

Private Health Insurance Proposal for HSE Students

SK RESO-Garantiya

Services	Healthcare institutions	Insurance plan	Insurance fee**
<p>Emergency outpatient treatment including house calls (within 30 km from MKAD) and 24-hour injury treatment at Medswiss medical centre; 24-hour call centre of RESO-Garantiya</p>	<p>1. Medical Centre "Medswiss in Nagorny" 2. Medical Centre "MedSwiss at Zhukovka" (Rublevo-Uspenskoye shosse 123B, Zhukovka, Odintsovsky district) 3. Medical Centre "MedSwiss dlya vsey semyi" (Ermolaevsky pereulok 22/26) 4. Medical Centre "MedSwiss at Lenivka" (Lenivka 4/8) 5. Medical Centre "MedSwiss Zamoskvorechye" (Maly Tolmachevsky pereulok 8) 6. Inpromed clinic, Yablochkova ulitsa 21, bld.3 7. Inpromed clinic, Azovskaya ulitsa 24, bld.3, 4th floor 8. Inpromed clinic, Beskudnikovsky bulvar 20, bld.5 9. Inpromed clinic, Yelnikovskaya ulitsa 20, bld.2 10. Inpromed clinic, Moldagulovoy ulitsa 3, bld.3</p>	<p><u>Services included:</u></p> <ul style="list-style-type: none"> - 24-hour access to counselling by healthcare professionals through RESO-Garantiya call centre on such matters as arranging medical assistance, selection of healthcare facilities, scope and quality of medical services provided, relevant physicians to be consulted - initial appointment with the following physicians: gynecologist, cardiologist, neurologist, ear, nose and throat specialist, ophthalmologist, general practitioner, urologist, surgeon; - issuing prescriptions for medications (except for those covered by social benefits), and sick leave certificates; - laboratory tests: complete blood count (once per the coverage period); urinalysis (once per the coverage period); - instrumental tests: radiography (one test per the coverage period); ultrasound testing (one test per the coverage period); function tests (one test per the coverage period); - initial and follow-up house calls to insurance policy holders whose state prevents them from attending a healthcare institution, requires bed rest and medical supervision; issuing a certificate of fitness for studies and dormitory accommodation based on medical examination (GP, chest X-ray, HIV test and Wassermann test) – once per the coverage period <p><u>Not included:</u></p> <ul style="list-style-type: none"> - follow-up appointments with physicians; - diagnostic and laboratory tests outside the defined scope; - medical procedures performed during follow-up visits. 	<p>5000 roubles</p>
<p>EMERGENCY INPATIENT CARE (unlimited number of hospital admissions and days spent at an inpatient facility); ambulance services within 30 km from MKAD (3 times per the coverage period) requested via 24-hour call centre of RESO-Garantiya</p>	<p>1. Central treatment and diagnostics facility of the National Medico-Surgical Centre n.a. Pirogov (Moscow, Nizhnyaya Pervomayskaya ulitsa 70, Pervomayskaya metro station) 2. Clinical Hospital of the Russian Presidential Administration (Moscow, Otkrytoye shosse 40, Ulitsa Podbelskogo metro station, or Losinoostrovskaya ulitsa 45) 4. 3rd Central Military Clinical Hospital n.a. A.A. Vishnevsky under the Russian Ministry of Defense (Moscow oblast, Krasnogorsky district, Arkhangelskoye, Novy) 5. Clinical Hospital No.1 of the Russian Presidential Administration (Moscow, Starovolynskaya ulitsa 10, Slavyansky bulvar metro station) 6. Clinical Hospital of the Russian Presidential Administration with an outpatient unit (Moscow, M.Timoshenko ulitsa 15, Molodezhnaya metro station) 7. City Hospital No.13 under Moscow Healthcare Department (Moscow, Velozavodskaya 1/1, Avtozavodskaya metro station) 8. Central Clinical Hospital of the Russian Academy of Sciences (Moscow, Litovskiy bulvar 1A, Yasenevo metro station) 9 Semashko Central Clinical Hospital No 2 of the</p>	<p><u>Services included:</u></p> <ul style="list-style-type: none"> - dispatch of an ambulance service team; initial examination; emergency diagnosis within the scope allowed for by medical equipment of the ambulance; acute care; emergency transportation in cases when hospital admission is necessary; - placement in an inpatient unit (meals, medications); consultations with different physicians; laboratory tests; instrumental tests and treatment; anaesthesia; angiography; surgical procedures; heart and brain surgeries, complex reconstructive surgeries performed in emergency cases; resuscitation procedures; extracorporeal treatment in critical situations. <p><u>Not included:</u></p> <ul style="list-style-type: none"> - inpatient treatment associated with organ or tissue transplants, brain or heart surgeries (except for coronary artery bypass) or complex reconstructive surgeries that were scheduled or require preparation; plastic surgeries. 	<p>1588 roubles</p>

	<p>Sechenov Central Clinical Hospital No.2 of the Russian Railways (Moscow, Budayskaya 2, VDNH metro station, or Losinoostrovskaya 43)</p>		
<p>Emergency dental treatment requested via 24-hour call centre of RESO-Garantiya</p>	<p>1. Medical Centre "Medswiss at Nagorny" 2. Sechenov Outpatient Clinic 3. Central Outpatient Clinic of the Russian Federal Customs Service 4. Outpatient Clinic of the Central Clinical Hospital of the Russian Academy of Sciences 5. Branch of the Central Outpatient Clinic of the Russian Federal Customs Service 6. Treatment and Diagnostics facility and branch No.9</p>	<p><u>Services included:</u> - initial appointment with a dental surgeon or therapist; - acute pain management; - tooth extraction if indicated; maxillofacial abscess incision; - treatment of caries and/or its complications (up to 4 teeth per the coverage period)</p>	<p>706 roubles</p>



TERMS AND CONDITIONS

These Terms and Conditions have been prepared in accordance with and on the basis of RESO-Garantiya's Guidelines for Health Insurance (Appendix No. 1 to the Agreement), serve as an addition to the Guidelines and Insurance Plan (Appendix No. 2 to the Agreement) and are an integral part of this Agreement.

If any provision of the Terms and Conditions is in contradiction to a relevant provision of the Guidelines, the Terms and Conditions shall prevail.

If any provision of the Terms and Conditions is in contradiction to a relevant provision of the Insurance Plan, the Insurance Plan shall prevail.

An **insured event** is an event covered by the Insurance Agreement, when the Insured Person requests a medical institution (determined by the Insurance Agreement) to provide medical assistance in the event of an acute or chronic disease, injury, or any other accidents and conditions requiring medical care (services) covered by this Insurance Plan.

1. The following events are not covered by the Insurance Agreement if not otherwise stated in the Insurance Plan:

- 1.1. cancer, malignant blood and lymph diseases, any tumors of nervous system and their subsequent affects and complications;
- 1.2. highly infectious diseases (e.g., smallpox, plague, anthrax, cholera, typhus, viral hemorrhagic fevers, etc.);
- 1.3. HIV; sexually transmitted diseases;
- 1.4. mental disorders and their consequences; drug addiction, alcoholism;
- 1.5. tuberculosis, psoriasis;
- 1.6. chronic hepatitis, cirrhosis of the liver; renal / hepatic failure requiring hemodialysis;
- 1.7. diseases requiring transplantation, implantation, prosthetics (unless prosthetics are required as a result of an accident that occurred during the term of the Agreement and confirmed by relevant supporting documents), or plastic surgery; orthopedic surgery and related complications (unless otherwise provided in the Agreement);
- 1.8. diabetic complications;
- 1.9. congenital, hereditary, genetic diseases and malformations (anomalies);
- 1.10. systemic connective tissue diseases, rheumatic diseases and their consequences (including inflammatory polyarthritis);
- 1.11. demyelinating and degenerative disorders of the nervous system.

2. RESO-Garantiya shall not reimburse costs for the following types of medical care (services) rendered to an Insured Person, unless otherwise specified in their Insurance Plan:

- 2.1. any treatment requested without medical grounds or prescribed by doctors working at health facilities that are not mentioned in the Insurance Plan;
- 2.2. in-home medical care and in-home medical services requested without medical grounds;

2.3. traditional diagnostic methods: iridology, auricular diagnosis, acupuncture diagnosis, pulse diagnosis, etc.; treatment relying on traditional medicines: energy medicine, cubo therapy, electroacupuncture, hirudotherapy, experimental and proprietary methodologies of treatment and diagnosis; medical technologies that are not certified under the Russian legislation; herbal therapy, homeopathy; diagnostics by Voll; PET, etc.;

2.4. preventive (including dental care), cosmetic (including dental care), and therapeutic services (including treatment of non-acute osteochondrosis), preventive massage therapy, specific immune therapy; training equipment, hydrotherapeutic procedures, colon cleansing, sauna therapy, sunbed treatment, balneotherapy, etc.;

2.5. various types of extracorporeal treatment: laser therapy, ultraviolet irradiation of blood, auto-haemotherapy, plasmapheresis, and hemo-lymphosorption; hyper-, hypo- and normobaric oxygenation; ozone therapy; manipulations performed by specialists with the use of equipment for persons aged over 18 years; robot-assisted surgery; cryotherapy, press therapy and lymphatic drainage; alpha-capsule; and shock-wave therapy;

2.6. psychotherapeutic services, and hypnosis therapy;

2.7. weight and speech correction; laser eye surgery;

2.8. birth control; in vitro fertilisation; diagnostics and correction of the reproductive functions, including infertility and erectile dysfunction treatment;

2.9. prenatal care (after diagnosing the pregnancy); pregnancy complications, except for urgent hospital admission in the event of medical emergency (if Hospital Admission is covered by the Insurance Plan) for up to 3 days for pregnancies not exceeding 12 weeks; pregnancy complications/pathologies, if Obstetric Aid is not covered by the Insurance Plan; abortions (except for abortions deemed necessary owing to accident).

If a pregnancy occurs during the term of the Insurance Agreement, the Agreement shall only cover medical conditions not related to pregnancy, childbirth and their subsequent conditions;

2.10. diagnostics, treatment, procedures, plastic surgery and manipulations carried out for aesthetic or cosmetic purposes, or for improving a patient's psychological condition, including those related to skin ailments (papillomas, warts, molluscum contagiosum, nevus, etc.); treatment of complications caused by cosmetic manipulations/surgery.

In regards to dental care: all types of prosthetic dentistry and preparations thereto (except for cases when prosthetic dentistry is necessary owing to an accident that has occurred during the term of the Insurance Agreement, and as long as documentary evidence¹ thereof is provided);

¹ The following documents shall be provided as documentary evidence: original Insurance Plan; supporting documents confirming an accident (a certificate issued by a medical institution confirming injury); other documents requested by the Insurance Company so as to confirm the fact of and reasons for such accident; and a personal ID. If the Insurance Company needs any further details to make a decision, the Insured Person may be required to pass a medical expert review at a medical institution specified by the Insurance Company.

- 2.11. surgical treatment of periodontal diseases (except for the relief of acute conditions); orthodontics; depopheresis; dental implants;
 - 2.12. placement in hospital wards with enhanced comfort; extra fees charged for doctors' degrees and titles; services provided by day and single day hospitals; preparations for hospital admission and manipulations/technologies replacing inpatient treatment (if the Scheduled and Emergency Hospital Admission is not covered by the Insured person's Insurance Plan); hospital admission in order to obtain nursery care or rehabilitation services;
 - 2.13. checkups including those conducted in order to obtain a certificate of fitness for a driver's license, gun license, employment, and attending sports and rehabilitation facilities; admission to educational institutions; for traveling abroad; acquisition of bank and other insurance products; and military service enlistment offices;
 - 2.14. costs for expensive medications² and expendables (except for those used in intensive care), glasses, contact lenses, hearing devices, implants, prostheses, additional medical devices and appliances, including those required in the course of surgery, and other corrective devices and appliances, including costs for their adjustment or alignment;
 - 2.15. treatment of implications caused by drug and alcohol intoxication;
 - 2.16. services relating to the preparation and handling of manipulations, as well as treatment of diseases specified in pp. 1, 2 hereof and/or not covered by the Insurance Plan;
 - 2.17. medical services, which are deemed necessary owing to the Insured Person's non-compliance with prescriptions and recommendations of their physician;
 - 2.18. medical services, which have been rendered in breach of Medical Care Procedures and Standards, established by Federal Law No. 323-FZ "On Fundamental Healthcare Principles in the Russian Federation" dated November 21, 2011.
3. If the Agreement has expired while the treatment of the Insured person's ongoing acute medical condition is still in progress, the Insurance Company shall cover the cost of medical services: in case of outpatient care – a physician's consultations with respect to a patient's disease until the acute condition is over; in case of inpatient care – until relief of a patient's emergency condition, but not over 14 days. Scheduled hospital admissions may be arranged at least 14 days prior to the expiry date of the Insurance Agreement.
 4. Medical conditions, as specified in p.1, as well as disabilities caused by diseases, serve as major factors that may significantly influence the scope of the covered risk. If it has been established that the Insurance Agreement has been concluded in relation to persons with such diseases and/or disabilities, as well as when such diseases are uncovered, or once an Insured Person's disability is confirmed during the period of the Insurance Agreement, RESO-Garantiya shall cover medical services rendered to the Insured Person before a diagnosis/group of disability is established. RESO-Garantiya may then require changes to the Insurance Agreement's terms or an additional insurance rate proportionate to the heightened risk. If the Insurer disagrees, the Insurance Company may terminate the Agreement with the Insured Person and notify the Insurer and the Insured Person thereof.
 5. In order to calculate insurance rates under respective Insurance Plans, corrective ratios shall be applied depending

on the age, chronic diseases and citizenship of Insured Persons:

- Age-specific ratios: 1.6 – for persons over 60 years; 2.0 – for persons over 70 years; no insurance plans are offered to persons aged over 80 years;
- In case a chronic disease exists/has been diagnosed – multiplying ratios of 1.1 up to 5 are applicable;
- Multiplying ratios of 1.5 up to 2.5 are applicable to non-citizens (depending on the selected medical institution);
- Other ratios, established by the Guidelines for Health Insurance;
- Should there be several risk factors, the insurance rate shall be consecutively multiplied by all applicable ratios.

Insurance Company _____

Insurer _____

You can rely on us!

² Expensive medication – if the cost of a medication required for a single course of treatment exceeds fifteen thousand roubles.