Adopted by Order No V-12/18 of 28 September 2018 of the CEO of Compensa Life Vienna Insurance Group SE, Lithuanian Branch

SPECIAL TERMS AND CONDITIONS: ADDITIONAL INSURANCE AGAINST INJURY RESULTING FROM AN ACCIDENT NO. 005
Effective from 1 October 2018

1. GENERAL PROVISIONS

1.1. These special terms and conditions: Additional insurance against injury resulting from an accident No. 005 (hereinafter referred to as the Special Terms and Conditions) lay down the terms and conditions and requirements to be applied to the agreements between the Policyholder and the Insurer regarding Additional insurance concluded in addition to the principal life insurance contract and shall be considered as an integral part of such contracts.

1.2. The Special Terms and Conditions shall be applied only in conjunction with the General Insurance Terms and Conditions of the Insurer. In the event of any conflict between the Special Terms and Conditions and the General Insurance Terms and Conditions, the Special Terms and Conditions shall prevail.

1.3. The additional insurance shall be the integral part of the principal life insurance contract and shall be invalid without it. The additional insurance shall be subject to the Special Terms and Conditions of the respective principal life insurance to the extent they are not in contradiction of the provisions of these Special Terms and Conditions.

1.4. The Insurance Object shall be the property interests related to the damage to the health of the Insured resulting from the Accident.

2. ADDITIONAL DEFINITIONS

2.1. Definitions that begin with a capital letter and are used in the Contract and in communications between the parties or in other relative documents shall have the meaning specified in the General Insurance Terms and Conditions and, in addition to this, the following meanings and shall be interpreted respectively, unless the context explicitly requires otherwise or the above documents and correspondence indicates otherwise:

2.1.1. **Accident** shall mean the accident which occurs against the will of the Insured as a result of any abrupt, inadvertent, unexpected external forces and during which the Insured suffers any injury including but not limited to sinking, heatstroke, sunstroke, chilblain, exposure to the gas or other toxic substances which accidentally penetrate the body except for food poisoning.

3. INSURABLE EVENTS

3.1. The Insurable Events shall be the personal injury of the Insured resulting from the Accident which occurred within the validity period of the Insurance Coverage.

4. UNINSURABLE EVENTS

4.1. The Insurer shall not pay the Insurance Indemnity due to occurrence of the following Uninsurable Events:

4.1.1. The personal injury of the Insured or any consequence thereof which is related to a War or any state of emergency as well as caused by the conscious and voluntary involvement of the Insured in any abuse or terrorist act;

4.1.2. The personal injury of the Insured or any consequence thereof which is related to Radiation or use of chemical or biological substances for non-peaceful purposes;

4.1.3. The personal injury of the Insured or any consequence thereof caused by an attempted suicide or self-inflicted wound;

4.1.4. The personal injury of the Insured or any consequence thereof which is related to mass disasters caused by natural disasters or acts of nature;

4.1.5. The personal injury of the Insured or any consequence thereof which has occured/arisen as the result of any congenital or acquired physical or mental disabilities or illnesses, except for disabilities or illnesses caused by other Insurable Event occurred within the validity period of the Contract;

4.1.6. The personal injury of the Insured or any consequence thereof caused by the deliberate act of the Insured, Beneficiary, Policyholder or any other person who is interested in receipt of the Insurance Benefit; the attempt to commit a criminal act, or direct or indirect involvement in any criminal act, except for the cases when these deliberate acts or omission have any social value (self-defence, performance of civic duty, etc.);

4.1.7. The personal injury of the Insured or any consequence thereof, if it occurred as a result of

the influence of alcohol, narcotic drugs, psychotropic or toxic substances or medicines used to treat disorders of the central nervous system which, however, had not been prescribed by a doctor to the Insured or which had been prescribed but were used without following the instructions given by a doctor on the Insured or as a result poisoning of the Insured caused by abuse of the abovementioned substances;

4.1.8. The personal injury of the Insured or any consequence thereof occurred/arisen as a result of any actions of doctors, surgery or during medical procedures except for the cases when these medical procedures were performed as a result of occurrence of the other Insurable Event under the Special Terms and Conditions;

4.1.9. The personal injury of the Insured or any consequence thereof when the Accident of the Insured occurred when he was in prison or custody;

4.1.10. The personal injury of the Insured or any consequence thereof which is related to involvement of the Insured in the Professional Sport;

4.1.11. The personal injury of the Insured or any consequence thereof which is related to involvement of the Insured in the Dangerous activities and/or participation of the Insured in any sport or leisure activities where motorized land, air and water vehicles are used, unless otherwise provided in the Contract.

4.1.12. The personal injury of the Insured which occurred as the result of the flight made by any aeroplane which does not belong to any official registered airline and/or is not entitled to engage in passenger transport;

4.1.13. The personal injury of the Insured or any consequence thereof occurred during performance of any Military Service;

4.1.14. The personal injury of the Insured or any consequence thereof occurred as the result of control of any vehicle or self-propelled machinery by the Insured without the appropriate driving licence, adequate powers or under the influence of alcohol (when the blood alcohol level does not comply with the permissible rates established by law), toxic substances or narcotic drugs.

4.2. The Insurer shall also be entitled to reduce the Insurance Indemnity or refuse to pay it in cases laid down in paragraph 11.13 of the General Insurance Terms and Conditions.

4.3. The Insurer shall not pay the Insurance Indemnity, if the documents certifying the Insured Event do not contain clearly specified date of occurrence of the personal injury and/or Accident, the respective documents do not prove that the Insured Event occurred within the validity period of the Insurance Coverage, or the abovementioned documents contain major objections.

5. BENEFICIARY

5.1. The Beneficiary under this Additional insurance contract may only be the Insured, unless otherwise provided in the Contract.

6. CHARGES

6.1. Fees for the Additional Insurance shall be deducted in accordance with the procedure and within the time limits laid down in the General Insurance Terms and Conditions, Special Terms and Conditions and/or the Pricelist.

7. INSURANCE INDEMNITY

7.1. Upon occurrence of the Insurable Event under these Special Terms and Conditions, the Insurance Indemnity shall be paid as the full amount of the Sum Insured or as its percentage depending on the extent of deterioration of health of the Insured. The specific amount of the Insurance Indemnity shall be determined according to the Table for determination of the insurance indemnities payable for injury resulting from an accident, which is attached hereto as Annex No 1.

7.2. The sum of Insurance Indemnities paid by the Insurer for 1 (one) calendar year of validity of the Insurance Coverage may not be in excess of the Sum Insured.

7.3. If at the moment of the Insurable Event the Insured was also insured by Additional Insurance under Special Terms and Conditions applicable to insurance of the death resulting from an accident, then the Insurance Indemnity payable under these Special Terms and Conditions shall be deducted from the Insurance Indemnity payable for the death resulting from an accident if the death was caused by the same Accident.

8. CLAIM TO INSURANCE INDEMNITY

8.1. The Beneficiary, the Policyholder or their legal successors shall inform the Insurer of the

Insurable Event under the procedure established in the General Insurance Terms and Conditions and shall submit the following documents the form and content of which is acceptable to the Insurer:

8.1.1. a notice on an event/the application for payment of the Insurance Indemnity executed in the form established by the Insurer;

8.1.2. documents confirming the personal identity of a person who has the right to the Insurance Indemnity and/or documents confirming respective rights;

8.1.3. documents certifying the fact and consequences of the Insurable Event (e.g., the documents issued by a health care institution with the detailed description of the injury and the consequences thereof, examinations and the prescribed medical treatment);

8.1.4. on request of the Insurer – other additional documents or information required for investigation of the Insurable Event or payment of the Insurance Indemnity (e. g., the original of the Insurance Certificate (Policy), the medical documents issued by health care institutions, the certificates, opinions or decisions issued by law enforcement or other competent institutions and etc.).

9. EXPIRATION OF THE ADDITIONAL INSURANCE CONTRACT

9.1. The Additional Insurance Contract expires:

9.1.1. if the total Sum Insured is paid for a single Insured Event;

9.1.2. in the event of the death of the Insured;

9.1.3. in the event of termination or expiration of the principal life insurance contract;

9.1.4. on other grounds for expiration of the Contract laid down in the General Terms and Conditions appear.

Annex No. 1 to

SPECIAL TERMS AND CONDITIONS: ADDITIONAL INSURANCE AGAINST INJURY RESULTING FROM AN ACCIDENT NO. 005

Effective from 1 October 2018

TABLE FOR DETERMINATION OF THE INSURANCE INDEMNITIES PAYABLE FOR INJURY RESULTING FROM AN ACCIDENT

I. GENERAL PROVISIONS

I.1. The Insurance Indemnity is the part of the Sum Insured of the Additional Insurance against injury resulting from an accident whose precise amount shall be calculated on the basis of the table specified in this annex and which shall be paid for personal injuries and any consequences thereof suffered at the time of occurrence of the Insurable Event.

I.2. The evaluation of the consequences of one or several Insurable Events may not exceed 100% of the Sum Insured of the Additional Insurance against injury resulting from an accident, and the percentage evaluation of all injuries to one part of the body suffered from one trauma may not exceed the percentage evaluation of the loss of this part of the body.

I.3. Incurable loss of an organ's function shall be established not earlier than 9 months and not later than 12 months after the date of the Insurable Event. Although in some cases where the loss of an organ's function is obvious, the Insurance Indemnity may be payable earlier than 9 months after the date of the Insurable Event.

I.4. If the Insurable Event causes the incurable loss of the Insured's organ (a function thereof) whose part (or part of the function thereof) has been lost already before the Insurable Event, the percentage of the Insurance Indemnity payable in such case shall be reduced considering the loss of organ part (or part of function thereof) that existed before the Insurable Event.

I.5. In case of the incurable loss of the organ function, the percentage of the Sum Insured shall be determined by the Insurer's medical expert on the basis of the documents from health care institution(s) and the table below.

I.6. The Insurance Benefit for a single injury shall be payable only in accordance with a single paragraph of the respective Clause which refers to the most serious injury in that Clause. If during one Insurable Event are established injures to several structures, which are indicated in one paragraph of a clause, the percentage of the Insurance Indemnity shall ont be summed up unless indicated otherwise.

I.7. When the injury is not included in this table, the decision on payment of the Insurance Indemnity and the rate of evaluation of the consequences shall be made by the Insurer's medical expert.

I.8. .The Insurance Benefit for the surgery performed for the same Insured Event shall be paid once only.

I.9. In case of fracture/dislocations of bones, damage to soft tissues, muscles, tendons, ligaments are damaged as a result of a single Insurable Event, the Insurance Indemnity shall be paid in accordance with a single Clause which refers to the most serious injury and the maximum Insurance Indemnity.

I.10. No Insurance Benefit is payable for:
I.10.1. abdominal wall, diaphragm, intervertebral discs hernia and the consequences thereof (radiculopathies, neuropathy, compression of a spinal cord and etc.);
I.10.2. fracture, dislocation or removal of foreign bodies (joint prospehsis, osteosynthesis structures);
I.10.3. removal of loose bodies forn a joint (-ts);
I.10.4. vertebra spondylolisthesis;
I.10.5. abnormal (degenerative, a malignant tumour, osteoporosis, a cyst and etc.)/stress bone(-s) fractures.

II. BONE FRACTURES AND DISLOCATIONS

II.1. The Insurance Indemnity for bone fractures, dislocations shall be paid, if these personal injuries are based on radiological (the X-ray pictures, images of computed tomography or magnetic resonance imaging) tests. When this data is not sufficient to substantiate the diagnosis, 1/2 of the Indemnity payable for a respective personal injury may be paid, if these injuries are clinically justified, and the adequate treatment method and the adequate treatment duration have been prescribed. When radiological tests determine an immersion, then ½ of the Insurance Indemnity that would be payable for a dislocation in the same area is paid.

II.2. Fracture of one bone in several places caused by a single Insurable Event shall be considered as one fracture.

II.3. Surgery of bones fractures or dislocations shall be considered as a surgical procedure during which fractured bone ends are firmed (with a surgical spike or wire, plate, external fixation apparatus, except for dental osteosynthesis. Procedures of soft tissues shall not be considered as a surgery.

II.4. The recurring dislocations of the same joint shall not be considered as the Insurable Events under the Contract irrespective of the date when they occur, and no Insurance Indemnity is payable for them. If surgery is performed on the Insured for a recurring dislocation which is the recurrence of an initial dislocation that occurred during the term of validity of the Contract, the Insurance Benefit shall be paid for surgery treatment only.

II.5. If ligament and tendon lesions have been diagnosed in case of articular fractures, dislocations, no additional payment shall be made for these ligament and tendon lesions.

II.6. If the Insurance Benefit has been paid in case of occurrence of the initial bone fracture, then the recurring fracture of that bone in the same place within the period of 6 (six) months from occurrence of the initial fracture, ½ of the Insurance Indemnity payable for that bone fracture shall be paid.

II.7. In the event of avulsion bone fracture/splitting of bone fragments, ½ of the Insurance Indemnity payable in the event of a bone fracture/splitting of bone fragments, ½ of the Insurance indemnity payable in the event of the fracture of a respective bone shall be paid.

Clause	Consequences of the Accident	Insurance Benefit, percentage of the Sum Insured
	Cranial bones	
1.	Cranial bones fractures of:	
1.1	calvarial fracture limited to the external table;	5
1.2	calvarial fracture;	10
1.3	basilar fracture.	15
Note: When a surgery is performed due to the injury of cranial bones (with opening of the cranial cavity or bone repositions), then the single additional payment equal to 10% of the sum insured shall be made.		
2.	Nasal fracture (irrespective of the number or broken nasal plates).	3
Note: If a surgery or bone reposition is performed due to a nasal fracture, then the additional one-off payment equal to 3% of the sum insured shall be made.		
3.	Fractures of other facial bones (ethmoid bone, maxilla and mandible, zygomatic bone, hyoid, orbit, sinus walls), dislocation of mandible.	5% for each bone fracture, but not more than 15%
Notes: A maxillary alveolar process fracture shall not be considered as a jaw fracture. In case of a jaw fracture in both sides, then the one-off payment equal to 5% of the sum insured shall be made. In case of fractures of both maxilla and mandible, the insurance benefits shall be summed up. In case of fractures of both maxilla and zygomatic bone, in accordance with Clause 3, the total payment equal to 5% of the sum insured in accordance with Clause 3, shall be made. If a surgery is performed due to facial bone, then the additional one-off payment equal to 5% of the sum insured shall be made. In case of jaw dislocation, the insurance benefit shall be paid in accordance with Clause 3, if it is the initial dislocation.		

	Ribs	
4.	Rib fractures:	
4.1	one or two;	3
4.2	3-5 ribs;	5
4.3	6 and more ribs.	8
Note: the Insurance Benefit shall be only paid if the fracture of a rib occurs during the reanimation of the Insured (irrespective of the reason of reanimation).		
5.	Fractures, fractures-dislocations of vertebral bodies or arches of cervical, thoracic or lumbar spines (radiographically confirmed):	
5.1	1-2 vertebrae;	15
5.2	3 or more vertebrae.	25
Notes: If a surgery is performed on cervical, thoracic or lumbar spine, then the additional one-off payment equal to 10% of the sum insured shall be made.		
6.	Fractures, fractures-dislocations of processes of cervical, thoracic or lumbar vertebrae (radiographically confirmed):	
6.1	1-2 vertebrae;	3
6.2	three or more vertebrae;	5
6.3	Displacement of 1-2 vertebrae;	5
6.4.	Displacement of three or more vertebrae.	7
Notes: If the insurance benefit is paid due to a vertebral fracture in accordance with Clause 5, then the insurance benefit for a fracture of processes of the same vertebra shall not be paid.		
7.	Sacrum fracture, fracture, dislocation, subluxation or removal of coccyx:	
7.1	fracture or dislocation of coccygeal verterbrae;	3
7.2	sacrum fracture	10
Notes: If the same injury caused several lesions of the same verterba (a fracture of vertebral body or its processes), then the insurance benefit shall be paid for the most serious lesion. In case of lesions specified in Clause 5 and, additionally, a spinal cord injury, the insurance benefit shall be calculated by taking into consideration both lesions, i.e. by adding percentages specified in Clauses 64 and 5. If a surgery was performed due to coccygeal fractures, then the additional one-off payment equal to 3% of the sum insured shall be made. If a surgery was performed due to spinal (except for a sacrum) injuries, then the additional one-off payment equal to 5% of the sum insured shall be made, but if the additional one-off amount is paid due to a surgery for spinal cord injury (see Clause 64 Note 2), then the additional payment for a spinal surgery shall not be made.		
	Sternum	
8.	Sternum fracture.	5
Note: The Insurance Benefit shall be payable even if a sternum fracture occurred during resuscitation of the Insured (irrespective of the reason of resuscitation).		
	Scapula, clavicle	
9.	Scapula, clavicle fracture, loss of integrity of shoulder-clavicle, sternum-clavicle symphysis (rupture, dislocation):	
9.1.	fracture of one bone or rupture or dislocation of one symphysis;	5
9.2.	fracture of two bones or rupture, dislocation of two symphysis, or fracture of one bone and rupture, dislocation of one symphysis;	7
9.3.	non-union, false joint, both fracture of two bones and loss of integrity of one symphysis.	10
Notes: In case of a surgery performed due to the lesions specified in Clause 9, reposition of fragments, osteosynthesis or ligament plastic surgery, then the additional one-off payment equal to 5% of the sum insured shall be made. The insurance benefit due to nonunion or development of false joint shall be paid, if this consequence of an injury persists at least 9 months and is confirmed by the entry in the medical card. If the Insurance Benefit has already been paid in accordance with paragraph 9.1. or 9.2., then it shall be deducted from the insurance benefit payable in accordance with paragraph 9.3.		
	Shoulder joint	
10.	Fracture of glenoid cavity of scalpula, capitulum of humerus, anatomical neck, tubercles, dislocation of humerus:	
10.1	splitting of bone particles (fragments), injury of articular capsule, shoulder supraspinious muscle rupture supported by MRT findings;	3

10.2	fracture of glenoid cavity of scalpula, initial dislocation of humerus;	5
10.3	Fracture of several bones, dislocation of humerus and fracture of a bone (bones), fractures of upper part of humerus (capitulum, anatomical neck, tubercles); for children, fracture line extends to the diaphysis (osteoepiphysiolysis). If the Insurance Benefit is paid for the shoulder supraspinous muscle rupture, then the Insurance Benefit shall not be paid for surgery treatment.	10
Note: If a surgery was performed due to shoulder joint injury, then the additional one-off payment equal to 10% of the sum insured shall be made.		
11.	Consequences of shoulder joint injury persisting for more than 9 months from the date of the insured event and confirmed by the entry in the medical card (payable in addition to the amount payable in accordance with Clauses 9, 10):	
11.1	impairment in articular function (limited motion (rigidity), contracture);	3
11.2	shoulder joint stiffening (ankylosis) confirmed by an X-ray, except for ankylosis after resection of capitulum of humerus.	15
Note: In case of stiffening of the shoulder joint as well as the elbow joint, paragraph 11.2 shall not be applied, and the amount equal to 20% of the sum insured shall be paid in accordance with paragraph 15.2.		
	Humerus, elbow fracture	
12.	Humeral fracture at any part of the humeral shaft, including fracture of surgical neck.	10
Note: If a surgery was performed due to a humeral fracture, then the additional one-off payment equal to 10% of the sum insured shall be made, however if the insurance benefit has been paid due to a surgery on a shoulder or elbow joint, then the additional payment in accordance with this note shall not be made.		
13.	False joint (non-union, pseudoarthrosis) of the humerus persisting for more than 9 months from the date of the insured event and confirmed by the entry in the medical card (payable in addition to the amount payable in accordance with Clause 12).	5
14.	Injury in elbow joint area:	
14.1	Fracture of humeral condyle, fracture on the lower part pineale of humerus; fracture of radial head; fracture of radial neck; isolated dislocation of radial head; fracture of coronoid process of ulna; dislocation of one bone; fracture of olecranon process of ulna;	5
14.2	T-shaped fracture of distal humerus, both condyles of humerus,	8
14.3	Fracture of elbow joint bones with dislocation.	12
Note: When a surgery was performed due to an injury in elbow joint area, the additional one-off payment equal to 5% of the sum insured shall be made.		
15.	Consequences of an injury in elbow joint persisting for more than 9 months from the date of the insured event and confirmed by the entry in the medical card (payable in addition to the amount payable in accordance with Clause 14)	
15.1	impairment in articular function (limited motion (rigidity), contracture);	3
15.2	joint stiffening (ankylosis) confirmed by an X-ray.	10
Note: In case of stiffening of the elbow joint as well as the shoulder joint, the amount equal to 20% of the sum insured shall be paid in accordance with paragraph 15.2, and the insurance benefit in accordance with paragraph 11.2. shall not be paid.		
	Forearm bones, wrist	
16.	Forearm shaft fracture.	5% for each bone
Note: If a surgery was performed due to a forearm shaft fracture, then the additional one-off payment equal to 5% of the sum insured shall be made, however if the insurance benefit has been paid due to a surgery on an elbow joint area, then the additional payment in accordance with this note shall not be made.		
17.	Nonunion of the forearm bones (false joint) persisting for more than 9 months from the date of the insured event and confirmed by the entry in the medical card (payable in addition to the amount payable in accordance with Clause 16):	
17.1	single bone;	7
17.2	both bones.	10
18.	Injury in wrist joint area:	
18.1	unilateral epiphysiolysis (osteoepiphysiolysis), fracture in radial bone typical locations or processes of ulna;	5
18.2	fracture of radial bone in a typical place with dislocation or subluxation of ulnar head, bilateral epiphysiolysis.	10
Note: If a surgery was performed on a wrist joint area, then the additional one-off payment equal to 5% of the sum insured shall be made, however if the additional insurance benefit is paid in case of a surgery performed due to a		

fracture of forearm bones, then the additional insurance benefit in accordance with this note shall not be made. The amount of the insurance payment does not depend on the number of the operated bones.		
19.	Consequences of an injury in the wrist joint area persisting for more than 9 months from the date of the insured event and confirmed by the entry in the medical card (payable in addition to the amount payable in accordance with Clause 18):	
19.1	impairment in articular function (limited motion (rigidity), contracture);	3
19.2	joint stiffening (ankylosis) confirmed by an X-ray.	10
Note: In case of stiffening of the wrist joint as well as the elbow joint, the amount equal to 15% of the sum insured shall be paid in accordance with paragraph 19.2, and paragraph 15.2. shall not be applied.		
	Hand	
20.	Unilateral fracture or dislocation of carpal or metacarpus bones:	
20.1	fracture or dislocation of one bone;	3
20.2	fracture or dislocation of two bones, fracture or dislocation of scaphoid bones;	5
20.3	fracture or dislocation of three or more bones.	8
Note: If a surgery was performed due to an injury of a hand, then the additional one-off payment equal to 3% of the sum insured shall be made, however if the additional insurance benefit is paid in case of a surgery performed due to a fracture of carpal bones, then the additional insurance benefit in accordance with this note shall not be made.		
21.	Consequences of hand injuries persisting for more than 9 months from the date of the insured event and confirmed by the entry in the medical card (payable in addition to the amount payable in accordance with Clause 20):	
21.1	Non-union of one or several bones (excluding phalanges) (false joint).	5
22.	Finger injuries:	
22.1	fractures, dislocations of phalanxes of I-V finger.	2 for each finger, but no more than 6
Notes: Fractures or dislocations of several phalanxes of one finger shall be considered as a single fracture or dislocation. If a surgery was performed due to a finger injury (fractures, dislocations), then the additional one-off payment equal to 2% of the sum insured shall be made, however if the additional insurance benefit is paid in accordance with Clause 20 Note 1, then the additional insurance benefit in accordance with this note shall not be made.		
23.	Consequences of finger injuries persisting for more than 9 months from the date of the insured event and confirmed by the entry in the medical card (payable in addition to the amount payable in accordance with Clause 22):	
23.1	impairment in articular function (contracture) of one or more joints;	3
23.2	stiffening (ankylosis) of one or more joints.	5
	Pelvic bones, hip	
24.	Fracture of pelvic bones, loss of integrity of cartilaginous symphyses:	
24.1	single bone fracture, fragmentation of the edge of the hip-socket;	5
24.2	single symphysis rupture, double-sided fracture of one bone, fracture of two bones, acetabular fracture;	10
24.3	multiple symphysis rupture, fracture of three or more bones, acetabular fracture with central femoral dislocation.	15
Note: If a surgery was performed due to fracture of pelvic bones, then the additional one-off payment equal to 10% of the sum insured shall be made.		
25.	Consequences of pelvic injuries persisting for more than 9 months from the date of the insured event and confirmed by the entry in the medical card (payable in addition to the amount payable in accordance with Clause 24):	
25.1	impairment in function of one coxa (limited motion (rigidity), contracture);	3
25.2	stiffening (ankylosis) of one pelvic joint confirmed by an X-ray.	15
26.	Injuries in hip joint area: dislocation of femur, fractures of proximal femoral epiphyses and metaphyses (a part of the bone adjacent to a hip joint), injury of ligaments:	
26.1	trochanteric fractures of femur, intratrochanteric and supratrochanteric fractures of femur;	10
26.2	fractures of femoral head and neck, femoral dislocation.	15
Note: If a surgery was performed due to injury in hip joint area, then the additional one-off payment equal to 10% of the sum insured shall be made.		
27.	Consequences of injury in hip joint area persisting for more than 9 months from the date of the insured event and confirmed by the entry in the medical card (payable in addition to the amount payable in accordance with Clause 26):	

27.1	impairment in articular function (limited motion (rigidity), contracture);	3
27.2	joint stiffening (ankylosis) confirmed by an X-ray;	10
27.3	nonunion of femoral neck (false joint, pseudoarthrosis).	15
Note: In case of stiffening of both hip joint and knee joint, paragraph 31.2 shall not be applied, and payment equal to 20% of the sum insured shall be made in accordance with paragraph 27.2.		
	Femoral bone	
28.	Femoral fracture in any third (upper, middle, lower) of diaphysis, except for articular fractures.	15
Note: If a surgery was performed due to femoral fracture, then the additional one-off payment equal to 10% of the sum insured shall be made, however if the additional insurance benefit is paid in case of a surgery performed on hip or knee joint, then this note shall not be applied.		
29.	Consequences of femoral fracture persisting for more than 9 months from the date of the insured event and confirmed by the entry in the medical card (payable in addition to the amount payable in accordance with Clause 28):	
29.1	impairment in articular function (limited motion (rigidity), contracture) of one or several leg joint(s);	3
29.2	nonunion of fracture (false joint, pseudoarthrosis).	15
	Knee joint	
30.	Knee joint injury:	
30,1	hermarthrosis (confirmed punture);	2
30.2	meniscal injuries (confirmed during an arthroscopy, surgery or by MRI test for the first time), separation of fragments (splinters) of bones and cartilages in knee joint, fracture of tibial head, rupture of lateral and crucial ligaments (confirmed during a surgery), patellar fracture or dislocation (rupture of patellar ligaments);	5
30.3	fracture of epicondyles or condyles, fracture of tibial condyles (irrespective of the number thereof);	10
30.4	articular fractures of femur and tibia.	15
Note: If a surgery was performed due to knee joint injury (fractures of bones), then the additional one-off payment equal to 5% of the sum insured shall be made, however if the additional insurance benefit is paid in case of a surgery performed on femur, then this note shall not be applied. If the insurance benefit is paid in accordance with Clause 30 paragraph 2 or 3, i.e. due to meniscus and side crucial ligament lesion, then the additional payment due to a surgery shall not be paid. The benefit shall not be paid, if the meniscus rupture has been caused by arthrosis or degenerative diseases of a joint. The rupture of the meniscus of the same knee joint (irrespective of the number of ruptured menisci) shall be covered only once within the insurance period. The sum insured for hemarthrosis may be paid only once within one calendar year. If the side crucial ligaments rupture as a result of the same injury, the insurance benefit shall be paid only in accordance with this Clause. The intercondylar eminence fracture shall be considered as a ligament rupture, and the insurance benefit shall be pai in accordance with Clause 73.		
31.	Consequences of knee joint injury persisting for more than 9 months from the date of the insured event and confirmed by the entry in the medical card (payable in addition to the amount payable in accordance with Clause 30):	
31.1	impairment in articular function (limited motion (rigidity), contracture);	3
31.2	joint stiffening (ankylosis) confirmed by an X-ray.	10
Notes: In case of stiffening of both a knee joint and tarsus joint, the payment equal to 15% of the sum insured shall be made in accordance with paragraph 31.2, and paragraph 35.2 shall not be applied. When the insurance benefit is paid in accordance with Clause 31, then Clause 33 shall not be applies and the additional payment for a surgery shall not be made. In case of stiffening of both a hip joint and knee joint, paragraph 27.2 shall not be applied and the payment equal to 20% of the sum insured shall be made in accordance with paragraph 31.2.		
	Shin	
32.	Fracture of shinbones (this Clause is not applicable in case of articular fracture):	
32.1	fracture of fibula;	5
32.2	fracture of tibia (except for posterior edge of tibia, inner ankle); fracture of both shinbones;	10
Note: If a surgery was performed due to fracture of shinbone, then the additional one-off payment equal to 10% of		

the sum insured shall be made, however if the additional insurance benefit is paid in case of a surgery performed on knee joint, then this note shall not be applied.		
33.	Consequences of fractures of shinbones persisting for more than 9 months from the date of the insured event and confirmed by the entry in the medical card (payable in addition to the amount payable in accordance with Clause 32):	
33.1	nonunion of fracture of fibula or tibia (false joint, pseudoarthrosis);	5
33.2	non-union of tibio-fibular fracture.	12
	Tarsus	
34.	Injuries in tarsus joint area:	
34.1	unilateral ankle fracture, fracture of posterior edge of fibula, rupture of distal tibio-fibular syndesmosis (syndesmolysis);	5
34.2	bilateral ankle fracture, fracture of one (external) ankle together with fracture of the back edge of a shin bone, rupture of distal tibio-fibular syndesmosis (syndesmolysis) with foot subluxation;	7
34.3	bilateral ankle fracture with fracture of posterior edge of fibula, unilateral or bilateral ankle fracture with foot subluxation, dislocation and with syndesmolysis (or without it).	10
Note: When the insurance benefit shall be paid in case of any injury in tarsus joint area in accordance with paragraphs of Clause 34, then the additional payment for a surgery shall not be made.		
35.	Consequences of injury in tarsus joint area persisting for more than 9 months from the date of the insured event and confirmed by the entry in the medical card (payable in addition to the amount payable in accordance with Clause 34):	
35.1	impairment in articular function (limited motion (rigidity), contracture);	3
35.2	joint stiffening (ankylosis) confirmed by an X-ray.	10
Note: In case of stiffening of both a tarsus joint and knee joint, paragraph 35.2 shall not be applied and the payment equal to 15% of the sum insured shall be made in accordance with paragraph 31.2.		
	Foot	
36.	Unilateral foot injuries:	
36.1	fracture or dislocation of one bones (except for calcaneum or talus);	3
36.2.	fracture or dislocation of two or more bones (except for calcaneum or talus);	5
36.3	calcaneal fracture, talar fracture, fracture or dislocation of three or more bones;	8
36.4	talar dislocation, subtalar dislocation, dislocations of the transverse tarsal joint (articulatio tarsi transversa, Chopart's joint) or tarsometatarsal articulation (articulatio tarsometatarseae, Lisfranc joint).	10
Note: If a surgery was performed due to the loss of tendon integrity, bone fracture or dislocation, the additional one-off payment equal to 3% of the sum insured shall be made.		
37.	Consequences of the foot injury persisting for more than 9 months from the date of the insured event and confirmed by the entry in the medical card (payable in addition to the amount payable in accordance with Clause 36):	
37.1	foot deformation, nonunion or false jodint of one or two metatarsal bones;	5
37.2	nonunion or false jodint of three, four or five metatarsal bones, as well as calceneal or talar nonunion (pseudoarthrosis), aseptic necrosis of the talus.	10
38.	Unilateral injury of toes:	
38.1	fractures, dislocations of phalanxes of the first toe (hallux, big toe);	2
38.2	fractures, dislocations of phalanxes of II-V toes.	1 for each digit, but no more than 3
Notes: Fracture of several phalanxes of one toe shall be considered as a single fracture. If a surgery was performed due to fractures of foot bones, the additional one-off payment equal to 3% of the sum insured shall be made. In case of fracture of phalanxes of several toes, the amount payable shall not exceed 3%.		

III. LOSS OF LIMBS OR THEIR FUNCTIONS

III.1. Total loss of the function of any limb shall be considered as a loss of such limb (amputation).

III.2. In case of partial loss of limb function the insurance benefit shall be respectively reduced, however if the loss of the function is less than 50%, then the insurance benefit shall not be paid.

III.3. When the insurance benefit is paid for the loss of any limb or its function, the amounts paid for limb injury shall be deducted from this insurance benefit.

39.	Loss of arm above elbow joint.	75
40.	Loss of arm above wrist joint.	65

41.	Loss of hand.	50
42.	Loss of the first finger (thumb).	20
43.	Loss of distal phalanx of the first finger (thumb).	10
44.	Loss of all three phalanxes of the second finger (forefinger).	15
45.	Loss of two phalanxes of the second finger (forefinger).	8
46.	Loss of distal phalanx of the second finger (forefinger).	4
47.	Loss of other finger (III, IV, V).	5
48.	Loss of two phalanxes of other finger (III, IV, V).	4
49.	Loss of distal phalanx of other finger (III, IV, V).	3
50.	Loss of leg above knee joint.	70
51.	Loss of leg above tarsal joint.	60
52.	Loss of foot.	45
53.	Loss of the first toe (thumb).	5
54.	Loss of distal phalanx of the first toe (thumb).	4
55.	Loss of other toe (III, IV, V).	3

IV. VISUAL ORGANS:

IV.1. Injury of an only useful eye shall be considered as the injury of both eyes.

IV.2. The insurance benefit shall be paid due to reduction in visual acuity, if the visual acuity is 0.5 or lower as a result of the injury.

IV. 3. The insurance benefit shall be paid taking into consideration the visual acuity before an injury, i.e. the specified rate of evaluation is multiplied by the value of the visual acuity before an injury. When the medical card contains no information on the visual acuity of the insured before an injury, it shall be considered that the visual acuity was normal (1.0) but not higher than the visual acuity of an uninjured eye.

IV.4. Reduction in visual acuity shall be evaluated at least 3 (three) months but not more than 1 year after the injury.

IV.5. When an artificial lens is implanted or corrective lens should be used as a result of injury (trauma), the insurance benefit shall be determined on the vision acuity before implantation or lens application.

56.	Traumatic erosion of cornea, 1st degree burns, eye foreign body	1
57.	Perforating wound of one eye, 2nd or 3rd degree burn	5
58.	Reduction in visual acuity:	
58.1	when VA is 0.5 – 0.4 in:	
	one eye;	8
	both eyes;	20
58.2	when VA is 0.3 – 0.2 in:	
	one eye;	15
	both eyes;	40
58.3	when VA is 0.1 or lower in:	
	one eye;	35
	both eyes;	80
58.4	Total (non-correctable, incurable) blindness when VA is 0.01 or lower in:	
	one eye;	40
	both eyes.	100
Notes: The consequences of the Insured Event provided for in Clause 57 shall be only valued in the event of direct injure of an eye. When the insurance benefit is paid for reduction in visual acuity in accordance with Clause 58, the amount paid for perforating wound or burn of one eye in accordance with Clause 57 shall be deducted from this insurance benefit. The insurance benefit shall be paid due to retinal detachment shall be paid only if this retinal detachment was caused by an eye injury. If retinal detachment was caused by the disease (for example, hypertonic disease, severe myopia), then the insurance benefit shall not be paid.		
59.	Total ptosis of one eye (total drooping of the eyelid); significant dysfunction of lachrymal ducts caused by their injury, paralysis of accommodation (adjustment eyes for seeing objects at various distances), significant reduction in visual field (to be assessed at least 3 months from the date of the insured event).	10

V. HEARING APPARATUS:

60.	Traumatic rupture of ear drum, if the diagnosis is confirmed by the symptoms of recent injury.	3
Note: If an ear drum rupture occurred as a result of a basal skull fracture, the insurance benefit shall not be paid.		
61.	Unilateral hearing impairment confirmed during a health check-up (based on the data of instrumental and audiometric test):	
61.1	2nd degree hearing loss;	5
61.2	3rd degree hearing loss;	10
61.3	4th degree hearing loss;	15
61.4	total hearing loss.	20
Notes: The consequences of the insured event specified in Clauses 60 and 61 shall be assessed at least 3 (three) months but not more than 12 (twelve) months from the date of the insured event. If the reduction in visual acuity was present before the injury, then this reduction shall be assessed in accordance with Clause 61 and deducted from the percentage evaluation of the hearing condition after the injury. In case of the persons falling into the categories of workers who are exposed to the higher noise levels than usual at work, the occupational decrease of hearing shall not be considered as the consequence of the insured event. When the insurance benefit is paid due to a hearing loss in accordance with Clause 61, the benefit paid due to ear drum rupture in accordance with Clause 60 shall be deducted.		

VI. CENTRAL NERVOUS SYSTEM

62.	Intracranial traumatic haemorrhages (hematomas):	
62.1	subarachnoid (between the arachnoid membrane and the pia mater) hemorrhages;	5
62.2	epidural (above the dura mater) hematoma;	10
62.3	subdural (beneath the dura mater) or/and intracerebal (within the brain tissue) hemorrhage.	15
Notes: If the cranial cavity had to be opened (trepanation, craniotomy) as a result of the injury, then the additional one-off payment equal to 10% of the sum insured shall be made, except for the cases when the additional insurance benefit is paid in accordance with Clause 1. Note: If the insurance benefit is paid in accordance with Clause 62, then the insurance benefit payable specified in Clause 63 shall not be paid.		
63.	Cerebral injuries:	
63.1	cerebral concussion, commotion treated on an in-patient basis for at least 1-2 day(s);	2
63.2	cerebral commotion, concussion or commotion syndrome including at least 3 days of in-patient treatment;	3
63.3	cerebral contusion, compression, contusion syndromewhen the diagnosis has been confirmed in the in-patient treatment establishment (changes typical of these injuries have been found by computed tomography (CT) or magnetic resonance imaging (MRI) tests) and treatment which is adequate in terms of duration and method has been prescribed;	10
63.4	distortion of brain structure; brain protrusion through an opening in the skul caused by injury.	50
Note: If the insurance benefit is paid in accordance with Clause 63 paragraph 63.3, then the benefit in accordance with Clause 62 shall not be paid.		
64.	Injuries of spinal cord:	
64.1	commotion (commotio medullae spinalis) including at least 5 days of in-patient treatment;	5
64.2	contusion (contusio medullae spinalis) when the diagnosis has been confirmed in the in-patient treatment establishment and treatment which is adequate in terms of duration and method has been prescribed;	10
64.3	compression (compressio medullae spinalis), hematomyelia (if changes typical of these injuries have been found by computed tomography (CT) or magnetic resonance imaging (MRI) tests carried out during in-patient treatment).	20
Notes: In case of injury of spinal cord when the medical card contains no information on the nature (form, severance) of the injury, then paragraph 64.1 shall be applied. If a surgery was performed due to injury of spinal cord, then the additional one-off payment equal to 10% of the sum insured shall be made, except for the cases when the additional one-off payment is paid in accordance with Clause 5.		
65.	Consequences of the damages to the central nervous system (traumas, acute accidental poisoning,	

	mechanical asphyxia) persisting for more than 9 months from the date of the insured event.	
65.1	traumatic epilepsy (more than three attacks per year), justified symptoms and course of disease and electroencephalogram, traumatic hydrocephaly, medium mental damage, paresis of a single limb (monoparesis), post-traumatic parkinsonism in persons under 40 only; a foreign body in brain;	15
65.2	loss of two or more limbs (hemiparesis, paraparesis);	30
65.3	paralysis of one limb (monoplegia);	40
65.4	paralysis of one side of the body (hemiplegia); paralysis of the lower limbs (paraplegia);	60
65.5	dementia; paraplegia with expressive function impairment in pelvic organs;	70
65.6	paralysis of the upper and lower limbs (tetraplegia), decortication (brain death).	100
Notes: The insurance benefit shall be paid in addition to the benefits paid due to cerebral injury in accordance with Clause 63 and Clause 64. If the insurance benefit is paid due to injury of the central nervous system in accordance with Clause 65, the insurance benefit payable due to the loss of limb function in accordance with clauses of Chapter 3 shall not be paid.		

VII. CEPHALIC AND PERIPHERAL NERVES

66.	Peripheral injury (trauma) of cephalic nerves, for which neuropathy's symptoms persist for at least 9 months from the date of the insured event.	5
Notes: The insurance benefit due to injuries of cephalic nerves in accordance with Clause 66 shall be paid only once, despite the number of injured nerves and type of injury (unilateral or bilateral). If the insurance benefit is paid due to basilar fracture in accordance with Clauses 1.3, the insurance benefit in accordance with this Clause shall not be paid. Also, this Clause shall not be applied, if the insurance benefit is paid due to visual and hearing organ dysfunction.		
67.	Nerve inflammations (traumatic neuritis) caused by peripheral nerve injury in one limb: inflammations of elbow, median, radial, axillary, sciatic, femoral, legging, subscapular, subclavicular nerves	3
Notes: When the lesions specified in Clause 67 occur in several limbs, the lesions of each limb shall be assessed separately. In case of inflammation of several nerves in one limb, the one-off insurance benefit shall be paid. The insurance benefit in accordance with Clause 67 is paid due to neuritis caused by an open nerve injury. If the neuritis resulted from a close nerve injury, then the insurance benefit shall be paid, if the neuritis symptoms persist for more than 6 months from the date of the insured event. If the insurance benefit is paid in accordance with Clause 68, then Clause 67 shall not be applied. The insurance benefit due to an inflammation of digital nerves and spinal herniations as well as neuritis caused by them shall not be paid in accordance with this Clause.		
68.	Loss of integrity of neck, shoulder, lumbar and sacral plexuses and their nerves resulting in a reconstructive surgery in:	
68.1	area of forearm, wrist, shin, tarsus;	5
68.2	area of upper arm, elbow, femur, knee;	10
68.3	plexus area.	15
Notes: In case of several injured nerves in one limb, the one-off insurance benefit shall be paid. See Chapter 8 for an injury of hand and foot nerves.		

VIII. SOFT TISSUES

69.	Lesion of soft tissues of the face, neck anterior and lateral surface, under-jaw area (caused by a mechanical, chemical, thermal or other acute forced impact) resulting in:	
69.1	Suture/linking of tissues (irrespective of the number of damages/injuries or sutures made at the same time);	1
69.2	1 to 3 cm linear scar which remained after healing	2
69.3	3 cm or longer linear scar which remained after healing;	3
69.4	5 cm or longer linear scar or 2 cm^2 or larger scar remained after healing; 5 cm^2 or larger pigmental spot;	4
69.5	longer than 8 cm linear scar or 5 cm^2 or larger scar remained after healing; 10 cm^2 or larger pigmental spot;	6
69.6	10 cm^2 or larger scar remained after healing;	10
69.7	disfigurement of half face which has changed its natural appearance: massive contrastive	15

	unusual-colour spots and disfiguring scars remained after healing;	
69.8	disfigurement of the whole face which has changed its natural appearance: deformation of facial surface, massive contrastive unusual-colour spots and disfiguring scars remained;	30
70.	Injuries in the hairy part of the head (caused by a mechanical, chemical, thermal or other acute forced impact) resulting in scars and focal baldness remained after healing:	
70.1	Suture/linking of tissues (irrespective of the number of damages/injuries or sutures made at the same time);;	1
70.2	2 to 5 cm linear scars in children younger than 16 years old;	2
70.3	5 cm or longer linear scar, 2 cm^2 or larger scars;	2
70.4	larger than 5 cm^2 scars, longer than 10 cm linear scars;	3
70.5	scars of more than 0.5% of the body surface;	6
70.6	scars of more than 1% of the body surface; partial scalping	10
70.7	scalping.	15
Note: The insurance benefit due to scars shall be determined at least 3 (three) months from the date of injury. If the Insurance Benefit is paid in accordance with sub-clauses 70.2 to 70.8 of Clause 70, the Insurance Benefit that has been paid in accordance with sub-clause 70.1 shall be deducted.		
71.	Soft-tissue injuries in the thorax, trunk, limbs (caused by a mechanical, chemical, thermal or other acute forced impact) resulting in scars remained after healing:	
71.1	Suture of tissues (linked tissues);	0.5
71.2	2 cm^2 or larger scar in children younger than 16 years old;	0.5
71.3	5 cm^2 or larger scar in children younger than 16 years old;	1
71.4	scar of 0.5 to 1 % of the body surface;	3
71.5	scars of more than 1% of the body surface;	5
71.6	scars of more than 5% of the body surface;	10
71.7	scars of more than 10% of the body surface.	15
Notes: The insurance benefit due to scars shall be determined at least 3 (three) months from the date of injury. If the Insurance Benefit is paid in accordance with respective sub-clauses, the Insurance Benefit that has been paid for suture shall be deducted. To determine the amount of the Insurance Benefit for scars, the total area of all scars caused by the same injury shall be calculated. Principles for calculation of of the body surface area: - 1% of the body surface is equal to the area of the metacarpus surface (palm and fingers) of the policyholder. - This area shall be calculated in square centimetres: palm length, measured from carpo-metacarpal joint to apex of III finger final (distal) phalanx, is multiplied by palm width, measured in the line of II - V metacarpal bone heads (irrespective of I finger). The insurance benefit shall not be paid due to open fractures, scars resulting from surgeries and amputation.		
72.	Loss of more than ½ of an auricle or total loss of an auricle.	10
73.	Traumatic loss of integrity of a muscle, tendon or ligament:	
73.1	traumatic stretch, loss of integrity of a muscle, tendon or ligament resulting in immobilization treatment without application of a plaster cast, frame for the period of at least 10 (ten) days;	1
73.2	traumatic loss of integrity of a muscle, tendon or ligament resulting in application of a plaster cast (splint) immobilization for the period of at least 14 (fourteen) days (except for foot and hand muscles, tendons, Achilles tendon);	2
73.3	traumatic loss of integrity of a muscle, tendon or ligament resulting in application of a plaster cast (splint) immobilization for the period of at least 21 (twenty one) day (except for foot and hand muscles, tendons, Achilles tendon);	3
73.4	traumatic loss of integrity of a muscle, tendon or ligament, shoulder joint capsule, glenoidal lip, muscles/tendon rupture resulting in performance of a reconstructive surgery (except for foot and hand muscles, tendons, Achilles tendon, lateral and crucial ligaments of a knee joint);	5
73.5	traumatic loss of integrity of an Achilles tendon resulting in application of a plaster cast (splint) immobilization for the period of at least 14 (fourteen) days;	3
73.6	traumatic loss of integrity of an Achilles tendon resulting in performance of a reconstructive surgery;	7
73.7	traumatic loss of integrity of a foot and hand muscle, tendon, ligament, nerve resulting in application of a plaster cast (splint) immobilization for the period of at least 14 (fourteen)	2

	days; (however, if the insurance benefit is paid due to a surgery on a wrist area, then the insurance benefit in accordance with this Clause shall not be paid);	
73.8	traumatic loss of integrity of a foot and hand muscle, tendon, ligament, nerve resulting in resulting in performance of a reconstructive surgery (however, if the insurance benefit is paid due to a surgery on a wrist area, then the insurance benefit in accordance with this Clause shall not be paid);;	3
73.9	loss of nail plate with soft tissue defect, when there is lack of tissues (permanent loss of tissues)	1
73.10	injury of shoulder joint capsule, rupture of glenoidal lip, rupture of shoulder muscle/tendon confirmed by MRT	3
Notes: In case of the injury of several muscles, ligaments, nerves or tendons in one limb cause by one insured event, the one-off insurance benefit shall be paid. If the insurance benefit is paid in accordance with paragraph 73.8, the insurance benefit in accordance with the note under Clause 20, the note under Clause 22 and the note under Clause 38 shall not be paid separately. The insurance benefit due to the recurring loss of integrity of the same muscle, tendon or ligaments of the same joint in accordance with Clause 73 shall be paid not earlier than after expiration of 1 (one) year after the date of injury. In the event of rupture of meniscus and sacral and/or collateral ligament caused by the same trauma, the Insurance benefit shall be paid in accordance with Clause 30, which means that no payment shall be additionally effected according to Clause 73. If the Insurance benefit is paid for reconstructive surgery according to sub-clauses 73.4, 73.6 and 73.8, additional Insurance benefit for damage/suture of soft tissues shall not be paid.		
74.	Burnss	5
74.1.	At least 2nd degree burns on 0.5% of the body surface area	1
Note: If the insurance benefit is paid in accordance with Clause 74 and thereafter it is established that a larger amount of the Insurance benefit is to be paid according to other clause (-s), then the amount paid under clause 74 shall be deducted from this larger payable Insurance benefit. ,		

IX. THORAX

75.	Perforating thoracic injury resulting in:	
75.1	surgical intervention thoracentesis (perforation of thoracic wall), drainage, thoracoscopy (examination of pleural cavity);	3
75.2	drainage, thoracostomy	5
75.3	thoracotomy (opening of the chest cavity).	10
Notes: The insurance benefit due to the same injury shall be paid only in accordance with one paragraph of Clause 75. If several manipulations specified in paragraph 75.1 were performed, the insurance benefit shall be paid once. If a lung or any part thereof has been removed as a result of the injury of thorax or any organs thereof, the insurance benefit shall be paid in accordance with Clause 77 and shall not be paid in accordance with Clause 75. If the recurrent thoracotomies (rethoracotomies) are performed due to the same injury, the additional one-off payment equal to 10% of the sum insured shall be made (irrespective of the number of rethoracotomies).		

X. RESPIRATORY SYSTEM

76.	Injury of respiratory system organs resulting in tracheostomy (opening created through the neck into the trachea). Injury of larynxes (or only vocal chords), thyroid cartilage (cartilago thyroidea), trachea, bronchi, fracture of lingual bone; burn of upper airways; bronchoscopy resulted from; mediastinum injury	5
76.1	Injury of larynxes (or only vocal chords, thyroid cartilage (cartilago thyroidea)), trachea, bronchi, fracture of lingual bone; burn of upper airways; mediastinum injury	5
76.2	Removal of a foreign body by means of bronchoscopy	1
77.	Pulmonary injury resulting in removal of:	
77.1	1-2 lung segments;	20
77.2	lung lobe or part (up to ½) of lung;	30
77.3	more than ½ of the lung or the whole lung.	40
Note: If the insurance benefit is paid in accordance with Clause 77, then the insurance benefit specified in Clause 75 shall not be paid.		
78.	Consequences caused by the injury of respiratory system organs persisting for more than 9 months from the date of the insured event.	
78.1	significant hoarseness of voice;	10
78.2	total loss of voice;	30

78.3	moderate pulmonary insufficiency (II degree);	35
78.4	severe pulmonary insufficiency (III degree).	60

Notes:
The insurance benefit due to one injury shall be paid in accordance with only one paragraph of Clause 78.
When the insurance benefit is paid in accordance with Clause 78 paragraph 3 or 4, the benefit paid in accordance with Clause 75 or 77 shall be deducted (except for the insurance benefit paid due to rethoracotomy).

XI. CARDIOVASCULAR SYSTEM

79.	Injuries of heart, pericardia or primary arteries without causing cardio-vascular insufficiency.	15

Notes:
Primary arteries include: aorta, pulmonary artery, innominate artery, carotid arteries (roots), internal jugular vein, superior and inferior vena cava, portal vein as well as primary arterial roots ensuring blood circulation in the viscera.
When the insurance benefit is paid in accordance with Clause 79, then Clause 75 shall not be applied, except for the benefit due to a rethoracotomy.
If a blood circulation restoration surgery was performed as a result of the injury of primary arteries, the additional one-off payment equal to 5% of the sum insured shall be made.

80.	Injuries of great peripheral vessels without causing vascular insufficiency:	
80.1	injuries of blood vessels at the level of forearm, shin, wrist, upper arm, ankle or thigh.	5

Notes:
Great peripheral vessels include: subclavian, axillary, brachial, ulnar, radial, femoral, thigh and popliteal veins.
In case of the injury of several blood vessels in one limb, the insurance benefit shall be paid only in accordance with one paragraph.

XII. ABDOMINAL ORGANS

81.	Traumatic injuries of abdominal organs resulting in:	
81.1	laparocentesis (puncture of abdominal cavity);	3
81.2	laparotomy (opened abdominal cavity), laparoscopy (examination of abdominal cavity with an endoscope) when injuries of abdominal organs are suspected;	5
81.3	laparotomy in case of injury of abdominal organs.	10

Notes:
The insurance benefit due to a single injury shall be paid in accordance with only one paragraph of Clause 81.
If the insurance benefit is paid in accordance with Clause 88, then Clause 81 shall not be applied.
If the recurrent laparotomies (relaparotomies) are performed due to the same injury, the additional one-off payment equal to 10% of the sum insured shall be made (irrespective of the number of relaparotomies).

XIII. DIGESTIVE ORGANS

82.	Jaw injuries which cause:	
82.1	partial loss of a jaw and resulting disorder of chewing;	15
82.2	total loss of a jaw.	50

Notes:
When the insurance benefit is paid due to the loss of a jaw, the amounts paid due to maxilla fracture and loss of teeth (in the place of bone
fracture) shall be deducted.
Loss of maxillar alveolar process shall not be considered as a maxilla loss.

83.	Tongue injuries resulting in the loss of:	
83.1	tongue up to distal third, but not smaller than ¼ of tongue;	10
83.2	tongue in the area of middle third;	25
83.3	tongue in the area of root or the whole tongue.	50
84.	Traumatic loss of tooth crown or the portion thereof together with the injury of soft tissues resulting from exposure to external force (teeth must be non-parodontal, non-carious, non-repaired (e.g. non-filled) prior to the injury):	
84.1	1 tooth;	2
84.2	2 teeth;	3
84.3	3-4 teeth;	5
84.4	5-6 teeth;	8
84.5	7-9 teeth;	10
84.6	10 and more teeth;	12
84.7	Fracture of less ½ of the tooth crown, dental root, tooth immersion (dislocation), tooth inclination (driving in the tooth socket).	1 for each tooth injured.

		However, not more than 3
Notes: The Insurance Benefit shall not be for: - loss of a tooth is resulting from chewing. - for loss of milk teeth as a result of injury in children above 5. - if detachable dentures are broken or damaged as a result of injury. If permanent dentures or bridges have been broken or damaged as a result of injury, the insurance benefit shall be paid only considering the loss of abutments as a result of injury. If the lost tooth is replaced by an implant, the insurance benefit shall be paid. If later the implanted tooth is removed, the additional insurance benefit shall not be paid. In case of accident loss of teeth as a result of medical manipulations, the insurance benefit shall be paid, if these manipulations resulted from the consequences of the insured event.		
85.	Injury (wound, rupture, burn) of pharynx, salivary glands, esophagus, stomach, intestine (or any part thereof) including esophagogastroscopy performed to remove a foreign object in the esophagus or stomach.	3
86.	Esophageal injuries causing narrowing of esophagus which resulted in the following consequences persisting for more than 9 months from the date of the insured event:	
86.1	difficulty in swallowing of hard food;	5
86.2	difficulty in swallowing of liquid or/and soft food;	20
86.3	condition after esophageal anastomosis (restoration of esophagus or any part thereof);	40
86.4	esophageal obstruction for which gastrostoma formed (opening stomach to the outside through the abdominal wall)	70
87.	Traumatic hepatic (capsule), billiary injuries (contusion, rupture), accidental acute poisoning with hepatotoxic substances, traumatic hepatitis or hepatosis, if no surgery has been performed due to their consequences:	5
88.	Traumatic injury of digestive system and other organs resulting in a surgery performed for:	
88.1	removal of gall-bladder, liver closing;	15
88.2	removal of a part of liver;	20
88.3	removal of spleen;	20
88.4	removal of a part of stomach or a part of intestine, or a part of pancreas;	25
88.5	two of the consequences referred to in paragraph 88.4;	35
88.6	three of the consequences referred to in paragraph 88.4;	40
88.7	total removal of stomach;	50
88.8	total removal of stomach and a part of intestine or/and a part of pancreas.	70
Notes: If the insurance benefit is paid in accordance with Clause 88, the benefit referred to in Clause 81 shall not be paid (except for the amount for relaparotomy). If lesion of the injured organ has been found during a surgery performed due to injury of abdominal organs, then a part or the whole pathologically altered organ is removed and the decision on the amount of the insurance benefit shall be made by the medical expert of the insurer.		
89.	Post-operative hernia of anterior abdominal wall (if surgery was required because of injury).	10
Note: Hernias (umbilical, linea alba, inguinal, scrotal inguinal) caused by physical tension (including lifting of heavy weight) shall be considered as the consequences of non-insured events and the insurance benefit due to such hernias shall not be paid.		
90.	Consequences of injuries of digestive organs persisting for more than 9 months from the date of the insured event:	
90.1	gastric, intestinal and rectal stenosis as a result of scars;	5
90.2	adhesive disease;	15
90.3	entrevaginal fistula, artificial fistula;	35
90.4	external small intestine fistula (enterostoma)	40
Note: The insurance benefit referred to in Clause 90 shall be paid in addition to the amounts paid in accordance with Clauses 81 and 87.		

XIV. UROGENITAL SYSTEM

91.	Traumatic injuries of kidney:	
91.1	contusion, loss of integrity with no need of a surgery, retroperitoneal paranephric hematoma;	3

91.2	kidney closing, drainage of hematomas, lumbotomy;	10
91.3	removal of a part of kidney;	20
91.4	removal of the whole kidney.	30
Note: If the insurance benefit is paid in accordance with paragraph 91.3 or 91.4, the benefit referred to in Clause 81 shall not be paid (except for the amount for relaparotomy).		
92.	Traumatic or toxic lesion of kidney (burn-related disease, compartment sindrome) resulting in hemodialysis.	10
93.	Injuries to the urinary organs requiring:	
93.1	cystotomy (surgical incision or puncture), surgery of urethra;	5
93.2	surgery of urethra (-s), urinary bladder.	10
Note: In case of a single injury, both paragraphs 1 and 2 of Clause 93 may not be applied.		
94.	Traumatic injury of the genital system causing:	
94.1	unilateral removal of ovary and/or Fallopian tube, unilateral removal of testicle, partial penectomy;	10
94.2	bilateral removal of ovaries and/or both Fallopian tubes, bilateral removal of testicles, partial penectomy;	20
94.3	removal of uterus which was lesion-free prior to the insured event as a result of injury in women aged under 40;	25
94.4	removal of uterus which was lesion-free prior to the insured event as a result of injury in women aged 41 to 50 or more;	20
94.5	removal of uterus which was lesion-free prior to the insured event as a result of injury in women aged 50 or more;	15
94.6	removal of uterus which has already been affected by pathological process prior to the insured event;	10
94.7	total penectomy.	40
94,8	Injury of external genital organs resulting in primary surgical treatment	1
Note: Note: If the insurance benefit is paid in accordance with paragraph 1-6 of Clause 94, the benefit referred to in Clause 81 shall not be paid (except for the amount determined for relaparotomy).		

XV. OTHER CONSEQUENCES OF THE INSURED EVENTS

95.	Other states	
95.1	Traumatic, hemorrhagic, anaphylactic shock, fat embolism syndrome	5
95.2	Burn disease (burn shock, burn intoxication, anuria, tozemia, acute burn septicotoxemia) if diagnosed in in-patient treatment establishment and all abovementioned syndromes occur	5
Note: If the insurance benefit is paid in accordance with Clause 74, the benefit referred to in Clause 95 shall not be paid.		
96.	Risks covered resulting in insure person's in-patient treatment for more than 3 days (unless insurance benefit is payable under other paragraphs of the table): traumatic asphyxia, acute (chemical) intoxication, electrical injuries (power discharge from electricity systems, equipment or lightning), snakebite, animal bites, tetanus, stings, tetanus, etc. requiring in-patient treatment for:	
96.1	3-6 days;	3
96.2	7-10 days;	5
96.3	11-17 days;	8
96.4	more than 17 days.	10
Notes: If the insurance benefits due to the consequences resulting from the events listed in Clause 96 are also payable in accordance with other clauses, then the insurance benefit shall be paid only in accordance with Clause 96 or in accordance with other clauses, whichever is higher. If the insurance benefit had been paid in accordance with Clause 96, and later it was determined that higher insurance benefit shall be paid in accordance with other clause(s), then this higher benefit to be paid shall be reduced by the amount paid in accordance with Clause 96. The first day (hospitalization) and the last day (discharge) of the inpatient treatment shall be calculated as one day.		
97.	Non-resolved hematoma (resulted in a surgery: punctures, drainage of hematoma).	1
Note: In case of punctures of the same hematoma, the one-off insurance benefit shall be paid for drainage.		
98.	Animal bites, if immunoprophylaxis has been applied	2
99.	If transplantation (of skin, bone) has been done as a result of the insured event (irrespective of the number of transplantations)	5

Annex No. 2 to

SPECIAL TERMS AND CONDITIONS: ADDITIONAL INSURANCE AGAINST INJURY RESULTING FROM AN ACCIDENT NO. 005

PRICE LIST

Effective from 1 October 2018

1. Fees for additional services

Service	Charge
Amendments of the Contract (reduction of the Sum Insured, amendment of the Insurance Period and etc.)* *__Note__: this charge shall be calculated for each amendment to a provision of the Contract separately.	**EUR 5.00**
Termination of the Contract, if only the Additional Insurance is terminated, and the principal life insurance remains in effect.	**EUR 7.00**

2. Other conditions

2.1. Minimum sum of the Additional Insurance: EUR 2,000.00.