

Annex No. 1 to Foreign Travel Insurance Policy Wording No. 043 Foreign Accident Insurance

Table of determination of invalidity level

I. Central nervous system

Article No.	Title of the Article	Level of disablement (%)
1.	Residual outcomes after cerebral and spinal cord trauma:	
1.1.	Paralysis of the upper and lower extremities (tetraplegia); very severe lesions of the function of the cerebral cortex, cerebellum; dementia, consciousness disturbance; dysfunction of pelvic organs	100
1.2.	Paralysis of the lower extremities with pelvic organs' dysfunction	70
1.3.	One-sided paralysis of the body; very severe reduction of movements, sensation and strength of 2 extremities; very severe coordination disorder; very severe increase of muscle tonus of the extremities; severe cognitive disorders (10 scores and less); dementia; epilepsy attacks at least once per month	50
1.4.	Severe reduction of movements, sensation and strength of 2 extremities; severe organic lesions of the cranial nerves; coordination disorder; severe increase of muscle tonus of the extremities, dysfunction of pelvic organs, severe cognitive disorders (20 scores and less); epilepsy attacks at least once per month	40
1.5.	Paralysis of one of the extremities (monoplegia); speech disorders, sever coordination disorder; increase of muscle tonus and reduction of strength and sensations of the extremities; epilepsy attacks of medium frequency (5-10 times per year); Parkinson's syndrome	30
1.6.	Coordination and movements disorder; speech disorders; not significant cognitive disorders; mild increase of muscle tonus and reduction of strength of the extremities, rare epilepsy attacks (3-4 times per year)	15
1.7.	Significant face asymmetry; autonomous (vegetative) symptoms; lesions of the cerebral cortex and speech disorders; vasomotoric disorders; single (1-2 per year) epilepsy attacks	7

Note: Residual outcomes can be assigned to the appropriate group when at least two signs characteristic for this group are stated. If insurance disbursement for the outcomes of the central nervous system injury according to the article 1 when dysfunction of the extremities is present is paid, insurance disbursements foreseen in the Section X of this Part are not to be paid.

II. Cranial and peripheral nerves

2.	Traumatic lesions of the cranial nerves: Note: Insurance disbursement is to be paid if the neuropathological clinical signs are present irrespectively of the number of the injured nerves.	
2.1.	Mono-lateral Mono-lateral	5
2.2.	Bilateral	10
3.	Lesion of neck and shoulder, waist or sacral plexus or their nerves Note: Insurance disbursement is to be paid if there is decay of movements, strength, sensations or muscles atrophy and skin trophic disturbance.	25
4.	Lesion of the integrity of the peripheral nerves: Note: Insurance disbursement is to be paid if the neuropathological clinical signs are present. If several nerves of the same extremity are injured, insurance disbursement is to be paid only for injury of one nerve. If the right hand is injured (for the right handed person) and the left one for the left handed person extra 10% to the insurance disbursement is to be paid, calculated from the insurance disbursement to be paid according to these articles.	

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4.1.	Lesion of the nerves in the forearm, wrist, shin, tarsus areas	5
4.2.	Lesion of the nerves in the humeral, thigh, knee areas	10

III. Vision organs

5.	Accommodation paralysis of the one eye	10
6.	Significant visual field loss; concentric narrowing of the visual field. Insurance disbursement depends on: decrease of visual field area and field.	10-20
7.	Vision reduction when artificial lens, lens (in both eyes) were implanted due to trauma: 0,4 0,30-0,1 less than 0,1	10 20 25
8.	Eyelid ptosis, paralysis of the eye muscles, defect of an eyelid, leading to incomplete closure of an eye aperture. Insurance disbursement to be paid depends on the ptosis degree.	5-10
9.	One-sided pulsatory protruding-eye (exophthalmia)	20
10.	Outcomes after injury of the vision organs: Eyeball dislocation, lesion of the lacrimal duct, retinal detachment (as a result of a direct trauma).	10
11.	Post-traumatic eye diseases (except conjunctivitis); blood effusion, iris defect, changes of a pupil shape; lens dislocation. Note: if there are several outcomes after eye trauma pointed out in the articles 10 and 11, insurance disbursement is to be paid according to one of the articles (the most severe injury).	5
12.	Total vision loss in one or both eyes	100
13.	Total vision loss in one eye	45
14.	Decreased sharpness of vision after an eye injury Note: sharpness of vision is to be established according to Table 1, for each eye separately.	

Table 1

Sharpness of vision			
Before trauma	After trauma	Percent (%)	
1,0	0,7 0,6 0,5 0,4 0,3 0,2 0,1 <0,1 0,0	1 3 5 7 10 15 20 30 45	
0,9	0,7 - 0,6 0,5 0,4 0,3 0,2 0,1 <0,1 0,0	1 3 5 10 15 20 30 45	
0,8	0,6 - 0,5 0,4 - 0,3 0,2 0,1 <0,1 0,0	2 7 15 20 30 45	
0,7	0,5 - 0,4 0,3 0,2 0,1 <0,1 0,0	2 7 15 20 25 40	

Sharpness of vision			
Before trauma	After trauma	Percent (%)	
0,6	0,4 0,3 0,2 0,1 <0,1 0,0	1 3 10 15 20 30	
0,5	0,4 - 0,3 0,2 0,1 <0,1 0,0	1 5 10 15 25	
0,4	0,3 - 0,2 0,1 <0,1 0,0	2 7 10 20	
0,3	0,1 <0,1 0,0	5 10 20	
0,2	0,1 <0,1 0,0	5 10 20	
0,1	<0,1 0,0	10 20	
<0,1	0,0	10	

Notes:

- 1. Total blindness when sharpness of vision is less than 0.01 (the person can not calculate fingers in 2 m distance) up to light sensation.
- 2. When sharpness of vision before trauma is not known, it is reputed to be the same as of not injured eye.
- 3. If sharpness of vision of both eyes is reduced as the result of a trauma, each eye is to be evaluated separately. Loss of vision in the eye with better vision is to be considered in case of loss of vision in both eyes.

IV. Hearing organs

Article No.	Title of the Article	Level of disablement (%)
15.	Severe disorders of the vestibular function: Multiple, persistent dizziness attacks with vegetative reactions, gingerly gait.	30
16.	Loss of one ear pick	20
17.	Reduced hearing in one ear: Note: data of audiogram, impedansometry, speech reception are to be evaluated.	
17.1.	A person hears whispered words up to 1 m and speech – from 1 to 3 meters of distance (hearing reduction in an audiogram up to 30-50 db)	5
17.2.	A person does not hear whispered words at the ear pick and hears speech up to 1 m of distance(hearing reduction in an audiogram up to 60-80 db).	10
18.	Complete deafness in one ear (does not hear a talking person, in the audiogram – less than 91 db)	15
19.	Complete deafness in both ears	60

V. Respiratory system

20.	Loss of nasal bones, cartilages and soft tissues	30
21.	Loss of nasal wings and apex of a nose	15
22.	Loss of apex or wing (wings) of a nose	10
		10
23.	Nasal breathing disturbance Insurance disbursement depends on: degree of a disturbance (evaluated by rhinomanometry, normal limits – inspiration and expiration 380 – 400 ml/sec.):	
	a) severe single-sided (less than 100 ml/sec) or significant bilateral (less than 200 ml/sec); b) complete bilateral (0 ml/sec)	5 10
24.	Loss of scent and taste	15
25.	Loss of scent	10
26.	Post traumatic inflammations of facial sinuses	2
27.	Disturbances of larynx and trachea functions:	
27.1.	Introduced permanent tracheostomy tube	40
27.2.	Dysphonia	10
27.3.	Aphonia	30
27.4.	Articulation disturbances	15
28.	Case of injury of respiratory organs, resulting in:	
28.1.	Breathing insufficiency of the 1 st degree	10
28.2.	Breathing insufficiency of the 2 nd degree	40
28.3.	Breathing insufficiency of the 3 rd degree	60
29.	Chest deformation after rib or sternum fractures with significant limitations of breathing movements	10
Vote: If an	insurance dishursement was paid according to the article 29 paying dishursement according to the article 28 the pa	id sum should he

Note: If an insurance disbursement was paid according to the article 29, paying disbursement according to the article 28 the paid sum should be struck off.

VI. Cardiovascular system

30.	Cardiovascular insufficiency due to lesions of a heart or main blood vessels: (signs of cardiovascular insufficiency are to be evaluated according to NYHA classification, ECG, physical load tests, ultrasound examination, long term monitoring of ECG and ABP)	
30.1.	Heart failure of the 1st degree, when there are mild and objectively detected: heart rate increase, dyspnoea after physical activities, oedema	15
30.2.	Heart failure of the 2 nd degree, when there are significant and objectively detected: severe dyspnoea during physical activities, heart rhythm disorders, signs of stasis in the lungs and liver, permanent oedema, ascite, distension of neck veins	40
30.3.	Heart failure of the 3 rd degree, when there are very severe and objectively detected: breathing rhythm disorders, rhythm disorders, stasis in the lungs, coughing up blood, fluids in the pleura or pericardium, ascite, permanent oedema	70
31.	Blood circulation disorders due to lesion of the main peripheral blood vessels:	
31.1.	Mild – oedema, weakened pulsation	5
31.2.	Severe – oedema, cyanosis, significantly weakened pulsation	10
31.3.	Very severe – oedema, cyanosis, lymphostasis, trophic disorders	15
Note: Residual outcomes can be assigned to the appropriate group when at least two signs characteristic for this group are stated.		

VII. Gastrointestinal organs

32.	Chewing disorder due to fracture of facial bones or mandibular traumas:	
32.1.	Significant disorder of clenching and chewing	7
32.2.	Very severe disorder of clenching and mouth opening	25
33.	Loss of lower jaw: Note: in case of jaw loss insurance disbursement according to paragraph 32 on chewing disorders is not to be paid.	
33.1.	Part of a jaw	15
33.2.	An entire jaw	50
34.	Loss of tongue:	
34.1.	Up to the middle third part	15
34.2.	From the middle third part and more	30
34.3.	Complete loss	50
35.	Significant narrowing of a mouth cavity, formation of saliva fistula	15
36.	Narrowing of an oesophagus or pharynx due to burn or injury: Note: Narrowing should be confirmed by the approved testing methods.	
36.1.	Swallowing of soft food is aggravated	10
36.2.	Swallowing of liquid food is aggravated	30
36.3.	Complete obstruction (gastrostoma)	80
37.	Residual outcomes after traumatic injury of the gastrointestinal organs:	
37.1.	Faecal incontinence	40
37.2.	Adhesion disease, partial intestinal obstruction	15
37.3.	Artificial anus	30
37.4.	Disturbance of endocrinal function of pancreas	30
37.5.	Disturbance of exocrine function of pancreas	5
37.6.	Liver insufficiency of the 2 nd degree	45
37.7.	Liver insufficiency of the 3 rd degree	80
38.	Traumatic injury of the gastrointestinal organs, resulting in ablation of:	
38.1.	Part of liver or gall bladder	15
38.2.	Spleen	15
38.3.	Part of stomach or pancreas or part of bowels	25
38.4.	Entire stomach	40

Note: If an insurance disbursement was paid according to the article 38, paying disbursement according to the article 37 the paid sum should be struck off.

VIII. Urogenital system

39.	Kidney ablation	25
40.	Disturbance of urine release functions:	
40.1.	Disturbance of a renal function: a) insufficiency of the 2 nd degree; b) insufficiency of the 3 rd degree. Note: If an insurance disbursement was paid according to the article 39, paying disbursement according to the article 40.1. the paid sum should be struck off.	40 80
40.2.	Significant narrowing of a ureter or urethra, reduction of a urinary bladder volume Amount of a disbursement depends on the degree of a narrowing and volume reduction.	10-25
40.3.	Complete obstruction of a ureter or urethra, fistula in the genitalia.	30
41.	Outcomes of an injury of genitalia:	
41.1.	Ablation of ovary, Fallopian tube or testicle	15
41.2.	Partial ablation of male's penis	25
41.3.	Total ablation of male's penis	40
41.4.	Ablation of both ovaries or both Fallopian tubes or uterus: a) when woman is up to 40 years old; b) when woman is above 40 years old.	40 20

IX. Injuries of soft tissues

42.	Very distinct, interfering with mimics scares of the anterior and lateral surfaces of a face and neck (remaining after plastic surgery) due to burn, frostbite or injury. Insurance disbursement according to this article is not to be paid if treatment expenses for cosmetic plastic surgery based on other principals of these insurance rules are completely or partially reimbursed.	10	
43.	Hypertrophic, colloid, soft tissues deforming scars of a skin of waist and extremities interfering with wearing of clothing and footwear:		
43.1.	Taking less than 1% of an area	1	
43.2.	Taking 1 – 2% of an area	2	
43.3.	Taking 3 – 4% of an area	4	
43.4.	Taking 5 – 10% of an area	5	
43.5.	Taking more than 10% of an area	8	
43.6.	Taking more than 15% of an area	10	
Note: the po	Note: the palm of the insured person corresponds to 1% of the body surface area. Scars are to be evaluated at least one year after a trauma.		

X. Injury of a waist and the limbs

Vertebral	column	
44.	Spine function disturbances after spinal trauma:	
44.1.	Insurance disbursement is to be paid according to the article 1 or 3 of this Annex depending on the outcomes of the insuran event.	
Shoulders	s arch; shoulder joint	
45.	Immobility of a shoulder joint after resection of humeral head	40
46.	Immobility of a shoulder joint	30
47.	Limited mobility of a shoulder joint	10

Note: If the right hand is injured (for the right handed person) and the left one for the left handed person extra 10% to the insurance disbursement is to be paid, calculated from the insurance disbursement to be paid according to these articles. Functions of a shoulder arch and shoulder joint are to be evaluated according to C.R. Constant scoring scale and modified Keitel's index.

Arm		
48.	Loss of arm and scapula (or its part)	75
49.	Loss of arm after exarticulation in the shoulder joint or stump in the middle third part of a humerus	70
50.	Loss of arm – a stump in the lower third part of humerus	65
51.	Loss of a forearm as the result of exarticulation in an elbow joint	65
52.	Loss of a forearm bellow an elbow joint	60

Note: If the right hand is injured (for the right handed person) and the left one for the left handed person extra 10% to the insurance disbursement is to be paid, calculated from the insurance disbursement to be paid according to these articles. Functions of an arm are to be evaluated according to C.R. Constant scoring scale and modified Keitel's index.

Elbow joint

53.	Immobility of an elbow joint	20
54.	Limited mobility of an elbow joint	7

Note: If the right hand is injured (for the right handed person) and the left one for the left handed person extra 10% to the insurance disbursement is to be paid, calculated from the insurance disbursement to be paid according to these articles. Functions of an elbow joint are to be evaluated according to C.R. Constant scoring scale and modified Keitel's index.

Wrist joint; hand

55.	Loss of hand from a wrist or metacarpal bones	55
56.	Immobility of a carpal joint	20
57.	Limited mobility of a carpal joint	5
58.	Disturbance of a carpal function Note: If an insurance disbursement was paid according to the article 4 of this Annex, paying disbursement according to the article 58 the paid sum should be struck off.	5-35

Note: If the right hand is injured (for the right handed person) and the left one for the left handed person extra 10% to the insurance disbursement is to be paid, calculated from the insurance disbursement to be paid according to these articles. Functions of a wrist joint and hand joint are to be evaluated according to C.R. Constant scoring scale and modified Keitel's index.

Fingers of a hand

The first finger (thumb):	
Partial amputation of a distal phalanx	
Total amputation of a distal phalanx	8
Partial amputation of a basic phalanx	15
Loss of finger	20
Loss of finger with a metacarpal bone or part of it	25
Immobility of a thumb joint	5
Immobility of a thumb metacarpo-phalangeal joint	10
	Partial amputation of a distal phalanx Total amputation of a distal phalanx Partial amputation of a basic phalanx Loss of finger Loss of finger with a metacarpal bone or part of it Immobility of a thumb joint

Note: If the right hand is injured (for the right handed person) and the left one for the left handed person extra 10% to the insurance disbursement is to be paid, calculated from the insurance disbursement to be paid according to these articles.

62.	The second finger (forefinger):	
62.1.	Total amputation of a distal phalanx	4
62.2.	Total amputation of a middle phalanx	8
62.3.	Amputation of a basal phalanx	10
62.4.	Loss of a finger	12
62.5.	Loss of a finger with a metacarpal bone or part of it	
62.6.	Half-flexion contracture of a finger as well as ankylosis of the proximal phalangeal finger joint or ankylosis of metacarpal-phalangeal joint.	4
62.7.	Complete flexion or extension contracture as well as ankylosis of two phalangeal joints	8

Note: If the right hand is injured (for the right handed person) and the left one for the left handed person extra 10% to the insurance disbursement is to be paid, calculated from the insurance disbursement to be paid according to these articles.

63.	The third (middle), the fourth (ringer) or the fifth (pinky) fingers:	
63.1.	Partial amputation of a distal phalanx	2
63.2.	Stump of the middle or a basal phalanx	5
63.3.	Loss of a finger with a metacarpal bone or part of it	15
63.4.	Half-flexion contracture of a finger or ankylosis of the proximal phalangeal finger joint or ankylosis of metacarpal-phalangeal joint.	1
63.5.	Complete flexion or extension contracture as well as ankylosis of three phalangeal joints	3
64.	Loss of two fingers of the same hand:	
64.1.	The first and the second finger	35
54.2.	The first and third, the first and the fourth or the first or the fifth (1+3), (1+4), (1+5)	25
64.3.	The second and third, the second and the fourth or the second or the fifth (2+3), (2+4), (2+5)	15
64.4.	The third and the fourth or the third and the fifth (3+4), (3+5)	10
65.	Loss of three fingers of the same hand:	
65.1.	The first, the second and the third, the fourth or the fifth (1+2+3), (1+2+4), (1+2+5)	40
65.2.	The first, third and the fourth or fifth (1+3+4), (1+3+5)	35
65.3.	The second, third and the fourth or fifth (2+3+4), (2+3+5)	30
65.4.	The third, the fourth and the fifth (3+4+5)	25
66.	Loss of four fingers of the same hand	40
	ther cases of loss of fingers or their functions insurance disbursement is to be established by summing up disbursements of functions of separate fingers.	nts foreseen in
67.	Loss of all fingers of the same hand	45
Note: If the	e right hand is injured (for the right handed person) and the left one for the left handed person extra 10% to the insur id, calculated from the insurance disbursement to be paid according to these articles. Functions of the hand fingers a to C.R. Constant scoring scale and modified Keitel's index.	
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Note: If the is to be paraccording Leg 68. 68.1. 69. 71. 71.1 72. Note: Func	id, calculated from the insurance disbursement to be paid according to these articles. Functions of the hand fingers at to C.R. Constant scoring scale and modified Keitel's index. Loss of a leg due to exarticulation in the hip joint or a stump in the upper third part: Loss of a leg due to exarticulation in the hip joint or a stump in the upper third part in the case of a single trauma Thigh stump in the middle or lower third part Disturbance of a leg function due to shortening of a leg more than 2.5 cm Loss of a shin due to exarticulation in the knee joint or a stump in the upper third part: Loss of a shin of the only leg A stump in the middle or lower third part of a shin stions of a leg are to be evaluated according to C.R. Constant scoring scale and modified Keitel's index. Immobility of a hip joint Partial mobility of a hip joint tions of a hip joint are to be evaluated according to C.R. Constant scoring scale and modified Keitel's index.	70 90 60 5 50 80 45
Note: If the is to be paraccording Leg 68. 68.1. 69. 71. 71.1 72. Note: Func Hip joint 73. Note: Func Knee joint	id, calculated from the insurance disbursement to be paid according to these articles. Functions of the hand fingers at to C.R. Constant scoring scale and modified Keitel's index. Loss of a leg due to exarticulation in the hip joint or a stump in the upper third part: Loss of a leg due to exarticulation in the hip joint or a stump in the upper third part in the case of a single trauma Thigh stump in the middle or lower third part Disturbance of a leg function due to shortening of a leg more than 2.5 cm Loss of a shin due to exarticulation in the knee joint or a stump in the upper third part: Loss of a shin of the only leg A stump in the middle or lower third part of a shin stions of a leg are to be evaluated according to C.R. Constant scoring scale and modified Keitel's index. Immobility of a hip joint Partial mobility of a hip joint tions of a hip joint are to be evaluated according to C.R. Constant scoring scale and modified Keitel's index.	70 90 60 5 50 80 45
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Note: If the is to be paraccording Leg 68. 68.1. 69. 71. 71.1 72. Note: Func Hip joint 73.	id, calculated from the insurance disbursement to be paid according to these articles. Functions of the hand fingers at to C.R. Constant scoring scale and modified Keitel's index. Loss of a leg due to exarticulation in the hip joint or a stump in the upper third part: Loss of a leg due to exarticulation in the hip joint or a stump in the upper third part in the case of a single trauma Thigh stump in the middle or lower third part Disturbance of a leg function due to shortening of a leg more than 2.5 cm Loss of a shin due to exarticulation in the knee joint or a stump in the upper third part: Loss of a shin of the only leg A stump in the middle or lower third part of a shin titions of a leg are to be evaluated according to C.R. Constant scoring scale and modified Keitel's index. Immobility of a hip joint Partial mobility of a hip joint Itions of a hip joint are to be evaluated according to C.R. Constant scoring scale and modified Keitel's index.	70 90 60 5 50 80 45 88 8

Tarsal join	t; foot	
78.	Immobility of a tarsal joint	20
79.	Limited movements of a tarsal joint	5
80.	Loss of a foot due to exarticulation of a tarsal joint or foot amputation at tarsal bones	40
81.	Loss of a distal part of a foot due to amputation at plantar bones	30
82.	Disturbance of a foot function as the result of a deformation, non-union of a fracture Note: If an insurance disbursement was paid according to the article 4 of this Annex, paying disbursement according to the article 82 the paid sum should be struck off.	
Note: Func	ions of a tarsal joint and foot are to be evaluated according to C.R. Constant scoring scale and modified Keitel's index.	
	3	
Foot finge	's	
Foot finger		20
	Loss of all fingers due to exarticulation of metatarsal-phalangeal joints or amputation at basal phalanx	20
83.	Loss of all fingers due to exarticulation of metatarsal-phalangeal joints or amputation at basal phalanx level	
83.	Loss of all fingers due to exarticulation of metatarsal-phalangeal joints or amputation at basal phalanx level Loss of a toe with a metatarsal bone or its part	15
83. 84. 85.	Loss of all fingers due to exarticulation of metatarsal-phalangeal joints or amputation at basal phalanx level Loss of a toe with a metatarsal bone or its part Loss of a toe due to exarticulation of a metatarsal phalangeal joint or a stump at the level of basal phalanx	15
83. 84. 85. 86.	Loss of all fingers due to exarticulation of metatarsal-phalangeal joints or amputation at basal phalanx level Loss of a toe with a metatarsal bone or its part Loss of a toe due to exarticulation of a metatarsal phalangeal joint or a stump at the level of basal phalanx Loss of a distal phalanx of a toe	15
83. 84. 85. 86.	Loss of all fingers due to exarticulation of metatarsal-phalangeal joints or amputation at basal phalanx level Loss of a toe with a metatarsal bone or its part Loss of a toe due to exarticulation of a metatarsal phalangeal joint or a stump at the level of basal phalanx Loss of a distal phalanx of a toe Loss of the second, the third, the fourth or the fifth finger:	15 5 2

Note: In other cases of loss of fingers or their functions insurance disbursement is to be established by summing up disbursements foreseen in cases of loss of functions of separate fingers. Functions of the foot fingers are to be evaluated according to C.R. Constant scoring scale and modified Keitel's index.

XI. Other functional disorders

88.	Speech loss	50	7
00.	Specell (033	30	