

## PROSPECTUS

### PRAVASI BHARATIYA BIMA YOJANA

#### WHO CAN TAKE THE POLICY?

##### **Eligibility:**

The Policy covers only those Emigrants who have availed this Policy before leaving India and whose passport is endorsed as “Emigration Check Required”. The benefits under the Policy are available after finalization of the Insurance Contract but only during the Period of Insurance.

##### **Eligibility Age:**

This insurance scheme is available to all Indians Citizens between the age band of 18-65 years whilst stay abroad having valid visa for the purpose of employment only, for the period of cover as stated in the schedule to the policy.

##### **Family Member:**

Means person(s) whose names are specifically appearing in the Schedule and are related to you as spouse, Dependent Children, \*Dependent parents.

\*Dependent parents- However, dependent parents cannot be covered and/or extended coverage under this policy.

**Pre Acceptance Medical Check Up:** - The Company would require submission of Medical Reports for ECG and Blood Sugar (Fasting+ PP) when the Insured Person is above 45 years .Time limit of reports validity is 30 days.

#### COVERAGES:

##### **Section 1: Personal Accident**

WHAT IS COVERED	WHAT IS NOT COVERED
<p>If solely bodily injury by accident which solely and directly causes insured person’s death or permanent disablement”. Leading to loss of employment abroad, We shall pay to You or Your legal representative the sum(s) set forth in the Schedule, provided that such bodily injury has been sustained during the period of Insured Person’s employment abroad as emigrant.</p> <p>However the Accident leading to injury may take place anywhere in the world.</p>	<p>We will not be liable for payment of compensation in respect of Injury as a consequence of: -</p> <ol style="list-style-type: none"> <li>Whilst engaging in aviation or ballooning or whilst mounting into, dismounting from or traveling in any aircraft other than as passenger (fare paying or otherwise) in any duly licensed standard type of aircraft.</li> <li>Whilst racing on wheels or horseback, hunting, mountaineering, skiing or ice hockey or being engaged in winter sports.</li> <li>Pregnancy or childbirth.</li> <li>Venereal disease or insanity.</li> <li>Any compensation for death or permanent disability happening after 12 months of Insured Person having sustained the accidental bodily Injury</li> </ol>

##### **Section 2: Transportation and Airfare for Attendant**

WHAT IS COVERED	WHAT IS NOT COVERED
<p>In the event of an accidental death of Insured Person whilst in employment outside India:</p> <ol style="list-style-type: none"> <li>We will reimburse the actual cost of transporting the mortal remains of the deceased back home to India.</li> <li>We will reimburse the additional cost of economy class return airfare for one attendant to accompany the mortal remains from the place of death abroad to back home in India.</li> </ol> <p>For both the above expenses, the journey has to be completed through the shortest direct route available.</p>	<p>We will not liable for:</p> <ol style="list-style-type: none"> <li>Any claim of reimbursement filed with Us after 90 days of completion of the journey or transportation. The time limit may be relaxed to the claimants under unavoidable circumstances</li> <li>Any legal or other incidental cost involved in transportation of mortal remains or that of attendant for the return journey</li> <li>Any reimbursement claimed without proof of original tickets or receipts for means of transport and conveyance.</li> </ol>

### **Section 3: Hospitalization expenses and Maternity expenses**

WHAT IS COVERED	WHAT IS NOT COVERED
<p>We will pay the Reasonable and Customary Charges of Hospitalization expenses actually incurred but upto the limits specified in the Policy Schedule for the following:</p> <p><b>Part A: Hospitalization expenses:</b> In case the Insured Person sustains any Injury or contracts any Disease and upon advice of a Medical Practitioner, he/she has to incur Hospitalization expenses in Nursing Home/Hospital in India or in the country of employment.</p> <p><b>Part B: Maternity expenses</b> In case a woman Insured Person incurs the Hospitalization expenses relating to maternity in Nursing Home/Hospital in India or in the country of employment, arising out of her pregnancy. This benefit is payable after the period of nine months from the commencement of Period of Insurance. The period of nine months relates to normal delivery, as well as caesarean section or abdominal surgery for extra uterine pregnancy.</p> <p><b>Part C: Hospitalization expenses of Insured's Family members</b></p>	<p>We will not be liable for:</p> <ol style="list-style-type: none"> <li>Pre-existing diseases will not be covered until 48 months of continuous coverage have elapsed, since inception of the first Policy with Us; but: If You are presently covered and have been continuously covered without any break under: <ol style="list-style-type: none"> <li>An individual health insurance plan with an Indian insurer for the reimbursement of medical costs for inpatient treatment in a Hospital, OR</li> <li>Any other similar health insurance plan from Us, then, Pre-existing diseases exclusion of the Policy stands deleted and shall be replaced entirely with the following: <ol style="list-style-type: none"> <li>The waiting period for all Pre-existing diseases shall be reduced by the number of Your continuous preceding years of coverage under the previous health insurance Policy; AND</li> <li>If the proposed Sum Insured for You is more than the Sum Insured applicable under the previous health insurance Policy (other than as a result of the application of Cumulative Bonus), then the reduced waiting period shall only apply to the extent</li> </ol> </li> </ol> </li> </ol>

<p>In case a Family member of Insured Person comprising spouse up to age of 65 years and two children up to the age of 21 years sustains any injury or contracts any disease, and upon advice of Medical Practitioner, any or all of them have to incur Hospitalization expenses in a Nursing Home/Hospital in India.</p> <p>The Hospitalization expenses for the purpose of this Section will include the following expenses: -</p> <ol style="list-style-type: none"> <li>1. Room, Board and Nursing expenses as provided in any of the Hospital/Nursing Home.</li> <li>2. Medical Practitioner, Anesthetist, Consultant fees.</li> <li>3. Expenses on Anesthesia, Blood, Oxygen, Operation Theatre, Surgical Appliances, Medicines and Drugs, Diagnostic Materials and X-ray, Dialysis, Chemotherapy, Radiotherapy, Cost of Pacemaker, Artificial Limbs, Cost of Organs and similar expenses.</li> <li>4. Expenses on Vitamins and Tonics, only if forming part of treatment as certified by the attending Medical Practitioner.</li> </ol> <p><b>Note</b> The Hospitalization expenses incurred for treatment of Any One Illness in Hospital/Nursing Home will be covered upto the Sum Insured</p> <p><b>Day Care Procedures/ Surgeries:-</b> Specified Procedures/Surgeries requiring less than 24 hours of Hospitalization would be covered under the Policy.( Please see annexure for complete details)</p>	<p>of the Sum Insured under the previous health insurance Policy.</p> <ol style="list-style-type: none"> <li>2) Any expense on Hospitalization for any Disease which incepts during first 30 days of commencement of this insurance cover. This exclusion shall not apply in case of the Insured Person having been covered under this Policy or Individual Medical Insurance Policy with any of Indian Insurance Companies for a continuous period of preceding 12 months without a break.</li> <li>3) Any expense incurred in the first year of operation of the insurance cover on treatment of the following Diseases : <ul style="list-style-type: none"> <li>• Cataract, Benign Prostatic Hypertrophy, Hysterectomy for Menorrhagia or Fibromyoma</li> <li>• Hernia, Hydrocele, Congenital Internal Disease.</li> <li>• Fistula in anus, Piles, Sinusitis</li> <li>• Choletithiasis and Cholecystectomy</li> <li>• Gall Bladder stones, Joint replacement, Gastric or Duodenal ulcer</li> <li>• Tonsillitis or Adenoids, Breast lumps, Cysts, nodules or polyps</li> <li>• Intervertebral disc prolapse, Arthritis</li> <li>• Varicose veins/ varicose ulcers</li> </ul> <p>This exclusion shall not apply in case of the Insured Person having been covered under this Policy or Individual Medical Insurance Policy with any of Indian Insurance Companies for a continuous period of preceding 12 months without a break.</p> </li> <li>4) Any expenses outside the period of actual Hospitalization as well as incurred outside the Hospital where treatment is taken.</li> <li>5) Circumcision, unless necessary for the treatment of a Disease not otherwise excluded or required as a result of accidental bodily injury, vaccination, inoculation, cosmetic or aesthetic treatment of any description (including any complications arising thereof), plastic surgery except those relating to treatment of Injury or Disease .</li> </ol>
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	<p>6) Any Maternity Expenses incurred outside India unless the requisite documents are certified by Indian Mission/Post.</p> <p>7) Any Maternity Expenses in respect of more than 2 children.</p> <p>8) Cost of spectacles and contact lens or hearing aids.</p> <p>9) Dental treatment or surgery of any kind, unless requiring Hospitalization.</p> <p>10) Convalescence, general debility, run down condition or rest cure, congenital external disease or defects or anomalies, sterility, venereal disease.</p> <p>11) Expenses on diagnostic, x-ray, or laboratory examinations, unless related to the treatment of Disease or Injury falling within ambit of Hospitalization expenses as certified by Medical Practitioner.</p> <p>12) Any expense on treatment of Insured Person as outpatient in a Hospital.</p> <p>13) Any expense on Naturopathy</p> <p>14) Any travel or transportation expenses.</p> <p>15) Any expense related to Disease/Injury suffered whilst engaged in speed contest or racing of any kind (other than on foot), bungee jumping, parasailing, ballooning, parachuting, skydiving, paragliding, hang gliding, mountain or rock climbing necessitating the use of guides or ropes, deep sea diving using hard helmet and breathing apparatus, polo, snow and ice sports and activities of similar hazard.</p> <p>16) External medical equipment of any kind used at home as post hospitalization care, like wheelchairs, crutches, instruments used in treatment of sleep apnea syndrome (C.P.A.P) or continuous peritoneal ambulatory dialysis (C.P.A.D) and oxygen concentrator for bronchial asthmatic condition, etc.</p>
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**Section 4 : Employment Contingencies & Repatriation Expenses**

WHAT IS COVERED	WHAT IS NOT COVERED
<p>We will pay to You for actual one way economy class airfare to return back home in India by the shortest direct route available to the under noted circumstances: -</p> <p><b>Part A</b></p> <p>i) Insured Person is/has not been received on behalf of employer, when he/she arrives at his/her workplace or destination abroad i.e. employer refuses the job/employment to the Insured Person</p> <p>ii) If there is any substantive change in the job/employment contract/agreement to the disadvantage of the Insured Person.</p> <p>iii) If the employment is prematurely terminated within first three months of Period of Insurance for no fault of the Emigrant (Insured Person)</p> <p><b>Part B</b></p> <p>Emigrant (Insured Person) falls sick or is declared medically unfit to commence or continue or resume working and the service contract is terminated by the Employer abroad within the first 12 months of commencement of cover under this Policy.</p> <p><b>Note:</b></p> <p>In such cases where the repatriation is arranged by Indian Mission/Post, We will reimburse the actual transportation expenses to the concerned Indian Mission/Post.</p>	<p>We will not liable for any payment, unless the grounds for repatriation are certified by Indian Mission/ Post abroad and original air tickets are submitted.</p>

### Section 5 : Legal Costs

WHAT IS COVERED	WHAT IS NOT COVERED
<p>We will pay to You up to limits specified in the Schedule in connection with legal expenses incurred by You in any litigation expenses relating to Insured Person's employment abroad.</p>	<p>We will not liable for:</p> <ol style="list-style-type: none"> <li>1) Any claim unless the actual expenses incurred are certified by Indian Mission/Post abroad.</li> <li>2) Any claim unless the necessity of filing such case is certified by appropriate Ministry of that country.</li> </ol>

### SCHEDULE OF BENEFITS

S.No	Coverage	Existing Benefits (In Rs.)

1	Personal Accident covering Death and Permanent Total Disability	Rs 10,00,000/-
2	Transportation and Airfare for Attendant	Actual economy class return airfare for attendant and actual transportation cost of mortal remains
3	Hospitalization Expenses covering injuries/diseases	Expenses not exceeding Rs 75,000/-
4	Maternity Expenses	Rs 25,000/-
5	Hospitalization Expenses of Insured's Family in India	Rs 50,000/-
6	Employment Contingencies	Actual economy class airfare
7	Repatriation Expenses on Medical Grounds	Actual economy class airfare
8	Legal Cost	Rs 30,000/-

- 1) Limit of liability: - The maximum limit of liability under this Policy will be Sum Insured/Limit mentioned against each Section/Subsection/part of the Section. Any claim will reduce the Sum Insured/Limit by such claim amount for the remaining Period of Insurance.
- 2) Shortest Direct Routes: - The benefit available under this Policy for transportation and journey cost is payable only by shortest direct route, unless in Our opinion the longer route was undertaken due to contingencies involved and warranted.
  - a) The scheme of Policy called Pravasi Bhartiya Bima Yojna applies to all citizens of India who apply for an emigration clearance as required under the Emigration Act, 1983 (31 of 1985)
  - b) This scheme shall not apply in the event of war or internal conflict in the country to which the citizen of India holding the said Policy has gone for work.
  - c) Each citizen of India applying for emigration clearance from the concerned Protector of Emigrant (POE) shall obtain an Insurance Policy called Pravasi Bhartiya Bima Yojna.
  - d) The "Protector of Emigrant" means a protector of emigrants appointed under Section 3 and includes a person authorized under Section 5 of Emigration Act, 1983.

#### **EXCLUSIONS:**

We will not pay:

1. For any claim relating to events occurring before the commencement of the cover and after the expiry of the cover as described in the Period of Insurance.
2. For any claim if the Insured Person –
  - a) Is travelling against the advice of a physician.
  - b) Is receiving or on a waiting list for specified medical treatment declared in a Medical Practitioner's Report or Certificate.
  - c) Has received terminal prognosis for a medical condition.
  - d) Is taking part in a naval, military or air force operation, whether in the form of military exercises or war games, or actual engagement with the enemy, whether foreign or domestic.
3. For any claim, if the Insured Person is working in a different profession/job/occupation and/or in a different country of employment, and/or for a different Employer/Sponsor than what is declared in the Proposal Form and mentioned in the Schedule with regard to profession/job/occupation, country of employment and Employer/Sponsor.

4. Any claim in the event of war or military action occurring against the country or internal conflict in the country to which the Insured Person/Emigrant has gone for the work.
5. Any claim arising after expiry date of passport or visa for Insured Person.
6. For any claim arising out of illness or accident that the Insured Person has caused intentionally, including committing or attempting suicide or as a result of drug addiction, alcoholism or whilst under influence of intoxicating liquor.
7. For any claim arising out of mental disorder, anxiety, stress, depression, venereal disease or any loss directly or indirectly attributable to HIV (Human Immuno Deficiency Virus) and/or any HIV related illness including AIDS (Acquired Immuno Deficiency Syndrome) and /or any mutant derivative or variations thereof howsoever caused.
8. Any claim that are results of war and warlike occurrence or invasion, acts of foreign enemies, hostilities, civil war, rebellion, insurrection, military or usurped power, active participation in riots, confiscation or nationalization or requisition of or destruction of or damage to property by or under the order of any government or local authority.
9. For any claim arising from damage to any property or any loss or expense whatsoever resulting or arising from or any consequential loss directly or indirectly caused by or contributed to or arising from:
  - a) Ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel or
  - b) The radioactive, toxic, explosive or other hazardous properties of any explosive nuclear assembly or nuclear component thereof.
  - c) Asbestosis or any related sickness or disease resulting from the existence, production, handling, processing, manufacture, sale, distribution, deposit or use of asbestosis or products thereof.
10. For any claim relating to any consequential loss
11. For any claim arising in respect of travel by the Insured Person to any country against whom the Republic of India has imposed general or specific travel restrictions, or against whom it may impose such restrictions or any country which has imposed or may impose subsequently such restrictions against travel by a citizen of India to such country.
12. For any claim arising out of Insured Person's attempted engagement in any criminal or other unlawful act.
13. War, invasion, act of foreign enemy, hostilities (whether war be declared or not) civil war, rebellion, revolution, insurrection, mutiny military or usurped power, confiscation, seizure, capture, assault, restraint, nationalization, civil commotion or loot or pillage in connection herewith.
14. Ionizing radiation or contamination by radioactivity from any nuclear fuel or from any nuclear waste from the combustion of nuclear fuel. For the purpose of this exclusion, combustion shall include any self-sustaining process of nuclear fission.
15. The radioactive, toxic, explosive or the hazardous properties of any nuclear assembly or nuclear component.
16. Air travel except as a passenger on a recognized airline operating on regular scheduled air routes and air travel by any charter aircraft duly licensed as a recognized air carrier and flown by professional crews between properly established and maintained airports.
17. Participation in any kind of motor speed contest (including trial, training and qualifying heats)

18. This Insurance does not cover any loss, damage, cost or expense directly or indirectly arising out of
- a) Biological or chemical contamination
  - b) Missiles, bombs, grenades, explosives due to any act of terrorism.

#### **GENERAL CONDITIONS:**

##### **FREE LOOK-UP PERIOD:**

We shall give You a Free Look Period at the inception of the Policy and:

1. You will be allowed a period of at least 15 days from the date of receipt of the Policy to review the terms and conditions of the Policy and to return the same if not acceptable.
2. If You have not made any claim during the Free Look period, You shall be entitled to
  - a) A refund of the premium paid less any expenses incurred by Us on Your medical examination and the stamp duty charges or;
  - b) Where the risk has already commenced and the option of return of the Policy is exercised by You, a deduction towards the proportionate risk premium for period on cover or;
  - c) Where only a part of the risk has commenced, such proportionate risk premium commensurate with the risk covered during such period.

##### **THREE MONTHS' NOTICE PERIOD:**

We shall give You notice in the event We may decide to revise, modify or withdraw the product subject to approval from Insurance Regulatory and Development Authority (IRDA). Such notice shall be given to You at least three months prior the date when such modification or revision or withdrawal comes into effect. We shall adhere to the following:

- i. In case of modification or revision, the notice given to You shall detail the reasons for such revision or modification, in particular the reason for an increase in premium (if any) and the quantum of such increase.
- ii. The product shall be withdrawn only after due approval from the Insurance Regulatory and Development Authority. However, if You do not respond to Our intimation in case of such withdrawal, the Policy shall be withdrawn on the renewal date and We shall provide You with an option to migrate to a substitute product offered by us subject to portability conditions

##### **POLICY TERM:**

The Policy shall be issued for a period of 2 years, 3 years .

##### **SUBSTITUTE PRODUCT**

In case we may decide to withdraw this product under which this Policy is issued to You, We shall provide You with an option to buy a similar substitute insurance Policy from Us.

##### **CANCELLATION**



We may cancel this Policy by sending 30(thirty) days Notice to you. You will then be entitled to a pro-rata refund of premium for the unexpired period of this Policy provided no claim has arisen under the Policy.

You may cancel the Policy by sending written Notice to us , we will then allow a refund on following scale, except in cases where a claim has been preferred on us under the current Policy:

<b>Period on Risk</b>	<b>Rate of Premium to be charged</b>
Up to two months	1/4th of premium
Up to Six Months	½ of the premium
Up to One Year	3/4th of the premium
Exceeding 1 year	Full Premium

All cancellations will require the prior approval of the Protector of Emigrant. Office.

#### **PREMIUM**

For 2 years: Rs. 275/-

For 3 years: Rs. 375/-

All above premium are excluding S.T. and cess as applicable

#### **MULTIPLE POLICIES:**

- i. If two or more policies are taken by You during the period for which You are covered under this Policy from one or more insurers, the contribution clause shall not be applicable where the cover/benefit offered:
  - 1) is fixed in nature i.e., if opted in the Policy;
  - 2) does not have any relation to the treatment costs;
- ii. We also agree that even if, You are covered under multiple policies providing Personal Accident cover, We shall make the claim payments independent of payments received under other similar policies in respect of the covered event.
- iii. We agree that even if two or more policies are taken by You during the time for which You are covered under this Policy from one or more insurers for indemnification of Your Hospitalisation treatment costs, We shall not apply the contribution clause and You shall have the following rights
  - a) You may choose to get the settlement of claim from Us as long as the claim is within the limits of and according to terms and conditions of the Policy
  - b) If the amount to be claimed exceeds the Sum Insured under a single policy after consideration of the deductible and co-pay, You shall have the right to choose any insurers including Us by whom the claim to be settled. In such cases, We shall settle the claim with contribution clause.
  - c) Except for the benefit Section B- Critical Illness, in case if You have taken policies from Us and one or more insurers to cover the same risk on indemnity basis , You shall only be indemnified the hospitalisation costs in accordance with the terms and condition of the Policy.

#### **SUBROGATION:**

- a) You shall do or concur in doing or permit to be done everything necessary for the purpose of enforcing any civil or criminal rights and remedies or obtaining relief or indemnity from other parties

to which We shall be or would become entitled or subrogated upon Our paying any claim under this Policy, whether before or after indemnification;

- b) You shall not do or cause to be done anything that may cause any prejudice to Our right of Subrogation;
- c) You agree that any recoveries made shall first be applied in making good any sums paid out by or on behalf of Us for the claim and the costs of recovery.

#### **CLAIMS PROCEDURE:**

- (A) Procedure in the event of an Accident or Illness: In the event of an accident or sudden illness, You or the Insured Person shall immediately contact Our office stating the details given on the Policy, but not later than 14 days from date of Accident in case of Accident claims and/or within 7 days from the date of Hospitalization in case of Hospitalization claims.

##### **i) Hospitalization Claims**

A written statement of the claim will be required and a Claim Form will be completed and the claim must be filed within 30 days from the date of discharge from the Hospital or completion of treatment, except in extreme cases of hardship where it is proved to Our satisfaction that under the circumstances in which You/Insured Person or his/her personal representative were placed, it was not possible for any one of You to give notice or file claim within the prescribed time limit.

You/Insured Person must give all original bills, receipts, certificates, information and evidences from the attending Medical Practitioner/Hospital/Chemist/Laboratory as required by Us in the manner and form as We may prescribe. In such claims, Our representative shall be allowed to carry out examination and obtain information on any alleged Injury or Disease or Maternity situation requiring Hospitalization if and when We may reasonably require.

##### **ii) Accident Claims**

An event, which might become a claim under the Policy, must be reported to Us as soon as possible. In case of death, written notice also of death must, unless reasonable cause is shown, be given before internment/cremation and in the event of Permanent Disability, written notice thereof must also be given within one calendar month after such disability. A written statement of the claim will be required and a Claim Form will be provided for completion.

All certificates, information and evidence from a Medical Practitioner or otherwise as required by Us shall be furnished by You, Your personal representative/assignee in the manner and form as We may prescribe. In such claims, Your legal representative, nominee, beneficiary will allow Our representative to carry out examination and ascertain details if and when We may reasonably require and in the event of death, get the post mortem examination done in respect of body of Insured Person. In the event of claim in respect of Permanent Disability, the Insured Person shall undergo at his/her expense such operations or treatment as We may reasonably deem desirable.

- (B) The following documents are required to be submitted in support of claims under different Sections of the Policy:

- i) Hospitalization Expense Claims:** The requirements have already been mentioned above under the item Claim Procedure (A)(i) (as mentioned)

**ii) Personal Accident Claims:**

- a) Death: - Police Report, Post Mortem Report, Death Certificate and the Report from Indian Mission/Post abroad.
- b) Permanent Total Disability: - Medical Reports of the treatment undergone and disability certificate from the Medical Practitioner.

**iii) Transportation Claims:** All necessary proofs substantiating the reason, along with supporting documents. The documents must include the transportation cost receipt and other related documents

**iv) Airfare For Attendant Claims:** Original air ticket along with other ticket receipts and copy of passport.

**v) Employment Contingencies & Repatriation Claims:** Certificate from Indian Mission/Post abroad mentioning the grounds of termination/repatriation. Any letter or correspondence from Employer along with Service Agreement copy and air tickets along with other travel vouchers in original.

**vi) Legal Cost Claims:** Certificate from Indian Mission/Post abroad in respect of litigation cost incurred along with Lawyer's Certificate and a Certificate from the appropriate Ministry of the country abroad in respect of necessity of filing such case.

**C. Cashless Claims Process:**

Cashless Claim facility will not be provided for Personal Accidental claims; Intimation related to Personal Accident is to be provided directly to the Insurance Company shall be focused directly by the company subject to completion of formalities detailed in **point ii(Personal Accidental Claims)**We provide the following cashless claim service in case of Hospitalization:

Cashless service: You can avail cashless hospitalization facility at a hospital in the network of the TPA. We will provide a cashless service by making payment to the extent of Our liability direct to the Network Hospital as long as We are given notice that the Insured Person wishes to avail cashless service accompanied by full particulars at least 48 hours before any planned treatment or Hospitalisation or within 24 hours after the treatment or Hospitalisation in the case of an emergency (namely a sudden, urgent, unexpected occurrence or event, bodily injury or occasion requiring immediate medical attention).

In case if you want to avail cashless facility in any of the network hospital You shall follow the process as mentioned below.

- Carry the Health Card/ copy of E-cards
- Obtain Pre Authorization form from the hospital counter.
- Fill up the form and submit it at the hospital counter
- Ensure that hospital faxes the pre authorization form to TPA or you can also fax the form to TPA
- Once the Form has been faxed. TPA will send the authorization to the Hospital
- On receipt of cash less approval patient need not pay the bill to the hospital for covered expenses
- For any queries, designated TPA can be contacted. Contact details of the TPA are as mentioned on the card issued to you. You can alternatively call our Call Centre for guidance and assistance.

**D. Claims Processing**

1. We shall settle claim(s) as per Policy terms and conditions, including its rejection, within thirty days of the receipt of the last necessary claim document
2. We shall have no liability under this Policy, once the Sum Insured (Maximum Limit of Indemnity) with respect to any of the Sections, is exhausted by You or Your Insured Family Member.

3. All admissible claims under this Policy shall be paid by Us within 7 working days from date of acceptance of such a claim. In case of delay in the payment, We shall be liable to pay interest at a rate which is 2% above bank rate prevalent at the beginning of the financial year in which claim is reviewed by Us.
4. We shall condone delay on merit for delayed claims where the delay is proved to be beyond Your control  
\* For all claims Policy document (Original Bond) are required for claim settlement.

***Position after claim:***

The maximum liability of the Company for each of the benefit opted is limited to its Sum Insured as reflected in the Schedule of the Policy and if a claim is made for more than one of the covered benefits resulting from any Accident, only one benefit amount which is the largest among the admissible benefits, will be paid. Regardless of one or more claim during the Policy period, the maximum amount payable towards any admissible benefit covered shall be restricted to Sum Insured for the Death/Permanent total disability benefit as reflected in the Schedule of the Policy.

***Our Obligations:***

We shall settle claim(s), including its rejection, within thirty days of the receipt of the last necessary claim document.

Wherever details pertaining to happening of claim are conveyed by You to Us after reasonable period, You shall provide the reasons of such delay to Us and We may on analysis of reasons provided by You, may condone the delay in intimation of claim or delay in providing the required information/documents to Us.

All admissible claims under this Policy shall be paid by Us within 7 working days from date of acceptance of such a claim. In case of delay in the payment, We shall be liable to pay interest at a rate which is 2% above bank rate prevalent at the beginning of the financial year in which claim is reviewed by Us.

***Claim Disclaimer***

In the unfortunate event of any medical contingency resulting into a claim on this Policy, please intimate the mishap IMMEDIATELY to Our Call Centre at Toll Free Numbers on 1-800-22-4030 (for MTNL/BSNL users) or 1-800-102-4030 (other users) or on chargeable numbers at +91-22-26748600 / +91-22-41582900 / +91-22-41582999 or email at [contactclaims@universalsompo.com](mailto:contactclaims@universalsompo.com). Please note that no delay should be allowed to occur in notifying a claim on the Policy as the same may prejudice liability.

**TPA:** The Company has agreement with E-meditek, TTK and Raksha for serving health insurance policies. The details of the TPA and Our Network Providers and Diagnostic Centers can be found at Our website [www.universalsompo.com](http://www.universalsompo.com)

***Insurance Act 1938, Section 41- Prohibition of Rebates***

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 or 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 prospectus or tables of the Insurer.

2. Any person making default in complying with the provisions of this section shall be punishable with fine, which may extend to Ten Lakhs rupees.

**Please note:** The prospectus contains only an indication of cover offered, for complete details on terms, conditions, coverages and exclusions please get in touch with Us or Our agent and read Policy wordings carefully before concluding a sale. Insurance is a subject matter of solicitation. Universal Sampo General Insurance Co. Ltd., Unit No. 601 & 602, 6th Floor, Reliable Tech Park, Cloud City Campus; Gut No-31, Mouje Elthan, Thane- Belapur Road, Airoli, Navi Mumbai- 400708  
Toll Free Numbers: 1-800-224030 (For MTNL/BSNL users) or 1-800-1024030.

List of Expenses Generally Excluded ("Non-Medical") in Hospital Indemnity Policy -		
Sr No	TOILETRIES/ COSMETICS/ PERSONAL COMFORT OR CONVENIENCE ITEMS	
1.	HAIR REMOVAL CREAM	Not Payable
2.	BABY CHARGES (UNLESS SPECIFIED/INDICATED)	Not Payable
3.	BABY FOOD	Not Payable
4.	BABY UTILITES CHARGES	Not Payable
5.	BABY SET	Not Payable
6.	BABY BOTTLES	Not Payable
7.	BRUSH	Not Payable
8.	COSY TOWEL	Not Payable
9.	HAND WASH	Not Payable
10.	MOISTURISER PASTE BRUSH	Not Payable
11.	POWDER	Not Payable
12.	RAZOR	Payable
13.	SHOE COVER	Not Payable
14.	BEAUTY SERVICES	Not Payable
15.	BELTS/ BRACES	Essential and should be paid at least specifically for cases who have undergone surgery of thoracic or lumbar spine
16.	BUDS	Not Payable
17.	BARBER CHARGES	Not Payable
18.	CAPS	Not Payable
19.	COLD PACK/HOT PACK	Not Payable
20.	CARRY BAGS	Not Payable
21.	CRADLE CHARGES	Not Payable
22.	COMB	Not Payable
23.	DISPOSABLES RAZORS CHARGES ( for site preparations)	Payable

24.	EAU-DE-COLOGNE / ROOM FRESHNERS	Not Payable
25.	EYE PAD	Not Payable
26.	EYE SHEILD	Not Payable
27.	EMAIL / INTERNET CHARGES	Not Payable
28.	FOOD CHARGES (OTHER THAN PATIENT'S DIET PROVIDED BY HOSPITAL)	Not Payable
29.	FOOT COVER	Not Payable
30.	GOWN	Not Payable
31.	LEGGINGS	Essential in bariatric and varicose vein surgery and may be considered for at least these conditions where surgery itself is payable.
32.	LAUNDRY CHARGES	Not Payable
33.	MINERAL WATER	Not Payable
34.	OIL CHARGES	Not Payable
35.	SANITARY PAD	Not Payable
36.	SLIPPERS	Not Payable
37.	TELEPHONE CHARGES	Not Payable
38.	TISSUE PAPER	Not Payable
39.	TOOTH PASTE	Not Payable
40.	TOOTH BRUSH	Not Payable
41.	GUEST SERVICES	Not Payable
42.	BED PAN	Not Payable
43.	BED UNDER PAD CHARGES	Not Payable
44.	CAMERA COVER	Not Payable
45.	CLINIPLAST	Not Payable
46.	CREPE BANDAGE	Not Payable/ Payable by the patient
47.	CURAPORE	Not Payable
48.	DIAPER OF ANY TYPE	Not Payable
49.	DVD, CD CHARGES	Not Payable ( However if CD is specifically sought by Insurer/TPA then payable)
50.	EYELET COLLAR	Not Payable
51.	FACE MASK	Not Payable
52.	FLEXI MASK	Not Payable
53.	GAUSE SOFT	Not Payable

54.	GAUZE	Not Payable
55.	HAND HOLDER	Not Payable
56.	HANSAPLAST/ ADHESIVE BANDAGES	Not Payable
57.	INFANT FOOD	Not Payable
58.	SLINGS	Reasonable costs for one sling in case of upper arm fractures may be considered
<b>ITEMS SPECIFICALLY EXCLUDED IN THE POLICIES</b>		
59.	WEIGHT CONTROL PROGRAMS/ SUPPLIES/ SERVICES	Exclusion in policy unless otherwise specified
60.	COST OF SPECTACLES/ CONTACT LENSES/ HEARING AIDS ETC.,	Exclusion in policy unless otherwise specified
61.	DENTAL TREATMENT EXPENSES THAT DO NOT REQUIRE HOSPITALISATION	Exclusion in policy unless otherwise specified
62.	HORMONE REPLACEMENT THERAPY	Exclusion in policy unless otherwise specified
63.	HOME VISIT CHARGES	Exclusion in policy unless otherwise specified
64.	INFERTILITY/ SUBFERTILITY/ ASSISTED CONCEPTION PROCEDURE	Exclusion in policy unless otherwise specified
65.	OBESITY (INCLUDING MORBID OBESITY) TREATMENT IF EXCLUDED IN POLICY	Exclusion in policy unless otherwise specified
66.	CORRECTIVE SURGERY FOR REFRACTIVE ERROR	Exclusion in policy unless otherwise specified
67.	TREATMENT OF SEXUALLY TRANSMITTED DISEASES	Exclusion in policy unless otherwise specified
68.	DONOR SCREENING CHARGES	Exclusion in policy unless otherwise specified
69.	ADMISSION/REGISTRATION CHARGES	Exclusion in policy unless otherwise specified
70.	HOSPITALISATION FOR EVALUATION/ DIAGNOSTIC PURPOSE	Exclusion in policy unless otherwise specified
71.	EXPENSES FOR INVESTIGATION/ TREATMENT IRRELEVANT TO THE DISEASE FOR WHICH ADMITTED OR DIAGNOSED	Not Payable - Exclusion in policy unless otherwise specified
72.	ANY EXPENSES WHEN THE PATIENT IS DIAGNOSED WITH RETRO VIRUS + OR SUFFERING FROM /HIV/ AIDS ETC IS DETECTED/ DIRECTLY OR INDIRECTLY	Not payable as per HIV/AIDS exclusion
73.	STEM CELL IMPLANTATION/ SURGERY AND STORAGE	Not Payable except Bone Marrow Transplantation where covered by policy
<b>ITEMS WHICH FORM PART OF HOSPITAL SERVICES WHERE SEPARATE CONSUMABLES ARE NOT PAYABLE BUT THE SERVICE IS</b>		
74.	WARD AND THEATRE BOOKING CHARGES	Payable under OT Charges, not payable separately
75.	ARTHROSCOPY & ENDOSCOPY INSTRUMENTS	Rental charged by the hospital payable. Purchase of Instruments not payable.
76.	MICROSCOPE COVER	Payable under OT Charges, not payable separately
77.	SURGICAL BLADES,HARMONIC SCALPEL,SHAVER	Payable under OT Charges, not payable separately
78.	SURGICAL DRILL	Payable under OT Charges, not payable separately
79.	EYE KIT	Payable under OT Charges, not payable separately
80.	EYE DRAPE	Payable under OT Charges, not payable separately
81.	X-RAY FILM	Payable under Radiology Charges, not as consumable

82.	SPUTUM CUP	Payable under Investigation Charges, not as consumable
83.	BOYLES APPARATUS CHARGES	Part of OT Charges, not separately
84.	BLOOD GROUPING AND CROSS MATCHING OF DONORS SAMPLES	Part of Cost of Blood, not payable
85.	ANTISEPTIC OR DISINFECTANT LOTIONS	Not Payable-Part of Dressing Charges
86.	BAND AIDS, BANDAGES, STERILE INJECTIONS, NEEDLES, SYRINGES	Not Payable - Part of Dressing charges
87.	COTTON	Not Payable-Part of Dressing Charges
88.	COTTON BANDAGE	Not Payable- Part of Dressing Charges
89.	MICROPORE/ SURGICAL TAPE	Not Payable-Payable by the patient when prescribed, otherwise included as Dressing Charges
90.	BLADE	Not Payable
91.	APRON	Not Payable -Part of Hospital Services/ Disposable linen to be part of OT/ICU charges
92.	TORNIQUET	Not Payable (service is charged by hospitals, consumables cannot be separately charged)
93.	ORTHOBUNDLE, GYNAEC BUNDLE	Part of Dressing Charges
94.	URINE CONTAINER	Not Payable
<b>ELEMENTS OF ROOM CHARGE</b>		
95.	LUXURY TAX	Actual tax levied by government is payable. Part of room charge for sub limits
96.	HVAC	Part of room charge not payable separately
97.	HOUSE KEEPING CHARGES	Part of room charge not payable separately
98.	SERVICE CHARGES WHERE NURSING CHARGE ALSO CHARGED	Part of room charge not payable separately
99.	TELEVISION & AIR CONDITIONER CHARGES	Payable under room charges not if separately levied
100.	SURCHARGES	Part of Room Charge, Not payable separately
101.	ATTENDANT CHARGES	Not Payable - Part of Room Charges
102.	IM IV INJECTION CHARGES	Part of nursing charges, not payable
103.	CLEAN SHEET	Part of Laundry/Housekeeping not payable separately
104.	EXTRA DIET OF PATIENT(OTHER THAN THAT WHICH FORMS PART OF BED CHARGE)	Patient Diet provided by hospital is payable
105.	BLANKET/WARMER BLANKET	Not Payable- part of room charges
<b>ADMINISTRATIVE OR NON-MEDICAL CHARGES</b>		
106.	ADMISSION KIT	Not Payable
107.	BIRTH CERTIFICATE	Not Payable
108.	BLOOD RESERVATION CHARGES AND ANTE NATAL BOOKING CHARGES	Not Payable
109.	CERTIFICATE CHARGES	Not Payable
110.	COURIER CHARGES	Not Payable



111.	CONVENYANCE CHARGES	Not Payable
112.	DIABETIC CHART CHARGES	Not Payable
113.	DOCUMENTATION CHARGES / ADMINISTRATIVE EXPENSES	Not Payable
114.	DISCHARGE PROCEDURE CHARGES	Not Payable
115.	DAILY CHART CHARGES	Not Payable
116.	ENTRANCE PASS / VISITORS PASS CHARGES	Not Payable
117.	EXPENSES RELATED TO PRESCRIPTION ON DISCHARGE	To be claimed by patient under Post Hosp where admissible
118.	FILE OPENING CHARGES	Not Payable
119.	INCIDENTAL EXPENSES / MISC. CHARGES (NOT EXPLAINED)	Not Payable
120.	MEDICAL CERTIFICATE	Not Payable
121.	MAINTAINANCE CHARGES	Not Payable
122.	MEDICAL RECORDS	Not Payable
123.	PREPARATION CHARGES	Not Payable
124.	PHOTOCOPIES CHARGES	Not Payable
125.	PATIENT IDENTIFICATION BAND / NAME TAG	Not Payable
126.	WASHING CHARGES	Not Payable
127.	MEDICINE BOX	Not Payable
128.	MORTUARY CHARGES	Payable upto 24 hrs, shifting charges not payable
129.	MEDICO LEGAL CASE CHARGES (MLC CHARGES)	Not Payable
<b>EXTERNAL DURABLE DEVICES</b>		
130.	WALKING AIDS CHARGES	Not Payable
131.	BIPAP MACHINE	Not Payable
132.	COMMODE	Not Payable
133.	CPAP/ CAPD EQUIPMENTS	Device not payable
134.	INFUSION PUMP - COST	Device not payable
135.	OXYGEN CYLINDER (FOR USAGE OUTSIDE THE HOSPITAL)	Not Payable
136.	PULSEOXYMETER CHARGES	Device not payable
137.	SPACER	Not Payable
138.	SPIROMETRE	Device not payable
139.	SPO2 PROBE	Not Payable
140.	NEBULIZER KIT	Not Payable

141.	STEAM INHALER	Not Payable
142.	ARMSLING	Not Payable
143.	THERMOMETER	Not Payable (paid by patient)
144.	CERVICAL COLLAR	Not Payable
145.	SPLINT	Not Payable
146.	DIABETIC FOOT WEAR	Not Payable
147.	KNEE BRACES ( LONG/ SHORT/ HINGED)	Not Payable
148.	KNEE IMMOBILIZER/SHOULDER IMMOBILIZER	Not Payable
149.	LUMBO SACRAL BELT	Essential and should be paid at least specifically for cases who have undergone surgery of lumbar spine.
150.	NIMBUS BED OR WATER OR AIR BED CHARGES	Payable for any ICU patient requiring more than 3 days in ICU, all patients with paraplegia/quadruplegia for any reason and at reasonable cost of approximately Rs 200/ day
151.	AMBULANCE COLLAR	Not Payable
152.	AMBULANCE EQUIPMENT	Not Payable
153.	MICROSHEILD	Not Payable
154.	ABDOMINAL BINDER	Essential and should be paid at least specifically for cases who have undergone surgery of lumbar spine.
<b>ITEMS PAYABLE IF SUPPORTED BY A PRESCRIPTION</b>		
155.	BETADINE \ HYDROGEN PEROXIDE \ SPIRIT \ \ DETTOL \ SAVLON \ DISINFECTANTS ETC	Payable when prescribed for patient, not payable for hospital use in OT or ward or for dressings in hospital
156.	PRIVATE NURSES CHARGES- SPECIAL NURSING CHARGES	Post hospitalization nursing charges not Payable
157.	NUTRITION PLANNING CHARGES - DIETICIAN CHARGES- DIET CHARGES	Patient Diet provided by hospital is payable
158.	SUGAR FREE TABLETS	Payable -Sugar free variants of admissible medicines are not excluded
159.	CREAMS POWDERS LOTIONS (Toiletries are not payable, only prescribed medical pharmaceuticals payable)	Payable when prescribed
160.	DIGESTION GELS	Payable when prescribed
161.	ECG ELECTRODES	Upto 5 electrodes are required for every case visiting OT or ICU. For longer stay in ICU, may require a change and at least one set every second day must be payable.
162.	GLOVES	Sterilized Gloves payable / unsterilized gloves not payable
163.	HIV KIT	Payable - payable Pre operative screening
164.	LISTERINE/ ANTISEPTIC MOUTHWASH	Payable when prescribed
165.	LOZENGES	Payable when prescribed
166.	MOUTH PAINT	Payable when prescribed
167.	NEBULISATION KIT	If used during hospitalization is payable reasonably

168.	NOVARAPID	Payable when prescribed
169.	VOLINI GEL/ ANALGESIC GEL	Payable when prescribed
170.	ZYTEE GEL	Payable when prescribed
171.	VACCINATION CHARGES	Routine Vaccination not Payable / Post Bite Vaccination Payable
<b>PART OF HOSPITAL'S OWN COSTS AND NOT PAYABLE</b>		
172.	AHD	Not Payable - Part of Hospital's internal Cost
173.	ALCOHOL SWABES	Not Payable - Part of Hospital's internal Cost
174.	SCRUB SOLUTION/STERILLIUM	Not Payable - Part of Hospital's internal Cost
<b>OTHERS</b>		
175.	VACCINE CHARGES FOR BABY	Not Payable
176.	AESTHETIC TREATMENT / SURGERY	Not Payable
177.	TPA CHARGES	Not Payable
178.	VISCO BELT CHARGES	Not Payable
179.	ANY KIT WITH NO DETAILS MENTIONED [DELIVERY KIT, ORTHOKIT, RECOVERY KIT, ETC]	Not Payable
180.	EXAMINATION GLOVES	Not payable
181.	KIDNEY TRAY	Not Payable
182.	MASK	Not Payable
183.	OUNCE GLASS	Not Payable
184.	OUTSTATION CONSULTANT'S/ SURGEON'S FEES	Not payable, except for telemedicine consultations where covered by policy
185.	OXYGEN MASK	Not Payable
186.	PAPER GLOVES	Not Payable
187.	PELVIC TRACTION BELT	Should be payable in case of PIVD requiring traction as this is generally not reused
188.	REFERAL DOCTOR'S FEES	Not Payable
189.	ACCU CHECK ( Glucometry/ Strips)	Not payable pre hospitilisation or post hospitalisation / Reports and Charts required/ Device not payable
190.	PAN CAN	Not Payable
191.	SOFNET	Not Payable
192.	TROLLY COVER	Not Payable
193.	UROMETER, URINE JUG	Not Payable
194.	AMBULANCE	Payable-Ambulance from home to hospital or interhospital shifts is payable/ RTA as specific requirement is payable

195.	TEGADERM / VASOFIX SAFETY	Payable - maximum of 3 in 48 hrs and then 1 in 24 hrs
196.	URINE BAG	Payable where medically necessary till a reasonable cost - maximum 1 per 24 hrs
197.	SOFTOVAC	Not Payable
198.	STOCKINGS	Essential for case like CABG etc. where it should be paid.

### Day Care Procedure

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

#### **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 eyelid
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

#### **Operation of cataract Operations on the skin & subcutaneous tissues**

39. Incision of a pilonidal sinus
40. Other incisions of the skin and subcutaneous
41. tissues

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

#### **Operations on the tongue**

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

#### **Operations on the salivary glands & salivary ducts**

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

#### **Other operations on the mouth & face**

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

#### **Operations on the tonsils & adenoids**

69. Transoral incision and drainage of a pharyngeal abscess
70. Tonsillectomy without adenoidectomy
71. Tonsillectomy with adenoidectomy
72. Excision and destruction of a lingual tonsil
73. Other operations on the tonsils and adenoids
74. Trauma surgery and orthopaedics
75. Incision on bone, septic and aseptic
76. Closed reduction on fracture, luxation or epiphyseolysis with osteosynthesis
77. Suture and other operations on tendons and tendon sheath
78. Reduction of dislocation under GA
79. Arthroscopic knee aspiration

#### **Operations on the breast**

80. Incision of the breast
81. Operations on the nipple

#### **Operations on the digestive tract**

82. Incision and excision of tissue in the perianal region
83. Surgical treatment of anal fistulas
84. Surgical treatment of haemorrhoids
85. Division of the anal sphincter (sphincterotomy)
86. Other operations on the anus
87. Ultrasound guided aspirations
88. Sclerotherapy

#### **Operations on the female sexual organs**

89. Incision of the ovary
90. Insufflation of the Fallopian tubes

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

#### **Operations on the prostate & seminal vesicles**

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

#### **Operations on the scrotum & tunica vaginalis testis**

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

#### **Operations on the testes**

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

#### **Operations on the spermatic cord, epididymis und ductus deferens**

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

#### **Operations on the penis**

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

#### **Operations on the urinary system**

137. Cystoscopic removal of stones

#### **Other Operations**

138. Lithotripsy
139. Coronary angiography

- 140. Haemodialysis
- 141. Radiotherapy for Cancer
- 142. Cancer Chemotherapy