



Unimed Group health insurance

Customer Information

UNION Vienna Insurance Group Biztosító Zrt.

Registered office: 1082 Budapest, Baross u. 1.

Company registration number: 01-10-041566

Tax No.: 17781293-5-44

1. Insured

Those students who are between 16 and 65 years of age.

2. The policy period

2024.02.01-2026.01.31.

3. Inception date

The starting date of the insurance contract shall be the first day of the month following signature of the insurance offer.

4. The insured events and services

Insurance service Total limit/insured/half year: maximum HUF 1,000,000 (Total limit amount is reduced by all services used by the given insured.)	Deductible
Outpatient primary care (<i>English speaking</i>)	no
Outpatient specialist care (<i>including outpatient surgeries, lab and diagnostics required for medical treatments, English speaking</i>)	
Emergency care (<i>as part of outpatient care</i>)	
Inpatient care (including one-day surgical care)	
Emergency dental care (maximum HUF 200,000 as part of total limit)	
Medication costs maximum HUF 50,000 as part of total limit	
Costs of bandages and medical aids maximum HUF 50,000 as part of total limit	
Patient transport	
Cost of repatriation	

5. Exclusions

The insurance coverage does not comprise the following cases:

- a) that arise as a consequence of nuclear damage (nuclear fission or fusion, nuclear reaction, radiation of radioactive isotopes, ionising or laser radiation, or contamination caused by these),
- b) where in the course of medical treatment the requirements of the medical profession were not complied with, resulting in the repetition of operations or treatment, or in other insured events specified in this contract (medical malpractice).
- c) where the insured event is directly or indirectly connected with:
 - the consequences of health deterioration occurring during pregnancy or labour, or within one year after childbirth, in case conception took place prior to the effectiveness

date of the insurance contract (the date of conception shall be day 270 preceding childbirth).

- health deterioration due to harm suffered during health care or medical care or as a consequence thereof;
 - medical interventions designed to make aesthetic changes or provide cosmetic treatment.
- d) Any body parts or organs impaired, diseased, injured or truncated prior to the inception date and the subsequent consequences of these conditions, as well as existing illnesses are excluded from the insurance coverage. In the case of symptoms and illnesses that are connected to illnesses existing at or before the inception date, the insurance shall provide coverage for the costs of specialist examinations only. The insurance does not cover the costs of laboratory, imaging or other diagnostics and medical treatment that are necessary due to such illnesses and symptoms.
- e) The insurer shall not arrange health care, and shall not reimburse its costs, in the following cases:
- if the care was not used through the care organiser,
 - if the insured has exceeded his/her annual limit, the insurer shall not reimburse medical costs.
- f) The insurer shall not provide coverage if outpatient care takes place on account of the following:
- for emergency reasons, in order to avert danger to life,
 - due to expert activities performed in the scope of health care,
 - due to disasters,
 - care administered for epidemiological reasons,
 - pulmonology care,
 - addictology care,
 - alcoholology care,
 - drug patient treatment and care,
 - employment health care,
 - screening tests,
 - acupuncture treatment,
 - dental care (mandibular orthopedic treatment, orthodontics, periodontal care, depuration, final root canal treatment, prosthodontic treatment, crown, bridge), except: emergency dental care,
 - geriatric treatment and care,
 - dialysis treatment,
 - digital dermoscopy,
 - injection treatment of varicose vein disease (sclerotherapy),
 - venereal disease care,
 - tests carried out due to infertility,
 - physio- and motion therapy treatment,
 - intensive patient care,
 - clinical oncology care,
 - laser eye surgery, eyesight correction,

- laser toenail fungus treatment,
- in the scope of anaesthesiology care
- 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)
- 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
- acupuncture, naturopathic and chiropractic treatments,
- cost of contact lenses,
- medication costs related to birth control,
- care and medication costs in connection with abortion, except in medically justified cases, examinations, treatments and medication costs in connection with infertility,
- care and medication costs related to in-vitro fertilisation,
- HIV infection.

6. The insurer's exemption

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.

Upon a breach of the obligation of disclosure or reporting changes the insurer shall be exempted from its obligation to provide services unless it is proven that:

- a) the concealed or unreported circumstance was known to the insurer prior to the insured event, or
- b) the concealed or unreported circumstance did not contribute to the occurrence of the insured event.

7. Use of the service

The insurer provides its service via TELADOC Hungary Kft. as a care organiser, and the health care is provided by health service providers.

The insured may report his/her claim for health care at phone number **(+36-1) 461-1572**, between 8:00 a.m. and 8:00 p.m. on working days.

Non-stop phone number of the **medical call centre: (+36-1) 461-1572**.

The care organiser arranges the execution of the tests for the insured / insured group, and notifies the policyholder of the place and time of the tests. The policyholder informs the insureds of the venue and the time.

When reporting claims for services or when calling the call centre, the name and date of birth of the insured must be provided for the purpose of identification.

8. Resolution of disputes

Please report any complaints concerning the insurer's service to the insurer:

a) in writing or by telephone to:

UNION Vienna Insurance Group Biztosító Zrt.

(1461 Budapest, Pf.: 131., tel.: (+36-1) 486-4343)

b) or in person at the following address:

UNION Vienna Insurance Group Biztosító Zrt.

Central Customer Service Office (Budapest, Váci út 33.)

The insurer's supervisory authority is: National Bank of Hungary (1013 Budapest, Krisztina krt. 55; central phone number: (+36-1) 428-2600)

In case the insured disagrees with the response to his/her complaint submitted to the insurer, the insured may

a) contact the National Bank of Hungary (mailing address: National Bank of Hungary, 1534 Budapest BKKP Pf. 777; hotline subject to local rates: (+36-80) 203-776; website: felugyelet.mnb.hu; e-mail: ugyfelszolgalat@mnb.hu) with complaints concerning inquiries into the violation of consumer protection provisions under Act CXXXIX of 2013 on the National Bank of Hungary;

b) contact the Financial Arbitration Board (mailing address: H-1300 Budapest BKKP Pf. 172; telephone: +36-80-203-776; e-mail: pbt@mnb.hu) or a court of law according to the rules of civil procedure with complaints concerning the issuance, validity, legal effects and termination of the policy as well as breaches of contract and their legal effects.

Claims arising from or in relation to the insurance contract may also be enforced directly through judicial avenues. The resolution of complaints does not substitute litigation.

Effective from: 1 February, 2024

UNION Vienna Insurance Group Biztosító Zrt.