Translation from Russian into English

RGS GUEST INSURANCE PROGRAM (2nd edition)
for foreign students
to the Certificate of Voluntary Medical Insurance

The insured event is a documented appeal of the Insured to medical institutions with contractual relations with the Insurer, executed in accordance with terms and conditions of the insurance contract and during its validity, for medical services and/or other services regarding the deterioration of health as a result of acute illness, exacerbation of a chronic disease, injury, poisoning and other conditions requiring medical care.

The volume of services provided for medical reasons:

Emergency Polyclinic Treatment:
- Primary, repeated appeal of the Insured according to emergency indications of medical specialists: GP, surgeon, gynecologist, urologist, traumatologist, neurologist, otolaryngologist, ophthalmologist and other specialists necessary for the medical treatment;
- examination of a temporary disability: issuance of temporary disability leaves, 095-y form certificates and other certificates for medical reasons; registration of prescriptions for medicine purchase, except for preferential categories; issuance of 086-y form certificate (once) including examinations of specialists (GP, surgeon, neurologist, otolaryngologist, ophthalmologist, gynecologist), clinical blood test, general urine test, photofluorography;
- medical examination for admission to physical education (1 time max): GP (pediatrician) examination of the therapist, ECG tracing with load;
- instrumental diagnostics: x-ray, ultrasound, functional diagnostics (ECG tracing);
- laboratory methods: general clinical, biochemical;
- provision of emergency primary health care.

Medications shall be provided if the Insured applies to a medical institution in connection with a sudden illness or an accident.

Ambulance and emergency medical care:
- ambulance and emergency medical care team available;
- diagnostic and therapeutic measures;
- organization of emergency hospitalization for medical reasons.

Emergency and emergency medical care services shall be provided if the Insured applies to the round-the-clock office of the Insurer or the Insurer’s representative due to a sudden illness or accident. In each case, the decision to choose a vehicle is made jointly by the Insurer's doctor and the attending physician who provides medical care to the Insured on the spot.

Emergency inpatient care:
- arrangement in a 2-3-bed ward in a hospital;
- specialist advice;
- laboratory diagnostics;
- instrumental diagnostics;
- medication;
- anesthetic support;
- surgery;
- resuscitation measures.

Emergency hospitalization shall be carried out through the round-the-clock office of the Insurer or the Insurer’s representative in the hospitals with contractual relations with the Insurer. In exceptional cases, on vital requirements, and also in the absence of places in hospitals, emergency hospitalization may be made by a crew of municipal emergency vehicle “03” to a municipal hospital nearest to the location of the Insured with the subsequent transfer to the hospital with contractual relations with the Insurer that will be ready to accept the Insured for such transfer (if there are no medical contraindications to such transfer).

Medical transportation and repatriation services:
- transportation to the nearest medical facility;
- transportation to another medical facility for medical reasons;
- transportation to a medical facility closest to the place of residence;
- repatriation to the country of permanent residence or citizenship when there are any medical requirements;
- repatriation of remains.

In case of the Insured’s death, the Insurer shall pay the costs for repatriation of the remains to a transport hub (airport, railway station), authorized (agreed in writing) by the service company, nearest to the place where the Insured permanently resided.