



Medical Aid & Hospitalization

Medical Aid under Regulation 24(A) of OSR 1979:

The officers are entitled to reimbursement of Medical expenses like Doctors fees, cost of medicine etc for self and dependant Family members on declaration basis subject to following annual limit w.e.f. 01-11-2007 . **The officers on probation are also entitled to this benefit.**

A) Officers in JMG & MMG Scales Rs.5,100/- pa

B) Officers in SMG & TEG scales Rs. 6,320/-pa

1) No accumulation of un-availed limit beyond three years is permitted.

2) The expression 'family' of an officer employee shall mean the officer employee's spouse, wholly dependent unmarried children (including step children and legally adopted children), wholly dependent physically challenged brother/sister with 40% or more disability, as also parents ordinarily residing with and wholly dependent on the officer employee.

3) The term wholly dependent child/parent, wholly dependent brother/sister shall mean such member of the family having a monthly income not exceeding Rs.3500/-p.m. If the income of one of the parents exceeds Rs.3, 500/- p.m. or the aggregate income of both the parents exceeds Rs.3, 500/- p.m., both the parents shall not be considered as wholly dependent on the officer employee. (b) A married female officer employee may include her natural parents or parents-in law under the definition of family – but not both – provided that the parents/parents-in-law are ordinarily residing with and wholly dependent on her and satisfy the income criteria as stated above

Scheme for Reimbursement of Hospitalization expenses to officers under 24(1)(b)(i) of OSR 1979/1982

Consequent upon signing of the Joint Note on 27-04-2010 by Indian Banks' Association (IBA) with the representatives of Officers' organizations in the matter of Salary Revision and other service conditions for Officer Employees in Public Sector Banks, the rates and ceilings in respect of reimbursement of hospitalization expenses stand revised with effect from 01-05-2010 in terms of Circular No. CHO/POS/08/2010-11 dated 23-06-2010 as under:

Scale of Officer	Limits
a) Junior Management Grade Scale I and Middle Management Grade Scales II & III.	ii) Bed Charges Self – Rs.700/- per day., Family – Rs.525/- per day. ii) Other charges – At the scale of 125% of the limits laid down under the Hospitalization Scheme applicable to workmen employees.
b) Senior Management Grade Scales IV & V and Top Executive Grade Scales VI & VII.	ii) Bed Charges Self – Rs.900/- per day. Family – Rs.675/- per day. ii) Other charges – At the scale of 150% of the limits laid down under the Hospitalization Scheme applicable to workmen employees.

SCHEDULE

SCHEDULE FOR REIMBURSEMENT OF HOSPITALIZATION EXPENSES AS PER GUIDELINES LAID
DOWN UNDER JOINT NOTE DATED 27-04-2010, FOR OFFICER EMPLOYEES

1. Hospitalization expenses will be reimbursed to officers in the bank to the extent of 100 per cent in case of self and 75 per cent in case of dependent members of family subject to the procedure for reimbursement of hospitalization expenses as enumerated hereunder:
 - (a) Hospitalization charges to the extent stated above will be reimbursed in case of all ailments and major accidents which require hospitalization.
 - (b) An officer or his dependent family member(s) will be considered to have been hospitalized only if they are admitted as indoor patient(s) in the hospital in respect of diseases/accidents as mentioned above in sub-para (a). However, cases where the patient is admitted as an out-patient and discharged the same day after surgical procedures involving advanced techniques may also be considered for reimbursement of hospitalization expenses.
 - (c) Medical expenses incurred for the hospitalization will be reimbursed on the strength of bills/vouchers to the extent of 100% in case of self and 75% in case of family members subject to limits prescribed hereunder.
2. For the purpose of Hospitalisation expenses the definition of 'family' is the same which is applicable for Medical Aid under Regulation 24(A) of OSR 1979
3. The reimbursement of hospitalization expenses will be restricted to the following charges with extent of reimbursement as under

Sr. No.	Details	Scale I to III	Scale IV & Above
3.1	(a) Hospital Registration Fees	100% for self and 75% for dependent family members of the amount actually incurred or Rs.275/- whichever is lower.	100% for self and 75% for dependent family members of the amount actually incurred or Rs.330/- whichever is lower.
	(b) Surcharge/tax on hospital bills	Proportionate to the extent of the bill passed by the bank	Proportionate to the extent of the bill passed by the bank
3.2	Charges for bed per day (excluding boarding charges)	100% for self and 75% for dependent family members of the amount actually incurred or Rs.700/- for self per day & Rs.525/- for family members per day, whichever is lower.	100% for self and 75% for dependent family members of the amount actually incurred or Rs.900/- for self per day & Rs.675/- for family members per day, whichever is lower.
3.3	ICU/CCU/Neo-natal Nursery	100% for self and 75% for dependent family members of the amount actually incurred or Rs.687.50/- per day, whichever is lower. This is in addition to bed charges.	100% for self and 75% for dependent family members of the amount actually incurred or Rs.825/- per day, whichever is lower. This is in addition to bed charges.

3.4	Diagnostic material charges, X-rays, Pathological tests, ECGs, etc.	As per Annexure I hereto	As per Annexure I hereto
3.5	Medicines, drugs, injections (including disposable syringes), bandage and dressing materials, etc. except tonics/vitamins. (However, tonics/vitamins which are prescribed by the attending doctor and certified as essential for the period of hospitalization, may be considered for reimbursement.)	100% or 75% as the case may be of actual expenses.	100% or 75% as the case may be of actual expenses.
3.6	Operation charges, etc.	As per Annexure-II hereto	As per Annexure-II hereto

142.7 Physician's and Consultant's fees per visit:

	100% for self and 75% for dependent family members of the amount actually incurred or the amount as mentioned below against each item, whichever is lower			
	Major 'A' Class cities Mumbai, Chennai, Delhi, Kolkata Ahmedabad Bangalore & Hyderabad		Other Places	
	<i>Rs. per visit</i>	<i>Rs. per visit</i>	<i>Rs. per visit</i>	<i>Rs. per visit</i>
VISIT AT THE CHAMBER				
	Scale I to	Scale IV & above	Scale I to	Scale IV &
First Consultation	275	330	162.50	195
Subsequent Consultations	106.25	127.50	87.50	105
VISIT AT RESIDENCE				
In case of emergency leading to Hospitalization	412.50	495	262.50	315
Second Consultation	312.50	375	206.25	247.50
Subsequent Consultations	206.25	247.50	137.50	165
VISIT MADE BY SPECIALISTS AT THE HOSPITAL:- SPECIAL VISIT				
During the day time	175	210	118.75	142.50
During the night time	412.50	495	206.25	247.50
Routine visits	175	210	118.75	142.50

- The officers or members of their families (as the case may be) are expected to secure admission in a Government/Municipal Hospital or any 'private' hospital (i.e., hospitals under the management of a Trust, Charitable Institution or a religious mission). The reimbursement will be restricted to the percentage applicable to the officer / dependent family member, i.e. 100% or 75% of the charges applicable to the lowest paying bed in such hospitals according to hospital rules or the maximum amounts mentioned above, whichever is lower.

5. In case of unavoidable circumstances to seek services of a private nursing home/hospital, , approved by the bank, reimbursement will be restricted to the extent of the amount which would have been reimbursable in case of admission to a public or private hospital as mentioned in paragraph 4 above.
6. Medical expenses incurred within 30 days of 'pre' and post-hospitalization period on medical advice, on account of the ailment/disease for which the person was hospitalised, will be considered as hospitalization expenses for reimbursement purpose. However, in cases of hospitalization involving special or major operations, medical expenses incurred for a period not exceeding 45 days of post-hospitalization will be considered for reimbursement, subject to medical advice.
7. Charges for engaging a nurse/attendant will not be reimbursed. However, nursing charges, if any, charged by hospital authorities in respect of days spent in ICU / CCU/ neo-natal nursery may be considered for reimbursement on the basis of certificate issued by the hospital authorities and in consultation with bank's Medical Officer. Reimbursement in such cases shall be 100% for officers and 75% for family members of the actual charges.
8. Hospitalization charges in connection with maternity will not be reimbursable. However, the expenditure incurred by an officer in cases involving operative interference because of complicated labour and caesarean operation and subsequent hospitalization thereto will be reimbursed under the hospitalization scheme to the extent of expenditure incurred in excess of normal maternity charges and consequent hospitalization thereto subject to the condition that such reimbursement shall be 70% of the amount actually incurred or the limits as per Annexure II hereto, whichever is less.
9. The purchase of drugs/medicines will be restricted to approved chemists and arrangements will be made by banks wherever possible to make direct payments to the chemists.
10. Banks will have discretion to refuse payment of bills in cases where they are not satisfied about the genuineness of the bills.

11. Ambulance Charges

Ambulance charges for removing the officer or his dependent family member from residence to the hospital/nursing home or from hospital/nursing home to residence on discharge or from one hospital/nursing home to another hospital/nursing home, within the urban agglomeration or municipal limits may be reimbursed in full.

Actual expenses incurred on conveyance by mode other than ambulance shall be reimbursed subject to the maximum as under:

	For Scale I to III	For Scale IV & above
(i) By public taxi	- Actuals subject to maximum of Rs.206.25 per trip	Actuals subject to maximum of Rs.247.50 per trip
(ii) By autorickshaw	- Actuals subject to maximum of Rs.106.25 per trip	Actuals subject to maximum of Rs.127.50 per trip

In case the patient is to be moved to a hospital/nursing home outside the urban agglomeration/municipal limits, then the expenses incurred on conveyance may be reimbursed at the rate of Rs.7.50 per kilometer for officers from Scale I to III, with a maximum of Rs.1375/- per trip and at the rate of Rs.9/- per kilometer for officers from Scale IV & above, with a maximum of Rs.1650/- per trip or the amount actually incurred, whichever is the least.

Normally, services of an ambulance should be availed of. Where ambulance is not available or the facility of ambulance is not established, public mode of transport i.e. taxi/ auto rickshaw could be used. The bank shall consider such claims on merits and facts.

Abuse of the facility will be dealt with treating such claims as acts of gross misconduct.

12. Domiciliary Treatment

Medical Expenses incurred in respect of the following diseases which need domiciliary treatment as may be certified by the recognised hospital authorities and bank 's medical officer shall be deemed as hospitalization expenses and reimbursed to the extent of 100% in case of an officer and 75% in the case of his family.

Cancer, Leukaemia, Thalassemia, Tuberculosis, Paralysis, Cardiac Ailment, Pleuresy, Leprosy, Kidney ailment, Epilepsy, Parkinson 's Disease, Psychiatric disorder, Diabetes, Hepatitis-B, Hepatitis-C, Haemophilia, Myastheniagravis, Wilson 's disease, Ulcerative Colitis, Epidermolysis bullosa, Venous Thrombosis (not caused by smoking), Aplastic Anaemia, Psoriasis, Third Degree Burns, Rheumatoid Arthritis, Hypothyroidism and Hyperthyroidism.

Note:-

(i) The cost of medicines etc. in respect of domiciliary treatment shall be reimbursed for the period stated in the Specialist 's prescription. If no period is stated, the prescription for the purpose of reimbursement shall be valid for period not exceeding 90 days.

Expenses incurred on radiotherapy and chemotherapy in the treatment of cancer and leukaemia shall be considered for reimbursement under domiciliary treatment to the extent of 100% in case of an officer and 75% in the case of his family.

13. The medical aid and reimbursement of expenses under the hospitalization scheme under this Settlement will also be available for medical treatment under the recognised systems of medicines, viz., Ayurvedic, Unani, Sidha, Homeopathy and Naturopathy if such treatment is taken in a clinic/hospital recognised by the Central/State Government. Further, reimbursement shall be limited to such expenses within the prescribed ceilings as would have been reimbursable incase the treatment was taken in a Government/Municipal hospital, subject to the overall limits under the scheme, i.e., 100% of approved expenses for self and 75% in case of family.

14. Package Charges

Some hospitals are charging on the basis of 'package' for specialised treatment for diseases pertaining to heart, kidney, coronary, etc. These package charges generally include all charges pertaining to a particular treatment/procedure including admission charges, accommodation charges, ICU/ICCU charges, monitoring charges, operation charges, anesthesia charges, operation theater charges, procedural charges/ Surgeon's fee, cost of disposables, cost of consumables like catheters, guide wires, etc., surgical charges and cost of medicine used during hospitalization, related routine investigations, physiotherapy charges etc.

In the following cases, package charges will be reimbursed to the extent of 100% in the case of self and 75% in the case of dependent members of family, subject to the limits specified below:-

	Scale I To III	Scale IV & above
(a) Coronary Bypass Surgery	Rs.2,00,000/-	Rs.2,40,000/-
(b) Coronary Angiography	Rs.20,625/-	Rs.24,750/-
(c) Angioplasty/Stentoplasty	Rs.1,00,000/-	Rs.1,20,000/-
(d) Kidney Transplant	Rs.2,25,000/-	Rs.2,70,000/-
(e) Liver Transplant	Rs.2,75,000/-	Rs.3,30,000/-

Note:-

(i) For the above ailments, officer employees can claim either as per schedule of expenses prescribed or package charges whenever the treatment is taken under package charges scheme.

(ii) In the case of stentoplasty, cost of medicated stent(s), wires/balloon, implanted

during surgery may be reimbursed at the rate of 75% for family members and 100% for officer himself at rates not exceeding the rates applicable to lowest paying bed of AIIMS, New Delhi, in addition to the package charges indicated above.

(iii)Liver transplant charges are not reimbursable in cases where damage to the liver has been caused by alcoholism.

Annexure I

SCHEDULE FOR REIMBURSEMENT OF CHARGES INCURRED BY OFFICERS FOR PATHOLOGICAL ETC. INVESTIGATIONS

NAME OF PROCEDURE	100% for self and 75% for dependent family members of the amount actually incurred or the amount as mentioned below against each item, whichever is lower (Rupees)		
	S I to S		S IV & Above
CLINICAL PATHOLOGY			
Urine Routine		56.25	67.50
Urine for Albumin		56.25	67.50
Urine for 17 Ketosteroids		500	600
Urine Culture		156.25	187.50
Urine for Column Count Test		156.25	187.50
`Sensitivity Test		206.25	247.50
Urine for Acid Fast Bacilli (T B Culture)		143.75	172.50
Urine Bile Pigment and Salt		56.25	67.50
Urine Urobilinogen		56.25	67.50
Urine Occult Blood		56.25	67.50
Urine Total Proteins		112.50	135
Urine Sodium		112.50	135
Urine Chloride		112.50	135
Bence Jones Protein		68.75	82.50
Stool Routine		56.25	67.50
Stool Occult Blood		56.25	67.50
Smear Analysis		81.25	97.50
Body Fluids-C.S.F./Plural/Ascitic, etc. Chemistry, Sugar, Protein, etc		231.25	277.50
Malignant Cells		187.50	225
HAEMATOLOGY			
Blood Count with Indices (Hb, TLC, DLC)		100	120
Blood Count without Indices (Hb, TLC, DLC)		93.75	112.50
RBC and Hb with Indices		100	120
RBC and Hb without Indices		75	90
Total WBC and Differential Count (TC/DC)		75	90
Blood Smears for parasites (MP, etc.)		56.25	67.50
Peripheral smear examination		62.50	75
Blood for Microfilaria		137.50	165
Platelet Count		100	120
Bleeding and Coagulation time (BT CT)		93.75	112.50
Clot Retraction Time		93.75	112.50
Prothrombin Time		106.25	127.50
Erythrocytes Sedimentation Rate(Westergren"s method)		43.75	52.50

Sedimentation Rate (Both Methods) ESR	43.75	52.50
Hb, TLC,DLC, ESR	118.75	142.50
Blood Culture	218.75	262.50
Clot Culture	218.75	262.50
Glucose Phosphate Dehydrogenase (G&PD)	206.25	247.50

NAME OF PROCEDURE	100% for self and 75% for dependent family members of the amount actually incurred or the amount as mentioned below against each item, whichever is lower (Rupees)	
	SCALE I TO III	SCALE IV &
Reticulocyte Count	62.50	75
Absolute Eosinophil Count	56.25	67.50
Packed Cell Volume (PCV)	56.25	67.50
R.B.C. Fragility Test	100	120
L.E. Cell	131.25	157.50
Haemogram	118.75	142.50
Bone Marrow Smear Examination	281.25	337.50
Partial Thromboplastin	187.50	225
BLOOD BANK		
Coomb's Test direct (for coating antibodies)	206.25	247.50
Coomb's Test (for complete and incomplete indirect antibodies)	275	330
Blood Grouping and Rh Factor only (not for matching) for Non- maternity Cases	93.75	112.50
Blood Transfusion per Bottle and Donor's fees (including Pathologist's attendance and cross-matching)		
Packed Cell Preparation	500	600
	350	420
BIOCHEMISTRY		
Blood Urea/Calcium/Phosphorus/Phosphatase/Sodium/Potassium	137.50	165
Blood Urea Nitrogen	137.50	165
Urea Clearance Test	237.50	285
Creatinine Clearance Test	237.50	285
Serum Proteins or Plasma Proteins	137.50	165
Serum Proteins Electrophoresis	275	330
Blood for Fibrinogen	150	180
Blood for Creatinine	106.25	127.50
Blood Uric Acid	137.50	165
Blood Sugar Curve (Glucose Tolerance Test) GTC or GTT	387.50	465
CO ₂ Combining Power of Plasma	181.25	217.50
Blood Cholesterol	106.25	127.50

Blood Protein Bound Iodine (PBI)	412.5	495
Blood Chlorides (S Cl)	137.50	165
Serum Sodium (S Na)	118.75	142.50
Serum Potassium (S K)	118.75	142.50
Serum Iron (S Fe)	181.25	217.50
Serum Iron Studies	300	360
Serum Calcium (S Ca)	118.75	142.50
Serum Phosphorous (S.P.)	118.75	142.50
Serum Alkaline Phosphatase	106.25	127.50
Serum Acid Phosphatase	187.50	225
Serum Glutamic Oxalic Transaminase (SG OT)	106.25	127.50
Serum Lipase	181.25	217.50
Serum Glutamic Pyruvic Transaminase (SG PT)	106.25	127.50
Serum Anylase	268.75	322.50

NAME OF PROCEDURE	100% for self and 75% for dependent family members of the amount actually incurred or the amount as mentioned below against each item, whichever is lower (Rupees)	
	Scale I to III	Scale IV &
C P K	431.25	517.50
Glucose 6 Phosphate Dehydrogenase	231.25	277.50
Serum Lactic Dehydrogenase(LDH)	200	240
Serum Lactic Dehydrogenase with Isoenzyme	518.75	622.50
SMA 12-2 (14 Blood Chemistry)	862.50	1035
BACTERIOLOGY & SEROLOGY		
Brucella Agglutination Test*	181.25	217.50
Cold Agglutination Test for Virus Pneumonia	181.25	217.50
Paul Bunnel Test	206.25	247.50
C Reactive Proteins**	187.5	225
Smear Gram-Strain Examination	68.75	82.50
Sputum Smear A.F.B. Stain	68.75	82.50
V.D.R.L.	106.25	127.50
Widal Test	106.25	127.50
R.A.Test	137.50	165
Culture & Sensitivity (other specimens)	206.25	247.50
Vibro Cholera Culture	181.25	217.50
Conjunctival Swab for Microscopic and Culture Examination	193.75	232.50
Smear Examination for Micro Organisms	131.25	157.50
Fluids or Exudates for Malignant Cells	193.75	232.50
* For hospitalised patients only		
** For Rheumatic disease to be reimbursed for hospitalised patient		
X-RAY		
Fluroscopy Chest	168.75	202.50
Abdomen AP Erect (One Film)	187.50	225
Abdomen Lateral View (One Film)	187.50	225
Abdomen for Pregnancy	187.50	225
Chest PA View (One Film)	187.50	225
Chest Oblique or Lateral (One Film)	187.50	225
Mastoids	187.50	225
Extremities, Bones and Joints (One Film)	187.50	225

Pelvis (One Film)	187.50	225
Paranasal Sinuses (One Film)	187.50	225
T.M. Joints (One Film)	187.50	225
Abdomen & Pelvis for K.U.B.	312.50	375
Skull A.P. & Lateral	312.50	375
Spine AP & Lateral	312.50	375
Barium Swallow	725	870
Sinography/Sialography	825	990
Cystography/Urethrography	1237.50	1485
Arthrography	931.25	1117.50
Retrograde Pyelography	1031.25	1237.50
Oral or I.V. Cholecystography	1031.25	1237.50
Barium Enema	1343.75	1612.50

	100% for self and 75% for dependent family members of the amount actually incurred or the amount as mentioned below against each item, whichever is lower (Rupees)	
NAME OF PROCEDURE		
	Scale I to III	Scale IV & above
Barium Meal Upper or Lower	1343.75	1612.50
Bronchography	1443.75	1732.50
I.V. Urography	1443.75	1732.50
Myelography	1650	1980
Pneumo Encephalography	1237.50	1485
Barium Meal Complete	1650	1980
Cerebral/Femoral Angiography	1962.50	2355
C T SCAN/MRI		
CT Scan	3437.50	4125
CT Scan (with contrast)	5500	6600
MRI	6875	8250
MRI (with contrast)	9000	10800
ULTRA SONOGRAPHY AND ECHOCARDIOGRAPHY		
Electro Cardiogram (ECG)	187.50	225
Indual Test	193.75	232.50
U C G (Phono-cardiography, Telemetry C, Cardiac Ex Test, StressTest)	950	1140
Echo Cardiography	1087.50	1305
Cardio Version	700	840
Ultra Sonography	543.75	652.50
US Guided Biopsy	725	870
SKIN		
Tuberculin Test (Mantoux) TT or MT	143.75	172.50
Scraping for Fungus	75	90
Skin Clipping & smear for Leprosy	143.75	172.50
Nasal smear for leprosy	118.75	142.50
LIVER FUNCTION TESTS		
Thymol Turbidity Test	125	150
Cephalin Cholesterol Flocculation Test	125	150
Vanden Berghn Reaction and Icterus Index (Quantitative Bilirubin)	206.25	247.50
Takata Ara Reaction	137.50	165
Bromsulphalein Excretion Test (Excluding injection charges)	300	360
PLEURAL AND PERICARDIAL AND ASCITIC FLUIDS		
Pleural Fluid for Routine Examination	193.75	232.50
Pleural Fluid for Cultural Pericardial and Ascitic Fluids	193.75	232.50

SPUTUM EXAMINATION			
Sputum Routine		125	150
Sputum for Acid Fast Bacilli only (Sputum AF B)		125	150
Sputum for Culture (Culture for TB)		193.75	232.50
CSF for Diptheria		175	210
Culture for Diptheria		143.75	172.50
NAME OF PROCEDURE		100% for self and 75% for dependent family members of the amount actually incurred or the amount as mentioned below against each item, whichever is lower (Rupees)	
GASTRIC ANALYSIS		Scale I to III	Scale IV & above
Gastric Contents for Routine Analysis (Gastric Analysis or Fractional Test Meal)			
		300	360
Sternal Marrow Routine Cytology (Bone Marrow)		387.50	465
Basal Metabolic Rate (BMR)		343.75	412.50
Lung Function Test		343.75	412.50
PSYCHIATRY TEST			
ECT		187.50	225
CO ₂		112.50	135
Psychology Testing		187.50	225
TSH, LH, FSH, Prolactin (for each test)		225	270

Testosterone		587.50		705
Parathyroid		587.50		705
Estrogen (Total)		587.50		705
ACTH		587.50		705
HBsAg by RIA or EIA		687.50		825
FOR SURGICAL INVESTIGATION &TREATMENT OF CANCER				
Scopies and Biopsies		687.50		825
Chemotherapy:				
Single Drug Therapy per day		1375		1650
Multiple Drug Therapy per day		2750		3300
Infusional Chemotheraphy		4125		4950
OXYGEN CHARGES				
Oxygen charges shall be reimbursed at the rate of Rs.50/- per hour subject to a maximum of Rs.500/- per day for officers from Scale I to III and at the rate of Rs.60/- per hour subject to a maximum of Rs.600/- per day for Executives from Scale IV and				

NOTE: Any test/investigation prescribed by the Hospital/Doctor but not included in the Schedule may be reimbursed at 100%/75% of the cost of such tests or the rates of CGHS, whichever is lower

ANNEXURE II	100% for self and 75% for dependent family members of the amount actually incurred or the amount as mentioned below against each item, whichever is lower					
	Rs.		Rs.		Rs.	
	Special Operation		Major Operation		Minor Operation	
	Scale I to III	Scale IV & above	Scale I to III	Scale IV & above	Scale I to III	Scale IV & above
(a) Operation Theatre Charges	4125	4950	2750	3300	893.75	1072.50
(b) Anaesthetist's Charges	4125	4950	2750	3300	893.75	1072.50
(c) Surgeon's Fees for Operation (including Fees for Assistants)	13750	16500	8937.50	10725	28875	3465

Expenses for dialysis, blood transfusion, Heart valve replacement, angiography, implanted items during surgery wherever they do not form part of package charges and pacemaker may be reimbursed at the rate of 75% for family members and 100% for workman himself at rates not exceeding the rates applicable to lowest paying bed of AIIMS, New Delhi.

Indicative list of Special, Major and Minor operations is appended below:

SPECIAL OPERATIONS :

Cardiac including By-Pass Surgery, Brain, Lung and Cancer Operations, Kidney/Liver Transplantation Operation, Bone Marrow transplant and Multiple Fractures (time taken is more than 3 hours).

MAJOR OPERATIONS :

Kidney Stone (including lithotripsy), Prostate, Thyroid, Caesarean Delivery, Gastrectomy, Hysterectomy, Fractures, Amputations, S.P. Nailing, Discoideotomy, Retina Detachment, Liver & Gall Bladder, Plastic Surgery (not for beautification), Cataract (with IOL), Hernia subject to Bank's discretion (Time taken approximately 1 to 3 hours).

MINOR OPERATIONS :

D & C, Fissure, Circumcision, Small Hydrocele, Dilatation, Vasectomy, Abscess, Bilat, Hydrocele, Appendix, Tubectomy, Piles, Fistula, Minor Operations of the Eye, Nose and Ear (Time taken approximately 60 minutes or less).

Note:-

Operative interference done using state-of-the-art medical techniques taking less than the time indicated as above will not alter the nature of the operations.