

Product Summary on STUDIUM Fee-for-Service Health Insurance



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1. The core concept of STUDIUM insurance

With its STUDIUM product, Generali Biztosító Zrt. provides fee-for-service health insurance coverage within the territory of Hungary, primarily for **natural person foreign citizens over 18 years of age** but under 65 years of age who are **enrolled as students IBS International Business School (hereinafter: IBS) (registered address: 1031 Budapest, Záhony utca 7.)** and who are not covered under the state insurance scheme in Hungary and take out STUDIUM insurance. A residence permit for a longer stay in the country is conditional on appropriate health insurance coverage. Generali's STUDIUM insurance is suitable for that purpose, as well.

The insurance covers the costs of medical procedures, treatments, services provided by physician and in hospitals, medications and medical equipment, as well as the insured person's patient transport in a medical necessity, 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 declaration and on the Health Insurance Card, with the exception of medical emergencies as defined in the clinical standards of care, 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 'STUDIUM Fee-for-Service Health Insurance - Terms and Conditions'.

You are advised to carefully read this product information and the policy conditions referred to above which shall be integral part of the insurance policy, so that you should 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 released from benefit payment. (Chapter VI of the STUDIUM Fee-for-Service Health Insurance - Terms and Conditions').

2. What you need to know about this insurance:

Parties to the insurance policy:

- **insurance company:** Generali Biztosító Zrt. (1066 Budapest, Teréz krt. 42-44.) 42-44.)
- **policyholder (also insured person):** 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 with respect to specific insured events, and who is **enrolled as a student IBS International Business School (hereinafter: IBS) (registered address: 1031 Budapest, Záhony utca 7.)** during the term of the insurance but is not insured under the national social insurance scheme in Hungary.

Conclusion of the insurance policy: the insurance policy is concluded by execution of a **written agreement** by and between the policyholder and the insurance company. upon fully completing and signing the Insurance Application and Statements and subject to the **payment of the insurance premium** (single premium) to the

Insurance Company in one sum in respect of the period of insurance specified on the Insurance Application and Statements document.

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.

Policy term: STUDIUM fee-for-service health insurance policy is concluded for the period of insurance stated on the Insurance Application and Statements document, on the understanding that the period of insurance may not be longer than one year (12 months). Insurance may not be concluded for a period shorter than six months.

Irrespective of the date when the insurance is concluded in any given period of insurance, the insurance premium shall be paid in a total amount for the whole insurance period.

The insurance coverage: shall commence at 0 a.m. of the day following the day when the Insurance Application and Statements is received by the insurance company, but no sooner than on the first day of the period of insurance, provided that the insurance premium for the period of insurance stated on the insured's declaration 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).

No waiting period is stipulated.

The premium payable for the coverage period is specified in the document titled the insured's declaration.

The insurance premium shall be paid in advance in one sum for the period of insurance stated in the Insurance Application and Statements (for the entire term of the policy) at the time when the insurance policy is concluded.

Geographical limit: Hungary

Limit: HUF 3,500,000 The insurance company's benefit payment shall be limited to two million HUF in respect of the costs of medical and health care services reasonably received by the insured during the period of insurance/ coverage period stated on the insured's declaration:

- 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 durable medical equipment.

Deductibles: the insurance company shall pay 50% of the costs of medicinal products 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. How to take out this insurance:

We request you to carefully read all documents relating to the product before taking out the insurance policy.

The Insurance Application and Statements shall set out the key features of the insurance (period of insurance, annual limit, pro rata limit, deductible, the insurance premium for the period of insurance, policy number, designated service provider, etc.) and the Health Insurance Card shall contain the personal data necessary for the identification of the insured and for the conclusion of the insurance policy.

The insurance premiums handed over to the Insurance Intermediary shall be deemed fully paid when the Insurance Intermediary, acting as an independent insurance intermediary (insurance broker) has paid the insurance premium to the Insurance Company.

The insurance premium will be deemed paid if it has been credited onto the Insurance Company's bank account.

It is important that both the Application and Statements as well as the insured's declaration shall be duly signed by the policyholder – who is also the insured – where indicated, so that the documents shall be legally valid and the insurance coverage shall validly take effect.

The first (upper) and second copy of the Insurance Application and Statements must be submitted to the insurance company, while the third copy shall remain with the insured; the Health Insurance Card shall also remain with the insured.

Please note that the Health Insurance Card is only valid together with a passport; therefore, it is particularly important that the insured should have both the Health Insurance Card and his/her passport with him/her at all times.

4. If you need medical attention:

You are advised to get medical attention as soon as you notice symptoms and not to wait until your condition significantly 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 on 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 and the designated medical service provider will only assume liability if the insurance company's requirements 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 covered medical care to insured persons. If, however, a reasonably necessary medical treatment cannot be provided by the designated service provider, it will arrange them and inform the insured about how and when he/she may receive them.

If you need medical attention, as a first step always call the English speaking Generali Assistance at + 36 1 465-3784, which is available through the 7/24 service of Europ Assistance (the telephone number is printed on your „Generali STUDIUM Health Insurance Card”) to register for a first visit, or even diagnostic tests or follow-up examinations.

To get medical treatment, you will be required to follow these steps:

1. Get your Generali STUDIUM Health Insurance Card and your passport ready for the check-in.
2. Your eligibility to health care will be verified on the basis of the ID number on your card and your personal data.
3. After your identity is verified, the Generali Assistance administrator will check whether you are covered.
4. Once you described your complaints and requests, you will be informed about the recommended medical services.
5. The primary care medical partner (General Practitioner) of the designated health care service provider has patient appointments every weekday. After a preliminary check of availabilities, Generali Assistance will inform you of the scheduled time and venue of your medical appointment.
6. You must attend your scheduled appointment in the GP's surgery.
7. If you need to see a specialist or if you require additional treatment, you will need to call Generali Assistance again; Generali Assistance will arrange your treatment at the designated health care service provider.
8. The designated service provider will send written notification to the you about the date, time and venue of the specialist appointment. You must confirm in writing that you have received the notification and that you can attend the appointment.
9. If you apply for a specialist appointment or a diagnostic test, the designated service provider will normally offer you an appointment within 2 workdays but in no more than 5 workdays.
10. If required, the designated service provider will also arrange for an English speaking assistant to accompany the Insured to the specialist appointments/examinations.
11. If you cannot attend your medical appointment at the scheduled time and place, you must notify the designated service provider of your cancellation in writing at least 24 hours before the scheduled appointment.

12. Any GP referral for specialist treatment or diagnostic test is only valid for one month, so make sure you attend the examination within one month after the issue date of the referral.

PLEASE NOTE! Other than in the event of a medical emergency, the insurance covers only in-network 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.

Trauma and Emergency Treatment

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

Alternatively, you can call the non-stop Call Center at the telephone number shown on your Generali STUDUM Health Insurance Card and you will be told what to do.

If you need emergency/trauma treatment after an accident or due to your illness, 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.

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 may be required to prepay the costs of emergency medical.

If you are admitted to hospital in the course of emergency treatment, you are advised to call 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 the 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.

5. Submission of invoices for services prepaid by the insured and their payment

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 general.hu@general.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.