Public Hospital Health Insurance Terms

General Terms

It is hereby agreed and accepted that as long as the premiums are paid in accordance with the following Articles hereof (Articles 2, 9, 10 & 11) and in accordance with the coverage described in the Benefits Table [first page(s)], the terms, provisions and exceptions listed below, and in accordance with the Insured Party's statements regarding himself/herself and/or his/her children and the applicable Insurance Law, the Company shall indemnify the Insured Party and/or pay directly to the Public Healthcare Institution / physician / service the amounts provided for in the coverage hereunder, as described in the Table and up to the maximum annual Insured Amount set on a case-by-case basis.

1. Definitions

The terms used in the insurance policy shall have the meaning ascribed to them below:

1.1 The Company (The Insurer): Interasco S.A.G.I.

1.2 The Insurance Policy: The insurance policy, including the general terms and special terms, the insurance proposal and any appendix or additional duly certified amendment to the terms attached thereto.

1.3 Insurance Beneficiary / Party: The natural or legal person who contracts with the Company and has all the rights and obligations arising from this policy, apart from the right to receive compensation upon the occurrence of the insured event case (unless he/she is also an Insured Party).

1.4 Insured Party: The person in whose name the insurance policy is concluded regarding his/her health and who may be either the Party or a third party and has the right to use the benefit (receive compensation) upon the occurrence of the insured event.

1.5 Insurance Proposal: The form issued by the insurer, containing a series of questions, which must be answered by the Insured party with honesty, and statements which must be certified by the Insured party by placing his/her signature. The above questions and statements concern the Insured Party, who completes, solemnly declares and signs the Insurance Proposal, as well as the Insurance Beneficiary, if he/she is not the Insured Party. Moreover, regarding payment of the premiums, the insurance proposal includes a direct bank debit payment option and/or other payment order, including payment by credit card.

1.6 Insurance Policy Starting Date: The date shown in the Benefits Table as "Insurance policy starting date".

1.7 Date of initial registration of the Insured Party: The day (12:00 local time), month and year when the Insured Party is registered and covered for the first time with this policy or is registered and covered by an initial Insurance Policy which has been renewed without any lapse.

1.8 Insurance Policy Period: Any annual period beginning from the insurance policy starting date, which is renewed in accordance with the provisions of paragraph 7 hereof.

1.9 Premium: The amount stated in the Benefits Table, concerning all coverage of this policy and paid annually by the Insurance Beneficiary to the Company for the provision of the insurance coverage in accordance with the terms of the insurance policy.

1.10 Insured Event / Insured Case: A set of events and situations with causal connection and time sequence that are described in each cover, the occurrence of which gives right of compensation to the Insurance Beneficiary under this insurance policy.

1.11 Illness: Any impairment of the Insured Party's normal body function which is objectively evidenced, medically certified, requires recognized and accepted medical treatment, is not due to an accident, originates from causes that did not exist prior to the insurance and occurred at least 90 days after the starting date of this insurance policy.

1.12 Accident: Any physical damage to the Insured Party that is objectively evidenced, is due to an external, violent, accidental, sudden cause not intended by the Insured Party and has undoubtedly occurred after the starting date of the insurance and payment of the first premium.

1.13 Waiting Period: A period that begins on the starting date of the insurance policy and ends after the number of days designated as a waiting period in the relevant coverage contained in the first place in the insurance policy or subsequently attached thereto.

1.14 Insurance Year: Each consecutive twelve-month period beginning on the starting date of the insurance policy, as stated in the Benefits Table.

1.15 The Benefits Table: One or more pages attached to the insurance policy, forming an integral part thereof and including the insurance policy number, personal data of the Insurance Beneficiary and the Insured Party, the starting date of the insurance policy, the Insured Amount (the Insurer's liability limit), the premium etc.

1.16 Insured Amount: The insurer's liability limit (insured amount), which is clearly defined in the terms of the insurance policy and in each cover, and is annexed to the insurance policy, and to the Benefits Table.

1.17 Greece: The Greek territory.

1.18 Overseas: Any country other than Greece.

1.19 Hospital: Any licensed public healthcare institution or clinic that operates 24 hours a day and 7 days a week, with full hospital infrastructure and permanent medical and nursing staff. For the purposes of this insurance policy the following are not considered hospitals: public rehabilitation centres for drug and alcohol users, public psychiatric or neurological clinics, public nursing homes, public rest centres, health and movement rehabilitation, as well as any hospital or place where non-accredited medical practices are carried out, such as acupuncture, yoga, homoeopathic treatments etc., even if they are designated as hospitals or clinics by public or private bodies.

1.20 Surgical operation: Any officially recognized medical, invasive procedure penetrating the tissue under surgery and aiming at the treatment of illness or injury and/or the correction of a defect in the Insured Party's body.

By extension of the above definition, the following invasive procedures shall also be considered surgical operations: Medical interventions performed using LASER, as well as gastrointestinal endoscopic examinations, provided that they involve an invasive medical procedure and not organ biopsies, catheterization or angiography, and finally destruction of renal and biliary calculus.

1.21 Co-insurance: The percentage as defined in the Benefits Table, based on which the Insured Party participates in the total recognized expenses of each insured case.

1.22 Recognized expenses: All treatment expenses for the Insured Party that are covered under the terms of the Insurance Policy after deducting any participation, as set out in the Benefits Table.

1.31 Implant: Any human organ, tissue or body part acquired in accordance with the moral standards and the laws applicable in Greece or any artificial organ or tissue that

is placed in the body of the Insured Party during a surgical operation covered by this policy (such as: ophthalmic lens, hip joint, etc.) excluding dentures and dental implants.

1.32 **Exclusion due to previous medical history:** This is a general exception to the insurance policy, according to which the Company is exempted from liability for compensation regarding any insured case whose cause is the scientifically anticipated progression of a pre-existing health condition of the Insured Party. A pre-existing health condition may be covered only if the Insured Party has clearly stated such condition(s) in the medical questionnaire of the insurance proposal and the Company, after evaluation, has decided to provide insurance coverage without imposing any exceptions regarding this specific condition.

1.33 **Additional Premium:** In the case of a pre-existing exacerbated health condition of the Insured Party prior to the starting date of the insurance policy, the Insurer (Company) may require an additional premium in order to undertake the additional insurance risk. To this end, it formulates and annexes to the Insurance Policy the relevant Special Term describing and setting its insurance obligation.

1.34 **Hospitalization category:** The hospitalization category chosen by the Insured Party and listed in the Benefits Table. 1 category applies to this insurance:

Category C: Triple room or room where three people are treated.

1.35 **Hospital Expenses:** The amount charged by the hospital for the stay and treatment of the Insured Party. The fee includes:

a) Hospital stay expenses, i.e. room and food and/or treatment in a specialized hospital unit (ICU & HDU).

b) The cost of medical supplies and services, i.e. medicines, medical materials, use of surgery and medical equipment.

(c) The cost of the diagnostic tests considered scientifically necessary for the particular incident and the cost of their interpretation by an expert, where such tests could not have been carried out prior to hospital admission or form part of the standard preoperative check-up, as the case may be.

1.36 **Hospital care:** It refers to the stay in a public hospital due to health problems which are not included in the general and special exceptions and for which the Insured Party must be admitted to the hospital, because they cannot be treated through outpatient care (e.g. at home, in medical practices), and for which the medical necessity of admission is well documented. Addressing these health problems should require surgical treatment or immediate medical intervention, which cannot be carried out in any setting other than the hospital. The systematic monitoring (measurement and control of vital parameters) of the patient shall be evidenced by the hospital record or the corresponding nursing forms. Where the hospital stay for monitoring purposes is longer than 24 hours the Insured Party must have the Company's approval.

1.37 Prior to the admission of the Insured Party to the hospital - if the Insured Party's health condition allows it - a satisfactory examination of his/her condition must be carried out in the emergency room or in the hospital's outpatient clinics (medical history, medical expert report, special physician's referral form).

2. Validity of the Insurance Policy

This insurance policy shall enter into force from the starting date of the insurance, as clearly set out in the Benefits Table, upon payment of the first instalment of the premium and provided that from the date when the proposal is submitted to the Company until the date when the insurance policy enters into force the Insured Party's health condition has not changed. If money has been paid to the Company against the premiums (as a down payment) before accepting the risk and issuing the insurance policy, such payment cannot be considered as an agreement by the Company to undertake any obligation.

3. Case of false - or incomplete statements

3.1 If an important question in the Insurance Proposal, the answer of which substantially affects the Applicant's insurability, was given an incomplete or false answer by the Party and/or the Insured Party, the Company is entitled to cancel the insurance within 30 days of becoming aware of the incident, sending a written notice to the Insured Party.

3.2 If the Company cancels the insurance hereunder, it shall return to the Insured Party the unearned premiums paid for the period after the cancellation date and until the end of the current Insurance Year, deducting the Company's expenses, unless it is proven that the Insured Party has acted fraudulently, in which case no amount is refunded.

4. General Exceptions

The Company is not liable for partial or total payment of insurance compensation for events that fall under the following circumstances:

4.1 The insured event occurred outside the Greek territory, the insured event occurred in a private hospital.

4.2 The insured event occurred before the starting date of the insurance policy.

4.3 The insured event occurred during the waiting period of the policy.

4.4 **Pre-existing conditions:** Any health problem that existed, appeared or occurred to the Insured Party prior to the starting date of the insurance policy. It is up to the Company's reasoned judgement whether **any pre-existing condition** stated in the Insurance Application shall be excluded from the coverage or shall be accepted by stipulating a Special Term.

In accordance with the above provisions under 4.4, any unreported pre-existing condition relieves the Insurer of its liability for compensation and may also be the cause of cancellation of this policy.

4.5 The insured event occurred after the end of the insurance policy.

4.6 Suicide or attempted suicide, intentional self-injury, alcoholism, proven state of inebriation, drug use, other than the use of medical narcotic drugs upon written order and instructions by a physician.

4.7 Hang-gliding, para-gliding, paragliding, parachuting, skydiving, kitesurf, diving, canoeing and kayaking, skiing (winter and summer) and snowboard, skating, boxing and kick boxing, parkour, martial arts, as well as all sports considered to be extreme, flying on any airplane (mechanical or non-mechanical) other than those operated by the civil aviation and licensed for passenger transport.

Care and/or treatment of injury due to the participation of the Insured Party in professional or amateur club competitions or training.

4.8 AIDS or Acquired Immune Deficiency Syndrome. The term includes any investigation, examination, or treatment that directly or indirectly results from or relates to:

- An infectious disease which is seropositive to the Human Immunodeficiency Virus (HIV)
- any condition or syndrome or disease directly or indirectly resulting from such an infection or syndrome.

4.9 An insured event that is due to the Insured Party's involvement in terrorist attacks, hostile invasion, war or civil war, revolutions and civil unrest. An insured event that occurred while the Insured Party was serving as a reserve or active-duty soldier or a permanent military officer during exercises and operational activities.

4.10 Pregnancy, childbirth and pregnancy or childbirth complications, as well as any infertility treatment or sterilization operation.

4.11 Birth defect or disease (whether known to the Insured Party or not).

4.12 Insured events due to pandemic , chemical contamination , nuclear contamination, radioactivity etc.

4.13 Psychiatric-mental disorders and/or diseases and/or relative

therapeutic interventions. Epileptic seizures and their consequences.

4.14 Preventive routine screening (check-up)

4.15 Experimental, non-recognized treatments and medications that are not accepted by formal modern medicine.

4.16 Surgeries or treatments that are directly or indirectly related to cosmetics or aesthetics, including operations for the correction of refraction anomalies, as well as treatment of cataract. Breast reconstruction after mastectomy due to breast cancer is excluded. In the event of burns and scars on the face due to an accident, cosmetic surgery and/or treatments shall be covered, if the accident occurred within the period of validity of this insurance policy.

4.17 Diagnostic tests and medical procedures that are not related to the reason for hospital admission.

4.18 Cost of medicines other than those provided during hospitalization and those that may be covered by "Post-hospital care expenses" under this insurance policy.

4.19 Dental and gum surgery, unless the condition is caused by an accident covered by this insurance policy.

4.20 The following cases of hospital care are excluded for the first 9 (nine) months from the starting date or reinstatement date of this insurance policy:

Hernias (including intervertebral disc hernia, whether due to accident or illness)

Septal deviation, turbinate hypertrophy and sleep apnoea syndrome (regardless of the cause).

Adenoids and tonsils

Treatments or hospitalization for uterine and adnexal conditions, endometriosis and breast pathology

Knee and meniscus tear (regardless of the cause) Urinary tract

diseases

Thyroid conditions Malignant tumours,

malignant cysts

4.21 Morbid obesity - medical interventions related to the treatment of obesity.

5. Insurance Compensation

5.1 At its sole discretion, the Company may pay the compensation provided by the terms of the Insurance Policy, or part thereof, directly to the Healthcare Institution / Physician or to the Insured Party after submission of the original receipts.

5.2 In the case of death of the Insured Party, the Company shall pay the balance of the compensation provided by the terms of the policy to the Healthcare Institution / Physician to which it has undertaken to pay. Where there is no commitment towards the service provider or if there is a balance remaining after the payment has been made in accordance with the above commitment, the Company shall pay the relevant amount to the legal heirs pursuant to the provisions on succession, upon submission of the supporting documents stipulated by the Law.

5.3 The Insured Party is not entitled to compensation beyond the Insurer's liability limit set by this Insurance Policy (Insured Amount), amounting to 10,000 Euros per year.

If the Insured Party is entitled to total or partial coverage of the compensation expenses recognized by this insurance policy, and by any other insurance policy of any other Insurance Company, the Company shall pay its own relative share of the recognized expenses, in accordance with the extent and proportion of the coverage to which the Insured Party is entitled by all the insurers.

The Company is not liable for compensation in the case of an insured event that occurred while the Insured Party / Party was in a country (including Greece) where there was war (declared or undeclared), invasion, or revolution.

6. Compensation

The Company shall pay the compensation provided by this insurance policy to the Insured Party or directly to the Public Healthcare Institution / physician, if all of the following conditions are met and agreed:

6.1 The Company has been previously informed by the Insured Party on the occurrence of the insured case, so that it may proceed to the necessary checks. For medical emergencies where the Insured Party could not inform the Company in advance, the Company shall pay the compensation after clarifying and confirming its liability under the terms of the Insurance Policy.

6.2 The Insured Party has signed up to the Company the right to access and check his/her medical history and other medical information (waiver of medical confidentiality and protection of personal data) and has provided the Company with all the details and original medical documents required by the Company in order to to clarify its liability.

6.3 The Insured Party has submitted to the Company the original receipts (as well as the payment receipts) confirming that he/she has actually incurred the corresponding expenses.

6.4 The Company may carry out an investigation, at its own expense, and instruct its affiliated physicians or the physicians of the Management Insurance Company to examine the Insured Party and to evaluate information referred to in his/her prior medical history.

6.5 The Company is not responsible for the quality of the medical and/or other services provided to the Insured Party under this insurance policy. The Company is not liable for any, direct or indirect, loss of the Insured Party and/or any other person which is the consequence of the Insured Party's choice and/or the result of the referral by the Company to providers of medical and/or other services and/or the result of any omission of the above providers.

7 . Term of the insurance policy

7.1 Renewal of the insurance policy

Renewal of the insurance policy

The term of this insurance policy is annual , with starting date the one shown in the Benefits Table and possibility for renewal on an annual basis for a period of 12 months.

A. The Company reserves the right not to procced with the renewal of this policy.

Renewal shall always be consistent with the terms and coverage chosen by the Insurance Beneficiary and shall be agreed in accordance with the respective premiums applicable during each period (renewal) and calculated pursuant to paragraphs 10 and 11 hereof.

In case the Company proceeds with the renewal of this policy, it will be under the same terms and benefits, provided that the insurance premiums are paid in a timely manner and in accordance with the payment method stated on the benefits page of the insurance policy or in a related supplement.

B. Coverage arising from any one or more Annexes of the Benefits Table additionally to the main healthcare coverage may be renewed or not, independently of the renewal of that main coverage.

7.2 Cancellation of the insurance policy

The starting dates of the insurance policy appear in the Benefits Table annexed to this insurance policy.

7.2.1 In addition to all other rights deriving from the law, the Company is entitled to cancel the insurance policy at any time and immediately in the following cases:

If the premiums due are not paid in accordance with Article 9 hereof.

If the Insurance Beneficiary or the Insured Party have made false statements or failed to report health-related incidents concerning the Insured Party, which were known to them when signing the Insurance Proposal and, had they been brought to the attention of the Company, would lead to the decision not to proceed with the insurance coverage or to proceed under conditions other than those described in this insurance policy.

If the Insurance Beneficiary or the Insured Party attempted

to deceive or, in cooperation with other persons, to obtain compensation to which they are not entitled under this insurance policy or attempted to obtain higher compensation than the one owed to them or generally to deceive the Company in order to collect undue amounts.

If the Insured Party serves as a professional military in the armed forces of a country or organization other than the armed forces of Greece.

7.2.2 Cancellation by the Insurance Beneficiary and/or the Insured Party - The Insurance Beneficiary and/or the Insured Party may cancel the insurance policy at any time by giving written notice to the Company. The cancellation shall take effect on the first of the following month upon receipt of the written notice from the Company.

8. Obligations of the Insured Party

The Insured Party undertakes to provide the Company with all the evidence and information deemed necessary in order to confirm that the necessary conditions are met for paying the compensation for an insured case covered by this insurance policy. The Insured Party shall bear the expenses for the collection of the information that substantiates the Company' obligation to provide insurance compensation. This information must be collected in accordance with the law and the original evidence (supporting documents, receipts, etc.) must be presented. Upon payment of the compensation, all information and supporting documents delivered to the Company shall become its property.

9. Automatic readjustment of the annual premium

The Insurer (Company) shall readjust the annual premiums of this insurance policy on the renewal date, taking into account the age of the insured party, the respective terms, the relevant legislation (such as consumer protection), as well as the provisions of paragraph 11 below.

10. Calculation of annual premiums

10. The annual (gross) premiums for the first insurance period are shown in the Benefits Table.

10.1 The annual premiums for such coverage shall be actuarially determined and dependent on the following indicators and criteria:

1. The age of the Insured Party based on which an annual increase shall apply according to the percentage specified in the Benefits Table.

2. The relationship between the total cost of losses and the total registered net premiums of the overall health insurance portfolio, as formed at the end of the immediately preceding year.

3. The level of medical inflation, which in the absence of a formal definition may not be lower than the consumer price index of the immediately preceding year.

4. The excess amount and the co-insurance rate, as defined in paragraphs 1.28 and 1.29 respectively.

The Insurer (Company) reserves the right to readjust the premium of this insurance policy for all Insured Parties on the date of signature or renewal of the insurance policy, where at least one of the factors mentioned in paragraph 11 hereof has changed. In this case, the readjustment shall be made at the beginning of each insurance period.

11. Charges on premiums

The statutory taxes, and a policy fee as set by the Insurer, are charged on the premium. All taxes, and other costs on the premium, which are applicable at the time of payment, shall be borne by the Insured Party / Insurance Beneficiary.

12. Medical examinations

The Insurer (Company) has the right, before and during the Insured Party's stay in the hospital, as well as after his/her discharge, to ask for the examination of the Insured Party by a collaborating physician. The relative expenses shall be borne by the Company. If the Insured Party / Insurance Beneficiary refuses to undergo a medical examination for no justified reason, the Insurer (Company) is not obliged to pay the compensation.

13. Changes

All statements by the Insured Party to the Company relating to this policy must be complete, accurate and in writing and must be sent to the Company's headquarters.

14. Substitution

Upon payment of the insurance compensation under these terms, the Insured Party grants the Company the right to raise any legal claims against any third party liable for his/her health disorder. The Party and the Insured Party grants the Company any relevant, material and procedural rights. The Party and the Insured Party shall jointly provide the Company with any reasonable support where the Company exercises the above substitution right.

15. Applicable Legislation - Exclusive Jurisdiction

For any dispute that may arise from this insurance policy, the parties acknowledge that the laws of the Greek State shall apply and that the Courts of Athens shall have the exclusive jurisdiction.

16. Change of Legislation

This policy complies with and is governed by the laws of Greece. Should any discrepancy arise between the terms of this Policy and the laws which shall become effective after the starting date of the Policy, the Company reserves the right to renegotiate the terms of the Policy from the date these laws enter into force.

HOSPITAL CARE IN PUBLIC HOSPITALS IN GREECE

The Company shall reimburse the Insured Party and/or pay the Public Healthcare Institution / physician for his/her expenses, provided that the premiums are paid as stated in the Insurance Table and in accordance with the general terms, provisions and exceptions mentioned in this Coverage.

The Company's liability for compensation as described in this policy (table) presupposes the prior communication between the Insurance Beneficiary / Insured Party and the company (Approval Centre).

The maximum coverage of this insurance policy (insured amount) is an annual threshold of €10,000.

The insured party's participation per insured event is 20%.

1. Insured Event/Case

All conditions that co-exist and are attributed to the same or similar causes, as well as all injuries caused by the same accident, shall be considered as one insured event. Any insured event with identical or similar causes to those of the previous event shall be treated as a continuation of the latter, unless a period of at least 90 days has elapsed between the date of discharge from the hospital and the date of re-admission to the hospital.

1.1 Medical necessity for care

It refers to the provided healthcare services which are considered expedient in order to:

- Address the basic medical need of the Insured Party.
- Provide appropriate medical care in the most efficient way from a medical point of view, taking into consideration the quantity and cost of the services.

For this purpose, they should:

- Be consistent with the diagnosis of the condition.
- Be necessary for medical reasons alone.
- Be safe and effective for addressing the particular health problems, as demonstrated through local or international certified protocols and in the scientific literature.

Medical necessity, as described in this insurance policy, refers to the coverage of the costs that shall be paid and is not always identical to the definition ascribed by a physician.

1.2 Covered expenses - The Company shall cover exclusively the following hospital expenses in a public hospital:

- Bed and food
- Surgery costs
- Physicians' fees
- Medicines
- Medical and Healthcare Supplies
- Radiological tests
- Ambulance
- Electrocardiogram, encephalogram, etc. Diagnostic examinations
- Laboratory Tests

All these expenses shall be covered only if they are related to the healthcare provided by the main coverage.

Where the expenses are related to a secondary diagnosis covered by this insurance policy, they shall be recognized as expenses only if their treatment requires hospitalization and there is medical evidence to substantiate this need.

1.3 Recognized expenses

All reasonable and ordinary expenses for the treatment of the Insured Party which are covered under the terms of this insurance policy (Hospital admission, treatment, covered expenses, etc.), after deducting the excess and co-insurance amounts, as set out in the table.

2. Hospital care in Greece

2.1 This insurance policy covers 80% of all recognized hospital care expenses incurred by the Insured Party exclusively in Public Hospitals (payment of expenses to the Insured Party).

2.2 Hospital care in private healthcare institutions is not covered.

3. Hospital care outside Greece

Hospital care outside Greece is not covered.

4. Expenses for hospital care without overnight stay and surgeries

The Company shall cover the expenses for surgical operations and procedures and the expenses for hospital care as defined in Article 1.36 (Hospital Care), which are medically necessary to be carried out in a hospital environment even if no hospital overnight stay is required, after deducting the co-insurance amounts.

5. Waiting period

There will be a waiting period of 90 days for care in Greece and a waiting period of 180 days for care abroad from the date of initial registration of the Insured Party.

There is no waiting period for care due to an accident.

6. Newborns

Newborns shall be insured after reaching at least their 3rd month of life and after completing a medical questionnaire.

TABLE OF SURGICAL OPERATIONS

	Vascular Surgeries	General Surgery
Minor operations	90	75
Small operations	300	250
Medium operations	700	600
Major operations	1,250	1,000
Extensive operations	1,650	1,300
Highly extensive operations	2,000	1,700
Special operations	------	2,250

	Gynaecological operations	Invasive dermatology
Minor operations	------	80
Small operations	250	275
Medium operations	600	------
Major operations	900	------
Extensive operations	1,200	------
Highly extensive operations	1,750	------
Special operations	------	------

	Thoracic Surgeries	Endovascular Surgery Operations
Minor operations	90	90
Small operations	200	400
Medium operations	700	900
Major operations	1,200	1,900
Extensive operations	1,750	2,250
Highly extensive operations	2,250	2,750
Special operations	2,750	------

	Cardiac Surgery Operations	Neurosurgery Operations
Minor operations	------	------
Small operations	------	------
Medium operations	------	1,100
Major operations	------	1,400
Extensive operations	------	2,000
Highly extensive operations	2,500	2,550
Special operations	3,500	3,000

	Orthopaedic Operations	Urological Operations
Minor operations	75	85
Small operations	300	275
Medium operations	650	550
Major operations	1,000	900
Extensive operations	1,250	1,200
Highly extensive operations	1,750	1,750
Special operations	2,250	2,250

	Ophthalmic Operations
Minor operations	90
Small operations	300
Medium operations	600
Major operations	1,000
Extensive operations	1,250
Highly extensive operations	------
Special operations	------

	Otorhinolaryngologic Operations
Minor operations	75
Small operations	250
Medium operations	500
Major operations	875
Extensive operations	1,250
Highly extensive operations	1,750
Special operations	2,250

	Reconstructive/Plastic Surgery Operations
Minor operations	75
Small operations	700
Medium operations	900
Major operations	1,400
Extensive operations	1,700
Highly extensive operations	2,000
Special operations	2,500

RECONSTRUCTIVE MICROSURGERY

Operation	Amount
Hand trauma operations	
Flexor tendon cross-section. Zone I	850
Flexor tendon cross-section. Zone II	1,350
Flexor tendon cross-section. Zone III	600
Flexor tendon cross-section. Zone IV, V	600
Extensor tendon cross-section. Central slip.	600
Extensor tendon cross-section. Lateral slips.	850
Extensor tendon cross-section. Most central.	600
Tendon Grafts	
Flexor tendon grafts	1,250
Extensive flexor tenolysis. Placement of tendon graft. One finger	500
Extensive flexor tenolysis. Placement of tendon graft. Every extra finger.	175
Post-traumatic finger deformity (swan neck) (one finger)	1,250
Simple tendon transfer for opposition	900
Complex tendon transfers (for radial, median and ulnar palsies)	1,500
Pedicled vascularized bone graft for scaphoid	1,000
Wrist ligament rupture-limited atrhrodesis procedures with bone graft	1,000
Proximal Row Carpectomy	1,000
Kapandji-Hemiresection on the wrist	1,000
Metacarpal malunions	850
Pseudarthrosis - finger bone grafts	850
Interphalangeal arthrodesis	850
Finger arthrolysis	850
Partial syndactyly Z-Plasty	1,000
Complete syndactyly Creation of nerve blocks. Microsurgery technique.	2,000
Arterial trauma	
Radial, ulnar	700
Digital	700

Operation	Amount
Peripheral nerve reconstruction (Microsurgery technique)	
End-to-end peripheral nerve suture (epineural - epidermal)	1,250
Digital nerve suture	600
Neural grafts (bridging of gaps)	1,900
Intraneural neurolysis	1,900
Taking of lower extremity neural grafts	600
Hand skin defects	
Pedicled vascularized dermo-peritoneal Flap	1,750
Free dermo-peritoneal flap	2,750
Digital vascularized flap (amputation trauma)	1,500
Cross finger	850
Z-Plasty. Skin grafts (of partial thickness)	600
Reattachments of extremities	
Forearm amputation	2,000
Wrist amputation	2,000
Palm amputation	2,750
Thumb or other finger amputation	2,750
Other operations	
Brachial plexus surgery (extensive upper extremity paralysis - neural transfers)	3,500
Finger transfer from foot to hand (thumb recreation)	3,500
Pollicization of the forefinger	2,500
Radial amputation	1,250
Thumb lengthening	1,000
Vascularized bone, bone-skin graft (fibula)	2,750
Transfer of vascularized muscle	2,750
Lower brachial plexus decompression through excision of the first cervical rib (intra-axillary and supraclavicular approach)	2,750