Appendix 2 to the Contract

**Voluntary Health Insurance Program**

 **“Polyclinic”**

Under this program, Ingosstrakh Insurance Company organizes and pays for outpatient and polyclinic services rendered to the Insured Person upon acute illness (condition), aggravation of a chronic illness, injury (including burns, freezing injuries) and intoxication.[[1]](#footnote-1)

# Scope of Services Provided

Under this program, Ingosstrakh Insurance Company organizes and pays for the following outpatient and polyclinic services in the cases specified above:

## diagnostic and medical services, including:

- primary, repeated, advisory receptions of doctors-specialists: therapist, cardiologist, pulmonologist, gastroenterologist, urologist, gynecologist, gynecologist-endocrinologist, neurologist, ophthalmologist, otolaryngologist, surgeon, endocrinologist, dermatologist, proctologist, allergist, traumatologist, orthopedist, angiologist, phlebologist, breast physician, radiologist, infectious disease specialist, physical therapist, astrolog, neurosurgeon and other specialists;

- advisory receptions of doctors-specialists (before diagnosis): oncologist, hematologist, rheumatologist, nephrologist, psychotherapist (once);

- providing consultations by highly qualified doctors-specialists of specialized clinics and departments;

* laboratory tests: analysis of blood and other biological media of the body (general clinical, biochemical, hormonal, bacteriological, immunological, serologic, cytological, mycological and test for dysbacteriosis, PCR-based diagnostics, markers of oncological diseases, etc.);
* Instrumental diagnostic techniques: bicycle ergometry, electrocardiography, echocardiogram, Holter (24-hour) monitoring, 24-hour monitoring of arterial tension, doppler study of limb and brain vessels, electroencephalography, echoencephalography, pulmonary function test, ultrasonic diagnosis, roentgen examination, mammography, esophagogastroduodenoscopy, colonoscopy, rectoromanoscopy, radioisotopic examination, computerized tomography, magnetic resonance tomography (including with contrast), etc.;
* diagnosis of sexually transmitted diseases, including primary diagnosis by PCR and control studies on identified diseases after treatment;
* physiotherapy: all types of electrotherapy and chromophototherapy, including laser therapy and magnetotherapy (SHF, UHF, impulse currents, magnetophoresis, electrophoresis, inductothermy, darsonvalization, diadynamic currents, etc.), thermotherapy, inhalation, paraffin therapy, etc.;
* classical massage, corporeal acupuncture, manual therapy, exercise therapy (no more than 1 course[[2]](#footnote-2) for each type of therapeutic effect and in each case);
* balneotherapy, mud therapy, pearl baths - not more than 1 course2 of each kind of exposure a year;
* examination, consultation, execution and prolongation of a temporary disability leave by a general physician; [[3]](#footnote-3)performance and deciphering of ECG [[4]](#footnote-4)at home, consultations of doctors-specialists, medical appointments made by nurses at home on medical indications and as prescribed by the general physician;
* vaccination against influenza on epidemic indications (in office, [[5]](#footnote-5)at the polyclinic);
* examinations and tests performed to issue medical certificates:
* to attend a swimming pool,
* to attend sports and recreation facilities,
* to obtain health resort vouchers;
* examinations and tests performed to issue a sanatorium-resort card;
* registration of an extract from the outpatient card at the request of the Insured;
* pregnancy management without pathology for up to 8 weeks; termination of pregnancy for medical reasons;
* the use of polymer bandages for immobilization in cases of injuries, which occurred during the term of the insurance agreement;
* shock -wave therapy in traumatology (1 course-no more than 5 sessions during the contract);
* treatment of skin diseases, with the exception of services to eliminate cosmetic defects, including in order to improve the psychological state of the Insured.
* treatment of acute hepatitis;
* washing the lacunae of tonsils, including using the apparatus of Tonsillar (not more than 5 procedures during the contract).

## temporary disability examination (registration of temporary disability), registration of prescriptions for medicines (except preferential), directions and extracts from outpatient cards for medical reasons;

## preparation for planned operations and day clinic care[[6]](#footnote-6);

## "Second Opinion" service subject to at least two of the following criteria:[[7]](#footnote-7)

* severe form of disease;
* long-term recurrent course of the disease;
* lack of dynamics / negative dynamics against the background of therapeutic / surgical treatment for more than four months;
* medical activities carried out for the purpose of early diagnosis of diseases in the following scope:

consultative reception of the following doctors-specialists: therapist, surgeon, neurologist, ophthalmologist, otolaryngologist, examination of obstetrician-gynecologist (with the fence material for the study of flora (for women); examination of urologist (for men);

* clinical blood analysis (hemoglobin, red blood cells, platelets, leukocyte formula);
* general urine analysis;
* electrocardiogram (ECG) in 12 leads with the conclusion.

*After medical examination the physician shall issue a conclusion with the necessary recommendations.*

# Medical Service Provision Procedure

## To obtain the outpatient and polyclinic medical care mentioned above, the Insured Person shall apply to the medical institution specified in the insurance agreement.[[8]](#footnote-8)

Services shall be rendered during the healthcare facility's working hours if the Insured Person has a document confirming conclusion of an insurance agreement (voluntary health insurance certificate, etc.), an identity document and, if necessary, a pass card to the healthcare facility.

Home care is rendered by an appropriate service of the medical institution at the address specified in the insurance agreement within:

* Moscow MKAD Ring Road and the following districts: Vnukovo, Vostochniy, Zhulebino, Kozhukhovo, Kosino-Ukhtomskiy, Kurkino, Mitino, Molzhaninovskiy, Nekrasovka, Novo-Peredelkino, Novokosino, Severnoye Butovo, Severniy, Solntsevo, Yuzhnoye Butovo;
* Saint Petersburg – administrative districts and borders of the city set in accordance with Law No. 411-68 "On Territorial Structure of Saint Petersburg" dated July 25, 2005 (as amended on the date of services provision);
* other settlements - administrative districts and borders of the settlement established by the healthcare facility service.

## The Insured Person shall apply to the Medical Aid Organization Division of Ingosstrakh Insurance Company:

* to obtain medical services recommended by the physician if such services can not be provided by any of the medical institutions specified in the insurance agreement;
* to obtain home medical care by the general physician if none of the medical institutions specified in the insurance agreement is able to provide home medical care.[[9]](#footnote-9)

## The Insured Person may apply to the Medical Aid Organization Division of Ingosstrakh Insurance Company for assistance in choosing a medical institution to obtain the necessary medical assistance.

## In the cases listed in clauses 2.2 and 2.3 hereof, the medical institution shall be determined by Ingosstrakh Insurance Company.

## For the purpose of arranging "Second Opinion" service referred to in clause 1.4 hereof, the Insured Person shall apply to the Ingosstrakh Insurance Company doctor-curator presenting the necessary results of the study and treatment performed upon the request of the Ingosstrakh Insurance Company employee.[[10]](#footnote-10)

# OBLIGATIONS of the Insurant

## The Insurant is obliged to compensate expenses incurred by Ingosstrakh IPJSC in the following cases:

### calling a GP to an inaccurate, incomplete or non-existent address designated by the Insured or by the person acting in his or her interest to a member of the relevant medical service or an officer of Ingosstrakh Insurance Company;

### the absence of the Insured at the address indicated when calling a physician;

### rejection of the services of a physician at the place of the call;

### calling a physician for the persons not insured under this program;

### calling a physician to receive planned consultations, referrals to planned examinations, obtain prescriptions for preferential medication, and close of the temporary disability certificate;

### calling a physician for the Insured who is in a state of alcoholic, toxic or drug intoxication, including for the purpose of obtaining a temporary disability certificate due to the specified states.

## After Ingosstrakh Insurance Company pays for services specified in paragraphs 3.1.1–3.1.6 hereof, Ingosstrakh Insurance Company is entitled to demand compensation of the amount of the relevant invoice from the Insurant. If the Insured Person fails to pay such amount within 5 business days following the date of receipt of the invoice from Ingosstrakh Insurance Company, the latter is entitled to terminate the insurance agreement executed with respect to such Insured Person.

**Exceptions from the voluntary health insurance programs form an integral part of this program.**

1. This program shall include medical services provided by medical institutions specified in the insurance agreement as well as diagnostics and treatment of diseases, injuries and other medical indications specified in the International Statistical Classification of Diseases valid in the Russian Federation, except for services and diseases listed in the Exceptions from Voluntary Health Insurance Programs. [↑](#footnote-ref-1)
2. One course is up to 10 sessions. [↑](#footnote-ref-2)
3. Home medical care is provided by a general physician to the Insured Person, who, due to his/her health condition or the nature of illness, is not able to attend a medical institution and needs a bed rest and medical supervision. [↑](#footnote-ref-3)
4. For the Insured Person, who, due to his/her health condition or the nature of illness, is not able to attend a medical institution and needs a bed rest and medical supervision. [↑](#footnote-ref-4)
5. Vaccination in the office shall be carried out only under insurance agreements of legal entities and provided that at least 11 Insurant's employees filed applications for vaccination. [↑](#footnote-ref-5)
6. For the Insured Person who is a member of Voluntary Health Insurance Program "Scheduled and Emergency Inpatient Care", only upon the consent of the Insurer. [↑](#footnote-ref-6)
7. The "Second Opinion" service provides for an alternative consultation by correspondence with a specialist at the healthcare facility outside the Russian Federation at the choice of Ingosstrakh Insurance Company to confirm the diagnosis and / or decide on further treatment tactics. The decision on the need to organize the service is determined by Ingosstrakh Insurance Company doctor-curator on the basis of the analysis of the medical documentation of the Insured Person. The service is not provided for acute diseases and injuries where physical / instrumental diagnostics and treatment tactics are obvious and do not require any additional tests and outsourcing. [↑](#footnote-ref-7)
8. To receive outpatient-polyclinic services in St. Petersburg, the Insured Person shall apply to Medical Aid Organization Division of Ingosstrakh Insurance Company The staff of Ingosstrakh Insurance Company shall organize the provision of outpatient and polyclinic medical care services required by the Insured Person in the medical institutions specified in the insurance agreement or in an equivalent medical institution. [↑](#footnote-ref-8)
9. General physician can be called in until 3 p.m., including Saturdays, Sundays and public holidays. [↑](#footnote-ref-9)
10. In case of medical indications and prescription by a specialist who has conducted an alternative consultation (other than at the request of the Insured Person), additional tests can be organized, without which it is impossible to confirm / disprove the diagnosis and implement the "Second Opinion" service. Based on the results of the conducted studies with the purpose of their evaluation, another consultation with a specialist may be organized.

If further treatment is necessary after the provision of the "Second Opinion" service, it can be carried out strictly within the framework of the voluntary health insurance program available to the Insured Person. [↑](#footnote-ref-10)