

TABLE OF INSURANCE INDEMNITY PAYMENTS

Article	Type of damage	Amount of compensable damage, %
	Central and peripheral nervous system	
1.	Skull fracture:	5
	a) outer table of vault	15
	b) vault	20
	c) skull base	
	d) vault and base	25
	e) additional payment is payable in case of compound fractures,	5
2.	Intracranial traumatic haematomas:	
	a) epidural haematoma	20
	b) subdural haematoma	25
	c) subarachnoid	15
3.	Crushing of the brain substance	50
4.	Brain contusion	10
5.	Concussion of the brain	5
	<i>Notes:</i> 1. If a skull trepanation is performed in connection with a craniocerebral injury, there shall be paid an additional insurance indemnity of 10%. 2. If as a result of the craniocerebral trauma the injuries listed in clauses 1-5 occur, the insurance indemnity shall be paid taking into account each of them by summing up.	
6.	Accidental acute poisoning caused by neurotropic poisons, tick-borne or post-vaccination encephalitis (encephalomyelitis), electrocution, atmospheric electricity, tetanus during inpatient treatment:	
	a) up to 7 days inclusive	5
	b) up to 21 days inclusive	10
	c) up to 30 30 days inclusive	15
	d) more than 30 days	25
7.	Injury to the spinal cord at any level, as well as to the cauda equina:	
	a) concussion	5
	b) contusion	10

	c) partial rupture, compression, poliomyelitis	50
	d) complete spinal cord injury	100
8.	Peripheral injury of cranial nerves	10
9.	Damage to the cervical, brachial, lumbar, sacral plexuses and their nerves:	
	Plexuses:	
	a) traumatic plexitis	10
	b) partial plexus rupture	40
	c) plexus rupture	70
	Nerves at the level	
	d) radiocarpal joint, talocrural joint	10
	e) forearm, tibia	20
	f) shoulder, elbow, hip, knee joint.	40
	<i>Note. Nerve damage at the level of the hand or foot does not give grounds for payment of the insurance indemnity.</i>	
	Visual organs	
10.	Paralysis of accommodation of one eye	15
11.	Hemianopsia (a loss of vision or in half the visual field of one eye) of one eye	15
12.	Tunneling of vision of one eye [^]	
	a) nonconcentric	10
	b) concentric	15
13.	Pulsating exophthalmos in one eye	20
14.	Open globe injury, iridocyclitis, chorioretinitis, scarring trichiasis, entropion, iris defect, change of pupil shape (see note 2 to Art. 16).	10
15.	Disorder of the function of the tear ducts of one eye.	10
16.	Burns of the II-III degree, non-penetrating wounds of the eyeball, haemophthalmos, lens displacement, non-magnetic foreign bodies of the eyeball and eye cavity, conjunctivitis, keratitis, scars of the eyeball membranes that did not cause vision loss.	5
	<p><i>Notes:</i></p> <p>1. <i>Haemorrhage into the anterior chamber of the eye (hyphema), which has not caused pathological changes, does not give grounds for payment of insurance indemnity.</i></p> <p>2. <i>If several injuries listed in articles 14, 16 occur as a result of one injury, the insurance indemnity shall be paid in a single amount.</i></p> <p>3. <i>If the eye injury results in the development of pathological changes listed in Articles 10-16 and decreased vision acuity, the insurance indemnity shall be paid taking into account all consequences of the injury by summing up.</i></p>	

17.	Injury to the eye resulting in total loss of vision of the only eye with any vision or both eyes with any vision.	100
18.	Removal of a non-sighted eyeball as a result of trauma	10
19.	Orbital fracture	15
20.	Decreased vision acuity (see Table)	

	Vision acuity		Amount of insurance indemnity payable (%)		Vision acuity		Amount of insurance indemnity payable (%)	
	Before trauma	After trauma			Before trauma	After trauma		
1.0	1.0	0.9	5	0.6	0.6	0.5	5	
		0.8	5			0.4	5	
		0.7	5			0.3	10	
		0.6	5			0.2	10	
		0.5	10			0.1	15	
		0.4	10			Below 0.1	20	
		0.3	15			0.0	25	
		0.2	20			0.5	0.4	5
		0.1	30				0.3	5
		Below 0.1	40				0.2	10
		0.0	50				0.1	10
		0.9	0.9			0.8	5	0.4
0.7	5			0.0	20			
0.6	5			0.3	0.3	5		
0.5	10				0.2	5		
0.4	10				0.1	10		
0.3	15				Below 0.1	15		
0.2	20			0.2	0.0	20		
0.1	30				0.1	0.2	5	
Below 0.1	40					0.1	5	
0.0	50			Below 0.1	10			
0.8	0.8	0.7	5	0.2	0.2	0.0	20	
			0.6			5	0.0	20
			0.5	10	0.1	0.1	5	
			0.4	10		Below 0.1	10	
			0.3	15	Below 0.1	0.0	20	
			0.2	20		0.0	20	
			0.1	30	Below 0.1	Below 0.1	10	
			Below 0.1	40		0.0	20	
			0.0	50				
			0.7	0.7	0.6	5		
0.5	5							
0.4	10							
0.3	10							
0.2	15							
0.1	20							
Below 0.1	30							
0.0	40							

Note:

1 Visual acuity below 0.01 and up to light perception (counting fingers at the face) is equated with total blindness (0.0).

2. An additional insurance indemnity in the amount of 10% shall be paid in case of removal of an eyeball as a result of an injury that had vision before the injury, as well as its retraction

Acoustic apparatus		
21.	Damage to the auricle (wound, burn, frostbite) resulting in:	
	a) scar deformation or absence of up to 1/3 part of the auricle	5
	b) absence of 1/2 part of the auricle	15
	c) absence of the auricle	30
22.	Damage to the ear resulting in hearing loss:	
	a) whispered speech at a distance of 1 to 3 m	5
	b) whispered speech up to 1 m away	15
	c) complete deafness (speaking - 0)	25
23.	Split ear drum resulting from trauma and not resulting in hearing loss	5
	<i>Notes:</i> 1. If as a result of the injury a split ear drum and hearing loss occurs, the insurance indemnity shall be determined according to Article 22. Article 23 shall not apply. 2. If the split ear drum has occurred as a result of basal skull fracture (middle cranial fossa), Article 23 should not be applicable.	
24.	Damage to the ear resulting in chronic post-traumatic otitis.	10
Respiratory system		
25.	Fracture of the nasal bones or the anterior wall of the frontal, maxillary sinus:	
	a) without displacement of the fragments	5
	b) with displacement of the fragments	10
26.	Lung injury, subcutaneous emphysema, haemothorax, pneumothorax, pneumonia, exudative pleurisy, foreign body of the thoracic cavity:	
	a) on one side	5
	b) on both sides	10
	<i>Note:</i> 1. Pneumonia developed during treatment of the injury (except for injuries of the thorax and thoracic cavity organs) or after surgical intervention performed for the injury shall not give grounds for payment of the insurance indemnity. 2. If rib or breast bones fractures causes the complications stipulated in article 26, the insurance indemnity under this article shall be paid in addition to articles 28, 29. 28, 29.	
27.	Injury to the lung resulting in:	
	a) removal of a lobe or part of the lung	40
	b) removal of a lung	60
28.	Fracture of the sternum	10

29.	Ribs fracture:	
	a) one rib	5
	b) fracture of each subsequent rib	3
	<i>Note:</i> 1. In case of rib fracture during resuscitation measures, the insurance indemnity shall be paid on general grounds. 2. Fracture of the cartilaginous part of a rib provides grounds for payment of the insurance indemnity. 3. If the certificates received from different medical and prophylactic institutions indicate a different number of damaged ribs, the insurance indemnity shall be paid taking into account the greatest number of ribs indicated.	
30.	Penetrating wound of the thoracic cavity, thoracotomy due to trauma:	
	a) in the absence of damage to thoracic organs	10
	b) in case of damage to thoracic organs	20
	<i>Note.</i> <i>If a lung or a part thereof is removed due to damage to the chest and its organs, the insurance indemnity shall be paid in accordance with article 27; article 30 shall not apply.</i>	
31.	Injuries to the larynx, trachea, fracture of the hyoid bone, tracheostomy due to trauma, bronchoscopy to remove a foreign body.	10
32.	Injuries to the larynx, trachea, hyoid bone, thyroid cartilage, tracheostomy due to injury resulting in respiratory disturbance, hoarseness or loss of voice, wearing a tracheostomy tube.	30
	<i>Notes:</i> 1. If the insurance indemnity is paid in accordance with Article 32, Article 31 shall not apply. 2. If the Insurer indicates in his/her application that the injury has caused impairment of the larynx or trachea function, a specialist's opinion must be obtained.	
	Cardiovascular system	
33.	Injury to the heart, its membranes and large great vessels.	25
34.	Injury to the heart, its membranes and large great vessels resulting in cardiovascular insufficiency.	50
35.	Injury to large peripheral vessels not resulting in circulatory failure.	10
36.	Injury to large peripheral vessels resulting in vascular insufficiency.	30
	<i>Notes:</i> <i>Large trunk vessels should include: aorta, pulmonary, innominate artery, carotid arteries, internal jugular veins, superior and inferior vena cava, portal vein, as well as great vessels providing blood circulation of internal organs.</i> <i>Large peripheral vessels should include: subclavian, axillary, brachial, ulnar and radial arteries up to the level of the lower third of the forearm, iliac, femoral, popliteal arteries, anterior and posterior tibial arteries up to the level of the lower third of the tibia, brachiocephalic, subclavian, axillary, femoral and popliteal veins.</i>	
	Digestive apparatus	

37.	Guerin's fracture, zygomatic fracture or mandibular fracture, mandibular dislocation.	5
	<p><i>Notes:</i></p> <p>1. In case of Guerin's fracture and mandibular fracture the insurance indemnity shall be paid taking into account the damage of each of them by summing up.</p> <p>2. In case of jaw fractures one or bilateral damage shall not be taken into account.</p> <p>3. In case of a jaw fracture that occurred accidentally during dental manipulations, the insurance indemnity shall be paid on general grounds.</p> <p>4. A fracture of the alveolaris processus as a result of a trauma accompanied by loss of teeth or during tooth extraction shall not be the ground for the payment of the insurance indemnity.</p> <p>5. In case of maxilla and zygomatic fractures, the insurance indemnity shall be paid in a single amount.</p>	
38.	Habitual dislocation of the submaxilla	15
	<i>Note. In case of habitual dislocation of the submaxilla, the insurance indemnity shall be paid only if this complication has occurred as a result of an injury sustained during the insurance period.</i>	
39.	Jaw injury resulting in:	
	a) absence of a part of the jaw	40
	b) absence of the jaw	80
	<p><i>Note:</i></p> <p>1. When paying the insurance indemnity due to the absence of the jaw or a part thereof, the loss of teeth is also taken into account, regardless of their number.</p> <p>2. In cases when the jaw injury was accompanied by damage to other organs of the oral cavity, the percentage of the insurance indemnity to be paid out shall be determined taking into account these damages according to the relevant articles by summing them up.</p>	
40.	Tongue injury (wound, burn, frostbite)	3
41.	Tongue injury entailing:	
	a) cicatrization (irrespective of the size)	5
	b) absence of the tongue at the level of the distal third (tip)	15
	c) absence of the tongue at the level of the middle third	30
	d) absence of the tongue at the root level or complete absence of the tongue	60
42.	Teeth loss:	
	a) 1 tooth	5
	b) 2-3 teeth	10
	c) 4—6 teeth	15
	d) 7—9 teeth	20
	e) 10 and more teeth	25
	<p><i>Notes:</i></p> <p>1. In case of fracture or loss of fixed dentures as a result of trauma, the insurance indemnity shall be paid taking into account the loss of teeth abutment only. If removable dentures are damaged as a result</p>	

	<p><i>of trauma, the insurance indemnity shall not be paid.</i></p> <p><i>2. In case of loss or fracture of deciduous teeth in children under 5 years of age, the insurance benefit shall be paid on general terms.</i></p> <p><i>3. In case of loss of teeth and jaw fracture, the amount of insurance indemnity payable shall be determined according to article 37 and article 42 by summing up.</i></p> <p><i>4. Fracture or breakage (at least ¼) of a crown of tooth as a result of trauma is equal to tooth loss.</i></p> <p><i>5. If a tooth pulled out due to the trauma is implanted, the insurance indemnity shall be paid on the general grounds. If a tooth is pulled out, no additional indemnity shall be paid.</i></p>	
43.	Damage (wounding, burns) of the gastrointestinal tract:	
	a) oral cavity, pharynx, oesophagus, stomach.	5
	b) esophagogastrosopy for the removal of foreign bodies of the oesophagus, stomach, which has not caused functional disorders.	10
44.	Injury (wound, burn) to the oesophagus causing:	
	a) esophagostenosis	40
	b) oesophageal obstruction (in case of gastrostomy), condition after plasty	100
	<i>Note. The percentage of the insurance indemnity payable under Article 44b is determined not earlier than 6 months from the date of injury. Earlier than this period of time the insurance indemnity is preliminarily paid according to article 44a.</i>	
45.	Injury (rupture, burn, wound) of the digestive organs, accidental acute poisoning resulting in:	
	a) cholecystitis, duodenitis, gastritis, pancreatitis, enteritis, colitis, proctitis, paraproctitis	15
	b) peritoneal commissures (condition after surgery for adhesion obstruction) scarry stricture (deformity) of the stomach, intestine, anal orifice	30
	c) intestinal fistula, intestinovaginal fistula, pancreatic fistula	50
	d) preternatural anus (colonic stoma)	100
	<p><i>Notes:</i></p> <p><i>1. In case of complications of the injury stipulated in subparagraphs "a", "b", the insurance indemnity shall be paid not earlier than 3 months after the injury.</i></p> <p><i>2. The percentage of the insurance indemnity to be paid shall be determined according to Art. 45 (c, d) not earlier than 6 months from the date of an injury. Earlier than this period, the insurance indemnity shall be paid according to Art. 45a.</i></p>	
46.	Hernia formed in the place of injury of the anterior abdominal wall, diaphragm or in the area of the postoperative scar, if the operation was performed in connection with the injury, as well as the condition after the operation for such a hernia.	10
	<p><i>Notes:</i></p> <p><i>1. Insurance indemnity under Article 46 shall be paid in addition to the insurance indemnity determined in connection with the trauma of abdominal organs, if it is a direct consequence of this trauma.</i></p> <p><i>2. Abdominal hernias (umbilical hernia, epigastric hernia, inguinal hernia and inguinoscrotal hernia) caused by weight lifting shall not be grounds for payment of the insurance indemnity.</i></p>	
47.	Liver injury due to trauma or accidental acute poisoning resulting in:	
	a) hepatitis (hepatosis) developed directly due to trauma or accidental acute poisoning	10

	b) hepatorrhexis due to which surgical intervention has been carried out	15
	c) gallectomy	20
48.	Hepatectomy due to trauma	30
49.	Spleen injury resulting in:	
	a) subcapsular spleen rupture not requiring surgical intervention	5
	b) splenectomy	30
50.	The stomach, pancreas, intestine, mesentery injury resulting in::	
	a) formation of a pancreatic pseudocyst	20
	b) gastric resection up to 1/3, 1/3 of gastric resection (mesentery)	30
	c) resection of 1/2 of stomach, 1/3 of tail of pancreas, and 1/2 of the intestine	45
	d) resection of 1/2 of stomach, 1/3 of the tail of pancreas, 1/2 of the intestine	60
	e) excision of stomach, 2/3 of pancreas, intestine (mesentery)	80
	f) excision of stomach with bowel and part of pancreas	100
51.	Damage to the abdominal organs, in connection with which performed:	
	a) laparoscopy (laparocentesis)	5
	b) laparotomy for suspected injury to the abdominal organs	10
	c) laparotomy for injury to the abdominal organs	15
	d) repeated laparotomy	10
	<i>Notes:</i> <i>1. If there are grounds for the payment of insurance indemnity under Articles 47-50 in connection with the injury of abdominal organs, Article 51 shall not apply.</i> <i>2. If during the surgical intervention performed in connection with the injury of the digestive system organs it is found that a morbidly changed organ has been damaged and a partial or complete excision of the organ has been performed due to a pre-existing disease, the insurance indemnity shall be paid only according to Article 51b.</i>	
	Urogenital system	
52.	Renal injury involving:	
	a) kidney contusion	5
	b) kidney resection	35
	c) nephrectomy	60
53.	Injury to the organs of the urinary system (kidneys, ureters, bladder, urethra) resulting in:	
	a) cystitis, urethritis	10

	b) pyelitis, pyelonephritis, pyelocystitis, bladder volume reduction.	15
	c) glomerulonephritis, ureteral and urinary tract narrowing	30
	d) nephrotomy	35
	e) ureteral and urinary tract obstruction, urogenital fistulae	50
	<i>Note. If the injury causes dysfunction of several organs of the urinary system, the percentage of the insurance indemnity to be paid shall be determined according to one of the subparagraphs of Article 53, taking into account the most severe consequence of the injury.</i>	
54.	Injury to the organs of the urinary system resulting in surgical intervention:	
	a) in case of suspected organ injury	10
	b) organ injury	15
	c) repeated surgery performed in connection with the injury.	10
	<i>Note. In case of nephrectomy or resection due to the trauma, the insurance indemnity shall be paid according to article 52 (b, c); article 54 shall not apply.</i>	
55.	Injury (wound, burst, burn, frostbite) to the genital or urinary organs.	5
56.	Injury to the reproductive system resulting in:	
	a) loss of one ovary, fallopian tube, testis	15
	b) Loss of both ovaries, fallopian tubes, testis, part of the penis	30
	c) loss of the uterus in older women:	
	under 40	50
	40 to 50 years old	30
	50 years and older	15
	d) loss of the penis	50
	Soft tissues	
57.	Injury to the soft tissues of the face, anterolateral surface of the neck, submandibular region, resulting in:	
	a) moderate disorder of cosmetics	5
	b) significant disorder of cosmetics	15
	c) a sharp disorder of cosmetics	40
	d) disfigurement	70
	<i>Notes:</i>	
	<i>1. Cosmetically noticeable cicatrices include cicatrices that differ in colour from the surrounding skin, retracted or protruding above its surface, tightening tissues.</i>	
	<i>Disfigurement is a sharp change in the natural appearance of a person's face as a result of mechanical, chemical, thermal and other violent effects.</i>	
	<i>2. If an operation (open repositioning) has been performed in connection with a viscerocranium bone</i>	

	<p><i>fracture with displacement of the fragments, as a result of which a scar has formed on the face, the insurance indemnity shall be paid taking into account the fracture and the postoperative scar, if this scar disturbs the cosmetics to a certain extent.</i></p> <p><i>3. If a cicatrix or a pigment spot has formed as a result of an injury to the soft tissues of the face, anterior-lateral surface of the neck, submandibular region, which damages the cosmetics and the respective part of the insurance indemnity has been paid out in connection with it, and then the insured has suffered a repeated injury which has resulted in the formation of new scars (pigment spots) that also damage the cosmetics, the insurance indemnity shall be paid out again taking into account the consequences of the repeated injury.</i></p>	
58.	Damage to the soft tissues of the scalp, body, extremities, resulting in the formation of cicatrices after healing with an area of:	
	a) from 2.0 to 5.0 square centimeters	3
	b) from 5 square centimeters to 0.5% of the body surface	5
	c) from 0.5% to 2.0% of the body surface	10
	d) from 2.0% to 4.0% of body surface area	15
	e) from 4% to 6% of the body surface	20
	f) from 6% to 8% of the body surface	25
	g) 8% to 10% of the body surface	30
	h) 10% or more	35
	<i>Note. 1% of the body surface area of the subject is equal to the area of the palmar surface of his/her hand and fingers. This area is determined in square centimeters by multiplying the length of the hand measured from the radiocarpal joint to the top of the nail phalanx of the third finger by its width measured at the level of the heads of the II-V metacarpal bones (excluding the first finger).</i>	
59.	Damage to soft tissues of the corpus, extremities, resulting in the formation of pigment spots with an area of:	
	a) from 1 to 2% of the body surface	3
	b) 2 per cent or more	5
60.	Burn disease, intoxication, burn shock.	10
	Note. Insurance indemnity under Article 60 shall be paid in addition to the insurance indemnity paid in connection with burns or frostbite	
61.	Closed soft tissue injury resulting in muscle hernia, post-traumatic periostitis, muscle and tendon rupture; taking a muscle or fascia graft for plastic surgery in connection with the injury, as well as soft tissue foreign bodies that have not been removed and haematoma that has not resolved.	5
	Vertebral column	
62.	Fracture or dislocation of vertebral bodies, arches and articular processes:	
	a) one or two vertebrae	20
	b) three or more vertebrae	30

63.	Partial or complete rupture of intervertebral ligaments, vertebral subluxation.	20.
	<i>Notes:</i> 1. If surgical treatment was performed in connection with the spinal injury, the insurance indemnity shall be additionally paid in the amount of 15%. 2. If a vertebral fracture or subluxation is accompanied by spinal cord injury, the insurance indemnity shall be paid taking into account both injuries by summing them up.	
64.	Fracture of transverse or spinous processes	
	a) one or two	5
	b) three or more	10
	<i>Note. If one injury results in a vertebral body fracture, ligament damage, transverse or spinous process fracture, the insurance indemnity shall be paid under the article providing for the most severe injury, one-time.</i>	
65.	Fracture of the sacrum of the coccyx, dislocation of the coccygeal vertebrae	10
66.	Fracture or dislocation of the coccygeal vertebrae resulting in a coccygectomy.	20
	<i>Note. If one injury causes a fracture (dislocation) of any part of the spine, as well as of the sacrum or coccyx, the insurance indemnity shall be paid taking into account each injury by summing up.</i>	
	Upper extremity	
	Scapula and clavicle	
67.	Fracture of the scapula, clavicle, rupture of the acromial-clavicular, sternoclavicular joints::	
	a) fracture of one bone or rupture of one articulation	5
	b) fracture of two bones, rupture of two articulations or fracture of one bone and rupture of one articulation	10
	c) ununited fracture, false joint, rupture of two articulations and fracture of one bone, fracture of two bones and rupture of one articulation	15
	Shoulder joint	
68.	Damage to the shoulder joint (fracture of glenoid cavity of scapula, humeral head, anatomical neck, trochinter, rupture of ligaments, articular bag, dislocation of the shoulder):	
	a) fracture of one bone, dislocation of the shoulder, damage to ligaments, articular bag	5
	b) fracture of two bones, fracture-dislocation	10
	c) fracture of bone(s) and ligament damage, ununited fracture.	15
69.	Damage to the shoulder joint resulting in:	
	a) shoulder-slip	20
	b) ankylosis	45
	c) flail shoulder joint as a result of resection of the articular surfaces of its constituent bones	60
	<i>Notes:</i> 1. If surgical interventions are performed in connection with the injuries listed in Art. 67, 68, 69,	

	<p><i>additional insurance indemnity of 10 per cent shall be paid. At the same time, no additional indemnity shall be paid for taking a transplant.</i></p> <p><i>2. Insurance indemnity for shoulder dislip shall be paid if the dislip has occurred as a result of a primary dislocation during the period of validity of the insurance contract. The diagnosis of shoulder-slip must be confirmed by the medical institution where it is reset. In case of recurrence of shoulder-slip, the insurance indemnity shall not be paid.</i></p> <p><i>3. If an insurance indemnity was paid under Art. 68 in connection with a shoulder joint injury and then the complications listed in Art. 69 occur, the insurance indemnity shall be paid in accordance with one of the subparagraphs of Art. 69, taking into account the previously paid indemnity by deduction.</i></p>	
	Shoulder	
70.	humerus fracture at any level (excluding the joint area):	
	a) without displacement of the fragments	15
	b) with displacement of the fragments	25
	<i>Note. If surgical interventions are performed in connection with a shoulder fracture, there shall be paid an additional insurance indemnity of 10%.</i>	
71.	Traumatic amputation of the upper limb or its severe damage resulting in amputation:	
	a) scapula, clavicle or a part thereof	80
	b) of the shoulder at any level	75
72.	Fracture of the humerus complicated by the formation of a false joint (ununited fracture).	45
	<i>Note. Insurance indemnity under Article 72 shall be paid not earlier than 9 months after the injury. If the insurance indemnity for a shoulder fracture has been paid before, it should be deducted when the final decision is made.</i>	
	Elbow joint	
73.	Elbow joint injuries (fracture of the bones composing the joint, including metaphyseal fracture, damage to ligaments, joint bag, forearm dislocation):	
	a) fracture of one bone without displacement of fragments, ligament damage	5
	b) fracture of two bones without displacement of fragments	10
	c) fracture of bone(s) with displacement of fragments	15
74.	Injury to the elbow joint area resulting in:	
	a) no movement in the joint (ankylosis)	40
	b) a flail elbow joint (as a result of resection of the articular surfaces of the bones composing it).	50
	<i>Notes. If surgical interventions have been performed in connection with the injury of the elbow joint area, there shall be paid an additional insurance indemnity of 10%.</i>	
	Antebrachium	
75.	Ossa antebrachii Fracture (of the diaphysis):	
	a) one bone	10

	b) two bones, fracture of one bone and dislocation of the other bone	15
76.	Fracture of one or both bones of the antebrachium complicated by formation of a false joint (united fracture):	
	a) one antebrachium bone	25
	b) two bones of the antebrachium	40
	c) one antebrachium bone and a united fracture of the second bone	35
	<i>Notes:</i> <i>1. If surgical interventions have been performed in connection with an antebrachium bone fracture, an additional insurance indemnity of 10% is paid.</i> <i>2. Insurance indemnity for an ununited fracture or a false joint shall be paid not earlier than 9 months after the injury.</i>	
77.	Traumatic amputation or severe injury resulting in amputation of the antebrachium at any level:	65
	Radiocarpal joint	
78.	Fracture of the antebrachium bones in the distal metaphysis (typical location), intra-articular fractures of the bones that make up the radiocarpal joint, damage to the ligaments of the joint, dislocation of the hand.	10
79.	Damage to the radiocarpal joint resulting in lack of movement (ankylosis) in this joint.	30
	<i>Note. If surgical interventions have been performed in connection with the injury of the radiocarpal joint area, there shall be an additional insurance indemnity in the amount of 10 per cent.</i>	
	Hand	
80.	Fracture or dislocation of carpal bones, metacarpus of one hand:	
	a) one bone (except for the navicular bone)	5
	b) two or more bones, navicular bone	10
	c) ununited fractures, false joints.	15
	<i>Note. If surgical interventions are performed in connection with the hand injury, there shall be paid an additional insurance indemnity in the amount of 10%.</i>	
81.	Traumatic amputation or severe injury to the hand resulting in amputation at the level of the metacarpal bones or metacarpus	65
	Fingers	
	First finger	
82.	Fracture, dislocation, wound with soft tissue defect of the phalanx(es), damage to the tendon(s) of the finger, whitlow (see note to Art. 85).	5
83.	Damage to the finger resulting in non-movement:	
	a) in one joint	10
	b) in two joints of the finger	15

84.	Traumatic amputation of the finger or damage resulting in amputation of the finger at the level of:	
	a) the nail phalanx and the interphalangeal joint	10
	b) proximal phalanx, metacarpophalangeal articulation (loss of a finger)	20
	c) metacarpal bone	25
	Second, third, fourth, fifth fingers	
85.	Fracture, dislocation, wound with soft tissue defect of phalanx (phalanges), damage to tendon (tendons) of the finger, whitlow.	5
	<i>Note. Insurance indemnity under Art. 82 and 85 shall be paid if is a subcutaneous, tendon, joint or bone panaritis. Inflammation of the paraungual wall (paronychia) shall not give grounds for payment of the insurance indemnity.</i>	
86.	Traumatic amputation of the finger or injury resulting in amputation of the finger at the level of:	
	a) nail phalanx (loss of a phalanx)	5
	b) middle phalanx (loss of two phalanges)	10
	c) main phalanx (loss of a finger)	15
	d) metacarpal bone	20
87.	Traumatic amputation or injury resulting in amputation of all fingers of one hand.	
	<i>Note. If several fingers of the hand are damaged during the period of validity of one insurance contract, the insurance indemnity shall be paid taking into account each damage by summing up. However, it must not exceed 65% for one hand and 100% for both hands.</i>	
	Pelvis	
88.	Pelvic bones fracture:	
	a) fracture of the wing of ilium	5
	b) fracture of the pubic bone, ischium, body of the ilium, acetabulum	10
	c) fracture of two or more bones	20
89.	Separation of the pubic articulation, SI joint:	
	a) one articulation	10
	b) two articulations	15
	c) three articulations	20
	<i>Notes:</i>	
	<i>1. If surgical interventions were performed in connection with a pelvic bone fracture or articular rupture, there shall be paid an additional insurance indemnity in the amount of 10%.</i>	
	<i>2. If a fracture of the pelvic bones and rupture of joints occur as a result of one injury, the insurance indemnity shall be paid taking into account each injury by summing up.</i>	
	Lower extremity	

Coxofemoral joint		
90.	Fracture of femoral head, femoral neck, ligament damage, hip dislocation	20
	<i>Note. If surgical interventions are performed in connection with a hip joint injury, there shall be paid a one-time additional insurance indemnity in the amount of 10%.</i>	
91.	Damage to the coxofemoral joint resulting in:	
	a) immobility of the joint (ankylosis)	50
	b) a loose joint (as a result of resection of the femoral head, acetabulum)	70
	c) endoprosthesis	45
Thigh		
92.	Femoral fracture at any level (excluding the joint area):	
	a) without displacement of the fragments	20
	b) with displacement of the fragments	25
	<i>Note. If surgical interventions are performed in connection with a femoral fracture, there shall be paid an additional insurance indemnity of 10%.</i>	
93.	Femur fracture complicated by the formation of a false joint (ununited fracture):	55
	<i>Note. Insurance benefit for an ununited fracture or false joint of the hip is paid not earlier than 9 months after the injury. If the insurance indemnity for a femur fracture has been paid, the amount of the indemnity will be deducted when the final decision is made.</i>	
94.	Traumatic amputation or severe injury resulting in amputation of a extremity at any level of the thigh:	
	a) one extremity	70
	b) a single extremity	100
Knee joint		
95.	Damage to the knee joint resulting in:	
	a) haemarthrosis, meniscus lesion, ligaments, detachment of bone fragments	5
	b) fracture of the patella	10
	c) fracture of the bones composing the knee joint (distal epiphysis of the femur and proximal epiphysis of the tibia), dislocation of the leg.	20
	<i>Notes:</i> <i>1. If surgical interventions are performed in connection with the injury of the knee joint area, there shall be paid an additional insurance indemnity in the amount of 10%.</i> <i>2. In case of a combination of different injuries of the knee joint, the insurance indemnity shall be paid once in accordance with one of the subparagraphs of Article 95, providing for the most severe injury.</i>	
96.	Damage to the knee joint area resulting in:	
	a) no movements in the joint	35

	b) a loose knee joint as a result of resection of the articular surfaces of its constituent bones	45
	Tibia	
97.	Fracture of the tibia bones:	
	a) fibula	5
	b) tibial bone	15
	c) both bones	20
	<p><i>Notes:</i></p> <p>1. If surgical interventions have been performed in connection with a fracture of the tibia bones, there shall be paid an one-time additional insurance indemnity of 10%.</p> <p>2. Insurance indemnity under Article 97 is determined in case of:</p> <ul style="list-style-type: none"> - fractures of the fibula in the upper and middle thirds; - tibia diaphysis fractures at any level; - tibia diaphysis fractures (upper, middle, lower third) and fibula fractures in the upper or middle third. <p>3. If the injury results in an intra-articular fracture of the tibia in the knee or ankle joint and a fracture of the fibula at the diaphysis level, the insurance indemnity shall be paid according to Art. 95 and 97 or Art. 95 and 97 or Art. 100 and 97 by summing up.</p>	
98.	Traumatic amputation or severe injury resulting in amputation of the lower leg at any level	60
99.	Fracture of one or both bones of the lower leg complicated by a false joint (united fracture):	
	a) fibula	10
	b) tibia	30
	c) both bones	40
	d) fibula and united fracture of tibia	25
	e) tibia and united fracture of fibula	35
	<i>Note. Insurance indemnity under Article 99 shall be paid not earlier than 9 months after the injury.</i>	
	Talocrural joint	
100.	Injuries to the ankle joint:	
	a) damage to the ligaments of the ankle joint, fracture of one of the malleoli or the edge of the tibia	5
	b) fracture of both ankles, fracture of both ankles with the edge of the tibia, rupture of the distal tibiofibular syndesmosis.	10
	c) fracture of one or both ankles with the edge of the tibia, rupture of the distal tibiofibular syndesmosis and subluxation (dislocation) of the foot.	15
101.	Damage to the ankle joint area resulting in:	
	a) lack of movement in the ankle joint (ankylosis)	35
	b) loose ankle joint (as a result of resection of the articular surfaces of its constituent bones)	40

	<p><i>Notes:</i></p> <p>1. If surgical interventions were performed as a result of an ankle joint injury, there shall be paid an additional insurance indemnity in the amount of 10%.</p> <p>2. A fracture of the distal (lower) third of the fibula shall be considered equivalent to a lateral malleolus fracture.</p>	
102.	Achilles tendon injury:	
	a) during conservative treatment	10
	b) during surgical treatment	20
	Foot	
103.	Fracture or dislocation of foot bone(s), ligament damage:	
	a) fracture of one or two bones, rupture of ligaments	5
	b) fracture of three or more bones	10
	c) ununited fracture, false joint.	15
	<p>1. If surgical interventions are performed in connection with fracture or dislocation of bones or rupture of ligaments of the foot, there shall be paid an additional insurance indemnity in the amount of 5%.</p> <p>2. In case of fractures or dislocations of the foot bones resulting from different traumas, the insurance indemnity shall be paid taking into account the fact of each trauma.</p>	
104.	Traumatic amputation or severe damage to the foot resulting in amputation of the foot at the level of:	
	a) metatarsophalangeal joints (absence of all toes)	30
	b) metatarsophalangeal bones	35
	c) tarsal bones	40
	d) talus bone, calcaneal bone, ankle joint	50
	Toes	
105.	Fracture, dislocation of phalanx(es), damage to tendon(s) of one foot:	
	a) fracture or dislocation of one or more phalanges, damage to tendons of one or two toes	5
	b) fracture or dislocation of one or more phalanges, tendon damage of three to five toes.	10
106.	Traumatic amputation or injury resulting in amputation of toes:	
	First toe:	
	at the level of the nail phalanx (loss of the nail phalanx)	5
	b) at the level of the proximal phalanx (loss of a toe)	10
	Second, third, fourth and fifth toes:	
	c) one or two toes at the level of the nail or middle phalanges.	5

	d) one or two toes at the level of the proximal phalanges (loss of toes)	10
	e) three to four toes at the level of the nail phalanges or middle phalanges.	15
	f) three to four toes at the level of the proximal phalanges (loss of toes).	20
107.	Injury resulting in the development of post-traumatic thrombophlebitis, lymphostasis, osteomyelitis, trophic disorders.	10
	<i>Notes:</i> 1. Art. 107 applies to thrombophlebitis, lymphostasis and trophic disorders, which occurred as a result of trauma to the upper or lower extremities (except for damage to large peripheral vessels and nerves), not earlier than 6 months after the injury. 2. Suppurative inflammations of fingers and toes shall not be the ground for application of Art. 107.	
108.	Traumatic shock	10
	Note. Payment of insurance indemnity under Article 108 shall be made in addition to the payments made in connection with other injuries that occurred as a result of the trauma.	

Insurer:

Insured:

General Director:

General Director:
