

## **STÚDIUM Accident and Health Insurance – Product Information (SAMPLE)**

The **STÚDIUM** product of Generali-Providencia Biztosító Zrt. (Generali-Providencia Insurance Ltd.) provides accident and health insurance coverage within the territory of the Republic of Hungary for private individual **who are not insured under the state insurance scheme in Hungary and apply for insurance coverage under a STÚDIUM insurance policy.**

The insurance covers the costs of health care services, medications and medical aids, and in medically justified cases, patient transport of the insured, if the named service or services are provided 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 can find detailed information on the insurance and the data of the insurance company in the Terms and Conditions of STÚDIUM accident and health insurance contract, or in the Customer Information of Generali-Providencia Zrt.**

**With regards to the insurance coverage, please be advised that there are exclusions and exemptions, in which cases the Insurance Company shall not pay the insurance benefit. Furthermore, please note that terms and definitions related to insurance benefits and certain cases of benefit limitations are set forth in the policy conditions and in this Product Information.**

**Please, study these in detail.**

### **Key information on STÚDIUM accident- and health insurance**

#### **Parties to the insurance contract:**

**insurance company:** Generali-Providencia Biztosító Zrt. (hereinafter: insurance company) shall, in consideration of the insurance premium payment, bear insurance risk during the period of insurance specified in the contract, and undertakes the obligation to deliver the insurance services set forth in these general terms and conditions.

**policyholder:** the Central European University, CEU Educational and Service Non-profit Public Interest Ltd., the Central European University, the Közép-európai Egyetem Kft. (Central European University Ltd – Hungary), the Budapest Central European University Foundation, the CEU Business Innovation Ltd, and the CEU Business School Foundation (acting in representation of these entities, pursuant to their authorization: Central European University), who enters into the insurance contract and undertakes to pay the insurance premium.

**insured:** any natural person whose health condition is covered in the insurance contract with respect to specific insured events. The insurance may be taken out for any person who, during the term of the contract or the period of the insurance, is employed by the Policyholder or has any other form of legal relationship with the Policyholder for performing student/work/research or receives a scholarship from the Policyholder, who is resident in Hungary and is over 18 but under 65 years of age, provided that such person is not insured under the national social insurance scheme in Hungary and completes and signs the insured's statement and the Health Insurance Card to apply for insurance coverage under the insurance contract.

Furthermore, the insurance may be taken out for any close relative of a person employed by / or having any other type of legal relationship for performing work/research with the policyholder, who is under 18 or over 65 years of age and lives in the same household with the person defined above, is resident in Hungary and who has signed the insured's statement and the Health Insurance Card to apply for insurance coverage under this insurance policy, or whose legal representative has done so.

**Close relative: the spouse, partner, registered partner and child (including adoptive or stepchild or foster child). Close relationship shall be testified with an extract from the registrar or the registry of partnership declarations kept by the notary public.**

The beneficiary of all insurance benefits due in the life of the insured shall be the insured himself. If the insured dies, the beneficiary of the proceeds shall be the heir(s) of the insured.

The conclusion of the insurance: the insurance shall be concluded when the insured's statement is completed, the data of the Health insurance card are entered and these are signed by the Insured.

**The policy/financial year:** 1 (one) year, commencing on August 1 of the given year and ending on July 31 of the subsequent year.

**Insurance period/insurance month:** the policy year/financial year can be divided into insurance periods and insurance months. Insurance month shall mean a calendar month covered by insurance premium it being understood that any one insurance month shall start on the first day of the calendar month and ends on the last day of the same month. The first day of first insurance month of the insurance shall be the commencement day of the insurance coverage, it being understood that the Insurance Company shall require that a whole monthly premium applicable to the particular insured shall be paid for the first month of the insurance, as well.

**The insurance may not be taken out for a period shorter than 1 (one) insurance month.**

The insurance period shall be specified on the insured's statement and on the Health Insurance Card.

**Insurance coverage:** 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 or if the insured's statement and the Health Insurance Card are signed prior to the commencement of the insurance period specified on the insured's statement or the Health Insurance Card, it shall commence at 0 hours on the first day of the insurance period, and **shall terminate on the last day of the insured month specified on this insured's statement (hereinafter: insurance period)**, provided that the Policyholder has paid the insurance premium applicable to the particular insured in full - taking account of deferred premium payment and the frequency of premium payment - for the whole of the insurance period applicable to the insured as specified in the insured's statement and the Health Insurance Card. If the insurance premium paid by the Policyholder is not enough to cover the cost of the insurance for the full insurance period, the insurance coverage with respect to the particular insured will terminate on the 30<sup>th</sup> day from the last day of the insurance month which is covered by insurance premium.

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

**No waiting period is stipulated.**

**Premium of the insurance:** For insured students, the policyholder shall pay the premium applicable to the given insured month of the insurance period specified on the insured's statement and the Health Insurance Card each month in arrears. For employees working for the Policyholder under an employment or under a service contract, for research fellows, and for close relatives of the above, the Policyholder shall pay the premium for the whole insurance period by wire transfer before the 10<sup>th</sup> day of the month following the day of receipt of the invoice issued by the Insurance Company.

**Geographical limit:** the insurance cover shall only apply to the territory of Hungary.

**Insurance benefits:** the insurance shall cover costs related to the insured's medically justified health care treatment as defined herein, as well as the costs of any other health care services the justified use of which is properly supported by the insured.

**Within the framework of the outpatient treatment,** the insurance company shall pay for:

- a) the costs of primary medical treatment,
- b) the costs of specialized health care treatment,
- c) the costs of a physician's field-work incurred when the insured's condition does not make it possible to visit the physician in his/her office (e.g. case of emergency),
- d) the costs of special tests (e.g. laboratory tests, X-ray diagnosis, ultrasound examination); which the insurance company shall only cover if these are necessary for the exploration or treatment of the illness, and these are performed under the prescription (medical advise) of a physician.)

**Within the framework of inpatient treatment**, the insurance company shall pay for the costs incurred from the insured's hospitalization and medical treatment. The insurance company, shall in particular pay for:

- a) the costs of medical treatments prescribed by a physician, (including necessary surgeries);
- b) the costs of nursing;
- c) the costs of medically justified abortion.
- d) the costs of services provided within the framework of antenatal care and child birth, provided that they are covered by the Hungarian social insurance.

The insurance shall cover the costs of **medications, bandage, temporary medical aids** if required for the health care or medical treatment, subject to and taking account of the limit and deductibles set out in this product information. **Medications:** pharmaceutical drugs listed in the National Drug Code Directory, including over-the-counter drugs as well as prescription medications. The insurance shall cover the costs of prescription medications, unless related to an exclusion (AIDS, psychiatric treatment, etc.) set forth in the insurance conditions. To cover the costs of over-the-counter drugs, the insurance company requires a certificate from the designated health care SP which states the diagnosis (with the BNO code). Injectable medications administered to treat illness shall be regarded as medications. Pharmaceutical products not qualified as drugs are only covered under this insurance if the pharmacy's invoice is presented. Invoices of products not purchased in a pharmacy but in a beauty & drug store or at the gas station shall not be accepted by the insurance company.

The insurance does not cover the costs of products, such as vitamins, pregnancy tests, energy drinks, dietary supplements, insect repellents, effervescent tablets, skin creams, etc. even if these are purchased in a pharmacy.

The insurance covers the costs of products which are contained in the list of registered **medical aids**, but medical documents (medical advice) stating that the insured needs the particular medical aid is required to be submitted. Medical aids shall not include e.g. sports equipment, fitt-balls, organic pillows, Terraband exercise bands, etc.

**Costs of transport** or travel to a physician are covered by the insurance if they are within the territory of the country and such transport to the hospital (in an ambulance, taxi) is medically justified.

Outside reception times (on public holidays/weekends and calendar holidays) or in emergencies and urgent care, the designated health care service provider offers a **24-hour English-speaking mobile phone assistance service**.

The insurance company shall cover the **costs of repatriation** (transport home) if the condition of the insured so requires or makes it possible and the health care service provider specified by the Insurance Company also recommends repatriation. Repatriation (transport home) means transport into the country of the insured's permanent residence.

**Benefit limits (limits, deductibles):** the upper limit of benefits payable by the Insurance Company **in any one policy year/financial year** for any one insured shall be **HUF 8,000,000**, that is eight million forints, subject to the application of deductibles.

Of that, maximum **HUF 100,000** may be paid for medications, maximum **HUF 100,000** may be paid for medical devices, maximum **HUF 30,000** may be paid for dental treatment (fillings, root canal treatments, dental extractions, treatment of abscess, treatments of the mouth cavity (treatments of the gums, the mucous membrane, the salivary gland, aphta), maximum **HUF 100,000** may be paid for psychiatric treatment (not including psychotherapy), maximum **HUF 500,000** may be paid for services provided within the framework of antenatal care and child birth covered by national social insurance, and maximum **HUF 12,000** / per person may be paid for an annual gynecologic screening (for one occasion in a policy year) in any one policy year/financial year.

**What is not covered under this insurance (exclusions):**

The insurance will not cover:

- a) consequences of any known illness, which pre-existed before the commencement of the insurance coverage or consequences of earlier accidents, or the permanent disability of the insured confirmed before the commencement of the coverage, with the exception of**

treatments in the scope of primary health care, not including the costs of medications and therapeutic aids ordered in treatments related to existing illnesses; furthermore, save for the case when the insured earlier had STÚDIUM insurance for several insurance periods and his/her illness which requires medical treatment was first diagnosed during such insurance periods provided that not more than 2 (two) months have passed between the commencement of the insurance coverage under the current policy and the termination of the previous insurance coverage.

- b) hospitalization related to pregnancy and child delivery, if conception took place prior to the commencement of the insurance coverage applicable to the particular Insured. The insurance covers costs related to childbirth and hospitalization for childbirth if there is less than 285 days between the estimated due date – stated in a written verification by a physician – and the commencement of the insurance coverage applicable to the particular insured.
- c) abortion of pregnancy (unless termination of the pregnancy was necessary to preserve the life or health of the mother, or if termination of the pregnancy 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,
- e) sterilization surgeries and consequences,
- f) sex reassignment surgeries,
- g) treatments and surgeries exclusively for aesthetic (cosmetic) purposes,
- h) eye correction surgeries,
- i) dioptric glasses/sunglasses, contact lenses and their accessories,
- j) hearing aid,
- k) dental treatments, with the exception of fillings, root canal treatments, treatment of abscess, dental extractions, treatments of the mouth cavity (treatments of the gums, the mucous membrane, the salivary gland, aphta) up to the total of the limit specified for dental treatments.
- l) health care services in relation to HIV infection,
- m) tests taken and treatments performed in relation to the consumption of alcohol or narcotic drugs,
- n) convenience (V.I.P.) health care services (e.g. single bedroom),
- o) acupuncture, acupressure treatment, oriental medicine,
- p) psychotherapy,
- q) immunization shots,
- r) treatment received in sanatoriums or in assisted accommodation,
- s) rehabilitation or nursing of chronic illnesses (especially geriatrics, hospice care, special needs education, speech therapy, physiotherapy, physical therapy, bath therapy, weight loss therapy), excluding treatments which are for the purpose of diagnosing chronic illnesses, initiation of a therapy, the prevention of significant deterioration of acute conditions,
- t) medical care that is not for the purpose of diagnosing an illness of the insured (diagnostic tests), or for the prevention of a deteriorating condition or for the rehabilitation of the insured's health, in particular screening tests not ordered or attended in relation to this insurance, with the exception of an annual gynecologic screening (with cytology and a physical examination of breasts) for one occasion in every policy year, or a parent having to stay at a hospital with his/her child, nor is the insured's stay at a hospital for the purpose of nursing a parent,
- u) treatment by a person who does not have medical certification and permit to practice medicine, and medical or other health care treatment made necessary as a result of treatments performed by such person.

Furthermore, the insurance will not cover events which are in part or in whole caused by HIV infection, mental abnormality, ionizing radiation, nuclear energy, warlike event, or a crime against the state.

**The insurance shall not cover insured events which may have been caused by the insured's engagement in sports activities with increased risks listed herein: scuba diving under 40 m,**

one-arm and open sea sailing, white-water rafting, hydrospeed, canyoning, surfing, mountaineering and rock-climbing from peg 5, high-mountain expeditions, caving and cave expeditions, bungee jumping, auto-motor sports (e.g. auto-crash, go-kart, moto-cross, motorboat sports, motorcycle sports, rally, ability competitions by car), quad, 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 company shall be exempt from payment of the insurance benefit if the insured event was caused by an unlawful and willful behavior of the policyholder or the insured or unlawfully and in gross negligence by them.** The insured shall be acting in gross negligence in particular if the insured event occurred in relation to regular alcohol consumption, drug consumption, the administration of stupefying agents or pharmaceuticals by the insured, unless the latter was administered as prescribed by the attending physician. If the insured was verifiably in an alcoholic condition at the time of the insured event, or was under the influence of drugs or stupefying agents and this fact intervened in the occurrence of the insured event. If a blood alcohol test was performed, blood alcohol concentration exceeding 1.5‰ – or 0.8‰ during driving a vehicle – shall be deemed as an alcoholic condition. If the insured drove a motor vehicle without a valid traffic license or the insured did not have a valid driving license required for driving such vehicle, and this fact intervened in the occurrence of the insured event.

**How to apply for insurance coverage:**

If you wish to apply for coverage under this insurance, please visit the Human Resources Office of the Central European University (Central European University HRO) or students may visit the Student Service Office, where the staff of the office will assist you along in entering all the necessary information truthfully and completely on the insured's statements form (in three copies!), as well as the Health Insurance Card. After completing them you need to sign them at the places indicated.

Before applying for insurance coverage, please study all documents related to the insurance (this product information, the terms and conditions of STÚDIUM insurance, the customer information of the insurance company, the Health insurance card) carefully.

The first original copy of the completed insured's statements shall be retained by the Insurance company, the second copy shall be retained and stored by the Central European University Human Resource Office, the Finance Department or the Student Service Office, while the third copy together with the Health Insurance Card issued to the insured's name, shall be handed over to the insured.

The health insurance card is printed in two languages (English and Hungarian), as the card is designed for insured persons with a good command of English, and also because the card may contain useful information for medical professionals particularly in emergencies.

Please, note that the health insurance card is only valid together with a passport, or EU ID card thus it is important that the insured should carry both the health insurance card and his/her passport or EU ID card at all times.

**Designated health care service provider:**

ADENIUM J.V. Health Care Service Provider Ltd.  
registered seat: H-1013 Budapest, Döbrentei utca 10.

**Health center providing primary health care services:**

**CEU MEDICAL CENTER**

H-1051 Budapest, Nádor u. 11.

Tel.: (36-1)-327-3815 and/or (36-1)-328-3695

**Reception times:**

CEU Medical	Monday	Tuesday	Wednesday	Thursday	Friday
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Center, Nádor u. 11	09:00 – 12:00	09:00 – 12:00	09:00 – 12:00	09:00- 12:00	09:00 12:00
	13:00 – 16:00	14:00- 17:00	13:00 – 16:00	14:00 – 17:00	13:00 – 16:00

Outside reception times (on public holidays/weekends and calendar holidays) or in emergencies and urgent care, you may call the 24-hour mobile phone assistance service of ADENIUM J.V. Ltd. where you will be assisted in English. Content of the assistance service: information on A&E (accident and emergency) departments or walk-in centers providing urgent care, recommended service providers, pharmacies, etc.; if required assistance in the arrangement of the patient journey and information to the Insured on how to finance any costs which may be incurred.

For the 24-hour English-speaking assistance service, call:  
**+36 30 832 6260**

### **Inpatient care**

SEMMELEWEIS UNIVERSITY  
FACULTY OF MEDICINE - DEPARTMENT OF TRANSPLANTATION AND SURGERY  
H-1082 Budapest, Baross u. 23/25.

### **What you need to do if you need medical care**

If you need a health care service (medical advice), you may get an appointment, in reception times, with the internal medicine specialist at the **CEU MEDICAL CENTER**, where the necessary examinations and tests can be performed, and medications can be prescribed.

If necessary, the medical specialist of CEU MEDICAL CENTER will give you a referral to further special examinations or to hospital care, which also proves the medical necessity of the examinations/tests performed.

You will receive medical service covered by the Insurance company if you can present the referral of the specialist of ADENIUM J.V. Ltd. / CEU MEDICAL CENTER and by presenting your valid Health insurance card together with your passport.

Costs of health care/medical services provided by or by referral of the designated health care service provider do not normally 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 is not treated at the designated institution or is not referred by the designated institution, the itemized invoice for the health care services received shall be issued to the name of the designated institution (Adenium J.V. Kft, 1013 Budapest, Döbrentei utca 10. 3.), with the insured's name shown on the invoice. The original invoice together with all medical documentation in connection with the medical service (hospital discharge summary, outpatient records) shall be submitted in person or by mail to the address of the designated institution (Adenium J.V. Kft., CEU Medical Center, 1051 Budapest, Nádor utca 11.).

If the insured, in a medically justified case and manner, purchases prescription medications or medical aids from or by prescription of the designated health care service provider, or in urgent care by prescription from the treating physician, the invoice must be requested to be issued to the name and address of the designated health care service provider (Adenium J.V. Kft, 1013 Budapest, Döbrentei utca 10.). The invoice needs to be submitted to CEU Medical Center within 15 days, so that the costs of the medications of medical aids, net of the deductible, may be reimbursed to the insured by the insurance company as soon as practicable.

### **Submitting and settling invoices:**

The designated medical service provider (ADENIUM J.V. Kft) shall pay to the beneficiary the amount shown on an invoice issued for a service prepaid by the insured after applying deductibles (costs of medication, medical devices purchases, medical examinations, medical treatment, etc.) only within 30 days of the issue date of the invoice provided that the claim is legally grounded.

Adenium J.V. Kft. shall settle a legally grounded insurance claim within 15 days upon receipt of all the necessary medical documentation.

The University shall provide a room for the Service Provider where the above payments (particularly cash payments) can be handled.