

Product Information STUDIUM Fee-for-Service Health Insurance



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1. The core concept of STUDIUM Insurance

The STUDIUM insurance product of Generali Biztosító Zrt. (Generali Insurance Ltd.) provides fee-for-service health insurance coverage primarily for natural person foreign citizens aged 18 to 65 years who are **enrolled as students at the University of Veterinary Medicine Budapest (registered seat: 1078 Budapest, István utca 2.)** under the **in the Stipendium Hungaricum government grant program** and who are added to the coverage of the STUDIUM insurance policy concluded by and between the University as Policyholder and the Insurance Company. A residence permit for a longer stay in Hungary requires appropriate health insurance coverage. Generali's STUDIUM product is suitable for that purpose, as well.

The insurance covers the costs of medical procedures, treatments, physician and hospital services, medications and medical equipment, and in a medical necessity, the insured person's patient transport, provided that the insured receives these services at or with the consent of the designated service provider or if such services are arranged by the designated service provider specifically named on the insured's declaration and the Health Insurance Card, except in emergencies (as defined in medicine), when the insured may be treated in a medical institution or by a health care provider other than the designated service provider.

You may read detailed information about the insurance product in the 'Customer Information and General Provisions Governing Insurance Policies' as well as in the 'General Conditions of STUDIUM Fee-for-Service Health Insurance (STUDIUM14_2)'.

You are advised to carefully read this product information and the policy conditions referred to above which are integral parts of the insurance policy, so that you clearly understand what events are covered under the insurance you wish to take out.

Please be advised, furthermore, that as set forth in the policy conditions and in this Product Information, there are cases which are not covered under this insurance, or where the benefit payment is limited, or where the Insurance Company may be relieved from benefit payment. (Chapter VI of the General Conditions of STUDIUM Fee-for-Service Health Insurance (STUDIUM14_2)).

2. What you need to know about this insurance

Parties to the insurance policy:

- **insurance company:** Generali Biztosító Zrt. (H-1066 Budapest, Teréz krt. 42-44.)
- **Policyholder:** **University of Veterinary Medicine Budapest (registered seat: 1078 Budapest, István utca 2.)** the institution which takes out the insurance policy from the Insurance Company and agrees to pay the insurance premiums.
- **insured:** any natural person of foreign citizenship participating **in the Stipendium Hungaricum government grant program**, who is not less than 18 and not more than 65 years of age as at the date when the insurance policy is concluded and whose health is covered under the insurance with respect to specific insured events, and who is enrolled as a student at the **University of Veterinary Medicine Budapest (registered seat: 1078 Budapest, István utca 2.)** during the policy period.

The insurance policy is concluded pursuant to a written agreement by and between the policyholder and the insurance company.

In order to add new insured persons to the coverage of the insurance policy (extension of coverage), a written consent of the particular insured needs to be obtained. This may be done so if the new insured duly completes and signs the insured's statement as well as the Health Insurance Card.

The Insured's Statement shall constitute a part of the insurance policy. The insured is required to complete all the prescribed declarations with complete and true information.

Health insurance card: a card bearing the same serial number as that of the insured's statement and issued by the insurance company containing the most important information related to the insurance coverage, which is designed to be proof of the insurance coverage at the health care service provider.

An insured may be added to the insurance coverage for a fixed period not exceeding the insurance period. The insured will be added to policy as at the time when the respective insurance coverage commences and will be removed from the policy when the insurance coverage terminates.

Insurance period: from February 01, 2019 to August 31, 2019.

The insurance coverage of a particular insured shall commence at 0 a.m. on the day following the day when the insured's statement and the Health Insurance Card are signed by the insured - *if the the insured's statement arrives to the Insurance Company* - and provided that the Policyholder has paid the single premium for the particular insured in full to the Insurance Company.

No waiting period is stipulated.

Geographical limit: Hungary

Limit: HUF 2,000,000 The insurance company shall pay a maximum of **two million HUF** to cover the **costs of medical and health services received by the insured in medical necessity** during the insurance period/period of the insurance coverage extension specified on the insured's statement:

- of which maximum HUF 100,000 may be paid to cover the costs of medications,
- maximum HUF 100,000 may be paid to cover the costs of durable medical equipment.

Deductibles: the insurance company shall pay 50% of the costs of medications and durable medical equipment purchased or received in medical necessity, so these costs shall be subject to 50% deductibles. Other deductibles shall not be applied.

3. If you need medical treatment:

You are advised to get medical attention as soon as you notice symptoms and not to wait until your condition significantly deteriorates. If you believe that you need to consult a medical professional, do not hesitate to do so.

The designated service provider needs some time to arrange that the appropriate physician can meet you at a suitable time.

If your complaints or the nature of your symptoms so allow, the physician may only see you in 48 hours.

In all cases, follow the instruction of the designated medical service provider/medical management company.

Please, make sure you always have your STUDIUM Health Insurance Card with you, as you may never know when you need it.

4. Designated service provider:

<p>Company name: Szent Kristóf Szakrendelő Nonprofit Kft</p> <p>Address of the Medical Center: 1117 Budapest, Fehérvári út 12.</p> <p>Appointments/telephone number: +36-1-279-2111</p> <p>Reception times: Monday - Friday: 08.00 – 20.00</p>	<p>If you are ill, please call one of the following physicians, who are available on weekdays from 8:00 till 20:00, and they will instruct you on what to do:</p> <p style="text-align: center;">Dr. Peter Horváth and Dr. Orsolya Szekeres. 30/678-6450 or 30/815-2218. Both doctors speak English well.</p>
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At other times (in an emergency outside the Medical Center's reception times, at weekends, on bank holidays or at night) out-of-hours medical services/emergency care is provided by **FÓNIX-MED Zrt.** in an out-of-hours Outpatient Clinic located at **1115 Budapest, Tétényi út 12-16. Telephone: 203-3615.** This is the number you must call in a medical urgency (or emergency), and this is where you can go to receive treatment. (Trauma and emergency medical services are provided in the building of Szent Imre Hospital.)

Emergency medical care

Outside normal office hours, during the out-of-hours period (from 4pm to 8am on workdays, and all day at weekends and on bank holidays) if you have a medical condition which requires emergency/trauma treatment, you should call the National Ambulance Services at 112 or 104, or visit the A&E departments which the ambulance service provides the details of, to receive treatment for your injuries/condition, as no diagnosis can be established, no medical indications can be given, and no treatment can be performed on the phone; the same is the case with proper medical treatment, or the prescription of medication or medical equipment.

A medical urgency is a case when a medical problem requires **immediate medical attention and its treatment cannot be postponed until normal reception times.** Emergency: a sudden change in health conditions as a consequence of which the

insured person's life would be at direct risk, or could suffer severe, permanent health impairment without receiving immediate medical attention.

4. Submitting invoices on services prepaid by the insured and the reimbursement of costs

The costs of medical and health services provided or arranged for by the designated service provider do not need to be prepaid by the insured, as the insurance company pays the costs of such medical treatment directly to the medical facility providing the care or through the designated service provider.

If the insured is treated in a medical facility other than the designated medical facility and the case does not qualify as a medical necessity (or emergency) as defined in the clinical standards of care, the designated health care provider shall be notified or informed (by the insured or by the medical facility providing medical treatment to the insured) if practicable **before the medical treatment is started but no later than on the weekday following the day of such treatment** of the name of the medical facility where the insured receives/received medical care and of the medical condition that is/was treated, to allow that the designated health care service provider may contact the treating physicians, medical facility or health care service provider.

If the condition of the insured only allows him/her to warn the treating health care service provider of the above obligation to supply information, then the insured shall not delay to do so, as it may help the insured to receive earlier and better treatment. On the reverse side of the health insurance card there is information for the institution providing medical care.

If the insured receives medical treatment in an emergency at a medical facility other than the designated service provider, or without the management of the designated service provider, the insured is not required to prepay for such medical care.

The insurance claim for the reimbursement of the cost of medical care prepaid by the insured, or of the cost of medication and medical equipment purchased by the insured, must be submitted to the designated service provider or mailed to the Debrecen Personal Insurance Competence Centre (mailing address: 4025 Debrecen, Piac utca 49-51), accompanied by the following documents:

- a) **the original invoice** on the delivered medical treatment (health care services) issued on the last day of such treatment, or the original invoice on the purchase of medications or durable medical equipment on prescription by the treating physician requested in the pharmacy, **showing the name of the insured (and quoting the number of the Health Insurance Card)**,
- b) a copy of all medical documents related to the insured event (e.g.: outpatient records, hospital discharge summary, examination records, nursing and care documentation, test findings, laboratory records, images made during diagnostic or histology tests, prescriptions, referrals, etc.) including all related precedence medical documentation and the documents produced during the first medical treatment.

A separate document with the **insured's Hungarian (HUF) bank account number (signed and dated) is required to be submitted** so that the insurance company can reimburse the costs of the medications or durable medical equipment, net of the 50% deductible, to the insured - by wire transfer to the insured's bank account - as soon as practicable.

If the claim is grounded, the insurance company shall reimburse the costs of the medical services prepaid by the insured or by a third party on behalf of the insured, within 15 days upon receipt of all documents necessary for the assessment of the claim, **in local legal currency, by wire transfer to a bank account held in a bank in Hungary pursuant to the invoice and subject to the applicable payment conditions and benefit limits.**