

Maximal Profit

Maximal Profit - 11 Z 2837
Special Insurance Terms and Conditions - Insurance for Death
ZPP S 04/2018

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Article 1 Introductory provisions

1. Special insurance conditions for death (hereinafter referred to as "ZPP S" only) govern the insurance for death.
2. Insurance for death is arranged as fixed amount benefit insurance.

Article 2 Claims from Insurance for Death

1. If the insured dies during the term of the insurance for death, the insurer shall pay to the person who gets entitled to the insurance benefit by the death of the insured the insured amount for death agreed upon in the insurance contract as of the date of death of the insured.

Article 3 Claims from Insurance for death with Decreasing Insured Amount

1. The insurance is arranged with a linearly decreasing insured amount, which means that the insured amount is always reduced from the 1st day of each month of the term of the term of the insurance and the insured amount is calculated for each month of the term of insurance according to the following formula:

$$k(m) = k \times (n - m + 1) / n$$

where:

$k(m)$ is the current insured amount in the given month of the term of the insurance m , rounded mathematically up to the whole whole number in korunas

k is the insurance amount agreed in the insurance contract

m is the month of the term of the insurance

n is the insurance period of the insurance in months

2. If the insured dies during the term of the insurance for death with decreasing insured amount, the insurer shall pay to the person who gets entitled to the insurance benefit by the death of the insured the insured amount applicable as of the date of death of the insured.

Article 4 Claims from Accidental Death Insurance

1. In the event that the insured dies due to an accident occurring during the term of the accidental death insurance, not later than three years from the date of the accident and if death is not a result of an accident occurring in a traffic accident within the meaning of paragraph 2 of this Article, the insurer shall pay to the person, who gets entitled to the insurance benefit by the death of the insured, the insured amount for death as a result of an accident agreed in the accidental death insurance contract.
2. If the insured person has died as a result of an accident that occurred during the term of the accidental death insurance in a traffic accident as defined in Act No. 361/2000 Coll., on Road Traffic and on Amendments to Certain Laws (the Road Traffic Act), as amended, not later than three years from the date of the accident, the insurer shall pay to the person who gets entitled to the insurance benefit due to the death of the insured, twice

the insurance benefit amount for death as a result of an accident agreed in the accidental death insurance contract.

Article 5 Exemptions from Accidental Death Insurance

1. The insurer will not provide insurance benefit from the insurance in the following cases:
 - a) if there is an insured event in the pursuit of these sports or activities: bungee jumping, snowboarding or skiing outside marked trails or outside the specified time of operation on marked tracks, aero or ski acrobatics, snowkiting, landkiting, snowrafting, rafting, canyoning, cliffdiving, diving with a breathing apparatus, parachuting, paragliding, base jumping, speleology, mountaineering, alpine tourism over 3000 m above sea level, alpinism and skialpinism, flying in motor and non-powered aircraft except state licensed carriers, flying in light and ultralight airplanes, hang glider, glider, in a balloon and airship,
 - b) if the consequence of an insured event is the onset or worsening of the hernia, venous ulcers, diabetic gangrenes, tumours of all kinds and origins, the onset and worsening of aseptic inflammation of the tendon sheaths, muscle attachment bursae and epicondylitis,
 - c) for consequences of diagnostic, therapeutic and preventive interventions that have not been performed to treat the consequences of an insured event,
 - d) if the consequence of the insured event was the aggravation of an already existing disease or if the insured event occurred as a consequence of a disease, in connection with a congenital malformation or disease or conditions resulting therefrom,
 - e) in the case of an intervertebral disc herniation caused by a non-traumatic event, the disc and algic spinal syndromes and other diseases of the back,
 - f) in the case of pathological and fatigue fractures or fractures related to congenital brittle bone disease or in connection with other congenital malformations or diseases, i.e. fractures resulting from reduced bone strength, which are produced lesser intensity of external influence than traumatic fractures of healthy bones,
 - g) if the muscles, tendons or ligaments have been damaged or the spine has been disturbed due to an overload of the body's own force when lifting or moving loads,
 - h) if there is interruption or damage to degenerative (pathologically) altered anatomical parts of the body or organs (eg Achilles tendon, meniscus)
 - i) in the case of a habitual luxation, i.e., a repetitive joint dislocation and/or dislocation of a part thereof in normal movement caused by, for example, a loose joint or insufficiency of joint ligaments, atrophy of the joint head or a too-flat joint and other congenital malformations and disorders,
 - j) if it is a mental disorder or a change in the psychic state of the insured, no matter what caused them, if there is no organic damage to the central nervous system by an injury.

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Article 1 Introductory provisions

1. Special insurance conditions for the case of serious disease (hereinafter referred to as "ZPP VCH" only) govern the insurance for the case of serious disease.
2. The insurance is arranged as a fixed amount benefit insurance for the case of a serious disease.

Article 2 Exemptions from the Insurance

1. If the Insured is, during the term of the insurance for a serious disease, but at the earliest after the first three calendar months from the date of commencement of the insurance, diagnosed with a serious disease, which complies with the conditions of Article 3 of these ZPP VCH, the insurer shall pay the insured the amount of the insurance benefit agreed in the insurance contract as of the date of the occurrence of the insured event.
2. The compliance with passing of the first three calendar months from the commencement of the insurance under paragraph 1 of this Article shall not be required if a serious disease has occurred solely as a result of an injury occurring not earlier than the date of commencement of the insurance.
3. The insurance benefits from the insurance will be paid by the insurer only once, even in the case, when there occurred more than one insured event in accordance with Article 3 of these ZPP VCH at the same time.

Article 3 Definition of claim for insurance benefit in the event of an insured event - serious disease

1. The insured event shall occur if a written medical report specified in paragraph 2 of this article confirms the insured person's first diagnosis of one of the diseases referred to in paragraph 2 of this article or the first placement on the organ transplantation waiting list referred to in paragraph 2 of this article or the first undergoing surgery referred to in paragraph 2 of this article, including the fulfillment of other conditions referred to in paragraph 2 of this article (hereinafter referred to as "serious disease").
2. The following diseases are considered serious diseases subject to the conditions set out in this article and in Article 2 of these ZPP VCH:

2.1. Heart attack

Heart attack means the diagnosis of acute myocardial infarction, confirmed by hospital discharge papers on hospitalization issued by a cardiology or internal medicine department and containing the findings of akinesis or dyskinesia during echocardiography and at least one of the following three conditions:

1. development of pathological Q oscillation at least in two ECG outputs ($Q \geq 0.04$ s or $Q > 0.25\%$ of the oscillation amplitude R),
2. non-specific ECG signs of myocardial infarction with characteristic dynamics of biochemical markers, i.e. CK-MB and troponin,
3. a typical anamnesis of myocardial infarction with the characteristic dynamics of biochemical markers, i.e. CK-MB and troponin,

The insurance coverage also applies on the cases, when the above conditions are not met if the diagnosis of acute myocardial infarction is confirmed by hospitalization discharge papers from a cardiology or internal medicine department, the insured was treated by hospital intravenous thrombolysis or acute PTCA (percutaneous transluminal coronary angioplasty) and met the indication criteria for this treatment.

In order for a case to be an insured event, it is essential for the insured to survive at least 30 calendar days from the date of the diagnosis.

The insured is obliged to submit to the insurer the completed form "Notice of Insured Event - Serious Disease", which includes a medical certificate on the diagnosis of acute myocardial infarction, and discharge papers on hospitalization due to this diagnosis. The form "Notice of Insured Event - Serious Disease" must be issued by a specialist physician of the cardiological or internal medicine department of a medical facility in the Czech Republic.

2.2. Cerebrovascular accident

Cerebrovascular accident is understood to mean accidental brain damage due to brain tissue

haemorrhage or brain tissue hypoperfusion with a corresponding neurological finding that must persist for at least three calendar months following the diagnosis of the cerebrovascular accident. The diagnosis must include some imaging examination of the brain with a finding that is consistent with the diagnosis of cerebral ischaemia or intracerebral or subarachnoid haemorrhage.

In order for a case to be an insured event, it is essential for the insured that the neurological finding persists at least for 3 calendar months following the date the diagnosis was made.

The insured is obliged to submit to the insurer a completed "Notice of Insured Event - Serious Disease" form, which includes a medical certificate if the diagnosis of a cerebrovascular accident and a medical certificate of neurological damage directly related to the accident occurring no earlier than three calendar months after the diagnosis of the cerebrovascular accident; a copy of the discharge papers on hospitalization. The "Notice of Insured Event - Serious Disease" form must be issued by a specialist physician of the neurological department of a medical facility in the Czech Republic.

2.3. **Operation of coronary arteries**

Coronary artery surgery means a cardiac surgery using an extracorporeal circulation performed to the insured with coronary artery disease that bypasses the area of narrowing or occlusion of the coronary artery by venous or arterial graft (so-called bypass). Insurance protection **does not apply** on so-called MICAB (minimally invasive coronary artery bypass grafting), intra-arterial procedures, and all types of non-surgical angioplasty.

The insured is obliged to submit to the insurer a completed form "Notice of Insured Event - Serious Disease", which includes a medical certificate confirming the operation of the coronary arteries, preoperative and postoperative medical examination reports of the insured, including coronarography, ultrasound or CT and angiographic record of the insured's examination confirming the presence of such coronary artery condition, which required the operation described above, and a hospitalization discharge papers.

The form "Notice of Insured Event - Serious Disease" must be issued by a specialist physician of a cardiosurgical department of a medical facility in the Czech Republic.

2.4. **Aortic surgery**

Aortic surgery means an operation performed on the aorta due to its rupture, constriction or aneurysm. For the purpose of this definition, the aorta is understood to mean the thoracic and abdominal aorta, not its branches.

The insured is obliged to submit to the insurer the completed "Notice of Insured Event - Serious Disease" form, which includes a medical certificate of the surgical procedure, an operation report and hospital discharge papers regarding hospitalization due to this operation. The "Notice of Insured Event - Serious Disease" form must be issued by a specialist physician of a medical facility in the Czech Republic.

2.5. **Replacement of the heart valve**

Replacement of the heart valve is a cardiac surgery using an extracorporeal circulation designed to compensate for the heart valve (mitral, pulmonary, tricuspid, aortic) based on a significant heart defect.

The insured is obliged to submit to the insurer the completed "Notice of Insured Event - Serious Disease" form, which includes a medical certificate of the operation and hospitalization discharge papers. The form "Notice of Insured Event - Serious Disease" must be issued by a specialist physician of a cardiological department of a medical facility in the Czech Republic.

2.6. **Aplastic anemia**

Aplastic anemia means a disturbed hematopoietic function of the bone marrow exhibiting pancytopenia in peripheral blood confirmed by bone marrow examination. Insurance coverage covers only cases where aplastic anemia has been treated with immunosuppressive substances or bone marrow transplantation. The diagnosis must be confirmed by an expert haematologist. Insurance protection **does not apply** to aplastic anemia resulting from the treatment by antibiotics, non-steroidal antirheumatic drugs, gold, radiation, chemotherapy, etc., and to all types of congenital aplastic anemia.

The insured is obliged to submit to the insurer the completed "Notice of Insured Event - Serious Disease" form, which includes a medical certificate of the diagnosis of aplastic anemia. The "Notice of Insured Event - Serious Disease" form must be issued by a haematologist in the Czech Republic.

2.7. **Primary pulmonary hypertension**

Pulmonary hypertension means the primary pulmonary arteriolar disease that is haemodynamically characterized by an increase in mean pulmonary pressure above 25 mm Hg at rest and above 30 mm Hg at exercise. Insurance protection covers the idiopathic form of the disease.

The insured is obliged to submit to the insurer the completed "Notice of Insured Event - Serious Disease" form, which includes a medical certificate of the diagnosis of the disease including the result of the catheterization examination. The "Notice of Insured Event - Serious Disease" form must be issued by a specialist physician of a specialized medical facility in the Czech Republic.

2.8. **Rheumatic fever**

Rheumatic fever means a disease with persistent cardiac complications that leads to chronic heart failure reaching at least grade III according to the NYHA functional classification. The insurance protection does not apply to cases where the insured suffered from a valve defect of any origin before the commencement of the insurance.

The insured is obliged to submit to the insurer the "Notice of Insured Event - Serious Disease" form, which includes a medical certificate of the diagnosis of rheumatic fever. The "Notice of Insured Event - Serious Disease" form must be issued by a specialist cardiologist of a medical facility in the Czech Republic.

2.9. **Cancer**

Cancer refers to a disease caused by a malignant tumour characterized by an uncontrolled and invasive growth of tumour cells with a tendency to develop metastases. Insurance protection **also refers to malignant skin melanoma from the TNM grade 2-0-0, skin T-lymphoma from II. stage, leukemia and malignant tumours of the lymphatic system.** Insurance protection **does not apply** to other types of skin cancers, Hodgkin's disease in stage I, polycythemia vera, all tumours histologically described as premalignant or only incipient or unexplained malignant changes, tumours described as "in-situ", and tumours in the presence of HIV infection. The diagnosis must be determined by a specialist physician of a specialized medical facility on the basis of a histological or other appropriate examination confirming a malignant progressive disease and its classification according to the TNM's international classification of tumours, or the surgical protocol if a surgical procedure has been performed.

The insured is obliged to submit to the insurer the completed "Notice of Insured Event - Serious Disease" form, which includes a medical certificate of the malignant tumour diagnosis, hospitalization discharge papers, surgery report and histological finding. The "Notice of Insured Event - Serious Disease" form must be issued by a specialist physician of a medical facility in the Czech Republic.

2.10. **Benign brain tumour**

Benign brain tumour means presence of a benign intracranial tumour which damages the brain by its growth. Insurance coverage applies only to cases where a neurosurgery was performed, based on a decision of a neurosurgeon or a neurologist, to remove a malignant tumour that causes brain damage by its growth, or where the presence of an inoperable benign tumour leads to permanent neurological damage.

Insurance protection **does not apply** to cysts, vascular malformations, hematomas, hypophysis tumours and spinal cord.

The insured is obliged to submit to the insurer the completed "Notice of Insured Event - Serious Disease" form, which includes a medical certificate on neurosurgery or a medical certificate of permanent neurological damage directly associated with nonoperable malignant tumours. The "Notice of Insured Event - Serious Disease" form must be issued by a specialist physician of a medical facility in the Czech Republic.

2.11. **Chronic kidney failure**

Chronic renal failure means an irreversible failure of the function of both kidneys or a solitary kidney, requiring permanent and regular dialytic treatment of the insured by hemodialysis or peritoneal dialysis. In order for the case to be an insured event, the insured's dialysis treatment is necessary for at least 3 consecutive calendar months.

The insured is obliged to submit to the insurer the completed "Notice of Insured Event - Serious Disease" form, which includes a medical certificate of the regular dialysis treatment of the insured for at least 3 consecutive calendar months. The "Notice of Insured Event - Serious Disease" form must be issued by a specialist physician of a medical facility in the Czech Republic.

2.12. **Placement on a waiting list for organ transplantation**

Placement on a waiting list for organ transplantation means a medical certificate on listing the insured on the waiting list for the transplantation of one of these exclusively human organs or parts thereof: the heart, lung, liver, kidney, pancreas or hematopoietic stem cells in which the insured will be the recipient of the transplant. The insurance protection **does not apply** to transplantation of other organs or parts thereof.

The insured is obliged to submit to the insurer the completed "Notice of Insured Event - Serious Disease" form, which includes a medical certificate of listing the insured on the waiting list for the transplantation, hospitalization discharge papers and surgery report. The medical certificate must be issued by a specialist physician of a specialized medical facility in the Czech Republic, which has placed the insured on the waiting list for the transplant.

2.13. **Pulmonary disease causing respiratory insufficiency**

Pulmonary disease causing respiratory insufficiency means the final stage of lung disease that leads to permanent respiratory distress. The diagnosis has to be based on a spirometric examination, where FEV1 is consistently less than 50% of the appropriate value and/or there is a need for a permanent oxygen therapy for hypoxemia.

The insured is obliged to submit to the insurer the completed "Notice of Insured Event - Serious Disease" form, which includes a medical certificate of the diagnosis of pulmonary disease causing respiratory insufficiency. The "Notice of Insured Event - Serious Disease" form must be issued by a specialist physician of the neurological department of a medical facility in the Czech Republic.

2.14. **Multiple sclerosis**

Multiple sclerosis is the chronic central nervous system disorder caused by loss of myelin accompanied by damage to the locomotory and sensory functions, as evidenced by typical findings in central nervous system examination by nuclear magnetic resonance and cerebrospinal fluid examination. The insurance coverage applies only to cases where the disease reaches at least 6.5 degree according to the EDSS classification.

The insured is obliged to submit to the insurer the completed "Notice of Insured Event - Serious Disease" form, which includes a medical certificate of the diagnosis of multiple sclerosis. The "Notice of Insured Event - Serious Disease" form must be issued by a specialist physician of the neurological department of a medical facility in the Czech Republic.

2.15. **Parkinson's disease**

Parkinson's disease means a progressive neurological disorder caused by the loss of the dopamine producing cells. The insurance coverage applies only to cases where the disease is the cause of permanent and irreversible neurological affections (akinesia, rigidity, resting tremor or postural instability) and cannot be controlled medically. The diagnosis of the third degree of Parkinson's disease according to the Hoehn-Yahr classification must be confirmed by a specialist neurologist. The insurance protection **does not apply** to secondary Parkinsonian symptoms. The insured is obliged to submit to the insurer the completed "Notice of Insured Event - Serious Disease" form, which includes a medical certificate of the diagnosis of Parkinson's disease. The "Notice of Insured Event - Serious Disease" form must be issued by a specialist physician of the neurological department of a medical facility in the Czech Republic.

2.16. **Dementia including Alzheimer's disease**

Dementia means a significant or complete loss of mental and social abilities as a result of an irreversible brain function failure.

The insured is obliged to submit to the insurer the completed "Notice of Insured Event - Serious Disease" form, which includes a medical certificate of the diagnosis of dementia. The "Notice of Insured Event - Serious Disease" form must be issued by a specialist physician of the neurological department of a medical facility in the Czech Republic.

2.17. **Paraplegia, tetraplegia, hemiplegia**

Paraplegia, tetraplegia and hemiplegia mean complete and permanent paralysis of both lower or upper or all limbs or half of the body with complete and sustained interruption of the conductivity of the spinal cord for the fibers controlling mobility.

In order for a case to be an insured event, it is essential for the diagnosis to last at least 6 calendar months from the date the diagnosis was established by a specialized neurologist.

The insured is obliged to submit to the insurer a completed "Notice of Insured Event - Serious Disease" form, including a medical certificate for the diagnosis of paraplegia or tetraplegia or hemiplegia, not earlier than 6 months from the date the diagnosis of paraplegia, tetraplegia and hemiplegia was established. The "Notice of Insured Event - Serious Disease" form must be issued by a specialist physician of the neurological department of a medical facility.

2.18. **Creutzfeld-Jakob disease**

Creutzfeld-Jakob disease is a disease causing permanent and irreversible damage to brain tissue of infectious etiology.

The insured is obliged to submit to the insurer the completed "Notice of Insured Event - Serious Disease" form, which includes a medical certificate of the diagnosis of Creutzfeld-Jakob disease. The "Notice of Insured Event - Serious Disease" form must be issued by a specialist physician of the neurological department of a medical facility in the Czech Republic.

2.19. **Bacterial meningitis**

Bacterial meningitis means a bacterial inflammation of the cerebral meninges. The damage must be confirmed by an expert neurologist on the basis of imaging diagnostic methods and examination of cerebrospinal fluid with a typical inflammatory finding, the proof of agents, their antigens or DNA of bacteria in the fluid or blood by the PCR method. The insurance protection **does not apply** to meningitis of other types than bacterial origin (viruses, fungi, parasites).

The insured is obliged to submit to the insurer the completed "Notice of Insured Event - Serious Disease" form, which includes a medical certificate of the diagnosis of bacterial meningitis. The "Notice of Insured Event - Serious Disease" form must be issued by a specialist physician of the neurological department of a medical facility in the Czech Republic.

2.20. **Encephalitis**

Encephalitis means the inflammation of the brain caused by viruses or bacteria. The disease must cause permanent and irreversible neurological consequences. The diagnosis must be confirmed by a specialist neurologist based on imaging diagnostic methods and proof of infectious agents.

In order for a case to be an insured event, it is essential for the consequences to last at least 3 calendar months from the date the diagnosis was established.

The insured is obliged to submit to the insurer the completed "Notice of Insured Event - Serious Disease" form, which includes a medical certificate of the diagnosis at least 3 calendar months from the date the diagnosis was established. The "Notice of Insured Event - Serious Disease" form must be issued by a specialist physician of the neurological department of a medical facility in the Czech Republic.

2.21. **Serious disease caused by an attached tick (i.e. severe form of tick-borne meningoencephalitis or Lyme disease)**

Such a disease means a severe form of tick-borne meningoencephalitis or disseminated Lyme disease which is demonstrably caused by an infection transmitted by an attached tick. The attaching of a tick must demonstrably occur during the term of the insurance. Insurance coverage only applies to cases of tick-borne encephalitis, where the insured person demonstrates the presence of antibodies against tick-borne meningoencephalitis in serum or cerebrospinal fluid, and increase in IgM antibodies demonstrating acute infection. Serious permanent neurological consequences of tick-borne meningoencephalitis persisting for at least 3 months must be confirmed by a specialist neurologist.

In order for a case of severe form of tick-borne meningoencephalitis to be an insured event, it is essential for the insured that the neurological finding persists at least for 3 calendar months following the date the diagnosis was made.

The insured is obliged to submit to the insurer, not later than three calendar months after the diagnosis

has been established, the completed "Notice of Insured Event - Serious Disease" form, which includes medical confirmation of the diagnosis of tick-borne meningoencephalitis and medical confirmation of the presence of antibodies against tick-borne meningoencephalitis in the serum or cerebrospinal fluid and increase of IgM antibodies demonstrating acute infection. The "Notice of Insured Event - Serious Disease" form must be issued by a specialist physician of the neurological department of a medical facility in the Czech Republic. Insurance coverage applies only to cases of disseminated Lyme disease that required at least 14 days of hospitalization with intravenous antibiotics.

The insured is obliged to submit to the insurer the completed "Notice of Insured Event - Serious Disease" form, which includes a medical certificate of the diagnosis of Lyme disease. The "Notice of Insured Event - Serious Disease" form must be issued by a specialist physician of the neurological department of a medical facility in the Czech Republic.

2.22. **Amyotrophic lateral sclerosis**

Amyotrophic lateral sclerosis is a progressive neurodegenerative disease of brain and spinal motor neurons, causing degeneration and loss of central nervous system cells that lead to progressive muscular atrophy. The insured is obliged to submit to the insurer a completed "Notice of Insured Event - Serious Disease" form, which includes a medical certificate of the disease including the result of the electromyography (EMG) examination. The notice of insured event must be issued by a specialist neurologist in the Czech Republic.

2.23. **Diabetes mellitus type 1**

Diabetes mellitus type 1 is defined as autoimmune diabetes mellitus type 1 with a positive finding of the respective autoantibodies.

The insured is obliged to submit to the insurer a completed "Notice of Insured Event - Serious Disease" form, which includes a medical certificate of the diagnosis of diabetes mellitus type 1. The "Notice of Insured Event - Serious Disease" form must be issued by a diabetologist in the Czech Republic.

2.24. **Diffuse systemic scleroderma**

Diffuse systemic scleroderma means a systemic autoimmune disease of connective tissue disease characterized by fibrotic sclerotization of peripheral blood vessels, fibroproliferative connective tissue changes, and immune disorders. Insurance protection covers the progressive diffuse form of the disease, with extensive damage to the muscular system and at least one of the internal organs (esophagus, lung, heart, kidney). The insurance protection **does not apply** to the localized skin form of the disease called scleroderma circumscripta.

The insured is obliged to submit to the insurer a completed "Notice of Insured Event - Serious Disease" form, which includes a medical certificate of the disease including the result of the laboratory tests with typical antibodies. The "Notice of Insured Event - Serious Disease" form must be issued by a specialist physician of a rheumatologic medical facility in the Czech Republic.

2.25. **HIV infection due to blood transfusion**

HIV infection due to blood transfusion means a proven HIV infection contracted during a transfusion from HIV-contaminated blood containers performed on the territory of the Czech Republic during the term of the insurance for a case of serious disease. A medical facility that has used the contaminated blood container has to confirm in writing its responsibility for the transmission of the HIV virus on the insured. The insured is obliged to submit to the insurer a completed "Notice of Insured Event - Serious Disease" form, which includes a medical certificate of HIV/AIDS diagnosis and a medical certificate proving that HIV infection or AIDS is the result of the transfusion from an infected blood container. The medical certificate of the diagnosis must be issued by a specialised medical practitioner. Medical certificate of the cause of the infection or disease must be issued by a medical practitioner of the medical facility that performed the transfusion.

2.26. **Tetanus**

Tetanus means an acute infection caused by Clostridium tetani.

The insured is obliged to submit to the insurer the "Notice of Insured Event - Serious Disease" form, which includes a medical certificate of the diagnosis of rheumatic tetanus. The "Notice of Insured Event - Serious Disease" form must be issued by a specialist physician of a medical facility in the Czech Republic.

2.27. **Leptospirosis**

Leptospirosis means a bacterial disease caused by Leptospira bacteria. In order for the case to be an insured event, it must be a serious form of the disease requiring hospitalization.

The insured is obliged to submit to the insurer a completed "Notice of Insured Event - Serious Disease" form, which includes results of medical examination proving the disease including the result of the laboratory tests with typical antibodies and hospitalization discharge papers. The "Notice of Insured Event - Serious Disease" form must be issued by a physician of a specialized medical facility in the Czech Republic.

2.28. **Severe burns**

Severe burns are burns of 3rd degree with an affected area of at least 20% of the body surface. The insured is obliged to submit to the insurer the completed form "Notice of Insured Event - Serious Disease", which includes discharge papers on hospitalization due to this diagnosis. The "Notice of Insured Event - Serious Disease" form must be issued by a specialist physician of a medical facility in the Czech Republic.

2.29. **Blindness**

Blindness means a permanent and complete loss of vision in both eyes, in which the visual acuity with

the best possible correction according to the World Health Organization table drops to 3/60 or less for each eye.

In order for a case to be an insured event, an ophthalmological medical examination of the insured is required not earlier than three calendar months from the date, when the diagnosis was established and confirming its permanent nature.

The insured is obliged to submit to the insurer a completed "Notice of Insured Event - Serious Disease" form, which includes an ophthalmological medical examination issued by a medical professional not earlier than three calendar months after the diagnosis of blindness was established to the insured and confirming its permanent nature. The medical report that forms part of the "Notice of Insured Event - Serious Disease" form must be issued and confirmed by a physician in the Czech Republic.

2.30. Deafness

Deafness is a complete and clinically proven irreversible loss of hearing perception of both ears due to acute or chronic disease.

The insured is obliged to submit to the insurer a completed "Notice of Insured Event - Serious Disease" form, including a medical certificate of deafness diagnosis documented by an audiometric examination with tympanometry, and in case of any discrepancy also by the brainstem evoked response audiometry (BERA). The "Notice of Insured Event - Serious Disease" form must be issued by a specialist physician - otorhinolaryngologist in the Czech Republic.

2.31. Coma

A coma means a state of deep unconsciousness without reaction to external or internal stimuli that lasts for at least 96 hours. During this time, some of the basic life functions must be artificially maintained. As a result, permanent damage must be demonstrable in clinical neurological findings. Insurance protection **does not apply** to an artificial coma (long-term narcosis) induced medically for medical purposes.

The insured is obliged to submit to the insurer the completed "Notice of Insured Event - Serious Disease" form, which includes a medical certificate of the diagnosis of coma. The "Notice of Insured Event - Serious Disease" form must be issued by a specialist physician of the neurological department of a medical facility in the Czech Republic.

Article 4 Exemptions from the Insurance

1. The insurer will not provide insurance benefits from insurance in cases where a serious disease has arisen in direct connection with:
 - a) an accident the insured suffered in the pursuit of: bungee jumping, snowboarding or skiing outside marked trails or outside the specified time of operation on marked tracks, aero or ski acrobatics, snowkiting, landkiting (etc.), snowrafting, rafting, canyoning, cliffdiving, diving with a breathing apparatus, parachuting, paragliding, base jumping, speleology, mountaineering, alpine tourism over 3000 m above sea level, alpinism, skialpinism, flying in motor and non-powered aircraft except state licensed carriers, flying in light and ultralight airplanes, hang glider, glider, in a balloon, airship,
 - b) a disease or injury suffered by the insured in preparation for sport or in exercise of a sport to which he has entered a professional contract, except for snooker, bowling, curling, yoga, billiards, traditional bowling, sweets, pétanque, modern and classical darts, and hiking,
 - c) one-off or regular consumption of alcohol or other narcotic, toxic, psychotropic or other substances capable of adversely affecting human psyche or his or her control or recognition ability or social behavior,
 - d) medical findings diagnosed or treated prior to the commencement of the insurance or their direct consequence.

Article 5 Changes to the insurance

1. For each change to the insurance that increased the insured amount of the insurance for a serious disease, a waiting period of 3 months from the effective date of the change applies for an insured event due to a disease.

Article 6 Termination of the Insurance

1. If an insured event occurred to the insured under Article 3 of these ZPP VCH, the insurance shall expire as of the date of the insured event if it was an insured event from which the insured is entitled to insurance benefit.
2. If the insured is diagnosed with a serious disease according to Article 3 of these ZPP VCH during the first three calendar months following the commencement of the insurance, the insurance ceases to exist as of the date of the diagnosis being established.

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Article 1 Introductory provisions

- The special terms and conditions of insurance for disability (hereinafter referred to as "ZPP I") apply to:
 - insurance for disability due to injury or disease (hereafter referred to as "IO"),
 - insurance for degree disability due to injury (hereafter referred to as "IU"),
 - disability PLUS insurance - extended disability insurance in option IO or IU (hereinafter referred to as "IO+" or "IU+"),
 - insurance for 3rd degree disability with regular pension payments (hereinafter referred to as "IOP"),
 - insurance - waiver of premium payments (hereinafter referred to as "ZPR").
 All insurance is also referred to as "disability insurance" or "insurance".
- Disability insurance is negotiated as non-life, accident and/or disease insurance. It is a fixed-amount benefit insurance.

Article 2 Interpretation of Terms

1st degree disability - a situation where the insured person has lost no less than 35 % and no more than 49 % of his/her work capacity due to health condition unfavourable in the long-term and in compliance with the the rules laid down by the generally binding legal regulations of the Czech Republic regulating pension insurance (social security) and, therefore, the insured was recognised as disabled by the competent social security authority.

2nd degree disability - a situation where the insured person has lost no less than 50 % and no more than 69 % of his/her work capacity due to health condition unfavourable in the long-term and in compliance with the the rules laid down by the generally binding legal regulations of the Czech Republic regulating pension insurance (social security) and, therefore, the insured was recognised as disabled by the competent social security authority.

3rd degree disability - a situation where the insured person has lost at least 70 % of his/her work capacity due to health condition unfavourable in the long-term and in compliance with the the rules laid down by the generally binding legal regulations of the Czech Republic regulating pension insurance (social security) and, therefore, the insured was recognised as disabled by the competent social security authority and/or has sustained at least one of the **physical impairments as listed below**:

- **complete and permanent loss of vision** - permanent and complete loss of vision in both eyes, where the visual acuity will fall to 3/60 or less per eye
- **complete and permanent loss of hearing** - complete and clinically proven irreversible loss of hearing perception in both ears
- **loss of at least two limbs** - loss of the upper limb in the area between the shoulder joint and the wrist or loss of the lower limb in the area between the hip and talus bone
- **complete and permanent paralysis of both lower extremities** - so-called paraplegia, i.e. complete and permanent paralysis of the lower half of the body with a complete and sustained break of conduction of the spinal cord for the fibers facilitating mobility
- **complete and permanent paralysis of all limbs** - so-called quadriplegia, i.e. complete and permanent paralysis of all limbs with a complete and sustained break of conduction of the spinal cord for the fibers facilitating mobility

Necessary care - the condition in which the insured person has been granted a care allowance due to an adverse health condition in the long term, which prevents the insured from managing at least:

- 7 basic needs for persons over 18 years of age or
- 6 basic needs for persons under 18 years of age

Out of the list of needs below, and requires day-to-day assistance, supervision or care of another private

individual.

The assessment of the degree of dependence examines the following basic necessities of life: mobility, orientation, communication, food, clothing and footwear (putting on), personal hygiene, physiological elimination, care of one's health, personal activities, household chores.

Reduced work capacity - a decrease in the insured person's ability to engage in income-generating employment, taking into account his/her education, experience and knowledge and previous professional activities, as a result of limited physical, sensory and mental capabilities if compared to the situation of the insured before the negative long-term adverse health condition occurred.

Article 3 Insured Event

1. An insured event is:
 - a) disability of the relevant degree occurring:
 - i. as a consequence of a disease appearing no sooner than 3 months after the commencement of the insurance, where the disease is the cause of disability of the relevant degree and, simultaneously, the disease has no direct connection to the medical examination findings diagnosed or treated prior to the beginning of the insurance, nor is it a direct consequence thereof,
 - ii. as a consequence of an accident that happened during the period of insurance where the accident is the main cause of the relevant degree of disability.
 - b) necessary care of the insured, which was granted no later than 6 months from the date of the commencement of 3rd degree disability.
2. The insured event must happen during the term of the insurance.
3. The date of the insured event is:
 - a) the date of commencement of disability of the relevant degree as indicated in the disability report of the relevant social security administration,
 - b) the date of diagnosing the relevant physical impairment as listed in the medical documentation,
 - c) the date from which the necessary care allowance is granted as indicated in the decision of the public administration authority.

Article 4 Claims for disability insurance due to a disease or accident

1. The insured person has a right to claim insurance benefits to the amount of the sum insured as agreed as of the date of the insured event if s/he becomes disabled (3rd degree) as a consequence of disease or injury and if the conditions specified in Article 3 of the ZPP I are met.

Article 4 Claims for disability insurance due to an accident

1. The insured person has a right to claim insurance benefits to the amount of the sum insured as agreed as of the date of the insured event if s/he becomes disabled (3rd degree) as a consequence of an injury and if the conditions specified in Article 4 of the ZPP I are met.

Article 6 Claims for PLUS Disability Insurance

1. The insured person has a right to claim insurance benefits to the amount of 35 % of the sum insured as applicable on the date of the insured event if s/he becomes disabled (1st degree) as a consequence of disease or injury based on the applicable option IO+ or IU+ and if the conditions specified in Article 3 of the ZPP I are met.
2. If the insured becomes disabled (2nd degree) as a consequence of disease or injury based on the applicable option IO+ or IU+ and if the conditions specified in Article 3 of the ZPP I are met, s/he has a right to claim insurance benefits to the following amount:
 - a) 50% of the insured amount applicable on the date of the insured event, if it is the first insurance benefit paid from this insurance policy, or
 - b) 15% of the insured amount applicable on the date of the insured event, if a claim to benefits concerning the insured event - 1st degree disability has already arisen.
3. If the insured becomes disabled (3rd degree) as a consequence of disease or injury based on the applicable option IO+ or IU+ and if the conditions specified in Article 3 of the ZPP I are met, s/he has a right to claim insurance benefits to the following amount:
 - a) 100% of the insured amount applicable on the date of the insured event, if it is the first insurance benefit paid from this insurance policy, or

- b) 65% of the insured amount applicable on the date of the insured event, if a claim to benefits concerning the insured event - 1st degree disability has already arisen, or
 - c) 50% of the insured amount applicable on the date of the insured event, if a claim to benefits concerning the insured event - 2nd degree disability has already arisen.
4. The insured has a claim to the insurance benefit from the necessary care amounting to 200% of the sum insured applicable on the date of the insured event if the conditions specified in Article 3 of ZPP I are met. This benefit extends to claims in relation to insured events - 1st and/or 2nd and/or 3rd degree disability.
 5. The occurrence of the insured event - the relevant degree of disability in relation to which the insured has a claim to insurance benefits, the scope of insurance with respect to the Disability PLUS insurance is modified. Subsequently, only a higher degree of disability, or necessary care may be considered and insured event.
 6. If the generally binding legal regulations are amended to the effect of increasing the minimum threshold of work capacity reduction for the 1st degree disability definition and, consequently, the insured is not recognised as disabled by the relevant social security authority, the recognition of disability by the relevant social security authority is agreed to substitute for an assessment of work capacity reduction by the insurer's panel physician for the purposes of the Disability PLUS insurance. This arrangement does not affect the fact that only a work capacity reduction of the insured within the scope as indicated in Article 2 ZPP I, part 1st Degree Disability, means an insured event - 1st degree disability.

Article 7 Claims from the insurance for 3rd degree disability with regular pension payments (hereinafter referred to as "IOP"),

1. The insured has a right to claim insurance benefit in the form of an annual pension to the amount as agreed in the insurance contract as of the date of 3rd degree disability if s/he becomes a disabled (3rd degree) due to disease or injury and if the conditions specified in Article 3 of ZPP I are met.
2. The insured has a claim to the first payment of the pension from the first day of the month following the date of 3rd degree disability; this day is hereinafter referred to as the "beginning of performance".
3. The insured has a claim to the second and any subsequent payment of the pension (including the last payment) on the anniversary of the beginning of performance, provided the following conditions are met:
 - a) the insured has not been granted a retirement pension,
 - b) the basic insurance in relation to which the third-degree disability insurance has been arranged is still in existence on the anniversary of the beginning of performance.
4. The insured has a claim to the last payment of the pension no later than on the anniversary of the basic insurance in the calendar year in which the insured turns 65.

Article 8 Claims from the insurance - waiver of premium payments (hereinafter referred to as "ZPR").

1. The insured person has a right to claim insurance benefits from the **insurance - waiver of premium payments in the form of the payment of the regular premium** as of the date of becoming disabled (3rd degree) as a consequence of disease or injury and if the conditions specified in Article 3 of the ZPP I are met.
2. Entitlement to insurance benefits arises from the insurance period following the date of delivery of the Notice of Insurance Event to the insurer (hereinafter referred to as "the beginning of the waiver"). The insurer's obligation to provide the insurance benefit lasts until the end of the insurance period, but at the latest on the anniversary date of the commencement of the insurance in the year when the insured person survives 65 years of age (the "end of the waiver").
3. All insurance policies agreed in the insurance contract as of the date of the waiver date remain in force without any change, except for the insurance - waiver of premium payments which expires on the date of the 3rd degree disability. Regular insurance premiums that remain in effect are covered by the insurer until the waiver expiration date. In the event that the waiver expiry date is not the date of the end of the basic insurance agreed upon in the insurance contract, the policyholder is obliged to pay the premium for the basic insurance from the day following the end of the waiver exemption period.

Article 9 Exemptions from Disability Insurance

1. The insurer shall not provide insurance benefits from insurance IO, IO+, IÚ, IÚ+, IOP, ZPR also in cases when the insured becomes disabled to the relevant degree:
 - a) due to an accident the insured suffered in the pursuit of: bungee jumping, snowboarding or skiing outside marked trails or outside the specified time of operation on marked tracks, aero or ski acrobatics, snowkiting, landkiting (etc.), snowrafting, rafting, canyoning, cliffdiving, diving with a breathing apparatus, parachuting, paragliding, base jumping, speleology, mountaineering, alpine tourism over 3000 m above sea level, alpinism, skialpinism, flying in motor and non-powered aircraft except state licensed carriers, flying in light and ultralight airplanes, hang glider, glider, in a balloon, airship, in active participation in competitions and races of motor vehicles or vessels, and in preparatory rides, flights or trips for them (training),
 - b) due to an injury suffered by the insured in preparation for sport or in exercise of a sport to which he has entered a professional contract, except for snooker, bowling, curling, yoga, billiards, traditional bowling, sweets, pétanque, modern and classical darts, and hiking,

- c) due to an injury suffered by the insured in the performance of any of the following professions or activities - a heavy industry worker, a high voltage electrician, a painter or a coater or tiler or a cleaner working at heights, a pilot, a roofer, a diver, a sailor, an armed force member, a bomb disposal expert, a worker with explosives, a martial arts teacher, window cleaner working at heights, all mining professions (eg miners, mining locksmiths, mining engineers, etc.),
 - d) in connection with the use or regular consumption of alcohol or the application of other narcotic, toxic, psychotropic or other substances capable of adversely affecting human psyche or his or her control or recognition ability or social behavior.
2. The insurer shall not provide insurance benefits from insurance IO, IO+, IOP, ZPR also in cases when the insured becomes disabled to the relevant degree:
 - a) due to a disease resulting from an injury suffered by the insured before the commencement of the insurance,
 - b) due to an injury resulting from a disease diagnosed in the insured prior to the commencement of the insurance,
 - c) due to birth defects, diseases and conditions arising therefrom.
 3. The insurer shall not provide insurance benefits from insurance IÚ and IÚ+ also in cases when the insured becomes disabled to the relevant degree as a consequence of:
 - a) the onset or worsening of the hernia, venous ulcers, diabetic gangrenes, tumours of all kinds and origins, the onset and worsening of aseptic inflammation of the tendon sheaths, muscle attachment bursae and epicondylitis,
 - b) diagnostic, therapeutic and preventive interventions that have not been performed to treat the consequences of an injury,
 - c) an injury resulting from a disease or a deterioration of an existing disease as a result of an injury,
 - d) intervertebral disc prolapse not caused by an injury, disc and algic spinal syndromes and other diseases of the back (diagnoses M40 to M54 according to the International Statistical Classification of Diseases),
 - e) pathological and fatigue fractures or fractures related to congenital brittle bone disease or other congenital malformations or diseases, i.e. fractures resulting from reduced bone strength, which are produced by a lesser intensity of external influence than traumatic fractures of healthy bones,

Article 10 Rights and Obligations of the Disability Insurance Participants

1. The insured is obliged to inform the insurer of the occurrence of an insured event on the insurer's form "Report of Insured Event - Disability" and to prove the relevant degree of disability, by the submission of a certificate of disability, or a decision of the public administration authority which grants the care allowance, without undue delay after receiving this certificate or decision or the diagnosis of the listed bodily injury specified in the medical documentation.
2. The insured is obliged to inform the insurer in writing without unnecessary delay that the disability degree has been reduced or that a retirement pension has been granted to him/her.
3. The insurer has a right to adjust the amount of the premium for the insurance - waiver of the payment of the premium for 3rd degree disability insurance due to a disease of injury in accordance with S 2785 et seq. of the Civil Code if, as a consequence of amendments to the generally binding legal regulations, a change in the assessment of a natural entity's work capacity reduction due to disability or a change in the degree (classification) of disability or the conditions under which the given degree of disability is reached has occurred.

Article 11 Changes to the insurance

1. Assuming that the Disability PLUS insurance, option IO or IU has been negotiated, the insurer will allow for a change of insurance, reduction or increase of the sum insured during the term of the insurance, provided that no insured event has occurred within this insurance.
2. The waiting period of 3 months from the effective date of the change for an insured event due to disease shall apply to any change in the insurance that increased the sum insured or the arrangement of the Disability PLUS Insurance Policy, option IO variant.

Article 12 Termination of the Insurance

1. Insurance IO, IÚ, IOP and ZPR is terminated on the date of disability (3rd grade) regardless of whether the insurer provided any insurance benefit.
2. Disability PLUS insurance is terminated on the date of recognition of necessary care; however, no later than 6 months from the date of the insured event - 3rd degree disability.
3. Insurance IO, IO+, IU, IU+, IO-RD and ZPR is terminated on the date when retirement pension has been granted.

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Article 1 Introductory provisions

- The special terms and conditions of insurance for hospitalization (hereinafter referred to as "ZPP H") apply to:
 - insurance for the case of hospitalization due to a disease or an accident (hereinafter also referred to as "HO" of "insurance"),
 - insurance for the case of hospitalization due to an accident (hereinafter also referred to as "HÚ" of "insurance"),
- The insurance policies are arranged as a fixed-amount benefit insurance. Insurance for the case of hospitalization due to a disease or accident is insurance for the case of a disease and accident. Insurance for the case of hospitalization due to an accident is an accident insurance.

Article 2 Explanation of Terms

Acute bed - a bed of a medical facility intended for hospitalization:

- in the case of a sudden failure or sudden endangerment of essential life functions, or if the specified condition can not be ruled out (including planned surgeries); or
- in the event of a sudden disease or a sudden deterioration of a chronic disease seriously threatening to health, or
- where the nature of the healthcare required by the condition of the insured does not allow it to be provided in an outpatient form for the time necessary to perform the required examinations and treatments, or for as long as a sudden reversal of the stability of the state of health can reasonably be expected.

Emergency surgery - a surgery for which the insured person has been promptly admitted to hospitalization or if emergency surgery during hospitalization has led to his/her condition.

Healthcare facility - a medical facility, including a radiotherapeutic and oncological medical institute providing diagnostic and therapeutic institutional care (hospital beds), has the staff, material and technical equipment for the type and scope of care provided, and meets the requirements stipulated by generally binding legal regulations for the operation thereof. A special treatment institution is not considered a medical institution.

Article 3 Claims from the insurance for the case of hospitalization due to a disease or an accident

- The insured is entitled to the insurance benefit from the insurance - a daily allowance if he/she is admitted to hospitalization under the constant professional supervision of qualified physicians at the acute bed of an inpatient department of a medical facility on the basis of medical necessity due to his/her disease or accident that occurred at the earliest on the day of commencement of the insurance, pregnancy or childbirth, and his/her hospitalization lasted at least 24 hours or included at least 1 night.
- Den přijetí pojištěného na akutní lůžko musí nastat nejdříve po uplynutí čekací doby, to neplatí pro hospitalizace pojištěného výlučně z důvodu úrazu vzniklého nejdříve v den počátku pojištění.
- The waiting period is set for the first 3 calendar months from the beginning of the insurance. Zvláštní čekací doba v délce prvních 8 kalendářních měsíců od počátku pojištění se stanovuje pro hospitalizaci pojištěného z důvodu porodu a z důvodu zhotovení zubních náhrad, stomatochirurgie a čelistní ortopedie.
- Pro každou změnu pojištění, kterou došlo ke zvýšení denní dávky, se uplatní na navýšenou část denní dávky čekací doba dle odst. 3 tohoto článku od data účinnosti změny.

Článek 4 Nároky z pojištění pro případ hospitalizace následkem úrazu (dále jen "HÚ")

- Z pojištění vznikne pojištěnému právo na pojistné plnění - denní dávku tehdy, pokud je v době trvání pojištění přijat k hospitalizaci pod soustavným odborným dohledem kvalifikovaných lékařů na akutním lůžku lůžkového oddělení zdravotnického zařízení z důvodu, který je z lékařského hlediska nezbytný s ohledem na jeho úraz

vzniklý nejdříve v den počátku pojištění a jeho hospitalizace trvala alespoň 24 hodin, resp. zahrnovala alespoň jednu noc.

Článek 5 Společná ujednání pro pojištění HO, HÚ

1. Není-li v tomto článku uvedeno jinak, denní dávka ve výši sjednané v pojistné smlouvě náleží za každý den hospitalizace pojištěného, počínaje dnem jeho přijetí na akutní lůžko a konče dnem ukončení jeho hospitalizace na akutním lůžku, vyjma dnů, po které byla hospitalizace pojištěného přerušena z důvodu propustky.
2. Denní dávka ve výši dvojnásobku částky sjednané v pojistné smlouvě náleží za každý i započatý den hospitalizace pojištěného na oddělení anesteziologicko-resuscitačním nebo oddělení intenzivní péče.
3. Denní dávka ve výši dvojnásobku částky sjednané v pojistné smlouvě náleží za každý den hospitalizace pojištěného počínaje dnem jeho přijetí na akutní lůžko a konče dnem ukončení jeho hospitalizace na akutním lůžku, pokud během ní byla pojištěnému provedena neodkladná operace. Jestliže během hospitalizace dojde k více neodkladným operacím, považují se pro účely pojištění za jedinou.
4. Pokud během hospitalizace nastanou okolnosti uvedené v odst. 2 a 3 tohoto článku současně, ustanovení odst. 2 tohoto článku se nepoužije.
5. Pro účely stanovení počtu dní hospitalizace se její první den (den přijetí k hospitalizaci) a její poslední den (den ukončení hospitalizace) považují za jeden den hospitalizace.
6. Překlad pojištěného mezi odděleními nebo odbornostmi během hospitalizace, ať v rámci jednoho či několika zdravotnických zařízení, není považován za její ukončení ani zahájení.
7. Výše pojistného plnění se stanoví vynásobením počtu dní hospitalizace částkou denní dávky určených podle zásad uvedených v tomto článku.
8. Maximální počet dní, za které pojistitel poskytne pojistné plnění, je 730 dní za jednu pojistnou událost.

Článek 6 Výluky z pojištění

1. Pojistitel neposkytne z pojištění HO a HÚ pojistné plnění v případech hospitalizace pojištěného:
 - a) z důvodu, pro který byl během 2 let předcházejících počátku pojištění již hospitalizován, dispenzarizován či ambulantně léčen. Toto ustanovení platí po dobu prvních 2 let od počátku pojištění a neplatí pro hospitalizaci z důvodu těhotenství, umělého přerušování těhotenství, porodu, šestinedělí a pro hospitalizaci výlučně z důvodu úrazu vzniklého nejdříve v den počátku pojištění,
 - b) z jiného než diagnostického a léčebného důvodu (např. ochranná či povinná léčba, sociální hospitalizace, hospitalizace, která souvisí s potřebou pečovatelské a opatrovnické péče, nebo je-li hospitalizace odůvodněna pouze nedostatkem domácí péči či jinými osobními poměry pojištěného),
 - c) z důvodu léčebné rehabilitace,
 - d) na vojenské posádkové ošetřovně, ve vězeňské nemocnici nebo vězeňské ošetřovně,
 - e) outside the territory of a Member State of the European Union,
 - f) due to an accident the insured suffered in the pursuit of: bungee jumping, snowboarding or skiing outside marked trails or outside the specified time of operation on marked tracks, aero or ski acrobatics, snowkiting, landkiting (etc.), snowrafting, rafting, canyoning, cliffdiving, diving with a breathing apparatus, parachuting, paragliding, base jumping, speleology, mountaineering, alpine tourism over 3000 m above sea level, alpinism, skialpinism, flying in motor and non-powered aircraft except state licensed carriers, flying in light and ultralight airplanes, hang glider, glider, in a balloon, airship, in active participation in competitions and races of motor vehicles or vessels, and in preparatory rides, flights or trips for them (training),
 - g) due to an injury suffered by the insured in preparation for sport or in exercise of a sport to which he has entered a professional contract, except for snooker, bowling, curling, yoga, billiards, traditional bowling, sweets, pétanque, modern and classical darts, and hiking,
 - h) due to an injury suffered by the insured in the performance of any of the following professions or activities - a heavy industry worker, a high voltage electrician, a painter or a coater or tiler or a cleaner working at heights, a pilot, a roofer, a diver, a sailor, an armed force member, a bomb disposal expert, a worker with explosives, a martial arts teacher, window cleaner working at heights, all mining professions (eg miners, mining locksmiths, mining engineers, etc.),
 - i) during which he/she willfully left or discharged himself or herself from the medical facility, and terminated all subsequent hospitalization for the same cause or its complication.
2. The insurer will not provide insurance benefit from the HO insurance in the following cases:
 - a) mental disorders and behavioral disorders as determined by the International Classification of ICD Diseases, i.e. diagnosis F00 to F99,
 - b) sterilization or induced termination of pregnancy for other than medical reasons,
 - c) performing a plastic surgery (including cosmetic intervention) for other than medical reasons,
 - d) congenital malformations, diseases and conditions arising therefrom.
3. The insurer will not provide insurance benefit from the HÚ insurance in the following cases:
 - a) if the consequence of an accident is the onset or worsening of the hernia, venous ulcers, diabetic gangrenes, tumours of all kinds and origins, the onset and worsening of aseptic inflammation of the tendon sheaths, muscle attachment bursae and epicondylitis,

- b) due to consequences of diagnostic, therapeutic and preventive interventions that have not been performed to treat the consequences of an injury,
- c) if the consequence of the accident was the aggravation of an already existing disease or if the insured event occurred as a consequence of a disease,
- d) in the case of an intervertebral disc prolapse not caused by an injury, disc and algic spinal syndromes and other diseases of the back (diagnoses M40 to M54 according to the International Statistical Classification of Diseases),
- e) in the case of pathological and fatigue fractures or fractures related to congenital brittle bone disease or in connection with other congenital malformations or diseases, i.e. fractures resulting from reduced bone strength, which are produced lesser intensity of external influence than traumatic fractures of healthy bones.

Article 7 Obligations of the Insurance Participants

1. The insured is obliged to submit to the insurer the filled-in Notice of Insured Claim - Hospitalization" form and the final discharge papers concerning the course of treatment (hospital stay) without undue delay after the end of the hospital stay.

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Article 1 Introductory provisions

1. The special terms and conditions for injury insurance (hereinafter referred to as "ZPP U") govern:
 - a) insurance for permanent impairment of an injury (hereinafter also referred to as the "TN" or "insurance") and
 - b) insurance for medical treatment of an injury (hereinafter also referred to as the "DO" or "insurance").
2. Accident insurance is negotiated as a fixed-amount benefit insurance.

Article 2 Explanation of Terms

Valuation table A - a part of the terms and conditions of insurance that sets the maximum number of days for the treatment of physical impairment resulting from an injury covered by the insurer's performance in case of treatment of an injury.

Valuation table B - a part of the terms and conditions of insurance, used to determine the scope of the insurer's insurance coverage in case of permanent consequences of an injury.

Permanent consequences of an injury - loss of or reduction in the functioning of body organs or parts of the body that are of a permanent nature after the treatment has been completed. In cases expressly listed in Valuation Table B, permanent consequences of an injury are understood to include other permanent physical impairment which does not restrict the function of body organs or parts of the body.

Medical treatment - a process aiming to positively affect the condition of the insured based on the completion of an individual medical process defined by a physician of acting within the scope of professional competence, intending to cure the insured or to stabilise the consequences of the injury.

Necessary treatment time - the time when the treatment process is taking place. The medical records of the insured must present a clear justification of the selected treatment method and the dates of check-ups. After each medical appointment, the medical records of the insured must clearly indicate the proposed method of further treatment and information on the course of treatment.

The following times are not included in the necessary treatment time:

- a) time till a substitute check-up if the insured fails to arrive to a scheduled check-up without a justified reason;
- b) time of rest treatment regimen for diagnoses where such regimen is unusual without being

- sufficiently justified in the medical documentation;
- c) time during which gradual increase of load is recommended;
- d) time when rehabilitative care or rehabilitative spa treatment or exercise is taking place in the insured person's own social environment.

Severe contusion - severe contusion is understood to only mean such contusions where the following conditions are met:

- a) it is demonstrated by swelling, hematoma or subcutaneous effusion and
- b) the diagnosis of this physical impairment is determined on the basis of a surgical, orthopedic, or traumatological examination by a specialist.

Sprain - is the injury to the soft parts of the joint that usually arises from indirect action or direct violence when the physiological range of movement in the joint has been exceeded. A sprain is understood to only mean such physical impairment where the following conditions are met:

- a) it is demonstrated by swelling or hematoma and
- b) the diagnosis of this physical impairment is determined on the basis of a surgical, orthopedic, or traumatological examination by a specialist and based on an X-ray or other imaging method of examination.

Rigid fixation - this form of fixation is understood to mean plaster cast, rigid brace, aluminum brace fixator, plastic cast. Zink oxide, starch bandages, bandages, taping, or any other fixation not applied by a physician are not considered rigid fixation forms.

Emergency bed - a bed in a healthcare facility intended to accommodate patients upon sudden failure or sudden hazard to vital functions, or when such condition cannot be ruled out (including scheduled operations), or to accommodate patients if the nature of healthcare required by the patient's condition rules out the out-patient mode, for the time required for the necessary examinations and treatments or for the time during which a sudden change of health condition modification may be reasonably expected.

Healthcare facility - a medical facility, including a radiotherapeutic and oncological medical institute providing diagnostic and therapeutic institutional care (hospital beds), has the staff, material and technical equipment for the type and scope of care provided, and meets the requirements stipulated by generally binding legal regulations for the operation thereof. The following venues **are not considered** medical facilities: nursing homes, TBC and respiratory disease hospitals, psychiatric hospitals, institutes for treatment of addictions (including drunk tanks), spa clinics, sanatorium, respite centres, convalescence clinics, social care or nursing service institutions, day centres, hospices.

Article 3 Variants of the insurance for accident treatment

1. Insurance for medical treatment of an injury may be arranged in the "Severe and minor injuries" or "Severe injuries" options which differ from each other with respect to the scope of insurance coverage. The scope of the insurance coverage provided by the two policy options and the maximum time of necessary treatment for individual physical injuries covered by the insurer provides indemnity are indicated in Valuation Table A.

Article 4 Claims from the insurance claims for permanent consequences of an accident

1. If an accident occurs during the term of the insurance in the event of permanent consequences of an accident, the insurer shall pay the insured the percentage share of the insurance sum agreed in the insurance contract as of the date of the accident, that corresponds to the percentage stipulated in the Valuation Table B for the extent of the permanent consequences after their stabilize. In the first year after an accident, the insurer will provide the benefit only if the definitive extent of the permanent consequences of an accident can be clearly identified from the medical point of view.
2. If the permanent consequences do not stabilize within three years from the date of the injury, the insurer shall pay the amount corresponding to the percentage of damage at the end of this period. The insurer does not provide performance permanent consequences of an accident that occurred, manifested or worsened after the expiration of this period.
3. If Valuation table B stipulates a percentage range, the insurer shall determine the amount of performance to match the nature and extent of the permanent consequences of the injury within the relevant range.
4. In the case of permanent consequences of an injury affecting an organ or part of the body the functions of which had been limited even prior to the injury, the percentage rating shall be determined according to Valuation table B by reducing the total percentage by the percentage adequate to the prior damage, also determined based on Valuation table B.
5. As a prerequisite for a claim to insurance benefit, the scope of the permanent consequences of a single injury suffered by the insured has to reach, once stabilised, such a percentage according to Valuation Table B as stipulated as the minimum level for the insurer's obligation to provide performance (limit for permanent consequences of an injury) in the insurance contract as of the date of the injury and, at the same time, the insured must not have died within 6 months of the date of the injury.
6. If the injured has suffered multiple permanent consequences of different kinds caused by a single injury, the total permanent consequences of the injury shall be evaluated by the sum total of percentages for the individual consequences. However, the insurance benefit for permanent consequences caused by a single injury may

not 100% of the sum insured, or a multiple thereof in accordance with paragraph 10 of this Article. However, if the individual consequences relate to the same limb, organ or part thereof, they shall be assessed as a unit and scored by no more than the percentage specified in Valuation Table B for the anatomical or functional loss of the relevant limb, organ or part thereof. If the insurer has covered the consequences of an injury to the extent specified in the Valuation Table B for the anatomical loss of the relevant limb, organ or part thereof, no further benefit shall be provided in the case of any subsequent injury and permanent consequences concerning that limb, organ or part thereof.

7. If some kinds of permanent consequences of an injury are not included in Valuation Table B, the insurer shall determine the extent of the insurance benefit according to the permanent consequences of a nature closest to the permanent consequences concerned, listed in Valuation Table B.
8. The amount of insurance benefit is determined by the insurer according to the medical records of the insured. The decision relies on the opinion of a medical practitioner who provides expert advice to the insurer.
9. If the scope of permanent consequences of the injury cannot possibly be determined according to the medical records of the insured, the insurer shall rely in the determination on the report from the medical examination of the insured by a physician appointed by the insurer and, if needed, upon consultation with a physician providing specialist advice to the insurer. The insurer shall arrange the medical checkup at its own expense.
10. The sum insured shall be multiplied by the coefficient as indicated below based on the extent of the permanent consequences of the injury, determined in accordance with the principles set out in this Article ("progressive fulfillment"):

Extent of the permanent	Coefficient
1% to 25% incl.	1
Over 25% to 50% incl.	2
Over 50% to 75% incl.	3
Over 75% to 95% incl.	4
Over 95% to 100% incl.	6

Article 5 Insurance claims for medical treatment of an accident

1. The insured shall be entitled to receive the insurance benefit - Daily Compensation if, during the insurance period, the insured has suffered an injury that causes the physical impairment to the insured as listed in Valuation Table A. In some cases, the claim to insurance benefit is tied to a certain condition in Valuation Table A (e.g. extent of damage to the body, treatment method, etc.). No insurance benefit is provided unless such conditions are met.
2. If a physical impairment is not included in Valuation Table A, the Insurer shall apply the values stipulated by Valuation Table A for physical impairments that are closest to the physical impairment in question, to determine the amount of insurance benefit. This method of assessment shall be used only if the physical impairment is of at least the same level of severity as indicated in Valuation Table A for the physical impairment which should be used as the analogous assessment case.
3. The insurer shall provide benefits only if the following conditions are met:
 - a) a medical report from the initial treatment of the injury, specifying the diagnosis, the injury trauma and objectively identified consequences of the injury has been submitted; contrastingly, medical reports which are compiled at a later date or declarations not corresponding with authentic medical records are not taken into consideration for the purposes of insurance claims,
 - b) the insured was first treated when there were objective symptoms of physical impairment caused by the injury, rather than merely subjective problems of the insured,
 - c) the injury of the insured required a medical examination or treatment by a physician of and subsequent therapy,
 - d) the medical documents captures the injury trauma and the objectively identified consequences thereof, i.e. the physical impairment, including the appropriate diagnosis, as ascertained.
4. For the purposes of insurance claims, the subjective problems of the insured are not decisive and considered, if they are not objectively demonstrated as physical impairment; no medical reports compiled at a later date, or declarations not matching the authentic medical records are taken into consideration.
5. The insurer shall pay the daily compensation amount as agreed in the insurance contract as of the date of the injury, from the first day of treatment for the injury till the end of the necessary treatment of the injury, as supported by the medical certificate, however, for the treatment period as indicated in Valuation Table A at the maximum. The time for which the daily compensation is paid shall not exceed 365 days from the date of the injury.
6. The insurance benefit is determined by multiplying the number of days required to treat the injury determined according to the principles set out in this Article by the daily compensation amount.
7. If the insured suffers another injury during the treatment of an injury for which the Insurer is obliged to pay daily compensation, the maximum number of days for which the insurer provides performance is determined as the sum of the number of days listed in Valuation Table A for both physical impairments. The period during which the treatment of the two injuries overlaps is only considered once.
8. If the insured suffers multiple physical impairment within a single accident, the number of days for which the

insurer pays the daily compensation is determined according to the physical impairment with the highest number of days indicated in Valuation table A.

9. For every day or part of day spent by the insured as in-patient in hospital, on emergency bed under constant expert supervision of qualified physicians, the insured shall receive a daily allowance equal to twice the amount agreed in the insurance contract.

Article 6 Exemptions from the accident insurance

1. The insurer will not provide insurance benefit from the insurance in the following cases:
 - a) if there is an insured event in the pursuit of these sports or activities: bungee jumping, snowboarding or skiing outside marked trails or outside the specified time of operation on marked tracks, aero or ski acrobatics, snowkiting, landkiting, snowrafting, rafting, canyoning, cliffdiving, diving with a breathing apparatus, parachuting, paragliding, base jumping, speleology, mountaineering, alpine tourism over 3000 m above sea level, alpinism and skialpinism, flying in motor and non-powered aircraft except state licensed carriers, flying in light and ultralight airplanes, hang glider, glider, in a balloon and airship, in active participation in competitions and races of motor vehicles or vessels, and in preparatory rides, flights or trips for them (training),
 - b) if the consequence of an insured event is the onset or worsening of the hernia, venous ulcers, diabetic gangrenes, tumours of all kinds and origins, the onset and worsening of aseptic inflammation of the tendon sheaths, muscle attachment bursae and epicondylitis,
 - c) for consequences of diagnostic, therapeutic and preventive interventions that have not been performed to treat the consequences of an insured event,
 - d) if the consequence of the insured event was the aggravation of an already existing disease or if the insured event occurred as a consequence of a disease,
 - e) in relation to congenital malformation or disease and conditions resulting therefrom,
 - f) in the case of an intervertebral disc herniation caused by a non-traumatic event, the disc and algic spinal syndromes and other diseases of the back, (diagnosis M40 to M54 according to the international statistical classification of the diseases),
 - g) in the case of pathological and fatigue fractures or fractures related to congenital brittle bone disease or in connection with other congenital malformations or diseases, i.e. fractures resulting from reduced bone strength, which are produced lesser intensity of external influence than traumatic fractures of healthy bones,
 - h) if the muscles, tendons or ligaments have been damaged or the spine has been disturbed due to an overload of the body's own force when lifting or moving loads,
 - i) if there is interruption or damage to degenerative (pathologically) altered anatomical parts of the body or organs (eg Achilles tendon, meniscus)
 - j) in the case of a habitual luxation, i.e., a repetitive joint dislocation and/or dislocation of a part thereof in normal movement caused by, for example, a loose joint or insufficiency of joint ligaments, atrophy of the joint head or a too-flat joint and other congenital malformations and disorders,
 - k) if it is a mental disorder or a change in the psychic state of the insured, no matter what caused them, if there is no organic damage to the central nervous system by an injury.

Article 7 Rights and Obligations of Insurance Participants

1. If the accident insurance has been arranged with the inclusion of the insured person in the risk group according to Article 9 of the ZPP U (i.e. the risk group is mentioned in the insurance contract), the policyholder and the insured are obligated to notify the insurer in writing without any undue delay of the change of profession or registered sporting activity of the insured affecting the inclusion of the insured in the risk group in accordance with Article 9 of these ZPP U. The Insurer will take into account this change in the amount of accident insurance for the next insurance period.
2. Unless there are serious objective grounds preventing the action, the insured is obliged to inform the insurer of an insured event in writing no later than 1 month after the date of finishing the necessary treatment of the physical impairment caused by the injury, using the insurer's form "Notice of Insured Event - Daily Compensation covered by Accident Insurance".
3. The insured is obliged to notify the insurer in writing of the insured event using the insurer's form "Notice of Insured Event - Permanent Consequences".

Article 8 Limitation of the Insurance Benefit

1. The insurer has a right to reduce the insurance benefit of accident insurance accordingly in cases where the policyholder, or insured under Article 7 (1) of the ZPP U failed to report a change of occupation or registered sports activity which would mean the insured would be classified a higher-risk group.
2. The insurer has a right to reduce the insurance benefit of accident insurance accordingly if the insured event is not reported in due time, i.e. within the time limit stipulated by Article 7 (2) of ZPP U.

Article 9 Risk groups

1. The insurer is entitled to determine the insurance premiums also with respect to the level of hazard involved in the activity performed. Information on high-risk occupation, sports or other hobby activities of the insured is in this case of material significance to the determination of premium amount. If insured practices a profession and is involved in sports activities which fall into different risk groups, the higher-risk group always prevails. The final decision on classification of an insured in a risk group falls within the insurer's remit.
2. The insurer classifies private individuals in four risk groups based on occupation (profession) and registered sports activities as follows:

1. Risk Group

Persons performing intellectual, management or administration activity. All professions in the non-manufacturing fields, possibly with a small proportion of light manual work not using hazardous tools or substances, without exposure to hazardous environments.

This group includes, inter alia:

office staff	attorneys at law	agriculturists	dressers	architects
archivists	assistants	auditors	auctioneers	bartenders
bag makers	customs officials	customs officers	confectioners	sports instructors
upholsterers	waiters	tax advisers	decorators delegates	diplomats
disk jockeys	dispatchers	janitors	old-age and disability pensioners	ecologists
economists	ergonomists	druggists	financiers	photographers
geodetists	graphic designers	actors	historians	security guards
watchmakers	hostesses	hotel staff	dam security staff	musicians
public health officers	choreographers	IT staff	inspectors	executive officers
fine mechanics	hairdressers	cartographers	priests	bookbinders
librarians	jewellers	technical designers	controllers	consultants
proofreaders	beauticians	basket makers	furriers	lace-makers
tailors	croupiers	chefs	curators	musical instrument tuners
pharmacists	physicians	lecturers	flight attendants	folk healers
logisticians	puppeteers	brokers	managers	masseurs
registrars	meteorologists	metrologists	modellers	models
presenters	designers	the unemployed	notaries	traders
service station staff	shoemakers	appraisers	telephone operators	opticians
caregivers	chiropradists	bakers	HR staff	typists
sign painters	planners	lifeguards	actuaries	check-out assistants
chambermaids	consultants (business, finance, insurance, etc.)	politicians and public servants	fish wardens	MPs
postmen	post office staff	advertising staff	lawyers	shop assistants
programmers	project developers	film projector operators	guides	conductors
psychologists	translators	receptionists	editors	registered referees (except for ice- hockey and soccer)
officers	rehabilitation nurses	retouchers	ticket inspectors	film and theatre directors
budget officers	fishermen	secretarial staff	senators	waitresses
social workers	judges	writers	administrators	statisticians
stewards	students	stylists	cloakroom staff	cobblers
stitchers	janitors	seamstresses	technical and administrative staff	technologists
tattoo artists	spokesmen	interpreters	accountants	teachers (except for driving schools) and other teaching staff members
cleaners	artists	officials	usherettes	scientists

make-up artists	porters	educators	station masters	researchers
medical staff	goldsmiths	pupils	housewives	

Persons, incl. professional athletes, involved in any of the following sports, incl. the highest-level domestic and international competitions, within organisations which organise sports, competitions or races in the following fields: billiards, bowling, curling, golf driving range, golf, yoga, cricket, croquet, snooker, bowling, pétanque, fishing, table football, chess, modern and classic darts, hiking.

2. Risk Group

This group includes people who do not belong to the risk group 1.

Article 10 Valuation table A

Performance of a daily compensation for the time necessary for the medical treatment of physical impairment due to an injury

Item number:	Description of physical impairment:	The maximum period of necessary treatment for which the insurer is to pay:	
		Severe and minor injuries	Severe injuries
Head injuries			
001	Damage to the scalp of the head with a partial defect of the skin	35	35
002	Damage to the scalp of the head with a complete defect of the skin	84	84
003	Severe head bruising without concussion with clinical findings - hematoma, swelling, subcutaneous tissue	10	no performance
004	Severe face bruising with clinical findings - hematoma, swelling, subcutaneous tissue	10	no performance
005	Sprain of jaw joint requiring X-ray examination	14	no performance
006	The jaw dislocation (including double sided) repositioned by an expert physician	21	21
007	Fracture of the cranial base	182	182
008	Fracture of the cranial base without displacement of fragments inside	70	70
009	Fracture of the cranial base with displacement of fragments inside	112	112
010	Fracture of the frontal bone without displacement of fragments inside	56	56
011	Fracture of the frontal bone with displacement of fragments inside	98	98
012	Fracture of the parietal bone without displacement of fragments inside	56	56
013	Fracture of the parietal bone with displacement of fragments inside	98	98
014	Fracture of the occipital bone without displacement of fragments inside	56	56
015	Fracture of the occipital bone with displacement of fragments inside	98	98
016	Fracture of the temporal bone without displacement of fragments inside	56	56
017	Fracture of the temporal bone with displacement of fragments inside	98	98
018	Fracture of the margin of the orbit	70	70
019	Fracture of septum and nose bones	18	no performance
019a	Fracture of septum and nose bones with reposition or surgically treated	28	28
020	Fracture of zygomatic bone	70	70

021	Fracture of the jaw without dislocation or with dislocation of fragments treated conservatively	56	56
022	Fracture of the jaw without dislocation or with dislocation of fragments, surgically treated	84	84
023	Fracture of upper jaw without dislocation of fragments	77	77
024	Fracture of upper jaw with dislocation of fragments	112	112
025	Fracture of the upper or lower jaw alveolar bone	56	56
025a	Fracture of the zygomatic arch and zygomaticomaxillary and nasomaxillary complex	84	84
026	Combined Le Fort fractures I	90	90
027	Combined Le Fort fractures II	120	120
028	Combined Le Fort fractures III	210	210
Injury of the eye and associated nasal segments			
029	Laceration or cutaneous wound of the eyelid, surgically treated	14	no performance
030	Laceration or cutaneous wound of the eyelid interrupting lacrimal ducts	21	21
031	Inflammation of the lacrimal sac demonstrably after an injury, surgically treated	35	35
032	First or second degree chemical or heat burns of the conjunctiva line	14	no performance
033	Third degree chemical or heat burns of the conjunctiva line	49	49
033a	Chemical or heat burns of the eyelid skin of one eye	14	no performance
033b	Chemical or heat burns of the eyelid skin of both eyes	18	no performance
034	Perforating conjunctiva line wound in transient algae with bleeding (no lesions in the sclera)	14	no performance
035	Surface abrasion or deep corneal wound without perforation and with no complications	18	no performance
036	Deep corneal wound without perforation complicated by a cataract caused by post-traumatic or intraocular inflammation	56	56
037	Corneal or scleral wound with perforation treated conservatively without complications	35	35
038	Corneal or scleral wound with perforation treated conservatively complicated by a post-traumatic cataract	56	56
039	Corneal or scleral wound with perforation treated conservatively, complicated by intraocular inflammation or intraocular non-magnetic foreign body	90	90
040	Corneal or scleral wound with perforation, surgically treated without complications	42	42
041	Corneal or scleral wound with perforation, surgically treated, complicated by iris herniation or wedging	60	60
042	Corneal or blemishes with perforation treated with surgery, complicated by post-traumatic cataract or foreign magnetic intraocular body	56	56
043	Corneal or scleral wound with perforation treated surgically, complicated by intraocular inflammation or foreign non-magnetic intraocular body	90	90
044	The wound penetrating into the orbit confirmed by a specialist physician	18	no performance
045	The wound penetrating into the orbit complicated by a foreign non-magnetic body in the orbit	63	63
046	The wound penetrating into the orbit complicated by a foreign magnetic body in the orbit	63	63

047	Eye contusion with bleeding into the anterior chamber without complications	35	35
048	Eye contusion with bleeding into the anterior chamber complicated by secondary elevation of intraocular pressure requiring surgical treatment	90	90
049	Eye contusion with iris laceration without complications	35	35
050	Eye contusion with iris laceration with complicated by inflammation of the iris or post-traumatic cataract	70	70
050a	Eye contusion with conjunctiva line laceration, or with iridoplegia, or with corneal epithelium edema treated with suture, or with complication of corneal inflammation	70	70
051	Partial dislocation of the lens without complications	35	35
052	Partial dislocation of the lens complicated by secondary elevation of intraocular pressure requiring surgical treatment	70	70
053	Dislocation of the lens without complications	70	70
054	Dislocation of the lens complicated by secondary elevation of intraocular pressure requiring surgical treatment	105	105
055	Bleeding into the vitreous body and retina without complications	90	90
056	Bleeding into the vitreous complicated by secondary elevation of intraocular pressure requiring surgical treatment	120	120
057	Severe mechanical shock of retina	14	no performance
058	Post-traumatic corneal ulcer	60	60
059	Chemical or heat burn of the corneal epithelium	14	no performance
060	Chemical or heat burn of the corneal parechyma	175	175
061	Direct eye injury detected by a physician with subsequent retinal detachment	182	182
062	Accidental affection of the optic nerve and chiasm	105	105
063	Fracture of the wall of the secondary nasal cavity with the subcutaneous emphysema	28	28
064	Fracture of the nasal bones interrupting lacrimal ducts treated conservatively	28	28
065	Fracture of the nasal bones interrupting lacrimal ducts treated surgically	56	56
066	Injury of the eye requiring immediate removal of the eye	63	63
067	Injury of the extraocular muscles with diplopia	70	70
Ear injuries			
068	Auricle contusion with bruising	no performance	no performance
069	Auricle injury with secondary aseptic perichondritis	35	35
070	Drum perforation without breaking the skull bones and without secondary infection	18	no performance
070a	Drum perforation without breaking the skull bones and with secondary infection	42	42
071	Labyrinthine concussion, acoustic trauma	49	49
Tooth injuries			
072	Loss or necessary extraction of one to three teeth as a result of external violence (not biting)	21	21
073	Loss or necessary extraction of four and more teeth as a result of external violence (not biting)	28	28
074	Damage or loss of temporary teeth(milk teeth), artificial and non-vital teeth, periodontal teeth	no performance	no performance
074a	Fracture of part of a tooth without loss of vitality	no performance	no performance

075	Release of the tooth attachment of one tooth (subluxation, luxation, reimplantation) with a necessary fixation splint; for each additional tooth for another 7 days	21	21
076	Breaking of one root of the tooth with the required fixation splint; for each additional tooth for another 7 days	21	21
Neck injury			
077	Chemical burns, perforation or laceration of the esophagus	112	112
078	Perforating larynx or trachea injury	112	112
079	Fracture of the hyoid bone or the thyroid cartilage	112	112
080	Damage to the vocal cords due to inhalation of irritating vapors or as a result of a blow (impact)	18	no performance
Chest injuries			
081	Clinical evidence of pulmonary contusion	84	84
082	Clinically proven heart damage by injury or cardiac tamponade and penetrating heart injury	365	365
083	Diaphragmatic rupture	112	112
084	Severe thoracic wall contusion with clinical findings - hematoma, swelling, subcutaneous tissue	10	no performance
084a	Wounds penetrating into the thoracic wall without damage to the thoracic organs and bones	35	35
085	Fracture of thoracic bone without displacement of fragments	35	35
086	Fracture of thoracic bone with displacement of fragments	63	63
087	Fracture of one rib clinically proven	28	28
088	Fractures of two to five ribs clinically proven	49	49
089	Fractures of six and more ribs clinically proven	84	84
090	Dislocated fracture of two to four ribs	77	77
091	Dislocated fracture of five or more ribs	98	98
092	Dislocated thoracic bone fracture	98	98
093	Post-traumatic pneumothorax	84	84
094	Post-traumatic pneumothorax open or valvular	140	140
095	Post-traumatic mediastinal and subcutaneous emphysema	140	140
096	Post-traumatic thoracic hemorrhage treated conservatively	63	63
097	Post-traumatic thoracic hemorrhage treated surgically	98	98
Abdominal injuries			
098	Severe abdominal wall contusion with clinical findings - hematoma, swelling, subcutaneous tissue	10	no performance
099	Wounds penetrating into the abdominal cavity without injury to the internal organs	35	35
100	Liver rupture	112	112
101	Splenic rupture	84	84
102	Pancreas rupture	112	112
103	Stomach perforation due to injury	84	84
104	Duodenum perforation due to injury	91	91
105	Small intestine rupture or interruption without resection	56	56
106	Small intestine rupture or interruption with resection	84	84
107	Large intestine rupture or interruption without resection	70	70
108	Large intestine rupture or interruption with resection	91	91
109	Mesentery rupture without resection	56	56
110	Mesentery rupture with resection of the intestine	84	84
Urogenital trauma			
111	Kidney contusion with haematuria	35	35
112	Serious contusion of the external genital organs, clinically	35	35

	confirmed		
113	Damage to the internal genital organs due to injury, clinically confirmed	63	63
114	Serious contusion of the external genital organs with post-traumatic complications	63	63
115	Kidney rupture or crushing	98	98
116	Bladder rupture	84	84
117	Urethral rupture	84	84
Spinal injuries			
118	Severe contusion of the triangles of the neck, sternal area, lumbar area and sacral area with clinical findings - hematoma, swelling, subcutaneous tissue	10	no performance
118a	Severe coccyx bruising with clinical findings - hematoma, swelling, subcutaneous tissue	10	no performance
119	Cervical spine sprain, clinically confirmed (spinal dynamics disorder with spasms, block position of vertebrae) treated with fixation e.g. Schanz's collar		no performance
119a	Cervical spine sprain caused by a traffic accident, so called Whiplash injury associated with at least one of the symptoms such as tinnitus, vertigo, hypacusis, dysphagia or dysphonia	28	28
120	Thoracic spine sprain, clinically confirmed (spinal dynamics disorder with spasms, block position of vertebrae)	18	no performance
121	Lumbar spine sprain, clinically confirmed (spinal dynamics disorder with spasms, block position of vertebrae)	18	no performance
122	Atlanto-occipital dislocation without damage to the spinal cord or its roots	182	182
123	Cervical spine dislocation without damaging the spinal cord or its roots	182	182
124	Thoracic spine dislocation without damaging the spinal cord or its roots	182	182
125	Lumbar spine dislocation without damaging the spinal cord or its roots	182	182
126	Coccyx dislocation without damage to spinal roots	49	49
127	Subluxation of vertebral bodies, clinically confirmed, usually requiring X-ray or other supportive imaging method	140	140
128	Fracture of the sphincter	35	35
129	Fracture of one transverse protrusion	49	49
130	Fracture of multiple transverse or sphincter protrusions	70	70
131	Fracture of the articular processes	56	56
132	Fracture of the arc	84	84
133	Odontoid process (dens axis) fracture	210	210
134	Compressive fracture of the cervical, thoracic or lumbar vertebrae body with a lowering of the front part of the body to one-third, treated conservatively	100	100
134a	Compressive fracture of the cervical, thoracic or lumbar vertebrae body with a lowering of the front part of the body to one-third, treated surgically	140	140
135	Compressive fracture of the cervical, thoracic or lumbar vertebrae body with a lowering of the front part of the body to more than one-third	245	245
136	Burst fracture of the body of the cervical, thoracic or lumbar vertebra	245	245
136a	Burst fracture of the body of the cervical, thoracic or lumbar vertebra with transversal spinal cord lesion	365	365
137	For a fracture of the body of every further vertebrae according to	max. 365	max. 365

	points 134 to 136, the number of days is increased by one quarter		
138	Damage to the intervertebral disc caused by injury with simultaneous the vertebral body fracture	182	182
139	Traumatic damage to the intervertebral disc without simultaneous fracture of the vertebral body requiring X-ray or other supportive examination by imaging methods	49	49
Pelvic injuries			
140	Severe bruising of the pelvis, clinically confirmed - hematoma, swelling, sneezing of the subcutaneous tissue	10	no performance
141	Sacroiliac joint dislocation	18	no performance
142	Sacroiliac joint displacement confirmed by an imaging method and treated by a specialist physician	182	182
143	Fracture of the anterior iliac spine	49	49
144	Ischium spine fracture	49	49
145	Unilateral pubic bone or ischium fracture without displacement	63	63
146	Unilateral pubic bone or ischium fracture with displacement	112	112
147	Bilateral fracture of pubic bone or unilateral fracture with pubic symphysis separation	182	182
148	Fracture of the wing of ilium without displacement	63	63
149	Fracture of the wing of ilium with displacement	112	112
150	Fracture of sacrum	63	63
151	Fracture or luxation of the coccyx	49	49
152	Fracture of the acetabular margim	70	70
153	Fracture of pubic bone and ilium	182	182
154	Fracture of pubic bone with sacroiliac joint dislocation	182	182
155	pubic symphysis separation	70	70
156	Fracture in the area of acetabulum, or with a central luxation of the femoral head	252	252
Upper limbs injuries			
157	Severe bruising of one or more fingers with clinical findings - hematoma, swelling, subcutaneous tissue	7	no performance
157a	Severe hand bruising with clinical findings - hematoma, swelling, subcutaneous tissue	10	no performance
157b	Severe forearm bruising with clinical findings - hematoma, swelling, subcutaneous tissue	10	no performance
157c	Severe arm bruising with clinical findings - hematoma, swelling, subcutaneous tissue	10	no performance
157d	Severe bruising of upper limb joints (shoulder, elbow, wrist) with clinical findings - hematoma, swelling, subcutaneous tissue	10	no performance
158	Incomplete interruption of extensor tendons on a finger or hand on one finger with conclusive objective symptoms (treated with fixation)	21	21
159	Incomplete interruption of extensor tendons on a finger or hand on several fingers (treated with fixation)	49	49
159a	Incomplete interruption of the collateral ligaments of the basic or inter-articular joint of the finger (s) or of the anterior carpentocarpal joint	21	21
160	Complete interruption of flexor tendons on fingers or hands on one finger	63	63
161	Complete interruption of flexor tendons on fingers or hands on several fingers	112	112
162	Complete interruption of extensor tendons on fingers or hands on one finger	49	49

163	Complete interruption of extensor tendons on fingers or hands on several fingers	70	70
164	Detachment of dorsal finger aponeurosis	49	49
165	Total interruption of one or two finger or hand flexor or extender tendons in the wrist	77	77
165a	Complete interruption of the collateral ligaments of the basic or inter-articular joint of the finger (s) or of the anterior carpentocarpal joint	84	84
165b	Interruption of radiocarpal and intercarpal ligaments	84	84
166	Complete interruption of several finger or hand flexor or extender tendons in the wrist	140	140
167	Supraspinatus muscle strain or its tendon sprain, treated conservatively, requiring X-ray or other supportive examination (ultrasonography, NMR, etc.)	42	42
168	Complete rupture of the supraspinatus muscle or tendon, treated conservatively	70	70
169	Complete rupture of the supraspinatus muscle or tendon, treated surgically	84	84
170	Rupture (tearing off) of the long tendon of the biceps brachii head, treated conservatively	35	35
171	Rupture (tearing off) of the long tendon of the biceps brachii head, treated surgically	70	70
171a	Rupture (tearing off) of the lower attachment of the biceps brachii, treated conservatively, confirmed by ultrasonography, NMR etc.	35	35
171b	Rupture (tearing off) of the lower attachment of the biceps brachii, treated surgically	70	70
171c	Rupture (tearing off) of the collateral ligaments, treated surgically	70	70
172	Rupture of another muscle or tendon treated conservatively, confirmed by examination of ultrasonography, NMR etc.	28	28
173	Muscle strain or tendon sprain or complete rupture thereof, treated surgically	70	70
174	Displacement of joints between the clavicular notch and the scapula, clavicular notch and sternum, shoulder, elbow and wrists joints requiring X-ray or other supportive imaging examination, treated by fixation	14	no performance
174a	Rupture of the glenoid labrum or shoulder joint socket, treated conservatively	49	49
174b	Rupture of the glenoid labrum or shoulder joint socket, treated surgically	84	84
174c	Finger joint sprain, treated with rigid fixation	14	no performance
175	Displacement or subluxation between the clavicular notch and the sternum treated conservatively with reposition by a specialist physician	28	28
176	Displacement or subluxation between the clavicular notch and the sternum treated surgically	63	63
177	Displacement or subluxation between the clavicular notch and the scapula treated conservatively with reposition by a specialist physician	28	28
178	Displacement or subluxation between the clavicular notch and the scapula treated surgically	77	77
179	Dislocation of the humerus (shoulder) treated conservatively with reposition by a physician	49	49
180	Dislocation of the humerus (shoulder) treated surgically	84	84
181	Dislocation of the elbow treated conservatively with reposition by a physician	49	49

182	Dislocation of the elbow treated surgically	84	84
183	Dislocation of the wrist (lunar bone and perilunar luxation) treated conservatively with reposition by a physician	70	70
184	Dislocation of the wrist (lunar bone and perilunar luxation) treated surgically	112	112
185	Dislocation of one metacarpal bone treated with reposition by an expert physician	35	35
186	Dislocation of several metacarpal bones treated with reposition by an expert physician	56	56
187	Dislocation of phalanges of one finger treated with reposition by an expert physician	49	49
188	Dislocation of phalanges of several fingers treated with reposition by an expert physician	70	70
189	Fracture of the body or collum of the scapula	56	56
189a	Fracture of articular cartilage of the humerus head or the scapula socket	42	42
190	Fracture of the acromion	49	49
191	Fracture of the coracoid process	42	42
192	Clavicle fracture incomplete	21	21
193	Clavicle fracture complete without dislocation of fragments	35	35
194	Clavicle fracture complete with dislocation of fragments	49	49
195	Clavicle fracture, treated surgically	63	63
196	Fracture of the humeral upper extremity, large tuberosity without displacement	45	45
197	Fracture of the humeral upper extremity, large tuberosity with displacement	63	63
198	Fracture of the humeral upper extremity, burst head fracture	105	105
199	Fracture of the humeral upper extremity, neck or head without displacement	60	60
200	Fracture of the humeral upper extremity, neck or head, wedged	63	63
201	Fracture of the humeral upper extremity, neck or head with displacement of fragments	84	84
202	Fracture of the humeral upper extremity, neck or head, luxation type or treated surgically	112	112
203	Fracture of the body of the humerus, incomplete	63	63
204	Fracture of the body of the humerus, complete without displacement of fragments	84	84
205	Fracture of the body of the humerus, complete with displacement of fragments	112	112
206	Fracture of the body of the humerus, open or surgically treated	140	140
207	Fracture of the humerus above the condylus, incomplete	60	60
208	Fracture of the humerus above the condylus, complete without displacement of fragments	63	63
209	Fracture of the humerus above the condylus, complete with displacement of fragments	84	84
210	Fracture of the humerus above the condylus, open or surgically treated	112	112
211	Intra-articular fracture of the lower humeral extremity (transcondylic and intercondylic fracture, fracture of the capitulum and the trochlea) without displacement of fragments	70	70
212	Intra-articular fracture of the lower humeral extremity (transcondylic and intercondylic fracture, fracture of the capitulum and the trochlea) with displacement of fragments	84	84
213	Intra-articular fracture of the lower humeral extremity (transcondylic and intercondylic fracture, fracture of the capitulum	140	140

	and the trochlea), open, surgically treated		
214	Fracture of the humeral medial epicondyle without displacement of the fragments	42	42
215	Fracture of the humeral medial epicondyle without displacement of the fragments up to the height of the joint slit	70	70
216	Fracture of the humeral medial epicondyle with displacement of the fragments to the joint	112	112
217	Fracture of the lateral epicondyle of the humerus without displacement of the fragments	42	42
218	Fracture of the lateral epicondyle of the humerus with displacement of the fragments	112	112
219	Olecranon fracture, treated conservatively	42	42
220	Olecranon fracture, treated surgically	70	70
221	Elbow coronoid process fracture	56	56
222	Fracture of radial bone head, treated conservatively	56	56
223	Fracture of radial bone head, treated surgically	77	77
224	Fracture of the body of the ulna, incomplete	56	56
225	Fracture of the body of the ulna, complete without displacement of fragments	70	70
226	Fracture of the body of the ulna, complete with displacement of fragments	84	84
227	Fracture of the body of the ulna, open or surgically treated	105	105
228	Fracture of the radial bone body or neck, incomplete	56	56
229	Fracture of the radial bone body or neck, complete without displacement of fragments	75	75
230	Fracture of the radial bone body or neck, complete with displacement of fragments	84	84
231	Fracture of the radial bone body or neck, open or surgically treated	105	105
232	Fracture of both bones of the forearm, incomplete	70	70
233	Fracture of both bones of the forearm, complete without displacement of fragments	84	84
234	Fracture of both bones of the forearm, complete with displacement of fragments	126	126
235	Fracture of both bones of the forearm, open or surgically treated	168	168
236	Monteggia's or Galeazzi's luxation fracture of the forearm, treated conservatively	140	140
237	Monteggia's or Galeazzi's luxation fracture of the forearm, treated surgically	182	182
238	Fracture of the radial bone lower extremity, incomplete	35	35
239	Fracture of the radial bone lower extremity, complete without displacement of fragments	70	70
240	Fracture of the radial bone lower extremity, complete with displacement of fragments	77	77
241	Fracture of the radial bone lower extremity, open or surgically treated	98	98
242	Epiphyseolysis of the radial bone lower extremity	42	42
243	Epiphyseolysis of the radial bone lower extremity, with displacement of fragments	84	84
244	Fracture of the styloid process of the ulna or radial bone, incomplete	35	35
245	Fracture of the styloid process of the ulna or radial bone, complete without displacement of fragments	63	63
246	Fracture of the styloid process of the ulna or radial bone, complete dislocated or treated surgically	84	84

247	Fracture of scaphoid bone, incomplete	84	84
248	Fracture of the scaphoid bone, complete	105	105
249	Fracture of the scaphoid bone, complicated by necrosis	182	182
250	Fracture of another carpal bone, incomplete	28	28
251	Fracture of another carpal bone, complete	56	56
252	Fracture of several carpal bones	112	112
253	Luxation fracture of the base of the first metacarpal bone (Bennett's fracture), treated conservatively	70	70
254	Luxation fracture of the base of the first metacarpal bone (Bennett's fracture), treated surgically	84	84
255	Fracture of one metacarpal bone, incomplete	28	28
256	Fracture of one metacarpal bone, complete without displacement of fragments	35	35
257	Fracture of one metacarpal bone, complete with displacement of fragments	56	56
258	Fracture of one metacarpal bone, open or surgically treated	70	70
259	Fracture of several metacarpal bones, without displacement of fragments	49	49
260	Fracture of several metacarpal bones, with displacement of fragments	70	70
261	Fracture of several metacarpal bones, open or surgically treated	84	84
262	Fracture of one phalanx of one finger, incomplete or complete without displacement of fragments	28	28
263	Fracture of the unguis process of one finger	21	21
264	Fracture of the unguis process of one finger, with displacement of fragments	42	42
265	Fracture of one phalanx of one finger, open or surgically treated	56	56
266	Fractures of multiple phalanges of one finger, incomplete or complete without displacement of fragments	49	49
267	Fractures of multiple phalanges of one finger with displacement of fragments	77	77
268	Fractures of multiple phalanges of one finger, open or surgically treated	84	84
269	Fractures of multiple phalanges of two or more fingers, incomplete or complete without displacement of fragments	56	56
270	Fractures of multiple phalanges of two or more fingers, with displacement of fragments	84	84
271	Fractures of multiple phalanges of two or more fingers, open or surgically treated	98	98
272	Exarticulation in the shoulder joint	280	280
273	Amputation of an arm	230	230
274	Amputation of both forearms	230	230
275	Amputation of one forearm	175	175
276	Amputation of both hands	200	200
277	Amputation of the hand	140	140
278	Amputation of all fingers or parts thereof	140	140
279	Amputation of four fingers or parts thereof	123	123
280	Amputation of three fingers or parts thereof	105	105
281	Amputation of two fingers or parts thereof	88	88
282	Amputation of one finger or its part	70	70
Lower limbs injuries			
283	Severe soft tissue bruising with clinical findings - hematoma, swelling, subcutaneous tissue	10	no performance

283a	Serious contusion of lower limb joints (hip, knee, ankle) with clinical findings - hematoma, swelling, subcutaneous tissue	10	no performance
283b	Severe bruising of a leg or one or more toes with clinical findings - hematoma, swelling, subcutaneous tissue	7	no performance
284	Larger muscle strain or tendon sprain, without surgery, clinically confirmed (ultrasonography, CT, NMR, etc.)	28	28
285	Larger muscle strain or tendon sprain, treated surgically	49	49
286	Rupture or cut of a larger muscle or tendon, treated conservatively, clinically confirmed (ultrasonography, NMR, etc.)	56	56
287	Rupture or cut of a larger muscle or tendon, treated surgically	70	70
288	Achilles tendon sprain (confirmed by sonographic examination or another imaging method)	45	45
289	Achilles tendon rupture	80	80
290	Acetabulofemoral (hip) joint dislocation	18	no performance
291	Knee dislocation, treated conservatively, treated with rigid fixation	18	no performance
291a	Knee dislocation, treated with knee arthroscopic surgery	35	35
292	Talocrural joint dislocation, treated with rigid fixation	18	no performance
293	Chopart's joint dislocation, treated with rigid fixation	14	no performance
294	Lisfranc joint dislocation, treated with rigid fixation	14	no performance
295	Toe joint sprain, treated with rigid fixation	14	no performance
295a	Detachment of labrum and ligamentum capitis femoris of the acetabulofemoral (hip) joint	84	84
296	Sprain of the inner or outer lateral knee ligament, confirmed by ultrasonography, NMR etc.	49	49
297	Knee cruciate ligament sprain, confirmed by ultrasonography, NMR etc.	56	56
298	Rupture or complete detachment of the knee lateral ligament, confirmed by ultrasonography, NMR etc.	84	84
299	Rupture or complete detachment of the knee cruciate ligament, treated conservatively, confirmed by ultrasonography, NMR, CT etc.	91	91
299a	Rupture or complete detachment of the knee cruciate ligament, treated surgically	112	112
300	Sprain of the inner or outer lateral talocrural joint ligament, confirmed by ultrasonography, NMR etc.	35	35
301	Rupture of the inner or outer lateral talocrural joint ligament, confirmed by ultrasonography, NMR etc.	56	56
302	Injury of an external or internal meniscus, treated conservatively, confirmed by ultrasonography, NMR, CT etc.	28	28
303	Injury of an external or internal meniscus, treated surgically	56	56
304	Femoral dislocation (in the hip) treated conservatively with reposition by an expert physician	70	70
305	Femoral dislocation (in the hip) treated surgically	98	98
306	Dislocation of the patella treated conservatively with reposition by a physician	49	49
307	Dislocation of the patella treated surgically	70	70
308	Dislocation of the crus treated conservatively with reposition by a physician	112	112
309	Dislocation of the crus, open or treated surgically	126	126

310	Dislocation of the talus, treated conservatively	70	70
311	Dislocation of the talus, open or treated surgically	84	84
312	Dislocation under the crus, open or treated surgically	70	70
313	Dislocation under the talus, open or treated surgically	84	84
314	Dislocation of the navicular, cuboid or cuneiform bones, treated conservatively	70	70
315	Dislocation of the navicular, cuboid or cuneiform bones, treated surgically	84	84
316	Dislocation of the metatarsal bones, one or more, treated conservatively	56	56
317	Dislocation of the metatarsal bones, open or treated surgically	70	70
318	Dislocation of the base or inter-articular toe joints confirmed by the imaging method and repositioned by an expert physician	28	28
319	Fracture of the femur neck, wedged	112	112
320	Fracture of the femur neck, not wedged, treated conservatively	182	182
321	Fracture of the femur neck, not wedged, treated surgically	182	182
322	Fracture of the femur neck, complicated by the head necrosis the head or treated by endoprosthetic surgery	365	365
323	Traumatic epiphyseolysis of the femoral head with a slight displacement of the fragments	112	112
324	Traumatic epiphyseolysis of the femoral head with a significant displacement of the fragments	182	182
325	Traumatic epiphyseolysis of the femoral head with a necrosis	365	365
326	Fracture of the greater trochanter	84	84
327	Fracture of the lesser trochanter	70	70
328	Pertrochanteric fracture, incomplete or complete without displacement	112	112
329	Pertrochanteric fracture complete with displacement, treated conservatively	140	140
330	Pertrochanteric fracture, treated surgically	182	182
331	Subtrochanteric fracture, incomplete	140	140
332	Subtrochanteric fracture, complete without dislocation of fragments	182	182
333	Subtrochanteric fracture, complete without dislocation of fragments, treated conservatively	210	210
334	Subtrochanteric fracture, complete with dislocation of fragments, treated surgically	182	182
335	Subtrochanteric fracture open	224	224
336	Fracture of the body of the femur, incomplete	140	140
337	Fracture of the body of the femur, complete without displacement of fragments	182	182
338	Fracture of the body of the femur, complete with displacement of fragments, treated conservatively	210	210
339	Fracture of the body of the femur, complete with displacement of fragments, treated surgically	182	182
340	Fracture of the body of the femur, open	252	252
341	Fracture of the femur above the condylus, incomplete	140	140
342	Fracture of the femur above the condylus, complete without displacement of fragments	182	182
343	Fracture of the femur above the condylus, complete with displacement of fragments, treated conservatively	210	210
344	Fracture of the femur above the condylus, open or surgically treated	252	252
344a	Fracture of articular cartilage in the area of the hip, knee, ankle	70	70

345	Traumatic epiphyseolysis of the distal extremity of the femur with dislocated fragments, treated conservatively	210	210
346	Fracture of the femoral epicondyle, treated conservatively	84	84
347	Fracture of the femoral epicondyle, treated surgically	112	112
348	Intra-articular fracture of the lower extremity of the femur (fracture of the condyle or intercondylic) without displacement of fragments	140	140
349	Intra-articular fracture of the lower extremity of the femur (fracture of the condyle or intercondylic) with displacement of fragments, treated conservatively	182	182
350	Intra-articular fracture of the lower extremity of the femur (fracture of the condyle or intercondylic) open or treated surgically	252	252
351	Fracture of patella without displacement of fragments	70	70
352	Fracture of the patella, complete without dislocation of fragments, treated conservatively	98	98
353	Fracture of the patella, open or treated by surgery	112	112
354	Fracture of the tibial Intercondyloid eminence, treated conservatively	112	112
355	Fracture of the tibial Intercondyloid eminence, treated surgically	140	140
356	Intra-articular fracture of the upper extremity of the tibia, of one condyle without dislocation of the fragments	112	112
357	Intra-articular fracture of the upper extremity of the tibia, of one condyle with dislocation of the fragments or treated surgically	140	140
358	Intra-articular fracture of the upper extremity of the tibia, of both condyles without dislocation of the fragments	140	140
359	Intra-articular fracture of the upper extremity of the tibia, of both condyles with dislocation of the fragments or with the epiphyseolysis	182	182
360	Detachment of the tuberosity of the tibia, treated conservatively	70	70
361	Detachment of the tuberosity of the tibia, treated surgically	84	84
362	Fracture of the tibia (without affecting the ankle joint), incomplete as well as epiphyseolysis	35	35
363	Fracture of the tibia (without affecting the ankle joint), complete	56	56
363a	Fracture of the body of the tibia with ankle ligaments injury (Maisonneuv fracture)	56	56
364	Fracture of the tibia or both tibia and fibula, incomplete, treated conservatively	112	112
365	Fracture of the tibia or both tibia and fibula, complete, without dislocation of fragments	140	140
366	Fracture of the tibia or both tibia and fibula, complete, with dislocation of fragments	182	182
367	Fracture of the tibia or both tibia and fibula, open or surgically treated	240	240
368	Fracture of the lateral malleolus, incomplete	35	35
369	Fracture of the lateral malleolus, complete, without dislocation of fragments (Weber AC)	56	56
370	Fracture of the lateral malleolus, complete, with dislocation of fragments (Weber AC)	70	70
371	Fracture of the body of the lateral malleolus, open or surgically treated	84	84
372	Fracture of the lateral malleolus with subluxation of the talus externally, treated conservatively	112	112
373	Fracture of the lateral malleolus with subluxation of the talus externally, treated surgically	140	140

374	Fracture of the medial malleolus, incomplete	56	56
375	Fracture of the body of the medial malleolus, complete without displacement of fragments	70	70
376	Fracture of the body of the medial malleolus, complete with displacement of fragments, treated conservatively	84	84
377	Fracture of the body of the medial malleolus, complete with displacement of fragments, open or treated surgically	105	105
378	Fracture of the medial malleolus with subluxation of the talus externally, treated conservatively	112	112
379	Fracture of the medial malleolus with subluxation of the talus externally, treated surgically	140	140
380	Fracture of both malleoli, incomplete	70	70
381	Fracture of both malleoli, complete without displacement of fragments	84	84
382	Fracture of the body of both malleoli, complete with displacement of fragments, treated conservatively	112	112
383	Fracture of both malleoli, complete with displacement of fragments, open or treated surgically	140	140
384	Fracture of both malleoli with subluxation of the talus, treated conservatively	112	112
385	Fracture of both malleoli with subluxation of the talus, treated surgically	140	140
386	Fracture of one malleolus with detachment of the rear edge of the tibia, without displacement of the fragments	98	98
387	Fracture of one malleolus with detachment of the rear edge of the tibia, with displacement of the fragments, treated conservatively	126	126
388	Fracture of one malleolus with detachment of the rear edge of the tibia, with displacement of the fragments, treated surgically	140	140
389	Trimalleolar fracture, without displacement of fragments	98	98
390	Trimalleolar fracture, complete without dislocation of fragments, treated conservatively	126	126
391	Trimalleolar fracture, complete without dislocation of fragments, treated surgically	154	154
392	Detachment of the rear edge of the tibia, incomplete	56	56
393	Detachment of the rear edge of the tibia, complete, without displacement of the fragments	70	70
394	Detachment of the rear edge of the tibia, complete, with displacement of the fragments, treated conservatively	84	84
395	Detachment of the rear edge of the tibia, complete, with displacement of the fragments, treated surgically	98	98
396	Supramalleolar fracture of the tibia with subluxation of the talus externally or externally, or with a fracture of the medial malleolus, treated conservatively	140	140
397	Supramalleolar fracture of the tibia with subluxation of the talus externally or externally, or with a fracture of the medial malleolus, treated surgically	161	161
398	Supramalleolar fracture of the tibia with subluxation of the talus externally or externally, or with a fracture of the medial malleolus, or with detachment of the rear edge of the tibia, treated conservatively	161	161
399	Supramalleolar fracture of the tibia with subluxation of the talus externally or externally, or with a fracture of the medial malleolus, or with detachment of the rear edge of the tibia, treated surgically	182	182
400	Intraocular burst fracture of the distal epiphysis of the tibial bone (fracture of the lower pylon)	182	182

401	Fracture of the calcaneus, without any damage to the body of the calcaneus	63	63
402	Fracture of the calcaneus, without any disruption to static (Böhler's angle)	112	112
403	Fracture of the calcaneus, with any disruption to static (Böhler's angle)	182	182
404	Fracture of the talus without displacement of fragments	112	112
405	Fracture of the talus with displacement of fragments	182	182
406	Fracture of the talus, complicated by necrosis	365	365
407	Fracture of the posterior talar process	35	35
408	Fracture of the cuboid bone without displacement of fragments	70	70
409	Fracture of the cuboid bone with displacement of fragments	84	84
410	Fracture of the scaphoid bone without displacement of fragments	70	70
411	Fracture of scaphoid bone, with luxation	140	140
412	Fracture of the scaphoid bone, complicated by necrosis	365	365
413	Fracture of one cuneiform bone, without displacement of fragments	70	70
414	Fracture of one cuneiform bone, with displacement of fragments	84	84
415	Fracture of several cuneiform bones, without displacement of fragments	84	84
416	Fracture of several cuneiform bones, with displacement of fragments	112	112
417	Detachment of the base of the fifth metatarsal bone	63	63
418	Fracture of the metatarsal bones of the big toe or little toe without displacement	49	49
419	Fracture of the metatarsal bones of the big toe or little toe with displacement	70	70
420	Fracture of the metatarsal bones of the big toe or little toe, open or surgically treated	84	84
421	Fracture of the metatarsal bones of other toe than the big toe or little toe, without displacement of fragments	35	35
422	Fracture of the metatarsal bones of other toe than the big toe or little toe, with displacement of fragments	56	56
423	Fracture of the metatarsal bones of several toes, without displacement of fragments	56	56
424	Fracture of the metatarsal bones of several toes, with displacement of fragments	70	70
425	Fracture of the metatarsal bones of several toes, open or surgically treated	84	84
426	Detachment or a part of the big toe phalanx bone	21	21
427	Fracture of the big toe phalanx bone, complete without dislocation of fragments	35	35
428	Fracture of the big toe phalanx bone, complete with dislocation of fragments	49	49
429	Fracture of the big toe phalanx bone, open or surgically treated	63	63
430	Burst fracture of the big toe ungual process	35	35
431	Fracture of one phalanx bone of any other toe than the big toe, incomplete or complete	21	21
432	Fracture of one phalanx bone of any other toe than the big toe, open or surgically treated	35	35
433	Fractures of several phalanx bones of one toe	49	49
434	Fractures of phalanx bones of several toes or fractures of several phalanx bones of one toe, open or surgically treated	70	70
435	Exarticulation of the acetabulofemoral (hip) joint or thigh	365	365

	amputation		
436	Amputation of both crura (lower legs)	365	365
437	Amputation of the crus (lower leg)	300	300
438	Amputation of both legs	300	300
439	Amputation of a leg	200	200
440	Amputation of the big toe or a part thereof	70	70
441	Amputation of the toes except for the bug toe or parts thereof	50	50
Nervous system injuries			
442	Brain concussion of light (first) degree confirmed by an expert physician - neurologist with a condition of hospitalization	14	no performance
443	Brain concussion of moderate (second) degree and severe (third) degree confirmed by an expert physician - neurologist with a condition of hospitalization	56	56
444	Void		
445	Brain contusion	182	182
446	Crushing of the brain tissue	365	365
447	Cerebral haemorrhage	365	365
448	Intracranial haemorrhage or haemorrhage to the spinal canal	365	365
448a	Diffusion axonal brain injury	365	365
449	Spinal cord concussion	35	35
450	Spinal cord contusion	182	182
451	Haemorrhaging into the spinal cord	365	365
452	Crushing of the spinal cord	365	365
453	Peripheral nerve injury with short-term polio	35	35
454	Peripheral nerve injury with conductive fibers injury	140	140
455	Peripheral nerve interruption	365	365
455a	Interruption of the terminal sensory fibers of the peripheral nerve	84	84
455b	Injury of nerve plexuses of the upper or lower limb	365	365
Other types of injury			
456	Surgically treated injury requiring suture - no complications (treatment of the injury with tape stitches is considered suture only in the facial area)	10	no performance
456a	Surgically treated injury requiring suture - with complications (treatment of the injury with tape stitches is considered suture only in the facial area)	18	no performance
456b	Areal abrasion with loss of skin cover of 10 cm ² to 40 cm ² (surgically treated)	10	no performance
456c	Areal abrasion with loss of skin cover exceeding 40 cm ² (surgically treated)	18	no performance
456d	Surface abrasion with loss of skin cover of soft tissue on fingers or nail removal (surgically treated)	10	no performance
456e	Abrasions, excoriation, injuries not requiring suture	no performance	no performance
457	A foreign body surgically removed or not removed	10	no performance
457a	Void		
457b	Damage to the vascular trunk	63	63
General effects of electric shock			
458	Conclusive electrical injuries classified as light degree disability with objective symptoms	14	no performance
459	Conclusive electrical injuries classified as moderate degree disability with objective symptoms	28	28
460	Conclusive electrical injuries classified as severe degree	49	49

	disability with objective symptoms		
Overall effects of heatstroke and sunstroke			
461	Light cases of heatstroke and sunstroke with a condition of hospitalization	14	no performance
462	Moderate and severe cases of heatstroke or sunstroke with hospitalization condition, performance shall be provided at least for the period of hospitalization, up to a maximum of twice the time	max. 365	max. 365
463	Void		
Heat burns, chemical burns, frostbite			
464	First degree heat burns, chemical burns, frostbite	no performance	no performance
464a	Second degree heat burns, chemical burns, frostbite up to 5 cm ²	no performance	no performance
465	Second degree heat burns, chemical burns, frostbite over 5 cm ² up to 10 cm ²	10	no performance
465a	Second degree heat burns, chemical burns, frostbite over 10 cm ² up to 1% of body surface area	14	no performance
465b	Second degree heat burns, chemical burns, frostbite over 1% up to 2% of the body surface area	21	21
466	Second degree heat burns, chemical burns, frostbite over 2% up to 5% of the body surface area	35	35
467	Second degree heat burns, chemical burns, frostbite over 5% up to 20% of the body surface area	56	56
468	Second degree heat burns, chemical burns, frostbite over 20% up to 30% of the body surface area	84	84
469	Second degree heat burns, chemical burns, frostbite over 30% up to 40% of the body surface area	126	126
470	Second degree heat burns, chemical burns, frostbite over 40% up to 50% of the body surface area	182	182
471	Second degree heat burns, chemical burns, frostbite over 50% of the body surface area	365	365
472	Third degree and deep second degree heat burns, chemical burns, frostbite with a need for surgical treatment up to 5 cm ²	21	21
473	Third degree and deep second degree heat burns, chemical burns, frostbite with a need for surgical treatment over 5 cm ² up to 10 cm ² of the body surface area	56	56
474	Third degree and deep second degree heat burns, chemical burns, frostbite with a need for surgical treatment over 10 cm ² up to 5% of the body surface area	80	80
475	Third degree and deep second degree heat burns, chemical burns, frostbite with a need for surgical treatment over 5% up to 10% of the body surface area	100	100
476	Third degree and deep second degree heat burns, chemical burns, frostbite with a need for surgical treatment over 10% up to 15% of the body surface area	135	135
477	Third degree and deep second degree heat burns, chemical burns, frostbite with a need for surgical treatment over 15% up to 20% of the body surface area	154	154
478	Third degree and deep second degree heat burns, chemical burns, frostbite with a need for surgical treatment over 20% up to 30% of the body surface area	182	182
479	Third degree and deep second degree heat burns, chemical burns, frostbite with a need for surgical treatment over 30% up to 40% of the body surface area	268	268
480	Third degree and deep second degree heat burns, chemical burns, frostbite with a need for surgical treatment over 40% of	365	365

	the body surface area		
Poisoning by gases, vapors, general effects of radiation and chemical poisons			
481	Light case of poisoning with a condition of hospitalization	14	no performance
482	Moderate and severe cases of poisoning with hospitalization condition, performance shall be provided at least for the period of hospitalization, up to a maximum of twice the time	max. 365	max. 365
483	Repeated poisoning or consequences of repeated exposure	no performance	no performance
Traumatic shock due to post-traumatic bleeding			
484	Light degree of traumatic shock confirmed by a specialist with a condition of hospitalization	14	no performance
485	Moderate degree of traumatic shock confirmed by a specialist with a condition of hospitalization	28	28
486	Severe degree of traumatic shock confirmed by a specialist with a condition of hospitalization	49	49
Other diagnoses not listed above			
487	Biting by a dog or other animal requiring specialized surgical treatment followed by rabies vaccination	18	no performance
488	Expert treatment after snake bite or bite by other poison-producing animal (except insect bites resulting in anaphylactic shock)	14	no performance
499	Psychic shock	no performance	no performance

Article 11 Valuation table B

Performance for permanent consequences of an injury

Item number:	Description of the bodily damage:	Percentage of body damage
Head injuries and sensory organs		
001	Full defect in the calvaria with a scope up to 2 cm ²	up to 5%
002	Full defect in the calvaria with a scope up to 10 cm ²	up to 15%
003	Full defect in the calvaria with a scope over 10 cm ²	up to 25%
004	Light objective symptoms or subjective difficulty identified by medical observation without objective findings of severe head injuries by the degree	5-20%
005	Serious brain disorders and mental disorders after severe head injury by the degree	20-100%
006	Subjective difficulties after severe injuries of other parts of the body without objective finding. identified by medical observation	up to 15%
007	Traumatic disorder of the facial nerve of a light degree	up to 12%
008	Traumatic disorder of the facial nerve of a severe degree	up to 20%
009	Traumatic disorder of the trigeminal nerve of a severe degree	5-15%
010	Damage of the face accompanied by functional disorders or damage causing compassion or ugliness. light degree	up to 10%

011	Damage of the face accompanied by functional disorders or damage causing compassion or ugliness. moderate degree	up to 20%
012	Damage of the face accompanied by functional disorders or damage causing compassion or ugliness. severe degree	up to 35%
013	Consequences of the skull base injury	15%
Nose or sense of smell damage		
014	Loss of the nose tip	10%
015	Loss of the entire nose without narrowing	15%
016	Loss of the whole nose with narrowing	25%
017	Nose deformation with functionally significant patency disruption	up to 10%
018	Chronic atrophic inflammation of the nasal mucosa after chemical or heat burn	up to 10%
019	Nasal partition perforation	5%
020	Chronic septic post-traumatic inflammation of the sinuses	up to 10%
021	Loss of the sense of smell and taste according to the appropriate scale	up to 10%
Loss of eyes or vision		
In the case of complete loss of vision, the total permanent effects can not be more than 25% on one eye, more than 75% on the other eye and more than 100% on both eyes. However, the permanent damage referred to in paragraphs 023, 031 to 034, 036, 039 and 040 is also assessed above that limit.		
022	The consequences of ocular injuries resulting in reduced visual acuity are evaluated according to table no. 1	
023	Anatomical loss or atrophy of an eye the following amount is added to the identified permanent visual inferiority degree	5%
024	Loss of lens on one eye (including accommodation disruption), in case of contact lens tolerability of at least 4 hours a day	15%
025	Loss of lens on one eye (including accommodation disruption), in case of contact lens tolerability of less than 4 hours a day	18%
026	Loss of lens on one eye (including accommodation disruption), in case of complete intolerability of a contact lens	25%
026a	Loss of lens with artificial lens implantation. The evaluation includes loss of accommodation. Any reduction in visual acuity can be evaluated at the same time according to item 022, table no. 1	8%
027	Loss of the lens on both eyes (including accommodation disruption) if visual acuity with aphakic correction is less than 6/12. If it is worse, the percentage shall be determined according to the auxiliary table 1a and 10% will be added on the account of the difficulty of wearing the aphakic correction.	15%
028	Traumatic disturbance of the occipital nerves or disturbance of the equilibrium of the extraocular muscles by the degree	up to 25%
029	Concentric restriction of the field of view due to an injury is evaluated according to the auxiliary table no. 2	
030	Other limitations on the field of view are evaluated according to table no. 3	
031	Restriction of patency of the tear ducts in one eye	5%
032	Limitation of patency of the tear ducts in both eyes	10%
033	Incorrect position of the lashes, not corrected surgically, on one eye	5%
034	Incorrect position of the lashes, not corrected surgically, on both eyes	10%
035	Extension and paralysis of the pupil (at the functional eye) by degree	2-5%
035a	Post-traumatic glaucoma	10%
036	Deformation of the external segment and its surroundings causing 5% compassion or ugliness, also the upper eyelid ptosis, if it does not cover the pupil (regardless of the suspension disorder) for each eye	5%
037	Traumatic accommodation disorder, unilateral	5-8%
038	Traumatic accommodation disorder, bilateral	3-5%
039	Post-traumatic lagophthalmos, not corrected surgically, unilateral	5-10%
040	Post-traumatic lagophthalmos, not corrected surgically, bilateral The assessment under items 039 and 040 can not be evaluated under item 036 at the same time.	5-15%

041	The upper eyelid ptosis (at the functional eye) not corrected surgically, if it covers the pupil, unilateral	5-25%
042	The upper eyelid ptosis (at the functional eye) not corrected surgically, if it covers the pupil, bilateral	30-60%
Ear damage or hearing impairment		
043	Loss of one auricle	10%
044	Loss of both auricles	15%
045	Permanent post-traumatic perforation of the eardrum, without apparent secondary infection	5%
046	Chronic purulent inflammation of the middle ear, conclusively proven as an injury consequence	10-20%
047	Deformation of the auricle	up to 10%
048	Hardness of hearing, unilateral, light degree	0%
049	Hardness of hearing, unilateral, moderate degree	up to 5%
050	Hardness of hearing, unilateral, severe degree	up to 12%
051	Hardness of hearing, bilateral, light degree	up to 10%
052	Hardness of hearing, bilateral, moderate degree	up to 20%
053	Hardness of hearing, bilateral, severe degree	up to 35%
054	Loss of hearing in one ear	15%
055	Loss of hearing in the other ear	25%
056	Deafness on both sides as a result of a single injury	40%
057	Labyrinth disorder unilateral by degree	10-20%
058	Labyrinth disorder bilateral by degree	30-50%
Damage to teeth		
Loss of teeth or parts thereof, only if they have occurred through external violence		
059	For the loss of one tooth	1%
060	For the loss of every other tooth	1%
061	For loss of part of the tooth, resulting in loss of vitality of the tooth	0.5%
062	For the frontal teeth deformity as a result of a conclusive injury of the temporary (milk) teeth, for each damaged permanent tooth	1%
063	For loss, breakage and damage of artificial dental prostheses and temporary (milk) teeth	0%
Tongue damage		
064	Post-traumatic tongue conditions with tissue defects or scarring deformities, only when not assessed under items 068 to 071	15%
Neck injuries		
065	Tapering of the larynx or trachea, light degree	up to 15%
066	Tapering of the larynx or trachea, moderate degree	up to 30%
067	Tapering of the larynx or trachea, severe degree It is not possible to use the valuation under item 067 when valuating under items 068 to 072 at the same time.	up to 65%
068	Partial loss of voice	up to 20%
069	Voice loss (aphonia)	25%
070	Loss of speech due to damage to the organs of speech	30%
071	Hardness of speech due to damage to the organs of speech It is not possible to use the valuation under items 068 to 071 when valuating under items 067 or 072 at the same time.	10-20%
072	Condition after tracheotomy with permanently introduced cannula. It is not possible to use the valuation under item 072 when valuating under items 068 to 071 at the same time.	50%
Injuries of the chest, lungs, heart or esophagus		
073	Limitation of the range of motion of the chest and the thoracic wall, clinically confirmed, light degree	up to 10%
074	Limitation of the range of motion of the chest and the thoracic wall, clinically	up to 20%

	confirmed, moderate degree	
075	Limitation of the range of motion of the chest and the thoracic wall, clinically confirmed, severe degree	up to 30%
076	Other consequences of lung injury by degree of impairment of function and scope, unilateral	15-40%
077	Other consequences of lung injury by degree of impairment of function and scope, bilateral	20-100%
078	Cardiac and vascular disorders (only after direct injury), clinically confirmed, by degree of injury	10-100%
079	Esophagus fistula	30%
080	Post-traumatic narrowing of the esophagus, light degree	up to 10%
081	Post-traumatic narrowing of the esophagus, moderate degree	11-30%
082	Post-traumatic narrowing of the esophagus, severe degree	31-60%
Abdominal and gastrointestinal injuries		
083	Damage to the abdominal wall accompanied by a disruption of the abdominal press	up to 25%
084	Impairment of digestive organs function by the degree of nutrition disorder	20-100%
085	Loss of the spleen	15%
085a	Loss of part of the spleen by the degree of functional impairment	up to 15%
086	Stercoral fistula by the location and extent of the reaction in the surrounding area	30-60%
087	Anal sphincter weakness, partial	up to 20%
088	Anal sphincter weakness, total	60%
089	Post-traumatic narrowing of the rectum or anus, light degree	up to 10%
090	Post-traumatic narrowing of the rectum or anus, moderate degree	up to 20%
091	Post-traumatic narrowing of the rectum or anus, severe degree	up to 50%
Urinary and genital organs injuries		
092	Loss of one kidney	25%
092a	Loss of part of a kidney by the degree of functional impairment	up to 25%
093	Post-traumatic consequences of kidney and urinary tract injuries, including secondary light degree infections	up to 10%
094	Post-traumatic consequences of kidney and urinary tract injuries, including secondary moderate degree infections	up to 20%
095	Post-traumatic consequences of kidney and urinary tract injuries, including secondary severe degree infections	up to 50%
096	Urinary bladder or urethra fistula. It can not be assessed under items 093 to 095 at the same time.	50%
097	Chronic urinary tract inflammation and secondary kidney disease	15-50%
098	Hydrocele	5%
099	Loss of one testicle (when criptorism this should be evaluated as loss of both testicles)	10%
100	Loss of both testicles or loss of potency up to 45 years of age	35%
101	Loss of both testicles or loss of potency from 45 to 60 years of age	20%
102	Loss of both testicles or loss of potency after 60 years of age	10%
103	Loss of penis or serious deformity up to 45 years of age	up to 40%
104	Loss of penis or serious deformity up to 60 years of age	up to 20%
105	Loss of penis or serious deformity after 60 years of age If it is evaluated under items 103 to 105, the loss of potency under items 100 to 102 can not be assessed at the same time.	up to 10%
106	Post-traumatic deformities of female genital organs	10-50%
Spine and spinal cord injuries		
107	Limitations of the range of movement of the spine of the light degree	up to 10%
108	Limitations of the range of movement of the spine of the moderate degree	up to 25%
109	Limitations of the range of movement of the spine of the severe degree	up to 55%

110	Post-traumatic damage to the vertebral column, spinal cord, spinal cord root with persistent objective symptoms of impaired function, of the light degree, can not be summed with items 107 to 109	10-25%
111	Post-traumatic damage to the vertebral column, spinal cord, spinal cord root with persistent objective symptoms of impaired function, of the moderate degree, can not be summed with items 107 to 109	26-40%
112	Post-traumatic damage to the vertebral column, spinal cord, spinal cord root with persistent objective symptoms of impaired function, of the severe degree, can not be summed with items 107 to 109	41-100%
Pelvic injuries		
115	Impairment of the pelvic ring relationship, with spine static impairment and lower limb function in women under 45 years of age	30-65%
116	Impairment of the pelvic ring relationship, with spine static impairment and lower limb function in women over 45 years of age	15-50%
117	Impairment of the pelvic ring relationship, with spine static impairment and lower limb function in men	15-50%
Upper limb injuries		
These values apply to the right-hand persons. Left-hand persons are subject to the inverse valuation.		
118	Loss of the upper limb in the shoulder joint or in the area between the elbow and shoulder joint, on the right-hand side	60%
118a	Total endoprosthesis of the shoulder joint, on the right-hand side	12.5%
118b	Post-traumatic angular or rotational deformity of the humerus, on the right-hand side, for every 5° deformity	2.5%
119	Loss of the upper limb in the shoulder joint or in the area between the elbow and shoulder joint, on the left-hand side	50%
119a	Total endoprosthesis of the shoulder joint, on the left-hand side	10%
119b	Post-traumatic angular or rotational deformity of the humerus, on the left-hand side, for every 5° deformity	2%
120	Complete stiffness of the shoulder joint in an unfavorable position (complete adduction, abduction or position close to these), on the right-hand side	35%
121	Complete stiffness of the shoulder joint in an unfavorable position (complete adduction, abduction or position close to these), on the left-hand side	30%
122	Complete stiffness of the shoulder joint in a favorable position or position close to it (stretched side-ways 50° to 70°, stretched forward 40° to 45° and 20° internal rotation), on the right-hand side	30%
123	Complete stiffness of the shoulder joint in a favorable position or position close to it (stretched side-ways 50° to 70°, stretched forward 40° to 45° and 20° internal rotation), on the left-hand side	25%
124	Limitation of the range of movement of the shoulder joint of the light degree (raise arms upwards through stretching forward, incomplete stretching forward above 135°), on the right-hand side	5%
125	Limitation of the range of movement of the shoulder joint of the light degree (raise arms upwards through stretching forward, incomplete stretching forward above 135°), on the left-hand side	4%
126	Limitation of the range of movement of the shoulder joint of the moderate degree (raise arms upwards through stretching forward up to 135°), on the right-hand side	10%
127	Limitation of the range of movement of the shoulder joint of the moderate degree (raise arms upwards through stretching forward up to 135°), on the left-hand side	8%
128	Limitation of the range of movement of the shoulder joint of the severe degree (raise arms upwards through stretching forward up to 90°), on the right-hand side	18%
129	Limitation of the range of movement of the shoulder joint of the severe degree (raise arms upwards through stretching forward up to 90°), on the left-hand side	15%
130	The limitation of the range of movement of the shoulder joint of the light, medium or severe degrees, in the case of limitation of the range of rotational movement according to items 124 to 129 the valuation is increased by one-third. Limitations by rotation only shall be compensated by 1/3 of the light limitation according to items 124 and 125	

131	humeral pseudarthrosis, on the right-hand side	40%
132	humeral pseudarthrosis, on the left-hand side	33.5%
133	Chronic bone marrow inflammation only after open wounds or after surgical procedures necessary to treat the consequences of a humeral injury, on the right-hand side	30%
134	Chronic bone marrow inflammation only after open wounds or after surgical procedures necessary to treat the consequences of a humeral injury, on the left-hand side	25%
135	Post-traumatic instability of the shoulder joint, on the right-hand side	20%
136	Post-traumatic instability of the shoulder joint, on the right-hand side	16.5%
137	Uncorrected sternoclavicular dislocation, except for a malfunction, on the right-hand side	3%
138	Uncorrected sternoclavicular dislocation, except for a malfunction, on the left-hand side	2.5%
139	Uncorrected acromioclavicular dislocation, except for a malfunction of the shoulder joint, on the right-hand side	6%
140	Uncorrected acromioclavicular dislocation, except for a malfunction of the shoulder joint, on the left-hand side	5%
141	Permanent consequences after rupture of the supraspinatus are assessed by loss of shoulder joint function	
142	Permanent consequences after rupture of the tendon of the long head of the biceps muscle with intact function of the shoulder and elbow joints, on the right-hand side	3%
143	Permanent consequences after rupture of the tendon of the long head of the biceps muscle with intact function of the shoulder and elbow joints, on the left-hand side	2.5%
Damage to elbow joint and forearm area		
144	Complete stiffness of the elbow joint in unfavorable position (full stretching or full bending and position close to them), on the right-hand side	30%
144a	Total elbow joint endoprosthesis, on the right-hand side	13%
145	Complete stiffness of the elbow joint in unfavorable position (full stretching or full bending and position close to them), on the left-hand side	25%
145a	Total elbow joint endoprosthesis, on the left-hand side	10%
146	Complete stiffness of the elbow joint in a favorable position or in positions close to it (bending at an angle of 90° to 95°), on the right-hand side	20%
147	Complete stiffness of the elbow joint in a favorable position or in positions close to it (bending at an angle of 90° to 95°), on the left-hand side	16.5%
148	Limitation of the range of movement of the elbow, light degree, on the right-hand side	up to 6%
149	Limitation of the range of movement of the elbow, light degree, on the left-hand side	up to 5%
150	Limitation of the range of movement of the elbow, moderate degree, on the right-hand side	up to 12%
151	Limitation of the range of movement of the elbow, moderate degree, on the left-hand side	up to 10%
152	Limitation of the range of movement of the elbow, severe degree, on the right-hand side	up to 18%
153	Limitation of the range of movement of the elbow, severe degree, on the left-hand side	up to 15%
154	Complete stiffness of radioulnar joints (with the impossibility of turning the forearm in or out) in an unfavorable position or in positions close to it (in maximum pronation or supination - in extreme turning in or out), on the right-hand side	20%
155	Complete stiffness of radioulnar joints (with the impossibility of turning the forearm in or out) in an unfavorable position or in positions close to it (in maximum pronation or supination - in extreme turning in or out), on the left-hand side	16%
156	Complete stiffness of radioulnar joints in a favorable position (middle position or light pronation), on the right-hand side	up to 20%
157	Complete stiffness of radioulnar joints in a favorable position (middle position or light pronation), on the left-hand side	up to 16%

158	Limitaion of turning the forearm in or out, light degree, on the right-hand side	up to 5%
159	Limitaion of turning the forearm in or out, light degree, on the left-hand side	up to 4%
160	Limitaion of turning the forearm in or out, moderate degree, on the right-hand side	up to 10%
161	Limitaion of turning the forearm in or out, moderate degree, on the left-hand side	up to 8%
162	Limitaion of turning the forearm in or out, severe degree, on the right-hand side	up to 20%
163	Limitaion of turning the forearm in or out, severe degree, on the left-hand side	up to 16%
164	Pseudarthrosis of both forearm bones, on the right-hand side	40%
165	Pseudarthrosis of both forearm bones, on the left-hand side	35%
166	Pseudarthrosis of the radial bone, on the right-hand side	30%
167	Pseudarthrosis of the radial bone, on the left-hand side	25%
168	Pseudarthrosis of ulma, on the right-hand side	20%
169	Pseudarthrosis of ulma, on the left-hand side	15%
170	Chronic bone marrow inflammation of the forearm bones only after open wounds or after surgical procedures necessary to treat the consequences of an injury, on the right-hand side	27.5%
171	Chronic bone marrow inflammation of the forearm bones only after open wounds or after surgical procedures necessary to treat the consequences of an injury, on the left-hand side	22.5%
172	Unstable elbow joint, on the right-hand side	up to 15%
173	Unstable elbow joint, on the left-hand side	up to 10%
174	Loss of the forearm with the elbow joint retained, on the right-hand side	55%
175	Loss of the forearm with the elbow joint retained, on the left-hand side	45%
Lose or damage of a hand		
176	Loss of hand in wrist, on the right hand	50%
177	Loss of hand in wrist, on the left hand	42%
177a	Endoprosthesis of minor joints of the upper limb, on the right hand	3%
177b	Endoprosthesis of minor joints of the upper limb, on the left hand	2%
178	Loss of all fingers, including metacarpal bones, on the right hand	up to 50%
179	Loss of all fingers, including metacarpal bones, on the left-hand	up to 42%
180	Loss of all fingers, except of the thumb or metacarpal bones, on the right hand	up to 45%
181	Loss of all fingers, except of the thumb or metacarpal bones, on the left hand	up to 42%
182	Full stiffness of the wrist in an unfavorable position or in the positions close to it (complete dorsal or palm bending of the hand), on the right-hand	30%
183	Full stiffness of the wrist in an unfavorable position or in the positions close to it (complete dorsal or palm bending of the hand), on the left-hand	25%
184	Complete wrist stiffness in a favorable position (dorsal flexion 20° to 40°), on the right hand	20%
185	Complete wrist stiffness in a favorable position (dorsal flexion 20° to 40°), on the left hand	17%
186	Pseudarthrosis of the scaphoid bone, on the right hand It is not possible to assess under items 093 to 095 at the same time.	15%
187	Pseudarthrosis of the scaphoid bone, on the left-hand It is not possible to assess under items 093 to 095 at the same time.	12.5%
188	Limitation of the range of movement of the wrist, light degree, on the right hand	up to 6%
189	Limitation of the range of movement of the wrist, light degree, on the left hand	up to 5%
190	Limitation of the range of movement of the wrist, moderate degree, on the right hand	up to 12%
191	Limitation of the range of movement of the wrist, moderate degree, on the left hand	up to 10%
192	Limitation of the range of movement of the wrist, severe degree, on the right hand	up to 20%
192a	Instable wrist by degree, on the right hand	up to 12%
193	Limitation of the range of movement of the wrist, severe degree, on the left hand	up to 17%
193a	Instable wrist by degree, on the left hand	up to 10%
Damage to the thumb		

194	Loss of the last phalanx of the thumb, on the right hand	9%
195	Loss of the last phalanx of the thumb, on the left hand	7.5%
196	Loss of thumb with the metacarpal bone, on the right hand	25%
197	Loss of thumb with the metacarpal bone, on the left hand	21%
198	Loss of both thumb phalanges, on the right hand	18%
199	Loss of both thumb phalanges, on the left hand	15%
200	Full stiffness of the interphalangeal joint of the thumb in the unfavorable position (extreme bending), on the right hand	8%
201	Full stiffness of the interphalangeal joint of the thumb in the unfavorable position (extreme bending), on the left hand	7%
202	Full stiffness of the interphalangeal joint of the thumb in the unfavorable position (hyperextension), on the right hand	7%
203	Full stiffness of the interphalangeal joint of the thumb in the unfavorable position (hyperextension), on the left hand	6%
204	Full stiffness of the interphalangeal joint of the thumb in the favorable position (light bending), on the right hand	6%
205	Full stiffness of the interphalangeal joint of the thumb in the favorable position (light bending), on the left hand	5%
206	Full stiffness of the base joint of the thumb, on the right hand	6%
207	Full stiffness of the base joint of the thumb, on the left hand	5%
208	Full stiffness of the carpometacarpal joint of the thumb in an unfavorable position (complete abduction or adduction), on the right hand	9%
209	Full stiffness of the carpometacarpal joint of the thumb in an unfavorable position (complete abduction or adduction), on the left hand	7.5%
210	Full stiffness of the carpometacarpal joint of the thumb in a favorable position (light opposition), on the right hand	6%
211	Full stiffness of the carpometacarpal joint of the thumb in a favorable position (light opposition), on the left hand	5%
212	Permanent consequences of poorly healed Bennett fracture with ongoing subluxation, in addition to performance for function impairment, on the right hand	3%
213	Permanent consequences of poorly healed Bennett fracture with ongoing subluxation, in addition to performance for function impairment, on the left hand	2.5%
214	Full stiffness of all thumb joints in unfavorable position, on the right hand	25%
215	Full stiffness of all thumb joints in unfavorable position, on the left hand	21%
216	Impairment of the thumb grip function while limiting the range of movement of the interphalangeal joints, light degree, on the right hand	up to 2%
217	Impairment of the thumb grip function while limiting the range of movement of the interphalangeal joints, light degree, on the left hand	to 1.5%
218	Impairment of the thumb grip function while limiting the range of movement of the interphalangeal joints, moderate degree, on the right hand	up to 4%
219	Impairment of the thumb grip function while limiting the range of movement of the interphalangeal joints, moderate degree, on the left hand	up to 3%
220	Impairment of the thumb grip function while limiting the range of movement of the interphalangeal joints, severe degree, on the right hand	up to 6%
221	Impairment of the thumb grip function while limiting the range of movement of the interphalangeal joints, severe degree, on the left hand	up to 5%
222	Impairment of the thumb grip function while limiting the range of movement of the base joints, light degree, on the right hand	up to 2%
223	Impairment of the thumb grip function while limiting the range of movement of the base joints, light degree, on the left hand	to 1.5%
224	Impairment of the thumb grip function while limiting the range of movement of the base joints, moderate degree, on the right hand	up to 4%
225	Impairment of the thumb grip function while limiting the range of movement of the base joints, moderate degree, on the left hand	up to 3%
226	Impairment of the thumb grip function while limiting the range of movement of the	up to 6%

	base joints, severe degree, on the right hand	
227	Impairment of the thumb gripping function while limiting the range of movement of the base joints, severe degree, on the left hand	up to 5%
228	Impairment of the thumb gripping function while limiting the range of movement of the carpometacarpal joints, light degree, on the right hand	up to 3%
229	Impairment of the thumb gripping function while limiting the range of movement of the carpometacarpal joints, light degree, on the left hand	to 2.5%
230	Impairment of the thumb gripping function while limiting the range of movement of the carpometacarpal joints, moderate degree, on the right hand	up to 6%
231	Impairment of the thumb gripping function while limiting the range of movement of the carpometacarpal joints, moderate degree, on the left hand	up to 5%
232	Impairment of the thumb gripping function while limiting the range of movement of the carpometacarpal joints, severe degree, on the right hand	up to 9%
233	Impairment of the thumb gripping function while limiting the range of movement of the carpometacarpal joints, severe degree, on the left hand	to 7.5%
Damage to the index finger		
234	Loss of index finger last phalanx, on the right hand	4%
235	Loss of index finger last phalanx, on the left hand	3.5%
236	Loss of two index finger phalanges, on the right hand	8%
237	Loss of two index finger phalanges, on the left hand	6.5%
238	Loss of all three index finger phalanges, on the right hand	12%
239	Loss of all three index finger phalanges, on the left hand When evaluating under items 234 to 239, it is not possible to simultaneously assess the impairment of the gripping function under items 246-251.	10%
240	Loss of index finger with the metacarpal bone, on the right hand	15%
241	Loss of index finger with the metacarpal bone, on the left hand	12.5%
242	Complete stiffness of all three index finger joints in the extreme extension, on the right hand	12%
243	Complete stiffness of all three index finger joints in the extreme extension, on the left hand	10%
244	Complete stiffness of all three index finger joints in the extreme flexion, on the right hand	15%
245	Complete stiffness of all three index finger joints in the extreme flexion, on the left hand	12.5%
246	Index finger gripping function impairment; 1 to 2 cm are missing to the full palm grip, on the right hand	4%
246a	Index finger gripping function impairment; 2 to 3 cm are missing to the full palm grip, on the right hand	6%
247	Index finger gripping function impairment; 1 to 2 cm are missing to the full palm grip, on the left hand side	3.5%
247a	Index finger gripping function impairment; 2 to 3 cm are missing to the full palm grip, on the left hand	4%
248	Index finger gripping function impairment; 3 to 4 cm are missing to the full palm grip, on the right hand	8%
249	Index finger gripping function impairment; 3 to 4 cm are missing to the full palm grip, on the left hand	6%
250	Index finger gripping function impairment; over 4 cm are missing to the full palm grip, on the right hand side	10%
251	Index finger gripping function impairment; over 4 cm are missing to the full palm grip, on the left hand side	8%
252	Inability to fully stretch one or both of the index finger interphalangeal joints with the gripping function intact, on the right hand	1.5%
253	Inability to fully stretch one or both of the index finger interphalangeal joints with the gripping function intact, on the left hand	1%
254	Inability to fully stretch the index finger base joint with abduction impairment, on the	2.5%

	right hand	
255	Inability to fully stretch the index finger base joint with abduction impairment, on the left hand side	2%
Damage to middle finger, ring finger and little finger		
256	Loss of the entire finger with the corresponding metacarpal bone, on the right hand side	9%
257	Loss of the entire finger with the corresponding metacarpal bone, on the left hand	7.5%
258	Loss of all three finger phalanges or two phalanges with stiffness of the base joint, on the right hand	8%
258a	Loss of two finger phalanges with the function of the base joint retained, on the right hand	5%
259	Loss of all three finger phalanges or two phalanges with stiffness of the base joint, on the left hand	6%
259a	Loss of two finger phalanges with the function of the base joint retained, on the left hand	4%
260	Loss of the end phalanx of one of these fingers, on the right hand	3%
261	Loss of the end phalanx of one of these fingers, on the left hand When assessing a case under items 258 to 261, it is not possible to simultaneously assess the impairment of the gripping function under items 264 to 269.	2.5%
262	Complete stiffness of all three joints of one of these fingers in extreme extension or flexion (in a position preventing the function of neighboring fingers), on the right hand	8%
263	Complete stiffness of all three joints of one of these fingers in extreme extension or flexion (in a position preventing the function of neighboring fingers), on the left hand	6%
264	Finger gripping function impairment; 1 to 2 cm are missing to the full palm grip, on the right hand	2%
264a	Finger gripping function impairment; 2 to 3 cm are missing to the full palm grip, on the right hand	4%
265	Finger gripping function impairment; 1 to 2 cm are missing to the full palm grip, on the left-hand	1.5%
265a	Finger gripping function impairment; 2 to 3 cm are missing to the full palm grip, on the left-hand	3%
266	Finger gripping function impairment; 3 to 4 cm are missing to the full palm grip, on the right hand	6%
267	Finger gripping function impairment; 3 to 4 cm are missing to the full palm grip, on the left-hand	5%
268	Finger gripping function impairment; over 4 cm are missing to the full palm grip, on the right hand	8%
269	Finger gripping function impairment; over 4 cm are missing to the full palm grip, on the left hand	6%
270	Inability to fully stretch one of the finger interphalangeal joints with the gripping function of the finger intact, on the right hand	1%
271	Inability to fully stretch one of the finger interphalangeal joints with the gripping function of the finger intact, on the left hand	0.5%
272	Inability to fully stretch the finger base joint with abduction impairment, on the right hand	1.5%
273	Inability to fully stretch the finger base joint with abduction impairment, on the left hand	1%
Traumatic disorders of the upper limb nerves		
In the evaluation are already included possible vasomotoric and trophic disorders.		
274	Traumatic disorder of axillary nerve, on the right hand	up to 30%
275	Traumatic disorder of axillary nerve, on the left hand	up to 25%
276	Traumatic disturbance of the radial nerve stem with impairment of all innervated muscles, on the right hand	up to 45%
277	Traumatic disturbance of the radial nerve stem with impairment of all innervated	up to 37.5%

	muscles, on the left hand	
278	Traumatic disturbance of the radial nerve with preservation of the function of the trigeminal muscle, on the right hand	up to 35%
279	Traumatic disturbance of the radial nerve with preservation of the function of the trigeminal muscle, on the left hand	up to 27.5%
280	Traumatic disturbance of the musculocutaneous nerve, on the right hand	up to 30%
281	Traumatic disturbance of the musculocutaneous nerve, on the left hand	up to 20%
282	Traumatic disturbance of the ulnar nerve stem with impairment of all innervated muscles, on the right hand	up to 40%
283	Traumatic disturbance of the ulnar nerve stem with impairment of all innervated muscles, on the left hand	up to 33%
284	Traumatic disturbance of the distal part of the ulnar nerve, with preservation of the function of the flexor carpi ulnaris muscle and a part of the flexor digitorum superficialis, on the right hand	up to 30%
285	Traumatic disturbance of the distal part of the ulnar nerve, with preservation of the function of the flexor carpi ulnaris muscle and a part of the flexor digitorum superficialis, on the left hand	up to 25%
286	Traumatic disturbance of the middle trunk nerve stem with impairment of all innervated muscles, on the right hand	up to 30%
287	Traumatic disturbance of the middle trunk nerve stem with impairment of all innervated muscles, on the left hand	up to 25%
288	Traumatic disturbance of the distal part of the middle trunk nerve with impairment of mainly thenar eminence, on the right hand	up to 15%
289	Traumatic disturbance of the distal part of the middle trunk nerve with impairment of mainly thenar eminence, on the left hand	up to 12.5%
290	Traumatic disorder of all three nerve trunks (or even the entire arm of the entire brachial plexus), on the right hand	up to 60%
291	Traumatic disorder of all three nerve trunks (or even the entire arm of the entire brachial plexus), on the left hand	up to 50%
Lower limb injuries		
292	Loss of one lower limb in the hip joint or in the area between the hip and knee joint	50%
293	Femoral neck pseudarthrosis or head necrosis	40%
294	Hip joint endoprosthesis (excluding valuation of the limitation of the range of movement)	15%
295	Chronic femoral bone marrow inflammation only after open fractures or after surgical procedures necessary to treat the consequences of an injury	25%
296	Shortening of one lower limb, by less than 2 cm	0%
297	Shortening of one lower limb, by less than 4 cm	5%
298	Shortening of one lower limb, by less than 6 cm	up to 15%
299	Shortening of one lower limb, over 6 cm	up to 25%
300	Post-traumatic femoral deformities (fractures healed with axial or rotational deviation), for every 5° deviations (demonstrated by X-ray). Abnormalities over 45° are valued as a limb loss. When evaluating axial deviation, it is not possible to count in the relative limb shortening at the same time.	5%
301	Complete stiffness of the hip joint in an unfavorable position (complete pulling in or out, stretching or bending or positions close to these)	40%
302	Full stiffness of the hip joint in a favorable position (slight pulling and basic position or slight bending)	30%
303	Limitation of the range of movement of the hip joint, light degree	up to 10%
304	Limitation of the range of movement of the hip joint, moderate degree	up to 20%
305	Limitation of the range of movement of the hip joint, severe degree	up to 30%
Damage to a knee		
306	Complete knee stiffness in unfavorable position (full stretching or bending over an angle of 20°)	30%
307	Complete knee stiffness in unfavorable position (full stretching or bending over an	45%

	angle of 30°)	
308	Complete knee stiffness in a favorable position	up to 30%
309	Knee joint endoprosthesis (excluding valuation of the limitation of the range of movement)	15%
310	Limitation of the range of movement of the knee joint, light degree	up to 10%
311	Limitation of the range of movement of the knee joint, moderate degree	up to 15%
312	Limitation of the range of movement of the knee joint, severe degree	up to 25%
313	Insufficiency of the knee medial collateral ligament	up to 5%
313a	Insufficiency of the knee lateral collateral ligament	up to 5%
314	Insufficiency of the knee anterior cruciate ligament	up to 15%
314a	Insufficiency of the knee posterior cruciate ligament	up to 10%
315	Permanent consequences after a soft knee injury with symptoms of light and moderate meniscus damage (no confirmed blockages)	up to 5%
316	Permanent consequences after a soft knee injury with symptoms of light and severe meniscus damage (with confirmed repeated blockages)	up to 10%
317	Permanent consequences after surgical removal of one meniscus, by the extent of the removed part	up to 5%
318	Permanent consequences after surgical removal of both menisci, by the extent of the removed part	up to 10%
318a	Permanent consequences after removal of the patella	10%
Damage to the tibiofibular part of the leg		
319	Loss of lower limb under the knee with the knee left intact	45%
320	Loss of lower limb under the knee with stiff knee joint	50%
321	Pseudarthrosis of tibia or both tibia and fibula	30%
322	Chronic lower leg bone marrow inflammation only after open wounds or after surgical procedures necessary to treat the consequences of an injury	22.5%
323	Post-traumatic deformities of the lower leg resulting from healing fractures in the axial or rotary deviation (deviations must be demonstrated on X-ray); for every 5°. Deviations over 45° are valued as a loss of the leg. When evaluating axial deviation, it is not possible to count in the relative limb shortening at the same time.	5%
Damage in the area of the ankle joint		
324	Loss of the leg in the talocrural joint (ankle joint proper)	40%
325	Loss of the foot in Chopart's joint with arthrosis of the ankle	30%
326	Loss of the foot in Chopart's joint with stump in plantar flexion	40%
327	Loss of the foot in or under Lisfranc's joint	25%
328	Complete stiffness of the talocrural joint in unfavorable position (dorsal flexion or greater degree of plantar flexion)	30%
329	Complete stiffness of the talocrural joint in a rectangular position	25%
330	Complete stiffness of the ankle joint in a favorable position (bending to the sole under an angle of around 5°)	20%
331	Limitation of the range of movement of the talocrural joint, light degree	up to 6%
332	Limitation of the range of movement of the talocrural joint, moderate degree	up to 12%
333	Limitation of the range of movement of the talocrural joint, severe degree	up to 20%
334	Complete loss of pronation and supination of the sole	15%
335	Limitation of pronation and supination of the sole	up to 12%
336	Instability of the talocrural joint	up to 15%
337	Flat foot or rotated due to an injury and other post-traumatic deformities in the ankle and leg area	up to 25%
338	Chronic bone marrow inflammation in the area of tarsus and metatarsus and the heel bone only after open wounds or after surgical procedures necessary to treat the consequences of an injury	15%
Damage in the leg area		
339	Loss of all toes	15%

340	Loss of both bit toe phalanges	10%
341	Loss of both bit toe phalanges with the tarsal bone or its part	15%
342	Loss of the last phalanx of the big toe	3%
343	Loss of another finger (including little toe); for each toe	2%
344	Loss of the little toe with the tarsal bone or its part	10%
345	Complete stiffness of the interphalangeal joint of the big toe	3%
346	Complete stiffness of the base joint of the big toe	7%
347	Complete stiffness of both big toe joints	10%
348	Limitation of the range of movement of the interphalangeal joint of the big toe	up to 3%
349	Restriction of the movement of the base joint of the big toe	up to 7%
350	Dysfunction of any toe other than the big toe; for each toe	1%
351	Post-traumatic and trophic disorders in one lower limb	up to 15%
352	Post-traumatic and trophic disorders in both lower limbs	up to 30%
353	Post-traumatic atrophy of the lower limb muscles with unlimited range of movements in the joint, on the thigh	up to 5%
354	Post-traumatic atrophy of the lower limb muscles with unlimited range of movements in the joint, on the lower leg	up to 3%
Traumatic disorders of the lower limb nerves		
In the evaluation there are already included possible vasomotoric and trophic disorders.		
355	Traumatic disorder of the sciatic nerve	up to 50%
356	Traumatic disorder of the femoral nerve	up to 30%
357	Traumatic disorder of the obturator nerve	up to 20%
358	Traumatic disturbance of the tibial nerve stem with impairment of all innervated muscles	up to 35%
359	Traumatic disturbance of the distal part of the tibial nerve with finger function impairment	up to 5%
360	Traumatic disturbance of the fibular nerve stem with impairment of all innervated muscles	up to 30%
361	Traumatic disturbance of the deep peroneal nerve	up to 20%
362	Traumatic disturbance of the superficial peroneal nerve	up to 10%
Miscellaneous		
363	Excessive scaring (not taking into account the joint function impairment) from 1% to 15% of the body surface	up to 10%
364	Excessive scaring (not taking into account the joint function impairment) over 15% of the body surface	up to 40%
365	Damage to the body surface (except for the face) causing compassion or ugliness or mental disorders (suffering) identified by medical observation after injury to various parts of the body (except for the head)	up to 10%

Auxiliary tables for evaluating persistent eye damage

Table no. 1	Performance for permanent bodily damage while lowering visual acuity with optimal glass correction											
	6/6	6/9	6/12	6/15	6/18	6/24	6/30	6/36	6/60	3/60	1/60	0
Percentage of performance for permanent body damage												
6/6	0	2	4	6	9	12	15	18	21	23	24	25
6/9	2	4	6	8	11	14	18	21	23	25	27	30
6/12	4	6	9	11	14	18	21	24	27	30	32	35
6/15	6	8	11	15	18	21	24	27	31	35	38	40
6/18	9	11	14	18	21	25	28	32	38	43	47	50
6/24	12	14	18	21	25	30	35	41	47	52	57	60
6/30	15	18	21	24	28	35	42	49	56	62	68	70
6/36	18	21	24	27	32	41	49	58	66	72	77	80
6/60	21	23	27	31	38	47	56	66	75	83	87	90

3/60	23	25	30	35	43	52	62	72	83	90	95	95
1/60	24	27	32	38	47	57	68	77	87	95	100	100
0	25	30	35	40	50	60	70	80	90	95	100	100

If visual acuity has been reduced to a degree corresponding to more than 75% disability before the accident, and if the blindness of the better eye has occurred, or if one eye has been blind before the injury and the other has had visual acuity worse than that corresponding to 75% of the disability and if this eye got blind, it is compensated by 25%.

Table no. 2		Performance for permanent bodily injury with concentric narrowing of the field of view		
degree of narrowing	one eye	both eyes the same	of one eye with blindness of the other	
Percentage of performance for permanent body damage				
degree of concentric narrowing				
up to 60°	0	10	40	
up to 50°	5	25	50	
up to 40°	10	35	60	
up to 30°	15	45	70	
up to 20°	20	55	80	
up to 10°	23	75	90	
up to 5°	25	100	100	

If one eye was blind before the accident and the concentration of the other eye was 25% or more and complete or de facto blindness or narrowing of the field of view to 5° occurred on this eye, compensation will be at 25%.

Table no. 3		Performance for permanent bodily injury with non-concentric narrowing of the field of view	
Hemianopsia	Percents		
homonymous, left-	35		
homonymous, right-	45		
binasal	10		
bitemporal	60 - 70		
upper bilateral	10 - 15		
lower bilateral	30 - 50		
nasal unilateral	6		
temporal unilateral	15 - 20		
upper unilateral	5 - 10		
lower unilateral	10 - 20		
quadrant nasal	4		
	6		
quadrant temporal	6		
quadrant temporal	12		

The central scotoma, both unilateral and bilateral, is evaluated according to the value of visual acuity.

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Article 1 Introductory provisions

1. The special terms and conditions of incapacity for work insurance (hereinafter referred to as "ZPP PNO") regulate the insurance against incapacity for work due to disease or injury.
2. The insurance is arranged as a fixed-amount benefit insurance for the case of a disease or injury.

Article 2 Interpretation of Terms

Active pursuit of business as a self-employed person - means that, if the insured is a self-employed person, s/he generates a regular and consistent income under paragraph 5 of this Article (hereinafter referred to as the "income of the insured").

Medical treatment - a process aiming to positively affect the condition of the insured based on the completion of an individual medical process defined by a physician of acting within the scope of professional competence, intending to cure the insured or to stabilise the consequences of his/her disease or injury.

Necessary treatment time - the time when the treatment process is taking place. The medical records of the insured must present a clear justification of the selected treatment method and the dates of check-ups. After each medical appointment, the medical records of the insured must clearly indicate the proposed method of further treatment and information on the course of treatment.

The following times are not included in the necessary treatment time:

- a) time till a substitute check-up if the insured fails to arrive to a scheduled check-up without a justified reason;
- b) time of rest treatment regimen for diagnoses where such regimen is unusual without being sufficiently justified in the medical documentation;
- c) time during which gradual increase of load is recommended;
- d) time when rehabilitative care or rehabilitative spa treatment or exercise is taking place in the insured person's own social environment.

Incapacity for work - a condition where, based on a physician's decision, the insured is temporarily incapable of performing and does not perform any work activity or any professional activity or self-employment, including control and management activities, even for a part of the day, due to disease or injury. The insured, participant of the sickness insurance scheme, must obtain a report of temporary incapacity for work according to the generally binding legal regulations (according to the Sickness Insurance Act); the insured, not participating in the sickness insurance scheme, must obtain a confirmation of incapacity for work issued by a general practitioner on the insurer's relevant form.

Income of the insured - income of the insured from employment and emoluments, together with income from business and other self-employment activities, both under the Income Tax Act.

Article 3 Exemptions from the Insurance

1. The insured shall have a claim to insurance benefit - daily allowance if his/her incapacity for work occurred during the period of insurance, as long as the waiting period has already ended, and amounted to at least the limit of performance as agreed in the insurance contract as of the date of incapacity for work.
2. The insured has a right to receive insurance benefits solely for those days of incapacity when s/he is being treated under these ZPP PNO.
3. The waiting period for incapacity for work due to disease is stipulated as the first 3 months from the date of commencement of the insurance.
No waiting time for incapacity for work due to injury is arranged.
4. In the case of any change in the insurance, increasing the daily allowance amount, the waiting period according to paragraph 3 of this Article of ZPP PNO applies to the increased portion of the daily allowance from the effective date of the change on. The insurer is obliged to provide insurance benefits based on the new daily

allowance amount only for such cases of incapacity for work that arose after the end of the waiting period according to paragraph 3 of this article ZPP PNO.

5. In cases where, on the date of the occurrence of the incapacity for work, the insurance contract established insurance for incapacity for work due to disease or injury with the following limits of performance:
 - a) from the 15th day, the insurer shall pay the daily allowance according to this Article to the amount as agreed in the insurance contract for the 15th and each subsequent day of incapacity until the last day of incapacity; however, no longer than till the day stipulated by paragraph 6 of this Article,
 - b) from the 29th day, the insurer shall pay the daily allowance according to this Article to the amount as agreed in the insurance contract for the 29th and each subsequent day of incapacity until the last day of incapacity; however, no longer than till the day stipulated by paragraph 6 of this Article,
 - c) from the 57th day, the insurer shall pay the daily allowance according to this Article to the amount as agreed in the insurance contract for the 57th and each subsequent day of incapacity until the last day of incapacity; however, no longer than till the day stipulated by paragraph 6 of this Article.
6. The maximum number of days covered by the Insurer is 365 days in relation to each individual case of incapacity. If there is an interval of less than 6 months between individual cases of incapacity for work due to the same diagnosis, such incapacity periods add up to determine the maximum number of days for which the insurer provides cover.
7. The daily allowance limit is calculated from the first day of incapacity for work.
8. The insurance benefit amount is calculated as the product of the number of days determined according to the principles set out in this article and the daily allowance to the amount agreed in the insurance contract as of the date of the incapacity. If there has been an increase in the daily allowance during the term of the insurance, the daily allowance shall be determined in accordance with paragraph 4 of this Article of ZPP PNO.
9. If the incapacity for work is declared for multiple diseases or injuries at the same time, it is considered as a single insured event and the insurer pays the insurance benefit only once.
10. If a new case of incapacity for work occurs on the next calendar day following the end of the previous case of incapacity due to the identical injury or disease diagnosis as in the previous case of incapacity for work, the new case of incapacity is considered as a continuation of the previous case of incapacity.
11. If the incapacity for work is disproportionate relative to the length of therapy of the diagnosis and if this length extension is not sufficiently expertly documented in the medical records, the insurer shall determine the final number of days for which the insured is entitled to receive a daily allowance in cooperation with a panel physician based on the information from medical records or personal examination of the insured.
12. Incapacity for work must be confirmed by a physician who operates in the territory of the Czech Republic.
13. Whether a right to benefits from incapacity insurance has arisen is assessed by the insurer in particular on the basis of the documents referred to in Article 5 (1) (a) to (c) ZPP PNO, submitted by the insured to the insurer by the deadlines as specified. If the insured has a right to receive insurance benefits, the insurer always covers the duration of incapacity for work as justified to the insurer.

Article 4 Exemptions from the Insurance

1. The insurer shall not provide insurance cover in case of the insured person's incapacity for work:
 - a) during spa treatments, in sanatoriums, rehabilitation centers except for the first therapeutic stay following the end of the incapacity for work which was the basis for such therapeutic stay, and which constituted the insured event establishing the claim to insurance cover for the insured. From the medical perspective, such stay must be a necessary component in the treatment of the disease or injury.
 - b) while staying in nursing homes as well as in social care institutions,
 - c) resulting from a disease the insured diagnosed or treated during the 2 years prior to the commencement of the insurance. This provision applies to the first two years from the commencement of the insurance,
 - d) in connection with gestational diabetes mellitus, haemorrhaging during pregnancy, excessive vomiting during pregnancy, hypertension in pregnancy, urinary and genital infections in pregnancy, intrauterine growth retardation and impending preterm delivery,
 - e) in connection with plastic surgery (including cosmetic interventions) performed for non-medical reasons,
 - f) in relation to congenital malformation or disease and conditions resulting therefrom,
 - g) resulting from mental disorders and behavioural disorders as determined by the International Classification of Diseases ICD, i.e. in the case of diagnoses F00 to F99,
 - h) arising from or in connection with one-off or regular consumption of alcohol or other narcotic, toxic, psychotropic or other substances capable of adversely affecting human psyche or his or her control or recognition ability or social behavior,
 - i) due to an injury suffered by the insured in preparation for sport or in exercise of a sport to which he has entered a professional contract, except for snooker, bowling, curling, yoga, billiards, traditional bowling, sweets, pétanque, modern and classical darts, and hiking,
 - j) due to an injury suffered by the insured in the performance of any of the following professions or activities - a heavy industry worker, a high voltage electrician, a painter or a coater or tiler or a cleaner working at heights, a pilot, a roofer, a diver, a sailor, an armed force member, a bomb disposal expert, a worker with explosives, a martial arts teacher, window cleaner working at heights, all mining professions (eg miners, mining locksmiths, mining engineers, etc.),

- k) due to an accident the insured suffered in the pursuit of: bungee jumping, snowboarding or skiing outside marked trails or outside the specified time of operation on marked tracks, aero or ski acrobatics, snowkiting, landkiting (etc.), snowrafting, rafting, canyoning, cliffdiving, diving with a breathing apparatus, parachuting, paragliding, base jumping, speleology, mountaineering, alpine tourism over 3000 m above sea level, alpinism, skialpinism, flying in motor and non-powered aircraft except state licensed carriers, flying in light and ultralight airplanes, hang glider, glider, in a balloon, airship, in active participation in competitions and races of motor vehicles or vessels, and in preparatory rides, flights or trips for them (training),
 - l) due to an intervertebral disc herniation, the disc spinal syndromes and other diseases of the back, (diagnosis M40 to M54 according to the international statistical classification of the diseases), This provision applies to the first three years from the commencement of the insurance.
2. The Insurer shall not provide insurance cover for work incapacity that occurred at the time:
- a) of maternity leave,
 - b) when the insured is unemployed or does not work as a self-employed person.

Article 5 Obligations of the Insurance Participants

1. The insured is obliged:
- a) unless prevented by serious objective reasons, to report incapacity for work to the insurer within seven days from the expiry of the limit of performance as stipulated in the insurance contract, by delivering the duly filled-in form of Notice of Insured Event - Incapacity for Work including the delivery of documents listed in the form and in paragraph 1 (b) of this Article of ZPP PNO to the insurer's registered office address,
 - b) to submit a proof of the incapacity for work in the form of a document of temporary incapacity for work issued in accordance with generally binding legal regulations, if the insured is a participant in the sickness insurance scheme. The insured who is not a participant in the sickness insurance scheme is obliged to submit proof of incapacity for work in the form of a confirmation by his/her GP on the insurer's form "Notice of Insured Event - Incapacity for Work",
 - c) from the expiry of the limit of performance as stipulated in the insurance contract on, to submit proof of duration of the incapacity confirmed by a physician on the insurer's form, no later than every thirty-seven days of incapacity to work, unless prevented by serious reasons or otherwise stipulated by the insurer,
 - d) inform the insurer in writing of any change in the diagnosis for which the incapacity for work has been declared without undue delay,
 - e) inform the insurer in writing of the termination of incapacity for work without undue delay,
 - f) notify the insurer in writing if he or she is granted a retirement pension or if he or she is granted the highest degree of disability,
 - g) comply with all instructions given by the physician in relation to the treatment of the disease or injury for which the incapacity is declared, observe the treatment regimen and refrain from any action that may adversely affect his or her condition, the course or length of incapacity for work.

Article 6 Limitation of the Insurance Benefit

1. The insurer has a right to:
- a) to pay the daily allowance only from the day following the day on which the Notice of Insured Event, including the documents required, was delivered to the insurer's registered office address if the obligation referred to in Article 5 (1) (a) of these ZPP PNO was breached,
 - b) to reduce the insurance cover accordingly also in cases of breach of the obligations referred to in Article 5 (1) (d), (e) and (g) of these ZPP PNO.
2. In the case of a breach of the obligation referred to in Article 5 (1) (c) of these ZPP PNO, the insurer is not obliged to provide insurance cover for those days of incapacity for work which were not properly documented to the insurer in due time.

Article 7 Termination of the Insurance

1. The insurance is terminated on the date of granting old-age pension or on the date on which the insured was recognized as disabled (3rd degree).