

ERGO Life Insurance SE Eesti filiaal

Terms & Conditions of ERGO Accident Insurance



Dear customer,

In these Terms & Conditions of Accident Insurance, we explain the principles that guide us in the provision of services to you.

In addition to these Terms & Conditions, the General Terms & Conditions of ERGO Life Insurance Services also apply to your relationship with us. In the case of any conflicts between these terms and conditions, on one side, and the general terms and conditions, on the other side, these terms and conditions will prevail.

All terms and conditions can be found on our website: www.ergo.ee

The Terms & Conditions that apply to a particular service and insurance contract are stated in the insurance policy.

Please take your time and read the insurance terms and conditions carefully. Please contact us on info@ergo.ee if you have any questions.

We're happy to help you.

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1. Who do we insure?

- 1.1. The insured person is the natural person specified in the insurance contract by their name. The age of the insured person in the contract can be up to 70 years.
- 1.2. The person noted in the policy with the written consent of the insured person is the beneficiary. If the beneficiary is not named or the insured person is less than 18 years old or the beneficiary died before the insurance indemnity is paid out, we will pay out the death indemnity to the heir(s) of the insured person. If the beneficiary is named in the policy, but the insured person has not given his or her written consent, we will pay the death indemnity to the insured person's heir(s).

2. What does the insurance cover?

- 2.1 We will recognise an accident involving you as an insured event. An accident is an involuntary, unexpected and unforeseeable event that results in an external and/or violent force causing you to suffer personal injury or death.
- 2.2. The types of accident insurance indemnities are: death indemnity, invalidity indemnity (permanent disability), trauma indemnity, daily allowance, supplementary medical care. We have specified the list of types of indemnities that apply to you and the sums insured on the policy.
- 2.3. **Death indemnity**
 - 2.3.1. We pay the death indemnity if the insured person is deceased as a result of the insured event or within one year after the date of occurrence of the insured event.
 - 2.3.2. We also pay the death indemnity if the insured person has been declared dead by a court in circumstances which suggest that the insured person died as a result of an insured event during the period of cover.
 - 2.3.3. We do not pay the death indemnity in the following cases:
 - 2.3.3.1. the insured person died as a result of illness;
 - 2.3.3.2. the insured person committed suicide;
 - 2.3.3.3. the insured person died as a result of participating in and/or starting a fight, except for participation in a fight in an emergency or in the performance of official duties;
 - 2.3.3.4. the insured person is declared missing by a court.
- 2.4. **Invalidity indemnity (permanent disability)**
 - 2.4.1. We will pay the invalidity indemnity if, as a result of an insured event, you develop an invalidity determined according to Invalidity Indemnity Table 1 in these terms and conditions. We recognise an injury as invalidity if the function of a part of body or a sensory system has not recovered within nine months of an insured event in order to ensure normal functioning of a part of body or a sensory system.
 - 2.4.2. The existence and extent of the invalidity will be determined by our expert doctor after nine months have elapsed since the insured event, based on your state of health at the time of the invalidity determination. If the injury is permanent and there is no chance of recovery, we may determine the extent of invalidity and the amount of the indemnity before nine months have elapsed.
 - 2.4.3. We determine the percentage amount of the invalidity indemnity on the basis of the Invalidity Indemnity Table in force at the beginning of the insurance period. If the injury to a body part or a sensory organ caused by the insured event cannot be determined according to the Invalidity Indemnity Table, we will make a decision on the basis of the degree of invalidity.

Example

An accident leaves you blind in one eye. In the case of total loss of sight in one eye, we will pay 45% of the invalidity indemnity. If the invalidity indemnity specified in the policy is €50,000, we will pay an indemnity of €22,500.

- 2.4.4. We only take into account the severity and nature of the injury when determining your invalidity, not your occupation, hobbies, lifestyle, etc. We do not take into account the severity of disability and/or loss of capacity for work determined by the state or the loss of income when determining your invalidity.
- 2.4.5. If you become entitled to invalidity indemnities under more than one of the points in the Invalidity Indemnity Table, we will add these indemnities up, provided that the total indemnity does not exceed the amount of invalidity indemnity agreed in the policy.
- 2.4.6. We do not pay the invalidity indemnity:
 - 2.4.6.1. if the invalidity occurs more than a year after the insured event;
 - 2.4.6.2. in an extra amount if your health deteriorates after we have determined you invalidity;
 - 2.4.6.3. if the invalidity is the result of a suicide attempt;
 - 2.4.6.4. if the invalidity was caused by illness.

2.5. Trauma indemnity

- 2.5.1. We will pay the trauma indemnity if you suffer an injury as described in Table 2 of these terms and conditions as a result of an insured event.
- 2.5.2. We will not pay out the trauma indemnity in the following cases:
 - 2.5.2.1. attempted suicide;
 - 2.5.2.2. participation in and/or starting a fight, except for participation in a fight in an emergency or in the performance of official duties;
 - 2.5.2.3. removal of osteosynthesis structures, their breakage and/ or dislocation as well as breakage and/ or dislocation of joint prostheses;
 - 2.5.2.4. pathological bone fractures, intervertebral disk impairments, intervertebral hernia, abdominal or abdominal cavity hernia;
 - 2.5.2.5. joint dislocations / deformities, when the first dislocation / deformity was suffered before the Insurance Coverage took effect;
 - 2.5.2.6. teeth damage by biting (chewing);
 - 2.5.2.7. infections, except for those, the pathogens of which get into the body during the insured event described in these insurance terms and conditions.

2.6. Daily allowance

- 2.6.1. We will pay a daily allowance if you suffer temporary incapacity for work as a result of an insured event, as certified by a certificate of incapacity for work that meets the legal requirements.
- 2.6.2. We pay the daily allowance for each day of incapacity for work from the first day, up to a maximum of 14 days per claim. If the temporary incapacity for work was caused by an injury described in Trauma Indemnity Table 2, we will pay the daily allowance for each day of incapacity for work from the first day, up to a maximum of 30 days per insured event.
- 2.6.3. We will pay a daily allowance for up to 100 days of incapacity for work per insured person for insured events occurring during one insurance year.
- 2.6.4. We will also pay the daily allowance if one parent needs to be absent from work because of an insured event involving a minor. The indemnity is paid out on the condition that both the child and the parent staying at home have a valid accident insurance contract with us, and the parent must have chosen the daily allowance indemnity. Indemnity is paid on the basis of the care leave certificate issued to the parent.

2.7. Medical care

- 2.7.1. If you have chosen to be covered for death, disability or trauma, we will indemnify for the following costs agreed with us in advance:
- 2.7.1.1. up to €1,500 for cosmetic plastic surgery carried out on you within three years of the date of the insured event to correct the consequences of injuries caused by the insured event, i.e. cosmetic defects or deformities;
 - 2.7.1.2. up to €1,000 for rehabilitation treatment in a state or municipal medical institution, private medical institution or rehabilitation centre registered in Estonia, for the prosthesis of limbs, joints or organs, or for the purchase of prostheses or orthopaedic aids, if the corresponding expense is due to an insured event of invalidity indemnity as described in point 2.4, where the amount of invalidity indemnity is at least 15% according to Invalidity Indemnity Table 1 and this expense is not indemnified for by compulsory or voluntary health insurance or is only partially indemnified. We recognise the following medical as rehabilitation: physiotherapy, kinesiotherapy and up to 10 massage sessions;
 - 2.7.1.3. up to €1,000 for indemnification of psychological care (consultations with a psychologist, psychiatrist or psychotherapist), if the respective cost was caused by an insured event of invalidity indemnity described in point 2.4, where the amount of the invalidity indemnity is at least 15% in accordance with Invalidity Indemnity Table 1.
- 2.7.2. We will indemnify for the cost of medical care on the basis of invoices submitted by a state or municipal medical institution, private medical institution or rehabilitation centre registered in Estonia.
- 2.7.3. We will not indemnify for expenses that are not supported by invoices/expense receipts.

2.8. Supplementary medical care

- 2.8.1. We will pay the supplementary medical care indemnity if you:
- 2.8.1.1. incur the cost referred to in point 1 of the Supplementary Medical Care Indemnity Table 3 as a result of an injury or damage to health caused by an insured event and occurring within five years of the date of the insured event;
 - 2.8.1.2. suffer an illness specified in point 2 of the Supplementary Medical Care Indemnity Table 3, if it was not diagnosed before the start of the supplementary medical care cover and you were hospitalised for the illness and/or the illness is confirmed by a medical certificate or medical tests.
- 2.8.2. We will indemnify for the cost of medical care on the basis of invoices submitted by a state or municipal medical institution, private medical institution or rehabilitation centre registered in Estonia.
- 2.8.3. We will not pay the supplementary medical care indemnity if the illness referred to in points 2.8–2.16 of the Supplementary Medical Care Indemnity Table 3 occurred within 30 days of the date on which the supplementary medical assistance cover starts.
- 2.8.4. If you have more than one valid insurance contracts with supplementary medical care cover, we will indemnify the cost of the supplementary medical care up to the amount you actually had to pay.

3. What is not covered (exclusions)?

- 3.1. We will not pay out the insurance indemnity in the following cases:
- 3.1.1. events not covered under our General Terms & Conditions of Life Insurance services (general exclusions);
 - 3.1.2. events described under each type of insurance indemnity as events in the case of which we do not pay;

- 3.1.3. accidents you suffered while the insurance cover was not in effect;
- 3.1.4. events that are not confirmed by medical records, diagnostic analyses, the conclusions of medical committees, or if the documents provided do not allow us to determine the date, severity and circumstances of the insured event;
- 3.1.5. health problems caused by treatment, surgery or other medical procedures. If an operation or treatment was needed because of an insured event, we will recognise it as an insured event;
- 3.1.6. attempted suicide by the insured person;
- 3.1.7. the event was caused by a developmental disorder and/or disease that causes seizures;
- 3.1.8. an event related to the insured person's participation in professional and/or extreme sports, unless we have agreed otherwise with you in the insurance contract (this condition does not apply to insured persons under the age of 18).

4. What should you do if an insured event occurs?

- 4.1. Notify us of the insured event immediately, but no later than 30 days after the occurrence of the event, and provide us with the following information:
 - 4.1.1. a notice of claim;
 - 4.1.2. in the case of the death indemnity, a statement of the cause of death;
 - 4.1.3. in the case of the death indemnity, a document confirming entitlement to insurance indemnity (inheritance document, court decision) if the beneficiary is not named in the insurance contract;
 - 4.1.4. The medical records to prove the damage to your health: medical history of the diagnosis of the disease, its course, tests, treatment and operations performed;
 - 4.1.5. in the case of a daily allowance, in addition to the documents referred to in point 4.1.4, a certificate of incapacity for work or a care leave certificate;
 - 4.1.6. in the case of supplementary medical care, in addition to the documents referred to in point 4.1.4, documents certifying the receipt of such care and the cost;
 - 4.1.7. other documents requested by us that are important for identifying the circumstances of the insured event.

5. What are the principles of indemnification?

- 5.1. Insurance indemnity means the sum of money that we pay after the insured event. The amount of the indemnity per insured event depends on the injury you suffer as a result of the insured event and the amount of the corresponding indemnity shown in the policy.
- 5.2. We will pay the invalidity indemnity, trauma indemnity, daily allowance and supplementary medical care indemnity to you. We pay the death indemnity to the beneficiary.
- 5.3. We have the right to set off the overdue insurance premium until the end of the insurance period against the obligation to perform the insurance contract.
- 5.4. We deduct the insurance indemnities paid out earlier on the basis of the same insured event (e.g. invalidity or trauma indemnity, daily allowance) from the death indemnity. If the insurance indemnity paid out earlier exceeds the death indemnity, we will not reclaim the indemnity already paid out.
- 5.5. We will deduct from the invalidity indemnity the insurance indemnities paid out earlier on the basis of the event that caused the insured event. If the insurance indemnity paid out earlier exceeds the invalidity indemnity, we will not reclaim the indemnity already paid out.

Tables of accident insurance indemnities

Invalidity Indemnity Table 1

1. General provisions

- 1.1. We will not indemnify more than the sum insured for invalidity indemnity indicated in the policy for invalidity identified as a result of one event within one insurance year.
- 1.2. If a body part suffers more than one injury in the same event, we will pay out one indemnity for the most serious injury to that body part.
- 1.3. If an organ suffers more than one injury in the same event, the maximum we will pay out is the total indemnity we would pay for the loss of that organ.
- 1.4. We recognise the first and last day of inpatient treatment as one day.
- 1.5. If the injury (trauma) that led to the total or partial loss of organ function is not included in Invalidity Indemnity Table 1, we will use the help of our medical expert to decide on the payment of indemnities and the severity of the consequences of the injury (trauma).
- 1.6. If the occurrence or consequences of an insured event were influenced by pre-existing and/or existing illnesses or bodily injuries, we will either reduce the amount of indemnity payable or may refuse to pay the indemnity.
- 1.7. We will increase the indemnity by 15% if the right hand of a right-handed insured person or the left hand of a left-handed insured person is injured.

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

Note

We calculate the indemnity on the basis of point I if the insured person has been diagnosed with at least two of the residual symptoms listed in point I. If the insured person has suffered at least one of the injuries listed in point I of this Table and at least one of the injuries to the trunk and/or limbs listed in points 44–87 of this Table due to the same external cause, we will not pay indemnity for the injuries listed in points 44–87 of this Table.

II. Peripheral nervous system injury		INSURANCE INDEMNITY (% OF THE SUM INSURED OF THE INVALIDITY INDEMNITY)
2.	Traumatic injury of cranial nerves: We pay the indemnity if you have symptoms of neuropathy, irrespective of the number of nerves damaged.	
2.1.	unilateral;	5
2.2.	bilateral.	10
3.	Injury of neck and shoulder, lumbar region and sacral plexus or respective nerves. We pay the insurance indemnity in the case of impaired mobility, muscle strength, sensitivity, muscle dystrophy and trophic skin disorders.	10
4.	Impairment of the integrity of peripheral nerves: We pay the indemnity if you have symptoms of neuropathy. If more than one nerve is injured in the same limb, we will only pay indemnity for injury to one nerve.	
4.1.	nerve damage in the arm, wrist, leg or heel;	5
4.2.	nerve damage in the upper arm, elbow, thigh or knee.	10
III. Eye injury		
5.	Paralysis of accommodation of one eye.	10
6.	Significant visual field reduction; concentric narrowing of the field of vision.	15
7.	Vision impairment, when an intraocular lens or lens (in both eyes) was implanted because of sustained trauma:	
	from 0.4	20
	0.3-0.1	10
	below 0.1.	25
8.	Eyelid ptosis, eye muscle paralysis, eyelid defect preventing the eyes from closing.	5
9.	Unilateral bulging of the eye (exophthalmos).	20
10.	Consequences of eye injuries: eye ball dislocation, tear duct injury, strabismus, retinal detachment (as a result of direct eye injury).	10

11.	Post-traumatic eye diseases (except conjunctivitis); haemorrhage; iridal defect; pupil shape changes; lens dislocation. If the insured person has suffered at least one of the injuries listed in points 5–10 and 12–14 of this Table as a result of an external force to the body, we will not pay compensation for the injuries listed in point 11.	5
12.	Complete loss of vision in one or both eyes.	100
13.	Complete loss of vision in one eye.	45
14.	Decreased visual acuity after an eye injury. Visual acuity will be determined according to the table below, separately for each eye.	

Visual acuity		Insurance indemnity (% of the sum insured of the invalidity indemnity)	Visual acuity		Insurance indemnity (% of the sum insured of the invalidity indemnity)		
Before injury	After injury		Before injury	After injury			
1.0	0.7	1	0.6	0.4	1		
	0.6	3		0.3	3		
	0.5	5		0.2	10		
	0.4	7		0.1	15		
	0.3	10		< 0.1	20		
	0.2	15		0.0	30		
	0.1	20					
	< 0.1	30					
	0.0	45					
	0.9	0.7-0.6		1	0.5	0.4-0.3	1
0.5		3	0.2	5			
0.4		5	0.1	10			
0.3		10	< 0.1	15			
0.2		15	0.0	25			
0.1		20					
< 0.1		30					
0.0		45					
0.8		0.6-0.5	2	0.4		0.3-0.2	2
		0.4-0.3	7			0.1	7

	0.2	15		< 0.1	10
	0.1	20		0.0	20
	< 0.1	30	0.3	0.1	5
	0.0	45		< 0.1	10
				0.0	20
0.7	0.5-0.4	2	0.2	0.1	5
	0.3	7		< 0.1	10
	0.2	15		0.0	20
	0.1	20	0.1	< 0.1	10
	< 0.1	25		0.0	20
	0.0	40	< 0.1	0.0	10

Note

1. If the visual acuity of the injured eye is not known before the day of the accident, we deem it to be the same as the visual acuity of the uninjured eye.
2. In the case of visual acuity impairment in both eyes, we assess each eye separately.

IV. Ear injury

**INSURANCE INDEMNITY
(% OF THE SUM INSURED
OF THE INVALIDITY
INDEMNITY)**

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

V. Respiratory injury		INSURANCE INDEMNITY (% OF THE SUM INSURED OF THE INVALIDITY INDEMNITY)
20.	Loss of nasal bones, cartilages and soft tissues.	30
21.	Loss of nose wings and tip.	15
22.	Loss of nose tip or wing (wings).	10
23.	Nasal breathing disorder. The insurance indemnity depends on the severity of the disorder and the parties (measured by rhinometry, norm: inhalation and exhalation 380-400 ml/s):	
	a) severe unilateral (less than 100 ml/second) or apparent bilateral (less than 200 ml/second);	5
	b) complete bilateral (0 ml/second).	10
24.	Loss of sense of smell and taste.	15
25.	Loss of sense of smell.	10
26.	Post-traumatic chronic inflammation of paranasal sinuses.	2
27.	Function impairment of larynx or trachea:	
27.1.	permanently inserted tracheostomy tube;	40
27.2.	dysphonia;	10
27.3.	aphonia;	30
27.4.	disorders of articulation.	15
28.	Lesions of respiratory organs causing:	
28.1.	Stage I respiratory failure;	10
28.2.	Stage II respiratory failure;	40
28.3.	Stage III respiratory failure.	60
29.	Thoracic deformations after rib or sternal fractures in the presence of severe respiratory movement restriction.	10

Note
If the insured person suffered at least one of the injuries listed in point 28 of this Table and at least one of the injuries listed in point 29 of this Table as a result of an external force exerted on his or her body, we will not pay indemnity for the injuries listed in point 29.

VI. Cardiovascular system injury		
30.	Heart and blood vessel failure because of an injury to heart blood vessels or major blood vessels: Symptoms of a failure of heart and blood vessels shall be evaluated according to NYHA classification, ECG, cardiac stress tests, ultrasound imaging or long-term ECG and blood pressure monitoring.	
30.1.	Functional class II – when heart failure symptoms are observed during difficult physical load.	15

30.2.	Functional class III - when heart failure symptoms are observed during average physical load;	40
30.3.	Functional class IV - when heart failure symptoms are also observed at rest.	70
31.	Blood flow disorder because of injury to major peripheral blood vessels:	
31.1.	minor - swelling, weaker pulse;	5
31.2.	significant - swelling, cyanosis, extremely weak pulse;	10
31.3.	severe - swelling, cyanosis, lymphoedema, trophic disturbances.	15

Note
We will calculate the indemnity for cardiovascular disorders on the basis of point VI of the insured person has been diagnosed with at least two of the conditions described in points 30-31.

VII. Gastrointestinal tract injury		INSURANCE INDEMNITY (% OF THE SUM INSURED OF THE INVALIDITY INDEMNITY)
32.	Chewing disorder because of facial bones fracture or lower jaw injury:	
32.1.	significant bite and chewing disorder;	7
32.2.	severe bite and mouth opening disorder, jaw deformation.	25
33.	Loss of lower jaw: In the case of loss of the jawbone, we will not pay indemnity for the injuries described in point 32.	
33.1.	part of the jawbone;	15
33.2.	the entire jawbone.	50
34.	Loss of the tongue:	
34.1.	up to the middle third;	15
34.2.	from the middle third and more;	30
34.3.	complete loss.	50
35.	Severe narrowing of oral cavity, salivary fistula formation	15
36.	Oesophageal or pharyngeal narrowing as a result of burns or trauma: Narrowing must be confirmed by objective tests.	
36.1.	difficulty while swallowing soft food;	10
36.2.	difficulty while swallowing liquid food;	30
36.3.	complete obstruction (gastrostomy).	80

37.	Residual effects after gastrointestinal tract injury:	
37.1.	dumping syndrome;	40
37.2.	partial bowel obstruction;	15
37.3.	colostomy;	30
37.4.	disorder of pancreatic endocrine function;	30
37.5.	disorder of pancreatic exocrine function;	5
37.6.	Stage II liver failure;	45
37.7.	Stage III liver failure;	80
38.	Traumatic gastrointestinal tract injury, which led to the excision of:	
38.1.	part of liver;	15
38.2.	spleen;	15
38.3.	part of stomach, pancreas or intestine;	25
38.4.	entire stomach.	40

Note

If the insured person suffered a traumatic injury to an internal organ due to an external force to the body that required an organ operation and at least one of the injuries is listed in point 38 of this Table, we will not pay the insurance indemnity for a traumatic injury to an internal organ in accordance with point 13.1 of the Trauma Indemnity Table 2, if the operation was necessary on that organ.

If the insured person suffered at least one of the injuries listed in point 38 of this Table and at least one of the injuries listed in point 37 of this Table as a result of an external force exerted on his or her body, we will not pay indemnity for the injuries listed in point 37 of this Table.

VIII. Urinary and reproductive system

**INSURANCE INDEMNITY
(% OF THE SUM INSURED
OF THE INVALIDITY
INDEMNITY)**

39.	Kidney removal. If the insured person suffered an injury due to the impact of an external force on his or her body as shown in point 39 of Table and a traumatic injury to the internal organs in the case of temporary disability, and if an operation on the organ had to be performed, we will not pay the benefit under point 13.1 of Table 2 for a traumatic injury to an internal organ if an operation on that organ was necessary.	25
40.	Disorders of urine excretion functions.	
40.1.	Kidney function disorder: a) stage II failure; b) stage III failure. In the case of an injury listed in point 39 of this Table and at least one injury listed in point 40.1 of this Table, we will not pay indemnity for the injuries listed in point 39 of this Table.	40 80
40.2.	significant narrowing of ureters or urethra, urinary bladder volume reduction;	20
40.3.	complete obstruction of ureter or urethra, fistula of reproductive organs.	30

41.	Consequences of injury of reproductive organs:	
41.1.	an ovary, fallopian tube or testicle removed;	20
41.2.	part of the penis removed;	25
41.3.	entire penis removed;	40
41.4.	either both ovaries or both fallopian tubes, or uterus removed:	40
	a) if the woman is under 50 years of age, inclusive;	
	b) if the woman is over 50 years of age.	20

IX. Soft tissue injury

**INSURANCE INDEMNITY
(% OF THE SUM INSURED
OF THE INVALIDITY
INDEMNITY)**

42	Very noticeable scars on the front or sides of the face and neck that interfere with facial expressions (remaining after plastic surgery) caused by burns, frostbite or injury. We will pay the insurance indemnity in accordance with point 2.7.1.1 of the insurance terms and conditions. If we pay an insurance indemnity for the cost of cosmetic plastic surgery and you are left with scars after cosmetic surgery, we will pay the difference between these indemnities.	10
43.	Hypertrophic, keloidal scars of the skin of torso and limbs that deform soft tissue and interfere with wearing clothes or footwear:	
43.1.	scars cover less than 1% of the body;	1
43.2.	scars cover 1–2% of the body;	2
43.3.	scars cover 3–4% of the body;	4
43.4.	scars cover 5–10% of the body;	5
43.5.	scars cover more than 10% of the body;	8
43.6.	scars cover more than 15% of the body.	10

Note

A palm of the Insured Person corresponds to 1% of the body's surface area. Scars will be evaluated after at least one year has passed since the injury. If we have paid at least one of the insurance indemnities described in point 43 of this Table, the insured person loses the right to claim coverage of the costs of plastic surgery, except for plastic surgery to remove cosmetic defects or deformities of the face or neck.

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

**INSURANCE INDEMNITY
(% OF THE SUM INSURED
OF THE INVALIDITY
INDEMNITY)**

Vertebral column		
44.	Spine function disorders after a spinal injury. Injuries and indemnity percentages are shown in points 1 and 2 of this Table.	
Shoulder girdle; shoulder joint		
45.	Complete shoulder joint immobility after resection of humerus head.	40

46.	Complete shoulder joint immobility.	30
47.	Limited mobility of the shoulder joint.	10
Arm		
48.	Loss of arm and scapula (or part thereof).	75
49.	Loss of arm after disarticulation at the shoulder joint or stump in the middle part of the arm.	70
50.	Loss or arm – stump at the lower third of the arm.	65
51.	Loss of forearm after disarticulation at the elbow joint.	65
52.	Loss of forearm under the elbow joint.	60
Shoulder joint		
53.	Complete immobility of shoulder joint.	20
54.	Limited mobility of the shoulder joint.	7
Wrist joint; hand		
55.	Loss of hand from the wrist or metacarpus.	55
56.	Complete immobility of the wrist joint.	20
57.	Limited mobility of the wrist joint.	5
58.	Hand function disorder. Note If the insured person suffered at least one of the injuries listed in point 4 of Part II of this Table and an injury listed in point 58 due to an external force exerted on his or her body, we will not pay the insurance indemnity for the injuries listed in point 4 of Part II of this Table.	10
Fingers		
59.	First finger (thumb):	
59.1.	partially amputated distal phalange;	5
59.2.	completely amputated distal phalange;	8
59.3.	partially amputated first phalange;	15
59.4.	loss of a thumb;	20
59.5.	loss of a thumb and part or all of the metacarpal bone.	25
60.	Immobility of thumb joint.	5
61.	Immobility of the carpometacarpal joint of the thumb.	10
62.	Second (index) finger:	
62.1.	partially amputated distal phalange;	3

62.2.	completely amputated distal phalange;	4
62.3.	completely amputated middle phalange;	8
62.4.	partially amputated proximal phalange;	10
62.5.	loss of a finger;	12
62.6.	loss of a finger and part or all of the metacarpal bone;	15
62.7.	finger contracture in half-bent state and ankylosis of proximal finger joint or metacarpophalangeal joint;	4
62.8.	finger contracture while fully bent or extended and ankylosis two finger joints;	8
63.	Third (middle), fourth (ring) or fifth (pinky) fingers:	
63.1.	partially amputated distal phalange;	2
63.2.	stump of intermediate or proximal phalange;	5
63.3.	loss of a finger and part or all of the metacarpal bone;	15
63.4.	finger contracture in half-bent state and ankylosis of proximal finger joint or metacarpophalangeal joint;	1
63.5.	finger contracture while fully bent or extended or ankylosis of two and three finger joints.	3
64.	Loss of two fingers on the same hand:	
64.1.	first and second fingers;	35
64.2.	first and third, first and fourth or first and fifth (I+III), (I+IV), (I+V);	25
64.3.	second and third, second and fourth or fifth (II+III), (II+IV), (II+V);	15
64.4.	third and fourth or third and fifth (III+IV), (III+V).	10
65.	Loss of three fingers on the same hand:	
65.1.	first, second and third, fourth or fifth (I+II+III), (I+II+IV), (I+II+V);	40
65.2.	first, third and fourth or fifth (I+III+IV), (I+III+V);	35
65.3.	second, third and fourth or fifth (II+III+IV), (II+III+V);	30
65.4.	third, fourth and fifth (III+IV+V).	25
66.	Loss of four fingers of the same hand.	40

Note

In other cases of loss of fingers or their function, we calculate the insurance indemnity by adding together the indemnities awarded for loss of function of individual fingers.

67.	Loss of all fingers of the same hand.	45
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Leg		
68.	Loss of a leg or a stump at the upper third:	
68.1.	Loss of leg after disarticulation at hip joint or stump at the upper third;	70
68.2.	loss of leg after disarticulation at hip joint or stump at the upper third, if before the injury it was the only one leg.	90
69.	Thigh stump at the middle or lower third.	60
70.	Leg function impairment because of leg shortening by more than 2.5 cm.	5
71.	Loss of shin or a stump at the upper third:	
71.1.	loss of shin after disarticulation at the knee joint or a stump at the upper third;	50
71.2.	loss of shin of the only leg.	80
72.	Stump at the middle or lower third of the shin.	45
Hip joint		
73.	Complete immobility of hip joint.	35
74.	Limited mobility of hip joint.	10
Knee joint		
75.	Complete joint immobility.	30
76.	Pathological joint mobility because of the tear of ligaments (persisting after surgical treatment).	8
77.	Limited movement of the knee joint.	5
Tarsal joints, foot		
78.	Complete immobility of tarsal joint.	20
79.	Limited movement of the tarsal joint.	5
80.	Loss of foot after disarticulation at the tarsal joint or foot amputation at tarsal bones.	40
81.	Loss of distal part of the foot because of amputation at the level of metatarsus.	30
82.	Disorder of foot function because of deformation or unhealed fracture. Note If the insured person suffered at least one of the injuries specified in point 4 of this Table and an injury specified in point 82 of this Table due to the effect of an external force on his or her body, we will not pay the insurance indemnity for the injuries specified in point 4 of this Table	5
Toes		
83.	Loss of all toes after disarticulation of the metatarsophalangeal joint or amputation at the level of proximal vertebrae.	20
84.	Loss of the first toe and the metatarsal bone or a part thereof.	15
85.	Loss of the first toe after disarticulation from the metatarsophalangeal joint or stump at the level of proximal phalanx.	5

86.	Loss of the distal phalange of the first toe.	2
87.	Loss of the second, third, fourth or fifth toes:	
87.1.	after disarticulation from the metatarsophalangeal joint or stump at the level of proximal phalanx;	2
87.2.	loss including a metatarsal bone or a part thereof;	5
87.3.	toe function disorder because of joint immobility.	1

Note
In the case of loss of toes or toe function not specified in points 83–87 of this Table, we will pay the insurance indemnity by adding together the indemnities specified for loss of function of individual toes.

XI. Injury from other functional disorders

**INSURANCE INDEMNITY
(% OF THE SUM INSURED
OF THE INVALIDITY
INDEMNITY)**

88.	Loss of speech.	50
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Trauma Indemnity Table 2

1. General provisions

- 1.1. If one bone breaks in several places in one insured event, we recognise it as one fracture.
- 1.2. If you suffer more than one injury in the course of an insured event, we will add up the indemnities, but the total amount of indemnities for one event cannot exceed the amount of trauma indemnity shown in the policy.
- 1.3. If you suffer a dislocation, rupture of soft tissues, muscles, tendons or ligaments in the same limb due to an external impact, we will pay the insurance indemnity for the injury for which insurance indemnity is the highest.
- 1.4. The fact of an injury or trauma will be confirmed by medical documents / objective medical tests:
 - 1.4.1. bone fractures - confirmed by radiological examinations (X-ray, computed tomography or magnetic resonance imaging), or where injuries were clinically justified, and treatment adequate in duration and nature was prescribed;
 - 1.4.2. dislocation (deformity) of the joints (bones), if the dislocation (deformity) was treated in a state or municipal medical institution, private medical institution or rehabilitation centre registered in Estonia;
 - 1.4.3. in the case of rupture of the menisci, a diagnosis based on objective radiological examination (e.g. magnetic resonance imaging) or arthroscopic surgery;
 - 1.4.4. in the case of a head injury or a concussion of the brain or spinal cord, a diagnosis by a neurologist or neurosurgeon.

2. We will reduce the insurance indemnity by 50% in the following situations:

- 2.1. in the event of a recurrent bone fracture at the bone rhumb or at the place of reinforcement of the metal structure, in case of a rupture of the same meniscus, ligament, tendon and / or muscle for the second time. We will not pay the insurance indemnity for subsequent injuries of this type;
- 2.2. In case of a joint (bone) deformity or second recurrent joint dislocation. We will not pay the insurance indemnity for any subsequent dislocations of the same joint.

- 2.3. if the diagnosed injuries occurred in bones with degenerative changes;
- 2.4. Due to a traumatic injury of a tooth affected for periodontitis, caries or another dental pathology.
- 3. We will increase the insurance indemnity by 50% in the following situations:**
- 3.1. if an osteosynthetic surgery was performed in case of open bone fractures or for joining the ends of a broken bone (using a metal plate, nails, wire or a fixation device externally), but not more than once for the same Insured Event;
- 3.2. in case of wounds on the face.
- 4. We will increase the insurance indemnity by 100% in the following situations:**
- 4.1 if an artificial joint had to be implanted due to a fracture of a joint during an acute trauma period;
- 4.2 if an injury was suffered by an insured person who was pregnant at the time of the event (except for the indemnity set out in point 17 'Miscarriage').

I. Skull bone fractures:	INSURANCE INDEMNITY (% OF THE SUM INSURED OF TRUMA INDEMNITY)
1.1. bones of the top of the skull;	10
1.2. bones of the base of the skull;	15
1.3. bones of the top and the base of the skull.	20
II. Facial bone fractures:	
2.1. cheekbone and the upper jawbone;	7
2.2. lower jawbone;	6
2.3. orbit of the eye (any of the rims);	5
2.4. nasal bones, ethmoid bone;	3
2.5. larynx, thyroid cartilage, hyoid bone.	4

Note

We do not recognise a fracture of dental alveolus of the jaw as a fracture of the jawbone.

III. Traumatic tooth injury with loss of tooth crown and/or root:	
3.1. loss of a milk tooth before the age of 5	2
Note. The maximum insurance indemnity per insured event is 5 euros.	
3.2. loss of 1 permanent tooth;	4
3.3. loss of 2–3 permanent teeth;	7
3.4. loss of 4–5 permanent teeth;	10
3.5. loss of 6 and more permanent teeth.	14

Note

In the case of a broken prosthesis or bridge, we will only pay the insurance indemnity for the loss of supporting teeth due to an accident.

In all other cases of traumatic injury of permanent and milk teeth (tooth dislocation, punching it into the alveolus, breakage of at least 1/4 of the teeth), we will pay 1% for one injured tooth, but no more than 3%.

IV. Skull bone fractures:	INSURANCE INDEMNITY (% OF THE SUM INSURED OF TRUMA INDEMNITY)
4.1. fractures of vertebral bodies and arches in cervical, thoracic or lumbar regions:	
4.1.1. if treated in a hospital for at least 6 days; Note In the case of a fracture of three or more vertebrae, the insurance indemnity does not exceed 24%.	12
4.1.2. if treated in hospital for less than 6 days or by way of outpatient care. Note In the case of a fracture of three or more vertebrae, the insurance indemnity does not exceed 16%.	10
4.2. transverse or spinous processes of a vertebra. Note In the case of a fracture of three or more vertebrae, the insurance indemnity does not exceed 8%.	5
4.3. Sacrum.	5
4.4. Coccyx.	4
V. Sternum and rib fractures:	
5.1. Sternum.	5
5.2. Ribs (1-2).	3
5.3. Ribs (3 and more). We will calculate the indemnity for each fracture, but it will not exceed 14%.	2
VI. Arm:	
6.1. scapula, clavicle;	5
6.2. compression fracture of the humeral head during joint dislocation;	3
6.3. fracture of the tubercle of the humerus;	5
6.4. fractures of the upper extremity of the humerus;	9
6.5. body of the humerus;	10
6.6. fractures of the lower extremity of the humerus;	8
6.7. one bone of the forearm;	5
6.8. distal end of one bone of the forearm and styloid process of another bone;	7
6.9. fractures of two bones of the forearm;	10
6.10. styloid processes of the ulna or the radius;	3

6.11	wrist bones (except for scaphoid bone);	3
6.12.	scaphoid bone;	5
6.13.	metacarpal bones; Note. We pay the insurance indemnity for each fracture, but not more than 8% in total.	3
6.14.	proximal phalanx of the thumb;	3
6.15.	distal phalanx of the thumb;	2
6.16.	Fracture of proximal or intermediate phalanx of fingers II-IV Note. We calculate the insurance indemnity for the fracture of each finger bone, but not more than 5% in total;	2
6.17.	Fracture of distal phalanx of fingers II-IV Note. We calculate the insurance indemnity for the fracture of each finger bone, but not more than 3% in total.	1

Note
A fracture of several phalanges of one finger is treated as a single fracture. We pay the insurance indemnity according to the point that gives the highest insurance indemnity.

VII. Pelvic bones (ilium, ischium, hip bone, pubis):		INSURANCE INDEMNITY (% OF THE SUM INSURED OF TRUMA INDEMNITY)
7.1.	fracture of the acetabulum;	12
7.2.	tear of symphyses and bone fractures;	13
7.3.	fracture of two or more bones;	10
7.4.	tear of one symphysis;	8
7.5.	fracture of one bone.	7
VIII. Leg:		
8.1.	trochanters of the femur;	8
8.2.	head and/or neck of the femur;	14
8.3.	body of the femur;	10
8.4.	intracranial fractures of the femur or tibia;	10
8.5.	patella;	8
8.6.	tibia (except for posterior edge and medial malleolus);	8
8.7.	posterior edge and medial malleolus of tibia;	5
8.8.	fibula, external malleolus;	5
8.9.	tibia and fibula;	10
8.10.	tibia and fibula with a tear of syndesmosis;	12
8.11.	calcaneus, talus;	7

8.12.	other ankle bones and phalanges (metatarsus bones); Note We calculate the insurance indemnity for the fracture of each bone, but not more than 10% in total.	4
8.13.	big toe;	2
8.14.	Phalanges of toes II-V We calculate the insurance indemnity for the fracture of each bone, but not more than 3% in total;	1
8.15.	sesamoid bones.	1

IX. Other traumas:		INSURANCE INDEMNITY (% OF THE SUM INSURED OF TRUMA INDEMNITY)
9.1.	avaric bone fractures, bone splits, bone infractions, bone embossings, stress fractures and other changes in the bone structure covering partial bone thickness, which were treated for up to 15 days, inclusive.	1
X. Brain and spinal cord traumas:		
10.1.	cerebrovascular haemorrhage (hematoma);	10
10.2.	cerebrovascular haemorrhage with opening of the cranial cavity;	18
10.3.	brain concussion that has been treated for at least 3 days in hospital and then by way of outpatient care;	6
10.4.	brain concussion treated by way of outpatient care for at least 14 days or for 1-2 days in a hospital and then by way of outpatient care;	4
10.5.	cerebral contusion;	8
10.6.	spinal cord concussion treated for at least 3 days in a hospital and then by way of outpatient care;	5
10.7.	spinal cord concussion treated by way of outpatient care for at least 14 days or for 1-2 days in a hospital and then by way of outpatient care;	4
10.8.	spinal cord contusion;	7
10.9.	cerebral and spinal cord compression.	15

Note
If the insured person has suffered multiple head and/or spinal cord injuries due to an external force to the body, we will pay the insurance indemnity on the basis of the point which gives the highest insurance indemnity.

XI. Dislocation of joints (bones):		
11.1.	dislocation of joints – shoulder, elbow, hip, knee;	5
11.2.	dislocation of joints – shoulder, elbow, hip, knee, if a surgery had to be performed thereon;	7
11.3.	dislocation of wrist, ankle joints;	3
11.4.	dislocation of wrist, ankle joints, if it required a surgery;	5
11.5.	lower jawbone;	3
11.6.	lower jaw, if it required a surgery;	5

11.7.	dislocation of phalanges;	1
11.8.	dislocation of phalanges with impaired integrity of tendons/ ligaments or capsule, if it required a surgery;	3

Note

We recognise the dislocation of several phalanges of one finger as a single dislocation.

11.9.	dislocation of the patella;	4
11.10.	dislocation of a vertebra of the cervical spine;	5
11.11.	dislocation of two and more vertebrae of the cervical spine;	7

XII. Tear of tendons, ligaments, muscles, menisci		INSURANCE INDEMNITY (% OF THE SUM INSURED OF TRUMA INDEMNITY)
12.1.	meniscus tear; Note. In the case of both meniscus tears in one knee due to trauma, we will only pay the insurance indemnity for one meniscus tear.	4
12.2.	tear of menisci and lateral/ cruciate ligaments of the knee;	6
12.3.	sprain of the lower jawbone, neck, hand, wrist, ankle, foot, finger tendons, ligaments, muscles, their partial or complete tear, if no surgery was required, and treated for up to 14 days, inclusive;	1
12.4.	sprain of the lower jawbone, neck, hand, wrist, ankle, foot, finger tendons, ligaments, muscles, their partial or complete tear, if no surgery was required, and treated for more than 14 days;	2
12.5.	sprain of the lower jawbone, neck, hand, wrist, ankle, foot, finger tendons, ligaments, muscles, their partial or complete tear, if no surgery was required, and treated for more than 28 days;	4
12.6.	sprain, partial or complete tear of the shoulder, elbow, hip, knee tendons, ligaments, muscles or intervertebral ligaments, if no surgery was required, and treated for up to 14 days, inclusive;	3
12.7.	sprain, partial or complete tear of the shoulder, elbow, hip, knee tendons, ligaments, muscles or intervertebral ligaments, if no surgery was required, and treated for more than 14 days, inclusive;	4
12.8.	sprain, partial or complete tear of the shoulder, elbow, hip, knee tendons, ligaments, muscles or intervertebral ligaments, if no surgery was required, and treated for more than 28 days, inclusive;	6
12.9.	achilles tendon rupture;	5
12.10.	achilles tendon rupture, if it was surgically treated.	7

Note

We will not pay the insurance indemnity for repeated sprains of the same joint muscle, tendon or ligament within one year of the previous accident.

XIII. Traumatic injury of internal organs, soft tissues:		INSURANCE INDEMNITY (% OF THE SUM INSURED OF TRUMA INDEMNITY)
13.1.	traumatic impairment of internal organs, when a surgery had to be performed on the impaired organ;	6
13.2.	chest injury having led to pneumothorax, hemothorax, exudative pleuritis, hypodermic emphysema;	2
13.3.	chest injury having led to pneumothorax, hemothorax, exudative pleuritis, hypodermic emphysema (when a surgical intervention was needed to treat these conditions);	4
13.4.	perforating injury of the eyeball;	8
13.5.	perforating injury of cornea, displacement of a lens;	2
13.6.	erosion of tunica conjunctiva, cornea of the eye with foreign objects, rupture of the iris, when the insured was treated by way of outpatient treatment for at least 6 days;	1
13.7.	traumatic rupture of the drum in one ear, when hearing was not impaired;	3
13.8.	soft tissue damage greater than 10 cm, which required stitching the tissues;	5
13.9.	3–10 cm soft tissue damages, which required stitching the tissues;	2
13.10.	injuries of soft tissues having led to impaired integrity of tissues less than 3 cm, which required stitching the tissues;	1
13.11.	finger wound with torn nail, when the nail was torn by direct impact of external force at the time of an accident;	2
13.12.	bruising of the nail bed, when a subungual hematoma forms and the nail comes off after the event;	1
13.12.	stab wounds, when one stab has led to damaged skin, hypodermal and muscular layers;	1
13.13.	multiple bite injuries with soft tissue defects, when more than one spot on the body is injured, and one injury covers 0.15% or more of the body surface;	4
13.14.	soft tissue injuries having led to multiple hematomas; posttraumatic osteomyelitis, phlegmon, abscess (that were treated surgically); crush wounds; Note In the case of multiple haematomas, we will pay the insurance indemnity if the non-resorbed haematomas persist for more than 3 weeks, each exceeds 5 cm ² and there are at least three of them;	3
13.15.	Soft tissue injuries having led to multiple haematomas, which were treated for up to 10 days and there are at least three of them;	1
13.16.	deep skin abrasions (reaching stratum papillare and deeper), which are located in different parts of the body; Note We will pay the insurance indemnity if the skin abrasions are located in different anatomical structures, if their total area covers at least 1% of the body, and if the person was incapable of work for more than 6 days.	3
13.17.	Haemarthrosis (if the joint had to be punctured).	3

Note
If the insured person has suffered a dislocation, tear of soft tissues, muscles, tendons or ligaments, we will pay the insurance indemnity on the basis of the point offering the highest insurance indemnity.

XIV.	Accidental acute poisoning of the Insured of moderate or severe degree with drugs, chemicals, gas, vapor, poisonous plants or fungi, bites of poisonous animals, insect bites, exposure to natural or technical electricity or other injuries not provided for in this Table (when the Insured was treated in a hospital):	INSURANCE INDEMNITY (% OF THE SUM INSURED OF TRUMA INDEMNITY)
14.1.	up to 2 days;	1
14.2.	3–6 days;	2
14.3.	7–15 days;	4
14.4.	more than 15 days;	7
14.5.	traumatic, post-hemorrhagic, anaphylactic shock, fat embolism.	10
XV.	Burns, frostbites:	
15.1.	second-degree burns covering at least 1% of the body;	3
15.2.	second-degree burns covering at least 4% of the body;	5
15.3.	second-degree burns covering at least 10% of the body;	12
15.4.	third-degree burns covering up to 2% of the body;	4
15.5.	third-degree burns covering at least 2% of the body;	6
15.6.	second- and third-degree eye burns;	4
15.7.	extensive first-degree burn causing an inflammatory illness;	6
15.8.	third-degree frostbite.	5

Note

1% of the total body surface corresponds to the size of a hand (palm and fingers) of the Insured Person.

XVI.	Tick-borne diseases:	
16.1.	Falling sick with tick-borne encephalitis or Lyme disease. Note The disease is confirmed by serological tests and the first signs of the disease at least 30 days after the application of the additional insurance cover. Later effects can be assessed on the basis of the disorders specified in Table 1 (in accordance with point 2.4 of the terms and conditions of insurance).	1
XVII.	Miscarriage:	
17.1.	we pay the insurance indemnity in the case of miscarriage or artificial termination of pregnancy in the 22nd week due to an external event (trauma);	20
17.2.	we pay the insurance indemnity in the case of a miscarriage or artificial termination of pregnancy in the 14th week due to other reasons (we pay the insurance indemnity specified in this point once during the entire term of the insurance contract).	10

Supplementary Medical Care Indemnity Table 3

I.	Supplementary medical care, if the insured person suffered due to an accident, which we recognised as an insured event. We will indemnify for the following expenses:	Insurance indemnity
1.1	a. an operation to rescue the injured insured person carried out by public or private agencies; b. special transport of the injured insured person to the nearest medical institution, if the need for this is confirmed by a doctor; c. transport of the injured insured person to his or her permanent place of residence, if this is necessary on the basis of a decision by the attending doctor; d. transport of the body of the insured person to the country of his or her permanent residence if the insured person died abroad as a result of an insured event, or the cost of a funeral abroad, provided that it does not exceed the cost of transport.	Up to €10,000
1.2.	the cost of purchase or hire of medical or orthopaedic equipment (splints, canes, crutches, rehabilitation equipment, wheelchair);	Up to €200 per event and no more than €200 for all events in any one insurance year.
1.3.	diagnostic/radiological tests needed to confirm or treat injuries; Note We do not indemnify for the doctor's appointment.	Up to €200 per event and no more than €200 for all events in any one insurance year.
1.4.	sutures, dressings, injections, infusions;	Up to €100 for all events in any one insurance year.
1.5.	in the case of permanent disability/incapacity for work of the insured person, the cost of adapting the insured person's place of residence;	Up to €600 for one event.
1.6.	in the case of the death or permanent disability/incapacity for work of the insured person, the costs of psychological counselling for close relatives of the insured person (parents/legal guardians, children, siblings or spouse/partner);	Up to €300 per event and no more than €300 for all events in any one insurance year.
1.7.	funeral expenses (including cremation) in the event of the death of the insured person.	Up to €600 for one event.

General note on point 1 of Table 3

If the costs incurred are not in the same currency as the one specified in the insurance contract, we will convert the costs to be indemnified into the currency specified in the insurance contract at the exchange rate applicable on the day the costs were incurred. Costs must be substantiated by an invoice itemising the purchased goods / services.

II.	Specialised medical care in the case of acute illnesses:	
2.1.	ebola virus, malaria, diphtheria, whooping cough, tetanus, botulism;	
2.2.	acute appendicitis;	
2.3.	meningococcal infection in case of meningitis, encephalitis, meningococcal sepsis or meningococcal disease;	
2.4.	gas gangrene;	€500 per event and no more than €1,000 in any one insurance year.
2.5.	pneumococcal infection;	
2.6	nosocomial infection, sepsis;	
2.7	surgery for an ectopic pregnancy;	

2.8.	brittle bone disease (in children) diagnosed for the first time during the term of the insurance contract;	€500 per event and no more than €1,000 in any one insurance year.
2.9.	tick-borne encephalitis, tick-borne myelitis, tick-borne encephalomyelitis;	
2.10.	trichinellosis, legionellosis;	
2.11.	perforation of gastric and duodenal ulcer;	
2.12.	systemic lupus erythematosus diagnosed for the first time during the term of the insurance contract;	
2.13.	gallstones, if they resulted in the surgical removal of the gallbladder;	
2.14.	nephrolithiasis, if it resulted in the removal of kidney stones by lithotripsy or surgery no more than twice during the term of the insurance contract;	
2.15.	tuberculosis in persons under 18 years of age if it was diagnosed for the first time during the term of the insurance contract;	
2.16.	Type I diabetes first diagnosed during the term of the insurance contract.	