

PERSONAL ACCIDENT INSURANCE

Terms and Conditions No. 8-2, Annex 2

APPROVED BY BTA Baltic Insurance Company AAS Management Board Decision No.LVB1_0002/02-03-03-2017-68 of 11 July 2017

Table 1a
Amount of Insurance Indemnity due to an Injury

No	Damage	Insurance Indemnity, %
I Skull, central and peripheral nervous system		
Central and Peripheral Nervous System		
1	Traumatic brain and its membrane haemorrhages: a) subarachnoidal b) epidural hematoma c) subdural hematoma d) intracerebral hematoma	8 15 25 30
2	Perforating skull injury with brain tissue damage (foreign body in the skull cavity, except for surgical materials)	10
3	Smashing of cerebral substance	35
4	Cerebral contusion	7
5	Cerebral concussion: a) involving out-patient treatment b) involving in-patient treatment from 24 hours to 7 days c) involving in-patient treatment from 8 days to 14 days d) involving in-patient treatment for more than 14 days Note: Insurance indemnity for a recurrent brain concussion is granted if it occurs no sooner than 6 months after the previous trauma.	1 1.5 2 3.5
6	Severe neurotropic poisoning (including when it is due to a venomous snake bite), tick borne encephalitis, encephalomyelitis, myelitis or poliomyelitis, electric current induced trauma, lightning trauma, tetanus, food poisoning, mechanic foreign object or food induced asphyxia (choking): a) involving out-patient treatment of not less than 7 days b) involving in-patient treatment from 24 hours to 7 days c) involving in-patient treatment from 8 days to 14 days d) involving in-patient treatment for more than 14 days Note: 1. Insurance Indemnity for tick borne encephalitis, encephalomyelitis, myelitis or poliomyelitis will be granted only in the case, when the insured person is vaccinated against the respective diseases. 2. In the case of asphyxia, bronchoscopy is required to be granted insurance indemnity.	0.5 3.5 5 15
7	Spinal cord damage at any level, including cauda equina damage, resulting in: a) concussion b) bruise c) partial rupture, compression entailing permanent functional disorders d) complete rupture	3 5 35 100
8	Cranial nerve damages, incl., unilateral facial nerve paralysis	10
9	Damage to neck, shoulder, lumbar plexus, resulting in: a) traumatic plexopathy with limited movement functions b) partial rupture of plexus c) complete rupture of plexus Nerve damage level: d) radius, ankles e) forearm, lower leg	8 30 50 5 15

	f) shoulder, elbow, hip, knee joints	30
	g) traumatic neuritis	5

Skull and facial bones

10	Cranial bone fracture: a) fracture of the external plate of cranial vault bones b) cranial vault c) cranial base d) cranial vault and base	3.5 10 15 20
11	Fracture of nasal bone, nasal cartilage, nasal septum, frontal bone, maxillary cavity: a) without dislocation b) with dislocation c) loss of part of nasal cartilage	1 2 10
12	Jaw fractures, dislocations: a) mandibular dislocation b) fractures of maxillary, zygomatic, mandibular, frontal bones Note: If teeth are lost due to alveolar process fracture, insurance indemnity will not be paid for the fracture.	2 5
13	Habitual mandibular dislocation, when it has developed after the injury during the insurance period.	4
14	Jaw damages which have caused: a) partial loss of jaws b) loss of the jaw and teeth Note: If insurance indemnity is paid according to any position listed under Article 14, indemnity will not be paid for the loss of teeth (Article 15)	30 70
15	Tooth loss: a) 1 tooth b) 2-3 teeth c) 4-6 teeth d) 7-9 teeth e) 10 and more teeth Note: 1. In the case of loss of deciduous teeth, insurance indemnity will be granted only to children up to 5 years of age. 2. Loss of a tooth shall be regarded as such as of loss of a ½ crown or the largest part of the tooth, or tooth root fracture, on provision that tooth has been genuine and anatomically intact at the moment of damage occurrence. 3. If teeth fixing permanent dentures are lost due to an injury, insurance indemnity will be paid only for the loss of these teeth. The insurance indemnity will not be paid for damage to the removable dentures and damage dental bridge. 4. If tooth lost due to the trauma is implanted, the insurance indemnity will be paid as for the loss of a tooth.	1 2 5 10 15

II Sensory organ system

Visual organs

16	Accommodation paralysis of one eye	10
17	Hemianopsia of one eye	10
18	Reduction of the visual field of one eye: a) non-concentric b) concentric	5 10
19	Pulsating exophthalmos of one eye	15
20	Penetrating eyeball injuries, iridocyclitis, retinal inflammation, scarring trichiasis, eyelid eversion, iris defect, changes in the eye pupil, ulcer	7
21	Traumatic functional disorders of the tear duct of one eye	2
22	II-III degree burns, non-penetrating eyeball injuries, eyeball haemorrhage, lens luxation, non-magnetic eyeball and eye cavity foreign objects, keratitis, scarred eyeball layer that has not caused eyesight deterioration, corneal erosion	3

23	Eye damage resulting in complete loss of vision in the single eye that prior to that had vision of any degree, or damage of both eyes with loss of vision irrespective of their prior vision quality.	100
24	Removal of the eyeball resulting from trauma, if it had no prior visual capacity	10
25	Orbital fracture	5
26	Deterioration of visual acuity (see annex 1 to Table)	
Auditory organs		
27	Auricular damage (incl. burn, frostbite) causing: a) auricle cartilage fracture, otophematoma, scarring deformation or loss of 1/3 of the ear b) loss of 1/2 of the ear c) complete loss of auricle	3 5 20
28	Ear damage, resulting in deterioration of hearing: a) weak perception of speech within a distance of 1m - 3m b) weak perception of speech within a distance of 1m c) complete deafness (conversational speech 0)	3 10 25
29	Traumatic: a) rupture of the tympanic membrane in one ear, not resulting in deterioration of hearing b) rupture of the tympanic membranes of both ears, not resulting in deterioration of hearing Note: Rupture of the tympanic membrane in the case of in the cranium base fracture is not compensated.	2 3
30	Ear damage that has caused chronic post-traumatic tympanitis with deterioration of hearing during the effective period of the policy or within one year since the day of sustaining Injury	5
III Cardiovascular and pulmonary organs system		
Thoracic bones		
31	Breastbone fracture	5
32	Rib fractures: a) one rib b) each next rib, but no more than 9%	2 1
Respiratory system		
33	Pulmonary contusion, subcutaneous emphysema, hemothorax, pneumothorax, traumatic pneumonia, exudative pleurisy, foreign body in the pleural cavity: a) unilateral b) bilateral	3.5 7
34	Pulmonary damage followed by: a) surgical removal of a lung lobe b) complete removal of lung	25 35
35	Penetrating injury of the thorax, thoracotomy, thoracoscopy, thoracentesis due to trauma: a) when pleural cavity organs are not damaged b) when pleural cavity organs are damaged Note: When lung or its part has been removed due to a thoracic injury, Article 35 shall not be applied.	8 15
Cardiovascular system		
36	Damage to the heart, pericardium and large arterial blood vessels without permanent functional disorders	20
37	Damage to the heart, pericardium and large arterial blood vessels resulting in permanent heart and vascular failure Note: In case the doctor's certification does not specify the level of cardiac blood vessel failure, then Insurance Indemnity will be granted according to Article 36.	25
38	Damage to large peripheral blood vessels, not resulting in permanent blood circulation disorders	5

39	Damage to large peripheral blood vessels resulting in permanent vascular failure	20
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IV Digestive system		
40	Tongue damages, resulting in: a) tongue scars (irrespective of the size) entailing permanent functional or sensory disorders b) loss of distal 1/3 of the tongue c) loss of medial 1/3 of the tongue d) loss of tongue base or complete loss of tongue e) hyoid bone fracture	2 8 15 60 5
41	Damage to the oral cavity, throat, oesophagus involving stitching, I-II degree thermal, chemical burns, oesophagogastroscopy conducted to remove foreign objects	3
42	Oesophagus damage, resulting in: a) oesophageal stricture b) oesophageal spasm, but no sooner than 6 months after the trauma Note: Pursuant to Article 42 (b), insurance indemnity will be granted no sooner than 6 months after the Injury. Prior to this period, a preliminary payment will be established in accordance with Article 42 (a) and this payment (percentage) will be deducted, when making the final decision.	20 100
43	Digestive organ damage (rupture, burn), toxic poisoning, resulting in: a) duodenitis, cholecystitis, gastritis, pancreatitis, enteritis, colitis, proctitis, paraproctitis b) adhesion diseases, cicatricial gastric, intestinal, rectal stricture (deformation) c) rectal injury with sphincter damage d) intestinal, intestinal-vaginal fistula, pancreatic fistula e) anus prenaturalis (colostomy) Note: In cases of trauma complications, specified in Sections a, b and c, insurance indemnity will be paid no sooner than 3 months after the damage. In cases of complications, specified in Section d – no sooner than 6 months after the day of sustaining the Injury.	3 10 20 30 50
44	Acute poisoning, causing toxic hepatitis	3
45	Traumatic liver damage, resulting in: a) hepatic rupture without surgical intervention b) hepatic rupture requiring surgical intervention c) surgical removal of the left lobe of the liver d) surgical removal of the right lobe of the liver	3 10 12 25
46	Spleen damage resulting in: a) subcapsular splenic rupture involving conservative treatment b) surgical removal of the spleen	3.5 15
47	Gastric, pancreatic, intestinal, peritoneal damage, resulting in: a) pancreatic necrosis, suturing, post-traumatic cyst b) surgical removal of the pancreas c) surgical removal of 1/3 stomach and intestinal canal d) surgical removal of 1/2 stomach and intestinal canal e) surgical removal of 2/3 stomach and intestinal canal f) complete surgical removal of stomach	10 15 20 30 40 60
V Excretory and sexual organs system		
48	Renal contusion, rupture, resulting in: a) permanent kidney functional disorders b) partial surgical removal of the kidneys c) complete surgical removal of a kidney	3 15 30
49	Urinary system organ damage, resulting in: a) chronic cystitis, urethritis b) pyelitis, pyelonephritis, pyelocystitis, bladder volume reduction c) ureteral stricture (ureters, urethra) d) renal failure e) ureteral obstruction, ureteral, ureterovaginal fistulas Note: In case an injury results in surgical removal of a kidney or a part of it, sections a, b	3 5 15 25 35

	and d of Article 49 shall not apply.	
50	Sexual organ damages, causing: a) loss of one ovary, ovary and oviduct b) loss of both ovaries, testicles, part of the penis, both oviducts c) loss of the uterus, women under 40 years of age women 40 to 50 years of age women over 50 years of age d) loss of the penis	10 20 40 20 10 50
51	Rape of the person	25
VI Spinal column		
52	1. Fracture of vertebral body, arch and articular processes (except for sacrum and coccyx): a) one - two vertebrae b) each next vertebra, but no more than 2. II, III degree rupture of intervertebral ligaments, vertebral dislocations (except for coccyx), strain or rupture of cervical vertebral ligaments, disc dislocation 3. Fracture of vertebral spinous or transverse processes of: a) one, two vertebrae b) three and more vertebrae Note: Insurance Indemnity is not paid for intervertebral disc hernia, osteochondrosis, spondylosis, discogenic radiculitis and spondylolisthesis.	10 3 25 4 3 5
53	Fracture of coccyx, dislocation of coccygeal vertebrae	6
54	Sacral fracture	10
VII Upper limb traumas		
Shoulder-blade and collarbone		
55	Scapula: a) fracture of one bone or rupture of one joint b) fracture of two bones, rupture of two joints or fracture of one bone and rupture of one joint c) nonunion fracture, pseudarthrosis (false joint), rupture of two joints and fracture of one bone, fracture of two bones and rupture of one joint	3.5 8 10
56	Clavicle fracture: a) fracture of one bone b) fracture of two bones, rupture of two joints or fracture of one bone and rupture of one joint	3 5
57	Acromioclavicular joint (of shoulder-blade and collarbone): a) partial rupture or dislocation b) complete rupture	3 5
58	Sternoclavicular joint (of collarbone and breast-bone): a) partial rupture or dislocation b) complete rupture	3 5
Shoulder joint		
59	Shoulder joint damage: a) complete or partial rupture of ligaments or articular capsule b) fracture of the head of humerus, anatomical neck of humerus, greater tubercle of humerus	5 7
60	Shoulder joint damages, causing: a) habitual shoulder dislocation b) joint stiffness (ankylosis) no sooner than 3 months after the Injury c) "unstable" shoulder joint, formed as a result of articular surface bone resection	10 20 30
Note: 1. No additional indemnity will be paid for a transplant. Insurance indemnity for habitual shoulder dislocation will be granted only in the case when this dislocation has occurred as a result of first-time dislocation, occurring during the effective period of the contract. The diagnosis of habitual shoulder dislocation must be confirmed by a medical institution that reduced it. Insurance Indemnity will not be paid in the case of recrudescence of habitual shoulder dislocation. If Insurance Indemnity has just been paid according to Article 59 and then complications referred to in Article 60 occur, the Insurance Indemnity will be paid according to the sub-sections		

of Article 60, deducting the payment that has been already made.

2. If shoulder joint damages have occurred against the background of damaged ligament apparatus or degenerative changes as a result of damages of structural elements of joints, indemnity will be granted in the amount of 50% of the calculated indemnity.

3. Insurance Indemnity will be paid for a recurrent injury, sustained within 1 year after the sustained Injury, specified in Articles 59 and 60.

Upper arm

61	Humerus fracture at any level (except for joints): a) without dislocation b) with dislocation	6 8
62	Traumatic amputation of upper limb or severe damage of it, resulting in amputation: a) of it together with scapula, clavicle or their parts b) of it at shoulder at any level c) of the only limb	80 70 100
63	Humerus bone fracture, with formation of false joint Note: Insurance indemnity according to Article 63 will be paid no sooner than 9 months after the Injury. In case there has been a prior payment of Insurance Indemnity for shoulder joint fracture, then it will be deducted from the payable indemnity referred to in Article 63.	30

Elbow joint

64	Damages of elbow joint ligaments: a) ligament strain, partial rupture, haemarthrosis (confirmed by puncture) b) complete rupture with dislocation	3 5
65	Fracture of bones that form the elbow joint: a) fracture of one, two bones without displacement of fragments b) fracture of bone (bones) with displacement of fragments c) fracture of three joint-forming bones	5 7 10
66	Elbow joint area damages, causing: a) joint stiffness b) "unstable" elbow joint (formed as a result of articular surface bone resection)	20 25

Note:

1. In case the insured has sustained the damage referred to in Article 66 as a result of personal accident, Insurance Indemnity will be granted only under this Article.

2. Insurance Indemnity will be paid for a recurrent haemarthrosis, partial or complete rupture of ligaments, dislocation, when it will have occurred no sooner than 6 months after the previous injury and it will be granted in the amount of 50% of the calculated Insurance Indemnity.

Forearm

67	Fracture of forearm bones: a) of one bone b) of two bones, fracture of one bone and dislocation of the other	4 7
68	Traumatic amputation or severe damage, resulting in forearm amputation at any level	50
69	Amputation of the only/both extremities at forearm level	100
70	Distal metaphyseal forearm (radius/ulna) bone fracture: a) of one bone b) of two bones, fracture of one bone and dislocation of the other	3 5
71	Fracture of one or both bones of the forearm, with formation of false joint: a) of one bone b) both bones Note: In the case of false joint, decision will be made no sooner than 9 months after the Injury.	8 10

Palm, wrist

72	Complete or partial rupture of ligaments of wrist, palm	3
73	Traumatic damages of wrist joint: a) intraarticular fracture of wrist forming bones without dislocation b) intraarticular fracture of wrist forming bones intraarticular fracture with dislocation c) carpal perilunar dislocation	5 7 10
74	Fracture or dislocation of wrist bones: a) of one bone (except for scaphoideum)	2

	b) of two bones	3
	c) three and more, scaphoideum	5
75	Metacarpal fractures: a) of one bone b) of two and more metacarpals	2 4
76	Traumatic amputation or severe palm damage, resulting in its amputation at palm or wrist level	40
77	Amputation of the only/both palm/-s	100
Fingers		
78	First finger: a) traumatic separation of fingernail or its surgical removal as a result of injury effects, damage of the soft tissue of phalanx involving stitching b) partial or complete rupture of finger tendon (-s); rupture, dislocation of articular capsule c) finger fracture	1 2.5 3
79	First finger damages, causing immobility: a) in one joint b) in two joints	3 5
80	Traumatic amputation of the first finger or its damage, resulting in finger amputation: a) at distal interphalangeal joint b) at proximal interphalangeal joint (loss of finger) c) with metacarpal bone or its part d) reamputation (repeated amputation) at the level of the same phalanx	8 12 15 3
81	II, III, IV or V finger: a) traumatic separation of one fingernail or its surgical removal as a result of injury effects, damage of the soft tissue of phalanx b) partial or complete rupture of finger tendon (-s); rupture, dislocation of articular capsule for each next finger, though, together no more than c) fracture of one finger for each next finger, though, together no more than	1 1.5 1 4 2 1 5
82	Traumatic amputation of one finger (II, III, IV, V) or its damage, resulting in surgical amputation of the finger: a) at distal level (loss of distal phalanx) b) at medial phalanx level (loss of two phalanges) c) at proximal phalanx level (loss of finger) c) at metacarpal level	3 5 10 15
83	Traumatic amputation of all fingers of one palm or damage resulting in their surgical amputation	30
Note: 1. In case the insured has sustained a number damages referred to in Articles 78, 81 as a result of personal accident, Insurance Indemnity will be granted for each respective Article. 2. In case the insured has sustained damages referred to in Articles 78, 81, Insurance Indemnity will be granted only under one Article – regarding the severest damage. 3. If Insurance Indemnity has already been paid for damages specified in Articles 78, 81, then, granting Insurance Indemnity under any of Articles 79, 80, 82, 83, the payment already made will be deducted.		
VIII Lower limb traumas		
84	Hip joint damages: a) partial rupture of ligaments without dislocation, bone fragment avulsion b) isolated avulsion of one or both trochanters c) hip joint dislocation, acetabulum fracture d) fracture of femoral head, neck	3 5 7 10

85	Pelvic bones fracture: a) fracture of one bone b) fracture of two bones or double fracture of one bone c) fracture of three and more bones d) fracture of several bones with a simultaneous damage of organs of lesser pelvis	5 12 15 20
86	Pubic, sacroiliac joint rupture: a) of one joint b) of two joints c) of three joints	5 10 15
87	Hip joint traumatic damage, resulting in: a) joint stiffness b) "unstable" joint (as a result of resection femoral head, joint cavity) c) endoprosthesis Note: Insurance Indemnity will be granted under Article 87 only in the case, when the Insured Person resubmits a new statement confirming the listed complications to the Insurer 9 months after the trauma.	25 35 30
Thigh		
88	Femoral fracture at any level (except for joint): a) without displacement of fragments b) with displacement of fragments	12 15
89	Traumatic amputation or severe damage, resulting in amputation of limb at any femoral level: a) of one limb b) of the only limb	70 100
90	Femoral fracture, with formation of false joint (nonunion fracture), no sooner than 9 months after the Injury. Note: In case indemnity has been previously paid for hip fracture, then it will be deducted from the payable indemnity specified in Article 90.	50
Knee joint		
91	Knee joint damages: a) haemarthrosis (confirmed by puncture) b) meniscus (menisci) fissure, complete or partial ligament rupture c) bone fragment avulsion, fracture of knee cartilage (patella), fibular head fracture d) fracture of bones forming knee joint (distal femoral and proximal tibial epiphysis)	1 2 3 5
92	Knee joint damages, causing: a) joint stiffness b) "unstable" knee joint formed as a result of its articular surface bone resection	25 30
<p>Note:</p> <ol style="list-style-type: none"> Insurance indemnity will be paid for recurrent haemarthrosis, meniscus damage, partial or complete rupture of ligaments, when it will have occurred no sooner than 6 months after the previous injury and it will be granted in the amount of 50% of the calculated Insurance Indemnity. If knee joint damages have occurred against the background of damaged joint apparatus or degenerative changes as a result of damages of structural elements of joints, indemnity will be granted in the amount of 50% of the calculated indemnity. Insurance Indemnity will not be granted for rupture of a transplant or ligament plastics. 		
Lower leg		
93	Fracture of lower leg (crus) bones: a) fibular fracture b) tibial fracture c) fracture of both bones, double fracture of fibula, double fracture of tibia	3 5 10
94	Traumatic amputation or severe damage, resulting in surgical amputation of lower leg at any level, exarticulation at knee joint	60
95	Surgical amputation of the only limb at any level of shin	100

96	Fracture of one or both lower leg bones, resulting in formation of false joint (nonunion fracture) no sooner than 9 months after the Injury: a) fibular b) tibial c) both bones, fibula and tibia d) fibular fracture and consolidated tibial fracture e) tibial fracture and consolidated fibular fracture	5 10 15 10 15
Ankle joint		
97	Complete or partial rupture, dislocation of ankle joint ligaments Note: Insurance Indemnity for a recurrent complete or partial rupture, dislocation of ankle joint ligaments against the background of previously damaged articular capsule or ligament apparatus no sooner than 6 months after the previous injury will be granted in the amount of 50% of the calculated indemnity.	2
98	In lower leg: a) fracture of one ankle or edge of tibia b) fracture of both ankles, tibiofibular syndesmotiic tear c) fracture of both ankles with fracture of edge of tibia and syndesmotiic rupture	4 6 10
99	Ankle joint damage, resulting in: a) joint stiffness (ankylosis) b) "unstable" ankle joint (as a result of resection of joint surface forming bones)	18 30
100	Achilles tendon tear, rupture: a) involving conservative treatment b) involving surgical treatment Note: Insurance indemnity under section "b" of this Article will be paid on condition, if the Insured has required in-patient treatment of not less than 24 hours.	5 8
Foot, toes		
101	Dislocation of foot bones, complete or partial rupture of ligaments	1
102	Fracture of foot bones: a) fracture of one, of two bones, except for sesamoid bones b) fracture of three and more bones, heel bone fracture, subtalar dislocation, dislocation at foot joint level (Chopart's, Lisfranc joint) c) nonunion fracture, pseudarthrosis (false joint), no sooner than 9 months after the Injury d) arthrodesis subtalar joint, Chopart's, Lisfranc joint	3 6 10 15
103	Fracture of foot arch (MTT) bones and sesamoid bone: a) of one bone b) of two and more bones	1 3
104	Traumatic amputation or severe foot damage, resulting in its surgical amputation at: a) phalangeal joint level of toes (loss of all toes) b) metatarsal or tarsal level c) ankle bone (talus), heel bone (calcaneus) level (loss of foot)	18 30 40
105	Traumatic nail avulsion or its surgical removal as a result of injury effects	0.5
106	Phalangeal fractures, dislocations, tendon damages: a) fracture of one or two phalanges, damages or dislocations of tendons of one or two toes b) fracture of three-five phalanges, dislocations of tendons of three-five toes	2 4
107	Traumatic amputation or damage resulting in surgical amputation of toes at the level of first toe's: a) distal phalanx (loss of distal phalanx) b) proximal phalanx (loss of toe) at the level of II, III, IV, V toes': a) distal or medial phalanx of one, two toes b) proximal phalanx of one, two toes (loss of toe) c) distal or medial phalanx of three, four toes d) proximal phalanx of three, four toes (loss of toes)	3 6 3 5 8 12
IX Soft tissue and other traumas		
Soft tissue		
108	Soft tissue injuries, causing:	

	a) bite of a dog not owned by the insured person, wild animal (mammal or reptile) b) bite of a rabies-infected animal	1 10
112	Damages, resulting in: a) ligaments strains, soft tissue compressions, causing functional disorders, and treated for not less than 7 days b) puncture wounds, animal-bitten wounds, foreign body of external layers of the eye c) panaritium (suppurative finger inflammation), occurring as a result of injury d) trauma, not specified in any trauma table payment positions, which has been treated for not less than 2 consecutive days in in-patient hospital Note: Insurance Indemnity for occurred damages specified in Article 112 will be granted only once during the effective period of the contract and only in the case, when Insurance Indemnity is not paid under another section of the table.	0.5
X Collateral complications caused by injury		
113	Traumatic damage of the nervous system, resulting in: a) arachnoiditis, arachnoencephalitis, for persons under 40 – encephalopathy b) posttraumatic epilepsy, posttraumatic hydrocephalia, monoparesis of limb, for persons under 40 – post-traumatic permanent Parkinsonism c) memory loss (amnesia) d) dementia e) permanent loss of speech (aphasia), decortication, functional disorders of pelvic organs Note: Insurance Indemnity will be granted no sooner than 6 months after the Injury with the set of symptoms persisting for 6 months, and only when the insured submits neurologist's opinion.	5 10 30 50 100
114	Posttraumatic inflammation complications: a) osteomyelitis (bone marrow inflammation) b) suppurative meningitis, brain abscess	10 15
115	Complications in the respiratory system due to trauma: respiratory disorders caused by posttraumatic tracheostomy, permanent hoarseness starting with II degree or loss of voice, need for constant use of tracheostomy tube	10
116	Posttraumatic complications in eyes: a) posttraumatic conjunctivitis b) eyelid defect, resulting in incomplete eye closure	1 5
117	Traumatic abdominal wall or diaphragmatic hernia, postoperative hernia, when operation has been performed due to trauma	3
118	Premature termination of pregnancy as a result of trauma	3
119	Thyroid gland damage	10
120	Abdominal organ damages, requiring the performed: a) diagnostic laparoscopy (laparocentesis) b) laparotomy, when there is suspicion of abdominal cavity organ damage, abdominal wall injury with successive intestinal resection c) repeated laparotomy	1 2 3
121	Damages, resulting in post-traumatic: a) formation of ligature fistula b) thrombophlebitis, lymphostasis, osteomyelitis, trophic disorders Note: Article 121 is applied for thrombophlebic, lymphostatic and trophic disorders, occurring as a result of injury of upper or lower extremities (except for damages of large peripheral blood vessels and nerves) no sooner than 6 months after the Injury. This Article does not apply to suppurative inflammations of fingers and toes.	3 5
122	a) fat embolism b) burn disease, compression syndrome, burn-induced, traumatic, haemorrhagic shock, anaphylactic shock	3 5
123	Posttraumatic periostitis, perichondritis, obtaining muscle or fascia tissue as transplant for plastic operation due to trauma	2
124	In case a surgical operation is performed upon the insured under general anaesthesia in case of a trauma, listed in a trauma indemnity payment table	1

Note:

1. In the case when the Insured sustains Trauma, listed both in this table and under the "Loss of Labour Capacity", BTA will grant insurance indemnity only under one type of insurance protection.

Annex to Table 1a

Insurance Indemnity in case of vision impairment

Visual acuity		Insurance Indemnity	Visual acuity		Insurance Indemnity
Prior to injury	After the injury	%	Prior to injury	After the injury	%
1.0	0.9	2	0.9	0.8	2
	0.8	2		0.7	2
	0.7	2		0.6	2
	0.6	5		0.5	5
	0.5	5		0.4	5
	0.4	5		0.3	8
	0.3	8		0.2	10
	0.2	10		0.1	15
	0.1	15		0.1	20
Lower	0.1	20	Lower	0.1	20
	0.0	50		0.0	50
0.8	0.7	2	0.7	0.6	2
	0.6	2		0.5	2
	0.5	5		0.4	5
	0.4	5		0.3	5
	0.3	8		0.2	8
	0.2	10		0.1	10
	0.1	15		0.1	15
	0.1	20		0.0	30
	0.0	50			
lower	0.7	2	lower	0.6	2
	0.6	2		0.5	2
	0.5	5		0.4	5
	0.4	5		0.3	5
	0.3	8		0.2	8
	0.2	10		0.1	10
0.6	0.5	2	0.5	0.4	2
	0.4	2		0.3	2
	0.3	5		0.2	5
	0.2	5		0.1	5
	0.1	8		0.1	8
lower	0.1	10	lower	0.1	8
	0.0	20		0.0	15
0.4	0.3	2	0.3	0.2	2
	0.2	2		0.1	2
	0.1	5		0.1	5
	0.1	8		0.1	5
	0.0	10		0.0	10
lower	0.1	2	0.1	0.1	5
	0.1	5		0.1	5
	0.0	10		0.0	10
0.2	0.1	2	0.1	0.1	5
	0.1	5		0.1	5
	0.0	10		0.0	10
lower	0.0	10	lower	0.0	10
lower 0.1	0.0	10	-----	-----	-----

Note:

1. Complete blindness (0.0) is regarded as vision acuity lower than 0.01 and the sense of light (number of fingers to the face).
2. If visual acuity of the damaged eye is not known prior to the injury it is assumed as having been the same as the visual acuity in the undamaged eye, whereas, when the visual acuity of the undamaged eye turns out to be lower than the visual acuity in the damaged eye, it is assumed that the visual acuity of the damaged eye has been 1.0 prior to the injury.
3. In case both eyes are damaged as a result of injury and it is not possible to obtain data on visual acuity prior to the injury, it is assumed that the visual acuity prior to the injury has been 1.0.