

Special Conditions of the Medical Second Opinion Coverage of Generali Company Care Health Insurance (GCC-MOV/02016)



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These special conditions set out the standard terms and conditions for the **international second medical opinion coverage option available under Generali Company Care health insurance policies** offered by Generali Biztosító Zrt. (hereinafter: insurance company), provided that the policy has been concluded by reference to these special conditions.

In the case of matters **not regulated by the special policy conditions, the insurance shall be governed by the General Terms and Conditions of Generali Company Care Health Insurance (GCC-ÁSZF/02016)** (hereinafter: general conditions).

I. Insured event

- I.1. The insured event is a disease or abnormal condition diagnosed or detected during the coverage period, which may lead to any of the cases listed below and which may require a second medical opinion.
- I.2. The second medical opinion described herein is only offered under this insurance in relation to the following diseases:
 - a) a life threatening tumor (malignant tumor);
 - b) cardiovascular diseases, including cardiovascular surgery;
 - c) organ transplantations;
 - d) neurological diseases and neurological surgery, including a cerebrovascular accident;
 - e) Neurodegenerative diseases, demyelination;
 - f) illness and problems developed as a result of kidney failure;
 - g) life-threatening illness or highly complex medical procedures.
- I.3. The definitions of diseases / conditions eligible to a second medical opinion are set out in Chapter IV of these policy conditions.

II. Covered service

- II.1. For the purposes of these conditions, the insurance covers a medical review service under which a panel of qualified medical professionals review the medical documentation of the insured person (medical history, hospital discharge summaries, test results, etc.), and than a highly experienced and internationally acknowledged medical expert in the particular field reviews and investigates the medical documentation in depth and compiles a second medical opinion concerning the insured's first diagnosis.
- II.2. When this service is claimed, the insured may seek the medical opinion of an independent specialist about his/her current diagnosis as well as about the appropriateness of the planned or ongoing therapy. The second medical opinion does not constitute a treatment instruction, nor does it replace the treating physician's medical opinion; it is only a report supplementary to it.

The insurance company does not assume liability for the misinterpretation of the second medical opinion or its consequences.

III. Conditions for accessing the covered service, documents required to be submitted

- III.1. The insurance claim must be notified to Generali Medi24 during the coverage period.
- III.2. **At the time when an insurance claim is notified**
 - a) **the insured must also submit** the complete medical documentation related to the notified insured event (all documents produced during outpatient and inpatient care from the date of the first treatment until the date when the claim is notified, including scans, laboratory result, but not including the documents produced in relation to medical treatments organized by the medical management service provider), and

- b) **the insurance company may also request** the submission of documents specified in Clauses IV.3.2 and IV.3.3 of the general conditions.

III.3. In order to ensure the smooth provision of the service, the insurance company will appoint a case manager who will obtain all the additional information required for the compilation of the second medical opinion; he/she will also liaise with the insured and the treating physician as required; then he/she will forward the second medical opinion prepared by the international medical experts about the diagnosis to the insured as well as to the treating physician, if specifically requested.

III.4. **The insurance company shall be entitled to have the insured's medical conditions confirmed by physicians designated by the insurance company, and to approve or deny the insurance claim on the basis of the findings of such review.**

III.5. **The insurance company may stipulate, as a condition for granting access to the covered service, a medical examination. In such a case, the service shall not be accessible until the insured allows for the medical examination to be carried out.**

III.6. Conditions for accessing the service

- a) **a second medical opinion may only be requested once in relation to a particular disease,**
- b) **if medical procedures have been completed, recommendation may only be requested about further treatment or care (the delivered medical care shall not be reviewed),**
- c) **a medical review is not advised to be requested in connection with urgent care due to the time required for its compilation (about 1 (one) month),**
- d) **no medical opinion may be requested for an insured person who participates in experimental procedures, or in procedures not authorized in the Hungarian health care system.**

IV. Definition of diseases/conditions eligible to a Medical second opinion

IV.1. Life threatening tumor (malignant tumor)

In the case of malignant tumors a group of cells with signs of abnormality (malignant neoplasm) display uncontrolled growth, and this abnormal mass of malignant tissue grows beyond the normal limits, intruding on and destroying adjacent tissues (invasion), and sometimes spread to and invade other locations in the body (metastasis) where they start to multiply.

For the purposes of these insurance conditions, the group of malignant illnesses shall include: malignant tumors of the blood or bone marrow (leukemia), tumors developing from the reticuloendothelial system and the lymphatic system (lymphoma), and the cancer of plasma cells (multiple myeloma).

The insurance coverage shall not apply to the following groups of malignant tumors:

- premalignant (pre-carcinoma) conditions,
- non-invasive (in situ) tumors, /cancers in stage T1M0N0 based on the TMN classification/,
- skin cancer, except malignant tumors of melanocytes (malignant melanoma),
- any tumor that develops following a diagnosis of HIV.

IV.2. Cardiovascular diseases, including cardiovascular surgery

For the purposes of these policy conditions, a **cardiovascular disease** means myocardial infarction (heart attack), which is a sudden interruption of blood supply to a part of the heart, causing

death (infarction) of heart muscle tissue (myocardium). Only such pathological conditions shall be regarded myocardial infarction, where the extent of the tissue damage results in pathological Q waves which may be visualized by standard ECG registration techniques, thus the necrosis of the myocardium is transmural.

For the purposes of these policy conditions, **cardiovascular surgery** means open surgeries of the heart and coronary arteries, as well as surgeries of the aorta, including surgical indications.

Surgical indications may only be confirmed by the institution which shall carry out the procedure/examination based on the medical results produced by an institution authorized to carry out the surgery/examination. The potential for surgical treatment is not identical to a surgical indication, necessity.

IV.3. Organ transplantations

For the purposes of these conditions, **organ transplantation** shall mean the surgical moving of a heart, a heart-lung complex, lungs, a liver or a kidney from one body (donor) to another (recipient), and the institution which performs the organ transplantation has confirmed the necessity of the procedure and the insured has been added to the transplant waiting list.

Human cell and tissue transplantation shall not be understood as organ transplantation. Therefore the transplantation of pancreas, skin, bone, bone marrow, cornea or blood transfusion shall not be insured.

IV.4. Neurological diseases and neurological surgery, including a cerebrovascular accident

For the purposes of these conditions, **Neurological diseases and neurological surgery** shall mean any disease or condition affecting the brain and spinal cord, and in the course of the surgical intervention, the skull or the spine is opened to operate on the brain or spinal cord.

This category does not include e.g.: the removal of a subdural haematoma or the surgical treatment of disc herniation.

For the purposes of these policy conditions **cerebrovascular accident** means a rapidly developing loss of brain function(s) due to disturbance in the blood supply to the brain (ischemia caused by partial or full blockage [thrombosis, arterial embolism], or a hemorrhage [leakage of blood]), as a result of which the affected area of the central nervous system dies leading to permanent neurological damage (plexus injuries), i.e. the physical symptoms indicative of the damage are present even after 30 days after the stroke.

IV.5. Neurodegenerative diseases and demyelination

For the purposes of these conditions, **Neurodegenerative diseases and demyelination** means the irreversible degeneration of the brain, spinal cord, and peripheral nerves, where further deterioration is reasonably expected based on the test results and the neurological treatment reports. The diagnosis must be clearly confirmed through appropriate diagnostic procedures.

IV.6. Illness and conditions developed as a result of renal insufficiency

For the purposes of these conditions, **illness and conditions developed as a result of renal insufficiency** means the chronic condition of impaired kidney function, in which the worsening of the renal function in both kidneys is irreversible, and the extent of the worsening is so large that it is incompatible with life without renal replacement therapy in a form of dialysis, or a kidney transplant, and the insured requires regular renal care.

IV.7. Life-threatening illness or highly complex surgical procedures

For the purposes of these conditions **life-threatening illness** means diseases or conditions where the insured's condition remains severe even after medical intervention and treatment provided in line with the standard medical protocol, and such condition is life-threatening at the time when the insurance claim is notified, i.e. the insured has been continuously treated at an intensive care unit for more than 20 consecutive days.

For the purposes of these conditions **highly complex surgical procedures** mean – in addition to the medical interventions related to the diseases listed in Clause IV.1-6 – surgical procedures affecting at least two organ systems, or open surgeries of the abdominal and thoracic cavity at the same time, as well as procedures which may not be carried in state medical facilities in Hungary, but the National Health Fund approves and covers the procedure to be performed abroad.

Highly complex procedures do not include procedures for diagnostic purposes only, not even if they involve the opening of the body cavity.

V. Geographical limit of insurance coverage

Notwithstanding Clause II.7 of the General Conditions, the insurance provides worldwide coverage which means the whole world in respect of the insured events regulated hereby.

VI. Cases when the insurance policy will not pay out, events excluded from insurance coverage

Under the present insurance, the insurance company will be relieved of payment of the insurance benefit applicable to an international medical second opinion in the cases defined in Chapter V of the general conditions, and the insurance will not cover the cases defined in Chapter VI of the general conditions.