Special Conditions of the Oncology Diagnostics Coverage of Generali Private Care Health Insurance (GPC-OND/2017_EN)

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These special conditions set out the standard terms and conditions for the **oncology diagnostics coverage available under Generali Private 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 Private Care Health Insurance (GPC-ÁSZF/2017_EN)** (hereinafter: general conditions).

I. Insured event

I.1. The insured event is a sudden, **unexpected development of symptoms or morbidity** without related conditions existing prior to the commencement of the insurance coverage during the coverage period, **as a result of which the insured is tested for tumor markers by a specialist of the particular medical specialty or by the insured person's General Practitioner,** and based on the positive results of the cancer specific diagnostic test (suspected malignancy) **there is a reason to suspect a malignant tumor.**

I.2. The insurance does not cover the following groups of suspected malignant tumors:
a) any suspected tumor occurring concurrently with a HIV-positive diagnosis,
b) suspected malignancy as a recurrence of a previous malignant tumor,
c) suspected skin cancer, except malignant tumors of melanocytes (malignant melanoma),
d) suspected malignancy based on genetic testing.

I.3. When a malignant melanoma is clinically suspected the tumor specific diagnostic test may be replaced by a medical opinion drawn up by a dermatology specialist requiring further tests to confirm the suspected malignant melanoma.

I.4. For the purposes of this insurance, (with the exception of Clause I.3) tumor specific diagnostic tests shall only mean imaging tests, endoscopy tests, histology or cytology tests performed and elevated levels of tumor markers confirmed after the commencement of the insurance coverage.

For the purposes of these conditions, an elevated level of a tumor marker shall be regarded as a tumor-specific diagnostic test when performed pursuant to a patient-reported symptom or a clinician's medical opinion.

For the purposes of these conditions tumor specific diagnostic tests shall not include thermography, thermal imaging, bioresonance testing results and other non-conventional testing procedures.

II. Date of the insured event

The **date of the insured event is the issue date of the medical document** in which the **suspected malignancy is concluded** based on the results of a cancer specific diagnostic test.

III. The insurance benefit

If an insured event occurs, the **insurance covers the costs of the following services** provided by the insurance company's contracted service provider.

III.1. Prompt and complex diagnostics depending on the type of tumor suspected
– specific medical assessment of the insured's condition
– oncology testing and consultancy, tailored medical work-up recommendation,
– prompt and full scale **medical management and delivery of modern diagnostic tests** (PET CT, molecular diagnostic tests) which may be medically reasonable in respect of the type of tumor suspected, **including additional testing required for the oncology treatment in relation to any comorbidity (existing other diseases).**

III.2. A **medical opinion and a recommended treatment plan** drawn up on the basis of the expert opinions of specialists (clinical oncologist, surgeon, radiation therapist) with substantial experience in treating the specific type of tumor.

III.3. **Assistance services – patient management during the examinations** with the involvement of a physician over the telephone
– regular in-depth advice given to the insured about necessary tests, procedures and the related preparation
– answering client questions over the telephone about the examinations between 8am and 20pm on workdays
– scheduling examinations to allow for the optimal pace of diagnostics tests
– arranging consultations with specialists, as required.

III.4. **Opportunity for face-to-face consultations** with a surgeon, clinical oncologist, or radiation therapist specialized in the specific type of tumor
- for a maximum of 60 minutes each
- so that the insured person may ask questions and receive detailed information about his/her condition and the possible treatments available.

III.5. **Designing a personalized diet plan with face-to-face consultations with a dietitian** within 12 months of the date of the insured event

Face-to-face consultation
– on 2 occasions
– **drawing up a personalized recommended diet plan** based on the insured person's current conditions, preferences, in order to improve the efficiency of the necessary treatment(s).

III.6. **Onco-psychological counseling and a complex patient support program** within 12 months of the date of the insured event
a) **Face-to-face consultation**
– onco-psychology counseling with a professional
– on 3 occasions
– learning and practicing stress relief, anxiety reduction, progressive relaxation and coping techniques in order to improve the quality of life and to facilitate a better treatment outcome.
b) **Telephone consultation**
– regular and professional psychological/mental support with the engagement of trained assistants
– lifestyle advisory including recommendations to prevent or reduce the side effects of the treatment
– twice a week
– offering help and assistance over the telephone between 8am and 6pm on workdays.

Long term assistance and psychological consultations are not available in respect of all benign tumors or in respect of malignant tumors without metastasis, or where the complete ("in toto") surgical resection of the tumor will definitively result in full recovery.

The insurance company's contracted health care service provider partner will contact the insured by phone or in an email within 5 workdays following the notification of the insurance claim.

If the insurance claim is not grounded for any reason, the insurance company may refuse to provide the service.

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IV. Other rules governing the insurance payout

IV.1. The medical service provider delivering the oncology diagnostics service shall, at its own discretion, be entitled to asses if the service is covered under the insurance, on the basis of the medical documentation of the insured.

IV.2. The service provider of oncology diagnostics shall determine what tests to run based on the insured person's medical conditions.

a) The service – diagnostic testing – will be commenced as soon as the insured's condition so allows, and the insured patient attends the first medical consultation scheduled by the medical service provider with the insured and presents the test result(s) underlying the suspected malignancy.

b) The required tests may only be performed by the medical service provider if the insured person fully cooperates and attends, on time, all examination prescribed, and fully consents all diagnostic procedures. If the insured's cooperation is inevitable for proceeding with the examinations (e.g.: request for the disclosure of tumor biopsy results), and the insured does not fully or properly cooperates, the diagnostic procedure will be suspended as long as the necessary cooperation is ensured.

c) If the insured condition requires hospitalization or emergency medical attention, the service offered under the insurance shall be delivered in the period following the duration of the hospitalization or emergency medical treatment.

d) If the Insured's medical condition does not allow for the delivery of any element or test of the covered services, or it may compromise the assessment of the test results, such examinations will be performed at a time when the patient is in a suitable condition.

IV.3. **This service may only be provided under one insurance policy even if the insured may be entitled to the covered service under multiple valid and effective insurance policies.**

IV.4. **If the malignant tumor is confirmed, the Insurance Company will automatically start the claim settlement process under the Malignant Tumour coverage.**

V. Conditions for the payment of the insurance benefit

V.1. **The insurance claim must be notified to Generali Medi24 direct line.**

V.2. The insurance company **may request or obtain additional certifications or statements – listed in Section IV.3.2. and IV.3.3. of the general conditions** – for the assessment of the insurance claim.

V.3. **The insurance company shall be entitled to have the reasonableness of the insured's medical treatment and 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.**

V.4. **The insurance company may stipulate that a medical examination is required for the benefit payment– in such a case, the insurance benefit shall not be payable until the insured allows for the medical examination to be carried out.**

V.5. **If the insurance company is no longer able to deliver the medical management services specified in these special conditions for unforeseen reasons beyond its control, the contractual provisions governing the risks defined in these special conditions shall be terminated.**

VI. Geographical limit of the insurance coverage

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

VII. 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 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.