

Special Accident Insurance Conditions No 028-03

(these conditions shall apply along with the Universal Life Insurance Rules No 028)

1. Object of insurance

- 1.1. The object of insurance shall be property interests related to accidents or health impairment listed in the Additional Assistance Benefit Table No 3.
- 1.2. An event, when the body of the Insured was suddenly, beyond his will, affected by an external impact (chemical, thermal, toxic gases or other physical effects), also an accidental acute moderate or severe poisoning with food, medicine, chemicals, gases or vapours, poisonous plants or fungi beyond the Insured's will, which had an adverse impact on health or life of the Insured, and the time and date of which can be determined, shall be considered an accident.
- 1.3. The Insurer shall provide insurance coverage for those accidents which the Insured may suffer during the period of validity of Insurance Coverage around the clock and worldwide.
- 1.4. Insurance risks (risk of death, disability, traumas, ordinary medical assistance, additional assistance, daily allowances, sickness benefits, additional expenses) against which the Insured shall be covered have been specified in the Insurance Certificate.
- 1.5. Injuries and health impairments that can be declared insured events have been listed in the Benefit Tables No 1, No 2 and No 3 of these Insurance Conditions.

2. The Insured

- 2.1. The person specified in the Insurance Certificate who is subject to Insurance Coverage for the period of time specified in the Insurance Agreement.
- 2.2. Insurance Coverage in respect of the Insured shall terminate having received a report on the death of the Insured.

3. General non-insured events

- 3.1. In addition to the non-insured events listed under the description of each Insurance Risk, the following shall always be considered non-insured events:
 - 3.1.1. events related to hostilities, military mission, introduction of the state of emergency, active participation in riots;
 - 3.1.2. events related to exposure to nuclear energy and any rays (radioactive, electromagnetic, thermal, light, etc.), also the use of chemical or biological substances for non-peaceful purposes;
 - 3.1.3. accidents suffered during the suspension or non-validity of Insurance Coverage;
 - 3.1.4. events that have not been confirmed by medical documents, diagnostic tests, conclusions of medical commissions, also if the presented documents do not allow determining the date, severity and circumstances of the Insured Event;

- 3.1.5. health problems caused by treatment, surgery or other medical procedures. If a surgery or treatment was necessary due to an accident, it shall be considered an Insured Event.
- 3.1.6. Accidents suffered due to the following:
- intentional injury or attempted suicide of the Insured;
 - development disorders and/or illnesses causing seizures;
 - impact of alcohol when the Insured is in a state of moderate and severe insobriety, and this condition affected the Insured Event; poisoning with alcohol, surrogates, narcotic or other psychotropic substances, or potent agents that were not prescribed by a doctor.
- 3.1.7. Accidents suffered when the Insured engaged in Professional and/or Extreme Sports or leisure, unless the Insurance Agreement establishes otherwise (this condition shall not apply to insured persons under the age of 18).

4. Insurance risks

4.1. Death due to an accident

4.1.1. Insured Events:

- 4.1.1.1. death of the Insured due to an accident, when the Insured dies as a result of suffered injuries within one year from the accident date;
- 4.1.1.2. after the court declares the Insured dead, when the court decision states that the Insured went missing under such circumstances that allow assuming that the Insured died as a result of an Insured Event, and the Insured went missing and presumably died during the Insurance Coverage period. The declaring of the Insured missing shall not be an Insured Event.

4.1.2. Non-insured Events shall be accidents that resulted in death of the Insured due to the Insured's:

- 4.1.2.1. suicide;
- 4.1.2.2. acts subjecting to criminal or administrative liability;
- 4.1.2.3. participation in and/or starting fights, unless these actions were socially valuable (necessary defence, performance of official duties, etc.);
- 4.1.2.4. death from an illness.

4.1.3. The Sum Insured and Insurance Benefits in case of death caused by an accident:

- 4.1.3.1. The Sum Insured for death of the Insured due to an accident has been indicated in the Insurance Certificate;
- 4.1.3.2. Having recognized death of the Insured to be an Insured Event, the Sum Insured for death of the person due to an accident shall be paid;
- 4.1.3.3. If the Insured covered under accident insurance in case of death dies as a result of the same accident within one year from the accident date, the right of claim to Insurance Benefits for disability and traumas shall be lost, i.e. the part of the Benefit that has already been paid to the Policyholder due to disability and traumas shall be deducted from the Insurance Benefit provided for in clause 4.1 hereof in case of death.
- 4.1.3.4. An Insurance Benefit shall be paid to:
- 4.1.3.4.1. the last beneficiaries known to the Insurer and specified in the Insurance Agreement, or, if they have not been appointed and/or if the deceased is a minor and/or an incapacitated person – to legal heirs of the Insured;
 - 4.1.3.4.2. legal heirs of the Insured, if the sole Beneficiary specified in the Insurance Agreement died at the same time or before the Insured Event;

- 4.1.3.4.3. if a court declares one of the appointed beneficiaries guilty of intentional misconduct against the Insured, an Insurance Benefit shall not be paid to him, while an Insurance Benefit to the remaining beneficiaries shall be increased respectively, and if a person found guilty of intentional misconduct against the Insured was appointed the sole Beneficiary, an Insurance Benefit shall be paid to legal heirs of the Insured;
- 4.1.3.4.4. legal heirs of the Beneficiary, if the Beneficiary died before receiving an Insurance Benefit.

4.2. Disability due to an accident

4.2.1. **Insured Events:**

- 4.2.1.1. injuries suffered in an accident which occurred during the Insurance Coverage period, or consequences remaining after tick-borne encephalitis or Lyme disease, which led to a person's long-term and/or permanent loss of a part of his functions, physical or mental capacity, inability to fully or partially take care of his personal or social life, exercise his rights and discharge his duties. Cases of disability have been listed in the Benefits Table No 1;
- 4.2.1.2. The Insurer may assess and determine long-term and permanent loss of physical or mental capacity (disability) of the Insured and its degree after 9 months after the accident at the least, provided that the disability has been confirmed by a respective medical statement issued no later than within 18 months (in case of Lyme disease or tick-borne encephalitis – within 24 months) from the accident date. If the incurable loss of physical or mental capacity (disability) is unquestionable, the Insurer shall have the right to pay an Insurance Benefit without complying with the terms set forth in this clause.

4.2.2. **Non-insured Events** shall be an accident or a health impairment:

- 4.2.2.1. if the Insured injured himself intentionally or attempted to commit a suicide;
- 4.2.2.2. due to the Insured's acts subjecting to criminal or administrative liability;
- 4.2.2.3. disability due to illnesses listed in Additional Assistance Benefit Table No 3.

4.2.3. **The Sum Insured and Insurance Benefits in case of disability:**

- 4.2.3.1. The Sum Insured of the Insured in case of disability caused by an accident has been indicated in the Insurance Certificate;
- 4.2.3.2. Having recognized an event to be an Insured Event, the part of the Sum Insured for disability indicated in Table No 1 shall be paid;
- 4.2.3.3. Experts of the Insurer or medical experts shall determine the amount of the Insurance Benefit in accordance with the Insurance Benefit Tables presented in these Insurance Conditions, taking into account conclusions of doctors who treated the suffered person, the treatment applied, counseling, recommendations and the effectiveness of the rehabilitation of the suffered person;
- 4.2.3.4. An Insurance Benefit shall be paid to the Insured.

4.3. Traumas due to an accident

4.3.1. **Insured Events:**

- 4.3.1.1. an injury and health impairment suffered in an accident that occurred during the Insurance Coverage period: a bone fracture, dislocation or deformity, soft tissue injury, accidental acute and moderate poisoning with food, poisonous plants or fungi, medicines, chemicals, gas or vapour. Benefit Table No 2 lists the trauma cases.

4.3.2. **Non-insured Events** shall be an accident or a health impairment:

- 4.3.2.1. if the Insured attempted to commit a suicide or injured himself;

- 4.3.2.2. due to the Insured's acts subjecting to criminal or administrative liability and the Insured serving a sentence in prison;
- 4.3.2.3. due to the Insured's participation in and/or starting fights, unless these actions were socially valuable (necessary defence, performance of official duties, etc.);
- 4.3.2.4. procedure for removal of osteosynthesis structures, their breakage and/or dislocation as well as breakage and/or dislocation of joint prostheses;
- 4.3.2.5. pathological bone fractures, intervertebral disk impairments, intervertebral hernia, abdominal or abdominal cavity hernia;
- 4.3.2.6. joint dislocations/deformities, when the first dislocation/deformity was suffered before the Insurance Coverage took effect;
- 4.3.2.7. teeth damage by biting (chewing);
- 4.3.2.8. infections, except for those, the pathogens of which get into the body during the Insured Event provided for in these Insurance Conditions.

4.3.3. The Sum Insured and Insurance Benefits in case of traumas:

- 4.3.3.1. The Sum Insured of the Insured for traumas due to an accident has been indicated in the Insurance Certificate.
- 4.3.3.2. Having recognized an event to be an Insured Event, the part of the Sum Insured for traumas indicated in Table No 2 shall be paid.
- 4.3.3.3. Insurer's experts or medical experts shall determine the amount of the Insurance Benefit in accordance with the Insurance Benefit Tables in these Insurance Conditions, taking into account conclusions of doctors who treated the suffered person, the treatment applied, counseling, proposals and the effectiveness of the rehabilitation of the suffered person.
- 4.3.3.4. An Insurance Benefit shall be paid to the Insured.

4.4. Ordinary medical assistance

4.4.1. Insured Events:

- 4.4.1.1. If the Insured is covered against the risks of death, disability and traumas under the Insurance Agreement, the Insured shall be reimbursed for the following costs incurred:
 - 4.4.1.1.1. up to EUR 1 500 – for cosmetic plastic surgeries for fixing cosmetic defects or deformities within 5 years from the accident date, if the surgery was necessary to fix consequences of the injuries sustained during the accident;
 - 4.4.1.1.2. up to EUR 1 000 – for rehabilitation in a personal health care institution, for posterizing limbs, joints or organs, or acquiring prosthetics and orthopaedic aids, if these costs were incurred as a result of disability of at least 15% diagnosed according to clause 4.2 hereof, and they have not been covered from compulsory health insurance fund budget or voluntary health insurance funds, or have been reimbursed only in part. Rehabilitation costs shall comprise the sums of money paid by the Insured for the following medical services: physiotherapy procedures, kinesiotherapy sessions and 10 massages;
 - 4.4.1.1.3. up to EUR 1 000 – for reimbursing psychological assistance (consultations of a psychologist, psychiatrist or psychotherapist), if the said assistance was provided to the Insured due to a disability of at least 15% diagnosed according to clause 4.2 hereof.
- 4.4.1.2. The Insured shall notify the Insurer in writing and obtain a confirmation from the Insurer regarding the amount and payment of expenses before receiving ordinary medical assistance services.

4.4.2. **Non-insured Events:**

4.4.2.1. costs that have not been substantiated with invoices/purchase documents.

4.4.3. **The Sum Insured and Insurance Benefits in case of ordinary medical assistance:**

4.4.3.1. Insurance Coverage shall apply if the Insured is covered against the risks of death, disability and traumas under the Insurance Agreement;

4.4.3.2. experts of the Insurer or medical experts shall determine the amount of the Insurance Benefit in accordance with the Insurance Benefit Tables presented in these Insurance Conditions, taking into account conclusions of doctors who treated the suffered person, the treatment applied counseling, recommendations and the effectiveness of the rehabilitation of the suffered person;

4.4.3.3. an Insurance Benefit shall be paid to the Insured.

4.5. Additional assistance

4.5.1. **Insured Events:**

4.5.1.1. expenses listed in the Additional Assistance Table No 3 incurred by the Insured due to an injury and health impairment suffered during an accident, which were received within 5 years after the accident date;

4.5.1.2. acute illness of the Insured provided for in the Additional Assistance Table No 3, if it has not been diagnosed before the start of additional assistance insurance coverage, and the Insured was hospitalized for it, and/or the illness was confirmed by a doctor's statement and medical tests.

4.5.2. **Non-insured Events:**

4.5.2.1. an acute illness indicated in clauses 2.8 - 2.16 of Additional Assistance Table No 3, if it occurred within the first 30 days from the inception of the additional assistance insurance coverage.

4.5.3. **The Sum Insured and Insurance Benefits in case of additional assistance:**

4.5.3.1. the Sum Insured of the Insured in case of additional assistance has been specified in the Insurance Certificate;

4.5.3.2. having recognized an event to be an Insured Event, expenses incurred by the Insured shall be reimbursed according to the presented invoices, without exceeding the sum set in the Additional Assistance Table No 3;

4.5.3.3. experts of the Insurer or medical experts shall determine the amount of the Insurance Benefit in accordance with the Insurance Benefit Tables presented in these Insurance Conditions, taking into account conclusions of doctors who treated the suffered person, the treatment applied counseling, recommendations and the effectiveness of the rehabilitation of the suffered person;

4.5.3.4. the sum of all Benefits paid for one Insured Event may not exceed the Sum Insured for additional assistance specified in the Insurance Certificate;

4.5.3.5. the sum of a compensation for incurred expenses paid to the Insured, who has several valid insurance agreements with additional assistance insurance may not exceed the sum of expenses actually incurred by the Insured;

4.5.3.6. an Insurance Benefit shall be paid to the Insured.

4.6. Daily allowance:

4.6.1. **Insured Events:**

4.6.1.1. temporary incapacity for work of the Insured, when the Insured is temporarily out of work due to an accident recognized to be an Insured Event in accordance with Disability Benefit Table No 1 and Trauma Benefit Table No 2;

- 4.6.1.2. when the insured minor person suffered an Insured Event referred to in Disability Benefit Table No 1 and Trauma Benefit Table No 2 due to an accident, and one of the parents covered against daily allowance Insurance Risk under the same Insurance Agreement gets a certificate of incapacity for work for looking after the suffered person;
- 4.6.1.3. a medically justified objective duration of incapacity for work and a certificate of incapacity for work issued in accordance with the procedure established by legal acts shall be the basis for paying daily allowance.

4.6.2. **Non-insured Events:**

- 4.6.2.1. the incapacity for work of the Insured, which has not been confirmed by a certificate of incapacity for work issued in accordance with the established procedure.

4.6.3. **The Sum Insured and Insurance Benefits in case of daily allowance:**

- 4.6.3.1. the Insurance Benefit amount for each day of incapacity for work has been indicated in the Insurance Certificate;
- 4.6.3.2. having recognized an event to be an Insured Event, the payment of daily allowance shall start on the first day of incapacity for work;
- 4.6.3.3. It shall be paid for no more than 30 days of incapacity for work for one Insured Event;
- 4.6.3.4. daily allowance for all Insured Events that occurred during one year of insurance validity shall be paid to one Insured for not more than 100 days of incapacity for work;
- 4.6.3.5. daily allowance for injuries that have not been provided for in Trauma Benefit Table No 2 shall be paid for a maximum of 14 calendar days;
- 4.6.3.6. An Insurance Benefit shall be paid to the Insured.

4.7. Sickness benefits

4.7.1. **Insured Events:**

- 4.7.1.1. inpatient treatment of the Insured for consequences of an event recognized as an Insured Event according to Benefit Tables No 1, No 2 and No 3;
- 4.7.1.2. when an insured minor person suffered in an accident due to an Insured Event according to the Tables No 1, No 2 and No 3, and one of the parents co-insured under the same Insurance Agreement for sickness benefit Insurance Risk looks after him, and the doctor of the injured minor confirms the Insured's stay in the hospital due to the child's state of health or provides a document proving that the carer has paid for his accommodation at the hospital at his own expense.

4.7.2. **Non-insured Events:**

- 4.7.2.1. inpatient treatment of the Insured for a reason other than provided for in Benefit Tables No 1, No 2 and No 3.

4.7.3. **The Sum Insured and Insurance Benefits in case of sickness benefits:**

- 4.7.3.1. the sickness Insurance Benefit amount for each day has been specified in the Insurance Certificate;
- 4.7.3.2. having recognized an event to be an Insured Event, the payment of sickness benefits shall start on the first day of the hospital stay, having presented a medical statement/epicrisis on the cause and duration of treatment;
- 4.7.3.3. no more than 30 days of hospital treatment shall be paid for one Insured Event;
- 4.7.3.4. daily allowance for all Insured Events that occurred during one year of validity of Insurance Coverage shall be paid for a maximum of 100 days of hospital treatment for one Insured;

4.7.3.5. an Insurance Benefit shall be paid to the Insured.

4.8. Additional expenses

4.8.1. **Insured Events:**

4.8.1.1. expenses incurred by the Insured, which the Insurer shall compensate within the limits of the agreed amount, if provided for in the Insurance Agreement.

4.8.2. **Non-insured Events:**

4.8.2.1. expenses of the Insured unsubstantiated by any documents or which are not covered according to conditions of the Insurance Agreement.

4.8.3. **The Sum Insured and Insurance Benefits in case of additional expenses:**

4.8.3.1. the Sum Insured and Insurance Benefits have been specified in the Insurance Certificate;

4.8.3.2. the Insured shall be reimbursed additional expenses on the basis of the submitted documents substantiating the expenses and the fact of the Insured Event;

4.8.3.3. an Insurance Benefit shall be paid to the Insured;

4.8.3.4. the amount of compensation of the incurred expenses for the Insured who has several valid Insurance Agreements with additional expense coverage may not exceed the amount of the expenses actually incurred by the Insured.

5. Procedure of reporting Insured Events

5.1. The person claiming an Insurance Benefit shall notify the Insurer in writing about the Insured Event without any undue delay, but not later than within 30 days after suffering a trauma, illness, death of the Insured or the entry into force of the court decision declaring the Insured dead. Insured Events can be reported using the self-service portal <https://mano.ergo.lt> and by other means specified on the Insurer's website.

5.2. A legal person claiming an Insurance Benefit shall present a document confirming the right to the Insurance Benefit, if it has been signed separately before the Insured Event.

5.3. In case of death of the Insured, the Insurer shall be provided with the following:

5.3.1. a notice on the death of the Insured in the form established by the Insurer (the form is available online at www.ergo.lt);

5.3.2. an official document in the form prescribed by legal acts confirming the fact of death;

5.3.3. a medical statement on the cause of death;

5.3.4. documents certifying inheritance, if the Benefit under the Insurance Agreement is to be paid to legal heirs.

5.4. In case of disability, trauma or acute illnesses of the Insured, the Insurer shall be provided with the following:

5.4.1. a report on the accident in the form established by the Insurer (the form is available online at www.ergo.lt);

5.4.2. medical documents substantiating the fact of the Insured Event (trauma, disability, acute illness);

5.4.3. invoices substantiating expenses – for covering costs of ordinary medical assistance and additional assistance;

5.4.4. a document issued by the search and rescue service substantiating the fact of the works and costs – for covering search and rescue;

5.4.5. payment documents – for covering costs of consultations of a psychologist or a psychiatrist;

- 5.4.6. a doctor's statement on the necessity to be transported to a place of permanent residence for further treatment – for covering costs of transportation of the suffered Insured to his permanent place of residence;
- 5.4.7. documents substantiating expenses – for covering funeral expenses;
- 5.4.8. for daily allowance – a certificate from a medical institution confirming the fact of the accident and a certificate of incapacity for work issued in accordance with the procedure established by legal acts;
- 5.4.9. for sickness benefits – a medical statement/epicrisis from the medical institution about the cause and duration of treatment;
- 5.4.10. other documents requested by the Insurer necessary for determining the fact and circumstances of the Insured Event.

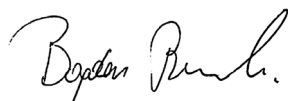
6. Cases of amendments to the Insurance Agreement due to an increase in risk

- 6.1. When the Policyholder and/or the Insured notifies of the changed Insurance Risk (cases listed in clause 4.5.3 of the Universal Life Insurance Conditions), the Insurer shall have the right to amend conditions of the Insurance Agreement or increase the Insurance Premium amount. The Policyholder shall have the right to refuse Insurance Coverage if amendments are unacceptable thereto.
- 6.2. If the Policyholder/the Insured fails to notify of the increase in Insurance Risk (cases specified in clause 4.5.3 of the Universal Life Insurance Conditions), in case of an Insured Event, the Insurer shall have the right to refuse to pay an Insurance Benefit, if knowing about these circumstances, the Insurer would not have assumed this risk, or to reduce the premium payable in proportion to the extent that the actually received premium amount corresponds to the payable premium calculated with the increase in risk.

7. Procedure of amending Insurance Conditions

- 7.1. During the validity period of the Insurance Agreement, the Insurer shall have the right to amend Special Accident Insurance Conditions:
 - 7.1.1. once per calendar year, if they do not violate rights or interests of the customer, by notifying the Policyholder thereof in writing no later than 30 days before the planned date of amendment of the Insurance Conditions;
 - 7.1.2. for agreements concluded for 1 year by notifying the Policyholder in writing not later than 30 days before the date of automatic extension of the Insurance Agreement;
 - 7.1.3. for agreements which provide for annual recalculation of the premium according to the number of insured persons (renewal of an agreement), notifying the Policyholder thereof in writing no later than 30 days before the date of annual recalculation.
- 7.2. The Policyholder shall have the right to terminate the Insurance Agreement or to refuse the selected Insurance Coverage before the effective date of amendments to the Conditions, if the amendments are unacceptable.

General Manager
Bogdan Benczak



Accident Insurance Benefit Tables

Table No 1 for benefits for disability due to an accident

1. General provisions:

- 1.1. Having declared disability of the Insured an Insured Event, the percentage share of the Sum Insured for disability of the person shall be paid based on consequences of the suffered injuries to the body (traumas).
- 1.2. The total sum of Insurance Benefits for consequences of one event may not exceed 100% of the Sum Insured for disability during the insurance year.
- 1.3. Having suffered several injuries to one part of the body during the same accident, a single Benefit shall be paid for the most serious injury of that body part.
- 1.4. Having suffered several injuries of the same organ in one accident, the percentage sum of Benefits may not exceed the amount of the Benefit paid for the loss of that organ.
- 1.5. If a bodily injury (trauma) which led to a complete or partial loss of functions of the organ has not been included in the Benefit Table To. 1, the Insurer's claims expert or a medical expert shall decide on the payment of the Insurance Benefit and the severity of consequences of the bodily injury (trauma).

2. Grounds for reducing an Insurance Benefit:

- 2.1. An Insurance Benefit shall be reduced:
 - 2.1.1. if an organ/an organ function, a part of which/a part of the function of which the Insured had already lost before the Insured Event, was lost in the Insured Event. The Insurance Benefit to be paid shall be reduced taking into consideration the loss of a part of the organ/the organ function before the trauma.

3. Grounds for increasing an Insurance Benefit:

- 3.1. An Insurance Benefit shall be increased by 15%:
 - 3.1.1. if the right hand of a right-handed person or the left hand – of a left-handed person was injured.

Item No	Injury	Insurance Benefit (% of the Sum Insured)
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I. Central nervous system

1.	Residual effects after brain and spinal cord injury:	
1.1.	paralysis of upper and lower limbs (tetraplegia); extensive damage to cerebral cortex and cerebellum; dementia; disturbance of consciousness; impaired function of pelvic organs;	100
1.2.	paralysis of lower limbs with impaired function of pelvic organs;	70
1.3.	hemiplegia; extremely severe restriction of movement, sensation and muscle strength of two limbs; extremely apparent coordination disorder; extreme hypertonia of limb muscles; severe cognitive impairment (10 points or lower); dementia; epileptic seizures at least once per month;	50
1.4.	severe restriction of movement, sensation and muscle strength of two limbs; apparent organic damage to the brain; coordination disorder; severe hypertonia of limb muscles; impaired function of pelvic organs; apparent cognitive impairment (20 points or lower); epileptic seizures at least once per month;	40
1.5.	monoplegia; speech impairment; apparent coordination impairment; hypertonia of limb muscles and decreased muscle strength and sensation; epileptic seizures of average frequency (5-10 times per year); parkinsonism;	30
1.6.	coordination and movement impairment; speech impairment; minor cognitive impairment; minor hypertonia of limb muscles and decreased muscle strength; rare epileptic seizures (3-4 times per year);	15
1.7.	apparent facial asymmetry; autonomic (vegetative) symptoms; cerebellar function and speech impairments, vasomotor disorders, sporadic epileptic seizures (1-2 times per year).	7

Note: Residual effects shall be attributed to a particular group when at least two characteristics of that group are determined. If the Insured suffered at least one injury provided for in Item 1 of this Table and at least one injury of torso and/or limb bones provided for in Items 44-87 hereof due to the same external impact, an Insurance Benefit shall not be paid for injuries provided for in Items 44-87 of this Table.

II. Peripheral nervous system

2.	Traumatic injury of cranial nerves: Note: An Insurance Benefit shall be paid in presence of symptoms of neuropathy, irrespective of the number of damaged nerves.	
2.1.	unilateral;	5
2.2.	bilateral.	10
3.	Injury of neck and shoulder, lumbar region and sacral plexus or respective nerves. Note: An Insurance Benefit shall be paid if movement, muscle strength, sensation is impaired, also in presence of muscular dystrophy and trophic skin disorder.	10
4.	Impairment of the integrity of peripheral nerves: Note: An Insurance Benefit shall be paid in presence of symptoms of neuropathy. If several nerves are injured in one limb, an Insurance Benefit shall be paid for the injury of one nerve only.	
4.1.	Peripheral nerve injury in forearm, wrist, shin and tarsus areas;	5
4.2.	Peripheral nerve injury in upper arm, elbow, thigh and knee areas.	10

Item No	Injury	Insurance Benefit (% of the Sum Insured)
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III. Eyes

5.	Paralysis of accommodation of one eye.	10
6.	Significant visual field reduction; concentric narrowing of the field of vision.	15
7.	Vision impairment, when an intraocular lens or lens (in both eyes) was implanted because of sustained trauma: 0.4 0.3 – 0.1 below 0.1.	10 20 25
8.	Eyelid ptosis, eye muscle paralysis, eyelid defect preventing the eyes from closing.	5
9.	Unilateral bulging of the eye (exophthalmos).	20
10.	Consequences of eye injuries: eye ball dislocation, tear duct injury, strabismus, retinal detachment (as a result of direct eye injury).	10
11.	Post-traumatic eye diseases (except conjunctivitis); haemorrhage; iridal defect; pupil shape changes; lens dislocation. Note: If the Insured suffered at least one of the injuries provided for in Items 5-14 of this Table due to an external impact on his body, an Insurance Benefit for injuries provided for in Item 11 hereof shall not be paid.	5
12.	Complete loss of vision in one or both eyes.	100
13.	Complete loss of vision in one eye.	45
14.	Decreased visual acuity due to eye injury. Note: Visual acuity shall be determined according to the Table in the text below, separately for each eye.	

Visual acuity			Visual acuity			
Before trauma	After trauma	Insurance Benefit (%)	Before trauma	After trauma	Insurance Benefit (%)	
1,0	0,7	1	0,6	0,4	1	
	0,6	3		0,3	3	
	0,5	5		0,2	10	
	0,4	7		0,1	15	
	0,3	10		<0,1	20	
	0,2	15		0,0	30	
	0,1	20				
	<0,1	30				
	0,0	45				
0,9	0,7-0,6	1	0,5	0,4-0,3	1	
	0,5	3		0,2	5	
	0,4	5		0,1	10	
	0,3	10		<0,1	15	
	0,2	15		0,0	25	
	0,1	20				
	<0,1	30				
	0,0	45				
0,8	0,6-0,5	2	0,4	0,3-0,2	2	
	0,4-0,3	7		0,1	7	
	0,2	15		<0,1	10	
	0,1	20		0,0	20	
	<0,1	30				
	0,0	45				
				0,3	0,1	5
			<0,1	10		
			0,0	20		
0,7	0,5-0,4	2	0,2	0,1	5	
	0,3	7		<0,1	10	
	0,2	15		0,0	20	
	0,1	20				
	<0,1	25		0,1	<0,1	10
	0,0	40			0,0	20
					<0,1	10

Notes:

1. Complete blindness – when visual acuity is below 0.01 (inability to count fingers at a distance of 2 meters) to light perception.
2. When visual acuity of the injured eye before the day of the accident is not known, it shall be considered to be the same as the visual acuity on the non-injured eye.
3. In case of impaired visual acuity of both eyes, each eye shall be evaluated separately.

Item No	Injury	Insurance Benefit (% of the Sum Insured)
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IV. Ears

15.	Severe disorders of the vestibular function: multiple, unremitting bouts of dizziness with vegetative reactions and balance impairment.	30
16.	Loss of the entire auricle.	5
17.	Hearing impairment in one ear: Note: Audiogram and impedancemetry data and the ability to hear a person speak shall be assessed.	
17.1.	whispered words heard at up to 1 meter, conversation heard at a distance of 1 to 3 meters (audiogram shows hearing decrease to 30-50 db).	5
17.2.	whispered words not heard at the auricle, conversation heard at a distance of up to 1 meter (audiogram shows hearing decrease to 60-80 db).	10
18.	Complete deafness in one ear (conversation not heard at all, audiogram shows less than 91 db).	15
19.	Complete deafness in both ears.	60

V. Respiratory system

20.	Loss of nasal bones, cartilages and soft tissues.	30
21.	Loss of nose wings and tip.	15
22.	Loss of nose tip or wing (wings).	10
23.	Impairment of breathing through the nose. The Insurance Benefit amount shall depend on the degree of impairment and sides (evaluated by rhinomanometry, norm: inhale and exhale 380 – 400 ml/second):	5
	a) severe unilateral (less than 100 ml/second) or apparent bilateral (less than 200 ml/second);	10
	b) complete bilateral (0 ml/second).	
24.	Loss of olfaction and taste.	15
25.	Loss of olfaction.	10
26.	Post-traumatic chronic inflammation of paranasal sinuses.	2
27.	Function impairment of larynx or trachea:	
27.1.	permanently inserted tracheostomy tube;	40
27.2.	dysphonia;	10
27.3.	aphonia;	30
27.4.	disorders of articulation;	15
28.	Lesions of respiratory organs causing:	
28.1.	Stage I respiratory failure;	10

Item No	Injury	Insurance Benefit (% of the Sum Insured)
28.2.	Stage II respiratory failure;	40
28.3.	Stage III respiratory failure;	60
29.	Thoracic deformations after rib or sternal fractures in the presence of severe respiratory movement restriction.	10

Note: If the Insured suffered at least one of the injuries provided for in Item 28 of this Table and at least one of injuries provided for in Item 29 of this Table due to an external impact on his body, an Insurance Benefit for injuries provided for in Item 29 shall not be paid.

VI. Cardiovascular system

30.	Heart and blood vessel failure because of an injury to heart blood vessels or major blood vessels: Note: symptoms of a failure of heart and blood vessels shall be evaluated according to NYHA classification, ECG, cardiac stress tests, ultrasound imaging or long-term ECG and blood pressure monitoring.	
30.1.	functional class II - when heart failure symptoms are observed during strenuous exercise;	15
30.2.	functional class III - when heart failure symptoms are observed during moderate exercise;	40
30.3.	functional class IV - when heart failure symptoms are observed at rest and sometimes persist.	70
31.	Blood flow disorder because of an injury to major peripheral blood vessels:	
31.1.	minor - swelling, weaker pulse;	5
31.2.	significant - swelling, cyanosis, extremely weak pulse;	10
31.3.	severe - swelling, cyanosis, lymphoedema, trophic disturbances.	15

Note: in case of a cardiovascular injury, residual effects shall be attributed to a particular group when at least two characteristics of that group are identified.

VII. Gastrointestinal tract

32.	Chewing disorder due to a facial bones fracture or lower jaw trauma:	
32.1.	significant bite and chewing impairment;	7
32.2.	severe bite and mouth opening impairment, jaw deformation.	25
33.	Loss of the lower jaw: Note: In case of loss of the jaw, an Insurance Benefit for injuries provided for in Item 32 shall not be paid.	
33.1.	part of the jaw;	15
33.2.	the entire jaw.	50
34.	Loss of the tongue:	
34.1.	up to the middle third;	15
34.2.	from the middle third and more;	30
34.3.	complete loss.	50
35.	Severe narrowing of oral cavity, salivary fistula formation.	15

Item No	Injury	Insurance Benefit (% of the Sum Insured)
36.	Oesophageal or pharyngeal narrowing as a result of burns or trauma: Note: The narrowing shall be confirmed by objective tests.	
36.1.	difficulty while swallowing soft food;	10
36.2.	difficulty while swallowing liquid food;	30
36.3.	complete obstruction (gastrostomy).	80
37.	Residual effects after gastrointestinal tract injury:	
37.1.	dumping syndrome;	40
37.2.	partial bowel obstruction;	15
37.3.	colostomy;	30
37.4.	disorder of pancreatic endocrine function;	30
37.5.	disorder of pancreatic exocrine function;	5
37.6.	stage II liver failure;	45
37.7.	stage III liver failure.	80
38.	Traumatic gastrointestinal tract injury, which led to the excision of:	
38.1.	part of liver;	15
38.2.	spleen;	15
38.3.	part of stomach, pancreas or intestine;	25
38.4.	entire stomach.	40

Note: If the Insured suffered a traumatic injury of internal organs in case of a temporary disability due to an external impact on his body, when a surgery on the organ had to be performed, and at least one of the injuries provided for in Item 38 of this Table, an Insurance Benefit shall not be paid according to clause 13.1 of Table No 2 for a traumatic injury of internal organs when a surgery on the organ had to be performed.

If the Insured suffered at least one of the injuries provided for in Item 38 of this Table and at least one of the injuries provided for in Item 37 of this Table due to an external impact on his body, an Insurance Benefit for injuries provided for in Item 37 of this Table shall not be paid.

VIII. Urinary and reproductive system

39.	Kidney removal Note: If the Insured suffered an injury provided for in Item 39 of this Table due to an external impact on his body, and a traumatic injury of internal organs in case of a temporary disability when a surgery on the organ had to be performed, an Insurance Benefit shall not be paid according to clause 13.1 of Table No 2 for a traumatic injury of internal organs when a surgery on the organ had to be performed.	25
40.	Disorders of urine excretion functions:	
40.1.	kidney function disorder: a) stage II failure; b) stage III failure. Note: Having suffered an injury provided for in Item 39 of this Table, and at least one of the injuries provided for in clause 40.1, an Insurance Benefit for the injury provided for in Item 39 of this Table shall not be paid.	40 80
40.2.	significant narrowing of ureters or urethra, urinary bladder volume reduction;	20
40.3.	complete obstruction of ureter or urethra, fistula of reproductive organs.	30

Item No	Injury	Insurance Benefit (% of the Sum Insured)
41.	Consequences of injury of reproductive organs:	
41.1.	ovary, fallopian tube or testicle removed;	20
41.2.	part of penis removed;	25
41.3.	entire penis removed;	40
41.4.	either both ovaries or both fallopian tubes, or uterus removed:	
	a) when a woman is under 50 years of age, inclusive;	40
	b) when a woman is over 50 years of age.	20

IX. Soft tissue injury

42.	Very noticeable scars of the front or side surfaces of the face and neck that interfere with facial expressions (remaining after a plastic surgery) caused by burns, frostbite or injury. An Insurance Benefit shall be paid in accordance with provisions of clause 4.4.1.1.1 of the insurance conditions. If an Insurance Benefit is paid for treatment expenses performing cosmetic plastic surgeries, in case of scars remaining after a cosmetic surgery, the difference between these Insurance Benefits shall be paid.	10
43.	Hypertrophic, keloidal scars of the skin of torso and limbs that deform soft tissue and interfere with wearing clothes or footwear:	
43.1.	scars take up less than 1% of area;	1
43.2.	scars take up 1-2% of area;	2
43.3.	scars take up 3-4% of area;	4
43.4.	scars take up 5-10% of area;	5
43.5.	scars take up more than 10% of area;	8
43.6.	scars take up more than 15% of area.	10

Note: A palm of the person corresponds to 1% of the body's surface area. Scars shall be assessed after at least one year from the accident date. If the Insurer has paid at least one Insurance Benefit indicated in Item 43 of this Table, the Insured shall lose the right of claim to indemnification of plastic surgery expenses, except for plastic surgeries for removing cosmetic defects or deformities in the area of the face or the neck.

X. Injuries to the bones of the torso and the extremities

Spine

44. Spine function disorders after a spinal injury. Injuries and percentage shares of benefits set therefor are presented in Items 1 and 3 of this Table.

Shoulder girdle; shoulder joint

45.	Complete shoulder joint immobility after resection of humerus head.	40
46.	Complete shoulder joint immobility.	30
47.	Limited mobility of the shoulder joint.	10

Item No	Injury	Insurance Benefit (% of the Sum Insured)
Arm		
48.	Loss of an arm and scapula (or a part thereof).	75
49.	Loss of an arm after disarticulation at the shoulder joint or a stump in the middle part of the arm.	70
50.	Loss of an arm – a stump at the lower third of the arm.	65
51.	Loss of a forearm after disarticulation at the elbow joint.	65
52.	Loss of a forearm under the elbow joint.	60
Elbow joint		
53.	Complete immobility of the elbow joint.	20
54.	Limited mobility of the elbow joint.	7
Wrist joint; hand		
55.	Loss of a hand from the wrist or metacarpus.	55
56.	Complete immobility of the wrist joint.	20
57.	Limited mobility of the wrist joint.	5
58.	Hand function disorder. Note: If the Insured suffered at least one of the injuries provided for in Item 4 of part II of this Table and an injury provided for in Item 58 due to an external impact on his body, Insurance Benefits for injuries provided for in Item 4 of part II of this Table shall not be paid.	10
Fingers		
59.	First finger (thumb):	
59.1.	partially amputated distal phalange;	5
59.2.	completely amputated distal phalange;	8
59.3.	partially amputated intermediate phalange;	15
59.4.	loss of a finger;	20
59.5.	loss of a finger and metacarpus or a part thereof.	25
60.	Immobility of a thumb joint.	5
61.	Immobility of a thumb palm joint.	10
62.	Second (index) finger:	
62.1.	partially amputated distal phalange;	3
62.2.	completely amputated distal phalange;	4
62.3.	completely amputated intermediate phalange;	8
62.4.	partially amputated proximal phalange;	10

Item No	Injury	Insurance Benefit (% of the Sum Insured)
62.5.	loss of a finger;	12
62.6.	loss of a finger and a metacarpus or a part thereof;	15
62.7.	finger contracture in half-bent state and ankylosis of proximal finger joint or palm and finger joint;	4
62.8.	finger contracture while fully bent or extended and ankylosis two finger joints.	8
63.	Third (middle), fourth (ring) or fifth (pinky) fingers:	
63.1.	partially amputated distal phalange;	2
63.2.	partially amputated stump of intermediate or proximal phalange;	5
63.3.	loss of a finger and metacarpus or a part thereof;	15
63.4.	finger contracture in half-bent state and ankylosis of first finger joint or palm and finger joint;	1
63.5.	finger contracture while fully bent or extended or ankylosis of two and three finger joints.	3
64.	Loss of two fingers of the same hand:	
64.1.	first and second fingers;	35
64.2.	first and third, first and fourth or first and fifth (1+3), (1+4), (1+5);	25
64.3.	second and third, second and fourth or fifth (2+3), (2+4), (2+5);	15
64.4.	third and fourth or third and fifth (3+4), (3+5).	10
65.	Loss of three fingers of the same hand:	
65.1.	first, second and third, fourth or fifth (1+2+3), (1+2+4), (1+2+5);	40
65.2.	first, third and fourth or fifth (1+3+4), (1+3+5);	35
65.3.	second, third and fourth or fifth (2+3+4), (2+3+5);	30
65.4.	third, fourth and fifth (3+4+5).	25
66.	Loss of four fingers of the same hand.	40
Note: In other cases of loss of fingers or their function, an Insurance Benefit shall be calculated summing up the benefits determined in cases of loss of the function of individual fingers.		
67.	Loss of all fingers of the same hand.	45
Leg		
68.	Loss of a leg or a stump at the upper third:	
68.1	Loss of a leg after disarticulation at hip joint or stump at the upper third;	70
68.2.	Loss of a leg after disarticulation at hip joint or stump at the upper third, if before the injury it was the only one leg;	90

Item No	Injury	Insurance Benefit (% of the Sum Insured)
69.	Thigh stump at the middle or lower third;	60
70.	Leg function impairment because of leg shortening by more than 2.5 cm;	5
71.	Loss of a shin or a stump at the upper third;	
71.1	Loss of a shin after disarticulation at the knee joint or a stump at the upper third;	50
71.2.	Loss of a shin of the only leg;	80
72.	Stump at the middle or the upper third of the shin.	45
Hip joint		
73.	Complete immobility of hip joint.	35
74.	Limited mobility of hip joint.	10
Knee joint		
75.	Complete joint immobility.	30
76.	Pathological joint mobility because of the tear of ligaments (persisting after surgical treatment).	8
77.	Limited movement of the knee joint.	5
Tarsal joint; foot		
78.	Complete immobility of the tarsal joint.	20
79.	Limited movement of the tarsal joint.	5
80.	Loss of foot after disarticulation at the tarsal joint or foot amputation at tarsal bones.	40
81.	Loss of the distal part of the foot because of amputation at the level of metatarsus.	30
82.	Disorder of foot function because of deformation or unhealed fracture. Note: if the Insured suffered at least one of the injuries provided for in Item 4 of this Table and an injury provided for in Item 82 of this Table due to an external impact on his body, an Insurance Benefit shall not be paid for injuries provided for in Item 4 of this Table.	5
Toes		
83.	Loss of all toes after disarticulation at sole and toe joints or amputation at the level of proximal phalanges.	20
84.	Loss of the first toe and the metatarsal bone or a part thereof.	15
85.	Loss of the first toe after disarticulation at sole and toe joint or a stump at the level of proximal phalange.	5
86.	Loss of the distal phalange of the first toe.	2
87.	Loss of the second, third, fourth or fifth toes:	
87.1.	After disarticulation at the sole and toe joint or a stump at the proximal phalange;	2

Item No	Injury	Insurance Benefit (% of the Sum Insured)
87.2.	Loss including a metatarsal bone or a part thereof;	5
87.3.	Toe function disorder because of joint immobility.	1

Note: in case of a loss of toes or their function in cases unprovided for in Items 83-87 of this Table, an Insurance Benefit shall be paid by summing up benefits provided for in case of the loss of the function of individual toes.

XI. Other functional disorders

88.	Loss of speech.	50
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Trauma Benefit Table No 2

1. General provisions:

- 1.1. An Insurance Benefit is a percentage share of the Sum Insured against the risk of bodily injuries (traumas) specified for bodily injuries (traumas) listed in this Table or their consequences incurred during an Insured Event.
- 1.2. A fracture of one bone in several places due to the same Insured Event shall be treated as a single fracture.
- 1.3. If several injuries were suffered in an Insured Event, Insurance Benefits shall be summed up, however the amount of Insurance Benefits for one event may not exceed 100% of the Sum Insured for traumas.
- 1.4. If the Insured has suffered a dislocation, tears in soft tissues, muscles, tendons or ligaments in the same limb due to an external impact on his body, an Insurance Benefit shall be paid in accordance with the Item providing for the highest Insurance Benefit.
- 1.5. The fact of an injury or trauma shall be confirmed by medical documents/objective medical tests:
 - 1.5.1. bone fractures – confirmed by radiological examinations (X-ray, computed tomography or magnetic resonance imaging);
 - 1.5.2. dislocation (deformity) of joints (bones) – confirmed by radiological examinations (X-ray, computed tomography or magnetic resonance imaging) or ultrasound tests, or fixed at a healthcare facility;
 - 1.5.3. ruptures (tears) of menisci, muscles, ligaments, tendons – confirmed by magnetic resonance imaging, ultrasound tests or an arthroscopic surgery;
 - 1.5.4. concussion (commotion) or concussion of the brain or spinal cord – diagnosed by a neurologist or neurosurgeon.

2. Grounds for reducing Insurance Benefits:

- 2.1. An Insurance Benefit shall be reduced by 50%:
 - 2.1.1. in the event of a recurrent bone fracture at the bone rhumb or at the place of reinforcement of the metal structure, in case of a rupture of the same meniscus, ligament, tendon and/or muscle for the second time. An Insurance Benefit shall not be paid for subsequent injuries of this type.
 - 2.1.2. In case of a joint (bone) deformity or second recurrent joint dislocation. An Insurance Benefit shall not be paid for subsequent dislocations of the same joint.
 - 2.1.3. When the diagnosed injuries occurred in limbs with degenerative changes.
 - 2.1.4. Due to a traumatic injury of a tooth affected for periodontitis, caries or another dental pathology.

3. Grounds for increasing Insurance Benefits:

- 3.1. An Insurance Benefit shall be increased by 50%:
 - 3.1.1. if an osteosynthetic surgery was performed in case of open bone fractures or for joining the ends of a broken bone (using a metal plate, nails, wire or a fixation device externally), but not more than once for the same Insured Event;
 - 3.1.2. in case of wounds on the face.

3.2. An Insurance Benefit shall be increased by 100%:

3.2.1. if an artificial joint had to be implanted due to a fracture of a joint during an acute trauma period;

3.2.2. if an injury was suffered by the Insured who was pregnant at the time of the event (with the exception of a Benefit under Item 17 "Loss of pregnancy").

Item No	Injury	Insurance Benefit (% of the Sum Insured)
1.	Skull bone fractures:	
1.1.	Bones of the top of the skull.	10
1.2.	Bones of the base of the skull.	15
1.3.	Bones of the top and the base of the skull.	20
2.	Facial bone fractures:	
2.1.	Cheekbone and the upper jaw.	7
2.2.	Lower jaw.	6
2.3.	Orbit of the eye (any of the rims).	5
2.4.	Nasal bones, ethmoid bone.	3
2.5.	Larynx, thyroid cartilage, hyoid bone.	4
Note: fracture of dental alveolus of the jaw shall not be considered a jaw fracture.		
3.	Traumatic injury of teeth having lost the entire tooth crown and/or the root:	
3.1.	Loss of a milk tooth before the age of 5. Note: an Insurance Benefit for one insured event may not exceed 5%.	2
3.2.	Loss of 1 permanent tooth.	4
3.3.	Loss of 2-3 permanent teeth.	7
3.4.	Loss of 4-5 permanent teeth.	10
3.5.	Loss of 6 and more teeth.	14
3.6.	Other traumatic injury of permanent teeth (tooth dislocation, punching it into the alveolus, breakage of at least ¼ of the teeth). Note: an Insurance Benefit shall be paid for each injured tooth, however it may not exceed 4%.	2
3.7.	Other traumatic injury of milk teeth (tooth dislocation, punching it into the alveolus, breakage of at least ¼ of the teeth) before the Insured turns 5. Note: an Insurance Benefit shall be paid for each injured tooth, however it may not exceed 2%.	1
Note: in case of a fracture of prostheses or bridges, an Insurance Benefit shall be paid only for the loss of supporting teeth due to an accident.		
4.	Vertebrae fractures:	
4.1.	Fractures of vertebral bodies and arches in cervical, thoracic or lumbar regions:	
4.1.1.	When treated in a hospital for at least 6 days. Note: in case of a fracture of three or more vertebrae, an Insurance Benefit shall not exceed 24%.	12
4.1.2.	When treated in a hospital for less than 6 days or outpatiently. Note: in case of a fracture of three or more vertebrae, an Insurance Benefit shall not exceed 16%.	10
4.2.	Transverse or spinous processes of a vertebra. Note: in case of a fracture of three or more vertebrae, an Insurance Benefit shall not exceed 10%.	5

Item No	Injury	Insurance Benefit (% of the Sum Insured)
4.3.	Sacrum.	5
4.4.	Coccyx.	4
5.	Sternum and rib fractures:	
5.1.	Sternum.	5
5.2.	Rib (1).	3
5.3.	Ribs (2 and more). Note: an Insurance Benefit shall be paid for each fractured rib, however it may not exceed 8%.	2
6.	Arm fractures:	
6.1.	Scapula, clavicle.	5
6.2.	Compression fracture of the humeral head during joint dislocation.	3
6.3.	Fracture of the tubercle of the humerus.	5
6.4.	Fracture of the humerus (except for the tubercle).	9
6.5.	Fracture of one bone of the forearm.	5
6.6.	Fracture of the distal end of one bone of the forearm and styloid process of another bone.	7
6.7.	Fractures of two bones of the forearm.	10
6.8.	Styloid processes of the ulna or the radius.	3
6.9.	Wrist bones (except for scaphoid bone).	3
6.10.	Scaphoid bone.	5
6.11.	Metacarpal bones. Note: an Insurance Benefit shall be paid for each bone fracture, but shall not exceed 8%	3
6.12.	Thumb.	3
6.13.	Fingers II-V. Note: an Insurance Benefit shall be calculated for a phalange fracture of each finger, but shall not exceed 6%.	2
Note: a fracture of several phalanges of a single finger shall be treated as a single fracture. An Insurance Benefit shall be paid according to the clause providing for the highest Insurance Benefit amount.		
7.	Pelvic bone (ilium, ischium, hip bone, pubis) fractures:	
7.1.	Fracture of acetabulum.	12
7.2.	Tear of symphyses and bone fractures.	13
7.3.	Fracture of two or more bones.	10
7.4.	Tear of one symphysis.	8
7.5.	Fracture of one bone.	7

Item No	Injury	Insurance Benefit (% of the Sum Insured)
8.	Leg fractures:	
8.1.	Trochanters of the femur.	8
8.2.	Head and/or neck of the femur.	14
8.3.	Body of the femur.	10
8.4.	Intracranial fractures of the femur or tibia (in the knee joint).	10
8.5.	Patella.	8
8.6.	Tibia (except for posterior edge and medial malleolus).	8
8.7.	Posterior edge and medial malleolus of tibia.	5
8.8.	Fibula, external malleolus.	5
8.9.	Tibia and fibula.	10
8.10.	Tibia and fibula with a tear of syndesmosis.	12
8.11.	Calcaneus, talus.	7
8.12.	Other ankle bones and phalanges (metatarsus bones). Note: an Insurance Benefit shall be paid for a fracture of each bone, but it may not exceed 10%.	4
8.13.	Big toe.	3
8.14.	Toes II-V.	2
8.15.	Sesamoid bones.	1
Note: a fracture of several phalanges of a single toe shall be treated as a single fracture.		
9.	Other traumas:	
9.1.	Bone infractions (splinters), bone impactions (impression), stress fractures. Avulsion fractures, bone splits/splinters which were treated by immobilisation for more than 21 days shall be treated as a complete fracture of that bone.	1
10.	Brain and spinal cord traumas:	
10.1.	Cerebrovascular haemorrhage (hematoma).	10
10.2.	Cerebrovascular haemorrhage with opening of the cranial cavity.	18
10.3.	Brain concussion treated for at least 3 days in a hospital and then outpatiently.	6
10.4.	Brain concussion treated outpatiently for at least 14 days or in a hospital for 1-2 days and then outpatiently.	4
10.5.	Cerebral contusion.	8
10.6.	Spinal cord commotion treated for at least 3 days in a hospital and then outpatiently.	5

Item No	Injury	Insurance Benefit (% of the Sum Insured)
10.7.	Spinal cord commotion treated outpatiently for at least 14 days or in a hospital for 1-2 days and then outpatiently.	4
10.8.	Spinal cord contusion.	7
10.9.	Cerebral and spinal cord compression.	15
Note: if the Insured suffered several cerebral and/or spinal cord injuries due to an external impact to his body, an Insurance Benefit shall be paid according to the Item providing for the highest insurance benefit amount.		
11.	Dislocation of joints (bones):	
11.1.	Dislocation of joints - shoulder, elbow, hip, knee.	5
11.2.	Dislocation of joints - shoulder, elbow, hip, knee, if a surgery had to be performed thereon.	7
11.3.	Dislocation of wrist, ankle joints.	3
11.4.	Dislocation of wrist, ankle joints, if it required a surgery .	5
11.5.	Lower jaw.	3
11.6.	Lower jaw, if it required a surgery.	5
11.7.	Dislocation of phalanges.	1
11.8.	Dislocation of phalanges with impaired integrity of tendons/ligaments or capsule, if it required a surgery.	3
Note: dislocation of several phalanges of one finger shall be treated as one dislocation.		
11.9.	Dislocation of the patella.	4
11.10.	Dislocation of a vertebra of the cervical spine.	5
11.11.	Dislocation of two and more vertebrae of the cervical spine.	7
12.	Tear of tendons, ligaments, muscles, menisci:	
12.1.	Tear of menisci. Note: In case of a tear of both menisci of one knee joint due to a trauma, an Insurance Benefit shall be paid for a tear of one meniscus only.	4
12.2.	Tear of menisci and ligaments of the knee joint in a single event.	7
12.3.	Tear of tendons, ligaments, muscles of the lower jaw, neck, hand, wrist, ankle, foot, fingers, if no surgery was required.	2
12.4.	Tear of tendons, ligaments, muscles of the lower jaw, neck, hand, wrist, ankle, foot, fingers, if a surgery was required.	4
12.5.	Tear of tendons, ligaments, muscles of the shoulder, elbow, hip, knee or intervertebral ligaments, if no surgery was required.	3
12.6.	Tear of tendons, ligaments, muscles of the shoulder, elbow, hip, knee or intervertebral ligaments, if a surgery was required.	6

Item No	Injury	Insurance Benefit (% of the Sum Insured)
12.7.	Achilles tendon rupture.	5
12.8.	Achilles tendon rupture, if a surgery was performed thereon.	7
12.9.	Sprain of tendons, ligaments, muscles. Note: an Insurance Benefit shall not be paid for repeated sprains of muscles, tendons or ligaments of the same joint within one year from the previous event.	1
13.	Traumatic injury of internal organs, soft tissues:	
13.1.	Traumatic impairment of internal organs, when a surgery had to be performed on the impaired organ.	6
13.2.	Chest injury having led to pneumothorax, hemothorax, exudative pleuritis, hypodermic emphysema.	2
13.3.	Chest injury having led to pneumothorax, hemothorax, exudative pleuritis (when a surgical intervention was needed to treat these conditions).	4
13.4.	Perforating injury of the eyeball.	8
13.5.	Perforating injury of cornea, displacement of a lens.	2
13.6.	Erosion of tunica conjunctive, cornea of the eye with foreign objects, rupture of the iris, when the insured was treated outpatiently for 6 days at the least.	1
13.7.	Traumatic rupture of the drum of one ear, when hearing was not impaired.	3
13.8.	Soft tissue damage greater than 10 cm, which required stitching the tissues.	5
13.9.	3 - 10 cm soft tissue damages, which required stitching the tissues.	2
13.10.	Injuries of soft tissues having led to impaired integrity of tissues less than 3 cm, which required stitching the tissues.	1
13.11.	Finger wound with torn nail, when the nail was torn by direct impact of external force at the time of an accident.	2
13.12.	Stab wounds, when one stab has led to damaged skin, hypoderma and muscular layers.	1
13.13.	Multiple bite injuries with soft tissue defects, when more than one spot on the body is injured, and one injury covers 0.25% or more of the body surface.	4
13.14.	Soft tissue injuries having led to multiple hematomas; posttraumatic osteomyelitis, phlegmon, abscess (that were treated surgically); crush wounds. Note: in case of multiple hematomas, an insurance benefit shall be paid if non-resorbed hematomas persist in more than 3 weeks after the trauma, the area of each of them exceeds 5 cm ² and there are 3 of them at the least.	3
13.15.	Deep skin abrasions (reaching stratum papillare and deeper), which are localized in different parts of the body. Note: an Insurance Benefit shall be paid if skin abrasions are localized in different anatomical structures, when their total area covers at least 2% of the surface of the body, and a person was incapacitated for work for more than 6 days.	3
13.16.	Haemarthrosis (if the joint had to be punctured).	3

Item No	Injury	Insurance Benefit (% of the Sum Insured)
14.	Accidental acute poisoning of the Insured of moderate or severe degree with drugs, chemicals, gas, vapor, poisonous plants or fungi, bites of poisonous animals, insect bites, exposure to natural or technical electricity or other injuries not provided for in this Table (when the Insured was treated in a hospital):	
14.1.	Up to 2 days.	1
14.2.	3 to 6 days.	2
14.3.	7 to 15 days.	4
14.4.	More than 15 days.	7
14.5.	Traumatic, post-hemorrhagic, anaphylactic shock, fat embolism.	10
15.	Burns, frostbites:	
15.1.	Second degree burns covering at least 1% of the surface of the body.	3
15.2.	Second degree burns covering at least 4% of the surface of the body.	5
15.3.	Second degree burns covering at least 10% of the surface of the body.	12
15.4.	Third degree burns covering up to 2% of the surface of the body.	4
15.5.	Third degree burns covering at least 2% of the surface of the body.	6
15.6.	Second - third degree eye burns.	4
15.7.	Extensive first degree burn causing an inflammatory illness.	6
15.8.	Third degree frostbite.	5
Note: 1% of the total body surface shall correspond to the size of a handprint (including the palm and fingers) of the Insured.		
16.	Tick-borne diseases:	
16.1.	Falling sick with tick-borne encephalitis or Lyme disease. Note: the disease shall be confirmed by serological tests and the manifestation of the first signs of the disease, at least 30 days after the date of application of the additional insurance coverage. After-effects can be assessed according to the disorders specified in Table No 1 (according to clause 4.2 of the insurance conditions).	1
17.	Miscarriage:	
17.1.	An Insurance Benefit shall be paid when pregnancy of more than 22 weeks ends or must be induced due to an external impact (trauma).	20
17.2.	An Insurance Benefit shall be paid when pregnancy of more than 14 weeks ends or must be induced for other reasons (an Insurance Benefit under this Item shall be paid once during the entire period of validity of the Insurance Agreement).	10

Additional Assistance Benefit Table No 3

Item No	Injury, condition	Insurance benefit
1.	Additional assistance, if the Insured suffered due to an accident, which has been declared an Insured Event. The Insurer shall reimburse the necessary expenses:	
1.1.	a) search and rescue of the suffered Insured carried out by public or private services; b) if the Insured dies as a result of an Insured Event abroad, transportation of the body of the Insured to his permanent place of residence or the necessary funeral expenses abroad, without exceeding cost of transport:	No more than EUR 10 000
	c) transportation of the suffered Insured by special transport to the nearest medical facility (once for one Insured Event), if the necessity was confirmed by a doctor:	Up to EUR 200 in one insurance year for all events
	d) transportation of the suffered Insured to his permanent place of residence after receiving first aid (once for one Insured Event), if the necessity was confirmed by a doctor.	Up to EUR 200 in one insurance year for all events
1.2.	Costs of acquisition or rent of medical aids and orthopedic equipment (splints, sticks, crutches, rehabilitation equipment, wheelchair). The maximum Benefit paid for one event shall be EUR 200.	Up to EUR 200 in one insurance year for all events
1.3.	Diagnostic/radiological examinations necessary to confirm or treat injuries. Note: a doctor's consultation shall not be paid. The maximum Benefit paid for one event shall be EUR 200.	Up to EUR 200 in one insurance year for all events
1.4.	Wound sutures, bandaging, injections, infusions.	Up to EUR 100 in one insurance year for all events
1.5.	In case of a disability/loss of working capacity of the Insured – costs of adapting the place of residence for the Insured.	Up to EUR 600 for one event
1.6	In case of the death, a disability/loss of working capacity of the Insured – costs of psychological assistance to the suffered person or closely related Insured persons (parents/legal guardians, children, brothers, sisters or spouse). The maximum Benefit paid for one event shall be EUR 300.	Up to EUR 300 in one insurance year for all events
1.7.	In case of death of the Insured – costs of funeral/cremation.	Up to EUR 600 for one event

General comment to Item 1 of Table No 3: if costs were incurred in a currency other than the currency of the Insurance Agreement, they shall be reimbursed by converting the costs to the currency of the Insurance Agreement at the exchange rate valid on the day the costs were incurred. Costs shall be substantiated by an invoice itemizing the purchased goods/services.

Item No	Injury, condition	Insurance benefit
2.	Additional assistance in case of acute illnesses:	
2.1.	Ebola virus, malaria, diphtheria, pertussis, tetanus, botulism.	EUR 500 for one event, without exceeding EUR 1 000 in one insurance year
2.2.	Acute appendicitis.	
2.3.	Meningococcal infection in case of meningitis, encephalitis, meningococcal sepsis or meningococcal disease.	
2.4.	Gas gangrene.	
2.5.	Pneumococcal infection.	
2.6.	Nosocomial infection, sepsis.	
2.7.	Surgery for an ectopic pregnancy.	
2.8.	Fragile bone syndrome (in children) diagnosed for the first time during the validity period of the Insurance Agreement.	
2.9.	Tick-borne encephalitis, tick-borne myelitis, tick-borne encephalomyelitis.	
2.10.	Trichinellosis, legionellosis.	
2.11.	Perforated stomach or duodenal ulcer.	
2.12.	Systemic lupus erythematosus diagnosed for the first time during the validity period of the Insurance Agreement.	
2.13.	Gallstones, if this has resulted in a surgery for removing gallbladder.	
2.14.	Nephrolithiasis, if it has resulted in the removal of kidney stones by lithotripsy or a surgery operating no more than twice during the validity period of the Insurance Agreement.	
2.15.	Tuberculosis in persons under 18 years of age diagnosed for the first time during the validity period of the Insurance Agreement.	
2.16	Type I diabetes diagnosed for the first time during the validity period of the Insurance Agreement.	