

These Specific Insurance Terms & Conditions shall concern UNION Vienna Insurance Group Biztosító Zrt.'s PrivateMed Pro group health insurance Hospital Package contracts, provided that the contract is concluded with reference to these terms.

As regards any issues that are unregulated in these Specific Insurance Terms & Conditions, the Policy Terms & Conditions of the insurer's PrivateMed Pro group health insurance (the "Policy Terms and Conditions") shall be governing as applicable. The Hospital Package may not be concluded independently, only in conjunction with the basic service of the PrivateMed Pro group health insurance, according to policy years.

1. Insured event, services provided by the insurer

1.1. An insured event shall be any surgery performed by a physician in view for the healing of the insured that has become necessary from medical aspect on account of an illness or accident of the insured occurring during the period of coverage, and which is acknowledged by the insurer as well. For the purposes of this supplementary agreement, surgery means any surgical intervention performed in a hospital (see Section 1.1.2.b) in accordance with the applicable professional rules which is included in the list of eligible operations accepted by the insurer, and not excluded from the same. For the purposes of this agreement, only and exclusively the surgical interventions performed during the period of coverage as a consequence of an illness with no antecedents at the time of inception or accidents shall qualify as insured events.

1.1.1. Surgery service

The insurer provides surgery service in two ways. For the different service types, different lists of operations are used. From the two service types, the insured may only claim one type of service in connection with the given operation.

a) Operating expenses

If one of the operations listed in Annex 1 of these terms is done to the insured at the service provider arranged by the care organiser, then the insurer shall reimburse operating and hospital care costs directly to the service provider, up to the coverage limit specified in the policy for this risk.

b) Reimbursement of surgery

If an operation is performed on the insured that is included in the list of operations accepted by the insurer but is not included among the operations listed in Annex 1 to these terms, or is included in Annex 1 but the operation is performed not at the service provider offered by the care organiser, then the insurer shall pay to the insured a fraction of the coverage amount included in the policy according to the category of the operation as per the list of operations (available at the General Directorate of the insurer).

Surgeries are classified for dangerousness by the insurer based on objective criteria (surgery mortality risk, frequency and severity of complications, technical complexity, degree of stress on the patient). Accordingly, five complexity degrees are distinguished. Operations are categorised according to complexity degree on the basis of the insured's medical documentation, and the adequate fraction of the coverage amount is paid as follows:

Complexity degree 1:

the insurer pays 100% of the coverage amount.

Complexity degree 2:

the insurer pays 75% of the coverage amount.

Complexity degree 3:

the insurer pays 50% of the coverage amount.

Complexity degree 4:

the insurer pays 25% of the coverage amount.

Complexity degree 5:

no reimbursement is made. The insurer provides indemnity up to 100% of the coverage amount per insured event.

The itemised classification may be studied upon request at the insurer's General Directorate. If the given operation is neither included in the insurer's list, nor excluded from the same, the classification of the surgery shall be established by the insurer's physician.

1.1.2. Extra cost of hospital stay

a) If for any reason the insured needs hospital treatment as an inpatient—except in the case of the service described in Section 1.1.1 a) of these terms—the insurer shall pay the extra costs incurred by the insured at the hospital—special hotel

service, meals, etc.—up to the annual limit, provided that the insured verifies such costs with invoices issued by the hospital.

b) Hospital shall be any licensed institution recognised by the medical officer and professional supervisory authorities that provides inpatient care under continuous medical control and supervision. For the purposes of this insurance, sanatoriums, rehabilitation institutes, medical spas, health resorts, psychiatric institutions, geriatric institutions, nursery homes, and hospital departments providing the above-specified services do not qualify as hospitals.

1.1.3. Other costs

a) Patient transport

If due to his or her health condition or to traffic problems the insured cannot reach a medical institution or cannot return to his or her home from a medical institution, he or she can use a patient transport service prescribed by a medical practitioner. Against an invoice, up to the specific annual limit, the insurer will pay the cost of patient transportation used outside the scope of national healthcare service. This benefit only applies to the use of services delivered by a patient transport organisation which possesses a license issued by a professional supervisory body.

b) Therapeutic appliances

If for any reason the insured needs therapeutic appliances to recover from an illness or accident suffered during the period of coverage, the insurer will pay the cost of the appliances.

Within a policy year, payments by the insurer are subject to the annual limit specified in the document "Service Limits".

c) Home care

If within 5 days of his/her return home following hospitalisation the insured goes into a state where he/she is unable to take care of himself/herself in relation with his/her illness diagnosed in the course of the hospital stay or in relation with his/her treatment, and thus receives home care as specified by the healthcare provider, the insurer shall pay home care costs certified with invoices and with the specialist's certificate, up to the annual limit specified in the document "Service Limits".

d) Reimbursement for travel expenses

Based on a specialist's recommendation, the care organiser will make telephone contacts to arrange, as specified in the Specific Insurance Terms & Conditions, for specialist care that best suits the insurer's health condition. If the medical care is provided outside the place of residence of the insured, the insurer shall pay indemnity to refund the costs of transportation between the place of residence and the location of the service provider up to the limit specified in the contract, provided that the insured certifies incurred transportation costs (price of public transportation ticket, price of gas) with invoices.

2. Exemptions

2.1. The insurer shall be exempt from paying the coverage amount if evidence confirms that the insured event was caused by the insured's willful or grossly negligent conduct.

2.2. An insured event is considered to have been caused by gross negligence if it occurred:

- a) by a seriously criminal offence committed by the insured intentionally or in connection with such an offence,
- b) in causal relationship with the inebriated condition of the insured,
- c) resulting directly from a state caused by the insured's consumption of intoxicating, narcotic or similar agents, or from his/her addiction caused by the regular consumption of toxic substances,
- d) during the insured driving a vehicle without a valid driver's license,
- e) during the insured driving a vehicle in an inebriated condition, and in both latter cases (points d) and e)) the insured violated other traffic rules as well.

2.3. The insurer shall be exempted from paying the coverage amount if the accident occurred in connection with an attempted suicide by the insured, even if suicide was attempted by the insured in a modified state of mind.

3. Exclusions

In accordance with these terms, the following shall not qualify as

- insured events for the purposes of surgery insured events:
- 3.1. Any surgical solution connected with 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 birth).
 - 3.2. Surgical solutions related to artificial fertilisation or contraception.
 - 3.3. Surgical interventions related to abortion.
 - 3.4. Surgical interventions stemming from harm resulting from medical attention or medical intervention or the consequences thereof.
 - 3.5. Surgical procedure for aesthetic or cosmetic purposes necessary due to a medical examination or intervention, except if they result from a disease or accident.
 - 3.6. HIV infection or any resulting illness of the insured, or any related surgeries.
 - 3.7. The attempted suicide or self-mutilation of the insured, or any surgical interventions necessitated by actual self-mutilation, even if the insured was not accountable for his/her actions.
 - 3.8. Operations related to the termination of alcohol or drug addiction.
 - 3.9. Surgery of the insured related to the following recreational activities:
 - a) sports involving the use of motorised terrestrial, airborne or aquatic vehicles,
 - b) air sports,
 - c) mountain sports,
 - d) extreme sports,
 - e) combat sports,
 - f) acrobatic skiing.
4. The time of occurrence of the insured event shall be:
- a) in the case of surgery originating from an accident, the date of the accident,
 - b) in the case of surgery originating from an illness, the date when the surgery is performed.
5. **Premium of the Hospital Package insurance**
- 5.1. The insurance premium payment period is 1 year.
 - 5.2. Insurance premium is payable together with the premium of the basic service.
 - 5.3. The insurance premium is determined on the basis of the service specified in the contract, as well as the insurer's risk assessment.
6. **Termination of the Hospital Package insurance**
- 6.1. The Hospital Package insurance shall be discontinued without payment as of the date of expiry of the basic service contract or the insurance anniversary following the insured becoming 70 years of age, whichever is earlier.
 - 6.2. Upon the termination of the Hospital Package insurance, on the last day of the policy period.
 - 6.3. Upon the discontinuation of the basic service contract for any reason, simultaneously with such event.
7. **Application for and payment of the insurer's services**
- 7.1. Refunded services
In the case of a service provider contracted by the care organiser, the insurer—through the care organiser—shall directly reimburse the costs of the service to the service provider, subject to the annual service limit concerning the relevant risk.
 - 7.2. Non-refunded risks
Any insurance service claims must be notified promptly, but within 8 days at the latest, in writing. Any necessary information should be provided, and the insurer should be enabled to check the content of such information. The obligation of the insurer shall not become effective if the reporting obligation is fulfilled only in part, or with a delay, and as a result material circumstances become unverifiable. The insurer has the right to involve experts in taking decision on the legitimacy of the claim.
 - 7.2.1. The service shall be performed by the dedicated unit of the insurer.
 - 7.2.2. To claim the insurance service, the insurer's claim report form should be filed along with the following attachments:
 - a) any other records, findings and medical documents that are necessary to verify the legitimacy of the claim and the insured event,
 - b) copies of the medical documents certifying the first acute care,
 - c) copies of the documents concerning the inpatient care,
 - d) copies of findings and medical documents,
 - e) if official measures have been taken, a copy of the resolution,
 - f) invoice on expenses.

8. **Services provided by the insurer**

It is a precondition for performance that the person applying for medical care should be eligible for the care in accordance with the contract.

The documentation and invoice of adequate content prepared by the health care provider and concerning the care administered to the insured shall be a condition precedent for the performance of the services described in Section 7.1. Payment shall take place immediately after the documentation has been received in full, but within 15 days at the latest.

Performance of the services described in Section 7.2 shall take place immediately after all documents specified in Section 7.2.2 are received in full, but within 15 days at the latest. In case the documents requested by the insurer are not forwarded to the insurer despite the request, or are forwarded incompletely, the insurer may reject the service, or perform the same based on the documents available to it.

9. **Miscellaneous provisions**

9.1. The insurer stipulates a waiting period of 1 month for the effectiveness of the coverage period and the inception date starting from the admission of the insured to the contract, except in respect of insured events arising due to accidents or infectious diseases.

9.2. For the purposes of this provision, accident means the sudden occurrence of an external stress outside of the insured's control which causes a change in the human anatomy that is evidenced by a medical specialist to lead to injury, and the insured needs surgery within 2 years of the accident. Muscle overstretching, strains, habitual sprains, occupational diseases, frost bite or sunstroke do not qualify as accidents.

9.3. This supplemental insurance may not be repurchased, exempted from premium payment, encumbered as collateral to loans, or reactivated.

9.4. In respect of Section 1 of these terms & conditions, the coverage may not be replenished, therefore Section 17 (coverage replenishment) of the PrivateMed Pro Policy Terms & Conditions is not applicable.

UNION Vienna Insurance Group Biztosító Zrt.

1. Annex

ICPM code	Description
55118	Cholecystectomy laparoscopica
58040	Meniscectomia partialis, arthroscopic
56830	Hysterectomy—abdominal
58149	Anterior cruciate plastic surgery
55310	Hernioplastica inguinofemoralis c. inplant.
58033	Lumbalis discectomia via flavotomy
56550	Salpingo-oophorectomia—bilateral
52271	Endoscopic (microscopic) sinus surgery (FES)
56530	Salpingo-oophorectomia—unilateral
5381E	TEA carotis
55300	Hernioplastica inguinofemoralis
55340	Hernioplastica umbilicalis
56840	Hysterectomy—vaginal
52270	Endoscopic (microscopic) alveolar surgery
55731	TUR Resectio transurethralis ves. urin. therapeutic.
53844	Varicectomy
56723	Cervical polyp removal
56850	Radical hysterectomy—abdominal (extended)
53002	Microlaryngoscopic surgery
55110	Cholecystectomy
58620	Mastectomy con. lymphadenect. reg.
50432	Carpal tunnel release
56810	Myoma enucleatio
55311	Hernioplastica inguinofemoralis laparoscopica
5815E	Hip prosthesis hybrid TEP
56611	Salpingectomy laparoscopica unilateralis
54930	Haemorrhoidectomy
55119	Cholecystectomy, converted after LC beginning
56610	Salpingectomy—unilateral
55541	Nephrectomia radicalis
56816	Enucleatio myomae uteri laparoscopica
58030	Discectomia anterior cervicalis
56518	Resectio ovarii laparoscopica unilateralis
54932	Haemorrhoidectomy sec. Milligan Morgan
56011	Prostata TUR
51950	Tympanoplastica
56040	Prostatectomia radicalis
56302	Scrotalis varicocelelectomia
54688	Adhaesiolysis interintestinalis
58034	Lumbalis discectomia flaminect v. haemilaminect. at
54920	Excisio fissurae ani
53957	Angioplastica arteriae subclaviae PTA
54931	Haemorrhoidectomy sec. Parks
50511	Sympathectomia lumbalis
55732	TUR Resectio transurethralis ves. urin. palliativa
56513	Partial oophorectomy—unilateral
56570	Resolution of symphysis of ovary and fallopian tube
55600	Ureterorenoscopic stone removal
56531	Salpingo-oophorectomia laparoscopica unilateralis
56520	Oophorectomy—unilateral
58041	Meniscectomia partialis, arthrotomia

ICPM code	Description
58230	Aponeurectomia partialis manus
52150	Turbinectomia, conchotomia, operculumresectio
55435	Ablatio endometriomae ovarii laparoscopica unilat.
57064	Transabdominal suspension of vaginal stump
54933	Haemorrhoidectomy sec. Esenhammer
50435	Surgery of other tunnel syndromes
5666C	Adnexectomia laparoscopica
58031	Discectomia cervicalis anterior multiplex
51951	Tympanoplastica, with cholesteatoma sanatio
56540	Oophorectomy—bilateral (castratio)
55331	Hernioplastica inguinofem. bilat. laparoscopica
52850	Adenotomia, readenotomia
58322	Baker's cyst removal
56817	Enucleatio myomae hysteroscopica
56510	Local resection of ovary
57063	High suspension of vaginal stump
56620	Salpingectomy—bilateral
56012	Prostata TUR-radicalis
52820	Tonsillo-adenotomia
56821	Hysterectomy subtotalis laparoscopica.
58231	Aponeurectomia totalis manus
56112	Hydrocele surgery
53003	Microlaryngoscopic surgery with LASER
58055	Arthroscopic ligament reconstruction
52121	Polypectomia from nasal cavity without ethmoidectomy
56622	Salpingectomy laparoscopica bilaterale
56020	Prostatectomia transvesicalis
5816C	Plastic surgery of lateral ligament (knee)
50640	Thyreoidectomy substernalis
56514	Partial oophorectomy—bilateral
5681A	Resectio myomae hysteroscopica
55330	Hernioplastica inguinofem. bilat. c. inplant.
56803	Hysterectomy laparoscopica
55436	Ablatio endometriomae ovarii laparoscopica bilat.
56600	Salpingotomia
55138	Cholecystectomy laparoscopica + cysticus drain
55131	Cholecystectomy choledochotomiamque + Kehr drainage
54560	Colectomia
56519	Resectio ovariorum laparoscopica bilateralis
52030	Mastoidectomy, atticoantrotomia
58042	Meniscus reinsertio, arthroscopic
56730	Cervix amputatio
57043	Plastic surgery of rear vaginal vault
55733	TUR Resectio transurethralis colli ves. urin.
56013	Transurethralis prostata incisio
56651	Salpingectomy parziale laparoscopica
56833	Hysterectomy totalis laparoscopica sec. Reich
55320	Hernioplastica inguinofemoralis bilateralis
56552	Salpingo-oophorectomia bilateralis laparoscopica
58691	Excisio gynecomastiae
58036	Discectomia percutanea