

# Product Information on STUDIUM Fee-for-Service Health Insurance



Generali Biztosító Zrt. · Mailing Address: 7602 Pécs, PO Box. 888. · Telephone Customer Service: 06 40 200 250 · [www.generali.hu](http://www.generali.hu)

## 1. The Core Concept of STUDIUM Insurance

The STUDIUM product of Generali Biztosító Zrt. (Generali Insurance Ltd.) provides fee-for-service health insurance coverage within the territory of the Republic of Hungary typically for **natural person** foreign citizens **aged 18 to 65 years who are enrolled as students Eötvös Loránd Tudományegyetem** (registered seat: **1056 Budapest, Szerb u. 21-23.**) and who are not insured under the state social insurance scheme in Hungary, and take out the STUDIUM insurance. A residence permit for a longer stay in the country requires appropriate health insurance coverage. The STUDIUM product of the insurance company 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 statement 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)'.**

***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. 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 (also insured):** a party who takes out the insurance policy and undertakes to pay the insurance premium.
- **insured:** any natural person of foreign citizenship 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 policy with respect to specific insured events, and who is **enrolled as a student at Eötvös Loránd Tudományegyetem** (registered seat: **1056 Budapest, Szerb u. 21-23.**) during the policy period (term of duration of the policy) but is not insured under the national social insurance scheme in Hungary.

**Conclusion of the insurance policy:** the insurance policy is concluded pursuant to a **written agreement** by and between the policyholder and the insurance company by completing the insured's statement and signing it by the insured and the policyholder.

**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.

**Coverage period:** STUDIUM fee-for-service health insurance may be taken out for a fixed period corresponding to the insurance period specified on the insured's statement and for a maximum fixed period corresponding to the policy year defined in Clause II.4.2. herein.

Periods of insurance correspond to the length of courses at the Eötvös Loránd Tudományegyetem. Periods of insurance are divided into insurance months.

- Period of Insurance I is from September 01 of a given year to August 31 of the following year (12 insurance months).
- Period of Insurance II is from September 01 of a given year to February 28 of the following year (6 insurance months);
- Period of Insurance III is from March 01 of a given year to August 31 of a given year (6 insurance months);

In accordance with the payment frequency of the premium, the policy year can be divided into insurance months on the understanding that the insurance may not be taken out for a period shorter than 1 (one) insurance month.

Irrespective of the date when the insurance is concluded in any given insurance period, **the insurance premium shall be paid in a total amount for the whole insurance period.**

The insured may have only one valid **STUDIUM** insurance at any one time.

**Insurance coverage:** with respect to any one insured person, the **commencement of the insurance coverage will be 0 hours of the day following the day when this insured's statement is signed by the policyholder/insured, provided that the insurance premium for the insurance period specified on the insured's statement has been paid to the insurance company.**

No waiting period is stipulated.

#### **Premium of the insurance:**

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|---|--------------------------|
| • Period of Insurance I (12 insurance months)   | <b>HUF 65,000/person</b> |
| • Period of Insurance II ( 6 insurance months)  | <b>HUF 32,500/person</b> |
| • Period of Insurance III ( 6 insurance months) | <b>HUF 32,500/person</b> |

The premium payable for the coverage period is specified in the document titled the insured's statements.

The insurance premium is required to be paid in one sum and in advance for the insurance period specified in the insured's statement (for the whole duration of the policy) at the time when the insurance policy is concluded.

Irrespective of the date when the insurance is concluded in any given insurance period, the insurance premium must be paid in full for the then current insurance period.

**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/policy term specified on the insured's statement:

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

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

### **3. How to take out this insurance:**

We request you to carefully read all documents relating to the product before taking out the insurance policy.

The insured's statements shall set out the key features of the insurance (insurance period, annual limit, pro rata limit, deductible, the insurance premium for the insurance period, policy number, designated service provider, etc.) and the Health Insurance Card shall contain personal data required for the identification of the insured and the conclusion of the insurance policy.

If you wish to take out this insurance, you need to complete a three-part carbonless form with the consolidated version of the document titled proposal/policy/declarations giving accurate and complete information with assistance from the insurance intermediary, and hand over to the insurance intermediary the full amount of the insurance premium for the policy term. Insurance premium handed over to the Intermediary shall be deemed settled if the Intermediary, as an independent insurance intermediary (insurance broker) has paid the insurance premium to the Insurance Company, and the premium has been credited to the Insurer's bank account.

**The insurance premium will be deemed paid if it has been credited to the Insurance Company's bank account.**

**It is important that both the card and the insured's statement shall be duly signed by the policyholder (who is also the insured) where indicated** so that the documents be legally valid and the insurance coverage can take effect.

The first (upper) and second copy of the insured's statement must be submitted to the insurance company, while the third copy shall remain with the insured; the health insurance card shall also remain with the insured.

**Please note that the Health Insurance Card is only valid together with a passport, therefore it is particularly important that the insured should carry both the Health Insurance Card and his/her passport at all times.**

#### **4. How to apply for medical and health care services:**

**You are kindly advised to request medical treatment as soon as you notice symptoms and not to wait until your condition significantly deteriorates. If you feel that your condition requires the attention of a medical professional, please schedule an appointment as soon as possible.**

**In an emergency, please call the emergency services numbers, 112 or 104 (Hungary).**

In other cases always call the designated service provider at the telephone number specified.

**Or visit the designated service provider in office hours at the address specified.**

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.

**You are kindly requested to always follow the instructions of the medical management service provider.**

#### **5. Designated service provider:**

**MEDICINA BELVÁROSI EGÉSZSÉGKÖZPONT  
(MEDICINA CITY HEALTH CENTER)  
1051 Budapest, Zrínyi u. 4. First Floor**

**Reception times:**

**Monday-Friday: 8:00-16:00**

**Telephone number during reception times: +36-1-373-0303.**

Assistant's Name: Tímea Tóth Blaskó

**Service provider recommended in the case of emergency beyond surgery hours:**

**Transzplantációs és Sebészeti Klinika (1082 VIII. ker. Budapest, Baross u. 23-25.),**

**Tel.: 06 (1) 267-6000**

#### **Emergency medical care**

**Outside normal surgery hours, during the out-of-hours period (from 16:00pm to 08:00am on workdays, and all day at weekends and on bank holidays) if it is an immediate emergency requiring emergency/trauma treatment, then call the National Ambulance Services at 112 or 104, and you may visit the A&E departments they provide the details of to receive treatment for your injuries, as no diagnosis can be set up and no medical indications can be given, 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.**

ELTE - Generali Biztosító Zrt.

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The official language of this document is Hungarian. In the event of any inconsistency between the Hungarian version and the translated English version, the Hungarian version shall prevail.

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A medical urgency is a case when a medical problem requires **immediate medical attention** and its **treatment cannot be postponed until regular 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 impairment without receiving immediate medical attention**.

## **6. Submitting invoices for services prepaid by the insured and their payment**

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 on the reimbursement of the cost of medical care pre-paid by the insured, or the cost of medication and medical equipment purchased by the insured, must be accompanied by the following documents:**

- a) an invoice issued to **the insured's name (also showing the policy number)** indicating the delivered medical and health care services (medical care) needs to be requested on the last day of the medical treatment while an invoice indicating any medication or medical equipment prescribed by the treating physician needs to be requested in the pharmacy where it is purchased,
- 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 settle the insurance claim 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 bank transfer to a bank account at a bank in Hungary in accordance with the invoice and subject to the applicable benefit conditions and benefit limits.**