

Program «Student Care»

Insurance program (Voluntary medical insurance)

The voluntary medical insurance program provides for the Insured person to apply to a medical organization during the insurance period for receiving medical services (related to this insurance program) in case of acute health problems, exacerbations of chronic diseases, injuries and other sudden acute conditions that occurred during the insurance period and require medical care.

The list of medical services for which the Insurer guarantees payment if an insured event occurs:

1. «Outpatient Care»:

- doctor's appointment in case of acute diseases that occurred suddenly, or exacerbations of chronic diseases, injuries, burns, frostbite, poisoning, requiring emergency medical care in the following areas: therapy, surgery, traumatology, gynecology, ophthalmology, otorhinolaryngology, neurology, urology, dermatology;
- consultative and diagnostic doctor's appointment (if agreed upon by the Insurer / Insurer's Service Center) in the direction of a general practitioner: a gastroenterologist, a cardiologist;
- primary appointment with an endocrinologist, oncologist - once in order to develop further tactics for diagnosis and treatment;
- registration and provision to the Insured person of the necessary medical documentation in accordance with applicable law (an extract from an outpatient card, a certificate of temporary disability of a student, except for the issuance of disability certificates, issuance of certificates for practicing in the pool, fitness, competitions, issuance of certificates for carrying weapons, certificates for traffic police, VKK, VTEK);
- next manipulations and procedures: 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 diagnostics (strictly according to medical indications in the direction of a doctor): electrocardiography (ECG), pulmonary function test including bronchial spasmolytic testing (in the presence of clinical manifestations and patient complaints) - 1 time during the insurance period, echocardiography (ECHO-CG) - 1 time during the insurance period;
- ultrasound diagnostics in full to verify the diagnosis in acute conditions;
- X-ray diagnostics in full to verify the diagnosis in acute conditions;
- endoscopic diagnostics: fibrogastroduodenoscopy (under local anesthesia) 1 time during the insurance period - strictly for medical indications in the direction of a doctor;
- laboratory diagnostics: general therapeutic biochemical blood test (except for lipid profile) - no more than 5 indicators for one disease for medical reasons in the direction of a doctor, general (clinical) blood test, general urine analysis;
- cytological examination - once according to medical indications in the direction of a doctor;
- physiotherapy treatment: phototherapy, thermotherapy, magnetotherapy, inhalations - no more than 2 types of 5 sessions per disease in a physiotherapist's office (without the use of rectal, vaginal effects);
- surgical interventions for emergency indications, carried out on an outpatient basis.

2. «Doctor home visit» - Doctor's home visit (to a dormitory) within 30 km from the Moscow Ring Road, including Odintsovo and VNISSOK) – is carried out strictly for medical reasons in case of sudden acute diseases, conditions, exacerbation of chronic diseases without obvious signs of a threat to the life of the patient on the basis of the Order of the Department of Health of November 26, 2021 No. 1174 (as amended on August 31, 2022 No.848) with 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 university), medical prescriptions (except for privileged ones and temporary disability leaves).

3. «Emergency dental care» — is provided in the presence of pain syndrome: therapeutic and surgical dentistry, all types of local anesthesia, X-ray diagnostics in the amount necessary to relieve pain and prevent possible complications. The provision of dental care is carried out during the opening hours of the dental clinic.

4. Specialized medical care in emergency form in stationary conditions:

- 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..

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.

5. «Emergency medical services» – Ambulance services are provided in life-threatening conditions in accordance with the Order of the Ministry of Health of Russia dated June 20, 2013 No. 388n " On approval of the Procedure for the provision of emergency, including emergency specialized, medical care" (as amended dated January 22, 2016 No. 33N and dated February 21, 2020 No. 114N) and provide for the departure of the brigade emergency medical care, carrying out the necessary express diagnostics, relief of emergency and urgent conditions; emergency transport to the hospital. Ambulance services are provided within 30 km from the Moscow Ring Road, including Odintsovo and VNISSOK.

6. Исключения из программы страхования:

6.1. Medical services rendered to the Insured Person in connection with the following diseases, conditions and related complications (after diagnosis) are not subject to payment:

6.1.1. 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;

6.1.2. 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 the Insured Person engaging in sports associated with increased risk on an amateur, including a one-time basis, such as car, motorcycle, cycling, scooter riding (including electric scoot-er), air sports, including parachuting, mountaineering, alpine skiing, martial arts, diving.

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

6.1.4 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;
- 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.

6.2. 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;
- 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 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);
- 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, 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 oncocytology, colposcopy;
- hormonal, bacteriological, serological, immunological, allergological, histological studies;
- analyzes for vitamins (including B12, folic acid) and ions, tumor markers, oncocytology, 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.

6.3. Emergency hospitalization is not subject to payment if it was not agreed upon with the Insurer.

6.4. Medical services related to preparation for planned hospitalization, planned inpatient care are not subject to payment

7. «Medical evacuation/ Repatriation»

7.1. Insured event: impossibility to return to the country of permanent residence from the Russian Federation in case of illness, a condition that is a contraindication to travel as an ordinary passenger.

7.2. Return / repatriation services to the country of permanent residence are provided to the Insured Person if, as a result of a sudden illness or accident for medical reasons, the Insured Person cannot return to the country of permanent residence using previously purchased tickets or if the trip is impossible for medical reasons: Insurer (Service Center) organizes the transportation of the Insured Person with the necessary medical support to the nearest transport hub (airport, railway station) in the country of permanent residence of the Insured Person, while paying for the purchase of air tickets, economy class railway tickets for the Insured Person and medical personnel, if medical support is required for medical indications, as well as the cost of providing the necessary medical equipment for medical support, the cost of transportation by ambulance to the airport port or railway station.

7.3. «Posthumous repatriation».

7.3.1. Insured event: death of the Insured that occurred on the territory of the Russian Federation (except for cases when the death occurred due to the reasons specified in the list of exclusions for the risk "Post-mortem repatriation").

7.3.2. The volume of payable services for posthumous repatriation from the territory of the Russian Federation: in the event of the death of the Insured as a result of sudden acute diseases, conditions, exacerbations of chronic diseases, injuries, burns and frostbite, poisoning (provided that these events, their causes are not specified in the list of exclusions of this Program) that took place in the territory of the insurance contract in the Russian Federation, services agreed with the Insurer (sanctioned by the insurer in writing) for the repatriation of the remains to the transport hub (airport, railway station) in the country of permanent residence of the Insured, closest to the place of permanent residence of the Insured. The Insurer makes the choice of the type of transport.

8. Events are not insured for the risks "Medical evacuation / repatriation" and "Post-mortem repatriation" and are not recognized as an insured event if they occurred as a result of:

8.1. suicide, suicide attempts of the Insured person; intentional actions of the Insured Person aimed at loss of health of the Insured Person, including self-mutilation; consequences of alcoholic, narcotic or toxic intoxication of the Insured Person; consequences of unlawful acts committed by the Insured Person;

8.2. occurred in connection with: hereditary diseases and malformations; management of pregnancy and childbirth, obstetrics, diseases that pose a danger to others; mental illness and behavioral disorders, alcoholism, drug addiction, substance abuse; chronic diseases of which the Insured was aware at the time of conclusion of the insurance contract, regardless of whether they were treated or not (the restriction does not apply if the assistance was life-saving and mandatory medical intervention to prevent permanent disability); the presence of HIV infection, AIDS and any form of hepatitis in the Insured Person; convulsive conditions; acute and chronic radiation sickness; diseases requiring transplantation or prosthetics, incl. endoprosthesis, reconstructive operations; the stay of the Insured Person in the territory of the Russian Federation in order to receive services for prevention, diagnosis and treatment;

8.3. events that occurred before the entry into force of the insurance or after the expiration of its validity;

8.4. the impact of a nuclear explosion, radiation or radioactive contamination, chemical or biological attacks and their consequences, military operations, as well as maneuvers and other military measures, civil war, terrorist acts, civil unrest of any kind or strikes, mass riots, the

introduction of a state of emergency or a special state of orders of military and civil authorities;

8.5. occupation by the Insured Person of any kind of sport at a professional level, including participation in sports competitions and trainings;

8.6. occupations by the Insured Person of high-risk sports on an amateur basis, including on a one-time basis, such as car, motorcycle, cycling, air sports, including parachuting, mountaineering, alpine skiing, martial arts, scuba diving;

8.7. participation in any air travel, with the exception of flights as a passenger of an air flight licensed for the carriage of passengers and operated by a pilot having the appropriate certificate, as well as direct participation in military maneuvers, exercises, testing of military equipment or other similar operations as a military or civil servant.

8.8. use by the Insured person of a vehicle, device, mechanism or equipment if he does not have the appropriate permission to drive, use it, as well as as a result of the Insured person transferring control of the indicated means (devices, mechanisms or equipment) to a person who did not have the appropriate permission or was in a state of alcoholic, narcotic or toxic intoxication;

8.9. actions of the Insured Person related to his developed mental illness, as well as the consequences of any illness if the Insured Person has medical contraindications to travel.

9. For the risks "Medical evacuation / repatriation" and "Post-mortem repatriation" the following services are not subject to payment:

9.1. funeral services, including burial expenses;

9.2. payment for business class tickets, payment for an escort if there are no medical indications for accompanying the Insured Person during the trip;

9.3. payment of the cost of living and treatment of the insured person in the Russian Federation if the insured person refuses the proposed medical evacuation to the country of permanent residence, authorized by the attending physician and possible for medical reasons.

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 Insurance Program.

Policy Holder: _____