

**SUPPLEMENTARY INSURANCE CONDITION AT20-1:****ACCIDENTAL TRAUMA**

Valid as of: 05.09.2020

Type of Insurance: **Supplementary Accidental Insurance****Insured Events**

1. An insured event shall mean an accident that occurs to the Insured while the insurance coverage is valid.  
An accident shall be considered any sudden, unexpected event, the time and place of which can be established and during which an external physical force (including chemical, thermal, toxic gas, etc.) affects the Insured's body against his will and harms his health. The Insured's moderate or severe acute accidental poisoning by food, medications, chemicals, gases, vapours, poisonous plants or fungi shall be also considered an accident when it occurs against the Insured's will. Infectious diseases shall not be considered accidents.
2. An event shall be considered an insured event if it occurs while the insurance coverage is valid and if it is confirmed by official documents and suitable evidence.

**Uninsured Events**

3. An uninsured event shall be considered an accident or health problem related to:
  - 3.1. the deliberate self-inflicted injury, self-administered poisoning or attempted suicide of the Insured;
  - 3.2. the use by the Insured of alcohol, toxic substances, narcotic, psychotropic or other substances that affect the central nervous system or the use of a medicine without a proper medical prescription;
  - 3.3. the Insured's operation of any vehicle without a license to operate said vehicle;
  - 3.4. the Insured's competition in professional sports (A professional sport shall mean a sport where sports-related income is received.) unless otherwise specified in the Insurance Contract.
  - 3.5. congenital and/or acquired physical defects or health problems (diseases, lingering consequences of diseases or traumas, congenital and/or acquired anomalies) except physical defects or health problems arising from another insured event that occurred while the Insurance Contract was in force;
  - 3.6. intentional activities by the Insured that carry criminal liability;
  - 3.7. war (whether declared or unannounced), military actions, participation in riots and revolution, nuclear radiation impact;
  - 3.8. participation by the Insured in fights and/or their instigation (except in cases where the limits of justifiable self-defence are not exceeded or the use of physical force was directly related to the performance of official duties);
  - 3.9. operations, treatments, and other medical procedures, except in cases where mentioned procedures were performed to treat health problems caused by an insured event.

**Insurance Benefits Paid in Case of an Insured Event**

4. In case of an insured event, the Insurer shall pay a lump-sum insurance benefit, the size of which shall be calculated as a percentage of the sum insured that is specified for accidental trauma in the Insurance Contract. The percentages according to the consequences of an insured event shall be specified in Annex 1 to this Supplementary Insurance Condition.
5. While the Insurance Contract is valid, the Insurer shall be entitled to amend Annex 1 to this Supplementary Insurance Condition. The Insurer shall inform the Policyholder in writing at least one month prior to the effective date of said amendment to Annex 1. If the Policyholder does not agree with the amendment, he must notify the Insurer in writing about this. In this case the Policyholder shall be entitled to amend the conditions relating to this Supplementary Insurance Condition free of charge or to terminate the Insurance Contract. If the Policyholder does not notify the Insurer in writing about the termination of the Insurance Contract or the amendment of its conditions by the date specified in the written notice, it shall be considered that the Policyholder agrees with the change.
6. If the Insured dies within 30 days of the insured event due to the consequences of said event, then no accidental trauma insurance benefit shall be paid. If said benefit has already been paid, it shall be deducted from the insurance benefit to be paid due to the death of the Insured.

**Insurance Benefits Paid in Case of an Uninsured Event**

7. In cases of an uninsured event the Insurer shall pay out no insurance benefits.

## **Deadlines for Reporting an Insured Event**

8. An insured event must be reported to the Insurer in a form enabling written reproduction as soon as possible, but no later than within one month of the insured event (or the appearance / determination of its consequences, if the consequences appeared / were determined later).

## **Documents to be Submitted When Applying for an Insurance Benefit**

9. The application to the Insurer to receive the insurance benefit should be supported with the following documents:
  - 9.1. Identification document of the person who is applying for the insurance benefit;
  - 9.2. An application indicating the date, place and nature of the insured event, as well as bank's account where the insurance benefit shall be transferred;
  - 9.3. Detailed medical certificates from a healthcare institution describing exact diagnosis, anamnesis, tests and treatment;
  - 9.4. Document confirming the disability or the loss of the ability to work of the Insured, if such document has been issued;
  - 9.5. Report of occupational accident, if such report has been drawn;
  - 9.6. Statement of the event issued by a police, if such statement has been drawn, report of the investigation, court's judgement, if criminal proceedings have been instigated in regard with the insured event or if the insured event is related to the event subjected to judicial proceedings.
10. The Insurer may request for other documents not indicated in paragraph 9, if such documents are necessary to justify the insurance benefit and determine its amount.
11. In case a document is issued by a foreign institution, the Insurer shall have the right to ask for a properly certified translation of this document into Estonian language. The Insurer shall not cover expenses of the translation.

## **Recipient of the Insurance Benefit**

12. If Insured person is at least 18 years of age at the moment of insured event the insurance benefit shall be paid to the Insured, unless a separate Beneficiary entitled to receive insurance benefits of this Supplementary Insurance Condition has been specified in the Insurance Contract. If the Insured is less than 18 years of age at the moment of insured event the insurance benefit shall be paid to the Policyholder.
13. The insurance benefit may not be paid to a person, whose deliberate actions (as established by a court) caused the insured event. In this case, the part of the payable insurance benefit belonging to the culprit shall be paid as follows:
  - 13.1. Proportionally to other Beneficiaries indicated in the Insurance Contract;
  - 13.2. To the Insured, if no other Beneficiaries have been appointed.
14. If the insurance benefit recipient dies after the insured event but before he has an opportunity to accept the insurance benefit, the insurance benefit shall be paid to the deceased recipient's legal heirs.

# ANNEX I TO SUPPLEMENTARY INSURANCE

## CONDITION NO. AT20-I: ACCIDENTAL TRAUMA

### 1. General provisions

- 1.1. The insurance benefit is a part of the sum insured for accidental trauma, indicated for body injuries and their consequences listed in this table, incurred during the insured event.
- 1.2. The total insurance benefit sum cannot exceed 100% of the accidental trauma sum insured for consequences of one or several insured events incurred within a period of one insurance year.
- 1.3. The percentage evaluation of all the injuries of one part of the body, incurred due to the same accident, cannot exceed the evaluation of a loss of that part of the body. Paying insurance benefit due to the loss of the organ (functions of the organ), the deductions are made from the benefit amounting to the injuries of that organ, incurred due to the same accident.
- 1.4. If due to the insured event a loss of the organ (organ function) is incurred, part of which (part of function) the Insured had lost before the date of the insured event date, the paid insurance benefit is decreased down to the loss of a part of the organ (part of the function of the organ) which was present before the injury.
- 1.5. The insurance benefits are not paid due to hernia (of abdomen wall, diaphragm, spinal intervertebral discs) caused by physical tension (as well as due to weight lifting) and the consequences thereof (radiculopathy, neuropathia, spinal compressions and etc.).
- 1.6. The first (hospitalization) and the last (discharging) treatment day in the institution are counted as one day (bed-day).
- 1.7. Insurance benefit due to operations, performed due to fractures of one bone (initial fractures, repeated fracture, dislocation or pseudoarthrosis) or an organ injury, paid additionally to insurance benefit due to fracture or an organ injury, but not more than 2 times. The insurance benefit is not paid due to removal of osteosynthesis constructions.
- 1.8. Insurance benefit concerning the injuries of one part of the body, incurred due to the same accident is paid following only one item of the appropriate article, which describes the heaviest injury indicated in that article.

### 2. Bone fractures, dislocations

Notes:

1. The insurance benefit due to bone fractures, dislocations, subluxations, syndesmolyse (symphyseal ruptures) is paid only when these body injuries are seen in radiographs (in the computer tomography or magnetic resonance pictures).
2. A single bone fracture in several places (during one insured event) is evaluated as one fracture, except the cases when the article establishes a benefit for multiple fractures.
3. *The operation due to bone fractures or dislocations is called a surgical procedure during which the bone stubs are consolidated (by a surgical nail or a wire, a plate, an external fixation apparatus) or a joint is formed.*
4. The insurance benefit is not paid for foreign body (joint prosthesis, osteosynthesis constructions) fractures, dislocations.
5. *The insurance benefit is not paid, if the bone fracture or the nature of the fracture is not acknowledged by Insurer.*

	<b>Body injury or state</b>	<b>The paid percentage of the sum insured (%)</b>
2.1.	The fracture of the external plate of skull arch	5 %
2.2.	The fracture of the skull arch Note: if paid due to this article, then the benefit is not paid due to item 2.1.	10 %
2.3.	The fracture of the skull base	15 %
2.4.	The operation of the skull bones performed due to fractures	10 %
2.5.	The fracture of the nasal bone	4 %
2.6.	The fractures of other face bones (ethmoid bone, orbit, maxilla and mandible, walls of paranasal sinus, zygomatic bone, lingual bone): a) compound fractures b) all other fractures Notes: 1. The fracture of the alveolar process of the jaw is not considered to be a jaw fracture. 2. Paid not for more than three bones fractured during the same insured event.	8 % 5 %
2.7.	The operation of the facial bones (except for the nasal bone) performed due to fracture	5 %
2.8.	Dislocation of the lower jaw (radiological confirmation is necessary).	3 %
2.9.	Costal fractures:	

	a) 1 – 2 ribs b) 3 – 5 ribs c) 6 and more ribs	3 % 5 % 10 %
2.10.	The fractures of bodies or arcs of the cervical, thoracic or lumbar vertebrae: a) one vertebra b) two vertebrae c) three vertebrae d) four or more vertebrae	15 % 20 % 25 % 30 %
2.11.	The subluxation of cervical, thoracic or lumbar vertebrae	5 %
2.12.	The operation of the cervical, thoracic or lumbar region of the spine performed due to the fraction or subluxation of the vertebrae	10 %
2.13.	<i>The fractures of the vertebral processes of the cervical, thoracic or lumbar region of the spine:</i> a) one vertebra b) two vertebrae c) three or more vertebrae	3 % 5 % 8 %
2.14.	Fracture of the sacrum	10 %
2.15.	Operation of the sacrum performed due to fracture	5 %
2.16.	Fracture of the coccyx	5 %
2.17.	Operation of the coccyx performed due to fracture	5 %
2.18.	Fracture of the sternum Note: the insurance benefit is also paid when the sternum fractured while rehabilitating the insured person	5 %
2.19.	Fracture of the scapula: a) compound fracture b) all other fractures	8 % 5 %
2.20.	Operation of the scapula performed due to fracture	5 %
2.21.	Fracture of the clavicle: a) compound fracture b) all other fractures	8 % 5 %
2.22.	Operation of the clavicle performed due to fracture	5 %
2.23.	Fracture of the humerus: a) compound fracture b) all other fractures	15 % 10 %
2.24.	Operation of the humerus performed due to fracture	10 %
2.25.	<i>Fractures of the bones of the forearm:</i> a) compound fractures b) all other fractures Note: the insurance benefit is paid for every fractured bone.	10 % 5 %
2.26.	The operation of the forearm bones performed due to fractures Note: the sum of the benefit does not depend on the number of the operated bones.	5 %
2.27.	Fractures of the carpal bones Note: Paid not for more than for three bones fractured during the same insured event.	4 %
2.28.	Operation of the carpal bones performed due to fractures Note: if benefit is paid according to article 2.26 due to the fracture of the forearm bones, it is not paid for the operation according to this article.	5 %
2.29.	The fractures or dislocations of the metacarpal bones, fractures or dislocations of the phalanges of the I finger of the hand (thumb) Note: Paid not for more than three bones fractured or dislocated during the same insured event.	3 %
2.30.	Fractures of phalanges of II – V fingers of the palm Dislocation of phalanges of II – V fingers of the palm Note: <i>Fractures of several phalanges of one finger are evaluated as one fracture.</i>	2 % 1 %
2.31.	<i>Operation of the metacarpal bones performed due to the fractures:</i> a) one bone was operated b) two and more bones were operated Note: If insurance benefit is paid according to article 2.28 for the fractures of the knucklebones, it is not paid for the operation according to this article.	3 % 5 %
2.32.	<i>Fractures of pelvic bones (iliac bone, ischium, pubic bone):</i> a) a fracture of one pelvic bone, the split of the edge of acetabulum; b) fractures of two pelvic bones; c) fractures of three or more pelvic bones, disorganizing the integrity of the pelvic girdle; d) a split of the pubic symphysis.	5 % 10 % 20 % 5 %

	Note: in case of a fracture of the sacrum, paid according to article 2.14.	
2.33.	Operation of the pelvic bones performed due to the fracture Note: the sum of the benefit does not depend on the number of the operated bones.	10 %
2.34.	Fracture of the femur: a) compound fracture b) all other fractures	20 % 15 %
2.35.	Operation of the femur due to the fracture	10 %
2.36.	Fracture of the patella	5 %
2.37.	Operation of the patella performed due to the fracture	5 %
2.38.	Fracture of the tibia (in case of articular fracture this article is not applied): a) compound fracture b) all other fractures.	15 % 10 %
2.39.	Fracture of the fibula (in case of articular fracture this article is not applied): a) compound fracture b) all other fractures	8 % 5 %
2.40.	Operation of the shin bones performed due to a fracture (in case of an articular fracture this article is not applied): <i>Note: the amount of the benefit does not depend on the number of the operated bones.</i>	10 %
2.41.	Fractures of the tarsal joint area bone (including fracture of medial and lateral malleolus, posterior margin of the tibia and except for the fracture of the calcaneus and talus) Note: the benefit is paid not for more than three bones fractured due to the same insured event.	3 %
2.42.	Fracture of the calcaneus	8 %
2.43.	Fracture of the talus	5 %
2.44.	Operation of the tarsal joint area bones performed due to fracture Note: The sum of the benefit does not depend on the number of the operated bones.	5 %
2.45.	Fractures and dislocations of the metatarsal bones Note: the benefit is paid not for more than three bones fractured or dislocated due to the same insured event.	3 %
2.46.	<i>Fractures or dislocations of the foot phalanges:</i> a) I toe (hallux) b) II – V toe Note: the fractures or the dislocations of the one toe are evaluated as one fracture or dislocation.	3 % 2 %
2.47.	The operation of the foot bones performed due to fracture Notes: 1. If the benefit is paid for the operation due to the fractures of the tarsus bones according to article 2.44, it is not paid for the operation due to the fractures of the foot bones according to this article. 2. <i>The sum of the benefit does not depend on the number of the operated bones.</i>	2 %
2.48.	Pseudoarthrosis, remaining longer than 9 months since the date of the insured event Note: the benefit is paid due to the pseudoarthrosis having formed in the collarbone, humerus, forearm, femur, shinbone fractures.	½ of the insurance benefit payable for the fracture of the respectful bone
2.49.	<i>The initial bone dislocation of a wrist, elbow, shoulder, tarsus, knee or hip joints when due to that it was:</i> a) after the dislocation restoration a splint was put on for 14 days or a longer period of time b) operated Notes: 1. The insurance benefit is not paid due to simple dislocation. 2. If there is a fracture and dislocation of the same bone, then the insurance benefit is paid due to the fracture or the dislocation depending on which is bigger. 3. If it is paid for the fracture of posterior margin of the tibia, of medial or lateral malleolus, acc. to article 2.41, it is not paid for the dislocation of the bones at the ankle joint according to article 2.49.	5 % 8 %

### 3. The loss of extremities or their functions

Notes:

1. Incurable loss of an extremity or a function of part thereof is evaluated by the Insurer, within not less than 9 months and not more than 18 months after the day of the insured event (if the incurable loss of the organ or the function of the organ is doubtless, the insurance benefit is paid without having to wait for the term of 9 months). Insurance benefit concerning the loss of an extremity or the function of a part thereof depends on the level of the loss of the function and can amount up to from 30 % to 70 % of insurance benefit, paid in case of losing that extremity or part of it.

2. If replantation (reimplantation of the lost extremity or part thereof) was performed after the loss of extremity or part thereof, the insurance benefit covers only the expenses of the injuries of bones, blood-vessels, nerves, soft tissues applying the respectful articles of this table, as well as for the loss of function of the extremity or part thereof.

3.1.	The loss of the hand which was the only one above the elbow joint	100 %
3.2.	The loss of a hand with other bones of shoulder girdle (scapula, clavícula or their parts)	80 %
3.3.	Loss of a hand above the elbow joint	75 %
3.4.	The loss of a hand at the elbow joint (exarticulation)	70 %
3.5.	The loss of a hand above the wrist joint	65 %
3.6.	The loss of a palm	60 %
3.7.	The loss of the first finger of the hand (thumb)	20 %
3.8.	The loss of the distal phalanx of the first finger of the hand (thumb)	10 %
3.9.	The loss of all three phalanges of the second finger (forefinger)	15 %
3.10.	The loss of two phalanges of the second finger (forefinger)	10 %
3.11.	The loss of the ungular phalange of the second finger (forefinger)	5 %
3.12.	The loss of III, IV or V finger of the hand	10 %
3.13.	The loss of two phalanges of III, IV or V finger	8 %
3.14.	The loss of ungular phalange of III, IV or V fingers	4 %
3.15.	The loss of the single existing leg above the knee joint	100 %
3.16.	The loss of the leg above the knee joint	70 %
3.17.	The loss of the leg above the ankle joint	60 %
3.18.	The loss of the leg at the ankle joint region (exarticulation)	50 %
3.19.	The loss of the foot	45 %
3.20.	The loss of the foot at the metatarsal region	35 %
3.21.	The loss of the foot at the metatarso-phalangeal region	25 %
3.22.	The loss of the first toe (hallux) of the leg	8 %
3.23.	The loss of the ungular phalanx of the first finger (hallux) of the leg	5 %
3.24.	The loss of II, III, IV or V toe of the leg	6 %
3.25.	The loss of one or two phalanges of the II, III, IV or V toe of the leg	4 %

#### 4. Organs of vision

Notes:

1. The injury of the single eye able to see is evaluated as the injury of both eyes.
2. The decrease of the vision acuity is evaluated not earlier than 3 months and not later than within a year from the trauma day.
3. When due to the trauma a new artificial lens is implanted or an adjusting lens is used, the payable insurance benefit is established according to the acuity of vision before the implantation or lens application.

4.1.	Non perforating eyeball injuries (contusion of eyeball, traumatic erosion of the cornea, scraping of the cornea, haemorrhage to the front camera of the eye)	2 %
4.2.	Post-traumatic consequences of one eye: iridal defect, alteration in the form of the pupil, dislocation of lens (shifting), the remaining unremoved foreign bodies in the eyeball, in the neighbouring tissues and orbit, causing post-traumatic diseases and complications, disturbance of the lacrimal canal functions due to their injuries.	5 %
4.3.	Perforating injury of one eye, III degree eye burn	5 %
4.4.	Decrease of the vision acuity (without correction) due to trauma: <ul style="list-style-type: none"> <li>a) 10 – 30 %</li> <li>b) 31 – 50 %</li> <li>c) 51 – 70 %</li> <li>d) 71 – 90 %</li> <li>e) 91 % and more</li> </ul> Notes: <ol style="list-style-type: none"> <li>1. Paying the insurance benefit due to the decrease of vision acuity according to this article the benefit, paid due to perforating eye injury or burn according to article 4.2 or 4.3, is deducted.</li> <li>2. If the acuity of vision decreased due to the retinal ablation, it must be based on the characteristic of a fresh trauma.</li> <li>3. If due to the trauma the vision acuity of both eyes decreases, each of the eyes is evaluated separately, the received percents are summed up and the received amount is multiplied by a ratio 1,25.</li> </ol>	<ul style="list-style-type: none"> <li>2 %</li> <li>8 %</li> <li>15 %</li> <li>35 %</li> <li>45 %</li> </ul>

4.5.	Traumatic consequences: complete ptosis of one eye, the rupture of the lacrimal canals or complete stenosis, accommodation paralysis, significant narrowing of the eye perimeter, traumatic strabismus. Note: the consequences of the trauma are evaluated not earlier than within 9 months after the trauma date.	15 %
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## 5. Organs of hearing

5.1.	Traumatic rupture of the eardrum, if the diagnosis is based on fresh characteristics of the trauma.	2 %
5.2.	<i>Traumatic rupture of an eardrum, if the diagnosis is based on fresh characteristics of the trauma, when the hearing is impaired due to this trauma.</i> Notes: 1. Hearing impairment is confirmed by audiogram and impedanceometry. 2. If the eardrum was ruptured with the fracture of the basis of the skull, then the insurance benefit is not paid according to articles 5.1 and 5.2.	5 %
5.3.	<i>Complete deafness:</i> a) of one ear b) of both ears Note: paying the insurance benefit due to becoming deaf according to this article, the benefit paid due to the rupture of an ear drum according to article 5.1 or 5.2 is deducted.	15 % 60 %

## 6. Central nervous system

6.1.	The injuries of the brain: a) cerebral concussion (concussion, commotion), due to which an adequate treatment in the hospital, not shorter than 3 days was applied. b) cerebral contusion (contusion), constriction (compression), epidural (located supradurally) hematoma, when the diagnosis is based on the computer tomography or magnetic resonance examination while treating in the hospital. c) subdural (located under the dura mater) and/or intracerebral (located in the cerebral tissue) hematoma, when the diagnosis is based on the computer tomography or magnetic resonance examination while treating in the hospital. Note: the insurance benefit due to the cerebral concussion (concussion, commotion) is not paid if the insured person had cerebrovascular pathology or a more difficult cerebral trauma prior to the event.	3 % 10 % 20 %
6.2.	Effusion of the cerebrum to the outside through the traumatic aperture	50 %
6.3.	Craniotomy (opening of the cerebral cavity) performed due to the cerebral trauma. Note: Paying the insurance benefit due to the craniotomy according to this article, the insurance benefit due to skull bone operation according to article 2.4 is not paid.	10 %
6.4.	Injuries of the spinal cord: a) spinal concussion (commotion), due to which an adequate treatment in the institution, not shorter than 3 days was applied. b) spinal contusion, constriction (compression), haemorrhage to the spinal canal, when the diagnosis is based on the computer tomography or magnetic resonance examination while treating in the hospital. c) Partial rupture of the spine, injury of half of the spinal cross-section, partial traumatic myelitis of the medulla. d) The complete rupture of the spinal cord, complete myelitis.	3 % 15 % 50% 100%
6.5.	Operation due to injury of the medulla Note: Paying the insurance benefit due to operation according to this article, the insurance benefit due to cervical, thoracic or lumbar part of the spine according to the article 2.12, this benefit is not paid.	15 %
6.6.	The consequences of the injury of central nervous system remaining longer than 9 months after the insured event date: a) traumatic epilepsy – rare seizures (1 – 3 times per year) b) traumatic epilepsy – frequent seizures (4 and more times per year); post-traumatic parkinsonism in persons under 40 years; the remaining foreign body in the brain c) paresis of one extremity (monoparesis) d) paresis of two or more extremities (hemiparesis, paraparesis) e) paralysis of one extremity (monoplegia) f) paralysis of one side of the body (hemiplegia), paralysis of the upper and lower extremities (paraplegia)	5 % 20 % 25% 45 % 50 % 80 %

	g) amentia (dementia); paraplegia with complete disorder or pelvic organ functions	90 %
	h) paralysis of the upper and lower extremities (tetraplegia), decortication (“decorticated” cerebrum)	100 %
Note: Paying the insurance benefit due to central nervous system injury consequences according to this article, the insurance benefit, paid according to chapter 3 or articles 6.1 – 6.5, is deducted.		

## 7. Cranial and peripheral nerves

7.1.	Peripheral injury of the cranial nerves, due to which reconstructive operation was performed or the neuropathy clinical picture has remained longer than 9 months after the insured event date: a) one side b) two side Notes: 1. The insurance benefit due to the injury of the cephalic nerves according to this article is paid once disrespectfully of the number of the injured nerves on the one side. 2. If the insurance benefit is paid due to skull foundation fracture according to article 2.3, the insurance benefit is not paid according to this article. 3. If the insurance benefit is paid due to the disorder of the organs of vision according to article 4.4, article 4.5 or due to becoming deaf according to article 5.3, the insurance benefit is not paid according to this article.	5 % 10 %
7.2.	The disturbance of the integrity of the peripheral nerves, due to which reconstructive operation was performed or the neuropathy clinical picture has remained longer than 9 months after the insured event date: a) at the forearm, wrist, calf, tarsus region b) at the upper arm, elbow, thigh, knee region c) at the plexus regions Notes: 1. Concerning the injuries of metacarpal and metatarsal nerves, see article 8.6 and article 8.7. 2. If several nerves are injured in the same extremity, the insurance benefit is paid only for the injury of one nerve. 3. The benefit according to this article is not paid, if the insurance benefit according chapter 3 was paid.	5 % 10 % 25 %

## 8. Soft tissues

Notes:

- If during one insured event several muscles and/or tendons are injured, the insurance benefit is paid as for one injury, i. e. – only once.
- The insurance benefit is paid only once due to the injury of the soft tissues of the same joint (due to the repeated traumas the insurance benefit is not paid).

8.1.	The injury of the face, frontal and lateral surface of the neck, the submandibular soft tissues, due to which the following has formed after the end of the healing period: a) 1 cm or longer linear, 1 cm <sup>2</sup> or bigger scar b) 3 cm or longer linear, 2 cm <sup>2</sup> or bigger scar c) 3 cm <sup>2</sup> or bigger spot d) 5 cm or longer linear, 3 cm <sup>2</sup> or bigger scar e) 5 cm <sup>2</sup> or bigger spot f) 8 cm or longer linear, 5 cm <sup>2</sup> or bigger scar g) deformation of half of the face: contrastive spots of unusual colour remained, as well as scars deforming the appearance h) deformation of the whole face: remaining deformation of the face, remaining contrastive spots of unusual colour, as well as scars deforming the appearance Notes: 1. Children up to 10 years additionally receive 1% of the benefit for the injuries listed in the item 8.1. 2. According to article 8.1 a) the scars are evaluated 1 month after the trauma date. 3. The scars and pigmented spots according to articles 8.1 b), c), d), d) and f) are evaluated within not less than 3 months after the trauma date. 4. The scars and the pigmented spots according to articles 8.1 g) and h) are evaluated within not less than 6 months after the trauma date.	1 % 3 % 3 % 5 % 10 % 20 % 25 % 40 %
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	5. The deformation of the face, due to which the benefit is established according to articles 8.1 g) and h) must be evaluated by the Insurer.	
8.2.	The injury of the tissues of the hairy part of the head, due to which the following formed as the healing process ended: a) 5 cm or longer linear scar b) 10 cm or longer linear scar c) a scar bigger than 0,5% of the body surface; partial scalping d) scalping Notes: 1. The children up to 10 years receive additionally 1% for the bellow indicated injures. 2. According to this article the scars are evaluated within not less than 3 months after the trauma date.	1 % 2 % 6 % 15 %
8.3.	<i>The injury of the soft tissues of the waist and extremities, due to which the following was formed as the healing process ended:</i> a) scars from 2 cm <sup>2</sup> to 0,5 % of the body surface or pigmented spot from 0,5 to 1 % of the body surface b) scars of 0,5 - 1 % of the body surface or pigmented spot from 1 to 10 % of the body surface c) scars bigger than 1 % of the body surface or pigmented spot from 10 % of the body surface and bigger d) scars bigger than 5 % of the body surface e) scars bigger than 10 % of the body surface f) scars bigger than 15 % of the body surface Notes: 1. 1% of the body surface equals the surface of the insured person's palm (palm and II – V fingers). This area is calculated in square centimetres: the length of the palm, calculated from the distal wrinkle of the wrist to the top of the distal metacarpal bone of III finger, multiplied by the width of the palm, measured at the II – V metacarpal bone heads. 2. According to this article the scars are evaluated within not less than 3 months after the trauma date. 3. The insurance benefit due to the scars that have formed after the compound fractures, operations or amputations is not payable. 4. For the loss of nail 1% of insurance amount is paid	1 % 3 % 5 % 10 % 20 % 30 %
8.4.	Injury of the auricle: a) 1 cm or longer linear, 1 cm <sup>2</sup> or bigger scar has formed after the end of the healing period b) the loss of up to one third of the auricle c) the loss of part smaller than half, but bigger than one third d) the loss of a part of the auricle bigger than half or the whole scoop of the ear	1 % 3 % 7 % 12 %
8.5.	<i>Traumatic violation of integrity of the muscle, tendon, ligament (except for the hand and foot tendons and ligaments), due to which:</i> a) immobilized with the splint for the period of three weeks, and the Insured is not suitable for work longer than 3 weeks b) reconstructive operation performed	3 % 5 %
8.6.	Traumatic violation of integrity of the hand muscle, tendon, ligament, nerve, due to which: a) immobilized with the splint for the period of three weeks, and the Insured is not suitable for work longer than 3 weeks b) reconstructive operation performed Notes: 1. Paying the insurance benefit due to the wrist bone operation according to article 2.28 or due to the operation of the hand bones according to the article 2.31, this insurance benefit is not paid. 2. If repeated injury of the joint ligament is incurred (according to article 8.5 and article 8.6), the benefit is not paid for the second time.	2 % 5 %
8.7.	Traumatic violation of integrity of the foot muscle, tendon, ligament, nerve, due to which the operation was performed Note: Paying the insurance benefit due to the tarsal bone operation according to article 2.454 or due to metatarsal bone operation according to article 2.487, the insurance benefit is not paid according to this article.	3 %
8.8.	Achilles tendon rupture due to which an operation was performed. Notes: 1. If operation was not performed due to the trauma, insurance benefit is paid as per art. 8.5 a). 2. If a repeated Achilles tendon rent appears, ½ of the insurance benefit is paid.	8 %

8.9.	Illness due to burn (shock due to burn, acute burn toxemia, burn septic-toxemia), if the diagnosis has been established in the hospital	15 %
8.10.	Auto-transplantation (skin, bone) made due to the insured event	5 %
8.11.	The split or laceration of the knee joint meniscus, confirmed during the arthroscopy or magnetic resonance imaging <i>Notes:</i> 1. Paying the insurance benefit according to this article the additional benefit for the operation is not paid. 2. If during one trauma both meniscus of one knee are split, the insurance benefit is paid as for the split of one meniscus. 3. The benefit is paid when the exact date of the trauma is indicated in the documents of the treatment institution. 4. The benefit is not paid, when the meniscus is split due to knee arthrosis or degenerative joint diseases.	5 %

## 9. Organs of thoracical cavity

9.1.	The injury of the organs of thoracical cavity due to which the following was performed: a) toracocentesis, drainage, pericardiocentesis, toracoscopy b) toracotomia Note: if several procedures listed in the article 9.1a) were performed, the insurance benefit is paid as if for one procedure (according to which the biggest percent from the sum insured is paid).	5 % 10%
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### System of respiratory organs

9.2.	<i>Lung injury, contusion, hypodermic emphysema, hematorax (blood effusion from the lungs), pneumotorax (air in the pleura cavity), traumatic pneumonia (pulmonary inflammation), exudative pleuritis (weeping inflammation of the pleura), unremoved foreign body in the chest cavity:</i> a) on the one side b) on both sides <i>Notes:</i> 1. The insurance benefit is paid if the indicated consequences are due to direct trauma of the chest or its organs. If the cause of these consequences (diseases) is another one (e.g. due to the caught cold, due to operation of the organs, not related to the traumas of the chest, or due to the occurring complications), the insurance benefit is not paid. 2. The insurance benefit is paid only once disrespefully of the number of the consequences of the insured event. 3. When the acute pneumonia is caused by accidental acute poisoning of the respiratory organs by chemical substances, pneumotoxic poison, the insurance benefit is paid.	5 % 10 %
9.3.	Injury of the organs, due to which tracheotomy was performed	10 %
9.4.	Injury of the lung due to which the following resections were made: a) 1 – 2 segments of the lungs b) lobe of the lung or part (up to half) of the lung c) more than a half of the lung or the whole lung Notes: Paying the insurance benefit due to the injury of the lung according to this article, the insurance benefit due to procedures established in article 9.1 is not paid.	20 % 30 % 40 %
9.5.	<i>Injury of the respiratory organs, due to which the consequences remain longer than 9 months after the insured event date:</i> a) significant hoarseness of the voice b) complete loss of voice c) functioning (permanent) tracheostoma d) grade II lung function insufficiency e) grade III lung function insufficiency <i>Notes:</i> 1. Paying the insurance benefit due to the insufficiency of the lung function according to article 9.5 <b>Error! Reference source not found.</b> , the deducted sum is the sum paid due to procedures established in article 9.1 or due to lung injury according to article 9.4. 2. Insurance benefit according to articles 9.5 <b>Error! Reference source not found.</b> and <b>Error! Reference source not found.</b> depends on the choke, functional lung tests and blood criteria (vital lung capacity, blood capacity to assimilate oxygen and carbon dioxide – PaO <sub>2</sub> , PaCO <sub>2</sub> , blood Ph). 3. Paying the insurance benefit due to the functioning tracheostoma according to article 9.5c), the deducted sum is the sum paid according to the article 9.3.	15 % 45 % 40 % 40 % 60 %

## Cardiovascular system

9.6.	<p>Large blood vessel integrity disturbance due to which a reconstructive operation was performed:</p> <p>a) at the forearm, wrist, calf, tarsus region</p> <p>b) at the humerus, elbow, thigh, knee region</p> <p>c) of the neck, chest, abdomen cavity or retroperitoneal space</p> <p>Note: if several blood vessels are injured at the same extremity or region, their injury is evaluated as the injury of one blood vessel.</p>	<p>5 %</p> <p>10 %</p> <p>15 %</p>
9.7.	The heart and coat of the heart injuries	10 %
9.8.	<p>The injury of heart, its coat or blood vessels, due to which the insufficiency of the cardiovascular function remained longer than 9 months from the insured event date:</p> <p>a) insufficiency of cardiovascular function of III functional class of grade II</p> <p>b) insufficiency of cardiovascular function of IV functional class of grade III</p> <p>Notes:</p> <p>1. Paying the insurance benefit according to this article, the benefit paid due to procedures established in article 9.1 and due to cardiovascular diseases according to article 9.7, are deducted.</p> <p>2. The insurance benefit according to this article depends on the functional tests and criteria, basing the insufficiency level of the circulation system.</p>	<p>40 %</p> <p>60 %</p>

## 10. Organs of the abdominal cavity

10.1.	<p>Trauma of the abdominal area due to which the operation was performed:</p> <p>a) laparocentesis (abdominal perforation)</p> <p>b) laparoscopy (endoscopic examination of the abdominal cavity)</p> <p>c) laparotomy (opening the abdominal cavity)</p> <p>d) re-laparotomy (repeated laparotomy)</p> <p>Note: if several of the procedures listed in the item 10.1 were performed, the insurance benefit is paid as for one of the procedures (according to which the biggest percentage from the sum insured is paid). Benefit according article 10.1 d) is paid only once, irrespective of number of re-laparotomies.</p>	<p>1 %</p> <p>5 %</p> <p>10 %</p> <p>10 %</p>
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## Gastrointestinal organs

10.2.	<p>The jaw injury due to which the following loss was incurred:</p> <p>a) Part of the jaw, and therefore disturbed chew,</p> <p>b) The whole jaw.</p> <p>Note: paying insurance benefit according to this article, the benefits paid due to the jaw fracture according to article 2.6 and the loss of teeth according to article 10.4 (at the bone fracture place) are deducted from it.</p>	<p>30 %</p> <p>60 %</p>
10.3.	<p>The injury of the tongue due to which:</p> <p>a) A scar remained (evaluated not earlier than when one month has passed after the event),</p> <p>b) the loss of the tongue up to the distal third part, but the portion is not smaller than <math>\frac{1}{4}</math> of the tongue,</p> <p>c) the loss of the tongue at the middle third portion,</p> <p>d) the loss of the tongue in the proximal third (root) region or the loss of entire tongue.</p>	<p>3 %</p> <p>15 %</p> <p>40 %</p> <p>70 %</p>
10.4.	<p><i>The traumatic loss of the coronal part of the tooth or the entire tooth:</i></p> <p>a) 1 tooth</p> <p>b) 2 – 3 teeth</p> <p>c) 4 – 5 teeth</p> <p>d) 6 – 9 teeth</p> <p>e) 10 and more teeth</p> <p>Notes:</p> <p>1. If part of the tooth corona is lost, but not less than <math>\frac{1}{4}</math>, half of the benefit established in this article is paid.</p> <p>2. The insurance benefit due to the loss of the milk-teeth is paid to the children under 5 years old</p> <p>3. If the teeth prosthesis is broken or damaged due to the injury, the insurance benefit is not paid.</p> <p>4. If the teeth are damaged by the periodontitis, <math>\frac{1}{2}</math> of the benefit is paid.</p>	<p>3 %</p> <p>5 %</p> <p>10 %</p> <p>15 %</p> <p>20 %</p>
10.5.	<p>Injury of the esophagus, which have caused narrowing of the esophagus due to which after 9 months from the date of the insured event the following has remained:</p> <p>a) impeded swallowing process,</p> <p>b) impeded swallow of liquid and/or consistent food</p> <p>c) obstruction of the esophagus, due to which gastrostoma was formed permanently (opening of the stomach to the outside through the abdomen wall).</p>	<p>5 %</p> <p>30 %</p> <p>80 %</p>

10.6.	Traumatic injury of the organs of the gastrointestinal system, due to which: a) gall-bladder has been removed or the marginal resection of the liver was performed, part of the intestines was removed, b) segment of the liver or a bigger part of it removed, or spleen removed c) part of the stomach or the duodenum removed or part of the pancreas or injured extrahepatic gallbladder passages removed d) there are two of the consequences mentioned in the item c) e) there are three of the consequences mentioned in item c) f) injury of the pancreas, due to which traumatic necrotic pancreatitis has developed, due to which the pancreas was repeatedly operated or removed completely g) the entire stomach removed	5 % 15% 20 % 25 % 30 % 40 % 50 %
10.7.	No less than 5 cm diameter hernia formed on the anterior wall of the abdomen, diaphragm injury place or at the place of the post-operational scar (if the operation was performed due to the insured event): a) if the operation was not performed due to the hernia b) if the operation was performed due to the hernia Note: Due to the physical tension (including weight lifting) occurring hernias of the abdomen wall are not paid for by the insurance benefit.	5 % 10 %
10.8.	Injury consequences of the organs of the gastrointestinal system (except for esophagus) that have remained for longer than 9 months from the insured event date: a) the narrowing of the gastrointestinal organs (except for the esophagus) due to scars b) adhesive disease, due to which the operation was performed c) internal or external fistulae d) stoma (opening of the intestine to the outside) e) rectal incontinence Note: the benefit according to this article is paid additionally to the benefits, paid due to the procedures according to article 10.1 or due to the injury of the gastrointestinal organs according to article 10.6.	10 % 15 % 20 % 30 % 50 %
10.9.	The injury of the pancreas, due to which longer than 9 months after the insured event date the following has remained: a) Pancreatogenic malabsorption syndrome, b) The developed insulin dependent diabetes.	5 % 30 %
10.10	<i>The injury of the liver, due to which II – III grade hepatic insufficiency has remained longer than 9 months after the date of the insured event (if the amount of the following blood and urine ferments and pigments has increased: bilirubine, urobilina, GGT, GPT, GOT, LDH etc.)</i> Note: paying the insurance benefit according to this article, the sum paid due to liver injury according to article 10.6. b) is deducted.	60 %

### Urogenital system

10.11	Traumatic injury of the kidney due to which: a) The kidney has been sewn b) Part of the kidney has been removed c) The whole kidney has been removed Note: paying the insurance benefit according to this article, it is not paid according to article 10.1, except for the benefit for the re-laparotomy.	10 % 20 % 40 %
10.12	Disturbance of the integrity of the ureter	5 %
10.13	Traumatic or toxic injury of the kidney due to which hemodialysis was performed	10 %
10.14	<i>The injury of the organs of the urinary system due to which for longer than 9 months since the date of the insured event the following has happened:</i> a) Obstruction of the ureter, obstruction of the urethra, functioning epicistostoma, urinary or genital organ fistulae, b) Grade II renal insufficiency, confirmed by laboratory tests, c) Grad III renal insufficiency, confirmed by laboratory tests, systematically performed hemodialysis or by the performed kidney transplantation. Notes: 1. Planned insurance benefit according to article 10.14 a) the benefit paid due to the procedures established in article 10.1 is deducted from the final benefit, except for the benefit due to re-laparotomy. 2. Paying the insurance benefit according to article 10.14 <b>Error! Reference source not found., Error! Reference source not found.</b> the sum paid for the procedures established in the	20 % 30 % 80 %

	article 10.1 or due to kidney injury or ureter injury according to articles 10.11 and 10.12, except for the benefit due to the re-laparotomy.	
10.15	<p>Traumatic injury of the organs of the genital system due to which the women:</p> <p>a) One ovary and/or one oviduct has been removed 15 %</p> <p>b) Both ovaries have been removed (or the single functioning ovary) or both oviducts have been removed and/or the uterus, when during the event the insured women is under 40 years old. 50 %</p> <p>c) Both oviducts have been removed and/or the uterus, when during the event the insured woman is of 40 - 49 years old 20 %</p> <p>d) Both oviducts and/or the uterus have been removed when during the event the insured person is of 50 years old or older 15 %</p> <p>Note: paying the insurance benefit according to this article, the benefit for the procedures established in the article 10.1 is not paid, except for the benefit planned for the re-laparotomy.</p>	
10.16	<p>Traumatic injury of the system of the genital organs due to which the men:</p> <p>a) Removed one of the testicles 15 %</p> <p>b) Removed portion (at least on fourth) of the male's penis 30 %</p> <p>c) Both testicles are removed and/or the entire male's penis is removed 50 %</p>	

## 11. Other consequences of the insured events

11.1.	<p>The insured events due to which the insured person was treated as an in-patient for not less than 3 days, when the insurance benefit is not paid according to other articles of this table:</p> <p>a) 3 – 4 days 2 %</p> <p>b) 5 – 14 days 5 %</p> <p>c) 15 – 21 days 8 %</p> <p>d) 22 days and more 10 %</p> <p>Notes:</p> <p>1. If the insurance benefit was paid according to this article and later on it was established that according to other (others) articles a bigger insurance benefit should be paid then the sum paid according to this article is deducted while paying it.</p> <p>2. The insurance benefit due to infectious diseases, the natural transfer manner of which are the bites/stings of various animals (e.g.: mite encephalitis, Lyme disease, tetanus, rabies etc.), botulism, as well as due to various origination purulents, thrombophlebitis, vein dilatation is not paid.</p>	
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