits shall apply:

a) Support Plan- up to Rs. 25,000 per eye per Policy Year
b) Secure and Support Plus plan – up to Rs. 35,000 per eye per Policy Year
c) Shield plan– up to Rs. 50,000 per eye per Policy Year
d) Premium plan– up to Rs. 1,00,000 per eye per Policy Year

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.

6. Organ Donor Expenses

We will cover the Medical Expenses incurred towards in-patient 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.

7. 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.

8. 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.

9. IVF Treatment Cover

We shall cover the Medical Expenses incurred by the Insured Person during the Policy Period for IVF treatment undertaken at a clinic duly registered in accordance with applicable law and on the written Medical Advice of a specialist Medical Practitioner, maximum up to the limit as mentioned in the Policy Schedule/Product Benefits Table, provided that the Insured Person undergoes the treatment before 40 years of Age.
A waiting period of 3 years from the Policy Inception Date shall be applicable for this Benefit.

10. Bariatric Surgery Cover

We shall cover the Medical Expenses incurred by the Insured Person during the Policy Period for undergoing medically necessary Bariatric Surgery prescribed by a specialist Medical Practitioner, maximum up to the limit as mentioned in the Policy Schedule/Product Benefits Table, provided that:

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 Apnoea
iv. Uncontrolled Type2 Diabetes

a) .

A waiting period of 3 years from the Policy Inception Date shall be applicable for this Benefit.

11. Psychiatric treatment Cover

We shall cover Medical Expenses for in-patient treatment of the Insured Person during the Policy Period maximum up to the limit as mentioned in the Policy Schedule/Product Benefits Table, provided that the Hospitalization is for Medically Necessary Treatment and prescribed in writing by a registered mental health specialist or psychiatrist. Pre & Post hospitalization expenses will also be covered.
For following mental disorders / conditions, shall be covered after a waiting period of 36 months from Policy inception date and a sub-limit of Rs. 50,000 shall be applicable on cumulative basis. This sub-limit includes pre and post hospitalization expenses for these specified disorders: Severe Depression, Schizophrenia and Psychosis, Bipolar disorder, Post traumatic stress Disorder, Obsessive compulsive disorders, Panic disorders including anxiety, Personality and related disorders.

12. Lasik Surgery Cover

We shall cover the Medical Expenses incurred by the Insured Person during the Policy Period for undergoing LASIK Surgery for correction of refractive error, maximum up to the limit as mentioned in the Policy Schedule/Product Benefits Table, provided that:

a) the Insured Person has a refractive index of plus/minus 7.5 or more; and
b) the procedure is prescribed as medically necessary by a Medical Practitioner who is an ophthalmologist.

A waiting period of 3 years from the Policy Inception Date shall be applicable for this Benefit.

13. HIV/AIDS Cover

We will cover the in-patient Hospitalization, Day care treatment and Pre-post Hospitalization expenses incurred by Insured Person during the Policy Period as per the Human Immunodeficiency Virus and Acquired Immune Deficiency Syndrome (Prevention and Control) Act, 2017 and amendments thereafter due to condition caused by or associated with HIV / AIDS.

14. **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 prostrate (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.

Additional Benefits:

15. Cumulative Bonus
We will provide a cumulative Bonus as mentioned below for expiring or renewed Sum Insured (whichever is lower) at the end of each Policy Year irrespective of a claim being initiated in the Policy Year, provided that the Policy has been continuously renewed with the Company.

The percentage of the Sum Insured and maximum Cumulative Bonus that can be accrued shall be as per the following:

a) Support plan: 10% of Sum Insured per claim free Policy Year up to a maximum of 50% of Sum Insured

b) Secure plan: 10% of Sum Insured per claim free Policy Year up to a maximum of 50% of Sum Insured

c) Support Plus plan: 10% of Sum Insured per claim free Policy Year up to a maximum of 100% of Sum Insured

d) Shield plan: 20% of Sum Insured per claim free Policy Year up to a maximum of 100% of Sum Insured

e) Premium plan: 33.33% of Sum Insured per claim free Policy Year up to a maximum of 100% of Sum Insured

16. 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.

17. Annual Health Check- up

We will arrange for a health check-up in accordance with the plan opted, if requested by the Insured Person. We will cover health check-ups arranged by Us through Our empanelled Network Providers. This Benefit shall be available once per Insured Person who is an adult under this Policy.

Health check-up test list is as below:

Support Plan	Secure Plan	Support Plus plan	Shield Plan	Premium Plan	Any Plan with Optional covers Aggregate Deductible and/or Voluntary Co-payment opted
	(If optional Covers Aggregate Deductible and/or Voluntary Co-payment are **not** opted)				
CBC	CBC	CBC	CBC	CBC	CBC
ESR	ESR	ESR	ESR	ESR	ESR
Urine Routine	Urine Routine	Urine Routine	Urine Routine	Urine Routine	Urine Routine
MER	MER	MER	MER	MER	MER
Total Cholesterol	Total Cholesterol	Total Cholesterol	Total Cholesterol	Total Cholesterol	Total Cholesterol
FBS	FBS	HbA1c	HbA1c	HbA1c	FBS
		Lipid Profile	Lipid Profile	Lipid Profile	
			ECG	ECG	
			PSA (for males)/ PAP smear (for females)	PSA (for males)/ PAP smear (for females)	
				Liver Profile	
				Kidney Profile	
				Cardiac Risk Profile	

18. Fitness Rewards and Wellness Services

1. Fitness Rewards

The Insured Person can earn Fitness Rewards points in the manner set out below. For the below specified activities We shall award the Insured Person with Fitness Rewards points equivalent to the percentage of the premium paid as per the table below:

a) Through Medical Check up: If the Insured Person avails of Our Health Check- up Benefit and undergoes the medical tests at Our Network Providers and thereafter submits the medical test reports to Us, then if all the test results are within the normal range for the respective tests.

b) Through Fitness Activities: The Insured Person can also earn Fitness Rewards points by engaging in physical activities to keep himself/herself active and healthy.

c) The Insured Person can also earn Fitness Rewards points by participating in health programs or any health initiatives sponsored by Us. Fitness Rewards points can be earned only once per Insured Person (who is covered other than as dependent child) in a Policy Year, under this section.

Activity	Points to be earned as a percentage of existing Policy premium
By availing our Health Check- up Benefit	1%
Participation and completion of marathon run (at least 10 Km)	1.5%
Gym/Yoga or any other fitness centres' membership for atleast one year	2%
Participation and completion of any other Professional sport event	2.5%
Participation in any Health Program sponsored by Us	5%
Maximum Fitness Rewards Points per Policy Year	**10%**

In case We do not sponsor any event during the policy year, We shall consider multiple claims for reward points for other fitness activities as specified above, and provide the points as specified against that activity, subject always to the condition that maximum 10% of points can be earned per Policy Year.

Redemption of Fitness Reward Points:

The Insured Person can redeem the earned Fitness Reward points as discount

on premium at the time of Renewal of the Policy.

We shall send an updated statement of the value of the Fitness Rewards points earned on an annual basis on any of the contact details as provided by the Policyholder.

2. Wellness Services:

a) Doctor on call: You can consult with a Medical Practitioner from Our panel of Network Providers to discuss any health related query. You can avail this service maximum 3 times per Policy Year.

b) Specialist's e-opinion: You can avail a specialist Medical Practitioner's opinion on Your health queries that require such specialist Medical Practitioner's consideration You can avail this service maximum 3 times per Policy Year.

c) Nutritional e-counselling: On Your request, We will provide You with a Dietician and nutritional e-counselling. You can avail this service 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.

We shall send the Insured Person any notifications/communication required to be sent hereunder on his/her registered email ID or residential address.

19. Early Joining Benefit

We shall provide the Insured Person a one-time amount of Rs.2500 in 6th Policy Year if Policy is claim-free for 5 years from Policy Inception Date and an additional one-time amount of Rs.5000 in 11th Policy Year if Policy is claim-free for 10 years from Policy Inception Date provided that:

a) The age of senior most member covered in the policy at the time of first purchase should be below 40 years, and the policy is renewed continuously with Us;
b) the Policy is claim-free since the Policy Inception Date;
c) the amount provided under this Benefit can be reimbursed for any out-patient Medical Expenses including pharmacy. No direct cash benefit shall be offered under this Cover; and
d) The unutilized amount can be carried forwarded to the subsequent Policy Years.
e) The benefit amount shall lapse if the Policy is not renewed with Us.

20. Green Channel Benefit

If the Insured Person opts to avail of in-patient treatment on cashless basis in a PPN (preferred provider network) as specified by Us, We shall, in addition to the amount payable under Section 2.1 (Inpatient Care), provide the Insured Person a one- time amount for each such Hospitalization as reimbursement against:

a) Expenses for any non-payable items with respect to that particular hospitalization, Or
b) Expenses for any health wearable device purchased by the insured after claim for such hospitalization is accepted

Maximum amount provided under this benefit for each such hospitalization in PPN network is:

- Rs. 1,000, if payable Inpatient Care claim amount is up to Rs. 50,000
- Rs. 2,000, if payable Inpatient Care claim amount is above Rs. 50,000

21. Recharge of Sum Insured

We will provide a 100% Recharge of the Sum Insured unlimited times in a Policy Year, 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 Section 2 Base Covers of the Policy and shall not be applicable to the first claim in the Policy Year;

22. Hospital cash

If the Insured Person is Hospitalized during the Policy Period and if We have accepted an Inpatient Care claim, then We shall, in addition, pay the daily cash amount specified in the Policy Schedule /Product Benefits Table for each continuous and completed period of 24 hours of Hospitalization provided that the Insured Person should have been Hospitalized for a minimum period of 48 hours continuously. We will not make any payment under this Benefit to the Insured Person for more than 30 days of Hospitalisation in total under any Policy Year.

23.Compassionate Visit in case of CI

If We have accepted the Insured Person's claim for Hospitalization in case of Critical Illness as per In-patient Care cover , then We shall reimburse the amount up to the limit specified against this Benefit in the Policy Schedule/Product Benefits Table, incurred in respect of a maximum of two of the Insured Person's Immediate Family Members for two way airfare or two way first class railway ticket in a licensed common carrier to the place where the Insured Person is Hospitalized provided that the Insured Person is Hospitalized in a Hospital which is situated at a distance of at least 100 kilometres from his/her actual place of residence.

24. Loss of income benefit

If We have accepted a claim for an Illness or Injury that results in Permanent Total Disablement, then We shall pay the amount (as lump sum) as specified against this Benefit in the Policy Schedule/Product Benefits Table.

Permanent total disablement for the purpose of this Benefit is defined as any injury or illness due to which the Insured Person is disabled from engaging in his/her primary occupation and loses his/her source of income generation as a consequence thereof. Such state of permanent total disablement must be certified by Medical Practitioner.

a. In case of salaried Insured Persons: Monthly amount equal to 1/12th of the Sum Insured or the Insured Person's per month salary (or per month salary of the Policyholder, in case of Family Floater Policy based on the average of last 3 months salary slip) whichever is lower shall be paid for a maximum of 6 months. Net monthly income (post tax), that is, monthly in hand salary excluding overtime, bonuses, tips, commissions or any other special compensation shall be considered for the purpose of payout under this benefit.

b. In case of self-employed Insured Persons: Monthly amount equal to 1/12th of the Sum Insured or monthly income (or monthly income of the Policyholder, in case of Family Floater Policy) based on the last income tax returns filed with the income tax department, whichever is lower shall be paid for a maximum of 6 months.

c. In case Policyholder and Insured person are not IT Assessee: Monthly income will be assessed basis the income proof provided on self-declaration basis along with bank statements / any other income statements as proof for the past 12 months. However, for such cases income will be considered as lower

of self- declared amount or the income slab up to which individual is not an Income Tax Assessee (as per prevalent IT act). We will pay up to a maximum of 6 monthly benefits where each monthly benefit will be equal to 1/12th of the Sum Insured or monthly income as declared by you or 1/12th of the income as defined in the income tax slab for which an individual is not an Income Tax Assessee.

25. Enhanced Daily Cash Benefit

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. This allowance shall be paid in addition to the amount paid under Hospital Cash benefit.

26. Home Treatment Additional Daily Cash Benefit

In case the Insured Person opts for home care treatment by a service provider authorised by Us for an Illness or Injury which otherwise would have required Hospitalization as an in-patient, then in addition to coverage for such home hospitalization treatment expenses and Pre & post home hospitalization expenses up to the Sum Insured, We shall pay the Insured Person a lump sum amount as Daily Cash Benefit for each completed day of such treatment as specified in the Product Benefits Table/ Policy Schedule. Such home care treatment shall be authorized and provided by Our authorized service providers on the basis of Cashless facility. The Daily Cash Benefit shall not be available for treatment taken at home for procedures- Chemotherapy and Dialysis.

27. Companion Benefit

We will pay the amount specified in the Policy Schedule/Product Benefits Table for each continuous and completed period of 24 hours of Hospitalization, maximum up to 15 days towards the expenses incurred by the person accompanying the Insured Person at the Hospital during such Insured Person's treatment for an Illness or Injury provided that such Insured Person is Aged 12 years or below and such Hospitalization is for atleast 48 hours and is admissible under In-patient Care cover. Such accompanying person may or may not be an Insured person under this Policy.

28. Maternity Benefits

This Benefit is available for the Insured Person or the Insured Person's spouse provided both are legally married and are covered under the same Family Floater Policy. If the Insured Person is a widow, then this Benefit can be availed only in respect of a pregnancy conceived by the Insured Person when the Insured Person and her spouse were both covered as Insured Persons during the Policy Period or under the immediately preceding Policy with Us.

A waiting period of 48 months from the Policy Inception Date shall be applicable for this Benefit.

The following covers are available under this Benefit:

1. Maternity Cover

We shall cover Maternity expenses up to the limit specified in the Product Benefits Table/ Policy Schedule for Hospitalization for the delivery of the Insured Person's child or for lawful medically necessary termination of pregnancy (including abortion and miscarriage required or arising due accidental injuries) maximum up to 2 deliveries or termination of pregnancy during the Insured Person's lifetime.

2. New Born Baby Cover

If Hospitalization of a New Born Baby is 1required and if We have accepted a claim under Maternity Cover as mentioned above, then We will cover the Medical Expenses incurred towards the Medically Necessary Treatment of the Insured Person's New Born Baby up to 90 days from birth.

3. Vaccination for New Born Baby

We will cover Reasonable and Customary Charges for vaccination expenses of the New Born Baby for the vaccinations as specified in the Policy until the New Born Baby completes one year irrespective of the end of the Policy Period.

29. Outpatient Cover

We will cover the Reasonable and Customary Charges incurred for medically necessary consultations with a Medical Practitioner on an out-patient basis to assess the Insured Person's health condition for any Illness. We will also cover the Reasonable and Customary Charges incurred for undergoing any Diagnostic Tests prescribed by the Medical Practitioner and medicines purchased under and supported with a Medical Practitioner's prescription.

We will also cover the Reasonable and Customary Charges for Dental Treatment, cost of spectacles, contact lenses and hearing aids once in 2 Policy Years with a sublimit of 30% of the annual limit for OPD Treatment, that is, all the bills for these expenses within the policy periods can be accumulated and claimed at once

Initial waiting periods of 30 days, pre-existing disease waiting period and specific disease waiting period shall be applicable.

30.Convalescence Benefit

We will pay a lump sum amount of Rs.20000/- towards convalescence only once per Policy Year provided that a claim has been admitted by Us under Inpatient Care for Hospitalization beyond 15 consecutive and completed days.

31. Worldwide Emergency Hospitalization Cover

We will cover the Medical Expenses incurred outside India in relation to the Insured Person, up to the limits specified in the Policy Schedule/Product Benefits Table, provided that such Medical Expenses are incurred with respect to Medically Necessary Treatment, where such treatment has been certified as an Emergency by a Medical Practitioner and cannot be postponed until the Insured Person has returned to India.

32. Air Ambulance Cover

We shall cover the expenses that are incurred towards the Insured Person's transportation in an airplane or helicopter certified to be used as an ambulance to the nearest Hospital with adequate facilities in an Emergency following an Illness or Injury which occurs during the Policy Period and in India.

Optional Covers:

All Optional Benefits 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.

Critical Illness Cover and Personal Accident Cover shall be applicable for the Insured Person(s) with respect to whom these covers are opted by paying additional premium and upon acceptance by Us and are specified in the Policy Schedule. The limits for these Optional Covers are applicable for each Insured Person.

Optional Covers Aggregate Deductible and Voluntary Co-Payment, if opted shall be applicable to all the Insured Persons under the Policy.

Other optional covers, if opted, shall also be applicable to all the Insured Persons under the Policy and claims under any of these optional covers shall impact the Cumulative Bonus in this Policy.

1. Critical Illness Cover

We shall pay the amount as specified in the Policy Schedule/Product Benefits Table against this Benefit as a lump sum in addition to payment made by Us under In patient Care,if any, provided that:

- The Insured Person is first diagnosed as suffering from a Critical Illness during the Policy Period, and
- The Insured Person survives for at least 30 days following such diagnosis.

For the purpose of this Benefit, covered Critical Illness means:

i. Cancer of Specified Severity
ii. Myocardial Infarction (First Heart Attack of specific severity)
iii. Open Chest CABG
iv. Open Heart Replacement or Repair of Heart Valves
v. Coma of Specified Severity
vi. Kidney Failure requiring Regular Dialysis
vii. Stroke resulting in Permanent Symptoms
viii. Major Organ/Bone Marrow Transplant
ix. Permanent paralysis of Limbs
x. Motor Neurone Disease with Permanent Symptoms
xi. Multiple Sclerosis with Persisting Symptoms

2. Personal Accident Cover

If at any time during the Policy Period, the Insured Person sustains an Injury resulting solely and directly due to an Accident anywhere in the world, and causes any of the following events, then We shall pay the Insured Person or his/her nominee as the case may be.

- Accidental Death
- Permanent Total Disablement

3. Aggregate Deductible

If this Cover is opted, the Policy becomes a top-up Policy wherein claim in a Policy Year becomes payable only after deductible limit is crossed. A deductible does not reduce Sum Insured.

The Insured Person shall bear on his/her own account an amount equal to the Deductible specified in the Policy Schedule for any and all claim amounts We assess to be payable by Us in respect of all claims made by the Insured Person under the Policy for a Policy Year. Our liability to make payment under the Policy in respect of any claim made in that Policy Year will only commence once the Deductible has been exhausted during the Policy Period.

4. Voluntary Co-payment

For each and every claim Insured Person shall bear the percentage of admissible claim amount as opted under this Optional Cover irrespective of the Age. Co-payment applicable as per this Cover shall be in addition to any other Co-payment (Mandatory Co-Payment, Co-payment for treatment in higher zone) applicable under this Policy.

5. Hospital cash Optional Cover

If the Insured Person is Hospitalized during the Policy Period and if We have accepted an Inpatient Care claim, then We shall, in addition, pay the daily cash amount specified in the Policy Schedule /Product Benefits Table for each continuous and completed period of 24 hours of Hospitalization provided that the Insured Person should have been Hospitalized for a minimum period of 48 hours continuously. We will not make any payment under this Benefit to the Insured Person for more than 10 days of Hospitalisation in total under any Policy Year.
Any payment under this optional cover will be in addition to benefit under section 2.21 (Hospital Cash), if applicable.

6. Bonus Booster

If this optional cover is in force, the percentage of the Sum Insured and maximum Cumulative Bonus that can be accrued as defined in Section 2.14 “Cumulative Bonus” of this Policy, shall be modified as 20% of Sum Insured per Policy Year up to a maximum of 100% of Sum Insured, for Support, Secure and Support Plus plans.

7. Maternity Benefit Optional Cover

This Optional cover is available for the Insured Person or the Insured Person’s spouse provided both are legally married and are covered under the same Family Floater Policy. If the Insured Person is a widow, then this Benefit can be availed only in respect of a pregnancy conceived by the Insured Person when the Insured Person and her spouse were both covered as Insured Persons during the Policy Period or under the immediately preceding Policy with Us.

A waiting period of 48 months from the Policy Start date of the Policy year in which this optional cover is opted and renewed continuously thereafter, shall be applicable for this Benefit.

The following covers are available under this Benefit:

1. Maternity Cover

We shall cover Maternity expenses up to the limit specified in the Product Benefits Table/ Policy Schedule for Hospitalization for the delivery of the Insured Person’s child or for lawful medically necessary termination of pregnancy (including abortion and miscarriage required or arising due accidental injuries) maximum up to 2 deliveries or termination of pregnancy during the Insured Person’s lifetime.

2. New Born Baby Cover

If Hospitalization of a New Born Baby is required and if We have accepted a claim under Maternity Cover as mentioned above, then We will cover the Medical Expenses incurred towards the Medically Necessary Treatment of the Insured Person's New Born Baby up to 90 days from birth.

3. Vaccination for New Born Baby

We will cover Reasonable and Customary Charges for vaccination expenses of the New Born Baby for the vaccinations as specified in the Policy until the New Born Baby completes one year irrespective of the end of the Policy Period.

8. Home treatment Additional Daily Cash Optional Cover

In case the Insured Person opts for home care treatment by a service provider authorised by Us for an Illness or Injury which otherwise would have required Hospitalization as an in-patient, then then in addition to coverage for such home hospitalization treatment expenses and Pre & post home hospitalization expenses up to the Sum Insured, We shall pay the Insured Person a lump sum amount as Daily Cash Benefit for each completed day of such treatment as specified in the Product Benefits Table/ Policy Schedule. Such home care treatment shall be authorized and provided by Our authorized service providers on the basis of Cashless facility. The Daily Cash Benefit shall not be available for treatment taken at home for procedures- Chemotherapy and Dialysis.

9. Enhanced Pre & Post hospitalization Cover

If this optional cover is in force, the limit of coverage in terms of number of days immediately prior to Your date of Hospitalization and, the limit of coverage in terms of number of days immediately after Your discharge from the Hospital as per Section 2.2 and 2.3 of this Policy will be 60 days and 90 days respectively.

10. Worldwide Emergency Hospitalization Optional Cover

We will cover the Medical Expenses incurred outside India in relation to the Insured Person, up to the limits specified in the Policy Schedule/Product Benefits Table, provided that such Medical Expenses are incurred with respect to Medically Necessary Treatment, where such treatment has been certified as an Emergency by a Medical Practitioner and cannot be postponed until the Insured Person has returned to India.

11. OPD & Home Care for Covid-19:

We will reimburse Home Care Treatment expenses, if treatment is availed by the Insured person on being diagnosed as Covid-19 positive, where he is advised quarantine or isolation at home or a Covid isolation facility for a maximum of 14 days.

Expenses for diagnostic test, medicines, consultation charges, nursing charges, pulse oximeter (up to Rs 1,000), oxygen cylinder & nebulizer, expenses like PPE kit and pulmonary rehabilitation charges will be covered.

A waiting period of 15 days shall be applicable for this cover.

12. Non-payable expense Cover:

We shall also cover the expenses as listed under "List I – Item for which coverage in not available in the policy" of Annexure II of this Policy under Section 2.1 (Inpatient Care) and Section 2.4 (Day Care treatment).

13. Recharge Benefit for same illnesses:
Benefit mentioned under section 2.21, (Recharge of Sum Insured) is extended to include provision of recharge benefit for same or related illness as well, as long as the subsequent Hospitalization claim is arising due to relapse or complication of the disease that caused precedent claim. Recharge will not trigger if such subsequent hospitalization/day care is for treatment which was considered to be required as part of overall treatment plan at the time of diagnosis of disease or at the time of precedent hospitalization claim; for e.g. Chemotherapy sessions for cancer, periodic Dialysis for renal failure. Further, subject to above condition, where the claim is due to same or related illness to which a claim has already been paid, a waiting period of 45 days from the date of discharge from hospital for precedent claim of that illness or injury shall be applicable. Such Recharge shall be applicable only once in a policy year.

14. Zone wise Co-pay Waiver:
We shall waive off the co-pay as applicable per section 5 (31) of this policy, in case treatment is taken in a zone higher than the applicable zone as mentioned in Policy Schedule.

15. Waiver of Deductible:
This optional cover is available only if Aggregate Deductible Optional Cover (Optional Cover 3) is opted. In consideration to additional premium paid towards this optional cover with a Super Top up policy (i.e. OneHealth policy with Aggregate deductible), we give you an option to waive the deductible and convert it into a base policy after 4 policy years. We will give you the continuity benefit on the complete Sum Insured.
In case any of the insured person develops any health condition during the coverage tenure under super top up policy, an additional loading maximum up to 50% on total premium may be applied. Any such loading once applied will be applicable on all subsequent renewals.

16. Air Ambulance Cover

We shall cover the expenses up to the limit specified in the Policy Schedule/Product Benefits Table that are incurred towards Your transportation in an airplane or helicopter certified to be used as an ambulance to the nearest Hospital with adequate facilities in an Emergency following an Illness or Injury which occurs during the Policy Period provided that:

a. Such transportation of You cannot be provided by a road ambulance;
b. Your claim for Hospitalization in the Hospital You are transported to is admissible under Section 2.1 of this Policy;
c. Medically Necessary Treatment is not available at the location where You are situated at the time of the Emergency;
d. Your medical evacuation is prescribed by a Medical Practitioner and is medically necessary;
e. You are situated in India and the treatment is required in India only and not overseas in any condition whatsoever;

f. The air ambulance provider is registered in India;
g. Expenses incurred towards Your return transportation by air ambulance is excluded under this Benefit.

17. Removal of Mandatory Co Payment

This optional benefit allows the Insured / Insured Person to get a waiver of mandatory co payment which is applicable on admissible claim amount if at policy inception the Insured person is aged 61 years or more.

18. Reduction of Pre-existing disease waiting period

This optional benefit allows the Insured / Insured Person to opt for reduced pre-existing waiting period up to the period as specified in the Policy Schedule/Product Benefits Table.

19. Reduction of First Thirty Days Waiting Period

This optional benefit allows the Insured / Insured Person to opt for reduced First Thirty Days Waiting Period (Code- Excl03) up to the period as specified in the Policy Schedule/Product Benefits Table.

20 Outpatient Cover

We will cover the Reasonable and Customary Charges incurred for medically necessary consultations with a Medical Practitioner on an out-patient basis to assess Your health condition for any Illness. We will also cover the Reasonable and Customary Charges incurred for undergoing any Diagnostic Tests prescribed by the Medical Practitioner and medicines purchased under and supported with a Medical Practitioner's prescription. The amount payable under this Benefit shall be up to the sub-limit shown in the Policy Schedule/Product Benefits Table.

We will also cover the Reasonable and Customary Charges for Dental Treatment, cost of spectacles, contact lenses and hearing aids, with a sublimit of 30% of the annual limit for OPD as opted and specified in the Policy Schedule/Product Benefits Table, that is, all the bills for these expenses within the policy periods can be accumulated and claimed at once.
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.

21. Global Cover

We will cover for Medical Expenses of the Insured Person incurred outside India, upto the sum insured or Rs. 50 Lakh whichever is lower except for support plan, provided that the diagnosis was made in India and the insured travels abroad for treatment. The Medical Expenses payable shall be limited to Inpatient and day care Hospitalization. Any claim under this cover can be made only on reimbursement basis. Cashless facility may be arranged on case-to-case basis. Insured person can contact us for any claim assistance. The payment of any claim under this benefit will be in Indian Rupees based on the rate of exchange as on the date of invoice, published by Reserve Bank of India (RBI) and shall be used for conversion of foreign currency into Indian Rupees for claims payment. If these rates are not published on the date of invoice, the exchange rate next published by RBI shall be considered for conversion. Only basic sum insured along with Cumulative Bonus can be used for this and not the recharged sum insured.
We shall require the following additional documents supporting the claim under this benefit:

• Proof of diagnosis in India

• Insured's Passport and Visa

22. Enhanced Maternity Benefit
This Benefit is available only for female insured in the policy. A waiting period of 24 months shall be applicable for this Benefit. The above-mentioned waiting period will commence from the Policy Inception Date of the Insured Female.

This benefit can be opted only if optional cover Maternity Benefits is opted for all plans except premium plan. All other conditions are applicable as per Maternity Benefits for premium plan and optional cover Maternity Benefits for all other plans.

23. Extensive Post hospitalisation Benefit
This optional benefit allows the Insured / Insured Person to opt for coverage of post hospitalisation expenses for 180 days.

This benefit can be opted only if optional cover Enhanced Pre & Post hospitalization Cover is opted for all plans except shield and premium plan. All other conditions are applicable as per clause optional cover optional cover Enhanced Pre & Post hospitalization 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 pre-existing disease waiting period mentioned in your policy schedule/Product Benefits Table as per plan opted.
Expiry of pre-existing disease waiting period will be considered since continuous coverage from the date of inception of the first policy with us.
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. Osteoarthrosis / 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 except for new born and infant

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. The waiting period would be reduced to 7 days if the same is opted and mentioned in the policy schedule / product benefit table.

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) 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.

3.1.7) 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.

3.1.8) 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.

3.1.9) 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.

3.1.10) 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.

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

3.1.12) Treatment received in heath 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**

3.1.13) 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**

3.1.14) Refractive Error (Code Excl15)

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

3.1.15) 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

3.1.16) 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

Note: This exclusion shall not apply for IVF treatment (as per Section 2.9 IVF Treatment Cover).

3.1.17) 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.

Note: This exclusion does not apply to Maternity Benefits and **Maternity Benefit Optional Cover**

3.2) Specific Exclusions:

3.2.1) 90 days Initial Waiting Period for Optional Cover-Critical Illness Cover

The lump sum benefit shall not be payable for any Critical Illness claims arising in the first 90 days from the Policy Start Date from which the Critical Illness optional cover was opted and Renewed continuously thereafter.

3.2.2) 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.

3.2.3) Any Alternative Treatment except for the Benefits under Section 2.8 (AYUSH Treatment)

3.2.4) 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.magmainsurance.com. This exclusion does not apply for Section 2.20 (Green Channel Benefit)

3.2.5) 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

3.2.6) 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.

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

3.2.8) 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).

3.2.9) Treatment for any External Congenital Anomaly.

3.2.10) 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. This exclusion does not apply for Outpatient Cover (Section2.29)

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.

3.2.11) 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 2.3 above. This exclusion does not apply to Outpatient Cover (Section 2.29)

3.2.12) We will not pay for routine eye examinations, contact lenses spectacles, hearing aids, dentures and artificial teeth. This exclusion does not apply for Outpatient Cover (Section 2.29)

3.2.13) 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.

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

3.2.15) Drugs or treatment not supported by prescription.

3.2.16) Issue of fitness certificate and fitness examinations.

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

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

3.2.19) 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.

3.2.20) OPD treatment is not covered.

However this exclusion does not apply for:

Outpatient Cover (Section 2.29)

Vaccination for New Born Baby (Section 2.28 (3))

3.2.21) All preventive care, vaccination including inoculation and immunisations except in case of Vaccination for New Born Baby (Section 2.28 (3))

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

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

3.2.24) Any treatment received outside India. This exclusion does not apply for Section 2.31 (Worldwide Emergency Hospitalization Cover).
3.2.25) Treatment provided by a Medical Practitioner who is not recognized by the Medical Council of India.
3.2.26) Treatment provided by anyone with the same residence as the Insured Person or who is a member of the Insured Person's immediate family.

3.2.27) 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.

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. Therefore, even if one of the insured under the floater cover fulfils the criteria, discount would be given on entire policy.

1. Tenure discount

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

2. Employee Discount: A discount of 15% is offered for employees of Magma Group provided the Policy is purchased without any intermediary.
3. Cross sell discount: A discount of 5% will be offered if the proposer is a Policyholder with Magma on or prior to inception of this Policy.
4. Direct Sourcing Discount: A discount of 10% will be offered if the Policy is purchased through direct channel of distribution. This discount will not be offered if Employee discount is availed.
5. Credit Score discount: A discount as per the grid below would be given depending on proposer's credit score. The better the credit score the better the discount.

Category	Discount
Excellent category (above 750):	7.5%
ood category (650-750):	5%

Note:- The Company will check your credit score with the Company designated credit scoring agency.

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 200%. 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.

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
i. 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
ii. 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
iii. Where only a part of the insurance coverage has commenced, such proportionate premium commensurate with the insurance coverage during such period;
In case of any delay in refund, we shall refund such amounts along with interest at the bank rate plus 2 percent on the refundable amount, from the date of receipt of the request for free look cancellation till the date of refund

- 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.

- Mandatory Co-Payment: Co- Payment of 20% shall be applicable for each claim if the Insured Person is Aged 61 years and above at the Policy Inception Date. This will not be applicable if the Removal of Mandatory Co Payment is opted.

Zone Classification, Premium and Zone based Co-pay

For the purpose of Policy issuance, the premium will be computed basis the zone of residence of the Policyholder. The premium would be applicable zone wise and the cities defined in each zone are as under:

a. Zone 1 means Delhi including National Capital Region, Mumbai including Thane, Navi Mumbai, Vasai-Virar, Bangalore and Gujarat,

b. Zone 2 means Coimbatore, Pune, Hyderabad, Chandigarh, Chennai, Kolkata and Kerala

c. Zone 3 means Rest of India excluding areas falling under Zone 1 and Zone 2

Zone classification can be changed by Us after informing the Policyholder at least 3 months in advance, subject to approval from the IRDAI.

In case the Insured Person opts to take treatment in a zone higher than the applicable zone as mentioned in Policy Schedule, the Insured Person shall bear a Co-Payment on admissible claim amount as mentioned below:

Zone 2 to Zone 1: 25% for every claim made

Zone 3 to Zone 2: 20% for every claim made

Zone 3 to Zone 1: 35% for every claim made.

Such co-pay shall not be applicable for Emergency Hospitalization and Emergency treatment required due to Accident that happens whilst the Insured Person was outside the zone as applicable in the Policy Schedule. .

In case the Insured Person opts to take treatment in a zone lower than the applicable zone as mentioned in Policy Schedule, no Co-Payment shall be applicable. Such Co-Payment shall be in addition to the Mandatory Co-payment and Voluntary Co-Payment, as applicable under the Policy.

Zone shall be based on city of residence of the Policyholder. We also provide the Policyholder an option to choose a zone higher or lower than this zone based on residence of the Insured Person(s).

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.

a) An Insurer shall not deny the renewal on the ground that the policyholder had made a claim (s) in the preceding policy years.

b) Request for renewal along with requisite premium shall be received by the Company before the end of the Policy Period.

c) 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.

d) 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

(i) The policyholder may cancel his/her policy at any time during the term, by giving 7 days notice in writing.

The Insurer shall
a. 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. Coverage shall be available during the grace period, if the premium is paid in instalments during the policy period.

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.

We may also allow premium instalment payment through Electronic Clearance Service (ECS) mode.

You must ensure that there are sufficient funds in Your bank account, through which You have opted ECS facility for payment of premium for this Policy. In case of failure of transactions in ECS mode and non-payment of premium instalment maximum within grace period, the Policy will be terminated. We reserve the rights to do fresh underwriting for issuance of new Policy, in such cases.

In case there is change either in the terms and conditions of the policy contract or in the premium rate, the ECS authorization shall be obtained afresh. You may withdraw from the ECS mode by giving Us a notice at least fifteen days prior to the due date of instalment premium payable as per Your ECS mandate form.

You should carefully take note of the procedures and timelines to be adhered to in connection with the ECS mandate as specified in the ECS mandate form duly filled by You at the time of opting this mode of payment.

Moratorium Period After completion of sixty continuous months of coverage (including portability and migration) in health insurance policy, no policy and claim shall be contestable by the insurer on grounds of non-disclosure, misrepresentation, except on grounds of established fraud. This period of sixty continuous months is called as moratorium period. The moratorium would be applicable for the sums insured of the first policy. Wherever, the sum insured is enhanced, completion of sixty continuous months would be applicable from the date of enhancement of sums insured only on the enhanced limits.

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 30 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.

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. 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.

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.

Possibility of Revision of Terms of the Policy including the Premium Rates

The Company, , may revise or modify the terms of the policy including the premium rates. The insured person shall be notified three months before the changes are effected.

Material Change

It is a Condition Precedent to the Our liability under the Policy that the Policyholder shall immediately notify Us in writing of any material change in the risk on account of change in the nature of occupation or business at his/her own expense. We may, in Our discretion, adjust the scope of cover and/or the premium payable, accordingly. The Policyholder/You must exercise the same duty to disclose those matters to Us before the Renewal, extension, variation, endorsement or reinstatement of the Policy. The Policy terms and conditions shall not be altered.

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 Insured Person (New Born Baby or newly wedded spouse)
(2) Addition of any Insured Person
(3) Deletion of Insured Person
(4) Change in Age/Date of Birth (if this impacts the premium)
(5) Change in address (if this impacts zone and hence premium)
(6) Change in Plan and/ or Sum Insured
(7) 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 including senior citizens, the insured person may contact the Company through
Website: www.magmainsurance.com
Toll free: 1800 266 3202
E –mail: Gro@magmainsurance.com.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 General Insurance Ltd
Equinox Business Park, Tower 3,
2nd Floor, Unit no. 1A and 1B, LBS Marg,
Kurla West, Mumbai, Maharashtra 400070.
E mail id : gro@magmainsurance.co.in

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

In case you are not satisfied with the resolution you may register complaint directly in of IRDAI's online portal - Bima Bharosa System-https://bimabharosa.irdai.gov.in/

If Insured Person is not satisfied with the redressal of grievance through above methods after the expiry of 30 days from date of filing the complaint, insured person may 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/

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. Tax benefits are subject to change in tax laws

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.

Statutory Warning - Prohibition of Rebates

(Under Section 41 of Insurance Act 1938)

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-

Office of the Ombudsman	Contact Details	JURISDICTION
AHMEDABAD	Shri Collu Vikas Rao Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Prakash Building, 6th floor, Tilak Marg, Relief Road, AHMEDABAD – 380 001. Tel.: 079 - 25501201/02 Email: bimalokpal.ahmedabad@cioins.co.in	Gujarat, Dadra & Nagar Haveli, Daman and Diu.
BENGALURU	Mr Vipin Anand Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Soudha Building,PID No. 57-27-N-19 Ground Floor, 19/19, 24th Main Road, JP Nagar, Ist Phase, Bengaluru – 560 078. Tel.: 080 - 26652048 / 26652049 Email: bimalokpal.bengaluru@cioins.co.in	Karnataka
BHOPAL	Shri R. M. Singh Insurance Ombudsman Office of the Insurance Ombudsman, 1st floor,"Jeevan Shikha",	Madhya Pradesh and Chhattisgarh.

	60-B,Hoshangabad Road, Opp. Gayatri Mandir,Arera Hills Bhopal – 462 011. Tel.: 0755 - 2769201 / 2769202 / 2769203 Email: bimalokpal.bhopal@cioins.co.in	
BHUBANESWAR	Shri Manoj Kumar Parida Insurance Ombudsman Office of the Insurance Ombudsman, 62, Forest park, Bhubaneswar – 751 009. Tel.: 0674 - 2596461 /2596455/2596429/2596003 Email: bimalokpal.bhubaneswar@cioins.co.in	Odisha
CHANDIGARH	Mr Atul Jerath Insurance Ombudsman Office Of The Insurance Ombudsman, Jeevan Deep Building SCO 20-27, Ground Floor Sector- 17 A, Chandigarh – 160 017. Tel.: 0172-2706468 Email: bimalokpal.chandigarh@cioins.co.in	Punjab, Haryana (excluding Gurugram, Faridabad, Sonepat and Bahadurgarh), Himachal Pradesh, Union Territories of Jammu & Kashmir,Ladakh & Chandigarh
CHENNAI	Shri Somnath Ghosh Insurance Ombudsman Office of the Insurance Ombudsman, Fatima Akhtar Court, 4th Floor, 453, Anna Salai, Teynampet, CHENNAI – 600 018. Tel.: 044 - 24333668 / 24333678 Email: bimalokpal.chennai@cioins.co.in	Tamil Nadu, Puducherry Town and Karaikal (which are part of Puducherry)
DELHI	Ms Sunita Sharma Insurance Ombudsman Office of the Insurance Ombudsman, 2/2 A, Universal Insurance Building, Asaf Ali Road, New Delhi – 110 002. Tel.: 011 - 46013992/23213504/23232481 Email: bimalokpal.delhi@cioins.co.in	Delhi & following Districts of Haryana - Gurugram, Faridabad, Sonepat & Bahadurgarh
GUWAHATI	Shri Somnath Ghosh Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Nivesh, 5th Floor, Near Pan Bazar , S.S. Road, Guwahati – 781001(ASSAM). Tel.: 0361 - 2632204 / 2602205 / 2631307	Assam, Meghalaya, Manipur, Mizoram, Arunachal Pradesh, Nagaland and Tripura

	Email: bimalokpal.guwahati@cioins.co.in	
HYDERABAD	Shri N. Sankaran Insurance Ombudsman Office of the Insurance Ombudsman, 6-2-46, 1st floor, "Moin Court", Lane Opp.Hyundai Showroom , A. C. Guards, Lakdi-Ka-Pool, Hyderabad - 500 004. Tel.: 040 - 23312122 / 23376991 / 23376599 / 23328709 / 23325325 Email: bimalokpal.hyderabad@cioins.co.in	Andhra Pradesh, Telangana, Yanam and part of Union Territory of Puducherry.
JAIPUR	Shri Rajiv Dutt Sharma Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Nidhi – II Bldg., Gr. Floor, Bhawani Singh Marg, Jaipur - 302 005. Tel.: 0141- 2740363 Email: bimalokpal.jaipur@cioins.co.in	Rajasthan
KOCHI	Shri G. Radhakrishnan Insurance Ombudsman Office of the Insurance Ombudsman, 10th Floor, Jeevan Prakash,LIC Building, Opp to Maharaja's College Ground,M.G.Road, Kochi - 682 011. Tel.: 0484 - 2358759 Email: bimalokpal.ernakulam@cioins.co.in	Kerala, Lakshadweep, Mahe-a part of Union Territory of Puducherry
KOLKATA	Ms Kiran Sahdev Insurance Ombudsman Office of the Insurance Ombudsman, Hindustan Bldg. Annexe, 7th Floor, 4, C.R. Avenue, KOLKATA - 700 072. Tel.: 033 - 22124339 / 22124341 Email: bimalokpal.kolkata@cioins.co.in	West Bengal, Sikkim, Andaman & Nicobar Islands
LUCKNOW	Shri. Atul Sahai Insurance Ombudsman Office of the Insurance Ombudsman, 6th Floor, Jeevan Bhawan, Phase-II, Nawal Kishore Road, Hazratganj, Lucknow - 226 001. Tel.: 0522 - 4002082 / 3500613 Email: bimalokpal.lucknow@cioins.co.in	Districts of Uttar Pradesh : Lalitpur, Jhansi, Mahoba, Hamirpur, Banda, Chitrakoot, Allahabad, Mirzapur, Sonbhabdra, 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
MUMBAI	Mr Vipin Anand Insurance Ombudsman Office of the Insurance Ombudsman, 3rd Floor, Jeevan Seva Annexe, S. V. Road, Santacruz (W), Mumbai - 400 054. Tel.: 022 - 69038800/27/29/31/32/33 Email: bimalokpal.mumbai@cioins.co.in	Goa, Mumbai Metropolitan Region (excluding Navi Mumbai & Thane)
NOIDA	Shri Bimbadhar Pradhan Insurance Ombudsman Office of the Insurance Ombudsman, Bhagwan Sahai Palace 4th Floor, Main Road, Naya Bans, Sector 15, Distt: Gautam Buddh Nagar, U.P-201301. Tel.: 0120-2514252 / 2514253 Email: bimalokpal.noida@cioins.co.in	State of Uttarakhand and the following Districts of Uttar Pradesh: Agra, Aligarh, Bagpat, Bareilly, Bijnor, Budaun, Bulandshehar, Etah, Kannauj, Mainpuri, Mathura, Meerut, Moradabad, Muzaffarnagar, Oraiyya, Pilibhit, Etawah, Farrukhabad, Firozbad, Gautam Buddh nagar, Ghaziabad, Hardoi, Shahjahanpur, Hapur, Shamli, Rampur, Kashganj, Sambhal, Amroha, Hathras, Kanshiramnagar, Saharanpur
PATNA	Ms Susmita Mukherjee Insurance Ombudsman Office of the Insurance Ombudsman,	Bihar, Jharkhand

	2nd Floor, Lalit Bhawan, Bailey Road, Patna 800 001. Tel.: 0612-2547068 Email: bimalokpal.patna@cioins.co.in	
PUNE	Shri Sunil Jain Insurance Ombudsman Office of the Insurance Ombudsman, Jeevan Darshan Bldg., 3rd Floor, C.T.S. No.s. 195 to 198, N.C. Kelkar Road, Narayan Peth, Pune – 411 030. Tel.: 020-24471175 Email: bimalokpal.pune@cioins.co.in	Maharashtra, Areas of Navi Mumbai and Thane (excluding Mumbai Metropolitan Region)

For updated list visit- https://www.cioins.co.in/Ombudsman

Annexure II

List I – Item for which coverage in 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
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

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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
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
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

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)
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	TYMPANOPLASTY (CLOSURE OF AN EARDRUM 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	TYMPANOPLASTY (CLOSURE OF AN EARDRUM 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
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
73	PANCREATIC PSEUDOCYST EUS & DRAINAGE
74	RF ABLATION FOR BARRETT'S OESOPHAGUS
75	ERCP AND PAPILLOTOMY
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	COLONSCOPY 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
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 ABSCESSES 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
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
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	
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
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 RADIOTHEARPY 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
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
OPTHALMOLOGY 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
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
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
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
473	THORACOSCOPY ASSISTED EMPYAEMA 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
507	BIOPSY OFTEMPORAL ARTERY FOR VARIOUS LESIONS
508	EXTERNAL ARTERIO-VENOUS 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