PROSPECTUS FOR KOTAK HEALTH CARE

PLAN NAME: PRIME

PLAN DETAILS

Plan Name	Prime	
Base Annual Sum Insured*	10 lac/ 15 lac/ 20 lac/ 25 lac/ 50 lac/ 75 lac/ 100 lac	
Basic Covers	Inpatient Hospitalization	
	Pre-hospitalisation up to 30 days	
	Post hospitalisation up to 60 days	
	150 Named Day-care Surgeries & Procedures	
	Ambulance Cover of INR 1500	
	Free Health Check-up - for each Insured Person above 18 years of Age, each Policy Year for the specified tests	
	Cumulative Bonus - 10% of the Sum Insured for each claim free year, upto a maximum of 50%	
Optional Extensions	Option 1	Hospital Daily Cash (INR 500 per day for minimum 3 days subject to maximum of 10 days
	Option 2	Convalescence Benefit- INR 10,000 (minimum hospitalisation of 10 days)
	Option 3	Donor Expenses (upto Base Annual Sum Insured)
	Option 4	Critical Illness Cover (Additional Sum Insured of INR 5 lacs)
	Option 5	Double Sum Insured for Hospitalization due to Accident (Additional Sum Insured equivalent to Base Annual Sum Insured)
	Option 6	Domiciliary Hospitalization Cover (upto Base Annual Sum Insured)
	Option 7	Alternative Treatment (upto INR 50,000 within Base Annual Sum Insured)
	Option 8	Maternity Benefit: INR 50,000
	Option 9	New Born Baby Cover (Upto base Annual Sum Insured)
	Option 10	Compassionate Visit: INR 10,000
	Option 11	Restoration of Sum Insured (Additional Sum Insured equivalent to Base Annual Sum Insured)
Mandatory Medical check-up	10/ 15/ 20/ 25 lacs - Every individual member greater than 55 years 50/ 75/ 100 lacs – All ages	
Individual / Floater	Both	
Waiting period for Pre-existing Illnesses	4 years for all age groups	
Free Health Check-up	One free health check-up for each insured person that is above 18 years of Age for the specified tests	

***Base Annual Sum Insured** means the amount specified in the Policy Schedule which is Our maximum, total and cumulative liability for any and all Claims during the Policy Year in respect of all Insured Persons. If the Policy Period is more than one year, then the Base Annual Sum Insured will apply afresh to each Policy Year in the Policy Period, but any portion of the Base Annual Sum Insured which remains un-utilised in any Policy Year shall not be carried forward to any subsequent Policy Year in the Policy Period

The named benefits below shall have sum insured in addition to the opted Base Annual Sum Insured.

- Hospital Cash
- Convalescence benefit
- Critical Illness cover.
- Maternity benefit
- Compassionate visit
- Double Sum Insured for Hospitalization due to Accident
- Restoration of Sum Insured

Rest of the benefits names as under shall share the same sum insured as base covers.

- Domiciliary Hospitalization Cover
- Donor Expenses
- Alternative Treatment
- New born baby cover

1. What is covered?

1.1. Basic covers (Mandatory covers) :

- ***In-patient Treatment***

We will indemnify the Medical Expenses incurred on the Insured Person's Hospitalization during the Policy Period following an Illness or Injury for a minimum and continuous period of 24 hours that occurs during the Policy Period provided that:

(a) the Hospitalisation is for Medically Necessary Treatment and follows the written advice of a Medical Practitioner;

(b) the Medical Expenses incurred are Reasonable and Customary;

- ***Day Care Treatments***

We will indemnify the Medical Expenses incurred on the Insured Person's Day Care Treatment during the Policy Period following an Illness or Injury that occurs during the Policy Period provided that:

(a) The Day Care Treatment is for Medically Necessary Treatment and follows the written advice of a Medical Practitioner;

(b) The Medical Expenses incurred are Reasonable and Customary;

(c) We will only cover the Medical Expenses for those Day Care Treatments which are listed in Annexure to this this Prospectus. The complete list of Day Care Treatments covered is also available on Our website [www.kotakgeneralinsurance.com];

(d) We will not cover any OPD Treatment under this Benefit.

- ***Pre-Hospitalization Medical Expenses and Post-Hospitalization Medical Expenses***

We will indemnify the Insured Person's Pre-Hospitalisation Medical Expenses and/or Post-Hospitalisation Medical Expenses following an Illness or Injury that occurs during the Policy Period provided that:

(a) We have accepted a Claim for In-patient Treatment or Day Care Treatment under this Policy and the Pre-Hospitalisation Medical Expenses and/or Post-Hospitalisation Medical Expenses relate to the same Illness/medical condition;

(b) We will not be liable to pay Pre-Hospitalisation Medical Expenses for more than 30 days immediately preceding the Insured Person's Admission to Hospital for In-patient Care or Day Care Treatment;

(c) We will not be liable to pay Post-Hospitalisation Medical Expenses for more than 60 days immediately following the Insured Person's discharge from Hospital following In-patient Care or Day Care Treatment.

- ***Ambulance Cover***

We will indemnify the Reasonable and Customary Charges incurred up to the limit specified in the Policy Schedule towards transportation of the Insured Person by a registered healthcare or Ambulance service provider to a Hospital for treatment of an Illness or Injury following an Emergency provided that:

(a) The necessity of the use of the Ambulance is certified by the treating Medical Practitioner;
(b) We will also provide cover under this Benefit if the Insured Person is required to be transferred from one Hospital to another Hospital or diagnostic centre for advanced diagnostic treatment where such facility is not available at the existing Hospital or the Insured Person is required to be moved to a better Hospital facility due to lack of available/adequate treatment facilities at the existing Hospital.
(c) The limit under Ambulance cover is applicable for each claim admitted under the policy.

- ***Free Health Check-up***

We will arrange for one free health check-up at Our Network Provider for each Insured Person that is above 18 years of Age, each Policy Year for the specified tests. Availing the Free Health Check-up will not impact the Base Annual Sum Insured or the Cumulative Bonus.
This will be offered regardless of any claim admitted/ registered in the Policy.

The present free health check-up will consist of the following tests for all eligible Insured Persons:

(a) CBC;
(b) MER;
(c) Serum Cholesterol;
(d) Serum Creatinine;
(e) SGPT /SGOT
(f) ECG;
(g) Random Blood Sugar.

- ***Cumulative Bonus***

We will increase Your Base Annual Sum Insured by 10% at the end of the Policy Year if the Policy is renewed with Us provided that:

(a) If the Policy is a Family Floater Policy, then the Cumulative Bonus will accrue only if no claims have been made in respect of all the Insured Persons in the expiring Policy Year;
(b) If the Policy is an Individual policy, then Cumulative Bonus will accrue only if no claim has been made in respect of that Insured Person;
(c) The Cumulative Bonus under a Family Floater Policy will be available only to those Insured Persons who were Insured Persons in the immediately completed Policy Year;
(d) If any Claim is made under the Policy after a Cumulative Bonus has been applied under the Policy, then the accrued Cumulative Bonus under the Policy will reduce by 10% on the commencement of the next Policy Year or the next Renewal of the Policy (as applicable);
(e) The Cumulative Bonus will not accrue in excess of 50% of the Base Annual Sum Insured;
(f) If the Base Annual Sum Insured is increased at the time of Renewal, then the Cumulative Bonus will be calculated based on the Base Annual Sum Insured of the immediately completed Policy Year;
(g) If the Base Annual Sum Insured is reduced at the time of Renewal, then the applicable cumulative bonus will be applicable on the renewed policy Annual Sum Insured.
(h) Cumulative bonus will be carried forward to the next policy year, provided the Insured Person renews the policy before the expiry of the grace period.

(i) If the Policy Period is more than one year, then any Cumulative Bonus that has accrued for the Policy Year will be credited at the end of the Policy Year and shall be available for any claims made in the subsequent Policy Year.

1.2. Optional Covers/ Extensions that can be availed under the Policy on payment of additional premium:-

Option 1

- ***Hospital Daily Cash***

We will pay the Daily Cash Amount specified in the Policy Schedule for this Extension for each and every completed day of the Insured Person's Hospitalization during the Policy Period provided that:

a) We have accepted a Claim for In-patient Treatment under the Policy;
b) The Insured Person's Hospitalization extends for at least 3 consecutive days, in which case We will make payment under this Extension from the first day of Hospitalization.
c) We shall not be liable to make payment for more than the maximum number of days per policy year specified in the Policy Schedule for this Extension.
d) This benefit is applicable on an individual basis irrespective of type of policy (Individual/ floater).
e) The payment under this benefit is over and above the opted Base Annual Sum Insured.

Option 2

- ***Convalescence Benefit***

We will pay a benefit amount of INR 10,000 once during the Policy Period, if the Insured Person is Admitted in Hospital for a minimum period of 10 consecutive days or more provided that:
a) We have accepted a Claim for In-patient Treatment under the Policy in respect of the same Hospitalization;
b) We shall not be liable to make payment under this Extension in respect of an Insured Person more than once during the Policy Year.
c) This benefit is applicable on an individual basis irrespective of type of policy (Individual/ floater).
d) The payment under this benefit is over and above the opted Base Annual Sum Insured.

Option 3

- ***Donor Expenses***

We will indemnify the In-patient Hospitalisation Medical Expenses towards the donor for harvesting the organ up to the limits of the Annual Sum Insured (subject to availability of opted Base Annual Sum Insured), provided that:

a. The organ donor is any person in accordance with the Transplantation of Human Organs Act 1994 (amended) and other applicable laws and rules;
b. The organ donated is for the use of the Insured Person who has been asked to undergo an organ transplant on Medical Advise;
c. We have accepted a Claim for In-patient Treatment under the Policy in respect of the Insured Person;
d. In case of Individual policy, this payout will available on Individual basis and In case of floater the payout will be available on floater basis.
e. The payment under this benefit is within the Annual Sum Insured.
f. We will not cover expenses towards the donor in respect of:
   (i) Any Pre-Hospitalization Medical Expenses or Post-Hospitalization Medical Expenses;
   (ii) Costs directly or indirectly associated to the acquisition of the organ;
   (iii) Any other medical treatment or complication in respect of the donor, consequent to harvesting.

Exclusion 3.4(dd) of the Policy Wordings stands deleted to the extent of this Extension only.

Option 4

- ***Critical Illness Cover:*** On payment of additional premium, cover would be provided to each individual on the opted limit of amount (Sum Insured) for the policy period. This cover would be applicable on individual sum insured basis.

We will once during the lifetime of the Insured Person pay separate Critical Illness Sum Insured if the Insured Person is first diagnosed with one of the following critical illnesses during the Policy Period:
First diagnosis of the below-mentioned Illnesses more specifically described below

- Cancer of specified severity
- Kidney failure requiring regular dialysis;
- Multiple Sclerosis with persisting symptoms;
- Motor Neurone Disease with Permanent Symptoms
- Benign Brain Tumour
- Primary (Idiopathic) Pulmonary Hypertension
- End Stage Liver Failure

Undergoing for the first time of the following surgical procedures, more specifically described below:

- Major Organ / Bone Marrow Transplant;
- Open heart replacement or repair of heart valves
- Open chest CABG
- Aorta Graft Surgery

Occurrence for the first time of the following medical events more specifically described below:

- Coma of Specified Severity
- Stroke resulting in permanent symptoms;
- Permanent Paralysis of Limbs;
- Myocardial Infarction (First Heart Attack - Of Specific Severity)
- Third Degree (or Major) Burns
- Deafness
- Loss of Speech

Provided that:
a. We shall not be liable to accept any Claim under this Extension if it pertains to any Critical Illness diagnosed within 90 days of the commencement of the first Policy Period of this Extension with Us.
b. We shall not be liable to make payment under this Extension more than once in respect of any Insured Person across all Policy Periods;
c. Payment under this Extension will not impact the opted Base Annual Sum Insured or the Cumulative Bonus (if any).
d. This benefit is applicable on an individual basis irrespective of type of policy (Individual/ floater).
e. The payment under this benefit is over and above the opted Base Annual Sum Insured.
f. Once a claim has been accepted and paid for a particular Critical Illness, this extension shall cease in respect of that Insured Person, but shall continue to be in force for other Insured Persons.
g. Notwithstanding any provision to the contrary in the Policy, under this Extension alone We will cover Claims occurring worldwide;

Option 5

- ***Double Sum Insured for hospitalization due to Accident***

We will indemnify Medical Expenses incurred in respect of the Insured Person’s Hospitalization during the Policy Period in respect of an Injury sustained solely and directly due to an Accident which occurs during the Policy Period upto twice the opted Base Annual Sum Insured provided that:

a) In calculating the amount available to the Insured Person under this Extension, We shall deduct any amount previously paid from twice the opted Base Annual Sum Insured during the Policy Year;
b) The amount calculated under this Extension shall not be available for Medical Expenses incurred for treatment of any other Injury or Illness;
c) The amount calculated under this Extension shall not be available for payment of benefits under any provision other than the In-patient Treatment cover under the Policy;
d) This benefit is applicable on an individual basis irrespective of type of policy (Individual/ floater).
e) The payment under this benefit is over and above the opted Base Annual Sum Insured.
f) If this amount is un-utilised (in whole or in part) in any Policy Year, it shall not be carried forward to any subsequent Policy Year.

Option 6

- ***Domiciliary* Hospitalisation Cover**

We will indemnify the Medical Expenses incurred on the Insured Person's Domiciliary Hospitalization during the Policy Period following an Illness or Injury that occurs during the Policy Period up to the limits of the Annual Sum Insured (subject to availability of Base Annual Sum Insured), provided that:

a) We will cover medical expenses of an Insured person for treatment of a disease, illness or injury taken at home which would otherwise have required hospitalisation or since the Insured person's condition did not allow a hospital transfer or a hospital bed was unavailable. This is provided that the condition for which treatment is required continues for at least 3 days and is on the advice of a medical practitioner.
b) the domiciliary hospitalization is Medically Necessary and follows the written advice of a Medical Practitioner;
c) the Medical Expenses incurred are Reasonable and Customary Charges;
d) The Insured Person's Domiciliary Hospitalization extends for at least 3 consecutive days in which case We will pay Medical Expenses under this Extension from the first day of Domiciliary Hospitalization;
e) In case of Individual policy, this payout will available on Individual basis and In case of floater the payout will be available on floater basis.
f) The payment under this benefit is within the opted Base Annual Sum Insured.
g) We will not indemnify any Pre-Hospitalization Medical Expenses or Post-Hospitalization Medical Expenses under this Extension;
h) We shall not indemnify any Medical Expenses incurred for the treatment of any of the following Illnesses/conditions:
    i. Asthma;
    ii. Bronchitis;
    iii. Chronic Nephritis and Chronic Nephritic Syndrome;
    iv. Diarrhoea and all types of Dysenteries including Gastro-enteritis;
    v. Diabetes Mellitus and Insipidus;
    vi. Epilepsy;
    vii. Hypertension;
    viii. Influenza, cough and cold;
    ix. All psychiatric or psychosomatic disorders;
    x. Pyrexia of unknown origin for less than 10 days;
    xi. Tonsillitis and Upper Respiratory Tract Infection including Laryngitis and Pharyngitis;
    xii. Arthritis, Gout and Rheumatism.

Exclusion 3.4(aa) of the Policy Wordings stands deleted to the extent of this Extension only.

Option 7

- ***Alternative treatment***

We will indemnify the Medical Expenses incurred on the Insured Person's Alternative Treatment up to INR 50,000 (subject to availability of opted Base Annual Sum Insured), provided that:

a) The Alternative Treatment is administered by a Medical Practitioner;
b) The Insured Person is admitted to Hospital as an Inpatient for the Alternative Treatment to be administered.
c) In case of Individual policy, this payout will available on Individual basis and In case of floater the payout will be available on floater basis.
d) The payment under this benefit is within the Annual Sum Insured.

Exclusion 3.4(ee) of the Policy Wordings stands deleted to the extent of this Extension only.

Option 8

- ***Maternity Benefit***

We will indemnify the Medical Expenses incurred up to the Maternity Benefit Sum Insured specified in the Policy Schedule for this Extension for the delivery of the Insured Person's child (including caesarian section) during Hospitalization or the Medically Necessary and lawful medical termination of pregnancy during the Policy Period provided that:

(a) We shall not be liable to make any payment under this Extension until the waiting period specified in the Policy Schedule for this Extension has expired;
(b) The cover shall be available to the Insured between 18 to 45 years where the Insured should have been continuously covered for at least 36 months with this optional extension.
(c) We shall not be liable to more than 2 deliveries or terminations across all Policy Periods with Us;
(d) We will cover pre-natal and post-natal expenses up to the amount specified in the Policy Schedule for this Extension provided that We have accepted a Claim for delivery/termination under this Extension;
(e) Payment under this Extension will not impact the opted base annual sum Insured or the Cumulative Bonus (if any);
(f) This benefit is applicable on an individual basis irrespective of type of policy (Individual/ floater).
(g) The payment under this benefit is over and above the opted Base Annual Sum Insured.
(h) We will not indemnify any Pre-Hospitalization Medical Expenses or Post-Hospitalization Medical Expenses under this Extension;
(i) Ectopic pregnancy shall not be covered under this Extension, but any Claims will be considered under In-patient Treatment;

Exclusion 3.4(o) of the Policy Wordings stands deleted to the extent of this Extension only.

Option 9

- ***New Born Baby Cover***

We will indemnify the Medical Expenses incurred on the Hospitalization of the Insured Person's New Born Baby during the Policy Period up to the limits of the Base Annual Sum Insured (subject to availability of Base Annual Sum Insured). Subject to the terms and conditions of the Policy, We will cover the New Born Baby beyond 90 days on payment of requisite premium for the New Born Baby into the Policy by way of an endorsement or at the next Renewal, whichever is earlier.

a) In case of Individual policy, this payout will available on Individual basis and In case of floater the payout will be available on floater basis.
b) The payment under this benefit is within the opted Base Annual Sum Insured.

c) Any pre and post hospitalization expenses for the new born shall not be covered under this benefit.

Option 10

- ***Compassionate Visit***

We will indemnify the costs of a return (to and fro) economy class domestic air ticket for one of the Insured Person's Immediate Relative to travel from the place of the Immediate Relative's residence to the Hospital where the Insured Person is hospitalized, in case of the Insured Person's Hospitalization extends beyond 5 consecutive days.

This benefit is payable, provided a claim is admitted under this policy.

For the purpose of this Extension, the term "Immediate Relative" would mean the Insured Person's spouse, dependent children or dependent parents.

Option 11

- ***Restoration of Sum Insured***

We will provide a 100% restoration of the opted Base Annual Sum Insured once in a Policy Year if the opted Base Annual Sum Insured and the Cumulative Bonus (if any) is insufficient as a result of previous Claims in that Policy Year, provided that:

(a) The restored Base Annual Sum Insured will only be available for future Claims under the Policy and not in respect of any Claims for any Illness (including its complications) in respect of which a Claim has already been accepted in that Policy Year;
(b) No Cumulative Bonus will apply on the restored Base Annual Sum Insured;
(c) The restored Base Annual Sum Insured will apply to all Insured Persons on the same basis as the opted Base Annual Sum Insured;
(d) Benefit under this extension is applicable only for basic covers but not for any optional extensions
(e) Any restored Base Annual Sum Insured which is not utilized in a Policy Year shall not be carried forward to any subsequent Policy Year;
(f) We shall not restore the Base Annual Sum Insured more than once in any Policy Year;
(g) Restoration of Sum Insured will be in addition to opted Base Annual Sum Insured.
(h) In case of Individual policy, payment under this cover shall be available on Individual basis and In case of floater the payment shall be will be available on floater basis.

<u>2. Salient Features:</u>

- ***Eligibility:***

Entry age**:** Individual policy Minimum: 5 Years
Floater policy: Minimum 91 days
(Children from 91 days to 5 years can be covered if any of the Parent is also covered in the same Policy)

Maximum Entry Age: 65 years,
Maximum Entry age for dependent children: 25 years
Children under family floater policies after completion of 25 years shall have to move to separate health insurance policy.

Exit age: The Policy provides for life-long renewal

Policy Type: Individual and Family Floater

Relationships covered: Self, Spouse, Dependent children, Dependant parents

Policy Term: 1/2/3 years

- ***Pre-Policy Medical Check-up***

We will require You to undergo a medical check-up based on Your age and the Sum Insured opted, Wherever any pre-existing disease or any other adverse medical history is declared, We may ask such member to undergo specific tests, as We may deem fit to evaluate such member. Medical tests will be facilitated by us and conducted at Our network of diagnostic centres. The validity of such tests will be up to 30 days.

The details of the medical test and the centre at which such tests shall be conducted will be informed to you before the medical examination.

The following criteria would be applied for medical examination:

10/ 15/ 20/ 25 lacs - Every individual member greater than 55 years
50/ 75/ 100 lacs – All ages

Sum Insured	10 lacs	15 lac/ 20 lac/ 25 lac	50/ 75/ 100 lacs
Age	> 55 years	> 55 years	All ages
Tests Applicable	CBC	CBC	CBC
	Urine Routine	Urine Routine	Urine Routine
	ECG	ECG	ECG
	SGPT / SGOT	SGPT / SGOT	SGPT / SGOT
	Serum Creatinine	Serum Creatinine	Serum Creatinine
	Lipid Profile	Lipid Profile	Lipid Profile
	HbA1c	HbA1c	HbA1c
	TMT	2D Echo	2D Echo
	USG Abdomen	USG Abdomen	USG Abdomen
	Blood Glucose - Fasting	TMT	TMT
	Medical Examination Report	HbsAg	HbsAg
		Blood Glucose – Fasting	Blood Glucose – Fasting
		Medical Examination Report	Medical Examination Report
		TSH for females and PSA for Males	TSH for females and PSA for Males

- ***Underwriting and Loadings***

Based on Proposal form declarations, health status and medical test, We may Accept, reject or apply a risk loading up to a maximum 100% per Insured Person, on the premium payable (excluding statutory levis & taxes) based on declarations on proposal form, your health status. Loadings will be applied from Inception Date of the first Policy including subsequent renewal(s). There will be no loadings based on individual claims experience.

We may apply a risk sublimit/Co pay or both based on your health status for specific diseases/ conditions. The limits may be applied in terms of amount, percentage of sum insured or number of days of hospitalisation/ treatment. Sublimit/Co pay will be applied from inception date of first policy including subsequent renewals.

We may apply Permanent Exclusion for existing diseases allowed to be permanently excluded via IRDAI circular dated 22nd July 2020 (Ref: IRDAI/HLT/REG/CIR/193/07/2020) based on your health status. Sublimit/Co pay will be applied from inception date of first policy including subsequent renewals.

We will inform You about the applicable risk loading or special condition through a counter offer letter and We will only issue the Policy once We receive your consent and applicable additional premium.

Following loadings may be applied on the policy for the medical ailments listed below if they are accepted at the time of underwriting. The loadings are applicable on individual ailments only.

In case of loading on 2 or more ailments, the loadings shall apply in conjunction, however maximum risk loading per individual shall not exceed 100% of Premium excluding applicable Taxes. In case policies accepted with loadings, waiting period for Pre-existing disease's as well as Specified disease/ procedure waiting period shall continue to be applicable.

In case of floater policies, Highest loading of the individuals irrespective of age, shall be application on the total premium.

For example:

In case of a family of ages 35 years and 40 years who take an individual policy of 2 year term, the Premium & loading charged for the policy shall be based on the highest age of 40 years		
	Insured 1	**Insured 2**
Age	35 Years	40 years
Sum Insured	3 Lac	
Premium	13,410	
Underwriter Loading	20%	10%
Highest loading considered for application on the family	20%	
Loading Amount	Rs. 2,682	
Premium incl. Loading	Rs. 16,092	
Add: Service Tax @ 14.5%	Rs. 2,333	
Total Amount Payable	Rs. 18,426	

Sr. No.	List of Acceptable\ Medical Ailments (subject to other co-existing conditions)	Applicable Underwriting Loading (in %)
1	Anal fistula	10
2	Anemia, Hemolytic	10
3	Asthma	15
4	Benign Prostatic Hyperplasia	10
5	Biliary stones	10
6	Cataract (if surgery not done)	10
7	Cholelithiasis	10
8	Deviated Nasal Septum	10

9	Diabetes Mellitus	20
10	Dyslipidemia	15
11	Epilepsy	15
12	Fatty Liver	10
13	Fibroadenoma breast (non-malignant)	15
14	Fissure in Ano	10
15	GERD (Gastric Esophageal Reflux Disease)	15
16	Hematuria	10
17	Hemorrhoids	10
18	Hydrocele	10
19	Hypertension	20
20	Inguinal Hernia	10
21	Leiomyoma of GI tract	15
22	Myoma Uterine	10
23	Nasal polyp	10
24	Ovarian Cysts	15
25	Peptic Ulcer Diseases	10
26	Poliomyelitis	10
27	Polycystic Ovarian Disease (PCOD)	15
28	Renal stones	10
29	Tuberculosis	15
30	Tympanoplasty	10
31	Umbilical hernia	10
32	Undescended Testicle	15
33	Urinary Tract infection (UTI) / kidney infection	15
34	Varicocele	10
35	Varicose Veins	15
36	Vertigo	15

Loading based on the medical test:

Sl. No	Medical Test	Range of Loading Percent (For more than 10 percentile deviation from normal test values)
1	Haemogram	10%
2	Blood Sugar	10%
3	Urine routine	10%
4	Kidney Function Test	10%
5	Complete Lipid Profile	10%
6	Liver Function Test	10%
7	Prostate Specific Antigen	In case of deviation from normal values, medical test to be clinically correlated and evaluated on a case to case basis. If deviation is accepted then loading will be 20%
8	Thyroid Profile	10%
9	Tread Mill Test	In case of deviation from normal values, medical test to be clinically correlated and evaluated on a

		case to case basis. If deviation is accepted then loading will be 20%
10	USG Abdomen & Pelvis	In case of deviation from normal values, medical test to be clinically correlated and evaluated on a case to case basis. If deviation is accepted then loading will be 20%
11	X-Ray Chest	In case of deviation from normal values, medical test to be clinically correlated and evaluated on a case to case basis. If deviation is accepted then loading will be 20%
12	2D Echo	In case of deviation from normal values, medical test to be clinically correlated and evaluated on a case to case basis. If deviation is accepted then loading will be 20%

- **Declined Risks**

The following medical conditions would be upfront rejections:

A. Brain and Neurological conditions –like the following

- Acute paralysis
- Degenerative disorders- Motor Neuron Disease, Myasthenia Gravis
- Myopathys, Multiple sclerosis
- Cranial Nerve Disorders
- Hydrocephelous
- Chronic Polyneuropathy
- Development Disorders, Down Syndrome

B. Liver and gall bladder

- Hepatitis C

C. Diabetes

- Type 1- Insulin Dependent – Reject
- Type 2- Non Insulin dependent
    - More than 10 years History – Reject
    - For less than 10 years History,
        - Under 40 years age – Reject
        - Above 40 years age Accept

D. Heart Diseases

- Myocarditis
- Endocarditis
- Hypertrophy
- Pericarditis
- Past history of CABG or Angioplasty
- Aneurysm

E. Blood Disorders

- Anaemia – Medical examination
    - Aplastic – Reject
    - Iron deficiency – Reject if HB below 6 gm%
- Megaloblastic – Unresponsive / cause unknown – Reject

- Coagulation disorders – Reject
- Hemophilia
- Thalassemia

F. **Arthritis & Spinal Disorders**
G. **Organ Transplants**
H. Tuberculosis
    i. if cured more than 1 year – accept
    ii. if existing - reject
I. Leiomyoma
J. Auto immune disorder
K. Body Mass Index > 37

Above list is not an exhaustive one and may vary depending upon the experience.

- ***Premiums***

The Premium charged on the Policy will depend on the Plan, Sum Insured, Policy Tenure, Age, Policy Type, and Optional Extensions opted. Additionally the health status of the individual will also be considered.
In case of Floater policy type, premiums will be calculated on the age of the senior most member in the Family.

- ***Discounts***

Discount for Long Term policies – 5% for 2 year policies and 10% for 3 year policies
Discount for Renewing policy online – 2.5%
Discount for Kotak Group Employee – 5%

- ***Annual Sum Insured***

This denotes the maximum amount of cover available to you for a Policy Period of one year.

- ***Cancellation of Policy***

i. The policyholder may cancel this policy by giving 15days' written notice and in such an event, the Company shall refund premium for the unexpired policy period as detailed below.

For Policyholder’s initiated cancellation, the Company would compute refund amount as pro-rata (for the unexpired duration) premium further deducted by 25% of computed refundable premium towards management expenses.

Notwithstanding anything contained herein or otherwise, no refunds of premium shall be made in respect of Cancellation where, any claim has been admitted or has been lodged or any benefit has been availed by the insured person under the policy.

ii. The Company may cancel the policy at any time on grounds of misrepresentation non-disclosure of material facts, fraud by the insured person by giving 15 days' written notice. There would be no refund of premium on cancellation on grounds of misrepresentation, non-disclosure of material facts or fraud.

- ***Payment Terms:***

The named benefits below shall have sum insured in addition to the Annual opted Sum Insured.

- Hospital Cash

- Convalescence benefit
- Critical Illness cover.
- Maternity benefit
- Compassionate visit
- Double Sum Insured for Hospitalization due to Accident
- Restoration of Sum Insured

Rest of the benefits names as under shall share the same sum insured as base covers.

- Domiciliary Hospitalization Cover
- Donor Expenses
- Alternative Treatment
- New born baby cover

3. Waiting Period's and Exclusions

3.1 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 48 months of continuous coverage after the date of inception of the first policy with insurer.
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 48 months for any pre-existing disease is subject to the same being declared at the time of application and accepted by Insurer.

3.2 30 Day Waiting Period (Code – Excl03)

a) 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.
b) This exclusion shall not, however, apply if the Insured Person has Continuous Coverage for more than twelve months.
c) The within referred waiting period is made applicable to the enhanced sum insured in the event of granting higher sum insured subsequently.

3.3 Specified disease/ procedure waiting period (Code – Excl02)

a) Expenses related to the treatment of the listed Conditions, surgeries/treatments shall be excluded until the expiry of 24 months of continuous coverage after the date of inception of the first policy with us. 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.

f) List of specific diseases/procedures

(a) Cataract*;
(b) Benign Prostatic Hypertrophy;
(c) Myomectomy, Hysterectomy unless because of malignancy;
(d) All types of Hernia, Hydrocele;
(e) Fissures and/or Fistula in anus, haemorrhoids/piles;
(f) Arthritis, gout, rheumatism and spinal disorders;
(g) Joint replacements unless due to Accident;
(h) Sinusitis and related disorders;
(i) Stones in the urinary and biliary systems;
(j) Dilatation and curettage, Endometriosis;
(k) All types of skin and internal tumors/ cysts/ nodules/ polyps of any kind including breast lumps unless malignant;
(l) Dialysis required for chronic renal failure;
(m) Surgery on Tonsilitis, adenoids and sinuses;
(n) Gastric and duodenal erosions and ulcers;
(o) Deviated nasal septum;
(p) Varicose Veins/ Varicose Ulcers.

* Our maximum liability for any Claim for an Insured Person's cataract treatment shall not exceed INR 20,000 per eye, during each Policy Year of the Policy Period.

3.4 Permanent Exclusions:

(a) 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

(b) Rest Cure, rehabilitation and respite care (Code – Excl05)

a) 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.

(c) Obesity/ Weight Control (Code – Excl06)

Expenses related to the surgical treatment of obesity that does not fulfil all the below conditions:
1) Surgery to be conducted is upon the advice of the Doctor
2) The surgery/Procedure conducted should be supported by clinical protocols
3) The member has to be 18 years of age or older and
4) Body Mass Index (BMI);
    a) greater than or equal to 40 or
    b) greater than or equal to 35 in conjunction with any of the following severe co-morbidities following failure of less invasive methods of weight loss:

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

(d) Change-of- Gender treatments (Code – Excl07)

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

(e) 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.

(f) 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.

(g) 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.

(h) 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.

(i) Code- Excl12

Treatment for, Alcoholism, drug or substance abuse or any addictive condition and consequences thereof

(j) Code- Excl13

Treatments received in health hydros, nature cure clinics, spas or similar establishments or private beds registered as a nursing home attached to such establishments or where admission is arranged wholly or partly for domestic reasons.

(k) Code- Excl14

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.

(l) Refractive Error (Code- Excl15)

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

(m) 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.

(n) 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

(o) Maternity (Code- Excl18)

i. Medical treatment expenses traceable to childbirth (including complicated deliveries and caesarean sections incurred during hospitalisation) except ectopic pregnancy
ii. Expenses towards miscarriage (unless due to an accident) and lawful medical termination of pregnancy during the policy period.

(p) Costs of routine medical, eye or ear examinations preventive health check-ups, spectacles, laser surgery for correction of refractory errors, contact lenses, hearing aids, dentures or artificial teeth;

(q) Any expenses incurred on prosthesis, corrective devices, external durable medical equipment of any kind, like wheelchairs, crutches, instruments used in treatment of sleep apnoea syndrome or continuous ambulatory peritoneal dialysis (C.A.P.D.) and oxygen concentrator for bronchial asthmatic condition, cost of cochlear implant(s) unless necessitated by an Accident or required intra-operatively;

(r) Expenses incurred on all dental treatment unless necessitated due to an Accident;

(s) Any expenses incurred on personal comfort, cosmetics, convenience and hygiene related items and services;

(t) Any naturopathy treatment, acupressure, acupuncture, magnetic and such other therapies;

(u) Circumcision unless necessary for treatment of an Illness or necessitated due to an Accident;

(v) Vaccination or inoculation of any kind, unless it is post animal bite;

(w) Intentional self-injury (whether arising from an attempt to commit suicide or otherwise);

(x) Treatment relating to Congenital external Anomalies;

(y) Any treatment related to sleep disorder or sleep apnoea syndrome, general debility, convalescence, run-down condition

(z) Costs incurred for any health check-up or for the purpose of issuance of medical certificates and examinations required for employment or travel or any other such purpose;

(aa) Any expenses arising out of Domiciliary Hospitalization; unless covered under extension 'Domiciliary hospitalization cover'

(bb) Any treatment taken outside India;

(cc) Any treatment taken from anyone not falling within the scope of definition of Medical Practitioner. Any treatment charges or fees charged by any Medical Practitioner acting outside the scope of licence or registration granted to him by any medical council;

(dd) Expenses related to donor screening, treatment, including surgery to remove organs from a donor in the case of transplant surgery; unless covered under extension **'**Donor Expenses'**.**

(ee) Non- allopathic treatment; unless covered under extension 'Alternative treatment'

(ff) Any consequential or indirect loss arising out of or related to Hospitalization;

(gg) Any Injury or Illness directly or indirectly caused by or arising from or attributable to war, invasion, acts of foreign enemies, hostilities (whether war be declared or not), civil war, commotion, unrest, rebellion, revolution, insurrection, military or usurped power or confiscation or nationalisation or requisition of or damage by or under the order of any government or public local authority;

(hh) Any Illness or Injury directly or indirectly caused by or contributed to by nuclear weapons/materials or contributed to by or arising from ionising radiation or contamination by radioactivity by any nuclear fuel or from any nuclear waste or from the combustion of nuclear fuel;

(ii) All non-medical expenses listed in Annexure III (List I) of the Policy.

(jj) Any physical, medical condition or treatment that is specifically excluded in the Policy Schedule under Important Conditions

4. How do I claim my insurance?

- ***Cashless Basis:*** In case of emergency or planned Hospitalisation, use your health ID card at our network Hospitals and avail of cashless service. Cashless facility is only available at a Network Provides and approval is subject to Pre-authorisation approved by Us

- ***Pre-authorization*** means prior to taking any treatment or incurring Medical Expenses at a Network Hospital, You must contact Us accompanied with full particulars namely, Policy Number, Your name, Your relationship with Policyholder, nature of Illness or Injury, name and address of the doctor/ Hospital and any other information that may be relevant to the Illness/ Injury/ Hospitalisation. You must request pre-authorisation at least 48 hours before a planned Hospitalization and in case of an emergency situation, within 24 hours of Hospitalization.

Once there is sufficient information to assess the eligibility of the Claim under the Policy, We/Our TPA will issue the authorisation letter specifying the sanctioned amount, any specific limitation on the Claim and non-payable items, if applicable, or reject the request for pre-authorisation specifying reasons for the rejection.

- ***Reimbursement Basis:*** In case of reimbursement settlement, You should immediately notify Us about the claim by calling at the toll free number as specified in the Policy. You or someone claiming on Your behalf, should then send us the following documents in original within 30 days after Your discharge from the Hospital:
    - Duly completed Claim form signed by You and the Medical Practitioner (only for reimbursement claims);
    - Copy of the photo identity document of the Insured Person;
    - Original bills, receipts and discharge certificate/card from the Hospital/Medical Practitioner;
    - Original bills from chemists supported by proper prescription;
    - Original investigation test reports and payment receipts;
    - Indoor case papers;
    - Medical Practitioner's referral letter advising Hospitalization in non-Accident cases and referral slip for all investigations carried out;
    - Hospital discharge summary;
    - FIR or MLC for Accident cases;
    - Post mortem report (if applicable and conducted);
    - Any other document as required by Us or Our TPA to investigate the Claim or Our obligation to make payment for it.

If the Claim is not notified to Us within 30 days of the Insured Person's discharge from Hospital, then We shall be provided the reasons for the delay in writing. We will condone such delay on merits where the delay has been proved to be for reasons beyond the claimant's control.

4.1 Claim Documents

We shall be provided the following necessary information and documentation in respect of all Claims within 30 days of the Insured Person's discharge from Hospital. For Claims under which the use of Cashless Facility has been approved, We will be provided these documents by the Network Provider immediately following the Insured Person's discharge from Hospital:

(a) Duly completed Claim form signed by You and the Medical Practitioner (only for reimbursement claims);
(b) Original Pre – authorization request
(c) Copy of Pre – authorization approval letter
(d) Copy of the photo identity document of the Insured Person;
(e) Original bills, receipts and discharge certificate/card from the Hospital/Medical Practitioner;
(f) Original bills from chemists supported by proper prescription;
(g) Original investigation test reports (including CT/MR/USG/ECG, as applicable) and payment receipts;
(h) Indoor case papers;
(i) Medical Practitioner's referral letter advising Hospitalization in non-Accident cases and referral slip for all investigations carried out;
(j) Hospital discharge summary;
(k) FIR or MLC for Accident cases;
(l) Post mortem report (if applicable and conducted);
(m) Any other document as required by Us or Our TPA to investigate the Claim or Our obligation to make payment for it.

4.2 Claims for pre-hospitalisation medical expenses and post-hospitalisation medical expenses

(a) All Claims for Pre-Hospitalisation Medical Expenses shall be submitted to Us within 30 days of the Insured Person's discharge from Hospital along with the following information and documentation:
   (i) Duly Completed Claim Form
   (ii) Investigation Payment Receipt
   (iii) Original Investigation Report
   (iv) Original Pharmacy Bills
   (v) Original Pharmacy Prescription
   (vi) Copy of Discharge Summary

(b) All Claims for Post-Hospitalisation Medical Expenses shall be submitted to Us within 30 days of the completion of post hospitalisation period as mentioned in your plan. You need to send Medical Expenses being incurred along with the following information and documentation:
   (i) Duly Completed Claim Form
   (ii) Investigation Payment Receipt
   (iii) Original Investigation Report
   (iv) Original Pharmacy Bills
   (v) Original Pharmacy Prescription
   (vi) Copy of Discharge Summary

(c) If the Claim is not notified to Us within these specified timeframes, then We shall be provided the reasons for the delay in writing. We will condone such delay on merits where the delay has been proved to be for reasons beyond the claimant's control.

In Case of Claim Contact Us at:
24x7 Toll Free number: 1800 266 4545 or may write an e- mail at care@kotak.com

In the event of claims, please send the relevant documents to:
Family Health Plan (TPA) Ltd,
Srinilaya – Cyber Spazio
Suite # 101,102,109 & 110, Ground Floor,
Road No. 2, Banjara Hills,
Hyderabad, 500 034.

- **Endorsements**

The Policy will allow the following endorsements during the term of the Policy. Any request for endorsement must be made by You in writing. Any endorsement would be effective from the date of the request as received from You, or the date of receipt of premium, whichever is later other than for change in Date of Birth which will be with effect from inception.

a) Non-Financial Endorsements – which do not affect the premium.

- Rectification in Name of the Proposer / Insured Person
- Rectification in Gender of the Proposer/ Insured Person
- Rectification in Relationship of the Insured Person with the Proposer
- Rectification of Date of Birth of the Insured Person (if this does not impact the premium)
- Change in the correspondence address of the Proposer (if this does not change Zone)
- Change/Updation in the contact details/ contact address of the Proposer
- Change in Nominee Details

b) Financial Endorsements – which result in alteration in premium

- Deletion of Insured Member on Death or Separation or Policyholder/Insured Person Leaving the Country only if no claims are paid / outstanding.
- Change in Age/Date Of Birth
- Addition of Member [New Born Baby (from 91 days) or Newly Wedded Spouse]

All endorsement requests may be assessed by the underwriting team and if required additional information/documents may be requested.

5. Renewal of Policy

The policy shall ordinarily be renewable except on grounds of fraud, misrepresentation by the insured person.

i. The Company shall endeavor to give notice for renewal. However, the Company is not under obligation to give any notice for renewal.

ii. Renewal shall not be denied on the ground that the insured person had made a claim or claims in the preceding policy years.

iii. Request for renewal along with requisite premium shall be received by the Company before the end of the policy period.

iv. At the end of the policy period, the policy shall terminate and can be renewed within the Grace Period of atleast 30 days to maintain continuity of benefits without break in policy. Coverage is not available during the grace period.

v. No loading shall apply on renewals based on individual claims experience.

6. Portability

The insured person will have the option to port the policy to other insurers by applying to such insurer to port the entire policy along with all the members of the family, if any, at least 45 days before, but not earlier than 60 days from the policy renewal date as per IRDAI guidelines related to portability. If such person is presently covered and has been continuously covered without any lapses under any health insurance policy with an Indian General/Health insurer, the proposed insured person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on portability.

For Detailed Guidelines on Portability, kindly refer: IRDAI/HLT/REG/CIR/003/01/2020

7. 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 atleast 30 days before the policy renewal date as per IRDAI guidelines on Migration. If such person is presently covered and has been continuously covered without any lapses under any health insurance product/plan offered by the company, the insured person will get the accrued continuity benefits in waiting periods as per IRDAI guidelines on migration.

For Detailed Guidelines on Migration, kindly refer: IRDAI/HLT/REG/CIR/003/01/2020

8. Tax Benefit

You can avail of tax benefit on premiums paid under health covers of this Policy, as per Section 80D of Income Tax Act, 1961 and amendments made thereafter. Tax laws are liable to change. Please seek advice from your financial advisors on applicable taxation benefits.

9. Free Look Period:

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 person shall be allowed free look period of fifteen 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;

10. Redressal of Grievance

In case of any grievance the insured person may contact the company through
Website: www.kotakgeneralinsurance.com
Toll free: 18002664545
E-mail: care@kotak.com
Fax: 022-28401823
Courier: Kotak General Insurance 2nd Floor, Zone II, Building No.21, Infinity IT park, Off Western Express Highway, Goregaon, Mulund Link Road, Malad (E), Mumbai - 400097.

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 grievanceofficer@kotak.com
For updated details of grievance officer, kindly refer the link:
https://www.kotakgeneralinsurance.com/customer-support/grievance-redressal-process

For senior citizens, please contact the respective branch office of the Company or call at 18002664545 or may write an e- mail at seniorcitizen@kotak.com

If Insured person is not satisfied with the redressal of grievance through above methods, the insured person may also approach the office of Insurance Ombudsman of the respective area/region for redressal of grievance as per Insurance Ombudsman Rules 2017.

The details of the Insurance Ombudsman is available at:

https://www.kotakgeneralinsurance.com/customer-support/grievance-redressal-process
The updated details of Insurance Ombudsman offices are also available on the website of Executive Council of Insurers: www.ecoi.co.in/ombudsman.html
The details of the Insurance Ombudsman is available at Annexure I of the Policy wordings

Grievance may also be lodged at IRDAI Integrated Grievance Management System – https://igms.irda.gov.in/

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 – Day care Procedures

Operations on the eyes	35. Other excisions of the middle and inner ear
1. Incision of tear glands	36. Fenestration of the inner ear
2. Other operations on the tear ducts	37. Revision of a fenestration of the inner ear
3. Incision of diseased eyelids	38. Incision (opening) and destruction (elimination) of the inner ear
4. Excision and destruction of diseased tissue of the eyelid	39. Other operations on the middle and inner ear
5. Operations on the canthus and epicanthus	**Operations on the tongue**
6. Corrective surgery for entropion and ectropion	40. Incision, excision and destruction of diseased tissue of the tongue
7. Corrective surgery for blepharoptosis	41. Partial glossectomy
8. Removal of a foreign body from the conjunctiva	42. Glossectomy
9. Removal of a foreign body from the cornea	43. Reconstruction of the tongue
10. Incision of the cornea	44. Other operations on the tongue
11. Operations for pterygium	**Other operations on the mouth & face**
12. Other operations on the cornea	45. External incision and drainage in the region of the mouth, jaw and face
13. Removal of a foreign body from the lens of the eye	46. Incision of the hard and soft palate
14. Removal of a foreign body from the posterior chamber of the eye	47. Excision and destruction of diseased hard and soft palate
15. Removal of a foreign body from the orbit and eyeball	48. Incision, excision and destruction in the mouth
16. Operation of cataract	49. Plastic surgery to the floor of the mouth
Operations on the nose & the nasal sinuses	50. Palatoplasty
17. Excision and destruction of diseased tissue of the nose	51. Other operations in the mouth
18. Operations on the turbinates (nasal concha)	**Operations on the tonsils & adenoids**
19. Other operations on the nose	52. Transoral incision and drainage of a pharyngeal abscess
20. Nasal sinus aspiration	53. Tonsillectomy without adenoidectomy
21. Foreign body removal from nose	54. Tonsillectomy with adenoidectomy
Microsurgical operations on the middle ear	55. Excision and destruction of a lingual tonsil
22. Stapedotomy	56. Other operations on the tonsils and adenoids
23. Stapedectomy	**Operations on the salivary glands & salivary ducts**
24. Revision of a stapedectomy	57. Incision and lancing of a salivary gland and a salivary duct
25. Other operations on the auditory ossicles	58. Excision of diseased tissue of a salivary gland and a salivary duct
26. Myringoplasty (Type -I Tympanoplasty)	59. Resection of a salivary gland
27. Tympanoplasty (closure of an eardrum perforation/reconstruction of the auditory ossicles)	60. Reconstruction of a salivary gland and a salivary duct
28. Revision of a tympanoplasty	61. Other operations on the salivary glands and salivary ducts

29. Other microsurgical operations on the middle ear	**Operations on the breast**
Other operations on the middle & internal ear	62. Incision of the breast
30. Myringotomy	63. Operations on the nipple
31. Removal of a tympanic drain	
32. Incision of the mastoid process and middle ear	
33. Mastoidectomy	
34. Reconstruction of the middle ear	

Operations on the skin & subcutaneous tissues	99. Dilatation of the cervical canal
64. Incision of a pilonidal sinus	100. Conisation of the uterine cervix
65. Other incisions of the skin and subcutaneous tissues	101. Other operations on the uterine cervix
66. Surgical wound toilet (wound debridement) and removal of diseased tissue of the skin and subcutaneous tissues	102. Incision of the uterus (hysterotomy)
67. Local excision of diseased tissue of the skin and subcutaneous tissues	103. Therapeutic curettage
68. Other excisions of the skin and subcutaneous tissues	104. Culdotomy
69. Simple restoration of surface continuity of the skin and subcutaneous tissues	105. Incision of the vagina
70. Free skin transplantation, donor site	106. Local excision and destruction of diseased tissue of the vagina and the pouch of Douglas
71. Free skin transplantation, recipient site	107. Incision of the vulva
72. Revision of skin plasty	108. Operations on Bartholin's glands (cyst)
73. Other restoration and reconstruction of the skin and subcutaneous tissues.	**Operations on the prostate & seminal vesicles**
74. Chemosurgery to the skin.	109. Incision of the prostate
75. Destruction of diseased tissue in the skin and subcutaneous tissues	110. Transurethral excision and destruction of prostate tissue
Operations on the digestive tract	111. Transurethral and percutaneous destruction of prostate tissue
76. Incision and excision of tissue in the perianal region	112. Open surgical excision and destruction of prostate tissue
77. Surgical treatment of anal fistulas	113. Radical prostatovesiculectomy
78. Surgical treatment of haemorrhoids	114. Other excision and destruction of prostate tissue
79. Division of the anal sphincter (sphincterotomy)	115. Operations on the seminal vesicles
80. Other operations on the anus	116. Incision and excision of periprostatic tissue
81. Ultrasound guided aspirations	117. Other operations on the prostate
82. Sclerotherapy etc.	**Operations on the scrotum & tunica vaginalis testis**
Operations of bones and joints	118. Incision of the scrotum and tunica vaginalis testis
83. Surgery for ligament tear	119. Operation on a testicular hydrocele

84. Surgery for meniscus tear	120. Excision and destruction of diseased scrotal tissue
85. Surgery for hemoarthrosis/ pyoarthrosis	121. Plastic reconstruction of the scrotum and tunica vaginalis testis
86. Removal of fracture pins/ nails	122. Other operations on the scrotum and tunica vaginalis testis
87. Removal of metal wire	**Operations on the testes**
88. Closed reduction on fracture, luxation	123. Incision of the testes
89. Reduction of dislocation under GA	124. Excision and destruction of diseased tissue of the testes
90. Epiphyseolysis with osteosynthesis	125. Unilateral orchidectomy
91. Trauma surgery and orthopaedics	126. Bilateral orchidectomy
92. Incision on bone, septic and aseptic	127. Orchidopexy
93. Closed reduction on fracture, luxation or epiphyseolysis with osteosynthesis	128. Abdominal exploration in cryptorchidism
94. Suture and other operations on tendons and tendon sheath	129. Surgical repositioning of an abdominal testis
Operations on the female sexual organs	130. Reconstruction of the testis
96. Incision of the ovary	131. Implantation, exchange and removal of a testicular prosthesis
97. Insufflation of the fallopian tubes	132. Other operations on the testis
98. Other operations on the Fallopian tube	

Operations on the spermatic cord, epididymis und ductus deferens	**Operations on the urinary system**
133. Surgical treatment of a varicocele and a hydrocele of the spermatic cord	144. Cystoscopical removal of stones
Operations on the spermatic cord, epididymis und ductus deferens	**Other Operations**
134. Excision in the area of the epididymis	145. Lithotripsy
135. Epididymectomy	146. Coronary angiography
136. Reconstruction of the spermatic cord	147. Haemodialysis
137. Reconstruction of the ductus deferens and epididymis	148. Radiotherapy for Cancer
138. Other operations on the spermatic cord, epididymis and ductus deferens	149. Cancer Chemotherapy
Operations on the penis	150. Endoscopic polypectomy
139. Operations on the foreskin	
140. Local excision and destruction of diseased tissue of the penis	
141. Amputation of the penis	
142. Plastic reconstruction of the penis	
143. Other operations on the penis	