

## 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 both outpatient and in-patient care, the costs of medications and durable medical equipment, and in clinical necessity the medical transport of the insured, provided that the above services are received from or arranged by the designated healthcare 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 [www.u-szeged.hu](http://www.u-szeged.hu) at the web-site of SZTE.

**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 foreign natural person whose health shall 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, **on the condition that the Policyholder has reported him/her as an insured party to the insurance company 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 statement 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 statement referred to in Clause 1.12 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 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, 2015.**

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

- Annual from 01.09. to 31.08 in consideration of the annual premium
- any 3-month definite period, in particular cases for a fixed premium.
- Semester I from 01.09.-31.01, in consideration of 6 months premium. Semester II from 01.02.-31.08, in consideration of 6 months premium.

**The insurance period is always shown on the Health Insurance Card.**

**No waiting period is stipulated.**

**Geographical limit:** 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 Forint** within any one insurance period (maximum 12 months) shown on the insured's statement, in reimbursement of the costs of clinically necessary medical 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 medical 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** in any one policy year if the add-on module is included in the chosen 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.**

**If you have medical complaints, always call the designated service provider at the telephone numbers specified.**

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.**

Please, make sure you always have your **STUDIUM Health Insurance Card** with you, as you may never know when you need it.

Designated service provider

If you are ill and you need medical treatment, you must **ALWAYS** call your dedicated healthcare provider!!

- On workdays Between 7:00 and 19:00 GP services are provided by Szegedi Modell Eü. Szolg. Bt.  
Reception Times: Monday 13:00 – 15:00  
Tuesday 13:00 – 15:00  
Wednesday 9:00 – 11:00  
Thursday 13:00 – 15:00  
Friday 08:00 – 10:00

To arrange a GP appointment call 06 70 439 9280;

- In an urgency you may call to arrange an urgent appointment in which case a doctor will see you between 8:00-16:00. Address: SZTE ÁOK Teaching Clinic of the Institute of Family Medicine, 6722 Szeged, Tisza Lajos krt.97. Exam Room 21-22 (on the elevated ground floor)

On workdays between 19:00 and 7:00; at weekends and on bank holidays you must contact the Albert Szent-Györgyi Clinical Center mobile telephone: 06 70 439 9278, 06 70 439 9279

If you need **urgent care** or in person Emergency Department (SBO) of the Hospital (telephone operator service) under 6 Semmelweis utca, 6725 Szeged.

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

**A medical emergency is defined as a life-threatening event that requires immediate medical intervention and poses an immediate risk to the Insured's life or long term health; and without medical assistance the Insured could die or suffer severe, permanent health impairment.**

The above telephone numbers may be called for help if the insured feels ill but he/she is not in Szeged; they will try to help. In a genuine emergency always make an emergency 112 call to the ambulance service.

The Insured may only be treated by a physician, other than the GP, or have lab tests and other diagnostic tests performed at the Out-patient Clinics of SZTE Szent-Györgyi Albert Health Center if the GP (Modell Eü. Szolg Bt) has given a referral for specialist treatment.

Without a referral, the Insured will have to pay the medical bill (pre-payment obligation).

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 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. 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 requested in the pharmacy, **showing the name of the insured (as well as the card number),**
- 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) is required 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 documents necessary for the assessment of the claim.