

Health Insurance

Insurance Product Information Document

Generali Biztosító Zrt.

An insurance company incorporated in Hungary



Product:
**STUDIUM fee-for-service
health Insurance**

Complete pre-contractual and contractual information on the product is provided in your policy documentation.

The product is subject to the following Policy Conditions:

- Customer Information and General Provisions Governing Insurance Policies
- STUDIUM Fee-for-Service Health Insurance – Terms and Conditions

This Insurance Product Information Document is only intended to provide a summary of the main coverage and exclusions of this insurance product so that you can compare it to other insurance products.

Please note that this Insurance Product Information Document is not an integral part of the insurance policy and does not constitute an offer on behalf of the insurance company.

What is this type of insurance?

You may take out this insurance as a group or individual insurance policy. This insurance policy provides cover against the cost of medical and health services specified in the policy, in consideration of the payment of the insurance premium.



What is insured?

Based on the selection of the policyholder, the following risks may be insured:

- ✓ Reimbursement of the costs of outpatient care, including
 - Primary health care (English speaking General Practitioners, managing patient journey)
 - Specialty care (including ambulatory surgeries)
 - Laboratory tests, X-ray diagnosis, ultrasound examination if these are necessary for the diagnosis or the treatment of the illness
 - Home visits (if medically reasonable and necessary)
- ✓ Reimbursement of the costs of inpatient care (including same day surgeries)
- ✓ Reimbursement of the costs of medicine
- ✓ Reimbursement of the costs of temporary medical equipment, dressings and bandages
- ✓ Reimbursement of the costs of patient transport
- ✓ Reimbursement of the costs of repatriation (one time repatriation to the insured's country of residence)

Annual limits, sublimits and deductibles are set out in the STUDIUM Product Brochure.



What is not insured?

- ✗ You will not be covered against losses and events other than those specifically listed as insured events in the policy conditions.
- ✗ You will not be insured against events specified in the policy conditions' chapter on exclusions and we will not reimburse the associated losses.
- ✗ The policy conditions set out additional events and losses related to insured events which are excluded from coverage.



Are there any restrictions on cover?

- ! This insurance may only be taken out by foreign nationals enrolled in a full-time course at a Hungarian educational institution.
- ! The insurance policy may be concluded for a fixed term of no longer than one year (12 months).
- ! The insured may only receive covered medical and health care services directly from the designated service provider named on the Declaration of the Insured, or if they are communicated to, arranged by or approved by the designated service provider.
- ! The upper limit of the cost reimbursement is the annual benefit limit, which is subject to certain sublimits and deductibles.
- ! In the event of rescue operations and emergency medical treatment, the insured may be required to prepay the costs.
- ! The insurance company may limit the benefit payout in the events listed in the policy conditions, including VIP care, child birth, pregnancy, treatment for aesthetic (cosmetic) purposes, dental care, alcohol, drug or other substance abuse, psychiatric care and psychotherapy, infectious diseases, etc.
- ! The insurance company may be relieved of its obligation to pay the insurance benefits in certain cases specified in the policy conditions, for example in the event of deliberate misconduct or in gross negligence.



Where am I covered?

- ✓ You are only covered in Hungary.



What are my obligations?

The policyholder and the insured must

- provide us with honest, accurate and complete information when the insurance is taken out,
- pay the insurance premium, inform us without delay of any changes in your situation and prevent the occurrence of loss during the policy term,
- mitigate loss, and notify us – providing accurate and complete information – in the event of a claim,
- comply with all other obligations specified in the insurance policy.

Before you are delivered any medical or health care service, you are required to call the designated service provider / medical management company at the telephone number printed on the STUDIUM Health Insurance Card.



How and when to pay?

You are required to pay your premium as a one-off payment in advance for the whole policy period at the time when you take out the insurance. The policyholder may make the payment by postal remittance or by bank transfer.

If the insurance policy is a group policy, the insurance premium applicable to the particular insured person must be paid in full for the then current insurance period, irrespective of the date when the insurance is concluded in any given insurance period.



When does the cover start and end?

You can take out the STUDIUM fee-for-service health insurance to cover a particular insured for a fixed period corresponding to the insurance period specified on the insured's statement or in the insurance policy but for a maximum of one insured year.

Your coverage will commence at 0 a.m. of the day following the date when the insurance application/ insurance policy / declarations are signed (if they are not signed on the same day, then at 0 a.m. on the day when both requirements have been fulfilled), but no earlier than on the first day of the policy period (insurance period).

Your coverage will terminate at the end of the policy period specified in the insurance policy or on the insured's statement.

The insurance company does not stipulate a waiting period.



How do I cancel the contract?

The coverage of a particular insured under this insurance will terminate

- at the end of the policy period specified in the insurance policy/insured's statement,
- at the end of the policy year/ policy period in which the insured becomes 65 years old,
- if the insured dies,
- if the insurance premium is not paid, or
- in other cases specified in the insurance policy.