



Biztosító

Az OTP Csoport partnere

PRODUCT INFORMATION for foreign insured persons of the Budapest University of Technology and Economics

(Valid: February 1, 2023 – August 31, 2025)

Groupama Biztosító Zrt. is pleased to welcome non-Hungarian students participating in the Stipendium Hungaricum Scholarship Program of the Budapest University of Technology and Economics, the Scholarship Program for Christian Youth, and the Diaspora Higher Education Scholarship Program among its insurers.

the **Budapest University of Technology and Economics** (hereinafter „policy holder”, BME) concluded a group health insurance agreement with **GROUPAMA Biztosító Zrt** (hereinafter “insurer”) pursuant to which, as of **1st of February, 2023** foreign students of BME participating in the above scholarship programs (hereinafter „insured person”) shall be entitled to use the services of insurer.

Within the framework of Groupama Medicare Group Health Insurance, you have the opportunity to use **medical primary care, specialist examinations and treatments, laboratory and diagnostic tests, outpatient surgical interventions performed in specialist clinics, hospital care, surgical interventions** (performed in addition to one-day and longer than 24-hour hospital care), and **patient transport** in case of immobility, as well as to claim back the price of **medical aids, medicines and bandages** prescribed by the specialist.

Please note! The insurance covers only in-network medical care, i.e. medical treatment which is received through Groupama Assistance directly from the designated health care service provider, or under the management of or approved by the designated service provider.

Exceptions to this are health cares resulting from urgent need, which are required immediately or within a short period of time due to the condition of the insured.

This information notice is to summarise the information related to joining the Group Health Insurance, the benefits available, the contents of the insurance plans and the terms applicable to using the services. For more information, please read the **Terms and conditions and customer information of GROUPAMA MEDICARE GROUP HEALTH INSURANCE** (hereinafter: Terms and Conditions).

Basic information

Insurer:	Groupama Biztosító Zrt.
registered office:	1146 Budapest, Erzsébet királyné útja 1/C,
website:	https://www.groupama.hu
Policy holder:	Budapesti Műszaki és Gazdaságtudományi Egyetem
registered office:	1111 Budapest, Műegyetem rakpart 3.

Service organiser: **Europ Assistance Magyarország Kft.**
registered office: 1132 Budapest, Váci út 36-38.
tel: **+36 1 465-3764**
e-mail: egeszsegvonal@europ-assistance.hu
online appointment: <https://eoperation.europ-assistance.hu/health/groupama/eng>

Designated service provider: **SEMMELWEIS Egészségügyi Kft.**
registered office: 1085 Budapest, Üllői út 26.
tax number: 13916974242
company reg. number: 01 09 87974

Insured persons:

During the insurance period, foreign students who are students at the Budapest University of Technology and Economics, participating in the Stipendium Hungaricum Scholarship Program, the Scholarship Program for Christian Youth, and the Diaspora Higher Education Scholarship Program.

Entry ages:

Students between **the ages of 18 and 64** can join the insurance contract.

How to join?

Students may join the group health insurance by completing and authentically signing the **declaration to join** and sending it to BME.

Those students who do not sign the insurance declaration and do not deliver it to the BME cannot use the health insurance services!

The insurer's risk bearing starts:

The insurer's risk bearing begins at 0.00 a.m. the day after the signed insurance declaration is delivered to the BME.

Termination of insured status

- If the student's student legal relationship (student status) is terminated, the insured status of the student will be terminated at the end of the study semester in which the student's status was terminated.
- If the framework contract concluded between the BME and the insurer is terminated at the end of the fixed, 5 study semester insurance term, the insurance relationship for the students will also terminate on the last day of the term.

Undertaking the risk of pre-existing diseases

The insurance company only undertakes and finances health cares related to existing diseases within the framework of primary care (general practitioner)

In addition to medical primary care, any other treatments and sick trips resulting from diseases that already existed before the beginning of risk bearing are not covered by the insurance, i.e. reimbursed in the social insurance system, on the basis of a social insurance legal relationship.

Waiting period

The insurer **does not apply a waiting period** for any type of health care.

The services of insurance package

Insurance package:

	Insurance package
Exclusion of antecedent illnesses	yes, except medical primary care
Waiting period	the insurer does not apply
Screening tests	not included
Total service limit	HUF 2 000 000 Ft/insured/study semester
Non-stop call center (in English)	yes
Health care organization (in English)	yes
Outpatient care <ul style="list-style-type: none"> - <i>medical primary care (English-speaking general practitioner care)</i> - <i>specialist care (including outpatient surgeries)</i> - <i>laboratory tests</i> - <i>diagnostic examinations</i> - <i>outpatient care resulting from urgent need</i> - <i>medical home visit (in medically justified acute cases)</i> 	up to the student semester limit
One-day surgery	up to the student semester limit
Inpatient care <ul style="list-style-type: none"> - <i>surgical interventions</i> - <i>hospitalization</i> 	up to the student semester limit
Costs of medical aids (without deductible)	maximum HUF 100 000 (within the student semester limit)
Costs of medicines and bandages (without deductible)	maximum HUF 100 000 (within the student semester limit)
Patient transport (in medically justified acute cases)	up to the student semester limit
Home delivery costs (in medically justified acute cases)	up to the student semester limit

Emergency cares

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 need 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 Accident & Emergency (A&E) Department!

PLEASE NOTE ! In the case of health cares resulting from urgent need, the insurance only covers outpatient services.

If the insured goes to A&E Department to seek emergency treatment anywhere in Hungary, the insured must subsequently call Groupama Assistance at + 36 1 465-3764 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, which, if the insured was entitled to the health care based on the insurance framework contract and Terms and conditions, the insurer will subsequently reimburse.

Services in detail

24-hour health hotline, appointment booking, care organization

In the framework of telephone assistance, operators with medical experience provide information on the process and method of applying health cares, diseases, medications, emergency services, technical terms, interpretation of medical findings, etc., and information about the COVID-19 disease can also be requested. In addition to Hungarian, the insurance company provides the service also in English.

Appointment booking and care organization can also be requested!

Outpatient care

In the framework of outpatient services

- ✓ **general practitioner availability**
- ✓ **specialist examinations, follow-up examinations, treatments**
- ✓ **laboratory tests,**
- ✓ **diagnostic examinations***
- ✓ **ambulatory surgeries**
- ✓ **medical home visit (in medically justified acute cases)**

can be used in all specialist areas (except psychiatry), the cost of which is reimbursed by the insurance company up to the specified limit amounts.

*In the framework of the diagnostic tests, high-value diagnostics are also available, i.e. **CT, MR, PET CT and Cardio CT** tests are also covered by the insurance.

Inpatient care

In the case of **one-day surgery** and **operations performed with a hospital stay of more than 24 hours**, the insurance company reimburses the cost of the intervention and the related medicine, implant, blood product, disposable device, hospital care and hospital hotel service up to the specified limit amount.

The insurer only reimburses the cost of surgical interventions **listed in Annexes 3 and 4 of the Terms and Conditions.**

In addition to surgeries, the insurance company reimburses the cost of **hospitalization for any reason.**

Financing the costs of medical aids

Reimbursement of the cost of medical aids required for health care **up to the amount of the sublimit, without deductible, based on the submitted invoice and doctor's recommendation, with subsequent reimbursement.**

Financing the costs of medicines and bandages

Reimbursement of the cost of medicines and bandages required for health care **up to the amount of the sublimit, without deductible, based on the submitted invoice and doctor's recommendation, with subsequent reimbursement.**

Patient transport

Transporting the insured person to a medical institution in case of immobility of the insured.

If the Insured becomes unable to move, and access to a health care institution is not resolved, the Insurer reimburses the cost of transporting the patient within the national border up to the specified limit amount.

Home delivery costs

Transportation of the Insured to the country of his permanent residence, if the insured's state of health medically justifies home medical treatment and the designated service provider also recommends one-time transportation home to the country of the Insured's permanent residence. The insurer reimburses the costs maximum up to the specified limit amount.

Condition of use

No medical referral is required for the medical primary care (general practitioner care), all other services, i.e. specialist examination and treatment, diagnostic and laboratory tests, surgical intervention requiring one-day or longer hospital stay, hospital care, patient transport, reimbursement of medical aids, medicines and bandages can only be used on the basis of a written specialist referral.

The insurer only reimburses the cost of healthcare services used at the service location of the designated healthcare provider, or in the organization and with the approval of the designated healthcare provider.

Use of the services

In case of a health complaint the use of services is **initiated by the Insured at the following number of the Services Organiser:**



Insured persons have the opportunity to **book an appointment for primary care online** at the following link:

<https://eoperation.europ-assistance.hu/health/groupama/eng>

Subsequent settlement of healthcare services

Post-payment can be requested for:

- outpatient services resulting from urgent need, which the insured used not at the designated health care provider and not in the organization of the designated health care provider,
- patient transport,
- medical aids,
- medicines, bandages.

If based on the framework insurance contract and the Terms and Conditions, the insured is entitled to the medical treatment used, but the insured did not receive it through Groupama Assistance directly from the designated health care service provider, or under the management of or approved by the designated service provider, the insurer shall reimburse the cost of the used examination or treatment

The insured pays the cost of the health care at the healthcare provider and submits the invoice for the cost of the care, as well as the medical documents issued during the care to the insurer at the following e-mail address:

bme@groupama.hu

Based on the medical documentation sent, the insurer checks whether the insured person is entitled to the given service according to the content of the insurance package, and the insurance company only reimburses the costs of those services for which the insured person is eligible!

The insurer will transfer the cost of the care to the account number provided by the insured within 15 days after the receipt of all the documents specified in the insurance conditions.

Events excluded from insurance services

The insurer's cover **does not extend** to the following:

- health cares arising from pre-existing illnesses, with the exception of medical primary care, which can also be used by the insured in case of previous illnesses
- the service used in excess of the service limit,
- emergency care or examination, elimination of threats to life (except outpatient cares resulting from urgent need), intensive care
- medical services related to pregnancy, child birth and maternal care
- operations and interventions relating to the treatment and examination of infertility (including all forms of fallopian tube transferability examinations), with the exception of non-invasive infertility relation examinations
- sterilisation upon request
- artificial abortion (for reasons other than medical reasons)
- contraception
- expert services, expert opinion medical aptitude examination
- examination or care for the purpose of medical evidence
- services related to inherited and congenital disorders
- care and hospice care, life sustaining interventions
- all types of long-term care without exception, services used in therapeutic holiday facility, sanatorium, chronic inpatient care institute

- treatment, maintenance and rehabilitation of chronic diseases defined in the law, direct or indirect consequences, with the exception of the treatment of the acute phase and the establishment of the first diagnosis
- therapeutic exercises, physiotherapy and other similar types of care
- psychotherapy and psychiatric care
- condition maintaining injections and infusion treatments and other curative treatment;
- medical services belonging to organ and tissue transplant, including also services relating to preparation and follow-up care thereof
- artificial kidney treatment
- dental care and treatments
- oral surgery interventions;
- vision improving ophthalmology operations
- septal deviation treatment
- treatment of varicose veins in the lower limb with injection, laser, radio frequency or other operation
- overnight sleeping tests (somnography, polysomnography)
- protective vaccinations and treatment of the complications of protective vaccinations
- aesthetic treatments, surgical interventions and the treatment of their complications, plastic surgery
- treatments and interventions relating to birthmarks, unless they are medically justified
- of the non-conventional procedures defined in the law, the wellness services, speech therapy and logopedy treatment, bath cure, slimming diet, natural medical factors, services provided by baths and climatic therapeutic institutes and other treatment facilities
- for services performed in the interest of epidemiology (taking into account the current epidemiology protocols)
- rehabilitation treatments
- sex change, irrespective whether it is made for medical or other reasons
- pulmonology care
- addictology care
- occupational health care
- acupuncture treatment
- clinical oncology care
- care for hepatitis C patients
- events that are the consequence of an attempted suicide of the policyholder even if the policyholder committed the suicide attempt in a disturbed state of mind
- rehabilitation programmes, medical care or service related to alcohol, drug or narcotic dependence or any other addiction as well as any other claim event which is the consequence of excessive alcohol or drug consumption and it can be proved medically.

You can find out more about the events excluded from the insurance events in **the Terms and Conditions**.

Complaint handling

The Insurer undertakes to investigate the reported complaint and, if possible, to provide feedback and a solution to the complaining patient within 3 working days (in the case of complaints concerning both the service and the organization of care.)

Complaints can be reported electronically (operation@teladoc.hu, panasziroda@Groupama.hu).