

# STUDENT CARE, COMPREHENSIVE PERSONAL INSURANCE CONDITIONS

## approved by Order No. 224 dated July 25, 2019

These Conditions were elaborated based on and in accordance with the Voluntary Medical Insurance Rules (hereinafter, Insurance Rules 1) approved by Order No. 125 dated April 25, 2019, **the Foreign Travelers' Insurance Rules** (hereinafter, Insurance Rules 2) approved by Order No. 127 dated April 25, 2019, and Voluntary Accident and Disease Insurance Rules approved by Order No. 140 dated May 14, 2019 (hereinafter, Insurance Rules 3). The provisions of these Conditions shall prevail over the Insurance Rules. The electronic document wording of the above Rules is posted at [www.energogarant.ru](http://www.energogarant.ru).

Insured persons are individuals - citizens of the Russian Federation, foreign citizens entering or staying on the territory of the Russian Federation, and stateless persons aged 17 to 35 years, in whose favor an insurance contract is concluded. Insured persons under the Student Care program can only be students studying at Russian universities, as well as foreign teachers working at Russian universities, which is confirmed by the relevant document (student card, university certificate, etc.).

Principal terms used in these Conditions:

Sum Insured is a sum of money determined in the Policy, to the extent of which the Insurer undertakes to arrange and pay for provision of medical care and repatriation services envisaged in the Insurance Programs to the Insured Person. Total disbursements under all loss events shall not exceed the liability limits and the Sum Insured prescribed in the Policy.

Liability Limit is the total disbursements under all loss events that occurred during the effective period of the Contract, in connection with which the medical services were provided under these Programs.

Healthcare Provider means a legal entity of any legal form of incorporation, which is indicated in the Policy and provides medical services based on the license issued in the statutory manner.

Assistance Company means a service or assistant company (institution) having contracts with the Insurer on arranging for medical, expert, medical, transportation and other (including medical social) services and providing assistance in repatriation in connection with a sudden disease, accident or death.

Injury means the structural rupture of live tissues and disruption of anatomical continuity of organs, which occurred during the effective period of the Insurance Contract and resulted from a instantaneous or short-term external impact of physical (other than electromagnetic and ionizing irradiation) or chemical environmental factors, which was diagnosed on the basis of signs known to medicine. The comprehensive and exhaustive list of injuries, for which insurance indemnities are paid, is available in the Tables of Insurance Indemnity Amounts (Annex 1).

**1. The insurable interest shall be the Insured Person's proprietary interests that do not contradict Russian law and are related to the Insured Person's life, health and working capacity, the costs of obtaining medical care and other services, including the repatriation costs, if a loss event occurs.**

**2. A loss event hereunder (taking into account the limitations specified in Clause 3 hereof) shall be (the selected insurance option is marked in Section 3, on the front page of this Policy):**

2.1. Section 1 (VMI) - the documented approach of the Insured Person during the term of the insurance contract to the Healthcare Provider out of those listed in the Policy for medical services under the selected Insurance Program in acute diseases, exacerbations of chronic diseases and accidents that occurred during the effective period of the Insurance Contract.

For each visit to the doctor, the insured receives the approval and referral of the doctor of the medical dispatch service:

phone: +7(495)137-85-31

WhatsApp (for text messages only): +7(925)011-48-82

2.1.1. Insurance Programs:

2.1.1.1. « Outpatient care » - The list of medical services which constitute loss events and for which the Insurer guaranteed payment under the Insurance Program:

- primary and repeated appointments of doctors in case of acute condition (no more than 2 appointments for each insured event) in the specialties: therapist, surgeon, ophthalmologist, otolaryngologist, obstetrician-gynecologist, urologist, orthopedic traumatologist, neurologist, dermatologist;

- consultative and diagnostic appointments (no more than 2 appointments for each insured event) in the direction of a general practitioner (upon agreement with the Insurer): a gastroenterologist, a cardiologist;

- issue and provision of the necessary medical documents (abstract of outpatient medical record, certificate to the student about the health status to be provided to the requesting educational institution), except for the issue of the sick list certificates, issue of the swimming pool visit certificate, fitness practicing certificate, competition certificate, issue of armaments carrying certificates, certificates for the Traffic Police, the Medical Advisory Commission, the Professional Medical Expert Commission);

- general manipulations and procedures (injections, blood sampling, etc.): subcutaneous, intramuscular injections, intravenous jet injections, intravenous drip infusions - up to 5 injections for one disease in a treatment room to compensate for an acute disorder (condition);

- functional diagnosis (strictly according to medical indications in the direction of a doctor): ECG, external respiration function test, including broncholytic test (in the presence of clinical manifestations and patient complaints) - 1 time during the insurance period, ECHO-CG - 1 time during the insurance period;

- ultrasound diagnosis of the abdominal organs, kidneys, small pelvis – for diagnostic purposes in acute conditions;

- X-ray diagnosis (strictly for medical reasons, as directed by a doctor): FLG, X-ray examination of the chest organs, X-ray examination of bones in case of injury;

- endoscopic tests: fibrogastroduodenoscopy (under local anesthesia) 1 time during the insurance period - strictly for medical indications in the direction of a doctor;

- laboratory diagnosis: biochemical studies (except for the lipid profile) - no more than 5 indicators for one disease for medical reasons in the direction of a doctor, general clinical analysis of urine and blood;

- minor emergency surgical interventions in an outpatient department.

Control preventive procedures - preventive appointment with a therapist, surgeon, neurologist, ophthalmologist, otolaryngologist, fluorography, general blood test, general urine analysis, blood test for HIV and hepatitis B, issuance of certificate O86 / U - once during the validity period of the policy.

2.1.1.2. «Doctor home visits» - Calling a doctor at home (to a hostel) within the Moscow Ring Road and up to 30 km from the Moscow Ring Road, including Odintsovo and VNIISOK - provision of medical care at home to the Insured who, for health reasons, cannot go to a medical institution on their own, strictly according to medical indications for sudden acute diseases, conditions, exacerbation of chronic diseases without obvious signs of a threat to the patient's life (based on

the Order of the Department of Health No. 1174 dated November 26, 2021, edition No. 848 dated August 31, 2022) with execution of the necessary medical documentation (certificate to the student on the health status to be submitted to the requesting educational institution), prescriptions (except for discounted drug prescriptions and sick list certificate issue). The program provides for no more than 2 home visits by a doctor during the insurance period.

2.1.1.3. «Dental care» - Provided in the presence of pain syndrome: therapeutic and surgical dentistry, all types of local anesthesia, X-ray diagnosis to the extent required to eliminate the pain syndrome and prevent potential complications. The program provides for treatment (extraction) of no more than 2 teeth during the insurance period. The provision of dental care is carried out during the opening hours of the dental clinic.

2.1.1.4. «In-patient care» - Emergency care (hospital admission) takes place if diseases threatening the Insured Person's life and requiring urgent treatment in a hospital develop. The emergency hospital admission shall not take place until 7 days after the commencement of the insurance contract, provided that the hospital admission reason arose after the insurance contract conclusion. For persons over 35 years of age – no more than 1 hospitalization, duration of hospitalization no more than 10 days.

Epidemic type infectious diseases: measles, diphtheria, scarlet fever, chicken pox, flu, intestinal infections, diseases against which specific immunization is carried out according to the national calendar of preventive vaccines and the preventive vaccination calendar for epidemic indications, infectious diseases, including parasitic infections, in particular, helminthiasis, under this Insurance Program shall only be subject to diagnosis (except for acute respiratory diseases, upper respiratory tract infections, non-specific pneumonia, bronchitis). Subsequent treatment shall take place in specialized healthcare providers at the residential address or for cash.

For life indications, emergency hospital admission is possible to the public (municipal) hospital that is the nearest to the Insured Person's location at the discretion of the physician of the insurance company's operator console, depending on the number of vacant beds in the treatment institution that is able to provide medical care that conforms to the diagnosis.

It envisages: diagnostic, laboratory and instrumental tests conducted in connection with the disease (state) that gave rise to hospital admission; surgical and/or conservative treatment conducted according to the adopted medical standards; medical advice and other professional medical services; medicinal products and other means required for treatment; stay in the common ward; nutrition, nursing care.

2.1.1.5. «Emergency medical services» - Emergency or ambulance medical service, including specialized medical service within the Moscow Ring Road and up to 30 km from the Moscow Ring Road, including Odintsovo and VNISSOK, are provided in accordance with the Order of the Ministry of Health of Russia No. 388 N dated June 20, 2013, edition No. 33N dated January 22, 2016 and edition No. 114N dated February 21, 2020. If conditions are life threatening, you must IMMEDIATELY call an ambulance by phone: **Moscow "03" or "103", Moscow region and other regions "112". The call is made from a mobile phone.**

2.1.2. Exclusions from the Insurance Program:

2.1.2.1. The Insurer shall not pay for the medical services provided to the Insured Person in connection with the below mentioned diseases and related complications (after the diagnosis was established):

2.1.2.1.1. in connection with morbid conditions, injuries, burns, frostbites, acute intoxications, damage to internal organs arising:

- in the state of alcoholic, narcotic, toxic and other inebriation, mental disease of the Insured Person;
- as a result or in the course of legal offence;

2.1.2.1.2. when the Insured Person engages in extreme, amateur sports and any kind of sports at professional level, including participation in sports competitions and training (except for injuries during physical exercise under the academic program), as well as activities involving increased danger by the Insured person at an amateur, including a one-time basis, such as car, motorcycle, cycling, scooter riding (including electric scooter), rides in carsharing cars, air sports, including parachuting, mountaineering, alpine skiing, martial arts, diving;

2.1.2.1.3. due to deliberate self-maiming of the Insured Person, attempted suicide;

2.1.2.1.4. in connection with:

- diseases related to a hereditary and congenital disorder, abnormal development;

- systemic diseases: collagen diseases, vasculitides, all forms of rheumatism, bronchial asthma, autoimmune diseases, immunodeficiencies;

- tuberculosis, all treatment and efforts taken in TB detection centers in order to establish and confirm the diagnosis;

- injuries incurred before the insurance contract conclusion case and their complications (including long-term damage);

- cancer diseases; benign neoplasms, including neoplastic blood diseases; sarcoidosis, cystic fibrosis, myeloma disease;

- epilepsy and epileptic syndrome, demyelinating diseases of the nervous system, degenerative and atrophic diseases of the nervous system; extrapyramidal and other motor disorders, complications of neural infections;

- heart failures, chronic cardiac and pulmonary/ cardiac failure, acute and chronic hepatic failure, acute and chronic renal failure, which require hemodialysis, as well as acute and chronic glomerulonephritis;

- STDs (sexually transmitted diseases) (except for Papp smears), the appointment of a contraceptive scheme (oral contraceptives, installation and removal of an intrauterine device);

- HIV;

- tick bites and their effects;

- atypical pneumonia (SARS), COVID-19 (SARS-CoV-2);

- diseases included into the list of high hazard infectious diseases approved by the Russian Government that pose a danger to others and diseases that entail the refusal to issue, or lead to cancellation of, the permit for temporary stay of the foreign nationals, stateless persons or residential permits or work permits in the Russian Federation;

- high hazard diseases, including plague, cholera, yellow fever, leprosy, etc.;

- mental diseases and their direct complications;

- alcohol abuse, drug addiction, chemical addiction and their complications;

- diabetes mellitus type I and II and their complications;

- diseases leading to the disability status;

- generalized chronic skin diseases;

- non-specific gastroenteritis and colitis;

- viral hepatitis (after the diagnosis was established);

- obesity;

- chronic anemias of all types that necessitate treatment in a hospital;

- neurosurgical interventions other in life-threatening states;

- temporo-mandibular joint diseases, salivary gland diseases in remission, blockade in trifacial nerve neurodynia, pains in the temporo-mandibular joint.

2.1.2.2. The following medical and other services shall not be covered:

- dynamic and dispensary follow up of chronic diseases;

- services provided at the request of the Insured Person without medical indications in excess of the insurance program (not directly envisaged in the insurance program);

- fulfillment of appointments received in third-party medical institutions;

- services received by the Insured person outside the territory of the insurance contract;

- injuries and illnesses that occurred outside the territory covered by the insurance contract, with subsequent follow-up

treatment;

- visiting medical specialists with academic degrees: professor, associate professor, candidate of medical sciences if it was not agreed upon with the Insurer;
- psychiatrists' appointments;
- preventive services, including dental;
- anesthesia in endoscopic tests;
- rehabilitation and recovery;
- procedures and surgeries for esthetic or cosmetic purpose (including removal or treatment of calluses, papillomas, warts, nevi, condylomas);
- pregnancy followup, obstetrics care, pregnancy diagnosis (except for normal pregnancy up to 8 gestation week), pregnancy termination for/ without medical indications, except for life threatening states;
- invasive treatment and diagnostic methods for the cardiovascular system, coronarography, except for varicose disease of lower limb veins, caused by acute venous failure;
- consumables, metallic structures in case of surgeries, stents, including the use of consumables not agreed with the insurer;
- laser and radiowave treatment methods (including remote urethrotomy in urology);
- preventive vaccination, except for anti-tetanus toxoid during injuries and anti-rabies serum;
- if the temperature rises for more than four to five days and/or if there is no effect from the prescribed treatment, the doctor does not come to the home due to the need for additional diagnostics and treatment correction in the clinic;
- therapeutic treatment of teeth covered with orthopedic structures;
- treatment of caries and non-caries lesions of solid teeth tissues (edge-like defect, erosion, hypoplasia, chips);
- treatment of chronic lesions in the oral mucosa, except for traumatic lesions;
- physiotherapy, including physiotherapy in dentistry;
- treatment of oral cavity neoplasms and maxillo-facial area neoplasms;
- periodontium surgery (flap operations, implantation of osteoplastic material, open curettage, cystectomy with the root top resection);
- removal of misplaced, impacted, excessive teeth, including complicated teeth removal in inpatient conditions;
- treatment of chronic periodontium and mucosa diseases in remission period;
- replacement of old fillings and retreatment;
- massage, physiotherapy exercises, acupuncture, manual treatment;
- daily blood pressure monitoring, holter monitoring of ECG;
- computed tomography, magnetic resonance imaging (except for diagnosis within the framework of emergency hospitalization);
- PCR diagnosis;
- taking a smear for bacteriological culture with sensitivity to antibiotics, taking a smear for oncology, colposcopy;
- hormonal, bacteriological, serological, immunological, allergological, cytological, histological studies;
- analyzes for vitamins (including B12, folic acid) and ions;
- tumor markers, oncology, B-hCG;
- micro-headphone removal from ear in the inpatient department;
- selection of glasses;
- removal of sulfur plugs, pneumomassage of the eardrums and blowing of the auditory tubes;
- washing the lacunae of the tonsils (including hardware methods), nasal lavage by moving method («cuckoo»);
- acne treatment;
- emergency hospital admission if it was not agreed upon with the Insurer;
- medical services related to preparation for planned hospitalization, planned inpatient care.

2.2. Section 2 (Transportation/ Repatriation) - a documented approach of the Insured Person or its representative

during the effective period of the Insurance Contract to the Assistance Company for:

2.2.1. Services of repatriation to the country of permanent residence or homeland shall be provided to the Insured Person if, as a result of a sudden disease or accident, for medical indications, the Insured Person needs transportation to the place of permanent residence. The Insurer shall arrange for transportation of the Insured Person with the necessary medical escort to the medical institution that is the closest to the **airport in the country or city of the Insured Person's permanent residence.**

2.2.2 Post-mortem repatriation services - repatriation of the mortal remains authorized (agreed upon in writing) by the Assistance Company up to the international transport hub that **is the closest to the deceased Insured Person's permanent address.** In this case, the Insurer shall not pay the corps storage costs and ritual service costs.

3. The events indicated in Clauses 2.1 to 2.2, which resulted from the following, shall neither constitute Insured Risks nor are recognized as a loss event:

3.1. suicide or attempted suicide of the Insured Person; the **Policyholder's or the Insured Person's deliberate steps intended at the Insured Person's breakdown, including self-maiming;** alcoholic, narcotic or toxic inebriation of the Insured Person; illegal steps on the part of the Insured Person;

3.2. resulting from: hereditary diseases and developmental defects; pregnancy maintenance and obstetrics aid; high hazard infections (typhoid, cholera, natural pox, anthrax, hemorrhagic fevers etc.); mental diseases, alcohol abuse, drug addiction, chemical abuse; chronic diseases, of which the Insured Person was aware at the time when the Insurance Contract was concluded, whether or not treatment was conducted under them (this limitation shall not apply if the care was associated with life salvation or mandatory medical intervention to prevent permanent disability); **the Insured Person's AIDS, HIV and any hepatitis;** convulsive state; acute and chronic radiation disease; diseases that require transplantation or prosthetics, including **endoprosthetics, repair surgeries;** **the Insured Person's stay in the Russian Federation for disease prevention, diagnosis and treatment services;** provision of ritual services; causing of **emotional distress;** **the Insured Person's medical contraindications to the trip;**

3.3. if it occurred before the Policy took effect or after its expiry;

3.4. impact of nuclear explosion, radiation or radioactive contamination, chemical or biological attacks and their consequences, hostilities, maneuvers and other military operations, civil war, acts of terrorism, civil unrest of any kind or strikes, mass disturbances, introduction of the state of emergency or a special state at the order of military and civil authorities;

3.5. **the Insured Person's practicing of any sports as a professional,** including participation in sports competitions and training;

3.6. practicing by the Insured Person of high-hazard sports as an amateur, in particular, on a single occasion, such as auto, motor, bicycle sports, air sports, including parachuting, alpinism, mountaineering, martial arts, scuba diving;

3.7. participation in any aviation flights, except as a passenger of an air flight licensed for passenger transportation and operated by a duly certified pilot, and immediate involvement in military maneuvers, drills, military equipment tests or other similar operations as a military man or a civil servant.

3.8. **the Insured Person's use of a vehicle, device, gear or equipment** without the appropriate permit to operate and use and as a result of transfer by the Insured Person of operation of this vehicle (devices, gear or equipment) to an unauthorized person having no permit or a person in a state of alcoholic, narcotic or toxic inebriation;

3.9. **the Insured Person's actions associated with the mental disease onset.**

4. For obtaining medical care envisaged in these Conditions, Policy and Insurance Programs, the Insured Person or another person acting in his/her interests shall promptly ap-



proach the Insurer and notify the coordinator of what has happened, by communicating the data of the insurance documents, his/her location, telephone number and other information requested by the Insurer and then to follow the Insurer's instructions. In any event, when approaching the Healthcare Provider, the Insured Person must produce the Policy to the medical staff.

The cost of provided medical care shall be paid by the Insurer's remittance of money to the settlement account of the healthcare provider or the Assistance Company. The due date of and procedure for cash remittance shall be established in the contract with the Healthcare Provider nor the Assistance Company.

5. To obtain the repatriation services, the Insured Person or the person acting on behalf of the Insured Person shall contact the Assistance Company as soon as possible and agreed upon its steps for provision of these services.

6. The Policyholder (Insured Person) shall:

6.1. relieve the physicians of the Healthcare Provider that will provide medical services from the confidentiality obligations in the issues pertaining to the loss event.

6.2. provide to the physician, a representative of the Insurer or the Assistance Company, free access to the Policyholder (the Insured Person) and his/her medical case so that to monitor his/her state, to ensure the most efficient method of provision of medical services, unless it is impossible for medical reasons.

6.3. fulfill the prescriptions of the treating physicians, comply with the routine established by the Healthcare Provider; comply with the treatment and protection mode, in particular, visit the physician on time and according to the prescriptions, attend the procedures, laboratory and diagnostic tests.

6.4. The Insured Person being referred to a hospital, additional examination and other medical practitioners for extra advice, shall fulfill the treating physician's recommendations.

If the Insured Person rejects hospital admission repeatedly, the Insurer shall be free to refuse to pay for subsequent treatment for the loss event that resulted in hospital admission.

6.5. If the Policyholder (Insured Person) breaches conditions of Clause 6.3 to 6.4 repeatedly the Insurer shall be free to unilaterally terminate the Insurance Contract.

7. The medical care envisaged in these Conditions, the Policy and the Insurance Programs shall be provided until the state threatening the Insured Person's life and health and necessitating urgent medical care, based on the opinion of the Insured Person's treating physician, is eliminated.

If the Insured Person approached for medical care during the effective period of the Policy and, as of the expiry date of the Insurance Policy, the Insured Person undergoes outpatient's treatment, the medical services in connection with this disease are neither provided nor paid for:

- in the outpatient's department: during the disease exacerbation, until the sick leave certificate or the medical certificate was closed,

- in other cases, up to the expiry date of this Contract.

8. The cost of provided medical services and the repatriation services shall be paid by the Insurer's cash remittance to the settlement account of the Healthcare Provider or the Assistance Company to the extent of the sums insured indicated in the Insurance Contract and the respective liability limits. The due date of and procedure for cash remittance shall be established in the contract with the Healthcare Provider nor the Assistance Company.

9. Early termination of the Contract is carried out by agreement with the Insurer. The Insurer, at the written request of the Policyholder, has the right to refund a portion of the paid insurance premium for the non-expired insurance period minus any transaction costs incurred by the INSURER in the amount of 30%, which fall on the actually paid amount of insurance premiums, and also minus one or the two amounts (whichever is

greater in terms of absolute value):

- the earned insurance premium for the effective period of the insurance contract, which is calculated based on the net amount of the insurance installments envisaged in the insurance contract, in sync with the ratio of the actual effective period of the insurance contract, up to its early termination date, to the effective period of the insurance contract determined during its conclusion;

- the amount of insurance indemnities under the insurance contract.

Provided that the individual insurance premium for the insurance effective period shall be calculated by days.

The validity of the Insurance Contract shall be terminated from the date of receipt by the Insurer of the Policyholder's application for cancellation of the Insurance Contract.

The insurance premium shall be refunded by the Insurer to the Policyholder within ten (10) business days after receipt of the Policyholder's written application for waiver of the Insurance Contract.

The refund is made by transferring to the bank details provided by the Policyholder in writing. At the request of the Insurer, the Policyholder must provide a copy of the passport and other documents required for the transfer of funds.

If the bank details and other documents required for the transfer of the insurance premium / part of the insurance premium are provided by the Insured later than the application for cancellation of the Insurance Contract, the above period for the return of the insurance premium begins to run from the date of their submission.

The day when the money is debited to the Insurer's settlement account shall be the insurance premium refund date.

10. If a foreign student is dismissed or if the tutor is dismissed from the university the Insurer shall be free to terminate the contract unilaterally. The insurance premium shall be refunded for the non-expired period according to Clause 9.

In case of provision of invalid information (the Insured Person is not a foreign student of university, graduate student or university lecturer), the Insurance Contract is considered invalid. The insurer has the right to terminate the contract unilaterally. In case of early termination of the insurance contract at the request of the Insurer, due to the Insured's failure to comply with the terms of the contract, the return of insurance premiums is made for the non-expired term of the contract, less the costs incurred by the Insurer.

11. If the Policyholder waives the insurance contract on such terms and conditions as envisaged in the Russian Central Bank's Instruction No. 3854-U dated November 20, 2015 or the Russian Central Bank's Instruction No. 6109-U dated March 29, 2022 (hereinafter - Instructions), the refund procedure shall be determined in line with the Instruction.

12. The basis for refusal of insurance with the wording of non-provision, provision of incomplete or inaccurate information about the contract of voluntary personal insurance under the Student Care program is the failure to provide the information specified in paragraph 1 of the Russian Central Bank's Instruction No. 6109-U dated March 29, 2022 in the form of KID.

13. All messages envisaged in these Conditions shall be sent by the Policyholder to the Insurer in writing or via communications channels that allow for recording of the messages or shall be delivered to the Insurer against signature.

The text of the insurance program is presented in Russian and in English. In case of discrepancies between the Russian and the English texts, the Russian version shall prevail.

I have read and agree with the Student Care individual's insurance conditions.