

INFORMATION ON STUDIUM FEE-FOR-SERVICE HEALTH INSURANCE

1. The core concept of STUDIUM insurance

STUDIUM Health Insurance of Generali Biztosító Zrt is a fee-for-service health insurance product offering health insurance coverage under a specific insurance policy concluded by and between Generali Biztosító Zrt and the University of Szeged for students and researchers specifically added to the coverage as insured persons.

The insurance covers the medical expenses of elective as well as acute or emergency care treatments / procedures in Hungary, in both outpatient and inpatient care, as well as the costs of medications and durable medical equipment, and in a medical necessity the medical transport of the insured, provided that the above services are received from or arranged by the designated health care service provider or with the connivance and approval thereof.

Please note that the insurance is subject to certain exclusions and exemptions, in which cases the insurance does not cover the costs of medical treatment or the related expenses (e.g.: medication); these include, among others, alcohol and substance abuse, pre-existing conditions which displayed symptoms and/or were diagnosed before the commencement of the coverage and their consequences; pregnancy and childbirth; psychiatric treatments and psychotherapy; dental treatment, save for the cases specifically listed up to the corresponding limit if the premium of the module has been paid.

The basic insurance and the add-on modules are subject to limits and deductibles.

For further details on the insurance, please refer to the policy conditions of “STUDIUM Fee-for-Service Health Insurance – Terms and Conditions (SZTE15)”, which you may download from the website of SZTE at www.u-szeged.hu.

You are advised to carefully read the policy conditions so that you can clearly understand what events are covered under the insurance.

2. What you need to know about this insurance:

Parties to the insurance policy:

Policyholder: University of Szeged

Insurance company: Generali Biztosító Zrt.,

Insured may be a natural person foreign citizen whose health is to be covered under the insurance policy with respect to specific insured events, and who is an enrolled student, lecturer or visiting researcher of the University of Szeged (SZTE) or of a partner of SZTE during the policy term, **provided that the Policyholder has notified to the insurance company that such person shall be an insured party and has paid the respective insurance premium.** The Policyholder may report those natural persons as insured parties who are enrolled as students or researchers at the Policyholder during the policy period, and foreign nationals resident in Hungary between the age of 18 and 65, and who complete and sign the insured's declaration in a separate document together with the Health Insurance Card to explicitly apply as insureds for insurance coverage under this insurance policy.

Health Insurance Card: : A card bearing the same serial number as that of the insured's declaration referred to in Section 1.12 and issued by the insurance company containing the most important data related to the insurance, which shall be proof of the insurance coverage at the designated health care service providers.

Commencement of the Coverage

The insurance coverage pertaining to a **particular** insured shall commence at 0:00 a.m. on the day following the day when this insured's statement is signed by the insured, but not before September 1, 2015.

With regard to the particular insured, the insurance policy may include the following insurance periods:

- Annual period between 01.09 and 31.08; for an annual premium
- fixed period of 3 months, in certain cases for a fixed premium.
- semiannual: 01.09.-31.01., for a semiannual premium.
01.02.-31.08., for a semiannual premium.

The insured's coverage shall be in force only as long as the insured is a student enrolled at the University of Szeged, provided that the University of Szeged has notified the insurance company that such person shall be an insured party under the policy and has paid the insurance premium for the given period of insurance.

No waiting period is stipulated.

Geographical coverage: the insurance coverage shall only be applicable in the territory of Hungary.

Limits applicable when a claim is grounded:

- **Limit of the basic insurance: HUF 2,000,000** The insurance will pay out a maximum of **two million forints** within any one period of insurance (for maximum 12 months) shown on the insured's declaration in reimbursement of the costs of medically necessary treatment received by the Insured.
Of that sum, the **insurance covers 50% of the expenses of medicine, pharmaceutical products and durable medical equipment, up to a limit of HUF 100 000** (one hundred thousand forint).
- In addition to the limit applicable to the Basic Insurance, the **optional dental treatment add-on module** covers 50% of dental expenses up to HUF 200 000/ policy year; the **repatriation add-on module** covers 50% of expenses up to HUF 1 500 000; **the house call add-on module – available after September 1, 2017 – covers expenses without deductibles up to HUF 200 000 / policy year** if the add-on module is included in the insured's health insurance plan.

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

Always remember to carry your Health Insurance Card and passport with you, since you cannot receive healthcare services without them.

3. Information on how to receive health care services

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 healthcare provider may not be able to see you immediately; the arrangement of a suitable time and location for your medical appointment takes time.

If your complaints or the nature of your symptoms so allow, your appointment will be scheduled within 48 hours.

Always follow the instruction of the designated healthcare provider.

Designated health care service provider: Uni-Med Szeged Egészségügyi Szolgáltató Kft.

In all cases, you must first register for a GP visit and book an appointment through the MODULO SYSTEM.

In urgent cases and between 19 p.m. and 07 a.m. on weekdays, at weekends and on public holidays, you can call the UNI-MED CALL CENTER, which is available 0-24 at +36 70 439 2188, and then choose the Generali STUDIUM menu item! In justified cases, your GP will see you as a matter of urgency.

If you are ill but you are not in Szeged, you must also call UNI-MED CALL CENTER, which is available 0-24 at +36 70 439 2188, and then choose the Generali STUDIUM menu item. They will try to help you and inform you about the possibilities and further to-dos.

GP Surgery:

SZTE ÁOK Családorvosi Intézet Oktató Rendelője (the Teaching Surgery of SZTE ÁOK Primary Care Institute)

6722 Szeged Tisza Lajos krt. 97. Floor I (mezzanine ground floor) Surgery 21 and Surgery 22.

Reception times:

Monday	Tuesday	Wednesday	Thursday	Friday
9-12 a.m.	9-12 a.m.	13.30-16.30 p.m.	9-12 a.m.	9-12 a.m.

Please, remember. You may only visit a physician, other than your GP, or have lab tests and other diagnostic tests performed if your GP has given you a referral. Without a referral, you will have to pay the medical bill.

In urgent cases: visit the Accident & Emergency Department: 6725 Szeged Semmelweis u. 6.

At the A&E Department the medical bill must be prepaid, but if the treatment is medically necessary, the Insurance Company will reimburse your costs if you submit the original invoice and the related medical documentation to the Customer Service of Uni-Med. You may read further information here.

All other inquiries addressed to the Insurance Company shall also be submitted to the Customer Service of Uni-Med. (Monday –Thursday: 7:30-16:00, Friday: 7:30-13:30)

In an emergency you may make an emergency 112 call to the ambulance service.

4. Submitting invoices for services prepaid by the insured and their payment

The costs of medical/healthcare services provided or arranged for by the designated healthcare provider do not need to be prepaid by the insured.

If the insured is treated in a medical facility other than the designated medical facility the designated healthcare provider shall be notified or informed (by the insured or by the medical facility providing medical treatment to the insured) of the name of the medical facility where the insured receives/received medical care and of the medical condition that is/was treated, to allow that the designated healthcare provider may contact the treating physicians, medical facility or healthcare provider.

If the condition of the insured only allows him/her to warn the treating medical facility about the above duty to supply information, then the insured shall not delay to do so, as it may help the insured to receive earlier and better treatment. The reverse side of the Health Insurance Card contains important information for the treating medical institution.

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 claim for the reimbursement of medical expenses prepaid by the insured must be 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, which is to be requested in the pharmacy, **showing the name of the insured (as well as the number of the card),**
- 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) needs to be submitted** so that the Insurance Company can reimburse the prepaid medical expenses as soon as possible – net of the applicable deductible, subject to the benefit limit, and on condition that the claim is approved – by wire transfer to the insured's bank account.

If the claim is grounded, the insurance company shall **reimburse the prepaid medical expenses in domestic currency (HUF) within 15 days upon receipt of all necessary documents.**