Joint Stock Insurance Company ENERGOGRANT

APPROVED by Order of PAO SAK ENERGOGRANT

No.224 dated July 25th, 2019

Comprehensive Terms and Conditions of Personal Insurance

STUDENT ZABOTA (STUDENT CARE)


Insureds shall be individuals – foreign citizens entering or staying at the territory of the Russian Federation and stateless people at the ages from 18 to 35 years, in behalf of which an Insurance Policy is concluded. The Insureds for the Student Zabota program shall be only the students studying at Russian universities, as well as foreign professors working at Russian universities, that provided by relevant documents (a student ID, a reference from the university, etc.).

Basic terms used in the present Terms and Conditions:

**Insurance Coverage** is a sum of money determined by the Certificate within which the Insurer undertakes to organize and pay for providing the Insured with care delivery and repatriation services stipulated by insurance plans. The total amount of payments for all the claims shall not exceed the insurance limits and insurance coverage provided by the Certificate.

**Insurance Limit** is a total amount of payments for all the accidents insured occurred during the term of the Insurance Policy due to which medical services stipulated by the Plans have been provided.

**Healthcare Organization** is a legal entity of any type realizing medical care under the license obtained by the procedure established by law.

**Service Company** is a service or an assistance company having contracts of organization of medical, expert, medical and transport services and other (including medical and social services) with the Insurer and providing assistance in repatriation in view of a sudden disease, accident or death.

**Injury** is a damage of structure of living tissues and anatomical integrity of organs factually taken place within the term of the Insurance Policy and resulted from a one-time or short external influence of physical (except for electromagnetic or nuclear radiation) or chemical environmental factors detected based on objective signs known to medical science. The complete and
comprehensive list of injuries which are subject to insurance benefit is stipulated in the Tables of Amount of Insurance Benefits (see Annex 1 hereof).

1. An Object Insured is property interests of the Insured conforming to the Russian legislation, related to his/her life, health and capacity to work, expenditures for medical care and other services including expenses for repatriation in case of an insured event.

2. Under the present Terms and Conditions an insured event (taking into consideration the limitations stipulated in p.6 hereof) shall be (the selection is marked in Section 3 on the title side of the Certificate):

2.1. **Section No. 1 (VIII)** – a documented appeal of the Insured to a Healthcare Organization of those listed in the Certificate, in order to obtain medical care, in case of acute health problems, acute exacerbations of a chronic disease and accidents during the term of the Policy within the chosen insurance plan.

2.1.1. **Insurance plans:**

2.1.1.1. **Outpatient care** -

A List of medical services which are the accidents insured for which the Insurer guarantees payments within the Insurance Plan:

- A doctor’s appointment in case of acute health problems suddenly arisen or acute exacerbation of a chronic disease, burns, frostbites, intoxication, accidents demanding emergency medical care of the following fields: internal medicine, surgery, traumatology, gynecology, ophthalmology, otolaryngology, neuroscience, urology, dermatology, cardiology, gastroenterology;

- Upon agreements with the Insurer consultative and diagnostic appointments of: nephrologist, proctologist, allergologist, endocrinologist, oncologist (before a diagnosis is made), mental specialist (initial consultation), breast physician, physiatrist;

- Execution and providing the Insured with necessary medical documentation according to the acting Rules of a healthcare organization (an abstract of outpatient medical record, a health certificate of a student presented to the institution to whom it may concern, except for a work incapacity certificate, certificate for a swimming pool, fitness, competitions, firearms license, certificates for the State Road Traffic Safety Authority, the Medical Consultative Board, the Expert Examination of Labour Capacity);

- Investigations – functional diagnostics (ECG, EEG, pulmonary function test including bronchial spasmolytic testing), full ultrasound and X-ray investigation, endoscopic investigation of digestive and respiratory systems under local anaesthesia due to medical necessity, Holter monitoring of ECG, 24-hour monitoring of arterial blood pressure (due to medical necessity). Computer tomography, magnetic resonance imaging under investigation in case of indications for emergency hospitalization.

- General manipulations and procedures (intradermal and intramuscular injection, Bolus technics – up to 10 injections for one disease, intravenous drop infusion – up to 5 infusions for one insured event) in a treatment room for treatment of an acute health problem or acute exacerbation of a chronic disease.

- Laboratory diagnostics: general clinical research (clinical blood analysis, clinical urine analysis, clinical analysis of fecal masses), biochemical screen (except for
Lipemic index; culturing (except for culture at gynecology and urology), serologic testing (except for syphilis, HI virus with the aim of diagnostic, specific and nonspecific antibodies); allergological study (skin testing up to 10, general IgE); cellular and histologic studies (due to medical necessity);
- Minor surgery in case of emergency within the frame of outpatient care;
- Physiatrics: not more than 2 kinds 10 and 10 sessions (electrotherapy, phototherapy, thermotherapy, ultrasound treatment, magtherapy, puffs) 10 sessions by one disease at a physiatrist room (without rectal and vaginal manipulations);
- Exercise therapy – up to 5 group sessions.

Preventive Control – advisory receptions of a general internist, surgeon, neurologist, ophthalmologist, otorhinolaryngologist, chest photofluorography, clinical blood analysis, clinical urinalysis, RW and HI virus blood analysis, ECG, certification for 0-86 form with defining of the gymnastic group – one time during the term of the Certificate.

2.1.1.2. Home Visit – doctor’s home visit (to a dormitory) within the city limits and up to 30 km on the outskirts of the city – is a providing of medical care at home to the Insured which cannot approach a health care center (due to medical necessity only: primary and repeated inspections of a general internist at home, preparation and providing the Insured with necessary medical documentation (a certificate of health of a student to present it to whom it may concern at the institution), medical prescriptions (except for privileged ones and temporary disability leaves).

2.1.1.3. Dental Care – is emergency dental care in case of painful condition: dental therapy and dental surgery, all kinds of local anesthesia, X-ray diagnostic and physiotherapeutic procedures to the extent necessary for pain management and possible problem prevention.

2.1.1.4. In-patient Care – emergency care (admission) is realized in case of development of life-threatening diseases which need be treated inpatient. Emergency hospital admission is carried out not earlier than 7 days after the beginning of the term of the Policy provided that the reason for hospital admission shall arise after the Insurance Policy has been concluded. (For people of the age senior than 35 there shall be not more than 1 admission for the term not more than 10 days.)

Under this insurance plan infectious diseases of epidemiological character – measles, diphtheria, scarlet fever, water-pox, influenza virus infection, intestinal infectious diseases, diseases against which the specific immunization according to the National Immunization Schedule and the Immunization Schedule for Epidemiological Indications is realized, infectious diseases, among them there are parasitoses, including helminthoses shall only be detected (except for acute respiratory infection of upper airways, nonspecific pneumonia and nonspecific bronchitis). The after treatment shall be carried out at specialized healthcare organizations at the place of residence or paid cash.

If required a patient may be emergently admitted to a state or municipal hospital nearest to the Insured at the discretion of a doctor of operator console of the insurance company taking into consideration availability at a health care center able to provide medical assistance corresponding to the diagnosis. The Insured upon his/her agreement and health condition may be transferred by the Insurer to a health organization of those stipulated by the Insurance Policy.
Provided: medical tests, laboratory assessment and clinical investigations made in regard to the disease (medical condition) caused the admission; operative and/or non-operative therapy carried out according to the accepted medical standards; consultations and other services provided by medical officers; medicines and other means necessary for treatment; staying in a general hospital room, food, nursery of healthcare stuff.

2.1.1.5. Emergency Medical Care – Emergency and urgent medical services, including emergency special medical care, shall provide: an ambulance crew, necessary instant diagnosis, emergency medical manipulations and acute condition relief; urgent transportation to a hospital. Emergency and urgent medical services shall be provided for the Insureds temporary staying at the territory of Moscow and Moscow District within the Moscow Ring Road (MKAD) and 30 km out of MKAD.

2.1.2. Insurance Exclusions
2.1.2.1. The Insurer do not pay for the medical services, provided for the Insured due to the diseases mentioned below and health complications connected with them (after establishing of the diagnosis):
2.1.2.1.1. Pathological conditions, injuries, burns and scalds, cold injuries, acute exposures, internal injuries arisen:
- Under the influence of alcohol, drugs or other kinds of intoxication, in condition of a mental illness;
- As a result or at committing an offence;
2.1.2.1.2. Arisen during racing of extreme sports and any professional sports, including participation in sporting competition and trainings (except for injuries arisen during physical fitness within the framework of an educational program);
2.1.2.1.3. Caused by intended bodily harm to him-/herself, attempt of suicide;
2.1.2.1.4. Due to:
- Diseases connected with inborn and congenital defect, imperfect development;
- General diseases: collagenoses, vasculitides, all forms of rheumatism, bronchial asthma, autoimmune diseases, immunodeficiency;
- Tuberculosis, all the diagnostic and treatment arrangements carried out at antituberculosis dispensaries in order to establish and confirm the diagnosis;
- Injuries and their complications (including long-term damages) got before the Insurance Policy has been concluded;
- Oncology diseases; innocent mass lesions, including blood diseases of neoplastic genesis, sarcoidosis, cystic fibrosis, erythroid myeloma;
- Epilepsy and epileptiform syndrome, demyelinating diseases of the nervous system, degenerative and atrophic diseases of the nervous system, extrapyramidal movement disorders, consequences of earlier neuroinfection;
- Cardiac failures, chronic cardiac failure and pulmonary heart disease, chronic liver disease and acute liver failure, chronic kidney disease and acute kidney failure, demanding haemodialysis, as well as chronic and acute glomerulonephritis;
- Sexually transmitted diseases (except for swabbing for flora);
- HI virus;
- Atypical pneumonia (SARS); SARS-CoV-2;
- Diseases included at the List of Infectious Diseases Constituting a danger to the Public, approved by the Government of the Russian Federation, as well as diseases which are considered to be grounds for denial or cancellation of temporary resident permit for foreign citizens or stateless people, or residence permit, or work permit;
- Highly infectious diseases: plague, cholera, yellow fever, etc.;
- Mental illnesses and direct complications from them;
- Alcoholism, addiction to drugs and toxic substances and complications from them;
- Type 1 and type 2 diabetes and complications from them;
- Diseases which are grounds for disability;
- Chronic generalized skin disorders;
- Nonspecific gastroenteritis and colitis;
- Chronic viral hepatitis (when the diagnosis is established);
- Chronic anemia of any type demanding hospitalization;
- Neurosurgery in non-life-threatening conditions;
- Non-acute diseases of temporo-mandibular joint, non-acute salivary gland disease, blocks at trifacial neuralgia, pain of temporo-mandibular joint;
  2.1.2.2. The following medical and services shall not be paid:
- Anesthesia at endoscopic examination;
- Aftertreatment;
- Preventive measures, including preventive dental treatment;
- Procedures and operations with aesthetic or cosmetic purpose (including helotomy, removing and treatment of papilloma, verruca, nevus, condyloma);
- Prenatal care, obstetric, pregnancy testing (except for normal finding pregnancy before 8 weeks), abortion and therapeutic abortion, except for life-threatening disorders;
- Aggressive approach to cardio-vascular system, coronarography, except for lower extremity varicose vein disease caused by acute venous insufficiency;
- Consumables, surgical hardware if surgical measures take place, stents;
- Laser and radiowave methods of treatment (including distant ureterolithotripsy in urinology);
- Preventive vaccinations, except for anti-tetanus anatoxin in case of injures and antirabies serum;
- Medical dentistry of teeth covered by dental prostheses;
- Treatment of caries and non-carious cervical lesions (wedge-shaped defect, erosion, hypoplasia, chipping);
- Treatment of chronic oral lesion, except for traumatic injuries;
- Physiotherapy in dentistry;
- Treatment of oral neoplasms and neoplasms of maxillofacial area;
- Periodontal surgery (flap surgery, replantng of osteoplastic materials, open flap debridement, cystectomy with ablation of the root end);
- Elective extraction of displaced, impacted, accessory teeth, including complex teeth extraction under inpatient treatment;
- Treatment of non-acute chronic periodontics and mucosal diseases.
  2.1.2.3. Case follow-up of chronic diseases;
  2.1.2.4. Services provided at the will of the Insured without medical reasons above the Insurance Plan;
  2.1.2.5. Applying of consumables not agreed by the Insurer;
  2.1.2.6. Massage, acupuncture, manual therapy;
  2.1.2.7. PCR-based diagnostics;
  2.1.2.8. Extrication of earbuds from ears under inpatient treatment;
  2.1.2.9. Emergency hospital admission if it was not confirmed with the Insurer;
  2.1.2.10. Ablution of tonsillar lacunae;
  2.1.2.11. Lens fitting;
  2.1.2.12. Thyroid panel T3, T4, TSH.

2.2. Section 2 (Transportation / Repatriation) is a documented application of the Insured or his/her authorized representative to the Service Company within the term of the Policy for providing of:
2.2.1. **Services for repatriation to the country of residence or citizenship** – shall be provided for the Insured if an unexpected disease or an accident caused the necessity of the Insured to be transported to the place of residence due to medical reasons. The Insurer shall organize the transportation of the Insured with necessary medical escort to a health care center nearest to the airport in the state or the city of residence of the Insured.

2.2.2. **Services for repatriation of a deceased body** – repatriation of bones, authorized in written by the Service Company, to a global transport hub nearest to the place of residence of the Insured. The Insurer shall not pay for body storage costs and funeral arrangements.

3. Events listed in pp. 2.1.-2.2. are not risks insured and shall not be considered as accidents insured, if they were caused by:

3.1. Suicide, attempt of suicide of the Insured: willful acts of the Policy Holder or the Insured that are directed to loss of health of the Insured, including self-injury, influence of alcohol, drugs or other intoxicants, committing offences by the Insured;

3.2. Hereditary diseases and congenital disorders; prenatal care and obstetrics, highly infectious diseases (typhoid, cholera, smallpox, splenic fever, hemorrhagic fevers, etc.); mental illnesses, alcoholism, addiction to drugs and toxic substances; chronic diseases, which were known to the Insured when he/she entered into the Insurance Policy, whether they were treated or not (the restriction shall not be applied if the aid was connected with life salvage and medical intervention necessary to prevent permanent disability); HIV infection, AIDS, any form of hepatitis; convulsive states, acute and chronic X-ray sickness; diseases that require transplantation or prosthetics, by the way of reparative operations; staying of the Insured at the territory of the Russian Federation in order to get preventive treatment, diagnostics and treatment of diseases, funeral services; infliction of emotional damages; if the Insured has medical contraindications to travel;

3.3. If it had taken place before the Certificate entered into force or after the termination of the Certificate;

3.4. Nuclear, radiation or radiological effect, poison gas or biological attack and their consequences, acts of war, as well as military exercises and other military activities, civil war, acts of terrorism, any civil commotion or walk-outs, mass riots, imposition of the state of emergency on order of military and civil authorities;

3.5. If the Insured practices any kind of sport in a professional manner, including participation in competitions and workouts;

3.6. If the Insured practices higher risk kinds of sport amateurishly, including one-time-basis, such as: auto racing, motor racing, bicycling, air sports, including sky-jumping, mountaineering, alpine skiing, marital arts, diving;

3.7. Participation in any air travels, except for travels as a passenger of the flight licensed for transportation of passengers and conducted by a certified pilot, as well as direct participation in hostilities, maneuvers, military equipment trials and other similar operations as a military or civil officer;

3.8. If the Insured uses a transport, accommodation, mechanism or equipment provided that he/she does not have access rights to driving and using of it, as well as if the Insured transfers the transport (accommodation, mechanism or equipment) to a person, who does not have corresponding access rights, or to a person under the influence of alcohol, drugs or any toxic substances.

3.9. Acts of the Insured connected to a developed mental illness.

4. **In order to receive medical care provided by the present Terms and Conditions, the Certificate and Insurance Plans**, the Insured or another person, acting for his/her benefit, shall immediately address to the Insurer and inform the coordinator of the event, data of thee insurance documents, his/her location, contact number and other information on the
Insurer’s request and follow the instructions of the latter. In any case, the Insured must produce the Certificate to medical staff when applying to a healthcare organization. Payment for the provided medical care shall be realized by the Insurer through transfer of funds to a current account of the healthcare organization or the Service Company. Term and procedure of transfer of funds shall be established by the contract with the healthcare organization or the Service Company.

5. In order to receive services for repatriation the Insured or another person, acting for his/her benefit, shall get in contact with the Service Company as soon as possible and agree on the actions to realize the services mentioned.

6. The Policy Holder (the Insured) shall be obliged to:

6.1. release the staff of the healthcare organization, which provides the medical care, from the confidentiality obligation in relation to the accident insured.

6.2. Enable a doctor – a representative of the Insurer or the Service Company – to access to the Policy Holder (the Insured) and his/her medical record in order to control his/her condition and provide medical treatment by the most effective way, except for cases, when it is impossible due to medical reasons.

6.3. Follow the medical prescriptions, keep the schedule of the healthcare organization and therapeutic and protective regimen, as well as visit the doctor, attend medical procedures, laboratory and diagnostic testing in time and intent-to-treat principle.

6.4. The Insured must follow recommendations of the attending doctor in case of hospitalization, referral him/her to additional examination, consultation of other specialists.

If the Insured refuses from hospitalization, the Insurer shall have the right to refuse to pay for the following treatment related to the accident insured which caused the hospitalization.

6.5. If the Policy Holder (the Insured) breaks pp. 6.1-6.4 regularly, the Insurer shall have the right to terminate the Insurance Policy unilaterally.

7. Medical care, stipulated by the present Terms and Conditions, the Certificate and Insurance Plans, shall be provided up to the moment the condition, threatening life and health of the Insured and requiring emergency medical care, is canceled according to the statement of the attending doctor of the Insured.

If the Insured has requested medical attention within the term of the Certificate and by the end of the term of the Certificate he/she undergoes outpatient treatment, providing and paying for the medical services in relation to this disease shall be realized:

- on an outpatient basis: for the acuity of the disease – up to completing of the sick list or medical certificate;
- in other cases - up to the termination of this Policy.

8. Payment for the provided medical care and the services for repatriation shall be realized by the Insurer through transfer of funds to a current account of the healthcare organization or the Service Company within the limits of insurance coverages established by the Policy and corresponding insurance limits. Term and procedure of transfer of funds shall be established by the contract with the healthcare organization or the Service Company.

9. In case of early termination of the Policy initiated by the Policy Holder, the Insurer, on the written request of the Policy Holder, shall within 10 (ten) business days return to the Policy Holder the part of the insurance premium for the remaining period of cover, administrative expenses of the Insurer deducted, in the amount of 30% of the insurance payments actually effected. Also one of the insurance coverages, which is more in absolute magnitude, shall be deducted:

The earned premium for the term of the Insurance Policy, calculated according to net amount of insurance payments provided by the Insurance Policy, positively related to the actual term of the Policy Contract up to its early termination to the term of the Policy Contract established by it;
The amount of the insurance benefits under the Insurance Policy. 
Therewith, individual insurance premium for the period of insurance shall be calculated daily.
The insurance premium shall be returned by the Insurer within 10 (ten) business days from the day of receiving of a written declaration of withdrawal from the Insurance Policy, sent by the Policy Holder.
The day of return of the insurance premium is the day on which it is put out in cash through a payment office of the Insurer or the day on which the respective amount is debited from the settlement account of the Insurer, in case of bank wire transfers.

10. If a foreign student is expelled or a professor is dismissed from the university, the Insurer shall have the right to terminate the Insurance Policy unilaterally. Return of the insurance premium for the remaining period shall be carried out according to p.9 hereof.

In case of misrepresentation (the Insured is not a student, Ph.D. student or professor of the university), the Insurance Policy shall be considered as invalid. The Insurer shall have the right to terminate it unilaterally. In case of early termination of the Insurance Policy by the Insurer conditional to disregard of the Insurance Policy by the Policy Holder, the return of insurance payments for the remaining period of the Insurance Policy shall be carried out with the deduction of the incurred expenses of the Insurer.

11. If the Policy Holder refuses from the Insurance Policy within the time limit and under the terms provided by Directive of the Central Bank of the Russian Federation dd. November 20th, 201 No. 34 (hereinafter referred to as the Directive), procedure of return shall be terminated according to the Directive.

12. All the reports, provided by the present Terms and Conditions, shall be sent by the Policy Holder to the Insurer in writing, or by contact methods providing report generation or be delivered to the Insurer against receipt.

The Terms and Conditions of Personal Insurance Student Zabota are agreed and accepted.

Policy Holder ______________________________ ______________________________