

Key information document

on conditions of the regulations for

combined insurance of risks related to medical and medical transportation expenses of foreign citizens and stateless persons, leaving the place of their permanent residence

Based on regulations for combined insurance of risks related to expenses of citizens leaving the place of their permanent residence (hereinafter referred to as Rules for traveling abroad) and Rules of voluntary medical insurance for foreign citizens and stateless persons on the territory of the Russian Federation with a view to the employment, as well as for foreign citizens and stateless persons who are family members of the said persons (hereinafter referred to as VMI Rules) in the edition valid at the moment of signing the Insurance contract (hereinafter referred to as Insurance Rules)



Insurer:

LEXGARANT Insurance Company LTD.

Legal address:

10, bld. 2, Maly Zlatoustinsky Pereulok, Moscow, 101000

Contact telephone number:

8 495 933-80-80

e-mail:

dms@lexgarant.ru

Rules for traveling abroad are available on: https://lexgarant.ru/userfiles/files/Pravila/Pravila_ras_pmzch.pdf

VMI Rules are available on: https://lexgarant.ru/userfiles/files/Pravila/Pravila_migrant.pdf

Section I. WHAT IS COVERED?

The Insurance contract (policy) covers unforeseen expenses caused by a sudden illness, accident and/or death of the Insured (Policyholder) if this event happened during the Insured's stay in the territory mentioned in the Insurance contract, including:

- Outpatient treatment;
- Stay and treatment in a hospital;
- Payment for medications prescribed by a doctor, dressings;
- Dental care (within the limit specified in the policy section "Insurance program / Liability limits");
- Evacuation from the scene to a medical facility;
- Medical transportation to the country of permanent residence;
- Posthumous repatriation (including the cost of returning family members);
- Check-up with 086/y health certificate;
- PCR test CORONAVIRUS COVID-19 (SARS-CoV-2).

The Insurance contract (policy) covers injuries, bruises and other traumas resulting from activities: tourism, outdoor games of a sports nature, visiting water attractions, water parks, boating, riding bicycles of all types, mopeds, motorbikes, scooters, motorcycles, quad bikes, hiking, traveling in caves, trips and journeys by cars, trips and journeys on horses and other animals.

Full list of risks acceptable for insurance is available in clause 4.2. of the Rules for traveling abroad and in clauses 4.1 and 4.2. of VMI Rules.

Exact and full list of insured risks is mentioned in the Insurance contract (policy), section "Insurance program".

Section II. WHAT IS NOT COVERED?

• Organization of medical services for the Insured and payment for these medical services is case of extremely dangerous infectious diseases (smallpox, poliomyelitis, SARS malaria), diseases included in the list of diseases approved by the Government of the Russian Federation that are dangerous to others (disease caused by human immunodeficiency virus (HIV), coronavirus infections, viral fevers, transmitted by arthropods and viral hemorrhagic fevers, helminthiasis, viral hepatitis B, hepatitis C, diphtheria, sexually transmitted infections, leprosy, malaria, pediculosis, acarias and other infestations, glanders and melio idoz, anthrax, tuberculosis, cholera, plague and other infectious and parasitic diseases);

- Consequences of poliomyelitis, encephalitis, meningitis, polyneuritis;
- Blood disorders;
- Oncological diseases and related complications from the moment when the oncology diseases were diagnosed;
- Orthopedical and orthodontic malfunctions requiring the use of prosthesis;
- Injuries, bruises and other traumas occurred as a result of participation in civil unrests, uprisings, riots, wars and civil commotions;
- Injuries or illnesses resulting from direct or indirect impact of radioactive exposure;
- Illnesses that required medical treatment or dental care within six months prior to the date of insurance. This limitation shall not be applied if medical aid is related to life saving, acute tooth ache or necessity of medical intervention to prevent long-term-disability;
- Expenses related to consultations and examinations during pregnancy, except in cases when non-provision of medical assistance presents a threat to the Insured's life;
- Manifestation of nervous diseases, epilepsy, congenital anomalies;
- Injuries, bruises and other traumas occurred as a result of alcohol, drug or any other intoxication;
- Consequences of attempted suicide, intentional self-mutilation or other intentional actions of the Insured that may cause personal injuries;

Full list of exclusions is mentioned in section 9 of the Rules for traveling abroad and in section 5 of the VMI Rules.

Section III. SCOPE OF THE INSURANCE

The Insurance contract is valid throughout the territory of the Russian Federation.

Section IV. HOW TO GET THE INSURANCE PAYMENT?

In case of insurance event before going to the doctor, the Insured (its representative) should contact the Insurer (its representative with functions of assistance) by phones mentioned in the insurance policy (appendices to it) and inform on the event happened providing the following information: family name, name, patronymic name (if available) of the Insured, number of the Insurance contract (insurance policy), type of the assistance required, location and contact telephone number.

Full list of conditions is mentioned in the Voluntary medical insurance program / Insurance Rules (section 10)/ Rules for traveling abroad (clause 7.4)

Insurance payment is made by organization of rendering medical services to the Insured. Payment for services is made by the Insurer directly to a medical institution.

In emergency cases if the Insurer (its representative with functions of assistance) cannot provide the required medical services, the Insured pays for medical services rendered himself/herself upon prior agreement with the Insurer.

In this case application for getting the insurance payment (insurance indemnity) is to be provided within 33 (thirty three) days from the day of the insurance event.

To get the insurance payment (insurance indemnity) original copies of the following documents are to be supplied:

- application for compensation of expenses providing grounds of failure to apply the Service company to organize necessary medical aid;
- the Insurance Contract (policy);
- the original reference-invoice from the medical institution (on a headed notepaper and/or bearing a corresponding stamp) stipulating surname, name, diagnosis, date of seeking medical advice, term of medical treatment, services listed regarding the dates, cost and total amount;
- original copies of physician's prescription relating to this illness bearing the stamp of a pharmacy and cost of each purchased medicament;
- the original copy of physician's medical referral for laboratory tests and the invoice of the laboratory regarding dates, names and costs of services provided;
- the documents confirming the payment for medical treatment, medications and other services (stamp confirming the payment or bank's confirmation of transfer of the amount).

Insurance payment (insurance indemnity) is made within 20 (twenty) days from the date of submitting the above mentioned documents.

Section V. HOW TO GET THE INSURANCE PREMIUM BACK?

Reasons for the refund of the insurance premium	Amount of the insurance premium refund
1. Withdrawal from the voluntary insurance contract within 14 calendar days from its signing in accordance with the Order of the Bank of Russia of the 20th November 2015 N3854-Y "About minimum (standard) requirements for conditions and procedures of implementing certain types of voluntary insurance" . ¹	Requirements of the Order are not applicable to voluntary medical insurance for foreign citizens and stateless persons on the territory of the Russian Federation with a view to the employment.
2. Withdrawal from the voluntary insurance contract in case of improper informing on insurance conditions.	100% of the insurance premium minus the part of the insurance premium calculated in proportion to the time over the course of which the insurance was valid.

In other cases the insurance premium cannot be refunded.

Refund of the insurance premium is performed within 7 (seven) business days from the date of submitting a proper application (in accordance with clause 2 of this section).

Section VI. HOW TO SETTLE DISPUTES BEFORE TRIAL?

Supply a written application (claim) to the Insurer.

If the Insurer doesn't satisfy the application (claim) and the amount of claims is less than 500,000 rubles (the amount established by the [Federal Law of the 4th June 2018 N123-FZ "About a Commissioner for consumer rights of financial services"](#)²), before going to the court it is necessary to contact a Commissioner for consumer rights of financial services (web-site: www.finombudsman.ru; address: 3, Staromonetny Pereulok, Moscow, 119017). The Commissioner for consumer rights of financial services considers appeals of consumers of financial services free of charge.

¹ Registered by the Ministry of Justice of Russia on the 12th February 2016, registration number 41072, with amendments made by Orders of the Bank of Russia of the 1st June 2016 N4032-Y (registered by the Ministry of Justice of Russia on the 27th June 2016, registration number 42648) of the 21st August 2017 N4500-Y (registered by the Ministry of Justice of Russia on the 8th September 2017, registration number 48112).

² Collection of laws of the Russian Federation, 2018, N24, art. 3390, 2022, N1, art. 40.