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ERGO

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ERGO Insurance SE Lithuanian branch

ERGO accident insurance rules No. 009

Contents

I. Terms used

1.1. **Policyholder** (hereinafter – You) – a person who has applied to the insurer for the conclusion of an insurance contract or to whom the insurer has offered to conclude an insurance contract, or who has concluded an insurance contract with the insurer.

1.2. **Insurer** (hereinafter – we) – ERGO Insurance SE Lithuanian Branch.

1.3. **Beneficiary** – a person specified in the insurance contract or a person appointed by the policyholder and, in the cases referred to in the insurance contract, also by an insured person who has the right to receive the insurance benefit.

1.4. **Insured person** – a natural person specified in the insurance contract to whom, upon occurrence of an insured event in his life, the insurer must pay the insurance benefit.

1.5. **Insurance Rules** – the standard terms and conditions of the insurance contract drawn up by us and constituting an integral part of the insurance contract.

1.6. **Insurance cover** – our obligation to pay the insurance benefit upon occurrence of the insured event.

1.7. **Insurance contract** – a contract concluded between You and us. By the insurance contract, we undertake to pay You, the insured person, or a third party for whose benefit the contract is concluded, the insurance benefit calculated in accordance with the procedure set out in the insurance contract, upon occurrence of the insured event specified in the insurance contract. The insurance contract shall consist of these Insurance Rules, the insurance certificate and other documents, if they have been submitted or issued (e.g., your written application to conclude the insurance contract, supplements or amendments to the insurance certificate, etc.).

1.8. **Insurance certificate** – a printed or electronic document confirming the conclusion of the insurance contract.

1.9. **Insurance contract period** – the period specified in the insurance certificate. If You have duly fulfilled Your obligation to pay the full, first and / or deferred insurance premium, the insurance contract period shall coincide with the period of the insurance cover, unless otherwise agreed in the insurance contract.

1.10. **Insurance risk** – a possible danger threatening the insured person.

1.11. **Increase in insurance risk** – at least one of the following events which occur after the conclusion of the insurance contract and which is likely to significantly affect the probability of occurrence of the insured event and the amount of damage:

1.11.1. the insured person starts going in for professional sports and participating in officially organized sports competitions and training;

1.11.2. the insured person starts engaging in high-risk extreme leisure activities that are not covered by the insurance contract;

1.11.3. the nature of the insured person's work changes significantly;

1.11.4. the insured person becomes disabled, loses capacity for work, is diagnosed with a mental and behavioural disorder (disease) and / or contracts a serious incurable disease;

1.11.5. the court declares the insured person as legally incapable.

1.12. **Insured event** – an event specified in the insurance contract upon occurrence of which we must pay the insurance benefit.

1.13. **Sum insured** – the amount of money specified in the insurance contract or calculated in accordance with the procedure established in the insurance contract, which may not exceed the insurance benefit, unless otherwise agreed in the insurance contract.

1.14. **Non-insured event** – an event specified in the insurance contract upon occurrence of which we do not pay the insurance benefit.

1.15. **Insurance benefit** – the amount of money specified in the insurance contract or the amount of money calculated in accordance with the procedure established in the insurance contract, payable to the insured person or beneficiary upon occurrence of an insured event.

1.16. **Medical records** – information approved and submitted in writing by a healthcare institution about the insured person's functional disorders, tests performed, incapacity for work, treatment applied, rehabilitation, medications prescribed and / or other measures.

1.17. **Accident** – a sudden and unexpected event that occurs to You (the insured person) at a specific time and place, during which You (the insured person) suffer bodily injury (trauma) and / or death due to an external impact. The contraction of a disease shall not be linked with an external impact; therefore, a disease shall not be considered an accident (trauma).

1.18. **Professional sports** – going in for sports and participation in training and competitions of any type of sports is Your (the insured person's) main job and / or one of your sources of income, as well as when You (the insured person) have an athlete's license in the relevant sport, and when You (the insured person) represent your country in the European or world sports championships and / or belong to a team participating in the top or first league.

1.19. **Increased risk (extreme) leisure activities** – leisure activities or types of sports that involve a higher than normal risk of injury and also require special physical abilities and preparation. Such activities or sports often involve the use of special equipment, and the occurrence of accidents is influenced by natural forces and the environment in which the sport is practiced. These activities shall include (but shall not be limited to):
   1.19.1. combat and contact sports (e.g., boxing, Thai boxing, kickboxing, wrestling, judo, and similar sports);
   1.19.2. flights with flying devices (e.g., gliding, aerobatic flying, paragliding, hot air ballooning, or other light flying devices);
   1.19.3. air sports (e.g., parachuting, power kiting);
   1.19.4. water sports (e.g., deep-sea diving with equipment, yachting, mountain river rafting, sail boarding and surfing, water skiing, wakeboarding);
   1.19.5. car and motorcycle sports, water scootering, snowmobiling, quad biking, go-karting;
   1.19.6. cycling (e.g., mountain biking (MTB), BMX cycling, cyclo-cross);
   1.19.7. caving, expeditions to mountains, jungles, deserts, or other uninhabited places;
   1.19.8. mountaineering, rock climbing, wall climbing;
   1.19.9. horse riding and equestrian sports;
   1.19.10. bungee jumping;
   1.19.11. skiing with snow kites, jumping with skis and snowboards from a trampoline, skiing on unmarked and unsuitable slopes, skiing using helicopters and paragliders.
1.20. **Injury** – impairment of the insured person's bodily functions.
1.21. **Partial injury** – a case when the insured person's bodily functions are impaired partially.
1.22. **Damage** – effects (risk) of an accident specified in the insurance contract. Within the meaning of these Insurance Rules, damage shall exclude moral damage, damage to the insured person's property and expenses not specified in these Insurance Rules.
1.23. **Renewed (extended) insurance contract** – an insurance contract that comes into effect immediately (without interruption) after the expiry of the previous insurance contract concluded with ERGO Insurance SE Lithuanian branch, i.e. when the end date of the previous insurance contract coincides with the start date of the renewed (extended) contract. A renewed (extended) insurance contract shall be considered to be a contract under which the same insured persons are insured against the same insurance risks. If a new insured person is included in the extended contract or additional insurance risks are selected that have not been included in the previous contract, the terms and conditions of the renewed (extended) insurance contract shall not apply to such insured persons and such insurance risks.
1.24. **ANTAA** – the Agency for the Protection of the Rights of Persons with Disabilities under the Ministry of Social Security and Labour of the Republic of Lithuania.

II. Accident and disease insurance terms and conditions

1. Insurance object

1.1. We shall insure Your (the insured person's) financial interests related to accidents and / or Diseases specified in the List of Critical Diseases and / or Additional Diseases to which You (the insured person) are exposed during the term of the insurance contract.

2. Insured events

2.1. Insured events shall be considered to be accidents (traumas) suffered by You (the insured person).
If Critical Diseases and / or Additional Diseases are selected in the contract, an insured event may also be considered to be a critical disease diagnosed for the first time in Your (the insured person's) life and / or one of the diseases specified in the Lists of Critical Diseases and / or Additional Diseases.

3. Insurance risk. Procedure for identification of an insured event, calculation and payment of insurance benefits

When concluding an insurance contract, You have to choose the insurance risks that will be covered by insurance. The selected insurance risks shall be specified in the insurance certificate.

3.1. **Death due to an accident (trauma)** – the insured person's death caused by bodily injury sustained as a result of an accident (trauma) within one year of the date of the accident:

3.1.1. upon death, we shall pay the full sum insured specified in the insurance policy;

3.1.2. if other insurance benefits provided for in the insurance contract have already been paid for the same accident that caused the death of the insured person, they shall be deducted from the sum insured payable in respect of the insured person's death.

3.2. **Long-term effects of traumas** – a serious bodily injury (trauma) suffered by You (the insured person) as a result of a sudden and unexpected external impact causing functional impairment of Your (the insured person's) organs or body parts, persisting for at least 9 months after the accident date and confirmed by medical records. Medical records must be issued not later than within 18 months after the accident date:

3.2.1. the amount of insurance benefit shall be expressed as a percentage of the sum insured for the risk of long-term effects of injury specified in the insurance certificate and shall be calculated using the percentage indicated for that injury according to Table 1 "List of Long-term Effects of Traumas" in Annex "Tables of Insurance Benefits" to these Insurance Rules;

3.2.2. the participation level assigned to You (the insured person) by the competent authority (ANTAA) after the accident shall not be considered to be the basis for calculating the insurance benefit;

3.2.3. if the long-term effects of traumas caused by an accident (injury) and recognized as an insured event under these Insurance Rules are indisputable and incurable, the insurance benefit may be calculated and paid earlier, without waiting for the expiry of the period of 9 months;

3.2.4. if, during the period of 9 months after the accident (trauma), planned, repeated, metal structure removal or other surgeries were performed on the injured organs, the insurance benefit in respect of the risk of Long-term Effects of Traumas shall be calculated not earlier than after 6 months following the surgery.

3.3. **Traumas** – Your (the insured person's) bone fractures or other bodily injuries sustained as a result of an accident (trauma) and specified in Table 2 "List of Traumas" of Annex "Tables of Insurance Benefits" to these Rules:

3.3.1. the insurance benefit amount shall be expressed in percent taking into account the sum insured for the risk of traumas specified in the insurance certificate and shall be calculated according to the percentage for the relevant injury specified in Table 2 "List of Traumas" of Annex "Tables of Insurance Benefits" to these Insurance Rules;

3.3.2. bone fractures shall be supported by the findings of an X-ray, CT or MRI scan or photos;

3.3.3. the number of insurance benefits in respect of traumas shall be unlimited, but the total amount of insurance benefits payable during the term of the insurance contract may not exceed the sum insured for traumas specified in the insurance contract.

3.4. **Critical diseases** – a disease or death resulting from a disease diagnosed for the first time in Your (the insured person's) life and occurring during the period of insurance cover, the disease is listed in Table 3 "List of Critical Diseases" of Annex "Tables of Insurance Benefits" to these Insurance Rules and meets all conditions specified for a critical disease:

3.4.1. in the case of an insured event, we shall pay the full sum insured for the risks of critical diseases specified in the insurance certificate;

3.4.2. we shall pay the insurance benefit for a critical disease to the insured person only once during the term of the insurance contract, i.e. for the first critical disease that is recognized as an insured event under these Insurance Rules;

3.4.3. the date of contracting a critical disease shall be deemed to be the date on which You (the insured person) visited a medical institution due to the first symptoms characteristic of this disease, which, after examination, confirmed the diagnosis of the critical disease or identified a potential risk of contracting it;

3.4.4. daily allowance and / or hospitalization allowance in respect of a critical disease shall not be paid;

3.4.5. the insurance cover shall not apply to critical diseases that were diagnosed or for which the insured person visited a medical institution during the first 3 months of validity of the insurance contract, except in the cases where the contract is renewed (extended);

3.4.6. the insurance benefit shall not be paid for analogous (similar) or recurrent critical diseases. Similar diseases shall be deemed to be the diseases that are classified in the same category of diseases indicated in Table 3 "List of Critical Diseases" of Annex "Tables of Insurance Benefits" to these Insurance Rules;

3.4.7. if the sum insured for the critical disease risk of has been increased in the renewed (extended) insurance contract, and You (the insured person) are diagnosed with a disease specified in the List of Critical Diseases, during the first 3 months from the date of the increase in the sum insured, the insurance benefit shall be paid according to the sum insured for the critical disease risk that was valid before the increase in the sum insured.

3.5. **Additional diseases** – a disease or death due to a disease indicated in Table 4 "List of Additional Diseases" of Annex "Tables of Insurance Benefits" to these Insurance Rules, satisfying all conditions specified for that disease and diagnosed during the period of validity of the insurance cover:

3.5.1. in the case of an insured event, we shall pay the full sum insured for additional diseases specified in the insurance certificate;

3.5.2. we shall pay insurance benefits for a disease included in the List of Additional Diseases to the same insured person only once during the insurance contract period;

3.5.3. daily allowance and / or hospitalization allowance for diseases indicated in the List of Additional Diseases shall not be paid;

3.5.4. insurance cover shall not apply to diseases diagnosed for You (the insured person) during the first 30 days of the insurance contract, except in the cases of renewal (extension) of the contract;

3.5.5. if the sum insured for additional diseases has been increased in the renewed (extended) insurance contract, and You (the insured person) have been diagnosed with a disease specified in the List of Additional Diseases during the first 30 days from the date of the increase in the sum insured the insurance benefit shall be paid according to the sum insured for additional diseases that was applied before the increase in the sum insured.

3.6. **Hospitalization allowance** – the amount of money paid for the period during which You (the insured person) were hospitalised as a result of an accident (trauma) that was recognised as an insured event under these Insurance Rules:

3.6.1. the insurance benefit shall be calculated by multiplying the number of days of hospitalisation by the sum insured specified in the insurance certificate for each day of hospitalisation;

3.6.2. we shall pay the hospitalization allowance from the first day of hospitalization. The first and last days of hospitalization shall be considered as one day;

3.6.3. we shall pay the hospitalization allowance in respect of one accident for not more than 45 calendar days, and in respect of all accidents occurring during the insurance contract period – for not more than 180 calendar days;

3.6.4. a hospitalization allowance shall not be paid if the insured person is receiving treatment in a day hospital, sanatorium or rehabilitation center.

3.7. **Daily allowance** – the amount of money paid for the period during which You (the insured person) were temporarily unable to work due to an accident (trauma) that is recognized to be an insured event under these Insurance Rules, and were unable to come to work and perform Your job duties:

3.7.1. the insurance benefit shall be calculated by multiplying the number of days of temporary incapacity for work by the sum insured specified in the insurance certificate for each day of the incapacity for work;

3.7.2. we shall pay a daily allowance from the first day of temporary incapacity for work for a medically justifiable period of the incapacity for work;

3.7.3. we shall pay a daily allowance in respect of one accident for not more than 45 calendar days, and in respect of all accidents occurring during the validity term of the insurance contract – for not more than 180 calendar days;

3.7.4. the basis for payment of daily allowances shall be a medically justifiable period of incapacity for work and a certificate of incapacity for work issued by a medical institution of the Republic of Lithuania, the insured person's employment contract or a document confirming the validity of individual activity;

3.7.5. daily allowances shall not be paid for insured events that occurred during the first 7 days of validity of the insurance contract, except in the cases of renewal (extension) of the insurance contract;

3.7.6. we shall pay daily allowances for not more than 14 calendar days in respect of soft tissue injuries (wounds), Lyme disease, ligament sprains and ligament tears in the knee and shoulder joints, degenerative lesions, in accordance with paragraphs 14.9–14.11, 19, 21.1 and 13.1–13.4 (when Note 5 applies to these paragraphs) of Table 2 "List of Traumas" of Annex "Tables of Insurance Benefits" to these Rules.

3.8. **Medical expenses** – we shall reimburse the costs of medical services provided to You (the insured person) as specified in this paragraph due to the effects of an accident (trauma) recognized as an insured event under these Insurance Rules:

3.8.1. psychological assistance expenses up to EUR 500. We shall reimburse up to 10 consultations of a psychologist, psychiatrist or psychotherapist provided to You (the insured person) due to long-term effects of traumas determined according to these Insurance Rules;

3.8.2. expenses on prostheses for limbs, joints, organs, and the purchase of prosthetics up to EUR 6 000, if these costs are not compensated from the compulsory health insurance fund budget or voluntary health insurance funds, or are only partially compensated. We shall indemnify these costs if You (the insured person) have been diagnosed with long-term effects of traumas according to these Insurance Rules;

3.8.3. expenses on purchase or rental of orthopaedic technical aids (e.g., splints, crutches, walking-sticks, etc.) up to EUR 200;

3.8.4. expenses on purchase or rental of wheelchair up to EUR 300;

3.8.5. expenses on plastic surgery costs up to EUR 3 000. We shall indemnify these expenses if, one year after the date of the accident (trauma), cosmetic plastic surgery was necessary in order to eliminate the effects of injuries sustained in the accident. After paying the insurance benefit specified in this paragraph, insurance benefits for cosmetic plastic surgery referred to in paragraphs 35.1–35.6 of Table 1 "List of Long-term Effects of Traumas" of Annex "Tables of Insurance Benefits" to these Insurance Rules shall not be indemnified;

3.8.6. we shall pay the insurance benefit on the basis of presented medical and financial documents within the limits of the sum insured, if the insured person received these medical services not later than within 24 months of the accident date and they are not indemnified under compulsory or voluntary health insurance.

3.9. **Burial expenses** – we shall indemnify burial expenses incurred in the Republic of Lithuania within the limits of the sum insured specified in the insurance contract, if the insured person dies as a result of an accident (trauma) that is recognized as an insured event under these Insurance Rules:

3.9.1. expenses on purchase of a coffin and / or ash casket, transportation of the remains, burying or cremation shall be indemnified;

3.9.2. expenses on funeral lunch, accommodation and grave maintenance shall not be indemnified;

3.9.3. burial expenses shall be indemnified upon presentation of the death certificate of the insured person and financial documents supporting the expenses indicated in subparagraph 3.9.1, if they are not indemnified under another insurance contract.

3.10. **Home adaptation costs** – we shall indemnify the actual expenses incurred and supported by financial documents for adapting the place of residence in the Republic of Lithuania within the limits of the sum insured, if the place of residence had to be adapted due to Your (the insured person's) severe mobility impairments resulting from an accident (trauma) due to which You (the insured person) were diagnosed with long-term effects of traumas according to these Insurance Rules or the level of participation was determined by a competent institution (ANTAA).

3.11. **General provisions for determining and paying an insurance benefit:**

3.11.1. the insurance benefit amount shall be determined by our medical experts and personal injury experts according to these Insurance Rules, the tables of long-term effects of Traumas, critical diseases and additional diseases, the insured person's medical documents, as well as conclusions, consultations, also taking account of recommendations of doctors who treated the insured person and the effectiveness of the insured person's rehabilitation;

3.11.2. the insurance benefit for each insurance risk may not exceed the sum insured for the specific insurance risk specified in the insurance contract;

3.11.3. if more than one injury has occurred in the same part of Your (the insured person's) body due to external impact (trauma), we shall only pay one insurance benefit for the most serious injury;

3.11.4. if more than one injury has occurred due to external impact (trauma), we shall calculate the insurance benefit by summing up the insurance benefits for each injury, but not exceeding the sum insured specified for the specific insurance risk;

3.11.5. we shall pay the insurance benefit to the insured person. If the beneficiary named in the insurance contract is not the insured person, we shall pay the insurance benefit to that beneficiary only upon presentation of the insured person's written consent received before the occurrence of the insured event;

3.11.6. we shall pay insurance benefits only on the basis of medical and / or financial documents issued by a medical institution;

3.11.7. we shall pay the insurance benefit for the risks of daily allowances, medical expenses, burial expenses and home adaptation expenses only on the basis of medical and financial documents issued in the Republic of Lithuania.

4. Non-insured events

We shall consider as non-insured events the events occurring:

4.1. due to terrorist acts of any kind, war, military exercises, military acts of hostile foreign forces (regardless of whether war has been declared or not), the introduction of a state of emergency or special situation, civil war, rebellion, revolution, uprising, mass unrest, sabotage;

4.2. due to exposure to a nuclear reaction or energy, nuclear radiation, ionising radiation, and / or radioactive contamination; use of chemical and / or biological substances; as well as any exposure to radiation (radioactive, electromagnetic, heat, light, sound, etc.);

4.3. due to events directly or indirectly related to an epidemic, pandemic or fear or threat of an epidemic or pandemic (whether real or apparent);

4.4. due to degenerative changes in joints; fracture and / or dislocation of joint prostheses; recurrent joint dislocations or subluxations when the initial joint dislocation or subluxation occurred before the date of conclusion of the first insurance contract;

4.5. due to pathological bone fractures, intervertebral disc damages or hernias; also due to abdominal and / or abdominal cavity hernias;

4.6. due to suicide, attempted suicide or intentional self-harm;

4.7. due to seizures caused by consciousness disorders or diseases, e.g., diabetes mellitus, stroke, epilepsy or other convulsive whole-body spasms;

4.8. due to a mental reaction (state of affect), mental trauma, mental and behavioral disorder (disease);

4.9. due to chronic, congenital or degenerative diseases, as well as diseases that are not included in the lists of critical diseases and additional diseases; also due to the insured person's diseases (traumas for which the state institutions have determined the insured person's level of participation (disability);

4.10. due to events occurring while committing or preparing to commit criminal acts established by the criminal law, as well as when the insured person participated in a fight;

4.11. due to driving a motor vehicle when the insured person had no right to drive that type of vehicle, as well as when the insured person drove the vehicle while being under the influence of drugs or alcohol, and the blood alcohol concentration of the insured person exceeded 0.4 ppm;

4.12. due to effects of alcohol on the insured person in a state of moderate to severe intoxication with blood alcohol content exceeding 1.5 ppm and this had influenced the insured event; also due to the use of drugs or other toxic or psychotropic substances, strong medicines used for the purpose of intoxication; also, when the insured person consumed alcohol or other intoxicating substances after the accident before being examined by a doctor or avoided being tested for drunkenness or intoxication;

4.13. due to any motorized or non-motorized aircraft, motorized aeroplanes, light aircraft, and other gliding or flying devices, except where the insured person uses an air vehicle classified as public transport when travelling from one location to another;

4.14. when the insured person participates in military exercises, war, military operations, or peacekeeping missions;

4.15. when the insured person is serving a sentence in places of deprivation of liberty, is in temporary detention facilities or under supervision of a special reformative facility;

4.16. when the insured person is declared missing by court decision;

4.17. due to an accident (trauma), the occurrence and date of which during the term of the insurance contract are not confirmed by diagnostic tests, medical and / or other documents;

4.18. when the insured person engages in professional sports and / or high-risk (extreme) leisure activities, unless otherwise specified in the individual terms and conditions of the insurance contract;

4.19. due to bursitis, epicondylitis of elbow, carpal tunnel syndrome, shoulder joint impingement (rotator cuff) syndrome; also due to retinal detachment, if the retina detached not due to direct trauma to the eye (contusion, injury, orbital fracture) but due to other causes (e.g., disease, lifting of a heavy object, making a sudden or unusual movement, hitting another part of the body).

5. Cases of reduction of the insurance benefit

5.1. In addition to the grounds for reduction and non-payment of the insurance benefit specified in the General Part, we may reduce the insurance benefit in the following cases:

5.1.1. by 50% – if the occurrence of the insured event was influenced by injuries that existed before the accident date, the consequences of improperly provided medical assistance, reconstructive-plastic surgery or disease and the existing health conditions, except for diseases (traumas) for which state institutions have determined the insured person's level of participation and / or disability, as well as mental and behavioral disorders (diseases);

5.1.2. by 50% – in the case of a partial injury.

6. Insurance territory. Validity of insurance cover

6.1. Insurance territory – the whole world, unless another insurance territory is agreed upon in the insurance contract.

6.2. Insurance cover for daily allowances, medical expenses, burial expenses and home adaptation expenses shall be valid only in the Republic of Lithuania, i.e., we shall pay the insurance benefit for these risks only on the basis of medical and / or financial documents issued in the Republic of Lithuania.

6.3. Insurance cover shall be valid around the clock.

6.4. If the insured person dies, the insurance cover shall cease to be valid. If the insured person dies as a result of an insured event and the entire sum insured for the risk of death is paid out, the insurance contract shall terminate with respect to the deceased insured person.

7. Sum insured

7.1. By mutual agreement between You and us, the insurance contract shall specify the rates of sums insured for the risks of death, long-term effects of traumas, traumas, critical diseases, additional diseases, as well as hospitalization allowance, daily allowances, medical expenses, burial expenses and home adaptation costs.

8. Rights and obligations of the Parties

In addition to Your and our rights and obligations set out in the General Part, You shall also have the below-listed obligations.

8.1. You shall have the following pre-contractual obligations: to provide us with all known accurate information necessary for assessing the insurance risk for each person you want to insure.

8.2. Upon occurrence of an insured event, You and / or the insured person shall have the following obligations:

8.2.1. to visit a medical institution immediately, not later than within 48 hours;

8.2.2. to report each insured event to us not later than within 30 calendar days;

8.2.3. to provide us with complete and accurate information about the accident or disease;

8.2.4. to provide us with the following documents (in the official language): a consent to personal data processing, the medical documents from a medical institution regarding the diagnosis, tests performed and treatment applied; a copy of the death certificate and a document confirming the family relationship if a close relative has died; a police report if the incident was investigated by the police;

8.2.5. before receiving medical services, to negotiate with us the amounts of expenses in writing;

8.2.6. to undergo medical examination assigned by us if the medical data is insufficient and cannot be used to accurately determine the extent of health damage suffered in the accident. We shall cover the necessary costs of such examinations.

9. Procedure of calculation of insurance premium amounts

9.1. We shall calculate the insurance premium taking into account the nature of the insured person's work, sports and / or leisure activities, the insurance risks selected by You and specified in the insurance certificate, the sums insured, the insurance period and other characteristics describing the specific insurance risk.

9.2. The insurance premium shall be calculated using an automated decision-making method.

10. Procedure for determining damage

10.1. After receiving initial information about the accident (damage), we shall conduct an investigation of the accident. We shall assess the documents received and, if necessary, consult medical institutions, law enforcement and other bodies, and investigate other information related to the assessment of the circumstances of the accident and the determination of the amount of insurance benefit.

10.2. We may involve forensic experts, specialists or scientists in the relevant field to investigate the accident.

11. Double insurance clause

11.1. The double insurance clause shall apply if, due to the same accident, more than one insurer is obliged to pay insurance benefits for the same losses (expenses) incurred by You (the insured person) under insurance contracts concluded with You (e.g., medical expenses, burial expenses and home adaptation expenses).

11.2. If the insurance contract is subject to a double insurance clause, we shall calculate the insurance benefit in accordance with the procedure set out in paragraph 4.1 of the General Part.

III. General Part

1. Insurance contract conclusion

1.1. The insurance contract shall be concluded when you submit an application to conclude an insurance contract and provide other information requested by us. The application to conclude an insurance contract may be oral or, upon our request, written. You shall be responsible for the accuracy of data specified in the application to conclude the insurance contract.

1.2. The insurance contract shall be concluded when we provide you with the Insurance Rules and sign the insurance policy with you, and / or when you pay the full or first insurance premium within the period specified in the insurance policy.

1.3. The insurance contract shall be concluded using the standard Insurance Rules. However, we may agree with you on individual terms and conditions of the insurance contract which shall take precedence over the standard Insurance Rules. Individual terms and conditions of insurance shall be written in the insurance policy or its annexes.

2. Rights and obligations of the Parties

2.1. **Your and our rights and obligations before concluding the contract**

2.1.1. You shall have the right to:

2.1.1.1. get acquainted with the Insurance Rules and receive their copy;
2.1.1.2. file with us an application to conclude an insurance contract.

2.1.2. You shall have the obligation to:

2.1.2.1. provide us with all the information we request and allow us to perform all required actions necessary to assess the insurance risk;
2.1.2.2. provide us with all available information about circumstances known to you that may have a significant impact on the probability of an insured event and / or the amount of losses;
2.1.2.3. before concluding an insurance contract for the benefit of a third party, inform the insured persons about such contract and about their personal data to be processed by the insurer for the purpose of concluding and performing the contract.

2.1.3. We shall have the right to:

2.1.3.1. request from You the information necessary to assess insurance risk and conclude an insurance contract;
2.1.3.2. refuse to provide an insurance offer and conclude an insurance contract without giving reasons.

2.1.4. We must provide You with an opportunity to get acquainted with these Insurance Rules.

2.2. **Your and our rights and obligations during validity of the insurance contract**

2.2.1. You shall have the right to request an amendment to or termination of the insurance contract.

2.2.2. You shall have the obligation to:

2.2.2.1. pay the insurance premium and / or its parts within the time limits specified in the insurance contract;
2.2.2.2. on your own initiative or at our request, take all possible measures to prevent or minimize potential damage and carry out our instructions in this regard, if any;
2.2.2.3. inform the insured person about the insurance contract concluded, familiarize him with all the terms and conditions of the insurance contract;

2.2.2.4. immediately, not later than within 7 days, as soon as you become aware of a particular case of increase in the insurance risk, notify us about it. Cases of increase in the insurance risk shall be determined in the terms and conditions of the type of insurance, additional terms and conditions and other documents constituting the insurance contract;

2.2.2.5. inform us about changes in Your contact details.

2.2.3. We shall have the right to:

2.2.3.1. claim the amounts of insurance benefits paid from the person liable for the damage caused (subrogation), if this is not in conflict with the imperative provisions of law;

2.2.3.2. if the insurance risk increases, demand to amend the terms and conditions of the insurance contract and / or a revise the insurance premium.

2.2.4. at Your request, we must issue copies of the insurance contract.

2.3. **Your and our rights and obligations upon occurrence of the event**

2.3.1. You shall have the right to receive information about the progress of the investigation of the event according to the procedure prescribed by laws.

2.3.2. You shall have the obligation:

2.3.2.1. to take reasonable measures to avoid or minimize potential damage and comply with our related requirements, if any;

2.3.2.2. to report the event to us on a self-service website https://mano.ergo.lt or by calling at 1887 (calling from abroad: +370 5 2683222) and provide us with all known information about the circumstances of the event;

2.3.2.3. to provide us with all documents requested by us that are necessary for the investigation of the circumstances of the event and determination of the amount of the benefit, and fulfil our other requirements related to the investigation of the event;

2.3.3. Our obligation – upon occurrence of an insured event to pay insurance benefits within the time limits specified in the Insurance Rules.

2.3.4. The beneficiary or the insured person shall have the right to:

2.3.4.1. receive information about the progress of investigation of the event;

2.3.4.2. claim payment of the insurance benefit in accordance with the procedure established by legal acts and the insurance contract.

2.3.5. The beneficiary or the insured person must provide us with all documents and information requested by us about the circumstances and effects of the event.

2.4. If, after concluding the insurance contract, it transpires that You have provided us with incorrect information about the circumstances that may have a significant impact on the assessment of insurance risk, we shall have the right, in accordance with the conditions established by legal acts, to demand that the insurance contract be declared invalid, to propose to amend the insurance contract or request its termination, as well as to reduce the insurance benefit or refuse to pay it.

2.5. Your and our additional rights and obligations shall be established by applicable legal acts.

3. Insurance contract validity. Application of insurance cover

3.1. In all cases, the entry into force of the insurance contract shall be linked to the payment of the full or first insurance premium, i.e. the insurance contract shall enter into force only after You pay the full or first insurance premium, regardless of whether the insurance contract provides that the full or first insurance premium must be paid on the date of conclusion of the contract or whether the contract provides for a later time limit for payment of the full or first insurance premium:

3.1.1. if the insurance contract provides that the full or first insurance premium must be paid on the day of conclusion of the insurance contract and You have paid it on time, the insurance contract shall enter into force from the day and hour of the beginning of the insurance contract period specified in the contract, and the insurance cover shall apply only to insured events occurring after the entry into force of the insurance contract;

3.1.2. if the insurance contract provides that the full or first insurance premium must be paid later than the date of conclusion of the insurance contract and You have paid it on time, the insurance contract shall enter into force from the time of payment of the insurance premium, and the insurance cover shall also apply to insured events which the parties to the insurance contract were not aware of when concluding the insurance contract occurring from the day and hour of the start of the insurance contract period specified in the contract until the time of its entry into force (i.e. the insurance cover shall apply retroactively);

3.1.3. if You pay the full or first insurance premium after the premium payment deadline specified in the insurance contract, then, regardless of whether the insurance premium was due to be paid on the day of conclusion of the contract or whether the contract provided for a later payment deadline, the insurance contract shall enter into force only from 00:00 of the day following the payment of the insurance premium, and the insurance cover shall apply only to insured events occurring after the entry into force of the insurance contract;

3.1.4. in all cases provided for in paragraph 3.1 and subparagraphs 3.1.1–3.1.3 of this Clause, the insurance cover shall apply not earlier than start date of the insurance contract period specified in the insurance contract.

3.2. If the insurance premium is paid in instalments, all other insurance premiums after the first insurance premium shall be considered to be deferred insurance premiums, and their payment shall be deferred until the payment deadline specified in the contract.

3.3. If You fail to pay the deferred part of the insurance premium within the time limit specified in the insurance contract or if you pay it only partially, we will notify you in writing that after 15 calendar days from the date of sending the notification about the outstanding insurance premium, your insurance cover will be suspended, and after 30 calendar days from the date of sending this notification, the insurance contract will terminate without separate notice.

3.4. If You pay the insurance premium during the period from the suspension of insurance cover to its expiration specified in paragraph 3.3 of this Clause, the insurance cover shall enter into force from 00:00 on the 3rd (third) calendar day following the payment of the premium.

3.5. The basis for payment of the insurance premium shall be the insurance policy or insurance premium invoice issued by us, or a document corresponding to it.

3.6. The insurance contract shall be concluded for the period specified in the insurance policy.

4. Conditions of double insurance, supplementary insurance and underinsurance

4.1. If it is found that the insurance contract has been concluded with other insurance companies with respect to the same insurance risks and insurance object, we and other insurance companies shall pay the insurance benefit proportionally to the sums insured so that the total benefit paid does not exceed the total amount of claim (double insurance).

5. Conditions of amending, supplementing and terminating the insurance contract

5.1. The insurance contract may be amended by written agreement between us and you. If when making amendments to the contract the date of their entry into force is not specified, the amendments shall enter into force from the date of the amendment.

5.2. The insurance contract may be terminated by agreement between You and us or unilaterally, on the grounds set out in this section of the Insurance Rules. The party to the insurance contract must notify the other party to the insurance contract in writing of the termination of the insurance contract not later than 30 (thirty) days in advance, unless another notice period is specified in the insurance contract. Termination of the insurance contract shall not relieve of the performance of obligations arising before the date of termination. If the insurance contract is concluded for the benefit of a beneficiary, on our request, You must provide the beneficiary's written consent to the termination of the insurance contract.

5.3. You shall have the right of early termination of the insurance contract if, after its entry into force, the possibility of occurrence of the insured event has disappeared or the insured risk has ceased to exist due to circumstances unrelated to the insured event (e.g., the object of insurance has perished for reasons unrelated to the insured event, etc.). In that case, we shall have the right to the part of the insurance premium proportionally to the term of validity of the insurance contract.

5.4. If the insurance contract is terminated on Your initiative on the grounds other than those specified in paragraph 5.3, the insurance premium paid shall not be refunded. We shall have the right to refund to You a part of the insurance premium proportionally to the remaining unused period of validity of the insurance contract, after deducting the costs of concluding and performing the insurance contract and the insurance benefits paid according to it. The costs of concluding and performing the insurance contract shall make up 10% of the insurance premium, but not less than EUR 10.00.

5.5. If You, as a natural person, conclude an insurance contract for the purposes unrelated to Your business, trade, craft or profession using means of communication (internet, telephone, e-mail, etc.), You shall have the right to withdraw from such insurance contract within 14 days from the date of its conclusion, except for:

5.5.1. insurance contracts the term of which is shorter than 30 days;

5.5.2. insurance contracts under which a notification of the insured event has been received.

5.6. In order to withdraw from the insurance contract in the cases provided for in paragraph 5.5, You must provide us with a completed model form of withdrawal (it is available at www.ergo.lt, or, on Your request, may be provided to You by e-mail or at any ERGO customer service branch) or a clear statement of Your decision to withdraw from the insurance contract. The completed contract withdrawal form or statement shall be e-mailed to info@ergo.lt or delivered to any ERGO customer service branch.

Withdrawal from the insurance contract shall be carried out according to the applicable legal acts of the Republic of Lithuania.

5.7. We shall have the right to terminate the insurance contract if You commit material breach of its terms and conditions. In such a case, we shall be entitled to a portion of the insurance premium proportional to the period until the date of termination of the insurance contract. A material breach of the insurance contract shall be deemed to be failure to notify us of an increase in risk (a change in the information specified in the application for the insurance contract and the insurance certificate).

5.8. Upon receiving notification of an increase in insurance risk, we shall have the right to demand changes to the terms and conditions of the insurance contract or an increase in the insurance premium. If You do not agree to the changes in the insurance terms and conditions, we shall have the right to demand termination of the insurance contract and compensation for losses to the extent not covered by the insurance premiums received, if You have not reported the increase in insurance risk within 7 calendar days.

5.9. Notwithstanding any other provisions of the insurance contract, insurance cover shall only apply to the extent that it does not conflict with any trade and economic sanctions, prohibitions or restrictions imposed by the United Nations resolutions, any laws or regulations of the European Union, the United Kingdom or the United States of America. If the aforementioned sanctions, prohibitions or restrictions directly or indirectly prevent us from providing services under this contract, we shall be entitled to terminate this contract unilaterally by notifying you in writing.

6. Insurance contract currency

6.1. Insurance premiums and insurance benefits may be paid in the national and / or foreign currency, if this does not conflict with laws of the Republic of Lithuania.

6.2. If the insurance premium is paid in a currency other than that specified in the insurance policy, the amount of the insurance premium paid shall be determined using the official exchange rate applicable on the date of conclusion of the insurance contract.

7. Procedure and time limits for payment of insurance benefits

7.1. The insurance benefit shall be paid within the limit of the sum insured.

7.2. We shall indemnify Your reasonable and necessary expenses incurred in accordance with our instructions, if any, in order to minimize the amount of damage.

7.3. We shall have the right to reduce the insurance benefit by any outstanding insurance premiums that are due on the date of payment of the benefit.

7.4. If the insurance contract terminates when the insurance benefit (the total sum insured) is paid, all insurance premiums outstanding under the insurance contract shall be deducted from the insurance benefit.

7.5. We shall have the right to defer the payment of the insurance benefit if a civil, administrative or criminal case is pending before court where the circumstances relevant for deciding on the insurance of the event and / or its effects are being investigated. In that case, the payment of the insurance benefit may be deferred until enforcement of the court decision.

7.6. We must pay the insurance benefit or, if the damage is compensated in instalments – its first instalment not later than within 30 days of the date on which we receive the full information necessary to determine the fact, circumstances, effects and amount of the insured event.

7.7. If the insurance benefit has not been paid, we must provide You (the beneficiary or the affected third party), every 30 days from the date of notification of the insured event, with written detailed information about the progress of investigation of the insured event, except where the documents or information have not been received only from You (the beneficiary or the affected third party) and You have already been notified of the documents or information that you must provide for the investigation of the insured event.

7.8. If the event that has occurred is declared to be an insured event, but You and / or the affected third party and we do not agree on the amount of the insurance benefit, and the precise assessment of damage takes longer than 3 months, we, upon Your written request, must pay the amount equal to the insurance benefit which is not disputed by the parties.

7.9. When refusing to pay an insurance benefit or reducing it, we shall provide You and the persons entitled to the insurance benefit with the written information on the reasons for such a decision.

7.10. The insurance benefit shall not be paid if:

7.10.1. the event is declared to be a non-insured event;

7.10.2. You or the affected third party attempted to mislead us by falsifying facts relevant for the identification of causes of the insured event and provided incorrect data;

7.10.3. the insured event occurred due to your, the insured person's or the beneficiary's intentional acts, except where the intentional acts or omissions are of social value (necessary self-defence, performance of a civic duty, etc.);

7.10.4. the payment of the benefit would result in any violation of trade and economic sanctions, prohibitions or restrictions under resolutions of the United Nations, laws and / or regulations of the European Union, the United Kingdom or the United States of America.

7.10.5. in other cases provided for in the insurance contract and / or legal acts.

7.11. We shall have the right to reduce the insurance benefit or refuse to pay it:

7.11.1. if you have improperly fulfilled the obligations set out in the insurance contract and due to that we were unable to ascertain whether an insured event has occurred, the extent of losses incurred and / or to exercise the right of subrogation against the person responsible for the damage. If the insurance benefit has been paid, but due to your actions specified in this paragraph it has become impossible for us to exercise the right of subrogation against the person liable for the damage, we shall have the right to demand that you return the insurance benefit received or the respective part thereof;

7.11.2. if the damage has occurred because of your deliberate failure to take reasonable measures to avoid or minimize it and / or failure to follow our instructions to avoid or minimize the damage;

7.11.3. in other cases provided for in the insurance contract and / or legal acts.

7.12. The insurance benefit shall be paid in the national currency. If the sums insured, deductibles, insurance premiums or other amounts in the insurance contract are indicated not in the national currency, payments under the insurance contract shall be made in the national currency at the official exchange rate set by the Bank of Lithuania on the payment date.

8. Information on personal data protection

8.1. We shall process personal data received from You, persons insured under the insurance contract, Your family members, other persons equivalent to You under the Insurance Contract or other participants in the Insurance Contract in order to provide insurance services and perform related actions.

8.2. In order to assess insurance risk, submit an insurance offer or conclude an insurance contract, assess the circumstances of insured events that have occurred and determine the amount of the insurance benefit, we may provide and collect personal data from state registers, banks, law enforcement agencies, fire departments, emergency services, multi-apartment building administrators, multi-apartment building associations, independent experts, healthcare institutions, other natural and legal persons.

8.3. Personal data may be disclosed to third parties (law enforcement and other institutions, reinsurers, companies providing us with customer service and other services, other natural or legal persons) if this is necessary for the conclusion or performance of an insurance contract, or on other lawful grounds.

8.4. You or any other person whose personal data we process may contact our Data Protection Officer (by e-mail: asmensduomenys@ergo.lt or phone 1887) on all issues related to the processing of personal data and the exercise of Your rights.

8.5. You or any other person whose data we process shall have the right to file a complaint with the State Data Protection Inspectorate if You or such other person believes that Your /his rights regarding the processing and protection of personal data have been violated.

8.6. More detailed information about processing of personal data performed by us can be found in ERGO's Privacy Policy posted on our website at www.ergo.lt.

9. Procedure of transfer of insurer's rights and obligations under the contract to another insurer

9.1. We shall have the right to transfer our rights and obligations under insurance contracts to another insurer in the manner prescribed by legal acts of the Republic of Lithuania.

9.2. If You disagree with the change of the insurer, You shall have the right to terminate the insurance contract and to receive the unused part of the insurance premium which is proportional to the remaining term of validity of the insurance contract.

10. Dispute settlement procedure

10.1. All disagreements regarding the conclusion, performance or termination of the insurance contract shall be resolved by mutual negotiations, and if an agreement cannot be reached, the dispute may be resolved out-of-court or in court in the manner prescribed by laws of the Republic of Lithuania.

10.2. For the out-of-court settlement of disputes, You shall have the right to contact the supervisory authority of the financial market participants – the Bank of Lithuania (address: Totorių g. 4, LT-01121 Vilnius). Information about the procedure for settlement of disputes between consumers and financial market participants is posted here: http://www.lb.lt/gincu_nagrinejimas.

10.3. The Insurance Contract shall be governed by the law of the Republic of Lithuania.

Annex to ERGO accident insurance rules No. 009
Tables of Insurance Benefits

Table 1. List of Long-term Effects of Traumas

General Provisions

1. If, after the loss of a limb or its part, a successful replantation (transplantation of the lost limb or its part) has been performed, the insurance benefit shall be paid only for the loss of function of the limb or its part determined after not less than 9 months and not more than 18 months of the date of the insured event. The benefit shall be calculated according to the limb function impairments specified in Table 1 "Long-term Effects of Traumas" of the Annex to these Insurance Rules.

2. The functions of the upper and lower limbs and joints shall be assessed using the modified Keitel index.

3. For a single bodily injury (trauma) the insurance benefit shall be paid only under one item of the relevant Clause which provides for the most serious injury specified in that Clause.

4. If the insurance benefit was paid under item 14.1 of Table 2 "List of Traumas" of the Annex to these Rules for traumatic damage to internal organs, where the damaged organ required surgery, such benefit shall be deducted when paying the insurance benefit under Clauses 21–23 and 25–33 of Table 1 "List of Long-Term Effects of Traumas".

Clause (item) No	Injury	Percentage (%)
Central Nervous System		
1.	**Residual effects after head and spinal cord injury:**	
1.1.	Paralysis of the upper and lower limbs (tetraplegia); severe impairment of cerebral cortex and cerebellar functions; irreversible coma; dysfunction of pelvic organs	100
1.2.	Paralysis of lower limbs with dysfunction of pelvic organs	70
1.3.	Paralysis of one side of the body; severe loss of motion, sensation and strength in two limbs; very pronounced coordination disorder; marked increase in limb muscle tone; severe cognitive deficits (10 points or less); epileptic seizures at least once a month	50
1.4.	Severe reduction in motion, sensation and strength in two limbs; significant organic impairments of the brain nerves; coordination disorder; marked increase in limb muscle tone; dysfunction of pelvic organs; severe cognitive impairment (20 points or less); epileptic seizures at least once a month	40
1.5.	Paralysis of one limb (monoplegia); speech disorders; marked coordination disorder; increased muscle tone and loss of strength and sensation in the limbs; epileptic seizures of moderate frequency (5–10 times per year); Parkinson's syndrome; mental retardation	30
1.6.	Impaired coordination and movement; speech disorders; mild cognitive disorders; mild increase in muscle tone and loss of strength in limbs; rare (3–4 per year) epileptic seizures	15

Clause (item) No	Injury	Percentage (%)
1.7.	Marked facial asymmetry; autonomic (vegetative) symptoms; cerebral cortex and speech disorders, vasomotor disorders; isolated (1–2 per year) epileptic seizures	7

Notes to Clause 1:
1) residual effects are classified as belonging to a particular group when at least two characteristics typical of that group are identified;
2) if the insurance benefit is paid under items 1.1–1.7 of this Table, the insurance benefit shall not be paid under Clauses 42–84 and their items specified in this Table.

Cranial and peripheral nerves

2.	**Traumatic injuries of cranial nerves:** NB: the insurance benefit shall be paid in cases of clinical neuropathy, regardless of the number of nerves affected.	
2.1.	Unilateral	5
2.2.	Bilateral	10
3.	**Damage to the neck and shoulder, lumbar and sacral plexus or their nerves** NB: the insurance benefit shall be paid when there is loss of motion, strength, sensation, loss of muscle mass, and skin trophy disorder.	10
4.	**Traumatic injury to the integrity of peripheral nerves resulting in persistent neuropathy symptoms:** NB: if several nerves in the same limb are injured, the insurance benefit shall be paid only for the injury to one nerve.	
4.1.	Injury to nerves in the hand and foot areas, including injury to finger nerves	3
4.2.	Injury to nerves in the forearm, wrist, calf and ankle areas	6
4.3.	Injury to nerves in the arm, elbow, hip and knee areas	12

Organs of vision

5.	**Accommodation paralysis in one eye**	10
6.	**Decline in visual acuity; concentric narrowing of visual field**	10
7.	**Eyelid drooping, eye muscle paralysis, eyelid defect preventing closure of the eye**	5
8.	**Pulsatory bulging of one eye (exophthalmos)**	20
9.	**Visual organ injury effects: eyeball dislocation, tear duct damage, strabismus, retinal detachment (due to direct eye injury)**	10
10.	**Post-traumatic eye diseases (except conjunctivitis): iris defect; changes in pupil shape; lenticular dislocation**	5
11.	**Complete loss of vision in one eye**	45
12.	**Complete loss of vision in the single eye or loss of vision in both eyes**	100
13.	**Decreased visual acuity after eye injury**	

Visual acuity			Visual acuity		
Before trauma	**After trauma**	**Percent (%)**	**Before trauma**	**After trauma**	**Percent (%)**
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	0,4	0,3–0,2	2
	<0,1	30		0,1	7
	0,0	45		<0,1	10
				0,0	20
0,8	0,6–0,5	2	0,3	0,1	5
	0,4–0,3	7		<0,1	10
	0,2	15		0,0	20
	0,1	20	0,2	0,1	5
	<0,1	30		<0,1	10
	0,0	45		0,0	20
0,7	0,5–0,4	2	0,1	<0,1	10
	0,3	7		0,0	20
	0,2	15			
	0,1	20	<0,1	0,0	10
	<0,1	25			
	0,0	40			

Notes to Clause 13:
1) total blindness – when visual acuity is less than 0.01 to light detection (unable to count fingers at a distance of 2 m);
2) if visual acuity of the injured eye which was before the accident date is unknown, it shall be deemed to be the same as that of the unaffected eye;
3) when the visual acuity of both eyes has reduced, each eye shall be assessed separately.

Clause (item) No	Injury	Percentage (%)
Auditory organs		
14.	**Complete loss of the pinna due to trauma**	20
15.	**Loss of ½ of the pinna due to trauma**	10
16.	**Total deafness in one ear due to trauma** (cannot hear the speaker at all, audiogram shows less than 91 dB)	15
17.	**Total deafness in both ears and / or loss of speech due to trauma**	60
Respiratory system		
18.	**Loss of nasal bones, cartilages and soft tissues**	30
19.	**Loss of nasal wings and / or nose tip**	10
20.	**Loss of smell and / or taste**	15
21.	**Impairment of laryngeal or tracheal function (permanent tracheostomy)**	40
22.	**Lung injury resulting in pulmonary insufficiency**	20
23.	**Lung injury (trauma) resulting in removal of:**	
23.1.	1–2 segments of a lung,	20
23.2.	a lobe or part (up to 1/3) of a lung,	30
23.3.	more than 1/2 of a lung or the whole lung	40
24.	**Deformities of the chest after rib or sternum fractures with severe restriction of respiratory movements**	10
Cardiovascular system		
25.	**Injury to the heart, its membranes and major blood vessels resulting in cardiovascular insufficiency (depending on functional tests and indicators confirming the degree of blood flow insufficiency) confirmed by the cardiologist's conclusion:**	
25.1.	Grade I heart failure, when the following minor objectively detectable signs are present: increased heart rate, shortness of breath after physical activity, swelling	15
25.2.	Grade II heart failure, when there are the following major objectively detectable signs: severe shortness of breath during physical activity, arrhythmia, congestive phenomena in the lungs and liver, persistent swelling, ascites, distension of the neck veins	40
25.3.	Grade III heart failure, when there are these very significant objectively detectable signs: respiratory rhythm disturbance, arrhythmia, pulmonary congestion, coughing up blood, fluid in pleural or pericardial cavities, ascites, persistent swelling	70

Clause (item) No	Injury	Percentage (%)
Digestive organs		
26.	**Jaw injury resulting in the loss of:**	
26.1.	a part of the jaw causing impaired chewing	15
26.2.	the entire jaw	50
27.	**Loss of tongue:**	
27.1.	up to the middle third	15
27.2.	from the middle third and more	30
27.3.	total loss	50
28.	**Narrowing of the esophagus or pharynx due to burns or injury:**	
28.1.	Difficulty in swallowing soft food	10
28.2.	Difficulty in swallowing liquid food	30
28.3.	Complete obstruction (gastrostomy)	80
29.	**Residual effects after traumatic injury to the digestive tract organs:**	
29.1.	Faecal incontinence	40
29.2.	Adhesive disease, partial intestinal obstruction	15
29.3.	Artificial bowel outlet	30
29.4.	Trauma-induced impairment of pancreatic endocrine function (insulin-dependent diabetes mellitus)	30
29.5.	Trauma-induced impairment of exocrine function of the pancreas (malabsorption syndrome)	5
29.6.	Grade II liver failure	45
29.7.	Grade III liver failure	60
30.	**Traumatic injury to the digestive tract organs resulting in removal of:**	
30.1.	Gall-bladder or marginal liver resection performed	10
30.2.	Spleen or part of the liver	20
30.3.	Part of the stomach or part of the pancreas, or part of the intestine, or injury to bile ducts	30
30.4.	Entire stomach	50

Clause (item) No	Injury	Percentage (%)
Urinary and reproductive system		
31.	**Trauma-induced nephrectomy:**	
31.1.	Removal of a part of a kidney	15
31.2.	Removal of the whole kidney	30
32.	**Post-traumatic disorders of the urinary tract and kidney function (confirmed by the urologist):**	
32.1.	Notable urethra, urethral obstruction, fistula in the genital system, functional epicystostomy	20
32.2.	Grade II kidney failure	40
32.3.	Grade III kidney failure, systematic dialyses or kidney transplantation	80
	NB: if the insurance benefit was paid under items 32.1–32.2 of this Table, it shall be deducted from the benefit payable under items 33.1–33.3 of this Table.	
33.	**Effects of traumatic injury to the genitals:**	
33.1.	Removal of one ovary, one oviduct or one testicle, of a part of the penis	15
33.2.	Removal of both testicles and / or total penis	70
33.3.	Removal of both ovaries or both oviducts or the uterus: when the woman is under 50 years of age when the woman is over 50 years of age	 40 20
Soft tissue injuries		
34.	**Very prominent scars on the front or sides of the face and neck (remaining after plastic surgery) due to burns, frostbite or traumatic injury, which interfere with facial expressions**	10
35.	**Hypertrophic, keloid, and deforming soft tissue scars on the trunk and extremities caused by traumatic injury that interfere with wearing of clothing or footwear:**	
35.1.	Covering less than 1% of the body surface area	2
35.2.	Covering 1–2% of the body surface area	3
35.3.	Covering 3–4% of the body surface area	4
35.4.	Covering 5–10% of the body surface area	5
35.5.	Covering more than 10% of the body surface area	8
35.6.	Covering more than 15% of the body surface area	10

Clause (item) No	Injury	Percentage (%)

Notes to Clauses 34 and 35:
1) a person's palm is equivalent to 1% of the body surface area;
2) scars shall be assessed at least 9 months after the date of the accident;
3) upon payment of at least one of the insurance benefits specified in items 35.1–35.6 of this Table, the costs of cosmetic plastic surgery shall not be compensated under the medical expenses risk.

Injury or loss of limbs

Upper limb		
36.	**Limited mobility of the shoulder, elbow and wrist joints after trauma**	10
37.	**Immobility of the shoulder, elbow and wrist joint after trauma**	20
38.	**Loss of arm above the elbow joint**	75
39.	**Loss of arm above the wrist joint**	65
40.	**Loss of a palm**	55
41.	**Loss of all fingers on one palm**	45
42.	**Loss of the first finger (thumb)**	20
43.	**Loss of the nail phalanx of the first finger (thumb)**	10
44.	**Loss of all three phalanges of the second finger (index finger)**	15
45.	**Loss of two phalanges of the second finger (index finger)**	9
46.	**Loss of the nail phalanx of the second finger (index finger)**	4
47.	**Loss of the 3rd, 4th or 5th finger**	5
48.	**Loss of two phalanges of the 3rd, 4th or 5th finger**	4
49.	**Loss of the nail phalanx of the 3rd, 4th, or 5th finger**	3
Lower limb		
50.	**Hip joint, knee joint stiffness after trauma**	30
51.	**Limited mobility of hip joint, knee joint stiffness after trauma**	8
52.	**Ankle joint stiffness after trauma**	10
53.	**Limited mobility of ankle joint**	5
54.	**Loss of leg above the knee joint**	70
55.	**Loss of leg above the ankle joint**	60
56.	**Loss of foot**	45
57.	**Loss of the first toe (big toe)**	6

Clause (item) No	Injury	Percentage (%)
58.	**Loss of the nail phalanx of the first toe (big toe)**	4
59.	**Loss of the 3rd, 4th, or 5th toe**	4
60.	**Loss of one or two phalanges of the 2nd, 3rd, 4th, or 5th toe**	3

Table 2. List of Traumas

General Provisions

1. Trauma (bodily injury) – disruption of tissue integrity suffered by the insured person at a specific time and place due to a sudden and unexpected external impact.

2. Insurance benefit shall be paid only for bodily injuries (traumas) specified in this Table, sustained during an insured event (traumas not specified in this Table shall not be considered insured events).

3. If surgery was performed due to a bodily injury (trauma) involving joint dislocation, soft tissue, muscle, tendon, ligament or meniscus damage, the insurance benefit shall be increased by 50%.

4. If osteosynthesis surgery was performed to fix fracture ends (fixation with a metal plate, pins, wire, or external fixation device) or artificial joint implantation surgery was performed during the acute trauma period, the insurance benefit shall be increased by 50%.

5. No insurance benefit shall be paid for the removal of osteosynthesis structures, their fracture and / or dislocation, repeated osteosynthesis surgery for the same bone fracture, or fracture and / or dislocation of joint prostheses.

6. Closed fixation (repositioning) of bones and joints shall not be considered surgery.

7. In the event of an open bone fracture, no insurance benefit shall be paid for the wound in the area of the fracture.

8. A fracture of a single bone in several places due to the same bodily injury (trauma) shall be considered to be one fracture.

9. No insurance benefit shall be paid for bone fragments, bone spurs (osteophytes), splits (splinters), or damage to the integrity of the bone surface.

10. After payment of the insurance benefit for a bone fracture, no insurance benefit shall be paid for the same bone cartilage fracture.

11. A fracture or dislocation of the metacarpal bones of the hand or foot shall be considered as one fracture or one dislocation, and the insurance benefit shall be paid according to the clause (item) providing for the highest percentage.

12. If the insured person has suffered a bone dislocation, damage to soft tissues, muscles, tendons, ligaments, the insurance benefit shall not be aggregated and shall be paid according to the clause (item) which provides for the highest percentage.

13. The first and last days of inpatient treatment shall be considered as one day.

Clause (item) No	Injury	Percentage (%)

Bone Fractures

1.	**Skull:**	
1.1	Compression fracture of the outer plate of cranial vault	5
1.2.	Cranial vault bones	10
1.3.	Cranial base bones	15
1.4.	Cranial vault and base bones	20
2.	**Facial bones:**	
2.1.	Cheekbone, upper jaw, eye socket	7
2.2.	Lower jaw	6
2.3.	Nasal bones	3
2.4.	Throat, thyroid cartilage, hyoid bone	3

Notes to Clause 1 and 2:
1) an insurance benefit shall not be paid for surgery on nasal bones or nasal septum;
2) a fracture of the alveolar bone of the jaw shall not be considered to be a jaw fracture;
3) an insurance benefit for a repeated jaw fracture on both sides during the term of the insurance contract shall not be paid;
4) if both the cheekbone and upper jaw are broken in a single accident, we shall pay as for a single fracture;
5) in the case of multiple facial bone fractures the insurance benefit may not exceed 15% of the sum insured for traumas;
6) in the case of multiple cranial and facial bone fractures the insurance benefit may not exceed 20% of the sum insured for traumas.

3.	**Traumatic dental injury (loss of the entire crown and / or root of a permanent tooth) with accompanying soft tissue injury:**	
3.1.	Loss of at least 1/4 of the crown of one tooth, fracture of the root (roots) of one tooth, impaction into the alveolus, subluxation (dislocation) of one tooth NB: the insurance benefit shall be calculated for each tooth, but not more than 4% for all injured teeth.	2
3.2.	Loss of 1 tooth	4
3.3.	Loss of 2–3 teeth	8
3.4.	Loss of 4–5 teeth	10
3.5.	Loss of 6 and more teeth	12

Notes to Clause 3:
1) in case of breakage of implants, prostheses, dentures, or bridges the insurance benefit shall not be paid;
2) in the event of loss of a tooth or part of a tooth (at least 1/4 of the tooth crown) due to periodontitis, caries, or other dental pathology, 50% of the established insurance benefit shall be paid;
3) an insurance benefit for dental damages caused by biting (chewing) shall not be paid;
4) an insurance benefit for milk teeth shall be paid only in the event of traumatic loss. The insurance benefit shall be 2% regardless of the number of teeth lost, if the traumatic injury occurred to a child under the age of 5;
5) an insurance benefit shall not be paid for a fracture or loss of unerupted wisdom teeth;
6) After reimplantation of an injured tooth, the insurance benefit shall be paid as for a tooth loss. If the reimplanted tooth is removed within one year of the injury, an additional insurance benefit shall not be paid.

Clause (item) No	Injury	Percentage (%)
4.	**Spine:**	
4.1.	Vertebral bodies or arches of the cervical, thoracic or lumbar spine:	
4.1.1.	in case of a fracture of 1–2 vertebrae	15
4.1.2.	in case of a fracture of 3 or more vertebrae	20
Notes to item 4.1: 1) in the case of first-degree compression fractures of the vertebrae, 50% of the established insurance benefit shall be paid; 2) an insurance benefit shall not be paid for compressive deformation of the vertebrae caused by chronic diseases.		
4.2.	Transverse, lumbar or spinous processes of the vertebrae:	
4.2.1.	in case of fracture of 1–2 vertebral processes	5
4.2.2.	in case of fracture of 3 or more vertebral processes	8
4.3.	Sacrum bone	8
4.4.	Coccyx	4
5.	**Breastbone and rib:**	
5.1.	Breastbone	5
5.2.	Ribs (1–2)	3
5.3.	Ribs (3–5)	5
5.4.	Fracture of ribs (6 and more)	10
6.	**Upper limb:**	
6.1.	Scapula, clavicle, humerus tuberosity	5
6.2.	Humerus, except for tuberosity fractures	10
6.3.	One bone of the forearm	5
6.4.	Distal end of one bone of the forearm and styloid process of another bone	7
6.5.	Two bones of the forearm	10
6.6.	Styloid process of ulna or spoke-bone	2
6.7.	Wrist bones (except for navicular bone) NB: The insurance benefit shall be paid for each bone fracture, but not exceeding 9% of the sum insured for traumas.	3
6.8.	Navicular bone	5
6.9.	Metacarpal bones NB: The insurance benefit shall be paid for each bone fracture, but not exceeding 9% of the sum insured for traumas.	3
6.10.	1st finger (thumb)	3

Clause (item) No	Injury	Percentage (%)
6.11.	2–5 fingers NB: The insurance benefit shall be calculated for each fracture of a finger bone, but not exceeding 6% of the sum insured for traumas.	2
7.	**Pelvic bones (pelvis, femur, ischium, pubic bone):**	
7.1.	Acetabulum fracture	12
7.2.	Symphysis rupture and bone fracture	13
7.3.	Fracture of two or more pelvic bones	10
7.4.	Fracture of one bone	5
7.5.	Rupture of one symphysis	7
8.	**Lower limb:**	
8.1.	Femur	10
8.2.	Head and / or neck of the femur	15
8.3.	Patella	6
8.4.	Tibia (except for posterior edge and medial malleolus)	8
8.5.	Posterior edge and medial malleolus of tibia	5
8.6.	Fibula, external malleolus	5
8.7.	Tibia and fibula with rupture of syndesmosis	12
8.8.	Calcaneus, talus	7
8.9.	Other ankle and foot bones (metatarsus bones) NB: The insurance benefit shall be calculated for each fracture of a finger bone, but not exceeding 12% of the sum insured for traumas.	4
8.10.	Phalanges of 2–5 toes NB: The insurance benefit shall be calculated for each fracture of a finger bone, but not exceeding 6% of the sum insured for traumas.	2
8.11.	Big toe	3
9.	**Other fractures:**	
9.1.	Impressed (impression, impact), bone cartilage, sesamoid bones	1
9.2.	Repeated bone fracture occurring within one year of a previous fracture of the same bone	50% of the insurance benefit payable for that bone fracture
9.3.	Bone fracture, avulsion, stress (fatigue, failure), subchondral fracture	50% of the insurance benefit payable for that bone fracture

Clause (item) No	Injury	Percentage (%)

Other Traumas

10.	**Cerebral and spinal cord traumas:**	
10.1.	Cerebrovascular haemorrhage (hematoma)	10
10.2.	Cerebrovascular haemorrhage with opening of the cranial cavity	18
10.3.	Cerebral concussion with inpatient treatment of at least 3 days and followed by outpatient treatment, where the total duration of treatment (inpatient and out-patient) was not less than 14 consecutive days	3
10.4.	Cerebral concussion with outpatient treatment of at least 14 days or inpatient treatment of up to 2 days and followed by outpatient treatment, where the total duration of treatment (inpatient and outpatient) and incapacity for work was at least 14 consecutive days in both cases mentioned in this item.	2
10.5.	Cerebral contusion	8
10.6.	Spinal cord concussion	5
10.7.	Spinal cord contusion	7
10.8.	Cerebral and spinal cord compression	15

Notes to Clause 10:
1) cerebral and / or spinal cord trauma shall be based on a diagnosis made by a medical specialist (neurologist, emergency physician) and supported by clinical symptoms (dizziness, nausea, vomiting, etc.);
2) if the insured person has suffered multiple cerebral and / or spinal cord injuries due to external impact on the body, the insurance benefit shall be paid under the clause that provides for the highest percentage;
3) the diagnosis of cerebral or spinal cord contusion or intracranial hemorrhage shall be based on CT or MRI scan;
4) the insurance benefit for cerebral concussion under items 10.1–10.5 shall not be paid if the insured person had been diagnosed with cerebral and vascular pathology or severe cerebral trauma prior to the injury.

11.	**Cranial and peripheral nerve injuries**	
11.1.	Traumatic injury to cranial nerves resulting in reconstructive surgery:	
11.1.1.	Unilateral	5
11.1.2.	Bilateral	10
11.2.	Traumatic injury to the integrity of peripheral nerves resulting in reconstructive surgery:	
11.2.1.	Injury to nerves in the palm and foot areas, including injury to finger and toe nerves	2
11.2.2.	Injury to nerves in the forearm, wrist, calf and ankle areas	5
11.2.3.	Injury to nerves in the arm, elbow, thigh and knee areas	10
11.2.4.	Injury to nerves in the plexus area	20

Notes to Clause 11:
1) if several nerves in the same limb are injured, the insurance benefit shall be paid only for the injury of one nerve;
2) the insurance benefit for injury to nerves shall be paid once, regardless of the number of nerves damaged on one side.

Clause (item) No	Injury	Percentage (%)
12.	**Joint dislocation:**	
12.1.	Dislocation of shoulder, elbow, lower jaw, acromioclavicular joints and sternoclavicular joint	5
12.2.	Dislocation of the wrist and ankle joints	3
12.3.	Dislocation of phalanges	1
12.4.	Dislocation of phalanges bones with damage to the integrity of the ligaments / tendons or capsule	2
12.5.	Dislocation of patella (rupture of patellar ligaments)	3
12.6.	Subluxation of the cervical vertebra	5
12.7.	Subluxation of two or more the cervical vertebrae	7

Notes to Clause 12:
1) dislocation or subluxation of joints must be treated at a medical institution, based on radiological examination and a treatment period of not less than 14 days;
2) in the case of joint subluxation, 50% of the established insurance benefit shall be paid;
4) when the health impairments specified in items 12.1–12.7 of this Table occur in limbs with degenerative lesions, 50% of the established insurance benefit shall be paid;
5) For a second dislocation or subluxation of a joint in a lifetime, 50% of the established insurance benefit shall be paid, and subsequent dislocations or subluxations of joints shall not be eligible for insurance benefits.

13.	**Tear of tendons, ligaments, muscles, menisci:**	
13.1.	Tear of knee joint menisci	3
13.2.	Tear of knee joint menisci and lateral / cruciate ligaments	4
13.3.	Tear of palm, wrist, foot, ankle tendons / ligaments / muscles	2
13.4.	Tear of shoulder, elbow, hip or calf tendons / ligaments / muscles	3
13.5.	Achilles tendon rupture	5

Notes to Clause 13:
1) if several ligaments, tendons and / or menisci are damaged in one joint during a single insured event, the insurance benefit for separate ligament, tendon and meniscus injuries shall not be summed up;
2) 50% of the established insurance benefit for meniscal tear of the knee shall be paid if the meniscal tear occurred during the first (initial) contract period. This restriction shall not apply if the contract is renewed (extended) without interruption;
3) injuries listed in items 13.1–13.2 of this Table shall be supported by MRI scan;
4) injuries listed in items 13.3-13.5 of this Table shall be supported by injuries shall be supported by US, CT, MRI scans and a treatment period of not less than 14 consecutive calendar days during which immobilisation was applied;
5) in cases of partial tears of ligaments, tendons or muscles and where the injuries specified in items 13.1–13.5 of this Table occur in limbs with degenerative lesions, 50% of the established insurance benefit shall be paid;
6) for the second occurrence of the same joint meniscus, ligament, tendon, and / or muscle tear in a lifetime, 50% of the established insurance benefit shall be paid, and for each subsequent meniscus, ligament, tendon, and / or muscle tear, no insurance benefit shall be paid.

14.	**Traumatic injuries of internal organs, soft tissues:**	
14.1.	Traumatic injury to internal organs requiring surgery on the injured organ	7
14.2.	Damage to the integrity of large blood vessels resulting in reconstructive surgery:	

Clause (item) No	Injury	Percentage (%)
14.2.1.	Forearm, wrist, calf, and ankle area,	4
14.2.2.	Neck, shoulder, elbow, thigh, knee area,	10
14.2.3.	Chest, abdominal cavity, or retroperitoneal space	20
14.3.	Injuries to the heart and its layers	10
14.4.	Chest injury causing pneumothorax, hemothorax, exudative pleurisy, subcutaneous emphysema	3
14.5.	Perforating eyeball injury	8
14.6.	Perforating injury of the cornea, lenticular dislocation	3
14.7.	Conjunctival and corneal erosion with foreign bodies, bleeding in the conjunctiva, when the insured person received outpatient treatment for more than 6 days	1
14.8.	Traumatic rupture of the eardrum in one ear, if the diagnosis is based on external signs of acute (recent) trauma	3
14.9.	Sutured wounds of soft tissues of 10 cm and larger	5
14.10.	Sutured wounds of soft tissues of 3 cm and larger, sutured wounds of the face and neck area, sutured wounds of the tongue of 1 cm and larger,	2
14.11.	Sutured wounds of soft tissues smaller than 3 cm	1
14.12.	Finger wound with nail avulsion, where the nail was torn off due to direct external force impact during an accident	1
14.13.	Piercing injuries, where a single injury damages the skin, subcutaneous tissue and muscle layers	1
14.14.	Multiple hematomas (blood effusions), if each of them exceeds 5 cm^2 in area and there are not less than 3 of them	1
14.15.	Deep skin abrasions after trauma (reaching the papillary layer and deeper) located in different parts of the body, if at least one of them covers an area of not less than 2% of the body surface area	2
14.16.	Traumatic, posthemorrhagic, anaphylactic shock, fat embolism, if the insured person received inpatient treatment	10

Notes to Clause 14:
1) after payment of the insurance benefit under items 14.1-14.2 of this Table, an additional insurance benefit for surgery shall not be paid;
2) if several large blood vessels are injured in one limb or area, their injury (trauma) shall be assessed as injury (trauma) to one blood vessel;
3) soft tissue wounds must be sutured or otherwise fixed at a medical institution using special wound fixation devices;
4) in the cases specified in items 14.9–14.11 of this Table, where the wounds were not sutured or otherwise secured with surgical wound closure devices at a medical institution, 50% of the established insurance benefit shall be paid;
5) for minor (less than 5 cm^2)) superficial isolated hematomas, abrasions, scratches, superficial or spot wounds, the insurance benefit shall not be paid;
6) the insurance benefit shall not be paid for wounds resulting from a surgical procedure or surgery, infectious complications of various origins, thrombophlebitis, abscesses or phlegmons.

Clause (item) No	Injury	Percentage (%)
15.	**Poisoning when the insured person received inpatient treatment**	
15.1.	for 1–2 days	1
15.2.	for 3–6 days	2
15.3.	for 7–15 days	5
15.4.	for more than 15 days	7

Note to Clause 15:
Poisoning – an accidental acute poisoning of a moderate or severe degree of bacterial origin caused by food products, medicines, chemicals, gases, vapours, poisonous plants or mushrooms, except for poisoning caused by alcohol, drugs or toxic, psychotropic and other psychoactive substances used in order to get intoxicated, as well as the use of strong medicines or poisoning related to intentional self-harm, suicide or attempted suicide.

16.	**Thermal and chemical burns, frostbites:**	
16.1.	2nd degree burns covering at least 1% of the body surface area	3
16.2.	2nd degree burns covering at least 5% of the body surface area	5
16.3.	3rd degree burns covering at least 2% of the body surface area	4
16.4.	3rd degree burns covering not less than 2% of the body surface area	6
16.5.	2nd–3rd degree eye burns	4
16.6	Burn disease, when the insured person received inpatient treatment	10
16.7.	3rd degree frostbites covering at least 2% of the body surface area	5

Note to Clause 16:
1% of the body surface area is equal to the area of the insured person's palm surface (palm and fingers together).

17.	**Trauma-induced loss of pregnancy lasting more than 22 weeks**	
18.	**Tick-borne encephalitis, tick-borne myelitis, tick-borne encephalomyelitis, when the insured person received inpatient treatment, except for rehabilitation treatment:**	
18.1	for 1–2 days	1
18.1.	for 3–7 days	2
18.2.	for 8–15 days	5
18.3.	for more than 15 days	7

Note to Clause 18:
Tick-borne encephalitis, tick-borne myelitis and tick-borne encephalomyelitis shall be supported by the insured person's infection with the disease due to a tick bite, serological tests confirming the disease and the manifestation of the first symptoms of the disease not less than 30 days after the start date of entry into force of the insurance cover. This provision shall not apply if the contract is renewed (extended) without interruption.

Clause (item) No	Injury	Percentage (%)
19.	**Lyme disease (if the insured person is diagnosed with the disease)**	2

Notes to Clause 19:
1) an insured event shall be deemed to be the contraction of Lyme disease if the first symptoms of the disease appear not less than 30 days after the start date of validity of the insurance cover. This provision shall not apply if the contract is renewed (extended) without interruption;
2) Lyme disease shall be supported by a bite from a tick infected with Borrelia bacteria and serological blood tests confirming the acute form of the disease (positive immunoglobulin M (IgM) and clinical symptoms characteristic of this disease);
3) if the results of blood tests for Lyme disease are questionable (marginal) and do not confirm the acute form of the disease, but specific treatment for Lyme disease has been prescribed, 50% of the established insurance benefit shall be paid;
4) the insurance benefit for Lyme disease shall be paid once during the contract validity term.

20.	**Snake, insect or animal bites, electrical injuries, when the insured person received inpatient treatment:**	
20.1.	for 1–2 days	1
20.2.	for 3–7 days	2
20.3.	for 8–15 days	5
20.4.	for more than 15 days	7

Notes to Clause 20:
1) an insurance benefit under this Clause shall be paid if no insurance benefits have been paid under other Clauses of this Table;
2) 50% of the established insurance benefit shall be paid in the case of a bite by an animal kept at home.

21.	**Ligament sprains:**	
21.1.	Shoulder, neck, elbow, wrist, hand, hip, knee, ankle and foot ligament sprains requiring immobilization and treatment lasted for not less than 7 days	1

Table 3. List of Critical Diseases

Clause (item) No	Critical disease name (ICD code)	Critical disease description	Conditions necessary for a critical disease to be recognized as an insured event
1.	**Myocardial infarction** (I21)	Irreversible damage to the heart muscle (necrosis) due to acute cardiac blood circulation failure.	1. Symptoms of ischemia (e.g., prolonged chest pain). 2. New changes in the ECG indicating myocardial ischemia. 3. Increased concentration of enzymes specific to myocardial infarction in blood serum. 4. Diagnosis confirmed by a cardiologist during inpatient treatment.
2.	**Stroke** (I60–I64)	Cerebral damage caused by intracranial thrombosis, hemorrhage or extracranial embolism.	1. Acute onset of neurological symptoms. 2. Diagnosis is confirmed by a neurologist and results of objective tests (e.g., MRI or CT scan) during inpatient treatment. 3. Identified new neurological symptoms* characteristic of a stroke persisting for more than 3 months from the onset of stroke / infarction, which must be confirmed by a neurologist. *Neurological symptoms are symptoms of nervous system dysfunction, which include sensory and motor disorders such as numbness, hyperesthesia (increased sensitivity), paralysis, speech disorder (dysarthria), inability to speak (aphasia), swallowing disorders (dysphagia), walking difficulties, coordination disorders, tremors, convulsions, lethargy, dementia, visual impairment, delirium and coma. Several of the symptoms listed above that are characteristic of this group must be identified.
Note to Clause 2: The insurance benefit shall not be paid for transient ischemic attack or microstroke.			
3.	**Coronary artery bypass surgery**	Heart surgery to correct narrowing or blockage of the coronary arteries using bypass grafts.	1. Open heart surgery performed. 2. Bypass surgery of two or more coronary arteries. 3. Diagnosis confirmed by a cardiologist or cardiac surgeon and angiography or computed angiography examination.
Note to Clause 3: The insurance benefit shall not be paid for coronary artery angioplasty or stent placement.			
4.	**Aortic aneurysm** (I71)	Aortic dilation, which can lead to rupture and cause severe bleeding.	1. Aortic endovascular stenting surgery performed. 2. The need for surgery has been confirmed by a surgeon and results of objective instrumental examinations (internal organ echoscopy, aortography, computed tomography, magnetic resonance imaging, etc.).
5.	**Cerebral aneurysm** (I67.1)	Dilation of a cerebral blood vessel, which can rupture and cause severe bleeding.	1. Cerebral aneurysm surgery performed. 2. The need for surgery has been confirmed by a neurosurgeon and results of objective instrumental examinations (CT, MRI, cerebral angiography, etc.).
Note to Clauses 4 and 5: The insurance benefit shall not be paid for asymptomatic aortic and cerebral aneurysms that are only monitored periodically.			

Clause (item) No	Critical disease name (ICD code)	Critical disease description	Conditions necessary for a critical disease to be recognized as an insured event
6.	**Malignant neoplasm** (C00–C96)	Uncontrolled proliferation of malignant cells and invasion into tissues.	1. Histological examination performed and malignant process detected. 2. Diagnosis confirmed by an oncologist, hematologist, or pathologist. 3. Diagnosis code established according to ICD-10-CM is from C00 to C96. 4. Surgical, chemotherapy, radiotherapy, or immunotherapy treatment prescribed.
Note to Clause 6: The insurance benefit shall not be paid for tumour stage "carcinoma in situ".			
7.	**Benign neoplasm of cerebral and spinal meninges** (D32–D33)	Accumulation of cells characterized by uncontrolled proliferation in cerebral or spinal meninges.	1. Diagnosis confirmed by objective examinations (CT, MRI, cerebral biopsy, etc.). 2. The neoplasm must be treated (by surgery, radiosurgery or radiotherapy) or neurological symptoms persist for more than 3 months after diagnosis. 3. Diagnosis confirmed by an oncologist or neurosurgeon.
Note to Clause 7: After diagnosis of pituitary tumours, except for tumours treated surgically, the insurance benefit shall not be paid.			
8.	**Multiple sclerosis** (G35–G37)	A demyelinating inflammatory immune disorder of nervous system that causes the loss of myelin sheath, protective covering of nerves.	1. At least two foci of demyelination detected by MRI scan. 2. An increase in the IgG index and oligoclonal bands detected in the cerebrospinal fluid. 3. Diagnosis confirmed by a neurologist after thorough neurological examinations. 4. Objective clinical symptoms of demyelination and motor and sensory impairment have been established.
9.	**Chronic kidney disease** (N00–N19)	Chronic and irreversible failure of both kidneys, requiring continuous hemodialysis.	1. Continuous hemodialysis for at least 6 months or kidney transplant surgery. 2. Diagnosis and need for dialysis confirmed by a nephrologist.
10.	**Bechterew's disease** (M45)	Complete immobility of the spine caused by joint ossification due to chronic inflammatory disease.	1. Radiographically confirmed spinal changes characteristic of the disease (spine fused into a single bone). 2. Human tissue compatibility antigen HLA B27 Ag found in the blood. 3. Diagnosis confirmed by a rheumatologist.
11.	**Muscular dystrophy** (G71)	Genetically inherited muscle diseases characterized by muscle weakness and thinning (atrophy).	1. Disease confirmed by morphological muscle and / or electromyographic examination and specific muscle enzyme (creatine phosphokinase) testing. 2. Diagnosis confirmed by a neurologist and geneticist.
12.	**Heart, lung, liver, pancreas transplantation** (Y83.0)	Transplantation of organs taken from one person to another for therapeutic purpose.	1. The insured person is the recipient (organ recipient). 2. Transplant surgery performed.

Clause (item) No	Critical disease name (ICD code)	Critical disease description	Conditions necessary for a critical disease to be recognized as an insured event
13.	**Blindness** (H54.0, H54.4)	Complete and irreversible loss of vision in both eyes due to an acute disease.	1. Loss of vision confirmed by objective tests (skiascopy, refractometry, spectral compensation, etc.). 2. Complete irreversible loss of vision, confirmed by an ophthalmologist 3 months after diagnosis of the disease.
Note to Clause 13: For loss of vision in one eye, 50% of the established insurance benefit shall be paid.			
14.	**Deafness**	Permanent and irreversible deafness in both ears due to an acute disease.	1. Deafness confirmed by a hearing threshold of at least 90 dB in the healthier ear, following pure tone audiometry. 2. Diagnosis confirmed by an otorhinolaryngologist when complete hearing loss persists for 3 months after diagnosis.
Note to Clause 14: For hearing loss in one ear, 50% of the established insurance benefit shall be paid.			
15.	**Addison's disease** (E27.1, E27.2, E27,4)	Complete or partial loss of adrenal function due to adrenal failure caused by bilateral adrenal lesion.	1. Hormone treatment applied for at least 3 months and is continuing. 2. Decreased cortisol and increased adrenocorticotropic hormone (ACTH) levels found in blood. 3. Diagnosis confirmed by an endocrinologist.
16.	**Systemic lupus erythematosus** (L93, M32)	Chronic inflammatory autoimmune disease affecting different various internal organs (skin, joints, blood, kidneys, and central nervous system).	1. Ro/SS-A and La/SS-B antinuclear antibodies detected in the blood serological test. 2. Diagnosis confirmed by a rheumatologist.
17.	**Rheumatoid arthritis** (M05)	Chronic autoimmune disease causing persistent inflammatory processes in the joints	1. Elevated levels of rheumatoid factor found in blood. 2. Disease confirmed by objective tests (X-ray, CT, MRI). 3. Diagnosis confirmed by a rheumatologist.
18.	**Type I diabetes mellitus** (E10)	Disease disrupting insulin production, resulting in increased blood glucose levels	1. Detected increase in glucose and / or glycated hemoglobin (HbA1c) in the blood. 2. Continuous treatment with insulin injections. 3. Diagnosis confirmed by an endocrinologist.
19.	**Osteogenesis imperfecta** (Q78.0)	Genetic disorder characterized by abnormal development of bone and cartilage tissue, often resulting in multiple bone fractures.	1. Low bone density confirmed by bone density (DEXA) testing. 2. Diagnosis confirmed by histological (skin and bone tissue – altered collagen) sample or genetic (blood, skin, bone tissue – altered gene) testing.

Table 4. List of Additional Diseases

Clause (item) No	Disease name	Disease description	Conditions necessary for a disease to be recognized as an insured event
1.	**Acute appendicitis**	Acute inflammation of the vermiform appendix.	1. Urgent surgery for removal of the appendix (appendectomy) performed
2.	**Meningococcal infection**	Infectious disease caused by the gram-negative bacterium Neisseria meningitidis, which is transmitted through the respiratory tract or saliva.	1. Disease is diagnosed and treated in a hospital. 2. Diagnosis of meningococcal purulent meningitis, meningoencephalitis, meningococcal sepsis (meningococcemia), or fulminant meningococcal infection. 3. Diagnosis confirmed by microbiological tests.
3.	**Tetanus**	Infectious disease caused by Clostridium tetani bacteria entering the body through wounds.	1. Disease is diagnosed and treated in a hospital. 2. Diagnosis confirmed by microbiological tests.
4.	**Rabies**	Viral disease of the nervous system caused by a neurotropic Rhabdoviridae family virus transmitted through animal saliva at the time of bite.	1. Disease is diagnosed and treated in a hospital. 2. Diagnosis confirmed by microbiological tests.
5.	**Diphtheria**	Infectious disease caused by Corynebacterium diphtheriae and Corynebacterium ulcerans entering through the respiratory tract or saliva.	1. Disease is diagnosed and treated in a hospital. 2. Diagnosis confirmed by microbiological tests.
6.	**Botulism**	Infectious disease of the nervous system caused by a powerful neurotoxin produced by the bacterium Clostridium botulinum, usually ingested with food.	1. Disease is diagnosed and treated in a hospital. 2. Diagnosis confirmed by microbiological tests.
7.	**Gas gangrene**	Infectious disease (wound complication) caused by anaerobic bacteria of the genus Clostridium and their spores entering through wounds.	1. Disease is diagnosed and treated in a hospital. 2. Diagnosis confirmed by microbiological tests.
8.	**Perforated (ruptured) stomach (duodenum) ulcer**	Stomach (duodenum) ulcer complication, when the wall of the organ ruptures at the site of the ulcer and the stomach (duodenum) contents spill into the abdominal cavity, causing inflammation of the peritoneum (peritonitis).	1. Disease is diagnosed and treated in a hospital. 2. Emergency surgery performed.

Clause (item) No	Disease name	Disease description	Conditions necessary for a disease to be recognized as an insured event
9.	**Measles**	Acute, contagious viral infection spread by airborne droplets and manifested by fever, rash, and inflammation of the respiratory tract and conjunctiva.	1. Diagnosis is confirmed by identifying characteristic clinical symptoms and / or laboratory tests.
10.	**Salmonellosis**	Acute infectious disease caused by Salmonella bacteria.	1. Disease is diagnosed and treated in a hospital. 2. Diagnosis confirmed by microbiological tests.
11.	**Trichinellosis**	Parasitic disease caused by Trichinella spiralis.	1. Disease is diagnosed and treated in a hospital.
12.	**Legionellosis**	Acute infectious disease caused by bacteria of the genus Legionella.	1. Disease is diagnosed and treated in a hospital. 2. Diagnosis confirmed by microbiological tests.

What to do in case of an accident?

If an accident occurs:

- visit a medical institution immediately, not later than within 48 hours;
- obtain medical documents confirming the diagnosis and treatment prescribed;
- follow the doctor's instructions and try to minimize the consequences of the accident or disease;
- report the incident on the self-service portal **https://mano.ergo.lt** or by phone 1887 not later than within 30 days.

You should submit the following documents (in the official language) along with your report:

- consent to personal data processing;
- medical documents issued by a medical institution confirming the established diagnosis;
- descriptions of tests performed and treatment applied;
- copy of the death certificate and a document confirming the family relationship, if a close relative has died;
- police report, if the accident was investigated by the police.

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