



ក្រុមហ៊ុនធានារ៉ាប់រង កម្ពុជានិយម
CAMPU LONPAC INSURANCE 柬埔寨大众伦平保险

Group Hospital & Surgical Insurance Plan

WHEREAS the Policyholder named and described in the Policy Schedule has made to CAMPU LONPAC INSURANCE PLC. (hereinafter called the "Company") a signed Proposal and Declaration together with all other statements made in writing including Renewal Declarations by the Policyholder shall be the basis of this contract and is deemed to be incorporated herein, and has paid or agreed to pay the premium stated in the Schedule as consideration for such insurance for the period stated therein.

NOW THIS POLICY WITNESSES that if during the Period of Insurance stated in the Policy Schedule attached hereto or during any further period for which the Company may accept payment for the renewal of this Policy, any Insured Person under this Policy is confined to a hospital as hereinafter defined or is receiving treatment related to benefits as stated in the Schedule of Benefits, the Company Shall pay, upon receipt and approval of proofs, the reasonable, customary and actual charges incurred by the Policyholder in accordance with the Plan which the insured Person is covered in respect of:-

1. Illnesses or disease occurring more than 30 days after the effective date of this Policy (qualifying period); and
2. Injuries occurring after the effective date of this insurance.

The maximum amount payable for the Benefits is limited on a Per Disability Basis in respect of any one Insured Person.

The amount payable will not exceed the actual costs of the services and the Maximum Liability of the Company shall not exceed the limits of the eligible expenses as shown in the Schedule of Benefits according to the appropriate Plan.

Subject to the definitions, exclusions and conditions as contained herein or as may be endorsed hereon.

IMPORTANT NOTICE TO POLICYHOLDER

The Policyholder is hereby advised to read through the Policy carefully. Your particular attention is drawn to some of the common important Definitions, Exclusions and Conditions appearing in the Policy as follows:-

1. Definition of Pre-Existing Illness and Specified Illnesses;
2. Exclusion of Cover for Pre-existing Illness and Specified Illnesses;
3. Eligibility for Benefits;
4. Co-payment Condition, Overseas Treatment Condition, Residence Overseas Condition, Upgraded Policies Condition.
5. Claims Procedures.

If you have any doubts regarding the terms and conditions of the Policy, please contact the Company directly for clarification, otherwise, it shall be assumed that they are understood and acceptable to you.

DEFINITIONS

COMPANY shall mean CAMPU LONPAC INSURANCE PLC, a company registered in Cambodia and having its business office at 7th Floor, Campu Bank Building, No. 23 Street 114, Phnom Penh, Cambodia.

POLICYHOLDER shall mean a person or a corporate body to whom the Policy has been issued in respect of cover for persons specifically identified as Insured Persons in this Policy.

INSURED shall mean Policyholder or Insured Person.

DEPENDANT shall mean any of the following persons:

- (a) a legally married spouse
- (b) unmarried children who has attained the age of 30 days old but under nineteen (19) years of age or twenty-three (23) years of age is still on full-time higher education, and who are not gainfully employed.

EFFECTIVE DATE shall mean the date on which the insurance coverage for each insured Person becomes operative as specified in the Policy Schedule.

POLICY YEAR shall mean the one year period including the effective date of commencement of Insurance and immediately following that date, or the one year period following the Renewal or Renewed Policy.

RENEWAL or RENEWED POLICY shall mean a Policy which has been renewed without any lapse of time upon expiry of a preceding Policy with the same content.

PREMIUM DUE DATE shall mean the due dates of the annual premium which commences on the Effective Date of insurance as specified in the Policy Schedule.

ACCIDENT shall mean a sudden, unintentional, unexpected, unusual, and specific event that occurs at an identifiable time and place which shall, independently of any other cause, be the sole cause of bodily injury.

INJURY shall mean bodily injury caused solely by Accident.

DISABILITY shall mean a Sickness, Disease, Illness or the entire Injuries arising out of a single or continuous series of causes.

ANY ONE DISABILITY shall mean all of the periods of disability arising from the same cause including any and all complications therefrom except that if the Insured Person completely recovers and remain free from further treatment (including drug, medicines, special diet or injection or advice for the condition) of the disability for at least ninety (90) days following the latest date of discharge and subsequent disability from the same cause shall be considered as though it were a new disability.

SICKNESS, DISEASE OR ILLNESS shall mean a physical condition marked by a pathological deviation from the normal healthy state.

HOSPITAL shall mean only an establishment duly constituted and registered as a hospital for the care and treatment of sick and injured persons as paying bed-patients, and which:

- (a) has facilities for diagnosis and major surgery,
- (b) provides 24 hours a day nursing services by registered and graduate nurses,
- (c) is under the supervision of a Physician, and
- (d) is not primarily a clinic; a place for alcoholics or drug addicts; a nursing, rest or convalescent home or a home for the aged or similar establishment.

HOSPITALISATION shall mean admission to a Hospital as a registered in-patient for Medically Necessary treatments for a covered Disability upon recommendation of a physician. A patient shall not be considered as an In-patient if the patient does not physically stay in the hospital for the whole period of confinement. The period of confinement is subject to a minimum of 6 hours with Hospital Room and Board charges being incurred for this confinement.

DOCTOR or PHYSICIAN or SURGEON a registered medical practitioner qualified and licensed to practice western medicine and who, in rendering such treatment, is practicing within the scope of his licensing and training in the geographical area of practice, but excluding a doctor, physician or surgeon who is the Insured himself.

INTENSIVE CARE UNIT shall mean a section within a Hospital which is designated as an Intensive Care Unit by Hospital, and which is maintained on a twenty-four (24) hour basis solely for treatment of patients in critical condition and is equipped to provide special nursing and medical services not available elsewhere in the Hospital.

DAY SURGERY shall mean a patient who needs the use of a recovery facility for a surgical procedure on a pre-plan basis at the hospital/specialist clinic (but not for overnight stay).

OUT-PATIENT shall mean the Insured Person is receiving medical care or treatment without being hospitalized and included treatment in a Daycare centre.

SURGERY shall mean any of the following medical procedures:

- (a) to incise, excise or electro cauterize any organ or body part, except for dental services;
- (b) to repair, revise or reconstruct any organ or body part;
- (c) to reduce by manipulation a fracture or dislocation;
- (d) use of endoscopy to remove a stone or object from the larynx, bronchus, trachea, esophagus, stomach, intestine, urinary bladder or urethra.

PRE-EXISTING ILLNESS shall mean disabilities that the Insured Person has reasonable knowledge of an Insured Person may be considered to have reasonable knowledge of a pre-existing condition where the condition is one for which:

- (a) the Insured Person has received or is receiving treatment;
- (b) medical advice, diagnose, care or treatment has been recommended;
- (c) clear and distinct symptoms are or were evident; or
- (d) its existence would have been apparent to a reasonable person in the circumstances.

CONGENITAL CONDITIONS shall mean any medical or physical abnormalities existing at the time of birth, as well as neo-natal physical abnormalities developing within six (6) months from the time of birth. They will include hernias of all types and epilepsy except when caused by a trauma which occurred after the date that the insured was continuously covered under this Policy.

SPECIFIED ILLNESS shall mean the following disabilities and its related complications, occurring within the first 120 days of Insurance of the insured Person:

- (a) Hypertensive, Diabetes mellitus and Cardiovascular disease;
- (b) All tumours, cancers, cysts, nodules, polyps, stones of the urinary system and biliary system;
- (c) All ear, nose (including sinuses) and throat conditions;

- (d) Hernias, haemorrhoids, fistulae, hydrocele, varicocele;
- (e) Endometriosis including disease of the Reproduction system;
- (f) Vertebro-spinal disorders (including disc) and knee conditions.

WAITING PERIOD shall mean the first 30 days between the beginning of an Insured Person's disability and the commencement of this Policy date/reinstatement date and is applied only when the person is first covered. This shall not be applicable after the first year of cover. However, if there is a break in insurance, the Waiting Period will apply again.

ELIGIBLE EXPENSES shall mean Medically Necessary expenses incurred due to a covered Disability but not exceeding the limits in the Schedule.

MEDICALLY NECESSARY shall mean a medical service which is:

- (a) consistent with the diagnosis and customary medical treatment for a covered Disability, and
- (b) in accordance with standards of good medical practice, consistent with current standard of professional medical care, and of proven medical benefits, and
- (c) not for the convenience of the Insured or the Physician, and unable to be reasonably rendered out of hospital (if admitted as an inpatient), and
- (d) not of an experimental, investigational or research nature, preventive or screening nature,
- (e) for which the charges are fair and reasonable and customary for the Disability.

REASONABLE AND CUTOMARY CHARGES shall mean charges for medical care which is Medically Necessary shall be considered reasonable and customary of the extent that it does not exceed the general level of charges being made by others of similar standing in the locality where the charge is incurred, when furnishing like or comparable treatment, services or supplies to individual of the same sex and of comparable age for a similar sickness, disease or injury and in accordance with accepted medical standards and practice could not have been omitted without adversely affecting the Insured Person's medical condition.

PRESCRIBED MEDICINES shall mean medicines that are dispensed by a Physician, a Registered Pharmacist or a Hospital and which have been prescribed by a Physician or Specialist in respect of treatment for a covered Disability.

DENTIST shall mean a person who is duly licensed or registered to practice dentistry in the geographical area in which a service is provided, but excluding a physician or surgeon who is the Insured himself.

SPECIALIST shall mean a medical or dental practitioner registered and licensed as such in the geographical area of his practice where treatment takes place and who is classified by the appropriate health authorities as a person with superior expertise in specified fields of medicine or dentistry, but excluding a physician or surgeon who is the Insured himself.

GOVERNMENT HOSPITAL shall mean a hospital which is administered by the officials of the city, country, state or nation.

DESCRIPTION OF BENEFITS

The amount payable by the Company will not exceed the actual costs of the services rendered and the maximum liability of the Company shall base on the Actual, Medically Necessary, Reasonable and Customary Charges incurred but not to exceed the Benefit Limits in accordance with the Benefit Plan set forth in the Schedule of Benefits.

HOSPITAL ROOM AND BOARD

Reimbursement of the Reasonable and Customary Charges Medically Necessary for room accommodation and meals. The amount of the benefit shall be equal to the actual charges made by the Hospital during the Insured Person's confinement, but in no event shall the benefit exceed, for any one day, the rate of Room and Board Benefit, and the maximum number of days as set forth in the Schedule of Benefits. The Insured Person will only be entitled to this benefit while confined to a Hospital as an in-patient.

INTENSIVE CARE UNIT

Reimbursement of the Reasonable and Customary Charges Medically Necessary for actual room and board incurred during confinement as an in-patient in the Intensive Care Unit of the Hospital; This benefit shall be payable equal to the actual charges made by the Hospital subject to the maximum benefit for any one day, and maximum number of days, as set forth in the Schedule of Benefits. Where the period of confinement in an Intensive Care Unit exceeds the maximum set forth in the Schedule of Benefits, reimbursement will be restricted to the standard Daily Hospital Room and Board rate.

No Hospital Room and Board Benefits shall be paid for the same confinement period where the Daily Intensive Care Unit Benefits is payable.

HOSPITAL SUPPLIES AND SERVICES

Reimbursement of the Reasonable and Customary Charges actually incurred for Medically Necessary general nursing, prescribed and consumed drugs and medicine, dressings, splints, plaster casts, x-ray, laboratory examinations, electrocardiograms, physiotherapy, basal metabolism tests, intravenous injections and solutions, administration of blood and blood plasma but excluding the cost of blood and plasma whilst the Insured Person is confined as an in-patient in a Hospital, up to the amount stated in the Schedule of Benefits.

SURGICAL FEES

Reimbursement of the Reasonable and Customary Charges for a Medically Necessary surgery by the Specialists, including pre-surgical assessment, Specialist's visits to the Insured Person and post-surgery care, charges by anesthetists and operating room charges incidental to the surgical procedure up to the maximum number of days from the date of surgery, provided the maximum reimbursement for such surgical fees shall not exceed the sum obtained by multiplying the appropriate percentage shown for that operation as listed in the Schedule of Surgical Fees forming part of the Policy by the maximum Surgical Fees shown in the Schedule of Benefits. If more than one surgery is performed for Any One Disability, the total payments for all the surgeries performed shall not exceed the maximum stated in the Schedule of Benefits.

MAJOR SURGERY BONUS

Reimbursement of the Reasonable and Customary Charges for a Medically Necessary major operations with a severity level of 75% or above as specified in the Schedule of Surgical Fees but not to exceed the sum obtained by multiplying the appropriate percentage shown for that operation in the Schedule of Surgical Fees by the maximum Major Surgery Bonus shown in the Schedule of Benefits.

IN-HOSPITAL PHYSICIAN VISIT

Reimbursement of the Reasonable and Customary Charges by a Physician for Medically Necessary visiting a in-paying patient while confined for a non-surgical disability subject to a maximum of 1 visit per day not exceeding the maximum number of days as set forth in the Schedule of Benefits.

PRE-HOSPITAL DIAGNOSTIC TESTS

Reimbursement of the Reasonable and Customary Charges for Medically Necessary ECG, X-ray and laboratory tests which are performed for diagnostic purposes on account of an injury or illness when in connection with a Disability preceding hospitalisation within the maximum number of days and amount as set forth in the Schedule of Benefits in a Hospital and which are recommended by a qualified medical practitioner. No payment shall be made if upon such diagnostic services, the Insured does not result in hospital confinement for the treatment of the medical condition diagnosed. Medications and consultation charged by the medical practitioner will not be payable.

PRE-HOSPITAL SPECIALIST CONSULTATION

Reimbursement of the Reasonable and Customary Charges for the first time consultation by a Specialist in connection with a Disability within the maximum number of days as set forth in the Schedule of Benefits preceding confinement in a Hospital and provided that such consultation is Medically Necessary and has been recommended in writing by the attending general practitioner.

Payment will not be made for clinical treatment (including medications and subsequent consultation after the illness is diagnosed) or where the Insured does not result in hospital confinement for the treatment of the medical condition diagnosed.

POST-HOSPITALISATION TREATMENT

Reimbursement of the Reasonable and Customary Charges incurred in Medically Necessary follow-up treatment by the same attending Physician within the maximum number of days and amount as set forth in the Schedule of Benefits immediately following discharge from Hospital for a non-surgical disability. This shall include medicines prescribed during the follow-up treatment but shall not exceed the supply needed for the maximum number of days as set forth in the Schedule of Benefits.

EMERGENCY ACCIDENTAL OUTPATIENT TREATMENT

Reimbursement of the Reasonable and Customary Charges incurred for up to the maximum stated in the Schedule of Benefits, as a result of a covered bodily injury arising from an Accident for Medically Necessary treatment as an outpatient at any registered clinic or hospital within 24 hours of the Accident causing the covered bodily injury. Follow-up treatment by the same doctor or same registered clinic or

Hospital for same covered bodily injury will be provided up to the maximum amount and the maximum number of days as set forth in the Schedule of Benefits.

DAILY-CASH ALLOWANCE AT GOVERNMENT HOSPITAL

Pays a daily allowance for each day of confinement for a covered Disability in a Cambodian Government Hospital provided that the Insured shall confine to a Room and Board rate that does not exceed the amount shown in the Schedule of Benefits. No payment will be made for any transfer to or from any Private Hospital and Cambodian Government Hospital for the covered disability.

Exclusions

This contract does not cover any hospitalization, surgery or charge caused directly or indirectly, wholly or partly by any one (1) of the following occurrences:

1. Pre-existing illness during the first 12 months of the Insured Person's effective date of insurance unless such Insured Person has been continuously covered for 12 months under a Group Hospital and Surgical Insurance policy immediately prior to the commencement of this Policy.
2. Specified Illness occurring during the first 120 days of continuous cover.
3. Any medical or physical conditions arising within the first 30 days of the Insured Person's cover or date reinstatement whichever is latest except for accidental injuries.
4. Plastic/Cosmetic surgery, circumcision, eye examination, glasses and refraction or surgical correction of nearsightedness (Radial Keratotomy or Lasik) and the use or acquisition of external prosthetic appliance or devices such as artificial limbs, hearing aids, implanted pacemakers and prescriptions thereof.
5. Dental conditions including dental treatment or oral surgery except as necessitated by Accidental injuries to sound natural teeth occurring wholly during the Period of Insurance.
6. Private nursing, rest cures or sanatoria care, illegal drugs, intoxication, sterilization, venereal disease and its sequelae, AIDS (Acquired Immune Deficiency Syndrome) or ARC (AIDS Related Complex) and HIV related diseases, and any communicable diseases required quarantine by law.
7. Any treatment or surgical operation for congenital abnormalities or deformities including hereditary conditions.
8. Pregnancy, child birth (including surgical delivery), miscarriage, abortion and prenatal or postnatal care and surgical, mechanical or chemical contraceptive methods of birth control or treatment pertaining to Infertility, Erectile dysfunction and test or treatment related to impotence or sterilization.
9. Hospitalisation primarily for investigatory purposes, diagnosis, X-ray examination, general physical or medical examinations, not incidental to treatment or diagnosis of a covered Disability or any treatment which is not Medically Necessary and any preventive treatments, preventive medicines or examinations carried out by a Physician, and treatments specifically for weight reduction or gain.
10. Suicide, attempted suicide or intentionally self-inflicted injury while sane or insane.
11. War or any act of war, declared or undeclared, criminal or terrorist activities, active duty in any armed forces, direct participation in strikes, riots and civil commotion or insurrection.
12. Ionising radiation or contamination by radioactivity from any nuclear fuel or nuclear waste from process of nuclear fission or from any nuclear weapons material.
13. Expenses incurred for donation of any body organ by an Insured Person and costs of acquisition of the organ including all costs incurred by the donor during organ transplant and its complications.
14. Investigation and treatment of sleep and snoring disorders, hormone replacement therapy and alternative therapy such as treatment, medical service or supplies, including but not limited to chiropractic service, acupuncture, acupressure, reflexology, bonesetting, herbalist treatment, massage or aroma therapy or other alternative treatment.
15. Care or treatment for which payment is not required or to the extent which is payable by any other insurance or indemnity covering the Insured Person and Disabilities arising out of duties of employment or profession that is covered under a Workman's Compensation Insurance Contract.
16. Psychotic, mental or nervous disorders, (including any neuroses and their physiological or psychosomatic manifestation).
17. Costs/expenses of services of a non-medical nature, such as television, telephone, telex services, radios or similar facilities, admission kit/pack and other ineligible non-medical items.
18. Sickness or injury arising from racing of any kind (except foot racing), hazardous sports such as but not limited to skydiving, water skiing, underwater activities requiring breathing apparatus, winter sports, professional sports and illegal activities.
19. Private flying other than as a fare-paying passenger in any commercial scheduled airlines licensed to carry passengers over established routes.
20. Expenses incurred for sex changes.
21. Terrorism.

Terrorism Exclusion Endorsement (Worldwide Coverage)

The insurance provided under this Policy shall not apply to the following:

Any loss, cost or expense arising out of or related to, either directly or indirectly, any "Terrorist Activity", as defined herein.

This exclusion applies regardless of any other cause or event that in any way contributes concurrently or in any sequence to the loss, cost or expense. For the purposes of this exclusion,

- A. "Terrorist Activity" shall mean any deliberate, unlawful act that:
1. is declared by any authorized governmental official to be or to involve terrorism, terrorist activity or acts of terrorism; or
 2. includes, involves, or is associated with the use or threatened use of force, violence or harm against any person, tangible or property, the environment, or any natural resources, where the act is intended in whole or in part to
 - (a) promote or further any political, ideological, philosophical, racial, ethnic, social or religious cause or objective of the perpetrator or any organization, association or group affiliated with the perpetrator;
 - (b) influence, disrupt or interfere with any government related operations, activities or policies;
 - (c) intimidate, coerce or frighten the general public or any segment of the general public; or
 - (d) disrupt or interfere with a national economy or any segment of a national economy; or
 3. includes, involves, or is associated with, in whole or in part any of the following activities, or the threat thereof:
 - (a) hijacking or sabotage of any form of transportation or conveyance, including but not limited to spacecraft, satellite, aircraft, train, vessel, or motor vehicle;
 - (b) hostage taking or kidnapping;
 - (c) the use of any biological, chemical, radioactive, or nuclear agent, material, device or weapon;
 - (d) the use of any bomb, incendiary device, explosive or firearm;
 - (e) the interference with or disruption of basic public or commercial services and systems, including but not limited to the following services or systems: electricity, natural gas, power, postal, communications, telecommunications, information, public transportation, water, fuel, sewer or waste disposal;
 - (f) the injuring or assassination of any elected or appointed government official or any government employees;
 - (g) the seizure, blockage, interference with, disruption of, or damage to any government buildings, institutions, functions, events, tangible or intangible property or other assets; or
 - (h) the seizure, blockage, interference with, disruption of, or damage to tunnels, roads, streets, highways, or other places of public transportation or conveyance.
- B. Any of the activities listed in Section A(3) shall be considered Terrorist Activity except where the Insured can conclusively demonstrate to the Company that the foregoing activities or threats thereof were motivated solely by personal objective of the perpetrator that are unrelated, in whole or in part, to any intention to
1. promote or further any political, ideological, philosophical, racial, ethnic, social or religious cause or objective of the perpetrator or any organization, association or group affiliated with the perpetrator;
 2. influence, disrupt or interfere with any government related operations, activities or policies;
 3. intimidate, coerce or frighten the general public or any segment of the general public; or
 4. disrupt or interfere with a national economy or any segment of a national economy.

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Conditions

PERSONS ELIGIBLE

a. **EMPLOYEES**

If the cover is effected on 100% premium payment by the Policyholder, all eligible employees must be named and included in the scheme. If the cover is effected on a contributory premium between the Policyholder and the eligible employees, the employees who agree to contribute may be named and included in the scheme:

- i. upon the date of eligibility if the request to be included in the scheme is made prior to that date; or
- ii. upon the date of such request if made within the first thirty-one (31) days of eligibility, or
- iii. upon the date the company determines evidence of insurability to be satisfactory, such evidence to be furnished at the expense of those employees who request to be included more than thirty-one (31) days after the date of their eligibility,

or who request reinstatement of their cover after it has been discontinued because of their failure to make any agreed contribution when due.

The effective date of cover of each Insured Person and future employees shall be determined in accordance with the requirements stated in the Policy Schedule. If an employee is not at work on the date when he/she would otherwise be eligible to join the scheme, the effective date of such employee's insurance shall be the date the return to work.

b. DEPENDANTS

The dependants are eligible to be included in the scheme only when the employee is covered. The Dependant's coverage shall become effective on any of the following eligibility date provided they are included within thirty-one (31) days, otherwise the Dependants may join the scheme upon the date the Company determines the evidence of insurability to be satisfactory, such evidence to be furnished at the expense of the employee:

- i. the Dependants may only be included in the scheme upon the date the employee becomes eligible;
- ii. the spouse of a newly-married employee becomes eligible on the date of his/her marriage to the employee already covered;
- iii. the new born child becomes eligible on the thirty (30) days following the date of birth.

If the Dependant is confined in a hospital on the date when his/her cover would otherwise become effective, such cover would not become effective until the Dependant is no longer confined.

c. AGE LIMIT

Employees and Dependants are eligible for cover under this Policy provided that:

- i. employees must be aged below 66 years;
- ii. employee's legal spouse (not legally separated from the employee) must be aged below 66 years;
- iii. employee's children must be unmarried and unemployed, age between 30 days old (provided children are discharged from the hospital in a healthy condition) and below 19 years. For those in full-time tertiary institution, the age limit will be extended to their 23rd birthday;
- iv. such employees and Dependants are eligible to be covered in accordance with the terms and standards of acceptance by the Company.

If the Policyholder shall have failed to disclose to the Company any Insured Person who has exceeded the age limit, the coverage provided for such Insured Person shall be invalidated even though if the Company, having acted out of ignorance, had made and received a premium charge for the Insured Person.

CHANGE OF CATEGORY OF ELIGIBILITY

Any increase in the cover to be provided to an employee already included in the scheme which is due to the promotion of an employee, shall become effective from the date of the employee's promotion; unless the employee is absent from work on that date due to illness or injury, in which case the increase in cover will take effect from the date on which the employee return to work full time.

NOTICE

Every notice or communication to the Company shall be in writing and sent to the Company. No alterations in the terms of this Policy or any endorsement thereon will be held valid unless the same is signed or initialed by an authorised representative of the Company.

CONDITION PRECEDENT TO LIABILITY

The due observance and the fulfillment of the terms, provisions and conditions of this Policy by the Insured and in so far as they relate to anything to be done or complied with by the Insured shall be conditions precedent to any liability of the Company.

MISREPRESENTATION/FRAUD

If the proposal or declaration of the Insured Person is untrue in any respect or if any material fact affecting the risk be incorrectly stated herein or omitted therefrom, or if this insurance, or any renewal thereof shall have been obtained through any misstatement, misrepresentation or suppression, or if any claim made shall be fraudulent or exaggerated, or if any false declaration or statement shall be made in support thereof, then in any of these cases, this Policy shall be void.

MISSTATEMENT OF AGE

If the age of the Insured Person has been misstated and the premium paid as a result thereof is insufficient, any claim payable under this Policy shall be prorated based on the ratio of the actual premium paid to the correct premium which should have been charged for the year. Any excess premium, which may have been paid as a result of such misstatement of age shall be refunded without interest.

If at the correct age the Insured Person would not have been eligible for cover under this policy, no benefit shall be payable.

PERIOD OF COVER AND RENEWAL

This Policy shall become effective as of the date stated in the Schedule. The Policy Anniversary shall be one year after the effective date and annually thereafter. On each such anniversary, this Policy is renewable at the premium rates in effect at that time as notified by the Company.

This Policy is renewable at the option of the Company. Application for change of benefits to a higher plan can only be made on renewal and is subject to acceptance by the Company upon renewal.

RENEWAL

It shall not be incumbent on the Company to give notice that any premium for renewal is due and such premium shall be deemed to be due on the date on which Policy expires and must be paid within 14 days thereafter. However, during such 14 days the Company shall remain liable thereunder if by the last of such days the premium is actually paid unless the Company or the Insured shall have given notice that the Insurance would not be renewed.

Before each renewal of the Policy, the Insured must notify the Company in writing of any injury, disease, physical defect or infirmity of which the Insured Person has become aware or been affected.

CHANGE IN RISK

The Insured Person shall give immediate notice in writing to the Company of any material change in his or her occupation, business, duties or pursuits and pay any additional premium that may be required by the Company.

ALTERATIONS

The Company reserves the right to amend the terms and provisions of this Policy by giving a 30 days prior notice in writing by ordinary post to the Policyholder's last known address in the Company's records, and such amendment will be applicable from the next renewal of this Policy. No alteration to this Policy shall be valid unless authorized by the Company and such approval is endorsed thereon. The Company should give 30 days prior written notice to the Policyholder according to the last recorded address for any alteration made.

TAKE-OVER POLICIES

If this Policy shall have commenced immediately upon termination of a preceding policy and if an insured shall have been afflicted with a medical disability prior or at the time this Policy started (and benefits under the preceding policy would have been available to him), such Insured shall continue to be covered for the existing Disability, but not to exceed the limits of the previous policy on condition the Company has secured a copy of the preceding policy.

UPGRADED POLICIES

If the Eligible Benefits to any Insured Person under the terms of this Policy be increased while it is in force or at the time of Renewal or replacement and if such Insured Person shall have been afflicted with a Disability prior or at the time the Benefits were increased, the Limits of Benefits payable in respect of such Disability shall not exceed the Limit of Benefits prior to the date the Benefits were upgraded.

CONVERSION POLICIES

If the Eligible Benefits provided under this Policy shall have been converted from an existing coverage of an 'Inner Limits' to an 'As Charged/Full Reimbursement' coverage, and if such Insured shall have been afflicted with a Disability prior or at the time the Benefits were converted, the benefits payable in respect of the Disability shall be in accordance with the Schedule of Benefits prior to the date the Eligible Benefits were converted.

GEOGRAPHICAL TERRITORY

All benefits provided in this Policy are applicable within Cambodia for twenty-four (24) hours a day.

COOLING-OFF PERIOD

If this Policy shall have been issued and for any reason whatsoever the Policyholder shall decide not to take up the Policy, the Policyholder may return the Policy to the Company for cancellation provided such request for cancellation is delivered by the Policyholder to the Company within fifteen (15) days from the date of delivery of the Policy. The Policyholder is entitled to the return of the full premium paid less deduction of medical expenses incurred by the Company in the issue of the Policy.

CANCELLATION

This insurance may be terminated at the request of the Insured by sending ten (10) days' notice in writing, in which case the Company will return to the Insured 90% of the proportionate part of the premium corresponding to the unexpired period of insurance from the date of cancellation provided no claims have been made during the current policy period. This insurance may also be terminated at the option of the Company by sending ten (10) days' notice in writing to the Insured at his last known address, in which case the Company shall be liable to repay on demand a rateable proportion of the premium for the unexpired term from the date of cancellation.

No refund of premium for any cancellation of policy if premium is charged on minimum premium.

TERMINATION OF POLICY

This Insurance may also be terminated at the option of the Company by sending ten (10) days' written notice to the Policyholder at his last known address, in which case the Company shall be liable to repay on demand a rateable proportion of the premium for the unexpired term from the date of cancellation.

CERTIFICATION, INFORMATION AND EVIDENCE

All certificates, Information, medical reports and evidences as required by the Company shall be furnished at the expense of the Insured, and in such a form that the Company may require. In any event all notice which the Company shall require the Policyholder to give must be in writing and addressed to the Company. An Insured shall, at the Company's request and expense, submit to a medical examination whenever such is deemed necessary.

CONTRIBUTION

If an Insured Person carries other insurance covering any illness or injury insured by this Policy, the Company shall not be liable for a greater proportion of such illness or injury than the amount applicable hereto under this Policy bears to the total amount of all valid insurance covering such illness or injury.

UPGRADED ROOM AND BOARD CO-PAYMENT

If the Insured Person is hospitalized at a published Room & Board rate which is higher than his/her eligible benefits, the Insured Person shall bear 20% of the other eligible benefits described in the Schedule of Benefits.

OWNERSHIP OF POLICY

Unless otherwise expressly provided for by Endorsement in the Policy, the Company shall be entitled to treat the Policyholder as the absolute owner of the Policy. The Company shall not be bound to recognize any equitable or other claim to or interest in the Policy, and the receipt of the Policy or a Benefit by the Policyholder (or by his legal or authorized representative) alone shall be an effective discharge of all obligations and liabilities of the Company. The Policyholder shall be deemed to be responsible Principal or Agent of the Insured Persons covered under this Policy.

WAITING PERIOD

Eligibility for benefits starts 30 days after the Insured has been included in the Policy, except for a covered Accident occurring after the effective date of coverage.

RECORDS

The Policyholder shall keep a record of the Insured Persons and Dependants containing for each Insured Person the essential particulars of the insurance. Such information relating to new employees and Dependants becoming insured, adjustment because of changes in classification and termination of insurance as may be required by the Company to administer this insurance shall be furnished to the

Company at the end of each policy month. The Company upon receipt of such information shall make the necessary changes to the premium payments.

TERMINATION OF COVER

An Insured Person's cover shall terminate at the earliest of these dates:-

- i on the date this Policy is terminated;
- ii on the death of the Insured Person;
- iii on the date of termination of employment with the Policyholder;
- iv on the date in which an employee is retired or pensioned;
- v on the premium due date if the Policyholder fails to pay the required premium for the Insured Person;
- vi on the attainment of age limit condition stated in the Policy.

TERMINATION OF BENEFITS

The benefits under this Policy shall terminate at such time the Benefits covered shall have been exhausted or at mid-night (Cambodia time) on the last day of the Period of Insurance. If an Insured Person is confined to hospital for a covered Disability at the time of such termination, then the time of termination shall be extended to the time he/she is discharged from hospital for the said confinement or the time his/her benefits for the said Disability shall have been exhausted, whichever shall occur first.

GOVERNING LAW

This Policy is issued under the laws of Cambodia and is subject and governed by the laws prevailing in Cambodia.

LEGAL PROCEEDINGS

No action at law or in equity shall be brought to recover on this Policy prior to expiration of sixty (60) days after written proof of loss has been furnished in accordance with the requirements of this Policy. If the Insured Person shall fail to supply the requisite proof of loss as stipulated by the terms, provisions and conditions of the Policy, the Insured Person may, within a grace period of one calendar year from the time that written proof of loss to be furnished, submit the relevant proof of loss to the Company with cogent reason(s) for the failure to comply with the Policy terms, provisions and conditions. The acceptance of such proof of loss shall be at the sole and entire discretion of the Company. After such grace period has expired, the Company will not accept, for any reason whatsoever, such written proof of loss.

CLAIM PROCEDURES

- (a) The Insured shall within thirty (30) days of a Disability that incurs claimable expenses, give written notice to the Company stating full particulars of such event, including all original bills and receipts, and a full Physician's report stipulating the diagnosis of the condition treated and the date the Disability commenced in the Physician's opinion and the Physician's summary of the cost of treatment including medicines and services rendered. Failure to furnish such notice within the time allowed shall not invalid any claim if it is shown not to have been reasonably possible to furnish such notice and that such notice was furnished as soon as was reasonably possible.
- (b) The Insured shall immediately procure and act on proper medical advice and the Company shall not be held liable in the event a treatment or service becomes necessary due to failure of the Insured to do so.

INCOMPLETE CLAIMS

All claims must be submitted to the Company within 30 days of the events for which the claim is being made. Claims are not deemed complete and Eligible Benefits are not payable unless all bills for such claims have been submitted and agreed upon by the Company. Only actual costs incurred shall be considered for reimbursement. Any variation or waiver of the foregoing shall be at the Company's sole discretion.

FRAUDULENT CLAIM

If any claim under this Policy shall be in any respect fraudulent or if any fraudulent means or device shall be used by the Insured Person or anyone acting on the insured Person's behalf to obtain benefit under this Policy, the Company shall be under no liability in respect of such claim and shall be entitled to terminate this Policy immediately.

SUBROGATION

All differences arising out of this Policy shall be referred to an Arbitrator who shall be appointed in writing by the parties in difference. In the event they are unable to agree on who is to be the Arbitrator within one (1) month of being required in writing to do so then both parties shall be entitled to appoint an Arbitrator each who shall proceed to hear the differences together with an Umpire to be appointed by both Arbitrators. However this is provided that any disclaimer of liability by the Company for any claim hereunder must be referred to an Arbitrator within twelve (12) calendar months from date of such disclaimer.

CURRENCY OF PAYMENT

All payments under this Policy shall be made in US Dollars. Should any payment be requested by the Insured to be payable in any other currency, then such amount shall be payable in the demand currency as may be purchased in Cambodia at the prevailing currency market rates on the date of the claim settlement.

PREMIUM WARRANTY

It is a fundamental and absolute special condition of this contract of insurance that the premium due must be paid and received by the Company within thirty (30) days from the inception date of this Policy/Endorsement/Renewal Certificate.

If this condition is not complied with then this contract is automatically cancelled and the Company shall be entitled to the pro rata premium for the period they have been on risk.

Where the premium payable pursuant to this warranty is received by an authorized agent of the Company, the payment shall be deemed to be received by the Company for the purposes of this warranty and the onus of proving that the premium payable was received by a person, including an insurance agent, who was not authorized to receive such premium shall lie on the Company.

Subject otherwise to the terms and conditions of this Policy.

SANCTIONS LIMITATION AND EXCLUSION CLAUSE (LMA 3100)

No insurer shall be deemed to provide cover and no insurer shall be liable to pay any claim or provide any benefit hereunder to the extent that the provision of such cover, payment of such claim or provision of such benefit would expose that insurer to any sanction, prohibition or restriction under United Nations resolutions or the trade or economic sanctions, laws or regulations of the European Union, United Kingdom or United States of America.

SCHEDULE OF SURGICAL FEES

Notes :-

1. The following Schedule of Surgical Fees indicates the percentage payable on the insured benefit for Surgical Fees stated in the Policy Schedule of Benefits for the corresponding surgical operation.
2. The amount of the insured Surgical Fees (listed in the Schedule of Benefits) shall be the limit payable in aggregate for surgical procedure for all operations arising out of one disability.
3. If an operation be performed which is not listed in the Schedule, the Company shall pay an amount which would be payable for a scheduled operation of equivalent gravity.
4. If more than one surgical procedure was performed through the same incision, the Company shall pay only for the surgical procedure in respect of which the largest amount becomes payable.
5. If more than one surgical procedure was performed at the same surgical session through different incisions the Company will pay, subject to the provisions of Note 4 above, as follows :-
 - a) 100% fees for the procedure for which the greatest fee is payable.
 - b) 50% for the next most costly procedure.
 - c) 25% for the third and subsequent most costly procedures.

	% of Maximum Benefit
Abdomen And Digestive System	
Abdomen, exploratory laparotomy	65.00
Peritoneum, abscess, drainage	68.00
Anus, Abscess, incision and drainage	14.00
Fistulotomy, subcutaneous	17.00
Submusclar	56.00
Fissurectomy, with/without sphincterotomy	31.00
Haemorrhoidectomy, external, complete	37.00
Internal and external, simple	45.00
Appendix, Abscess, Incision and drainage	46.00
Appendectomy	58.00
Cholecystectomy	82.00
with open exploration of common duct	100.00
Cholecystotomy or cholecystostomy	74.00
Endoscopy, Anoscopy, with collection specimen	4.00
Colonoscopy, beyond splenic flexure	42.00
with removal polyp	71.00
Esophagus, with collection specimen	23.00
With biopsy, one or more	25.00
Esophagogastrosocopy, with collection specimen	27.00
with biopsy, one or more	29.00
Gastroscopy, with collection specimen	22.00
Esophagus, Esophagotomy, cervical approach, with/without removal foreign body	83.00
Esophagectomy, resection with gastric anastomosis	100.00
Diverticulectomy, esophagus or hypopharynx, cervical approach	85.00
Esophagoplasty, with repair of trachea-esophageal fistula	100.00
Intestines, Duodenotomy	94.00
Enterotomy, with exploration/removal foreign body, small bowel	94.00
Excision, one or more lesions small/large bowel, single enterotomy	92.00
Enterectomy, resection small intestines	100.00
Colectomy, partial, with anastomosis	100.00
with colostomy	100.00
Tube enterostomy or cecostomy	65.00
Ileostomy	94.00
Liver, needle biopsy, percutaneous	9.00
wedge biopsy	65.00
hepatectomy, partial lobectomy	100.00
Cyst or abscess, marsupialisation of	94.00
Hepatorrhaphy – suture wound, simple	92.00
Mouth & Tongue, Glossectomy, partial, with unilateral radical dissection	100.00
total, with unilateral radical neck dissection	100.00
Pancreas, Biopsy pancreas	92.00
Excision lesion of pancreas	100.00
Pancreatectomy, with pancreatico-jejunosomy	100.00
whipple type	100.00
Marsupialisation, cyst of pancreas	94.00
Pharynx, Adenoid, Tonsils, Drainage, abscess, peritonsillar retropharyngeal/parapharyngeal, intra oral	3.50
retropharyngeal/parapharyngeal, intra oral	15.00
Tonsillectomy, with or without adenoidectomy, age 12 and over	27.00
Adenoidectomy	18.00
Rectum, incision and drainage, deep supra levator/perirectal retrorectal abscess	31.00
Biopsy incisional, ano-rectal wall anal approach	27.00
Proctectomy, complete, combined abdominoperineal	100.00
Proctoplasty, for prolapsed mucous membrane	76.00
Protopexy for prolapsed, with sigmoid resection	100.00
Closure, rectovesical, rectourethral fistula, with colostomy	100.00
Stomach, Gastrotomy, with exploration or foreign body removal	78.00
Pyloromyotomy	64.00
Local excision ulcer or tumor	94.00
Total gastrectomy, with repair by intestinal transplant	100.00
Sub-total or hemigastrectomy, with vagotomy	100.00
Vagotomy and pyloroplasty, with or without gastrostomy	100.00
Phyrioplasty	83.00
Hernionhaphy	35.00
Herniotomy	60.00
Strangulated Hernia	75.00
Amputation And Disarticulations	
Arms, through humerus, with impiant	80.00
Ankle, disarticulation/amputation, through maleoli, tibia and fibula	73.00
Finger or thumb, amputation at any joint, single, including neurectomy	25.00
Foot, amputation, mid-tarsal or transmetatarsal	67.00
Forearm, though radius and ulna	60.00
Hand, transmetacarpal	60.00
Hip, interpelviabdominal amputation	100.00
disarticulation	100.00
Leg through tibia and fibula, with immediate fitting technique	80.00
Shoulder, amputation, inter thoracoscapular	100.00
Disarticulation	100.00
Thigh, amputation through femur, any level	87.00
Disarticulation at knee	83.00
Toe, amputation, metatarsophalangeal joint	20.00
Wrist, amputation	53.00

	% of Maximum Benefit
Brain Nervous System	
Skull, burr holes, not followed by other surgery	48.00
burr hole or trephine for drainage intracranial abscess or cyst	100.00
crainectomy or craniotomy, exploratory	100.00
supratentorial infratentorial	100.00
exploration of orbit or decompression, unilateral	100.00
Elevation of depressed fracture, simple	100.00
extradural compound or comminuted	100.00
with debridement brain and repair of dura	100.00
BRAIN, lobotomy, including cingulumotomy	100.00
bilateral	100.00
Brain tumor, excision of supratentorial, except meningioma	100.00
meningioma	100.00
Brain abscess, excision of	100.00
Cyst, excision of fenestration, supratentorial	100.00
Brain tumor, infratentorial or posterior fossa	100.00
meningioma, infratentorial or posterior fossa	100.00
Lobectomy, partial or total	100.00
Hemispherectomy	100.00
Craniectomy for crainiostenosis, multiple sutures	100.00
Foreign body, excision of from brain	100.00
SPINE: spinal puncture, lumbar, diagnostic	4.00
for decompression	6.00
Laminectomy for exploration intraspinal canal, one or two segments	
cervical or thoracic	100.00
lumbar	100.00
for decompression spinal cord and/or	
Cauda equina, one or two segments, cervical, thoracic	100.00
lumbar	100.00
Laminotomy, one interspace, for herniated disc and/or decompression	
root nerve, cervical	100.00
bilateral	100.00
lumbar	100.00
Laminectomy, for herniated disc, thoracic, posterior approach	100.00
Discetomy, single interspace, cervical	100.00
thoracic	100.00
lumbar	100.00
Dislocations	
ANKLE, closed, manipulative reduction	
with anaesthesia	17.00
closed or open, open reduction	80.00
distal tibio-fibular joint, closed or open reduction	53.00
ELBOW: closed, manipulative reduction	
with anaesthesia	17.00
closed or open, open reduction	67.00
FINGERS: Metacarpophalangeal, closed, regulring anaesthesia	17.00
open, uncomplicated, manipulative	20.00
closed or open, open reduction	40.00
HIP: traumatic dislocation, manipulative, with anaesthesia	32.00
Closed or open, with acetabular hip fixation	100.00
JAW: temporo-mandibular, simple, closed reduction	12.00
open reduction with interdental fixation	100.00
KNEE: closed, manipulative reduction, with anaesthesia	20.00
closed or open, open reduction	100.00
KNEE CAP: closed manipulative reduction, with anaesthesia	17.00
closed or open reduction, with/without patellectomy	80.00
SHOULDER: sternoolavicular, manipulative reduction	18.00
closed or open, acute or chronic, open reduction/repair	67.00
TOES: tarsal bone, closed, manipulative, with anaesthesia	13.00
closed or open, open reduction	40.00
astragalo-tarsal joint, closed, manipulative,	
without anaesthesia	6.50
with anaesthesia	17.00
open, uncomplicated, manipulative	23.00
closed or open, open reduction	53.00
tarso-metatarsal, closed, manipulative, with anaesthesia	13.00
with percutaneous skeletal fixation	20.00
closed or open, open reduction	40.00
metatarsophatangeal, closed, manipulative with anaesthesia	9.50
closed or open, open reduction	27.00
interphatangeal joint, closed, manipulative with anaesthesia	5.00
closed or open, open reduction	16.00
WRIST: radio-carpal or intercarpal,	
closed, manipulative reduction	17.00
closed or open, open reduction	50.00
distal radio-ulnar, closed, manipulative	20.00
Removal of kuntscher nail	8.50
Ear	
Myringotomy by needle, with/without aspiration/eustachian inflation	9.50
Tympanostomy (requires insertion of ventilating tube)	
with opening microscope, office	9.00
in surgical suite	23.00
Transmastoid antrotomy	64.00
Mastoidectomy modified radical or radical, unilateral	100.00
Excision, aural polyp	5.50

	Maximum	% of Benefit		Maximum	% of Benefit
Tympanoplasty, with mastoidectomy	100.00	100.00	supracondylar, radial or lateral, closed, manipulative reduction	27.00	
with ossicular chain reconstruction	100.00		closed/open, open reduction, with/without skeletal fixation	67.00	
Fenestration, unilateral	100.00		JAW: mandibular, closed, manipulative reduction with interdental fixation	53.00	
Stapes mobilization	77.00		open reduction with interdental fixation	100.00	
Excision aurial polyp	5.50		KNEE CAP: open reduction	27.00	
Myringoplasty	88.00		RADIUS: shaft, closed, manipulative reduction-age 12 and over	29.00	
Endocrine System			closed/open reduction, with skeletal fixation, age 12 and over	67.00	
THYROID: Thyro-glossal cyst, incision and drainage	4.00		RIBS: simple, 1 rib	10.00	
biopsy needle	8.00		SCAPULA: closed manipulative reduction	19.00	
cyst or adenoma, small, excision of, or transection of isthmus	62.00		closed/open: juxta-articular, open reduction with/without skeletal fixation	80.00	
Lobectomy, total, unilateral, with contralateral subtotal lobectomy	92.00		SPINE: vertebral process, one/more, manipulative reduction with anaesthesia cervical open reduction and fusion, posterior approach, with local	100.00	
Thyroidectomy, total or complete	97.00		anterior approach with iliac or other bone graft	100.00	
total or sub-total with radical neck resection	100.00		TIBIA and FIBULA: shafts closed, manipulative with/without external pinning	58.00	
Excision, fixation or repair by cutting operations			closed/open, open reduction, with/without skeletal fixation, age 12 and over	97.00	
ANKLE: Achilles Tendon repair, primary	73.00		ULNA and RADIUS: shaft, closed, manipulative reduction age 12 and over	40.00	
lengthening or shortening of tendon, single	47.00		closed/open, open reduction, with skeletal fixation:	100.00	
ELBOW: Tendon lengthening, single	40.00		age 12 and over		
Flexorplasty	80.00		WRIST: Colles or Smith type:	27.00	
Arthroplasty, radial head, with implant	67.00		closed manipulative reduction:		
FEMUR, excision bone cyst/benign tumor	89.00		age 12 and over		
with autogenous graft (includes obtaining graft)	100.00		closed, complex, with external skeletal fixation/percutaneous pinning	50.00	
HAND and FINGERS, excision/curettage bone cyst/benign tumors, metacarpal, with autogenous graft (includes obtaining graft)	54.00		Genital Systems		
phalanx	38.00		Male		
with autogenous graft (includes obtaining graft)	50.00		PENIS: biopsy, cutaneous	4.00	
HIP: external oblique muscle transfer to greater trochanter, including graft	100.00		deep	8.50	
iliospsoas transfer to greater trochanter	100.00		excision penile plaque	47.00	
arthroplasty with acetabuloplasty	100.00		amputation, partial	58.00	
acetabular and proximal femoral prosthetic replacement	100.00		radical	100.00	
osteotomy, iliac or acetabular	100.00		circumcision, office	6.00	
arthrodesis, hip joint, with subtrochanteric osteotomy	100.00		hospital	12.00	
HUMERUS: excision/curettage bone cyst/benign tumor	63.00		TESTIS: biopsy, needle	2.50	
KNEE: suture infrapatellar tendon, primary	67.00		ncisional, bilateral	23.00	
lengthening hamstring tendon, multiple one leg	53.00		excision, local lesion	35.00	
repair, primary, torn/severed collateral ligament with or without meniscectomy	93.00		orchiectomy, simple, unilateral	35.00	
collateral and cruciate ligaments	100.00		radical	53.00	
PELVIS: excision bone cyst/benign tumor, superficial pelvis; with or without graft	33.00		PROSTATE: biopsy, needle or punch	10.00	
Eye			incisional	47.00	
EYEBALL: evisceration ocular contents,			prostatectomy, external drainage of abscess, complicated	80.00	
with implant	62.00		prostatectomy, sub-total or total	100.00	
exenteration of orbit, with temporalis muscle transfer	100.00		radical	100.00	
removal foreign body, conjunctival, superficial	1.00		Female		
embedded, subconjunctival or scleral	8.00		PERINEUM: abscess, incision and drainage, or biopsy	3.50	
corneal, with slit lamp	4.00		VULVA and INTROITUS: Bartholin's cyst, incision and drainage	6.00	
EXTRAOCULAR MUSCLE, repair wound	22.00		marsupialisation	22.00	
CORNEA: excision of lesion	45.00		vulvectomy, complete, bilateral	92.00	
excision of transposition of pterygium	34.00		Radical, excluding skin graft	100.00	
SCLERA: fistulisation for glaucoma, trephine with iridectomy	78.00		Excision, Bartholin's tumor or cyst	28.00	
repair adleral staphyloma, with graft	100.00		VAGINA: Colpotomy with exploration	25.00	
IRIS: iridotomy, stab incision	28.00		biopsy, vaginal mucosa	4.00	
Iridotomy, with cycletomy	100.00		Colpectomy, complete obliteration	69.00	
LENS: removal after cataract or membranous cataract	78.00		Anterior colporrhaphy, repair cystocele, with/without repair Urethrocale	47.00	
removal lens material, aspiration technique	100.00		Posterior colporrhaphy, repair of rectocele	37.00	
expression of cataract, linear	100.00		CERVIX UTERI: biopsy or local excision of lesion, or cauterization	4.00	
RETINA: repair retinal detachment	100.00		trachelectomy, cervicectomy, amputation of cervix	35.00	
with vitrectomy, with/without air tamposnade	100.00		CORPUSUTERI: endometrial biopsy, suction	4.50	
destruction, localized lesion, retina or choroid	70.00		dilation and curettage (non-obstetrical)	27.00	
CONJUNCTIVA: incision and drainage cyst, sty	3.00		Myomectomy, Single or multiple, abdominal approach	87.00	
LACRIMAL SYSTEM: incision and drainage lacrimal gland	11.00		Hysterectomy, total abdominal approach	100.00	
lacrimal sag	8.00		OVIDUCT: transection fallopian tube, unilateral/bilateral independent	56.00	
excision of lacrimal sac or gland – total or partial	67.00		Salpingo-cophorectomy, complete/partial, unilateral/bilateral	71.00	
Fractures			OVARY: drainage of cyst(s), vaginal approach. Unilateral/bilateral	27.00	
ANKLE: single malleolus, closed, manipulative reduction	23.00		abdominal approach	75.00	
closed or open, open reduction with skeletal fixation	60.00		cophorectomy, with total omentectomy	83.00	
closed or open reduction with/without skeletal fixation	73.00		Hemic and Lymphatic Systems		
closed or open, open reduction, with skeletal fixation posterior lip (malleolus)	100.00		SPLEEN: splenectomy	100.00	
CLAVICLE: closed, manipulative reduction closed or open, open reduction with/without skeletal fixation	60.00		Heart And Circulatory Systems		
ELBOW: comminuted, closed, manipulative reduction	53.00		PERICARDIUM: Pericardiotomy for removal clot or foreign body	100.00	
closed or open, open reduction, with/without skeletal fixation	100.00		partial resection for chronic constriction pericarditis, with bypass	100.00	
FEMUR: shaft, closed, manipulative reduction age 12 and over	53.00		HEART: intracardiac tumor, resection with bypass	100.00	
Closed or open, reduction, with/without skeletal fixation, over 12	100.00		pacemaker, insertion with epicardial electrode	80.00	
FIBULA: proximal and open, uncomplicated soft-tissue closure, manipulative	25.00		repair, cardiac wound, with bypass	100.00	
closed or open, open reduction, with skeletal fixation	53.00		cardiotomy and removal foreign body, with bypass	100.00	
FINGERS: metacarpal, single, closed, manipulative reduction	16.00		AORTA and GREAT VESSELS: suture repair, with bypass	100.00	
closed/open: open reduction with/without skeletal fixation	42.00		Myocardial Resection	100.00	
phalangeal, closed, manipulative reduction	11.00		Repair post infarction ventricular spetal defect	100.00	
closed/open; open reduction; with/without skeletal fixation	27.00		VALVES AORTIC: commissurotomy, with bypass	100.00	
FOOT: Tarsal, closed, manipulative	13.00		Volvuoplasty, with bypass	100.00	
Metatarsal, closed, manipulative	15.00		Mitral, commissurotomy, open, with bypass	100.00	
HUMERUS: shaft, closed manipulative	33.00				
reduction closed/open reduction, with/without skeletal fixation	72.00				

	% of Maximum Benefit
Tricuspid, cooissurotomy, open, with bypass	100.00
valvuloplasty or valvectomy, with bypass	100.00
Pulmonary, commissurotomy, with bypass	100.00
Replacement, single valve	100.00
double valve with commissurotomy/valvuloplasty one valve	100.00
triple valve	100.00
CORONARY ARTERY: anomalous ligation	100.00
with bypass	100.00
POLMONARY ARTERY: embolectomy, with bypass	100.00
ARTERIES and VEINS: Arterial embolectomy carotid	83.00
renal	100.00
venous thrombectomy, iliac-femoral, unilateral	67.00
bilateral	100.00
varicose, ligation/division/stripping, long saphenous, complete,	
unilateral	38.00
bilateral	60.00
short or lesser saphenous unilateral	35.00
bilateral	54.00
Angiogram	30.00
Angioplasty	80.00
Maternity	
Hysterectomy, abdominal, for removal hydatidiform mole	83.00
Hydatidiform Mole, evacuation by dilation and curettage	37.00
Ectopic Pregnancy, tubal abdominal/vaginal approach	83.00
Ovarian Pregnancy	83.00
Interstitial, hysterectomy for uterine pregnancy, total/sub total	100.00
Dilation & Curettage, postpartum haemorrhage, same admission	
As delivery	25.00
Vaginal Deliver: with/without forceps	61.00
Caesarean Section: low cervical or classic	70.00
Abortion, complete by dilation and curettage	58.00
Induced by dilation and curettage	37.00
Respiratory System	
LUNGS & PLEURA: thoracostomy, tube	
with waterseal	12.00
with rib resection for empyema	54.00
thoracotomy, limited, with biopsy lung/pleura	55.00
major, with exploration and biopsy	71.00
with excision-plication bullae, with/without pleural procedure	100.00
pneumonostomy, with open drainage abscess/cyst	85.00
decortications, pulmonary	100.00
pleurectomy, parietal	100.00
pneumonectomy, total	100.00
lobectomy, total or segmental	100.00
with bronchoplasty or decortications	100.00
wedge resection/enucleation of lesion, single or multiple	100.00
enucleation of empyema cavity, extra pleural	100.00
with lobectomy	100.00
thoracoplasty, extrapleural resection	
ribs,	
first stage	87.00
second stage	52.00
NOSE: excision polyp(s), simple	10.00
requiring hospitalization	27.00
submucous, resection, turbinate partial/complete	48.00
removal foreign body, intranasal, requiring general anaesthesia	24.00
SINUSES: lavage by cannulation (antrum puncture or	
natural ostium) each	2.50
sphenoid sinus	5.50
sinusotomy maxillary, intranasal, unilateral	26.00
radical, (Caldwell-Luc) unilateral	77.00
combined, three or more sinuses	100.00
LARYNX: laryngotomy, with removal tumor/laryngocoele, cordectomy	100.00
laryngectomy, total, without radical neck dissection	100.00
with radical neck dissection	100.00
TRACHEA and BRONCHI: tracheostomy	31.00
bronchoscopy, diagnostic	24.00
maxillary sinus endoscopy surgical with removal of foreign body	32.00
Skin, Integumentary, Breast	
ABSCCESS: carbuncle or furuncle, incision and drainage/puncture aspiration ...	2.50
complicated	5.00
ACNE: marsupialisation or removal multiple milia, comedones,	
cysts, pustules	2.00
BENIGN LESIONS: skin tags excision, including	
anaesthesia, up to 15 cm	3.00
each additional 10 cm	11.00
other, up to 0.5 cm diameter	4.00
0.5 cm to 1 cm	5.00
paring or curettement, with/without cauterization	2.50
MALIGNANT LESIONS: up to 0.5 cm	11.00
0.5 cm to 1 cm	16.00
1 cm to 2 cm	23.00
Biopsy, skin or subcutaneous tissue, including closure, first	4.00
CYST: infected or non-infected, incision and drainage,	
first lesion	2.50
second lesion	1.50
excision with removal sac and treatment or cavity	4.50

	% of Maximum Benefit
PILONIDAL SINUS or CYST: incision and drainage excision,	
sample	13.00
NAILS: avulsion, nail plate, partial or complete, first	2.50
second	2.00
excision, nail and matrix, partial or complete	14.00
REPAIRS, simple, sum of length of repairs:	
up to 2.5 cm	5.50
2.50 cm to 7.50 cm	7.50
7.50 cm to 12.50 cm	11.00
Intermediate	
up to 2.5 cm	8.00
2.5 cm to 7.5 cm	10.00
7.5 cm to 12.5 cm	14.00
Complex	
1 cm to 2.5 cm	20.00
2.5 cm to 7.5 cm	35.00
Tissue Transfer or Rearrangement	
Trunk, up to 10 sq. cm	26.00
10 sq. cm to 30 sq. cm	39.00
Scalp, arms, legs, up to 10 sq. cm	39.00
Forehead, cheeks, chin, mouth, neck, axillae, genitalia,	
hands or feet	
up to 10 sq. cm	52.00
10 sq. cm to 30 sq. cm	67.00
Eyelids, nose, ears, or lips up to	
10 sq. cm	67.00
FREE SKIN GRAFTS, pinch, single or multiple	8.00
Split, skin, trunk, scalp, arms, legs, hand, feet:	
up to 100 sq. cm	33.00
each additional 100 sq. cm	8.50
Full thickness: free, including closure donor site:	
Trunk up to 20 sq. cm	27.00
Each additional 20 sq. cm	13.00
Scalp, arms, legs up to 20 sq. cm	39.00
Forehead, cheeks, chin, mouth, genitalia, neck, axillae, hands,	
free up to 20 sq. cm	53.00
each additional 20 sq. cm	26.00
Eyelids, nose, ears, and lips	
Up to 20 sq. cm	67.00
each additional 20 sq. cm	32.00
PEDICLE FLAPS: skin and deep tissue tube pedicle	
without transfer or major "delay" of large flap	45.00
primary attachment, open/tubed flap to recipient site	58.00
Forehead, cheek, chin, mouth, neck, axillae, genitalia, eyelids,	
nose, hands or feet	100.00
BREAST: puncture aspiration of cyst,	
single	3.00
mastotomy, with exploration/drainage of deep abscess	17.00
biopsy, needle	4.00
incisional	23.00
excision, cyst/fibro-adenoma/benign tumor/aberrant tissue/duct	
lesion/nipple lesion; male or female, 1 or more, unilateral	29.00
mastectomy, complete, unilateral	52.00
bilateral	65.00
partial, unilateral	39.00
radical, incl. breast, pectoral muscle, axillary and lymph nodes	100.00
Urinary System	
KIDNEY: exploration	100.00
drainage perirenal or renal abscess	83.00
nephrostomy, nephrotomy with drainage	100.00
large staghorn calculus	100.00
biopsy, percutaneous	16.00
by surgical exposure	47.00
Nephrectomy, including partial ureterectomy	100.00
radical, with refoanal lymphadenectomy	100.00
Cysts, excision of	100.00
Nephropexy, fixation or suspension of kidney	92.00
URETER: ureterotomy, with exploration or drainage	100.00
ureterolithotomy, upper one third of ureter	100.00
BLADDER: aspiration by needle	1.5
by trochas or inter catheter	2.50
by insertion suprapubic catheter	9.00
Cystotomy with insertion ureteral catheter	63.00

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