

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 Conditions of STUDIUM Fee-for-Service Health Insurance (STUDIUM16)'.

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 (STUDIUM16)).

2. What you need to know about this insurance

Parties to the Insurance Policy

- **policyholder:** 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 is a student 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 and the insurance company, by the **Insured's signing** the electronically completed **Application and Policy Form**.
- In order to conclude the insurance, the **Application and Policy form**, as well as the **Insured's Statement** shall be completed and duly signed. **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 Application and Policy, issued by the Insurance Company containing the most important data related to the insurance coverage, in particular the covered insurance period certified by a hologram sticker, which is designed to be proof of the insurance coverage before the Health Care Service Provider. The Insurance Company issues the Application and Policy as

well as the Health Insurance Card at the time when the insurance is duly concluded. The Health Insurance Card will be validated by a hologram for all subsequent insurance periods.

Coverage of the Insured

The coverage of the Insured shall be offered for a fixed period, corresponding to the term of the insured student's legal relationship with the university.

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 insurance policy, **at 0 a.m. of the day following the date** when the Policyholder/Insured **signs the Application and Policy** 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 Policy** 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.

If the insured purchases medications or medical aids in a medical necessity and in a medically reasonable manner, (from or by prescription of the designated health care service provider, or in a medical urgency by prescription from the treating physician), the insured must request an invoice issued to the name and address of the designated health care service provider (Debreceni Egyetem [University of Debrecen], 4032 Debrecen, Egyetem tér 1.) with the insured's name also shown on the invoice or issued to the name and address of the insured. The invoice, accompanied by all the related medical documentation (hospital discharge summary, outpatient records) needs to be submitted to the above address of the designated health care service provider, so that the costs of the medications or medical aids, net of the 30% deductible, may be reimbursed to the insured by the insurance company as soon as practicable.

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 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 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 prepaid by the insured (or the cost of medication and durable 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) **to the name of the designated health care provider (Debreceni Egyetem, 4032 Debrecen, Egyetem tér 1.) showing the name of the insured** (or when medications, durable medical equipment are purchased, an invoice issued to the name address of the Insured) **as well as the insured's 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 precedence medical documentation and the documents produced during the first medical treatment.
- c) A separate document quoting 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 30% 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 30 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.