

# Additional Accident and Trauma Insurance Rules No. P01

[Effective since 14 March 2011]

## Definitions used in the Additional Accident and Trauma Insurance Rules No. P01

1. Main insurance means the insurance under the standard terms established in the Life Insurance Rules ('life insurance' definition covers such types of insurance as the risk insurance, endowment and unit-linked life insurance.
2. Additional insurance means the supplementary insurance to the main insurance agreement between the policyholder and the insurer under the standard insurance terms, established in the Additional Accident and Trauma Insurance Rules No. P01. The policyholder shall familiarise with the additional insurance rules prior to signature of the application to use the additional insurance terms (the additional coverage) and the present rules shall be deemed to be an integral part of the insurance agreement. The additional insurance shall be valid only jointly with the main insurance.
3. Accident and / or trauma means any unexpected event occurring against the insured person's will, making an external physical effect on the insured person's body (including but not limited to any chemicals, thermal impact, hazardous gas or any other physical impact) that makes damage to health of the insured person and causes his/her bodily injury.
4. Accident insurance means the insurance cover against the insured person's bodily injury, meeting the criteria listed in the insurance benefit calculation Table V under the accident insurance.
5. Trauma insurance means the insurance cover against the insured person's bodily injury, meeting the criteria listed in the insurance benefit calculation in Table M.
6. Other definitions used in the present rules, which are not specially defined in this part, shall have the same meaning as in the main insurance regulations.

## Validity of the additional insurance

7. Terms of the additional insurance shall come into effect after issuance of the insurance policy or an annex hereto, proving the additional insurance coverage for the insured person.
8. The additional insurance shall be valid only jointly with the main insurance.
9. If the insurance benefit is paid in case of the total and permanent disability according to Clause 2.1 of the insurance benefit calculation Table V under the accident insurance, accident insurance and trauma insurance lapses and the sum insured shall not be renewed.

## Terms of the additional insurance established in the main insurance rules

10. The main insurance rules shall establish the procedure to be followed when taking the actions related to the additional insurance if necessary to:
  - 10.1. make amendments to the insurance agreement, if amendments are made to the additional insurance terms;
  - 10.2. suspend the additional insurance cover in cases specified in the main insurance rules;
  - 10.3. assign the insurer's /policyholder's rights and obligations under the insurance agreement to another insurer / policyholder;
  - 10.4. send notifications or any other information;
  - 10.5. resolve any dispute;
11. Rights and obligations of the parties to the insurance agreement are established in the main insurance regulations.

12. The provisions of the main insurance rules shall be valid for the additional insurance, except for the provisions that provide otherwise in the additional insurance rules.

## Object of insurance

13. The object of insurance under the accident and trauma insurance – is the property interest related to the insured person's health.
14. If the additional insurance under the insurance agreement comes into effect, the object of insurance specified in the insurance agreement shall be supplemented with the object of insurance established in the present rules.

## Sum insured

15. Sum insured under the additional insurance shall be identified by mutual consent between the policyholder and the insurer and shall be specified in the insurance policy or an annex hereto.
16. The policyholder may select a different sum insured under the accident and trauma insurance.
17. The policyholder may not select a higher sum insured under the trauma insurance, compared to the sum insured selected under the accident insurance.

## Insurance premium

18. The insurance premiums under the additional insurance shall be paid together with the insurance premiums under the basic insurance.
19. The insurance premium to cover the additional insurance risk shall be paid following the procedure established in the basic insurance regulations. The risk premium under the additional insurance shall be included in the basic insurance premium or deducted from the main investment provisions, taking into consideration the procedure established in the basic insurance regulations.
20. The policyholder shall be familiarised with the insurance premium and / or the pricelist that indicates the additional insurance fees prior to signature of the application to use the additional insurance.
21. The insurer shall have a right to unilaterally change the insurance fees in cases and following the procedure established in the basic insurance regulations. If the policyholder disagrees with the changes in the insurance fees, the policyholder shall have a right to make free of charge changes in the insurance agreement, and to refuse of the additional insurance.

## Insured events

22. The policyholder may select a number of the additional insured events by selecting:
  - 22.1. accident insurance;
  - or
  - 22.2. accident insurance and trauma insurance.
23. An insured event, except for the cases listed in Item 26, is the insured person's bodily injury in an accident and / or trauma within the insurance cover validity period, if the insured person's bodily injury description meets the criteria listed in:
  - 23.1. insurance benefit calculation Table V under the accident insurance;
  - 23.2. insurance benefit calculation Table M, if the customer has selected the trauma insurance;
24. Bodily injuries caused by physicians that occurred during surgery or any other medical treatment, any related complications are

deemed to be an insured event only in such case if the injury that required medical treatment was deemed to be the insured event (an accident and / or trauma that occurred within the insurance cover validity period).

25. The insurer shall have a right to unilaterally make amendments to the insurance regulations and the insurance benefit calculation Tables in cases and following the procedure established in the basic insurance regulations. If the policyholder disagrees with amendments to the insurance regulations, the policyholder shall have a right to make changes in the insurance agreement free of charge, and to refuse of the additional insurance.

### Non-insured events

26. A non-inured event means the insured person's bodily injury caused by accident and / or trauma related to:
  - 26.1. insured person's intentional injury or suicide attempts;
  - 26.2. abuse of drugs, strong medicine and toxic substances (except for the use of medication under a prescription issued by licenced healthcare institutions);
  - 26.3. war, military actions (whether war is declared or not), civil war, military take-over, rebellion, military invasion, military actions or occupation, use of military weapons, proclamation of war or state of emergency, mass riots, civil unrest, nuclear power, radioactive contamination;
  - 26.4. criminal activity of the insured person, if the court has ruled that the criminal offence was committed intentionally;
  - 26.5. air transportation accidents, with the exception of passenger flights of the licenced airlines;
  - 26.6. extreme sports and activities, leisure events (motorcycle and other motor vehicle racing, aviation and other aviation sports (flying any type of flying machines, hang-gliding, kite flying, gliding parachutes), diving, mountaineering, other extreme sports and activities (rafting, rock gliding, etc.), if specially not agreed otherwise with the insurer.
  - 26.7. insured person's bodily injury in an accident when the insurance cover was suspended;
  - 26.8. insured person's bodily injury if the insured person is under 1 year of age.
27. The insurance benefit shall not be paid in case of any inflammatory, degenerative, tumoral processes, inborn defects or physical development problems, if organs are affected by dysplastic changes, trauma of functional units or related consequences.
28. The insured person's injury in an accident and / or trauma shall be deemed to be a non-insured event if the healthcare institution regarding the treatment purposes or the insurer – regarding the insurance benefit were contacted with some delay, therefore the insurer is unable to check the event date, circumstances and the medical record documentation does not confirm the fact of existence of the insured event within the validity term of the subject of insurance.
29. The below insurance benefit calculation Tables establish the special cases when the insurance benefit is not paid.

### Insurance benefit

30. Upon occurrence of an insured event, the insurance benefit shall be calculated taking into consideration the following:
  - 30.1. portion of the sum insured, established in insurance benefit calculation Table V under the accident insurance to be calculated in per cent from the sum insured under the additional accident insurance;
  - 30.2. portion of the sum insured, established in insurance benefit calculation Table M under the trauma insurance to be calculated in per cent (the sum insured may be fixed) from the sum insured under the additional trauma insurance.
31. If the insured person dies from the bodily injury within 30 (thirty) calendar days, the additional insurance benefits paid in relation to such injury shall be deducted from the insurance benefit under the life insurance.
32. If the investigation related to the insured person bodily injury is performed by the legal enforcement institution or if the litigation

is started, the insurer shall have a right to postpone a decision on the insurance benefit until the litigation is finalised.

33. The insurance benefit payment period shall be established in the basic insurance regulations.

### Procedure for the insurance benefit payment

34. The insurer shall be notified of the insured person bodily injury in an accident and / or trauma in written form no later than within 30 (thirty) calendar days from the accident date.
35. In case of requesting the insurer to disburse the insurance benefit, it shall be necessary to submit:
  - 35.1. filled out notification of the accident and / or trauma in the form established by the insurer;
  - 35.2. application in the form established by the insurer to transfer the insurance benefit to the specified bank account of the beneficiary;
  - 35.3. documents issued by the healthcare institution including the circumstances of the injury, its severity and consequences, x-rays, copies of the entries made by a radiologist (physician) in the medical record documents, conclusions of an expertise, photos, other documents necessary for investigation of the insured event (original copies).
36. The benefit under the present insurance regulations is specified in the basic insurance regulations, if the insurance agreement does not provide otherwise

## Table V. Calculation of accident insurance benefits

### 1. General provisions

- 1.1. Insurance benefit shall be deemed a portion of the sum insured, as defined in the Table below;
- 1.2. insurance benefit related to the consequences of one or more insured events shall not exceed 100 per cent of the sum insured under trauma insurance during a one-year period of the insurance agreement validity. The number of benefits to be paid for a bodily injury or follow-on injuries (if an event is subject to insurance) is not limited;
- 1.3. insurance benefit payable after assessment of all injuries to the body caused during one accident shall not exceed the insurance benefit payable in case of a loss of such part of the body;
- 1.4. incurable loss of an organ function shall be established no earlier than after 9 (nine) months and no later than 18 (eighteen) months after the date of the insured event. However, if incurability of the lost organ function raises no doubts, the insurance benefit shall be paid prior to expiry of 9 (nine) months period;
- 1.5. if, on occurrence of an insured event, the Insured Person loses an organ, a system of organs or a body part function, a part of which was already lost by the Insured Person prior to the insured event, the percentage of sum insured payable shall be reduced considering the prior loss of the organ part or organ function.

### Table of accidents

Clause	Consequences of the insured event	Insurance benefit payable (percentage of the sum insured)
<b>2. Total physical incapacitation</b>		
2.1.	Total physical incapacitation due to which no professional or other work activity is possible, and it is low probability that any work activity paid by salary or other revenues would be possible in the future.	100
<i>Note. If insurance benefit is paid under the present Clause, the insurance benefits paid due to the same accident and/or trauma shall be subtracted.</i>		
<b>3. Incurable loss of body parts</b>		

3.1.	Loss of the arm at the shoulder joint	75
3.2.	Loss of the arm above the wrist joint	65
3.3.	Loss of the hand	50
3.4.	Loss of finger I (thumb)	20
3.5.	Loss of the nail phalanx of finger I	10

*Note. If insurance benefit is paid due to loss of a finger and/or finger bones under Clause 3.4 or Clause 3.5, the insurance benefit paid under Clause 2.30 of Table M shall be subtracted.*

3.6.	Loss of finger II (index)	15
3.7.	Loss of two distal phalanges of the second finger (index finger) of a hand	5
3.8.	Loss of the third, fourth or fifth (middle, ring and little) finger of a hand;	5

*Note. If insurance benefit is paid due to loss of fingers and/or finger bones under Clauses 3.6–3.8, then insurance benefit paid under Clause 2.34 of Table M shall be subtracted.*

3.9.	Loss of a leg above the knee joint	70
3.10.	Loss of a leg above the tarsus joint	60
3.11.	Loss of a foot	45
3.12.	Partial loss of a foot (metatarsus level)	15
3.13.	Loss of toe I (thumb)	5

*Note. If insurance benefit is paid under this Clause, the insurance benefit paid under Clause 2.56 of Table M shall be subtracted.*

#### 4. Organs of Sight

4.1.	Total uncorrectable blindness in one eye:	
4.1.1.	if acuity of vision before trauma was higher than or equal to 0.5	45
4.1.2.	if acuity of vision before trauma was lower than 0.5	25
4.2.	Total uncorrectable blindness in both eyes.	100

*Note. The decision on what should be the amount of the insurance benefit for the reduction of the acuity of vision shall be made no earlier than 3 months and no later than 12 months after the trauma date.*

#### 5. Organs of Hearing

5.1.	Total loss of hearing:	
5.1.1.	unilateral (by one ear)	15
5.1.2.	bilateral (by both ears)	50

*Note. An event is deemed as an insured event, if loss of hearing is confirmed by an audiogram.*

#### 6. Central Nervous System

6.1.	Consequences of trauma of the central nervous system persisting for longer than 9 months from the date of the insured event:	
6.1.1.	traumatic epilepsy – frequent attacks (4 and more times per year); post-traumatic parkinsonism in persons under 40 years of age, artefact remaining in the brain	20

*Note. Insurance benefit under Clause 6.6.1. is paid in the event the Insured had to be hospitalized due to such attacks.*

6.1.2.	palsy of an extremity (monoplegia)	40
6.1.3.	palsies of one side of the body (hemiplegia); palsies of lower extremities (paraplegia)	50
6.1.4.	dementia; paraplegia with full functional disorder of the organs of the pelvis	70
6.1.5.	paralysis of the upper and lower limbs (tetraplegia), decortication (loss of function of cerebral cortex), total break of spinal cord, total myelitis (myelitis totalis);	100

*Note. If insurance benefit is paid due to consequences of injury of the central nervous system under Clause 6.1, the insurance benefit paid under Clauses 5.1–5.4 of Table M shall be subtracted.*

#### 7. Soft Tissues

7.1.	Disfiguration of the entire face: remaining deformation, massive contrasting spots of colors unusual for a face, scars creating an ugly appearance, loss of the nose	30
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*Note. Amount of the insurance benefit for scars and pigment spots under Clause 7.1. shall be established at least three months after the trauma date.*

#### 8. Organs of the Respiratory System

8.1.	Traumatic damage to the organs of the respiratory system as a result of which the following consequences persist for longer than 9 months after the date of the insured event:	
8.1.1.	complete loss of the voice	30
8.1.2.	functional tracheostomy	40
8.1.3.	insufficiency of respiratory function, Degree II	40
8.1.4.	insufficiency of respiratory function, Degree III	60

*Notes: 1. Insurance benefit under Clauses 8.1.3. and 8.1.4. depends on the severity of asphyxia, deviation of functional tests of the lungs and blood tests (vital lung capacity, pressure of oxygen and carbon dioxide in arterial blood - PaO<sub>2</sub>, PaCO<sub>2</sub>, Ph of arterial blood, saturation of oxygen in arterial blood SaO<sub>2</sub>) from the physiological norm, dependency of the Insured on an additional supply of oxygen.*

*2. Insurance benefit for the acute disorder of the respiratory function shall not be paid.*

*3. If insurance benefit is paid due to functioning tracheostoma under Clause 8.1.2, the insurance benefit paid under Clause 8.2 of Table M shall be subtracted. 4. If insurance benefit is paid due to lung function failure under Clauses 8.1.3 and 8.1.4, the insurance benefit paid under Clause 8.1 and/or Clause 8.3 of Table M shall be subtracted (except for the benefit paid due to retoracotomy).*

8.2.	Lung injury resulting in the resection of more than one half of a lung or a whole lung (loss of lung functions)	40
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*Note. If insurance benefit is paid for removal of a lung, its part or section under this Clause, the insurance benefit paid under Clause 8.1 of Table M shall be subtracted.*

#### 9. Cardiovascular System

9.1.	Damage to the heart or its covers or blood vessels resulting in cardiovascular insufficiency persisting for longer than 9 months from the date of trauma:	
9.1.1.	Degree II functional class III cardiovascular insufficiency	40
9.1.2.	Degree III functional class IV cardiovascular insufficiency	60

*Notes: 1. Insurance benefit under Clause 9.1 depends on functional tests and indicators justifying the degree of insufficiency of blood circulation, as well as deviation of indicators provided in Note 1 of Clause 8.1. from the physiological norm. 2. If insurance benefit is paid due to consequences of injury to blood vessels under Clause 9.1, the insurance benefit paid under Clause 8.1 of Table M shall be subtracted.*

#### 10. Organs of Digestion

10.1.	Injury to the jaw resulting in the loss of the entire jaw	50
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*Note. If insurance benefit is paid under this Clause, the insurance benefit paid under Clause 2.5 of Table M and/or Clause 9.6 of Table M shall be subtracted.*

10.2.	Injury to the tongue resulting in loss of the tongue in the area of proximal one third (root) or the entire tongue	40
10.3.	Injury to the oesophagus resulting in its narrowing, due to which the following persists for longer than 9 months from the date of the insured event:	
10.3.1.	difficulty in swallowing liquid and/or soft food, requiring plastic surgery on the oesophagus	30
10.3.2.	obstruction of the oesophagus resulting in permanent gastrostoma (opening of the stomach)	80
10.4.	Traumatic injury to the organs of digestion resulting in:	
10.4.1.	removal of a liver segment or larger part of the liver, or removal of the spleen	20

10.4.2. damage to the pancreas resulting in traumatic necrotic pancreatitis, due to which surgery had to be repeated (relaparotomy performed)	45
10.4.3. removal of the entire stomach	50
10.4.4. removal of the entire stomach with part of the intestines and/or part of the pancreas	70
10.5. Consequences of the injury to the organs of digestion (except for the oesophagus) persisting for longer than 9 months after the date of the insured event:	
10.5.1. stoma (opening in the abdominal wall)	30
10.5.2. inability to maintain faeces	50
<i>Notes: 1. Insurance benefit under Clause 10.5 shall be paid once during the entire insurance period. 2. If insurance benefit is paid due to injuries to the digestive system under Clause 10.5, the insurance benefit paid under Clause 9.1 of Table M shall be subtracted (except for the benefit paid due to relaparotomy).</i>	
10.6. Injury to the pancreas resulting in the development of the following, persisting for longer than 9 months from the date of the insured event insulin-dependent diabetes mellitus	30
10.7. Injury to the liver resulting in hepatic insufficiency of Degree II-III persisting for longer than 9 months from the date of the insured event (if there is significant elevation of liver enzymes SGPT, SGOT, ALP, AGG in the blood plasma; concentration of ammonium ions in blood plasma at least two times higher than the physiological norm; elevated concentration of bilirubin; elevated amount of urobilin in urine)	60
<i>Note. Insurance benefit paid for injury to the liver under Clause 10.7. shall be deducted from the insurance benefit payable for hepatic insufficiency under Clause 10.4.1.</i>	
<b>11. Urogenital system</b>	
11.1. Traumatic injury to a kidney resulting in removal of the entire kidney	30
<i>Note. If insurance benefit is paid under this Clause, the insurance benefit paid under Clause 9.1 of Table M shall be subtracted (except for the benefit paid due to relaparotomy).</i>	
11.2. Injury to the organs of the urinary system resulting in the development of the following, persisting for longer than 9 months from the date of the insured event:	
11.2.1. obstruction of the ureter or urethra, functional epicystostoma, fistulas in the urine excretion system or genitals	20
11.2.2. considerable renal insufficiency, Degree II, confirmed by laboratory analyses (elevated concentration of urea, creatinine, ionized calcium in blood plasma, decreased creatinine clearance)	30
11.2.3. considerable renal insufficiency, Degree III, confirmed by laboratory analyses (elevated concentration of urea, creatinine, ionized calcium in blood plasma, decreased creatinine clearance), regular haemodialyses or kidney transplantation performed	80
<i>Notes: 1. If insurance benefit is paid due to renal insufficiency or regular hemodialysis under Clauses 11.2.2 and 11.2.3, the insurance benefit paid under Clause 11.1, Clause 9.15.3 of Table M (except for the benefit paid due to relaparotomy), and/or Clauses 9.16 and 9.17 of Table M shall be subtracted. 2. If insurance benefit is paid under Clauses 11.2.1–11.2.3, the insurance benefit paid under Clause 9.1 shall be subtracted (except for the benefit paid due to relaparotomy).</i>	
11.3. Traumatic injury to female genitalia resulting in:	
11.3.1. removal of both ovaries (or the only functioning one)	30
11.3.2. removal of both oviducts and/or uterus	30
11.4. Traumatic injury to male genitalia resulting in removal of both testicles and/or the entire penis	30

## Table M. Calculation of trauma insurance benefits

### 1. General provisions

- 1.1. Insurance benefit shall be deemed a portion of the sum insured, as defined in the Table below;
- 1.2. insurance benefit related to the consequences of one or more insured events shall not exceed 100 per cent of the sum insured under trauma insurance during a one-year period of the insurance agreement validity;
- 1.3. the insurance benefit paid due to injuries to one bodily part suffered during one trauma may not exceed the benefit payable due to loss of that bodily part according to Table V 'Calculation of accident insurance benefits';
- 1.4. insurance benefit related to one trauma shall be paid only according to one item of a respective Clause providing definition of the most severe injury;
- 1.5. incurable loss of an organ function shall be established no earlier than after 9 (nine) months and no later than 18 (eighteen) months after the date of the insured event. However, if incurability of the lost organ function raises no doubts, the insurance benefit shall be paid prior to expiry of 9 (nine) months period;
- 1.6. the bone fractures and/or dislocations, subluxations and/or syndesmosis (rupture of the deltoid ligament) listed in Table M 'Calculation of accident insurance benefits' shall be deemed as insured events only if the bone fracture line and/or dislocated bones and/or rupture of the deltoid ligament are clearly seen in the X-ray. If the bone fracture line and/or dislocated bone and/or ruptured deltoid ligament are not visible in the X-ray or X-ray was made, the injury suffered shall not be deemed as an insured event;
- 1.7. Insurance benefit shall not be paid for damage of cartilage structures, if such provision or event has not been specified in a separate article in the table;
- 1.8. if during an accident an organ or its function is lost and the Insured Person lost a part thereof prior to the insured event, the percentage of the insurance benefit payable shall be reduced taking into consideration the fact that a part of the organ or its function had been lost before;
- 1.9. if ruptures (abdominal wall, diaphragm, intervertebral discs), radiculopathy/neuropathy occurred due to physical strain (including weight lifting), insurance benefit shall not be paid, if such provision or event have not been specified in a separate article in the table;
- 1.10. the first day (hospitalisation) and the last day (check-out) of inpatient treatment shall be considered a one day (bed-day);
- 1.11. insurance benefit for surgery performed as a result of fractures of a single bone (primary fracture, repeated fracture, dislocation or pseudoarthrosis) or organ injury shall be paid additionally to the insurance benefit for the fracture or organ injury, provided the surgery is carried out within 9 months of the date of the event subject to insurance. Insurance benefit for surgery carried out for the same event subject to insurance cannot be paid more than twice. An insurance indemnity for the removal of osteosynthesis constructions shall not be paid.
- 1.12. no insurance benefit shall be paid for infectious diseases, the natural way of transmission of which is bites/stings of different living organisms (e.g. tick encephalitis, Lyme disease, tetanus, rabies, malaria, etc.), for food toxicoinfection, botulism, or festers of any type, opened fistulas, arthritis, dermatomyositis, myositis, synovitis, tendosynovitis, bursitis, enthesitis, fasciitis, capsulitis, epicondylitis, tendinitis, osteochondritis (spondylitis, periostitis), chondritis, thrombophlebitis, varicose veins or similar problems, unless such events are mentioned in a separate field of the table.

## Table of trauma

Clause	Consequences of the insured event	Insurance benefit payable (percentage of the sum insured)
<b>2. Bone Fractures and Dislocations, Incurable loss of small body parts or their functions</b>		
<i>Notes: 1. Fracture of one bone in several locations (during one insured event) shall be considered as one fracture. 2. Surgery for bone fractures or dislocations shall be called a surgical procedure, during which the fractured bone ends are fastened (using surgical screws or wire, plates, external fixation devices, except for supradental osteosynthesis). 3. No insurance benefit shall be paid for foreign body (joint prosthesis, osteosynthesis structures) fractures/dislocations.</i>		
2.1.	Fracture of the cranial arch	10
2.2.	Fracture of the cranial base	15
2.3.	Surgery on the cranial bones performed due to a fracture	10
2.4.	Fracture of the nasal bone	3
<i>Notes: 1. Insurance benefit for the nasal bone shall be calculated irrespective of the number of broken plates of the nasal bone. 2. Insurance benefit shall not be paid for any injury of nasal cartilage structures such as injury or dislocation of the nasal septum.</i>		
2.5.	Fractures of other bones of the face (orbit, mandible, maxilla, zygomatic bone, sublingual bone, facial cavity walls)	5% for each bone fracture but max. 15%
<i>Notes: 1. A fracture of the alveolic outgrowth of the jaw shall not be considered a fracture of the jaw. 2. If insurance benefit is paid for loss of a jaw under Clause 10.1 of Table V, no insurance benefit shall be paid under the present Clause.</i>		
2.6.	Surgery on the bones of the face (except the nasal bone) performed due to a fracture	5
<i>Note. Insurance benefit shall not be paid for the application of supra-dental jaw splints.</i>		
2.7.	Dislocation of the lower jaw	3
2.8.	Rib fractures:	
	2.8.1. one or two ribs	3
	2.8.2. 3–5 ribs	5
	2.8.3. 6 or more ribs	10
2.9.	Fractures of the vertebral bodies or arches in the cervical, thoracic and lumbar spine:	
	2.9.1. 1–2 vertebrae	15
	2.9.2. 3 or more vertebrae	25
2.10.	Subluxation of the vertebrae in the cervical, thoracic and lumbar spine	5
2.11.	Surgery on the cervical, thoracic and lumbar spine performed due to fracture or subluxation of the vertebrae	10
2.12.	Fracture of the spinal vertebrae in the cervical, thoracic and lumbar spine:	
	2.12.1. 1–2 vertebrae	3
	2.12.2. 3 or more vertebrae;	5
2.13.	Fracture of the sacrum	10
2.14.	Surgery on the sacrum performed due to a fracture	5
2.15.	Fracture of the coccyx	4
2.16.	Surgery on the coccyx performed due to a fracture	4
2.17.	Fracture of the sternum	5
<i>Note. Insurance benefit shall be paid if the breastbone is fractured during resuscitation of the insured person.</i>		
2.18.	Fracture of the scapula	5
2.19.	Surgery on the scapula performed due to a fracture	5
2.20.	Fracture of the clavicle	5
2.21.	Surgery on the clavicle performed due to a fracture	5

2.22.	Fracture of the humerus (except tuberculum humeri)	10
2.23.	Fracture of the tuberculum humeri	5
<i>If insurance benefit has been paid for fractures of the humerus according to Clause 2.2.2, insurance benefit shall not be paid according to Clause 2.2.3, or the sum paid according to this Clause shall be deducted from the sum of insurance benefit paid for the fractures of the humerus according to Clause 2.2.2.</i>		
2.24.	Surgery on the humerus performed due to a fracture	10
2.25.	Fracture of the bones of the forearm	5% for each bone
2.26.	Surgery on the bones of the forearm performed due to a fracture	5
2.27.	Fracture of the wrist bones (except for the ship bone)	3
<i>Note. Insurance benefit is paid for the fracture of a maximum of three bones during the same insured event.</i>		
2.28.	Fracture of the ship bone	5
2.29.	Surgery on the wrist bones performed due to a fracture	5
<i>Notes: 1. Where an insurance benefit is paid for a surgery on the bones of the forearm due to a fracture under Clause 2.26, no payment shall be made under the present clause. 2. Amount of the insurance benefit does not depend on the number of bones operated on.</i>		
2.30.	Fracture or dislocation of palm bones or phalanges of finger I	2
<i>Notes: 1. Insurance benefit is paid for the fracture of maximum three bones during the same insured event. 2. If insurance benefit is paid for loss of a finger and/or finger bones under Clause 3.4 or Clause 3.5 of Table V, no insurance benefit shall be paid under the present Clause.</i>		
2.31.	Loss of the nail phalange of finger II (forefinger)	4
2.32.	Loss of the nail phalange of finger III, IV, or V	3
2.33.	Loss of two phalanges of finger III, IV, or V	4
2.34.	Fracture or dislocation of phalanges of fingers II to V	1% for each finger but max. 3%
<i>Notes: 1. Fractures or dislocations of several phalanges in the same finger shall be deemed a single fracture or dislocation. 2. If insurance benefit is paid for loss of fingers and/or phalanges under Clauses 3.6–3.8 of Table V, no insurance benefit shall be paid under the present Clause.</i>		
2.35.	Surgery on the hand bones performed due to a fracture	2
<i>Notes: 1. Where an insurance benefit is paid for a surgery on the hand bones due to a fracture under Clause 2.29, no payment shall be made under the present clause. 2. Amount of the insurance benefit does not depend on the number of bones operated on.</i>		
2.36.	Fracture of pelvis bones (except for the coccyx):	
	2.36.1. fracture of one pelvis bone, split off of pelvic brim	5
	2.36.2. fracture of two pelvis bones forming a pelvis ring	10
	2.36.3. fracture of three or more pelvis bones forming a pelvis ring	15
<i>Note. Insurance benefit is paid under one item of Clause 2.36.</i>		
2.37.	Surgery on the pelvis bones performed due to a fracture.	10
<i>Note. Amount of the insurance benefit does not depend on the number of bones operated on.</i>		
2.38.	Fracture of the femur	15
2.39.	Surgery on the femur performed due to a fracture	10
2.40.	Fracture of the knee-cap	5
2.41.	Surgery on the knee-cap performed due to a fracture	5
2.42.	Knee joint haemarthrosis, confirmed by puncture	28.96 Eur
<i>Note. Insurance benefit for injury to the same joint shall be paid under this Clause once per insurance period.</i>		

2.43.	Breakage or tear of the knee joint meniscus, confirmed during arthroscopy	5
<p><i>Notes: 1. If insurance benefit is paid under Clause 2.43, no additional insurance benefit shall be paid for surgery. 2. If both menisci of one knee joint are broken during one trauma, insurance benefit shall be paid for breakage of one meniscus. 3. If cruciate ligaments are also broken during one trauma, insurance benefit shall be paid under the present Clause only. 4. No insurance benefit shall be paid, if no precise date of suffering the trauma is specified in the documents issued by the relevant healthcare establishment. 5. No insurance benefit shall be paid, if a meniscus was broken due to knee arthrosis or degenerative joint diseases. 6. Only one insurance benefit shall be paid for the breakage of the meniscus of the same knee joint, regardless of the number of broken menisci.</i></p>		
2.44.	Fracture of the tibia (except for fracture of the posterior edge and internal ankle bone)	10
<p><i>Note. Fracture of eminentia intercondylaris is considered a rupture of the cruciate ligament of the knee joint. Insurance benefit is paid according to Clause 7.5.</i></p>		
2.45.	Fracture of the posterior edge of the tibia or internal ankle bone	5
2.46.	Fracture of the fibula (external ankle bone)	5
2.47.	Surgery on the calf bones performed due to fracture	5
<p><i>Note. Amount of the insurance benefit does not depend on the number of bones operated on.</i></p>		
2.48.	Fracture of the tarsus bone except for the heel bone	3
<p><i>Note. Insurance benefit is paid for a maximum of three fractures during the same insured event.</i></p>		
2.49.	Fracture of the heel bone	5
2.50.	Fracture of the talus	3
2.51.	Surgery on the tarsus bone performed due to a fracture	5
<p><i>Notes. 1. Where an insurance benefit is paid for surgery on the posterior edge of the tibia or internal ankle bone under Clause 2.45., or on the fibula (external ankle bone) under Clause 2.46., no benefit shall be paid for dislocation of tarsus bones under Clause 2.61. and/or for syndesmolysis (rupture of the deltoid ligament) under Clause 2.62 and/or rupture of ligaments of the tarsus joint under Clause 7.5. 2. Where an insurance benefit is paid for a surgery on the calf bones due to a fracture under Clause 2.47., no benefit shall be paid for a surgery on tarsus bones under the present Clause. 3. Where an insurance benefit is paid for a surgery on tarsus bones under the present Clause, no benefit shall be paid for a surgery due to syndesmolysis under Clause 2.62. 4. Amount of the insurance benefit does not depend on the number of bones operated on.</i></p>		
2.52.	Fracture or dislocation of the metatarsus bones	3
<p><i>Note. Insurance benefit is paid for a maximum of three fractures during the same insured event.</i></p>		
2.53.	Loss of the nail phalange of toe I (thumb)	3
2.54.	Loss of toe II, III, IV, or V	4
2.55.	Loss of one or two phalanges of toe II, III, IV, or V	3
2.56.	Fracture or dislocation of phalange of toe I (big toe)	2
2.57.	Fracture or dislocation of phalange of toe II-V	1
<p><i>Notes: 1. Fractures or dislocations of one or several phalanges shall be treated as a single fracture or dislocation. 2. Insurance benefit is paid for a maximum of three fractured bones during the same insured event. 3. If insurance benefit is paid for loss of toe I under Clause 3.13 of Table V and/or loss of a toe and/or phalanges under Clauses 2.53–2.55, no insurance benefit shall be paid under Clause 2.56 or the amount paid under the present Clause shall be subtracted from the insurance benefit to be paid.</i></p>		
2.58.	Surgery on the metatarsus bones performed due to a fracture or dislocation	2
<p><i>Notes: 1. Where an insurance benefit is paid for surgery on tarsus bone fractures, no benefit shall be paid for metatarsus bone fractures under the present Clause. 2. Amount of the insurance benefit does not depend on the number of bones operated on.</i></p>		
2.59.	Pseudarthrosis persisting for more than 9 months after the date of the insured event.	½ of the benefit payable for the fracture of that bone

2.60.	If insurance benefit was paid for the primary bone fracture, then in case of recurrent fracture of the bone in the same place, the benefit shall be paid under the present Clause only.	½ of the benefit payable for the fracture of that bone
<p><i>Note. If insurance benefit is paid under this Clause, no insurance benefit shall be paid under the Clause where the primary fracture of that bone is defined.</i></p>		
2.61.	Primary bone dislocation in the wrist, elbow, shoulder, tarsus, knee or pelvis joint area resulting in:	
	2.61.1. plastering for 14 days or longer	5
	2.61.2. surgery	10
<p><i>Notes: 1. No insurance benefit shall be payable for normal (recurring) dislocations. 2. In case of both fracture and dislocation of the same bone, benefit shall be paid either for the fracture or for the dislocation (the one that is greater in amount).</i></p>		
2.62.	Syndesmolysis	3
2.63.	Surgery for syndesmolysis	5
<p><b>3. Organs of Sight</b></p>		
<p><i>Notes: 1. Injury to the eye that was the only eye having sight before the trauma shall be treated as injury to both eyes. 2. The decision on what should be the amount of the insurance benefit for the reduction of the acuity of vision shall be made no earlier than 3 months and no later than 12 months after the trauma date. 3. Where an artificial crystalline lens has been implanted or corrective lens is used after trauma, insurance benefit shall be established based on the acuity of vision prior to such implantation or placing of the lens.</i></p>		
3.1.	Non-perforating injuries of one eye (traumatic erosion of the cornea, corneal abrasion, bleeding to the front eye chamber, degree I burns)	28.96 Eur
<p><i>Note. Insurance benefit for the same eye under this Clause shall be paid once per insurance period.</i></p>		
3.2.	Through injury to one eye; eye burn of II or III Degree	5
3.3.	Reduction of acuity of vision (without correction) due to a trauma:	
	3.3.1. if acuity of vision before trauma was 1.0, and after the trauma:	
	0,7	1
	0,6	3
	0,5	5
	0,4	10
	0,3	15
	0,2	20
	0,1	30
	<0.1, but >0	40
	3.3.2. if acuity of vision before trauma was 0.9, and after the trauma:	
	0,6	1
	0,5	3
	0,4	5
	0,3	10
	0,2	20
	0,1	30
	<0.1, but >0	40
	3.3.3. if acuity of vision before trauma was 0.8, and after the trauma:	
	0,5	1
	0,4	5
	0,3	10
	0,2	20
	0,1	30
	<0.1, but >0	40
	3.3.4. if acuity of vision before trauma was 0.7, and after the trauma:	

0,5	1
0,4	5
0,3	10
0,2	15
0,1	20
<0,1, but >0	30
3.3.5. if acuity of vision before trauma was 0,6, and after the trauma:	
0,4	1
0,3	3
0,2	10
0,1	15
<0,1, but >0	20
3.3.6. if acuity of vision before trauma was 0,5, and after the trauma:	
0,3	1
0,2	5
0,1	10
<0,1, but >0	15
3.3.7. if acuity of vision before trauma was 0,4, and after the trauma:	
0,2	3
0,1	5
<0,1, but >0	10
3.3.8. if acuity of vision before trauma was 0,3, and after the trauma:	
0,1	3
<0,1, but >0	10
3.3.9. if acuity of vision before trauma was 0,2, and after the trauma:	
0,1	3
<0,1, but >0	5
3.3.10. if acuity of vision before trauma was 0,1, and after the trauma:	
<0,1, but >0	5

*Notes: 1. The amount of insurance benefit for a through injury to the eye or burn under Clause 3.3. shall be deducted from the insurance benefit being paid for reduction of acuity of vision under Clauses 3.1. or 3.2.. 2. If the acuity of vision has been reduced due to a tear in the retina, this must be justified by signs of a fresh eye trauma. 3. When calculating the insurance benefit payable for reduction of acuity of vision of both eyes after the trauma, the amount of insurance benefit expressed in a percentage shall be established for each eye. The percentages received shall be added up and multiplied by the coefficient 1.25.*

3.4. Irrecoverable trauma consequences: full ptosis of one eye; tearing or severe damage of lacrimal ducts; accommodation palsies; considerable narrowing of the visual field; trauma caused strabismus.	10
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*Note. Amount of the insurance benefit shall be established no earlier than 9 months after the trauma date.*

#### 4. Organs of Hearing

4.1. Rupture of the tympanum, provided that there are signs of a fresh trauma	1
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*Note. If the tympanum was ruptured as a result of fracture of the base of the skull, no insurance benefit shall be paid under this Clause.*

4.2. Consequences of injury to one helix (damage, burn, cold injury):	
4.2.1. sutured wound of helix	28.96 Eur
4.2.2. traumatic deformation of helix or loss of 1/3 of helix	5
4.2.3. loss of 1/3 to 1/2 of helix	8
4.2.4. loss of all or more than half of helix	10

*Note. If the insurance benefit is paid according to Items 4.2.2, 4.2.3 or 4.2., it shall not be paid according to Item 4.2.1.*

4.3. Reduction in hearing of one ear, which is present at least 3 months after the trauma and established during medical examination not later than 12 months after the date of the trauma:	
4.3.1. when sounds not lower than 71 dB can be heard	2
4.3.2. when sounds not lower than 95 dB can be heard	5

*Notes: 1. Insurance benefit shall be paid only under one of the items of Clause 4.3. 2. An event shall be deemed as an insured event, if the reduction in hearing is confirmed by an audiogram.*

#### 5. Central Nervous System

5.1. Brain injury:	
5.1.1. concussion (commotion) of the brain resulting in hospitalisation for 2 (two) to 4 (four) bed-days	28.96 Eur
5.1.2. concussion (commotion) of the brain resulting in hospitalisation for at least 5 bed-days, subarachnoid haemorrhage (under the arachnoid mater)	3

*Note. No insurance benefit shall be paid for concussion (commotion) of the brain and subarachnoid haemorrhage if, prior to the trauma, the insured was diagnosed with cerebro-vascular pathology or a graver trauma of the brain.*

5.1.3. contusion, compression of brain; intracranial bleeding provided that while in hospital alterations characteristic of such an injury have been established by Computer Tomography or MRI	10
5.1.4. subdural hematoma (under the pachymeninx) provided that while in hospital alterations characteristic of such an injury have been established by Computer Tomography or MRI	5
5.1.5. intracerebral hematoma (under the pachymeninx) provided that while in hospital alterations characteristic of such an injury have been established by Computer Tomography or MRI	10

*Notes: 1. The insurance benefit shall be paid only according to one clause of Clause 5.1, which establishes/ specifies a higher insurance benefit. 5.1. 2. If insurance benefit is paid for consequences of injury to the central nervous system under Clause 6.1 of Table V, no insurance benefit shall be paid under Clause 5.1.*

5.2. Craniotomy (surgery exposing the brain) performed due to trauma of the brain.	10
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*Notes: 1. Where insurance benefit for craniotomy under Clause 5.1. is paid, no benefit for surgery on cranial bones under Clause 2.3 shall be paid. 2. If insurance benefit is paid for consequences of injury to the central nervous system under Clause 6.1 of Table V, no insurance benefit shall be paid under the present Clause.*

5.3. Injury to the spinal cord:	
5.3.1. concussion (commotion) of the spinal cord resulting in hospitalisation for at least 5 bed-days;	3
5.3.2. contusion or compression; bleeding into the spinal cord provided that while in hospital alterations characteristic of such an injury have been established by Computer Tomography or MRI	10

*Note. If insurance benefit is paid for consequences of injury to the central nervous system under Clause 6.1 of Table V, no insurance benefit shall be paid under the present Clause.*

5.4. Surgery as a result of the spinal cord injury	10
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*Notes: 1. No insurance benefit shall be paid for surgery on the cervical, thoracic and lumbar part of the spine under Clause 2.11 if the benefit for surgery under Clause 5.4 is paid. 2. If the surgery was performed due to hernia of discus intervertebralis or its consequences insurance benefit shall not be paid. 3. If insurance benefit is paid for consequences of injury to the central nervous system under Clause 6.1 of Table V, no insurance benefit shall be paid under the present Clause.*

5.5. Consequences of trauma of the central nervous system persisting for longer than 9 months from the date of the insured event:	
5.5.1. traumatic epilepsy – infrequent attacks (1 to 3 times per year)	5

Note. Insurance benefit under Clause 5.5.1. is paid in the event the Insured had to be hospitalised due to such attacks.

5.5.2. paresis of an extremity (monoparesis)	15
5.5.3. paresis of 2 or more extremities (hemi-paresis, paraparesis)	30

Note. Insurance benefit paid under Clause 5.1.-5.4. shall be deducted from the benefit paid for consequences of the injury to the central nervous system under the present Clause.

5.6. Inflammatory complications of open skull fractures:	
5.6.1. osteomyelitis (ostitis) of the skull (bones)	10
5.6.2. brain abscess, purulent meningitis	15

Note. Insurance benefit shall be paid, if complications manifest not later than 3 (three) months after the date of the trauma.

## 6. Cranial and Peripheral Nerves

6.1. Peripheral injury to the cranial nerves resulting in reconstruction surgery or where disorder of motorical function persists for more than 9 months from the date of the insured event:	
6.1.1. one side	4
6.1.2. both sides	10

Notes: 1. Insurance benefit for the injury to the cranial nerves under the present Clause shall be paid once. The benefit does not depend on the number of damaged nerves on one side. 2. Where insurance benefit is paid for fracture of the skull base under Clause 2.2, no insurance benefit shall be paid under the present Clause. 3. Where insurance benefit is paid for reduction of acuity of vision under Clause 3.3., no insurance benefit shall be paid under the present Clause

6.2. Disruption of integrity of the peripheral nerves resulting in reconstruction surgery or where disorder of motorical function persist for more than 9 months from the date of the insured event:	
6.2.1. in the area of the forearm, wrist, shin or tarsus	5
6.2.2. in the area of the upper arm, elbow, thigh or knee	10
6.2.3. in the area of the plexus	25

Notes: 1. For injury to the hand or foot nerves insurance benefit is paid according to Clause 7.6. and 7.7. 2. Where several nerves of an extremity have been injured, insurance benefit shall only be payable for injury to one nerve.

## 7. Soft Tissues

Notes: 1. In case several muscles and/or tendons are injured in one extremity during one insured event, insurance benefit shall be paid once. 2. Insurance benefit for the injury to the soft tissues of the same joint shall be paid once (no benefit is paid for recurring traumas). 3. No insurance benefit shall be paid for scars forming after the surgery, open bone fractures, or amputations.

7.1. Damage to soft tissues of the face, anterior and posterior neck surface, submandibular / submaxillary areas resulting in the need to stitch (fasten) the tissues	28.96 Eur
7.2. Damage to soft tissues of the face, anterior and posterior neck surface, submandibular/ submaxillary areas resulting in the formation, after healing, of:	
7.2.1. linear scar 5 cm or longer; scar 2 cm <sup>2</sup> in area or larger	2
7.2.2. pigment spots of 5 cm <sup>2</sup> or larger	3
7.2.3. linear scar longer than 8 cm or larger than 5 cm <sup>2</sup> in area	5
7.2.4. disfiguration of half of the face: re-maining massive contrasting spots of colour unusual for a face, or scars creating an ugly appearance	15

Notes: 1. Amount of the insurance benefit for scars and pigment spots under Clause 7.2. shall be established at least three months after the trauma date. 2. If the insurance benefit is paid according to Clause 7.2, the benefit payable under Clause 7.1 shall be deducted.

7.3. Damage to soft tissues of the hairy part of the head resulting in the formation, after healing, of:	
7.3.1. a 5 cm or longer linear scar, a scar with an area of 2 sq. cm or more	14.48 Eur
7.3.2. linear scar 10 cm or longer	2
7.3.3. scar with the area exceeding 0.5% of the body surface area; partial scalping	6
7.3.4. scalping	15

Note. Amount of the insurance benefit for scars under Clause 7.3. shall be established at least three months after the trauma date.

7.4. Damage to soft tissues of the waist area and extremities resulting in the formation, after healing, of:	
7.4.1. a scar with an area of 2 sq. cm or more	14.48 Eur
7.4.2. a scar with an area of 5 sq. cm or more	28.96 Eur
7.4.3. scars with the area from 0.5 to 1% of the body surface area	3
7.4.4. scars with the area exceeding 1% of the body surface area	5
7.4.5. scars with the area exceeding 5% of the body surface area	10
7.4.6. scars with the area exceeding 10% of the body surface area	15

Notes: 1. 1% of the area of the body is equal to the area of the surface of the palm (palm and fingers II to V) of the hand of the insured. The area shall be calculated in square centimetres: the length of the palm measured from the distal fold of the wrist to the tip of the terminal phalanx of finger III is multiplied by the width of the palm measured in the line from the heads of the palm bones II to V. 2. Amount of the insurance benefit for scars under the present Clause shall be established at least three months after the trauma date.

7.5. Traumatic damage to the integrity of a muscle, tendon or ligament (except for the Achilles, foot and hand tendons) resulting in the:	
7.5.1. immobilisation with a gypsum bandage for 14 to 20 days inclusively	1
7.5.2. immobilisation with a gypsum bandage and disability of the insured for at least 3 weeks	2
7.5.3. reconstruction surgery	5

Notes: 1. Where insurance benefit for the surgery on the tarsus bone under Clause 2.51 or for the surgery on the foot bones under Clause 2.57 is paid, no benefit under Clause 7.5. shall be paid. 2. Insurance benefit for damage to the integrity of ligaments of the same joint under Clause 7.5.1. shall be paid only once during the entire insurance contract validity period. 3. Insurance benefit shall be paid only under one of the items of Clause 7.5 which establishes a higher insurance benefit.

7.6. Traumatic rupture of the Achilles tendon resulting in the:	
7.6.1. immobilisation with a gypsum bandage (splint) for at least 14 days	3
7.6.2. reconstruction surgery	5

Notes: 1. Where insurance benefit is paid for reconstruction surgery under Clause 7.5.3., no benefit shall be paid under the present Clause. 2. In the case of a repeat rupture of the Achilles tendon, one half of the insurance benefit shall be paid, but only once (1 occasion) during the insurance period.

7.7. Traumatic damage to the integrity of a hand muscle, tendon, ligament or nerve resulting in:	
7.7.1. immobilisation with a gypsum bandage for 14 to 20 days inclusively	0,5
7.7.2. immobilisation with a gypsum bandage and disability of the insured for at least 3 weeks	1
7.7.3. reconstruction surgery	3

Notes: 1. Where insurance benefit for a wrist bone surgery under Clause 2.29 or a metacarpal bone surgery under Clause 2.35 is paid, no benefit for the damage to metacarpal tendon or nerve under Clause 7.7. shall be paid. 2. Insurance benefit for damage to the integrity of ligaments of the same joint under Clause 7.7.1.-7.7.3. shall be paid only once. 3. Insurance benefit is paid under one item of Clause 7.7. which establishes a higher insurance benefit.

7.8.	Traumatic damage to a foot muscle, tendon, ligament or nerve resulting in:	
7.8.1.	immobilisation with a gypsum bandage for 14 to 20 days inclusively	0,5
7.8.2.	immobilisation with a gypsum bandage and disability of the insured for at least 3 weeks	1
7.8.3.	reconstruction surgery is carried out (insurance benefit shall be paid only once during the insurance period, notwithstanding the number of injured muscles, tendons, ligaments and nerves);	3

*Notes: 1. Where insurance benefit for surgery on the tarsus bone under Clause 2.51, or for surgery on the foot bones under Clause 2.57 is paid, no benefit under Clause 7.8. will be paid. 2. Insurance benefit for damage to the integrity of ligaments of the same joint under Clause 7.8.1. shall be paid only once. 3. Insurance benefit is paid under one item of Clause 7.8. which establishes a higher insurance benefit.*

7.9.	Traumatic strain of an elbow, shoulder, neck, wrist, knee, tarsus ligaments resulting in immobilisation for at least 14 days	0,5
7.10.	III Degree burns where 20% or more of the body surface area is burnt	10

*Note. The insurance benefit for the same insured event shall be paid only according to one Clause – 7.1, 7.2, 7.3, 7.4 or 7.10, which establishes a higher insurance benefit.*

7.11.	Burn disease when burn shock, burn anuria, burn intoxication, acute burn toxemia, burn septicotemia are observed, provided that the diagnosis was justified on an in-patient basis and all indications manifest themselves.	10
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*Note. Insurance benefit is payable under one Clause, 7.10. or 7.11 only.*

7.12.	Non-resorbed haematoma (resulting in surgery such as haematoma punctures, drainage)	28.96 Eur
7.13.	Autotransplantation (skin, muscle, tendon, bone) performed as a result of the event insured	5

### 8. Organs of the Thorax

8.1.	Damage to the organs of the thorax resulting in:	
8.1.1.	thoracentesis, drainage, pericardiocentesis	1
8.1.2.	thorascopy	5
8.1.3.	thoracotomy	10

*Notes: If several procedures listed in Clause 8.1 were implemented, the insurance benefit shall be paid as per one procedure (under which the percentage is the highest, and shall be calculated from the sum insured). 2. If insurance benefit is paid for removal of a lung, its part or section under Clause 8.2 of Table V, for lung failure under Clauses 8.1.3 and 8.1.4 of Table V, consequences of damage to blood vessels under Clause 9.1. of Table V, no insurance benefit shall be paid under the present Clause.*

#### Organs of the Respiratory System

8.2.	Damage to the organs as a result of which tracheostomy was performed	5
<i>Note. If insurance benefit has been paid for a functioning tracheostomy according to paragraph 8.1.2 of Table V, insurance benefit according to this clause shall not be paid.</i>		
8.3.	Damage to the lung resulting in the removal of::	
8.3.1.	1-2 segments of the lung	20
8.3.2.	lobe or part of the lung (up to one-third of the lung)	30

*Notes: 1. Where insurance benefit for damage to the lung under Clause 8.3. is paid, no benefit for the procedures provided in Clause 8.1. shall be paid. 2. If insurance benefit is paid for lung failure under Clauses 8.1.3 and 8.1.4 of Table V, no insurance benefit shall be paid under Clause 8.3 (except for the benefit paid for retoracotomy).*

8.4.	Traumatic damage to the organs of the respiratory system as a result of which the following consequences persist for longer than 9 months after the date of the insured event is considerable hoarsening of the voice.	15
8.5.	Traumatic loss of the sense of smell	5
8.6.	Damage to larynx (or to vocal cords only), cartilago thyroidea, trachea, bronchi; fracture of the sublingual bone; burn or similar damage to upper respiratory tract; bronchoscopy performed as a result of a trauma; traumatic injury to separating wall	5

#### Cardiovascular System

8.7.	Damage to the integrity of large blood vessels resulting in reconstruction surgery:	
8.7.1.	in the area of the forearm, wrist, shin, or tarsus	4
8.7.2.	in the area of neck, upper arm, elbow, thigh or knee	10
8.7.3.	in the area of the thorax, abdominal cavity or retroperitoneal gap	10

*Note. In case several blood vessels are damaged in one extremity or area, such damage shall be treated as damage to a single blood vessel.*

8.8.	Damage to the heart or its covers	10
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*Note. If insurance benefit has been paid for the sequels of vascular injury, the benefit paid according to Clause 8.8 shall be deducted.*

### 9. Organs of the Abdominal Cavity

9.1.	Injury to the organs of the abdominal cavity resulting in surgery:	
9.1.1.	laparocentesis	1
9.1.2.	laparoscopy or diagnostic laparotomy	5
9.1.3.	laparotomy in case of evidence of injury to abdominal organs	10

*Notes: 1. Where insurance benefit is paid for injury to the abdominal organs under Clause 9.9, no benefit shall be paid under Clause 9.1. 2. Where more than one of the procedures provided in Clause 9.1 have been performed, insurance benefit shall be paid for one procedure (giving the highest percentage calculated from the sum insured). 3. If insurance benefit is paid for damage to digestive system organs under Clause 10.5 of Table V, for traumatic kidney damage resulting in kidney removal under Clause 11.1 of Table V, for renal insufficiency or regular hemodialysis, ureter/urethra obstruction, functional epicycystoma, fistulas in the urine excretion system or genitals, damage to the reproduction system under Clauses 11.2.1–11.2.2 of Table V, no insurance benefit shall be paid under Clause 9.1 (except for the benefit paid for relaparotomy).*

#### Organs of Digestion

9.2.	Injury to the jaw resulting in the loss of part of the jaw resulting in chewing disorders	15
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*Note. Insurance benefits paid for the fracture of the jaw under Clause 2.5 and for the loss of teeth under Clause 9.2 (at the place of the bone fracture) shall be deducted from the insurance benefit payable for the loss of the jaw under Clause 9.5. or 9.6.*

9.3.	Injury to the tongue resulting in:	
9.3.1.	stitches in the tongue	1
9.3.2.	loss of the tongue up to the distal one third, but not less than one quarter part of the tongue	15
9.3.3.	loss of one third of the middle part of the tongue	30
9.4.	Traumatic loss of the taste	2
9.5.	Loss of at least one half of a dental crown, when there is concomitant injury of soft tissues	1
9.6.	Traumatic loss of the entire dental crown or entire tooth together with injury to soft tissues:	
9.6.1.	1–2 teeth	2
9.6.2.	3–4 teeth	4
9.6.3.	5–6 teeth	7
9.6.4.	7–9 teeth	10

9.6.5. 10 or more teeth	12
<i>Notes: 1. For children over 5 years old no insurance benefit shall be paid for traumatic loss of milk teeth. 2. No insurance benefit shall be paid for breaking of or damage to dental prostheses due to trauma 3. If insurance benefit has been paid for a jaw loss according to paragraph 10.1. of Table V, insurance benefit according to this clause shall not be paid.</i>	
9.7. Damage (injury, rupture, chemical burn) to pharynx, salivary glands, oesophagus, stomach and intestine (any part except for the oral cavity)	3
9.8. Injury to the oesophagus resulting in its narrowing, due to which the following persists for longer than 9 months from the date of the insured event, difficulty in swallowing hard food	5
9.9. Traumatic injury to the organs of digestion resulting in:	
9.9.1. removal of the gall bladder or marginal resection of the liver	10
9.9.2. part of the stomach, intestine (except the duodenum), part of the pancreas is resected or extra-hepatic bile ducts are injured.;	25
9.9.3. 2 of the consequences referred to in 9.9.2.	35
9.9.4. 3 of the consequences referred to in 9.9.2.	40
<i>Note. Where insurance benefit for the injury to the organs of digestion is paid under Clause 9.9, no benefit for the procedures referred to in Clause 9.1 shall be paid (except for the insurance benefit for a relaparotomy).</i>	
9.10. Rupture formed at the place of injury to the diaphragm	10
9.11. Consequences of the injury to the organs of digestion (except for the oesophagus) persisting for longer than 9 months after the date of the insured event:	
9.11.1. narrowing of the organs of digestion, except for the oesophagus, due to scars	10
9.11.2. commissures due to which a surgery was performed	15
9.11.3. internal or external fistulas	20
<i>Notes: 1. Insurance benefit under Clause 9.11. shall be paid in addition to the benefits paid for the procedures referred to in Clause 9.1 or for injury to the organs of digestion under Clause 9.9. 2. Insurance benefit under Clause 9.11. shall be paid once during the entire insurance period.</i>	
9.12. Traumatic damage (rupture) to the liver (capsule), gall bladder not requiring surgery; subcapsula haematomas	5
9.13. Injury to the pancreas resulting in the development of the following, persisting for longer than 9 months from the date of the insured event, pancreatogenic malabsorption syndrome	5
9.14. Traumatic damage to the spleen:	
9.14.1. subcapsula rupture not requiring surgery	5
9.14.2. subcapsula rupture requiring surgery	10
<i>Urinogenital system</i>	
9.15. Traumatic injury to a kidney resulting in:	
9.15.1 appearance of a subcapsular, retro-peritoneal, perinephric haematoma (spills of blood in tissues near kidneys)	3
9.15.2. surgery: kidney plugging, drainage, kidney stitching	10
9.15.3. removal of part of the kidney	15
<i>Notes: 1. Where insurance benefit is paid under Clause 9.15, no insurance benefit shall be paid under Clause 9.1 (except for the benefit for a relaparotomy). 2. If insurance benefit is paid for renal insufficiency or regular hemodialysis under Clauses 11.2.2 and 11.2.3 of Table V, no insurance benefit shall be paid under Clause 9.15.3 (except for the benefit paid for relaparotomy).</i>	

9.16. Disruption of the integrity of the ureter diagnosed in hospital	5
<i>Note. If insurance benefit has been paid due to renal impairment or consistent haemodialysis according to paragraph 11.2.2-11.2.3. of Table V, insurance benefit according to this clause shall not be paid.</i>	
9.17. Traumatic or toxic renal disorder due to which haemodialysis was performed	10
9.18. Injury to the organs of the urinary system resulting in:	
9.18.1. trocar or surgical cystostomy was performed	5
9.18.2. rupture of urinary bladder occurred	5
9.18.3. surgery on urinary organs was performed	15
9.19. Traumatic injury to female genitalia resulting in removal of one ovary and/or one oviduct	5
<i>Note. Where insurance benefit for injuries to genitalia is paid under Clause 9.19., no insurance benefit for the procedures referred to in Clause 9.1 shall be paid (except for insurance benefit for a relaparotomy).</i>	
9.15. Traumatic injury to male genitalia resulting in:	
9.15.1. removal of one testicle	5
9.15.2. removal of part of the penis (at least one quarter)	10
<b>10. Consequences of Other Insured Events</b>	
10.1. Insured events resulting in in-patient treatment for at least 5 bed-days, providing that no insurance benefit is paid under other clauses of the present table:	
10.1.1. 5 to 14 bed-days	3
10.1.2. 15 to 21 bed-days	6
10.1.3. 22 and more bed-days	10
<i>Notes: 1. Where insurance benefit had been paid under this Clause and it has been established subsequently that a larger insurance benefit amount is to be paid under another clause (other clauses), then the amount paid under this Clause shall be deducted from such an amount. 2. No insurance benefit is payable for in-patient treatment due to illness, surgery performed due to illness, pregnancy and birth.</i>	
10.2. Animal bites, if immunoprevention measures were applied: for children under 16 years of age	2