



Product Information on STUDIUM Fee-for-Service Health Insurance

1. The core concept of STUDIUM insurance

The STUDIUM product of Generali Biztosító Zrt. (Generali-Providencia Insurance Ltd.) provides fee-for-service health insurance coverage within the territory of Hungary **primarily for foreign citizens** and their relatives associated with the **University of Debrecen**, provided that they **have already reached 18 years of age** but are not older than 65 years of age, are not insured under the state insurance scheme in Hungary, and are named as insured in a STUDIUM insurance policy.

The insurance covers the costs of surgeries, medical treatments and services, medications and medical aids, and in medical necessity, patient transport of the insured, if the named service or services are provided, organized or approved by the designated health care service provider or with the connivance thereof, or if the urgency of the matter as understood in accordance with the professional principals of medicine, requires the insured to use such health care services at a health care service provider or institution other than the designated one.

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 Terms and Conditions of STUDIUM Fee-for-Service Health Insurance'.

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.

2. What you need to know about this insurance

Parties to the Insurance Policy

- **policyholder/also insured:** a party who takes out the insurance policy and undertakes to pay the insurance premium.
- **insured:** any natural person **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 with respect to specific insured events, and **who has an active student status at the University of Debrecen (registered seat: H-4032 Debrecen, Egyetem tér 1.)** during the term of the insurance. For the purposes of this insurance, Insured may also be a natural person of foreign citizenship between 18 and 65 years of

age as at the date when the insurance policy is concluded who is a close relative of an insured person defined above.

Conclusion of the Insurance Policy

- The policy is concluded pursuant to a **written agreement** by and between the policyholder/insured and the insurance company, by the **Policyholder/Insured's signing** the electronically completed **Application and Statements Form**.
- In order to conclude the insurance, the **Application and Statements form** shall be completed and duly signed. **The Application and Statements 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 Application and Statements, issued by the Insurance Company containing the most important data related to the insurance coverage, in particular the insurance premium has been paid covered insurance period certified by STUDIUM E-Card, which is designed to be proof of the insurance coverage before the Health Care Service Provider.

Coverage of the Insured

The coverage of the Insured shall be offered for a fixed period, corresponding to the term of the active student status of the insured at the University of Debrecen.

The policy term is divided into policy years and insurance periods.

Policy year: 1 (one) year, corresponding to the academic year, **starting on September 01 of the given year and ending on August 31 of the subsequent calendar year.**

Insurance period:

- I. the insurance period starts on September 1 of the given year and ends on February 28/29 of the subsequent calendar year.
- II. the insurance period starts on March 1 of the given year and ends on August 31 of the same year.

In any one insurance period the insured can have only one valid STUDIUM insurance policy.

Term and commencement of the insurance coverage: The insurance coverage will commence at the time when the insured is added to the Application and Statements, **at 0 a.m. of the day following the date** when the Policyholder/Insured **signs the Application and Statements** and pays the insurance premium to cover the first insurance period (if it is not the same day, then on the date when both conditions are met), **not to precede the first day of the insurance period.**

The insurance premium: the insurance premium shall be paid in advance – for each insurance period – **in one sum.** The insurance premium payable for the respective insurance period is specified in the **Application and Statements** document. **Irrespective of the date when the insurance is concluded in any given insurance period, the insurance premium shall be paid in a total amount for the insurance period.**

The first premium of the insurance shall be due at the time when the policy is concluded, and any later premium shall be due on the first day of the period (insurance period) which it is payable for.

In order to preserve the fee-for-service feature of the insurance and by application of the principle of risk proportionate premiums, **the Insurance Company may modify the insurance premium once every calendar year.**

The insurance premium may be modified if the costs of the covered services, the range of the insurance benefits or the frequency of the receipt of services have changed.

Geographical limit: Hungary

Limit: HUF 3 000 000, per policy year. The insurance company shall pay a maximum of three million Hungarian forints to cover the costs of medical services received by the insured in medical

necessity in any one policy year (academic year) (of which **maximum HUF 200 000** shall be paid to cover the costs of medicinal products (medications) and durable medical equipment).

Deductibles: the insurance company shall pay 70% of the costs of **medicinal products and durable medical equipment** purchased or received in medical necessity, so these costs shall be **subject to 30% deductibles**. Other deductibles shall not be applied.

3. If you need medical treatment:

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.

In an emergency, please call the emergency services numbers, 112 or 104 (Hungary).

In other cases always call the designated service provider at the telephone number specified. Or visit the designated service provider in reception times at the address specified.

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

If your complaints or the nature of your symptoms so allow, the physician may only see you in 48 hours.

In all cases, follow the instruction of the designated medical service provider/medical management company.

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

4. Particulars of the Designated Health Care Service Provider and its medical center:

**Debreceni Egyetem (University of Debrecen, Primary Care Clinic)
4032 Debrecen, Egyetem tér 1. Tel: (52) 316-666/23012, fax: (52) 414-013**

Costs of medical services provided by the designated health care service provider or by referral thereof, do not need to be prepaid by the insured, as the insurance company covers the cost of medical treatments by direct payment to the designated health care institute.

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

If the insured is treated in a medical facility other than the designated medical facility and the case qualifies 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 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 can be required to prepay for such medical care.

The following procedure shall be followed to claim the reimbursement of health care service or the reimbursement of the costs of medication or durable medical equipment prepaid by the insured:

- **Fill in the attached bilingual claim form**
- **Enclose all medical documentation related to the health care service used (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.)**
- **Enclose original (or a copy) of the invoice issued to your name in connection with the health care service used or the medication or durable medical equipment purchased.**

Please note that the reimbursement can only be transferred to Hungarian bank account number that shall indicated on the claim form.

Please submit the completed claim form with the attachments to the nearest customer service of Generali Biztosító Zrt., or send these documents electronically to general.hu@general.com email address.

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 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.