Medicare Expat individual insurance package	
Services and Benefits covered by insurance	**Top**
	Total limit**
	5.000.000 HUF
	Remark
Basic care, medical availability	Unlimited*
Making appointment (CallCenter), 24-hour telephone health counseling, health care organization	Unlimited*
Outpatient care[1](pregnancy care included)	Unlimited*
Diagnostics[3] (laboratory[2] included)	Unlimited*
Annual screening test [6] (one check up an insurance period)	Max. 1 occasion per period/person
Outpatient surgery	Unlimited*
Therapeutic exercise and therapeutic massage	Max. 15-10 times/ period/person
In-patient care[4]	Max. 30 hosp. days per period per person, High standard[5]
Medical transport	Limit: 90,000 HUF per transport/person
One-day surgery	If medically supported
Dental care[7] (acute)	Max. 250.000 HUF/period per person and max. 75.000 HUF/tooth and max. up to 70% of costs
Dental check-up directly at Medicare Dental Kft.	Max. 1 occasion per period/person

* Unlimited: for services directly available at Medicare. In the case of health services available at other health care providers, the Insurer will refund the cost of such health services, as insurance benefit within the benefit payment limits that constitute the occurrence of insured events within the insurance period.

** (Total) limit: the above (Total) limit is given per Insured and apply to an annual insurance period. If the term or insurance period or the duration of the risk bearing referring to the Insured is shorter than one year, the insurance benefit shall be applied pro-rata (proportionately).

[1] Outpatient care: medical and control examinations, treatments, minor surgery included in a comprehensive specialties listed below: allergology, internal medicine and pediatrics furthermore gastroenterology and their associate specialties (especially: endocrinology, proctology, diabetology, infectology, angiology, dietetics), dermatology otolaryngology, cardiology, neurology, gynecology, orthopedics, urology, pulmonology, rheumatology, ophthalmology, radiology (applying medical equipments both of standard and advanced diagnostics), electrotherapy (physiotherapy), traumatology.

[2] Laboratory: blood test, urine test, fecal test: fecal bacteriology test, blood clotting test, blood sediment test, infection test, hematology, serology - immunology test, hormone test, tumor markers, biochemical test.

[3] Diagnostics: laboratory, gynecological cytological test, ECG (at rest, exercise, 24-hour Holter), ultrasound (US), X-ray (including enterography), mammography, audiometric screening test (hearing test), arteriography, dermatoscopy, Doppler, bone density test with heel bone ultrasound, visual field test, allergy test (on skin with Prick test or with blood drawing, nutritive-inhalative 20), aspiration cytology, biopsy, detection of allergens by blood test, (gastroscopy, colonoscopy, cystoscopy for diagnostic purposes only, does not include therapeutic endoscopic interventional procedures);, MRI, Cardio MR (viability), CT, cardio CT*, 18 F- FDG PET-CT, central bone density test, EEG, ENG, EMG, angiography, enterography, scintigraphy, articular puncture, spirometry. *Not covered for PTP (pre-test propensity score) between 6-15%.

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[4] In-patient care: (accidental) emergency, acute and elective in-patient treatments (hospitalization, medical examinations, procedures, surgery and cures) and health care included, medical treatments of the specialties listed below, provided the treatments has no aesthetical or preventive purpose, and their do not belong to rehabilitation of chronic care.
Specialties: anesthesia and intensive care, invasive therapeutical intervention controlled by imaging procedures, emergency medicine and urgency, pathology, surgery and traumatology.

[5] High standard in-patient care:

- matrix-type air-conditioned single or double room especially designed for this purpose, furnished to high standards, with bathroom,
- hospital admission within 48 hours in cases that can be planned,
- medical treatment and nursing to high standards, respecting privacy, impeccable hygiene
- patient escort by nurses and doctors from admission, to the patient's bed and to scheduled examinations (lab, X-ray) within the hospital,
- modern nurse call system,
- special diet as needed,
- refrigerator, TV (with cable TV network) in the room, telephone next to the bed (call charges to be paid by the Client),

[6] Annual screening test: The screening test is not compulsory but recommended. Examinations depend on age and partly gender. The screening test includes a pediatric examination for children under age of 18. The further examinations are indicated by pediatrics on the basis of preliminary condition and result of pediatric examination and according to conciliation with patient, her/his parents and legal representatives.
Women and Man (for adults at and above age of 18)
Internal medicine (also resting ECG), gynecological (cytology, transvaginal US, breast) examination, mammography at least at age of 40)/ PSA at least at age of 40), laboratory (alkaline phosphatase, bilirubin, CRP, ferritin, GGt, GPT, GOT, HDL-cholesterol, Hemoglobin A1C, homocysteine, urid acid, carbamid, cholesterol, creatinine, LDL-cholesterol, non-HDL-cholesterol, total cholesterol, total urine with sediment, transferrin, triglycerides, TSH, iron, blood sugar, blood count, erythrocyte sedimentation rate, PLAC test)

[7] Dental care (acute): dental and oral surgical, tooth preservation (specialist) treatment that is not intended for aesthetic purposes, arises from cases requiring acute or emergency treatment, is intended for stabilization or restoration (particularly including, filling, finding of source of infection, cleaning of inflamed tooth and treatment of inflammation) and tooth extraction. Dental care covered by the insurance can be received under the insurance at Medicare Dental Kft. or other preferred dental provider partner of Medicare in Hungary, and a preliminary approval from the Insurer is necessary for the using this service. The claim for refund of the cost must be notified the Insurer in writing after the date of the invoice for such health service but no later than 15 days after the last day of receiving such service, and it is also necessary to attach documents defined in Conditions. The Insurer will judge the claim for benefit within 15 days of its submission.

1. How to use of health and medical services

1.1. For the purpose of using health services, the Insured is obliged to proceed as follows:

1) Appointments can be made online (at online.medicare-group.hu) or through the Call Center (on business days between 7:00 a.m. and 8:00 p.m.), in case of emergency (no appointment booking), the health service provider can be contacted at any time via the 24-hour health advice line for health advice

2) Coverage checks are carried out on the basis of the MRN ID number and personal data (prepare an ID card) and, if necessary, by requesting additional documents to establish whether the health care claimed is for an illness or accident or for preventive purposes.

3) Based on health complaints and health service needs, consultation on the health service to be provided, its time, place and financing method

4) Visiting the service point organized by Medicare Zrt. at the agreed time, or immediately if so recommended by Medicare Zrt., and within a maximum of 48 hours in cases of acute health care.
If visit at the agreed time and place is not possible, Medicare Zrt. should be notified about canceling the appointment no later than 24 hours before the agreed time if this is made possible by the given circumstances, by calling the 24-hour health counseling phone line.

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5) For the purpose of the Insured's identification, a document with photo, suitable for personal identification, must be presented at the Health Center or service point of Medicare before the service is provided. The Insurer reserves the right to refuse the provision of health services if the Insured cannot be identified, except when the Insured's life is at risk and except for cases of emergency.
6) Use of health services.

1.2. The Insurer and Medicare Zrt. will assume unlimited liability only if the instructions of Medicare health care provider and the Insurer are followed, and the procedure is in line with the instructions and guidance given by the health care provider's staff.
1.3. In Hungary, calling the ambulance by dialing 112 (or 104) is compulsory in cases of rescue and recommended in cases of emergency.
1.4. A preliminary approval must be obtained for elective treatments in a hospital if the Insured wants the cost of such service to be refunded by his/her insurance; this is not possible without the establishment of the legal basis for treatment. The approval should be obtained by the Insured at the Medicare Zrt. in the framework of a visit of the adequate medical specialty taking place in an appointment, and the medical treatment should be received only by the organization of Medicare Zrt. in this case.
1.5. The (accidental) emergency and acute cases should be notify the Medicare by or on behalf of the Insured by calling the 24-hour health counseling phone line, before the Insured receives the health care if this is made possible by the Insured's health and the given circumstances, but no later than within 48 after the Insured's hospitalization as the case may be. If the health care provider agrees (which is guaranteed in the case of contracted partners and hospitals), the Insurer will pay the covered cost of the medical treatment directly to the health care provider; this, depending on the cover, partly or fully saves the Insured the trouble of having to make payment or submit a claim for benefit.

2. Benefit provided by the Insurer

2.1. Health services that are directly provided by Medicare Zrt. health care provider and are covered by insurance in accordance with the Insurance are available without limitation at no cost.
2.2. Health care services available to the Insured are provided by Medicare Zrt. or, in the case of services not available at Medicare Zrt., the necessary and appropriate health care services are organized and their availability to the Insured ensured by Medicare Zrt.
2.3. In other cases, the Insurer will pay benefit and Medicare Zrt. will organize services subject to the following conditions:
a) the health care service the Insured wishes to use is medically justified and reasonable, and necessary in order to restore or save the Insured's health, ensure the Insured's recovery, or avoid any health impairment of the Insured,
b) the Insured must have a health care referral that has been issued and signed by a person entitled to do so in the cases, in the manner and for the indications stipulated in the effective Hungarian laws and medical protocols, as necessary,
c) the Insured is allowed to use the health care service with the consent of or through Medicare Zrt. as service organizer or, subject to compliance with the Conditions, with the approval of Medicare Zrt.
2.4. Insureds are free to call Medicare Zrt.'s 24-hour health counseling phone line.
The service organizer records and stores the telephone conversations in accordance with the effective Hungarian laws. The telephone service is available to the Insureds throughout the insurance term, without any time restriction, that is, 24 hours a day.
2.5. Medicare Zrt. provides information about the following and provides the following services through its 24-hour telephone health counseling:
a) health care organization in cases requiring treatment as defined in the contract, organization of medical transport and giving the related contact information,
b) availability and office hours of emergency, medical, pediatric, dental and pharmaceutical services,
c) prevention, maintenance of health and healthy way of life,
d) availability of health care providers contracted by the service organizer in case of service organization.

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2.6. Health counseling and CallCenter services by telephone will in no event substitute personal consultation with a doctor or a medical examination or other health care services. In cases of rescue and emergency, it is highly recommended to call the ambulance and/or visit an emergency medical facility, because it is not possible to make an accurate diagnosis, give medical examination and treatment, or prescribe medicines or pharmaceutical equipment on the telephone. The party receiving information on the telephone is responsible for the interpretation and any use of such information, so neither the Insurer nor the service organizer accepts responsibility in this respect. The Insurer and the service organizer are not obliged to organize any such health care service that is not covered by the insurance, regardless of whether or not such service is medically justified and necessary. In this case, the Insured is responsible for the use of the appropriate health services.

2.7. Medicare Zrt. will treat personal details and information obtained during a telephone conversation in accordance with the effective Hungarian laws, in particular, those relating to data protection.

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