Tata AIG General Insurance Company Ltd.
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IRDA Registration No.: 108
CIN: U85110MH2000PLC128425

Group MediPrime - Prospectus

Suitability

1) The Group MediPrime Policy will be offered to cover the employees of the corporate, non-employer groups like professional associations.
2) The coverage can be extended to the dependents which include spouse, dependent children , dependant siblings, dependent parents and dependent parents-in-law.
3) This policy will cover persons from 91 days with no limitation on maximum entry age.
4) There is no maximum cover ceasing age under this policy.
5) The policy will be issued for a 1 year period.
6) The policy can be issued on individual/family floater sum insured basis.
7) In a family floater option a single sum insured would be applicable to the entire family and the same can be utilized by any of the insured family member.

Basic Policy – Benefits

1) In-patient Treatment – covers hospitalisation expenses due to an illness or accident. We will pay for the medical expenses for room rent, boarding expenses, nursing, intensive care unit, medical practitioner, anesthesia, blood, oxygen, operation theatre charges, surgical appliances, medicines, drugs and consumables, diagnostic procedures, cost of prosthetic & other devices or equipments if implanted internally during a surgical procedure.
2) Day Care procedures – The medical expenses for 140 Day care procedures which do not require 24 hours hospitalisation due to technological advancement in medical science. Details of day care surgeries & day care treatments are available on the website and in annexure 1 of the prospectus.
3) Domiciliary Treatment- The medical expenses incurred by an Insured Person for availing medical treatment at home which would otherwise have required Hospitalisation.
4) Emergency Ambulance – Actual Expenses incurred or Rs 2000/- whichever is lower per hospitalisation for utilizing ambulance service for transporting insured person to hospital in emergency.
5) Organ Donor- The medical expenses for an organ donor's treatment for harvesting of the organ donated to Insured person.
6) Pre-Hospitalisation - The Medical Expenses incurred due to an Illness in the 60 days immediately before the Insured Person was hospitalized.
7) Post-Hospitalisation - The Medical Expenses incurred in the 90 days immediately after the Insured Person was discharged post Hospitalisation
8) Nursing Allowance- Reimbursement of expenses for the services of a registered nurse attending to the Insured Person at the Insured Person's home immediately following discharge from hospital
9) Family Transportation- Reimbursement of actual expenses incurred in transporting one Immediate Family Member from Insured's residence to the Hospital where the Insured Person is admitted provided it is minimum 200 km away from insured person's residence.

Optional Cover (if opted)

1) Maternity Benefit (with pre/post natal) – Medical Expenses for maternity including pre-natal and post-natal expenses after a waiting period as defined in schedule of benefits.
2) New Born Cover from Day 1 – offers coverage of new born from the date of birth.
3) Corporate Floater – Additional Sum Insured floating on the policy for insured person who has exhausted the sum insured limit.

4) Hospital Daily Cash – Daily allowance for each continuous and completed period of 24 hours in a hospital.
5) Dental Benefit–Medical expenses for X-rays, Extractions, Amalgam / Composite Fillings, Root Canal Treatments and prescribed Drugs.
6) Out Patient Treatment Costs- For Medical treatment taken without being hospitalized for 24 hours.
7) External Aids and Appliances – Reimbursement of expenses incurred for External Aids and Appliances required by the insured person immediately following his discharge from Hospitalisation, for the same condition for which he was hospitalized.
8) Health Check-up Benefit- Reimbursement of cost for obtaining health check-up, within 30 days of commencement of the policy.
9) Critical Illness – Lump sum payment, if the insured person is diagnosed as suffering from Critical Illness for the first time during policy period.
10) Ayush benefit – Medical expenses for In-patient treatment taken under Ayurveda, Unani, Sidha and Homeopathy in a government hospital or in any institute recognized by government will be covered provided that Policy Exclusion stands deleted for all Insured Persons covered under this Policy.
11) Co Payment / Deductible - In addition to any other deductible mentioned in the any of the listed Benefits, for each and every claim Insured Person will bear the specified co payment / deductible.
    Deductible Can be opted as percentage of sum insured which client will bear on his account or fixed amount which client will bear on his account. Co Payment can be opted as 10%/20%/30% of admissible claim amount which client will bear on his account
12) Reduction of Pre/Post Hospitalisation - The Pre-Hospitalisation benefit is reduced to [XX] days and the Post-Hospitalisation benefit is reduced to [XX] days.
13) Limitation on Room & boarding expense – We will pay the room rent if hospitalized for more than 24 hours subject to 1% of sum insured or upto Rs 7500/-

Wavier For exclusions (if opted)

1) Deletion of 30 Day waiting period - Exclusion waiver of 30 days waiting period is provided.
2) Deletion of 1 Year waiting period – Specified illnesses and treatments which have a waiting period of 1 year shall be covered from inception date.
3) Pre-existing diseases exclusion wavier- Exclusion of pre-existing disease clause stands deleted, all pre-existing diseases will be covered.

Waiting Periods

a) We are not liable for any treatment which begins during waiting periods except if any Insured Person suffers an Accident.

30 days Waiting Period

b) A waiting period of 30 days (or longer if specified in any benefit) will apply to all claims unless the Insured Person has been insured under a Group MediPrime Policy continuously and without any break in the previous Policy Year.

First year Waiting Period

c) A waiting period of 12 months shall apply to the treatment, whether medical or surgical, of the disease/conditions mentioned below. Additionally the said 12 months waiting period shall be applicable to all surgical procedures mentioned under surgeries in the following table, irrespective of the disease/condition for which the surgery is done, except claims payable due to the occurrence of cancer.

Sl No	Organ / Organ System/ Disciplines	Illness	Surgeries
a.	ENT	▪ Sinusitis ▪ Rhinitis ▪ Tonsillitis	▪ adenoidectomy ▪ mastoidectomy ▪ tonsillectomy ▪ tympanoplasty ▪ surgery for nasal septum deviation ▪ nasal concha resection
b.	Gynaecological	▪ cysts, polyps including breast lumps ▪ Polycystic ovarian disease ▪ fibroids (fibromyoma)	▪ Dilatation and curettage (D&C) ▪ Myomectomy for fibroids ▪ Hysterectomy for Dysfunctional uterine bleeding or menorrhagia or fibromyoma or prolapse of uterus unless necessitated by malignancy.
c.	Orthopaedic	▪ Non infective arthritis ▪ Gout and Rheumatism ▪ Osteoarthritis and Osteoporosis	▪ Surgery for prolapsed inter vertebral disk ▪ Joint replacement surgeries
d.	Gastrointestinal	▪ Calculus diseases of gall bladder including Cholecystitis ▪ Pancreatitis ▪ Fissure/fistula in anus, hemorrhoids, pilonidal sinus ▪ Ulcer and erosion of stomach and duodenum ▪ Gastro Esophageal Reflux Disorder (GERD) ▪ All forms of cirrhosis ▪ (Please Note: All forms of cirrhosis due to alcohol will be excluded) ▪ Perineal Abscesses ▪ Perianal Abscesses	▪ Cholecystectomy ▪ surgery of hernia
e.	Urogenital	▪ Calculus diseases of Urogenital system Example: Kidney stone, Urinary bladder stone, Ureteric stone . • Benign Hyperplasia of prostate	• Surgery on prostate • Surgery for Hydrocele/ Rectocele
f.	Eye	▪ Cataract	▪ NIL
g.	Others	▪ NIL	▪ Surgery of varicose veins and varicose ulcers
h.	General (Applicable to all	▪ Internal tumors, cysts, nodules, polyps, skin tumors	▪ NIL

	organ systems/organs/ disciplines whether or not described above)		

Pre-existing Conditions

d) We will not make any payment for any claim in respect of any Insured Person directly or indirectly for, caused by, arising from or in any way attributable to any Pre-existing Condition or any complication arising from the same, unless expressly stated to the contrary in this Policy.

e) We will not make any payment for any claim in respect of any Insured Person directly or indirectly for, caused by, arising from or in any way attributable to any of the following unless expressly stated to the contrary in this Policy:

i) War or any act of war, invasion, act of foreign enemy, war like operations (whether war be declared or not or caused during service in the armed forces of any country), civil war, public defence, rebellion, revolution, insurrection, military or usurped acts, nuclear weapons/materials, chemical and biological weapons, radiation of any kind.

ii) Any Insured Person committing or attempting to commit a breach of law with criminal intent, or intentional self injury or attempted suicide while sane or insane.

iii) Any Insured Person's participation or involvement in naval, military or air force operation, racing, diving, aviation, scuba diving, parachuting, hang-gliding, rock or mountain climbing

iv) The abuse or the consequences of the abuse of intoxicants or hallucinogenic substances such as intoxicating drugs and alcohol, including but not limited to smoking cessation programs and the treatment of nicotine addiction or any other substance abuse treatment or services, or supplies.

v) Treatment of Obesity and any weight control program.

vi) Psychiatric or mental disorders (including mental health treatments), Parkinson and Alzheimer's disease ; general debility or exhaustion ("run-down condition") ,congenital internal or external diseases (known / unknown), defects or anomalies, genetic disorders; stem cell implantation / therapy or surgery, or growth hormone therapy,sleep apnoea.

vii) Venereal disease, sexually transmitted disease or illness; "AIDS" (Acquired Immune Deficiency Syndrome) and/or infection with HIV (Human immunodeficiency virus) including but not limited to conditions related to or arising out of HIV/AIDS such as ARC (AIDS related complex), Lymphomas in brain, Kaposi's sarcoma, tuberculosis.

viii) Pregnancy (including voluntary termination), miscarriage (except as a result of an Accident or Illness), maternity or birth (including caesarean section) except in the case of ectopic pregnancy for inpatient treatment only.

ix) Sterility, treatment whether to effect or to treat infertility, any fertility, sub-fertility or assisted conception procedure, surrogate or vicarious pregnancy, birth control, contraceptive supplies or services and complications arising therefrom.

x) Dental treatment and surgery of any kind, other than arising out of an accident and requiring Hospitalisation.

xi) Expenses for donor screening, or, save as and to the extent provided for in 1)g), the treatment of the donor (including surgery to remove organs from a donor in the case of transplant surgery).

xii) Treatment and supplies for analysis and adjustments of spinal subluxation, diagnosis and treatment by manipulation of the skeletal structure or for muscle stimulation by any means (except treatment of fractures (except hairline fractures) and dislocations of the mandible & extremities).

xiii) Circumcisions (unless necessitated by illness or injury and forming part of treatment), treatment for correction of eye due to refractive error, aesthetic or change-of-life treatments of any description such as sex transformation operations, treatments to do or undo changes in appearance or carried out in childhood or at any other times driven by cultural habits, fashion or the like or any procedures which improve physical appearance.

xiv) Plastic surgery or cosmetic surgery unless necessary as a part of medically necessary treatment certified by the attending Medical Practitioner for reconstruction following an Accident Cancer & Burns.

xv) Experimental, investigational or unproven treatment, devices and pharmacological regimens, Measures primarily for diagnostic, X-ray or laboratory examinations or other diagnostic studies which are not consistent with or incidental to the diagnosis and treatment of the positive existence or presence of any Illness for which confinement is required at a Hospital

xvi) Convalescence, cure, rest cure, sanatorium treatment, rehabilitation measures, private duty nursing, respite care, long-term nursing care or custodial care;

xvii) Any non-allopathic treatment.

xviii) All preventive care, vaccination including inoculation and immunisations (except in case of post-bite treatment) unless certified to be required by the attending Medical Practitioner as part of in-patient treatment as a direct consequence of an otherwise covered claim ; any physical, psychiatric or psychological examinations or testing; enteral feedings (infusion formulae via a tube into the upper gastrointestinal tract) and other nutritional and electrolyte supplements, unless certified to be required by the attending Medical Practitioner as a direct consequence of an otherwise covered claim.

xix) Charges related to a Hospital stay not expressly mentioned as being covered, including but not limited to charges for admission, discharge, administration, registration, documentation and filing .

xx) Items of personal comfort and convenience including but not limited to television (wherever specifically charged for), charges for access to telephone and telephone calls (wherever specifically charged for), internet, foodstuffs (except patient's diet), cosmetics, hygiene articles, body care products and bath additive, barber or beauty service, guest service as well as similar incidental services and supplies, and vitamins and

tonics unless vitamins and tonics are certified to be required by the attending Medical Practitioner as a direct consequence of an otherwise covered claim.

xxi) Treatment rendered by a Medical Practitioner which is outside his discipline or the discipline for which he is licensed; treatments rendered by a Medical Practitioner who shares the same residence as an Insured Person or who is a member of an Insured Person's family, however proven material costs are eligible for reimbursement in accordance with the applicable cover.

xxii) Treatment and associated expenses for alopecia, baldness, wigs, or toupees, medical supplies including elastic stockings, diabetic test strips, and similar products.

xxiii) The provision or fitting of hearing aids.

xxiv) The provision or fitting of spectacles or contact lenses including optometric therapy,

xxv) Any treatment or part of a treatment that is not of a reasonable charge, not medically necessary; drugs or treatments which are not supported by a prescription.

xxvi) Artificial limbs, crutches or any other external Aids & Appliance and/or device used for diagnosis or treatment (except when used intra-operatively).

xxvii) Any specific time bound or lifetime exclusion(s) applied by Us and mentioned in the Schedule and accepted by You as per Our underwriting guidelines.

xxviii) Non medical expenses as per Appendix III

Mid-term addition / deletion of Primary Insured and his Dependents

1) **Addition** - In respect of new Primary Insured coverage commences from the date of start of employment and will include their eligible dependants provided:
   (1) Intimation along with information sheet is given to Us by 7th day of the succeeding month, and
   (2) Availability of adequate deposit premium with Us.
   (3) All existing dependents must be covered along with the Primary Insured and the addition of **Dependents** shall be allowed only in the event of:
      (a) Children in the event of childbirth
      (b) Spouse in the event of marriage
   (4) Pro-rata premium shall be charged
   If any of the conditions (1) & (2) above are not met, coverage will commence only from the date of intimation to Us or premium remittance whichever is later.
2) **Deletion** – In respect of Primary Insured whose employment with the insured ceases, by whatever means,
   (1) The coverage will automatically expire in respect of that Primary Insured and his dependants from date of cessation of employment.
   (2) Pro-rata refund of premium would be made on intimation provided such intimation is made by the 7th day of the succeeding month and no claim is made by the Primary Insured or his dependants.

Free Look Period:

- You have a period of 15 days from the date of receipt of the Policy document to review the terms and conditions of this Policy. If You have any objections to any of the terms and conditions, You have the option of canceling the Policy stating the reasons for cancellation and You shall be refunded the premium paid by You after adjusting the amounts spent on any medical check-up, stamp duty charges and proportionate risk premium. You can cancel your Policy only if You have not made any claims under the Policy. All Your rights under this Policy shall immediately stand extinguished on the free look cancellation of the Policy. Free look provision is not applicable and available at the time of renewal of the Policy.

Continuity

- The Insured Member would have an option to migrate to Our individual health insurance plans if the group policy is discontinued or if the insured member is leaving the group on account of resignation, retirement, termination of employment or otherwise subject to Our underwriting guidelines. Dependent children likewise when exiting on account of reaching upper age limit will have an option to migrate to our individual health insurance plans subject to our underwriting guidelines.

Sum Insured would Range from Rs. 25,000.00 to Rs. 10, 00,000.00.The sum insured can be on individual basis as well as family floater basis

Requirement

- Completed proposal form
- Minimum group size of 5 employees.

Rating Schedule

- The premium will depend on following
  - Group Size (primary members & dependents)
  - Sum Insured type (Individual OR floater & type of floater – Self + << >>> (as per approval terms for corporate)
  - Nature & combination of benefits, waiver of exclusions sought
  - Business / Occupation
  - Group Mix – Demographic profile
  - Sum Insured
  - Sub-limit for specific benefit or relation
  - For maternity benefit – Number of females covered in 18-35 age-band
  - For Pre-existing benefit – Overall group size and relationships covered
  - Specific co-payments
  - Past claim experience

Premium can be paid in full / installment on or before the policy due date. In case of installment premium provision of rule 59 of insurance rule 1939 will apply

Basic Group Tariff

- As per the enclosed document.

Premium Chart.xlsx

Claim Procedure:

Specified Third Party Administrator (TPA) duly licensed by IRDA will process and settle all claims under this policy on behalf of TATA AIG General Insurance Company Limited. The final decision on any claim solely rests with TATA AIG General Insurance Company Limited.

Intimation & Assistance - Please contact our designated duly licensed TPA atleast 48 hours prior to an event which might give rise to a claim. For any emergency situations, kindly contact our designated duly licensed within 24 hours of the event.

Network and Blacklisted hospitals: Name of Network and Blacklisted hospitals is available on our website.

Procedure for Reimbursement of Medical Expenses –

- Our TPA must be informed no later than 7 days of completion of such treatment, consultation or procedure using the Claim Intimation Form.
- Please send the duly signed claim form and all the information/documents mentioned therein to your designated duly licensed TPA within 15 days of the occurrence of the Incident.
  *Please refer to claim form for complete documentation.
- If there is any deficiency in the documents/information submitted by you, the TPA will send the deficiency letter within 7 days of receipt of the claim documents.
- On receipt of the complete set of claim documents, We will send the payment for the admissible amount, along with a settlement statement within 30 days.
- The payment will be sent in the name of the proposer.

  Note: Payment will only be made for items covered under your policy and upto the limits therein.

Procedure to avail Cashless facility -

- For any emergency Hospitalisation, your designated TPA must be informed no later than 24 hours after hospitalization.
- For any planned hospitalization, kindly seek cashless authorization from your designated TPA atleast 48 hours prior to the hospitalization.
- TPA will check your coverage as per the eligibility and send an authorization letter to the provider. In case there is any deficiency in the documents sent, the same shall be communicated to the hospital within 6 hours of receipt of documents.
- Please pay the non-medical and expenses not covered to the hospital prior to the discharge.
- In case the ailment /treatment is not covered under the policy a rejection letter would be sent to the provider within 6 hours.

Note:

- Insured person is entitled for cashless coverage only in our empanelled hospitals.
- Please refer to the list of empanelled hospitals on our website or the list provided along with Policy kit or call us on our toll free number at 1-800-119966.
- Rejection of cashless facility in no way indicates rejection of the claim.

Claim Settlement:

- We shall make the payment of claim that has been admitted as payable by Us under the Policy terms and conditions within 30 days of submission of all necessary documents / information and any other additional information required for the settlement of the claim. All claims will be settled in accordance with the applicable regulatory guidelines, including IRDA (Protection of Policyholders Regulation), 2002. In case of delay in payment of any claim that has been admitted as payable by Us under the Policy terms and condition, beyond the time period as prescribed under IRDA (Protection of Policyholders Regulation), 2002, we shall pay interest at a rate which is 2% above the bank rate prevalent at the beginning of the financial year in which the claim is reviewed by Us. For the purpose of this clause, 'bank rate' shall mean the existing bank rate as notified by Reserve Bank of India, unless the extent regulation requires payment based on some other prescribed interest rate.

Renewal Conditions:

This Policy is ordinarily renewable for life unless the policyholder or the insured person or anyone acting on behalf of the policyholder or the Insured Person has acted in an improper, dishonest or fraudulent manner or there has been any misrepresentation under or in relation to this Policy or the renewal of the Policy poses a moral hazard.

We are NOT under any obligation to:

i) Send renewal notice or reminders.
ii) In the likelihood of this policy being withdrawn in future, we will intimate you about the same 3 months prior to expiry of the policy. You will have the option to migrate to similar indemnity health insurance policy available with us at the time of renewal

We shall be entitled to call for any information or documentation before agreeing to renew the Policy. Your Policy terms may be altered based on the information received.

Loading of Premium / discounts will be based on Incurred claim experience of Proposer.

- **Grace Period** - Grace Period of 30 days for renewing the Policy is provided under this Policy.

- Any revision / modification in the product will be done with the approval of the Insurance Regulatory and Development Authority and will be intimated to You atleast 3 months in advance.

Termination

You may terminate this Policy at any time by giving Us written notice, and the Policy shall terminate when such written notice is received. If no claim has been made under this Policy, then We will refund premium in accordance with the table below:

Length of time Policy in force	Refund of premium
up to 1 month	75%
up to 3 months	50%
up to 6 months	25%
exceeding 6 months	0%

We may terminate this Policy on grounds of misrepresentation, fraud, non-disclosure of material facts or non-cooperation by You or any Insured Person or anyone acting on Your behalf

or on behalf of an Insured Person upon 30 days notice by sending an endorsement to Your address shown in the Schedule, and We shall refund a rateable proportion of the premium as long as no claim has been made under the Policy.

Section 41 of Insurance Act1938 (Prohibition of Rebates):

1. No person shall allow or offer to allow, either directly or indirectly, as an inducement to any person to take 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 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 prospectus or tables of the insurers.
2. Any person making default in complying with the provision of this section shall be punishable with fine which may extend to five hundred rupees.

IRDA REGULATION NO 5: This policy is subject to regulation 5 of IRDA (Protection of Policyholder's Interests) Regulation.

Note: Policy Term and Conditions & Premium rates are subject to change with prior approval from IRDA.

Disclaimer

This is only a summary of the product features. The actual benefits available are as described in the policy, and will be subject to the policy terms, conditions and exclusions. Please seek the advice of your insurance advisor if you require any further information or clarification.

Annexure I – Day Care procedure List

Day Care Procedures will include following Day Care Surgeries & Day Care Treatments

Microsurgical operations on the middle ear

1. Stapedotomy
2. Stapedectomy
3. *Revision of a stapedectomy*
4. Other operations on the auditory ossicles
5. Myringoplasty (Type -I Tympanoplasty)
6. Tympanoplasty (closure of an eardrum perforation/reconstruction of the auditory ossicles)
7. Revision of a tympanoplasty
8. Other microsurgical operations on the middle ear

Other operations on the middle & internal ear

9. Myringotomy
10. Removal of a tympanic drain
11. Incision of the mastoid process and middle ear
12. Mastoidectomy
13. Reconstruction of the middle ear
14. Other excisions of the middle and inner ear
15. Fenestration of the inner ear
16. Revision of a fenestration of the inner ear
17. Incision (opening) and destruction (elimination) of the inner ear
18. Other operations on the middle and inner ear

Operations on the nose & the nasal sinuses

19. Excision and destruction of diseased tissue of the nose
20. Operations on the turbinates (nasal concha)
21. Other operations on the nose
22. Nasal sinus aspiration

Operations on the eyes

23. Incision of tear glands
24. Other operations on the tear ducts
25. Incision of diseased eyelids
26. Excision and destruction of diseased tissue of the ey*elid*

27. Operations on the canthus and epicanthus
28. Corrective surgery for entropion and ectropion
29. Corrective surgery for blepharoptosis
30. Removal of a foreign body from the conjunctiva
31. Removal of a foreign body from the cornea
32. Incision of the cornea
33. Operations for pterygium
34. Other operations on the cornea
35. Removal of a foreign body from the lens of the eye
36. Removal of a foreign body from the posterior chamber of the eye
37. Removal of a foreign body from the orbit and eyeball
38. Operation of cataract

Operations on the skin & subcutaneous tissues

39. Incision of a pilonidal sinus
40. Other incisions of the skin and subcutaneous tissues
41. Surgical wound toilet (wound debridement) and removal of diseased tissue of the skin and subcutaneous tissues
42. Local excision of diseased tissue of the skin and subcutaneous tissues
43. Other excisions of the skin and subcutaneous tissues
44. Simple restoration of surface continuity of the skin and subcutaneous tissues
45. Free skin transplantation, donor site
46. Free skin transplantation, recipient site
47. Revision of skin plasty
48. Other restoration and reconstruction of the skin and subcutaneous tissues
49. Chemosurgery to the skin
50. Destruction of diseased tissue in the skin and subcutaneous tissues

Operations on the tongue

51. Incision, excision and destruction of diseased tissue of the tongue
52. Partial glossectomy
53. Glossectomy
54. Reconstruction of the tongue
55. Other operations on the tongue

Operations on the salivary glands & salivary ducts

56. Incision and lancing of a salivary gland and a salivary duct
57. Excision of diseased tissue of a salivary gland and a salivary duct
58. Resection of a salivary gland
59. Reconstruction of a salivary gland and a salivary duct
60. Other operations on the salivary glands and salivary ducts

Other operations on the mouth & face

61. External incision and drainage in the region of the mouth, jaw and face
62. Incision of the hard and soft palate
63. Excision and destruction of diseased hard and soft palate
64. Incision, excision and destruction in the mouth
65. Plastic surgery to the floor of the mouth
66. Palatoplasty
67. Other operations in the mouth

Operations on the tonsils & adenoids

68. Transoral incision and drainage of a pharyngeal abscess
69. Tonsillectomy without adenoidectomy
70. Tonsillectomy with adenoidectomy
71. Excision and destruction of a lingual tonsil
72. Other operations on the tonsils and adenoids
73. Trauma surgery and orthopaedics

Incision on bone, septic and aseptic

74. Closed reduction on fracture, luxation or epiphyseolysis with osteosynthesis
75. Suture and other operations on tendons and tendon sheath
76. Reduction of dislocation under GA
77. Arthroscopic knee aspiration

Operations on the breast

78. Incision of the breast
79. Operations on the nipple

Operations on the digestive tract

80. Incision and excision of tissue in the perianal region
81. Surgical treatment of anal fistulas

82. Surgical treatment of haemorrhoids
83. Division of the anal sphincter (sphincterotomy)
84. Other operations on the anus
85. Ultrasound guided aspirations
86. Sclerotherapy

Operations on the female sexual organs

87. Incision of the ovary
88. Insufflation of the Fallopian tubes
89. Other operations on the Fallopian tube
90. Dilatation of the cervical canal
91. Conisation of the uterine cervix
92. Other operations on the uterine cervix
93. Incision of the uterus (hysterotomy)
94. Therapeutic curettage
95. Culdotomy
96. Incision of the vagina
97. Local excision and destruction of diseased tissue of the vagina and the pouch of Douglas
98. Incision of the vulva
99. Operations on Bartholin's glands (cyst)

Operations on the prostate & seminal vesicles

100. Incision of the prostate
101. Transurethral excision and destruction of prostate tissue
102. Transurethral and percutaneous destruction of prostate tissue
103. Open surgical excision and destruction of prostate tissue
104. Radical prostatovesiculectomy
105. Other excision and destruction of prostate tissue
106. Operations on the seminal vesicles
107. Incision and excision of periprostatic tissue
108. Other operations on the prostate

Operations on the scrotum & tunica vaginalis testis

109. Incision of the scrotum and tunica vaginalis testis
110. Operation on a testicular hydrocele
111. Excision and destruction of diseased scrotal tissue
112. Plastic reconstruction of the scrotum and tunica vaginalis testis
113. Other operations on the scrotum and tunica vaginalis testis

Operations on the testes

114. Incision of the testes
115. Excision and destruction of diseased tissue of the testes
116. Unilateral orchidectomy
117. Bilateral orchidectomy
118. Orchidopexy
119. Abdominal exploration in cryptorchidism
120. Surgical repositioning of an abdominal testis
121. Reconstruction of the testis
122. Implantation, exchange and removal of a testicular prosthesis
123. Other operations on the testis

Operations on the spermatic cord, epididymis und ductus deferens

124. Surgical treatment of a varicocele and a hydrocele of the spermatic cord
125. Excision in the area of the epididymis
126. Epididymectomy
127. Reconstruction of the spermatic cord
128. Reconstruction of the ductus deferens and epididymis
129. Other operations on the spermatic cord, epididymis and ductus deferens

Operations on the penis

130. Operations on the foreskin
131. Local excision and destruction of diseased tissue of the penis
132. Amputation of the penis
133. Plastic reconstruction of the penis
134. Other operations on the penis

Operations on the urinary system

135. Cystoscopical removal of stones

Other Operations

136. Lithotripsy
137. Coronary angiography
138. *Haemodialysis*
139. Radiotherapy for Cancer
140. Cancer Chemotherapy

Note: The standard exclusions and waiting periods are applicable to all of the above Day Care Procedures depending on the medical condition/ disease under treatment.