

UNIMED

Customer

information

During your stay in Hungary, you will be provided medical services cover by UNION Biztosító and its cooperating partners.

Who provides cover?

Insurance cover is provided by UNION Vienna Insurance Group Biztosító Zrt. (1082 Budapest, Baross u. 1), which has been present in Hungary since 1990 and, thanks to its dynamic growth, is a large corporation positioned in the top third segment of the Hungarian insurance market.

Cooperating partners:

Care organiser: Advance Medical Hungary (www.advance-medical.com/hgr)

Healthcare provider: University of Pécs, Centre for Occupational Medicine (<https://aok.pte.hu/>)

What is covered by this insurance?

This insurance provides cover for the costs of medical services (including primary care, outpatient specialist care, inpatient care, emergency care and patient transport) that you may need because of illness or accidents that may occur during your stay in Hungary, and refunds the expenses of medications prescribed by a doctor up to the policy term limits in accordance with the terms and conditions.

For what term and for what premium can insurance be applied for?

A policy can be concluded for a term of 3, 6 or 12 months. The minimum premium is HUF 34,000 per person (approx. USD 130), while the premium for 12 months is HUF 68,000 per person (approx. USD 260).

The premium is payable annually, semi-annually or once. The first premium of the insurance is due upon the signing of the offer.

From what day will the insurer provide cover?

The insurer will provide cover from 00.00 hrs of the day following the signing of the offer.

The insurance shall cover **insured events occurring in Hungary only**.

Who can apply for insurance?

Foreign students aged 14 to 65 years studying in Hungary and their relatives (spouse, parent, children) also aged 14 to 65 years can apply.

What type of benefits will the insurance provide and up to what limit?

Insurance purchased for one year will provide cover for the costs of services used for up to HUF 2,000,000 (approx. USD 7,500); quarterly/semi-annual insurance will provide cover for up to HUF 1,000,000 (approx. USD 3,750). If the costs of services exceed these amounts, you will have to pay the difference. The table below shows the amounts up to which individual services can be used:

COVERAGE	LIMIT		DEDUCTIBLE
	ANNUAL	SEMI-ANNUAL	
Outpatient primary care (provided by English-speaking general practitioners)	HUF 2,000,000	HUF 1,000,000	none
Outpatient specialist care			none
Emergency outpatient care			none
Inpatient care (including emergency care)			none
Patient transport			50%
Cost of medications and medical aid	HUF 100,000	HUF 50,000	50%

What is not covered by this insurance?

The insurer will be exempted from paying the insured amount if the insurance event was caused by the beneficiary unlawfully by design, or due to the unlawful gross negligence of the policyholder or the insured. Gross negligence shall mean, in particular, if:

- a) there is a causative relationship between the insured event and regular consumption of alcohol or the insured being under the strong influence of alcohol (blood alcohol content of 0.0026 or higher),
- b) the insured event occurs as a consequence of the consumption of narcotics or substances with an effect of narcotics or medications, except when this latter was used as recommended and instructed by the treating physician.

The insurer will be exempted from paying the coverage amount if:

- a) there is a causative relationship between the insured event and the insured’s attempted suicide, even if the latter took place in the insured’s confused state of mind,
- b) the insured event is caused by a serious criminal offence committed by the insured intentionally or in connection with such an offence.

Insurance coverage does not apply to cases where the insured event is directly or indirectly connected with:

- the insured’s active participation in combat events or other acts of war on either side,

– or the insured’s participation in a criminal offence against the state.

The insurer will not cover losses indirectly or directly connected with nuclear damage (nuclear fission or fusion, nuclear reaction, radiation of radioactive isotopes, ionising or laser radiation, or contamination caused by these).

The insurer does not cover costs in cases (except for services provided by the medical service provider contracted by the insurer) where medical malpractice during treatment led to the repeated operations in question or to other insurance events specified in this policy.

Insurance coverage does not apply to cases where the insured event is directly or indirectly connected with:

- pregnancy or childbirth and the consequences of health deterioration occurring within one year after childbirth, except outpatient care meant to establish pregnancy and interventions related to ectopic pregnancy;
- medical interventions designed to make aesthetic changes or provide cosmetic treatment.

The insurer does not cover the following medical services and related medication expenses:

- a) screening tests,
- b) occupational health and other medical aptitude tests,
- c) transplantation,
- d) treatment received as a consequence of a health condition already existing at the time of concluding this policy, except for critical lifesaving interventions,
- e) treatment received due to attempted suicide,
- f) rehabilitation, sanatorium treatments, physiotherapy
- g) dialysis, except acute cases,
- h) care due to psychiatric illness, except: emergency care to establish a diagnosis or in response to mental problems,
- i) acupuncture, naturopathic and chiropractic treatments,
- j) cost of contact lenses,
- k) medication costs related to birth control,
- l) care and medication costs in connection with abortion, except in medically justified cases,
- m) examinations, treatments and medication costs in connection with infertility,
- n) care and medication costs related to in-vitro fertilisation,
- o) HIV infection,
- p) medication costs of sexually transmitted diseases, except: trichomoniasis and chlamydia infection,
- q) dental care (mandibular orthopedic treatment, orthodontics, periodontal care, depuration, final root canal treatment, prosthodontic treatment, crown, bridge), except: emergency dental

care, direct palliative care, and temporary root canal treatment for maximum two teeth. The insurer's coverage limit extends up to HUF 50,000.

11.8. Any body parts or organs impaired, diseased, injured or truncated prior to the inception date and the subsequent consequences of these conditions are excluded from insurance.

When and where can insurance be applied for?

You can take out the insurance at the staff of Union Biztosító. That is where you will get your personalised UNIMED card; on its front you will find an assistance telephone number and the emergency number (112). The back of the card contains your name and birth date and the expiry date of the insurance and also of the card. The card is only valid with a photo ID document (passport, driving licence, student ID card).

How does the insurance work?

1. What should you do if you fall ill and need to see a doctor?

If you feel ill and need to see a doctor, you have to dial the 24-hour assistance number **06-1-461-1593** on the front of your UNIMED card for an English speaking service. After providing a few data for identification (your name, passport no., etc), in the case of elective care, an appointment will be made with the insurer's service-providing partner in Pécs for your medical care. In case of emergency, by using the above assistance number you can get information about where to find the geographically competent general practitioner, hospital or specialist care centre on call.

In the case of elective care: You will have an appointment to see a medical practitioner at a particular time who will provide the required care (all doctors of our service provider, the University of Pécs, hold consultation hours at easily accessible locations near the university - you will receive the exact availabilities from the care organiser by telephone).

Very importantly, other than emergency cases the insurer will only cover services which have been organised for you by Advance Medical Hungary Kft. providing the assistance service and which you have used with their prior approval. For these examinations/services, you do not have to pay the doctor within the above limit amounts as they will be covered by the insurer. (Up to the limit, of course. If you need care in excess of the limit amounts, we will also assist you in organising that, but you will be charged for it.)

If due to an accident or illness, you receive emergency care (an ambulance doctor treats you and then you are taken to the nearest hospital on call, or you seek emergency care at the nearest medical service unit on call on your own, which may of course happen to you anywhere in Hungary), the next day or as your condition allows you will have to call the assistance number (+36-1-461-1590) for information about what to do next. In such cases, you will be charged for services and the insurer will refund you the cost of care subsequently against an invoice taking into account the above limit amounts.

2. What should you do to have your medication costs covered by the insurer?

After the examinations, the doctor will give you a document (doctor's report, outpatient treatment report, hospital discharge report) about the received care and the prescribed medications. You must retain these documents as we can only refund you the cost of your medications against these and the pharmacy receipt. If you have collected pharmacy receipts of at least HUF 5,000 (only for the purchase of prescription drugs), you will have to send the receipts, the medical documents and a Claim Form (which can be downloaded from here:

http://www.unionbiztosito.hu/ugyfelszolgalat/karbejelentes_kifizetes_igenyles/megbetegedes_hez_kapcsolodo_kifizetesi_igeny_bejelento) by post to the insurer's loss adjuster (Advance Medical Hungary Kft. 1082 Budapest, Baross u. 22). Advance Medical will then transfer to you the money in the manner you wish. Your Application Form should indicate where you want the money to be sent: If you have a bank account in Hungary, we will transfer the money there; otherwise we will send it to your residential address in Budapest.

If you have any questions regarding this insurance and its benefits, you can seek information here:

www.unionbiztosito.hu
www.advance-medical.hu