Health Insurance

Insurance product description

UNION VIENNA INSURANCE GROUP

The Company:
UNION Vienna Insurance Group Biztosító Zrt.
Registered in Hungary, insurance company supervised by Magyar Nemzeti Bank

The product:
PrivateMed Next health insurance

The information provided herein is not complete. Before entering into an insurance agreement, please read carefully the terms and conditions of PrivateMed Next health insurance.

The wording of your contract may differ from that set out below. For this reason, please obtain information about the scope of your cover from the contracting party of your insurance.

What type of insurance is this?

This is a benefit financing health insurance that qualifies as risk insurance, according to Section 6.3 of Annex 1 to the Act CXII of 1995 on Personal Income Tax.

In return for the premium you pay, in the event of illness of the insured person(s), the Insurer will organise and cover the costs of medical care supplied by the private healthcare provider partners of the care organiser (private clinics/physicians, private hospitals) contracted with the Insurer.

This means that the insured person (except in case of the service provided by Care, Care Plusz and the Surgery package and the surgical element of the Kid Extra package) supplemental insurance) does not receive financial benefits from the Insurer, the insured person is entitled to use medical consultancy over the telephone and personal health consultancy and medical services organised by the Insurer.

What is covered by this insurance?

The insurance company will finance:

- ✓ medical specialist services for outpatients,
- ✓ laboratory tests,
- ✓ other diagnostic tests (e.g. X-ray, ultrasonography, etc.),
- ✓ ambulatory and one-day surgeries,
- ✓ high value diagnostic imaging procedures (CT, PET-CT, MRI, cardio-CT, endoscopy and stereotactic biopsy),
- ✓ medical consultancy that is available 24 hours a day,
- ✓ a second medical opinion,
- ✓ and other supplemental services selected by the contracting party (e.g. surgery reimbursement, organising and financing of screening tests, lump-sum indemnity and annuity payment in the event of malignant diseases).

Basic benefit packages and annual limits						
Risks	**Basic**	**ECO**	**Start**	**Extra**	**Business**	**Kid**
7/24 medical call center	unlimited	unlimited	unlimited	unlimited	unlimited	unlimited
Care organisation[8]	unlimited	unlimited	unlimited	unlimited	unlimited	unlimited
Outpatient specialist care[1]	basic internal medicine 4 occasions/year[2]	HUF 100,000	HUF 250,000[3]	HUF 500,000[3]	unlimited[3]	HUF 250,000[3]
Diagnostic tests[4]	HUF 50,000[5]	HUF 100,000	HUF 100,000	HUF 100,000	HUF 100,000	HUF 100,000
High value diagnostics[6]	–	HUF 200,000	HUF 250,000	HUF 500,000	unlimited	HUF 250,000
One-day surgery[7]	–	–	HUF 300,000	HUF 600,000	HUF 600,000	HUF 300,000
Lump-sum benefit in the event of a malignant tumour disease	–	–	HUF 500,000	HUF 500,000	HUF 500,000	–
Risk assessment	–	–	1 occasion/year	1 occasion/year	1 occasion/year	–
Mental health assessment	–	–	1 occasion/year	1 occasion/year	1 occasion/year	–
Consultancy relating to vaccination	–	–	–	–	–	1 occasion/year
Second medical opinion	–	unlimited	unlimited	unlimited	unlimited	unlimited

[1] Inculuding outpatient surgery, house call, teleconsultation, prenatal care and non-conventional activities. The ECO package covers only the following medical fields: internal medicine, gynaecology, urology, ophthalmology, dermatology, otorhinolaryngology, general surgery.
[2] The Basic package covers only basic internal medical examinations.
[3] Dermatological sublimit: HUF 100,000 Ft/year.
Screening test in the case of an individual policyholder: in Start, Extra and Business packages can be used a specialist medical examination as a screening test on one occasion per year at the expense of the outpatient specialist care limit, as this is covered by the insurance package.
Prenatal care: 2 occasions/year in the case of an individual policyholder, 4 times/year in the case of a legal entity policyholder, in accordance with the description in the relevant condition.
Non conventional activities: available only in the Business package, in accordance with the description in the relevant condition, up to HUF 50,000/year.
[4] Diagnostic tests include: everything other than high value diagnostics (e.g. laboratory test, ultrasound examinations, x-ray, scintigraphy, traditional biopsy, histology).
[5] The Basic package covers only laboratory tests, x-ray and ultrasound examinations.
[6] High value diagnostics: CT, cardio-CT, MRI, PET-CT, endoscopy examinations with or without anaesthesia,), stereotactic biopsy.
[7] One-day surgery cover is available for the ECO package at additional premium, with a benefit limit of HUF 300,000.
[8] Only in the event of benefits financed by the insurer

What is not covered by this insurance?

The Insurer does not finance the cost of:

- ✕ healthcare services provided by service providers operating in a foreign country,
- ✕ emergency care,
- ✕ epidemic healthcare services and treatments,
- ✕ healthcare services that had become necessary due to illnesses that already existed before the conclusion of the insurance, except the costs of outpatient specialist care and diagnostic tests,
- ✕ employment healthcare,
- ✕ healthcare services incurred in connection with reproductive ability, including interventions related to examinations or treatments of infertility,
- ✕ medically unjustified termination of pregnancy,
- ✕ plastic aesthetic operations,
- ✕ dental care,
- ✕ psychiatric, psychological, oncology, rheumatology care and motion rehabilitation, except if the insured person has a supplemental insurance package for motion rehabilitation.

The above list is not exhaustive. The detailed and precise list of events not reimbursed by the Insurer is included in the insurance terms and conditions.

What limitations are included in the insurance cover?

- ! age: it cannot be concluded for insured persons under the age of 6 months and over the age of 69, and shall terminate at the insurance anniversary after the insured has reached the age of 70,
- ! it can be used for screening tests financed by the Insurer only if a supplementary package is purchased
- ! not all standard packages can be combined with all supplementary packages
- ! in case the limit is exhausted during the year, it is not possible to top up the cover
- ! the supplementary Care and Care Plusz cannot be selected if the insured person has already been diagnosed with a malignant disease.

Where is my insurance valid?

- ✓ The insurance covers only the benefits provided by service providers operating in Hungary, only in the event that you used the benefit with the knowledge and approval of the care organiser partner of the Insurer.

What are my obligations in relation to the insurance?

The contracting party and the insured are obliged to:

- disclose the required information at the start of the contract,
- pay the premium and report changes, as well as prevent damages during the term of the agreement,
- provide data and information in the case of a claim.

When and how do I have to pay the premium?

The annual premium of the contract can be paid by monthly, quarterly and six-monthly instalments. The first insurance premium is payable when the contract is signed, and the regular insurance premium is due in advance, according to the specified payment frequency.

When does the cover start and finish?

Insurance cover will start effective from the first day of the month following the conclusion of the contract, provided the contracting party paid the premium to the insurer's account. Insurance cover relating to a specific insured person will start from the first day of the month following the date when the insured person becomes registered at the Insurer.

The insurance cover relating to one insured is terminated in the following cases:

- on the date when the insured passes away,
- in case the contracting party removes the insured from the insurance policy, as of the last day of the month of the removal,
- when the contract ceases (its cases are described in detail in the terms and conditions).

How can I terminate the contract?

The contract may terminate:

- upon the lapse of the term stated in the contract,
- when either party indicates 30 days prior to its anniversary date that they do not wish to automatically prolong the contract,
- upon non-payment of the premium, as stated in the insurance terms and conditions,
- in the event of termination of the contracting party without a legal successor.