

Product Information – STUDIUM Fee-for-Service Health Insurance

Generali Biztosító Zrt. · Customer Service Direct Line: +36 1 452-3333 · generali.hu/kapcsolat

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 **and who are in an active student relationship with the University of Pécs (registered seat: 7622 Pécs, Vasvári Pál utca 4.), 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 Application and 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 'Terms and Conditions of STUDIUM Fee-for-Service Health Insurance'.

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.

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 aktiv student at the University of Pécs (registered seat: 7622 Pécs, Vasvári Pál utca 4.) 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 an **agreement** by and between the policyholder and the insurance company by completing the insured's Application and Statement and signing it by the insured and the policyholder.

The Application and 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 Application and 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.

**Policy year (Insurance period for 12 month) shall last
from September 01 of the current year to August 31 of the subsequent calendar year.**

**Premium of the insurance:
HUF 120.000 / insured / policy year (for 12 month)**

In accordance with the payment frequency the policy year/financial year can be divided into insurance periods:

Insurance period II: from September 01. to January 31.
Premium of the insurance: HUF 50 000 / insured / for 5 month.

Insurance period III: from February 01. to August 31.
Premium of the insurance: HUF 70 000 / insured / for 7 month.

The premium payable for the insurance coverage is due in advance in one sum for the whole policy term at the time when the insurance is concluded. The premium payable for the insured period is specifically stated in the insured's statement.

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 insurance period.

With respect to the particular Insured person, the insurance coverage shall commence at 0 a.m. of the day following the day when the Application and Declarations document signed by the Policyholder/Insured is received by the Insurance Company, but no sooner than the first day of the insurance period, provided that the insurance premium for the period of insurance stated in the Application and Declarations document has been paid to the Insurance Company in full (if these two conditions are met on different dates, the coverage shall commence at 0 a.m. of the day following the day when both conditions have been met).
The Policyholder will have fulfilled his/her obligation to pay the insurance premium as of the day when the insurance premium is credited to the account of 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 Application and 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. **In acute cases**, based on your complaints or the nature of your symptoms, you may be offered an appointment with a doctor only beyond 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:

Centre for Occupational Health and Hygiene of the University of Pécs Clinical Centre The place of consultation: 7623 Pécs, Rákóczi út 2. Building "B" <u>Opening hours:</u> Monday 8:30-11:00, 12:00-15:00 Tuesday 8:30-15:00 Wednesday 8:30-15:00 Thursday 8:00-15:00 Friday 8:00-12:00 To make an appointment for medical care, please send an email to: gp@pte.hu	Evenings, weekends and overnight: Adult GP on duty from 3pm to 7am / "Felnőtt háziorvosi ügyelet" Address: Ifjúság utca 13. Phone: +36 72 515-104 In case of emergency Department of Emergency Medicine "Sürgősségi Orvostani Tanszék/Sürgősségi Betegellátó Osztály" Address: Ifjúság utca 13. Phone: +36 72 535-850
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5. Practical Informations

Medicinal products

Medicinal product is defined as any substance registered as such in the Hungarian public health insurance system, and sold in Hungary. The insurance does not cover the costs of medicinal products prescribed by a physician or purchased in a country other than Hungary.

The insurance shall cover the costs of prescription medications, up to the limit specified in the Benefit Table, unless they are related to an exclusion (e.g.: psychiatry treatment, AIDS, etc.) set forth in the policy conditions. The same applied to over-the-counter medicinal products, as well.

Over-the-counter medicinal products covered under this insurance include, among others, antipyretics, painkillers, allergy medicines, antiinflammatory cream products.

Other products purchased in a pharmacy

This insurance does not cover the costs of any products which were purchased in a pharmacy but which do not qualify as "medicinal products" or "pharmaceutical products not qualified as drugs".

The insurance does not cover, for instance, the costs of the following products: toothpastes, body lotions, shampoos, suntan lotions, vitamins, baby care products, pregnancy tests, protein drinks, earplugs, thermometers, mosquito repellent spray, effervescent tablets, skin creams, herbal teas, skincare products, personal hygienic products, products or preparations for the treatment of addictions, pl.: nicotine replacement products, products for the treatment of alcohol addiction, etc.

Medication does not include contraceptive pills, emergency contraceptive pills (morning after pills), condoms, etc.

Medical aids:

The insurance only covers the products included in the effective, official list of medical aids (medicinal devices) while other products do not qualify as medical aids.

Please note that even in that case, you are required to submit the appropriate medical documents which state that the insured needs or is recommended to use the particular medical aid.

Tools to improve vision (glasses, contact lenses, glass for vision, etc.), tools to improve hearing and materials and means used in dental care (artificial teeth, prostheses, fillings, implants, braces, substances and tools to whiten teeth etc.) do not qualify as therapeutical aids.

Medical aids shall not include, furthermore, e.g. sports equipment, fitness balls, etc.

Dental treatment

Dental care includes only the following benefits: cases requiring immediate care (root canal treatment, abscess treatment, tooth extraction).

The insurance does not cover any other form of dental treatment or oral surgery, e.g.: replacement of fillings, crowns, of any type, tartar removal, treatments for only aesthetic purposes (whitening), dental implants, orthodontic treatment, use of materials which are not medically necessary (e.g.: golden tooth, tooth jewellery, etc.

A list of certain other costs/services not covered under the insurance:

If you receive medical treatment or health care services from a service provider other than the medical and health services management company, please note that the insurance does not cover cases excluded from coverage or cases when the insurance company is relieved from benefit payment as defined in the policy conditions, and benefits are only paid up to the limits applicable to them, e.g.:

- psychotherapy (e.g.: family counseling, etc.),
- psychiatric treatments, including psychological treatment,
- costs related to abortion, or artificial reproductive techniques,
- parking fees, drive-through costs,
- costs of food or drink consumed in the cafeteria of a hospital (costs not related to hospitalization, hospital treatment),
- sports equipment, comfort tools (e.g.: organic pillows, Terraband exercise bands, ball seats, neck pillows),

- dietary supplements (e.g.: protein drinks recommended for sports, energy drinks, weight loss drinks),
- cosmetic and hygiene products (even when purchased in a pharmacy).

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

The costs of medical and health care 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 medical bill 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 medical facility about the above duty to supply information, then the insured shall not delay to do so, as it may help him/her to receive the necessary treatment as soon as possible and at the highest possible standard. The reverse side of the Health Insurance Card contains information which may be important for the treating medical institution, as well.

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 may be required to prepay for the cost of such medical care.

The following procedure shall be followed to claim the reimbursement of health care service or the reimbursement of the costs of medication or durable medical equipment prepaid by the insured:

- *Fill in the attached bilingual claim form*
- *Enclose all medical documentation related to the health care service used (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.)*
- *Enclose original (or a copy) of the invoice issued to your name in connection with the health care service used or the medication or durable medical equipment purchased.*

Please note that the reimbursement can only be transferred to Hungarian bank account number that shall indicated on the claim form.

Please submit the completed claim form with the attachments to the nearest customer service of Generali Biztosító Zrt., or send these documents electronically to generali.hu@generali.com email address.

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.