

INTRODUCTORY PROVISIONS

1. This Table of Benefits for Permanent Disability Due to Accident (hereinafter Table of Benefits) is an integral part of the General Terms and Conditions, Special terms and Conditions and each individual voluntary insurance against accident contracts that the Policyholder concludes with UNIQA OSIGURANJE d.d.
2. Permanent disability shall be determined in case of consequences of accident which occurred within one year after the date of occurrence of accident at latest, by applying the disability percentages set in this Table of benefits exclusively. The final percentage of disability of a limb, spinal column or an organ is determined no earlier than three months after completion of medical treatment and rehabilitation, except in the cases of amputations and items of the Table of Benefits where it is stated otherwise.
3. Rehabilitation is an obligatory part of treatment. The final percentage of disability is determined after completion of medical treatment and rehabilitation on the basis of complete medical documents, including all x-ray images which the Insured person is obliged to submit to the Insurer together with the notification of accident.
4. Disability is not determined for contusion of osseous-muscular structures and overstrain syndrome. Insurance shall not cover impaired mobility of large joints (shoulder, elbow, wrist joint, hip joint, ankle joint) up to 10 per cent.
5. Pseudarthrosis and chronic fistular osteomyelitis are determined after final operational and rehabilitation treatment.
6. In case of multiple injuries to a limb, spinal column or organ, the total percentage of disability of such limb, spinal column or organ is determined as follows: the severest consequence of injury is assigned half the percentage provided for in the Table of Benefits, the second severest consequence of injury is assigned 1/4 of the percentage, the third severest consequence of injury is assigned 1/8 of the percentage and so on. The total percentages cannot exceed the percentage provided for in the Table of Benefits for total loss of that limb or organ. The above-mentioned principle shall not apply in cases of injuries to fingers and special provisions from the Table of Benefits shall apply instead.
7. In case of multiple loss or injuries due to one accident, percentages of disability for each individual limb or organ are added up but they cannot exceed 100%.
8. Comparative arthrometer measurement is obligatory.
9. The percentages set in this Table of Benefits shall apply in case of loss of general work capacity within insurance against accident.
10. Percentages of disability for different consequences on one joint shall not be added up and disability is determined by the item with the highest percentage point.
11. For application of certain items in the Table of Benefits, the item with the highest percentage point shall apply for same organs or limbs, i.e. it is not allowed to apply two items for the same functional injury or a consequence.
12. If the Insured has a permanent disability which existed before occurrence of the accident, the Insurer's liability is determined with respect to the new disability, notwithstanding the pre-existing disability, except in the following cases:
 - a. if the notified accident has caused an increase in the pre-existing disability, the Insurer's liability shall be determined with respect to the difference between the total percentage of disability and the percentage of pre-existing disability;
 - b. if the Insured person loses or sustains injuries on one of the previously injured organs or limbs, the Insurer's liability shall only be determined with respect to the percentage of increase in disability;
 - c. if previous degenerative disease of osseous-articular system result in increase of disability after the accident, the Insurer shall reduce the final percentage of disability from the Table of Benefits by 1/3;
 - d. if it is proved that the Insured suffers from diabetes, central or peripheral nervous system disease, deafness, poor vision, vascular system disease or chronic pulmonary disease, and if these diseases give rise to increase in the disability following accident, the Insurer will reduce the final percentage of disability from the Table of Benefits by 1/2;
 - e. if a pre-existing chronic disease was the cause of the accident,

the Insurer will reduce the final percentage of disability from the Table of Benefits by 1/2.

13. Subjective problems such as loss of muscle strength, pain and swelling of injury and any other psychologically-based problems which occurred as a consequence of some accident, shall not be considered when determining the percentage of permanent disability.
14. Individual abilities, social status or occupation (professional capability) shall not be considered when determining the percentage of permanent disability.
15. Insurance shall not cover consequences of accidents which are not determined by the Table of Benefits or which are excluded from the insurance cover in provisions thereof.

I. HEAD

1. Brain injury with permanent consequences in the form of: decortication/decerebration permanent vegetative condition
 - hemiplegia with aphasia and agnosia;
 - Parkinsonian syndrome bilateral;
 - triplegia, quadriplegia;
 - epilepsy with dementia and mental deterioration;
 psychosis (diagnosed after treatment in specialised psychiatric clinic) from 90% to 100%
2. Brain injuries with clinically proven diagnosis of:
 - a. extrapyramidal symptomatology (inability to coordinate movements or abrupt involuntary movements);
 - b. pseudobulbar paralysis with compulsive crying or laughter;
 - c. cerebellum damage with severe walking or coordination disorder
 - d. paraplegia80%
3. Pseudobulbar syndrome..... 80 %
4. Post-traumatic epilepsy with frequent seizures (one in two weeks or more frequently) and personality disorders, with medication, clinically diagnosed by appropriate examination after in-patient treatment up to 60%
5. Focal brain damages with clinically established consequences of psychoorganic syndrome, clinically diagnosed by appropriate examination after in-patient treatment:
 - mild up to 20%
 - medium..... up to 40%
 - severe.....60%
6. Hemiparesis or dysphasia:
 - mild up to 20%
 - medium..... up to 30%
 - severe.....50%
7. Cerebellum damages with adiadochokinesia and asynergy.....40%
8. Post-traumatic epilepsy with rare seizures and with medication...20%
9. Condition after cerebral contusion proved during in-patient treatment by objective diagnostic procedures (CT, EEG) immediately after accident..... up to 20%
10. Evacuated intracerebral haematoma without neurological disturbances.... up to 10%
11. Condition after trepanation of skull vault and/or fracture of skull base proved by radiograph, without neurological disturbances ... up to 5%

SPECIAL PROVISIONS

1. Disability under items 1 to 11 is not determined for craniocerebral injuries which are not diagnosed in hospital in the first 24 hours after such injuries have been sustained.
2. Disability shall not be determined for consequences of concussion.
3. All types of epilepsy must be clinically established by applying modern diagnostic methods. Disability shall not be determined for a single epileptic seizure after a brain injury.
4. In case of different consequences of craniocerebral injuries due to one accident, percentages of disabilities are not added up. The total percentage is determined on the basis of the item which is most favourable for the Insured person.
5. Permanent disability under items 1 to 11 is not assessed before expiry of one year from the date of injury, and for post-traumatic epilepsies not before expiry of two years from the date of injury.
12. Loss of scalp:
 - a) one third of scalp.....5%

- b) half of surface.....15%
- c) whole scalp.....30%

II. EYES

- 13. Total loss of sight of both eyes.....100%
- 14. Total loss of sight of one eye..... 33%
- 15. Impairment of sight of one eye due to injury:
 - for each 1/10 of impairment of sight.....3,3%
- 16. In case that sight of the other eye has been impaired by over 3/10
 - for each 1/10 of impairment of sight.....6,6%
- 17. Permanent double vision due to eye injury:
 - a) external ophthalmoplegia10%
 - b) total ophthalmoplegia.....20%
- 18. Loss of eye lens:
 - a) unilateral aphakia.....20%
 - b) bilateral aphakia 30%.....30%
- 19. Partial damage to retina and vitreous body:
 - a) visual field impairment due to post-traumatic detachment of retina.. up to 5%
 - b) opaque vitreous body due to traumatic bleeding.....5%
- 20. Mydriasis after a direct eye trauma..... up to 5%
- 21. Incomplete internal ophthalmoplegia..... up to 10%
- 22. Injury to lacrimal apparatus and eye lids:
 - a) epiphora 3%..... up to 5%
 - b) entropion, ectropion 3% up to 5%
 - c) ptosis of eye lid..... up to 5%
- 23. Concentric narrowing of visual field of the remaining eye (with total loss of sight of the other eye):
 - a) up to 60 degrees..... up to 10%
 - b) up to 40 degrees..... up to 30%
 - c) up to 20 degrees up to 50%
 - d) up to 5 degrees up to 60%
- 24. Unilateral concentric narrowing of visual field:
 - a) up to 50 degrees..... 5%
 - b) up to 30 degrees 10%10%
 - c) up to 5 degrees 30%.....20%
- 25. Homonymous hemianopsia.....30%

SPECIAL PROVISIONS

- 1. After a traumatic detachment of retina disability is determined on the basis of items 14, 15, 16 or 19, but not before expiry of one month from the date of injury or surgery.
- 2. Disability of one eye cannot exceed 33%.
- 3. Eyeball injury which caused detachment of retina must be diagnosed in hospital.
- 4. Permanent eye damages are assessed upon completion of medical treatment, except for the injuries under items 17 to 25 which cannot be assessed before expiry of one year from the date of injury.
- 5. Disability under item 20 is assessed on the basis of Maschke's Tables, subject to the provision of item 15 of this Table of Benefits.
- 6. Disability under items 22 to 24 is not determined for consequences of concussion, scalp contusion or injury to soft structures of the neck caused by the so-called whiplash injury.
- 7. Disability under items 23 and 24 is determined after expiry of the term defined in item 4 of these Special provisions, with new VF and computerised perimeter findings, no earlier than 12 months after the injury.

III. EARS

- 26. Total loss of hearing of both ears with normal caloric response of vestibular organ40%
- 27. Total loss of hearing of both ears with absent caloric response of vestibular organ60%
- 28. Impaired vestibular organ with normal hearing..... up to 5%
- 29. Total loss of hearing of one ear with normal caloric response of vestibular organ.....15%
- 30. Total loss of hearing of one ear with absent caloric response of vestibular organ.....20%
- 31. Partial loss of hearing of both ears with normal caloric response of vestibular organ in both ears; for combined loss of hearing (Fowler-Sabine):
 - a) 20-30%..... up to 5%
 - b) 31-60%..... up to 10%
 - c) 61-85%..... up to 20%
- 32. Partial loss of hearing of both ears with absent caloric response of vestibular organ in both ears; for combined loss of hearing (Fowler-Sabine):
 - a) 20-30%..... up to 10%
 - b) 31-60% %..... up to 20%
 - c) 61-85% %..... up to 30%
- 33. Severe loss of hearing of one ear with normal caloric response

- of vestibular organ; loss of hearing at the level of 90-95 decibels.....10%
- 34. Severe loss of hearing of one ear with absent caloric response of vestibular organ; loss of hearing at the level of 90-95 decibels.....12.5%
- 35. Auricle injury:
 - a) partial loss or partial deformation..... up to 5%
 - b) total loss or total deformation.....10%

SPECIAL PROVISIONS

- 1. For all consequences of injuries described this Chapter disability is assessed upon completion of medical treatment, however, not before expiry of 6 months from the date of injury, except for the consequences under item 33% which are assessed immediately upon completion of medical treatment.
- 2. If it has been established that the Insured has a pre-existing hearing damage due to acoustic trauma, disability due to loss of hearing (Fowler-Sabine) caused by the accident is reduced by 1/2.
- 3. Disability under items 26 to 34 is not determined for consequences of concussion or injury to soft structures of the neck caused by the so-called whiplash injury.

IV. FACE

- 36. Facial skin damages with scar deformities and functional disorders and/or post-traumatic deformities of facial bones:
 - a) mild degree.....5%
 - b) medium degree.....10%
 - c) severe degree.....25%
 - d) loss of lower jaw.....30%
- 37. Limited bite (distance between upper and lower teeth):
 - a) less than 4 cm..... up to 10%
 - b) less than 2 cm..... up to 20%
- 38. Traumatic damages to jaw bones, tongue or palate with functional disorders:
 - a) mild degree..... up to 10%
 - b) medium degree..... up to 20%
- 39. Loss of permanent teeth:
 - a) up to 16 for each tooth.....1%
 - b) for 17 and more, for each tooth.....1,5%
 - c) loss of all teeth at the gum level.....0,5%

SPECIAL PROVISIONS

- Disability shall not be determined for facial disfigurement without functional disorders.
- Disability shall not be determined for loss of teeth during eating.
- Disability shall not be determined for partial break of dental crown.
- 40. Paresis of facial nerve caused by fracture of temporal bone or injury to the parotid region:
 - a) mild degree up to 5%
 - b) medium degree..... up to 10%
 - c) severe degree with contracture and mimic tic.....20%
 - d) paralysis of facial nerve.....30%

SPECIAL PROVISIONS

Disability under item 40 is assessed upon completion of medical treatment, however not before expiry of two years from the date of injury, subject to EMNG monitoring.

V. NOSE

- 41. Partial loss of nose up to 10%
- 42. Total loss of nose30%
- 43. Anosmia caused by a proved fracture of the upper internal part of nasal bones 3%
- 44. Impaired breathing after fracture of the nasal septum, clinically diagnosed and confirmed by x-ray imaging immediately after the injury up to 5%

SPECIAL PROVISIONS

If more than one consequence of nose injuries due to one accident has been determined, the percentages of disability are not added up. Instead, the percentage of disability is determined on the basis of the item which is the most favourable for the Insured.

VI. TRACHEA AND OESOPHAGUS

- 45. Trachea injuries:
 - a) condition after tracheotomy following injury.....5%
 - b) stenosis of trachea following injury to larynx and upper part of trachea.....10%
- 46. Stenosis of trachea which requires permanent carrying of cannula...60%
- 47. Permanent organic hoarseness after the injury 5%
- 48. Narrowing of esophagus proved by radiograph and endoscope.. up to 15%
- 49. Total narrowing of esophagus with permanent gastrostoma.....80%

VII. THORAX

- 50. Rib injuries:
 - a) fracture of two ribs healed up with displacement or fracture of sternum with displacement 3%
 - b) fracture of three or more ribs healed up with displacement ..5%
- 51. Condition after thoracotomy..... 5%
- 52. Restrictive impairment of pulmonary function due to fracture of ribs, open chest injuries, post-traumatic adhesions, hemothorax and pneumothorax:
 - a) mild degree: vital capacity reduced by 20-30% up to 10%
 - b) medium degree: vital capacity reduced by 31-50 up to 30%
 - c) severe degree: vital capacity reduced by 51% or more ...up to 50%
- 53. Fistula following empyema10%
- 54. Chronic pulmonary abscess15%

SPECIAL PROVISIONS

- 1. Capacity of lungs is determined by a repeated spirometry test and, as required, by a detailed pulmonological examination and ergometric test
- 2. If disability defined in items 50, 51, 53 and 54, there is a pulmonary function disorder of restrictive type, disability is not assessed on the basis of the aforementioned items, but on the basis of item 52.
- 3. Disability under items 52, 53 and 54 is assessed upon completion of medical treatment, however not before expiry of one year from the date of injury.
- 4. Disability is not determined for fracture of one rib.
- 5. If it has been established by spirometry that there is a combined disorder of pulmonary function (obstructive and restrictive), the percentage of disability is reduced in proportion to the impairment of function due to illness. (Tiffno index)
- 55. Loss of one breast:
 - a) up to 50 years of age15%
 - b) over 50 years of age10%
 - c) severe breast damage up to 50 years of age 5%
- 56. Loss of both breasts:
 - a) up to 50 years of age30%
 - b) over 50 years of age15%
 - c) severe breast damage up to 50 years of age10%
- 57. Consequences of penetrating injuries to heart and large thoracic blood vessels:
 - a) heart with normal ECG and ultrasonogram15%
 - b) heart with changed ECG and ultrasonogram, depending on the severity of change..... up to 45%
 - c) damage to large blood vessels.....15%
 - d) aortic aneurysm with implant.....40%

VIII. SKIN

- 58. Relatively deep scars on the body following burns or injuries affecting over 10% of body surface..... 5%
- 59. Relatively deep scars on the body following burns or injuries affecting:
 - a) up to 10% of body surface up to 5%
 - b) 10% to 20% of body surface up to 15%
 - c) over 20% of body surface30%

SPECIAL PROVISIONS

- 1. Disability shall not be determined for relatively deep scars which affect up to 10% of the body surface.
- 2. The cases under items 58 and 59 are assessed subject to the Rule of Nines (see chart at the bottom of the Table).
- 3. A relatively deep scar is developed following a burn of degree II and/or injury with a major skin defect.
- 4. A deep scar is developed following a burn of degree III or IV and/or injury with a major skin defect.
- 5. Disability shall not be determined for consequences of epidermal burns (degree I).
- 6. Functional disorders (motility) caused by burns or injuries under item 59 are assessed on the basis of the appropriate items of the Table of Benefits.

IX. ABDOMEN

- 60. Traumatic hernia diagnosed in hospital immediately after injury, if at the same time also an injury to the soft parts of abdominal wall has been determined in that area..... 5%
- 61. Injury to diaphragm:
 - a) condition after rupture of diaphragm diagnosed in hospital immediately after injury and surgically treated10%
 - b) diaphragmatic hernia - relapse after a surgically treated traumatic diaphragmatic hernia15%
- 62. Condition after explorative laparotomy 5%
- 63. Intestine or stomach injury with resection

- a) stomach resection10%
- b) small intestine resection up to 100 cm up to 10%
- c) small intestine resection over 100 cm..... up to 20%
- 64. Liver injury with resection up to 20%
- 65. Loss of spleen (splenectomy):
 - a) up to 20 years of age20%
 - b) over 20 years of age10%
- 66. Pancreas injury due to accident with functional damage established by ultrasound or CT up to 20%
- 67. Prenatural anus – permanent50%
- 68. Operational treatment of colon injuries:
 - a) without resection..... 5%
 - b) with resection, including temporary colostomy10%
- 69. Incontinentia alvi - permanent:
 - a) partial20%
 - b) total50%

SPECIAL PROVISION

The principle stated in item 7 of General provisions of the Table of benefits shall apply in determination of permanent disability in case of consequences of abdominal injuries.

X. URINARY TRACT

- 70. Loss of one kidney with normal function of the other kidney30%
- 71. Loss of one kidney with functional damage to the other kidney:
 - a) mild degree up to 30% of functional damage up to 40%
 - b) medium degree up to 50% of functional damageup to 55%
 - c) severe degree over 50% of functional damage up to 80%
- 72. Functional damages to one kidney:
 - a) mild degree up to 30% of functional damage10%
 - b) medium degree up to 50% of functional damage15%
 - c) severe degree over 50% of functional damage20%
- 73. Functional damages to both kidneys:
 - a) mild degree up to 30% of functional damage up to 30%
 - b) medium degree up to 50% of functional damage ... up to 45%
 - c) severe degree over 50% of functional damage60%
- 74. Urine discharge disorder due to injury to urethra classified in accordance with the Charriere scale:
 - a) mild degree below 18 CH up to 10%
 - b) medium degree below 14 CH up to 20%
 - c) severe degree below 6 CH35%
- 75. Injury to urinary bladder with reduced capacity:
 - for each 1/3 of reduced capacity:10%
- 76. Total incontinence of urine:
 - a) for men40%
 - b) for women50%
- 77. Urinary fistula:
 - a) urethral20%
 - b) perineal and vaginal30%

XI. GENITAL ORGANS

- 78. Loss of one testicle up to 60 years of age15%
- 79. Loss of one testicle over 60 years of age 5%
- 80. Loss of both testicles up to 60 years of age50%
- 81. Loss of both testicles over 60 years of age30%
- 82. Loss of penis up to 60 years of age.....50%
- 83. Loss of penis over 60 years of age.....30%
- 84. Deformity of penis which prevents cohabitation up to 60 years of age.....50%
- 85. Deformity of penis which prevents cohabitation over 60 years of age25%
- 86. Loss of uterus and ovaries up to 55 years of age:
 - a) loss of uterus30%
 - b) loss of one ovary15%
 - c) loss of both ovaries40%
- 86. Loss of uterus and ovaries over 55 years of age:
 - a) loss of uterus10%
 - b) loss of each ovary 5%
- 88. Damages to vulva and vagina which prevent cohabitation up to 60 years of age:50%
- 89. Damages to vulva and vagina which prevent cohabitation over 60 years of age:25%

XII. SPINAL COLUMN

- 90. Spinal column injury with permanent total damage to spinal cord or peripheral nerves (paraplegia, triplegia, tetraplegia) with loss of control of defecation and urination.....100%
- 91. Spinal column injury with total paralysis of lower extremities without defecation and urination disorders80%
- 92. Spinal column injury with permanent partial damage to spinal cord

- or peripheral nerves (tetraparesis, tripareisis) without loss of control of defecation and urination, diagnosed by EMG50%
- 93. Spinal column injury with paraparesis, proved by EMG40%

SPECIAL PROVISIONS

Disability under items 90 and 91 is assessed after determination of permanent neurological damages and that under items 92 and 93 upon completion of medical treatment, however, not before expiry of two years from the date of injury.

- 94. Consequences of fracture of a minimum of two vertebrae with change of physiological curvature of spinal column (kyphosis, scoliosis):
 - a) mild degree10%
 - b) severe degree20%
- 95. Reduced mobility of cervical spine after fracture diagnosed by x-ray imaging:
 - a) reduction up to 1/3 scope of movement up to 5%
 - b) reduction up to 2/3 scope of movement up to 10%
 - c) reduction over 2/3 scope of movement.....15%
- 96. Reduced spinal mobility after injury to skeletal part of thoracal segment5%
- 97. Reduced spinal mobility after injury to skeletal part of lumbar segment:
 - a) reduction up to 1/3 scope of movement up to 10%
 - b) reduction up to 2/3 scope of movement up to 20%
 - c) reduction over 2/3 scope of movement.....30%
- 98. Serial fracture of spinal processes of three or more consecutive vertebrae 5%
- 99. Serial fracture of transverse processes of three or more consecutive vertebrae..... 5%

SPECIAL PROVISIONS

1. Disability shall not be determined due to reduced mobility of cervical spine after injuries to soft tissue in the neck such as strain or instability in case of ligamental damage to the cervical spine.
2. Disability shall not be determined due to reduced mobility of lumbar spine after injuries to soft tissue such as strain or instability in case of ligamental damage to the cervical spine.
3. Disability under items 94, 95, and 96 and 97 is assessed subject to a measurement 6 months upon completion of medical treatment and rehabilitation.
4. Disability shall not be determined due to instability in case of injury without fracture and neurological seizures.
5. Disability shall not be determined for radicular damage and damage to peripheral nerves after injury to soft tissue of the cervical spine caused by the whiplash.
6. Insurance shall not cover herniation of intervertebral disk, all types of lumbago, discopathy, spondylosis, spondylolisthesis, spondylolysis, sacralgia, myofascitis, coccydynia, ischialgia, fibrositis, fascitis and all pathoanatomical changes in the sacrolumbar region, appropriately termed.
7. Disability shall not be determined for fracture of traverse and spinal processes for up to two consecutive vertebrae.

XIII. PELVIS

- 100. Multiple fracture of pelvis with severe deformity or displacement of sacroiliac joints or symphysis.....30%
- 101. Symphysiolysis with horizontal and/or vertical displacement:
 - a) 1 cm in size 5%
 - b) 2 cm in size10%
 - c) over 2 cm in size15%
- 102. Fracture of one iliac bone, healed up with displacement..... up to 10%
- 103. Fracture of both iliac bones, healed up with displacement... up to 15%
- 104. Fracture of pubic bone or ischium, healed up with displacement up to 10%
- 105. Fracture of pubic bone and ischium, healed up with displacement..... up to 15%
- 106. Fracture of sacral bone, healed up with displacement..... up to 10%
- 107. Operational removal of os coccygis 5%

SPECIAL PROVISIONS

1. Disability is not determined for fracture of pelvic bones which have healed up without displacement and without objective functional disorders.
2. Disability shall not be determined for fracture of coccyx.

XIV. ARMS

- 108. Loss of both arms or both hands100%
- 109. Loss of arm at shoulder (exarticulation)70%
- 110. Loss of arm in the upper arm region65%

- 111. Loss of arm below elbow with preserved function of elbow60%
- 112. Loss of hand55%
- 113. Loss of all fingers:
 - a) on both hands90%
 - b) on one hand...45%
- 114. Loss of thumb20%
- 115. Loss of index finger.....12%
- 116. Loss of :
 - a) middle finger7%
 - b) ring finger or little finger, for each finger3%
- 117. Loss of metacarpal bone of thumb6%
- 118. Loss of metacarpal bone of index finger.....4%
- 119. Loss of metacarpal bone of middle, ring and little finger, for each bone2%

SPECIAL PROVISIONS

1. For loss of one phalanx of thumb disability is determined at 1/2 of the percentage for loss of thumb and for loss of one phalanx of any other finger disability is determined at 1/3 of the percentage for loss of that finger.
 2. Partial loss of osseous part of a phalanx is deemed to be equivalent to total loss of phalanx of that finger.
 3. For loss of a fingertip disability is determined at 1/2 of the percentage for loss of phalanx of that finger.
- 120. Total stiffness of shoulder joint:
 - a) in functionally unfavourable position (abduction 20 to 40 degrees).....35%
 - b) in functionally favourable position (abduction up to 20 degrees).....20%
 - 121. Fractures in the shoulder region healed up by displacement or intraarticular fractures with normal function of the shoulder joint 3%
 - 122. Reduced arm mobility in the shoulder joint, after fracture diagnosed by x-ray imaging, compared to the healthy arm:
 - a) reduced joint mobility up to 2/3.....5%
 - b) reduced joint mobility over 2/3.....10%

SPECIAL PROVISIONS

- Disability under items 120, 121 and 122 is assessed 6 months upon completion of medical treatment and rehabilitation.
- 123. Posttraumatic dislocation of shoulder joint..... 5%
 - 124. Unsteadiness of shoulder joint with osseous defect of ball and socket..... up to 15%
 - 125. Malunion of clavicle fracture up to 5%
 - 126. Endoprosthesis of shoulder joint.....30%
 - 127. Pseudoarthrosis of humerus20%
 - 128. Chronic osteomyelitis of arm bones with fistula.....10%
 - 129. Paralysis of accessory nerve.....15%
 - 130. Paralysis of brachial plexus.....60%
 - 131. Partial paralysis of brachial plexus (Erb's paralysis - upper part or Klumpke's paralysis - lower part))35%
 - 132. Paralysis of axillary nerve15%
 - 133. Paralysis of radial nerve.....30%
 - 134. Paralysis of median nerve35%
 - 135. Paralysis of ulnar nerve30%
 - 136. Paralysis of two nerves of one arm..50%
 - 137. Paralysis of three nerves of one arm.....60%

SPECIAL PROVISIONS

1. Disability is not determined for dislocation of acromioclavicular or sternoclavicular joint.
 2. A maximum level of disability to be determined for paresis of a nerve is 2/3 of the percentage of disability stipulated for paralysis of that nerve.
 3. Disability under items from 129 to 137 shall be determined only in cases of traumatic damage to motor or peripheral nerves upon completion of medical treatment and rehabilitation, but not before expiry of two years from the date of injury, subject to the damages being diagnosed by an EMG examination completed after the treatment.
 4. Disability shall not be determined in case of habitual dislocation of shoulder.
 5. Disability shall not be determined in case of complete paralysis of arm muscle due to nerve injury which is not diagnosed by clinical finding and accompanying EMG result.
 6. Disability shall not be determined in case of damage to spinal nerves of the cervical spinal nerve (the so-called radicular damage).
- 138. Total stiffness of elbow joint after fracture diagnosed by x-ray imaging:
 - a) in functionally unfavourable position.....30%
 - b) in functionally favourable position from 100 to 140 degrees... up to 20%
 - 139. Fractures in the elbow region healed up with displacement or intra-

- icular fractures which impair mobility of elbow joint, diagnosed by x-ray imaging..... 3%
140. Reduced elbow mobility after fracture diagnosed by x-ray imaging, in comparison to the healthy elbow:
- reduced elbow mobility by 2/35%
 - reduced elbow mobility over 2/3.....10%
141. Unsteady elbow joint – loose movement in traverse direction:
- loose movement up to 20 degrees.....5%
 - loose movement over 20 degrees.....15%

SPECIAL PROVISIONS

Disability under items 138 to 141 shall be assessed 6 months upon completion of medical treatment and rehabilitation.

142. Endoprosthesis of elbow:.....25%
143. Pseudarthrosis of both forearm bones25%
144. Pseudarthrosis of radial nerve.....10%
145. Pseudarthrosis of ulnar nerve.....10%
146. Total stiffness of forearm in supination after fracture diagnosed by x-ray imaging.....25%
147. Total stiffness of forearm in mid position after fracture diagnosed by x-ray imaging.....15%
148. Total stiffness of forearm in pronation after fracture diagnosed by x-ray imaging.....20%
149. Reduced forearm rotation (pro-supination) after fracture diagnosed by x-ray imaging, compared with healthy forearm:
- reduced rotation up to 1/2 up to 5%
 - reduced rotation over 1/2 up to 10%
150. Total stiffness of wrist after fracture diagnosed by x-ray imaging:
- in extension15%
 - in forearm axis.....20%
 - in flexion.....30%
151. Reduced wrist mobility after fracture diagnosed by x-ray imaging, compared with healthy wrist:
- reduced mobility up to 1/2.....5%
 - reduced mobility over 1/2.....10%
152. Fractures in the wrist region healed up with displacement or intra-articular fractures with normal wrist function, diagnosed by x-ray imaging ... 3%
153. Endoprosthesis of scaphoid bone and/or lunate bone20%

SPECIAL PROVISIONS

- Pseudarthrosis of scaphoid bone and/or lunate bone shall be assessed on the basis of item 151.
 - Disability under items 143 to 152 shall be assessed 6 months upon completion of medical treatment and rehabilitation.
154. Total stiffness of all fingers of one hand.....40%
155. Total stiffness of thumb of one hand.....15%
156. Total stiffness of index finger of one hand.....9%
157. Total stiffness of middle finger of one hand.....5%
158. Total stiffness of ring or little finger of one hand, for each finger2%

SPECIAL PROVISIONS

- For total stiffness of one joint of thumb, disability shall be determined at 1/2 of the percentage for total stiffness of thumb and for total stiffness of one joint of any other finger, disability shall be determined at 1/3 of the percentage for total stiffness of that finger.
 - The sum of percentages determined for stiffness of individual joints of one finger cannot exceed the percentage for total stiffness of that finger.
159. Reduced thumb mobility after normal union of fracture of the base of the first metacarpal bone (Bennet's fracture)3%
160. Reduced thumb mobility after malunion of the Bennet fracture of the thumb.....5%
161. Malunion of fracture of metacarpal bones:
- the first metacarpal bone.....3%
 - second, third, fourth and fifth metacarpal thumb, for each bone 2%
162. Reduced mobility of distal or basal thumb joint:
- mild degree2%
 - severe degree.....4%
163. Reduced mobility of individual joints of index finger:
- mild degree, for each joint.....1%
 - severe degree, for each joint.....2%
164. Reduced mobility of individual joints of middle finger in severe degree, for each joint 1%
165. Reduced mobility of individual joints of ring or little finger in severe degree, for each joint..... 1%

SPECIAL PROVISIONS

- The sum of percentages for finger injuries cannot exceed the percentage of disability for loss of hand. Total disability on the basis of

- items 164 and 165 cannot exceed percentage of disability for complete stiffness of the same finger.
- Mild degree shall mean reduced mobility by 1/2 of the percentage of normal joint mobility and high (severe) degree shall mean reduced mobility by more than 1/2 of the percentage of normal joint mobility.
- Disability shall not be determined in case of reduced mobility of individual joints of the middle, ring and little finger.
- Disability for the consequences of injuries to fingers shall be determined without application of the principle defined in item 6 of General terms and conditions of this Table of Benefits.

XV. LEGS

166. Loss of both upper legs100%
167. Exarticulation of leg at hip70%
168. Loss of upper leg at the upper third, stump unsuitable for prosthesis60%
169. Loss of upper leg below the upper third50%
170. Loss of both lower legs, stump suitable for prosthesis80%
171. Loss of lower leg, bone stump shorter than 6 cm45%
172. Loss of lower leg, bone stump longer than 6 cm.....40%
173. Loss of both feet.....80%
174. Loss of one foot.....35%
175. Loss of foot - Chopart's amputation.....35%
176. Loss of foot - Lisfranc's amputation.....30%
177. Transmetatarsal amputation.....25%
178. Loss of metatarsal bone I and V.....5%
179. Loss of metatarsal bone II, III and IV, for each bone.....3%
180. Loss of all toes of one foot.....20%
181. Loss of great toe:
- distal phalanx of great toe.....5%
 - loss of whole great toe.....10%
182. Total loss of toe II to V, for each toe.....2,5%
183. Partial loss of toe II to V, for each toe.....1%

SPECIAL PROVISIONS

Stiffness of interphalangeal joints of toe II to V in extension or reduced mobility of these joints shall not be considered disability.

184. Total stiffness of hip after fracture diagnosed by x-ray imaging:
- in functionally unfavourable position..40%
 - in functionally unfavourable position—flexion by 10 to 15 degrees30%
185. Fractures in the hip region healed up with displacement or intra-articular fractures with normal hip function, diagnosed by x-ray imaging3%
186. Total stiffness of both hips after fracture diagnosed by x-ray imaging70%
187. Old traumatic dislocation of hip which has not been repositioned40%
188. Pseudarthrosis of femoral neck with shortening35%
189. Deforming post-traumatic arthrosis of hip following fracture which impairs mobility of hip, diagnosed by x-ray imaging, compared with the healthy hip:
- reduced hip mobility by 1/3 up to 5%
 - reduced hip mobility up to 2/3 up to 10%
 - reduced hip mobility over 2/325%

SPECIAL PROVISIONS

Disability under items 184 to 189 is assessed 6 months upon completion of medical treatment and rehabilitation.

190. Endoprosthesis of hip:
- partial15%
 - total.....25%
191. Reduced hip mobility after fracture diagnosed by x-ray imaging, compared with the healthy hip:
- reduced hip mobility by 1/3 up to 5%
 - reduced hip mobility up to 2/3 up to 10%
 - reduced hip mobility over 2/315%
192. Pseudarthrosis of femur:30%
193. Improperly healed fracture of femur with angulation by:
- 10 to 20 degrees up to 10%
 - over 20 degrees15%

SPECIAL PROVISIONS

Disability under items 191, 192 and 193 is assessed 6 months upon completion of medical treatment and rehabilitation.

194. Chronic osteomyelitis of leg bones with fistula, at both sides10%
195. Large and deep scars in upper and lower leg muscles, traumatic hernia of upper and lower leg muscles, with clinically diagnosed circulation disorder, with normal joint function 5%
196. Circulation disorder after injuries to large blood vessels of legs:
- lower leg5%

- b) upper leg10%
- 197. Shortening of leg following fracture:
 - a) for 2 – 4 cm up to 10%
 - b) 4,1 - 6 cm up to 15%
 - c) over 6 cm20%
- 198. Total stiffness of knee after fracture diagnosed by x-ray imaging:
 - a) in functionally favourable position (up to 10 degrees of flexion).....25%
 - b) in functionally unfavourable position35%
- 199. Post-traumatic arthrosis of knee following injury to ball and socket which impairs mobility, diagnosed by x-ray imaging , compared with the healthy knee:
 - a) reduced knee mobility by 1/3 up to 5%
 - b) reduced knee mobility by 2/3 up to 10%
 - c) reduced knee mobility over 2/320%
- 200. Reduced mobility of knee joint after fracture diagnosed by x-ray imaging, knee mobility, compared with the healthy knee:
 - a) reduced knee mobility by 1/33%
 - b) reduced knee mobility by 2/35%
 - c) reduced knee mobility over 2/310%
- 201. Fractures in knee region, diagnosed by x-ray imaging and healed up with displacement or intraarticular fractures with normal knee function 3%
- 202. Unsteadiness of knee following injury to ligamental structures, compared with the healthy knee
 - a) up to 5 mm up to 5%
 - b) 5,1 - 10 mm up to 10%
 - c) over 10,1 mm up to 15%

SPECIAL PROVISIONS

Disability under items 198 to 202 shall be determined 6 months upon completion of medical treatment and rehabilitation.

- 203. Endoprosthesis of knee
 - a) partial15%
 - b) total30%
- 204. Surgical removal of meniscus up to 5%
- 205. Loose intraarticular body developed after knee injury, diagnosed by x-ray imaging..... up to 5%
- 206. Functional disorders following removal of patella:
 - a) partial removal of patella 5%
 - b) total removal of patella.....15%
- 207. Pseudarthrosis of patella, diagnosed by x-ray imaging.....10%
- 208. Pseudoartrozatibije, diagnosed by x-ray imaging:
 - a) with osseous defect.....15%
 - b) without osseous defect25%
- 209. Improperly healed fracture of lower leg diagnosed by x-ray imaging with valgus, varus or recurvation deformity, compared with the healthy lower leg:
 - a) 5 - 15 degrees up to 10%
 - b) over 15 degrees up to 15%
- 210. Total stiffness of ankle joint:
 - a) in functionally unfavourable position.....25%
 - b) in functionally favourable position (5-10 degrees of plantar flexion)..... up to 20%
- 211. Fractures in the ankle joint region healed up with displacement or intraarticular fractures diagnosed by x-ray imaging with normal ankle joint function3%
- 212. Reduced ankle joint mobility after fracture or ligamental injury (third degree distorsion) and/or post-traumatic arthrosis (after fracture or III degree distorsion), diagnosed by x-ray imaging, compared with the healthy ankle joint:
 - a) reduced ankle joint mobility by 1/3 up to 5%
 - b) reduced ankle joint mobility by 2/3 up to 10%
 - c) reduced ankle joint mobility over 2/310%
- 213. Endoprosthesis of ankle joint25%

SPECIAL PROVISIONS

- 1. Disability shall not be determined for damage to meniscus.
- 2. Disability shall not be determined for first and second degree ligamental injuries of ankle joint (distorsion).
- 3. Disability under items 208 to 212 is determined 6 months upon completion of medical treatment and rehabilitation.
- 4. Disability shall not be determined for Achilles tendon rupture if it is not surgically treated.
- 214. Traumatic dilatation of malleolus, compared with the healthy malleolus5%
- 215. Deformities of foot: pes excavatus, pes planovalgus, pes varus, pes equinus:
 - a) mild degree up to 10%
 - b) severe degree..... up to 20%
- 216. Deformity of calcaneus following compression fracture.....10%
- 217. Deformity of talus following fracture with deforming arthrosis, diagnosed by x-ray imaging10%
- 218. Isolated fractures of tarsal bones (talus, navicular bone, cuboid, medial cuneiform, except for calcaneus), treated:
 - a) with no significant deformation5 %
 - b) with significant deformation.....10%
- 219. Deformity of metatarsus following fracture of metatarsal bones (for each metatarsal bone 2%)..... up to 10%

SPECIAL PROVISIONS

Permanent disability under items 214 to 219 shall be determined 6 months upon completion of medical treatment and rehabilitation.

- 220. Total stiffness of distal joint of great toe2,5%
- 221. Total stiffness of proximal joint of great toe or both joints5%
- 222. Total stiffness of proximal joint of second to fifth toe, for each toe ...0,5%
- 223. Deformity or stiffness of second to fifth toe in bent position, for each toe1%
- 224. Large scars on heel or sole following injury to soft parts:
 - a) up to 1/2 of sole up to 10%
 - b) over 1/2 of sole up to 20%
- 225. Paralysis of nervusischadicus40%
- 226. Paralysis of nervusfemoralis30%
- 227. Paralysis of nervustibialis25%
- 228. Paralysis of nervusperoneus25%
- 229. Paralysis of nervusgluteus10%

SPECIAL PROVISIONS

- 1. A maximum level of disability to be determined for paresis of a leg nerve is 2/3 of the percentage stipulated for paralysis of that nerve.
- 2. Disability under items 225 to 229 shall be determined upon completion of medical treatment and rehabilitation for damage of motor or peripheral nerves, but not before expiry of two years from the date of injury, subject to the damage finally diagnosed by an EMG finding.
- 3. Disability shall not be determined on the basis of items 225 to 229 if nerve damage is not diagnosed by clinical examination and EMG immediately after the accident.

ASSESSMENT OF BURNED AREA ACCORDING TO WALLACE'S RULE

RULE OF NINES

- head and neck9%
- one arm9%
- anterior trunk2 x 9%
- posterior trunk2 x 9%
- one leg2 x 9%
- perineum and genitals1%

In effect as of 1 May 2007.