

## INSURANCE BENEFIT DETERMINATION TABLE FOR TRAUMAS TO INTERNAL ORGANS AND SOFT TISSUES

This Annex 2 to Accident Insurance Regulations approved by the resolution of the Board of ADB Compensa Vienna Insurance Group on 4 September 2018 constitutes an integral part of the Regulations and is issued in compliance with and subject to the requirements of the legislation of the Republic of Lithuania.

### I. CENTRAL NERVOUS SYSTEM

No.	Outcomes of risks covered	Payable insurance benefit (%) of the sum insured in respect of trauma
I.1.	Residual effects of craniocerebral traumas:	
I.1.1.	Paralysis of upper and lower extremities (tetraplegia); very severe cerebral cortical and cerebellar dysfunction; dementia; personality disorders; pelvic organ dysfunction	100
I.1.2.	Paralysis of lower extremities with impaired function of pelvic organs	70
I.1.3.	Paralysis of one side of the body (hemiplegia); very severe hypoactivity, hyposensitivity, loss of strength in 2 extremities; very severe disorder of coordination	50
I.1.4.	Severe hypoactivity, hyposensitivity, loss of strength in 2 extremities; expressed organic disorders of cerebral nerves; impaired coordination of movements; severe muscle hypertonicity in extremities; impaired function of pelvic organs	40
I.1.5.	Paralysis of one extremity (monoplegia); speech disorders; expressed impairment of coordination of movements; muscle hypertonicity, hyposensitivity and loss of strength in extremities; Parkinson's syndrome	30
I.1.6.	Coordination and movement impairment; speech disorders	15
I.1.7.	Expressed facial asymmetry; autonomic (vegetative) symptoms; olfactory, gustatory and speech disorders; vasomotor disorders; singular epileptic seizures (once or twice per year)	7
I.1.8.	Traumatic epilepsy (if the Insured Person had no epilepsy or other nervous system diseases before the trauma), posttraumatic hydrocephalus	10

Notes:  
- Residual effects may be attributed to a certain group if **at least two symptoms characteristic for the group have been established**.  
- When insurance benefit is granted for the outcomes of injuries to the central nervous system under paragraph I of the Annex, and extremity dysfunction is found present, benefits stipulated in Section 10 (ten) below in respect of traumas to the bones of trunk and extremities shall not be paid.

### 2. CRANIAL AND PERIPHERAL NERVES

No.	Outcomes of risks covered	Payable insurance benefit (%) of the sum insured in respect of trauma
2.1.	Traumatic injuries of cranial nerves: Note: In case of clinical picture of neuropathy, insurance benefit shall be paid irrespective of the number of injured nerves.	
2.1.1.	Unilateral traumatic injury of cranial nerves	5
2.1.2.	Bilateral traumatic injury of cranial nerves	10
2.2.	Traumatic injury of cervicobrachial, lumbosacral plexus and/or their nerves. Note: Insurance benefit shall be paid in case of hypoactivity, hyposensitivity, muscle atrophy and alterations of skin trophism.	25
2.3.	Impaired peripheral nerve integrity: Note: Insurance benefit shall be paid when there is a clinical picture of neuropathy. In case of injury to multiple nerves in one extremity, insurance benefit shall be paid for the injury to one nerve. In case of injury to the right arm (for right-handers) or left arm (for left-handers), insurance benefit shall be increased by adding 10% to the benefit payable under this paragraph. No benefit is payable for nerve injury in digits.	
2.3.1.	Nerve injury in the area of forearm, wrist, shin and/or tarsus	5
2.3.2.	Nerve injury in the area of humerus, elbow, thigh and/or knee	10



### 3. VISION APPARATUS

No.	Outcomes of risks covered	Payable insurance benefit (%) of the sum insured in respect of trauma
3.1.	Unilateral paralysis of accommodation	10
3.2.	Severe concentric visual field constriction (at least by 10 degrees)	15
3.3.	Vision impairment as a result of intraocular lens implantation in both post-traumatic eyes: 0.4 0.3 – 0.1 less than 0.1	10 20 25
3.4.	Ptosis of the eyelid, paralysis of eye muscles, eyelid defects affecting the eyelid function	10
3.5.	Unilateral pulsating exophthalmus	20
3.6.	Effects of traumas to the vision organs: eyeball dislocation; trauma to lacrimal passages; strabismus; retinal detachment (as a direct result of eye trauma)	10
3.7.	Post-traumatic ophthalmic diseases, excl. conjunctivitis; effusion of blood, 2 <sup>nd</sup> or 3 <sup>rd</sup> degree burns, retinal defects, malformations of the pupil; intraocular lens dislocation, post-traumatic scarring, clouding, specks, foreign bodies in eyeball coats (layers). Notes: - In case of multiple trauma effects indicated in paragraphs 10, 11 and 12 insurance benefit shall be paid under one paragraph only (for the most severe injury).	5
3.8.	Unilateral eye traumas without causing vision impairments (non-penetrating wound of the eyeball, traumatic iris erosion, iris scarring)	2
3.9.	Total loss of vision (in the sole eye or both eyes)	100
3.10.	Total unilateral visual loss	45
3.11.	Post-traumatic vision acuity impairment Notes: - Vision acuity impairment is diagnosed no earlier than 3 months and no later than 12 months after the date of trauma by means of comparing the vision acuity of the eye (unaided) before the trauma and thereafter (see the Table below).	

	Vision acuity			Vision acuity		
	Before trauma	Post-traumatic	Per cent (%)	Before trauma	Post-traumatic	Per cent (%)
	1.0	0.7	1	0.6	0.4	1
		0.6	3		0.3	3
		0.5	5		0.2	10
		0.4	7		0.1	15
		0.3	10		<0.1	20
		0.2	15		0	30
		0.1	20			
		<0.1	30			
		0	45			
	0.9	0.7 – 0.6	1	0.5	0.4-0.3	1
		0.5	3		0.2	5
		0.4	5		-0.1	10
		0.3	10		<0.1	15
		0.2	15		0	20
		0.1	20			
		<0.1	30			
		0	45			
	0.8	0.6-0.5	2	0.4	0.3-0.2	2
		0.4-0.3	7		0.1	7
		0.2	15		<0.1	10
		0.1	20		0	20
		<0.1	30			
		0	45			
	0.7	0.5-0.4	2	0.3	0.1	5
		0.3	7		<0.1	10



	0.2	15		0	15
	0.1	20			
	<0.1	25			
	0	40			
			0.2	0.1	5
				<0.1	10
				0	15
			0.1	<0.1	10
				0	20
			<0.1	0	10

- Notes:
- Total blindness - visual acuity up to 0.01 from light perception (inability to count fingers at a distance of 2 m).
  - If visual acuity of the injured eye before trauma is not known, it shall be deemed to be the same as that of the non-injured eye.
  - When visual acuity is impaired in both eyes as a result of trauma, each eye shall be examined separately. A degree of vision loss in the better eye shall apply as a degree of vision loss in both eyes.
  - If an intraocular lens is implanted after the trauma or aided lens is applied, insurance benefit payable shall be fixed on the basis of the vision acuity before the implantation or application of the lens.
  - Retinal detachment shall be considered an event insured and insurance benefit shall be paid if the retinal detachment is caused by a direct trauma to the eye (contusion, wound).
  - If the retinal detachment occurs as a result of illness (severe short-sightedness, hypertonic or other eye diseases), lifting a heavy object, moving suddenly or unexpectedly, contusion in any other part of the body, no insurance benefit shall be paid.

#### 4. HEARING APPARATUS

No.	Outcomes of risks covered	Payable insurance benefit (%) of the sum insured in respect of trauma
4.1.	Severe disorders of the vestibular function: repeated, continuous vertiginous attacks with autonomic reactions, uncertainty in gait	30
4.2.	Total loss of auricle	20
4.3.	Unilateral hearing impairment. <b>Note:</b> data of audiogram, impedometry, speech hearing shall be assessed.	
4.3.1.	Hearing for whisper is 0-1 m and hearing for normal voice is 1 - 3 m (audiogram shows a 30 to 50 db loss)	5
4.3.2.	No hearing for whisper at the auricle, hearing for normal voice – 0-1 m (audiogram shows 60 to 80 db loss)	10
4.4.	Complete hearing loss in one ear (no hearing for voice; audiogram shows <91 db).	15
4.5.	Complete hearing loss in both ears, loss of speech	60

- Notes:
- If hearing was decreased before the trauma, hearing impairment is measured in accordance with paragraph 18 and deducted from the percent given for hearing after the trauma.

#### 5. RESPIRATORY SYSTEM

No.	Outcomes of risks covered	Payable insurance benefit (%) of the sum insured in respect of trauma
5.1.	Loss of nasal bones, cartilage, soft tissues	30
5.2.	Loss of nostrils and nasal tip	15
5.3.	Loss of nostril(s) or nasal tip	10
5.4.	Nasal breathing impairment. Insurance benefit depends on the degree of impairment (assessed using rhinomanometre, normal inspiration and expiration - 380 - 400 ml/sec.): a) profound unilateral (< 100 ml/sec.) or severe bilateral (<200 ml/sec.) impairment; b) total bilateral impairment (0 ml/sec.).	5 10
5.5.	Loss of smell and taste	15
5.6.	Loss of smell	10
5.7.	Post-traumatic chronic sinusitis developing within a period of one year	2
5.8.	Trauma to the laryngeal or trochaic function:	
5.8.1.	Constant intubation with tracheostomy tube	40



5.8.2.	Dysphonia	10
5.8.3.	Aphonia	30
5.8.4.	Articulation impairment	15
5.9.	Cases of injury to the respiratory apparatus resulting in:	
5.9.1.	1 <sup>st</sup> degree respiratory disturbance	10
5.9.2.	2 <sup>nd</sup> degree respiratory disturbance	40
5.9.3.	3 <sup>rd</sup> degree respiratory disturbance	60
5.10.	Fracture of ribs or sternum resulting in thoracic deformation with severe restriction of respiratory movement	10

Notes:

- If insurance benefit has been paid under paragraph 5.10., benefit under paragraph 5.9. will be reduced with the paid-down amount.

## 6. CARDIOVASCULAR SYSTEM

No.	Outcomes of risks covered	Payable insurance benefit (%) of the sum insured in respect of trauma
6.1.	Traumas to great vessels integrity requiring reconstructive surgery:	
6.1.1.	In the area of forearm, wrist, shin and/or ankle	4
6.1.2.	In the area of neck, humerus, elbow, thigh and/or knee	10
6.1.3.	In the thoracic part, abdominal cavity or retroperitoneal space	20
6.2.	Traumas to heart , its surroundings and great vessels resulting in cardiovascular insufficiency persistent for more than 9 months after the trauma; (symptoms of the cardiovascular insufficiency are assessed according to NYHA classification, ECG, physical load tests, ultrasound examination, long-term ECG and BP monitoring).	
6.2.1.	1 <sup>st</sup> degree cardiac insufficiency with mild objectively identified rapid pulse, shortness of breath after physical exercising, swellings	15
6.2.2.	2 <sup>nd</sup> degree cardiac insufficiency with severe objectively identified profound shortness of breath during physical exercising, cardiac rhythm disorders, liver and lung problems, permanent swelling, ascites, bulging neck veins	40
6.2.3.	3 <sup>rd</sup> degree cardiac insufficiency with profound objectively identified respiratory rhythm impairment, cardiac rhythm disorders, expectoration of blood, fluids in pleural and pericardial cavities, ascites, permanent swelling	70

Notes:

- Post-traumatic residual effects may be attributed to a certain group if at least two symptoms characteristic for the group have been diagnosed.

- If insurance benefit is paid under paragraph 6.2., it is reduced with the benefits already paid down under paragraph 6.1.

- In case of multiple traumas to great vessels in one limb or area, traumas shall be qualified as one vessel's trauma.

## 7. DIGESTIVE SYSTEM

No.	Outcomes of risks covered	Payable insurance benefit (%) of the sum insured in respect of trauma
7.1.	Chewing impairment caused by the fracture of facial bones or mandible traumas:	
7.1.1.	Severe disorder of chewing and closure of the mandible	7
7.1.2.	Profound impairment of mandible closing and opening movement, jaw malformations	20
7.2.	Loss of the mandible: Note: in case of loss of the mandible, insurance benefit under paragraph 33 shall not be paid.	
7.2.1.	Partial loss of the mandible	15
7.2.2.	Total loss of the mandible	50
7.3.	Loss of tongue:	
7.3.1.	Up to a half	15
7.3.2.	Up to a half and more	25
7.3.3.	Total loss	50
7.4.	Severe narrowing of the oral cavity, formation of salivary fistula	15



7.5.	Narrowing of oesophagus or pharynx caused by burns or traumas: Notes: - The narrowing must be confirmed by objective examination methods	
7.5.1.	Obstructed swallowing of soft food	10
7.5.2.	Obstructed swallowing of liquid food	30
7.5.3.	Total obstruction (gastrostomy)	80
7.6.	Residual effects of traumatic injuries to the digestive organs:	
7.6.1.	Faecal incontinence	40
7.6.2.	Adhesive diseases, partial intestinal obstruction, intestinal fistula	15
7.6.3.	Artificial anus	30
7.6.4.	Abnormal pancreatic endocrine function	30
7.6.5.	Abnormal pancreatic exocrine function	5
7.6.6.	2 <sup>nd</sup> degree hepatic failure	45
7.6.7.	3 <sup>rd</sup> degree hepatic failure	80
7.7.	Removal of the following organs as a result of traumatic injury to digestive organs:	
7.7.1.	Part of liver or gall-bladder	15
7.7.2.	Spleen	15
7.7.3.	Part of stomach, pancreas or bowels	25
7.7.4.	Total stomach removal	40
7.8.	Traumas of the organs of the abdominal cavity and ensuing:	
7.8.1.	Laparocentesis	1
7.8.2.	Laparoscopy, diagnostic laparotomy. In case of undergoing several of the mentioned procedures, they shall be considered as one procedure for the purpose of payment of insurance benefit	5
7.8.3.	Laparotomy (in case of trauma to the abdominal organs)	10

## 8. URINARY AND GENITAL SYSTEM

No.	Outcomes of risks covered	Payable insurance benefit (%) of the sum insured in respect of trauma
8.1.	Urinary excretion disorders:	
8.1.1.	Renal function impairment: a) 2 <sup>nd</sup> degree renal insufficiency b) 3 <sup>rd</sup> degree renal insufficiency	40 80
8.1.2.	Severe ureteral or urethral narrowing, reduction in urinary bladder capacity, epicycstoma	10
8.1.3.	Complete ureteral or urethral obstruction, genital fistula	30
8.2.	Effects of traumas to genital organs:	
8.2.1.	Unilateral removal of ovary, Fallopian tube or testicle	15
8.2.2.	Partial penectomy (at least 1/4)	12
8.2.3.	Total penectomy, bilateral removal of testicles	40
8.2.4.	Bilateral removal of ovaries or Fallopian tubes, or hysterectomy a) in women under 40 b) in women above 40	40 20

## 9. CONSEQUENCES OF TRAUMAS TO SOFT TISSUES

No.	Outcomes of risks covered	Payable insurance benefit (%) of the sum insured in respect of trauma
9.1.	Profound, disfiguring burn, frostbite or injury scars of the frontal or lateral parts of the face or neck. Insurance benefit under this paragraph shall not be paid if costs of cosmetic plastic surgery on other grounds stipulated in the insurance regulations have been compensated in full or partially.	10
9.2.	Hypertrophic, keloid scars of the trunk and extremities deforming soft tissues:	
9.2.1.	covering < 1% of the body area	1
9.2.2.	covering 1-2% of the body area	3
9.2.3.	covering 3-4% of the body area	6
9.2.4.	covering 5-10% of the body area	8



9.2.5.	covering > 10% of the body area	12
9.2.6.	covering > 15% of the body area	15

Notes:

- The palm of the insured person is deemed to correspond to 1% of the surface of the body. Scars mentioned in paragraphs 9.1., 9.2., shall be assessed at least 3 (three) months after the trauma.
- For the purpose of calculating insurance benefit payable under a relevant paragraph of the Table in respect of scars resulting from one event insured, scar measurements shall be summed up.
- If insurance benefit is paid under paragraphs 9.1., 9.2., it is reduced with the benefits already paid down under paragraph 10.3.
- Insurance benefit shall not be paid for scars forming as a result of open fractures, surgeries or amputations.

9.3.	Scars in the area of the face, front or side surface area of the neck resulting from burns, frostbite or trauma. Insurance benefit under this paragraph shall not be paid if costs of cosmetic plastic surgery on other grounds stipulated in the insurance regulations have been compensated in full or partially.	
9.3.1.	scar measuring < 2 cm, pigment spot	1
9.3.2.	scar measuring 2 cm to 5 cm, pigment spot	3
9.3.3.	linear scar measuring 5 cm or more in length or more than 2 cm <sup>2</sup> in the area	5
9.3.4.	linear scar measuring 8 cm or more in length or more than 5 cm <sup>2</sup> in the area	10
9.3.5.	disfigurement of one side of the face: persistent massive, contrasting spots of face-unnatural colour, disfiguring scars	20
9.3.6.	disfigurement of the entire face: persistent deformations of the facial soft tissues, massive, contrasting spots of face-unnatural colour, disfiguring scars	30
9.4.	Hypertrophic, keloid scars of the trunk and extremities deforming soft tissues:	
9.4.1.	linear scar measuring 5 cm and more in length; scar covering 2 cm <sup>2</sup> or more of the body area; pigment spot covering 5 cm <sup>2</sup> or more of the body area (for children under 10 – linear scar measuring 2 cm and covering 1 cm <sup>2</sup> or more of the area)	1
9.4.2.	covering 0.25-0.5% of the body area	3
9.4.3.	covering 0.5-1% of the body area	5
9.4.4.	covering > 1% of the body area	10
9.4.5.	covering > 5% of the body area	15
9.4.6.	covering > 10% of the body area	20
9.5.	Soft-tissue traumas in the hairy part of the head, after healing of which there are:	
9.5.1	linear scar measuring 2 cm to 10 cm in length	2
9.5.2	linear scar measuring 10 cm or more in length, partial scalping	6
9.5.3	scalping	15

**10. OTHER OUTCOMES OF TRAUMAS**

No.	Outcomes of risks covered	Payable insurance benefit (%) of the sum insured in respect of trauma
<b>10.1. Craniocerebral traumas:</b>		
10.1.1.	Cerebral haematoma	10
10.1.2.	Cerebral haematoma involving opening of the cranial cavity	18
10.1.3.	Cerebral commotion with in-patient treatment of at least 3 days	3
10.1.4.	Cerebral commotion with outpatient treatment of at least 14 days or 2 days' hospitalisation	4
10.1.5.	Cerebral contusion	8
10.1.6.	Spinal cord commotion with in-patient treatment	5
10.1.7.	Spinal cord commotion with outpatient treatment for at least 14 days	4
10.1.8.	Spinal cord contusion	7
10.1.9.	Spinal cord compression	15
10.1.10.	Partial tear in the spinal cord, trauma of half of the spinal cord, post-traumatic myelitis of the spinal cord	30

Notes:

- In case of simultaneous injuries to the brain and spinal cord, insurance benefit shall be paid in respect of one trauma which is the most severe. The first and the last day of in-patient treatment shall be deemed to constitute one day.

**10.2. Ligamentous, muscular, tendonous, meniscal ruptures:**

10.2.1.	Rupture of menisci or cruciate and/or lateral ligaments of the knee Note: In case of traumatic rupture of both menisci in one knee, insurance benefit shall equal to the benefit payable in the case of one meniscus rupture.	4
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10.2.2.	Rupture of menisci and lateral and/or cruciate ligaments of the knee	6
10.2.3.	Tendon and/or ligament laxity involving treatment and/or sick-leave of more than 10 days	1
10.2.4.	Recurring tendon and/or ligament laxity when treatment involves plaster bandage or other special fixed immobilisation and/or sick-leave for 5 or more days	0.5
10.2.5.	Muscular, tendonous, ligamentous laxity and/or rupture when treatment or sick-leave lasts for more than 14 days	2
10.2.6.	Muscular, tendonous, ligamentous rupture in the hand, foot and/or ankle (with surgical treatment)	3
10.2.7.	Muscular, tendonous, ligamentous laxity and/or rupture in the area of the neck, shoulder, humerus, forearm, elbow, hip, shin, thigh, knee (with surgical treatment)	5
10.2.8.	Rupture of the Achilles tendon (without surgical treatment)	4
10.2.9.	Rupture of the Achilles tendon (with surgical treatment)	7

**Notes:**

- In case of partial ligamentous, tendonous, muscular ruptures, as well as occurrence of the consequences in paragraph 10.2. in limbs with degenerative alterations, insurance benefit shall be reduced by 50%.
- In case of repeated ligamentous, tendonous, meniscal ruptures, insurance benefit shall be reduced by 50%.
- Insurance benefit for dislocation of bones/joints, traumas to soft tissues, muscles, tendons in one limb occurring during one event insured shall equal to the benefit payable for one most severe outcome.

**10.3. Traumas to internal organs and/or soft tissues:**

10.3.1.	Trauma to internal organs requiring surgical intervention	6
10.3.2.	Thoracic trauma causing unilateral or bilateral pneumothorax, pneumonia, exudative pleuritis, subcutaneous emphysema (whether involving conservative treatment or requiring surgical intervention)	2
10.3.3.	Thoracic trauma causing unilateral or bilateral pneumothorax, pneumonia, exudative pleuritis (when treatment required surgical intervention)	4
10.3.4.	Conjunctival inflammation caused by a contact with foreign bodies requiring outpatient treatment of the insured person for more than 6 days	1
10.3.5.	Traumatic unilateral rupture of tympanic membrane without resultant hearing impairment Notes: - Insurance benefit for traumatic unilateral rupture of tympanic membrane causing hearing impairment is determined in accordance with paragraphs 18 and 19.	3
10.3.6.	Soft tissue traumas in the area of more than 3 cm, requiring joining of the soft tissues, except for facial and neck areas	2
10.3.7.	Soft tissue traumas in the area of more than 3 cm, requiring joining of the soft tissues in the facial and neck areas	3
10.3.8.	Trauma to soft tissue causing <3 cm impaired tissue integrity and requiring joining of the soft tissues, except for facial and neck areas	1
10.3.9.	Trauma to soft tissue causing <3 cm impaired tissue integrity and requiring joining of the soft tissues in the facial and neck areas	2
10.3.10.	Digit trauma with nail avulsion	1
10.3.11.	Punctured traumas affecting skin, subcutaneous layer and muscles in a result of one event insured	1
10.3.12.	Multiple lacerated wounds with injuries to the soft tissues, when the trauma to a certain locality of the body covers more than 0.25% of the surface of the body	3
10.3.13.	Soft tissue traumas causing multiple haematomas, periosteal inflammation, osteomyelitis, phlegmons, fistulas, muscle hernias Note: In case of multiple haematomas, insurance benefit shall be paid when non-resolved bruising is present 3 weeks after the trauma and the number of haematomas is 3 or more, each covering more than 5 cm <sup>2</sup> .	3
10.3.14.	Scratches extending deep into the skin (papillary layer and deeper) localised in different places of the body Note: Insurance benefit shall be paid for dermal scratches extending to the papillary layer and deeper, localised in different anatomic structures, of which at least one has the area covering at least 2% of the surface of the body, and the injured person is incapable for work for more than 6 days.	2
10.3.15.	Traumatic posthemorrhagic, anaphylactic shock, embolism from sclerotic plaques	6

**Notes:**

- Insurance benefit for dislocation of bones/joints, ligamentous, muscular, tendonous traumas in the soft tissue of one limb occurring during one event insured shall be equal to the benefit payable for one most severe outcome.
- Insurance benefit in case of traumas to soft tissues shall be paid for each closed wound, but maximum 6% of the sum insured.

**10.4. Thermal and chemical burns, frostbites:**

10.4.1.	2 <sup>nd</sup> degree burns covering at least 1% of the surface of the body	3
10.4.2.	2 <sup>nd</sup> degree burns covering at least 5% of the surface of the body	5
10.4.3.	3 <sup>rd</sup> degree burns covering up to 2% of the surface of the body	4



10.4.4.	3 <sup>rd</sup> degree burns covering at least 2% of the surface of the body	6
10.4.5.	3 <sup>rd</sup> degree frostbites covering at least 2% of the surface of the body	5
10.4.6.	Burn diseases (burn shock, anuria, burn intoxication, acute burn toxemia, burn septicotoxemia), traumatic post-hemorrhagic anaphylactic shock, fat embolism, if diagnosed during in-patient treatment	8

**Notes:**

- The palmar surface (including palm and digits) of the insured person's hand is deemed to correspond to 1% of the surface of the body.
- In case of burns of various degrees/burn disease, insurance benefit shall be paid in respect of one most severe outcome.

**10.5. Pregnancy loss:**

10.5.1.	Insurance benefit shall be paid, if pregnancy loss is caused by the event insured and the duration of pregnancy is more than 22 weeks.	20
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**10.6. Other traumas:**

10.6.1	If no insurance benefit is payable under any of the paragraphs in this table, events insured (risks covered) with subsequent in-patient treatment of the Insured Person for more than:	
	2 days	1
	4 days	3
	14 days	6
	21 days	10
10.6.2.	<b>Plastic surgeries</b> Notes: - Insurance benefit shall be paid, if the conditions below are met: a) plastic surgery was necessary in order to remove/reduce facial scars or pigment spots no earlier than 6 months after the date of trauma; b) Insurance benefit was paid down to the Insured Person under paragraph 9.1. of the Table; c) a documentary proof of the surgery is submitted.	10

**10.7. Toxic infections, acute chemical intoxication, food-borne intoxication, fungal intoxication; electrical injuries, traumatic asphyxia.**

**Notes:**

- No benefit is payable for alcohol intoxication or other substance abuse.
- When the Insured Person undergoes in-patient treatment:

10.7.1.	For 2 days	1
10.7.2.	For 3 – 6 days	2
10.7.3.	For 7 – 10 days	4
10.7.4.	For more than 10 days	7

**10.8. Snakebite, animal bites and/or stings.**

**Notes:**

- Insurance benefit shall be reduced by 50% if domestic animals/pets attack their master or other family members.
- When the Insured Person undergoes in-patient treatment:

10.8.1.	For 2 days	1
10.8.2.	For 3 – 6 days	2
10.8.3.	For 7 – 10 days	5
10.8.4.	For more than 10 days	7

**10.9. Other illnesses:**

10.9.1.	Tick-borne encephalitis, tick-borne myelitis, tick-borne encephalomyelitis, Lyme disease, rabies, tetanus	2
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**Notes:**

- No insurance benefit is payable for hernias (abdominal hernia, diaphragmatic hernia, hernia of the intervertebral discs) occurring as a result of physical loads/pressure (incl. weight lifting) and their consequences, also for radiculopathies/neuropathies.
- No insurance benefit is payable for various abscesses, thrombophlebitides, varicose veins and similar illnesses.
- The loss of organ/limb function shall be determined no earlier than 9 months (except for cases specified separately) and no later than 12 months after the date of the event insured. However, insurance benefit shall be paid prior to the expiry of 9 months when there are no doubts as to the permanent irrecoverable loss of the organ/limb.