



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 active students at Budapesti Műszaki és Gazdaságtudományi Egyetem (BME) (Budapesti University of Technology and Economics) (registered seat: 1111 Budapest, Műegyetem rakpart 3.)**, and take out the STUDIUM insurance.

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 active student at Budapesti Műszaki és Gazdaságtudományi Egyetem (BME) (Budapesti University of Technology and Economics) (registered seat: 1111 Budapest, Műegyetem rakpart 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 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.

The legal relationship of the insured is established for a definite period, not exceeding the same period as the insurance period.

The legal relationship of the insured begins at the time of the commencement of the risk-bearing of the insurer and ends at the same time as the termination of the risk-bearing.

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 Application and Statement.

Policy terms (Insurance period)
from September 01, 2021 to January 31, 2022 and February 01 to August 31, 2022.

Premium of the insurance:
HUF37.500 / insured / policy term (Insured period)

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 0 am of the day following the day when this Application and Statement is signed by the policyholder/insured, provided that the insurance premium for the insured period specified on the Application and 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 Application and 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.

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:

Company name:
Szent Kristóf Szakrendelő Nonprofit Kft.
Address of the Medical Center:
1117 Budapest, Fehérvári út 12.

To make an appointment (to book a medical appointment) CALL OUR ENGLISH-SPEAKING OPERATOR DURING SURGERY OPENING HOURS at: +36 30 859 2657.

Reception times: Monday – Friday: 08.00 – 20:00

If you have an urgent medical problem, call the numbers below between 8:00a.m. and 20:00p.m. on workdays;

our English-speaking primary care doctors will establish your need and provide you with further information about what to do.

Telephone numbers of primary care physicians:
30/678-6450 or 30/815-2218.

TO REGISTER YOUR FIRST APPOINTMENT, YOU WILL NEED TO COME INTO THE SURGERY IN PERSON to book the appointment BECAUSE YOU WILL NEED TO PRESENT your PASSPORT and your STUDIUM Health Insurance Card, so that we can verify your identity, which may not be done on the telephone.

At other times (in an emergency outside the Medical Center's reception times, at weekends, on bank holidays or at night) out-of-hours medical services/emergency care is provided by *Inter-Ambulance Zrt.* in an out-of-hours Outpatient

Clinic located at **1115 Budapest, Tétényi út 12-16. Telephone: +36 1 203-3615.** This is the number you must call in a medical urgency (or emergency), and this is where you can go to receive treatment. **(Trauma and emergency medical services are provided in the building of Szent Imre Hospital.)**

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, or visit the A&E departments 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 performed on the phone; the same is the case with proper medical treatment, or the prescription of medication or medical equipment.

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, vi- tamins, 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 re- placement 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, fitt-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

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.

To claim reimbursement of prepaid medical bills, or reimbursement of the costs of medication, dressings and bandages, or durable medical equipment purchased by the insured, the insurance claim must be accompanied by the following documents in a postal mail addressed to the Document Management Centre of Generali Biztosító Zrt., 7602 Pécs, PO Box 888.

To facilitate faster processing, please make sure you also write the name of the university (institution) and the product name 'STUDIUM' on the envelop.

- 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.

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 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.