

**STUDENT Care,**  
**comprehensive personal insurance conditions**

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 - 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 6 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 to the Healthcare Provider out of those listed in the Policy for medical services in acute diseases, exacerbations of chronic diseases and accidents that occurred during the insurance period under the selected Insurance Program during the effective period of the Insurance Contract.

2.1.1. Insurance Programs:

**2.1.1.1. Outpatient Care** means the list of medical services which constitute loss events and for which the Insurer guaranteed payment under the Insurance Program:

- physician's advice in suddenly onset acute diseases or in exacerbations of chronic diseases, injuries, burns, frostbites, intoxications, accidents that require emergency medical care in the following areas: therapy, surgery, traumatology, gynecology, ophthalmology, otolaryngology, neurology, urology, dermatology, cardiology, gastroenterology;

- advisory and diagnostic appointments, upon agreement with the Insurer: with the nephrologist, proctologist, allergologist, endocrinologist, oncologist (before the diagnosis is established), mental physician (primary appointment), mammologist, physiotherapist;

- issue and provision to the Insured Person of the necessary medical documents, according to the Medical Institution's applicable Rules (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);

- instrumental diagnosis - functional (ECG, EEG, external respiration function test, including broncholytic test), ultrasound, X-ray of the entire body, endoscopic test of the digestive system and respiratory system under medical anesthesia for medical indications, Holter monitoring of ECG, daily blood pressure monitoring (for medical indications). Computer tomography, magnet resonance imaging as part of diagnosis if there are indications for emergency hospital admission;

- general manipulations and procedures (subcutaneous, intramuscular injections, intravenous jet injections - up to 10 injections for one disease, intravenous drip infusions - up to 5 injections for one insured event) in a procedural room for the treatment of acute and exacerbation of a chronic disease;

- laboratory diagnostics: general clinical (general analysis of blood, urine, feces), biochemical studies (except for the lipid profile); bacteriological (except for the determination of bacterial cultures in gynecology, urology), serological (except for syphilis, HIV for diagnostic purposes, specific and non-specific antibodies); allergological studies (skin tests no more than 10, total IgE), cytological and histological studies (for medical reasons);

- minor emergency surgical interventions in an outpatient department.

**Control preventive procedures** - consultative visit to a therapist, surgeon, neurologist, ophthalmologist, otolaryngologist, dermatovenerologist, gynecologist,

fluorography, general blood test, general urine analysis, blood test for HIV and hepatitis B, issuance of certificate 086 / U - once during the validity period of the policy.

**2.1.1.2. Doctor home visits:** calling a doctor home (to a hostel) within 30 km. from MRHW, Odintsovo and VNISSOK village - home care to the Insured Persons who cannot come to a medical institution due to their health status (strictly for medical indications: primary, repeated examinations by a GP at home; issue and provision to the Insured Person of the necessary medical documents (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).

**2.1.1.3. Dental care:** emergency dental care if a pain syndrome exists: therapeutic and surgical dentistry, all types of local anesthesia, X-ray diagnosis and physical treatment procedures to the extent required to eliminate the pain syndrome and prevent potential complications.

**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 older than 35: the number of hospital admissions shall not exceed 1 and one admission shall not last 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. The Insured Person, subject to his/her consent and taking into account his/her health status, may be transferred by the Insurer to a medical institution out of those envisaged in the Insurance Contract.

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 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, envisage: a visit of the ambulance team; the necessary express diagnosis; emergency therapeutic manipulations and elimination of emergency states; emergency hospital admission. For the Insured Persons temporarily staying in Moscow and the Moscow Region,

the emergency and ambulance services shall be provided within 30 km. from MRHW, Odintsovo and VNISSOK village.

## **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 practices extreme sports and any sports at professional level, including participation in sports competitions and training (except for injuries during physical exercise under the academic program);

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;

- treatment and diagnosis 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, myeloma disease, cystic fibrosis;

- 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);

- HIV;

- atypical pneumonia (SARS), COVID-19;

- diseases included into the list of high hazard infectious diseases approved by the Russian Government 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 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;

- chronic viral hepatitis (after the diagnosis was established);

- 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:

- anesthesia in endoscopic tests;
  - aftertreatment;
  - preventive services, including dental;
  - 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;
  - laser and radiowave treatment methods (including remote urethrolytectomy in urology);
  - preventive vaccination, except for anti-tetanus toxoid during injuries and anti-rabies serum;
  - 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;
  - physical treatment 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);
  - planned removal of misplaced, impacted, excessive teeth, including complicated teeth removal in inpatient conditions;
  - treatment of chronic periodontium and mucosa diseases in remission period;
- 2.1.2.3. dynamic and dispensary follow up of chronic diseases;
- 2.1.2.4. 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);
- 2.1.2.5. application of consumables not agreed upon with the Insurer;
- 2.1.2.6. massage, acupuncture, manual treatment;
- 2.1.2.7. PCR diagnosis;
- 2.1.2.8. micro-headphone removal from ear in the inpatient department;
- 2.1.2.9. emergency hospital admission if it was not agreed upon with the Insurer;
- 2.1.2.10 washing the lacunae of the tonsils (including hardware methods);
- 2.1.2.11. selection of glasses;
- 2.1.2.12. hormonal studies of the thyroid gland T3, T4, TSH.

**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 approach 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. If the Contract is early terminated at the POLICYHOLDER's initiative, the INSURER shall, at the POLICYHOLDER's written request, within ten (10) business days, repay to the POLICYHOLDER 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 35%, 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 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 day when the insurance premium is disbursed via the Insurer's cash department or the day when the money is debited to the Insurer's settlement account in case of payment by clearing 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.**

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

12. 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.

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

Policy holder: \_\_\_\_\_