

Voluntary Health Insurance Program

“POLYCLINIC”

Under this program, Ingosstrakh Insurance Company organizes and pays for outpatient and polyclinic services rendered to the Insured Person upon acute illness (condition), aggravation of a chronic illness, injury (including burns, freezing injuries) and intoxication.¹

1. SCOPE OF SERVICES PROVIDED

Under this program, Ingosstrakh Insurance Company organizes and pays for the following outpatient and polyclinic services in the cases specified above:

1.1 diagnostic and medical services, including:

- primary, repeated, advisory receptions of doctors-specialists: therapist, cardiologist, pulmonologist, gastroenterologist, urologist, gynecologist, gynecologist-endocrinologist, neurologist, ophthalmologist, otolaryngologist, surgeon, endocrinologist, dermatologist, proctologist, allergist, traumatologist, orthopedist, angiologist, phlebologist, breast physician, radiologist, infectious disease specialist, physical therapist, astrolog, neurosurgeon and other specialists;
- advisory receptions of doctors-specialists (before diagnosis): oncologist, hematologist, rheumatologist, nephrologist, psychotherapist (once);
- providing consultations by highly qualified doctors-specialists of specialized clinics and departments;
- laboratory tests: analysis of blood and other biological media of the body (general clinical, biochemical, hormonal, bacteriological, immunological, serologic, cytological, mycological and test for dysbacteriosis, PCR-based diagnostics, markers of oncological diseases, etc.);
- Instrumental diagnostic techniques: bicycle ergometry, electrocardiography, echocardiogram, Holter (24-hour) monitoring, 24-hour monitoring of arterial tension, doppler study of limb and brain vessels, electroencephalography, echoencephalography, pulmonary function test, ultrasonic diagnosis, roentgen examination, mammography, esophagogastroduodenoscopy, colonoscopy, rectoromanoscopy, radioisotopic examination, computerized tomography, magnetic resonance tomography (including with contrast), etc.;
- diagnosis of sexually transmitted diseases, including primary diagnosis by PCR and control studies on identified diseases after treatment;
- physiotherapy: all types of electrotherapy and chromophotherapy, including laser therapy and magnetotherapy (SHF, UHF, impulse currents, magnetophoresis, electrophoresis, inductothermy, darsonvalization, diadynamic currents, etc.), thermotherapy, inhalation, paraffin therapy, etc.;
- classical massage, corporeal acupuncture, manual therapy, exercise therapy (no more than 1 course² for each type of therapeutic effect and in each case);
- balneotherapy, mud therapy, pearl baths - not more than 1 course² of each kind of exposure a year;
- examination, consultation, execution and prolongation of a temporary disability leave by a general physician; ³performance and deciphering of ECG ⁴at home, consultations of doctors-specialists, medical appointments made by nurses at home on medical indications and as prescribed by the general physician;
- vaccination against influenza on epidemic indications (in office, ⁵at the polyclinic);
- examinations and tests performed to issue medical certificates:
 - ✓ to attend a swimming pool,
 - ✓ to attend sports and recreation facilities,
 - ✓ to obtain health resort vouchers;

¹ This program shall include medical services provided by medical institutions specified in the insurance agreement as well as diagnostics and treatment of diseases, injuries and other medical indications specified in the International Statistical Classification of Diseases valid in the Russian Federation, except for services and diseases listed in the Exceptions from Voluntary Health Insurance Programs.

² One course is up to 10 sessions.

³ Home medical care is provided by a general physician to the Insured Person, who, due to his/her health condition or the nature of illness, is not able to attend a medical institution and needs a bed rest and medical supervision.

⁴ For the Insured Person, who, due to his/her health condition or the nature of illness, is not able to attend a medical institution and needs a bed rest and medical supervision.

⁵ Vaccination in the office shall be carried out only under insurance agreements of legal entities and provided that at least 11 Insurant's employees filed applications for vaccination.

- examinations and tests performed to issue a sanatorium-resort card;
- registration of an extract from the outpatient card at the request of the Insured;
- pregnancy management without pathology for up to 8 weeks; termination of pregnancy for medical reasons;
- the use of polymer bandages for immobilization in cases of injuries, which occurred during the term of the insurance agreement;
- shock -wave therapy in traumatology (1 course-no more than 5 sessions during the contract);
- treatment of skin diseases, with the exception of services to eliminate cosmetic defects, including in order to improve the psychological state of the Insured.
- treatment of acute hepatitis;
- washing the lacunae of tonsils, including using the apparatus of Tonsillar (not more than 5 procedures during the contract).

1.2 temporary disability examination (registration of temporary disability), registration of prescriptions for medicines (except preferential), directions and extracts from outpatient cards for medical reasons;

1.3 preparation for planned operations and day clinic care⁶;

1.4 "Second Opinion" service subject to at least two of the following criteria:⁷

- severe form of disease;
- long-term recurrent course of the disease;
- lack of dynamics / negative dynamics against the background of therapeutic / surgical treatment for more than four months;
- medical activities carried out for the purpose of early diagnosis of diseases in the following scope: consultative reception of the following doctors-specialists: therapist, surgeon, neurologist, ophthalmologist, otolaryngologist, examination of obstetrician-gynecologist (with the fence material for the study of flora (for women); examination of urologist (for men);
- clinical blood analysis (hemoglobin, red blood cells, platelets, leukocyte formula);
- general urine analysis;
- electrocardiogram (ECG) in 12 leads with the conclusion.

After medical examination the physician shall issue a conclusion with the necessary recommendations.

2. MEDICAL SERVICE PROVISION PROCEDURE

2.1 To obtain the outpatient and polyclinic medical care mentioned above, the Insured Person shall apply to the medical institution specified in the insurance agreement.⁸

Services shall be rendered during the healthcare facility's working hours if the Insured Person has a document confirming conclusion of an insurance agreement (voluntary health insurance certificate, etc.), an identity document and, if necessary, a pass card to the healthcare facility.

Home care is rendered by an appropriate service of the medical institution at the address specified in the insurance agreement within:

- Moscow MKAD Ring Road and the following districts: Vnukovo, Vostochniy, Zhulebino, Kozhukhovo, Kosino-Ukhtomskiy, Kurkino, Mitino, Molzhaninovskiy, Nekrasovka, Novo-Peredelkino, Novokosino, Severnoye Butovo, Severniy, Solntsevo, Yuzhnoye Butovo;
- Saint Petersburg – administrative districts and borders of the city set in accordance with Law No. 411-68 "On Territorial Structure of Saint Petersburg" dated July 25, 2005 (as amended on the date of services provision);

⁶ For the Insured Person who is a member of Voluntary Health Insurance Program "Scheduled and Emergency Inpatient Care", only upon the consent of the Insurer.

⁷ The "Second Opinion" service provides for an alternative consultation by correspondence with a specialist at the healthcare facility outside the Russian Federation at the choice of Ingosstrakh Insurance Company to confirm the diagnosis and / or decide on further treatment tactics. The decision on the need to organize the service is determined by Ingosstrakh Insurance Company doctor-curator on the basis of the analysis of the medical documentation of the Insured Person. The service is not provided for acute diseases and injuries where physical / instrumental diagnostics and treatment tactics are obvious and do not require any additional tests and outsourcing.

⁸ To receive outpatient-polyclinic services in St. Petersburg, the Insured Person shall apply to Medical Aid Organization Division of Ingosstrakh Insurance Company. The staff of Ingosstrakh Insurance Company shall organize the provision of outpatient and polyclinic medical care services required by the Insured Person in the medical institutions specified in the insurance agreement or in an equivalent medical institution.

- other settlements - administrative districts and borders of the settlement established by the healthcare facility service.

2.2 The Insured Person shall apply to the Medical Aid Organization Division of Ingosstrakh Insurance Company:

- to obtain medical services recommended by the physician if such services can not be provided by any of the medical institutions specified in the insurance agreement;

- to obtain home medical care by the general physician if none of the medical institutions specified in the insurance agreement is able to provide home medical care.⁹

2.3 The Insured Person may apply to the Medical Aid Organization Division of Ingosstrakh Insurance Company for assistance in choosing a medical institution to obtain the necessary medical assistance.

2.4 In the cases listed in clauses 2.2 and 2.3 hereof, the medical institution shall be determined by Ingosstrakh Insurance Company.

2.5 For the purpose of arranging "Second Opinion" service referred to in clause 1.4 hereof, the Insured Person shall apply to the Ingosstrakh Insurance Company doctor-curator presenting the necessary results of the study and treatment performed upon the request of the Ingosstrakh Insurance Company employee.¹⁰

3. OBLIGATIONS OF THE INSURANT

3.1 The Insurant is obliged to compensate expenses incurred by Ingosstrakh IPJSC in the following cases:

3.1.1 calling a GP to an inaccurate, incomplete or non-existent address designated by the Insured or by the person acting in his or her interest to a member of the relevant medical service or an officer of Ingosstrakh Insurance Company;

3.1.2 the absence of the Insured at the address indicated when calling a physician;

3.1.3 rejection of the services of a physician at the place of the call;

3.1.4 calling a physician for the persons not insured under this program;

3.1.5 calling a physician to receive planned consultations, referrals to planned examinations, obtain prescriptions for preferential medication, and close of the temporary disability certificate;

3.1.6 calling a physician for the Insured who is in a state of alcoholic, toxic or drug intoxication, including for the purpose of obtaining a temporary disability certificate due to the specified states.

3.2 After Ingosstrakh Insurance Company pays for services specified in paragraphs 3.1.1–3.1.6 hereof, Ingosstrakh Insurance Company is entitled to demand compensation of the amount of the relevant invoice from the Insurant. If the Insured Person fails to pay such amount within 5 business days following the date of receipt of the invoice from Ingosstrakh Insurance Company, the latter is entitled to terminate the insurance agreement executed with respect to such Insured Person.

Exceptions from the voluntary health insurance programs form an integral part of this program.

⁹ General physician can be called in until 3 p.m., including Saturdays, Sundays and public holidays.

¹⁰ In case of medical indications and prescription by a specialist who has conducted an alternative consultation (other than at the request of the Insured Person), additional tests can be organized, without which it is impossible to confirm / disprove the diagnosis and implement the "Second Opinion" service. Based on the results of the conducted studies with the purpose of their evaluation, another consultation with a specialist may be organized. If further treatment is necessary after the provision of the "Second Opinion" service, it can be carried out strictly within the framework of the voluntary health insurance program available to the Insured Person.

Voluntary Health Insurance Program
"SCHEDULED AND EMERGENCY INPATIENT CARE"

Under this program Ingosstrakh Insurance Company arranges and pays for emergency medical services and inpatient services provided to the Insured Person due to acute illness (condition), aggravation of chronic illness, injury (including ambustion, freezing injury) and intoxication in case of scheduled or emergency hospitalization¹.

Emergency medical care is provided to the Insured Person in cases requiring urgent medical intervention.

Emergency hospital admission shall take place, if the health status of the Insured Person requires emergency inpatient care.

Ingosstrakh Insurance Company pays for inpatient services rendered in relation to events which directly caused the hospitalization.

1. SCOPE OF SERVICES PROVIDED

Under this program, Ingosstrakh Insurance Company arranges and pays for the following medical services in cases specified above:

Emergency Medical Services: ²

1.1 call of the emergency team nearest to the location of the Insured Person (including a package of urgent medical manipulations, required express diagnostic and urgent medical transportation to the medical institution determined by Ingosstrakh Insurance Company, which is capable of rendering the required medical assistance) around the clock 7 days a week shall be possible:

- in Moscow – within 30 km from Moscow Ring Road (in the absence of indications for hospitalization, and back);
- in Saint Petersburg – within the administrative districts and borders of the city, set in accordance with Law No. 411-68 "On Territorial Structure of Saint Petersburg" dated July 25, 2005 (as amended on the date of services provision);
- in other settlements – within the administrative districts and the boundaries of the settlement established by the ambulance service;

Inpatient services:

1.2 diagnostic and medical ³services, including:

- advisory services of medical specialists;
- laboratory and instrumental tests;
- stay in the intensive care unit, resuscitation;
- surgical and conservative treatment;
- physiological treatment, classical massage, corporeal acupuncture, manual therapy and exercise therapy;
- extracorporeal methods of treatment: hemodialysis, plasmapheresis, hemosorption, hemofiltration, ultraviolet and laser irradiation of blood, ozonation, etc. (in the conditions of resuscitation for vital indications);
- rehabilitation treatment by the decision of the clinical and expert Commission of the medical institution, after the hospital treatment on the insured event⁴;
- pharmaceuticals and other remedies required for the treatment and available in the inpatient clinic;
- the use of polymer bandages for immobilization in cases of injuries (if available in inpatient clinics) occurred during the term of the insurance contract;

¹ This program shall include medical services provided by medical institutions specified in the insurance agreement as well as diagnostics and treatment of diseases, injuries and other medical indications specified in the International Statistical Classification of Diseases valid in the Russian Federation, except for services and diseases listed in the Exceptions from Voluntary Health Insurance Programs.

² If ambulance which has contractual relations with Ingosstrakh Insurance Company is available.

³ Prosthetic services (for dentoprosthetic – only with the use of metal and metal-ceramic crowns) and preparation thereto are covered when the need for such services arises as a result of injury (for dentoprosthetic rehabilitation – maxillofacial area injuries) that occurred within the validity period of the insurance contract; as well as during the term of previous insurance contracts, subject to permanent insurance with Ingosstrakh Insurance Company.

⁴ Services are provided on the basis of the hospital until discharge

- termination of pregnancy for medical reasons;
 - inpatient stay in single-double ward, with catering and medical personnel care;
 - Stay in the hospital of one of the parents accompanying a hospitalized child under three years of age⁵;
- 1.3** temporary disability examination.

2. PROCEDURE FOR RENDERING MEDICAL SERVICES

2.1 If emergency medical care or urgent hospitalization is required, the Insured Person or a person acting on his/her behalf shall contact the Medical Aid Organization Division of Ingosstrakh Insurance Company. Medical services are provided to the Insured Person in the presence of a document confirming the conclusion of the insurance contract with respect to the Insured Person (voluntary medical insurance policy, etc.) and the document proving the identity. In case of problems connected with organization of ambulance, the Insured Person or the person acting on his behalf should also apply to the Medical Aid Organization Division of Ingosstrakh Insurance Company.

2.2 Emergency medical care is provided by the emergency medical team of LMS Clinic LLC or a similar service of another medical institution having contractual relationship with Ingosstrakh Insurance Company.

2.3 The Insured Person shall be urgently hospitalized by a mobile emergency team to the medical institution recommended by a doctor from the list of such institutions specified in the Insurance Contract, which is capable of providing appropriate medical care and has available beds. Otherwise, the Insured Person can be hospitalized in an equivalent medical institution that has contractual relations with Ingosstrakh Insurance Company.

2.4 Should no ambulance service have contractual relations with Ingosstrakh Insurance Company, the Insured Person or a person acting on his/her behalf shall contact the Medical Aid Organization Division of Ingosstrakh Insurance Company, if urgent hospitalization is required. In such case, the Insured Person may be urgently hospitalized (if necessary) by the local free ambulance and emergency service "03"⁶ to the medical institution, with which Ingosstrakh Insurance Company has contractual relations for provision of inpatient medical services and which is able, if free beds are available, to provide necessary medical care.

2.5 On extraordinary occasions, life saving urgent hospitalization may be performed to the municipal (district) hospital nearest to the Insured Person's location which is able to provide appropriate medical care, including by means of provision of the emergency medical services by the team of the local free ambulance and emergency service "03". Later on Ingosstrakh Insurance Company arranges for the transfer of the Insured Person to one of the medical institutions specified in the Insurance Contract that is ready to accept the Insured Person, if there are no medical contra indications for such transfer.

2.6 If the planned hospitalization is required, the Insured Person must apply to the Medical Aid Organization Division of Ingosstrakh Insurance Company. Planned hospitalization is arranged by the staff of the Medical Aid Organization Division of Ingosstrakh Insurance Company on the basis of the following documentation: appointment card, outpatient card or an extract from it containing all necessary results of pre-hospital examination. Scheduled hospitalization is carried out to any inpatient hospital specified in the Insurance Contract, and if it is not possible – to another equivalent inpatient hospital as agreed with the Insured Person, within at most 10 days upon receipt of the above documentation by Ingosstrakh Insurance Company.

2.7 To arrange and pay for services on prosthetics and preparation to it in a hospital in case of a planned hospitalization, the Insured Person or representative shall contact the Medical Aid Organization Division of Ingosstrakh Insurance Company and submit an injury conclusion (accompanied with X-ray pictures) describing recommended prosthetic and orthopedic services. The final scope of prosthetic services, including the cost of prosthesis, and required medical institution, shall be determined by Ingosstrakh Insurance Company.

2.8 In case of hospitalization of a pregnant woman, if she has a somatic or surgical pathology, the Insured Person shall be hospitalized to medical institutions which have contractual relations with Ingosstrakh Insurance Company and are able to provide appropriate medical care in case of availability of free beds. If it is not possible, planned and urgent hospitalization is carried out to city (district) clinical hospitals with maternity departments.

3. OBLIGATIONS OF THE INSURANT

⁵ The stay of the parent (without provision of medical services) only with the possibility of a hospital and not more privileged as semi-private ward.

⁶ Ambulance and emergency medical services "03" shall not be paid by Ingosstrakh Insurance Company.

3.1 The Insurant is obliged to compensate expenses incurred by Ingosstrakh Insurance Company in the following cases:

3.1.1 calling for a medical emergency team to an incorrect, incomplete or non-existent address specified by the Insured Person or a person acting on his/her behalf to a dispatcher of the Emergency Call service;

3.1.2 the Insured Person is absent at the address specified when calling for an emergency ambulance;

3.1.3 calling for a medical emergency team for the persons not insured under this program;

3.1.4 call for a medical emergency team to receive planned medical manipulations: injections, measurement of blood pressure, etc.;

3.1.5 calling for a medical emergency team to the Insured Person, who is in a state of alcoholic (middle or high level), toxic or drug intoxication, or for the purpose of termination of a drinking bout and his/her subsequent hospitalization;

3.1.6 cancellation of a call for a medical emergency team;

3.1.7 refusal from services of a medical emergency team upon their arrival to the designated place.

3.2 After Ingosstrakh Insurance Company pays for services specified in paragraphs 3.1.1–3.1.7 hereof, Ingosstrakh Insurance Company is entitled to demand compensation of the amount of the relevant invoice from the Insurant. If the Insured Person fails to pay such amount within 5 banking days following the date of receipt of the invoice from Ingosstrakh Insurance Company, the latter shall be entitled to terminate the insurance contract executed with respect to such Insured Person.

Exceptions from the voluntary health insurance programs form an integral part of this program.

Voluntary Health Insurance Program

"OUTPATIENT CARE FOR CHILDREN"

Under this program, Ingosstrakh Insurance Company organizes and pays for outpatient and polyclinic services rendered to the Insured Person upon acute illness (condition), aggravation of a chronic illness, injury (including burns, freezing injuries), intoxication¹.

1. SCOPE OF SERVICES PROVIDED

Under this program, Ingosstrakh Insurance Company organizes and pays for the following outpatient and polyclinic services in the cases specified above:

1.1 diagnostic and medical services, including:

- consultations and medicinal manipulations by medical specialists (pediatrician, allergologist, gastroenterologist, dermatovenerologist, cardiologist, otolaryngologist, ophthalmologist, rheumatologist, traumatologist, surgeon, endocrinologist, urologist, gynaecologist etc.); one speech therapist consultation a year;
- laboratory tests: analysis of blood and other biological media of the body (general clinical, biochemical, hormonal, bacteriological, immunological, serologic, cytological, mycological and test for dysbacteriosis, PCR-based diagnostics, markers of oncological diseases, etc.);
- instrumental diagnostic techniques: bicycle ergometry, electrocardiography, echocardiogram, Holter (24-hour) monitoring, 24-hour monitoring of arterial tension, doppler study of limb and brain vessels, electroencephalography, echoencephalography, pulmonary function test, ultrasonic diagnosis, roentgen examination, mammography, esophagogastrroduodenoscopy, colonoscopy, rectoromanoscopy, radioisotopic examination, computerized tomography, magnetic resonance tomography (including with contrast), etc.;
- physiotherapy: all types of electrotherapy and chromophototherapy, including laser therapy and magnetotherapy (SHF, UHF, impulse currents, magnetophoresis, electrophoresis, inductothermy, darsonvalization, diadynamic currents, etc.), thermotherapy, inhalation, paraffin therapy, etc.;
- classical massage, corporeal acupuncture, manual therapy, exercise therapy (no more than 1 course² for each type of therapeutic effect and in each case);
- hydrotherapy, mud therapy, pearl baths - not more than 1 course² of each kind of exposure a year;
- washing the lacunae of tonsils, including using the apparatus of Tonsillar (not more than 5 procedures during the contract);
- medical activities carried out in clinic for the purpose of early detection of diseases according to the regulating documents of the Ministry of Health of the Russian Federation; for a newborn child (the first 30 days of life) at home, children under 1 year of age in the clinic;
- vaccination against hepatitis B, diphtheria, pertussis, measles, rubella, poliomyelitis, tetanus, tuberculosis, mumps, and Haemophilus influenza and influenza virus infection in the clinic;
- yearly Mantoux test;
- examination, consultation, execution and prolongation of a temporary disability leave and medical certificate form 095/u by a pediatrician³; performance and deciphering of ECG at home⁴ on medical indications and as prescribed by the pediatrician;
- examinations and tests performed to issue medical certificates:
 - ✓ to attend a swimming pool,
 - ✓ to attend sports and recreation facilities,
 - ✓ to obtain health resort vouchers;
- examinations and tests performed to issue a sanatorium-resort card;

¹ This program shall include medical services provided by medical institutions specified in the insurance agreement as well as diagnostics and treatment of diseases, injuries and other medical indications specified in the International Statistical Classification of Diseases valid in the Russian Federation, except for services and diseases listed in the Exceptions from Voluntary Health Insurance Programs.

² One course is up to 10 sessions.

³ Home medical care is rendered by a pediatrician to the Insured Person, who, for reasons of health, nature of disease, is not able to attend a medical institution and needs a bed rest and medical supervision.

⁴ For the Insured Person, who, due to his/her health condition or the nature of illness, is not able to attend a medical institution and needs a bed rest and medical supervision

- the use of polymer bandages for immobilization in cases of injuries, which occurred during the term of the insurance agreement;
- 1.2** temporary disability examination;
- 1.3** day clinic care⁵;
- 1.4** "Second Opinion" service subject to at least two of the following criteria:⁶
 - severe form of disease;
 - long-term recurrent course of the disease;
 - lack of dynamics / negative dynamics against the background of therapeutic / surgical treatment for more than four months.

2. MEDICAL SERVICE PROVISION PROCEDURE

2.1 In order to obtain the outpatient and polyclinic medical services, the Insured Person or his/her representative should apply to the medical institution specified in the insurance agreement⁷.

Services shall be rendered during the healthcare facility's working hours if the Insured Person has a document confirming conclusion of an insurance agreement (voluntary health insurance certificate, etc.), an identity document and, if necessary, a pass card to the healthcare facility.

Home care is rendered by an appropriate service of the medical institution at the address specified in the insurance agreement within:

- Moscow MKAD Ring Road and the following districts: Vnukovo, Vostochniy, Zhulebino, Kozhukhovo, Kosino-Ukhtomskiy, Kurkino, Mitino, Molzhaninovskiy, Nekrasovka, Novo-Peredelkino, Novokosino, Severnoye Butovo, Severniy, Solntsevo, Yuzhnoye Butovo;
- Saint Petersburg – administrative districts and borders of the city set in accordance with Law No. 411-68 "On Territorial Structure of Saint Petersburg" dated July 25, 2005 (as amended on the date of services provision);
- other settlements - administrative districts and borders of the settlement established by the healthcare facility service.

2.2 The Insured Person or his/her representative shall apply to the Medical Aid Organization Division of Ingosstrakh Insurance Company:

- to obtain medical services recommended by the physician if such services can not be provided by any of the medical institutions specified in the insurance agreement;
- to obtain home medical care by the ⁸pediatrician if none of the medical institutions specified in the insurance agreement is able to provide home medical care.

2.3 The Insured Person or his/her representative may apply to the Medical Aid Organization Division of Ingosstrakh Insurance Company for assistance in choosing a medical institution to obtain the necessary medical assistance.

2.4 In the cases listed in clauses 2.2 and 2.3 hereof, the medical institution shall be determined by Ingosstrakh Insurance Company.

2.5 For the purpose of arranging "Second Opinion" service referred to in clause 1.4 hereof, the Insured Person shall apply to the Ingosstrakh Insurance Company doctor-curator presenting the necessary results of the study and treatment performed upon the request of the Ingosstrakh Insurance Company employee⁹.

⁵ For the Insured Person who is a member of Voluntary Health Insurance Program "Scheduled and Emergency Inpatient Care", only upon the consent of the Insurer.

⁶ The "Second Opinion" service provides for an alternative consultation by correspondence with a specialist at the healthcare facility outside the Russian Federation at the choice of Ingosstrakh Insurance Company to confirm the diagnosis and / or decide on further treatment tactics. The decision on the need to organize the service is determined by Ingosstrakh Insurance Company doctor-curator on the basis of the analysis of the medical documentation of the Insured Person. The service is not provided for acute diseases and injuries where physical / instrumental diagnostics and treatment tactics are obvious and do not require any additional tests and outsourcing.

⁷ To receive outpatient-polyclinic services in St. Petersburg, the Insured Person or his/her representative shall apply to Medical Aid Organization Division of Ingosstrakh Insurance Company. The staff of Ingosstrakh Insurance Company shall organize the provision of outpatient and polyclinic medical care services required by the Insured Person in the medical institutions specified in the insurance agreement or in an equivalent medical institution.

⁸ Pediatrician can be called in until 3 p.m., including Saturdays, Sundays and public holidays.

⁹ In case of medical indications and prescription by a specialist who has conducted an alternative consultation (other than at the request of the Insured Person), additional tests can be organized, without which it is impossible to confirm / disprove the diagnosis and implement the "Second Opinion" service. Based on the results of the conducted studies with the purpose of their evaluation, another consultation with a specialist may be organized.

3. OBLIGATIONS OF THE INSURANT

3.1 The Insurant is obliged to compensate expenses incurred by Ingosstrakh IPJSC in the following cases:

3.1.1 calling a pediatrician to an inaccurate, incomplete or non-existent address designated by the Insured Person or by the person acting in his or her interest to a member of the relevant medical service or an employee of Ingosstrakh IPJSC;

3.1.2 the absence of the Insured Person at the address indicated when calling a pediatrician;

3.1.3 the rejection of the services of a pediatrician at the place of the call;

3.1.4 calling a pediatrician for the persons not insured under this program;

3.1.5 calling a pediatrician to receive planned consultations, referrals to planned examinations, obtain prescriptions for preferential medication, and close of the work incapacity certificate;

3.1.6 calling a pediatrician for the Insured Person who is in a state of alcoholic, toxic or drug intoxication, including for the purpose of obtaining a temporary disability certificate due to the specified states.

3.2 After Ingosstrakh Insurance Company pays for services specified in paragraphs 3.1.1–3.1.6 hereof, Ingosstrakh Insurance Company is entitled to demand compensation of the amount of the relevant invoice from the Insurant. If the Insured Person fails to pay such amount within 5 business days following the date of receipt of the invoice from Ingosstrakh Insurance Company, the latter is entitled to terminate the insurance agreement executed with respect to such Insured Person.

Exceptions from the voluntary health insurance programs form an integral part of this program.

If further treatment is necessary after the provision of the "Second Opinion" service, it can be carried out strictly within the framework of the voluntary health insurance program available to the Insured Person.

Voluntary Health Insurance Program

"SPECIALIZED DENTISTRY"

Under this program, Ingosstrakh Insurance Company organizes and pays for the outpatient and polyclinic services of a specialized dentistry (dental department of a medical center) rendered to the Insured Person, if they have acute disease (condition) or exacerbation of chronic disease (periodontitis, paradontium diseases, diseases of the oral mucosa, salivary glands), as well as in case of caries, pulpitis, noncarious dental lesions and maxillofacial area injuries.

1. SCOPE OF SERVICES PROVIDED

Under this program, Ingosstrakh Insurance Company shall organize and pay for the following diagnostic, medical and dental prosthetic services in the cases specified above¹, including:

- therapeutic treatment: the use of light and chemical cure composite materials; mechanical, medicated treatment of canals, canal filling, including with gutta-percha points and thermophils;
- surgical treatment: tooth extraction (simple, complex, including mucoperiosteal stripping), cystectomy, radiectomy, abscess drainage, the use of sealing pastes, retrograde sealing of channels; treatment of diseases of nerves of maxillofacial area etc.;
- X-ray and radiovisiographic diagnostics;
- local anesthesia and narcosis;
- physical therapy;
- removal of plaque;
- covering teeth with fluorine varnish pursuant to medical prescription;
- general treatment of periodontitis (closed curettage and medication treatment of parodontal pockets, application of salve dressing, etc.), removal of good-quality new growths of maxillofacial area;
- treatment of diseases of the oral mucosa and tongue;
- treatment of inflammatory diseases of the maxillofacial area;
- treatment of diseases of the salivary glands;
- treatment of nonmalignant growths of the maxillofacial area.
- One orthodontist consultation per year;
- One consultation of an orthopedic dentist per year;
- processing of teeth fluorinated drugs (once for a year);
- restoration of the destroyed tooth crown (on condition of destruction less than 50%) with use of anchor pins;
- hermetic sealing of fissures;
- restoration of the broken tooth crown using pins, when the need for it arises as a result of maxillofacial area injury occurred within the validity period of the Insurance Contract, as well as during the validity period of the previous insurance contracts subject to continuous insurance with Ingosstrakh Insurance Company;

2. PROCEDURE FOR RENDERING MEDICAL SERVICES

2.1 To obtain the dental care mentioned above, the Insured Person shall apply to the medical institution specified in the Insurance Contract².

Services shall be rendered during the healthcare facility's working hours if the Insured Person has a document confirming conclusion of an insurance agreement (voluntary health insurance certificate, etc.), an identity document and, if necessary, a pass card to the healthcare facility.

¹ The specified services shall be rendered by doctors and paramedical personnel in full, with the exception of the cases specified in the Exceptions to voluntary medical insurance programs.

Prosthetic services will be paid only with the use of metal and metal ceramic crowns and only in cases when the need for prosthetic services arises as a result of maxillofacial area injuries that occurred within the validity period of the insurance contract; as well as during the term of previous insurance contracts, subject to permanent insurance with Ingosstrakh Insurance Company.

² To receive dental services in St. Petersburg, the Insured Person shall apply to Medical Aid Organization Division of Ingosstrakh Insurance Company. The staff of Ingosstrakh Insurance Company shall organize the provision of outpatient and polyclinic medical care services required by the Insured Person in the medical institutions specified in the insurance agreement or in an equivalent medical institution.

2.2 The Insured Person shall apply to the Medical Aid Organization Division of Ingosstrakh Insurance Company:

- for the organization of the medical services recommended by the physician, if such services cannot be provided by any of the medical institutions specified in the insurance contract;
- for the organization of emergency dental care, if none of the medical institutions specified in the insurance contract, if such services cannot be provided by any of the medical institutions specified in the insurance contract³.

2.3 The Insured Person may apply to the Medical Aid Organization Division of Ingosstrakh Insurance Company for assistance in choosing a medical institution to obtain the necessary medical assistance.

2.4 In the cases listed in clauses 2.2 and 2.3 hereof, the medical institution shall be determined by Ingosstrakh Insurance Company.

2.5 For organization and payment for prosthodontic services, as well as services for restoration of a tooth crown broken as a result of maxillofacial area injury, the Insured Person should apply to the Medical Aid Organization Division of Ingosstrakh Insurance Company and present the physician's opinion concerning the fact of injury (including all necessary roentgenograms) and a recommended scope of prosthodontic rehabilitation/services for restoration of the broken tooth crown. In this case, the necessary medical institution shall be specified by Ingosstrakh Insurance Company.

Exceptions from the voluntary health insurance programs form an integral part of this program.

³ In this case, medical transportation of the Insured Person to the medical institution and back at night (from 11 pm to 6 am) is provided in Moscow within the Moscow Ring Road, as well as the following districts: Vnukovo, Vostochniy, Zhulebino, Kozhukhovo, Kosino-Ukhtomskiy, Kurkino, Mitino, Molzhaninovskiy, Nekrasovka, Novo-Peredelkino, Novokosino, Severnoe Butovo, Severniy, Solntsevo, Yuznoe Butovo.

EXCEPTIONS
from Voluntary Health Insurance Programs

(these Exceptions are an integral part of
voluntary health insurance programs)

1. INGOSSTRAKH INSURANCE COMPANY WILL NOT PAY FOR THE MEDICAL SERVICES RELATING TO THE FOLLOWING DISEASES AND COMPLICATIONS THEREOF:

- 1.1 HIV, AIDS;
- 1.2 Especially dangerous infectious diseases¹: smallpox, poliomyelitis caused by wild polio virus, human influenza caused by a new subtype, severe acute respiratory syndrome (SARS), cholera, plague, malaria, arthropod-borne viral fevers and viral hemorrhagic fevers, meningococcal disease;
- 1.3 alcoholism, drug abuse, substance abuse;
- 1.4 mental illnesses and behavioral disorders;
- 1.5 malignant neoplasms, hemoblastosis;
- 1.6 tuberculosis;
- 1.7 hereditary diseases: chromosomal, monogenic, mitochondrial (diseases, anomalies, disorders), hereditary metabolic diseases; abnormal development; birth defects; infantile cerebral paralysis;
- 1.8 system connective tissue disorders, including all undifferentiated collagenoses;
- 1.9 diseases accompanied by chronic renal and hepatic failure requiring chronic hemodialysis;
- 1.10 chronic hepatitis C, E, F, G;
- 1.11 disability (except for group III disability).

2. INGOSSTRAKH INSURANCE COMPANY WILL NOT PAY FOR THE FOLLOWING MEDICAL SERVICES AND TREATMENTS, AS WELL AS RELATED EXPENSES:

- 2.1 medical services rendered without medical indications;
- 2.2 dynamic and dispensary supervision of chronic diseases (except for the cases provided by the program of voluntary medical insurance (hereinafter referred to as VHI);
- 2.3 medical services rendered at home (except for cases provided for by the VHI Program);
- 2.4 methods of traditional medicine: all types of traditional diagnostics (including acupunctural diagnostics, auriculodiagnostics, thermopunctural diagnostics, iridology, energoinformational diagnostics), all types of traditional therapy² (including phytotherapy, hirudotherapy, apiotherapy and treatment by other means of natural origin (with the exception of cases stipulated by the VHI program); homeopathy; energoinformatics; traditional recovery systems); shock-wave therapy; all types of pneumomassage³ (including intense external counterpulsation therapy, lymph press); instrumental spinal traction (dry and underwater traction); treatment by means of quantum therapy devices; treatment by means of structural resonance therapy devices; kinesiotherapy; osteopathy;
- 2.5 treatment of experimental or research nature; services related to telemedicine, ⁴extracorporeal treatment methods, including ultraviolet blood irradiation except for extracorporeal treatment of blood and its components for life saving reasons in intensive care unit; intravenous and cutaneous blood irradiation (except for cases provided for by the VHI Program); local autoplasm therapy; mesotherapy; ozone therapy (except for cases provided for by the VHI Program); alpha capsule treatment; robot-assisted surgeries; capsule endoscopy;
- 2.6 treatment and/or care procedures facilitating or preventing from conception, including: artificial insemination, treatment and diagnosis of infertility and impotence, insertion (including for therapeutic purposes) and removal of the IUD;
- 2.7 medical services related to pregnancy after establishing (except for cases provided for by the VHI Program); termination of pregnancy; ⁵obstetric aid;

¹ The list of especially dangerous infectious diseases can be expanded by the decision of the competent authorities.

² Except for cases provided for by the VHI programs.

³ Except for pneumomassage of eardrums.

⁴ Except for the provision of such services for medical reasons at the branches LMS Clinic LLC.

⁵ Except for cases of pregnancy termination for medical reasons.

- 2.8** issue of all types of medical documents⁶;
- 2.9** diagnostics, treatment, procedures, plastic surgery carried out for aesthetic or cosmetic purposes or to improve the psychological condition of the Insured Person; treatment of callus, papillomas, warts, nevi, condylomas, lipomas, keloid scars; atheromas, xanthelasma;⁷ weight correction; surgical sex reversal;
- 2.10** surgical treatment of myopia, hypermetropia, astigmatism, strabismus; treatment involved hardware-software ophthalmological solutions for persons of over 15 years old;
- 2.11** consulting and treatment of a psychotherapist, psychiatrist, psychoneurologist (other than initial consultation of one of these specialists without diagnostic testing), psychologist, speech therapist (except for cases stipulated by the VHI program);
- 2.12** preventive measures in dentistry (except for cases stipulated by the VHI program); all services conducted for cosmetic purposes (including the use of veneers and laminate veneers, the removal of raids (except for cases stipulated by the VHI program), teeth whitening); restoration of the tooth crown destroyed by more than 50%, restoration of the tooth crown using pins (except for cases stipulated by the VHI program); surgical and hardware-associated treatment of periodontal diseases; dental prosthetics and preparation for dental prosthetics (except for cases stipulated by the VHI program); orthodontic treatment (except for cases stipulated by the VHI program); implantation of teeth;
- 2.13** immunotherapy, including specific immunotherapy, preventive and curative measures; immunologic prophylaxis, except for emergency immune prophylaxis of tetanus, antirabic vaccination, flu vaccination for epidemiological indications, as well as vaccination of children provided for in the voluntary health insurance program; tonsils flushing, including with the use of Tonzillor device (except for cases provided for by the VHI Program); preventative massage; prostate gland massage; exercise equipment, kinesiotherapy, tanning salon; balneotherapy (except for cases stipulated by the VHI program), exercise therapy and exercise equipment in a swimming pool; hydrocolonotherapy;
- 2.14** transplantation of organs and tissues; all kinds of prosthetics prosthesis, including preparation to it, apart from the cases when the need for them emerged as a result of an injury occurred within the validity period of the Insurance Agreement, as well as during the validity period of the previous insurance agreements subject to continuous insurance with Ingosstrakh Insurance Company under VHI programs, which provide for inpatient care;
- 2.15** rehabilitation in any health care institutions⁸; staying in health care and other institutions for custody care as well as care requiring no medical personnel; providing of individual medical personnel in an in-house facility;
- 2.16** day care facility and medical services associated with preparation for scheduled hospitalization when the Insured Person has no Ingosstrakh Insurance Company Policy (VHI Program) providing for scheduled inpatient care;
- 2.17** services provided to the Insured Person after the expiry of the insurance agreement, other than services rendered under Ingosstrakh Insurance Company Policy (VHI Program) stipulating scheduled and emergency care related to treatment of the Insured Person hospitalized within the period of cover until his/her discharge from the inpatient facility.

3. INGOSSTRAKH INSURANCE COMPANY WILL NOT PAY FOR:

- 3.1** medicines (except for cases provided by the VHI program) and medical products, medical equipment, glasses, contact lenses, hearing aids, medical products intended for the care for patients, corrective medical devices, materials and devices (including corsets, crutches, insole), as well as expenses associated with their selection and ⁹fitting;
- 3.2** cardiostimulators, stents, as well as consumables for angioplasty and stenting; ¹⁰transplants;
- 3.3** artificial lenses, implants, prostheses and endoprostheses (including stent-grafts, heart and vascular valves), metal structures¹¹;

⁶ Except for the issue of a certificate on the previous disease (form 095/u (095/y)) or temporary disability certificate, and except for cases specified in the voluntary health insurance program.

⁷ Except where there exist injured and irritated elements, as well as suspected malignant degeneration of pigmented naevus.

⁸ In addition to rehabilitation after injuries that occurred during the term of the insurance agreement, as well as during the term of previous insurance agreements subject to continuous insurance at Ingosstrakh Insurance Company, in healthcare facilities provided for by the insurance agreement within the scope of the outpatient and polyclinic care program available to the Insured Person, and the cases provided by the VHI Program.

⁹ Except for the selection of glasses in accordance with the VHI program.

¹⁰ Other than operations performed in case of emergency for life saving reasons.

¹¹ Except for the cases when the need for them emerged as a result of an injury occurred within the validity period of the insurance agreement, as well as during the validity period of the previous insurance agreements subject to continuous insurance with

3.4 immobilization systems¹².

4. If during the term of insurance agreement it is revealed that the insurance agreement was executed with regard to the Insured Person suffering from any disease specified in Clause 1 of these Exceptions or having disability (other than group III disability), as well as if such diseases or disability are first diagnosed during the insurance agreement term, Ingosstrakh Insurance Company shall pay for the medical services provided to the Insured Person on medical indications until the diagnosis is confirmed (set) or disability is confirmed (established) (except for disability category III).

Ingosstrakh Insurance Company under VHI programs, which provide for inpatient care; Biodegradable implants are under no circumstances covered by the VHI program.

¹² Except for the cases of plaster and polymer dressings use for immobilization in case of an injury occurred within the period of the insurance agreement.