

Product Information – STUDIUM Fee-for-Service Health Insurance



Generali Biztosító Zrt. · Mailing Address: 7602 Pécs, PO Box. 888.
Customer Service Direct Line: +36 1 452-3333

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 at Eötvös Loránd University (registered seat: (1053 Budapest, Egyetem tér 1-3.))** 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 'Terms and 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 Tudományegyetemmel (székhelye: 1053 Budapest, Egyetem tér 1-3.)** 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.

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.

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

Insurance period I.: from September 01. to August 31 (12 month)

Premium of the insurance: HUF 70.000 / insured / Insurance period I.

Insurance period II: from September 01. to February 28/29

Premium of the insurance: HUF 35.000 / insured / Insurance period II. (6 month)

Insurance period III: from March 01. to August 31.

Premium of the insurance: HUF 35.000 / insured / Insurance period III. (6 month)

Insurance period IV.: from March 01. to February 28/29 (12 month)

Premium of the insurance: HUF 70.000 / insured / Insurance period I.

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.

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

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/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. 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:

Company name: Szent Kristóf Szakrendelő Nonprofit Kft Address of the Medical Center: 1117 Budapest, Fehérvári út 12. Appointments/telephone number: +36-1-279-2111 Reception times: Monday - Friday: 08.00 – 20.00	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: Dr. Peter Horváth and Dr. Orsolya Szekeres. 30/678-6450 or 30/815-2218. Both doctors speak English well.
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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.

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) – refer to: <http://www.oep.hu/> – 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, fitt-balls, etc.

Dental treatment

Treatments covered: *Dental treatment shall only include the following: fillings, root canal treatments, treatment of abscess, dental extractions, treatments of the mouth cavity, stabilization of accident consequences.*

Emergency dental care following a trauma: *dental care or procedure to stabilize a patient's condition after a trauma in an accident restoring the function of mastication, provided that such treatment is performed due to the injury, as evidenced by a dental X-ray, of at least two teeth on the same side next to each other.*

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

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 (as well as the policy number),**
- 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.