

Product Information

on STUDIUM Fee-for-Service Health Insurance
University of Szeged



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

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The official language of this document is Hungarian. In the event of any inconsistency between the Hungarian version and the translated English version, the Hungarian version shall prevail.

1. THE CORE CONCEPT OF STUDIUM HEALTH INSURANCE

The STUDIUM insurance product of Generali Biztosító Zrt. provides fee-for-service health insurance coverage for foreign nationals over the age of 18 who are added as insured persons to the health insurance policy concluded between Szegedi Tudományegyetem (University of Szeged) as Policyholder and the Insurance Company.

The insurance covers the medical costs of a complete range of medical care including elective, acute and emergency care, outpatient and inpatient treatment/procedures, as well as the costs of medications and medical devices, and medically reasonable patient transport, provided that such services are received from the designated service provider and arranged or approved by the contracted medical management company.

Please, carefully read the documents which form part of the insurance contract: this 'Product Information Brochure', the 'Terms and Conditions of STUDIUM Fee-for-Service Health Insurance (SZTE_STUDIUM22_2)' and the 'Customer Information and General Provisions Governing Insurance Policies', so that you clearly understand what events or occurrences are covered under the insurance coverage you wish to apply for.

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 contract

Policyholder: University of Szeged

Insurance company: Generali Biztosító Zrt.

The **Insured** may be a foreign natural person whose health is to be covered under the group insurance policy with respect to specific insured events, and **who is actively enrolled as a student, or employed as a lecturer or visiting researcher with the Policyholder during the term of the insurance policy, provided that the Policyholder has applied to the Insurance Company that such person should be added to the coverage as an Insured party, and has paid the respective insurance premium.**

The Policyholder may add those natural persons to the insurance policy as insured parties who are actively enrolled as students or employed as lecturers or visiting researchers at the Policyholder during the term of the insurance policy; who are foreign nationals resident in Hungary; who are between the age of 18 and 65; and **who sign the Insured's Declaration in a separate document to expressly apply for being added as Insured Parties to the insurance coverage under this insurance policy.**

Health Insurance Card (Generali STUDIUM Health insurance card): A card with a serial number and/or unique identifier issued by the Insurance Company, containing the most important data related to the Insured's coverage, which serves as proof of the insurance coverage at the Health Care Service Provider.

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, 2022.**

The Insurance Company provides coverage for Insured persons **for the following academic semesters:**

Academic Semester I: from 01 September to 31 January (5 months)

Academic Semester II: from 01 February to 31 August (7 months)

The insured's coverage shall be valid 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. No underwriting is required.

Geographical coverage: the insured is covered in the territory of Hungary.

Insured Event: the insurance covers the medically reasonable treatment of Insured's sudden, acute illness or medical condition with no prior history before the commencement of the insurance coverage, or of the Insured's injuries sustained in an accident during the term of the insurance, if such treatment is organized or approved by the Medical Management Company, and received from the Health Care Service Provider designated on the Health Insurance Card in accordance with the policy conditions.



Insurance Benefit

Annual benefit limit: **HUF 3.000.000**

This means that the Insurance Company will reimburse a maximum of HUF 3 million during the period of insurance indicated on the Insured's Declaration (up to a maximum of 12 months) to cover the medical costs incurred by the Insured in connection with medically justified health care services organized or arranged by the Medical Management Company and provided by the Health Care Service Provider.

Sub-limits within the Annual Benefit Limit:

- **the insurance covers 50% of the costs of medicines, dressings and bandages, and durable medical equipment, up to a maximum of HUF 100 000** (one hundred thousand forint) / policy year;
- **the insurance covers 50% of the costs of emergency (pain relief) first (acute) dental treatment requiring immediate care, up to a maximum of HUF 100 000** (one hundred thousand forint) / policy year.

The Insurance Company does not apply any other sub-limits or deductibles on the above annual benefit limit.

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

Medication, dressings and bandages, 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. Contraceptives, emergency contraceptive pills (morning after pills), condoms, etc. are not considered medication.

When an insurance claim is not grounded or only partly grounded pursuant to the insurance policy, and consequently the Insurance Company is not at all or only partly required to pay the insurance benefit, the Insured **will be required to pay** the part of the costs of the medical care the Insured received **which is not covered under this insurance directly to the provider of the medical care or to the party which has issued the invoice.**

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

- a) the costs of primary medical care,
- b) the costs of specialist medical care,
- 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 Health Care Provider also recommends that the Insured be repatriated home and continue to get treatment in his/her country of residence.

Payment of Claims

The Insurance Company shall pay directly to the Health Care Provider the costs of covered medical treatment received from the Health Care Provider, or arranged by or provided with the assistance of (i.e. notified to and approved by) **the Medical Management Company.**

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 (SZTE_STUDIUM22_2)** set out 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.

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

- 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 health 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),
- c) medical 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,
- e) sterilization surgeries and consequences,
- f) sex reassignment surgeries,
- g) consequences of treatments and surgeries performed for aesthetic (and/or cosmetic) purposes,
- h) vision correction surgeries performed on the cornea,

- i) dioptric glasses/sunglasses, contact lenses and their accessories, and the medical examination required for the above,
- j) hearing aids and accessories,
- k) dental and oral surgery care and treatment, except for the first (acute) treatment requiring immediate or emergency care (pain relief),
- l) health care treatment in relation to HIV infection,
- 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 or intoxicating substance or medicine),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),
- o) acupuncture, acupressure treatment, oriental medicine, alternative and naturopathic medicine,
- ö) psychological disorders and psychiatric disorders; psychiatric treatment and psychotherapy (psychological therapy) and care, excluding inpatient hospital (clinical) psychiatric inpatient care and specialized outpatient psychiatric outpatient care,
- p) physical injuries deliberately inflicted by the insured to himself/herself, even if the insured person did so while he/she was in a state of impaired consciousness.
- q) costs of the vaccine for immunization shots and their administration,
- r) treatment received in sanatoriums or in assisted accommodation,
- s) transplantation, dialysis, the oncology treatment, nursing and control examinations related to malignant tumors, other treatments required to treat the consequences of malignant tumors (e.g.: bowel obstructions, surgical treatment of bone metastases),
- t) 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, 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,
- 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,
- ü) 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,
- v) 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,
- w) insurance claims related to contagious diseases (e.g.: Tuberculosis, tetanus, hepatitis B and C) and to tropical diseases (malaria, yellow fever, Cholera, Dengue fever, Severe Acute Respiratory Syndrome);
- z) insurance claims related to sexually transmitted diseases (STDs),
- zs) medical and health care services required for disaster management and public health measures as specified in legislation, including expenses related to the administration of any vaccinations, whether compulsory or linked to age and/or work.

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

For more information on the terms and conditions of Generali Studium health insurance, please visit www.u-szeged.hu/g.s.

For detailed information on how to take out Generali Studium health insurance, please contact the Student's Service Office on weekdays between 9:00 and 15:00 at **+36 62 54 HSZI (544 9794)** or by e-mail at hszi@hszi.u-szeged.hu.

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 feel that your condition requires the attention of a medical professional, please schedule an appointment as soon as possible.

Always follow the instruction of the Medical Management Company and the Health Care Provider.

Health Maintenance Organization (HMO): Mediversal Call Center
Health care service provider: Mediversal Health Services Ltd.

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

Address of the GP Surgery:

SZTE SZAKK Teaching Clinic of the Institute of Family Medicine, 6722 Szeged, Tisza Lajos krt. 97. Exam Rooms 21 and 22 (on the elevated ground floor).

Reception times:

| Monday | Tuesday | Wednesday | Thursday | Friday |
|---------------|----------------|---------------|----------------|---------------|
| 9.00–12.30 am | 12.30–16.00 pm | 9.00–12.30 am | 12.30–16.00 pm | 9.00–12.30 am |

Please, remember. You may only visit a physician other than your GP for an examination 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.

The **MEDIVERSAL CALL CENTER** is available **24 hours a day, 7 days a week, on +36 70 439 2188** and you have to select the Generali STUDIUM menu item!

If you are ill but you are not in Szeged, you must also call the direct line of **MEDIVERSAL CALL CENTER**, available 0-24, at **+36 70 439 2188**, and choose the Generali STUDIUM menu item. They will try to help you and give you information about the options and further to-dos.

In urgent cases: visit the **Accident & Emergency Department: 6725 Szeged, Semmelweis u. 6**. Please note that 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 afterwards**.

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

4. SUBMITTING INVOICES FOR SERVICES PREPAID BY THE INSURED AND THEIR PAYMENT

To claim reimbursement of the cost of medical care prepaid by the insured, or of the cost of medicines and durable medical equipment purchased by the insured, please proceed as follows:

- fill in the attached bilingual insurance claim form
- attach any medical documents related to the health care service received (e.g.: outpatient records, hospital discharge summary, examination records, nursing and hospital care documentation, medical test findings, laboratory records, images made during diagnostic or histology tests, prescriptions, referrals, etc.),
- attach the invoice issued in your own name for the health care service you received or for the purchase of medicines and durable medical equipment.

Please note that payments can only be made to your (HUF) bank account in Hungary, so please make sure to indicate this on the insurance claim form.

Please make sure you deliver the completed insurance claim form together with the attachments to a customer service office of Generali Biztosító Zrt closest to your home, or send it electronically to general.hu@general.com

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. 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.
