

Issuing Office :

FAMILY FLOATER HEALTH GUARD POLICY

Our agreement to insure You is based on Your Proposal to Us, which is the basis of this agreement, and Your payment of the premium. This Policy records the entire agreement between Us and sets out what We insure, how We insure it, and what We expect of You and what You can expect of Us.

A Cover**1) Medical Expenses**

If You / Your family members named in the schedule are hospitalized on the advice of a Doctor because of *Illness or accidental Bodily Injury* sustained or contracted during the Policy Period, then We will pay You, Reasonable and Customary Medical Expenses incurred.

2) Ambulance Expenses

If a claim under Cover 1) is accepted, we will also pay the reasonable cost to a maximum of Rs 1000 per valid hospitalization claim for transferring You / Your family members named in the schedule to or between Hospitals in the Hospital's ambulance or in an ambulance provided by any ambulance service provider.

3) Medical Check-up

At the end of every continuous period of 4 years during which You have held Our *Family Floater Health Guard* policy without making a claim You or any of your family members named in the schedule may apply to Us for a free medical check up (Physician Consultation, ECG, Complete Blood Count, Urine Routine, Fasting blood Sugar, Post Prandial Blood Sugar, Lipid Profile, Serum Creatinine, SGOT, SGPT, GGTP and Chest X-ray) at a Bajaj Allianz Diagnostic Centre, the location of which We will specify at the time of Your application. For the avoidance of doubt, We shall not be liable for any other ancillary or peripheral costs or expenses (including but not limited to those for transportation, accommodation or sustenance). This benefit also floats over the family member(s) covered under the policy.

B Definitions

Words or terms in *Italic* have the meaning ascribed to them wherever they appear in this Policy, and references to the singular or to the masculine include references to the plural or to the female wherever the context permits:

- 1) *Bodily Injury* means physical bodily harm or injury, but does not include any mental disease or illness or sickness.
- 2) *Accident, Accidental* - A sudden, unintended and fortuitous external and visible event
- 3) *You, Your, yourself* means the person or persons that we insure as set out in the Schedule
- 4) *We, Our, Ours* means the Bajaj Allianz General Insurance Company Limited.
- 5) *Doctor* means a person who holds a recognized qualification in allopathic medicine, is registered by the medical council of the respective State of India in which he operates and is practicing within the scope of such license.
- 6) *Hospital* means any institution in India established for the indoor medical care and treatment of patients and which either:
 - a) Is registered and licensed as a hospital or nursing home with the appropriate local authorities and is under the supervision of a Doctor in attendance 24 hours a day and is not, except incidentally, a clinic, nursing home, rest home, or convalescent home for the addicted, aged, mentally disturbed or similar institution, or
 - b) Complies with at least the following criteria:
 - i) It has at least 10 inpatient beds;
 - ii) It has a fully equipped and functioning operating theatre;
 - iii) It has qualified nursing staff (any person who holds a certificate issued by a recognised nursing council) in attendance 24 hours per day;
 - iv) It has a Doctor who is in attendance 24 hours per day;
 - v) It maintains daily medical records for each of its patients,
- 7) *Bajaj Allianz Network Hospitals* means the Hospitals which have been empanelled by Us as per the latest version of the schedule of Hospitals maintained by Us, which is available to You on request.

- 8) *Bajaj Allianz Diagnostic Centre* means the diagnostic centers which have been empanelled by Us as per the latest version of the schedule of diagnostic centers maintained by Us, which is available to You on request.
- 9) *Illness* means sickness (a condition or an ailment affecting the general soundness and health of the Insured's body) or disease (an affliction of the bodily organs having a defined and recognized pattern of symptoms), but does not include any mental disease, sickness or illness.
- 10) *Pre-Existing ailment or disease* -Any condition, ailment or injury or related condition(s) for which you / your family members named in the schedule had signs or symptoms, and / or were diagnosed and / or received medical advice/ treatment, within 48 months prior to inception of your first policy.
- 11) *Limit of Indemnity* represents *Our* maximum liability to make payment for each and every claim per person and collectively for all persons mentioned in the *Schedule during the policy period* and in the aggregate for the person(s) named in the schedule during the policy period, and means the amount stated in the *Schedule* against each *Cover* in Section A.
- 12) *Medical Expenses* means the reasonable charges that You necessarily incur on the advice of a Doctor:
 - a) As an in-patient in a Hospital for accommodation; nursing care; the attention of medically qualified staff; undergoing medically necessary procedures; medical consumables;
 - b) In respect of medical treatment and essential investigations for a period of upto 90 days after discharge from a Hospital for medical treatment related to the illness or accidental Bodily Injury; (post-hospitalisation expenses);
 - c) In respect of the medical treatment of an Illness during the consecutive 60-day period immediately preceding Your admission to Hospital for that Illness, provided that the aforesaid 60 day period commences and ends within the Policy Period (pre-hospitalisation expenses).
- 13) *Policy* means the proposal, the Schedule (and any endorsements attaching to or forming part thereof) and the policy document.
- 14) *Policy Period* means the date between the commencement date and the expiry date (including the commencement date and expiry date) specified in the Schedule.
- 15) *Schedule* means the schedule and any annexure to it.
- 16) *Reasonable and Customary* means a charge which: a) is charged for medical treatment, supplies or medical services that are medically necessary to treat your condition; b) does not exceed the usual level of charges for similar medical treatment, supplies or medical services in the locality where the expense is incurred.

C What we will not pay

- 1) Benefits will not be available for Any condition, ailment or injury or related condition(s) for which you / Your family members named in the schedule have been diagnosed, received medical treatment, had signs and / or symptoms, prior to inception of your first policy, until 48 months continuous coverage have elapsed, after the date of inception of the first policy, with us.

The above exclusion C1 shall cease to apply if You have maintained a Family Floater Health Guard Policy with Us for a continuous period of a full 4 years with out break from the date of Your first Family Floater Health Guard Policy with Us.

In case of enhancement of Sum Insured this Exclusion shall apply afresh only to the extent of the amount by which the limit of indemnity has been increased (i.e. enhanced sum insured) if the policy is a renewal of Family Floater Health Guard Policy without break in cover.

We will also not pay for claims arising out of or howsoever connected to the following:

- 2) Without derogation from C1) above, any Medical Expenses incurred during the first two consecutive annual periods during which You / Your family members named in the schedule have the benefit of a Family Floater Health Guard Policy with Us in connection with any types of gastric or duodenal ulcers, cataracts, benign prostatic hypertrophy, hernia of all types, hydrocele, all types of sinuses, fistulae, haemorrhoids, fissure in ano, dysfunctional uterine bleeding, fibromyoma, endometriosis, hysterectomy, stones in the urinary and biliary systems, surgery on ears/tonsils/adenoids/paranasal sinuses, Surgery for any skin ailment, Surgery on all internal or external tumours/ cysts/nodules/polyps of any kind including breast lumps with exception of Malignant tumor or growth. This exclusion period shall apply for a continuous period of a full 4 years from the date of your first Family Floater Health Guard Policy with Us if the above referred illness were present at the time of commencement of the policy and if You had declared such illness at the time of proposing the policy for the first time.
In case of enhancement of Sum Insured the waiting periods shall apply afresh only to the extent of the amount by which the limit of indemnity has been increased (i.e. enhanced sum insured) if the policy is a renewal of Health Policy without break in cover.
- 3) Any Medical Expenses incurred during the first four consecutive annual periods during which You / Your family members named in the schedule have the benefit of a Family Floater Health Guard Policy with Us in connection with joint replacement surgery unless such joint replacement surgery is necessitated by accidental Bodily Injury.
In case of enhancement of Sum Insured the waiting periods shall apply afresh only to the extent of the amount by which the limit of indemnity has been increased (i.e. enhanced sum insured) if the policy is a renewal of Family Floater Health Guard Policy without break in cover
- 4) Any Medical Expenses incurred for any illness diagnosed or diagnosable within 30 days of the commencement of the Policy Period except those incurred as a result of accidental Bodily Injury.
In case of enhancement of Sum Insured the waiting periods shall apply afresh only to the extent of the amount by which the limit of indemnity has been increased (i.e. enhanced sum insured) if the policy is a renewal of Health Policy without break in cover.
- 5) 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.
- 6) Circumcision, laser treatment for correction of eye sight due to refractive error, cosmetic or aesthetic treatments of any description, treatment or surgery for change of life/gender.
 - 7) Any form of plastic surgery (unless necessary for the treatment of illness or accidental Bodily Injury)
 - 8) The cost of spectacles, contact lenses, hearing aids, crutches, artificial limbs, dentures, artificial teeth and all other external appliances and/or devices whether for diagnosis or treatment.
 - 9) External medical equipment of any kind used at home as post hospitalisation care including cost of instrument used in the treatment of Sleep Apnoea Syndrome (C.P.A.P), Continuous Peritoneal Ambulatory Dialysis (C.P.A.D) and Oxygen concentrator for Bronchial Asthmatic condition.
 - 10) Dental treatment or surgery of any kind unless requiring hospitalisation and as a result of accidental Bodily Injury to natural teeth.
 - 11) Convalescence, general debility, rest cure, congenital diseases or defects or anomalies.
 - 12) Intentional self-injury (including but not limited to the use or misuse of any intoxicating drugs or alcohol)
 - 13) Ailments requiring treatment due to use or abuse of any substance, drug or alcohol and treatment for de-addiction.
 - 14) Any condition directly or indirectly caused by or associated with Human Immunodeficiency Virus or Variant/mutant viruses and or any syndrome or condition of a similar kind commonly referred to as AIDS.
 - 15) Medical Expenses relating to any hospitalisation primarily and specifically for diagnostic, X-ray or laboratory examinations and investigations.
 - 16) Any claim directly or indirectly caused by or contributed to by nuclear weapons and/or materials.
 - 17) Treatment arising from or traceable to pregnancy (whether uterine or extra uterine) and childbirth including caesarian section, and/or any treatment related to pre and postnatal care.
 - 18) Vaccination or inoculation unless forming a part of post bite treatment.
 - 19) Any fertility, sub fertility or assisted conception operation or sterilization procedure.
 - 20) Vitamins, tonics, nutritional supplements unless forming part of the treatment for injury or disease as certified by the attending Doctor
 - 21) Experimental, unproven or non-standard treatment.
 - 22) Surgery to correct deviated septum and hypertrophied turbinate.
 - 23) Treatment for any other system other than modern medicine (also known as Allopathy)
 - 24) Expenses related to donor screening, treatment, including surgery to remove organs from a donor in the case of transplant surgery.
 - 25) Venereal disease or any sexually transmitted disease or sickness.
 - 26) Weight management services and treatment related to weight reduction programmes including treatment of obesity.
 - 27) Treatment for any mental illness or psychiatric illness.

D Conditions

1) Conditions Precedent

Where this Policy requires You to do or not to do something, then the complete satisfaction of that requirement by You or someone claiming on Your behalf is a precondition to any obligation We have under this Policy. If You or someone claiming on Your behalf fails to completely satisfy that requirement, then We may refuse to consider Your claim. You will cooperate with Us at all times.

2) Insured

Only those persons named, as the Insured in the Schedule shall be covered under this Policy.

3) Communications

Any communication meant for Us must be in writing and be delivered to Our address shown in the Schedule. Any communication meant for You will be sent by Us to Your address shown in the Schedule.

4) Claims Procedures

If You / Your family members named in the schedule meet with any accidental Bodily Injury or suffer an illness that may result in a claim, then as a condition precedent to Our liability, you must comply with the following:

- a. Cashless treatment is only available at a Network Hospital. In order to avail of cashless treatment, the following procedure must be followed by You:
 - i) Prior to taking treatment and/or incurring Medical Expenses at a Network Hospital, You must call Us and request pre-authorisation by way of the written form We will provide.
 - ii) After considering Your request and after obtaining any further information or documentation we have sought, We may if satisfied send You or the Network Hospital, an authorisation letter. The authorisation letter, the ID card issued to You along with this Policy and any other information or documentation that We have specified must be produced to the Network Hospital identified in the pre-authorisation letter at the time of Your admission to the same.
 - iii) If the procedure above is followed, You will not be required to directly pay for the Medical Expenses in the Network Hospital that We are liable to indemnify under Cover A1) above and the original bills and evidence of treatment in respect of the same shall be left with the Network Hospital. Pre-authorisation does not guarantee that all costs and expenses will be covered. We reserve the right to review each claim for Medical Expenses and accordingly coverage will be determined according to the terms and conditions of this Policy. You shall, in any event, be required to settle all other expenses directly.
- b. If pre-authorisation per 4 a) above is denied by Us or if treatment is taken in a Hospital other than a Network

Hospital or if You do not wish to avail cashless facility, then:

- i. You or someone claiming on Your behalf must inform Us in writing immediately, and in any event within 30 days* of the aforesaid Illness or Bodily Injury.
- ii. You / Your family members named in the schedule must immediately consult a Doctor and follow the advice and treatment that he recommends.
- iii. You / Your family members named in the schedule must take reasonable steps or measure to minimise the quantum of any claim that may be made under this Policy.
- iv. You / Your family members named in the schedule must have Yourself examined by Our medical advisors if We ask for this, and as often as We consider this to be necessary.
- v. You or someone claiming on Your behalf must promptly and in any event within 30 days of discharge from a Hospital give Us the documentation (written details of the quantum of any claim along with all original supporting documentation, including but not limited to first consultation letter, original vouchers, bills and receipts, birth/ death certificate (as applicable)) and other information We ask for to investigate the claim or Our obligation to make payment for it.
- vi. In the event of the death of the insured person, someone claiming on his behalf must inform Us in writing immediately and send Us a copy of the post mortem report (if any) within 30 days*

*Note: Waiver of conditions (i) and (v) may be considered in extreme cases of hardship where it is proved to the satisfaction of the Company that under the circumstances in which the insured was placed it was not possible from him or any other person to give notice or file claim within the prescribed time limit.

5) **Cumulative Bonus**

If You renew Your Family Floater Health Guard Policy with Us without any break in the Policy Period and there has been no claim in the preceding year, We will increase the Limit of Indemnity by 5% per annum, but:

- i) The maximum cumulative increase in the Limit of Indemnity will be limited to 10 years and 50% of your first Family Floater Health Guard Policy with Us.
- ii) This clause does not alter the annual character of this insurance or Our right to decline to renew or to cancel the Policy.
- iii) If a claim is made in any year where a cumulative increase has been applied, then the increased Limit of Indemnity shall be reduced by 10%, save that the Limit of Indemnity applicable to your first Family Floater Health Guard Policy with Us shall be preserved.

6) **Basis of Claims Payment**

- a) If You / Your family members named in the schedule suffer a relapse within 45 days of the date when You last obtained medical treatment or consulted a Doctor and for which a claim has been made, then such relapse shall be deemed to be part of the same claim.
- b) If You / Your family members named in the schedule are hospitalized in a Hospital other than a Network Hospital, You shall bear 10% of the claim payable under the Policy and Our liability, if any, shall only be in excess of that sum. Waiver of the co-payment clause is available on payment of additional premium
- c) We shall not indemnify You / Your family members named in the schedule for any period of hospitalisation of less than 24 hours except for the 130 Day Care procedures the list of which is annexed.
- d) The day care procedures listed are subject to the exclusions, terms and conditions of the policy and will not be treated as independent coverage under the policy.
- e) Our obligation to make payment in respect of surgeries for cataracts (after the expiry of the 2 year period referred to in Exclusion C2) above), shall be restricted to 10% of the Limit of Indemnity for each and every claim, subject to a maximum of Rs 25000/- for each of you.
- f) We shall make payment in Indian Rupees only.

7. **Fraud**

If You / Your family members named in the schedule make or progress any claim knowing it to be false or fraudulent in any way, then this Policy will be void and all claims or payments due under it shall be lost and the premium paid shall become forfeited.

8. **Other Insurance**

If at the time when any claim arises under this Policy there is any other insurance which covers (or would but for the existence of this Policy cover), the same claim (in whole or in part), then We shall not be liable to pay or contribute more than its rateable proportion of any claim. In respect of a Cancer Insurance Policy issued in collaboration with the Indian Cancer Society, the benefits under this Policy shall be in excess of the benefits available under that policy.

9. **Renewal & Cancellation**

- a) We are not bound to accept any renewal premium or give notice that renewal is due. Under normal circumstances, renewal will not be refused except on the grounds of moral hazard of the insured .We may invite renewals with loading of premium for adverse claims experience.
- b) We may cancel this insurance by giving You at least 15 days written notice, and if no claim has been made then We shall refund a pro-rata premium for the unexpired Policy Period. Under normal circumstances ,policy will not be cancelled except for reasons of non-disclosure while proposing for insurance and /or lodging any fraudulent claim.
- c) You may cancel this insurance by giving Us at least 15 days written notice, and if no claim has been made then the We shall refund premium on short term rates for the unexpired Policy Period as per the rates detailed below.

PERIOD ON RISK	RATE OF PREMIUM REFUNDED
Upto one month	75% of annual rate
Upto three months	50%of annual rate
Upto six months	25% of annual rate
Exceeding six months	Nil

10. Territorial Limits & Governing Law

- a) This Policy is restricted to insured events occurring in and Medical Expenses incurred in India.
- b) The Policy constitutes the complete contract of insurance. No change or alteration shall be valid or effective unless approved in writing by Us, which approval shall be evidenced by an endorsement on the Schedule.
- c) The construction, interpretation and meaning of the provisions of this Policy shall be determined in accordance with Indian law. The section headings of this Policy are included for descriptive purposes only and do not form part of this Policy for the purpose of its construction or interpretation.

11. Arbitration and Reconciliation

- a) If any dispute or difference shall arise as to the quantum to be paid under the policy (liability being otherwise admitted) such difference shall independently of all other questions be referred to decision of a sole arbitrator in writing by the parties or if they cannot agree upon a single arbitrator within 30 days of any party invoking arbitration, the same shall be referred to a panel of the arbitrators comprising of two arbitrators, one appointed by each of the parties to the dispute/difference and the third arbitrator to be appointed by such two arbitrators and arbitration shall be conducted under and in accordance with the provisions of the Arbitration and Conciliation Act, 1996. The law of the arbitration will be Indian law, and the seat of the arbitration and venue for all hearings shall be within India.
- b) It is clearly agreed and understood that no difference or dispute shall be referable to arbitration as herein before provided, if the Company has disputed or not accepted liability under or in respect of this policy.
- c) It is hereby expressly stipulated and declared that it shall be a condition precedent to any right of action or suit upon this policy that award by such arbitrator/arbitrators of the amount of the loss or damage shall be first obtained
- d) If these arbitration provisions are held to be invalid, then all such disputes or differences shall be referred to the exclusive jurisdiction of the Indian Courts.

12. Subrogation

You and any claimant under this Policy shall do whatever is necessary to enable Us to enforce any rights and remedies or obtain relief or indemnity from other parties to which We would become entitled or subrogated upon Us paying for or making good any loss under this Policy whether such acts and things shall be or become necessary or required before or after Your indemnification by Us.

13. Declaration

- a) It is specifically and clearly understood by You that if you make any declaration which is false in the proposal form for insurance, whether material to the claim or not, We will have absolutely no liability on any claim arising out of or from this Policy.
- b) It is further understood and accepted by you that you have gone through the Policy and / or prospectus and have understood the implications of all its contents prior to affixing your signature on the proposal form.
- c) You further declare that your signing the proposal form is binding on All others who have been included by You in the Policy and indemnify Us in case of any loss arises as a consequence of their non adherence or challenging any of the terms of this Policy.

"DAY CARE PROCEDURES"

- 1. Suturing – CLW –under LA or GA
- 2. Surgical debridement of wound
- 3. Therapeutic Ascitic Tapping
- 4. Therapeutic Pleural Tapping
- 5. Therapeutic Joint Aspiration
- 6. Aspiration of an internal abscess under ultrasound guidance
- 7. Aspiration of hematoma
- 8. Incision and Drainage
- 9. Endoscopic Foreign Body Removal - Trachea /- pharynx-larynx/ bronchus
- 10. Endoscopic Foreign Body Removal - Esophagus/stomach /rectum.
- 11. True cut Biopsy – breast/- liver/- kidney-Lymph Node/-Pleura/-lung/-Muscle biopsy/-Nerve biopsy/-Synovial biopsy/- Bone trephine biopsy/-Pericardial biopsy
- 12. Endoscopic ligation/banding
- 13. Sclerotherapy
- 14. Dilatation of digestive tract strictures
- 15. Endoscopic ultrasonography and biopsy
- 16. Nissen fundoplication for Hiatus Hernia /Gastro esophageal reflux disease
- 17. Endoscopic placement/removal of stents
- 18. Endoscopic Gastrostomy
- 19. Replacement of Gastrostomy tube
- 20. Endoscopic polypectomy
- 21. Endoscopic decompression of colon
- 22. Therapeutic ERCP
- 23. Brochosopic treatment of bleeding lesion
- 24. Brochosopic treatment of fistula /stenting
- 25. Bronchoalveolar lavage & biopsy
- 26. Tonsillectomy without Adenoidectomy
- 27. Tonsillectomy with Adenoidectomy

28. Excision and destruction of lingual tonsil
29. Foreign body removal from nose
30. Myringotomy
31. Myringotomy with Grommet insertion
32. Myringoplasty /Tympanoplasty
33. Antral wash under LA
34. Quinsy drainage
35. Direct Laryngoscopy with or w/o biopsy
36. Reduction of nasal fracture
37. Mastoidectomy
38. Removal of tympanic drain
39. Reconstruction of middle ear
40. Incision of mastoid process & middle ear
41. Excision of nose granuloma
42. Blood transfusion for recipient
43. Therapeutic Phlebotomy
44. Haemodialysis/Peritoneal Dialysis
45. Chemotherapy
46. Radiotherapy
47. Coronary Angioplasty (PTCA)
48. Pericardiocentesis
49. Insertion of filter in inferior vena cava
50. Insertion of gel foam in artery or vein
51. Carotid angioplasty
52. Renal angioplasty
53. Tumor embolisation
54. TIPS procedure for portal hypertension
55. Endoscopic Drainage of Pseudopancreatic cyst
56. Lithotripsy
57. PCNS (Percutaneous nephrostomy)
58. PCNL (percutaneous nephrolithotomy)
59. Suprapubic cystostomy
60. Tran urethral resection of bladder tumor
61. Hydrocele surgery
62. Epididymectomy
63. Orchidectomy
64. Herniorrhaphy
65. Hernioplasty
66. Incision and excision of tissue in the perianal region
67. Surgical treatment of anal fistula
68. Surgical treatment of hemorrhoids
69. Sphincterotomy/Fissurectomy
70. Laparoscopic appendicectomy
71. Laparoscopic cholecystectomy
72. TURP (Resection prostate)
73. Varicose vein stripping or ligation
74. Excision of dupuytren's contracture
75. Carpal tunnel decompression
76. Excision of granuloma
77. Arthroscopic therapy
78. Surgery for ligament tear
79. Surgery for meniscus tear
80. Surgery for hemoarthrosis/pyoarthrosis
81. Removal of fracture pins/nails
82. Removal of metal wire
83. Incision of bone, septic and aseptic
84. Closed reduction on fracture, luxation or epiphyseolysis with osetosynthesis
85. Suture and other operations on tendons and tendon sheath
86. Reduction of dislocation under GA
87. Cataract surgery
88. Excision of lachrymal cyst
89. Excision of pterigium
90. Glaucoma Surgery
91. Surgery for retinal detachment
92. Chalazion removal (Eye)
93. Incision of lachrymal glands
94. Incision of diseased eye lids

95. Excision of eye lid granuloma
96. Operation on canthus & epicanthus
97. Corrective surgery for entropion & ectropion
98. Corrective surgery for blepharoptosis
99. Foreign body removal from conjunctiva
100. Foreign body removal from cornea
101. Incision of cornea
102. Foreign body removal from lens of the eye
103. Foreign body removal from posterior chamber of eye
104. Foreign body removal from orbit and eye ball
105. Excision of breast lump /Fibro adenoma
106. Operations on the nipple
107. Incision/Drainage of breast abscess
108. Incision of pilonidal sinus
109. Local excision of diseased tissue of skin and subcutaneous tissue
110. Simple restoration of surface continuity of the skin and subcutaneous tissue
111. Free skin transportation, donor site
112. Free skin transportation recipient site
113. Revision of skin plasty
114. Destruction of the diseases tissue of the skin and subcutaneous tissue
115. Incision, excision, destruction of the diseased tissue of the tongue
116. Glossectomy
117. Reconstruction of the tongue
118. Incision and lancing of the salivary gland and a salivary duct
119. Resection of a salivary duct
120. Reconstruction of a salivary gland and a salivary duct
121. External incision and drainage in the region of the mouth, jaw and face
122. Incision of hard and soft palate
123. Excision and destruction of the diseased hard and soft palate
124. Incision, excision and destruction in the mouth
125. Surgery to the floor of mouth
126. Palatoplasty
127. Transoral incision and drainage of pharyngeal abscess
128. Dilatation and curettage
129. Myomectomies
130. Simple Oophorectomies

Note: The standard exclusions and waiting periods are applicable to all of the above procedures depending on the medical condition/ disease under treatment. Only 24 hours hospitalization is not mandatory.