



# Product Information on STUDIUM Fee-for-Service Health Insurance

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## 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 students at the University of Miskolc (hereinafter: University of Miskolc) (registered seat: 3515 Miskolc - University Campus)** and take out the STUDIUM insurance. A residence permit for a longer stay in the country requires appropriate health insurance coverage. The STUDIUM product of the insurance company is suitable for that purpose, as well.

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 insured's declaration 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 'General Conditions of STUDIUM Fee-for-Service Health Insurance (STUDIUM14\_2)'.

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. (Chapter VI of the General Conditions of STUDIUM Fee-for-Service Health Insurance (STUDIUM14\_2))

## 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.),
- **Policyholder:** **University of Miskolc (registered seat: 3515 Miskolc-University Campus)**, the institution that takes out the insurance policy from the insurance company and agrees to pay insurance premiums.
- **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 a student at the University of Miskolc (reg. seat: 3515 Miskolc-University Campus) during the policy.**

The insurance policy is concluded pursuant to a written agreement by and between the policyholder and the insurance company.

In order to add new insured persons to the coverage of the insurance policy (**extension of coverage**), a **written consent of the particular insured needs to be obtained**. This may be done so if the new insured duly completes and signs the insured's statement as well as the Health Insurance Card.

The insured's 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 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.

An insured may be added to the insurance coverage for a fixed period not exceeding the insurance period. The insured will be added to policy as at the time when the respective insurance coverage commences and will be removed from the policy when the insurance coverage terminates.

**Insurance period: period commencing on September 01, 2018 and ending on 31 August, 2019.**

The insurance coverage of a particular insured shall commence at 0 hours on the day following the day when this insured's statement and the Health Insurance Card are signed by the insured, provided that the Policyholder has paid the insurance single premium for the particular insured in full to the Insurance Company.

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 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 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. Information on how to receive health care services**

Designated service provider/Medical care management

**Medicover Egészségközpont Zrt.**

Note that the insured can only receive medical or health care services if they are known or arranged by Medicover, the medical management service provider, or if they are approved by Medicover in compliance with the conditions.

If you need medical assistance or treatment, first you have to register by calling by the medical management company. You may find the phone number on your Health Insurance Card.

The hotline service is available 24 hours a day throughout the whole duration of the policy, without any time limitations. Conversations shall be recorded and preserved by the medical management service provider in due observation of current Hungarian regulations.

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.

**Generali Medical Hotline : +36-1-465-3166**

To register, you will be required to follow these steps:

1. Please, get your Generali Health Card and ID card ready.
2. Your eligibility to health care will be verified on the basis of the identification and personal data on your card.
3. After your identification, Medicover staff will check whether or not you are covered.
4. After you describe your complaints or your requests, the operator will inform you about the medical assistance you may be provided, its venue and date.

5. You are required to visit the service point (health center) named by Medcover either immediately if so recommended by Medcover staff, or within 48 hours in an acute case, or within 14 days if your medical care may be scheduled.
6. You can only receive medical services if you present a photograph ID document suitable for personal identification so that your identity may be verified.
7. If the prearranged place or time does not work for you, you are required to notify Medcover of your cancellation at least 24 hours before the agreed appointment and if possible by phone, through the Generali Medical Hotline.

#### **Receiving medical and health care services**

**The insurance company and healthcare service provider, Medcover, shall only assume liability if the requirements set out by the insurance company are complied with and the instructions and guidance offered by Medcover's staff are adhered to.**

The designated service provider needs some time to arrange that the appropriate physician can meet you at a suitable

Acute and projectable hospital care must be previously authorized by Medcover if the insured intends to resort to them to the debit of their insurance coverage, since this is only possible by establishing the legal grounds for providing care services.

The insurance company reserves the right that the medical service provider may refuse healthcare services if the insured cannot be identified, unless the insured's life is at risk.

**In cases requiring urgent care in Hungary, you must call the ambulance service at the emergency phone number 112, or you must attend an emergency out-of-hours service.**

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

**The costs of medical and health services provided or arranged for by the designated service provider do not need to be prepaid by the insured,** as the insurance company pays the costs of such medical treatment directly to the medical facility providing the care or through the designated service provider.

**If the insured is treated in a medical facility other than the designated medical facility** and the case does not qualify as a medical necessity (or emergency) as defined in the clinical standards of care, the designated health care provider shall be notified or informed (by the insured or by the medical facility providing medical treatment to the insured) if practicable **before the medical treatment is started but no later than on the weekday following the day of such treatment** 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 health care service provider may contact the treating physicians, medical facility or health care service provider.

If the condition of the insured only allows him/her to warn the treating health care service provider of the above obligation to supply information, then the insured shall not delay to do so, as it may help the insured to receive earlier and better treatment. On the reverse side of the health insurance card there is information for the institution providing medical care.

**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 insurance claim for the reimbursement of the cost of medical care pre-paid by the insured, or the cost of medication and medical equipment purchased 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 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 hospital 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 settle the insurance claim 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.**