



**Quality health insurance does not
have to be expensive**

proMediCare

(Applicable to policies effected on or after 1 August 2019)

Please read this insurance policy carefully to ensure that you understand the terms and conditions and that this policy meets your requirements. If there are any changes that may affect the insurance cover provided, please notify us immediately.

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Cover

In consideration of the payment of the premiums, the Company agrees to indemnify or compensate the Insured, details of which are set out in the Proposal Form and Policy Schedule, in the manner and extent of the Schedule of Benefits selected for hospital and surgical expenses in respect of illnesses or injuries incurred during the Period of Insurance.

The Policy Schedule, Conditions, Exclusions and Endorsements and Memoranda shall be read together as one contract and any word or expression to which a specific meaning has been attached in any part shall bear the same meaning wherever it appears.

The Proposal made to the Company by the in connection with this insurance shall be the basis of and shall form part of this contract.

Geographical Cover

The benefits of the Policy (Scheme) are worldwide, 24 hours.

Policy Period

Insurance shall commence from the date specified on the Policy Schedule.

The Plan is an annual contract, renewable each year on the due date, subject to the option and renewal terms offered by the Company.

Eligible Persons

Persons eligible to be covered in the Scheme are:

- a) Insured and legal spouse below 65 years old
- b) Children (unmarried and unemployed) between 15 days old and below 18th birthday

Additions of Covered Persons

Family members of the Insured who are eligible to be covered shall from time to time be included into the policy if

- a) the Insured requests such inclusion
- b) upon evidence of insurability satisfactory to the terms and standards of acceptability by the Company
- c) payment of required premium

Successor Insured

If the Insured dies while the Policy is in force, the Insured's spouse who is a Covered Person shall automatically become the Insured and all future references to the Insured shall thereafter mean the spouse.

Definitions

- a) **"Accident"** shall mean an event of violent, accidental, external and visible nature which shall independently of any other cause be the sole cause of bodily injury
- b) **"Illness"** shall mean a physical condition, marked by a pathological deviation from the normal healthy state
- c) **"Injury"** shall mean bodily injury caused by force or violent, external and visible means
- d) **"Hospital"** shall mean only an establishment duly constituted and registered as a hospital for the care and treatment of sick and injured persons, as bed-paying patients, and which
 - i. has facilities for diagnosis and major surgery
 - ii. provides 24 hours a day nursing services by registered graduate nurses
 - iii. is under the supervision of a physician, and
 - iv. is not primarily a nature cure clinic, a place for alcoholics or drugs addicts, a nursing, rest or convalescent home or similar establishment, or home for the aged



Definitions

- e) **“Physician” or “Surgeon”** shall mean only a person qualified by degree in Western Medicine and legally licensed and duly qualified to practice medicine and surgery authorized in the geographical area of his practice
- f) **“Physician's Visit”** shall mean a physician's visit to the hospital bedside of an Insured Person for treatment of a non-surgical disability
- g) **“Surgical Fees”** shall mean all of the fees payable to Surgeon(s) for the operations performed including the surgeon's visits to the patient, pre- surgical assessment and normal post-surgical care up to a maximum of 91 days from the date of operation or discharge from hospital
- h) **“Dependents”** shall mean the insured employee's legal spouse aged under 65 and all unmarried and unemployed children who are aged between 15 days old and below 18th birthday. For those in full-time tertiary institutions, the age limit will be extended to their 24th birthday
- i) **“Pre-Existing Illness”** shall mean any condition which existed or have developed symptoms or there exist manifestation of illness or medical treatment have been sought on drugs and medicine have been prescribed before the effective date of cover in respect of any Insured Person of which the Insured Person was aware or should reasonably have been aware or based on normal medically accepted physical or pathological development of the illness or illnesses
- j) **“Waiting Period”** shall mean the duration of time between the beginning of an insured person's disability and the commencement of the insurance, and is applied only when the

person is first insured. This shall not be applicable after the first year of insurance

- k) **“Maximum Each Injury or Illness”** shall mean all claims arising from the same cause including any and all complications therefrom except that if the employee or dependent completely recovers after a period of 14 clear days continuously following the latest discharge from hospital any subsequent treatment shall be considered a new injury or illness

1. Description of Benefits

- a) **Hospital Room and Board**
charges for room and board accommodation inclusive of meals and general nursing services for each day of confinement as a patient in the hospital
- b) **Intensive Care Unit**
payable when necessitated by an intensive care phase of critical illness or injury subject to a maximum of 20 continuous days per any one disability. The number of days for which charges incurred are payable in respect of daily room and board and ward charges for intensive care unit shall not in the aggregate exceed the maximum number of days provided under hospital room and board benefits
- c) **Hospital Miscellaneous Services**
hospital charges for operating room x- ray examinations medicines dressings ordinary splints and plaster casts electrocardiograms basal metabolism tests laboratory tests intravenous infusions blood transfusions physiotherapy and other customary services rendered or supplied during the confinement period
- d) **Surgical Fees**
fees actually charged for the operation by the surgeon including the surgeon's hospital visit to the patient and post-operative care up to a



maximum of 91 days from the date of operation. The maximum level payable as benefit is assessed according to the amount provided by the chosen Plan in relation to the Schedule of Surgical Benefits, depending on the nature of operation performed. Day surgery is also subject to the usual interpretation.

If two or more procedures are performed through a single incision, reimbursement for charges for all such procedures shall not exceed the amount specified for the one surgical procedure performed for which the largest amount is payable.

If surgery for a disability is performed in various stages over a period of time, then all surgical fees charged in the various stages will be aggregated in computing the maximum amount payable under the Schedule of Surgical Benefits.

Eligible surgical fees below S\$500 are covered in full.

e) Anaesthetist Fees

charges will be reimbursed at up to 25% of the surgical reimbursement. Eligible anaesthetist fees of less than S\$75 are covered in full

f) Diagnostic Services

charges for specialist's opinion or advice or for diagnostic x-rays and laboratory examinations or tests which are recommended by a licensed physician because of illness or injury incurred within 91 days prior to hospital confinement or surgical operation. Payment will not be made for clinical treatments (including medications and subsequent consultations after an illness is diagnosed), or if the insured employee or dependant is not subsequently hospitalized or surgically treated after such consultations or examinations

g) In-Hospital Physician's Visits

fees charged by the physician for treatment or visits made to a patient, for whom a full day's room charge is made by the hospital for non-surgical treatment

h) Post-Hospitalization Treatment

expenses for follow-up treatment of the specific medical condition for which the Insured Person received in-hospital treatment by the same physician up to a period of 91 days immediately following discharge from hospital

i) Emergency Outpatient Accidental Treatment

charges for services and medical supplies provided by the hospital or clinic for emergency treatment of an injury as a result of an accident and received as an outpatient within 24 hours after the accident. When such emergency treatment for an injury is obtained from Registered Chinese bone-setter, charges up to S\$250 are covered. Eligible expenses incurred thereafter for follow-up treatment by the same medical practitioner, will be reimbursed up to 31 days from the date of the accident

j) Ambulance Fees

charges for ambulance services (inclusive of charges for attending medical personnel) to and/or from the hospital. Payment will not be made if the insured employee or dependent is not hospitalized

k) Mobility Aids

The following items and their accessories if prescribed by a physician for a disability: crutches, canes, walkers, manual wheelchairs.

All these should be necessary to assist the Insured Person following discharged from the Hospital up to the maximum amount as specified in the Schedule of Benefits



2. Exclusions

The following treatments directly or indirectly, conditions, activities, items, and their related expenses and any complications relating thereto are excluded from this insurance and the Company shall not be liable for:

- a) pre-existing illness or injuries contracted before the inception date of this Policy
- b) illnesses which commence within a period of 30 days, except for accidental injuries (this waiting period is applied the first time the person is insured)
- c) charges which are not for actual, necessary and reasonable expenses incurred in the treatment of the illness or injury
- d) outpatient treatment not related to in-patient treatment or day surgery, except as a result of an accident
- e) costs resulting from abuse of drugs or alcohol, self-inflicted injuries, criminal act of the Insured Person and sexually transmitted diseases, or treatment which in anyway arises from, is attributable to, or is consequential upon Acquired Immune Deficiency Syndrome (AIDS), AIDS related Complex Syndrome (ARCS) and all diseases caused by and/or related to the virus HIV positive, and any communicable diseases requiring isolation or quarantine by law
- f) treatment for injuries or diseases arising from or consequent upon war (whether declared or undeclared), riot, civil commotion, civil war, invasion, acts of foreign enemies, hostilities, rebellion, mutiny, revolution, insurrection or military or usurped power confiscation or nationalization by or under the order of any government or public or local authority nuclear energy (nuclear reactions radiation contamination) illegal act and full-time service in any of the uniform groups except reservist duty or training
- g) routine medical examination (including vaccinations, the issue of medical certificates and attestations), routine eye and ear examinations, refractive errors of the eyes, cosmetic or plastic surgery and the provision of appliances including spectacles, special braces, hearing aids, lenses, wheelchairs and any prosthetic devices
- h) dental care and treatment (including oral surgeries) except emergency treatment to sound natural teeth damaged during an accident
- i) pregnancy including childbirth, caesarean operation, abortion, ectopic pregnancy, hydatidiform mole, miscarriage (except as a result of an accident), treatments against infertility, sterilization and contraception
- j) treatments relating to birth defects, congenital abnormalities and hereditary conditions
- k) charges for private nursing, consultation with a general practitioner, routine health checks, precautionary services, acupuncture and inoculation and charges for telephone, television, newspapers and other ineligible non-medical items whilst as an in-patient
- l) services or treatment of any institution that is mainly long-term care facility like convalescent and nursing homes, nature cure clinics, spa, hydro-clinic or sanatorium and establishments that provides only incidental or limited hospital services
- m) treatments arising from any geriatric, psycho-geriatric, psychiatric conditions or physiotherapy
- n) acquisition of any organ itself and all expenses incurred by the donor



- o) treatment by a family member
- p) treatment that is not scientifically/ medically recognized
- q) expenses recoverable from a third party, including Workmen's Compensation Insurance or Social Security Organization
- r) treatment for obesity, weight reduction and weight improvement

3. Termination of Cover

Cover ceases for the insured persons:

- a) on the date of termination of the policy
- b) on the renewal date of this Policy next occurring after an insured person ceases to be eligible as defined herein

The liability of this policy shall cease on the last day of the cover for the insured person or dependent.

4. Cancellation

This policy may be cancelled by either the Company or the Insured by giving 30 days' notice in writing. No premium will be refunded if claims have already been made by the Insured.

Pro-rata refund of premium will be made to the Insured if the policy is cancelled by the Company during its currency.

Cancellation shall be without prejudice to any claim originating prior to the effective date of cancellation.

If the Insured terminates the policy, the premium charged will be based on the following:

Period of Cover	Premium Charged
1 month	3 months rate
2 months	4 months rate
3 months	6 months rate
4 & 5 months	7 months rate
6 & 7 months	9 months rate
8 months	1 full year premium

Premium Payment

This policy is deemed to have lapsed automatically if no premium is received within 30 days from the commencement or renewal date of the policy. Notwithstanding the termination of the policy, the Insured shall be liable for the payment of all premiums due while the policy has been in force including the grace period.

Notice and Proof of Claim

Written notice of claim must be given to the Company within 31 days after occurrence of any hospitalization or surgery covered by the Scheme.

The Company upon receipt of such notice shall furnish the Insured such forms as are usually required for the filing of proof of illness or injury. Affirmative proof of illness or injury must be submitted to the Company at the expense of the Claimant.

Currency Exchange Rates

In the event of hospitalization outside Singapore, bills rendered in terms of currency other than Singapore dollars, will be converted to the currency of Singapore dollars on the basis of quoted exchange rate (open market rate if a free market, official rate if not a free market) in effect on the date of discharge from hospital of the Claimant.

Other Insurance

If an employee or dependant included in this Scheme carries other insurance covering injury or illness that is also covered by this policy, the Claimant must inform the Company of such duplicate cover at the time of claiming. The total



benefit payable for each claim, for which more than one insurance policy is applicable, shall not exceed the total of eligible expenses incurred.

Legal Proceedings

The parties hereto agree that the Laws of Singapore shall govern and control in the event of any conflict or dispute between the parties with regard to the Plan and that the parties submit themselves to the exclusive venue and jurisdiction of the courts of Singapore for the resolution of any conflict or dispute.

Alterations

No alteration to this Policy shall be valid unless authorized and endorsed by the Company.

Contracts (Rights of Third Parties) Act 2001

A person who is not a party to this Policy Contract shall have no right under the Contracts (Rights of Third Parties) Act 2001 to enforce any of its terms.

Non-Guaranteed Premium

Premiums payable for this coverage are not guaranteed and may be revised at policy renewal at the full discretion of the Company.

Change of Occupations/Country of Residence

In the event of a change in occupation/country of residence of the Insured, the Insured shall notify the Company in writing of the new occupation/country of residence. The Company shall increase or reduce the premium rates according to the risk classification for the new occupation/country of residence.

Right to Return Policy

In the event that the Insured is not satisfied with the Policy for any reason, it may be returned to the Company for cancellation within fourteen days of receipt and

- a) any premium paid or billed will be refunded in full
- b) this Policy is deemed to be voided from inception and

- c) the Company shall not be liable for any claims occurring prior to the return of the Policy

This condition shall however only apply to policies issued in the name of the Insured Person. This Policy document is deemed to have been received by the Insured 3 days after the Company has dispatched it.

Premium Warranty Clause

Notwithstanding anything herein contained to the contrary and subject only and without prejudice to Clause 2 hereinafter set out it is hereby declared and agreed that it is a condition precedent to liability under this Policy, Renewal Certificate Endorsement or Cover Note that any premium due must be paid and actually received in full by the Company, the registered broker or registered agent through whom this policy was effected

- a) When the period of insurance is 60 days or more within SIXTY (60) days from the
 - i) INCEPTION date of the coverage under the Policy Renewal Certificate or Cover Note or
 - ii) EFFECTIVE date of the coverage stated on each Endorsement if any issued under the Policy Renewal Certificate or Cover Note when the effective date of coverage stated on the Endorsement is on or after the issuance date of the Endorsement or
 - iii) ISSUANCE date of each Endorsement if any issued under the Policy Renewal Certificate or Cover Note where the effective date of coverage under the Endorsement is before the issuance date

OR

- b) where the total premium under any single Policy exceeds S\$50,000 and the Company has allowed payment of that premium by instalments within SIXTY (60) days from the
 - i) INCEPTION date of the cover under the Policy Renewal Certificate or Cover Note for the first instalment and thereafter



from the agreed dates on which the subsequent instalments become payable and

- ii) EFFECTIVE date of coverage of any Endorsement issued under such Policy for the first instalment and thereafter from the agreed dates on which the subsequent instalments become payable

OR

- c) when the period of insurance is LESS than SIXTY (60) days, within the period of insurance specified in the Policy Endorsement Renewal Certificate or Cover Note

In the event any of the abovementioned premium is not paid in full to the company, registered broker or registered agent as described above in the manner and within the time stipulated above (the premium warranty period) the cover under this Policy Renewal Endorsement or Cover note shall deemed to have terminated from the expiry of the premium warranty period and the company shall be discharged from all liability therefrom but without prejudice to any liability incurred before that date and the company will be entitled to a pro-rata time on risk premium subject to a minimum of S\$25.

Schedule of Surgical Benefits

The limits for any surgical procedure will be determined by the amounts shown herein. If the operation is not shown in this table, the Company reserves the right to determine the limit for such operation which is consistent with the amounts listed herein; taking into account the nature and complexity of the procedure involved and the policy exclusions and/or other restrictions applicable.

Description of Surgical Benefits	Surg %
1. Abdomen	
• Appendectomy	50
• Biopsy of pancreas	45
• Cholecystotomy, drainage or removal of calculus/gall stones	60
• Cholecystotomy, removal of gall bladder	65
• Colon resection, partial with or without colostomy	50
• Colon resection, total	100
• Gastric or duodenal ulcer, perforation, closure of	75
• Gastro-enterostomy/ Gastro jejunostomy	75
• Gastroscopy and/or duodenoscopy, diagnostic	15
• Gastroscopy and/or duodenoscopy, operative	30
• Gastrostomy (opening into the stomach/with exploration or foreign body removal)	60
• Gut, resection of	100
• Gastrectomy, total or partial resection of stomach	100
• Hepatectomy (resection of liver) partial lobectomy	75
• Intestinal obstruction, acute	100
• Laparotomy, exploratory	55
• Liver Biopsy	20
• Pancreatectomy, total or sub-total	75
• Splenectomy, removal of spleen	65
2. Abscess	
Incision and drainage of abscess, boil, furuncle or carbuncles; one or more	
• Simple, not requiring hospitalization	5



Description of Surgical Benefits	Surg %
2. Abscess	
Incision and drainage of abscess, boil, furuncle or carbuncles; one or more	
• Requiring hospitalization	20
3. Amputation of	
• Arm, upper, forearm, entire hand or foot	55
• Fingers, thumbs or toes; primary or secondary, any joint or phalanx, single, including neurectomies with direct closure	20
• Hip joints	100
• Leg, through tibia and fibula	55
• Shoulder joint or blade (interscapula-thoracic)	100
• Thigh, between hip and knee	75
• Wrist, distal to metacarpals	30
4. Breasts	
• Biopsy of breasts, incisional	20
• Excision of cyst, fibro- adenoma or other benign tumor, aberrant breast tissue, duct lesion or nipple lesions	25
• Mastectomy, simple	50
• Mastectomy, radical, including breast, pectoral muscles and axillary lymph nodes, unilateral	75
5. Chest	
• Artificial pneumothorax, induction of Initial	12
• Refills, each but not more than six	5
• Bronchoscopy, diagnostic, rigid bronchoscope	20
• Bronchoscopy, operative, excluding biopsy	30
• Cardiolysis (removal of portion of chest walls)	100
• Cardiac heart, requiring sutures of wall/repair with bypass	100
• Intrathoracic or intra- abdominal aneurysm	100
• Lobectomy, total or sub- total/segmental	90
• Hepatectomy partial Lobectomy, wedge resection or enucleation of lesion, single or multiple	75
• Lung, complete removal or portion of	90
• Pericardium, opening and draining	75
• Pneumonectomy, total	100
• Thoracoplasty, complete	100
• Thoracotomy, complete	50
• Thoracotomy, removal of pus, tapping excepted	12
6. Circulatory System	
• Intra-abdominal aortic aneurysm (circumscribed dilation of aorta/with or without ilea-femoral)	100
• Intrathoracic aortic aneurysm-transverse arch graft	100
• Transvenous placement of endocardial pacemaker	30
7. Dislocations and Joints	
• Ankle dislocation closed or open, reduction	60
• Arthroscopy	20



Description of Surgical Benefits	Surg %
7. Dislocations and Joints	
• Hip dislocation, closed or open, reduction	65
• Knee dislocation, open with uncomplicated soft tissue closure, manipulative reduction	40
• Shoulder dislocation, open, with uncomplicated soft tissue closure, manipulative reduction	30
• Tarsal bone dislocation, closed or open reduction with or without skeletal fixation	35
• Wrist dislocation, closed or open reduction	35
8. Ear	
• Ear operation for epithelioma of	20
• Fenestration, one or both sides	100
• Mastoidectomy	
o Single	50
o Radical	80
• Myringoplasty	65
• Myringotomy for otitis media	15
• Removal of adenoids alone	10
• Removal of aural polypi	5
• Stapes, mobilisation	60
• Tympanoplasty, with mastoidectomy	100
• Tympanoplasty, with ossicular chain reconstruction	100
9. Esophagus	
• Esophagoscopy	20
• Esophagus, operation for stricture	37.5
• Esophagus, resection of	100
10. Excision or Fixation by Cutting	
• Ankle dislocation, closed or open, reduction	50
• Bone, removal of, diseased position of femur, tibia, humerus or fibula	40
• Hip joint, shoulder or spine	75
• Lesser bones	20
• Synovectomies of ankle and toes	40
11. Eye	
• Cataract, removal of	60
• Detached retina, operation of	75
• Eyeball, removal of	45
• Foreign body, removal of, from cornea	5
• Glaucoma or trauma	45
• Pterygium, excision or transposition or removal of	15
• Style or chalazion, incision of	7
12. Fractures, Treatment of	
Simple, closed reduction:	
• Ankle, carpal bone, metacarpal, phalanges, tarsal bone	20
• Elbow	15
• Hip	65



Description of Surgical Benefits	Surg %
12. Fractures, Treatment of	
Simple, closed reduction:	
• Lower Jaw of patella	15
• Radius & ulna	20
• Shoulder & knee	50
• Thoracic or lumbar spine (closed or open)	95
• Tibia and Fibula	20
• Wrist	15
• Compound fracture -the limit is twice the amount closed reduction subject to a max of 100% Hallux Valgus (Bunion), operation for	
○ Single	25
○ Bilateral	50
• Meniscectomy (removal of semilunar cartilage of knee)	50
• Osteomyelitis of long bones	
○ Acute	75
○ Chronic	60
• Release of carpal tunnel	30
13. Genito – Urinary Tract	
• Cystorrhaphy: suture of bladder wound, injury or rupture, simple	60
• Bladder	
○ removal of growths by abdominal surgery	60
○ removal of growths by diathermy	40
○ removal of stone	75
• Circumcision, surgical excision other than clamp or dorsal slit, except newborn	15
• Curettage or cauterization of cervix, non-puerperal	12.5
• Cystectomy-with ureteroileal conduit or sigmoid with bilateral growth or tuberculosis of	100
○ Open testicular biopsy	10
• Transurethral resection of prostate	75
• Endoscopic means – partial removal	30
• Ureter, removal of stone	85
• Urethra, Stricture of, open operation	30
• Intra-Urethral cutting operation	15
• Varicocele, epididymectomy	
○ Excision of Single	25
○ Bilateral	35
14. Goitre	
• Hemithyroidectomy	40
• Lymphatic glands	
○ Removal of malignant tumors of	100
○ Removal of tumors for diagnosis or adenoma of thyroid	50
• Thyroidectomy	
○ Sub-total	50



Description of Surgical Benefits	Surg %
14. Goitre	
• Thyroidectomy	
○ Total	65
15. Hernia	
• Herniorhapy	35
• Herniotomy	50
• Strangulated hernia pelvic lymphadenectomy	75
• Cystoscopy–Diagnostic	5
• with minor endoscopic procedure (e.g. biopsy)	10
• Dilation and curettage, non-puerperal	25
• Exploration for undescended testis unilateral	40
• Evacuation of foreign bodies from the bladder	25
• Hydrocele, radical care of	30
• Hysterectomy, radical for cancer	65
• with complete removal of tubes and ovaries	75
• with or without appendectomy	65
• Kidney hemorrhage due to accident	75
• Fixation of	75
• Removal of, with total urecterectomy & bladder cuff	85
• Removal of stone	50
• Laparoscopy	20
• Myomectomy, single or multiple, excision of fibroid tumor of uterus- abdominal approach	60
• Orchidectomy, simple, unilateral	30
• Renal homotransplantations with unilateral recipient neprectomy	100
• Salpingectomy or oophorectomy or both, unilateral or bilateral, independent procedure	55
• Testicles	
○ Castration for incisions or drainage	33
○ Repair of the tendoachilles	40
16. Nail	
• Excision of nail and nail matrix, partial or complete (e.g. ingrown nail)	15
17. Nose	
• Antrum puncture	5
• Extranasal sinus operation	17.5
• Intranasal sinus operation	25
• Mastoid, radical cue for	60
• Nose, reconstruction of	70
• Polypus, removal, one or more	10
• Sarcoma, operation for, or epithelioma of nose	60
• Submucous resection, nasal septum, classic	40
• Toilet and suture	5
• Turbinectomy	10
18. Paracentesis	
• Tapping of – Abdomen	12.5



Description of Surgical Benefits	Surg %
18. Paracentesis	
• Chest or bladder, cauterization excepted	7.5
• Ear drum, Hydrocele, joints or spine	5
19. Pilonidal Cyst or Sinus	
• Removal of	30
20. Rectum	
• Colonoscopy with or without biopsy	20
• Fissure-in-ano, cutting operation for	40
○ Independent Procedure	
• Fistulotomy or fistulectomy	
○ Simple	35
○ Multiple	45
• Hemorrhoidectomy, internal & external, complex or extensive	55
• Hemorrhoidectomy and fistulotomy or fistulectomy	60
• Incision & Drainage of ischiorectal and/or perirectal/perianal abscess	15
• Papillectomy, single or multiple procedure	7.5
• Other cutting operation of rectum	25
• Rectum, excision of	100
• Sigmoidectomy	20
21. Skull	
• Cutting into cranial cavity, trephning and tapping excepted	100
• Removal of bone trephning or decompression	40
• Trephning for fracture middle miningeal or other intercranial hemorrhage	100
• Tumor or abscess of the brain, cerebral of cerebellar tumor	100
22. Spine or Spinal Cord	
• Division of posterior spinal tracts or roots	100
• Gasserian ganglion, resection of	75
• Ontevetebral disc, excision of	
○ Without spinal fusion	75
○ With spinal fusion	100
• Laminectomy	100
• Nerve grafting	50
• Spinal cord tumor, operation for	100
23. Throat	
• Adenoidectomy, independent procedure	15
• Excision of tumor of cords & epiglottis/or stripping of vocal cords	35
• Jaw, total excision of upper or lower	100
• Partial excision	50
• Laryngectomy, without neck dissection	75
• Laryngoscopy, direct operative with biopsy	25
• Parotidectomy	60
• Removal of lower lip cancer	50
• Tongue, total excision of for cancer	100
• Tonsillectomy with or without adenoidectomy	20



Description of Surgical Benefits	Surg %
23. Throat	
• Tracheotomy, independent procedure	20
• Turbinectomy	10
24. Tumors	
• Benign tumors of the testicles	20
• Benign tumors one or more, except as otherwise herein provided;	
o Requiring hospital confinement	20
o Not requiring hospital confinement	5
• Excision of Bartholin's tumor or cyst	25
• Incision or drainage of cyst	5
• Lesion of tendon or fibrous sheath or capsule (e.g. cyst or ganglion) foot or toe	20
• Lesion of tendon sheath – wrist	20
• Malignant tumors of the mucous membrane, skin and subcutaneous tissue	25
• Malignant tumors, surgical removal of, except those of the mucous membrane skin and subcutaneous tissue	50
• Warts or moles	5
25. Varicose Veins	
• Aneurysm in large arteries	50
• Cutting operation, complete procedure	
o One leg	25
o Both legs	40
• Injection treatment, complete procedure one or both legs	20
• Ligation of small arteries, smaller aneurysms	10
• Stripping of varicose vein, one leg	30

