

Product Information for Semmelweis University Fee-for-service Health Insurance



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1. Core Concept of this Health Insurance

This insurance product of Generali Biztosító Zrt. (Generali Insurance Ltd.) provides fee-for-service health insurance coverage for natural person **foreign citizens over the age of 18** who are **added as insured persons to the "Master Policy of Fee-for-Service Health Insurance for foreign students of Semmelweis University (registration code: 39589/GFI/BSZI//2017)"** concluded by and between Semmelweis University (reg. seat: 1085 Budapest, Üllői út 26.) as Policyholder and the Insurance Company.

The insurance covers the medical costs of a complete range of treatments and procedures, including acute and emergency care, outpatient and inpatient treatment/procedures, as well as the costs of medications and medical devices, as well as medically reasonable patient transport, provided that such **services are received either directly from the designated service provider or they are received from out-of-network providers but arranged/approved by the designated service provider.**

You are advised to carefully read this *Product Information Brochure as well as the Customer Information and General Provisions Governing Insurance Policies* which are integral parts of the insurance policy, so that you clearly understand what events are covered under the insurance coverage you wish to apply for.

Please be advised that – as set forth in this Product Information Brochure – there are cases which are not covered under this insurance, or where the benefit payment is limited, or where the Insurance Company may be fully released from its obligation to pay the claim.

2. Main Features of this Insurance

Parties to the Insurance Policy

- **Insurance Company: Generali Biztosító Zrt.** (registered seat: H-1066 Budapest, Teréz krt. 42-44.).
- **Policyholder: Semmelweis University** (registered seat: 1085 Budapest, Üllői út 26.), **the party that concludes the insurance policy with the Insurance Company and undertakes the obligation to pay the insurance premium.**
- **Insured:** any natural person foreign citizen who is enrolled as a student at Semmelweis University (registered seat: 1085 Budapest, Üllői út 26.) during the term of the insurance policy, and who is over 18 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.

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 person duly completes and signs the Insured's Statement. The Insured's Statement constitutes an integral 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. IMPORTANT! It must be reported to the university without any delay if a card is lost and it is needed to fill a new Insured's Statement and a new card (with a new sequence number) as it is not possible to apply for a health care with the sequence number of the lost card.

Coverage of the Insured

An insured may be added to the insurance coverage for a fixed period which may at most be identical to the insurance period. The insurance period lasts from September 01 of the current year to August 31 of the subsequent calendar year. The insured may also be added to the insurance coverage for one semester; that is for an insurance period of six months (half year).

Irrespective of the date when the coverage takes effect in any given insurance period of one year or six months, the annual or semiannual insurance premium shall be paid in full for the whole insurance period.

The insurance period is stated on the Insured's Statement as well as on the Health Insurance Card.

Insurance coverage takes effect at 0 am of the day following the day when the standard Insured's Statement form is signed by the Insured, provided that the insurance premium for the insurance period stated on the Insured's Statement has been paid to the insurance company's bank account in full.

The insurance coverage is limited to the territory of Hungary, i.e. to medical care and medical and health care service received in Hungary.

No underwriting is required. No waiting period is stipulated.

Insured Event

The insurance covers **the medically reasonable treatment of Insured person's sudden, acute illness or medical condition with no prior history before the commencement of the insurance coverage** or the Insured's **injuries sustained in an accident during the term of the insurance**, if such treatment is received in accordance with the policy conditions **directly from or under the management of or approved by the (designated) health care service provider** stated on the Insured's Statement and on the Health Insurance Card.

Insurance Benefit and Covered Services

The insurance company's obligation to settle an insurance claim arising from an insured event means the **obligation to reimburse the costs of medical, health care and other services received in Hungary** and specified in the insurance policy:

- **the insurance covers costs related to the Insured's medically necessary treatment, provided that the medical necessity is properly evidenced by the Insured,**
- **pursuant to the Insurance Company's obligation to pay the insurance claims – subject to the exemptions and exclusions – claims payment is limited to a maximum of HUF 2 000 000 (two Million Forints) in respect of each Insured person during the coverage period, with no waiting period stipulated, taking into consideration the partial limits and deductions in the table below.**

The costs of medications, dressings and bandages, durable medical equipment for temporary use required for health care treatment must be prepaid by the insured. Medication, dressings 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**. Assistive devices for impaired vision (glasses, contact lenses, glass for vision, etc.), assistive devices for impaired hearing, materials and devices used in dental care (crowns, dentures, fillings, implants, braces, whitening substances and tools etc.) do not qualify as durable medical equipment. Medication does not include contraceptive pills, emergency contraceptive pills (morning after pills), condoms, etc.

Service	LIMIT		deductible
	annual	semi-annual	
Outpatient primary care (provided by English-speaking general practitioners)	none *	none *	none *
Outpatient specialist care	4 event / year and maximum HUF 60,000 / event	2 event / half year and maximum HUF 60.000 / event	none
	from 5th event maximum HUF 60,000 / year	from 3rd event maximum HUF 30,000 / year	50%
Emergency Care (as part of outpatient care)	10 events / year and HUF 40,000 / event	5 events / half year and HUF 40,000 / event	50%
Inpatient care (including emergency care)	20 days or the current annual limit	10 days or the current semi-annual limit	none
Patient transport	4 events / year and HUF 20,000 Ft / event	2 events / half year and HUF 20,000 Ft / event	50%
Medication costs Durable medical equipment costs	HUF 100,000 HUF 100,000	HUF 50,000 HUF 50,000	50% 50%

* If used, it will reduce the limit by HUF 12,000 on each occasion.

If an insurance claim is not grounded or only partly grounded pursuant to the provisions of the policy conditions, and consequently the insurance company is not at all or only partly required to pay the insurance claim, the Insured **is required to pay the part of the medical bill not covered under this insurance directly to the provider of the medical treatment or to the party which has issued the medical bill.**

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

- a) the costs of primary medical care,
- b) the costs of specialized health care treatment,
- c) the costs of additional tests (e.g. laboratory tests, X-ray diagnosis, ultrasound examination), 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 treatments prescribed by a physician, (including necessary surgeries);
- b) the costs of nursing;
- c) the costs of therapeutic or medically-necessary abortion.

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 covers the costs of repatriation (transport home) if it is medically necessary (as evidenced in the written opinion of the physician) and also recommended by the designated service provider for the Insured to be repatriated back and continue treatment in his or her country of residence.

Claims Payment

The Insurance Company shall pay the costs of covered medical treatment received from or arranged by or delivered with the cooperation of (i.e. notified to and approved by) the designated service provider, directly to the designated service provider.

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 is required to prepay the costs of such medical care.

What is NOT covered under the insurance (limitations and exclusions)

The Insurance Company will be released from its obligation to pay the claim if the Insurance Company can prove that the event which resulted in the insured event was caused unlawfully and willfully or unlawfully and in gross negligence by:

- a) the Insured; or
- b) a relative living in the same household with him/her.

The Insured is acting in gross negligence in particular if:

- a) the insured was driving a motor vehicle without a valid vehicle registration certificate or the insured did not have a valid license required for driving such vehicle, and this fact contributed to the occurrence of the insured event,
- b) the insured has committed at least two traffic offenses at the time of the event which led to the insured event, and as such the event which led to the insured event resulted directly from these violations.

When an event underlying an insured event occurs, the insured is required to act as generally and reasonably expected in the given situation, and as such promptly seek emergency assistance or medical attention. If the insured fails to comply with this obligation, the Insurance Company will be released from its obligation to pay the claim. The insured's refusal of a medical treatment – due to statutory patient autonomy and freedom to decide – shall not be a breach of their duty to mitigate loss.

The insurance does not cover medical and healthcare services or events directly related to any of the following:

- 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 commencement of the insurance coverage, or which required treatment during this time period, or any permanent physical or mental impairment of the insured that had been diagnosed prior to the commencement of coverage,
- b) medical care related to contraception, pregnancy, childbirth (delivery), postpartum care, and the related costs incurred,
- c) termination of pregnancy and the related costs incurred (unless the termination of the pregnancy is necessary to preserve the life or health of the mother, or if the termination was performed in a case where pregnancy was the result of a criminal act),
- d) surgeries related exclusively to treating infertility, and medical treatments related to any form of artificial reproductive techniques, and the related costs incurred,
- e) sterilization surgery and consequences, and the costs incurred,
- f) sex reassignment surgeries, and the related costs incurred,
- g) consequences of treatments and surgeries performed for aesthetic (cosmetic) purposes, and the related costs incurred,
- h) vision correction surgery performed on the cornea, and the related costs incurred,
- i) dioptric glasses/sunglasses, contact lenses and their accessories, and the related costs incurred,
- j) hearing aid and accessories, and the related costs incurred,
- k) dental treatments and procedures, oral surgery, and the related costs incurred, with the exception of tooth extraction, root canal treatment, and the treatment of abscess,

- l) medical care related to HIV infection, and the related costs incurred,
- m) alcohol, drug or narcotic substance abuse treatment programs, other addiction treatments, and related medical care or health services, and the related costs incurred,
- n) convenience (V.I.P.) health care services (e.g. single bedroom), and the related costs incurred,
- o) acupuncture, acupressure treatment, oriental medicine, and the related costs incurred,
- p) claims related to psychological and mental disorders including the costs of psychiatric treatment and psychotherapy,
- q) purchase of vaccine for immunization shots, reimbursement of costs,
- r) treatment received in sanatoriums or in assisted accommodation,
- s) transplantation, dialysis, oncology treatment, nursing and control examinations related to malignant tumours, other treatments required to treat the consequences of malignant tumours (e.g.: bowel obstructions, surgical treatment of bone metastases),
- t) rehabilitation or nursing of chronic illnesses and the related costs incurred (especially geriatrics, hospice care, special needs education, speech therapy, physiotherapy, physical therapy, bath therapy, weight loss therapy), with the exception of treatments which are for the purpose of diagnosing chronic illnesses, initiation of a therapy, or the prevention of significant deterioration of acute conditions,
- u) medical care that is not for the purpose of diagnosing the Insured person's illness, or preventing a deteriorating condition or restoring his/her health, including in particular screening tests which are not ordered or attended in relation to this insurance, labor health checks and other physical ability tests, or a parent having to stay at a hospital with his/her child, or the Insured person's stay at a hospital for the purpose of nursing a parent,
- v) 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,
- w) medical research on human subjects, treatments related to experimental diagnostics and therapy and the related costs,
- x) insurance claims related to the contagious diseases (e.g.: TBC, tetanus, hepatitis B and C, diphtheria, tropical diseases such as malaria, yellow fever, cholera, dengue fever, Severe Acute Respiratory Syndrome (SARS), and sexually transmitted diseases (STD)).

The insurance does not cover the events which take place during the coverage period, if

- a) the event was the result of the insured's regular alcohol consumption, recreational drug use, or there was a direct connection between the event and the abuse of narcotic substances or medical drugs, unless these latter were prescribed by a physician, and were taken in the recommended manner,
- b) the insured was verifiably intoxicated or under the influence of drugs, stupefying agents or medication at the time of the event, and this fact contributed to the occurrence of the event. If a blood alcohol test was administered, the person is legally intoxicated if his/her blood alcohol concentration exceeds 1.5‰ – or 0.8‰ while driving a motor vehicle,
- c) the insured was driving a motor vehicle without a valid driver's license or vehicle registration certificate and at the same time also committed other traffic violations, and the event resulted directly from these violations,
- d) the insured was driving a motor vehicle while legally intoxicated when the insured event occurred and at the same time also committed other traffic violations, and the event resulted directly from these violations.

The insurance does not cover events which arise from the insured's failed suicide attempt, not even in the event that the insured was mentally incompetent at the time when attempted suicide.

The insurance does not cover events which may have been caused by the insured's engagement in sports activities with increased risks listed herein: scuba diving to a depth of more than 40 metres, singlehanded and open sea sailing, white water rafting, riverboarding (hydrospeed), canyoning, surfing, mountaineering and rock-climbing on routes graded 5 or higher, high-mountain expeditions, caving and cave expeditions, bungee jumping, auto-motor sports (e.g. auto-crash, go-kart, motocross, motorboat sports, motorcycle sports, rally, ability

competitions by car), quad biking, private flying/sports flying/aviation sports (e.g. paragliding, ballooning, motor sail plane, hang-gliding and ultra-light flying, hot-air ballooning, parachute jumping, free plane flying, stunt flying, base jumping).

The insurance does not cover events which may have been directly caused by the Insured's engagement in or pursue of the following hazardous activities or occupations: stuntmen, circus artists, equilibrists, test pilots, flight test pilots, parachute jumpers, jet plane crew in the army, bodyguards, commando staff, foreign legionnaires, peacekeepers, secret agents, armed guards, armored car personnel, specialists or officers serving in the army who are exposed to high levels of risks during their activities (e.g. bomb experts, divers).

3. Information on How to Get Medical Care

You are kindly advised to seek medical attention as soon as you notice the symptoms. Do not wait until your condition deteriorates! If you believe that you need medical attention, please promptly call Generali Assistance at +36 1 465 3784.

Remember to carry your Health Insurance Card and passport with you at all times, because the card is only valid together with your passport.

Always follow the instructions of Generali Assistance and of the designated service provider!

The insurance company will only pay your claim if the requirements set out by the insurance company 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 medical care. If the required and suitable medical care cannot be provided by the designated service provider, it will arrange them and inform the insured how and when he/she may receive them.

If you need medical attention (in any case, regardless if it is a first visit, controll or diagnostic test), as a first step always call the English speaking direct line of Generali Assistance at + 36 1 465-3784, which is available through the 7/24 service of Europ Assistance. The phone number is also printed on your "Generali Health Insurance Card".

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

1. Get your Generali Health Insurance Card and your passport ready.
2. Your eligibility to healthcare will be verified on the basis of the ID number on your card as well as your personal particulars.
3. After your identity is verified, Generali Assistance staff will check whether you are covered.
4. Once you described your complaints or request, the operator will inform you 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 checking availability, Generali Assistance will tell you the date, time and location of your doctor's appointment.
6. You must attend your scheduled appointment in the GP's surgery.
7. If you are referred to specialized or other treatment, you (the Insured) must call Generali Assistance again to request an appointment at the designated service provider.
8. The designated service provider will send written notification to you about the date, time and venue of the specialist appointment. You must confirm in writing that you have received the notification and can attend the appointment.
9. If you apply for a specialist appointment or for a diagnostic test, the designated service provider will arrange for you to see a specialist normally within 2 workdays but in maximum 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 the doctor's appointment at the scheduled time or 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.

Emergency medical treatment

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

If you require emergency/trauma treatment or emergency medical attention due to illness or an accident, you must call the National Ambulance Services at 112, or visit an A&E department 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 recommended on the phone; the same is the case with proper medical examination, 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 have to prepay the costs of emergency medical.

If you find yourself being admitted to hospital for emergency treatment, then please contact Generali Assistance as soon as you can but preferably within 24 hours of admission to avoid prepaying high cost of treatment. In this case – if possible – the insurance company pays the medical bill directly, so you should not prepay for the treatment.

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

The costs of medical and health care 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 medical bill directly to the medical facility providing the care or through the designated service provider.

The insurance claim for the reimbursement of the cost of medical care prepaid by the insured, or of the cost of medication and medical equipment purchased by the insured, must be submitted to the **Debrecen Personal Insurance Competence Centre of Generali Biztosító Zrt. (mailing address: 4025 Debrecen, Piac utca 49-51), 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,
- c) the Insured's declaration quoting the bank account number of his/her (HUF) current account in Hungary (signed and dated).

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 to the Insurance Company.** 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.