

INDIVIDUAL TABLE OF BENEFITS

Overall maximum limit of Insurance Coverage		Blue	Azure	Cobalt	Admiral	Royal	
		162,500,000 HUF	390,000,000 HUF	487,500,000 HUF	650,000,000 HUF	975,000,000 HUF	
Area of Coverage		Europe		Worldwide Excluding USA/ Worldwide			
No	INPATIENT & DAYCASE						Terms and Definitions
1	Hospital Costs (including accommodation)	In Full	In Full	In Full	In Full	In Full	We will pay for hospital room and board costs for a standard single en-suite room including general nursing care.
2	Parent Accommodation	In Full	In Full	In Full	In Full	In Full	We will pay for the room and board costs of one parent staying in hospital with their child up to the age of 18 (if the child is a member receiving treatment that is covered under the Policy).
3	Theatre Fees	In Full	In Full	In Full	In Full	In Full	We will pay for the costs of the operating room, post-surgical recovery room and care, medicines, dressings and equipment used during surgery and immediately afterwards and general nursing care associated with the surgery.
4	ICU/HDU (intensive care/ high dependency unit)	In Full	In Full	In Full	In Full	In Full	We will pay for the medically necessary admission and/or transfer to a High Dependency Unit or Intensive Care Unit.
5	Specialist Fees	In Full	In Full	In Full	In Full	In Full	We will pay for the surgeon, anesthetist and assistant's fees both in surgery and immediately before or after surgery on the same day. We will pay for surgeon's consultations while admitted in hospital - either to discuss your surgery or for treatment related to a non-surgical stay, such as being admitted for pneumonia.
6	Pathology, X-rays and diagnostics tests	In Full	In Full	In Full	In Full	In Full	We will pay for the costs of tests used to diagnose or assess your condition. This includes pathology (such as blood tests), radiology (such as x-rays or ultrasounds) and diagnostic tests (such as (ECGs).

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7	Physio/Chiro/ Osteo/ Complementary therapists/ dietician and speech therapy	In Full	In Full	In Full	In Full	In Full	We will pay for treatment provided by medical practitioners in order to aid recovery or restore function as part of the overall treatment plan whilst admitted to hospital.
8	Chronic conditions	In Full	In Full	In Full	In Full	In Full	We will pay for the costs of an admission to hospital for an acute flare up of a chronic condition that requires active medical treatment, for the period of that admission only. This includes all in-patient care following the active treatment for malignant neoplastic diseases.
9	Rehabilitation	NA	In Full up to 15 days for each condition	In Full up to 30 days for each condition	In Full up to 30 days for each condition	In Full up to 30 days for each condition	We will pay for In-Patient rehabilitation costs following surgery.
10	Psychiatric	NA	NA	NA	In Full up to 30 days	In Full up to 60 days	We will pay for room and board and the costs of treatment when admitted to a psychiatric hospital up to the limits specified while under the supervision of a consultant psychiatrist.
11	Prosthetic Implants	In Full	In Full	In Full	In Full	In Full	We will pay for prosthetic implants needed as part of your treatment.
12	Prosthetic devices	NA	NA	NA	In Full	In Full	We will pay towards the costs of any items, supplies or equipment used in the course of in-patient medical treatment or home care, such as orthopedic supports, crutches, wheelchairs, hearing aids or speaking aids.
13	Palliative Care	NA	NA	NA	In Full up to 30 days	In Full up to 30 days	We will pay toward the costs of palliative care (whether in a hospice or at home) if you have received a terminal diagnosis and can no longer receive active medical treatment leading towards your recovery.
14	Home Nursing	In Full up to 10 days after hospitalisation	In Full up to 30 days after hospitalisation	In Full up to 30 days after hospitalisation	In Full up to 30 days after hospitalisation	In Full up to 30 days after hospitalisation	We will pay for the costs of home nursing if you have been in hospital receiving treatment which was covered under this plan but only if it immediately follows discharge from hospital, you require active medical support, is managed by a qualified nurse and was prescribed by your treating specialist. We will not pay for social and domestic support. We will not pay for home nursing related to mental illness, psychiatric or psychological disorders.
15	Cash benefit	17,250 HUF per night up to 10 days	17,250 HUF per night up to 10 days	17,250 HUF per night	17,250 HUF per night	17,250 HUF per night	We will pay a lump sum cash benefit per night you spend in the hospital where you are not charged for your admission (ie: at a public hospital)
16	Congenital and hereditary conditions	In Full only up to 60 days after birth	In Full only up to 60 days after birth	In Full only up to 90 days after birth	In Full only up to 90 days after birth	In Full only up to 90 days after birth	We will pay for the treatment of Congenital and/or hereditary conditions. By congenital we mean any abnormalities, deformities, diseases, illnesses or injuries present at birth regardless the date of diagnosis. By hereditary we mean any abnormalities, deformities, diseases or illnesses present at birth that are only present because they have been passed down through your family.

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17	Cover Outside of Geographical Area	9,750,000 HUF up to 30 days	9,750,000 HUF up to 30 days	16,250,000 HUF	16,250,000 HUF	16,250,000 HUF	Covered until stable for transfer or up to the cash limit supplied.	
	OUTPATIENT		3 900 000 HUF overall limit					
18	Outpatient Surgery	NA	In Full up to 20 visits	NA	In Full	In Full	We will pay for the costs of a surgical procedure performed as an out-patient under a local anesthetic.	
19	General Practitioner & Specialist Doctor Fees	NA		NA	in Full, but up to 30 visits, in case of Medical Aids up to HUF 100,000	in Full, in case of Medical Aids up to HUF 100,000	We will pay for consultations (in person or by phone/video) with your GP, Family Doctor or Specialist Doctor to diagnose and treat a medical condition or to arrange further medical treatment or as a follow up to treatment that has already taken place. Home visits can only be covered in case of acute cases.	
20	Pathology/x-rays and diagnostic tests	NA		NA			We will pay for the costs of tests used to diagnose or assess your condition. This includes pathology (such as blood tests), radiology (such as x-rays or ultrasounds) and diagnostic tests (such as (ECGs).	
21	Physiotherapy	NA		NA			We will pay for physiotherapy costs referred by your GP, Family Doctor or Specialist and under the direction of a registered physiotherapist for the purposes of providing short term focused treatment to relieve pain or restore function.	
22	Drugs and Dressings and Medical Aids	NA		In case of drugs in Full in case of Medical Aids up to HUF 100,000			NA	We will pay for the cost of drugs and dressings and medical aids prescribed by your medical practitioner on your medical document that will only be used for the treatment of a disease, illness or injury. In the case of Medical Aids, up to HUF 100,000.
23	Consultations with therapists & complementary therapists	NA		NA			NA	We will pay for the costs of treatment provided by a registered therapist, such as an Occupational Therapist and Complementary Therapist (acupuncture, homeopathy, chiropractic treatment or osteopathy). We will not pay for sexual therapy.
24	Chronic conditions	NA		In Full but only within 20 visit limit above			NA	We will pay for the ongoing management of chronic conditions. We define chronic as a condition that does not respond to active medical treatment and requires ongoing management (for example diabetes, or back pain, all outpatient care following the active treatment of malignant neoplastic diseases).
25	Speech therapy	NA	NA	NA			We will pay for speech therapy in order to restore speech following an accident or for a condition (ie: stroke), under the recommendation of your specialist. We will not pay for developmental delay or language disorders.	
26	Emergency Out-Patient treatment	NA	In Full but only within 20 visit limit above	NA	We will pay for the costs of emergency out-patient treatment (ie: services provided in Accident and Emergency Room as an out-patient, including specialists, laboratory and diagnostic examinations) up to the limits provided. All types of services (specialist, laboratory- or diagnostic examinations, treatment and intervention) performed in an emergency care facility on the same day as part of the same treatment are considered one insured event - one visit.			

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	OTHER						
27	Psychiatric	NA	NA	NA	In Full, up to 20 visits	In Full, up to 30 visits	We will pay for the consultation and associated costs for psychiatry, psychology or psychotherapy provided the overall treatment plan is under the referral of a practicing registered psychiatrist/ psychologist.
28	Cancer treatment	In Full only in-patient	In Full (in-patient) and 3,900,000 HUF (out-patient)	In Full only in-patient	In Full	In Full	We will pay for fees specifically related to the examination of suspected tumors, active treatment of Cancer, including hospitalization for tumor removal, radiotherapy and chemotherapy. The associated consultations, drugs and laboratory and diagnostic tests within the outpatient care can be covered only up to the overall limit of outpatient care which is 3,9 Million HUF. Malignant neoplastic diseases are considered chronic conditions after active treatment, so the control examinations after active treatment are covered by the service of Chronic Conditions.
29	Transplant Services	81,250,000 HUF/ Lifetime (Organ Transplant) 8,125,000 HUF (Tissue Transplant) only in-patient	81,250,000 HUF/ Lifetime (Organ Transplant) 8,125,000 HUF (Tissue Transplant)	In Full only in-patient	In Full	In Full	We will pay for the costs of any treatment directly related to the implantation of a replacement organ, including bone marrow transplants. We will also pay towards costs associated with transplant services as an out-patient related to a provided or forthcoming transplant, including for the avoidance of doubt anti-rejection medicines. We will not pay for the costs associated with locating a replacement organ or tissue, or any costs incurred for the removal of the organ or tissue from the donor, transportation costs of the organ or tissue and all associated administration costs.
30	Advanced Diagnostics	In Full	In Full	In Full	In Full	In Full	We will pay for the costs of a CT, MRI, PET scan, endoscopic tests, aspiration cytology or biopsy when recommended by your Specialist.
31	Maternity Care	NA	NA	In Full	In Full	In Full	Maternity benefit is only available after 12 months of continuous cover (Conception must also occur after this period). The insurance will cover the examinations required according to the medical protocol for pregnancy care based on the insured's age and health condition, with the frequency described therein. 4D ultrasound (baby video) and genetic examinations are not covered (except for examinations required due to the insured's age over 37). The insurance will cover hospital charges, obstetrician and midwife fees for normal childbirth, pre and postnatal care (immediately following childbirth) and up to seven days routine care for the baby. We will not pay for terminations of pregnancy, other than miscarriage, ectopic pregnancy and stillbirth. We will pay for elective C-section and Childbirth at home. Restricted to cover in Hungary.
32	Childbirth Allowance	NA	NA	112,125 HUF	112,125 HUF	132,250 HUF	This benefit is only available after 12 months of continuous cover and only in the event of births occurring after prenatal care reimbursed under the insurance, during the coverage period. We will pay a lump sum childbirth allowance per child in case of your childbirth if you are not charged for your admission (ie: at a public hospital).

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33	Complications of pregnancy	NA	NA	NA	In Full	In Full	This benefit is only available after 12 months of continuous cover. We will pay for the costs of a Caesarian Section where medically necessary arising as a result of a complication, including conditions such as pre-eclampsia, threatened miscarriage, baby is in breech position or the life of the mother and/or baby is under threat.
34	Newborn care	NA	NA	3,250,000 HUF	8,125,000 HUF	32,500,000 HUF	We will pay for the costs of treatment for a newborn baby up to 30 days after the date of birth in case the birth and the maternity care was covered by the insurance. Children can be added as a close relative onto their parent's policy within 30 days of birth with no exclusions (subject to the congenital benefit wording).
35	Accidental dental	NA	NA	NA	NA	In Full	We will pay towards treatment of damaged teeth following an accident. We will not pay for the repair of dental implants, crowns or dentures nor orthodontic treatments.
ASSISTANCE							
36	Road Ambulance Services	In Full	In Full	In Full	In Full	In Full	We will pay for the costs of a medically necessary road ambulance to either transfer you to hospital following an accident or from home to the hospital and back or from one hospital to another.
37	Repatriation of Mortal Remains	NA	4,500,000 HUF	4,500,000 HUF	4,500,000 HUF	4,500,000 HUF	We will pay towards the costs of repatriating your mortal remains in the event you die away from your home country/country of residence. We will make all necessary arrangements as required under international regulations.
38	International Emergency Medical Evacuation (subject to Our approval)	NA	In Full	In Full	In Full	In Full	In the event of an emergency whereby the local medical facilities are unsatisfactory and unable to provide the level of medical care you need we will pay to either evacuate you to the nearest medical centre or to repatriate you to your home country/country of residence. The most appropriate means of transport available locally will be used (ie. regular scheduled, charter airline, or a specially chartered air ambulance). We will arrange and pay the reasonable travel costs of one person to accompany the Insured Person; in addition, We will pay for that person's overnight accommodation up to 16,250 HUF each night for a maximum of 10 nights. We will arrange for Repatriation to your Home Country once fit to travel.

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PREVENTIVE TREATMENT							
39	Health Screening	NA	136,000 HUF	NA	In Full any screening element only once per year	In Full any screening element only once per year	We will pay towards an annual preventive health screening up to the sum insured above the age of 2. The list of the available preventive screening elements can be found in the Meaning of Words section.
40	Baby Wellness	NA	NA	NA	In Full up to 4 visits per year	In Full up to 4 visits per year	We will pay towards 4 health checks per year up until your child reaches the age of 2 and then the annual limits will apply.
41	Vaccinations	NA	NA	NA	In Full	In Full	We pay towards medically necessary vaccinations and immunizations with their administration including travel vaccinations.
OPTIONAL DENTAL AND ORAL SURGICAL CARE INVOLVING TEETH							
42	Preventive	NA	NA	934,500 HUF	934,500 HUF	934,500 HUF	We will pay towards costs of preventative dental treatment after you have been covered for 6 months on this option. 0% copay for this. (ie: check-up, X-ray, scale and polish, mouth guard)
43	Routine and Restorative						We will pay towards costs of routine and restorative dental treatment and oral surgeries after you have been covered for 6 months on this option. 20% copay for this. (ie: fillings, root canal treatment, crowns/bridge, implant, anesthesia, orthodontic treatment, if it is required due to the jaw damaged during an accident)
44	Orthodontic						We will pay towards costs of orthodontic treatment up to the age of 18 after you have been covered for 2 years on this option. 50% copay for this. (ie: dental braces/retainers)

Please note that your limits decrease when You use your insurance including if you are unable to appear at the healthcare provider at the pre-arranged time and does not cancel it in time, as a result of which the healthcare provider charges the cost of the care, or part of it, to the insurer.

The tables above contain several limits.

The currency of your policy is in Hungarian Forint (HUF) and if you have a claim in other currency We will use the exchange rate of Hungarian National Bank which is valid the day of your insurance event.

