

Product Information about STUDIUM Fee-for-Service Health Insurance for Budapest University of Technology and Economics (BME)



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

1. The core concept of this health insurance

The STUDIUM insurance product of Generali Biztosító Zrt. (Generali Insurance Ltd.) provides fee-for-service health insurance coverage for natural person foreign citizens over the age of 18 who are added as insured persons to the insurance policy concluded by and between Budapesti Műszaki és Gazdaságtudományi Egyetem (BME) (Budapest University of Technology and Economics) (registered seat: 1111 Budapest, Műegyetem rakpart 3., Institution Reg. No.: FI23344) as Policyholder and the Insurance Company.

The insurance covers the medical costs of a complete range of treatments and procedures, including elective, acute and emergency care, outpatient and inpatient treatment/procedures, reimburses the costs of medications and medical devices, and covers medically reasonable patient transport, provided that such services are received either directly from the designated service provider or they are received from out-of-network providers but arranged/approved by the designated service provider.

You are advised to carefully read this 'Product Information Brochure', the 'Terms and Conditions of STUDIUM Fee-for-Service Health Insurance (STUDIUM20_2)', as well as the 'Customer Information and General Provisions Governing Insurance Policies', which are integral parts of the insurance policy, so that you clearly understand what events are covered under the insurance coverage you wish to apply for.

2. What you need to know about this insurance:

Parties to the Insurance Policy

- **Insurance company:** Generali Biztosító Zrt. (Registered address: 1066 Budapest, Teréz krt. 42-44.).
- **Policyholder:** Policyholder: Budapesti Műszaki és Gazdaságtudományi Egyetem (BME) (Budapest University of Technology and Economics) (registered seat: 1111 Budapest, Műegyetem rakpart 3.), the institution which concludes the insurance contract with the Insurance Company and agrees to pay insurance premium.
- **Insured:** any natural person of foreign citizenship enrolled as a student at the : Budapesti Műszaki és Gazdaságtudományi Egyetem (BME) (Budapest University of Technology and Economics) registered seat: 1111 Budapest, Műegyetem rakpart 3.) throughout the term of the insurance policy, who is in a student relationship and at the time of concluding the insurance policy he was 18 years of age and for whose events the insurance contract was concluded.

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 person duly completes and signs the Insured's Statement. The Insured's Statement constitutes an integral 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. IMPORTANT! If the card is lost, it must be promptly reported at the University while also requesting that a new insured's statement and card be completed and issued.

The serial number of the lost card may not be used to receive covered treatment.

Coverage of the insured

An insured may be added to the insurance coverage for a fixed period which may at most be identical to the insurance period.

Insurance period, academic year, four semesters:

01.09.2020 – 31.01.2021 (2020/2021 Academic Semester I – fall)

01.02.2021 – 31.08.2021 (2020/2021 Academic Semester II – spring)

01.09.2021 – 31.01.2022 (2021/2022 Academic Semester III – fall)

01.02.2022 – 31.08.2022 (2021/2022 Academic Semester IV – spring)

The insurance coverage of the particular insured shall commence at 0 a.m. of the day following receipt of the duly and fully completed Insured's Statement by the Policyholder.

The insurance coverage is limited to the territory of Hungary, i.e. to medical care and medical and health care service received in Hungary.

No underwriting is required. No waiting period is stipulated.

Insured Event

The insurance covers **the medically reasonable treatment of Insured person's sudden, acute illness or medical condition with no prior history before the commencement of the insurance coverage** or the Insured's **injuries sustained in an accident during the term of the insurance**, if such treatment is received in accordance with the policy conditions **directly from or under the management of or approved by the (designated) health care service provider** stated on the Insured's Statement and on the Health Insurance Card.

Insurance Benefit

The insurance company's obligation to settle an insurance claim arising from an insured event means the **obligation to reimburse the costs of medical, health care and other services received in Hungary** and specified in the insurance policy:

- **the insurance covers costs related to the Insured's medically necessary treatment, provided that the medical necessity is properly evidenced by the Insured,**
- **pursuant to the Insurance Company's obligation to pay the insurance claims – subject to the exemptions and exclusions – claims payment shall be limited to a total of HUF 4 000 000/insured/policy year, or HUF 2 000 000/insured/covered semester (5+7 months) during the coverage period, with no waiting period stipulated.**

Of that maximum HUF 200 000/policy year (HUF 100 000 /semester) (5+7 months) may be claimed in respect of medications, and maximum HUF 200 000/policy year (HUF 100 000 /semester) (5+7 months) may be claimed in respect of durable medical equipment for each Insured.

The costs of medications, dressings and bandages, durable medical equipment for temporary use required for health care treatment must be prepaid by the insured.

Medication, dressings and durable medical equipment only mean those agents, accessories and devices which are **registered and recognized in Hungary as medication, dressings and durable medical equipment**. Lenses for the correction of vision (glasses, contact lenses, glass for vision, etc.), tools for improve hearing and materials and means used in dental care (artificial teeth, prostheses, fillings, implants, braces, substances and tools to whiten teeth etc.) are not qualified as durable medical equipment. Medication does not include contraceptive pills, emergency contraceptive pills (morning after pills), condoms, etc.

If an insurance claim is not grounded or only partly grounded pursuant to the provisions of the policy conditions, and consequently the insurance company is not at all or only partly required to pay the insurance claim, the Insured **is required to pay the part of the medical bill not covered under this insurance directly to the provider of the medical treatment or to the party which has issued the medical bill.**

Within the framework of outpatient treatment, the insurance pays for:

- a) the costs of primary medical care,
- b) the costs of specialized health care treatment,

c) the costs of laboratory and diagnostic tests (e.g.: blood and urine tests, X-ray diagnostic scans, ultrasound examinations) which the insurance company shall only cover if these are necessary for the diagnosis and treatment of the illness.

Within the framework of inpatient treatment, the Insurance Company shall pay for the costs of the Insured's hospitalization and medical treatment. The insurance, in particular, covers:

- a) the costs of medical care prescribed by a physician, (including necessary surgeries);
- b) the costs of nursing;
- c) the costs of therapeutic abortion performed for medical reasons.

The insurance company will reimburse the costs of same-day surgeries.

Patient Transport: If the insured is immobile or he/she has a medical need for transport to the premises providing medical treatment, the insurance covers the cost of patient transport without medical supervision within the territory of Hungary to the extent that it is required for receiving medical and health services which qualify as insured events pursuant to provisions of the insurance policy.

Subject to the annual limit, the Insurance Company will reimburse the **one time costs of repatriation (transport home)** if it is medically necessary (as evidenced in the written opinion of the physician) based on the Insured's condition, and the designated service provider also recommends that the Insured be repatriated home and continue to get treatment in his/her country of residence.

Claims Payment

The Insurance Company shall pay the costs of covered medical treatment received from or arranged by or delivered with the cooperation of (i.e. notified to and approved by) the designated service provider, directly to the designated service provider.

If the Insured receives emergency medical treatment at a medical facility other than the designated service provider, or without the engagement of the designated service provider, the Insured will be required to prepay the costs of such medical care.

What is NOT covered under the insurance (limitations and exclusions):

You are kindly reminded that Clause 3.5 (Exclusions) and Clause 3.6 (Exemptions) of the Terms and Conditions of STUDIUM Fee-for-Service Health Insurance (STUDIUM20_2) describe the cases which are not covered under this insurance, or where the claims payment may be limited, or where the insurance company may be released from the payment of the claim.

Extract from the Policy Conditions:

The insurance does not cover medical and healthcare services or events partly or entirely arising out of or related to any of the following:

- a) the insured's illness or medical condition which is proven to have existed prior to the effective date of the insurance coverage, or which had been diagnosed prior to the effective date of the insurance coverage, or which required treatment during this time period, or any permanent physical or mental impairment of the insured that had been diagnosed prior to the effective date of the insurance coverage,
- b) medical care related to contraception, pregnancy (confirmation of pregnancy, antenatal care) or child birth (including postpartum care), and any associated costs incurred,
- c) abortion of pregnancy (unless termination of the pregnancy was necessary to preserve the life or health of the mother, or if termination of the pregnancy was performed in a case where pregnancy was the result of a criminal act),
- d) medical procedures and surgeries related exclusively to diagnosing and treating infertility and related to human reproduction, as well as medical treatments related to any form of artificial reproductive techniques, and any associated costs incurred,
- e) sterilization surgeries and consequences, and any associated costs incurred,
- f) sex reassignment surgeries, and any associated costs incurred,
- g) consequences of treatments and surgeries performed for aesthetic and/or cosmetic purposes, and any associated costs incurred,
- h) vision correction surgeries performed on the cornea, and any associated costs incurred,

- i) dioptric glasses/sunglasses, contact lenses and their accessories, and the costs of the medical examination required for the above, and any associated costs incurred,
- j) hearing aids and accessories, and any associated costs incurred,
- k) dental treatments, dental surgery and surgical treatments, as well as any associated costs incurred, with the exception of cases requiring emergency care (root canal treatments, treatment of abscess, dental extractions),
- l) health care treatment in relation to HIV infection, and any associated costs incurred,
- m) health care treatments and services (tests, treatments, detox and withdrawal treatments) performed in relation to the consumption of alcohol, narcotic drugs or other addictions (e.g.: the abuse of narcotic substances or medicine), as well as any associated costs incurred,
- n) convenience (V.I.P.) health care services (e.g. single or V.I.P. bedroom, V.I.P. meals, other special convenience services which are available for extra fees), and any associated costs incurred,
- o) acupuncture, acupressure treatment, oriental medicine, alternative and naturopathic medicine and any associated costs incurred,
- ö) psychological disorders and psychiatric disorders; psychiatric treatment and psychotherapy, and any associated costs incurred,
- p) costs of the vaccine for immunization shots and their administration, and any associated costs incurred,
- q) transplantation, dialysis, the oncology treatment, nursing and control examinations related to malignant tumours, other treatments required to treat the consequences of malignant tumours (e.g.: bowel obstructions, surgical treatment of bone metastases), and any associated costs incurred,
- r) treatment received in sanatoriums or in assisted accommodation, and any associated costs incurred,
- s) rehabilitation or nursing of chronic illnesses (especially geriatrics, hospice care, special needs education, speech therapy, physiotherapy, physical therapy, bath therapy, weight loss therapy, infusion therapy to improve blood flow, or pain management infusion therapy, injection administered into a joint), with the exception of treatments which are for the purpose of diagnosing chronic illnesses, or of initiating a therapy, and any associated costs incurred,
- t) rehabilitation or nursing of chronic illnesses, with the exception of treatments which are for the purpose of diagnosing chronic illnesses, or of initiating a therapy, and any associated costs incurred,
- u) medical care that is not for the purpose of diagnosis of illness for the insured, or for the prevention of deteriorating condition and rehabilitation of the insured's health, especially screening tests not ordered or attended in relation to this insurance, or a parent having to stay at a hospital with his/her child, nor is the insured's stay at a hospital for the purpose of nursing a parent,
- v) treatment by a person who does not have medical certification and permit to practice medicine, as well as medical care or other health care treatment made necessary as a result of treatments performed by such person,
- w) medical research on human subjects, treatments related to experimental diagnostics and therapy, treatments which are not approved under the clinical protocols, standards and guidelines adopted by Hungarian medical facilities, the costs of treatments, instruments not approved or not financed by the National Health Insurance Fund of Hungary (NEAK/OEP), as well as procedures subject to individual NEAK/OEP funding, and any associated costs incurred,
- z) insurance claims related to contagious diseases (e.g.: Tuberculosis, tetanus, hepatitis B and C), tropical diseases (malaria, yellow fever, Cholera, Dengue fever, Severe Acute Respiratory Syndrome) and sexually transmitted diseases (STDs).

The insurance does not cover events which arise from the Insured person's attempted suicide, not even in the event that the Insured was mentally incompetent at the time when attempted suicide.

The insurance does not cover events which may have been directly or indirectly caused by the insured's engagement in or pursue of hazardous sports activities or professional occupation.

3. Information on how to get medical care

You are kindly advised to seek medical attention as soon as you notice the symptoms. Do not wait until your condition deteriorates! If you feel that you need to see a doctor, please call Generali Assistance at +36 1 465 3784 immediately.

Remember to carry your Health Insurance Card and passport with you at all times, because the card is only valid together with your passport (personal identification document).

Always follow the instructions of Generali Assistance and of the designated service provider!

The Insurance Company will only pay your claim if the requirements set out by the insurance company are complied with and the instructions and guidance given by Generali Assistance and the staff of the designated service provider are fully adhered to.

Primarily, it is the **designated health care service provider, Semmelweis Egészségügyi Kft** that provides the medical care to insured persons. If the required and suitable medical care cannot be provided by the designated service provider, it will arrange them and inform the insured how and when he/she may receive them.

If you need medical attention, as a first step always call the direct line of Generali Assistance at + 36 1 465-3784, which is available through the 7/24 service of Europ Assistance, and request to talk to an English speaking operator; remember to always call the direct line first to arrange a first medical appointment, diagnostics and control examinations, as well.

PLEASE NOTE! Other than in the event of a medical emergency, the insurance covers only in-network medical care, i.e. medical treatment which is received through Generali Assistance directly from the designated health care service provider, or under the management of or approved by the designated service provider.

Emergency medical treatment

A medical emergency is a case when a medical problem requires **immediate medical attention, and its treatment cannot be postponed until normal reception times.**

If you require emergency/trauma treatment or emergency medical attention due to illness or an accident, you must call the National Ambulance Services at 112, or visit an A&E department 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 recommended on the phone; the same is the case with proper medical examination, or the prescription of medication or medical equipment.

If the insured is treated by ambulance paramedics or taken by the ambulance to the A&E department of a hospital, or the Insured himself/herself goes to an A&E Department to seek emergency treatment anywhere in Hungary, the Insured must subsequently call Generali Assistance at **+ 36 1 465-3784** as soon as his/her condition so permits but no later than on the next workday to be informed of how to proceed.

The Insured is required to prepay the costs of emergency medical treatment.

If you are admitted to hospital following your emergency treatment, you are advised to call the Generali Assistance as soon as your condition so allows, but ideally no later than within 24 hours after your admission, so that you will not need to prepay potentially huge medical bills for your hospital treatment. In such a case, the insurance company will pay the bill – if possible – and you will not need to prepay medical expenses.

4. Submission of 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.

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 **Generali Biztosító Zrt. (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,
- c) the Insured's declaration quoting the bank account number of his/her (HUF) current account in Hungary (signed and dated).

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 following the submission of all documents necessary for claim settlement to the Insurance Company.** Claims are paid 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.